



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

Tuesday 30 November 2021 at 1pm – 4pm
at Avonmouth House, 6 Avonmouth Street, London SE1 6NX
and via Zoom video-conference

Members of the public are asked to please contact
londamb.CommitteeSecretary@nhs.net to arrange attendance via Zoom.

Agenda: Public session

Timing	Item	Owner	Status
1.00	1. Welcome and apologies	HL	Verbal
	2. Declarations of interest	All	Verbal
	3. Minutes of the public meeting held on 23 September 2021	HL	Paper 3 <i>Approval</i>
	4. Matters arising and action log	HL	Paper 4 <i>Assurance</i>
1.10	5. Report from the Chair	HL	Paper 5 <i>Information</i>
1.20	6. Report from the Chief Executive	DE	Paper 6 <i>Assurance</i>
1.30	7. Report from the Deputy Chief Executives (Operational performance)	JM/ FW	Paper 7 <i>Assurance</i>
Director and Board Committee Reports			
	8. Integrated Performance Report		Paper 8 <i>Information</i>
1.40	8.1. Quality and Clinical Care <ul style="list-style-type: none"> Director's Report (Quality) Director's Report (Clinical Care) Director's Report (Corporate Affairs) Quality Assurance Committee meeting 	JM FW DS MS	Paper 8.1.1 <i>Assurance</i> Paper 8.1.2 <i>Assurance</i> Paper 8.1.3 <i>Assurance</i> To follow <i>Assurance</i>
2.00	8.2. People and Culture <ul style="list-style-type: none"> Director's Report (People and Culture) People and Culture Committee meeting 	DMG AR	Paper 8.2.1 <i>Assurance</i> To follow <i>Assurance</i>
2.15	8.3. Finance & Audit <ul style="list-style-type: none"> Director's Report (Chief Finance Officer) Finance & Investment Committee Audit Committee 	LB BA RP	Paper 8.3.1 <i>Assurance</i> To follow <i>Assurance</i> Paper 8.3.3 <i>Assurance</i>

Timing	Item	Owner	Status
2.30	8.4. Logistics, Infrastructure and IT <ul style="list-style-type: none"> Logistics and Infrastructure Committee Digital Programme Assurance Group 	SD SD	Paper 8.4.1 Paper 8.4.2 <i>Assurance</i> <i>Assurance</i>
Strategy and Planning			
2.45	9	Emergent Carbon Neutral Plan	AG Paper 9 <i>Assurance</i>
3.00	10	LAS Digital Strategy Transformation and Scorecard	BT Paper 10 <i>Assurance</i>
Finance			
3.15	11	Budget items <ul style="list-style-type: none"> Month 6 Budget Report Month 7 Budget Report H2 Financial Plan 2021/22 - Revenue H2 Financial Plan 2021/22 - Capital 	LB Paper 11.1 Paper 11.2 Paper 11.3 Paper 11.4 <i>Assurance</i> <i>Assurance</i> <i>Approval</i> <i>Approval</i>
3.45	12	Confirmation of Auditors	LB Paper 12 <i>Approval</i>
Quality, Performance & Assurance			
3.50	13	Board Assurance Framework and Corporate Risk Register	DS Paper 13 <i>Approval</i>
Concluding Matters			
3.55	14	Any other business	HL Verbal <i>Information</i>
4.00	Meeting close		
<i>Additional reports, circulated for information only:</i> <ul style="list-style-type: none"> Quality Report Use of the Seal Information Governance Annual Report LAS Clinical Audit Report 2019-21 			



TRUST BOARD: Public meeting – Thursday 23 September 2021

DRAFT Minutes of the public meeting of the Board held on 23 September 2021 at 10am, at Newham Dockside, 1000 Dockside Road, London, E16 2QU and via video-conference.

Present		
Name	Initials	Role
Heather Lawrence	HL	Chair
Bob Alexander	BA	Non-Executive Director
Lorraine Bewes	LB	Chief Finance Officer
Karim Brohi	KB	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Daniel Elkeles	DE	Chief Executive Officer (CEO)
Amit Khutti	AK	Non-Executive Director
John Martin	JMa	Chief Paramedic and Quality Officer
Khadir Meer	KM	Chief Operating Officer
Rommel Pereira	RP	Non-Executive Director
Mark Spencer	MS	Non-Executive Director (vc)
Fenella Wrigley	FW	Chief Medical Officer
In attendance		
Jill Anderson	JA	Associate Non- Executive Director
Line De Decker	LDL	Associate Non-Executive Director
Damian McGuinness	KN	Director of People and Culture
Diane Scott	DS	Interim Director of Corporate Affairs
Antony Tiernan	AT	Director of Communications and Engagement
James Stanton	JS	Head of Corporate Governance (Minute taker) (vc)
Apologies		
Anne Rainsberry	AR	Non-Executive Director
Dame Christine Beasley	CB	Chair of the Public and Patients Forum

(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. Apologies were noted as set out above.

2. The Chair introduced Daniel Elkeles, Chief Executive Officer and Bob Alexander, Non-Executive Director, and welcomed them to their first Trust Board meeting.
3. It was noted that Khadir Meer, Chief Operating Officer was attending his last Trust Board meeting. The Chair thanked Khadir for his support and leadership and passed on the Board's thanks and best wishes for his next role.
4. An invitation was extended to those watching to attend the Trust's Annual Public meeting at 5.30pm the same evening.

Declarations of interest

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

Minutes of the meeting held in public on 27 July 2021

6. The minutes of the meeting held in public on 27 July 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:
 - SWL NHS 111 services - An update would be given in the private part of the meeting.
 - Digital Scorecard – The action was transferred to the Chief Information Officer to be progressed by November 2021 in consultation with the Chair of the D999 Assurance Group and with input from the Chief Medical and Chief Paramedic and Quality Officers.
 - Change Management - A presentation on People would be given at the Board's next development session in October 2021.
 - Cost Improvement Programme – Closed.
 - Staff Absence levels - The Director of People and Culture had agreed a trajectory target with the Chair of the People & Culture Committee.

Report from the Chair

8. The Chair presented her report which provided an overview of meetings and events she had attended with internal and external stakeholders since the previous meeting of the Trust Board.
9. The Chair welcomed Daniel Elkeles to his first Trust Board meeting as the Trust's (Interim) Chief Executive. She also noted that this would be the last meeting attended by the Chief Operating Officer before leaving the Trust and thanked him on behalf of the Board for the achievements in his time with LAS.
10. Board Members had attended a visit of LAS facilities with the previous Chief Executive prior to his departure. This had included a visit to the Medicines Packing Unit and the new Newham Education facility, where the Board meeting was being held. The Chair noted the value in these visits and advised that this was something the Board should do more often in future.
11. The Chair also updated the Board on her meeting with Lord Harris of Haringey. Lord Harris was undertaking a review on behalf of the Mayor of London into what could be

done to improve London's preparedness for a major terrorist incident, including cyber security risks from attacks. Preparations in place within the Trust included ensuring that the Hazardous Area Response Team (HART) was sufficiently staffed and telephony infrastructure was robust and any issues addressed.

Resolution:

The Trust Board noted the paper.

Report from the Chief Executive

12. The Chief Executive presented his report and provided a strategic update on the key activities and internal and external engagement by the Trust since the previous Board meeting.
13. The Chief Executive also acknowledged that this would be the last meeting for Khadir Meer, the Trust's Chief Operating Officer, and set out plans for how his responsibilities would be covered going forwards. He thanked Khadir for his dedicated service to LAS over the previous two years and for all the support he had given him in his first few weeks.
14. Subject to confirmation by the Trust's Nomination and Remuneration Committee, it was intended that the Chief Operating Officer's role as Deputy Chief Executive and remit for Operations would be covered jointly by the Chief Medical Officer and the Chief Quality and Paramedic Officer. The additional voting place on the Trust Board would be taken by the Director of People and Culture. These moves would strengthen the importance of clinical input to the Board and bring needed focus to people and culture issues.
15. The Chief Executive expressed condolences following the deaths of two colleagues, Orin Clarke from the Make Ready team and Debbie Baldwin, a volunteer Emergency Responder. Both would be missed by their colleagues, family and friends.
16. An update was provided on the Chief Executive's visits across the London Ambulance Service estate. A number of ambulance stations would be reopening and the positive reception this had received from staff was noted. The Chief Executive also paid tribute to the clinical service provided by the Trust, as recognised by the nominations received for a number of national awards.

Resolution:

The Trust Board noted the paper.

Report from the Chief Operating Officer

17. The Chief Operating Officer presented his final report, noting that it represented a snapshot in time and taking the opportunity to recognise the immense achievements and progress made by the Trust over the past two years. He acknowledged the collective achievements and efforts of colleagues and stated that it had been a privilege to work with them at LAS.
18. The Trust was noted to be the top performing ambulance service for Category 1 responses, highlighting its ability to respond quickly to the sickest patients even in the context of the current challenges. The Trust had also remained above average in its response to Category 2 patients despite seeing the second highest percentage of cases across ambulance services in England. It was noted that all ambulance trusts

had been dealing with incredible demand across the whole summer, a time when demand is usually at its lowest.

19. The Board discussed what was driving demand and how Category 2 responses could be managed going forward. High levels of annual leave take up during August from staff, who had not been able to take leave during the pandemic peaks, had impacted on the ability to meet demand. The position was noted to have begun to ease since children had returned to schools and the level of sickness and isolations had reduced. Operational performance for September was expected to reflect these improving factors.
20. It was noted that flu and respiratory illnesses were expected to pose more of a service pressure in the coming winter than last year. There had been very low levels of flu recorded the previous winter due to lockdowns, isolation and the control measures in place. The Executive Directors had been discussing the challenges which would be faced this winter. Eight priority areas and additional actions had been identified and would be developed to form the Trust's Winter Plan. The Winter Plan would be brought to the Board at its meeting in November.

[Action: Winter Plan to be considered by the Board at its November meeting](#)

21. In addition to his report, the Chief Operating Officer updated on the position with the South West London 111 (SWL 111) service. The service provided an alternative to 999 where there was not an emergency but there was an urgent need for help. The Trust had been asked to host the SWL 111 service in recognition of its expertise in the area. The Trust already provided 111 services in North East and North West London. The service was launched in September with LAS providing 14% of SWL call answering 7 days a week. LAS clinicians would also provide further support by categorising SWL Cat 3 and Cat 4 responses and reviewing whether ambulances were required.
22. The Chief Operating Officer assured Board Members that the full cost of the service would be recovered, including both the service needs and the overheads. Further assurance on the detail of the contractual arrangements would be provided in the private meeting later that day. The Chief Executive advised that he had been made aware of the development of the proposal and agreed that it was sensible for the Trust to take on the service.

[Resolution:](#)

The Trust Board noted the paper.

[Director and Board Committee Reports](#)

- [Integrated Performance Report](#)

23. 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.

24. 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

• Quality Accounts and Quality Priorities – Biannual report

25. The Chief Paramedic and Quality Officer introduced a paper which outlined the progress in quarter 1 against the 10 quality account priorities agreed by the Board for 2021/22
- Implementation of the Patient Safety Incident Response Framework (PSIRF) as a pioneer in the new process for other Ambulance Trusts.
 - Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services – (front end, CAS and management – including CHUB/ ECAS).
 - 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.
 - The Trust must ensure medicines are correctly stored, in line with recommendations made from the CQC and current legislation.
 - Patient & Communities engagement & involvement.
 - Continued delivery of the Clinical Strategy (2016/17-2022/23 2019 Refresh)
 - Integrating the 999 and 111/ IUC CAS systems to provide seamless care for patients regardless of access point.
 - Implementing the station/service quality accreditation programme
 - Development of the Trust's Culture Diversity and Inclusion (CDI) Strategy.
 - 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.
26. Board Members noted that the implementation of the refresh of the Trust's Clinical Strategy was underway and that the effects of this would show increasingly in future reporting. The strategy refresh had taken place just before the start of the Covid pandemic. The need to respond in a flexible and coordinated manner had enabled progress to be made on integration with wider system with the support of stakeholders. An update on the roadmap would be reported to the next Board meeting in November 2021.

Action: JM to provide update on strategy roadmap at November Board meeting.

27. Board Members sought assurance with regard to the amber dashboard rating for medicines management, the underpinning Key Performance Indicators and the trajectory for turning ratings green. The Chief Medical Officer advised that the initial issue with managing drugs had been highlighted by the Care Quality Commission (CQC). Since then, the Trust had been enacting projects to meet both these concerns and the need to comply with new and changing regulations in this area. The amber rating reflected the current status of the projects, however the Trust was making progress in a number of areas. These included moving into the Medicines Packing Unit in late October 2021 and more stringent inventory management with greater use of tagging and tracking equipment to maintain oversight of medical devices. There was confidence that this rating would be turned green.
28. The Chair noted the significant steps forward being made and thanked those involved.
29. The Board discussed the challenges in the national supply chain and, in particular, how this might impact on construction materials. The Chief Operating Officer noted that some of the delays experienced in relation to the move to the new control room in Newham had been due to the lack of air conditioning supplies.

Action: The Executive was asked to look at whether the supply chain issues presented a risk to the Trust and to advise accordingly.

Resolution:

The Trust Board noted the Quality Accounts and Quality Priorities – Biannual report

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

30. The Chief Paramedic and Quality Officer presented his report for consideration.
31. Board Members enquired as to the progress made around sexual safety. The Care Quality Commission had carried out a survey on best practice and, as a result, the London Ambulance Service had been asked to do a presentation at their Sexual Safety event. The way the Trust linked with regulators and other areas of its work were seen as useful for showcasing across the country.
32. In response to a question, it was stated that interventions would continue to improve. Staff were progressing through the training. Online e-learning provision had made an impact and had received good feedback, along with face to face training.

- **Director Report (Clinical Care)**

33. The Chief Medical Officer presented her report Highlighted items included:
 - LAS had won another national Health Service Journal award for its collaborative approach to patients presenting stroke symptoms
 - New care pathways had been introduced to ease pressure on emergency departments. Pressure continued to be high despite the hospital conveyance rate for ambulances being 50%.
 - National approval had been received for improvements in the management of patients presenting as Category 2. LAS would be able to further assess the best referral routes for patients where the initial indication was of a serious condition. It was hoped that this would remain in place for winter.
 - A further audit was taking place on sickle cell patients. This would help understanding around pain management and would report back to a national group in six months' time.
34. Board Members with a clinical background were asked for their input on the current position. The Board discussed whether the national recognition for the Trust's coordinated approach to best practice had led to increased momentum towards integrated approaches. It was noted that there had been further interest from partners and the Trust would continue to produce information that would help make the case for a joined up, system approach for patient care. Additional time spent on scene to gather information could lead to better and more local treatment.
35. Assurance was sought around the planning in place for the winter period. It was noted that the Trust could not base its modelling on an increase of provision of 'more of the same' to address winter demand. Work would take place to ensure that the service could meet the needs of a range of patients while demand was high. This included the work taking place to identify when patients required a different intervention than an ambulance to a hospital. The Trust's desire to keep a clinical focus was reflected in the proposed changes to its executive leadership structure, with the Chief Medical and Chief Quality and Paramedic Officers acting as deputies to the Chief Executive. Clinical safety would remain the Trust's number one priority.

Resolution:

The Trust Board noted the Quality and Clinical Care reports.

People and Culture

• Directors Report

36. The Director of People and Culture presented his report and highlighted the following areas:
- Staff had worked hard during a difficult few months
 - The flu vaccination roll out was commencing and would be available to staff from 27 September
 - Sickness represented the biggest challenge within absences at the moment, with spikes in the number of gastrological and muscular skeletal cases as well as the ongoing Covid situation.
 - An immediate resource had been put in place for suicide prevention
 - An online staff management tool, ESR, had been rolled out to Trust managers
 - Real progress on BAME recruitment had continued, representing 58% of new starters in July.
37. The Board discussed ways that absence levels could be brought down. The culture of absence reporting within the Trust was being examined with a quality improvement lens and benchmarking was taking place with other ambulance trusts. This included better awareness of the signs of pressure and identifying other factors which could lead to burnout. Recruitment procedures were also being reviewed as part of a quality improvement approach to provide better support to managers. More streamlined processes, making use of available technology, would look to provide support to the frontline in a timelier manner. This process was expected to take two to three months.
38. It was noted that there were positive news stories to be shared with staff and work was taking place to share these messages in terms of “you said, we did” in partnership with staff unions. The NHS Staff Survey would place a key role in listening to feedback from staff.

Resolution:

The Trust Board noted the paper.

Finance and Audit

• Directors Report

39. The Chief Finance Officer presented her report.
40. 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 set fixed income arrangements funded through block payments via the host NW London Integrated Care System (NWL ICS) for the first half of the year and based on a breakeven financial plan for the first six months of 2021/22 (H1). There had been some deterioration in the financial position due to the significant increase in demand which had been experienced. As at Month 4 of the financial year, the Trust was reporting a £1.2m however, factoring in nationally identified funds, it still expected to reach breakeven for the first half of the year.
41. A high level national settlement figure of £5.4 billion had been announced for the second half of the year, October to March 2022 (H2). The Trust would continue to work with its host NWL ICS to agree the income envelope for operations by the end of September. The H2 financial position was expected to be tighter than H1 and conversations would continue with commissioners to determine the detail of allocations.

- **M4 Finance Report**

42. The Chief Finance Officer presented the Month 4 finance report which set out the financial position for the Trust as at 31 July 2021 and highlighted the following areas:

- The Trust has a year to date (YTD) deficit of £1.2m as at 31 July 2021.
- The Trust is currently forecasting a breakeven position to the end of September 2021 however this assumes additional income from NWL ICS of £4.6m due to increased costs required to respond to unprecedented increases in demand.
- The Trust has delivered £2.1m of efficiency reductions YTD and is forecasting a £3.5m efficiency saving to the end of September 2021.
- £19.6m of revenue COVID 19 expenditure was incurred year to date.
- The Trust continues to forecast delivery of its capital plan for 2021/22.

- **Finance and Investment Committee**

43. The Board received an update from the Chair of the Finance and Investment Committee.

44. The Finance and Investment Committee had discussed contractual matters, the Month 4/Month 5 financial position, transformation and Procurement. It was noted that a positive discussion had taken place and further, more granular information had been requested for its next meeting. The same request had also been made with respect to the improvement programme within the Finance directorate.

- **Audit Committee**

45. The Board received the report of the Chair of the Audit Committee. The Chair's update included the following points:

- The decision of the Chief Executive to bring the Board Assurance Framework and Corporate Risk Register together under the Director of Corporate Affairs had been welcomed.
- The Trust's new internal auditors, BDO, had reassessed the audit plan and included additional focus on some basic controls.
- RSM UK would join as the Trust's new local counter fraud service providers from 1 October 2021.
- The three lines of defence approach would be taken to the production of the next Annual Report, with the Chief Executive accountable for the overall process and individual director's assurance statements used to inform the annual assurance statement. The ongoing assurance mapping exercise would also assist.
- An Emergency Preparedness, Resilience and Response (EPRR) paper would be brought to the Board in January 2022 for a strategic discussion and as part of the need to continually retest business continuity arrangements
- One audit report had been received which had been given partial assurance.

46. The Trust had carried out a fullscale EPRR test the previous day. The performance of the test of preparedness for a Londonwide event and disaster recovery was noted by the Chief Executive to have been reassuring. Board Members noted that the extended period at REAP level 4 was, in effect, an active business continuity and resilience situation and the Trust had to be ready to respond to a major incident on top of this.

47. In the event of a marauding terrorist attack, responsibility for declaring a situation as 'Operation Plato' rested with the police. Procedures were in place around the involvement of the Hazardous Area Response Team (HART) and areas declared as 'hot' and 'warm' during an incident. It was noted that there had been some public confusion around ambulance personnel needing to wait outside the incident scene.

The rule around responding to 'hot' and 'warm' scenes at an incident had now been changed and staff may be allowed to enter subject to the necessary protective equipment eg stab vests and cameras. The EPRR plan would be considered by the Board in January.

Resolution:

The Trust Board noted the Finance and Audit reports.

Logistics and Infrastructure

- Logistics and Infrastructure Committee

48. The Chair of the Logistics and Infrastructure Committee presented her paper and highlighted the following areas:
- Delays in Newham EOC
 - The refresh of the Hub1 business case
 - Outline business case for the One London Integration and Analytics Engine
 - Briefing received on fleet modernisation options
 - Update on the recent CAD outage and the complexity of the existing Telephony systems.
 - Update on the ongoing work to resolve Uninterruptible Power Supply (UPS) issues.
 - Work to develop an integrated program plan for Estates
49. The Board discussed the need for a refresh in the strategies for fleet and estates. This was currently taking place as part of an iterative approach and capital spend was noted to represent a limiting factor. The Board also noted the work taking place around IT resilience and the need for an integrated people plan in context of change management. There was a need for prioritisation and balance in the Trust's approach to these challenges.

Resolution:

The Trust Board noted the Logistics and Infrastructure Committee report.

LAS Patient and Public Council (LASPPC)

50. The Director of Communications and Engagement presented an update on the work of the LASPPC and passed on the apologies of the Council's Chair who could not be present.
51. The Board considered the work of the LASPPC and noted the importance of public and patient involvement. Board Members discussed the arrangements for the LASPPC to engage with Londonwide issues through the five London Integrated Care Systems (ICS). It was agreed that the Council had an important role to play and should not be stretched too thinly by being asked to respond five times on every NHS issue raised with the London region. Arrangements would need to focus on how issues were linking in to the London Ambulance Service, rather than duplicating through the local structures.

Resolution:

The Trust Board noted the report from the LAS Public and Patient Council.

Governance

Board Assurance Committee Terms of Reference and Memberships 2021/22

52. The Interim Director of Corporate Affairs presented the Board Assurance Committee Terms of Reference and Memberships 2021/22.
53. Following changes in the Board Membership in the first half of the year, the Trust Board was presented with the current Terms of Reference and Membership for the Board Assurance and other appointed committees for consideration.
54. The Terms of Reference for the Board Committees were circulated for comment at each of the Board Assurance Committee meetings in the current cycle. Committee members were also given the opportunity to provide additional comments and feedback based on the previous year to the Board, these comments had been incorporated into the respective Terms of Reference.
55. Members considered the documents and approved the updates. It was noted and agreed that two further amendments needed to be incorporated into the Terms of Reference to the Logistics and Infrastructure Committee. These related to the deletion of the reference to data protection responsibilities and a change in job title.
56. In response to the suggestions arising from the Board Assurance Committees, Board Members discussed the running order of public and private meetings and whether verbal updates should be given to the Board, rather than written reports. It was agreed that private parts of the meetings of the Trust Board could take place before the in public meeting where appropriate to the business. Following discussion and a range of views being expressed, it was agreed that the written format of reporting would be kept for now, with a view to a shorter format being used, but this decision might be revisited in light of the outcome of the Good Governance review to be held over the coming weeks.

Action: With the agreement of the Chair, Trust Board meetings in public to be held after private items of business have been concluded.

Resolution:

The Trust Board approved the 2021/22 Board Assurance Committee terms of reference and Memberships as presented.

Trust Policy Approvals

57. The Interim Director of Corporate Affairs presented three Trust Policies for Board review and approval.
 - **Policy for the Development and Implementation of Procedural Documents**
58. The opportunity had been taken as part of the update of the Policy for the Development and Implementation of Procedural Documents to provide additional clarity to the review and approval process. This included producing a list of policies which identified their approval and review route and clarifying the policy review intervals and approval of minor updates. This also identified a list of 'core' policies to be approved by the Trust Board.
59. The Board welcomed the approach of reducing the overall number of policies by combining existing documents and making more use of procedures where appropriate.

- [Fit and Proper Persons](#)

60. An annual review had been conducted in respect of the Fit and Proper Persons Policy. No substantive changes had been proposed.

- [Managing Conflicts of Interest](#)

61. An annual review had been conducted in respect of the Managing Conflicts of Interest Policy. No substantive changes have been proposed.

[Resolution:](#)

The Trust Board approved the Policy for the Development and Implementation of Procedural Documents, Fit and Proper Persons Policy and Managing Conflicts of Interest Policy.

[Board Assurance Framework and Corporate Risk Register](#)

62. The Interim Director of Corporate Affairs presented the Board Assurance Framework.

63. The Board noted that no movements in the level of risk had been proposed for consideration by the Directors or Board Assurance Committees this cycle.

64. Following review by the Trust's Risk Compliance and Assurance Group, two new risks had been included on the on Corporate (Trust Wide) risk register. These included a risk in relation to the management of simultaneous Significant or Major Incidents.

65. As part of the new Chief Executive's review of initial management arrangements, it had been agreed that responsibility for the management of the Board Assurance Framework and Corporate Risk Register would be brought together under the Director of Corporate Affairs. Following feedback from the Board Assurance Committees, the opportunity would be taken to review the format and content of the BAF to ensure that it appropriately captures the level and type of strategic risk within the Trust.

66. The Board welcomed the proposed review of the content of the BAF. The opportunity should be taken to rewrite the BAF risks to more accurately reflect the strategic risks facing the Trust. Board members advised that, in addition to checking existing risks and rewording and removing them where appropriate, the BAF should contain a strategic risk in relation to the Trust not being able to deliver standards of care due to not having the appropriate workforce in place to meet the high level of system demand. The strategic risk should be worded to capture the workforce, finance and quality of care issues involved.

[Action:](#) Initial BAF review to include a risk which captures the system risk of sustained high demand and its impact on workforce and quality of care.

67. It was noted that the review would take place in two stages. An initial review would take place of the articulation of the current risks, the removal of completed and out of date actions and the addition of the demand based risk expressed previously. The importance of clarity around each risk owner was stressed. A deeper review would also take place into the way that strategic risks were captured and reported across the Trust. Consideration as part of a future Board development session was a potential option. This piece of work would take place with a view to being in place for the next financial year.

[Action:](#) Wider review of BAF to feed into assurance for 2022/23 financial year.

68. The Chair advised that her view of the current position was that the Trust's financial risk should be moving towards amber and that the risk from the sustained increase in demand should stay rated red.

Resolution:

The Trust Board approved the Board Assurance Framework.

Any Other Business

69. There was no other business raised.

Additional Reports

70. The Trust Board received the following additional reports for information only:
- Quality Report
 - Use of the Seal

Meeting Close

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

The next Trust Board meeting in public will take place on 30 November 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>
Digital Scorecard	Production of a digital transformation scorecard to be explored	FW	25/05/2021	30/11/2021	Complete.
Winter Plan	Winter Plan to be considered by the Board at its November meeting	FW/JM	23/09/2021	30/11/2021	Summary on agenda for public Board
Clinical Strategy	JM to provide update on Clinical strategy roadmap at November Board meeting.	JM	23/09/2021	30/11/2021	Complete. Included in Chief Medical Officers report
National Supply Chain issues	The Executive was asked to look at whether the supply chain issues presented a risk to the Trust and to advise accordingly.	Executive	23/09/2021	30/11/2021	Complete. Close.
Trust board Meeting	With the agreement of the Chair, Trust Board meetings in public to be held after private items of business have been concluded.	HL / DS	23/09/2021	30/11/2021	Complete. Close.
Board Assurance Framework	Initial BAF review to include a risk which captures the system risk of sustained high demand and its impact on workforce and quality of care.	DS / JM	23/09/2021	30/11/2021	Close. Update on agenda.
Board Assurance Framework Review	Wider review of BAF to feed into assurance for 2022/23 financial year	DS	23/09/2021	30/11/2021	Close. Board Workshop took place in October with revised BAF proposal to be discussed at January Board.



Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Report from the Chair			
Agenda item:	5			
Report Author(s):	Heather Lawrence, Chair			
Presented by:	Heather Lawrence, Chair			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board's attention:				
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.				
Recommendation for the Board:				
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

Visit to LAS by Ruth May the Chief Nursing Officer - England

It was a pleasure to host Ruth May who came to visit LAS on 21 September and met with some of our senior registered nursing staff members including Amanda Mansfield MBE, Carly Lynch, Kate Selir, Diane Lavery and Claire Brown

External

I attended a quarterly meeting with the Mayor of London, Sadiq Khan and a quarterly meeting with the London Assembly where I introduced Daniel as our interim CEO, where he was already known by many for his role on the London Health Board and in his previous role as CEO of Epsom and St Helier. At both meetings we set out the pressure the services are under both here in London and nationally. The overall sense of both meetings was one of how could they help. I will leave Daniel to share with you his idea on this and that was well received by the Mayor and members of the London Assembly.

NWL and SWL ICS Chairs Group

Both ICS' now have confirmed Chairs with Dr Penny Dash as Chair of NWL and Millie Banerjee as Chair OF SWL. The designate CEO for NWL ICS is now Rob Hurd and Sarah Blow the current SWL ICS CEO has been confirmed in her role.

The ICS' are now progressing their plans for the Governance of the ICS and ICB Boards. At present there is no place for LAS at either board.

AACE Chairs Group

This meeting took place on 22 November and agenda items to highlight were:

Violence and aggression against staff

Violence and aggression funding by NHSE/I to be hosted by AACE with the aim of sharing good practice across our organisations. Views were shared about the messaging to the public as well as to our staff and the need for prosecution. A discussion was held in relation to staff resistance to wear video cameras and the need to explore this aspect and why experience was variable across organisations.

Women's Group

AACE is setting this up mindful that some Trusts have one already.

Wellbeing Guardian's group

It was proposed that there should be a national group on this important staff welfare issue. The purpose would be to:

- To engage with and receive updates on national suicide prevention and wellbeing workstream and support the implementation of developed products e.g. bespoke ambulance suicide postvention guidance and mental health continuum
- To share wellbeing best practice from individual trusts and local systems

- To share good practice on assurance processes for wellbeing guardians against the 9 principles and on how wellbeing can be embedded in board governance
- To assess opportunities for benchmarking practice
- To consider how the guardians can advocate for wellbeing across the sector and within trusts, challenging stigma and encouraging openness
- To support suicide prevention work and processes for independent review of suicides. This was fully supported by the Chairs group.

Ambulance sector involvement in ICS/ICB Boards

Ambulance Trust chairs feedback on their experience of the potential for there to be a seat for the Ambulance Trust on the ICS and ICB Board. No ambulance Trust had secured this and there was an expectation that engagement should be through Provider Collaboratives on the Lead ICS. None of the above is satisfactory.

NHS Providers roundtable with the CQC

I joined a roundtable discussion with Dr Ted Baker (Medical Director) and Ian Trenholm (CEO) of the CQC who confirmed they were only undertaking unannounced visits and were progressing their approach on system inspections for which it seems there is a need for further thought on how these inspections will be beneficial or helpful.

Chairs staff advisory group

I have held two of these meetings since my last report. The atmosphere and tone is generally positive whilst they also bring to my attention their reflections and concerns. I feed these back to the appropriate director and/or discuss with them what we can do together with staff and management working together. I am convinced that as the Trust wide culture work gathers momentum whilst some staff will always want to speak to the Chair of the Trust Board more issues will be taken up locally and by Daniel and his team when things are not resolved locally.

8th National Ambulance Memorial Service

On the 16 September I attended the service of remembrance at the National Memorial Arboretum with two of our ceremonial team who laid a wreath on the behalf of LAS.

Remembrance Day 11/11/21

I represented LAS at a Remembrance Day service at Guy's and St Thomas' Hospital where I laid a wreath. Whilst there I met with the CEO and Director of Emergency Care of Guy's and St Thomas' Hospital who invited Daniel and myself to visit them and their team and this has been arranged.

Heather Lawrence OBE
Chairman



London Ambulance Service

NHS Trust

Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Report from the Chief Executive			
Agenda item:	6			
Report Authors:	Daniel Elkeles, Chief Executive			
Presented by:	Daniel Elkeles, Chief Executive			
History:	N/A			
Purpose:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board 's attention:				
<ul style="list-style-type: none">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 September 2021.				
Recommendation for the Board:				
<ul style="list-style-type: none">The Board is asked to note the content of the Chief Executive's report.				

Our people

Executive leadership team changes

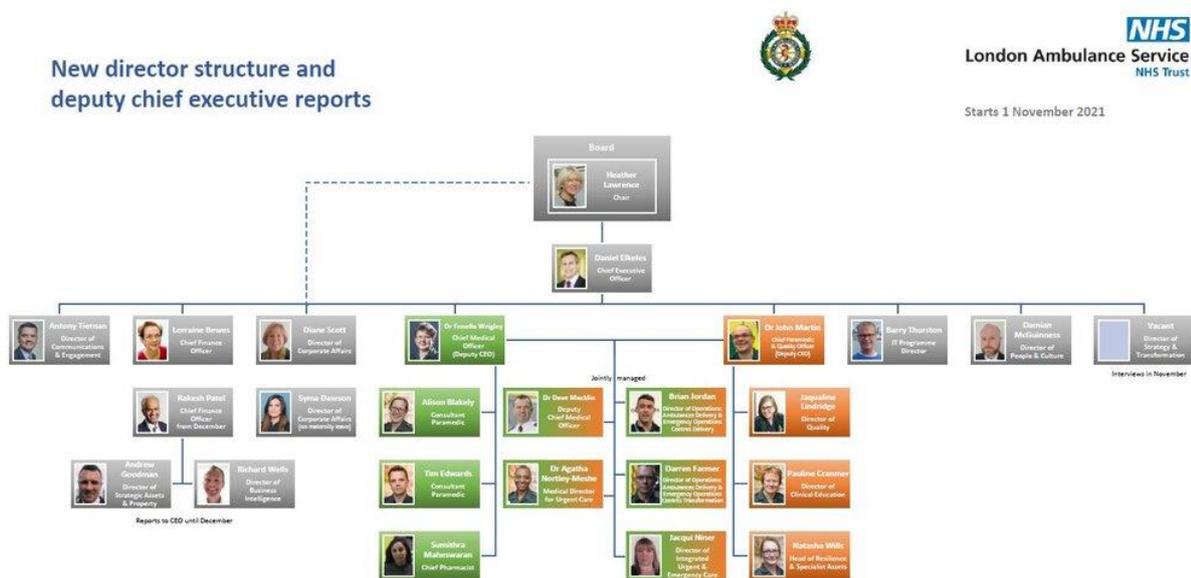
At September's Board, I announced the appointment of Dr Fenella Wrigley (Chief Medical Officer) and John Martin (Chief Paramedic and Quality Officer) as our joint deputy chief executive officers and, over the course of October and November, we have confirmed the executive leadership structure which, working with the existing leadership team, will support them to lead us through what we expect to be a very challenging winter.

The new structure (below), which increases our overall clinical leadership, includes the following changes:

- Pauline Cranmer appointed as Director of Clinical Education
- Jaqueline Lindridge appointed as Director of Quality (attends Board)
- Dr Agatha Nortley-Meshe appointed as Medical Director for Urgent Care (attends Board)
- Brian Jordan appointed as Director of Operations: Ambulances Delivery and Emergency Operations Centres Delivery
- Darren Farmer appointed as Director of Operations: Ambulances Delivery and Emergency Operations Centres Transformation.

I am also pleased to announce that we have appointed Rakesh Patel as our new Chief Finance Officer (CFO). Rakesh, who joins us in December, takes over from our current CFO, Lorraine Bewes, who is retiring. I know the Board will join me in extending thanks to Lorraine for her dedicated service to LAS over the last four years.

Figure 1



Due to recent changes to Non-Executive Directors and the Executive leadership team we have reviewed the Board and Board Assurance Committee membership and attendance.

Celebrating and paying tribute to our teams

An important part of our culture is celebrating awareness events. This October, we marked a number of important campaigns, including Black History Month and Freedom to Speak Up Month. For example, we held our first Book Club to discuss the book *Why I'm No Longer Talking To White People About Race* by Reni Eddo-Lodge. It was a fantastic conversation with lots of ideas about how we can make LAS more representative and develop talent from within. I would like to thank all of the staff and volunteers who organised, supported and took part in these important initiatives across the Trust, especially our Staff Networks.

In celebrating our staff and volunteers and the work they do for Londoners, it has been great to see members of the public and our patients continuing to send thank you letters and emails to our staff and volunteers. I know from 'riding out' with our crews and meeting our teams in our 111 and 999 operation centres, how much it means to our team. Since my last Board report, we have received nearly 400 thank yous to over 1,000 members of staff and volunteers. When the information provided by patients makes it possible, we share these messages with the staff and volunteers mentioned.

Year	Month	Logged	Financial YTD	Staff/volunteers	Financial YTD
2021	January	148	1294	380	3182
2021	February	169	1463	411	3593
2021	March	140	1603	382	3975
2021	April	134	134	267	267
2021	May	171	305	420	687
2021	June	142	447	310	997
2021	July	138	585	354	1351
2021	August	122	707	315	1666
2021	September	148	855	373	2039
2021	October	106	961	275	2314
2021	November	12	973	41	2355

Figure 2

In October, we held a special memorial event at our HQ for the families of our 22 colleagues who sadly died over the past 20 months. As well as receiving a personalised book of condolence and a brass bell (modelled on those from early days of the ambulance service), each family was given a yellow rose to lay in our new memorial garden. I would like to thank everyone involved who made it happen, including our communications team, ceremonial unit and the family liaison officers.

Our LAS

The last 20 months has been an unbelievably challenging time for our staff and volunteers, and ensuring we have an organisational culture that is compassionate and supportive has never been more important.

Earlier this month, I launched **Our LAS**, a significant and innovative programme to help improve the culture across the Service. Over the coming months, we will host virtual workshops for thousands of our staff and volunteers, which will help us to create the culture we want together. By identifying the behaviours we want to see, we can build these into everything we do – from the way we recruit and induct staff and volunteers to appraisals and career development. Getting these behaviours right and ensuring everyone understands how we want to work will unlock all of our potential. The right values and behaviour are key to make ‘our LAS’ a consistently good place to work.

I look forward to updating the Board as we move forward.

Our patients

Improvements

Our utmost priority is to ensure patients get the right care at the right time, and, where necessary conveyed quickly and effectively to the most appropriate pathway for onward treatment.

To help improve the care we provide to patients and to ensure our staff and volunteers have access to the latest technology, we are rolling out – at a cost of £5 million – nearly 5,000 eighth generation iPads. When I have been out and about I have seen how iPads, combined with the new ePCR (electronic patient care record), support our people to make more informed decisions and provide better patient care. This has made significant improvements in the way we work with A&E departments – helping provide access to patient information ahead of their arrival – which will be vital this winter and beyond.

In October, our community resuscitation trainers from the first responder department, together with volunteers, hosted events across London to raise awareness of early CPR (cardio pulmonary resuscitation) and defibrillation as part of Restart a Heart Day. The team did a fantastic job training over 600 people.

Earlier this month, we relaunched our Motorcycle Response Unit (MRU). This unit, which sees our paramedic colleagues travel on motorcycles to get to patients quickly in busy, built up areas around the capital where it can be difficult for an ambulance or a car to get through, will also be using their skills in the Clinical Hub. The work of this incredible team will be so important for us during the winter and will help us ensure patients receive the most appropriate care first time.

This month I was also delighted to share our strategic intention to insource our Make Ready service from April next year. Our Make Ready service, which involves almost 500 people who clean and stock our ambulance fleet, are vital to the work that we do and without the hard work of the team we would not be able to deliver the urgent and emergency care that our patients need.

Whilst there is still some way to go, including a staff consultation, before any formal agreements can be made, there would be some clear benefits to the teams in make ready joining us. I expect the Trust Board will make its final decision on this in the New Year.

Recognition

Since I have joined the Service, I have been unbelievably impressed with how colleagues are continually striving to drive change across the Service to improve the care we can

provide for our patients. I would like to congratulate teams who have been recognised on a national stage for excellence since my last report:



<p>Maternity team</p>	<p>Winners in the Royal College of Midwives 'Innovation in Maternity Care' for promoting safe conversations when maternity emergencies arise through the development of a 'midwives communication card'.</p>
<p>Integrated urgent and emergency care team</p>	<p>Finalists for the HETT (Health Excellence Through Technology) Unexpected Innovation Award for our work with Barts Health NHS Trust on the Emergency Access Coordination Hub.</p>
<p>Digital 999 team</p>	<p>Finalists in the 'Use of Automation' category at the Smarter Work Live Awards for our electronic patient care record roll out.</p>
<p>North Central London clinical team</p>	<p>Winners in the 'Clinical Governance and Risk Management in Patient Safety' at the HSJ Patient Safety Awards for their application of video assisted pre-hospital triage for stroke patients (in collaboration with UCLH).</p>
<p>Macmillan end of life care team</p>	<p>Winners in the Macmillan 'Whatever it takes' award for their work in enhancing staff confidence and making sure patients get the care that meets their needs.</p>

In addition to the above, I was pleased to see our colleagues in North Central London awarded the highest honour in Islington – the Freedom of the Borough – in recognition of their contributions to local life.

At our Annual Public Meeting, I was also incredibly honoured to stand alongside our Chair to present John Boyaram, Non-Emergency Operations Manager, with a surprise special award for outstanding service to the Trust. John, who was joined by his family, has served 50 years for LAS.

It was also fantastic to see our Deputy Chief Executive and Chief Medical Officer Dr Fenella Wrigley receive her award after being promoted to Commander of The Order of St John – a tremendous accolade to her commitment and dedication to healthcare.

Pausing implementation of our estates vision

As we move into what looks like being the most challenging winter we will face, we have been reviewing all the 'transformation programmes' that we are running to decide whether

they are essential in the here and now, or can be paused and the resource used to help support the frontline. This is why we recently announced our decision to pause our plans on our estates vision and our first Ambulance Deployment Centre site in North East London.

Over the winter, we will review our existing estate and our vision and will focus on developing a high-level plan for the future. We are committed to engaging and, as appropriate, consulting with the public and other partners on any proposed plans to move or close stations, but would also like to provide reassurance that we will not make any changes to our services which impact on the quality of care we provide to our patients.

Our partners

In September, we held our Annual Public Meeting, which showcased many of the fantastic pilots and initiatives we have been developing with our partners over the past year. The meeting was also an opportunity to showcase our partnership with London's Air Ambulance, who joined us to talk about our collaborative working on emergency trauma care delivery across the capital. I had the pleasure of seeing this in action when I joined the Helicopter Emergency Medical Service (HEMS) advanced trauma team for an observer shift.

With collaborative working crucial to everything we do, I have spent time meeting with many of our partners and NHS colleagues nationally, regionally and locally over the last few months, including the Mayor of London, St John Ambulance, London Fire Brigade and Metropolitan Police Service. In addition, I had the pleasure of welcoming Ruth May, Chief Nursing Officer for England on a visit to our HQ, as well as Safron Cordery, Deputy Chief Executive for NHS Providers and Caroline Russell AM, Chair of the London Assembly Health Committee.





London Ambulance Service

NHS Trust

Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Deputy Chief Executive Officers' Report			
Agenda item:	7			
Report Author(s):	John Martin, Chief Paramedic & Quality Officer and Deputy Chief Executive Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive			
Presented by:	John Martin, Chief Paramedic & Quality Officer and Deputy Chief Executive Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive			
History:	Not applicable			
Purpose:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board / Committee's attention:				
<p>This report updates the Board on activity and performance of the Operational Directorates since the last meeting and draws attention to any other issues of significance or interest.</p>				
Recommendation(s) / Decisions for the Board / Committee:				
<ul style="list-style-type: none"> For noting only 				

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	

Executive Summary

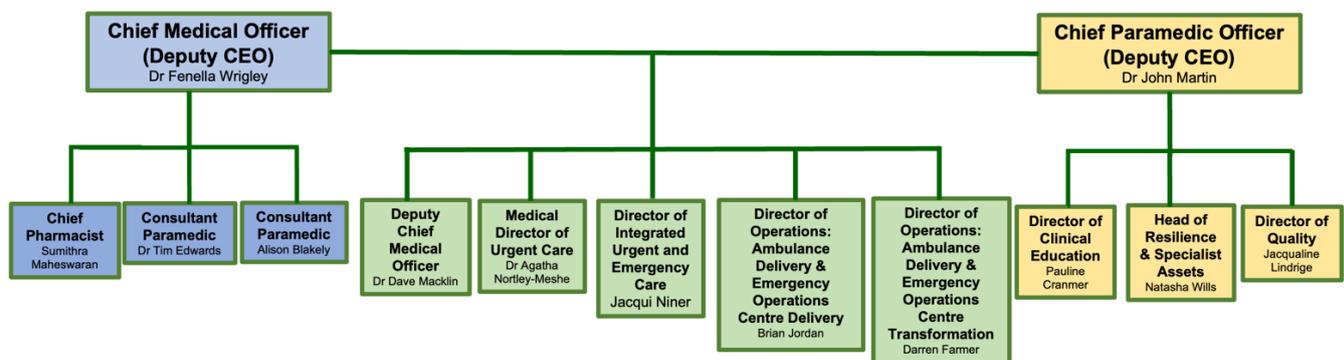
This is the first report from the Deputy Chief Executives following announcement of new senior leadership team arrangements. Alongside their existing portfolio, core operations will be jointly led by clinicians to reinforce our primary role to provide safe and high quality patient care.

Since appointment in October 2021, there has been rapid focus on a number of operational priorities in preparation for what is anticipated to be an extremely busy and challenging winter for the NHS and in particular the Urgent and Emergency Care system. This report sets out progress made in the following areas:

- Strengthening our leadership team
- Operational performance against national standards
- Preparatory plans for winter
- Maintaining safety during periods of high demand and ensuring patients receive the right care in the right place
- Ongoing enhancements to support the welfare and wellbeing of our staff
- New developments

1. Strengthening our leadership team

It is essential the right leadership capability is in place to support the new operating model, and we are pleased to announce the introduction of a number of new Director posts with appointments made from within the organisation. The structure below now represents the new Deputy CEO Senior Leadership Team, which promotes better collaboration of our clinical, quality and operational teams.



2. Operational performance against national standards

As reflected nationally across Ambulance Trusts and NHS providers, the health and social care sector continues to experience a significant and sustained increase in patient demand for both 111 and 999 services.

The impact of elevated patient demand across London has continued to challenge the Trust's performance against key performance indicators:

2.1 111 Call Centres and 999 Emergency Operations Centre (EOC)

Indicator (KPI name)	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Trend
111/IUC (NEL) - Calls answered within 60 sec	> 95%	81.2%	87.8%	82.0%	71.5%	86.8%	74.6%	54.8%	
111/IUC (NEL) - Calls Abandoned within 30 sec	< 3%	0.9%	3.7%	8.3%	12.7%	5.6%	9.1%	6.6%	
111/IUC (SEL) - Calls answered within 60 sec	> 95%	80.2%	85.9%	81.3%	72.3%	86.3%	78.2%	60.1%	
111/IUC (SEL) - Calls Abandoned within 30 sec	< 3%	3.9%	10.4%	11.2%	13.9%	15.8%	18.4%	9.6%	
111/IUC (NWL) - Calls answered within 60 sec	> 95%	80.9%	74.3%	58.8%	46.7%	68.6%	58.7%	52.5%	
111/IUC (NWL) - Calls Abandoned within 30 sec	< 3%	1.1%	5.8%	9.8%	14.4%	6.6%	8.3%	1.7%	
999 Mean answering time	< 5 sec	0	10	17	54	27	38	24	

- The number of 111 calls received continue to be above contracted activity for 111 services across North East, South East and North West London. 111 Performance on calls answered within 60 seconds were outside the targets and the abandonment rates were missed.
- The number of contacts into 999 have continued to increase from c. 4,500 a day in March to c. 6,500+ contacts a day, on average, during September.

2.2 Ambulance Services

Indicator (KPI name)	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Trend
Category 1 Response - Mean	7 mins	00:05:38	00:06:05	00:06:33	00:06:59	00:06:57	00:07:25	00:07:02	
Category 2 Response - Mean	18 mins	00:16:32	00:20:00	00:27:21	00:39:50	00:39:15	00:47:56	00:49:58	
Category 3 Response - 90th centile	120 mins	01:48:44	02:27:00	03:25:58	04:27:15	04:13:07	04:41:55	05:10:16	
Category 4 Response - 90th centile	180 mins	04:14:41	05:12:48	07:20:09	07:47:25	07:35:49	08:23:59	08:07:47	

- Plans for increasing the capacity of our frontline response continues to be progressed through the Strategic Workforce Programme, however it is recognised there is a lead in time for the recruitment, training and on-boarding of new staff members. To supplement the existing LAS frontline workforce, the Trust has secured and mobilised further resources from external sources, including final year Paramedic Science students, the Metropolitan Police Service and the London Fire Brigade. We are also working closely with volunteers

within the LAS to ensure they are utilised well. In addition we are exploring options to work with the wider volunteer organisations on some new initiatives to support patients.

3. Our preparatory plans for winter

It is anticipated that this winter will be extremely challenging across the NHS, both in London and nationally. We continue to see high levels of COVID-19 in the community and this, combined with other viruses which we did not see in winter 2020/1, will place additional pressure on the system. Call volumes are expected to be substantially higher than last year, and the Trust is planning for the busiest days for 999 calls and incident rates to fall on Mondays, Fridays and Saturdays in December. The four day bank holiday over Christmas and extended New Year will also impact demand with reduced access to routine healthcare services anticipated.

The Trust has put in place a strategic and tactical response for winter, which is focussed on three key areas: to manage demand, increase capacity, and work with system partners to reduce delays at hospital handover. Delivery of this winter plan is being managed through our internal Winter Service Delivery Group to provide oversight and assurance of the Trust's response to high winter activity.

Our planning ensures that we remain ready to respond to any unplanned major or significant incidents with our specialist assets and command structures. Our plans have been reviewed in light of the terrorist incidents in East of England and the North West. Within London, since October we have responded to 3 significant incidents – a motor vehicle collision with multiple casualties, a house fire and roof collapse at a school as well as providing cover to other major events including the London Marathon.

3.1 Managing Demand

- Implementation of the Trust's Clinical Safety Escalation Plan (CSEP) and Resource Escalation Action Plan (REAP)
- Focus on reducing the length of the longest held calls, and increasing the proportion of calls managed through clinician hear and treat, including continuing clinical assessment of appropriate Cat 2, 3 calls where there are delays to send an ambulance.
- Review despatch protocols to ensure that LAS are maximising the available resource across waiting incidents.
- Established programme focussed on call handling improvements

3.2 Increasing Capacity

- In the event of significant surges the Trust has plans to increase capacity across all operational areas using pre-agreed triggers. At this point capacity will be increased by utilising different clinical groups such as paramedic students and returning clinicians in other roles to the frontline including Clinical Team Managers, bank staff, mutual aid from other Trusts, St John Ambulance and the London Fire Brigade.
- Accelerating recruitment activity to increase staffing establishment, including expansion of 999 call handling capacity by 25% on 2019 establishment levels as per NHSE national recommendation. Increase of clinicians in the 999 clinical hub by 33%, and increasing the frontline ambulance clinical workforce by 11% on last year's establishment.
- Encouraging operational staff to book annual leave well in advance to support resource planning, and more support to staff and managers on managing sickness absences
- Implement improvements to reduce delays to crews on scene where possible.

3.3 Minimise Hospital Handover Delays

- There is continued work with secondary care providers to reduce hand over delays and overall time per incident. This includes co-designing with acute providers new ambulance flow processes.
- Engagement with local networks and stakeholders to ensure appropriate management plans are implemented for patients who frequently access the health system via the ambulance service.
- Introduction of an Executive On-Call function to support existing arrangements, to ensure we maintain improvements to patient safety and promoting a positive patient experience at all times.

The number of patients waiting for an ambulance is a simple barometer to indicate how well we are responding to our patients and giving them collectively the safest care. In advance of winter, we have dedicated a number of days throughout October and November to run a number of co-designed pilots to better understand our demand and to improve the experience of our patients by adding additional focus on the number of calls we had holding across 999 and 111 and by putting out more ambulances. These pilot days have proved a success with abandoned and duplicate calls into 999 and 111 reduced, the number of patients waiting for an ambulance lower and increased availability of ambulances as we saw less out of service and time lost at hospitals. These initiatives are vitally important to improve the outcomes and experiences for our patients but also the welfare of our staff and volunteers who continue to work under extraordinary pressure. Our winter plan continues to be refined following successful outcomes of these initiatives.

A specific pilot which has shown to have a significant impact is proactively taking patients away from the busiest hospitals, therefore enabling patients to receive definitive assessment and care more quickly, reducing wait times for patients to be handed over to hospital, and relieving the burden on the busiest hospitals. This initiative truly reflects the opportunities for ambulance patient flow to be centrally managed by the LAS.

4. Maintaining safety during periods of high demand – right care in the right place

The Trust has seen a significant and sustained increase in patient demand for 111/Integrated Urgent Care, 999 Operations and Ambulance services since May 2021. We have continued, through social media and other communication, to advise patients on where best to access care for their health needs, to ensure those with emergency requirements (e.g. signs of a stroke) how they can access a 999 response without delay.

It is essential that when demand exceeds resources, clinically supported and well governed decisions are made to ensure the sickest and most seriously injured patients are prioritised for an ambulance response. Because of the current demand for Urgent and Emergency Care there are, unfortunately, periods of time when 999 or 111 calls may be 'held' whilst awaiting a vehicle to become available or for telephone assessment. Oversight of clinical safety and quality during the sustained high demand is essential to take account of the patient's condition at the time the call is received and the natural trajectory their condition is likely to take without immediate medical attention. Delays receiving definitive care affect a patient's recovery and the state of their long-term health. We have further enhanced our processes to assess and manage patients accessing care through 111 or 999. This is to support those patients whose health and social care needs can be safely and effectively delivered by a healthcare pathway closer to home, and are not unnecessarily conveyed to hospital. These patients may receive an enhanced telephone clinical assessment or face-to-face assessment on scene, by a highly skilled ambulance clinician, before receiving self-care advice. They may also receive an onward referral to a community team or be advised to make their own way to an urgent treatment pathway.

Since 2012 the London Ambulance Service has based experienced paramedics within the Emergency Operations Centres (EOC). These experienced clinicians are tasked to continually monitor held calls, provide clinical support to both operational and control room staff along with providing Hear & Treat. We have increased the number of clinicians available utilising a

multidisciplinary workforce including midwives, end of life care specialists, GPs, advanced paramedics urgent care and mental health practitioners. At least one clinician in the clinical hub oversees patients who are deemed to require an increased level of oversight. Examples of appropriate use would be elderly patients who have fallen and are still on the floor, drug overdoses, patients who have expressed suicidal intent or appear to be in a severe mental health crisis. These patients are contacted by telephone and taken through a clinical triage tool to determine the level of response they require. Safeguards are in place to manage those that the Trust is unable to contact back, high risks groups, or where they are still on the floor to look for community falls teams to assist them. We similarly provide dedicated clinicians to ensure oversight of Healthcare Professional and Inter-facility Transfer calls and where possible, working with the referring clinician to identify alternative transport or ensure these patients receive a definitive destination within the clinically required timeframe. We continue to deliver the critical care transport service providing a pan-London coordination function and ambulances for 4 of the 5 ICSs – this service has capacity to increase should demand require it during the Winter. In addition, a range of operational efficiency work streams have been defined to improve resource availability that whilst mostly demand focussed, if successfully delivered will indirectly improve patient safety.

Continuous real-time monitoring, as well as retrospective review and learning, is essential for assurance about the safety of the service being provided. Regular clinical safety reviews take place each day, supported by senior clinicians from the Clinical Directorate including Integrated Urgent Care, to ensure support and advice for both our patients and our staff and volunteers. In addition the Quality Directorate have established an Incident and Risk Hub that interrogates the Trust incident reporting and learning system to identify emerging themes that may require immediate intervention. LAS is the only UK Ambulance Service to have been appointed as one of the early adopters for the new Patient Safety Incident Response Framework. This was introduced to the Trust on 1st April 2021 and enables us to use thematic based intelligence to develop quality improvement plans, share learning and improve patient care and safety. Structured Judgement Reviews (SJR) have been introduced in order to ensure consistent and robust oversight of calls where a significant delay was experienced that may have led to harm. The Trust Continuous Re-contact Audit led by the Clinical Audit and Research Unit (CARU) has continued despite challenges in accessing suitably experienced clinicians who, if not deployed to the frontline are supporting the Clinical Hub and we continue to monitor our performance against National Ambulance Quality Indicators.

5. Ongoing enhancements to support the welfare and wellbeing of our staff

- Availability of regional funding dedicated to staff wellbeing, which will be allocated to a number of staff welfare initiatives including mental health first aid training, increasing the number of LINC Peer Support members, and improving wellbeing spaces around the Trust.
- The LAS Wellbeing Hub continues to act a single point of contact for all of the Trust's wellbeing services, open seven days a week.
- Refreshed guidance to support short term sickness absences isolations, and exploration of having psychotherapists to join the Trust to support staff who identify as having complex mental health issues.
- 'Wellbeing Tea Trucks' visit emergency department car parks to provide colleagues with refreshments and snacks.
- The Trust continues to benefit from The Ambulance Staff Charity (TASC) who support present and past ambulance staff and their families in their time of need.
- The Trust continues to promote and encourage staff to participate in the vaccination programme for Covid-19 and Seasonal Flu. Current Covid-19 vaccination rates is 81% for first vaccinations, 76% for second vaccinations, and 60% for the booster. Uptake of the flu vaccination is currently 43%, with a continued programme of having vaccination centres to team sites. The Trust is also preparing guidance and will roll out actions as per the mandatory national directive for frontline staff who have not been vaccinated from April 2022.

4. New Developments

- Since October, LAS has been commissioned by the South West London Integrated Care System to deliver step-in arrangements for 111 IUC services.
- Relaunch of the MRU (motorcycle response unit) paramedics as part our frontline response, who have been utilised in a number of other areas whilst supporting our response to COVID-19.
- Introduction of a new diagnostic pouch for frontline crews to minimise instances of missing diagnostic equipment.
- Reopening of 12 ambulance stations that had been previously closed to consolidate our operations during COVID-19. Prior to opening each station they have been assessed as meeting the requirements for Health and Safety, infection prevention and control and medicines management.
- Opening of two state of the art education centres to support training of new staff being recruited.

- Go-live of our Logistics Supply Unit, Medicines Packing Unit, and Specialist Operations Centre which are essential in support the operational teams.
- LAS was the winner in the 'Innovation in Maternity Care' Royal College of Midwives Award.



Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Integrated Performance Report			
Agenda item:	8			
Report Author(s):	Key Leads from Quality, Finance, Workforce and Operations			
Presented by:	Lorraine Bewes, Chief Finance Officer			
History:	N/A			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board's attention:				
<p>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.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are escalated on the front summary page in the report.</p> <p>It is designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.</p>				
Recommendation for the Board:				
The Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.				

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



London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

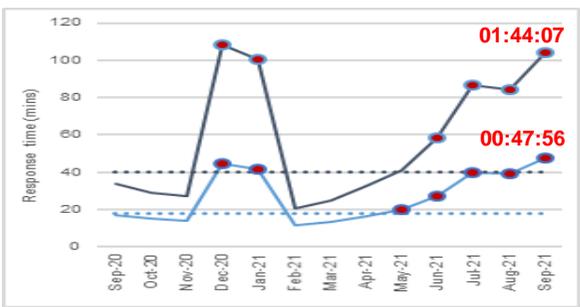
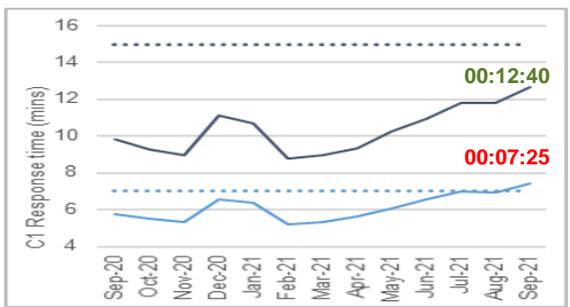
Analysis based on Year to **September 2021** data, unless otherwise stated (please see page 2 for data reporting periods)

Section	Content	Reporting Period	Pages
Overview	Narrative Against Patients, People, Public Value & Partners	Current	3-4
	Trust wide Scorecard 999	Sep-21	5
1. Our Patients	999 Response Time Performance	Sep-21	6
	Operational Demand	Sep-21	7
	Operational Capacity	Sep-21	8
	Operational Context	Sep-21	9-10
	Safe Scorecard – 999 Incident Management	Sep-21	11
	999 Overdue Incidents	Sep-21	12
	999 Incident Category Analysis	Sep-21	13
	Safe Scorecard – Medicines Management	Sep-21	14
	Medicines Management Audit	Sep-21	15
	Clinical Ambulance Quality Indicators (Latest Reported Month)	Jun-21	16
	Trust wide Scorecard NEL & SEL IUC	Sep-21	17
	Trust wide Scorecard NWL IUC	Sep-21	18
	111 IUC Response Time Performance	Sep-21	19-20
	Safe Scorecard – IUC Incident Management	Sep-21	21-22
	Safe Scorecard – Serious Incident Management	Sep-21	23-24
2. Our People	Trust wide Scorecard	Sep-21	25
	Vacancy Rates, Staff Turnover & Sickness	Sep-21	26
	Additional Workforce Analysis	Sep-21	27-28
	Health & Safety – MSK RIDDOR Incidents	Sep-21	29
	Health & Safety – Physical Assaults on Staff Incidents - 2021/22 (up to end Sep'21)	Sep-21	30-31
	Responsive Scorecard - Complaints	Sep-21	32
	Well Led - Excellence Reporting	Sep-21	33-34
	Trust wide Scorecard	Sep-21	35
3. Public Value	Trust Financial & Contract Position	Sep-21	36
	Statement of Comprehensive Income	Sep-21	37
	Cash flow Statement	Sep-21	38
	Cost Improvement Programmes (CIPS) & Capital Plan	Sep-21	39
	Trust wide Scorecard	Sep-21	40
4. Our Partners	Maximising safe non-conveyance to ED	Sep-21	41-43
	End of Life Care & Mental Health	Sep-21	44

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

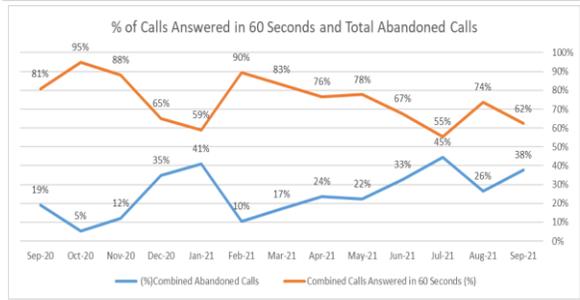
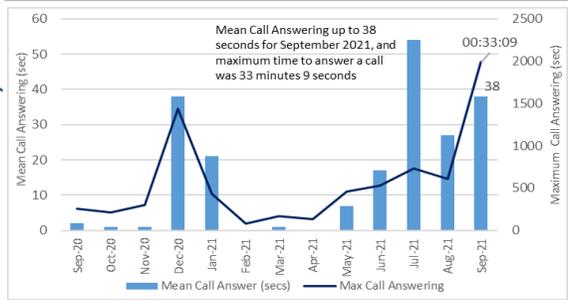
Provide outstanding care for **our patients**

Category 1 and 2 Performance



- Category 1 performance has not been maintained in September. LAS is outside of the target despite being second nationally for Category 1.
- Category 2 mean and 90th centile performance continue to be challenged. No provider is currently delivering category 2 performance and LAS is 7th out of 10 ambulance services

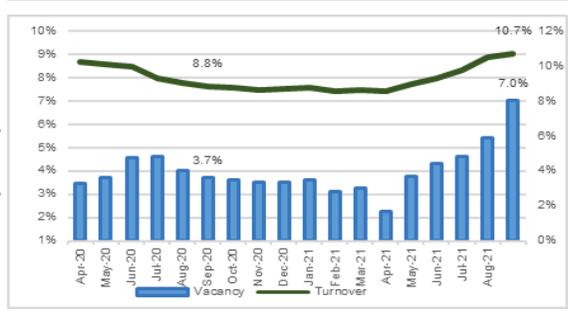
Call Answering (999 and 111/IUC)



- Mean 999 call answering time deteriorated in September and remained high compared to the previous year. The maximum call answering time in September was 33 minutes 9 seconds
- IUC call answering deteriorated in September with 62% of calls answered in 30 seconds. This remains below the 95% standard
- Despite being below standard LAS achieved 1st and 2nd place for IUC Call Answering and Calls Abandoned

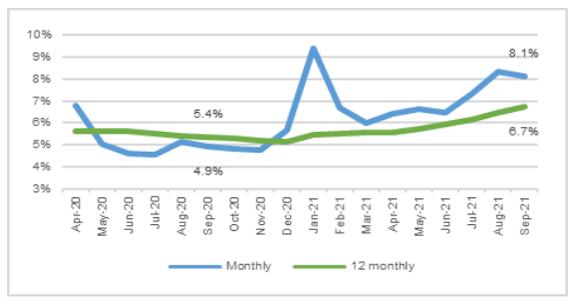
Be a first class employer, valuing and developing the skills, diversity and quality of life of **our people**

Vacancy/Turnover Rate (Trust)



- The overall vacancy rate has increased during Quarter 1 and Quarter 2 due to the establishment increases in Ambulance Operations (+200fte) and is currently at 7%.
- The EOC call handling establishment is c.317fte and the Trust will end 2021/22 with c.391fte. There is a proposal to increase the workforce to 493fte by March 2022. The call handling establishment in IUC is on track to be fully delivered by December and course fill rates remain positive at 83%.
- Frontline new starters are 69 FTE behind plan to September 2021 and Ambulance Ops will close the year between 61FTE and 74FTE below establishment, depending on fill rates which are currently at 93% for Paramedics and 80% for non-registrants.
- 144 UK Graduates have been recruited to date and there is a positive pipeline of internationals for our Q4 courses.
- Internal TEAC recruitment remains positive with 239 applications - 93 offers have been made to date.
- There were 106 starters in September with 22% from a BAME background.
- The turnover rate has remained broadly stable and stability remains above 90%. Whilst the number of frontline leavers remains positively below plan the level of International Paramedics leavers is tracking above forecast

Sickness

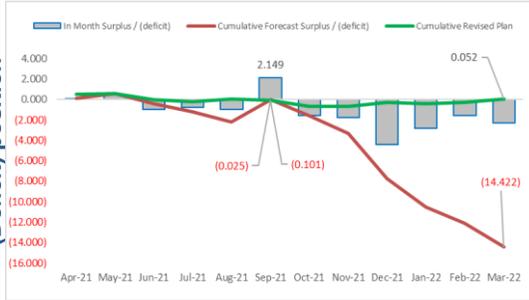


- The monthly Trust wide sickness has remained at 8%.
- We have seen a reduction in episodes of anxiety/stress/depression, back problems, injury/fracture and gastrointestinal problems.
- P&C teams are now reviewing the MAP trigger reports to support managers to reduce their absence and Sickness Management Training sessions have been organised for November and December.
- PAM have now added two additional Occupational Health Advisors to reduce waiting times from referral to appointment.
- As part of the OH tender, we are considering the option of an external sickness management reporting service.
- Over 1,600 LAS colleagues have now recorded their Covid-19 booster and the Trust flu programme is underway with vaccines distributed to management teams in sector.

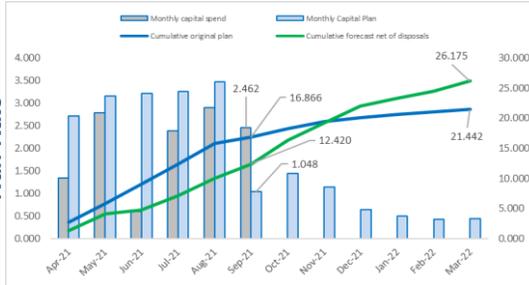
We have structured our management of performance and business plan around our organisational goals: **our patients, our people, public value and our partners** :

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

Cumulative Surplus / (Deficit) position



Capital Expenditure Run Rate



Financial Performance

- Significant additional expenditure is being incurred to respond to operational pressures but is currently partially offset by lower than planned recruit numbers and vacancies. Current demand pressure and resource usage is now expected to continue up to the end of the financial year.
- YTD Position: Deficit of £0.025m (breakeven on an adjusted financial performance basis) which is on plan.
- Full Year Forecast Position: Deficit of £14.422m (£14.379m surplus on an adjusted financial performance basis) which is £14.5 behind budget based on current funding information and continued high Ambulance Services and 111 IUC resourcing.
- Further work is in hand with the NW London ICS system to enable submission of a break even plan.

Capital

- Capital spend net of disposals and excluding donated assets was £12.4m YTD (full year forecast £26.2m up from the planned position of £21.4m following identification of additional CRL through NW London partners).

Efficiencies

- YTD efficiency savings of £3.4m have been delivered and £8m of the £9.7m full year target is expected to be delivered due to delayed vehicle preparation service procurement.

Cash

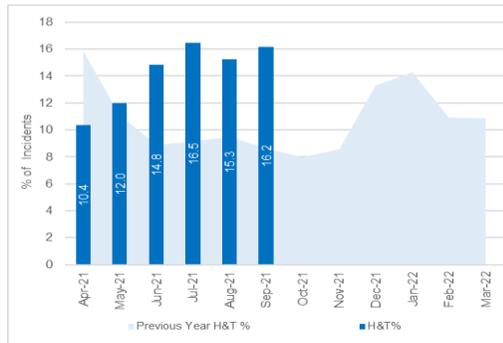
- The month end cash position was £23.1m

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

	Jul-21	Aug-21	Sep-21	Year-end Target
Arrive at Hospital to Patient Handover (mins)	23.3	23.8	26.4	18.0

- Handover times increased further in September, reflecting the wider pressure in the urgent care system, this has been particularly marked in North Central and North East London.
- The handover to green metric was within the target of 15.5 minutes at 15.1 minutes.

Hear & Treat



- Hear & Treat utilisation increased to 16.2% in September, continuing to track above last year where we attained 9.5%. This performance has seen was ranked 2nd nationally in September.
- Our conveyance rate continued to at 48.4% This saw LAS ranked 4th for ED conveyance rate, only 1.5% behind the best conveyance rate .



Patients Scorecard

September 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	Sep-21	●	07:00 A	00:07:25	00:06:40	00:06:15	09:01	07:07	2
Category 1 response - 90th centile	mm:ss	Sep-21	●	15:00 A	00:12:40	00:11:22	00:10:39	15:56	12:21	2
Category 1T response – 90th centile	mm:ss	Sep-21	●	30:00 N	00:21:18	00:18:16	00:16:53			
Category 2 response – Mean	mm:ss	Sep-21	●	18:00 A	00:47:56	00:31:44	00:27:25	45:30	28:01	7
Category 2 response - 90th centile	mm:ss	Sep-21	●	40:00 A	01:44:07	01:12:05	01:02:25	01:38:03	00:56:56	7
Category 3 response – Mean	h:mm:ss	Sep-21	●	1:00:00 A	01:53:13	01:22:35	01:04:47	02:35:45	01:27:29	2
Category 3 response - 90th centile	h:mm:ss	Sep-21	●	2:00:00 A	04:41:55	03:28:41	02:39:44	06:23:17	03:12:47	3
Category 4 response - 90th centile	h:mm:ss	Sep-21	●	3:00:00 A	08:23:59	07:00:27	05:34:14	06:58:14	03:35:14	6
Call Answering Time - 90th centile	ss	Sep-21	●	4 I	133	100	64			
ROSC at Hospital	%	Jun-21	●	31% N	25.8%	27.3%	27.0%	25.7%	28.3%	7
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Jun-21	●	95.0%	92.0%	92.0%	92.8%	82.4%	92.0%	1

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

Please note: 999 performance data is correct as at 01/11/21 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

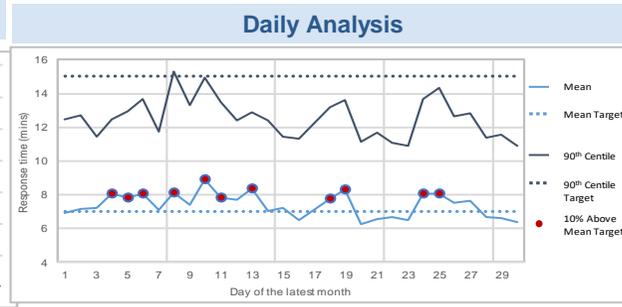


The Category 1 mean in September returned 7 minutes and 25 seconds while the Category 1 90th centile was 12 minutes and 40 seconds. Until this month, the Category 1 90th centile had remained within the standard each week since the implementation of the Ambulance Response Programme (ARP), until the Covid-19 impact and shows that our most critical patients are being responded to quickly. The latest nationally published data shows that the Trust is ranked second in the Category 1 mean measure and ranked second in the Category 1 90th centile measure when compared to all Ambulance Trusts across England. The overall increasing pressure on the healthcare system in England is resulting in a difficulty to deliver.

Please note: 999 performance data is correct as at 01/11/21 and is subject to change due to data validation processes

C1

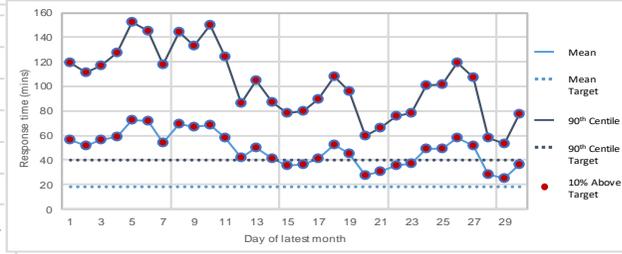
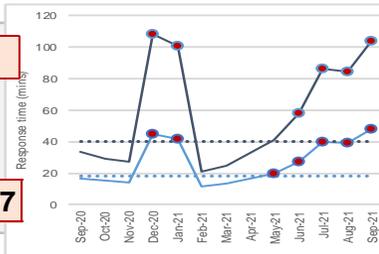
Mean: 7:25
Target: 7:00
90th Centile: 12:40



Until this month, the C1 mean performance had been continuously within target, apart from the peaks of Covid demand through December 2020 – January 2021. Throughout September, the target was repeatedly not met despite an increase in demand. The C1 90th centile was also within the national standard of 15 minutes.

C2

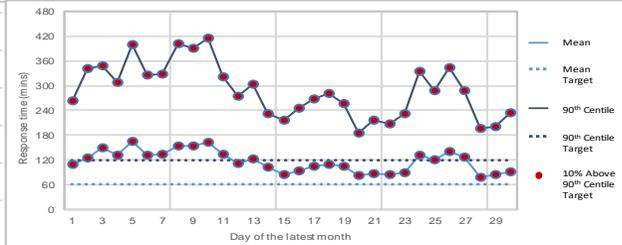
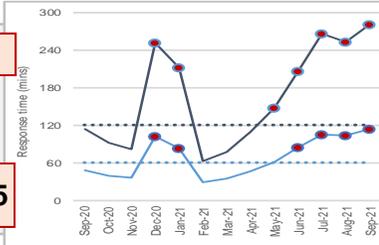
Mean: 00:47:56
Target: 18:00
90th Centile: 01:44:07



During September 2021, our C2 mean and 90th centile were both outside target. We experienced an increase in demand due to the ease of lockdown restrictions and other challenges, making it harder to reach patients within national targets, particularly in specific areas of London where hospitals were experiencing their own challenges.

C3

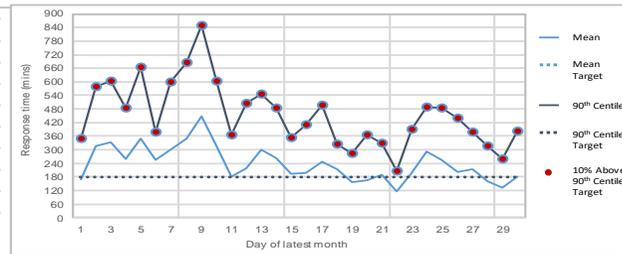
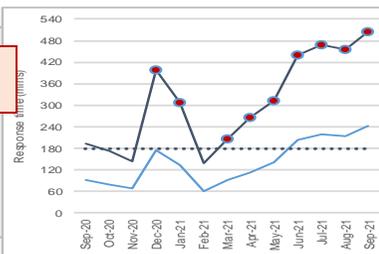
Mean: 01:53:13
Target: 2:00:00
90th Centile: 04:41:55



C3 90th centile was not within national standards in September. On particularly challenged days C3 follows the trend of C2 and was affected quicker than the higher acuity calls in an effort to attend sicker patients promptly.

C4

90th Centile: 08:23:59
Target: 3:00:00



C4 90th centile was not met in September due to increased pressure on the higher categories. This category of calls was particularly impacted due to a low number with each delay having a higher impact on the overall average. Work is continuing to improve C4 by reconfiguration and realignment of rosters to best fit call demand and reviewing the process response, and the type of resource that can respond to these calls.



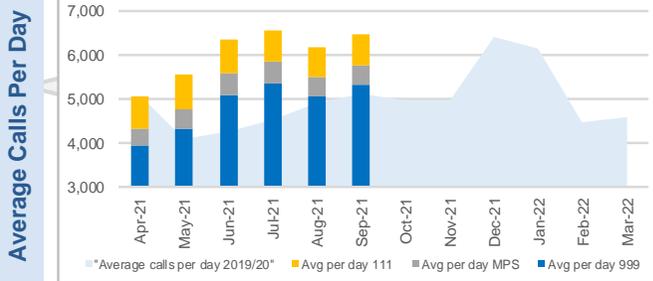
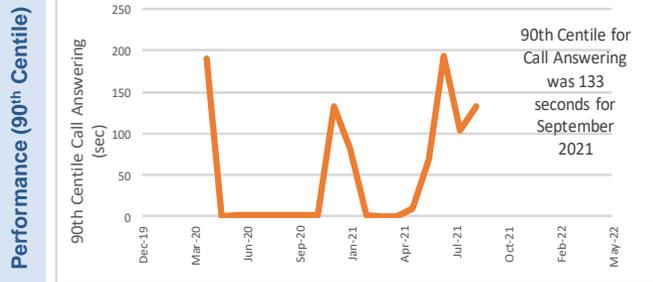
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

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

Please note: 999 performance data is correct as at 01/11/21 and is subject to change due to data validation processes

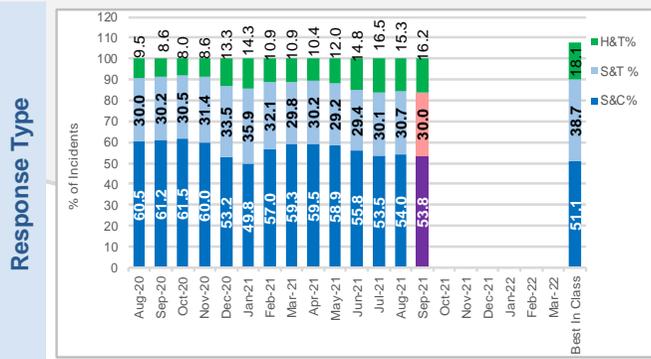
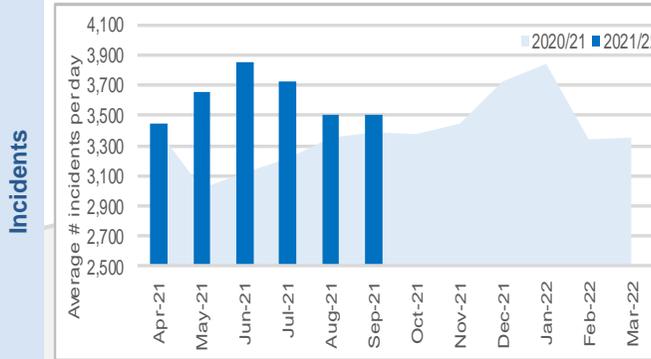
999 Calls Received

September 2021 saw a significantly higher number of calls compared to the equivalent period in 2020/21. As a result of the increased demand, call answering performance has been outside of the target on call answering 90th centile.



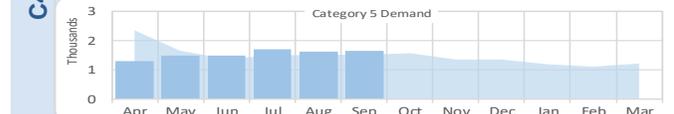
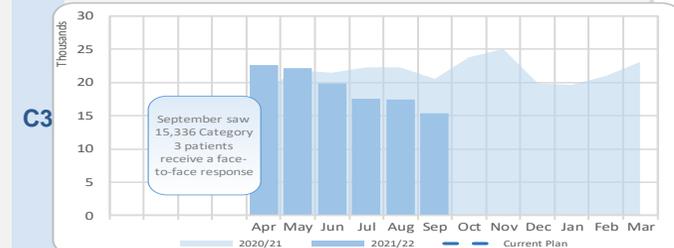
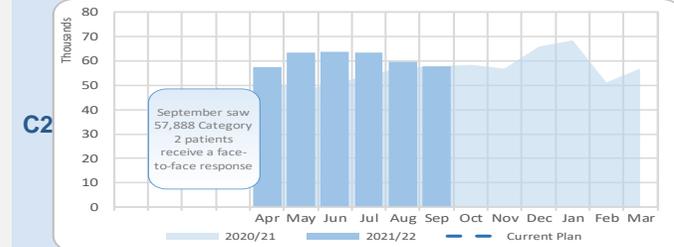
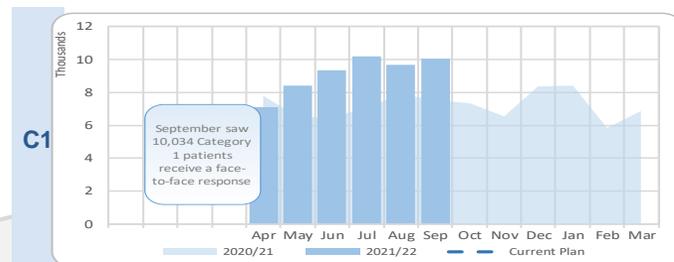
Incidents and Response Type

In September 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.



During September 2021, SWAS was best in class achieving 38.7% for See & Treat. SWAS gained 1st place and was best in class for See & Convey, achieving 51.1% and WMAS was best in class for Hear & Treat categories with 18.1%.

Incident Category (By Month)

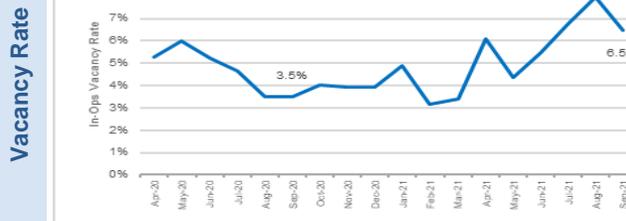
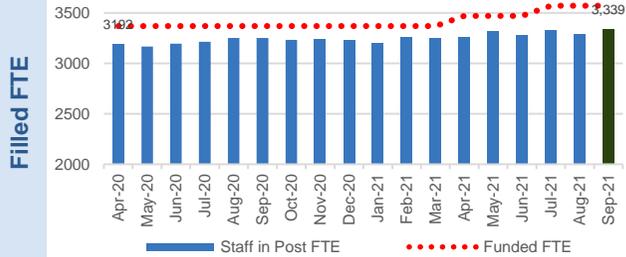




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

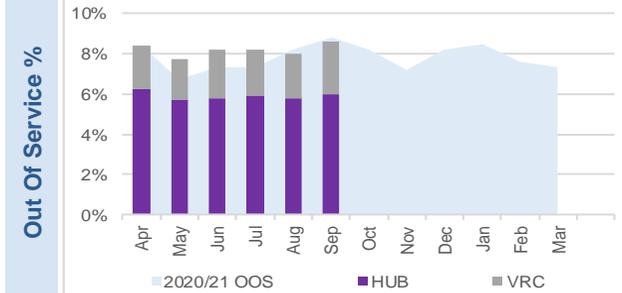
Frontline Operational Staff

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). Our current operational vacancy rate as at 30th September is at 6.5% and this has reduced from August (7.9%). There are currently 164fte staff in classroom training which includes the 108fte joiners this month. The 6.5% gap is currently being filled by overtime and will reduce through the delivery of this year's paramedic and non-registrant recruitment programme.

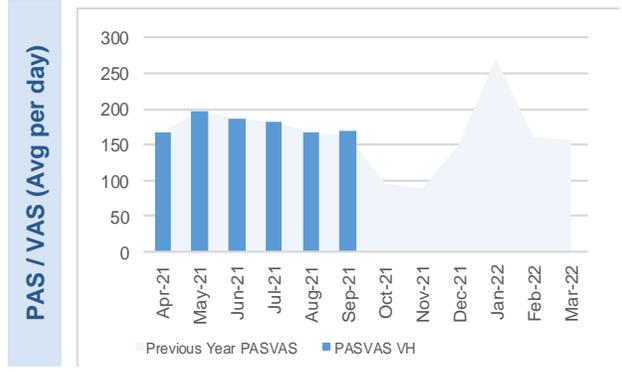
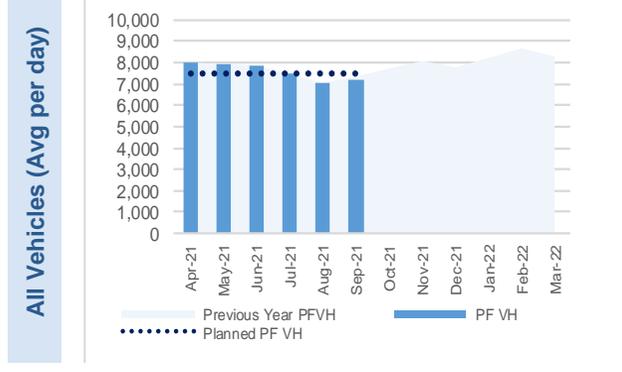
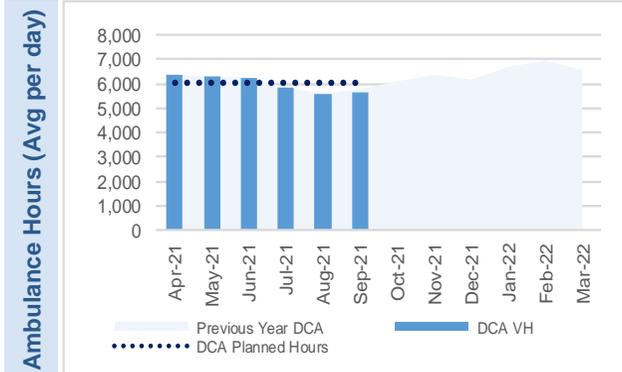


Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged 8.61% for September 2021, an increase of 0.39% from the previous month. The Out of Service increase is mainly vehicle related due to the fuel shortage and extended waiting times for our crews to draw fuel – the overall Fuel Out of Service code increased by 142hrs. There was also an impact on out of serviced codes AWAIT which increased by 42hrs and VEHNO which increased by 60hrs. We worked alongside our bunkered fuel provider to ensure we had sufficient stock of diesel fuel for our frontline vehicles, crew staff and healthcare partners ensuring an interrupted provision of patient care. The Trust has provided an average of 8,680hrs patient facing vehicle hours per day in September 2021, an increase from August 2021 which averaged 8,584.2hrs. Although reduced, the PVR remains high – August 371 > September 376. We see a spike in vehicle requirements 1500hrs & 1800hrs due to the DCA overtime shift starts however this is managed within the teams keeping Out of Service for VEHNO below 1%. The SA&P Teams supported the Operational rotas incurring limited downtime, this is demonstrated by a healthy DCA vehicle availability. This is also evidenced in the VRC Performance reflecting a total of 122.4hrs (0.07%) accrued against OOS category VEHNO (no vehicle at start of shift) against total DCA and OPC hours for September 2021 of 174,342.6hrs. We continue to work with our external partners, Mansfield, who work overnight to complete vehicle repairs and boost DCA vehicle availability as well as the VP Hospital Day Teams who assist crew turnaround at Queens Hospital, Romford in the NE Sector. We have implemented 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, working in partnership with our operational colleagues, to ensure we maximise the availability of ambulances and minimise avoidable down-time.

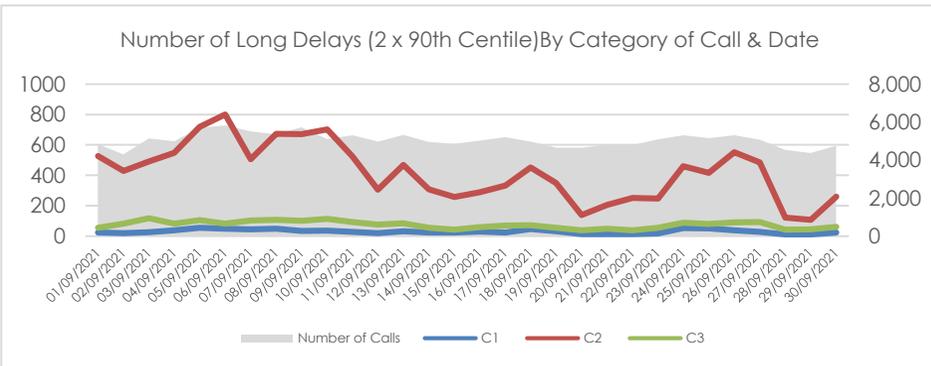
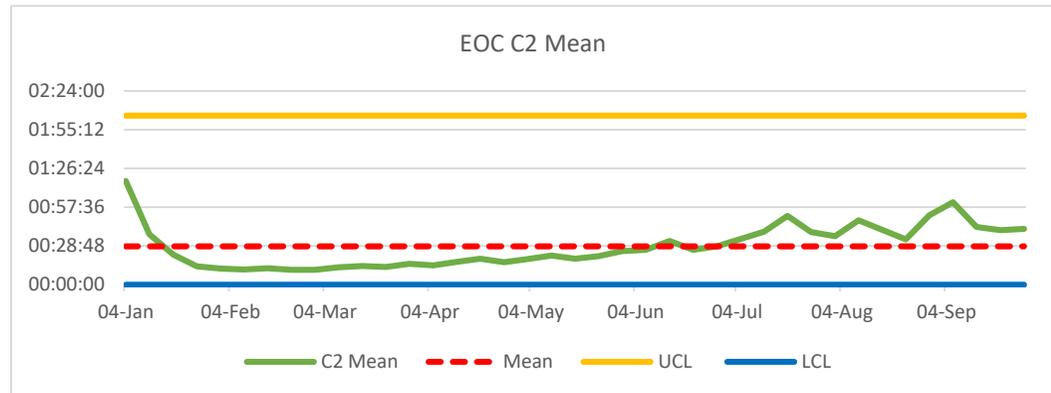
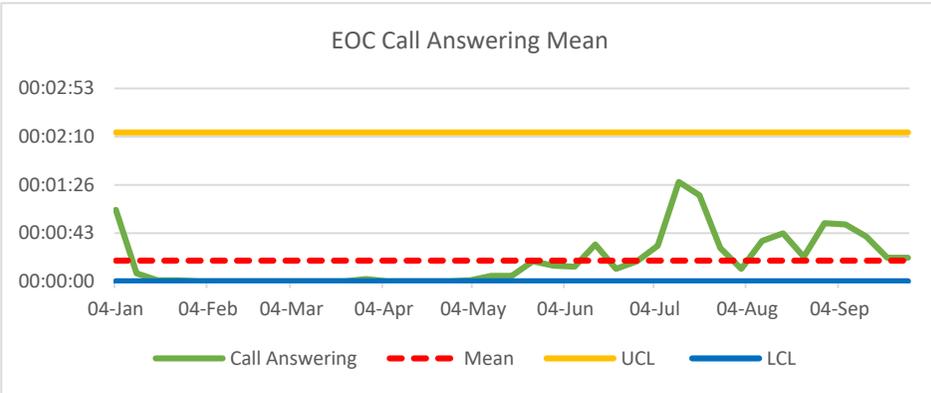


Note:
OOS HUB - This account for out of service codes related to people/crew reasons for out of service hours
OOS VRC - This account for out of service codes related to vehicle reasons for out of service hours





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



In September 2021 there were 15,690 long delays, 10% of these resulted in a blue call.

	C1	C2	C3	Grand Total
Total	888	12588	2214	15690
Blue Call	193	1240	74	1507

This is 32% increase from August 2021. From the table below we can see from Apr'21 – Jul'21, each month the number of long delays have nearly doubled from the previous month. The last 3 months Jul-Sep21, the number of long delays have remained extremely high.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
	1764	3160	6789	13272	11928	15690

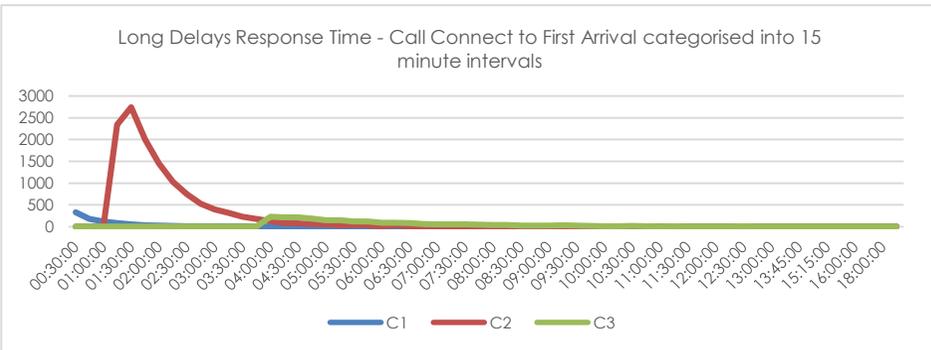
The top three determinants where a long delay incurred was:

- DX012 - Emergency Ambulance Response (Category 3) (7% n = 1086) – 54 required a blue call
- DX0112 – chest pain (7% n = 1062) – 70 required a blue call
- 36C5A – Protocol 36 Pandemic Card High Risk Conditions (5% n = 774) – 60 required a blue call

47% (n=7340) experienced a long delay were not conveyed and 53% were conveyed. It was also found that 21% (n=3310) of all long delays occurred between the hours of 17:00 and 20:00.

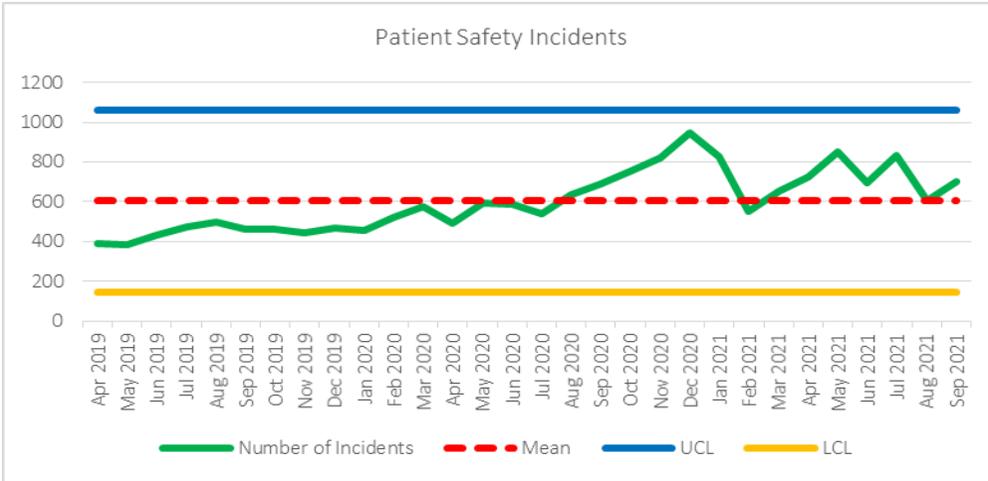
Action being taken include:

Forecasting and planning focus remains a part of the Strategic Response Group (SRG)
 Daily operational performance review and actions via the Strategic Delivery Group (SDG)
 Daily clinical safety reviews and daily patient safety reviews to oversee quality and clinical safety and continuous improvement.





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.

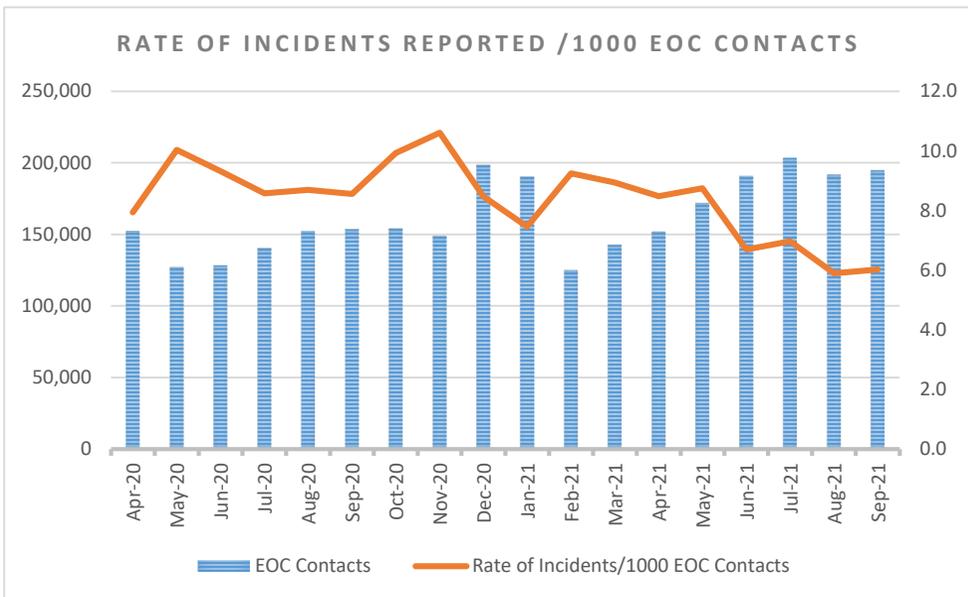
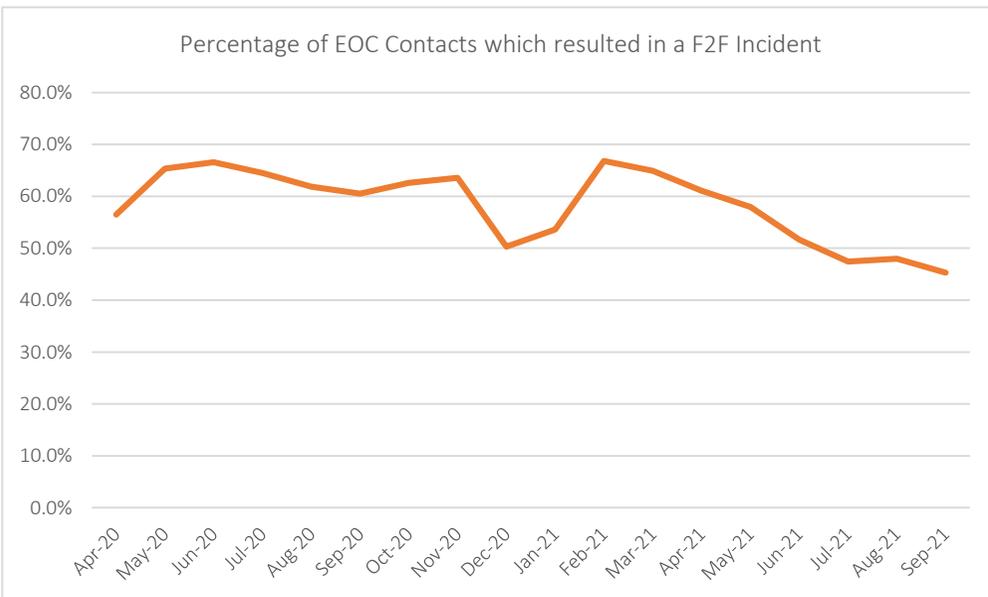


The number of patient safety incidents reported per month remains positive which indicates a good reporting culture as well as a culture of openness.

The highest reporting month of December correlates to the second COVID19 wave on the service in the winter of 2020. The number of patient safety remains above the mean in September 2021, with 700 incidents reported.

The rate of incidents reported per 1000 EOC contacts has slightly decreased the last few months, this is because the number of EOC contacts has increased, hence the rate of incidents is lower.

Likewise, the graph on the left, shows a decrease EOC contacts resulted in a face to face incident as a result of the increase in EOC contacts. In September there were 194,691 EOC contacts, of which 88,125 resulted in a Face to Face incident.

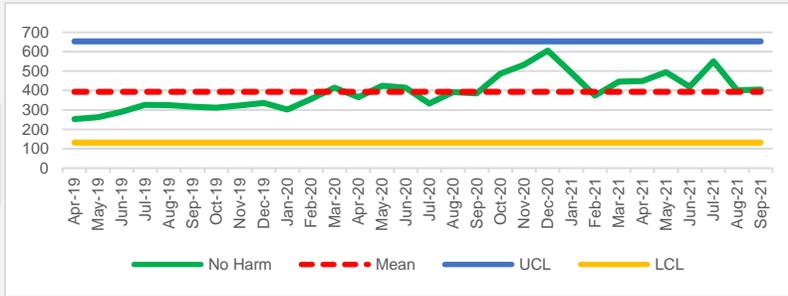




The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

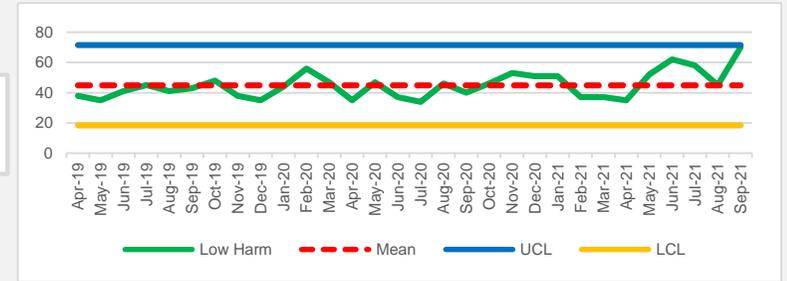
No Harm/Near Miss

Sept 21:
404



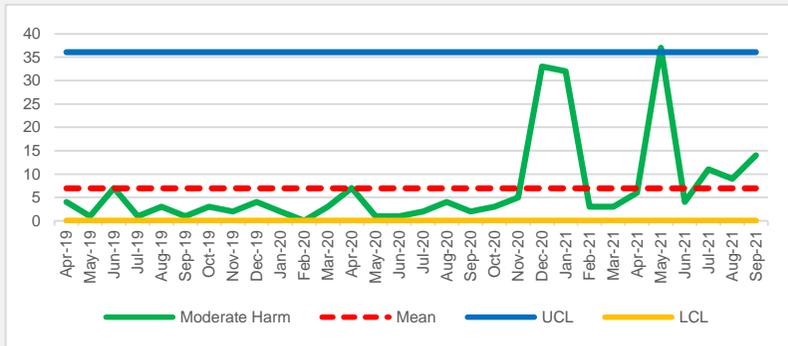
Low Harm

Sept 21:
70



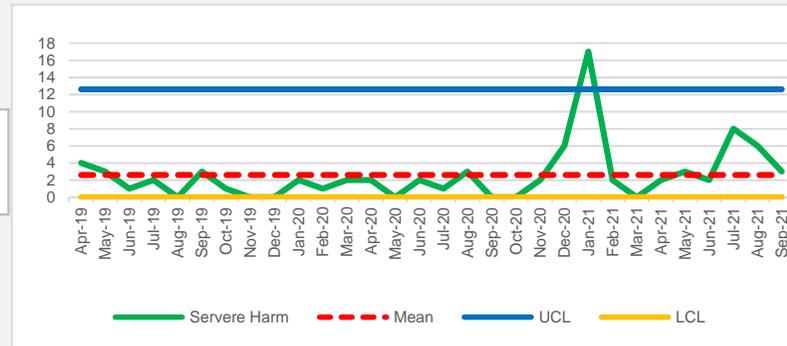
Moderate Harm

Sept 21:
14



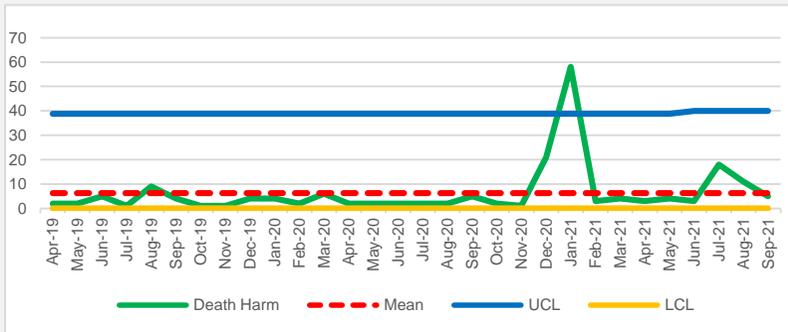
Severe

Sept 21:
3



Death

Sept 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's Safety Investigations Assurance and Learning Group (SIALG). The number of no harm incidents remains above the mean.

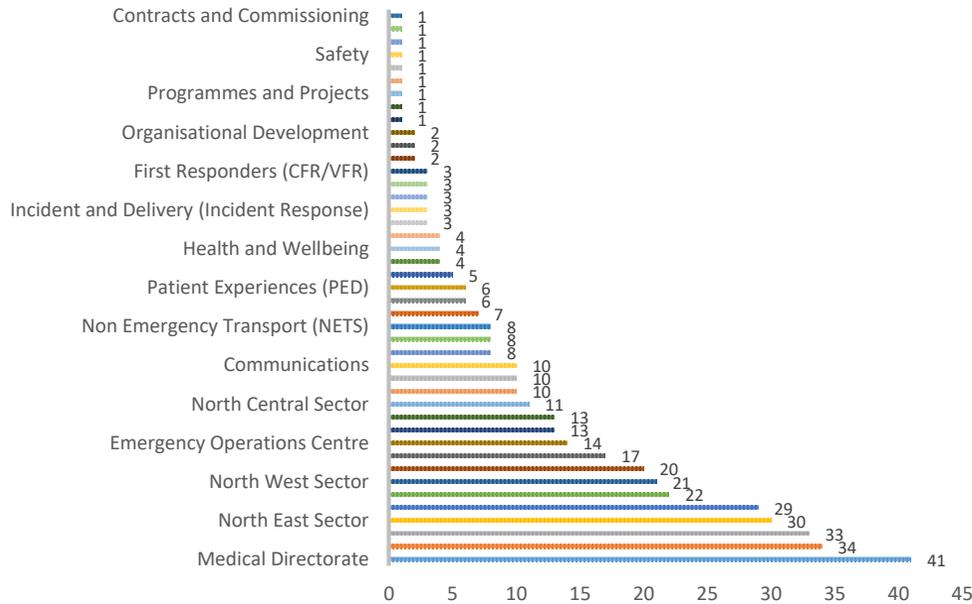
There has been an increase in low harm incidents, with 70 reported in September. There were a number of PSIs reported which were identified from CARU via the Clinical Audit. There was also an increased number of delays identified from the daily BI data.

The number of moderate, severe and death patient safety incidents remains high. This is due to an increase in the number of delayed response incidents highlighted via the team's daily review of delays experienced both in call answering and dispatch of resource. In addition, 1 of the 5 death incidents and 2 of the 14 moderate harm incidents were found via the re-contact audit which is auditing the months of December 2020 and January 2021; the height of the winter COVID19 wave experienced by the Trust.



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.

AWAY FOR REVIEW OVERDUE INCIDENTS BY INVESTIGATION DEPARTMENT



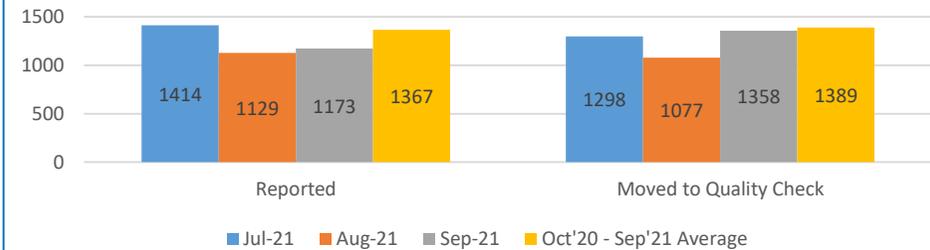
There are 956 incidents (as of 15/10/2021) which have been opened on the system longer than 35 working days (this excludes SIs, PSIs and COVID19 reviews). This is a slight decrease from August 2021, which saw 990 overdue incidents recorded. This breaks down to:

- 520 patient incidents
- 222 staff incidents (11/12 overdue moderate harm incidents are staff related)
- 8 visitor incidents
- 206 Trust related incidents

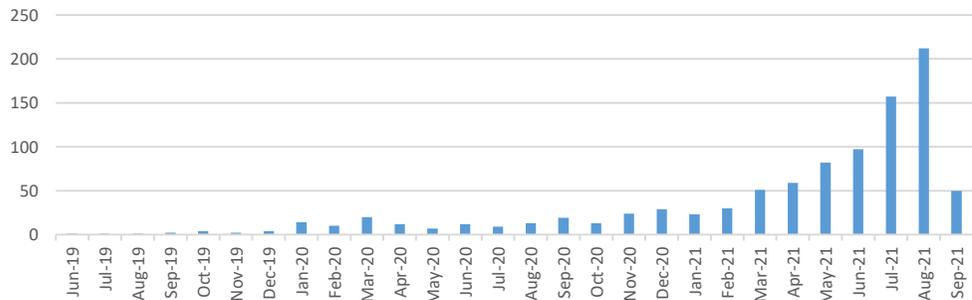
On average between Oct'20 – Sep'21, 1367 incidents are reported monthly on the system and 1389 incidents are investigated and moved to Quality check for final closure. During September 2021 the number of incidents reported was slightly lower than average and the number of incidents moved to Quality Check similar to the average.

All incidents continue to be monitored daily by the Incident and Risk Hub. The Quality Governance and Assurance Managers (QGAMS) also work with the sectors/depts. to ensure incidents are investigated in a timely manner. Of the overdue incidents, the highest number, 116 incidents (12%) sits within both the North West Sector and the South East Sector joint respectively. In regards to harm levels, 85% of overdue incidents have been labelled as No Harm and 14% as Low Harm.

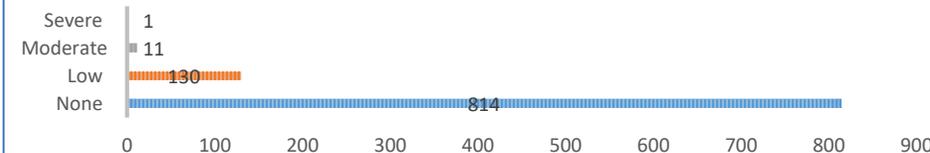
Current Incident Flow vs 12 Month Average



Overdue Incidents by Reported Date



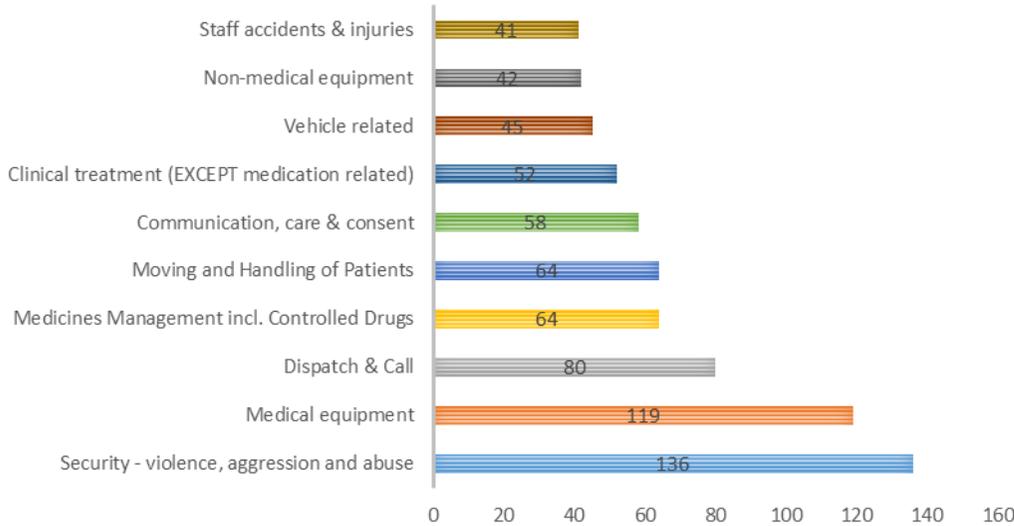
OVERDUE INCIDENTS BY LEVEL OF HARM





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.

SEPTEMBER 2021 TOP 10 INCIDENT CATEGORIES



The top 3 incident categories in September 2021 were Security – Violence, Aggression and Abuse, Medical Equipment & Dispatch and Call.

Themes relating to medical equipment indicate that there has been a change from missing equipment to failure of equipment in recent months.

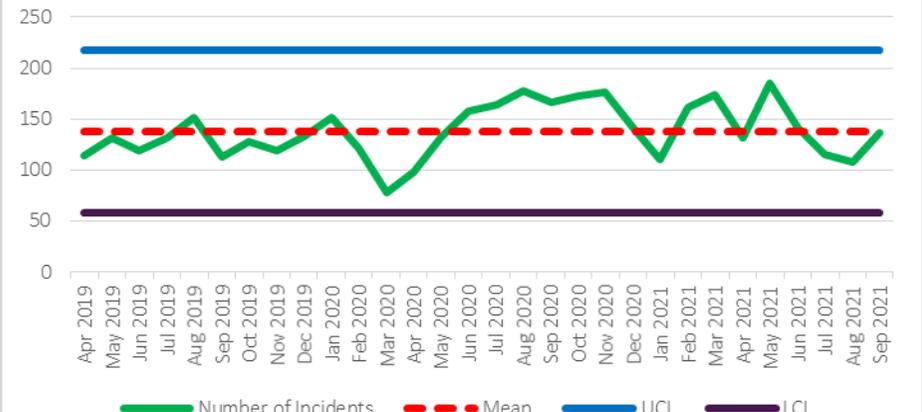
There are currently several parallel activities ongoing regarding medical equipment. The trust is actively engaging with Guys and St Thomas Trust Medical Physics Team to provide guidance and input into the overarching management of medical devices within the trust. This is a collaborative approach with GSTT, Safety and Risk, the Medical Directorate and Strategic Assets and Property. Key aspects of this include the imminent roll-out of asset tagging and traceability and the ability to batch trace consumables and recall assets, additional support from suppliers with workshop activities, trials of 2 methods of improved diagnostic pouch management and the move to the new warehouse and workshop at Rainham.

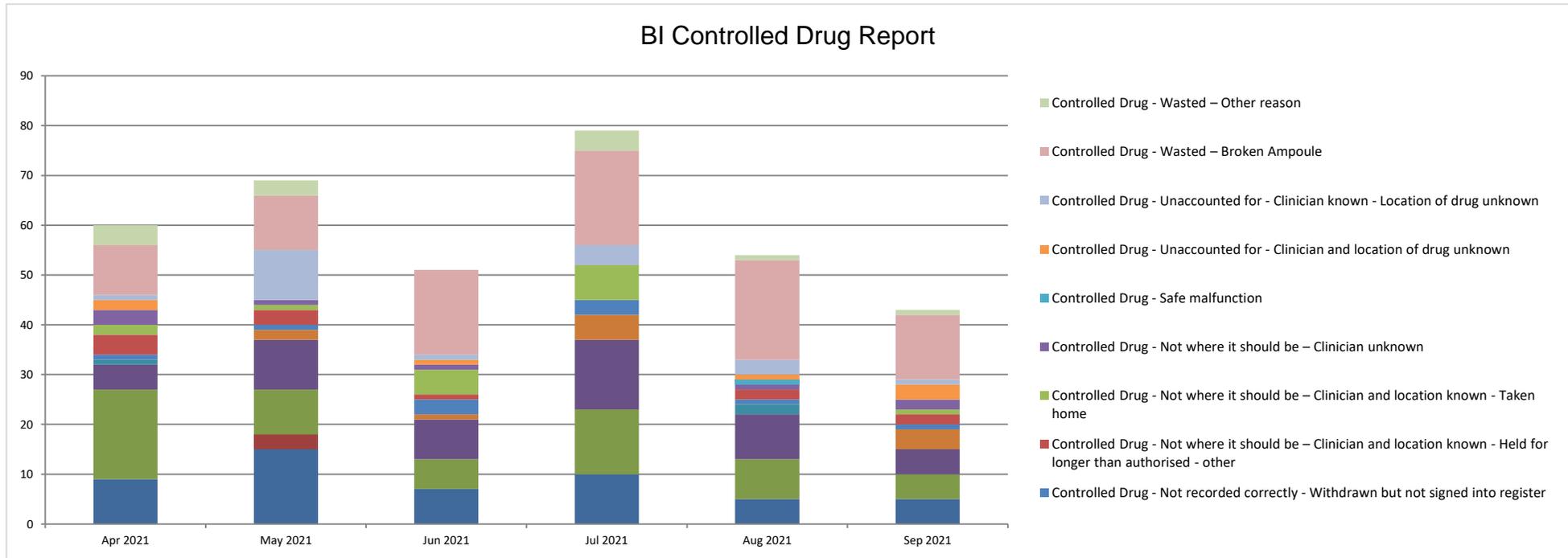
Of the 80 Dispatch and Call incidents, 56% were due to a delayed response, 15% due to an incorrect address/location being entered by EOC. All delayed response incidents are undergoing a Structured Judgement Review to identify any additional learning.

Medical Equipment Incidents



Security - Violence, Aggression and Abuse Incidents





- No unaccounted for losses of schedule 2 controlled drugs
- Total of 41 other controlled drug (CD) incidents including
 - Documentation errors (n=18)
 - Drug usage not accounted for (n=2)
 - Morphine retained off-duty (n=5)
 - CD unsecured (n=2)
 - Breakages, wastage or damage (n=14)
 - Inappropriate ketamine dose (n=1)
- Non-controlled drugs incidents
 - Kitprep discrepancy (n=5)
 - Breakages (n=10)
 - Drugs unsecured (n=5), safe failure (n=1), missing (n=2) or supply issue (n=1)
 - Medication error by non-LAS staff (n=14)
 - Inappropriate administration of diazepam (n=3), paracetamol (n=5), adrenaline (n=2), aspirin (n=2), ibuprofen (n=2), hydrocortisone (n=1), TXA (n=2).

- Assurance**
- Incidents where morphine retained off duty identified in a timely fashion ensuring drugs returned and secured promptly.
 - Reduction in supply chain issues
 - Reduction in CD incidents
- Actions**
- Procurement of IT infrastructure to support paramedic prescribing underway
 - Medicines packing unit work complete and now operational
 - PGD review underway



Overall

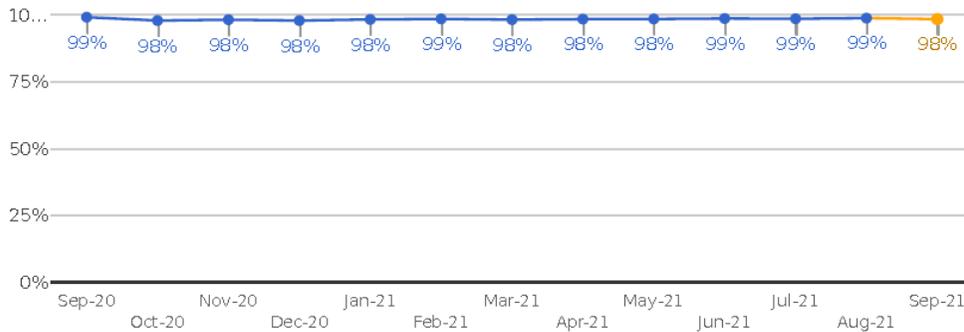
This month we have carried out 1175 inspections across 49 areas - an average of 23.98 inspections per area.

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 decline since increase of REAP and redeployment of CTM/IROs/APPs. Likely to remain steady in lieu of REAP4 currently. Average score declined by 1% compared last reporting period.

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	Chiswick	100% (7)	99% (193)
2	Heathrow Airport	100% (12)	100% (141)
3	APP Westminster	100% (5)	99% (48)
4	Hayes	100% (18)	99% (169)
5	Forest Hill	100% (28)	99% (341)

Lowest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
45	Deptford	95% (17)	95% (320)
46	Cody Road	94% (26)	98% (297)
47	Westminster	94% (17)	98% (208)
48	Greenwich	91% (28)	96% (362)
49	APP Ilford	78% (1)	99% (30)

Numbers in brackets show number of inspections score is calculated from.

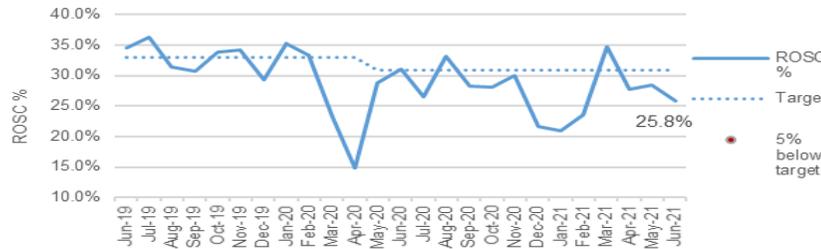


Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from **June 2021**, which is the most recent month published by NHS England.

ROSC at Hospital

Month: 25.8%

Target: 31.0%



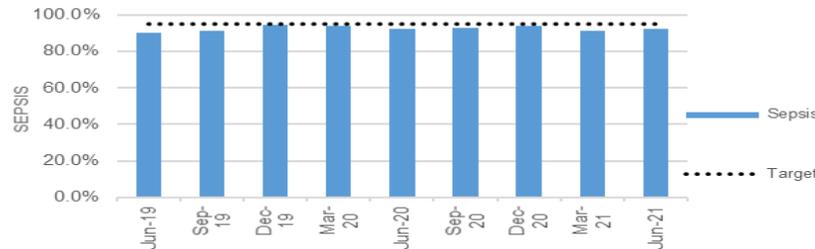
In June 2021, LAS ranked 7th amongst all ambulance services for ROSC to hospital in the overall group (25.8%) against a national average of 25.7%. In the Utstein comparator group, we ranked 6th at 44.4%, with a national average of 46.0%.

For survival to 30 days, LAS ranked 5th in the overall group and 4th in the Utstein comparator group at 9.6% and 32.6% respectively. This compares to the national averages of 9.1% in the overall group and 26.9% in the Utstein comparator group. NHS England did not publish the Post-Resuscitation Care Bundle data for June, the next data due to be published will be for July (in December).

Sepsis Care Bundle

Month: 92.0%

Target: 95%

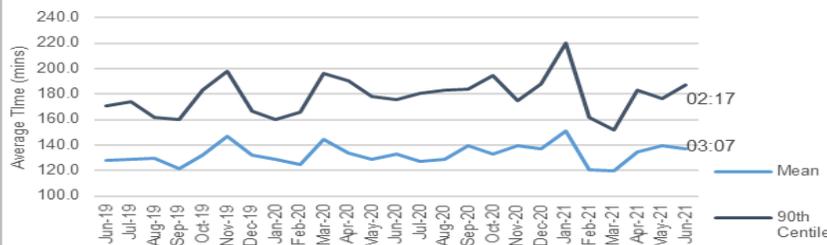


The LAS continued to rank in 1st place for delivery of the Sepsis Care Bundle in June 2021 achieving this for 92.0% of patients compared with a national average of 82.4%.

STEMI call to angiography

Mean: 02:17

Target: 02:10



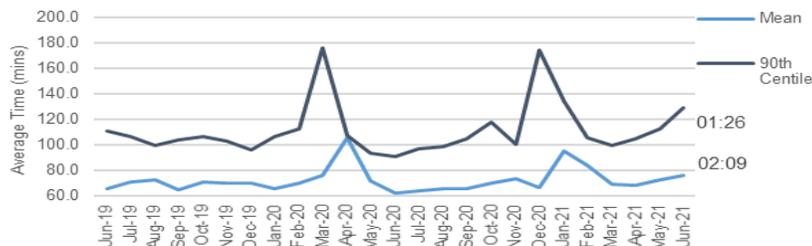
The average time from the 999 call to catheter insertion for June was 2 hours and 17 minutes. This ranked the LAS in 4th place overall, and was 5 minutes shorter than the national average (02:22).

NHS England did not publish the STEMI Care Bundle data for June, the next data due to be published will be for July (in December).

Stroke call to door

Mean: 01:26

Target: 01:10



Having achieved best in class in May, the LAS dropped to 3rd nationally for the mean call to hospital metric for suspected stroke patients in June 2021 (01:26). This was well above the national average of 01:34 and marginally behind the best in class (01:23).

NHS England did not publish the Stroke Diagnostic Bundle data for June, the next data due to be published will be for August (in January).



Patients Scorecard (NEL IUC)

September 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	%	Sep-21	●	95.0% A	74.6%	81.1%	81.8%	63.1%	78.2%	2
Proportion of calls abandoned	%	Sep-21	●	3.0% A	9.1%	7.6%		13.1%	8.2%	2
% of calls closed with no onward referral (health advisor and clinician)	%	Sep-21	●	33.0% A	23.4%	25.0%	24.3%			
% of calls transferred to 999	%	Sep-21	●	10.0% A	7.3%	6.8%	7.8%	8.4%	7.3%	1
% of calls recommended to ED	%	Sep-21	●	10.0% A	8.0%	9.5%	10.3%	11.3%	8.0%	1

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

Patients Scorecard (SEL IUC)

September 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	%	Sep-21	●	95.0% A	78.2%	81.1%	82.7%	63.1%	78.2%	1
Proportion of calls abandoned	%	Sep-21	●	3.0% A	18.4%	13.2%		13.1%	8.2%	4
% of calls closed with no onward referral (health advisor and clinician)	%	Sep-21	●	33.0% A	27.2%	29.5%	28.9%			
% of calls transferred to 999	%	Sep-21	●	10.0% A	7.4%	7.1%	7.4%	8.4%	7.3%	2
% of calls recommended to ED	%	Sep-21	●	10.0% A	9.3%	10.9%	11.8%	11.3%	8.0%	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 17th November, which involved taking a small concentrated number of night calls. Phase 2 of the service provision has begun where the Trust is now increasing its capacity on call taking with the intention to uptake 33% of the calls through extended hours for NWL.

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

Patients Scorecard (NWL IUC)

September 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	%	Sep-21	●	95.0%	A	58.7%	64.8%		63.1%	78.2%	3
Proportion of calls abandoned	%	Sep-21	●	3.0%	A	8.3%	4.4%		13.1%	8.2%	1
% of calls closed with no onward referral (health advisor and clinician)	%	Sep-21	●	33.0%	A	14.0%	14.2%				
% of calls transferred to 999	%	Sep-21	●	10.0%	A	8.7%	8.3%		8.4%	7.3%	3
% of calls recommended to ED	%	Sep-21	●	10.0%	A	12.6%	12.3%		11.3%	8.0%	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



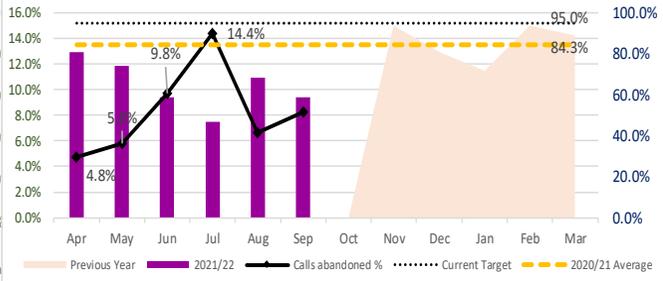
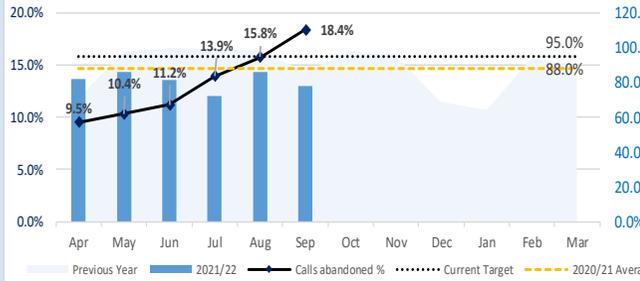
Call answering was outside target in September for North East London (NEL), South East London (SEL) and North West London (NWL) due to a rise in demand for urgent care. All sites are within target for calls transferred to 999, where we consistently perform better than the London average. The abandonment rates were outside target for September across the board and we were achieved the target in the recommendation to attend ED performance for two out of the three areas, with North West London being outside target.

South East London (SEL)

North East London (NEL)

North West London (NWL)

Call Answering & Abandoned Calls



Target: 95% (CA) and 5%

SEL: 78.2% / 18.4%

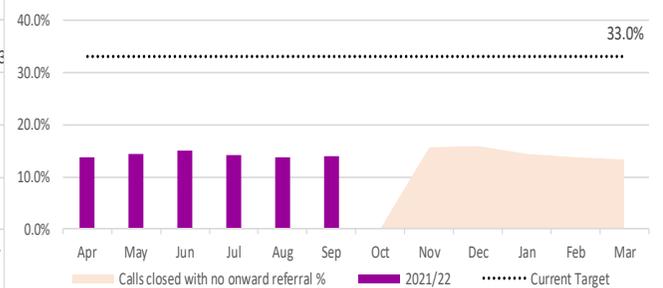
NEL: 74.6% / 9.1%

NWL: 58.7% / 8.3%

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 September challenged the 111 performance.

The number of calls abandoned by patients exceeded the SLA, despite this North West London ranked 1st in London.

% of calls closed with no onward referral



Target: >33%

SEL: 27.2%

NEL: 23.4%

NWL: 14.0%

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.

1. Our Patients

111 IUC Performance

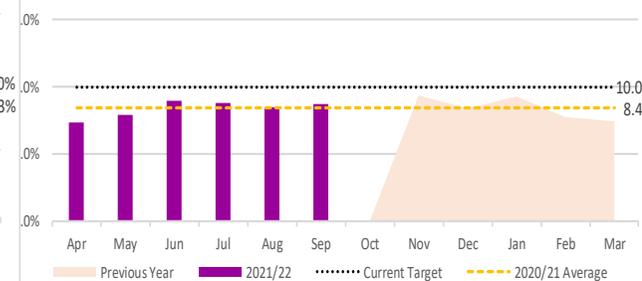
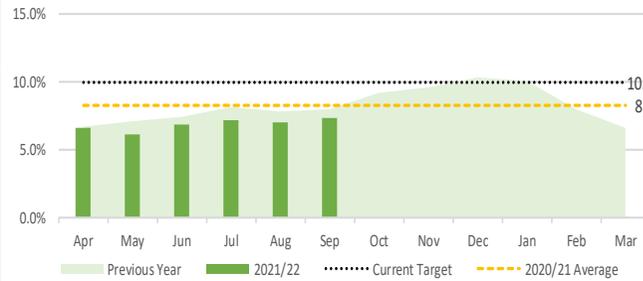


South East London (SEL)

North East London (NEL)

North West London (NWL)

Calls Outcome:
Transferred to 999



SEL: 7.4%

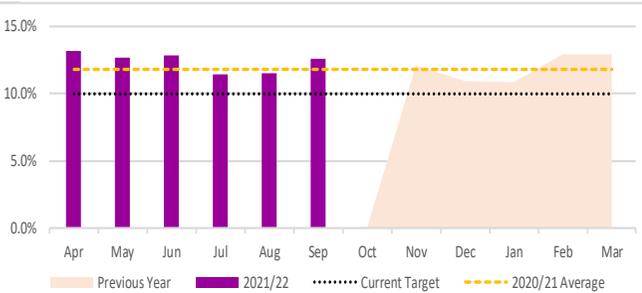
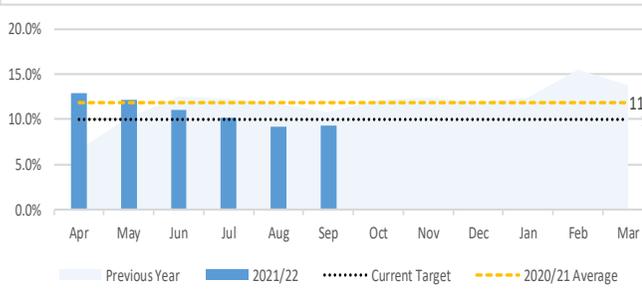
NEL: 7.3%

NWL: 8.7%

Target: <10%

Referrals to 999 services remain within the 10% national standard for both NEL and SEL. During September, NEL delivered 7.3%, with SEL delivering 7.4% and NWL 8.7%. 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



SEL: 9.3%

NEL: 8.0%

NWL: 12.6%

Target: <10%

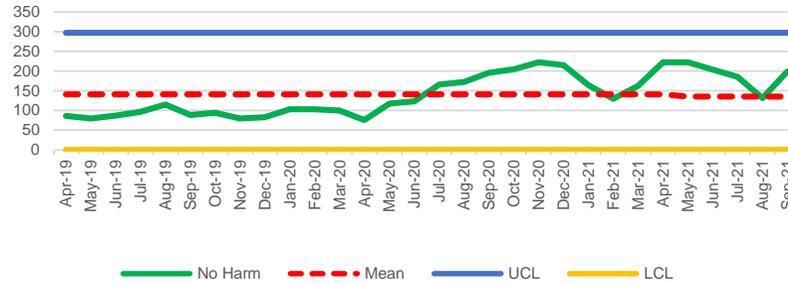
The development of our IUC services has enabled NEL and SEL to consistently outperform other providers on A&E avoidance. The performance on this metric has been challenged while striving to give patients the most appropriate care. There is still work to do to reduce recommendation for patients to attend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

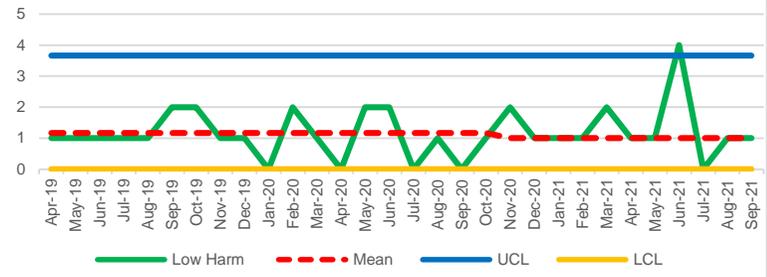
No Harm/Near Miss

Sept 21:
199



Low Harm

Sept 21:
1



Moderate, Severe & Death Harm

Sept 21:
3



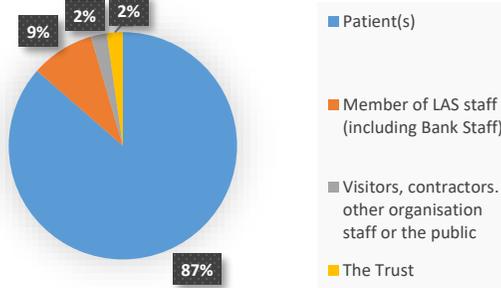
Analysis of SPC graphs:

There has been an increase in the number of no harm incidents reported in the last year, 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.

The number of incidents reported within IUC increased in September 2021 compared to August 2021. This was due to the increase of incidents reported in SEL, which can be attributed to longer waiting times due to the current pressure on all services. Staff were reminded over the last few weeks on the importance of incident reporting and how important this is for the Trust. The call volume remains high.

Incident Management

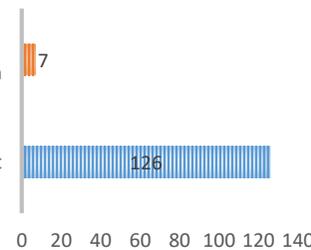
Overdue Incidents by Type



OVERDUE INCIDENTS BY LEVEL OF HARM

Low - Minimal harm - required minor treatment or observation

None - No harm as a result



There are 133 incidents (as of 15/10/2021) which have been opened on the system longer than 35 working days (this excludes SIs & COVID 19 reviews).

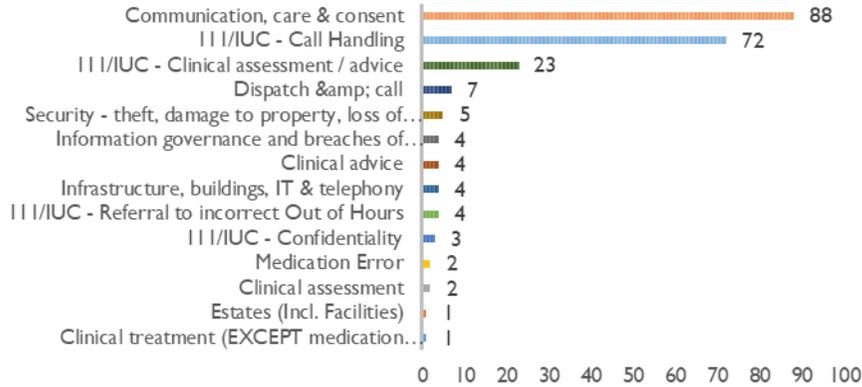
This breaks down to 115 Patient incidents, 12 Staff incidents, 3 Visitor incidents and 3 Trust related incidents.

80% of incidents are in the Local Review stage and 20% in the Away for Review stage. 95% of incidents have been classified as No Harm.

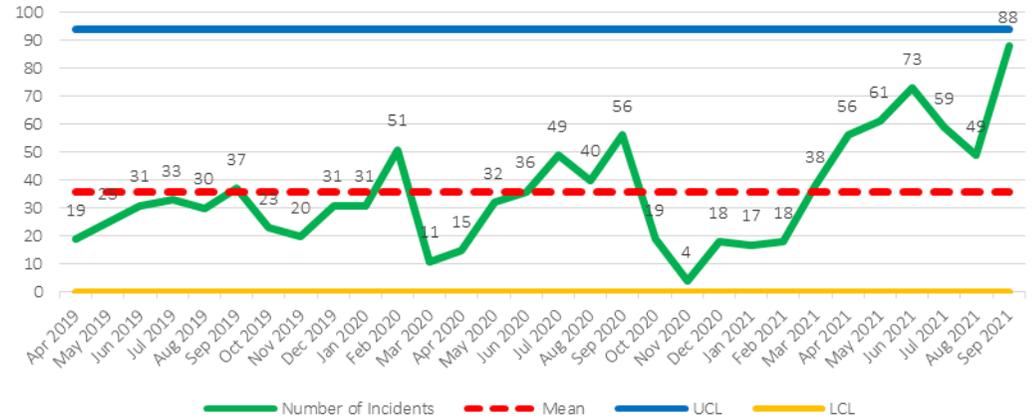


Incident trends and themes are monitored by the Trust's Safety Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

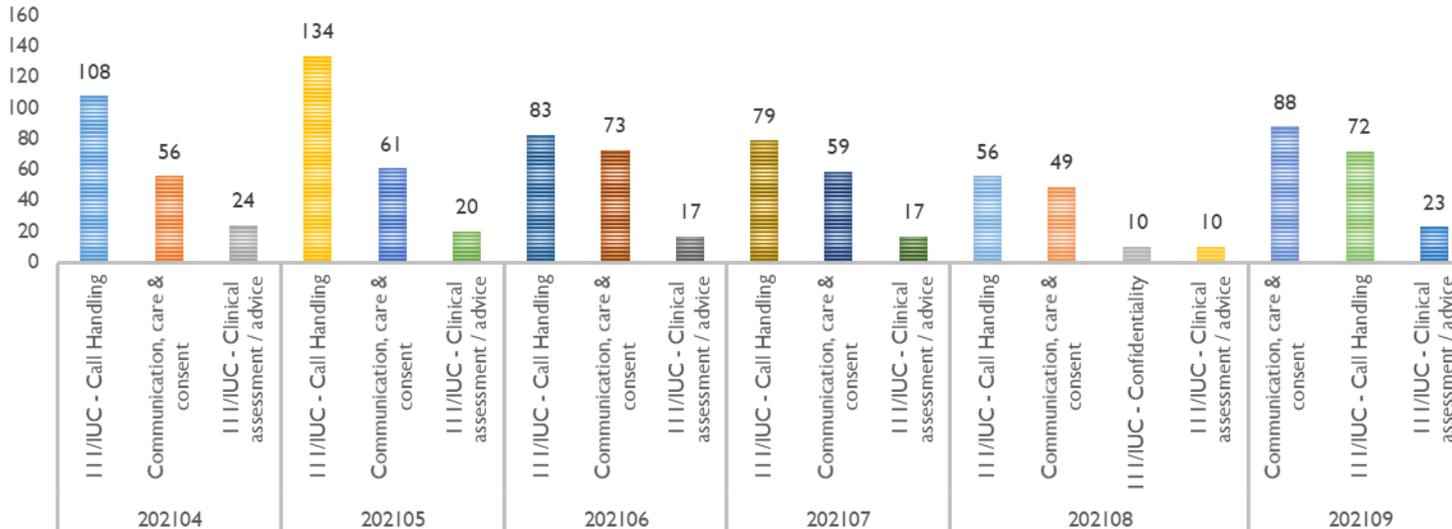
SEPTEMBER 2021 INCIDENTS BY CATEGORY



Communication, Care & Consent Incidents



APR'21 - SEP'21 TOP 3 INCIDENT CATEGORIES BY MONTH



The top 3 Incident categories in September 2021 were Communication Care & Consent, Call Handling and Clinical Assessment/Advice.

The number of Communication, Care and Consent incidents has increased substantially. This is because Confidentiality incidents have now been reclassified as Communication, Care and Consent and recorded under this category, hence there has been an increase.

The service is working on developing further IUC specific categories that will help provide further improved trend analysis within the service.



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 September 2021, a total of **62** (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 62, 38 were identified as requiring an enhanced level of investigation. The breakdown of the 38 are as follows:

National Priority – Patient Safety Incident Investigations (PSII)

4 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. This case had been first reviewed by the Trust's Learning from Death process.

2 incidents met the Nationally – defined priority requiring an external investigation. Both incidents met the criteria for an HSIB-led PSII.

Local Priority – Patient Safety Incident Investigations (PSII)

1 incident met the Trusts PSIRP under the Local Priority of *Clinical assessment of spinal injuries* and is being investigated as a PSII.

2 incidents met the Trusts PSIRP under the Local Priority of *Call Handling* and are being investigated as PSII's

1 incident met the Trusts PSIRP under the Local Priority of *Face to Face Clinical Assessment* and is being investigated as a PSII.

Patient Safety Review (Non PSII) including Thematic Review

1 incident met the Trusts PSIRP under the Local Priority of *Enhanced Telephone Clinical Assessment* and is being investigated as a PSR, specifically case reviews

2 incidents did not meet the Trusts PSIRP and is being investigated as a PSR - case review. This was regarding the management of a paediatric patient and also regarding the management of a held call which had been received from the MPS.

2 incidents are being investigated as part of a thematic review looking at the non conveyance of patients during the winter Covid-19 wave.

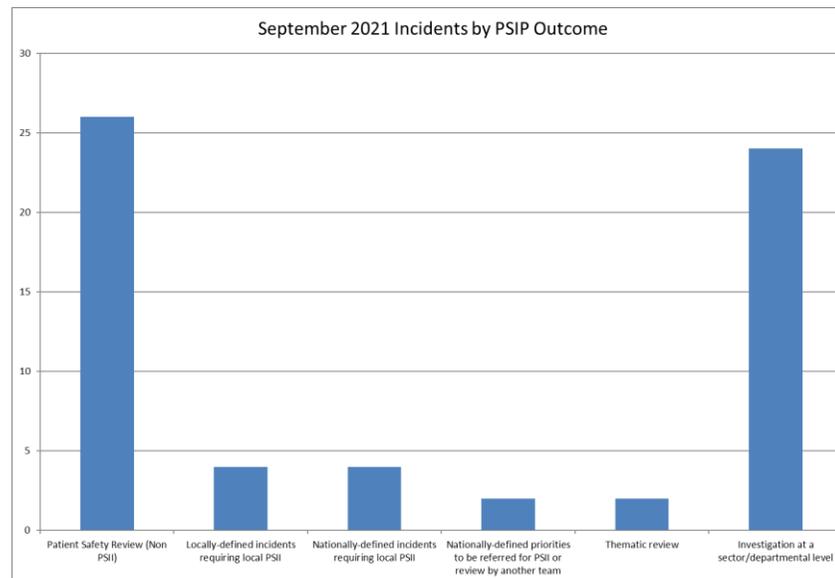
23 further incidents did not meet the Trusts PSIRP and are being investigated as a PSR via a structured Judgement Review. The incidents involve a delayed response with the possibility of harm caused as a result.

Local Review

The remaining 24 incidents were referred to Sector/Department management teams to continue with a local investigation.

The following mitigating actions have taken place:

- Areas of discrepancy have been highlighted regarding the SOPs to manage calls from the MPS. These are being aligned.
- 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.



Implementation of PSIRF:

The Trust went live with the PSIRF on the 1st 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.

The team have engaged with the Trust's Patient and Public Council (PPC) to support the development of the desired patient standards as part of the PSIRF.

Next Steps of the implementation:

- Continue to implement Framework and communicate across the service
- Continue to attend monthly PSIRF webinars with early adopters to feed back and also learn from others.
- Develop the QI element of the framework which is a current quality priority.



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 September there were **163** open actions, of these **17** 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:

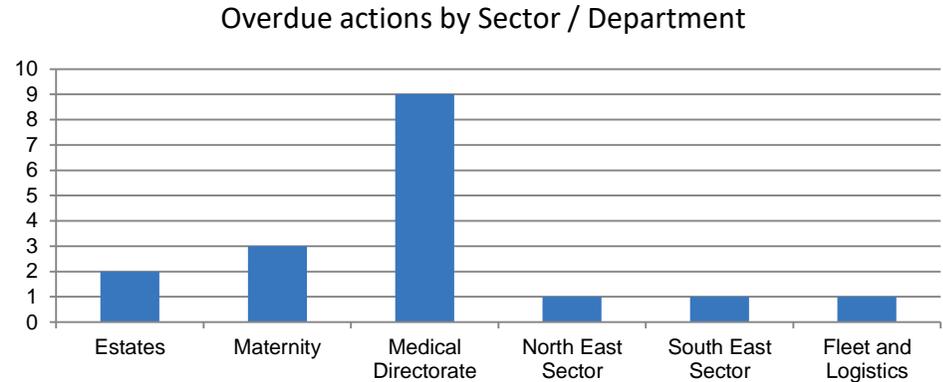
Finance and Estates to continue with the roll out of Drug Room Project (Secure Drug Rooms)

Update: The project is being progressed.

The Trust should consider moving towards electronic access to all LAS premises. This will ensure that local managers have oversight of individuals who have accessed their stations, reduce workload on the resource coordinators and local management when changing door codes. Additionally access to LAS buildings can be restricted should a member of staff leave the Trust.

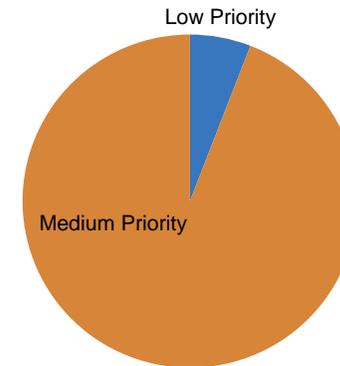
Update: Action owner has changed numerous times since creation, and will shift to a new responsible manager in the coming weeks. There is current focus on estate consolidation, and infrastructure.

Overdue actions by Sector / Department



Overdue actions by priority of action

Overdue actions by Priority

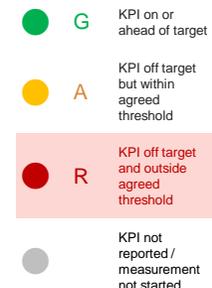




People Scorecard

September 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	%	Sep-21	●	5%	Internal	7.0%	4.0%	4.5%	5.0%	●	
Operational Vacancy Rate	Monthly	%	Sep-21	●	5%	Internal	6.5%	6.2%	6.1%	7.0%	●	
Ambulance Operations Staffing FTE (actual against plan (21-22))	Monthly	(n)	Sep-21	●	0	Internal	+3.00	-69.00	-69.00	-74.00	●	
Staff Turnover (% of leavers)	Monthly	%	Sep-21	●	10%	Internal	10.7%	9.6%	9.1%	11.0%	●	
Stability Index (% of staff in post >1 year)	Monthly	%	Sep-21	●	>90%	Internal	91.0%	92.0%	92.0%	90.0%	●	
Staff Sickness levels (current month) (%)	Monthly	%	Sep-21	●	5%	Internal	8.1%	7.2%	6.7%	6.0%	●	
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Sep-21	●	5%	Internal	6.7%	6.1%	5.7%	6.0%	●	
Trust Covid Vaccination Rate	Monthly	%	Sep-21	●	100%	Internal	90.0%	70.0%	70.0%	85.0%	●	
Frontline Covid Vaccination Rate	Monthly	%	Sep-21	●	100%	Internal	90.0%	70.0%	70.0%	90.0%	●	
Statutory & Mandatory Training (85% or above)	Monthly	%	Sep-21	●	85%	Internal	81.0%	82.0%	82.0%	85.0%	●	
Information Governance Training	Monthly	%	Sep-21	●	95%	Internal	70.2%	90.0%	93.0%	95.0%	●	
Staff PDR Compliance (85% or above)	Monthly	%	Sep-21	●	85%	Internal	59.0%	71.0%	73.0%	80.0%	●	
Number of disciplinary cases	Monthly	%	Sep-21	●	N/A	Internal	33	24	-	-	●	
Number of grievance cases	Monthly	(n)	Sep-21	●	N/A	Internal	19	11	-	-	●	
Number of dignity at work cases	Monthly	(n)	Sep-21	●	N/A	Internal	7	6	-	-	●	
Number of Employment Tribunals	Monthly	(n)	Sep-21	●	N/A	Internal	15	12	-	-	●	
Number of Suspensions	Monthly	(n)	Sep-21	●	N/A	Internal	9	7	-	-	●	
% of Trust Staff who are BAME	Monthly	%	Sep-21	●	20.0%	Internal	19.4%	18.9%	17.9%	20.0%	●	
% of joiners who are BAME	Monthly	%	Sep-21	●	>30%	Internal	22.0%	38.0%	36.0%	35.0%	●	
% of leavers who are BAME	Monthly	(n)	Sep-21	●	<20%	Internal	28.0%	19.0%	20.0%	20.0%	●	



2. Our People

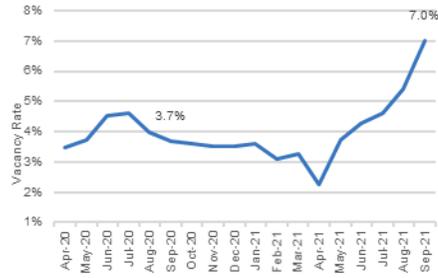
Vacancy Rates, Staff Turnover and Sickness



Vacancy rate

Month:
7%

Target: 5%



The overall vacancy rate has increased during Quarter 1 and Quarter 2 due to the establishment increases in Ambulance Operations (+200fte) and is currently at 7%. The EOC call handling establishment is c.317fte and the Trust will end 2021/22 with c.391fte. There is a proposal to increase the workforce to 493fte by March 2022.

Whilst CHUB staffing levels have improved in September, they remain heavily reliant on secondments, with c. 50% of Clinical Advisors coming from Operations. Focus on substantive recruitment to ensure a sustainable staffing position and there is rolling Clinical Advisor recruitment in place. The call handling establishment in IUC is on track to be fully delivered by December and course fill rates remain positive at 83%. In total there were 106 starters in September. 22% were from a BAME background covering roles in 111, 999 and Ambulance Services.

Ambulance Ops Recruitment

Month: 120fte

Target: 117te

Required Frontline: 872 FTE

Forecast Supply: 798 FTE

YTD Actual v forecast : 69fte behind plan

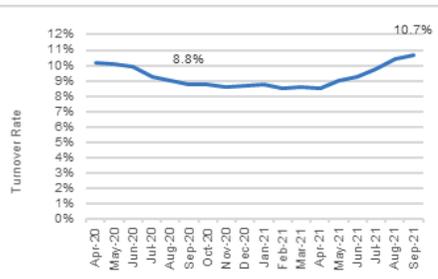
Forecast end of year position: 74fte gap

Frontline new starters are 69 FTE behind plan to September 2021 and if all remaining course places are filled, Ambulance Ops will close the year between 61FTE and 74FTE below establishment, depending on fill rates which are currently at 93% for Paramedics and 80% for non-registrants. 144 UK Graduates have been recruited to date and in September we received 165 applications from international paramedics, 84 of whom have been scheduled for interview in November. 8 candidates recruited by MSI (our International Recruitment Partner) from South Africa and Namibia have been offered positions, three of which have been booked onto the November course. We have also seen a positive response to MSI's marketing campaigns and we are starting to see more interest from candidates directly applying to the Trust from Singapore, Nigeria, UAE and India. Internal TEAC recruitment remains positive with 239 applications received from the August advert. 93 offers have been made to date and recruitment are working in partnership with the Trust's Culture, Diversity and Inclusion team to improve the diversity of applications for the TEAC role.

Staff Turnover

12 Month
Rolling: 10.7%

Target: 10%

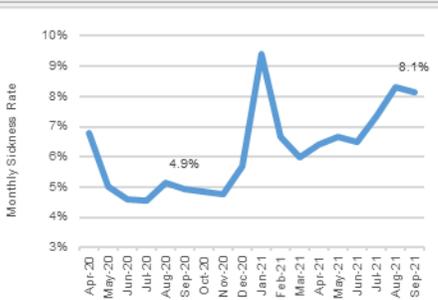


The turnover rate has remained broadly stable and stability remains above 90%. Whilst the number of frontline leavers remains positively below plan the level of International Paramedics leavers is tracking above forecast and therefore efforts are focused on the 'quick wins' identified from the recent international paramedic survey and focus groups. Led by our Head of Retention, these include extended periods of leave, flight loans, streamlining the process for bursary funding, shared relief bags, opportunities to standardise secondment and development opportunities across all Groups and social events. Although identified through the iPara survey, these improvements will benefit all of our paramedic colleagues.. In total there were 69 leavers in September and 28% were from a BAME background.

Sickness

12 Month
Rolling: 6.7%
Monthly: 8.1%

Target: 5%



The monthly Trust wide sickness has remained at 8%. We have seen a reduction in episodes of anxiety/stress/depression (240 to 205), back problems (113 to 98), injury/fracture (167 to 156) and gastrointestinal problems (289 to 169). P&C teams are now reviewing the MAP trigger reports to support managers to reduce their absence and Sickness Management Training sessions have been organised for November and December. PAM have now added two additional Occupational Health Advisors to reduce waiting times from referral to appointment.

As part of the OH tender, we are considering the option of an external sickness management reporting service. Over 1,600 LAS colleagues have now recorded their Covid-19 booster and the Trust flu programme is underway with vaccines distributed to management teams in sector.



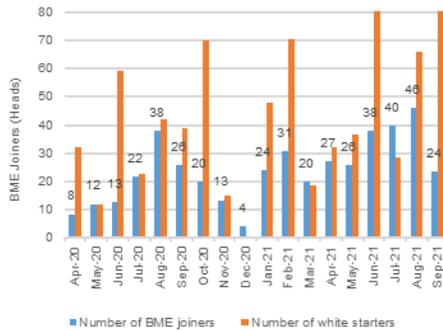
Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion Standards

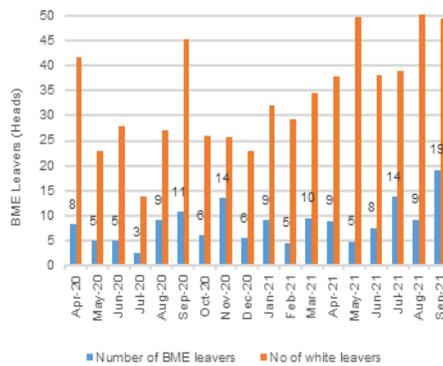
These graphs show the numbers of BAME starters and leavers from April 2020 to September 2021. During this period the Trust has recruited 431fte BAME starters and there has been 152fte BAME leavers, a net increase of 279fte.

In 2020/21, 35% of total starters were BAME. For the year 2021/22, this has improved to 38%.

BME Starters



BME Leavers



Overall numbers of BAME staff continue to increase (currently 1,304 – 19%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	Jul-21	Aug-21	Sep-21
Bands 1-4	39.3%	39.4%	39.8%
Bands 5-7	13.8%	13.9%	13.9%
Band 8A to 9	15.3%	15.1%	16.1%

2021 Staff Survey early completion rates are higher than last year, 40% of staff (2400 colleagues) have made their voices heard.

CDI Team now delivering EDI session during Corporate Inductions and planning of EDI module on CTM training course, in partnership with LEAP team.

Menopause/andropause guidance released in time for Menopause Awareness Month, as well as workshops delivered for NHSE

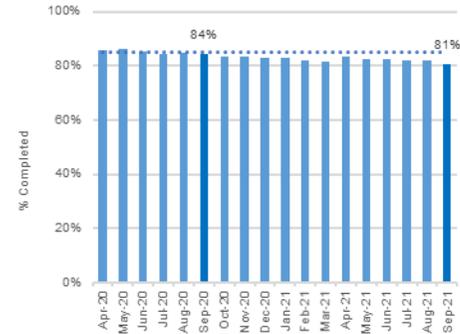
The Equality, Diversity & Human Rights e-learning has improved from 90% to 91%.

Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **81%**.

Appraisal completions at **59%** at the end of September.

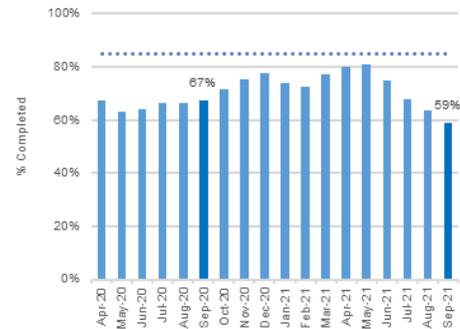
Statutory & Mandatory



Information Governance is at 70% for September against an annual target of 95% to meet the requirements of the NHS Digital's IG Toolkit.

The REAP 4 pressure levels continue to affect performance for Stat and Mand training (which has remained stable but below target) and PDR rates (which have reduced from 64% to 59% and is below target).

Appraisal Compliance



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.



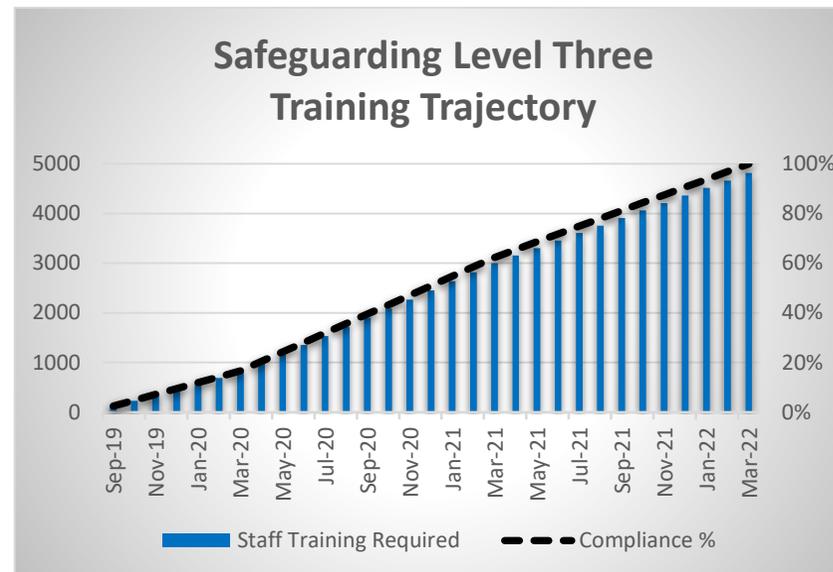
Current position

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

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

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

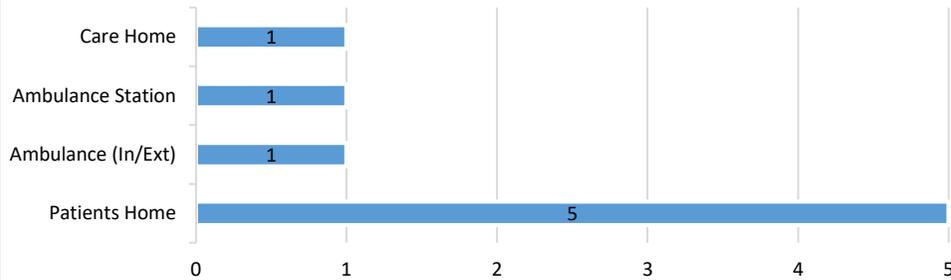
Safeguarding Trajectory



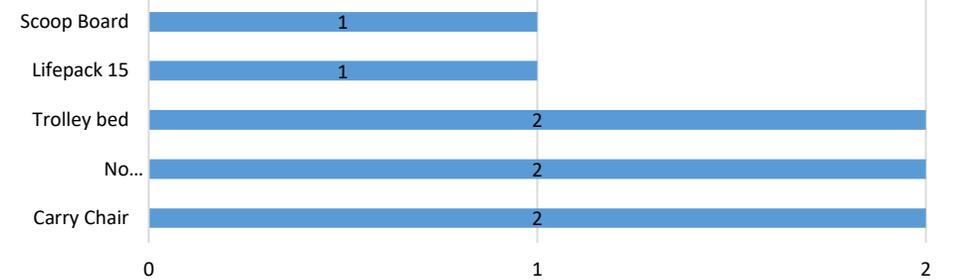


Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – September 2021

MSK RIDDOR Incidents - Location



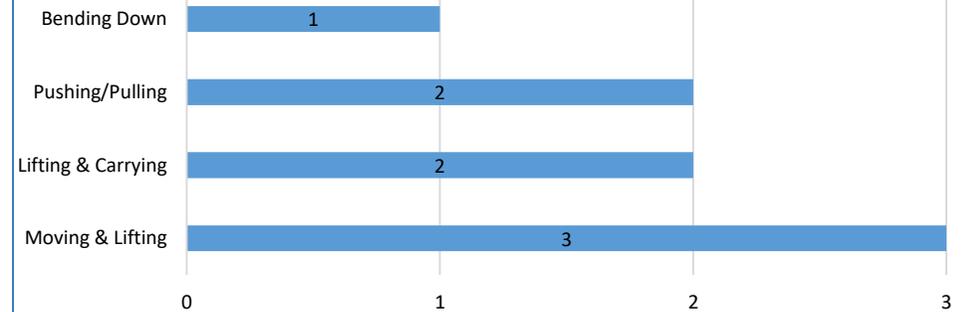
MSK RIDDOR Incidents – Equipment Involved



MSK RIDDOR Incidents – Body Part



MSK RIDDOR Incidents – Action Involved



Findings

- The highest number (n=12) of RIDDOR incidents for Sept'21 occurred in the patients home.
- Total of 8 MSK related RIDDOR incidents reported during September 2021.
- The RIDDOR related incidents reporting varies by month from sector to sector with the highest reporting during Sept 2021.
- There is an average of 1 reported moving and handling incident for every 2000 face to face attendances and an average of 3 working days lost per 1000 attendances.

Actions

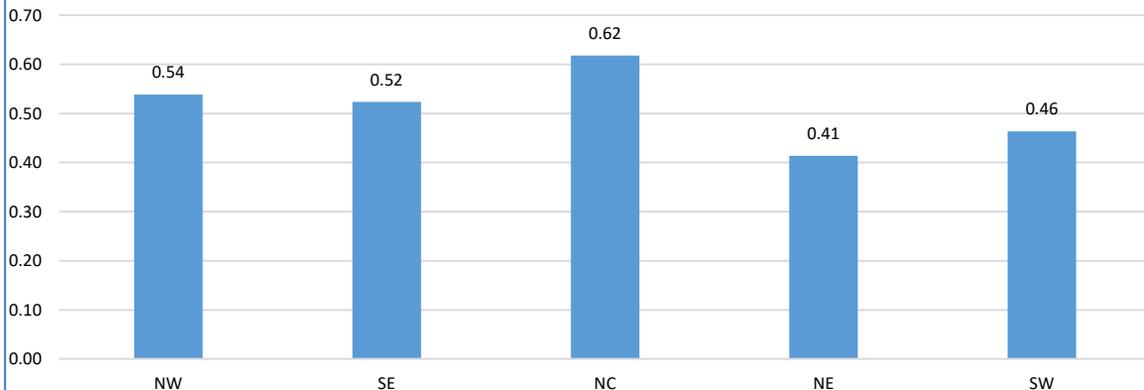
- The Wellbeing Strategy is being reviewed.
- A new video based learning package has been developed and is now part of CSR (Core Skills Refresher) for frontline staff. This highlights practical manual handling best practice, along with some tips and tricks for using the small handling aids.
- The HS&S Team have completed the physio and MSK specification which will be incorporated within the wider proposed Service contract project.
- Monthly contract meetings with OH provider and The Physio Network to enable collaborative work and early identification of any trends or concerns.
- The MSK action plan has been updated and will be the focus of the steering group.
- Final design stage of Project Zero and looking to incorporate new ways of working and equipment into this project, such as self loading trolleys and powered track chairs.

Assurances

- Under the Manual Handling Steering Group the HS&S Team has fed into the OH service re-tender. OH service re-tender project board have incorporated the MSK KPIs into the OH performance reporting. Currently all work is being addressed through Manual Handling Steering Group.



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
NW	0.54
SE	0.52
NC	0.62
NE	0.41
SW	0.46

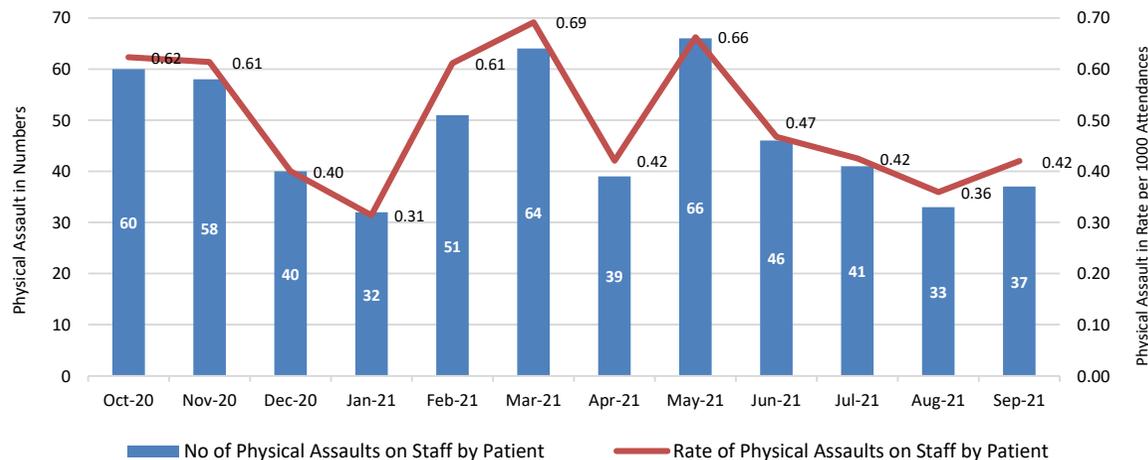
Notes:

- 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:

- 5 RIDDOR reportable Violence & Aggression related incidents were recorded during 2021/22 (up to end September'21).

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
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
June-21	46	0.47
Jul-21	41	0.42
Aug-21	33	0.36
Sep-21	37	0.42

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 (Oct'20 to Sep'21).

NHS definitions of assault:

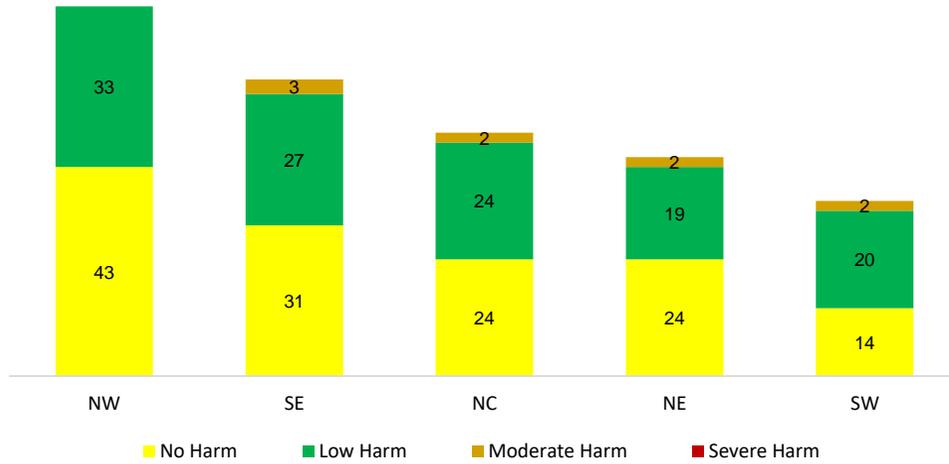
Physical assault – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

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

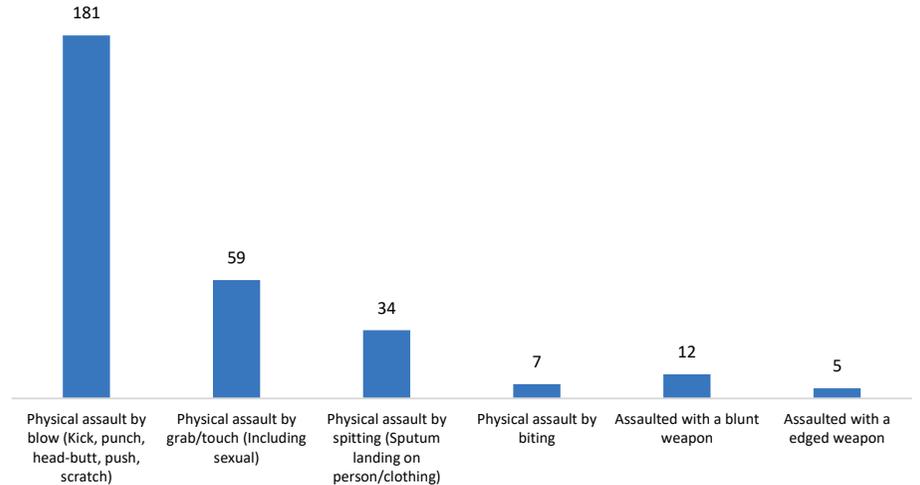
*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This September result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



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



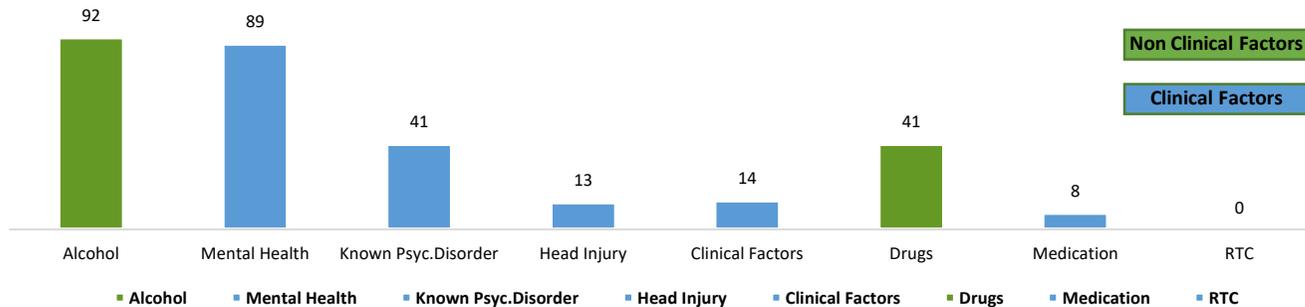
Number of reported Physical Assaults on Staff by Type (YTD) – 2021/22



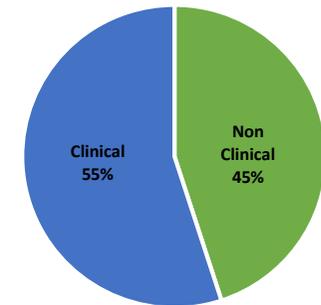
- Notes:**
- A total of 298 Physical Assaults on Staff were reported during 2021/22 (up to end September'21).
 - 149 (50%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 149 incidents resulted in Harm. 139 (47%) of the harm related incidents were reported as 'Low Harm and 10 (3%) incidents were resulted in Moderate Harm.
 - 26 out of the 298 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 (61%, n=181) accounted for the highest number of incidents reported during 2021/22 (up to end September'21).

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



Percentage Breakdown of Factors (YTD) 2021/22



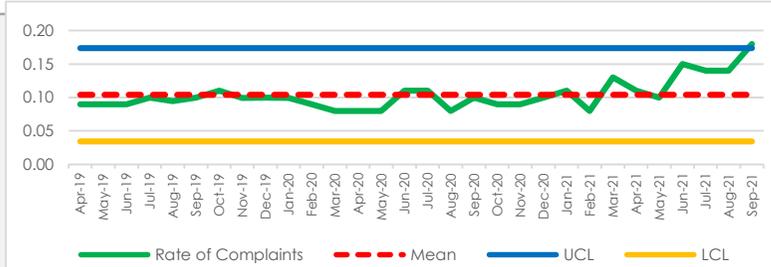
- Notes:**
- CLINICAL Factor:** 165 (55%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=89), Known Psyc.Disorder (n=41), Head Injury (n=13), Clinical Factors (n=14), Medication (n=8).
 - Non Clinical Factor:** 133 (46%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=92), and Drug (n=41).



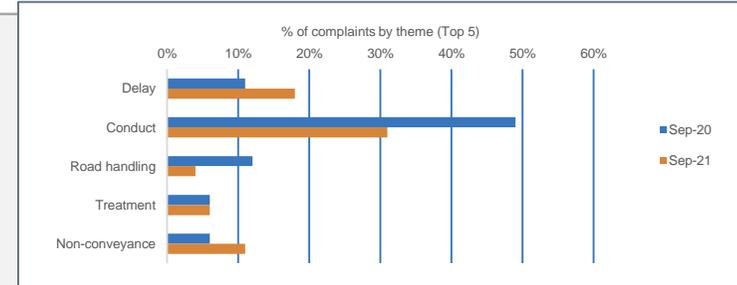
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

Rate of Complaints

Latest month: **0.18**

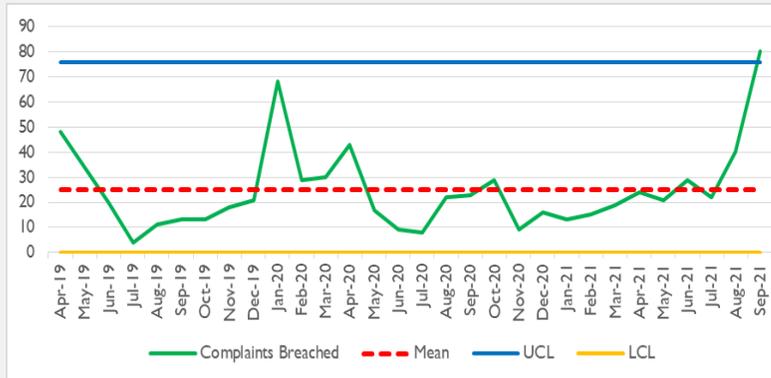


Categorisation



Responding to complaints

Latest Month: **80**



Complaint numbers continue to be above the annual average (88) at 158. The percentage of complaints versus the call rates against calls attended continue to be above average. 17 of this number where the issues raised are not covered in the NHS Complaint regulations and were managed as a concern. We have always routinely included these in our complaints total each month.

There were 537 x PALS enquiries which includes 307 added to the duty spreadsheet that did not require any further actions other than referring the enquirer to the correct team. Higher than the current 2021/22 average of 488. We managed 33 Quality Alerts of which 5 were from LAS staff. This is slightly lower than previous months. Yearly current average is 35 per month.

The CEO is now signing off all complaints. Throughput has been slower in September partly as a result of the process becoming embedded at the Executive Office. Currently 40% of the out of time complaint responses are awaiting signature.

The Liaison Team at PHSO met with representatives from LAS to discuss the Trust's role as a Pilot site in the new NHS Complaint Standards. It has been agreed that we will prepare a list of the top 5 questions from the Maturity Matrix with a view to comparing the complaints model against the current processes.

The community of learning and good practices are so important. It is also key to note that the Standards although aimed at bringing consistency in complaints handling across the whole of the NHS, are voluntary and not mandatory.

The Strategic Complaints Team for NHSE has agreed to take the National Complaint Managers Forum forward with effect from 01 October 2021 with a view to sending out its first update in early 2022. They will provide quarterly newsletters with updates from key stakeholders and complaints news and are planning to host a Forum inbox/chat facility.

Actions and Learning

Patient Experience – September 2021

Complaint from patient about the interaction and care provided by the initial crew who attended to her when she experiencing acute abdominal pain, severe sickness and diarrhoea. From a clinical perspective, we are satisfied that the assessment and care provided by the first ambulance crew was within expected practice. Although the pain the patient was experiencing contributed to their agitated behaviour, the attending staff should not have to tolerate abuse and the crew made alternative arrangements for the patient to be taken to hospital.

However, it is evident that communication was problematic almost from the outset. It is important to try and identify any learning we can take from this incident and the crew have been asked to meet with a Clinical Team Manager so that they can consider how the situation could have been better managed, with particular emphasis on better explaining the purpose of the assessment questioning and gaining the patient's confidence This is a useful way of encouraging professional development and we are confident that this exercise will benefit their future practice.

Compliments September 2021

As of 2nd October:
 August 2021, 93 logged, relating to 234 staff
 September 2021, 124 logged, relating to 312 staff

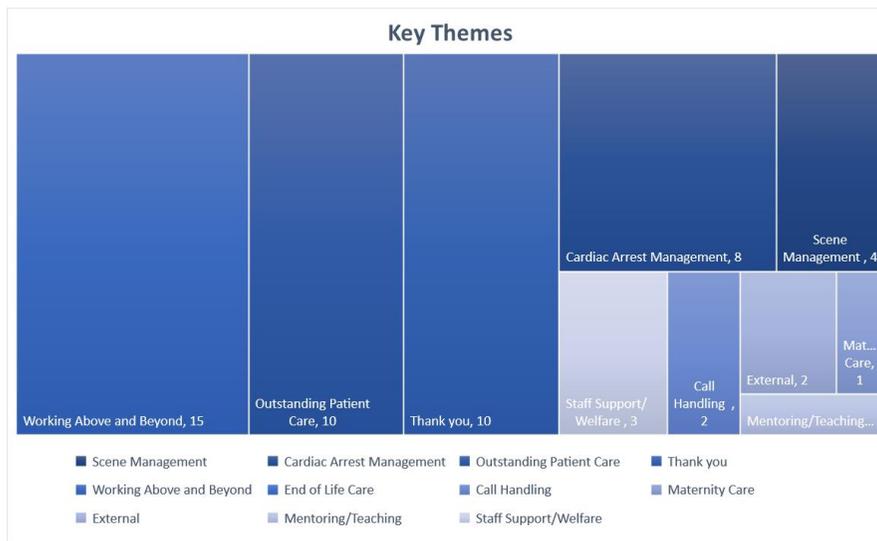
The team are working through a backlog and these numbers will increase



In September 2021 56 Excellence Reports submitted were submitted.

Key themes identified from September reports include:

- Working Above and Beyond
- Outstanding Patient Care
- Thank you



Working Above and Beyond

On the night of the unplanned cad outage, this individual was on DDS. She ensured ring back were still being done, she helped Sector staff sorting the allocation boxes out and helped with the paper tickets. She made my job as performance manager a bit easier as any task I gave her she did with confidence. She is a credit to the Trust.

This crew, despite being X-ray post night shift, offered up for a late job to help a gentleman hit by a train. Despite a long and relentless night, they showed commitment above and beyond in order to help this patient and their colleagues. They are both a credit to themselves and the service. Thank you.

This individual has been seconded to the role of Team Coordinator for the last three months and today whilst running the office on her own, she had to deal with numerous issues which all came in at once. Her calmness 'under fire' dealing with a serious welfare issue, a vehicle fuelling issue, and several other things happening all at once, was fantastic. I have seen this individual grow into the role she is now doing with confidence and ability, and even though she has had no experience of this type of management style, she has been a real asset to the office and to the station staff. I feel she should be commended for it.

Outstanding Patient Care

The crew staff attended a call for a 63yom in cardiac arrest. Working as a team, they provided the patient with ALS, and defibrillated him 8 times. Due to the care provided by the crew staff, the patient had a ROSC, and his subsequent ECG indicated a cardiac cause, with ST elevation consistent with an inferior MI. Following successful resuscitation of the patient, other resources attended scene including an IRO, and HEMs. At this point, the patient was already awake and talking. A clinical discussion was had regarding where, and how the patient should be conveyed to definitive care. With HEMs providing a ground escort with the crew to a HAC. I have no doubt that thanks to the teamwork and care provided by the crew staff to this patient, it enabled for him to have the best possible outcome, and survive his cardiac arrest. They should be proud of the care they provided, and the job that they do.

This individual experienced a particularly difficult shift today whereby she took multiple calls for patients in cardiac arrest. They remained professional, polite and upheld the values of the LAS. They should be proud of her efforts with each patient she addressed during her shift particularly those in arrest and how she composed herself. They are a valued member of the LAS.

Thank-You

This duo work to undertake the manual review and emailing of Excellence Reports across the Trust - on top of their 'normal' role requirements. The amount of Excellence Reports that they undertake is a testament to the high standards across the Trust, but I felt it important that they are recognised for the work they undertake in sifting through and emailing out - keeping such an important initiative alive! Thank you for all you do!

Just wanted to say on record a big THANK YOU for their help (in particular over the last few days). Coming into the Quality Directorate and being new to having an understanding of IUC and 111 they have been patient and taken the time to explain things where necessary. I have also sent a barrage of incidents over to the team to review and provide feedback or pass on to other providers (as part of my efforts to drive down the number of outstanding 999 incidents) and they have both been super quick and extremely helpful in doing this and their help is much appreciated! I look forward to continue working alongside the rest of the NEL Governance Team.



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.

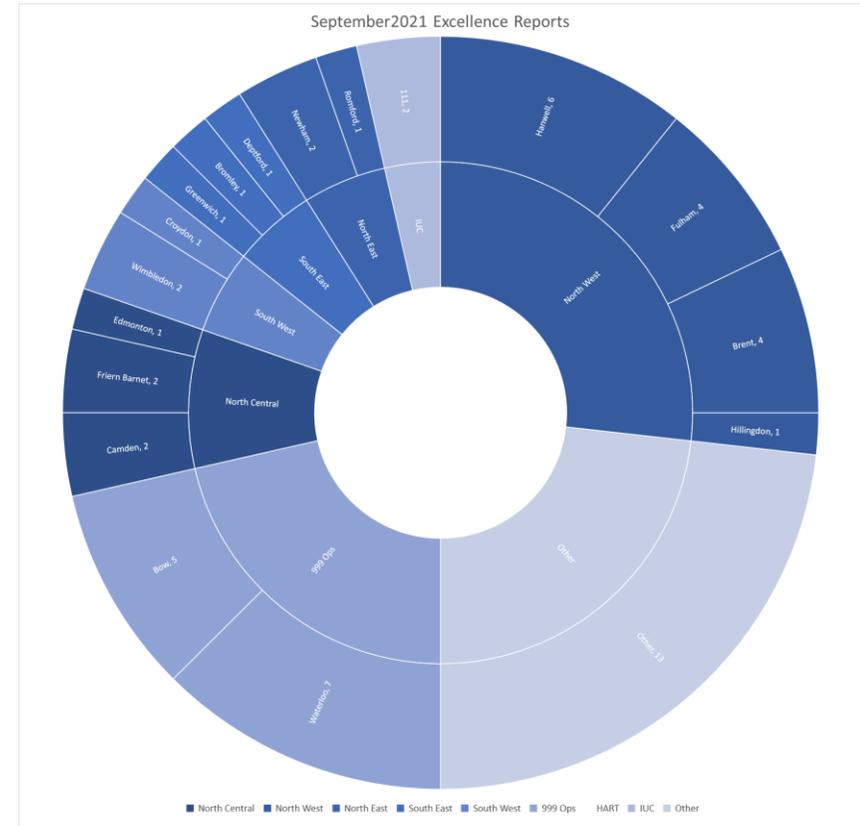
Some further examples of excellence reports from September:

Scene Management–

They were so **effective** and **fantastic** in managing a chaotic scene, bringing a **calm** and **authoritative professionalism**. I was called to a three year old girl with complex, medical needs. She had sustained a significant facial injury and required specialist attention. The issue arose, with the patient's siblings and mother. There were another seven children on scene, two of which had learning difficulties, no other adult on scene and all were running riot! There was huge logistic issue with managing the 'multi-causalities', as we tried in vain to find a solution. In the meantime this duo, without hesitation, worked off their initiative and were so professional in the way they managed the challenging behaviours' and 'multi-persons'. They **worked together** so well, in an intuitive way, without complaint. They are **super-hero's** and brought **calm** to a hectic situation and I am truly grateful.

Cardiac Arrest Management –

This clinician was involved in two cardiac arrests in one shift. the first one being a 2 month old and the second being a 74 year old. They were **amazing** throughout both resuscitations and was incredibly **professional** throughout. He worked well under direction and provided **effective** CPR and airway management to both patients that day. Considering he has only worked for the service for eleven shift on OPC with me, he has been an **excellent student** with a great bedside manner with patients. I want to say a big **well done** on what was a really tough day. You are a **credit** to the service.





Public Value Scorecard

September 2021

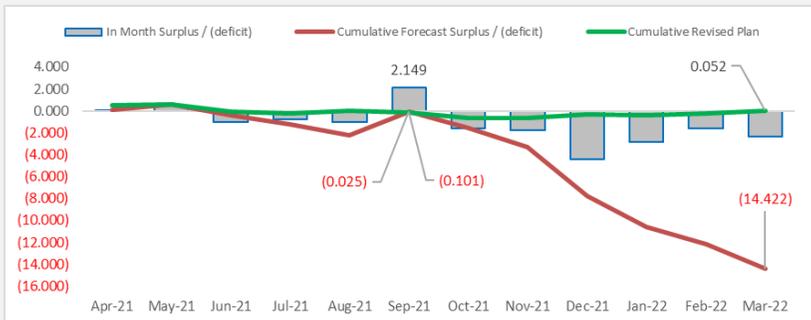
Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance						Outturn		Benchmarking			
				Target and Type (Internal / Contractual / National / All)	Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months	FY21/22 Forecast	FY21/22 Plan	National Data	Best In Class	Ranking (out of 11)	
Adjusted Financial Performance Total (Deficit)/Surplus	£m	Sep-21	●	0.000 A	2.151	(0.090)	0.000	0.000			(14.379)	0.000			
Performance Against Adjusted Financial Performance Plan	£m	Sep-21	●	>=0 A	2.241	0.000	0.000	0.000			(14.379)	0.000			
Use of resources index/indicator (Yearly)	Rating	Sep-21	●	1 A											
% of Capital Programme delivered	%	Sep-21	●	100% A	11%	5%	58%	79%			122%	100%			
Capital plan	£m	Sep-21	●	21.442 A	2.395	1.048	12.487	16.866			26.175	21.442			
Cash position	£m	Sep-21	●	15.1 A	23.1				53.8						
% spend against Agency Ceiling	%	Sep-21	●	A	6%	8%	37%	50%			67%	100%			
CIP Savings YTD	£m	Sep-21	●	A	0.608	0.877	3.441	4.050			8.016	9.700			
	%	Sep-21	●	A	6%	9%	35%	42%			83%	100%			
CIP Savings achieved - % Recurrent	£m	Sep-21	●	A											
	%	Sep-21	●	A											
Commercial income generation	£m	Sep-21	●	1 I	0.180	0.060	0.660	0.190	1.6		1.040	1.000			
Corporate spend as a % of turnover	%	Sep-21	●	<7.0% I	8.9%		9.1%				9.2%				
Cost per incident (measures to be confirmed in light of COVID)	£	Sep-21	●	I											
Average Jobs per shift	%	Sep-21	●	5.3 I	4.9		4.9		4.8						

- 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 6 YTD position was a £0.025m deficit (breakeven on an adjusted financial performance basis), and the month end cash position was £23.1m.

YTD outturn vs budget



- YTD Position:** The Trust is reporting a deficit of £0.025m YTD (breakeven on an adjusted financial performance basis) which is in line with plan. The position incorporated £33.9m 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 position is forecast to be a £14.422m deficit (£14.379m deficit on an adjusted financial performance basis) which is £14.5m behind budget. This position takes into account current funding information, and incorporates expected levels of resource usage in Ambulance Services and 111 IUC through to the end of the financial year.

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 6 YTD capital spend net of disposals and excl donated assets) was £12.4m YTD (£12.5m YTD before disposals), the bulk of which comprised of spend on ongoing property projects. The Trust capital plan currently incorporates full year capital spending of £26.2m, and increase from the plan of £21.4m due to additional CRL identified through NW London partners. The CRL transfer is still to be completed by NHSI.

Cash position



- Cash:** Cash was £23.1m as at 30 September 2021. Cash balances have decreased after February 2021 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 YTD was 82.3% and 92.3% 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 6 – September 2021)

	Month 6 2021-22 £000			YTD Month 6 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)
Income									
Income from Activities	49,287	52,721	3,434	268,262	274,097	5,835	535,185	560,372	25,187
Other Operating Income	544	244	(300)	3,135	2,631	(504)	5,003	4,702	(302)
Total Income	49,831	52,966	3,134	271,397	276,728	5,331	540,189	565,074	24,885
Operating Expense									
Pay	(36,218)	(37,269)	(1,052)	(189,108)	(195,091)	(5,984)	(377,433)	(405,815)	(28,382)
Non Pay	(11,724)	(11,737)	(13)	(70,313)	(70,929)	(616)	(137,209)	(148,769)	(11,560)
Total Operating Expenditure	(47,942)	(49,006)	(1,065)	(259,421)	(266,020)	(6,599)	(514,642)	(554,584)	(39,942)
EBITDA	1,890	3,959	2,070	11,976	10,707	(1,268)	25,547	10,490	(15,057)
EBITDA margin	3.8%	7.5%	3.7%	4.4%	3.9%	(0.5%)	4.7%	1.9%	(2.9%)
Depreciation & Financing									
Depreciation & Amortisation	(1,580)	(1,309)	271	(9,236)	(7,953)	1,283	(19,688)	(19,335)	353
PDC Dividend	(463)	(463)	0	(2,779)	(2,779)	0	(5,558)	(5,558)	0
Finance Income	0	0	0	0	0	0	0	0	0
Finance Costs	(14)	7	21	(61)	42	103	(249)	23	272
Gains & Losses on Disposals	0	(45)	(45)	0	(42)	(42)	0	(42)	(42)
Total Depreciation & Finance Costs	(2,058)	(1,810)	247	(12,076)	(10,732)	1,344	(25,495)	(24,911)	583
Net Surplus/(Deficit)	(168)	2,149	2,317	(101)	(25)	76	52	(14,422)	(14,474)
NHSI Adjustments to Fin Perf									
Remove Asset Donations I&E Impact	5	3	(2)	28	25	(3)	57	43	(14)
Adjusted Financial Performance	(163)	2,152	2,315	(73)	0	73	109	(14,379)	(14,488)
Net margin	(0.3%)	4.1%	4.4%	(0.0%)	(0.0%)	0.0%	0.0%	(2.6%)	(58.2%)

Year to Date Position

The YTD position is a £0.025m deficit (breakeven on an adjusted financial performance basis) which is in line with plan with significant additional overtime and secondee expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service being partially offset by lower than planned recruit numbers, vacancies and COVID resilience funding.

Forecast Full Year Position

The full year position is forecast to be a £14.422m deficit (£14.379m deficit on an adjusted financial performance basis) due to current levels of Ambulance Service and IUC pay and non pay resourcing being forecast to continue, with AfC 3% uplift cost impacts incorporated and H2 funding as notified by Commissioners.

Key Drivers of Position

Income:

- Income from activities was £274.1 YTD (£550.4m 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. An additional £5.3m income has been recognised in the H1 position in respect of AfC 3% uplift costs, along with £1.5m YTD for higher Flowers case costs and £3m for Emergency Care Demand Fund income. H2 forecast COVID income is currently in line with H1, an additional £4.4m has been included for Emergency Care Demand Fund income, £5.8m additional IUC funding, £2.9m has been included in respect of expected H2 AfC uplift costs and £5.2m other income loss support funding.
- Other operating income is £2.6m YTD (£4.7m full year forecast) which is £0.5m adverse YTD (£0.3m adverse full year forecast) due to lower education and training income (£1.1m adverse YTD, £1m adverse full year forecast) driven by lower Health Education England income, partially offset by staff recharge income (£0.4m favourable YTD, £0.9m favourable full year forecast) and COVID vaccination support income (£0.3m YTD and full year forecast).

Pay Expenditure:

- Pay expenditure is £6m over budget YTD (forecast to be £35.4m over budget full year) due to significant additional resource usage in Ambulance Services and IUC, partially offset by vacancies, lower than expected trainee numbers and reserves being held to support frontline in Central Corporate. The impact of AfC 3% uplifts has been incorporated in budgets.

Non-Pay Expenditure:

- Non pay expenditure (excl depreciation and finance costs) was £0.6m adverse YTD (full year forecast £10m adverse) due to overspends in IUC for additional resourcing in response to higher COVID related activity and is offset by underspends in Programmes and Projects due to project delays, and People & Culture and Quality & Assurance due to lower recruit numbers compared to plan.
- Depreciation and finance costs are £1.3m favourable to budget YTD and forecast to be £0.6m favourable to budget for the year with differences due to current forecast timelines for project completion.



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 6 – September 2021)

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Sep-21 YTD Move
	Actual	Actual	Actual	Actual	Actual	Actual	Move
	£000	£000	£000	£000	£000	£000	£000
Opening Cash Balance	39,788	38,267	39,262	37,537	31,374	29,513	39,788
Operating Surplus	1,755	2,393	816	997	790	3,957	10,708
(Increase)/decrease in current assets	(616)	(901)	(763)	(3,151)	1,293	(2,174)	(6,312)
Increase/(decrease) in current liabilities	6,987	971	1,181	(1,123)	(2,647)	(1,767)	3,602
Increase/(decrease) in provisions	(140)	(37)	(7)	124	(283)	577	234
Net cash inflow/(outflow) from operating activities	7,986	2,426	1,227	(3,153)	(847)	593	8,232
Cashflow inflow/(outflow) from operating activities	7,986	2,426	1,227	(3,153)	(847)	593	8,232
Returns on investments and servicing finance	0	0	0	(1)	(1)	0	(2)
Capital Expenditure	(9,507)	(1,431)	(2,952)	(3,009)	(1,013)	(4,923)	(22,835)
Dividend paid	0	0	0	0	0	(2,071)	(2,071)
Financing obtained	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(9,507)	(1,431)	(2,952)	(3,010)	(1,014)	(6,994)	(24,908)
Movement	(1,521)	995	(1,725)	(6,163)	(1,861)	(6,401)	(16,676)
Closing Cash Balance	38,267	39,262	37,537	31,374	29,513	23,112	23,112

Operating Position

There has been a net outflow of cash to the Trust of £16.7m YTD. Cash funds at 30 September stand at £23.1m.

The operating surplus is £10.7m.

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 (£6.3m).
- The movement is due to trade receivables (£2.8m), inventories (£0.04m), accrued income (£2.0m) and prepayments (£1.5m).

Current Liabilities

- The movement on current liabilities is £5.4m.
- The movements are due to deferred income £0.1m, accruals £1.1m and payables £2.4m.

Dividends

- The Trust made a dividend payment of £2.1m.

Provisions

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

Capital Expenditure

- Capital cash movement was a net outflow of £22.8m.



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.
- YTD efficiency savings of £3.4m have been delivered and £8m of the £9.7m full year target is expected to be delivered due to delayed vehicle preparation service procurement.

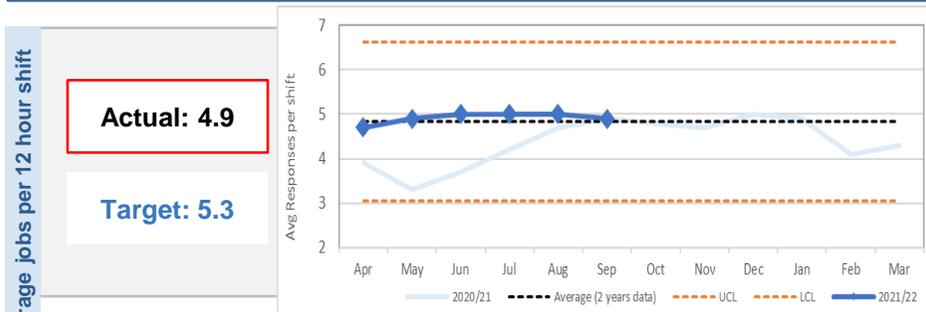


Capital Plan

- Capital expenditure net of disposals is £12.4m YTD (£12.5m before disposals) compared to planned capital expenditure of £16.9m (£4.4m behind plan net of disposals). This comprised predominately property projects and programmes.
- Full year forecast capital expenditure net of disposals is £26.2m, £4.8m higher than plan reflecting the increase in Capital Resource Limit identified through NW London partners.



Jobs per shift (DCA)



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



Partners Scorecard

September 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	Sep-21	●	18.0 I	26.4	22.2	22.3				
Post-handover (Handover 2 Green)	minutes	Sep-21	●	15.5 I	15.2	15.1	15.0				
See and Convey – to ED (Contractual Position) *	%	Sep-21	●	57.0% C	48.4%	49.9%	50.4%	51.0%	46.9%	4	
Hear and Treat % **	%	Sep-21	●	8.39% I	16.2%	14.4%	12.8%	11.5%	16.5%	2	
Hear and Treat (n) **	%	Sep-21	●	108,073 I	16,992	95,142	166,197				

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Please note: 999 performance data is correct as at 01/11/21 and is subject to change due to data validation processes

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

4. Our Partners

Maximising safe non-conveyance to ED



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

Please note: 999 performance data is correct as at 01/11/21 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

Patient Handover to Green

We saw a much higher number of in hospital delays in September in comparison to August, with the overall number at 3,883 hours lost from our arrival to patient handover over 30 mins. Royal Free, Kings College, and Northwick Park had the greatest proportion of handovers exceeding 30 minutes. Royal Free had the highest number of lost hours over 30 minutes, with a significant 740 hours for the month.

In September, we saw handover to green performance within the target, with 15.2, consistent with recent months. However, close to 3,400 hours were lost due to patient handover to green exceeding the 14 minute threshold. Handover to Green received organizational focus through the Covid response team and will receive renewed focus as part of planning and recovery.

STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 Mins	Average Arr at Hosp to Patient Handover Time
North Central	Barnet	1,189	1,118	466	42%	306.6	41.1
	North Middlesex	1,534	1,259	600	48%	208.9	35.3
	Royal Free	2,005	1,725	1,217	71%	740.5	53.6
	University College	1,975	1,781	250	14%	56.7	21.0
	Whittington	1,274	1,059	416	39%	363.4	43.7
North East	Homerton	1,268	1,126	76	7%	12.0	17.5
	King Georges	1,268	1,126	76	7%	12.0	17.5
	Newham	1,288	1,113	284	26%	109.0	26.9
	Queens Romford	2,181	1,951	94	5%	80.0	16.2
	Royal London	1,296	1,130	458	41%	156.2	33.1
	Whipps Cross	1,765	1,692	137	8%	24.0	17.3
North West	Charing Cross	1,060	991	7	1%	1.0	12.7
	Chelsea & West	1,281	1,109	40	4%	8.5	17.1
	Ealing	1,176	1,127	106	9%	42.3	17.2
	Hillingdon	1,651	1,524	228	15%	62.3	20.0
	Northwick Park	2,036	1,904	991	52%	331.9	35.4
	St Marys	1,181	1,042	165	16%	45.0	23.3
	West Middlesex	1,318	1,233	133	11%	47.0	19.5
South East	Kings college	1,090	959	635	66%	294.5	46.1
	Lewisham	1,460	1,280	182	14%	43.8	21.7
	Princess Royal	2,950	2,805	583	21%	310.2	23.8
	Queen Elizabeth II	1,506	1,270	342	27%	285.8	33.6
	St Thomas'	1,509	1,382	261	19%	63.5	22.6
South West	Croydon	1,947	1,791	239	13%	89.3	23.8
	Kingston	1,818	1,641	506	31%	100.8	26.5
	St Georges	1,825	1,553	265	17%	30.3	23.2
	St Helier	1,742	1,391	344	25%	57.8	23.5
	TOTAL	42,593	38,082	9,101	24%	3,883	24.0

Max average breach value
Value >10 mins per breach

Sector	Station Group	Handovers to Green	Handovers Exceeding 14 mins	% over 14 mins	Total Time Lost (hours)	Avg Time PH to Green	90th Centile PH to Green	Avg mins lost per breach
North Central	Camden	1,734	980	57%	186.9	15.8	32.1	11.4
	Edmonton	2,337	1,355	58%	230.7	16.4	31.4	10.2
	Friem Barnet	1,517	914	60%	171.5	17.2	32.1	11.3
North East	Homerton	2,115	1,250	59%	221.5	15.4	31.1	10.6
	Newham	2,382	1,371	58%	224.0	14.4	30.1	9.8
	Romford	2,547	1,599	63%	253.4	15.5	28.9	9.5
North West	Brent	3,254	1,911	59%	261.4	15.6	27.7	8.2
	Fulham	1,901	1,124	59%	158.2	15.5	27.2	8.4
	Hanwell	2,514	1,476	59%	189.4	15.5	25.8	7.7
	Hillingdon	1,472	810	55%	94.5	14.5	24.2	7.0
South East	Westminster	1,190	792	67%	131.7	17.4	30.6	10.0
	Bromley	1,876	1,097	58%	150.2	13.9	27.3	8.2
	Deptford	3,640	2,187	60%	298.6	15.1	27.4	8.2
South West	Greenwich	2,155	1,185	55%	125.2	13.9	24.4	6.3
	Croydon	1,704	1,062	62%	146.0	15.4	26.8	8.2
	New Malden	1,328	846	64%	114.5	16.0	27.8	8.1
	St Helier	1,444	877	61%	126.0	15.7	27.8	8.6
Other	Wimbledon	854	543	64%	96.3	12.1	30.9	10.6
	NULL	281	213	76%	42.3	14.0	34.8	11.9
	IRO	4	3	75%	1.3	24.5	55.5	26.0
	Other	639	382	60%	61.4	14.7	32.6	9.6
	Training	1,143	531	46%	74.6	13.6	26.5	8.4
TOTAL		38,031	22,508	59%	3359.6	15.2	28.5	9.0

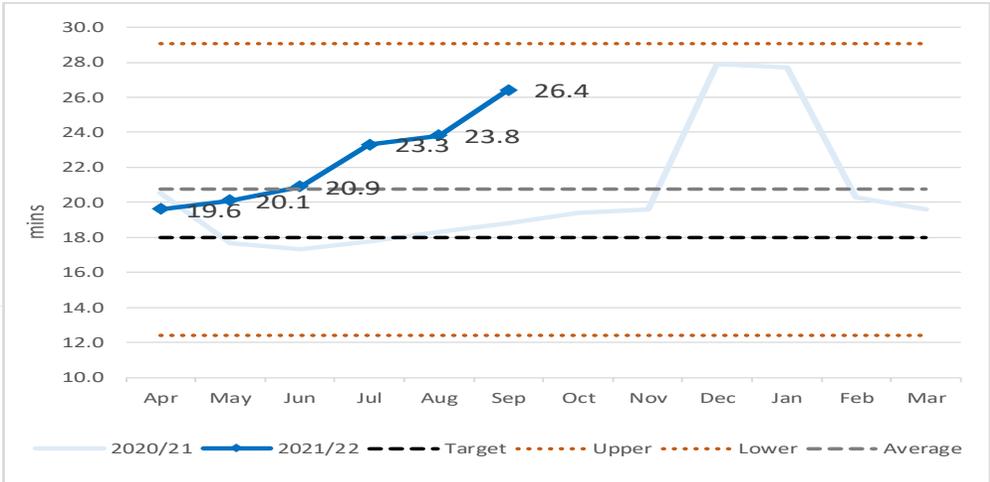
Max average breach value
Value >7 mins per breach



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

	Jul-21	Aug-21	Sep-21	Year-end Target
Arrive at Hospital to Patient Handover (mins)	23.3	23.8	26.4	18.0

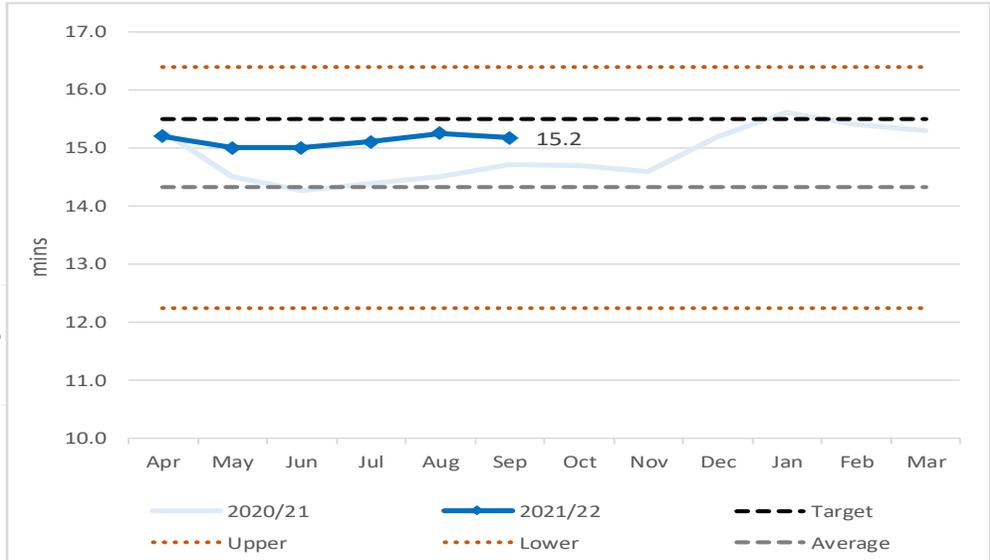
Hospital Handover performance remains outside of target. Since June 2020 we have been seeing a steady worsening of performance on this metric, due to increasing overall demand and pressure on the hospitals as a result, impacting LAS teams ability to hand patients over. September figures worse than August performance as hospital pressure continued to rise, particularly in NE and NC.



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

	Jul-21	Aug-21	Sep-21	Year-end Target
Patient Handover to Green (mins)	15.1	15.3	15.2	15.5

Handover to Green YTD performance has been within target, but above the 19/20 average since April 2020. In September 2021 we are seeing performance continuing within the target, without significant change in comparison to previous months.



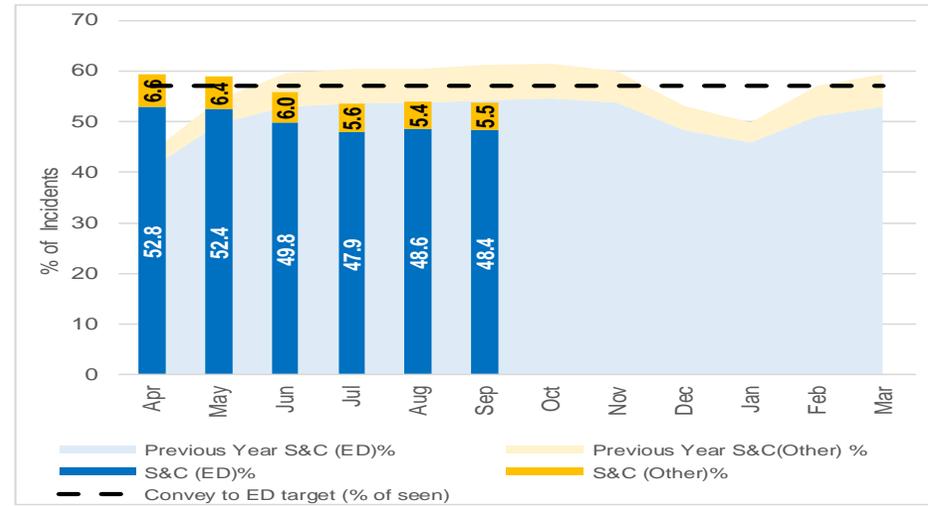
Please note: 999 performance data is correct as at 01/11/21 and is subject to change due to data validation processes



See and Convey to Emergency Department

		Sep-21	Year To Date	Year-end Target
See & Convey ED %	LAS	48.4%	49.9%	57.0%
	Target			

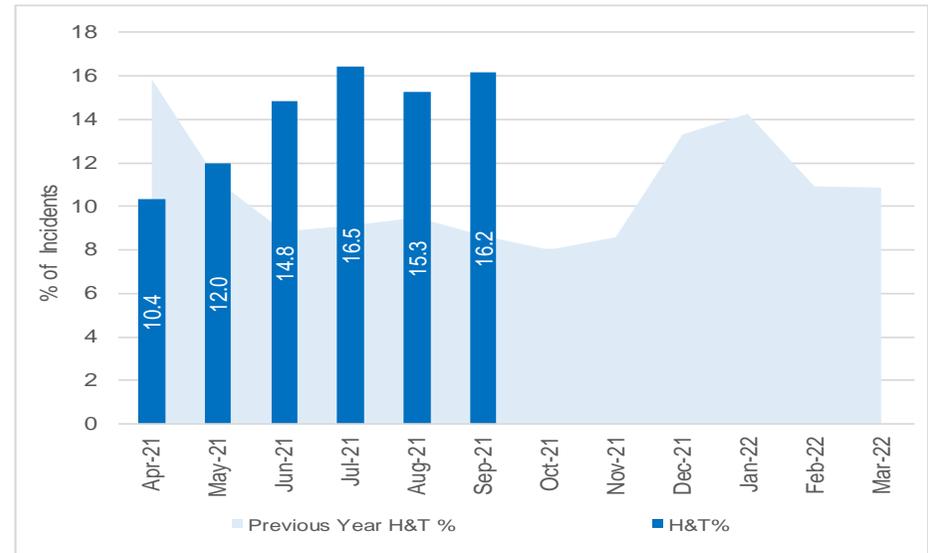
The conveyance to emergency departments target (57.0%) was delivered in September (48.4%). A steady profile of demand has allowed us to achieve this metric month on month. LAS ranked 4th nationally again as the profile demand changed with a larger number of callers requiring an urgent care outcome, resulting in a rising proportion of patients where the best clinical decision was to not convey and be overseen by the clinical hub or utilise alternative pathways.



Hear and Treat %

		Sep-21	Year To Date	Year-end Target
Hear & Treat %	%	16.2%	14.4%	TBC
	(n)	16,992	95,142	

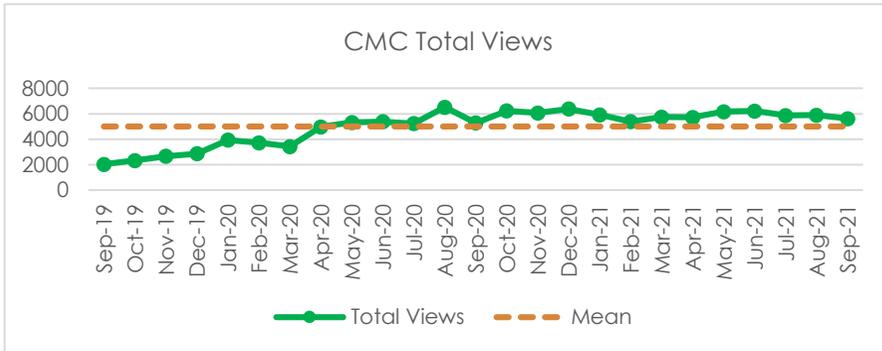
Hear and treat delivered 16.2% in June, being the best nationally. In 2021/22 year to date, the performance in the metric has been strongly within the 2020/21 target (7.9%) and continue to outperform last year's benchmark of 8%. Hear & Treat remains a key focus for the Trust, allowing robust delivery on our conveyance rates and keeping frontline resources available for our most critically ill patients.



Please note: 999 performance data is correct as at 01/11/21 and is subject to change due to data validation processes

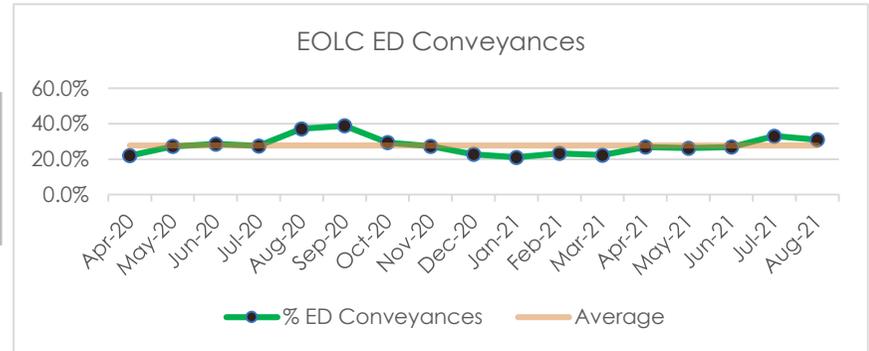
4. Our Partners

End of Life Care & Mental Health

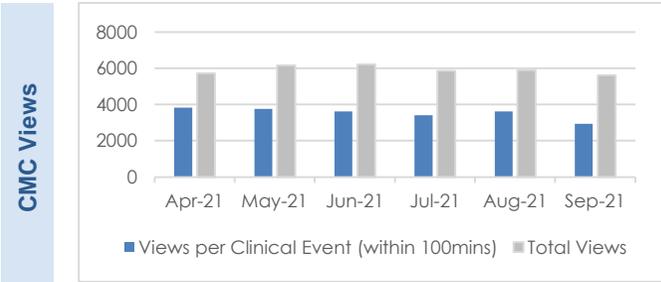


ED Conveyance

Latest Month (Aug):
31%



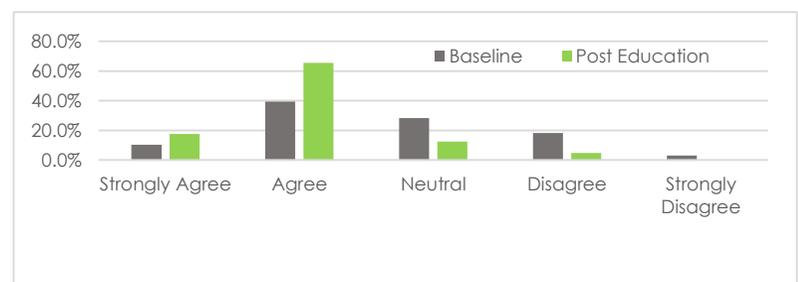
CMC viewing via NRL/SCRa continues to increase EoLC Spotlight week hosted including 2 CPD sessions



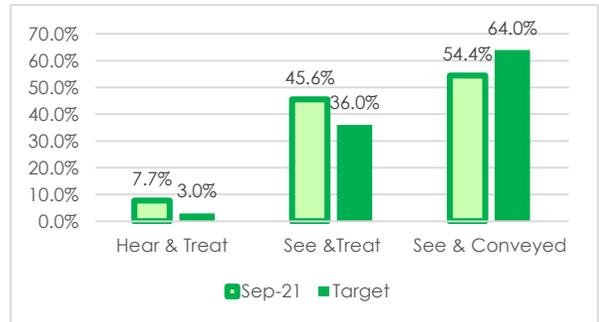
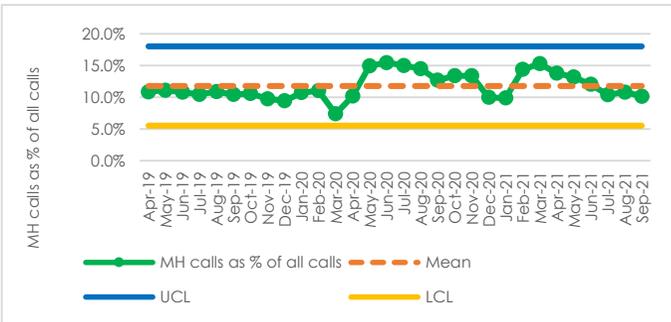
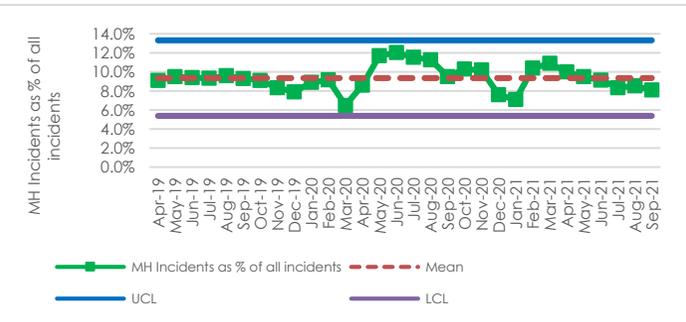
September
Total views: 5617
Views per clinical event: 2943

Staff Confidence

82% staff post education felt confident
32% increase from baseline



Macmillan Programme finalist in Macmillan Excellence Awards. The EoLC team have launched an educational programme which includes bitesize sessions on a wide range of topics including communication, medication and care after death. The sessions are available monthly and are delivered virtually. They are aimed to reach all clinical staff, including colleagues in IUC and EOC. Team provided education for Emergency and Community First Responders



The Mental Health Team were awarded 'Highly Commended' in the recent HSJ Value Awards. We continue to maximise patient facing time to support REAP 4 whilst ensuring we work towards making the MHJRC business as usual.



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). As part of the newly developed Deputy CEO leadership structure the Resilience and Specialist Assets (R&SA) department has joined the directorate.

This report summarises the directorate activity referring to the Integrated Performance Report (IPR) and Quality Report for the September 2021 reporting period.

1.0 Regulatory Update

CQC State of Care Report October 2021

In October the Care Quality Commission (CQC) published their State of Care report. This is the annual assessment of health and social care in England. The report covers trends, shares examples of good and outstanding care, and highlights where care needs to improve. The following highlights are of note to the Board:

- The impact of the pandemic on many who use health and social care services has been intensely damaging. CQC previously highlighted the ongoing issues that people from some groups have faced in accessing and receiving high-quality care. Over the last year, the pandemic has further exposed and exacerbated these inequalities. People with a learning disability have faced increased challenges as a result of the pandemic. The need for mental health care has increased, with children and young people particularly badly affected.
- Health and social care staff are exhausted and the workforce is depleted. People across all professions, and carers and volunteers, have worked tirelessly to help those who needed care. The negative impact of working under this sustained pressure, including anxiety, stress and burnout, cannot be underestimated. Despite the widespread disruption caused by the pandemic, surveys have shown that, when people were able to access the care they needed, they were often positive about that care.
- The NHS was able to expand its critical care capacity to respond to the needs of the patient population at a time of crisis, although it put extra pressure on staff and other types of care and treatment.
- CQC have serious concerns about ambulance handover delays at hospitals, which puts the safety of patients at risk.

The Trust is currently considering the report and reviewing its own CQC self-assessments to enable quality focussed recovery plans to be developed in response.

The Trust continues to meet with the CQC through routine virtual engagement meetings as well as responding to requests for information. The last meeting took place on the 12th October 2021 and included discussions on executive and senior management changes, hospital turnaround times, clinical audits, patient safety incidents, inquests, safeguarding and risks.

2.0 Quality Account & Quality Priorities

The Trust has set ten priorities for the 2021/22 year. As of October 2021 the following six priorities are assessed as being on plan:

- Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services.
- 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.
- Patient & communities engagement & involvement.
- Continued delivery of the Clinical Strategy.
- Development of the Trust's Culture Diversity and Inclusion (CDI) Strategy.
- 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 three priorities are behind plan due to operational pressure but are still set to be completed by the year end:

- Implementation of the Patient Safety Incident Response Framework (PSIRF) as a pioneer in the new process for other Ambulance Trusts.
- The Trust must ensure medicines are correctly stored, in line with recommendations made from the CQC and current legislation.
- Integrating the 999 and 111 clinical assessment systems to provide seamless care for patients regardless of access point.

The following priority is delayed:

- Implementing the station service quality accreditation programme.

To address the delayed implementation a revised process has been approved by the Quality Oversight Group (QOG) to enable an assessment of all group stations by the end of the year and meet the quality priority.

There is an ongoing risk that delivery of this year's quality priorities could be impacted by sustained operational demand. Monitoring will continue via the Quality Assurance Committee (QAC).

3.0 Quality Assurance - Trust wide (see Quality Report)

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

- The Trust continues to see consistent incident reporting which indicates a good reporting culture as well as a culture of openness (see quality report page 9-10). The

number of incidents graded moderate harm and above remains high due to an increase in the number of delayed response incidents highlighted via a daily review. Delays identified undergo a structured judgement review (SJR) to look at the impact this has had on care and treatment.

- Hand hygiene compliance is at 98%. Compliance exceeds the expected target of 90% for the group stations that submitted data. Of note, 14 out of 18 group stations submitted Operational Workforce Review (OWR) data for September 2021. Vehicle preparation deep clean compliance remains positive at the expected target of 96% (see quality report page 22).
- Overall Compliance with the Medical Priority Dispatch System (MPDS) protocols is positively at 93% and the Trust continues to operate within Centre of Excellence standards with high levels of compliance, resulting in appropriate triage and in turn patient care (see quality report page 35).
- The public engagement team held nine events in September which reached an approximate audience of 2,085 on a variety of topics including drugs and alcohol, choose well, knife crime and assemblies for primary schools about what the Ambulance Service does and how to use the service appropriately (see quality report page 45).
- 56 excellence reports were submitted with themes of outstanding patient care, working above and beyond and scene management (see quality report page 47).
- Risk management compliance was 100% for reviewed within the last 3 months and 100% of all new risks approved within one month (see quality report page 49).

Current areas of focus:

- Closure of the 956 incidents opened on the system longer than 35 working days. This is an improving position from July 2021 where there were 1022. 85% of overdue incidents are categorised as no harm and 14% as low harm. All incidents continue to be monitored daily by the incident and risk hub and there is a comprehensive wide review underway of overdue incidents workflow (see quality report page 11).
- Medical equipment continues to be one of the highest reported categories of patient safety incidents. The majority of these are failure of devices rather than missing devices which had previously been seen. A plan is in place to support improvement.
- 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 can attend alongside the demand pressures (see quality report page 19).
- Statutory & mandatory training is below the 85% target at 81% (see quality report page 25). Regular reports are sent to managers and individuals of when training is due.
- 69 policies are currently under review.
- We have maintained a level of quality assurance during Resource Escalation Action Plan (REAP) level 4 despite suspension of some activities to support operational delivery by taking a risk based approach to quality governance and assurance.

4.0 Clinical Education and Standards (CES)

A new Director of Clinical Education has been appointed alongside ongoing positive recruitment to department positions, including a new Clinical Education Manager covering the

West. The team continues to flex to ensure that the training capacity to deliver the ambitious 2021/22 workforce plan is met.

To support organisational resilience over the winter period, the department has developed and rolled out a training package for 162 third year Higher Education students with further courses planned in December. In addition, bank Emergency Operation Centre (EOC) courses for second year university students are being rolled out to support the call taking function.

A new course as part of the career development pathway to bridge Associated Ambulance Practitioners (AAP) to Trainee Emergency Ambulance Crew (TEAC) is still set to start in February 2022.

Section 19 of the Road Safety Act 2006, is set to become effective from January 2022. A review has been undertaken on the impact of this to the Trust and CES is collaborating across the Trust to facilitate meeting the driving education requirements. A business case has been approved to increase the number of crew cab vehicles available for driver training.

The new education centres at Newham Dockside and Brentford are operational, with ongoing work to develop and enhance the simulation facilities.

The 2021/22 Core Skills Refresher (CSR) programme has commenced including; airway management, conflict resolution, frailty, resuscitation, moving and handling and incident response.

5.0 Safeguarding

Safeguarding referrals continue to be made within the expected range. Training is delivered at all levels and level 2 & 3 is a blended approach with e-learning and virtual delivery. All staff receive safeguarding training on joining the LAS and then undertake a three yearly refresher. Compliance for the refresher is improving but is not expected to achieve the planned target by March 2022 due to Covid-19 and increased service pressure.

In September the Trust presented on best practice at a national CQC event on sexual safety. The Trust has a clear process for responding to any allegations. Alongside the new cultural programme launched by the Trust safeguarding is refreshing its approach and launching additional material.

The LAS held its own safeguarding conference in October for 200 staff covering; youth violence, safeguarding children in care, mental capacity assessments, stalking & coercion, safeguarding & learning disabilities, female genital mutilation and the use of internet in radicalisation. This was very well received with excellent feedback from participants and NHSE who supported the event.

6.0 Quality Improvement and Learning

The Quality Improvement & Learning team continue to maintain oversight of patient safety incidents Trust wide. The team have developed processes to review 999 data to identify any

delayed cases that require further review. The review of delays is underway with a report due in December 2021.

The Quarter 2 Patient Safety Incident thematic report outlines there were 2,137 patient safety incidents reported. A total of 138 reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and against the Trusts Patient Safety Incident Response Plan (PSIRP). Of those 72 were identified as requiring an enhanced level of investigation as follows:

- 3 incidents met the National defined priority requiring an external investigation either by the CCG or by the Health Safety Investigation Branch (HSIB).
- 7 incidents met the National 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.
- 2 incidents met the local priority of Clinical Assessment of Spinal Injuries
- 2 incidents met the local priority of Call handling
- 2 incidents met the local priority of Face to Face Clinical Assessment
- 1 incident met the local priority of emergent patient safety incidents
- 53 incidents were assessed against the Trust's PSIRP and were agreed to be investigated as patient safety reviews.
- 2 incidents identified from the re-contact audit during the winter peak of COVID-19 are undergoing thematic investigations.
- The remaining 66 incidents were referred to management teams to continue with a local investigation.

The main theme was in relation to delays with 42 patient safety incidents involving either delayed attendance or a delay in 999 call answering. These are being investigated using a structured judgment review methodology.

The team are now trialing monthly manager's briefings being converted into a recorded format to allow managers to access at any time. These provide up to date information regarding PSIRF, themes in enhanced investigations, learning from closed incidents and learning from incident management.

The team continues to build Quality Improvement (QI) capability across the Trust which included delivering QI training to the newly appointed Clinical Team Managers (CTMs).

The QI team support initiatives across the Trust. A recent example included supporting a review of on scene time and resulted in a QI project on falls referrals which can take up to 12 minutes being reduced to 1 minute through a revised process.

7.0 Resilience and Specialist Assets

The NHS Act 2006 places a duty on service providers to appoint an Accountable Emergency Officer (AEO) to be responsible for discharging their duties for Emergency Preparedness, Resilience and Response (EPRR). The AEO has executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements and provides assurance to the Board that strategies, systems, training, policies and procedures are in place

to ensure an appropriate response for their organisation in the event of an incident. The CP&QO has now taken on the role of AEO.

Annually, organisations are asked to provide an assurance return against the EPRR core standards. This was submitted recently, and the NHS London regional office held a review meeting on the 4th November 2021 with the LAS to discuss and agree a level of compliance.

For the main EPRR assurance the LAS has been assessed as substantially compliant.

For the interoperable capabilities standards the LAS has been assessed as substantially compliant.

The output of this assurance review will be shared with the audit committee. The Trust remains in a good position and has an action plan in place for all areas identified.

8.0 Leadership

During September and October the CP&QO has spent four days working in primary care to further develop an understanding of the Urgent Care practitioner programme. During the month the CP&QO worked clinically at the London Marathon and an ambulance shift with the regional medical director, providing an opportunity to interact with front-line clinicians. Support was provided to the LAS safeguarding conference and also the presentation of national awards for the College of Paramedics.



PUBLIC BOARD OF DIRECTORS MEETING

Report of the Chief Medical Officer

The Trust has seen a significant and sustained increase in patient demand for 111/Integrated Urgent Care, 999 Operations and Ambulance services since May 2021. On 17th June 2021 we moved to level 4 (Extreme Pressure) of the Trust Resource Escalation Action Plan (REAP) and have remained at this level since. It is essential that, when demand exceeds resources, clinically supported and well governed decisions are made to ensure the sickest and most seriously injured patients are prioritised for an ambulance response. Equally important is that we continue to work as part of the wider urgent and emergency care system to co-design pathways, which ensure our patients are receiving the right care in the right place.

Strategic and Transformation development

Significant progress has been made with the implementation of the Clinical Strategy 2016/17 – 2022/23 (refresh 2019) including:

- Development of our integrated clinical assessment and triage service sitting behind both 111 and 999 across London, which has expanded the range of methods for patients to get in touch with us.
- Leading the integration of access to Urgent and Emergency Care by managing 4 out of 5 London regions 111 service and have moved away from a traditional ambulance service to a mobile provider of urgent and emergency care.
- Implemented a range of specialist resources for specific patient groups including Urgent Care (Advanced Paramedic Practitioners – Urgent Care), Primary Care Paramedics, Mental Health, Maternity and Palliative and End of Life. Whilst continuing to ensure those most critically ill and injured receive the right resources and conveyed to specialist centres for treatment as quickly as possible.
- Using our insight as the only pan-London NHS provider, to play an increasingly pivotal role in the development of urgent and emergency care services across London working with our system wide partners.

The 5-year clinical strategy had 141 deliverables of which, despite the Pandemic, 73 actions have been delivered. 43 objectives are on track for delivery most of which are now being monitored to delivery through the Right Care Right Place (RCRP) programme. A decision was made to defer the actions relating to public health promotion. During the Pandemic London Ambulance Service has continued to support all the public and clinical messaging in interactions with patients and via social media – the deliverables relating Public Health, which have been delayed during the Pandemic, will be reviewed in 2022 as wider public health messaging re-starts. With over 2.5 million contacts per year, we have a huge opportunity to support Public Health awareness including health promotion and advice. The RCRP programme, represents an opportunity to further develop and improve the care that Londoners receive, and the settings in which they receive it.

Clinical Digital Transformation

The work of the OneLondon regional team (that includes the LAS) has been recognised at the Health Service Journal (HSJ) Value Awards winning the digital innovation category. This award recognises the Health Secretary's NHS digital programme to fast track digital and technological transformation to make patient information more accessible.

LAS celebrated the 1 year anniversary of the electronic Patient Care Record (ePCR) on the 25th August 2021 – to date we have over 600,000 records which would previously have been recorded on paper. We continue to see 94% of patient records completed electronically with the patients NHS number recorded in 84% of patients.

Access to Coordinate my Care (CmC) records for individual patients are essential to enable the best care for the patient and the ability to access these through Special Care Records (SCRa) will further enable.

System-Wide Collaboration

Developing improved models of care

A significant amount of work is continuing to ensure that expected increases in demand for emergency care does not, where possible, impact on the delivery of the elective pathways for the many patients who have had their care delayed. 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. The patient's transfer of care experience should be considered a key component of developing streamlined pathways.

Further progress is being made on the development of the Same Day Emergency Care (SDEC) pathways which have been co-designed with partners across London for ‘Hear & Treat’ (Clinical Hub, 111 Clinical Assessment Service) and ‘See & Treat’ (clinicians based on ambulances). SDEC utilises a multi-disciplinary approach to assess, treat and discharge patients with appropriate follow up on the same day. This provides an alternative to Emergency Department attendance and hospital admission by removing delays for patients requiring further investigation or treatment and improving patient experience by reducing the number of clinical contacts. It will also help reduce the risk of nosocomial infection. LAS senior clinicians have been involved in the development of the SDEC pathways which have been ratified at the NHSE London Clinical Advisory Group (CAG) and approved for implementation by the London Ambulance Service CAG. The Clinical Directorate is overseeing the guidance for LAS clinicians to ensure there is clarity about the referrals into SDEC and will be closely monitoring the pathway use to understand their efficiency and effectiveness for treating patients across London. New medical and surgical SDEC pathways are being opened in North East and South East London.

Alternative Care Pathways

Additional work is on-going to co-design more clinical pathways for patients across London to ensure they receive the right care in the right place – these include an early pregnancy pathway in South East London and a paediatric referral unit in South West London. LAS has assumed the responsibility for the South West London 111*5 calls – this enables frontline clinicians to refer a patient in for a consultation with a General Practitioner in the Integrated Urgent Care.

Care home residents are amongst the ‘frailtest frail’ and require person-centred care, with a balance of supportive, curative, rehabilitative and palliative elements, carefully weighing benefits and burdens in their own unique circumstances. Despite a range of existing care home support schemes, 853/1183 (72%) of London Ambulance Service (LAS) call outs in North Central London in quarters 2 & 3 2021 led to acute hospital conveyance; around 80% of ambulance conveyances for older people result in admission. Despite the growing efforts to embed frailty attuned care in hospital based urgent care pathways, outcomes from acute hospital admission remain poor for older people living with frailty. Three quarters of those discharged following even short admissions have one or more adverse outcomes within 90 days and of the severely frail, mortality is 50% at one year. Alternatives to acute care, such as virtual wards (or Hospital at Home) can offer better outcomes than acute care, including reductions in delirium. In collaboration with London Ambulance Service north central London

has designed a whole system frailty pathway 'Silver Pathway' – this enables a pre-conveyance clinical discussion between LAS paramedics and a consultant geriatrician accessed via a single telephone number to support decision-making around admission and exploring safer alternatives (e.g. rapid response treatment at home).

The Urgent Crisis Response (UCR) appropriate care pathway (ACP), which has now been implemented across an increasing number of providers, has been designed to reduce the health inequalities in the local population by increasing access to care for patients where the emergency departments or 999 services may not best meet their needs. These 2-hour crisis response services accept referrals from NHS111 and 999 and provide assessment, treatment and support to patients in their usual place of residence who are experiencing a health or social care needs and who might otherwise be admitted to hospital. London is the first region to have an urgent crisis response team in all areas and we are working collaboratively to ensure we utilise the option for all appropriate patients.

Patient Outcomes

The COVID-19 pandemic highlighted the crucial role of NHS Ambulance Trusts to attend to a patient and deliver unplanned urgent and emergency care to end of life care patients in crisis. Palliative and End of Life Care is a relatively new clinical area for the paramedic profession and through the specialist team within LAS, led by a Consultant Nurse, additional training and support is being delivered to frontline clinicians including managers, students and volunteers. Despite the increased demand LAS has experienced the sickest patients are continuing to receive a fast response. In August 2021 937 patients in cardiac arrest were attended by LAS – 350 patients had resuscitation commenced. Where the patient had a presenting rhythm of Ventricular Fibrillation and Ventricular Tachycardia defibrillation occurred within 2 minutes and 32% of the total cardiac arrest patients gained and sustained return of spontaneous circulation to hospital.

In August 2021 data showed that patients presenting with an ~~the~~ ST elevation myocardial infarction (heart attack) received an ambulance response within 33 minutes of their 999 call and were at hospital in an average of 89 minutes. 99% of patients were conveyed to an appropriate destination. The target time from call to angiography target is 130 minutes so an arrival time of 89 minutes allows time for the hospital to undertake the clinical procedures within the timeframe – focused work is underway by the Senior Clinical Leads in each ICS. The stroke data for August 2021 shows that the average 999 call to ambulance on scene time for a stroke patient was 37 minutes, and those patients who were identified as having time

critical symptoms were in hospital in an average of 77 minutes – well within the London target time for thrombolysis of 4.5 hours.

Regional and National Audit and Research

In late September we published our Clinical Audit Report for 2019-21 which, as well as summarising all of the Trust's clinical audit project work over the last two years, was able to report:

- Increased clinical audit participation by clinical staff across the Trust, with over 130 staff undertaking clinical audit activity
- 4,227 clinical staff received training in Evidence Based Practice and 637 staff received bespoke training in various areas of clinical audit relevant to their roles
- We facilitated 5,237 feedback sessions to frontline clinicians
- 631 clinicians and 187 Emergency Medical Dispatchers received letters informing them of the survival of a cardiac arrest patient that they helped resuscitate.

As a direct result of our Sickle Cell Clinical Audit Report, JRCALC have agreed to clarify the preferred route of administration of morphine in their Sickle Cell Guideline, and as a direct result of our Maternity Emergencies Clinical Audit JRCALC have clarified the gestation that should be counted as eclampsia and this has now been published in their online guidance.

The ARREST Trial since restarting the trial in September (following suspension during the pandemic) have enrolled 16 patients, bringing the total number of patients recruited into the trial to 653. This study will help paramedics and doctors decide the best treatment for patients who have a cardiac arrest outside of hospital. The CRASH4 pilot study, a randomised, double-blind, placebo-controlled trial of administration of tranexamic acid in mild to moderate head injury has expanded to include the Deptford Complex (in addition to Wimbledon Complex). We have enrolled 8 patients into this trial to date. We continue to participate in an Urgent Public Health study (the PRINCIPLE trial) examining interventions against COVID-19 in older people.

Infection Prevention and Control (IPC)

It sets out the procedure for managing incidents and outbreaks of infections, in addition to ensuring staff are aware of the actions and precautions required to minimise the risk of epidemics or incidents occurring. This procedure also provides a framework for the identification and control of outbreaks within LAS healthcare premises. The Internal Outbreak Management Procedure will assist in staff health and well-being and the safety of our patients across London.

Group stations are progressing well towards their updated, annual hand hygiene submission targets. Audit compliance for July was reported as 96%, well above the Trust threshold of 90%.



PUBLIC BOARD OF DIRECTORS MEETING

Report of the Interim Director of Corporate Affairs

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

This report summarises the Directorate activity referencing the Integrated Performance Report (IPR) for the September 2021 reporting period.

1. PATIENT EXPERIENCE

Complaints

Page 32 of the Integrated Performance Report shows the rate of complaints have incrementally risen since early 2021. This is to be expected as the operational activity for 111 and 999 calls have increased and not reduced to pre-covid activity.

The top 3 reasons have remained the same as September 2020 for conduct, delay and road handling, apart from road handling which has been replaced by non-conveyance.

The Patient Experience Department continue to work with the Ombudsman to maintain the pilot for the NHS complaint standards.

The Chief Executive Officer reviews all of the responses, and signs every formal complaint the Trust receives.

2. HEALTH, SAFETY & SECURITY

2.1 Musculoskeletal (MSK) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents

The numbers shown on page 29 of the Integrated Performance Pack (IGP) show positive reporting of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents to the Health and Safety Executive (HSE). However, the report for September shows that a number of staff injure their back whilst moving and lifting a patient in their home, whilst using the carry chair.

There is an MSK action plan which has been updated, and the Trust is working on reducing the number of RIDDOR reportable incidents through staff training and education, and with the proposed implementation of new equipment, for example self-loading stretchers, and power tracked carry chairs.

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. By law it is required for employers, as well as people who are self-employed and people who are in control of a premises, to report specified incidents in the workplace.

There are seven different categories of RIDDOR, and these are: deaths, specified injuries, over seven day injuries, injuries to people not at work, some work-related diseases, dangerous occurrences and gas incidents.

2.2 PHYSICAL ASSAULTS ON STAFF

The numbers of physical assaults against staff are shown on pages 30 and 31 of the IGP.

A total of 298 physical assaults have been reported between April and September 2021, with 50% (139) of those reported as a no harm/near miss incident, 47% (139) of harm incidents reported as low harm, and 3% (10) were reported as moderate harm.

55% of the physical assaults were caused by the patient suffering clinical factors, for example mental health and psychological disorders with 89 and 41 incidents respectively.

45% of the assaults were classed as non-clinical assaults, for example alcohol (92) and drug (41) related of the 298 cases.

26 of the 298 reported physical assaults were caused by others, e.g. family members of the patient, and by-standers.

The Chief Executive Officer and Trust Board has zero tolerance against those who intentionally assault its staff and volunteers. To support assaulted crews, a Violence Reduction Unit (VRU) was set up which includes two Violence Reduction Officers (VROs) seconded from front line operations for 16 hours per week.

The LAS Violence Reduction Unit works closely with the Metropolitan Police Service (MPS) as part of Operation Hampshire (an MPS initiative shared with the LAS as part of blue-light collaboration) and Operation Cavell (a joint approach between MPS, NHS organisations in London and the CPS). The aim of both groups is to address assaults on emergency workers.

On 25 November the Trust submitted its self-assessment of the NHS England / Improvement (NHSE/I) Violence Prevention and Reduction Standard (VPRS). All ambulance trusts are required to self-assess compliance against the standard.

After a review of the self-assessment the Executive Team also agreed:

- A substantive whole time VRO role to replace the two seconded roles, this role supports the LAS in meeting their obligations in relation to the Assaults on Emergency Workers (Offences) Act 2018.
- To establish Local Violence Reduction Champions (LVRCs) within each Sector to support staff locally and work with the VRO.
- To support the establishment of a Violence Reduction Group.
- Short term support to complete some of the actions on the VPRS self-assessment tool, in particular data collection and report production.

- To support the draft VPRS overarching Violence Reduction Strategy and Plan to completion, through the Corporate Health Safety & Wellbeing Committee, the Quality Oversight Committee and People & Culture Committee reporting back to the Executive Committee and Trust Board.

Definitions of Harm:

No harm - Any incident that had the potential to cause harm but was prevented or occurred but resulted in no harm.

Low - Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm.

Moderate - Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm.

Severe - Any unexpected or unintended incident that appears to have resulted in permanent harm.

Death - Any unexpected or unintended incident that directly resulted in the death of one or more persons.

3. LEGAL SERVICES

Two Regulation 28 Preventing Future Death (PFDs) reports have been issued to the Trust by the Coroners, in September and November 2021. The Trust is taking actions to ensure learning has taken place.

Following communications with the Coroner Courts, the Legal team have seen a reduction of the number of staff being requested to give witness statements in person, with more records and statements being read in received and read in Court.

4. INFORMATION GOVERNANCE

Compliance for the Data Security Protection Toolkit (DSPT) remains on track for the technical assertions, and regular reports and assurance is provided through the committee structure to the Audit Committee.

Six Information Governance policies have been reviewed and approved through the Information Governance Group.

Senior Information Risk Owner (SIRO) refresher training has been undertaken by the Director of Corporate Services, and the Chief Information Officer in September 2021.

5. CORPORATE GOVERNANCE

- 5.1 Recent changes to Non-Executive Directors and the Executive leadership team have resulted in the review of the Board and Board Assurance Committee membership and attendance.

Discussions have taken place with respective committee chairs regarding the membership and attendance, followed by consideration by the Executive

Committee who support the proposed changes as shown in the Chief Executives report.

- 5.2 A review of the Trust's committee structure and governance arrangements is underway, and the final report and associated proposals will be ready in December 2021.
- 5.3 Another piece of work is ongoing around the refresh of the current Board Assurance Framework to ensure the format and content clearly describes the risks to achieving our strategic goals, what we are doing about them, with the proposed outputs presented to the Board in December for their consideration.



Assurance report: **Quality Assurance Committee**

Date: **30/11/2021**

Summary report to: **Trust Board**

Date of meeting: **09/11/2021**

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:

Board Assurance Framework

Members considered the risks presented and recognised that prolonged operational pressure and increased activity was not included on the BAF other than in BAF 61, Covid impact. It was recognised that the current increased activity was not directly and solely related to the impact of Covid-19.

Following discussion members proposed that an additional BAF risk was drafted and articulated to reflect the sustained operational pressures that the Trust is experiencing. The score of the risk was considered and members concluded that a score of 20 would be appropriate (5x4).

Other matters considered:

Right Care Right Place

RCRP is one of the 6 programmes under the Transformation Board and reports, for assurance purposes, to the Quality Assurance Committee. A presentation was received from the Chief Medical Officer who explained that the programme had been integrated in the Winter Plan.

The 10% increased demand had put pressure on response times. Category 1 response remains good and Cat 2 I now improving. The quality of care and consideration of other pathways continues for Cat 3 and 4.

An operational circuit break day was held on 8 November 2021 noting the actions piloted, which included the adjustment of postcode catchment areas which had reduced hospital handovers by 5 minutes and assisted with easing the pressure on some Hospitals.

Delays – maintaining patient safety

The Trust has continued at level 4 (Extreme Pressure) of the Trust Resource Escalation Action Plan (REAP) since 17 June 2021.

Through this time the oversight of patient safety by both operational and corporate levels has been amplified and measures were discussed including strengthening the clinical leadership made available through the

24/7 on-call structures and an Incident and Risk Hub that interrogates the Trust incident reporting and learning system to identify emerging themes that may require immediate intervention.

LAS is an early adopter for the new Patient Safety Incident Response Framework. This was introduced to the Trust on 1 April 2021 which enables the use of thematic based intelligence to develop quality improvement plans, share learning and improve patient care and safety.

Structured Judgement Reviews (SJR) have been introduced in order to ensure consistent and robust oversight of calls where a significant delay was experienced that may have led to harm.

Quality Report

The Committee received the Quality report which contained September 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 between June and September 2021. The paper provided information in respect of 27 Serious Incident Investigations and reviews completed in the period.

Medical Devices

The committee received an update with considerable progress being made, so that there is a lower need for support from GSSt.

650 life pack 15s have been serviced and maintained and 100 are quarantined awaiting service.

The next phase of 'Go-Live' will involve RFID tagging of each piece of equipment to track and locate each device.

The work should shortly enable MHRA compliance and a review and lowering of the BAF risk is expected in December.

Immunisations and Vaccines

Updates were received on C-19 and flu vaccination.

The recent mandate for front-line staff to receive the Covid vaccination had been received, but details are awaited. Work will need to understand the impact on the workforce.

Occupational Health Tender

The committee received an update on the tender

Reports

The committee received reports and discussed :-

- The Clinical Audit Research Annual Report
- Controlled Drugs Accountable Officer Report
- Responsible Officer Report

Board Assurance Framework

Members considered the risks presented and recognised that prolonged operational pressure and increased activity was not included on the BAF other than in BAF 61, Covid impact. It was recognised that the current increased activity was not directly and solely related to the impact of Covid-19.

Following discussion members proposed that an additional BAF risk was drafted and articulated to reflect the sustained operational pressures that the Trust is experiencing. The score of the risk was considered and members concluded that a score of 20 would be appropriate (5x4).

Safeguarding Concerns

A private discussion was held regarding safeguarding allegations received against staff members. Close working with the Local Authority Designated Officers (LADO) was noted and commended.

Key decisions made / actions identified:

- Quarterly Reports from the Learning from Deaths framework would be considered by the committee.
- The impact of the mandatory coronavirus vaccination on workforce would be considered.

Risks:

- The Medical Device Risk score would be reviewed once actions had been reviewed and it is expected that the new measures will allow MHRA compliance
- As above, the sustained pressure on the service should be considered as a separate risk with high score. The executive were asked to draft an item for Board discussion.

Assurance:

- The Controlled Drugs AO report demonstrates improved services within the medicines packing unit (MPU). This will allow the service to be offered to other users.
- The Safeguarding work on staff allegations with improving process provides strong assurance of due action to protect staff and patients.



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

1. Executive Summary

Culture Transformation – A series of workshops facilitated by A Kind Life will commence in November 2021 with the aim of improving the culture within the London Ambulance Service (LAS). The workshops and transformation programme have been proven successful in other NHS trusts.

Covid-19 Vaccinations - The proportion of LAS staff vaccinated against Covid-19 is now 91% for first doses, 87% for second doses and 60% have received their booster. Work is in progress to establish how the recent Government announcement mandating the vaccine for NHS staff with patient contact will be implemented within the Trust, working with both national and regional teams. The internal Trust flu programme is now underway with more than 40% of colleagues having received their vaccination.

2. Culture Transformation

The Trust is working with A Kind Life, an organisation which specialises in cultural change in NHS organisations, to improve the working lives of our colleagues. The objective is for the Trust to create a consistently great experience working here, then our patients' experience, safety and outcomes will also improve. This will be achieved through running a series of workshops, to discuss what makes a good day and what makes a bad day at work, as well as practicing supporting and compassionate methods of giving positive and negative feedback. A pilot session took place on 16th November, over 50 staff participated and gave feedback to A Kind Life to better tailor the sessions to the organisation.

The positive behaviours staff want to see more of and the poor behaviours staff want to see less of will be used in the co-creation of the culture we want the organisation to have. This feedback will be incorporated into work streams such as 'Recruit for Values' and 'Appraise with Values' which will embed the cultural change into the organisation.

A challenge the programme faces is to get front line staff to attend without having an adverse impact on frontline operations. As of 19th November 2021 575, out of 2000 workshop places have been booked. Promotion of the workshops will continue and will include testimonials from staff that attended the Pilot. The first workshop starts on 23rd November 2021.

3. P&C Operations

Recruitment

LAS has a sustained drive and focus on workforce recruitment to ensure we are resilient to increased demand and population change to ensure we can be there for our patients when they need us. We are currently implementing the most ambitious workforce programme in our history, which includes raising the frontline ambulance workforce by 400 whole time equivalents and increasing the number of call handlers in our 111 centres in North East London and South East London.

Frontline new starters are 69 FTE behind plan to September 2021 and if all remaining course places are filled, Ambulance Ops will close the year between 61FTE and 74FTE below

establishment, depending on fill rates which are currently at 93% for Paramedics and 80% for non-registrants. 144 UK Graduates have been recruited to date and in September we received 165 applications from international paramedics, 84 of whom have been scheduled for interview in November. 8 candidates recruited by MSI (our International Recruitment Partner) from South Africa and Namibia have been offered positions, three of which have been booked onto the November course. We have also seen a positive response to MSI's marketing campaigns and we are starting to see more interest from candidates directly applying to the Trust from Singapore, Nigeria, UAE and India. Internal TEAC recruitment remains positive with 239 applications received from the August advert. 93 offers have been made to date and recruitment are working in partnership with the Trust's Culture, Diversity and Inclusion team to improve the diversity of applications for the TEAC role.

The overall vacancy rate has increased during Quarter 1 and Quarter 2 due to the establishment increases in Ambulance Operations (+200fte) and is currently at 7%. EOC call handling recruitment has been positive this year and we are currently ramping up our plans to recruit an additional 100 call handlers (above our original plan) to support demand. Whilst CHUB staffing levels have improved in September, they remain heavily reliant on secondments, with c. 50% of Clinical Advisors coming from Operations. Focus on substantive recruitment to ensure a sustainable staffing position and there is rolling Clinical Advisor recruitment in place.

111 call handling recruitment has been very positive this year and we have doubled the number of call handlers across North East and South East London. We have a healthy pipeline of candidates and continue to recruit into these roles. Course fill rates remain positive at 83% and we are on track to be fully established by December. We are also recruiting into our Clinical Assessment Unit (UCAS) and are recruiting paramedic and nursing candidates for our Senior Clinical Advisor and Advanced Practitioner roles. In total there were 106 starters in September. 22% were from a BAME background covering roles in 111, 999 and Ambulance Services.

Retention

The turnover rate has remained broadly stable and stability remains above 90%. Whilst the number of frontline leavers remains positively below plan the level of International Paramedics leavers is tracking above forecast and therefore efforts are focused on the 'quick wins' identified from the recent international paramedic survey and focus groups. With the recent lifting of travel restrictions, our Retention Manager has been leading on plans to support all staff to visit their families overseas with extended periods of annual leave and a flight loan which staff can apply for. Additionally, work is on-going to streamline the process for bursary funding, reviewing shared relief bags and looking to at opportunities to standardise secondment and development opportunities across all Groups and social events.

In total there were 69 leavers in September and 28% were from a BAME background.

Staff Absences

The monthly Trust wide sickness has remained at 8%. We have seen a reduction in episodes of anxiety/stress/depression (240 to 205), back problems (113 to 98), injury/fracture (167 to 156) and gastrointestinal problems (289 to 169). P&C teams are now reviewing the MAP trigger reports to support managers to reduce their absence and Sickness Management Training sessions have been organised for November and December. PAM have now added two additional Occupational Health Advisors to reduce waiting times from referral to appointment. As part of the OH tender, we are considering the option of an external sickness

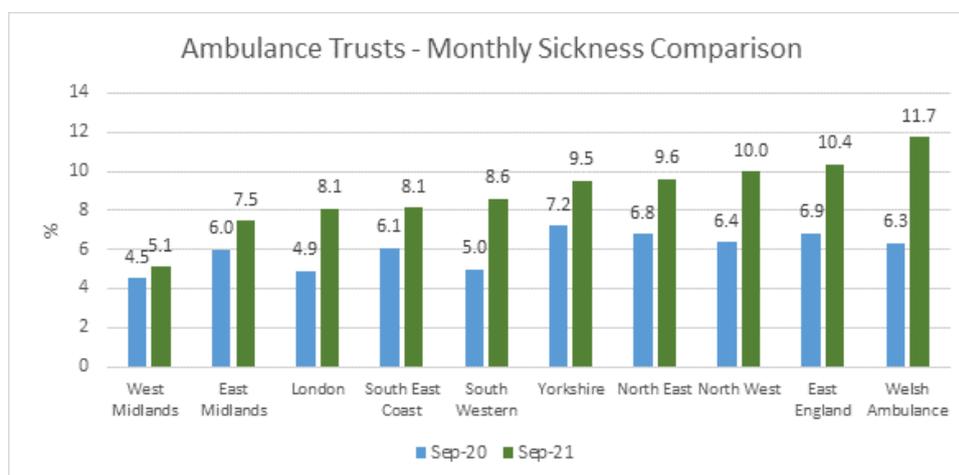
management reporting service. Over 1,600 LAS colleagues have now recorded their Covid-19 booster and the Trust flu programme is underway with vaccines distributed to management teams in sector.

Figure 1 – General sickness rates in comparison to COVID19 sickness

	January	February	March	April	May	June	July	August	Sept
	2021	2021	2021	2021	2021	2021	2021	2021	2021
Trust wide sickness rate	9.4%	6.7%	6.0%	6.4%	6.7%	6.6%	7.3%	8.3%	8.2%
Covid sickness	4.6%	2.0%	1.3%	0.9%	0.7%	0.5%	0.7%	0.9%	1.0%
Non-Covid sickness	4.8%	4.7%	4.7%	5.5%	6.0%	6.1%	6.6%	7.4%	7.2%

There has been some recent benchmarking of sickness data across Ambulance Trusts. All Trusts have seen an increase in their sickness rates compared with the position 12 months ago, the average increase being 2.9% (compared with 3.2%) at the LAS. Figure 2 below gives a breakdown of all Ambulance Trusts from lowest to highest – the LAS is joint third lowest out of the ten Trusts.

Figure 2 – Sickness rate in comparison with other Ambulance Trusts



Statutory Mandatory Training/Personal Development Reviews (Appraisals)

As at 30th September 2021, the overall statutory and mandatory training completed is slightly below the 85% target, at 81%. The REAP 4 pressure levels continue to affect performance in September for Stat and Mand training (which has remained stable but below target).

PDR compliance, based on a rolling 12-month period, has decreased in September from 64% to 59%. 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.

Workforce Analytics

Digital Workforce Programme - ESR Manager Self Service was launched on 31st August to all Trust managers and to date over 80% of managers have logged in and viewed their team's data. We have hosted seven drop-in sessions covering PDR Appraisals and Learning Management with a positive attendance of over 200 managers.

Employee Relations Tracker Dashboard – the Employee Relations Tracker Project was established within the Digital Workforce Programme following the introduction of the Resolution Framework. The project included streamlining of nine case types and the development of employee relations reporting. From this the Employee Relations Dashboard has been developed and data is now available at different organisation levels with a monthly and rolling 12-month view and split by category (Resolution Framework, Employee Relations, Sickness, Employment Tribunals). A draft version of the dashboard has been presented to the Executive Team, Staff side and P&C colleagues and is due to be launched at the beginning of December to Trust Managers. This data will be included as part of Operational Performance management (OPM) reporting and additionally, the development of an Equality, Diversity and Inclusion Employee Relations Dashboard (in partnership with the CDI team) is also in progress.

4. Health and Wellbeing

The Trust is imminently launching a full tender process for a new OH contract from July 2022, after a period of consultation and engagement with internal stakeholders. Although various partnership options were explored, the timelines did not match up in order to meet the needs of the Trust. Recruitment to an expanded LAS Wellbeing team is underway, with the team growing from just four to eleven over the coming months. These new posts will be able to support the Trust wide implementation of wellbeing projects, oversee existing initiatives and work closely with local management teams to minimise issues such as sickness due to stress or MSK injuries. The Trust has been given a significant amount of money to be spent by the end of the financial year for wellbeing activities both by NHSE and NWL, most of which will be allocated to the development of the Trust peer support network LINC, training for staff and managers in Mental Health, improved healthy spaces and our tea truck provision at hospital.

The LAS wellbeing Hub continues to receive more than 500 contacts per month with the majority still queries related to covid and adherence to the guidance for close contacts. Other FAQs to the Hub include financial support, OH advice and mental health guidance. The Hub are actively promoting the various mental health support options available to all staff and volunteers including the LINC support network and Keeping well NWL counselling service. In order to meet the needs of colleagues in acute mental health crisis or who have complex mental health needs, the Trust has also retained the services of two trauma psychotherapists on an ad hoc basis. This is in response to feedback from both our OH provider and colleagues.

Additional wellbeing funding from both NHSE and NWL will allow the Trust Psychotherapist to expand the current peer support network via the provision of specialist residential training and will include TRiM (trauma risk incident management) courses for senior members of the network. Funding has also been allocated for additional Mental Health First Aid training which will also have a “train the trainer” element in order to maximise the investment. There is further money for manager training in menopause support, supervision and reflective spaces and for the continuation of Schwartz rounds. All of the Trust mental health programmes are in alignment with the AACE suicide prevention work.

The remainder of the funding will be spent on increasing tea truck provision over the winter months and ensuring that the control rooms and call centres have hot drinks and healthy

snacks. There are currently seven tea trucks in operation and this money will ensure that they are sufficiently stocked with consumables when they visit the busiest hospitals across London where ambulances are queuing. There is also a small amount of money for improving wellbeing facilities on stations and wellbeing spaces in our estate.

The specification documents for the new OH contract from July 2022 are now complete and have been put out to advert by procurement colleagues. The advert will be open for a period of three to four weeks after which time all bids will be reviewed by a diverse panel of colleagues representing different roles, grades and directorates with a view to an award in early spring. Although partnership options with various external agencies were considered, none aligned with the preferred timeline of the Trust, although partnership working remains an attractive proposition for future tenders.

All LAS staff are now able to receive their covid booster if they are more than 6 months from their second dose. So far more than 60% of colleagues have received their booster, which is easily bookable via the National Booking System. At present, more than 91% of colleagues have had their first vaccination and 87% have had their second. A national group comprising of the English Ambulance Services has been meeting for several months in order to establish a process that addresses the potential mandating of the Covid-19 vaccination, which will move on to definitive pathway now the Government has confirmed this for NHS staff with patient contact.

The Trust internal Flu programme has been more challenged this year due to capacity at REAP 4 for both vaccinators and staff and volunteers to get vaccinated. Despite this, over 40% of substantive colleagues have been vaccinated, with higher proportions in patient facing roles, and currently sit at 14th place of the 36 London Trusts. The LAS flu/covid vaccination team have been working hard to maximise opportunities to utilise restricted duties staff and offering targeted overtime to cover areas of lower uptake or where teams are finding it is more challenging to vaccinate.

A support group for members of staff who have been affected by cancer has been launched by the Wellbeing Team. It currently has around 25 members and meets on a fortnightly basis. The aims of the support group are to provide a safe and open space for members of the LAS staff diagnosed with cancer themselves or supporting members of family living with cancer; to provide a space where they can openly talk about their experiences and what support could be provided by their management teams; and to refer colleagues to appropriate support networks outside of the LAS as and when necessary. The Group is planning to organise talks by specialists from cancer support organisations.

5. Talent Management and Organisational Development

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

Ofsted Inspection of LAS direct-delivered Apprenticeship programme: Preparation for the Ofsted inspection continues. The team has been working with the CE&S department on new strategies to get certain apprentices back on track with their programme. Also work has started with the communications team on directing key messages out to the specific staff members that are likely to be interviewed. Inspectors will look at the delivery of the programme and the organisational support provided to the apprentices (TEACs), via observations and interviews with staff at various levels. The week-long visit will conclude with Ofsted grading LAS with a rating and publication of their findings.

Engaging Leader Programme: The new revised version of the Engaging Leader programme is due to go live in January 2022. The new programme – in partnership with NHS Elect and colleagues from the CDI Team - will be open to all line managers across Bands 4 to 7.

CTN Development: A new programme called *Enabling Talent* also starts in January 2022. The programme promotes mentoring and supporting the development of CTNs across the service through tapping into talent within the service who are volunteering their time to pay it forward and help develop LAS' future talent.

Being Manager Smart workshops: Working alongside our Directorate and Health & Safety colleagues, the LEaP team is designing and delivering a series of bite-sized (90-minute) *Being Manager Smart* webinars/workshops on the themes of: *Keeping Our Workforce Well* (managing attendance); *The Stress Toolkit*; and *Understanding our Resolution Framework*.

4. Culture, Diversity & Inclusion

2021 Staff Survey

The 2021 Staff Survey was launched on 20th September. A unique link was sent to all permanent staff working for the LAS. NHS England has taken the decision to exclude bank and agency colleagues, contractors and volunteers. This group of staff work in more than one NHS trust and this cannot be reflected in the results.

In order to encourage participation, we are offering an incentive bonus for Group Stations and Directorates who reach the 70% threshold that can be used to make improvements responding to issues raised in the survey. A range of communications channels have also been utilised including LAS TV Live, the Listening into Action Facebook page, the CEO weekly email message, plasma screens and email reminders from Picker to those who have not yet completed the survey. We have reinvigorated our Staff Survey Champions by holding our first Staff Survey Engagement Group meeting, including champions, staff side representatives and Culture Diversity Inclusion team members.

At the end of Week 8 on 15th November 2021, 55% of colleagues (3618 individuals) have responded to the survey, this is significantly higher than the average response rate for ambulance trusts nationally. The survey field work period closes after ten weeks, on Friday 26th November. The survey results will be made available to the Trust in early 2022.

Clinical Team Manager (CTM) Recruitment

The Culture Diversity and Inclusion (CDI) and LEaP teams worked with operational colleagues in a CTM recruitment campaign to ensure inclusive recruitment. The aim was to ensure the process was as inclusive as possible to encourage people to apply that previously may not have. This included Q&A sessions for potential applicants where operational managers including current CTMs could talk about the role and how to apply as well as sessions to help applicants with interview skills and getting their continuing professional development portfolios up to date.

The LEaP team held an induction programme in October for the new cohort of CTMs joining the service through the delivery of both virtual and face to face sessions covering a range of topics; inclusive leadership, resolution framework, talent management and leading successful teams. A review of the induction process is underway to ensure we continue to support the develop both new and existing CTMs across the LAS.

Figure 3 – Shows the total applicants that applied, shortlisted and successful

Total Applicants	116
Shortlisted	112
Successful	31

Figure 4 - Shows the demographic breakdown of CTM applicants by gender, disability and ethnicity.

Stage	Gender		Disability Status			Ethnicity		
	Female	Male	Disabled	Non-disabled	Disability not disclosed	BAME	White	Ethnicity not disclosed
All Applicants	36%	64%	5%	93%	2%	14%	85%	1%
Shortlisted	37%	63%	5%	93%	2%	13%	86%	1%
Successful	52%	48%	10%	87%	3%	13% *	87%	0%

CTM Equality, Diversity and Inclusion (EDI) training module

As part of the training course for the new CTMs, the CDI and LEaP teams facilitated a half day EDI module. This involved group discussion and role play of situations CTMs may encounter in the course of their duties while leading staff. The team received some fantastic feedback from attendees commenting on how useful and engaging they found the sessions, and recommending them for all staff. Some examples:

- “Absolutely fantastic talk, altered my perspective (and I thought I was 'woke'). I really hope that the LAS can keep up the momentum in this direction, that will be the biggest challenge.”
- “I enjoyed how the session was interactive and found the discussions insightful. I feel that this session would be of huge benefit to every staff member to attend, although I appreciate the logistical difficulties. The team appeared to be very passionate and knowledgeable and this was conveyed in the session.”
- “The role play was a really good idea but scary. But this will help me prepare for real life scenarios. I really enjoyed the session about neurodiversity and [] real life experiences and solutions. Everyone needs this training not just CTM.”
- “Absolutely LOVED the interactive scenarios at the end of the session (despite the fact I don't particularly enjoy acting). It was so, so beneficial, and prompted some really good discussion points. Would highly recommend this session for all CTMs/ management staff! Thank you! The only reason I put 'Very clear' and not 'Extremely clear' for question 8 is because I'd loved for the session to have gone on for longer (not often I say this!).”

The team is using this feedback to support the creation of a similar session for newly appointed Clinical Team Navigators in the Integrated Urgent and Emergency Care Directorate this month.

Menopause Support Group

Work has been undertaken to increase the support on offer to colleagues going through the menopause or andropause. The Menopause Support Group now has a membership of 61 colleagues. It has been split into a Support Group for those experiencing or who have experienced the menopause, and a Working Group to plan actions that managers can take to support their staff going through it.

To mark Menopause Awareness Month, staff wrote about their experiences of the menopause for an article on the staff intranet, the Support Group was publicised and a guidance document for managers was released.

After the success of the previous NHSE workshops members of the CDI team were invited to present another session on the menopause for NHSE as part of a series of webinars to support the retention of allied health professionals. The webinar had over 1000 attendees.

Staff Networks

The LAS B-ME Network marked Black History Month in October by inviting staff from across the Trust to make pledges to promote a more inclusive culture in the LAS. Black History Month was promoted across the Trusts communications channels and CEO Daniel Elkeles hosted our first book club, where participants discussed the book 'Why I'm No Longer Talking to White People about Race' by Reni Eddo-Lodge and reflected on their own lived experiences.

To coincide with the start of Disability History Month the EnAbleD Staff Network Group officially launched on the 18th of November 2021. The group aims to support staff and volunteers who have disabilities and their allies, as well as influencing LAS policies and procedures that impact this group of colleagues. The month will be marked with events run by the Network, and partners such as NHS Employers, Purple Space and the Business Disability Forum.

November also saw the launch of the Women's Staff Network group. The launch event was held virtually and was attended by women from across the Trust and their allies. The LAS Chair, Heather Lawrence, recorded a video celebrating the launch of the network, the co-chairs of the Network were announced and attendees discussed their experiences as women working in the organisation. The Network currently has over 100 members.



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 September 2021 reporting period.

The Trust continues to operate under an adjusted financial framework 2021/22 in response to the continued impact of the COVID pandemic, with contracting and commissioning suspended. The financial framework sets fixed income arrangements funded through block payments via the host NW London ICS for the year. Arrangements for the second half of the year (H2) have now been confirmed and existing block/top up arrangements will continue for H2.

The Trust has established a financial plan for 2021/22 which delivers a breakeven position at the end of March 2022.

1. Financial Position – Month 6 2021/22 (page 36)

At the end of September 2021 the Trust has:

- A reported surplus of £0.03m for the 6 months to 30 September 2021, in line with plan and breakeven at the end of September 2021 (H1).
- Identified a full year efficiency target of £9.7m (2%) and delivered £3.4m in H1.
- Spent £12.5m on capital in the first 6 months against full year forecast of £26.2m.
- a cash balance of £23.1m

Since month 6 the Trust has secured a further £10m CRL to fund the purchase of new vehicles, further controlled drugs room development and investment in digital estate. Further work is being completed by NHSE/I regional team to identify cash support for the CRL.

The Trust has secured a commitment from NWL ICS to fund the current full year forecast revenue shortfall of £14.4m and the ICS is currently working with the Trust to assure the forecast outturn.

2. Financial and Business Planning 2021/22

Following publication of H2 planning guidance and financial allocations for the remainder of 2021/22 the financial plan for the second 6 months (H2) of 2021/22 has been developed and is recommended for approval at the November Trust Board.

NWL ICS has confirmed that they will fund the forecast gap of £14.4m between income and expenditure for 2021/22 once they have assured the components of the plan i.e. demand, capacity, performance and resultant forecast expenditure. This work is ongoing. NWL ICS will expect the Trust to develop a recovery plan to return expenditure to within the system recurrent resource envelope after March 22.

The headline assumptions used to develop the forecast are as follows:

- 999 contacts demand up by 11% on 19/20 and incidents (See & Treat, See Treat & Convey, Hear & Treat) overall up by 10% but significantly more via Hear & Treat and See & Treat
- IUC/111 call volumes up by 64% and 74% NEL and SEL respectively on 19/20
- Demand modelling has been agreed by London Region as consistent with other regional modelling and acknowledges this is to deliver C1 national standard, < 40 min C2 mean and to meet 999/111 national call handling standards and resilience.
- 21/22 Cost Improvement Programme will deliver in line with original plan - £9.9m (£8m recurrent)
- The plan currently assumes a whole year income envelope of £579.5m including additional income of £14.4m as a draw down from the overall NWL system allocation.
- The capital plan includes an assumption of an additional 60 vehicles for winter and a request for derogation and business case has been considered separately by the Board on 16th November, prior to going to an extra-ordinary Ambulance Improvement and Implementation Board in the week beginning 22nd November.
- NWL ICS has identified and earmarked additional £10m CRL (total £36.2m capital plan). NHSE/I have agreed in principle to find cash backing mechanism.

The Trust has established a balanced financial plan for both revenue and capital 2021/22 on the basis of these assumptions. The deadline for the provider financial plan submission is 25th November

3. Commercial update

Commercial is forecasting delivery of c. £1.44m revenue/savings in 2021/22 (as forecast at M6). The team led development and submission of the SWL IUC bid and will support this through the presentation stage to, if successful, the point of award. Heathrow contract proposal for a 5 year term is under negotiation, as are continuing and new Primary Care Network pilots, as well as Stadia and additional London Air Ambulance pilot services. Engagement continues on international opportunities and relationships maintained with Healthcare UK, and International Healthcare organisations and Government representatives.

4. Procurement

FY 21/22 revenue savings achieved year to date of £2.1m, in addition capital savings of £162k have been achieved.

The final part of the Procurement Transformation Programme is to develop contract management capability within the Trust. A review of key contracts has been conducted which has highlighted areas of improvement.

Spend under contract continues to improve in line with anticipated targets and spend under contract has now increased to 72%, as of end of October 2021. The next Procurement spend under contract milestone is 80% by 31st March 2022. Our ability to report Trust non pay spend performance continues to improve and highlights an overall improvement trend in compliance and governance.

5. Contracts, Commissioning and Costing

The National Cost Collection/Patient Level Information & Costing submission for 20/21 has been completed. A service line reporting (SLR) model is planned to be finalised by the end of calendar year 2021 and the team is continuing to work to develop the costing model for 111/IUC.

Lorraine Bewes OBE
Chief Finance Officer
November 2021



Assurance report: **Finance and Investment Committee** **Date:** **18/11/2021**

Summary report to: **Trust Board** **Date of meeting:** **30/11/2021**
Presented by: **Bob Alexander, Chair of FIC** **Prepared by:** **Bob Alexander, Chair of FIC**

Matters for escalation:

1. Following discussion, the Committee requested the CEO report back to a future Board with a proposal for the reframing of commercial activities that recognises the clear need to focus on service developments within the NHS and existing “business as usual” trading relationships with non-NHS partners in London.
2. The Committee was advised that it would receive a business case in January 2022 in respect of the proposal for the future of the Make Ready service to review prior to onward submission to the Trust Board.
3. Following discussion, caveated agreement was given for the H2 Financial Plan (Revenue and Capital) covering the six months October 2021 to March 2022 that gave delegated authority to the Committee Chair to approve submission of said Plan in accordance with national timescales. The subsequent and formal adoption of the H2 Plan is elsewhere on the Board agenda.

Key decisions made / actions identified:

In addition to the matter of the H2 Financial Plan explained above, the Committee made the following decisions:

1. To approve the award of contract in respect of the supply of medical gases
2. To approve an increase of the Total Expenditure Envelope for the Newham Emergency Operations Centre development, recognising the importance that lessons learnt through the programme are factored into future complex business cases and the co-dependencies with other aspects of technical infrastructure improvements are identified and reported.

Risks:

The Committee discussed and noted the operational and financial risks associated with the H2 Plan and were assured by the cohesion and focus of the Executive Committee regarding its development and oversight. The Committee noted the relevant positive relationship being developed with NWL ICS.

The Committee received assurance regarding the focus now being given by the Executive Committee to the Newham EOC development with regard to implementation, risk management and co-dependencies.

Assurance:

The Committee noted the status of the work to refresh the Trust BAF and the impact it may have on its future work programme and reporting constructs.

It also noted the current discussions regarding the absorption of much of the agenda of the Logistics & Infrastructure Committee and the assurance required that all outstanding and ongoing matters have an identified sub-Board Committee "home".



Assurance Audit Committee (AC)
report:

Date: 04/11/2021

Summary report to:	Trust Board	Date of meeting:	30/11/2021
Presented by:	Rommel Pereira, Chair of AC	Prepared by:	Rommel Pereira

Matters for escalation:

Annual Report & Accounts

The Committee requested robust monitoring of the Annual Report & Accounts actions and lessons learned and that this item be included for regular consideration as part of its agenda going forward; a separate paper to the Public Board provides more details.

Other matters considered:

Internal Audit Plan

The Committee approved the internal audit plan (focused on core systems and operational risk areas) for the remainder of 21/22 and asked that BDO be provided with adequate support and executive turnaround to ensure the Head of Internal Audit can provide the required assurances for the year end.

Charitable Funds Accounts

It will be necessary to convene an extraordinary AC once the Charitable Funds annual accounts and financial statements had been reviewed by the Charitable Funds Committee, prior to AC recommending them to the January Trust Board.

Single tender waivers

The Committee noted an improving position but that a specific follow-up had identified contract management/supplier performance as a broader issue that needed addressing across the Trust. The AC requested an update on contract management disciplines at its next meeting.

Counter Fraud

The Committee recommended the Director of People & Culture as the Executive Director responsible for counter fraud, in line with NHS CFA guidance and best practice.

Key decisions made / actions identified:

See the separate paper to the Public Board on the Annual Report & Accounts.

Risks:

Board Assurance Framework

The Committee noted the ongoing work with the Good Governance Institute to refresh the BAF and asked that this include dynamic heat map reporting. As part of its forward agenda, AC requested a schedule of thematic or directorate “deep dives” that will not duplicate the work of other Committees.

It received assurance that extended membership of the Executive Committee has reduced silo working, openness and challenge to strengthen the Trust’s overall control environment.

Assurance:

Information Governance

The Committee commended a comprehensive SIRO and DSPT update, recognising that there is still much to do to achieve DSPT compliance.

EPRR

Assurance was provided that the CPQO is now the AEO with a director attending Executive Committee meetings and that recent tabletop major incident exercises had proved successful. A full update was requested for the next AC.

Internal Audit report – Recruitment & Retention

The Committee noted the previous auditor’s “Partial Assurance with improvement required” rating, asked that the results of the delayed Rostering audit be circulated out of cycle and that People & Culture Committee maintain its oversight on the significant “people” agenda to be addressed.



**Assurance LIC
report:**

Date: 11/11/2021

Summary report to: Trust Board

Date of meeting: 30/11/2021

Presented by: Sheila Doyle, LIC Chair

Prepared by: Sheila Doyle

Matters for escalation:

Draft Fleet Strategy

The committee received a draft of the Fleet Strategy & Replacement plan which requires a sustainable and planned investment to enable modernisation of our Fleet and support national net zero targets. The committee supports the immediate priority to achieve Ultra Low Emission Zone (ULEZ) compliance by October 2023.

Green Plan

The London Ambulance Service (LAS) Green Plan was reviewed. Members recommended the addition of estimated investment required to deliver the plan and an outline of the key risks and mitigations.

National 111 Platform

The committee was notified that a National 111 Telephony Platform has been mandated. The consultation process and wider clinical and operational implications are unclear. The Executive Team will work with NHS partners to clarify the current position and ensure compliance with LAS governance process.

Transformation Programmes

Work is underway to develop an integrated change management approach to support and enable the delivery of critical change projects including Computer Aided Dispatch (CAD), & Newham Emergency Operations Centre (EOC). The committee emphasised the need to integrate and align this work with the People & Culture Directorate and to ensure that the People & Culture sub-committee is briefed on emerging plans.

Other matters considered:

Estates Strategy Briefing Paper

The committee reviewed a set of emerging principles that will underpin the development of the Estates Strategy. An iterative approach to developing the strategy will be adopted, targeting Q1 2022/23 for presentation to the Trust Board.

Integrated Programme Plan

An integrated plan and key decisions to support Infrastructure Modernisation, CAD, Newham EOC and Telephony Migration was presented. Key risks and



dependencies were discussed including significant operational pressures which continue to have an impact of project timelines.

Digital Scorecard

A draft digital scorecard based on NHSx ‘what good looks like’ framework was considered. The scorecard is intended to provide visibility of LAS digital posture and progress to the Trust Board.

Key decisions made / actions identified:

The LIC will be disbanded at the end of December 2021. Sub-committee chairs will meet with the Director of Corporate Governance to ensure all outstanding actions are allocated to the appropriate sub-committee.

Risks:

Board Assurance Framework and Corporate Risks

Members reviewed an update on the latest position with the Board Assurance Framework (BAF) LIC related risks and Corporate (Trust Wide) risk register. BAF scores remain unchanged. The current BAF is being refreshed. Existing LIC related risks will be reviewed and aligned to the appropriate sub-committee.

Assurance:

The committee welcomed the progress on Fleet and Estates strategy development.



**Assurance PAG
report:**

Date: 12/11/2021

Summary report to: Trust Board

Date of meeting: 30/11/2021

Presented by: Sheila Doyle, PAG Chair

Prepared by: Sheila Doyle

Matters for escalation:

Revised CAD Governance

The PAG received a briefing on the changes to program roles, responsibilities and governance. SRO accountability has been transferred to Barry Thurston (Interim CIO). Darren Frammer (Director of Operations Ambulance Delivery and EOC Transformation) will provide operational ownership ensuring the new CAD is successfully deployed to EOC and front line operations. Members sought greater clarification that roles and responsibilities are understood and decision making and escalation paths are clear.

Resourcing through winter and EOC Training Volumes

Ensuring that sufficient operational resources are dedicated to the program, remains a key risk, especially given operational pressures and winter challenges. Test and training teams are most exposed with significant resources seconded to the program. A 12 weeks' training programme, commencing in April is planned. The program is based on current resourcing models but any significant uplift in training volume may extend the project timeline. The PAG sought further assurance that resources will be ring fenced and that the training plans are achievable. The Chief Medical Officer will review the resourcing plan seeking input from the Quality Assurance team and Executive Committee.

Project Contingency

The project has limited contingency which means that any delays in the EOC move to Newham may impact the project go live date. Moreover, if staff (c.19 additional EOC abstractions in Feb) are unavailable for train the trainer courses, the project timeline may need to be adjusted.

Other matters considered:

Reset Plan and Code Branch Change Request

On September 28th the Trust Board approved a reset for CAD go live from November 2021 to summer 2022. A contract variation with Cleric was also approved to address significant volume of software changes required to the 'off the shelf' solution initially agreed. The PAG received an update on progress since September. Attention has focused on development of training plans, test script preparation and ensuring the project is fully staffed. The software development (final phase) is expected to complete in December and will inject additional momentum into the program.

Critical milestones and dependencies

Work has taken place across the Trust to identify other projects that impact CAD delivery. The primary dependent projects are Infrastructure Modernisation, Telephony and Newham EOC. A target 8 week gap is being preserved between Newham EOC move and CAD cut over.

Finance Update

Due to illness, a written financial assurance report was not provided. The CFO provided a verbal update; the project is tracking well within the reset financial envelope based on M6 actuals. Benefits tracking remains behind schedule. James Corrigan will take accountability for benefits tracking within the new finance structure, including identification of owners in the EOC organisation.

PWC reviews

The PAG received a paper outlining the proposed scope for assurance review 3 for D999. The PAG supports focus on:

- 1) User engagement and readiness
- 2) Cutover and resilience plans
- 3) Effectiveness of CAD governance

Key decisions made / actions identified:

Recognising the PAG was established as a task and finish group for a finite period which has now been extended, the PAG ToR will be updated and presented at the January PAG meeting for approval at the Jan Trust Board

In parallel members agreed that with the PAG being in existence for more than a year, it was proposed that the effectiveness should be reviewed and presented in January.

Risks:

Program Risk Register

Members reviewed the program risk register and discussed the top 10 risks in greater detail. Members requested that the risk register is updated ensuring that residual risk scores reflect an accurate position and demonstrate that controls are effective.

Members also requested an assessment of risk movement (increasing or decreasing) and evidence to support the risk position.

Assurance:

- Risk register to be refreshed to accurately reflect mitigations
- Financial assurance and benefits management report to be provided at January PAG
- Provision of resources through winter and for train the trainer courses to be reviewed.
- Further clarification of revised CAD governance to be provided.
- PWC independent reviews to be scheduled.



Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Carbon Neutral Plan			
Agenda item:	9			
Report Author(s):	Ant Scott – Head of Strategic Development			
Presented by:	Andrew Goodman – Director of Strategic Assets and Property			
History:	The paper and plan have been presented at Executive Committee (ExCo) and the Logistics and Infrastructure Committee (LIC)			
Purpose:	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

The need for the LAS Carbon Neutral Plan (Green Plan)

- Climate change presents as a significant health emergency. Without action, the changes to our climate will disrupt care and affect patients and the public.
- The NHS has a large impact on the environment, contributing 4-5% of the UK’s overall carbon footprint. The London Ambulance Service contributes an estimated c.53,000 tonnes of carbon emissions each year.
- New environmental sustainability clauses in the NHS Standard Contract require all NHS organisations to have a Board-approved Green Plan, and NHSE/I require all providers to share a Trust Board-approved Green Plan with their ICS(s) by 14th January 2021
- Green Plans must set out the steps that the organisation is taking to meet two national net zero targets:
 - Net Zero for the emissions that the organisation directly controls by 2040, with an interim target of an 80% reduction by 2028-2032; and
 - Net Zero for the emissions that the organisation can influence by 2045, with an interim target of an 80% reduction by 2036-2039
- There are also London Mayor requirements for all emergency service vehicles to be Ultra Low Emission Vehicles (ULEV) by October 2023. Ultra Low Emission Zone (ULEZ) compliance is currently 69% for DCAs, and 59% for the remaining fleet.
- National guidance advises that NHS organisation Green Plans should be updated on an annual basis, with initiatives listed across at least a three-year time horizon.

Priority activities to support a shift to a net zero LAS

- To achieve net zero objectives, LAS will need to:
 - Deliver minimum viable zero-emissions vehicle infrastructure for vans, Non-Emergency Transport Service (NETS) and support vehicles (2022) and for Double-Crewed Ambulances (DCAs) and blue-light cars (2024)
 - Procure all new vans, NETS and support vehicles as zero emission from 2022
 - Procure all new DCAs and blue-light care as zero emission from 2024
 - Sustain a fully zero emission fleet (except for specialist assets) by 2032
 - Improve the energy-efficiency and building fabric of the existing estate, and remove all gas boilers by 2032
 - Transfer to a REGO-certified energy tariff from 2022

Delivering the Carbon Neutral Plan

- The Carbon Neutral Plan proposes that the Chief Financial Officer will be the Board-level sustainability lead for the London Ambulance Service and have ultimate accountability for delivery of the Carbon Neutral Plan and achievement of net zero objectives
- A Sustainability Manager role is required to provide capacity and capability to co-ordinate action and support delivery of the Carbon Neutral Plan across the organisation
- The governance for sustainability will be confirmed following the recommendations of the Good Governance Institute audit

- The Trust Board are asked to approve the Carbon Neutral Plan (Green Plan)
- The Trust Board are asked to approve the recommendation to make the CFO the Board-level sustainability lead for the London Ambulance Service
- The Trust Board are asked to approve the immediate next steps listed in Chapter 5 of the Carbon Neutral Plan

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

Directorate	Agreed				Relevant reviewer
Quality	Yes		No		
Finance	Yes		No		
Chief Operating Officer Directorates	Yes	X	No		Andrew Goodman
Medical	Yes		No		
Communications & Engagement	Yes		No		
Strategy	Yes	X	No		Angela Flaherty
People & Culture	Yes		No		



NHS

London Ambulance Service
NHS Trust

LAS Carbon Neutral Plan

April 2022 – March 2025



Document Control

Document information

Document title	
Owner	Andrew Goodman – Director of Strategic Assets and Property
Status	Draft

Revision history

Version	Date	Description
0.1	17 th September 2021	Initial draft
0.2	20 th September 2021	Revised draft following AS review
0.3	22 nd September 2021	Revised draft following review with AF
0.4	4 th October 2021	Revised draft following first workshop with leads
0.5	21 st October 2021	Revised draft following feedback from leads
0.6	25 th October 2021	Revised draft following second workshop with leads
0.7	1 st November 2021	Revised draft following input from SA&P SLT
0.8	2 nd November 2021	Revised draft following review with AG
0.9	4 th November 2021	Revised draft following review with DE
1.0	5 th November 2021	Revised draft for circulation to governance channels
1.1	15 th November 2021	Revised draft following recommendations of LIC

Document sign-off

Organisation	Name	Position	Signature	Date

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1. Introduction

Climate change presents one of the most significant public health emergencies. Without action and adaptation, the changes to our climate will disrupt care, and affect patients and the public at every stage of life, with poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer.

NHS organisations, like the London Ambulance Service NHS Trust (LAS), have social and environmental responsibilities as public sector anchor institutions¹, to positively contribute to the local areas that they serve in ways beyond providing direct health care alone. This is a social responsibility that is embedded in legislation (including the Public Services (Social Value) Act 2012), in the terms of the new NHS standard contract, and in NHSE/I national guidance.

Most recently, in October 2020 NHSE/I made the case for co-ordinated action across all NHS organisations to reduce their climate impact, setting an ambition to be the world's first 'net zero' national health service. Two headline targets now set the requirements for all NHS organisations to be: net zero for the emissions that they directly control by 2040; and net zero for the wider emissions that they can influence by 2045.

Over the last decade, the LAS has taken some actions to reduce the environmental impact of its operations, and this has included:

- The replacement of non-ULEZ compliant vehicles with compliant models;
- The introduction of zero emissions vehicles across sections of the non-blue-light fleet;
- Increasing the proportion of calls that are responded to by Hear and Treat where appropriate;
- Improving the way that waste is disposed of to ensure that LAS waste never ends up in a landfill; and
- Ensuring that all recent construction projects meet at least BREEAM 'Very Good', or 'Excellent' classification where they are new builds.

Although progress has been made in recent years, sustainability initiatives have often not been co-ordinated across the organisation, and in many cases, environmental improvements may have been delivered as unintended benefits from projects that have been driven by clinical need or a requirement to improve efficiency.

Recognising the opportunities that there are to go further and faster in reducing the environmental impact of our operations, this LAS Carbon Neutral Plan sets out our approach to deliver against our net zero targets, and outlines the specific set of initiatives that will be delivered on the first three years of that journey, to March 2025.

1.1. Purpose of this document

This document is the London Ambulance Service Green Plan and sets out the steps that will be taken to meet the NHSE/I net zero objectives grouped across six areas of the organisation, including:

- Clinical operations
- Estates, facilities and utilities
- Fleet and staff transport
- Procurement and supply chain
- Digital
- People, Culture and Communications

In accordance with national guidance, this Carbon Neutral Plan articulates specific commitments and initiatives that will be delivered across each of the six areas of focus from April 2022 – March 2025. The plan will be updated on an annual basis to re-prioritise initiatives, where required, and to enable continued and detailed sustainability planning on a three-year time horizon.

¹ The Health Foundation 'The NHS as an anchor institution' at <https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

1.2. Dependencies with other strategies and policies

This plan has a number of critical dependencies with other LAS strategies that must be well managed in order to ensure successful delivery of net zero objectives. These dependencies include the following:

Strategy	Dependency
Fleet Strategy	Achievement of net zero interim targets requires LAS to transition to a fully zero-emission fleet by 2032, and this will require the first electric DCAs and blue-light cars to be brought into the service from 2024/25 at the latest.
Estates Strategy	To enable the delivery of a zero emissions fleet, the appropriate vehicle charging infrastructure must be in place to allow the first electric DCAs and blue-light cars to be used in active service by 2024/25 at the latest. Achievement of net zero interim targets will also require the existing estate to be made more energy efficient and for all remaining gas boilers to be replaced with renewable sources of heating by 2032.
Clinical Strategy	Future refreshes of the clinical strategy should consider how changes in clinical practice may impact emissions and reduce the LAS impact on the environment, with a particular focus on reducing Entonox emissions and improving the way that clinical sharps waste is disposed of. Changes to clinical practice may require 'trade-offs' from our traditional delivery / response model, and these should be considered as part of any refresh.
Digital Strategy	Achievement of net zero objectives will require the digital technologies to enable new ways of working for clinical, support service and corporate processes, to minimise journeys, where appropriate, and make decisions based on access to comprehensive and robust sustainability datasets.
Sustainable Procurement Policy	Achievement of net zero across our wider footprint will require successful influence of supplier behaviour, the routine capture of supplier sustainability data, and the prioritisation of sustainability in the down-selection criteria of procurements.
Agile Working Policy	Achievement of net zero across our wider footprint will require staff to be able to work flexibly from different locations to minimise the need for unnecessary journeys to headquarters or another office, where this can be avoided.
Waste Management Policy	Achievement of net zero objectives requires LAS to reduce the waste that it generates, and to dispose of waste that is generated higher up the waste hierarchy.

1.3. Structure of this document

The table below summarises the content in each section of the document:

Chapter	Headline content
Chapter 2: The need for the LAS Carbon Neutral Plan	Chapter 2 makes the case for why a Carbon Neutral Plan is needed for the LAS. This case will be built from: <ul style="list-style-type: none"> • Social responsibilities based on the health impacts of climate change • The scale and sources of the negative environmental impacts of LAS operations, and • The national and regional policy requirements for a Green Plan
Chapter 3: Delivering a Greener LAS	Chapter 3 describes the pathway to a net zero LAS by articulating the sustainability priorities of the six areas of the organisation.
Chapter 4: Ensuring delivery of the LAS Carbon Neutral Plan	Chapter 4 describes the assurance and governance approach through to Board-level that is required to ensure committed, co-ordinated and sustained delivery of the Carbon Neutral Plan. The section also describes the delivery support that will be required to ensure there is sufficient capacity and capability to deliver the plan.
Chapter 5: Conclusion and immediate actions	Chapter 5 summarises the key themes of the document and sets out the immediate actions that will be taken after Trust Board approval of the plan.
Appendix A-C	The main body of the plan is supported by a number of appendices which provide supplementary information, including a list of specific actions that will be delivered across the six areas of focus to March 2025 (Appendix A).

2. The need for the LAS Carbon Neutral Plan

A number of drivers set out the case for the development and delivery of an LAS Carbon Neutral Plan. This section covers the following:

- The health impact of climate change;
- The NHS impact on the environment;
- The LAS impact on the environment;
- National policy and contractual requirements for a Green Plan; and
- London Mayor policy requirements to improve environmental sustainability.

2.1. The health impact of climate change

The Lancet Commission has called climate change ‘the biggest global health threat of the 21st century’. More intense storms and floods, more frequent heatwaves and the spread of infectious disease from climate change threaten to undermine years of health gains.

A number of sources contribute evidence around the health impacts of climate change^{2 3 4 5 6 7 8} which have been summarised by *Figure 1* below:

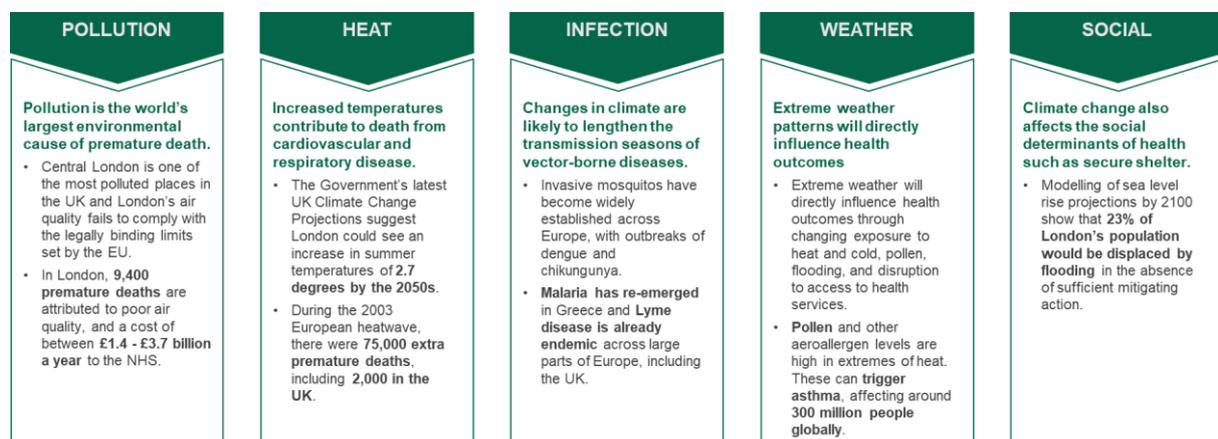


Figure 1: The health impact of climate change

In London, we have seen wildfires at Epping Forest (2013 and 2018) and earlier this year ambulances were diverted away from Whipps Cross Hospital due to floods, following heavy rain across the capital. The situation is getting worse, with nine out of the 10 hottest years on record occurring in the last decade and over 2,500 people killed by heatwaves in England in 2020⁹, representing an increase of 1,600 from the year before.

Climate change also presents as a public health issue as the consequences of pollution and adverse weather disproportionately affect deprived and vulnerable communities, and in doing so, widen health inequalities. Without accelerated action, climate change will increasingly threaten the foundations of good health, with direct and immediate consequence for patients, the public and the NHS.

² London Air 'Is air pollution worse in London?' at [London Air Quality Network Guide](#)

³ London Councils 'Air pollution and the effect on our health' at [Air pollution and the effect on our health | London Councils](#)

⁴ Carbon Brief 'Impact of climate change on health is 'the major threat of 21st century' at [Impact of climate change on health is 'the major threat of 21st century' | Carbon Brief](#)

⁵ The Lancet Infectious Diseases 'Effect of climate change on vector-borne disease risk in the UK' at [Effect of climate change on vector-borne disease risk in the UK - ScienceDirect](#)

⁶ BMC 'Health impacts of climate change and health and social inequalities in the UK' at [Health impacts of climate change and health and social inequalities in the UK | Environmental Health | Full Text \(biomedcentral.com\)](#)

⁷ World Health Organization 'Climate change and health' at [Climate change and health \(who.int\)](#)

⁸ Earth.org 'Sea level rise projection map – London' at [Sea Level Rise Projection Map - London | Earth.Org - Past | Present | Future](#)

⁹ Public Health England (2020) 'PHE heatwave mortality monitoring' at [Heatwave mortality monitoring report: 2020 - GOV.UK \(www.gov.uk\)](#)

2.2. The NHS impact on the environment

As the largest employer in the UK, the impact that the NHS has on the environment is enormous. The NHS produces around 22.8 million tonnes of carbon emissions each year which accounts for 25% of national public sector emissions, and 4% of the UK's overall carbon footprint.

In 2008, the Climate Change Act set national targets for the reduction of carbon emissions in England, against a 1990 baseline. Since then, considerable progress has been made in reducing the NHS carbon footprint, with a 62% reduction in emissions in 2019 which exceeds the 37% requirement for 2020 which is outlined in the Climate Change Act.

Although significant progress has been made, the targets set out in the Climate Change Act do not cover the full scope of emissions that are generated from the NHS, and new NHSE/I guidance proposes that a wider scope of emissions should be used to monitor and measure the environmental impact of all NHS organisations. The wider measures are based on the Greenhouse Gas Protocol (GHGP) scopes, and the emissions sources within these scopes are summarised by *Figure 2* below.

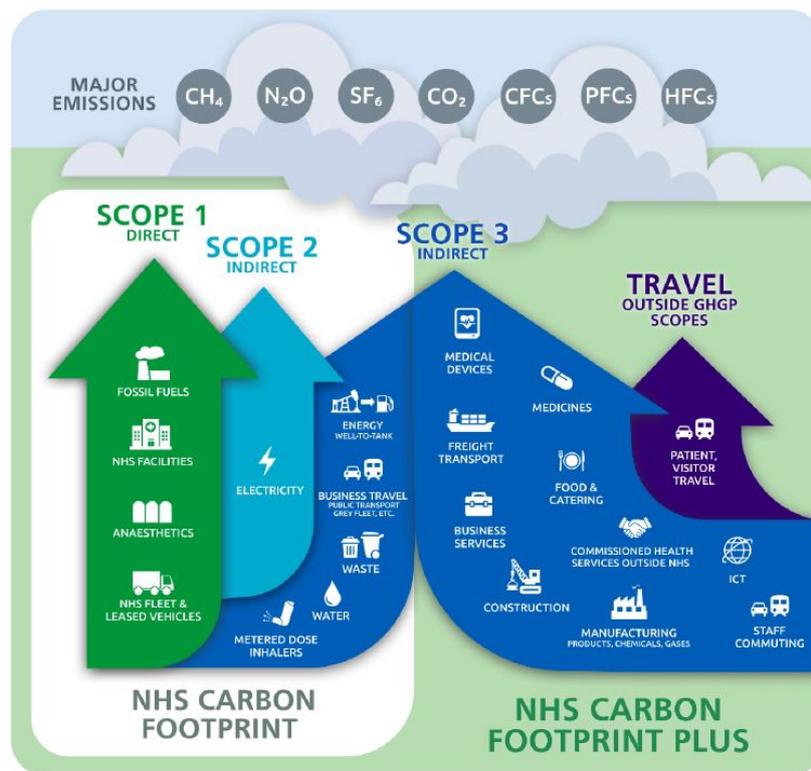


Figure 2: Emissions sources in scope for the 'NHS Carbon Footprint' and the 'NHS Carbon Footprint Plus'

To reduce the size of the NHS Carbon Footprint, and the wider NHS Carbon Footprint Plus, co-ordinated action is required by all NHS organisations across a wide range of emissions sources, including:

- Transitioning from fossil fuels to renewable power to light, heat and cool NHS estate;
- Transitioning to cleaner, emissions-free fleet and corporate vehicles;
- Reducing the waste that is generated, and re-using or recycling to minimise the waste that is sent to landfill;
- Reducing the environmental impact of carbon-intensive anaesthetic gases;
- Reducing the negative environmental impact generated across the supply chain; and
- Increasingly delivering front-line and support services remotely to reduce the emissions related to face-to-face services.

Analysis carried out by NHSE/I suggests that while the greatest environmental gains can be made in hospitals, change will be needed across every setting of care. *Figure 3* overleaf suggests where the

largest areas of sustainability opportunities exist for different types of NHS organisations, and across different components of the NHS Carbon Footprint Plus.

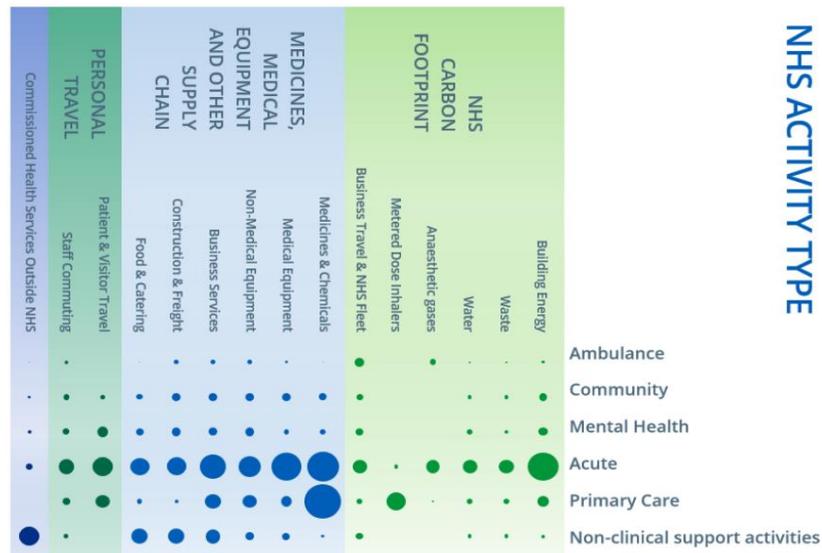


Figure 3: Areas of sustainability opportunity across all parts of the NHS

The largest sustainability opportunities for the ambulance sector relate to their fleet, use of anaesthetic gases, business services and non-medical equipment.

2.3. The LAS impact on the environment

2.3.1. NHS Carbon Footprint

Every year, the London Ambulance Service contributes an estimated 52,971 tonnes of carbon emissions, which includes c.30,554 tonnes of carbon emissions that we directly control through our fuel, electricity, gas, water, waste and Entonox (core components of the NHS Carbon Footprint in Figure 2). Around 36% of our NHS Carbon Footprint emissions are generated by our fleet where we use over four million litres of diesel fuel every year.

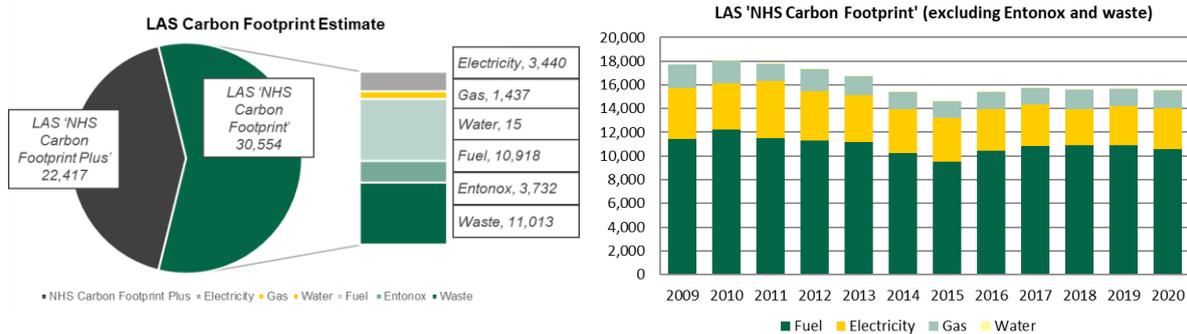


Figure 4: LAS Carbon Footprint Estimate (values displayed represent annual tonnes of carbon) (left) and LAS directly-controlled carbon emissions since 2009 (excluding data for Entonox-related emissions which are only available for a single year, and waste which is only available since 2018)

Although the volume of emissions fell in the early 2010s, the LAS Carbon Footprint has remained consistent at around 19,000 tonnes of carbon emissions for much of the last 4 years.

2.3.1.1. NHS Carbon Footprint: Medical gases

The LAS emissions generated from the use of medical gases are *not* included in *Figure 4.* as consumption data for LAS Entonox is *not* available for comparison from 2009.

A national baselining of ambulance sector Entonox use in 2020 evidenced that LAS generated c.3,371 tonnes of carbon emissions from the use of Entonox gas in that year. This represents the highest level of emissions from Entonox gas of any of the UK ambulance services that responded to the baselining exercise. It also represents the second highest use of Entonox gas per face-to-face (F2F) contact, at 11.7 litres per contact, against a UK average of 9.

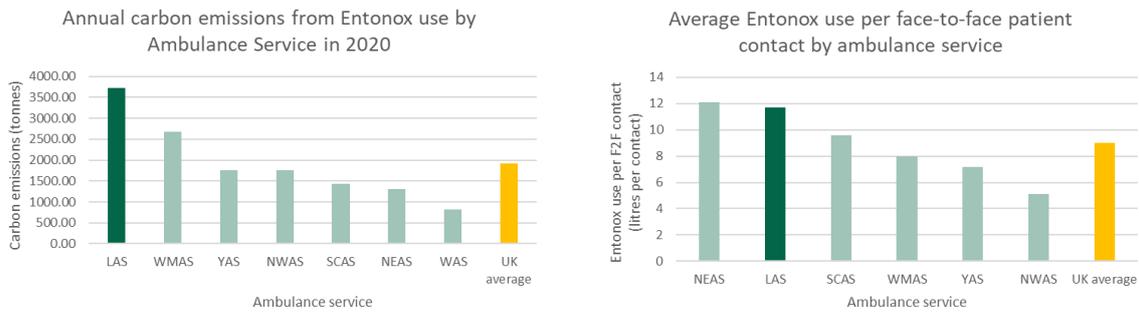


Figure 5: Annual carbon emissions from Entonox use by ambulance service in 2020 (left) and average Entonox use per face-to-face patient contact by ambulance service (right)

2.3.1.2. NHS Carbon Footprint: Waste

In addition to the emissions that are generated by fuel, electricity, gas, water and Entonox, the NHS Carbon Footprint also captures the emissions that are generated from waste.

According to the waste hierarchy, organisations should first prevent and re-use products to avoid the generation of waste altogether. Where this is not possible, and waste is generated, it is most preferable to recycle, then to burn and recover the energy. The least environmentally preferable methods of waste disposal are incineration and disposal at landfill.

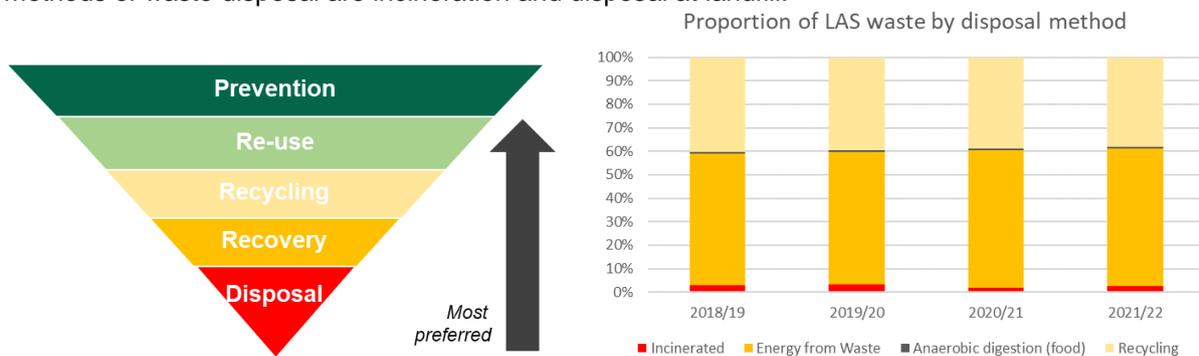


Figure 6: Waste hierarchy (left) and proportion of LAS waste by disposal method (right)

LAS waste data shows that the proportion of waste that is burned for energy recovery and recycled, has remained constant at around 57% and 40%. This accounts for the majority of our waste.

Clinical sharps cannot currently be burned for energy recovery or recycled, and must instead be incinerated. On average this accounts for 3% of total LAS waste, but accounts for 100% of our waste-based carbon emissions. In the two years before the pandemic, the volumes of clinical sharps waste that were incinerated were 47,900Kgs (2018) and 48,730Kgs (2019), but this fell in 2020 to 26,600Kgs.

2.3.2. NHS Carbon Footprint Plus

There is not currently a tool that can reliably calculate the *NHS Carbon Footprint Plus*, and this makes it difficult to fully understand the wider drivers of LAS emissions, and how these compare to ambulance service peers.

Alternative tools like the Higher Education Supply-Chain Emissions Tool (HESCET), which have been designed to calculate the emissions of organisations in other sectors, estimate that the size of LAS scope 3 emissions is equivalent to 22,500 tonnes of carbon emissions each year. Although the tool can generate a high-level overall emissions estimate, the categorisation of emissions by driver has limitations for LAS due to its design for another sector, and because of this, emissions related to medical equipment and medical gases appear understated.

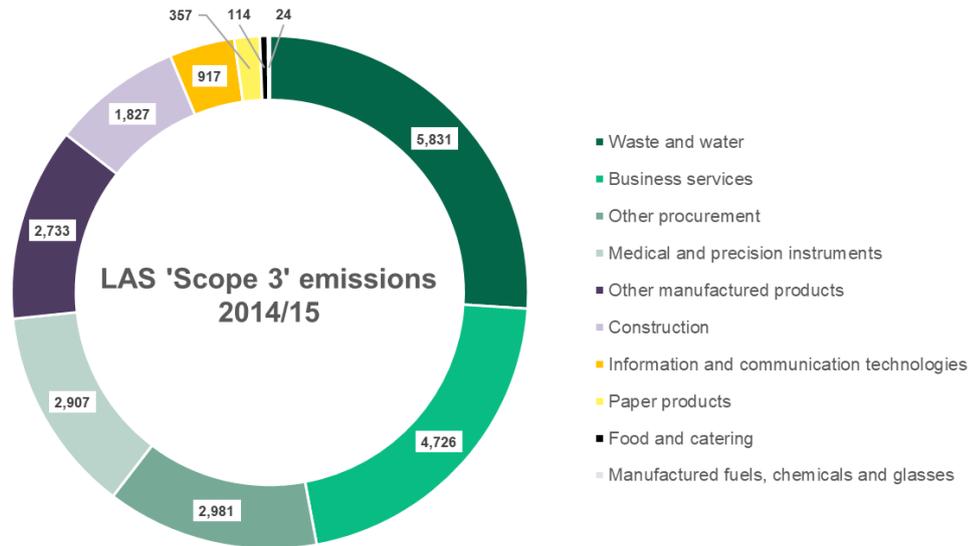


Figure 7: Scope 3 emission estimates for LAS based on 2014/15 data (data points describe the tonnes of carbon emissions per year from each emissions category)

As the LAS Carbon Neutral Plan is updated on an annual basis, latest environmental sustainability baselining tools should be reviewed to ensure that the drivers of scope 3 emissions (the NHS Carbon Footprint Plus) are better understood and to ensure that activities are prioritised on the areas where they will have the biggest impact.

2.4. National policy and contractual requirements for a Green Plan

In October 2020, NHSE/I published *'Delivering a Net Zero NHS'*, the headline national guidance for environmental sustainability across the NHS which sets out two headline commitments for all NHS organisations to be:

- Net zero for the emissions that they directly control by 2040, with an interim target of an 80% reduction by 2028-32; and
- Net zero for the emissions that they can influence by 2045, with an interim target of an 80% reduction by 2036-39.

Alongside the publication of *Delivering a Net Zero NHS*, new environmental sustainability clauses were introduced to the NHS standard contract which require all NHS organisations to have a Board-approved green plan setting out the steps that the organisation will take to move towards national net zero targets over a three-year time horizon.

In addition to these NHSE publications and contractual changes, a number of additional national documents frame the requirements of the LAS Carbon Neutral Plan. These are listed below, and summarised in *Appendix B*.

National Legislation	National Publications	NHS Publications
<ul style="list-style-type: none"> Environmental Protection Act (1990) Civil Contingencies Act (2004) Climate Change Act (2008) Public Sector (Social Value) Act (2012) UK Emissions Trading Scheme (UK ETS) (2021) 	<ul style="list-style-type: none"> The Stern Review 2006: The Economics of Climate Change (2006) Sustainable Procurement: Government Buying Standards (GBS) (2012) Health Protection Agency: Health Effects of Climate Change in UK (2012) Clean Growth Strategy (2017) A Green Future: Our 25 Year Plan to Improve (2018) UK Climate Emergency (2019) Net Zero: The UK's contribution to stopping global warming (2019) Government's Covid-19 Recovery Strategy (2020) 	<ul style="list-style-type: none"> NHS Carbon Reduction Strategy (2009) The Marmot Review (2010) The Carter Review (2016) The Naylor Review (2017) Public Health Outcomes Framework (2019) NHS Long Term Plan (2019) Delivering a Net Zero NHS (2020) NHS Standard Contract (2020/21)

Figure 8: National documents framing the requirements of the LAS Carbon Neutral Plan

2.5. London Mayor requirements to improve environmental sustainability

Within the Capital, air pollution is one of the most significant challenges affecting the health of all Londoners. Every year in London, 9,400 premature deaths are attributed to poor air quality at a cost of £1.4-3.7bn a year to the NHS.

Road transport is the biggest source of the emissions damaging health in London. Around half of the emissions of oxides of nitrogen which contribute to illegal levels of nitrogen dioxide and particulate matter come from transport. These pollutants make chronic illnesses worse, shorten life expectancy and can damage lung development.

In 2019, Transport for London (TfL) introduced the Ultra-Low Emissions Zone (ULEZ) within the congestion charging zone to help improve air quality in central London. During the implementation of the ULEZ, TfL agreed to waive the ULEZ daily charges and Penalty Charge Notices for LAS vehicles to enable emergency vehicles to enter the charging zone, until October 2023.

In October 2021, the ULEZ zone expanded to cover a larger footprint which includes all roads up to the North and South Circular, impacting a much larger proportion of the fleet.

LAS compliance with Ultra-Low Emissions Vehicles (ULEV) is currently at 69% for double-crewed ambulances (DCAs) and 59% for the remaining fleet. This falls behind the performance of other blue light services across the Capital, where Metropolitan Police Service compliance for emergency response, protection and general purpose vehicles was 71%, 85% and 98% respectively in 2019¹⁰. LAS will face increasing levels of fines if non-compliant vehicles continue to operate in the ULEZ, starting with a £2.6m fine for 2023/24 and rising to £19.3m in 25/26 for the entire non-compliant fleet.

A revised emissions strategy is expected from the Greater London Authority in late 2021 which accelerates the roadmap to the Zero Emission Zone (ZEZ) to accelerate delivery of the 2018 Mayor's Transport Strategy, and to support the Mayor of London's 2021 manifesto ambition for London to be carbon net zero by 2030. Based on current information, the Zero Emission Zone is expected to start to impact LAS from 2025.

¹⁰ London Assembly (2019) ['Questions to the Mayor: London Ambulance Service, Met Police and London Fire Brigade'](#)

2.6. Our requirement to adapt to a changing climate

Our plan must also consider the risks that the changing climate presents to our operations. In the past ten years, we have experienced extreme weather across the Capital including heatwaves and temporary flooding, and these events have required us to work differently both in the way that we provide our services, and the way that we work with health and care partners.

The LAS HART team undergoes specialist emergency training for many disciplines including rescuing in swift water and flood environments, and as part of our mutual aid agreement with other ambulance services, we may also be required to deploy resources to other parts of the country to assist with the response to extreme environmental events when they occur elsewhere. LAS must continue to ensure that it is well equipped to deal with extreme environmental events as they increase in frequency and severity.

LAS must also consider the changes that may be needed to its assets and infrastructure to ensure resilience in the face of a changing climate, including extremes of temperature and adverse weather events. Modelling by Climate Central forecasts that much of central London is at risk of flooding by 2030 (see *Figure 9*) and the locations most at risk include many of our central London premises.

LAS plans for the adaptations that are required to ensure that environmental changes do not affect our ability to deliver a world class service will be captured as a guiding principle that shapes the *LAS Estates Strategy* (currently in development and scheduled for review by the London Ambulance Service NHS Trust Board in Summer 2022).

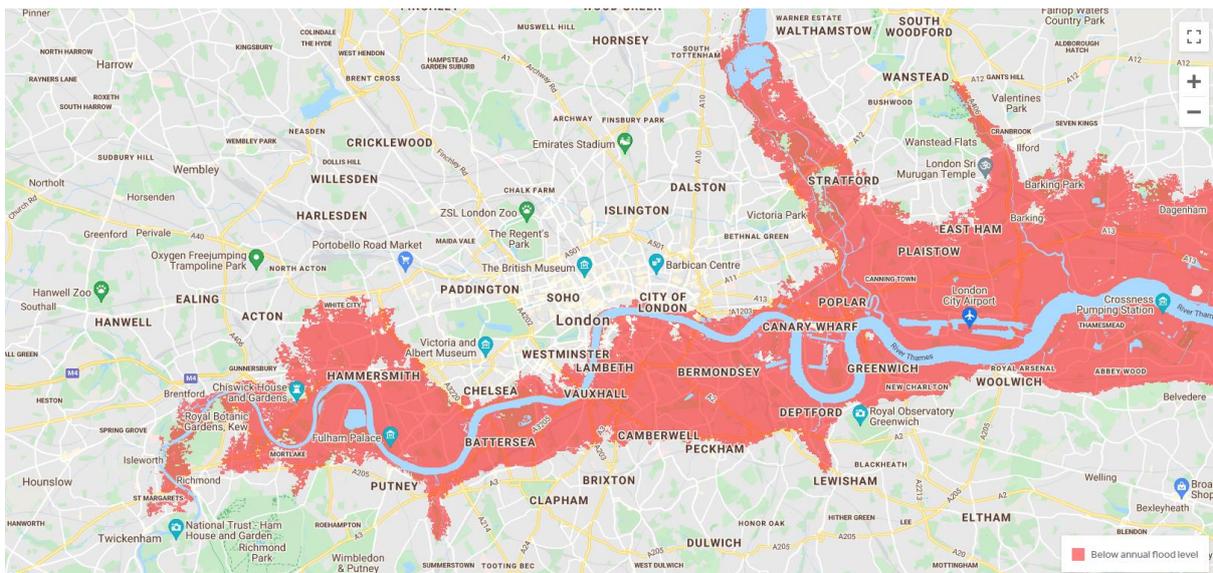


Figure 9: Areas of London forecast to be at high risk of flooding by 2030, from Climate Central

3. Delivering a Greener LAS

LAS recognises the need to go further and faster in reducing the negative environmental impacts of its services to reduce the health impacts of the climate emergency, and to meet both the ULEZ targets of the Greater London Authority, as well as the net zero and interim targets set by NHSE/I through 'Delivering a Net Zero NHS'.

The achievement of a net zero LAS will require co-ordinated and sustained activities over the next 20 years. Large-scale multi-year changes, like estates improvements and the transition to a zero emission fleet, will be crucial, as will the continued commitments from staff to adopt changes in behaviour that reduce waste and promote ways of commuting and working that have a lower environmental impact. *Figure 10* describes the sources of LAS direct emissions, and the actions that are required to reach carbon net zero. *Figure 11* describes the timeline and critical milestones that must be met in order to ensure that yearly progress is sufficient to meet the overall net zero targets in 2040 and 2045.

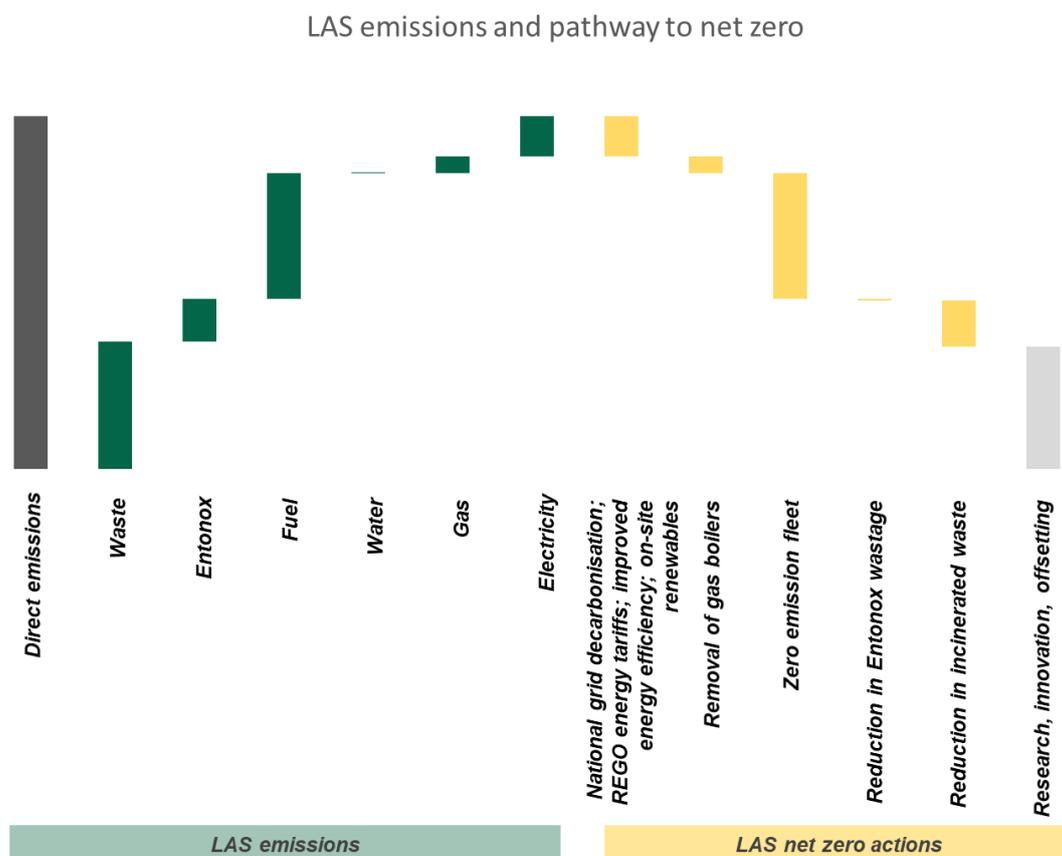


Figure 10: Sources of LAS emissions and actions required to reach net zero

The most significant reduction in LAS carbon emissions will come from the transition from a fuel-based fleet to a zero-emissions fleet. To meet the interim target of an 80% reduction in emissions by 2032, LAS must begin procuring zero emissions vans, Non-Emergency Transport Service (NETS) and support vehicles from 2022, and zero emissions double-crewed ambulances (DCAs) and blue-light cars from 2024 at the latest, based on a replacement cycle of 10 and 7-years, for each group of vehicles, respectively.

Achievement of the interim and overall net zero targets will also require LAS to remove all gas boilers and replace them with electric or renewable alternatives by 2032. A transition away from gas boilers will require the energy efficiency of the existing estate, and building fabric, to first be upgraded to reduce energy wastage, thereby making the transition more affordable and reducing pay-back periods.

There is not yet sufficient technology to mitigate the majority of emissions that relate to Entonox and the incineration of clinical sharps. National guidance suggests that where this is the case, residual emissions should be bridged by research and innovation, and where this does not deliver results, to consider offsetting and mechanisms to secure negative emissions. This is reflected by the grey 'Research, Innovation and Offsetting' bar in *Figure 10*, and by the initiatives relating to supplier engagement in *Appendix A*. It is the expectation of this plan that the size of the LAS footprint requiring research, innovation and off-setting will reduce in future annual refreshes of this plan as uncertainty is replaced by technological innovations.

It is not yet possible to create a pathway to net zero for the wider LAS carbon footprint (the 'NHS Carbon Footprint Plus') as there is currently insufficient data to model a realistic baseline. *Appendix A* describes the initiatives that will be delivered to collect supplier and staff commuting emissions data over the next 3 years. This will enable a pathway to net zero for the LAS wider carbon footprint to be modelled by 2025.

Delivery of the pathway to net zero will require a number of critical milestones to be met over the next decade. These critical milestones are described in *Figure 11* below.

Footprint	Emissions source	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	
Target		NHS Carbon Footprint (2028-2032)										80% reduction										Net Zero NHS Carbon Footprint (2040)				
NHS Carbon Footprint	NHS Facilities	★ Minimum viable EV charging for DCAs and blue-light cars implemented (2024)				★ Energy efficiency of all LAS estate sufficient to sustain renewable heat sources (2031)				★ Charging infrastructure sufficient for fully zero emission fleet (2031)																
	Fossil fuels	★ Minimum viable EV charging for vans, NETS & support vehicles implemented (2022)				★ All gas boilers removed from LAS estate (2032)																				
	Electricity	★ LAS on renewable REGO-supported energy tariff (2023)				★ Expansion in on-site renewable electricity generation (2040)																				
	Water	★ All new vans, NETS & support vehicles must be zero emission (2022)				★ Water-efficient technologies implemented in new builds (2032)				★ Water-efficient technologies implemented across all estate (2040)																
	Fleet & Business Travel	★ All new DCAs, motorbikes & blue-light cars must be zero emission (2024)				★ LAS sustains a fully zero emission fleet except for EPRR and HART (2032)																				
	Anaesthetics	★ Preferred way forward for reducing Entonox emissions agreed (2022)				★ Research and innovation with suppliers to reduce impact of anaesthetic gases (2040)																				
	Waste					★ Research and innovation with suppliers to re-cycle clinical sharps (2040)																				
	Target		NHS Carbon Footprint Plus (2036-2039)										80% reduction										Net Zero NHS Carbon Footprint Plus (2045)			
	NHS Carbon Footprint Plus	Supply Chain	★ All suppliers have baseline and target sustainability data in Atamis (2025)				★ LAS will no longer purchase from suppliers that do not meet or exceed our commitment to net zero (2030)				★ All LAS suppliers can evidence an 80% reduction in emissions (2039)				★ All LAS suppliers can evidence net zero (2045)											
		Staff Commuting	★ Minimum viable data collection of staff commuting emissions (2022)				★ Minimum viable staff EV charging infrastructure in place (2027)														★ LAS is net zero for staff commuting (2045)					

Figure 11: Critical milestones for achieving LAS carbon net zero, and interim targets

3.1. Areas of focus

The overall vision, priorities and actions that are required to deliver net zero for LAS are broken down by this plan into six areas of focus, as illustrated below:



Figure 12: The six areas of the LAS Carbon Neutral Plan

Appendix C shows the alignment of the six LAS areas of focus, with the areas that are described in the NHSE/I 'How to produce a Green Plan' national guidance.

Each of the six areas of focus address different components of the LAS carbon footprint. The heat map in Figure 13 below illustrates the impact that each of the areas of focus will have on different emissions sources within the NHS Carbon Footprint and NHS Carbon Footprint Plus. The heat map demonstrates that achievement of net zero will require all areas of LAS to contribute to the reduction in emissions in their own way.

LAS Green Plan Summary	NHS Carbon Footprint										NHS Carbon Footprint Plus										
	Fossil fuels	NHS Facilities	Anaesthetics	NHS Fleet & Leased Vehicles	Electricity	Energy Well-to-tank	Business Travel	Waste	Water	Metered-dose inhalers	Medical Devices	Freight Transport	Business Services	Construction	Medicines	Food & Catering	Commissioned health services outside NHS	Manufacturing	ICT	Staff Commuting	Patient & Visitor Travel
Clinical Operations	+		++	+		+		+		n/a	+	+			+		n/a				+
Estates, Facilities & Utilities	++	++			++			++	+	n/a				++			n/a				
Fleet & Transport	++			++		++	++			n/a							n/a	+			+
Procurement & Supply Chain	+			+		+	+	+		n/a	++	++	++	++	++	++	n/a	++	++		
Digital	+	+		+	+	+	+	+	+	n/a	+	+	+	+	+	+	n/a	+	+	+	+
People, Culture & Communications	+	+	+	+	+	+	+	+	+	n/a	+	+	+	+	+	+	n/a	+	+	+	+
LAS Green Plan	++	++	++	++	++	++	++	++	+	n/a	++	++	++	++	++	++	n/a	++	++	+	+

Figure 13: Heat map illustrating the impact of the different areas of focus on each emissions source

The remainder of this chapter covers each of the six areas of focus, in turn. For each area, the Carbon Neutral Plan articulates the sustainability priorities which will reduce the associated emissions of that area, and contribute to the impacts that are described in the heat map above. A list of sustainability achievements for each area of focus will also recognise the initial steps that have already been taken to reduce emissions in recent years. Appendix A provides a more detailed list of specific initiatives that will form the delivery plan of this document.

3.2. Clinical operations

The 'Delivering a Net Zero NHS' publication sets out the need for clinical operations to become more environmentally sustainable. According to data in the report, 25% of NHS emissions are generated by medicines, and in particular from anaesthetic gases. Capturing and destroying nitrous oxide could cut over one-third of NHS anaesthetic emissions, and deliver a 75% reduction in nitrous emissions.

The publication also reinforces the case that is made in the NHS Long Term Plan for delivering more sustainable, digitally-enabled models of care that are closer to home. Optimising the location of care ensures that patients interact with the service in the most appropriate setting, and this not only creates benefits for patient experience, but in many cases, may also reduce emissions related to unnecessary hospital visits and admissions.

Responding to the opportunities identified by national guidance, we will focus action to improve the sustainability of our clinical operations in four main areas, described below:

#	Priority Net Zero Area	Description
1	Reducing the number of journeys to deliver care, where clinically appropriate	Using remote interventions to reduce overall journeys, and reviewing operational procedures to reduce secondary journeys and multiple attendance ratios, where clinically appropriate.
2	Reducing the environmental impact of anaesthetic gases	Exploring options to reduce emissions and waste relating to the use and disposal of medical gases, where clinically appropriate.
3	Reducing volumes of clinical waste	Reducing the generation of clinical waste, where possible, and disposing of clinical waste higher up the waste hierarchy when it is generated.
4	Ensuring our people are equipped to respond to the challenges of a changing climate	Adapting clinical training to ensure that staff and volunteers are equipped to respond to patients affected by extremes of weather (e.g. heatwaves, floods etc.)

A detailed list of clinical operations sustainability actions and initiatives aligned to the four priority areas listed above is provided in *Appendix A.1*.

3.2.1. Achievements to date and in progress

Although there has not been a dedicated LAS sustainability programme, a number of improvements have delivered environmental benefits in recent years. Some recent examples include:

- **Increasing Hear & Treat** – the proportion of LAS patients having a Hear & Treat outcome has increased from c. 6% in 2018 to above 10% in 2020, and this increase in remote activity will have reduced the emissions that would otherwise have occurred from delivering a face-to-face service
- **Stroke video testing** – the testing of video conferencing with stroke physicians in NCL helped to ensure that patients received the right care in the right place, and this will likely have had a positive impact on the emissions that would otherwise have occurred from avoidable secondary transfers
- **Control room video functionality** – introducing video conferencing functionality into both control rooms through the GoodSAM app supports hear and treat, and decision-making for critical care resource dispatch
- **Controlled drugs (CD) supply chain** – by relocating the Trust's CD supply from Frimley to Lewisham, we will be reducing the distance of distributing medicines to stations
- **Medicines packing model** – by reducing the operating hours of the medicines packing unit from being a 24-hour service to running from 6am-10pm, we expect that we will reduce electricity consumption to light and heat the medicines packing unit throughout the night
- **Reduction in ATP swabbing** – previously hundreds of swabs per week were taken from ambulance vehicles, however following a quality review, the vehicle prep team have been instructed to cease this practice which uses non-biodegradable components.

3.3. Estates, facilities and utilities

The NHS estate and its supporting facilities services – including primary care, trust estates and private finance initiatives – comprises 15% of the total NHS carbon emissions profile.

The ‘Delivering a Net Zero NHS’ report highlights significant opportunities for emissions reductions in these areas, with an emphasis on energy use in buildings, waste and water, and new sources of heating and power generation.

To ensure alignment with the best practice and guidance from the Greener NHS national programme, we will focus sustainability initiatives in the following areas of our estate, facilities and utilities:

#	Priority Net Zero Area	Description
1	Improving the sustainability of our estate	Ensuring that all new buildings and major redevelopments are BREEAM Excellent, and all major refurbishments meet BREEAM Very Good.
2	Switching to 100% renewable sources of energy	Using construction and engineering solutions to upgrade existing buildings by, for example, supporting a switch to LED lighting, and upgrading heating, cooling, building fabric, insulation, ventilation and hot water. This includes a specific requirement to eliminate gas boilers across our estate by 2032 at the latest.
3	Improving our waste sustainability	Transitioning to a renewable energy tariff, and investing in on-site renewable energy generation.
		Reducing the generation of waste, where possible, and disposing of waste higher up the waste hierarchy when it is generated.

A detailed list of estates, facilities and utilities sustainability actions and initiatives aligned to the three priority areas listed above is provided in *Appendix A.2*.

3.3.1. Achievements to date

Although there has not historically been a dedicated sustainability programme, the Trust has made progress in becoming more environmentally sustainable in recent years, with particular highlights including:

- **Sustainability in new builds** – the new Logistics Support Unit and Medicines Packing Unit have been designed according to BREEAM ‘excellent’ standards and include features such as recycled tarmac, photovoltaic panels, electric vehicle charging points, rainwater harvesting, new trees, wetland, and bee hives to enhance the biodiversity of the site.
- **Building Management Systems** – Building Management Systems have been installed across new facilities, which will enable the remote management of heating, ventilation and air conditioning in the future
- **LED lighting** – LED lights and motion sensors have been fitted during recent building upgrades
- **Water efficiency** – as part of renovation works, push taps and low-flow toilets have been installed to reduce water use and wastage
- **Consolidation of office space** – by introducing a hot-desk system and stacking plan at our Headquarters, we have been able to consolidate our corporate office space which has reduced the requirement to heat, light and cool additional premises.
- **Zero waste to landfill** – through supplier changes and engagement we no longer send waste to landfill. Instead, the majority of waste is sent for energy recovery (55%) and recycling (40%)
- **Recycling** – for many years, a system has been in place for recycling paper, card, plastics, batteries, and in some buildings food; with posters to encourage and educate staff.

3.4. Fleet and staff transport

Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS, contributing around 14% of the system's total emissions. This includes approximately 4% for business travel and fleet transport, 5% for patient travel, 4% for staff commutes and 1% for visitor travel.

As an ambulance service, the proportion of emissions relating to our fleet is enormous. Each year, we generate over 10,500 tonnes of carbon emissions from over four million litres of diesel fuel, and this represents over 55% of our overall NHS Carbon Footprint emissions.

Successfully transitioning to a zero-emissions fleet of vehicles, is fundamental to ensuring the delivery of our net zero objectives. In recognition of the requirement to move quickly to a zero-emissions fleet, and to support staff with their own green choices for commuting, the LAS Carbon Neutral Plan will focus sustainability activity across the following areas of our fleet and transport:

#	Priority Net Zero Area	Description
1	Ensuring ULEZ compliance	Transitioning our remaining non-compliant fleet to a fully ULEZ-compliant fleet by October 2023 to meet the deadline set by the Greater London Authority
2	Transitioning to, and sustaining, a zero emission fleet	Delivering front-line, support and corporate services from a zero-emissions fleet, and establishing the supporting infrastructure required to sustain this.
3	Supporting staff to make greener commuting choices	Supporting staff to adopt greener methods of commuting by, for example, ensuring that sufficient showers, bike racks and lockers are in place, and through the provision of EV charge points for the personal vehicles of our staff.

A detailed list of fleet and staff transport sustainability actions and initiatives aligned to the three priority areas listed above is provided in *Appendix A.3*.

3.4.1. Achievements to date

Environmental sustainability has been a fundamental driver for LAS fleet modernisation over the last 3 years. Significant initiatives and benefits delivered over recent years include:

- **Project Zerro and Next Generation Ambulance** – through Project Zerro we are developing one of the first ever hydrogen-range-extended electric double-crewed ambulances (eDCA), and through the Next Generation Ambulance project we are working with national partners to enable the national procurement of eDCAs from 2022.
- **ULEZ compliance** – 68% of the Trust's front-line DCAs, and 59% of the remaining fleet, are currently ULEZ compliant
- **Electric vehicles** – the first fully-electric vehicles (Nissan Leafs) have been used in our supporting fleet and maternity fleet since 2018/19
- **Hybrid vehicles** – hybrid vehicles are used in our resuscitation and logistics fleet to deliver front-line and support services

3.5. Procurement and Supply Chain

'Delivering a Net Zero NHS' makes a strong case for the role that procurement and the supply chain must play in reducing NHS organisations' carbon footprints in three main areas: more efficient use of supplies; low-carbon substitutes and product innovation; and by ensuring suppliers are decarbonising their own processes.

To ensure that all NHS organisations are able to meet the target of (carbon) net zero by 2045, headline national guidance sets out a commitment that 'before the end of the decade, the NHS will no longer purchase from suppliers that do not meet or exceed NHS net zero commitments.'¹¹

The NHS Supply Chain is also making positive steps towards supporting sustainability, with a mandatory 'social value' weighting of 10% across all NHS procurements, coming into force in April 2022¹². This will increase the focus on sustainability and decarbonisation across the procurement of all goods and services.

To ensure alignment with national guidance, and to realise the opportunities identified by sector best practice, we will improve the sustainability of our procurement practices and supply chain in three main areas:

#	Priority Net Zero Area	Description
1	Encouraging decarbonisation of suppliers	Updating LAS procurement practices to recognise and reward sustainable suppliers.
2	Supporting product or service innovation	Identifying common products or services that have the largest sustainability improvement opportunities (for instance, relating to a reduction in single-use plastics), and engaging with suppliers to innovate and develop greener alternatives.
3	More efficient distribution and use of supplies	Ensuring that supplies are distributed and used across the organisation in a way that reduces waste, and reduces emissions.

A detailed list of procurement and supply chain sustainability actions and initiatives aligned to the three priority areas listed above is provided in *Appendix A.4*.

3.5.1. Achievements to date

The LAS procurement department have a Sustainability Lead, as well as a Sustainable Procurement Policy, which has enabled sustainable procurement initiatives and achievements to be realised in recent years, including:

- **Plastic reduction in HQ** – Eliminating single-use plastic cups, cutlery and coffee stirrers in our Waterloo Headquarters
- **New Logistics Support Unit (LSU)** – the establishment of a centralised and larger LSU will enable LAS to procure and store a larger supply of equipment and consumables and this will enable a reduction in the frequency of deliveries that is required
- **Redistribution of stock** – the Trust works closely with NHS Supply Chain and local NHS partners, identifying where surplus stock or items approaching expiry dates can be redistributed within the wider health and care system.

¹¹ Delivering a Net Zero NHS (2020) www.england.nhs.uk/greenernhs/a-net-zero-nhs/

¹² NHS Social Value Guidance <https://nhsprocurement.org.uk/mandatory-social-value-weighting-of-10-for-all-nhs-procurement/>

3.6. Digital

Several national publications make the case for the role that digital must play in delivering net zero, including: the NHSE/I 'Delivering a Net Zero NHS' publication, NHSX's 'What Good Looks Like' guidance, and the UK Government 'Sustainable ICT and Digital Services Strategy (2020 to 2025)'.

To ensure alignment with national guidance, and to realise the opportunities identified by sector best practice, we will use digital to deliver our net zero objectives in three areas:

#	Priority Net Zero Area	Description
1	Using digital as a sustainability enabler	Digital technologies, like video functionality or supporting applications which enable increased remote functionality, are an important enabler to reduce emissions related to avoidable staff journeys.
2	Improving the environmental sustainability of IM&T operations	Initiatives which reduce the electricity consumption of our IM&T infrastructure and reduce waste are necessary to deliver a sustainable IM&T department.
3	Collecting and using sustainability data	We will begin collecting and analysing sustainability data to support evidence-based decision-making around future sustainability initiatives.

A detailed list of digital sustainability actions and initiatives aligned to the three priority areas listed above is provided in *Appendix A.5*.

3.6.1. Achievements to date

Although there has not been a dedicated digital sustainability programme, a number of recent projects have delivered significant environmental benefits for LAS. Some recent examples include:

- **Mobilising remote working** – in response to the pandemic, corporate staff were provided with laptops and the supporting IT infrastructure to enable home-working. This resulted in a reduction in emissions related to staff commuting, and a reduction in office waste.
- **Rolling out Electronic Patient Care Records (ePCR)** – in April 2021, we rolled out iPads and ePCR to front-line clinicians to enable remote access to read and record patient data, and this reduced the requirements to continue using paper reports.
- **Beginning the migration to the cloud** – LAS have migrated to NHS secure O365 to exploit cloud storage and this has started the consolidation of energy-intensive, LAS-hosted data centres.

3.7. People, culture and communications

Staff engagement is a crucial enabler for the successful delivery of the LAS Carbon Neutral Plan and to ensure that LAS can meet its net zero objectives. All staff have a role to play in making sustainable choices and living out sustainable behaviours.

Learning from good practice in other organisations, we will deliver a number of sustainability initiatives across three priority areas covering our Communications, and People & Culture Directorates:

#	Priority Net Zero Area	Description
1	Raising awareness of sustainability	Using communications channels to raise awareness of sustainability drivers and initiatives across the organisation and with external partners
2	Supporting behavioural change	Encouraging LAS people to adopt more sustainable behaviours and get involved with sustainability initiatives
3	Enabling sustainability through our corporate operations and processes	Reducing the environmental impact of our corporate operations and processes by supporting staff to work remotely, where possible, and reducing the generation of waste.

A detailed list of people, culture and communications sustainability actions and initiatives aligned to the three priority areas listed above is provided in *Appendix A.6*.

3.7.1. Achievements to date

Despite not having an overarching sustainability programme across the Trust, many staff are enthusiastic and passionate about reducing our negative environmental impact. A number of recent initiatives and achievements have been delivered from both the self-organisation of motivated individuals, and central teams, including:

- **Staff led recycling** – a scheme for recycling crisp packets was recently introduced by a member of staff, which is additional to the Trust-managed recycling infrastructure
- **'Go Walk' campaign** – the Trust ran a campaign encouraging staff to get active (drive less, walk more) by providing free pedometers and running a step counting competition
- **Staff gardens** – the Communications team run an annual competition to encourage staff to look after the green spaces within their stations

4. Ensuring delivery of the LAS Carbon Neutral Plan

Delivery of our net zero objectives requires sustained and co-ordinated activity across the whole of the LAS over the next 20 years. Regular monitoring and reporting on delivery progress will be crucial to ensure that yearly progress is sufficient for the achievement of objectives that are decades into the future.

4.1. Monitoring and Reporting on Sustainability Progress

Historically, LAS has not had an organisation-wide forum to review sustainability initiatives, co-ordinate activities and monitor progress. Governance for the delivery of the Carbon Neutral Plan will be agreed following the guidance arising from the Good Governance Institute audit being carried out in winter 2021.

The governance structure for sustainability will provide assurance on the implementation of sustainability initiatives and organisational progress against net zero targets through to Trust Board via the Executive Committee. Rather than establishing a new and separate committee, it is likely that the governance for sustainability reporting will be captured within the terms of reference of an existing LAS committee.



Figure 14: Sustainability Governance (which will be informed by the recommendations of the Good Governance Institute audit)

4.2. Trust Board-level accountability for sustainability

The Chief Financial Officer will be the Board-level Sustainability Lead for the London Ambulance Service, and will be ultimately accountable for the successful delivery of the LAS Carbon Neutral Plan and achievement of net zero objectives.

4.3. Building sustainability capability and capacity

The development of the LAS Carbon Neutral Plan has identified many examples where specialist sustainability expertise would be value-adding, and where dedicated sustainability delivery resource could bridge the gap across initiatives that span multiple directorates. This includes:

- Contributing expertise to support the modelling of an emissions trajectory based off of agreed Carbon Neutral Plan initiatives;
- Understanding opportunities to use more sustainable products across our operations; and
- Supporting the technical evaluation of supplier sustainability responses to ITTs.

Without specialist expertise and dedicated delivery support, there is a risk that initiatives may not be delivered and that the sustainability benefits of the Carbon Neutral Plan will not be fully realised.

In recognition of this risk, and to improve our capability and capacity to successfully deliver the Carbon Neutral Plan, we will establish and recruit to a Sustainability Manager post. The Sustainability Manager will be responsible for:

- Leading the annual updating of the Carbon Neutral Plan and sustainability section of the Annual Report;
- Collecting and submitting quarterly Greener NHS data returns;
- Providing expertise and delivery capacity for a number of Carbon Neutral Plan initiatives;
- Mobilising and co-ordinating a network of eco-champions;
- Inputting into sustainability funding applications;
- Reviewing and monitoring changing legislation and compliance requirements;
- Networking with green leads in London and across the ambulance sector; and
- Leading on sustainability engagement with internal and external stakeholders.

4.4. Funding approach to deliver the LAS Carbon Neutral Plan

To fully deliver the LAS Carbon Neutral Plan and meet net zero targets, significant capital investment must be made to upgrade and transform the LAS estate and fleet. For example, the cost of decarbonising our DCA fleet is likely to be in excess of £86.8m. The investment required to decarbonise our estate will emerge as the Estates Strategy is developed during 2022. This scale of transformation will require multi-year financial commitment to prioritise sustainability improvements across the next decade.

Investment decisions for large capital projects will be planned and assessed through the Trust's usual business case and business planning processes. As part of this, the feasibility and affordability of projects will be assessed. A number of initial business cases for the LAS Carbon Neutral Plan have been identified in the initiatives listed in *Appendix A*. These business cases will be written over the next 18 months, and predominantly relate to fleet replacement, energy efficiency and building fabric upgrades.

Successful approval and delivery of the business cases will be dependent upon the availability of sufficient capital. To deliver at the pace that is required, LAS will need to bid for capital from external funding schemes as internally-generated capital funding will not be sufficient to fully deliver the Carbon Neutral Plan alone.

A number of sustainability-focussed funding schemes have been established in recent years to support organisations, like the LAS, in decarbonising. The largest of these funds is the Public Sector Decarbonisation Scheme which has allocated £280m in the first two phases of funding, and which will make a further £1.425bn investment to public sector bodies through to 2025¹³.

LAS will establish a Sustainability Manager post (as described in *Section 4.3*) to create additional capacity and capability to develop high-quality and compelling bids for funding from sources like the Public Sector Decarbonisation Scheme. The Sustainability Manager will work closely with colleagues from the Finance Directorate, and other relevant areas of LAS (for instance, Strategic Assets and Property) to co-develop bid submissions, and this will enable Carbon Neutral Plan delivery at the pace that is required.

¹³ DHSC 'COP26 and the NHS: Sajid Javid's open letter to all NHS trusts in England' at <https://www.gov.uk/government/publications/open-letter-to-nhs-trusts-on-net-zero-commitment/cop26-and-the-nhs-sajid-javids-open-letter-to-all-nhs-trusts-in-england>

4.5. Risks to delivering the LAS Carbon Neutral Plan

The table below sets out the major risks, and proposed mitigations, for the full delivery of the LAS Carbon Neutral Plan.

#	Risk	Proposed mitigations
1	There is a risk that there will be insufficient capital to deliver the Carbon Neutral Plan at the pace that is required	<ul style="list-style-type: none"> LAS will establish a Sustainability Manager post to create additional capacity and capability, alongside the Finance Directorate, to develop high-quality bid submissions to relevant external funding schemes.
2	There is a risk that there may be insufficient focus on delivering the Carbon Neutral Plan, particularly during periods of high operational pressure	<ul style="list-style-type: none"> The Carbon Neutral Plan will be updated on an annual basis and progress will be reported to Trust Board to ensure that the pace of delivery is sufficient to meet net zero targets. Establishing a Sustainability Manager role will ensure that delivery can be co-ordinated and that there is sufficient focus on sustainability across the organisation.
3	There is a risk that there is insufficient Board-level visibility of sustainability	<ul style="list-style-type: none"> Regular progress in delivering the LAS Carbon Neutral Plan will be reported through to Trust Board. The specific governance route will be informed by the recommendations of the Good Governance Institute audit.

5. Conclusion and immediate actions

LAS recognises its responsibility in reducing the carbon emissions and negative environmental impact of its operations. This LAS Carbon Neutral Plan sets out the pathway to a net zero LAS by 2040 for direct emissions and 2045 for the emissions that it can influence.

5.1. Immediate next steps

Upon Trust Board signoff, a number of immediate actions are required to mobilise the delivery of the Carbon Neutral Plan. These include:

- **Sustainability Manager recruitment:** to be actioned as a priority
 - **Sustainability Governance mobilisation:** the governance section of the LAS Carbon Neutral Plan will be updated to reflect the recommendations of the Good Governance Institute audit, and associated terms of reference will be updated to include sustainability reporting responsibilities
 - **Communications planning:** developing a sustainability communications and engagement plan outlining key messages for 21/22, key stakeholders and the channels through which they are engaged
 - **Green Staff Survey:** promoting the Green Staff Survey to all staff before the end of Q4 21/22 to capture baseline data on staff commuting and attitudes towards sustainability
 - **Energy tariff options appraisal:** conducting an options appraisal and developing a business case to consider switching energy tariffs to a green / renewable tariff before the renewal date in April 2022.
 - **Directorate operational plans:** updating of operational plans by each Directorate to ensure that initiatives and actions described in the relevant areas of Appendix A are captured in Directorate plans
-

Appendices

The main body of the Delivering a Greener LAS plan is supported by a number of appendices which provide supplementary information. The purpose of each of the appendices is outlined in the table below.

Appendix	Description
Appendix A: LAS Carbon Neutral Plan: List of initiatives and actions	Appendix A lists the detailed actions and initiatives that will be delivered as part of the Carbon Neutral Plan to March 2025. The initiatives are grouped by the six Green Plan Areas of Focus. The actions and initiatives detailed in Appendix A should be included within relevant Directorate operational plans.
Appendix B: National guidance	Appendix B lists the national documents, including legislation, policies and guidance, which frame the need for the LAS Green Plan
Appendix C: LAS Carbon Neutral Plan alignment with national guidance	Appendix C demonstrates the alignment of the LAS Carbon Neutral Plan Areas of Focus with the suggested Green Plan areas of focus described in national guidance

Table 1: Description of appendices contents

A list of detailed actions and initiatives that will be delivered by

Appendix A – LAS Carbon Neutral Plan: List of initiatives and actions

Appendix A provides more granular-level detail of the Carbon Neutral Plan across each of the six areas of focus. Each section follows a similar format which:

- Summarises the sustainability priorities of that focus area;
- Demonstrates the impact each priority will have on the emissions sources within the LAS carbon footprint; and
- Lists a detailed table of initiatives and activities that will be delivered before March 2025.

A.1 Clinical Operations

There are four sustainability priorities for the clinical operations area of the Carbon Neutral Plan.

#	Priority Net Zero Area	Description
1	Reducing the number of journeys to deliver care, where clinically appropriate	Using remote interventions to reduce overall journeys, and reviewing operational procedures to reduce secondary journeys and multiple attendance ratios, where clinically appropriate.
2	Reducing the environmental impact of anaesthetic gases	Exploring options to reduce emissions and waste relating to the use and disposal of medical gases, where clinically appropriate.
3	Reducing volumes of clinical waste	Reducing the generation of clinical waste, where possible, and disposing of clinical waste higher up the waste hierarchy when it is generated.
4	Ensuring our people are equipped to respond to the challenges of a changing climate	Adapting clinical training to ensure that staff and volunteers are equipped to respond to patients affected by extremes of weather (e.g. heatwaves, floods etc.)

The Clinical Operations area of the plan will have a major impact on the emissions related to anaesthetic gas use (Entonox), and will have a minor impact on the emissions related to fuel, waste, patient transport, and the supply chain related to medical goods and devices. The relationship between the Clinical Operations sustainability priorities and emissions sources is illustrated in the heat map below:

Clinical Operations Sustainability Priorities	NHS Carbon Footprint											NHS Carbon Footprint Plus										
	Fossil fuels	NHS Facilities	Anaesthetics	NHS Fleet & Leased Vehicles	Electricity	Energy Well-to-tank	Business Travel	Waste	Water	Metered-dose Inhalers	Medical Devices	Freight Transport	Business Services	Construction	Medicines	Food & Catering	Commissioned health services outside NHS	Manufacturing	ICT	Staff Commuting	Patient & Visitor Travel	
Priority 1: Reducing the number of journeys to deliver care, where clinically appropriate	+			+		+		+														+
Priority 2: Reducing the environmental impact of anaesthetic gases			++									+										
Priority 3: Reducing the volumes of clinical waste								+			+				+							
Total – Clinical Operations	+		++	+		+		+			+	+			+							+

A number of initiatives and activities will need to be delivered over the next three years to deliver the intended impacts of the clinical operations sustainability priorities. These initiatives are described in the table overleaf.

Clinical Operations Initiatives

Clinical Operations Priority 1: Reducing journeys to deliver care, where clinically appropriate

#	Initiative title	Description	Year
C1.1	Reviewing conveyancing procedures	1. Carry out a review of the response matrix (requirements for each determinant and the vehicles required to attend)	1. Q3 22/23
		2. Update the response matrix, if required, subject to the outcomes of C1.1.1.	2. Q4 22/23
C1.2	Video functionality	1. Improving access to 111/999 clinical video assist to reduce overall journeys, where clinically appropriate	1. Q2 22/23
		2. Explore the evidence base for the application of video-assist technology for different clinical specialty interventions	2. Q4 22/23
		3. Testing of potential clinical-specialty video-assist technologies	3. Q2 23/24

Clinical Operations Priority 2: Reducing the environmental impact of anaesthetic gases

#	Initiative title	Description	Year
C2.1	Understanding use of anaesthetic gases	1. Carry out a clinical audit of LAS Entonox use (subject to CARU approval for inclusion in work plan)	1. Q2 22/23
		2. Request AACE / NASMED to support national data collection and analysis on Entonox orders against administration to enable robust benchmarking	2. Q2 22/23
C2.2	Understanding gas wastage	1. Carry out a review of the operational process for Entonox use and wastage, working with logistics colleagues and medicines management	1. Q2 22/23
		2. Carry out a review of the inventory management of gases	2. Q2 22/23
C2.3	Investigating alternatives to Entonox	1. Consider alternatives to Entonox, taking the need for clinical sustainability into account, at the Medicines Management Committee with engagement with consultant paramedics, senior sector clinical leads and assistant medical directors.	1. Q2 22/23
C2.4	Entonox future planning	1. Articulate a preferred way forward for reducing emissions related to Entonox for inclusion in the 22/23 Green Plan update	1. Q3 22/23

Clinical Operations Priority 3: Reducing volumes of clinical waste

#	Initiative title	Description	Year
C3.1	Greener PPE products	1. Undertake horizon scanning and exploration of new, greener PPE products to report to Sustainability Steering Group	1. Q4 22/23
C3.2	Reducing medicines wastage	1. Roll-out automated temperature-controlled drugs bags to increase the cold chain, and reduce the generation of clinical wastage from medicines	1. Q4 23/24

Clinical Operations Priority 4: Ensuring our people are equipped to respond to the challenges of a changing climate

#	Initiative title	Description	Year
C4.1	Review clinical training	1. Review clinical training to ensure that our people are appropriately equipped to respond to patients in a changing climate	1. Q4 24/25
C4.2	Review equipment	1. Review clinical equipment and adaptations required for a changing climate	1. Q4 24/25
C4.3	Ongoing climate change monitoring and review	1. Capture the climate emergency as a BAF risk for ongoing monitoring and review	1. Q1 22/23

A.2 Estates, Facilities and Utilities

There are three sustainability priorities for the estates, facilities and utilities area of the Carbon Neutral Plan.

#	Priority Net Zero Area	Description
1	Improving the sustainability of our estate	Ensuring that all new buildings and major redevelopments are BREEAM Excellent, and all major refurbishments meet BREEAM Very Good. Using construction and engineering solutions to upgrade existing buildings by, for example, supporting a switch to LED lighting, and upgrading heating, cooling, building fabric, insulation, ventilation and hot water. This includes a specific requirement to eliminate gas boilers across our estate by 2032 at the latest.
2	Switching to 100% renewable sources of energy	Transitioning to a renewable energy tariff, and investing in on-site renewable energy generation.
3	Improving our waste sustainability	Reducing the generation of waste, where possible, and disposing of waste higher up the waste hierarchy when it is generated.

The estates, facilities and utilities area of the plan will have a major impact on the emissions related to fossil fuels, NHS facilities, electricity, waste and the construction elements of the supply chain. There will also be a minor impact on emissions related to water.

The relationship between the estates, facilities and utilities sustainability priorities and emissions sources is illustrated in the heat map below:

Key:	NHS Carbon Footprint										NHS Carbon Footprint Plus											
	Fossil fuels	NHS Facilities	Anaesthetics	NHS Fleet & Leased Vehicles	Electricity	Energy Well-to-tank	Business Travel	Waste	Water	Metered-dose Inhalers	Medical Devices	Freight Transport	Business Services	Construction	Medicines	Food & Catering	Commissioned health services outside NHS	Manufacturing	ICT	Staff Commuting	Patient & Visitor Travel	
Estates, Facilities & Utilities Sustainability Priorities																						
Priority 1: Improving the sustainability of our estate	++	++			+				+					++								
Priority 2: Switching to 100% renewable sources of energy					++																	
Priority 3: Improving our waste sustainability								++														
Total – Estates, Facilities & Utilities	++	++			++			++	+					++								

A number of initiatives and activities will need to be delivered over the next three years to deliver the intended impacts of the estates, facilities and utilities sustainability priorities. These initiatives are described in the table below and overleaf.

Estates, Facilities & Utilities Initiatives			
Estates, Facilities & Utilities Priority 1: Improving the sustainability of our estate			
#	Initiative title	Description	Year
E2.1	LAS estates audit	1. Carry out an audit (including EPC certificates and a refreshed stock condition survey) across all LAS estate to assess the least energy-efficient buildings	1. Q2 22/23
		2. Develop an energy-efficiency improvement plan, prioritising and planning the upgrades needed across the estate to improve energy efficiency	2. Q3 22/23

		3. Develop business cases, where required, to deliver the energy-efficiency improvement plan (through improved insulation, for example)	3. From Q3 22/23
E2.2	Removal of gas boilers	1. Carry out a boiler audit and develop a gas-boiler removal plan, prioritising and planning the transition to lower-carbon sources of heating, ensuring plans are aligned with the energy-efficiency improvement plan (E2.1.2)	1. Q2 22/23
		2. Develop business cases, where required, to replace existing gas boilers with greener alternatives for heating (which may include air-source, ground-source heat pumps)	2. Q2 23/24
		3. Removal of all gas boilers across LAS estate by 2032 at the latest	3. Q4 31/32
E2.3	LED lighting	1. Replace all bulbs with LED alternatives when they come to the end of life (where supporting fittings and infrastructure support this).	1. From Q1 22/23
		2. Proactively replace lighting with low-energy LED substitutes, according to the energy-efficiency improvement plan (E2.1.2)	2. Q2 22/23
E2.4	Building Management Systems (BMS)	1. Include BMS as a minimum requirement of all new property business cases	1. From Q1 22/23
		2. Assess options and a preferred way forward for the rollout of BMS in buildings where these are not already in place	2. Q2 23/24
		3. Development of a business case for the rollout of BMS	3. Q4 23/24
		4. Subsequent delivery of the BMS business case(s)	4. From Q4 23/24
E2.5	Waste water recycling (vehicle washing)	1. Investigate options and agree a preferred way forward for reclaiming waste water and harvesting rainwater for vehicle washing and grey water	1. Q4 22/23
		2. Develop business cases, where required, to deliver preferred way forward	2. Q2 23/24
E2.6	Estates enablers for fleet and staff transport	1. Include the provision of sufficient electric vehicle charging infrastructure as a minimum requirement for all new major refurbishments or construction projects	1. From Q1 22/23
		2. Include the provision of sufficient shower, locker and bike rack facilities as a minimum requirement for all new major refurbishments or construction projects.	2. From Q1 22/23
E2.7	Energy efficient white goods and equipment	1. Carry out an audit of equipment across our front-line estate, and assess options for more energy-efficient options, e.g. fridges in mess rooms	1. Q2 23/24
		2. Develop a replacement plan for equipment and white goods, based upon the outputs of E2.9.1	2. Q4 23/24
E2.8	Adaptation planning	1. Assess the adaptations that will be required across the LAS estate to mitigate against the impact of a changing climate	1. Q4 24/25
E2.9	Green surroundings & biodiversity	1. Review the LAS estate for opportunities to grow wildflowers, and introduce 'no mow' zones where appropriate.	1. Q3 22/23
		2. Explore opportunities for funding from the fourth sector to enhance building surroundings by planting trees, installing ponds, introducing beehives or installing 'live walls'.	2. Q4 22/23

Estates, Facilities & Utilities Priority 2: Switching to 100% renewable sources of energy

#	Initiative title	Description	Year
U1.1	Purchasing 100% renewable energy	1. Switch to a Renewable Energy Guarantees Origin (REGO) backed 'green' tariff with our energy supplier	1. Q1 22/23
U1.2	Installation of solar panels on existing estate	1. Carry out a feasibility study for installing solar panels and battery storage on existing LAS sites (e.g. HQ) to generate sustainable energy and improve self-sufficiency.	1. Q2 23/24
		2. Develop business cases, where required, to install solar panels on existing estate	2. Q4 23/24
		2. Delivery of preferred way forward, as per business case timelines	2. Q1 24/25

Estates, Facilities & Utilities Priority 3: Improving our waste sustainability

#	Initiative title	Description	Year
W1.1	Reusable pharma / sharps bins	1. Engage with suppliers to influence the design of bespoke bins for ambulances and crews to enable the recycling of pharma / sharps	1. Q4 23/24
W1.2	Recycling infrastructure	1. Commence a roll out programme of clear transparent recycling bins to improve recycling compliance (correct items in the correct bins) across stations	1. Q2 22/23
W1.3	Battery recycling	1. Extend the number of battery recycling bins across the Trust	1. Q4 22/23
W1.4	Correct use of bins	1. Work with suppliers and comms to display posters due to change of supplier, advising of the correct use of recycling options.	1. Q4 22/23
W1.5	Waste data analysis	1. Working with SMEs and/or a Sustainability Manager to carry out an audit of waste collection data to identify specific opportunities for improvement	1. Q4 22/23
W1.6	Uniform and kit bag disposal	1. Investigate options and agree a preferred way forward to dispose of uniforms and kit-bags higher up on the waste hierarchy.	2. Q4 22/23
		2. <i>(At present the process involves shredding for security purposes & incineration (energy recovery))</i>	
W1.7	Office furniture	1. Sign up to 'Warp It' scheme for repurposing of office items within LAS and public sector organisations	1. Q2 22/23

A.3 Fleet and transport

There are three sustainability priorities for the fleet and transport area of the Carbon Neutral Plan.

#	Priority Net Zero Area	Description
1	Ensuring ULEZ compliance	Transitioning our remaining non-compliant fleet to a fully ULEZ-compliant fleet by October 2023 to meet the deadline set by the Greater London Authority
2	Transitioning to, and sustaining, a zero emission fleet	Delivering front-line, support and corporate services from a zero-emissions fleet, and establishing the supporting infrastructure required to sustain this.
3	Supporting staff to make greener commuting choices	Supporting staff to adopt greener methods of commuting by, for example, ensuring that sufficient showers, bike racks and lockers are in place, and through the provision of EV charge points for the personal vehicles of our staff.

The fleet and transport area of the plan will have a major impact on the emissions related to fossil fuels, fleet and leased vehicles, energy (well-to-tank) and business travel. There will also be a minor impact on emissions related to manufacturing and from staff commuting.

The relationship between the fleet and transport sustainability priorities and emissions sources is illustrated in the heat map below:

Key:	NHS Carbon Footprint										NHS Carbon Footprint Plus											
	Fossil fuels	NHS Facilities	Anaesthetics	NHS Fleet & Leased Vehicles	Electricity	Energy Well-to-tank	Business Travel	Waste	Water	Metered-dose inhalers	Medical Devices	Freight Transport	Business Services	Construction	Medicines	Food & Catering	Commissioned health services outside NHS	Manufacturing	ICT	Staff Commuting	Patient & Visitor Travel	
Fleet & Transport Sustainability Priorities																						
Priority 1: Ensuring ULEZ compliance	++			++		++	++															
Priority 2: Transition to, and sustaining, a zero emissions fleet	++			++		++	++											+				
Priority 3: Supporting staff to make greener commuting choices																					+	
Total – Fleet & Transport	++			++		++	++											+			+	

A number of initiatives and activities will need to be delivered over the next three years to deliver the intended impacts of the fleet and transport sustainability priorities. These initiatives are described in the table below and overleaf.

Fleet and Transport Sustainability Initiatives			
Fleet and Transport Priority 1: Ensuring ULEZ compliance			
#	Initiative title	Description	Year
F1.1	Replace the remaining ULEZ non-compliant DCAs	1. Procure up to 71 ULEZ-compliant lightweight DCAs in FY 22/23 2. Procure up to 71 ULEZ-compliant lightweight DCAs in FY 23/24 before October 2023	1. Q4 22/23 2. Q2 23/24
F1.2	Replace remaining ULEZ non-compliant support and corporate fleet	1. Replace remaining ULEZ non-compliant support/corporate vehicles with hybrid or electric alternatives	1. Q2 23/24
F1.3	Fleet circular economy	1. Carry out an options appraisal and agree a preferred way forward for the sustainable disposal of vehicles and parts, re-cycling materials or parts where possible.	1. Q2 22/23

Fleet and Transport Priority 2: Transitioning to, and sustaining, a zero-emission fleet

#	Initiative title	Description	Year
F2.1	EV charging infrastructure	1. Set out the approach to adapting LAS estate to enable EV charging infrastructure in the Trust Estates Strategy	1. Q1 22/23
		2. Deliver minimum viable charging infrastructure for zero emission vans, NETS and support fleet	2. Q3 22/23
		3. Deliver minimum viable charging infrastructure for DCAs and blue-light cars	3. Q1 24/25
F2.2	Zero emission: Vans, NETS and Support Fleet	1. All new vans, NETS and support vehicles must be zero emission	1. From Q3 22/23
F2.3	Zero emission: DCAs and blue-light cars	1. All new DCAs and blue-light vehicles must be zero emission	1. From Q1 24/25

Fleet and Transport Priority 3: Supporting staff to make greener commuting choices

#	Initiative title	Description	Year
E2.6	Estates enablers for fleet and staff transport	2. Include the provision of sufficient shower, locker and bike rack facilities as a minimum requirement for all new major refurbishments or construction projects.	2. From Q1 22/23
F3.1	Car lease schemes	1. Reducing the cap on emissions for salary sacrifice cars from 109 g/km CO ₂ to 100 g/Km CO ₂ . This will ensure that all vehicles on the salary sacrifice scheme are low emission, hybrid or electric.	1. Q4 23/24
F3.2	Flexible Working Policy	1. Maintain an Agile Working Policy to enable corporate staff to continue working remotely to reduce the need for daily commuting	1. From Q1 22/23
		2. Carry out a review of where additional teams across the organisation could increasingly work remotely	2. Q4 22/23
		3. Review and update the Agile Working Policy	3. Q4 22/23
F3.3	Staff EV charging	1. Carry out an options appraisal and identify a preferred way forward for the provision and use of EV charging points for staff vehicles	1. Q2 23/24

A.4 Procurement and supply chain

There are three sustainability priorities for the procurement and supply chain area of the Carbon Neutral Plan

#	Priority Net Zero Area	Description
1	Encouraging decarbonisation of suppliers	Updating LAS procurement practices to recognise and reward sustainable suppliers.
2	Supporting product or service innovation	Identifying common products or services that have the largest sustainability improvement opportunities (for instance, relating to a reduction in single-use plastics), and engaging with suppliers to innovate and develop greener alternatives.
3	More efficient distribution and use of supplies	Ensuring that supplies are distributed and used across the organisation in a way that reduces waste, and reduces emissions.

The procurement and supply chain area of the Carbon Neutral Plan will have a major impact on the emissions that sit as part of the wider emissions footprint (the 'NHS Carbon Footprint Plus'). There will also be a minor impact on emissions related to fossil fuels and waste.

The relationship between the procurement and supply chain sustainability priorities and emissions sources is illustrated in the heat map below:

Key:	NHS Carbon Footprint											NHS Carbon Footprint Plus										
	Fossil fuels	NHS Facilities	Anaesthetics	NHS Fleet & Leased Vehicles	Electricity	Energy Well-to-tank	Business Travel	Waste	Water	Metered-dose inhalers	Medical Devices	Freight Transport	Business Services	Construction	Medicines	Food & Catering	Commissioned health services outside NHS	Manufacturing	ICT	Staff Commuting	Patient & Visitor Travel	
++ Major impact																						
+ Minor impact																						
Procurement & Supply Chain Sustainability Priorities																						
Priority 1: Encouraging the decarbonisation of suppliers											++	++	++	++	++	++			++	++		
Priority 2: Supporting product or service innovation									+		+	+			+	+		+	+			
Priority 3: More efficient distribution of supplies	+			+		+	+															
Total – Procurement & Supply Chain	+			+		+	+	+			++	++	++	++	++	++			++	++		

A number of initiatives and activities will need to be delivered over the next three years to deliver the intended impacts of the procurement and supply chain sustainability priorities. These initiatives are described in the table below and overleaf.

Procurement and Supply Chain Sustainability Initiatives			
Procurement and Supply Chain Priority 1: Encouraging decarbonisation of suppliers			
#	Initiative title	Description	Year
P1.1	Influencing buying behaviour (LAS)	<ol style="list-style-type: none"> Develop sustainability guidance for LAS staff (working with Sustainability Manager) to support sustainable procurement and a change in buyer behaviour Update LAS Business Case templates to include guidance relating to sustainable procurement, including, for example, consideration for energy efficiency, waste disposal methods and costs. 	<ol style="list-style-type: none"> Q2 22/23 Q2 22/23

P1.2	Influencing supplier behaviour	<ol style="list-style-type: none"> Engage with suppliers through market engagement events to share our sustainability ambitions and give them sight of requirements for baseline and target sustainability data in tender submissions Develop draft guidance (working with Sustainability Manager) to support suppliers to calculate baseline emissions data Add a public notice to the LAS website highlighting our commitment to becoming net zero 	<ol style="list-style-type: none"> From Q3 22/23 Q3 22/23 Q3 22/23
P1.3	Sustainability prioritisation in tenders & contract renewals	<ol style="list-style-type: none"> Develop template wording on LAS sustainability ambitions to include in supplier questionnaires and procurement adverts Update all procurement adverts and supplier questionnaires to include sustainability ambitions Develop stock of sustainability questions for inclusion in ITT templates (which may understand supplier decarbonisation initiatives, supplier baseline data and target emissions data) Ensure that all ITTs include sustainability questions Include Social Value responses as a minimum of 10% of the scoring matrix in all procurement selection criteria <p><i>(This is dictated by NHSE/I and the Cabinet Office, but the LAS preference will be to maximise carbon reduction when considering social value).</i></p> <ol style="list-style-type: none"> Ensure Sustainability Manager is involved in the evaluation of the technical aspects of bids for contracts with large sustainability opportunities 	<ol style="list-style-type: none"> Q1 22/23 Q2 22/23 Q2 22/23 From Q4 22/23 Now, to be monitored from Q1 22/23 From Q4 22/23
P1.4	Capturing sustainability data in Atamis	<ol style="list-style-type: none"> Begin quarterly audits to ensure that baseline and target data is routinely captured and monitored through Atamis Annual review of Atamis data to identify largest opportunities to work with suppliers to improve sustainability, and to QA self-reported data 	<ol style="list-style-type: none"> Q2 23/24 Q4 23/24
Procurement and Supply Chain Priority 2: Supporting product or service innovation			
#	Initiative title	Description	Year
P2.1	Procurement catalogue	<ol style="list-style-type: none"> Carry out a product review across catalogues, identifying the biggest opportunities to reduce single use plastics by engaging with suppliers Carry out a review to reduce the number of LAS suppliers to increase purchasing power and reduce the number of supplier vehicle journeys to LAS. 	<ol style="list-style-type: none"> Q4 22/23 Q2 23/24
P2.2	Procurement category plans	<ol style="list-style-type: none"> Carry out a review of the procurement running order to identify contracts that have the biggest opportunities to contribute to sustainability objectives Update category plans to prioritise contracts with the largest sustainability opportunities 	<ol style="list-style-type: none"> Q4 22/23 Q4 22/23

Procurement and Supply Chain Priority 3: More efficient distribution and use of supplies

#	Initiative title	Description	Year
P3.1	RFID technology	1. Implementation of RFID / barcode technology to enable tracking of equipment (e.g. defibs) – enabling enhanced stock control, equipment maintenance schedules, improving device lifespan, reducing replacements, avoiding disposal/ waste	1. Q3 22/23
P3.2	Logistics deliveries	1. Carry out a review of deliveries and mileage covered by LAS logistics vehicles and develop a preferred way forward for updating the logistics function to, for example, reduce frequency of deliveries, utilise zero-emissions vans and night routes for combined deliveries, where possible	1. Q4 22/23

A.5 Digital

There are three sustainability priorities for the digital area of the Carbon Neutral Plan

#	Priority Net Zero Area	Description
1	Using digital as a sustainability enabler	Digital technologies, like video functionality or supporting applications which enable increased remote functionality, are an important enabler to reduce emissions related to avoidable staff journeys.
2	Improving the environmental sustainability of IM&T operations	Initiatives which reduce the electricity consumption of our IM&T infrastructure and reduce waste are necessary to deliver a sustainable IM&T department.
3	Collecting and using sustainability data	We will begin collecting and analysing sustainability data to support evidence-based decision-making around future sustainability initiatives.

As a crucial enabler for sustainability, the digital area of the plan will have a minor impact across the majority of the LAS carbon footprint and carbon footprint plus. The relationship between the digital sustainability priorities and emissions sources is illustrated in the heat map below:

Key:	NHS Carbon Footprint											NHS Carbon Footprint Plus										
	Fossil fuels	NHS Facilities	Anaesthetics	NHS Fleet & Leased Vehicles	Electricity	Energy Well-to-tank	Business Travel	Waste	Water	Metered-dose inhalers	Medical Devices	Freight Transport	Business Services	Construction	Medicines	Food & Catering	Commissioned health services outside NHS	Manufacturing	ICT	Staff Commuting	Patient & Visitor Travel	
++ Major impact																						
+ Minor impact																						
Digital Sustainability Priorities																						
Priority 1: Using digital as a sustainability enabler	+			+		+	+	+	+			+									+	+
Priority 2: Improving the environmental sustainability of IM&T operations		+			+														+			
Priority 3: Collecting and using sustainability data	+	+			+				+	+		+	+	+	+	+		+	+	+		
Total - Digital	+	+		+	+	+	+	+	+		+	+	+	+	+	+		+	+	+	+	+

A number of initiatives and activities will need to be delivered over the next three years to deliver the intended impacts of the digital sustainability priorities. These initiatives are described in the table below and overleaf.

Digital Sustainability Initiatives				
Digital Priority 1: Using digital as a sustainability enabler				
#	Initiative area	Description	Year	
C1.2	Video functionality	1. Improving access to 111/999 clinical video assist to reduce overall journeys, where clinically appropriate	1.	Q2 22/23
		2. Explore the evidence base for the application of video-assist technology for different clinical specialty interventions	2.	Q4 22/23
		3. Testing of potential clinical-specialty video-assist technologies	3.	Q2 23/24
D1.2	Digitising processes	1. Launch mobile e-prescribing on clinician iPads	1.	Q4 22/23
		2. Digitise the safeguarding process to enable remote completion and an improved user experience	2.	Q2 23/24

		3. Integrate direct booking services	3. Q3 22/23
		4. Digitise corporate staff processes (to enable, for example, secure digital signatures rather than a requirement for wet signatures)	4. Q2 22/23
		5. Implementation of electronic controlled-drugs registers	5. Q1 23/24
D1.3	Digitally-enabled training	1. Enable digital first learning to increase the remote delivery of learning and development	1. Q4 22/23
		2. Enable digital training simulation to mature LAS capability for digitally-enabled learning & development	2. Q1 23/24

Digital Priority 2: Improving the environmental sustainability of IM&T operations

#	Initiative title	Description	Year
D2.1	Migration to cloud	1. Audit of applications and infrastructure to build cloud migration case and delivery plan	1. Q3 22/23
		2. Migration of all IM&T services to the cloud or hosted infrastructure	2. Q4 23/24
D2.2	IT assets at end of life	1. Investigate options and agree a preferred way forward for the re-use and/or recycling of end-of-life IT assets	1. Q3 22/23

Digital Priority 3: Collecting and using sustainability data

#	Initiative title	Description	Year
D3.1	Fleet data improvements	1. Implementation of advanced vehicle monitoring and analytics	1. Q3 22/23
D3.2	Evaluation of digital benefits	1. Evaluation of the impact of 111/999 video assist technology against intended benefits	1. Q4 22/23
		2. Evaluation of clinical specialty video assist and on-scene video assist	2. Q2 23/24
D3.3	Central Asset Management (CAM) System	1. Delivery of our CAM System to understand where our assets are and how we best manage them	1. Q3 22/23
E2.1	LAS estates audit	1. Carry out an audit (including EPC certificates and a refreshed stock condition survey) across all LAS estate to assess the least energy-efficient buildings	1. Q2 22/23
W1.4	Waste data analysis	1. Working with SMEs and/or a Sustainability Manager to carry out an audit of waste collection data to identify specific opportunities for improvement	1. Q4 22/23
P1.2	Influencing supplier behaviour	1. Engage with suppliers through market engagement events to share our sustainability ambitions and give them sight of requirements for baseline and target sustainability data in tender submissions	1. From Q3 22/23
P1.4	Capturing sustainability data in Atamis	1. Begin quarterly audits to ensure that baseline and target data is routinely captured and monitored through Atamis	1. Q2 23/24
		2. Annual review of Atamis data to identify largest opportunities to work with suppliers to improve sustainability, and to QA self-reported data	2. Q4 23/24
X2.4	Sustainability Survey	1. Launch and promote the sustainability survey to all staff on an annual basis to understand changes in attitude and behaviours over time, and to capture data on commuting habits	1. From Q4 22/23

A.6 People, Culture and Communications

There are three sustainability priorities for the people, culture and communications area of the Carbon Neutral Plan

#	Priority Net Zero Area	Description
1	Raising awareness of sustainability	Using communications channels to raise awareness of sustainability drivers and initiatives across the organisation and with external partners
2	Supporting behavioural change	Encouraging LAS people to adopt more sustainable behaviours and get involved with sustainability initiatives
3	Enabling sustainability through our corporate operations and processes	Reducing the environmental impact of our corporate operations and processes by supporting staff to work remotely, where possible, and reducing the generation of waste.

As a crucial enabler for sustainability, the people, culture and communications area of the plan will have a minor impact across the majority of the LAS carbon footprint and carbon footprint plus. The relationship between the sustainability priorities and emissions sources is illustrated in the heat map below:

Key:	NHS Carbon Footprint										NHS Carbon Footprint Plus											
	Fossil fuels	NHS Facilities	Anaesthetics	NHS Fleet & Leased Vehicles	Electricity	Energy Well-to-tank	Business Travel	Waste	Water	Metered-dose inhalers	Medical Devices	Freight Transport	Business Services	Construction	Medicines	Food & Catering	Commissioned health services outside NHS	Manufacturing	ICT	Staff Commuting	Patient & Visitor Travel	
++ Major impact																						
+ Minor impact																						
People, Culture & Communications Sustainability Priorities																						
<i>Raising awareness of sustainability</i>	+	+	+	+	+	+	+	+	+		+	+	+	+	+		+	+	+	+	+	
<i>Supporting behavioural change</i>	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+		+	+	+	+	
<i>Enabling sustainability through our corporate operations and processes</i>	+	+		+	+	+	+	+	+											+		
Total – People, Culture & Communications	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+		+	+	+	+	

A number of initiatives and activities will need to be delivered over the next three years to deliver the intended impacts of the people, culture and communications sustainability priorities. These initiatives are described in the table below and overleaf.

People, Culture and Communications (PCC) Sustainability Priorities			
PCC Priority 1: Raising awareness of sustainability			
#	Initiative title	Description	Year
X1.1	Green campaigns	1. Develop a sustainability comms and engagement plan that is annually updated	1. Q1 22/23
		2. Deliver quarterly green campaigns, including content for internal and external audiences	2. From Q1 22/23
		3. Developing a green crib sheet which describes the steps that all LAS people can take as individuals	3. Q4 22/23
X1.2	Green repository	1. Collate a central repository of sustainability information and launch on the Pulse and LAS website	1. Q2 22/23
		2. Bi-annual refresh of sustainability information on Pulse and LAS website	2. From Q4 23/24

X1.3	Induction communications	1.	Working with a sustainability manager to develop short induction comms on our sustainability ambitions and achievements, and to raise awareness of sustainable behaviours	1.	Q3 22/23
		2.	Launch use of induction comms	2.	Q4 22/23
X1.4	Patient and Public Council	1.	Provide annual update to the Patient and Public Council on sustainability initiatives and achievements	1.	From Q4 22/23

PCC Priority 2: Supporting behavioural change

#	Initiative title	Description	Year
X2.1	Sustainability Manager	1. Establish a Sustainability Manager post to co-ordinate and drive the delivery of the Green Plan (see Chapter 4)	1. Q1 22/23
X2.2	Eco-champion network	1. Sustainability Manager to present a proposal for a network of eco-champions to the Sustainability Steering Group	1. Q3 22/23
		2. Mobilise an eco-champion network	2. From Q4 23/24
X2.3	Sustainability e-Learning	1. List sustainability eLearning as a core competency for all roles in the organisation	1. Q3 22/23
		2. Provide an annual report on sustainability eLearning completion rates to the Sustainability Steering Group	2. From Q4 22/23
X2.4	Sustainability Survey	1. Launch and promote the sustainability survey to all staff on an annual basis to understand changes in attitude and behaviours over time, and to capture data on commuting habits	1. From Q4 22/23

PCC Priority 3: Enabling sustainability through our corporate operations and processes

#	Initiative title	Description	Year
X3.1	Reducing reliance on paper comms	1. Switching to a 'digital first' principle for all internal and external comms, unless where not appropriate (for access requirements, for example)	1. From Q1 22/23
D1.2	Digitise processes	2. Digitise corporate staff processes	2. Q2 22/23
X3.2	Food & Nutrition	1. Include sustainability principles in the evaluation of options for modernising the HQ canteen, including consideration for food waste, and promoting local and seasonal food supply.	1. Q1 22/23
F3.2	Flexible Working Policy	1. Maintain an Agile Working Policy to enable corporate staff to continue working remotely to reduce the need for daily commuting	1. From Q1 22/23
		2. Carry out a review of where additional teams across the organisation could increasingly work remotely	2. Q4 22/23
		3. Review and update the Agile Working Policy	3. Q4 22/23

Appendix B – National Publications

There are a number of national documents which frame the requirements for the LAS Carbon Neutral Plan, and these are summarised in the tables below.

National Legislation

Policy / Strategy	Year	Summary
Environmental Protection Act	1990	The Act makes provision for the improved control of pollution to the air, water and land by regulating the management of waste and the control of emissions. Since 1990, several provisions have been replaced by subsequent environmental legislation, which should therefore be considered in conjunction with the Act.
Civil Contingencies Act	2004	This is one of the most relevant pieces of legislation to emergency planning for flooding . It lists emergency services as 'Category 1' responders to emergencies and requires us to have robust and flexible emergency planning and interoperability arrangements.
Climate Change Act	2008	The Act is the basis for the UK's approach to tackling and responding to climate change. The UK government is committed by law to reducing greenhouse gas emissions by at least 100% (net zero) of 1990 levels by 2050 and the NHS is expected to play its part. The revised 100% target is based on advice from the Committee on Climate Change 2019 report
Public Sector (Social Value) Act	2012	The Act calls for all public sector commissioning to factor in economic, social and environmental well-being in connection with public services contracts and for connected purposes. This is achieved through the NHS accredited suppliers list.
UK Emissions Trading Scheme (UK ETS)	2021	This scheme replaces the UK's participation in the EU Emissions Trading Scheme. The 4 governments of the UK have established the scheme to increase the climate ambition of the UK's carbon pricing policy , whilst also protecting the competitiveness of UK businesses.

National Documentation

Policy / Strategy	Year	Summary
The Stern Review 2006: The Economics of Climate Change	2006	A landmark study which assessed a wide range of evidence on the impacts of climate change and on the economic costs . It concludes the benefits of strong and early action far outweigh the economic costs of not acting.
Sustainable procurement: the Government Buying Standards (GBS)	2012	This paper sets out standards for sustainable procurement - a process whereby organisations meet their needs for goods, services, works and utilities in a way that benefits not only the organisation, but also society and the economy, while minimising damage to the environment. Whilst mandatory for governmental departments, this is also encouraged for wider public sector.
Health Protection Agency: Health Effects of Climate Change in UK	2012	The HPA provides an overview of evidence and recommendations in relation to climate change. It cites flooding as a cause for disrupted ambulance services and recommends flood risk assessments to be carried out at ambulance stations.

DEFRA: The Economics of Climate Change – Health & Wellbeing	2013	This report shows climate change has a direct effect on the population’s health . For example the mental health impact of flooding and the impact of rising temperatures on older people. It also explores adaptation actions for flooding in NHS buildings.
Clean Growth Strategy	2017	An ambitious blueprint for Britain’s low carbon future, exploring business efficiency, transport, power, innovation and with a focus on the public sector.
DEFRA: National Adaptation Programme	2018	This policy paper sets out what the government and others will do over the next 5 years to make the country more resilient to climate change. Emergency services must have incident management arrangements in place for floods / extreme weather.
DEFRA: Clean Air Strategy	2019	This strategy shows how DEFRA will tackle all sources of air pollution , making our air healthier to breathe, protecting nature and boosting the economy.
A Green Future: Our 25 Year Plan to Improve the Environment	2018	As well as reducing carbon emissions and building resilience against climate change, the Government’s plan considers the link between sustainability and health , touching upon social prescribing, e.g. recommending gardening or outdoor exercise to combat loneliness and isolation, and thereby improving mental health.
UK Climate Emergency	2019	The English, Scottish and Welsh governments all declared climate emergencies . It does not legally compel the government to act, but demonstrates the will of the Commons on tackling the green agenda and becoming carbon neutral.
Net Zero: The UK’s contribution to stopping global warming	2019	Committee on Climate Change proposed a new emissions target for the UK by 2050 (taking the Climate Change Act target from 80% to 100% reduction in greenhouse gases – i.e. net zero)
Government’s COVID-19 Recovery Strategy	2020	The government has announced plans to ‘build back greener’ as part of the Covid-19 recovery strategy. £134m is to be invested in UK businesses on clean growth projects, developing new technologies and to secure new jobs

NHS publications and guidance

Policy / Strategy	Year	Summary
NHS Carbon Reduction Strategy	2009	The <i>‘Saving Carbon, Improving Health’</i> paper sets out the case for action by the health sector in London. It states that the ultimate responsibility for reducing carbon lies with Trust Chief Executives
The Marmot Review	2010	The <i>‘Fair Society, Healthy Lives’</i> paper proposes a new way to reduce health inequalities in England, ensuring social justice, health and sustainability are at the heart of all policies
Carter Review	2016	The Review identifies a significant opportunity for Trusts to achieve cost efficiencies by reducing their energy consumption which will also mitigate against the effects of climate change through improved energy efficiency.
Naylor Review	2017	This NHS Property and Estates report considers ‘why the estate matters for patients’ and recommends a holistic approach to estates management, which considers space use and environmental efficiency

Public Health Outcomes Framework	2019	The report sets PHE's out a vision to improve and protect the nation's health . The PHOF is used as a tool for local transparency and accountability, providing a means for benchmarking progress within each local authority and across authorities Is this another tool we need to use??
NHS Long Term Plan	2019	This mentions reducing fleet air pollution emissions by 20% by 2023/24 and supporting the government's target to reduce emissions by 80% by 2050
Delivering a Net Zero NHS	2020	This report follows the 2009 NHS Carbon Reduction Strategy. It sets a commitment to be net zero by 2040 for the emissions that the NHS controls directly , and to reach an 80% reduction (from 1990 levels) by 2028 to 2032 .
NHS Standard Contract	2020/21	Providers must plan to address the social, economic and environmental aspects of sustainable development , addressing not only climate change and carbon reduction, but also air pollution, minimising waste and use of plastics

Appendix C – LAS Carbon Neutral Plan alignment with national guidance

NHSE/I ‘How to produce a Green Plan’ national guidance sets out the minimum requirements of a Green Plan and suggests that NHS organisations should structure their document differently according to their needs.

The table below shows the alignment of the six LAS areas of focus, with the areas of focus that are described in the NHSE/I ‘How to produce a Green Plan’ national guidance.

		LAS Areas of Focus					
		Clinical operations	Estates, facilities & utilities	Fleet & transport	Procurement & supply chain	Digital	People, culture & communications
NHSE/I areas of focus	Workforce & system leadership						X
	Sustainable models of care	X					
	Digital transformation					X	
	Travel and transport			X			
	Estates and facilities		X				
	Medicines	X					
	Supply chain and procurement				X		
	Food and nutrition						X
	Adaptation	X	X				

Figure 15: Alignment of six LAS areas of focus with national guidance



Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Digital Strategy Scorecard			
Agenda item:	10			
Report Author(s):	Barry Thurston, Interim CIO			
Presented by:	Barry Thurston, Interim CIO			
History:	Logistics and Infrastructure Committee			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board's attention:				
<p>Through the summer the IT department have taken the Trusts existing Digital Strategy and refreshed the document. There are several regional initiatives around digital strategies and also an opportunity to seek funding through several pots of money known as the Unified Technical Fund (UTF) in order to accelerate Trust strategies. The framework, What Good Looks Like, is seen as a way of measuring progress against a digital strategy implementation. This methodology has also been shared with other ambulance Trusts and NHS Digital who are in support of the approach and keen to monitor its progress</p>				
Recommendation for the Board:				
The Board is asked to take assurance from the draft scorecard.				

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	Barry Thurston, Interim CIO
Medical	Yes		No	
Communications & Engagement	Yes		No	
Strategy	Yes		No	
People & Culture	Yes		No	
Corporate Governance	Yes		No	



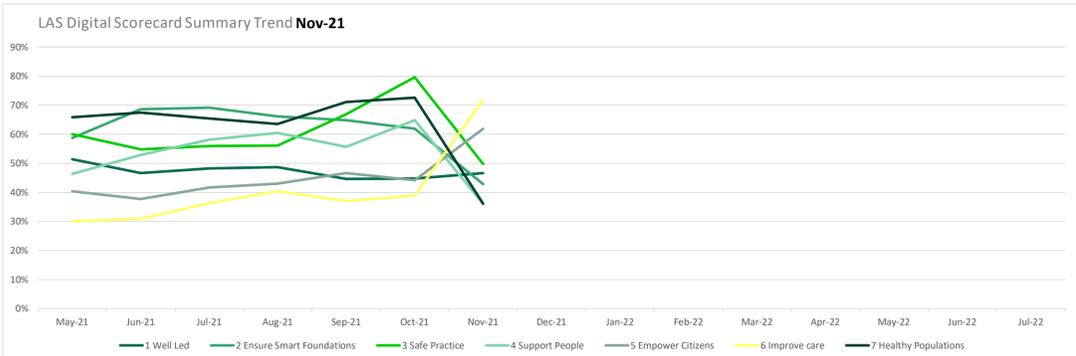
DIGITAL STRATEGY & TRANSFORMATION SCORECARD TEST DATA

1 Well Led	2 Ensure Smart Foundations	3 Safe Practice	4 Support People	5 Empower Citizens	6 Improve care	7 Healthy Populations
47%	43%	50%	36%	62%	72%	36%
WGLL Success measure	WGLL Success measure	WGLL Success measure	WGLL Success measure	WGLL Success measure	WGLL Success measure	WGLL Success measure
Board level digital and data leadership	Use of multidisciplinary teams	DSPT Compliance	Use of digital first and FL innovation ideas		Use of digital for consistent pathways	
Digital governance	Use of the Technology CoP & secure by design	Use of NHSD Services	data, digital and cyber literacy & development		Digital support for safer care	
Clinical input to the Digital Strategy	Plan & move to cloud hosting & operation	Backup, legacy and alert management	whether systems are intuitive & easy to use		Use of Decision Support tools	
Board level Digital ownership and ICS links	Network robustness & security maintenance	Process for managing cyber risk	staff supported to work flexibly & remotely		Remote consultation & monitoring use	
Frontline and citizen driven solutions.	Digital assets within life-cycle & support	Cyber security function and responsibilities	FL staff have info they need to do their job		multidisciplinary and collaborative care plans	
Regular digital board development sessions	Use of modern telephony & comms	Clinical safety function and responsibilities	Levels of 24/7 system support			
Investments in a multidisciplinary CCIO	Staff access to tech to best support their roles	Response to relevant safety alerts				
	Electronic care record system consolidation	Use of clinical safety standards				
	Electronic care record systems extended use	NHS national contract technology compliance				
	Data contribution to shared care records					
	net zero carbon and sustainability progress					
LAS & Amb Sector Digital Perf Indicators	LAS & Amb Sector Digital Perf Indicators	LAS & Amb Sector Digital Perf Indicators	LAS & Amb Sector Digital Perf Indicators	LAS & Amb Sector Digital Perf Indicators	LAS & Amb Sector Digital Perf Indicators	LAS & Amb Sector Digital Perf Indicators
Digital Capability Roadmap Progress	Digital Architecture Roadmap Progress	Information Security ISO 27001/27002	People elements of Digital Roadmap	Citizen elements of Digital Roadmap	Clinical elements of Digital Roadmap	Progress of Pop- Health elements of Roadmap
Use of Resources: Revenue Budgets	Digital Capability Roadmap Progress	Digital Regulatory requirements.	OPM Report			
Use of Resources: People - Vacancy levels	Data-Driven Roadmap Progress	Cyber Improvement Plan Progress	OPM Report			
Use of Resources: Underpinning Contracts	IT Service Management performance	Operational Cyber Metrics				
	Digital Infrastructure performance					
	Core Digital system performance					
	Info Management service performance					
	Business Intelligence service performance					
	Data Quality Performance					
	Core Ambulance Digital Maturity					

Nov-21

Success Measure	Score	Target	Max
1 Well Led	47%	80%	100%
2 Ensure Smart Foundations	43%	80%	100%
3 Safe Practice	50%	80%	100%
4 Support People	36%	80%	100%
5 Empower Citizens	62%	80%	100%
6 Improve care	72%	80%	100%
7 Healthy Populations	36%	80%	100%

Current reported month	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
1 Well Led	51%	47%	48%	49%	45%	45%	47%								
2 Ensure Smart Foundations	59%	69%	69%	66%	65%	62%	43%								
3 Safe Practice	60%	55%	56%	56%	67%	80%	50%								
4 Support People	46%	53%	58%	60%	56%	65%	36%								
5 Empower Citizens	40%	38%	42%	43%	47%	44%	62%								
6 Improve care	30%	31%	36%	40%	37%	39%	72%								
7 Healthy Populations	66%	67%	65%	64%	71%	73%	36%								



1 Well Led	47%	LAS Measure Summary	Specific LAS Measure	Measurable	Achievable	Relevant	Timing
WGLL Success measure	Score	What do we measure?	What exactly does the Trust measure?	What levels are to be used to indicate success?	Is the goal really attainable?	Is it relevant to and align with the DS?	Measured how often & when to achieve success?
Build digital and data leadership expertise and strong board-level accountability for digital transformation - this would include having a CIO or CCIO (or role within this function) as a member or attendee of the board	4	Board level digital and data leadership	Digital Trust Board transformation and leadership and assurance is in place. Whether both roles are in place and responsibilities are pat of respective JD's a) CIO is a member or attendee of the board b) There is Digital NFD expertise on Board for assurance	0= No to both 1= N/A 2= Plan in place 3= 1 out of 2 4= Both 5= Both and evidence minute at T Board	Yes	Yes	Measured every Quarter From implementation of scorecard
Establish board governance that regularly reviews digital and data strategy, cyber security, services, delivery and risks, underpinned by meaningful metrics and targets	3	Digital governance	Extent that key digital assurance reports are regularly reviewed by the Board or committees: Each report below has an agreed oversight committee and format each is submitted and reviewed in line with the Timing schedule. a) DS review b) Cyber security Performance Report c) Digital Service Report d) Digital Delivery Report (Portfolio/Project) e) Digital Risks 12 plus	All with evidence minute at T Board 0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All 5	Requires resource to produce papers and co-ordinate and to confirm minutes. <i>how will do this?</i>	Yes	a) Annual b) Quarterly c) Quarterly d) Quarterly e) Quarterly
Ensure that your digital and data strategy has had wide input from clinical representatives from across the organisation	0	Clinical input to the Digital Strategy	Extent of input from clinical representatives input to DS. Whether the last annual refresh/review or new DS has evidence of wide input from a) CCIO b) Clinical Strategy lead c) Clinical Management Group d) Clinical groups from across the organisation	0= No input 1= 1 out of 4 2= 2 out of 4 3= 3 out of 4 4= 4 out of 4 5= 4 plus CCIO & Med Dir sign off for assurance	Yes	Yes	Annual
Ensure board ownership of a digital and data strategy that is linked to the Integrated Care System (ICS) strategy and underpinned by a sustainable financial plan	1	Board level Digital ownership and ICS links	Extent that the DS is owned by the Board, linked to ICS strategy and is underpinned by a sustainable financial plan Evidence of the combination of all three factors a) Owned by the Board - minute DS Board owner and agenda'd reporting b) ICS strategy and leadership engagement in development c) Underpinned by a sustainable financial plan, signed off by the CIO	0= No Digital Strategy 1= Digital Strategy but no evidence of 1-3 2= Evidence of 1 out of 3 3= Evidence of 2 out of 3 4= Evidence of 3 out of 3 5= All three with assured sign-off at T Board	Yes	Yes	a) Quarterly b) Annually c) Bi-annual
Identify digital and data solutions to improve care by regularly engaging with frontline users and citizens	1	Frontline and citizen driven solutions.	Extent that frontline users and citizens contribute to the identification of problems and solutions. level of consultation or direct involvement of frontline users and citizens in identifying problems and solutions.	In relation to digital solution identification and design 0= No Evidence of end user or citizen consultation or involvement 1= Ad-hoc consolation with one or other 2= Formal involvement with one or other 3= Ad-hoc consolation with both 4= Formal involvement with both 5= 4 is regular with feedback	<i>? Who would do this - Projects, pipeline management, timing?</i>	Yes	a) Quarterly review of projects and initiatives
Invest in regular board development sessions to develop digital confidence, manage cyber security risk and achieve the sustainability agenda	1	Regular digital board development sessions	Extent that digital board development sessions take place on: a) developing digital confidence, b) Managing cyber security risk, c) Achieving the sustainability agenda	0= None 1= Evidence of 1 out of 3 2= N/A 3= Evidence of 2 out of 3 4= N/A 5= Evidence of 3 out of 3	Requires resource to confirm minutes. Who will do this?	Yes	Bi-annual
Invest in a multidisciplinary CCIO and CNIO function	0	Investments in a multidisciplinary CCIO	Extent that the Trust Invests in a multidisciplinary CCIO and CNIO function That there is a CCIO, they are given dedicated time, space and resources for digital/clinical leadership activities and development. a) > 50% of time ringfenced for digital b) has all resources needed c) has an active PD Plan suitable for a CCIO role	0= No CCIO 1= CCIO but 0 out of 3 2= Evidence of 1 out of 3 3= Evidence of 2 out of 3 4= Evidence of 3 out of 3 5= 4 Plus CIO attends digital Board development sessions.	Yes	Yes <i>Assume no CNIO - is this sound?</i>	Annual review
LAS & Amb Sector Digital Perf Indicators		Score					
Leadership Capability	2	Digital Capability Roadmap Progress	Progress against LAS Capability Roadmap. - All projects and initiatives due to be in delivery are green	0= No records kept on compliance or under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green	Yes	Yes	Monthly
Use of Resources 1	4	Use of Resources: Revenue Budgets	What is the Trust's expectation e.g. Current month within +/-5% Forecast end of year +/- 1%				Monthly

Use of Resources 2	5	Use of Resources: People - Vacancy levels	Perm vacancy rate	0= No records kept on compliance or under50% 1= 60% of permanent roles fulfilled 2= 70% of permanent roles fulfilled 3= 80%of permanent roles fulfilled 4= 90% of permanent roles fulfilled 5= 95% of permanent roles fulfilled	Yes	Yes	Monthly
Use of Resources 3	5	Use of Resources: Underpinning Contracts	Use of Resources: Contracts - Proposition Tendered in last 5 years or on framework				

2 Ensure Smart Foundations	43%	LAS Measure	Specific	Measurable	Achievable	Relevant	Timing	Weighting	Total score
WGLL Success measure	Score	What do we measure?	What exactly does the Trust measure?	What levels are to be used to indicate success?	Is the goal really attainable?	Is it relevant to and align with the DS?	Measured how often & when to achieve success?	Weight out of 10	Score
invest in and build multidisciplinary teams with clinical, operational, informatics, design and technical expertise to deliver your digital and data ambitions	0	Use of multidisciplinary teams	Progress against LAS Capability Roadmap. - All projects and initiatives due to be in delivery are green	0= No records kept on compliance or under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green	Yes	Yes	Quarterly	5	2.463
make sure that all projects and programmes meet the Technology Code of Practice and are cyber secure by design	4	Use of the Technology CoP & secure by design	Extent that projects and programmes meet the Technology CoP and are cyber secure by design Proportion of Projects in delivery with compliant assessment aligned to TCoP https://www.gov.uk/guidance/the-technology-code-of-practice#use-cloud-first	0= No records kept on compliance 1= 50% of projects confirmed as compliant 2= 70% of projects confirmed as compliant 3= 80% of projects confirmed as compliant 4= 90% of projects confirmed as compliant 5= 100% of projects confirmed as compliant	? Needs to be included in EA DIA	?	Quarterly	5	21.33
have a plan and move to cloud data hosting and management	1	Plan & move to cloud hosting & operation	Extent that data and information systems that are appropriate to move to the cloud or internet facing hosts, have been	0= No Plan to migrate data and information systems 1= Plan and funding agreed to migrate within 2 years 2= 10% of planned migration complete 3= 50% of planned migration complete 4= 90% of planned migration complete 5= 100% of planned migration complete	Dependant on funding	Yes	Quarterly	5	2.521
maintain a robust and secure network	1	Network robustness & security maintenance	xxx elements of DSPT Speak with CSO - Combine with OPM S&N measures	0= 1= 2= 3= 4= 5=				5	5.846
ensure hardware, software and end user devices are all within the suggested supplier life cycle and fully supported	1	Digital assets within life-cycle & support	Proportion of IT assets (hardware, software and end user devices) are compliant (within suggested supplier life cycle and fully supported) - if an items compliance is unknown, it is not compliant	0= No records kept on compliance 1= 50% of assets confirmed as compliant 2= 70% of assets confirmed as compliant 3= 80% of assets confirmed as compliant 4= 90% of assets confirmed as compliant 5= 100% of assets confirmed as compliant	Yes - need to review how lose LAS are in measuring - hardware yes. OS yes, S/W?	Yes	Quarterly	5	7.306
remove fax machines and non-emergency pagers, and maximise use of modern telephony and communication methods, for example, communications software	3	Use of modern telephony & comms	a) No fax machines in use anywhere in the Trust b) No non-emergency pagers in use anywhere in the Trust c) evidence of extensive modern telephony use (ACD systems, software / cloud based voice and video comms are mainstream) d) evidence of extensive cloud messaging use (Recall to duty messaging, roster booking & messaging, emergency call alert / information)	0= 0 out of 4 1= plans to remove NE pagers and Faxes and adopt modern comms 2= 1 out of 4 3= 2 out of 4 4= 3 out of 4 5= 4 out of 4	Yes	Yes	Quarterly	5	13.07
ensure staff have access to the technology and devices that best support their roles	1	Staff access to tech to best support their roles	Extent that staff have access to the technology and devices that best support their roles AAACE Digital Maturity Assessment - questionnaire requested from Joe					5	3.819
maintain a central, organisation-wide, real-time electronic care record system	1	Electronic care record system consolidation	to what extent are real-time electronic care record (eCR) systems, central and organisation-wide,	0= No real-time eCR system 1= separate real time eCR systems for some care settings in org 2= as 1 but for all care settings in org 3= as 2 but all are integrated 4= a central, organisation-wide, real-time eCR system 5= as 4 plus DQ reported up to TB	Yes	Yes	Quarterly	5	4.448
extend the use and scope of your electronic care record systems to all services, ensuring greater clinical functionality and links to diagnostic systems and electronic prescribing and medicines administration (EPMA)	5	Electronic care record systems extended use	Use and scope of electronic care record systems to all services, ensuring greater clinical functionality and links The extent that clinical services use electronic care record (eCR) systems with links to a) diagnostic systems, b) electronic prescribing c) medicines administration (EPMA) How does AAACE DMA feed into this?	0= No clinical services use eCR systems 1= some clinical services use eCR systems 2= All clinical services use eCR systems 3= As 2 plus 1 out of 3 4= As 2 plus 2 out of 3 5= As 2 plus 3 out of 3	Yes	Yes	Quarterly	5	23.86
contribute data to the ICS-wide shared care record in line with the Professional Records Standard Body's (PRSB) Core Information Standard	4	Data contribution to shared care records	Extent that LAS 111 and 999 care records are made available to the London Shared care records in line with the Professional Records Standard Body's (PRSB) Core Information Standard a) 111 data is shared b) 999 data is shared c) to all ICS in Trust's geographic area	0= None 1= Evidence of 1 out of 3 2= N/A 3= Evidence of 2 out of 3 4= N/A 5= Evidence of 3 out of 3	Yes	Yes	Quarterly		0

ensure progress towards net zero carbon, sustainability and resilience ambitions by meeting the Sustainable ICT and Digital Services Strategy (2020 to 202e) objectives	1	net zero carbon and sustainability progress	Extend the trust meets the Sustainable ICT and Digital Services Strategy (2020 to 202e) objectives 1. Reduced carbon and cost 2. Increased resilience 3. Increased responsibility 4. Increased transparency 5. Increased accountability Speak with Ant Scott on this	0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All 5 https://www.gov.uk/government/publications/greening-government-ict-and-digital-services-strategy-2020-2025						0
LAS & Amb Sector Digital Perf Indicators	Score									
Progress against Digital Architecture Roadmap	5	Digital Architecture Roadmap Progress	Progress against Digital Architecture Roadmap - All projects and initiatives due to be in delivery are green	0= No records kept on compliance or under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green	Yes	Yes	Monthly		5	23.7
Progress against LAS Digital Capability Roadmap	4	Digital Capability Roadmap Progress	Progress against LAS Digital Capability Roadmap - All projects and initiatives due to be in delivery are green	0= No records kept on compliance or under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green	Yes	Yes	Monthly		5	22.12
Progress against LAS Data Driven Roadmap	2	Data-Driven Roadmap Progress	Progress against LAS Data Driven Roadmap -All projects and initiatives due to be in delivery are green	0= No records kept on compliance or under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green	Yes	Yes	Monthly		5	10.02
LAS IM&T Service Management performance	4	IT Service Management performance	e	Current month metrics on or better than SLA target 0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All	Yes	Yes	Monthly - from OPM report		5	20
LAS IM&T Infrastructure Performance Measures	2	Digital Infrastructure performance	The following top 5 Infrastructure Performance metrics a) Network Service Availability b) Network Assets % within 12 months of end of life c) Systems Service Availability d) Systems Assets % within 12 months of end of life e) SolarWinds Pingdom Website Uptime Monitoring	Current month metrics on or better than SLA target 0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All	Yes	Yes	Monthly - from OPM report		5	10
LAS IM&T core clinical and operational system Performance Measures	0	Core Digital system performance	The following top 5 Service Management metrics a) Core CAD CommandPoint service availability b) Ancillary systems service availability c) CAD Assets - % within 12 months of end of life d) Clinical systems Service availability e) Clinical systems Assets - % within 12 months of end of life	Current month metrics on or better than SLA target 0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All	Yes	Yes	Monthly - from OPM report		5	0
LAS IM&T Information Management Performance Measures	2	Info Management service performance	The following top 5 Information Management Performance metrics a) TBC b) TBC c) TBC d) TBC e) TBC	Current month metrics on or better than SLA target 0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All	Yes	Yes	Monthly - from OPM report		5	8.7
LAS BI Service delivery Measures	0	Business Intelligence service performance	The following top 5 BI Performance metrics a) TBC b) TBC c) TBC d) TBC e) TBC	Current month metrics on or better than SLA target 0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All	Yes	Yes	Monthly - from OPM report		5	1.393
DQ Measures?	3	Data Quality Performance	May be covered elsewhere						5	15.76
AACE Digital Maturity Assessment	1	Core Ambulance Digital Maturity	LAS maturity of three key areas within the Ambulance provision across the UK a) Telephony, including voice recording, b) Computer Aided Dispatch systems c) Electronic Patient Record systems Joe Garcia						5	7.099

3 Safe Practice	50%	LAS Measure	Specific	Measurable	Achievable	Relevant	Timing	Weighting	Total score
WGLL Success measure	Score	What do we measure?	What exactly does the Trust measure?	What levels are to be used to indicate success?	Is the goal really attainable?	Is it relevant to and align with the DS?	Measured how often & when to achieve success?	Weight out of 10	score
comply with the requirements in the Data Security and Protection Toolkit which incorporates the Cyber Essentials Framework	3	DSPT Compliance	Compliance and a view of % Non Compliant or formal risk acceptance	0= Under 7% compliance or formal risk accepted 1= 70% compliance or formal risk accepted 2= 80% compliance or formal risk accepted 3= 90% compliance or formal risk accepted 4= 100% compliance or formal risk accepted 5= 100% compliance	Yes	Yes	Annual submission. Bi-annual internal checkpoint	5	17.21
fully use national cyber services provided by NHS Digital	1	Use of NHSD Services	List of services - which ones do we use	0= 1= 2= 3= 4= 5=	? How do we measure this			5	2.908
have a secure and well-tested back-up, a plan to get off and stay off unsupported systems, and a rapid turn-around of High Severity Alerts	5	Backup, legacy and alert management	With regard to corporate & patient record data and key (operational/clinical) systems (CAD, ePCR & data warehouse): a) Have a secure data back-up, b) Have a well-tested data back-up, c) Have a well-tested key systems back-up, e) A plan to get off and stay off unsupported systems, d) Evidence rapid turn-around of High Severity Alerts	0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All	Yes	Note this could apply to both data and Operational capability	Quarterly	5	25.8
establish a process for managing cyber risk with a cyber improvement strategy, investment and progress regularly reviewed at board level	2	Process for managing cyber risk	Existence of the below: a) a process for managing cyber risk b) a cyber improvement strategy (or plan), c) investment and progress regularly reviewed at board level	0= None 1= Evidence of 1 out of 3 2= N/A 3= Evidence of 2 out of 3 4= N/A 5= Evidence of 3 out of 3	Yes	Yes	Bi Annual	5	7.675
have an adequately resourced cyber security function, including a senior information responsible officer (SIRO) and data protection officer (DPO)	4	Cyber security function and responsibilities	Evidence of a) adequately resourced cyber security function, b) a senior information responsible officer (SIRO) c) data protection officer (DPO)	0= None 1= Evidence of 1 out of 3 2= N/A 3= Evidence of 2 out of 3 4= N/A 5= Evidence of 3 out of 3	Yes	Yes	Bi Annual	5	19.36
have an adequately resourced clinical safety function, including a named CSO, to oversee digital and data development and deployment across all care services	1	Clinical safety function and responsibilities	Evidence of a) an adequately resourced clinical safety function, b) a named CSO, to oversee digital and data development and deployment across all care services	0= 1= 2= 3= 4= 5=	Who fulfils this function			5	5.487
establish a clear process for reviewing and responding to relevant safety recommendations and alerts, including those from NHS Digital (cyber), NHS England and NHS Improvement, the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Healthcare Service Investigation Branch (HSIB)	2	Response to relevant safety alerts	Evidence of a clear process for reviewing and responding to relevant safety recommendations and alerts, from: a) NHS Digital (cyber), b) NHS England and NHS Improvement, c) Medicines and Healthcare Products Regulatory Agency d) Agency e) the Healthcare Service Investigation Branch (HSIB)	0= 1= 2= 3= 4= 5=	Who fulfils this process outside cyber?			5	12.22
ensure clinical systems and tools meet clinical safety standards as set out by the Digital Technology and Assessment Criteria (DTAC) and DCB0129 and DCB0160	3	Use of clinical safety standards	Extent that clinical systems and tools (define list) meet clinical safety standards as set out by the Digital Technology and Assessment Criteria (DTAC) and DCB0129 and DCB0160 VW/RQ to review	0= 1= 2= 3= 4= 5=				5	15.44
ensure you are compliant with NHS national contract provisions related to technology-enabled delivery (for example, clinical correspondence and electronic discharge summaries)	1	NHS national contract technology compliance	Extent that systems and tools (define list) meet NHS national contract provisions related to technology-enabled delivery VW/RQ to review	0= 1= 2= 3= 4= 5=				5	5.828
LAS & Amb Sector Digital Perf Indicators									
Information Security ISO 27001/27002,	2	Information Security ISO 27001/27002	Is this an ambition? - How do we measure? RQ to review	0= 1= 2= 3= 4= 5=					0
Meets all Regulatory requirements.	5	Digital Regulatory requirements.	What other requirements are there? a) GDPR RQ to review	0= 1= 2= 3= 4= 5=					0

Progress against Cyber Improvement Plan	5	Cyber Improvement Plan Progress	Progress against cyber improvement Roadmap. - All projects and initiatives due to be in delivery are green Tracking Green? Tactical dept. or strategic. Mick Tennant.	0= No plan under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green	Yes	Yes	Monthly - from OPM report		0
Operational Cyber reporting	5	Operational Cyber Metrics	The following top 5 Infrastructure Performance metrics . Combining with Simon Carey, LIC / OPM reporting. - (break down) incidents, device compliance SC advises New Cyber reporting in Nov. - await this.	Current month metrics on or better than SLA target 0= None 1= 1 out of 5 2= 2 out of 5 3= 3 out of 5 4= 4 out of 5 5= All	Yes	Yes	Monthly - from OPM report		0
									0

4 Support People	36%	LAS Measure	Specific	Measurable	Achievable	Relevant	Timing	Weighting	Total score
WGLL Success measure	Score	What do we measure?	What exactly does the Trust measure?	What levels are to be used to indicate success?	Is the goal really attainable?	Is it relevant to and align with the DS?	Measured how often & when to achieve success?	Weight out of 10	score
create and encourage a digital first approach and share innovative improvement ideas from frontline health and care staff	3	Use of digital first and FL innovation ideas	To what extent does the LAS create and encourage a digital first approach and share innovative improvement ideas from frontline health and care staff Evidence of: a) collection of digital improvement ideas from FL staff b) a Trust-wide managed process for a c) innovation ideas from FL being managed through to delivery d) a Trust-wide managed process for c e) widespread communications explaining how staff can lodge and progress digital innovation ideas for exploration.	0= 1= 2= 3= 4= 5=	All require additional CCIO and P&C input.			5	13.66
support all staff to attain a basic level of data, digital and cyber security literacy, followed by continuing professional development	0	data, digital and cyber literacy & development	Evidence of the following for all staff a) entry level IG training reach (90% staff) b) entry level cyber security literacy available c) entry level digital literacy available d) higher level digital and data skills development available e) a digital literacy or development element included in 50% of all staff PDR	0= 1= 2= 3= 4= 5=				5	1.995
ensure that the systems that your staff use are intuitive and easy to use	2	whether systems are intuitive & easy to use	Evidence of the following good practice measures: a) usability forms part of digital tender excesses b) usability is included in the Trust's digital architecture principles. c) process for usability improvement ideas d) Internal user groups for key digital systems e) Wider surveys on digital usability	0= 1= 2= 3= 4= 5=				5	12.43
support your staff to work flexibly, remotely, and across multiple wards or sites	2	staff supported to work flexibly & remotely	Evidence of the following: Basic remote office and mail capabilities available to all staff. Full Remote digital working opportunities available to corporate staff. Flexible rostering systems available to FL staff. Services for fixed site staff allow operation without boundaries with the Trust's operational area. Services for mobile clinicians allow operation without boundaries with the Trust's operational area.	0= 1= 2= 3= 4= 5=		Can we link with DMA?		5	9.226
provide front-line staff with the information they need to do their job safely and efficiently at the point of care, for example ICS shared care record	3	FL staff have info they need to do their job	FL staff have digital access to the following at the point of care a) Body worn video & enhanced emergency communications for personal safety b) full episode case / triage info c) historic London shared patient care record d) Clinical and operational protocols e) Support form clinical specialists	0= 1= 2= 3= 4= 5=		Can we link with DMA?		5	12.8
provide access to digital support services 24 hours per day, resulting in high first-time fixes	1	Levels of 24/7 system support	Digital support services available 24/7 a) Basic remote office and mail capabilities b) Wider Corporate services c) Key call centre operational systems (Rostering, Telephony, d) CAD, Clinical systems inc. shared care record access) e) Key mobile operational systems (Rostering, Mobilisation, Clinical systems inc. shared care record access)	0= 1= 2= 3= 4= 5=		Can we link with DMA?		5	3.993
LAS & Amb Sector Digital Perf Indicators									
Progress against People elements of Digital Delivery Roadmap	1	People elements of Digital Roadmap	All digitally elements contributing to People projects and initiatives, that are due to be in delivery are green	0= No plan under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green					0
IM&T Service Desk Performance Metrics	0	OPM Report	a) % Answered Call Rate b) Average time to answer c) Service Desk - % First Time Fix	0= 1= 2= 3= 4= 5=					0
IM&T Clinical Service Performance Metrics	0	OPM Report	a) Service availability b) %assets within 12 months end of life	0= 1= 2= 3= 4= 5=					0

Supporting people with the right digital tools to improve usability and removing reliance on paper processes.	2		a) Implementation of a process to replace manual paper processes with automation b) Replacement of daily front-line paper and manual-heavy processes with digital processes (e.g. Electronic LA1 and RTC forms) c) Reduction on the use of printed paper (vs Dec 2021)	0= 1= 2= 3= 4= 5=					0
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5 Empower Citizens	62%	LAS Measure	Specific	Measurable	Achievable	Relevant	Timing	Weighting	Total score
WGLL Success measure	Score	What do we measure?	What exactly does the Trust measure?	What levels are to be used to indicate success?	Is the goal really attainable?	Is it relevant to and align with the DS?	Measured how often & when to achieve success?	Weight out of 10	score
develop a single, coherent strategy, in conjunction with your ICS, for citizen engagement and citizen-facing digital services that is led by and has been co-designed with citizens	5			0= 1= 2= 3= 4= 5=				5	24.34
make use of national tools and services (the NHS website, NHS login and the NHS App), supplemented by complementary local digital services that provide a consistent and coherent user experience	3			0= 1= 2= 3= 4= 5=				5	13.5
use digital communication tools to enable self-service pathways such as self triage, referral, condition management, advice and guidance	2			0= 1= 2= 3= 4= 5=				5	9.494
ensure that people can access and contribute to their health and care data	1			0= 1= 2= 3= 4= 5=				5	4.403
ensure that citizens have access to care plans, test results, medications, history, correspondence, appointment management, screening alerts and tools	4			0= 1= 2= 3= 4= 5=				5	18.02
have a clear digital inclusion strategy, incorporating initiatives to ensure digitally disempowered communities are better able to access and take advantage of digital opportunities	5			0= 1= 2= 3= 4= 5=				5	23.06
LAS & Amb Sector Digital Perf Indicators	Score								
Progress against Citizen elements of Digital Delivery Roadmap	0	Citizen elements of Digital Roadmap		0= 1= 2= 3= 4= 5=					0
	5			0= 1= 2= 3= 4= 5=					0
	2			0= 1= 2= 3= 4= 5=					0
	4			0= 1= 2= 3= 4= 5=					0

6 Improve care	72%	LAS Measure	Specific	Measurable	Achievable	Relevant	Timing	Weighting	Total score
WGLL Success measure	Score	What do we measure?	What exactly does the Trust measure?	What levels are to be used to indicate success?	Is the goal really attainable?	Is it relevant to and align with the DS?	Measured how often & when to achieve success?	Weight out of 10	score
use data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting	3	Use of digital for consistent pathways	Evidence of the following: a) Use of a digital Directory of Service (DoS) with dynamic and up-to-date care pathways b) Integration of DoS tools into other primary clinical applications (e.g. ePCR) c) A clinical informatics group harnessing data (including clinical data) to help inform care pathway development d) Implementation of ADS to ensure national consistency with datasets e) Working collaboratively with neighbouring Trusts by sharing data to help jointly inform better care	0= 1= 2= 3= 4= 5=	All require additional CCIO and P&C input.			5	12.55
promote the use of digital tools and technologies that support safer care, such as EPMA and bar coding	5	Digital support for safer care	Safer care used as a prioritisation criteria? N.B. the use of the word 'promote' to me is ambiguous. I have taken the 'encourage and implement' definition rather than the 'advertise' definition. Evidence of the following: a) Implementation of an electronic process to ensure safe end-to-end medicines management b) An intelligent clinical equipment and asset management system (e.g. use of RFID) c) Electronic Patient Group Directives (PGDs) and associated competencies to ensure real-time audibility with compliance d) Implementation of EPMA for Urgent Care Paramedics e) All clinical guidance is referred to in digital formats to ensure that only the latest up-to-date information is referenced (a bit of overlap with below now that I've read it so may need a rethink) ??How are we making sure our GPs have the right technology to do their job. Change 4.11.21	0= 1= 2= 3= 4= 5=				5	27.05
provide decision support and other tools to help clinicians follow best practice and eliminate unwarranted variation across the entire care pathway	4	Use of Decision Support tools	Percentage of Clinicians with access to decision support tools Percentage of Clinicians with access to decision support tools Evidence of the following: a) Decision support tools are published and referenced in digital format only b) Successful integration of digital support tools into other primary clinical applications c) Duplication of tools and information is minimised, and no out-of-date decision tools have been identified that can still be readily accessed AND engagement with the clinical workforce measured via: d) Percentage of clinicians who are up-to-date with latest JRCalc guidance (within 1 month of release)	0= 1= 2= 3= 4= 5=				5	21.75
provide remote consultations, monitoring and care services, promoting patient choice and sustainability	4	Remote consultation & monitoring use	Implementation and provision of the following: a) Enhanced remote consultations (e.g. video (find out what else)) in UCAS b) Enhanced remote consultations (e.g. video) in ECAS c) Remote video consultation to support decision making for front-line clinicians d) Remote monitoring devices for patients integrated into a LAS care pathway e) ?	0= 1= 2= 3= 4= 5=		Is monitoring relevant		5	20.54
enhance your collaborative and multidisciplinary care planning using an array of digital tools and services alongside PRSB standards	2	multidisciplinary and collaborative care plans	Evidence of the following: a) Shared care records (LCR) accessible to UCAS and ECAS ?? b) Shared care records (LCR) accessible to clinical front-line staff ?? c) LAS ePCR records integrated into shared care records (LCR) d) Appointment booking for pathways available for UCAS and ECAS e) Appointment booking for pathways available for clinical front-line staff f) Implementation of the ADS/ADC to ensure dataset consistency across all directorates g) Regional Care Planning Tool integration across applications (e.g. CAD/ePCR)	0= 1= 2= 3= 4= 5=				5	7.984
LAS & Amb Sector Digital Perf Indicators									
Progress against Clinical elements of Digital Delivery Roadmap	5	Clinical elements of Digital Roadmap	All digitally elements contributing to People projects and initiatives, that are due to be in delivery are green	0= No plan under 20% 1= 20% of projects confirmed as green 2= 40% of projects confirmed as green 3= 60% of projects confirmed as green 4= 80% of projects confirmed as green 5= 100% of projects confirmed as green					0

Full integration of the London Care Record across all clinical workforces and ICS's	5		Key LAS Clinical Systems support TOC into LCR a) Clinical frontline-staff (ePCR) b) ECAS c) UCAS LAS workforces able to access LCR to support decision making a) Front-line access to LCR b) ECAS access to LCR c) UCAS access to LCR	0= 1= 2= 3= 4= 5=					0
Cross-integration of key clinical apps to improve promotion and usability	3		Key clinical apps cross-integrated: a) Regional Care Planning Tool integrated with ePCR b) Regional Care Planning Tool integrated with CAD c) CAD integrated with ePCR d) Directory of Service (DoS) integrated with ePCR e) JRCalc+ integrated with ePCR	0= 1= 2= 3= 4= 5=					0
Adoption of key information standards to support sharing information and care planning with key partners	5		Adoption of the following standards: a) Ambulance Data Set (ADS) b) Professional Records Standard Body (PRSB) c) Aggregated Data Collection	0= 1= 2= 3= 4= 5=					0

Text messaging from AdastrA - allows closing of calls earlier. E.g. health information links. Referral pathway information. Linking in to GPs with e-consultation form.
 111 Online - Tying up online and telephony pathways to ensure consistency.
 AI/RPA - automating auditing.
 999 calls - AI to help triage whilst patient on hold.
 PRM (patient relationship manager) - determines which 111 provider. Can capture through IVR (interactive voice recognition) age etc. so can go straight into AdastrA.
 Call load sharing between all providers smarter

7 Healthy Populations	36%	LAS Measure	Specific	Measurable	Achievable	Relevant	Timing	Weighting	Total score
WGLL Success measure	Score	What do we measure?	What exactly does the Trust measure?	What levels are to be used to indicate success?	Is the goal really attainable?	Is it relevant to and align with the DS?	Measured how often & when to achieve success?	Weight out of 10	score
use data to inform care planning and decision making in your organisation	2							5	11.29
contribute data and resources to the ICS-wide population health management platform and use this intelligence to inform local care planning	1							5	6.754
support the implementation of new ICS-led pathways and personalised care models that use digital platforms to coordinate care seamlessly across settings	0							5	0.561
make data from your organisation available to support clinical trials, real-world evidencing and the development of AI tools	3							5	12.92
drive digital and data innovation through collaborations with academia, industry and other partners	3							5	13.59
LAS & Amb Sector Digital Perf Indicators	Score								
Progress against Population Health elements of Data Driven Roadmap	2	Progress of Pop- Health elements of Roadmap		0= 1= 2= 3= 4= 5=					0
	1			0= 1= 2= 3= 4= 5=					0
	1			0= 1= 2= 3= 4= 5=					0
	3			0= 1= 2= 3= 4= 5=					0

Directorate Name	Reporting Period - Aug/Sep 2021																		Year To Date	
	Indicator (KPI Name)	4Ps	Frequency	Basis	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Target	Actual	Target
Service Desk	% Answered Call Rate	Patients	Monthly	%	88.19%	92.70%	85.92%	80.71%	85.90%	86.78%	90.11%	93.13%	93.82%	94.25%	95.08%	94.70%	95.15%	95.00%	90.50%	95.00%
	Average time to answer	Patients	Monthly	(time)	00:00:40	00:00:41	01:37:00	02:20:00	01:26:00	01:13:00	00:00:54	00:00:40	00:00:35	00:00:34	00:00:35	00:00:33	00:00:32	00:00:15	00:30:54	00:00:15
	Service Desk - % First Time Fix	Patients	Monthly	%	51.46%	49.54%	29.84%	32.19%	34.73%	30.08%	43.18%	48.32%	57.70%	54.97%	56.67%	50.62%	49.44%	50.00%	45.29%	50.00%
Incident Mgmt.	% Incidents resolved within SLA	Patients	Monthly	%	85.94%	89.15%	88.61%	82.97%	91.08%	91.55%	91.69%	95.64%	96.52%	94.39%	96.43%	93.62%	90.60%	90.00%	91.40%	90.00%
	% P1 Incidents resolved within SLA	Patients	Monthly	%	100.00%	100.00%	91.67%	88.89%	100.00%	100.00%	81.82%	85.71%	90.00%	100.00%	85.71%	88.89%	100.00%	90.00%	93.28%	90.00%
Service Request	% Service Requests resolved within SLA	Patients	Monthly	%	97.25%	96.09%	83.87%	85.03%	91.00%	96.53%	97.88%	97.66%	98.07%	97.49%	98.82%	97.49%	99.65%	90.00%	95.14%	90.00%
Networks	Service Availability	Patients	Monthly	%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.72%	100.00%	99.93%	99.60%	99.70%	99.55%	99.50%	99.88%	99.50%
	Assets - % within 12 months of end of life	Patients	Monthly	%	81%	81%	82.65%	82.65%	79.50%	72.50%	50.00%	45.00%	40.00%	35.00%	29.00%	29.00%	29.00%	<10.0%	29.00%	<10.0%
Systems	Service Availability	Patients	Monthly	%	100.00%	100.00%	100.00%	100.00%	98.99%	98.99%	99.53%	99.93%	100.00%	100.00%	100.00%	100.00%	100.00%	99.50%	99.80%	99.50%
	Assets - % within 12 months of end of life	Patients	Monthly	%	30.00%	30.00%	20.00%	20.00%	20.00%	20.00%	20.00%	14.95%	14.95%	25.00%	25.00%	21.30%	21.30%	<10.0%	21.30%	<10.0%
	SolarWinds Pingdom Website Uptime Monitoring	Patients	Monthly	%	98.60%	99.76%	99.62%	99.26%	99.83%	98.71%	98.42%	96.42%	96.46%	96.43%	96.69%	99.88%	99.89%	99.00%	98.46%	99.00%
CAD Services	Core CAD CommandPoint service availability	Patients	Monthly	%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	99.18%	99.50%	99.94%	100.00%
	Ancillary systems service availability	Patients	Monthly	%	99.95%	99.95%	99.60%	99.99%	99.99%	99.99%	99.99%	100.00%	100.00%	99.98%	99.96%	97.98%	99.96%	99.50%	99.80%	100.00%
	CAD Assets - % within 12 months of end of life	Patients	Monthly	%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	<10.0%	0.00%	<10.0%
Clinical Services	Service availability	Patients	Monthly	%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.95%	99.60%	99.70%	98.60%	99.94%	99.90%	99.99%	99.50%	99.80%	100.00%
	Assets - % within 12 months of end of life	Patients	Monthly	%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	<10.0%	0.00%	<10.0%

Digital Scorecard section	Top 5 Performer indicator?	SLA met?
Service management		
Service management	Y	Yes
Service management	Y	No
Service management	Y	Yes
Service management	Y	Yes
Infrastructure performance	Y	Yes
Infrastructure performance	Y	No
Infrastructure performance	Y	Yes
Infrastructure performance	Y	No
Infrastructure performance	Y	No
Key clinical and Operational system performance	Y	Yes
Key clinical and Operational system performance	Y	Yes
Key clinical and Operational system performance	Y	No
Key clinical and Operational system performance	Y	Yes
Key clinical and Operational system performance	Y	No

Service management	4
Infrastructure performance	2
Information Management performance	0
Key clinical and Operational system performance	3

#NAME?

Digital Scorecard



LAS Digital Strategy Scorecard and Dashboard

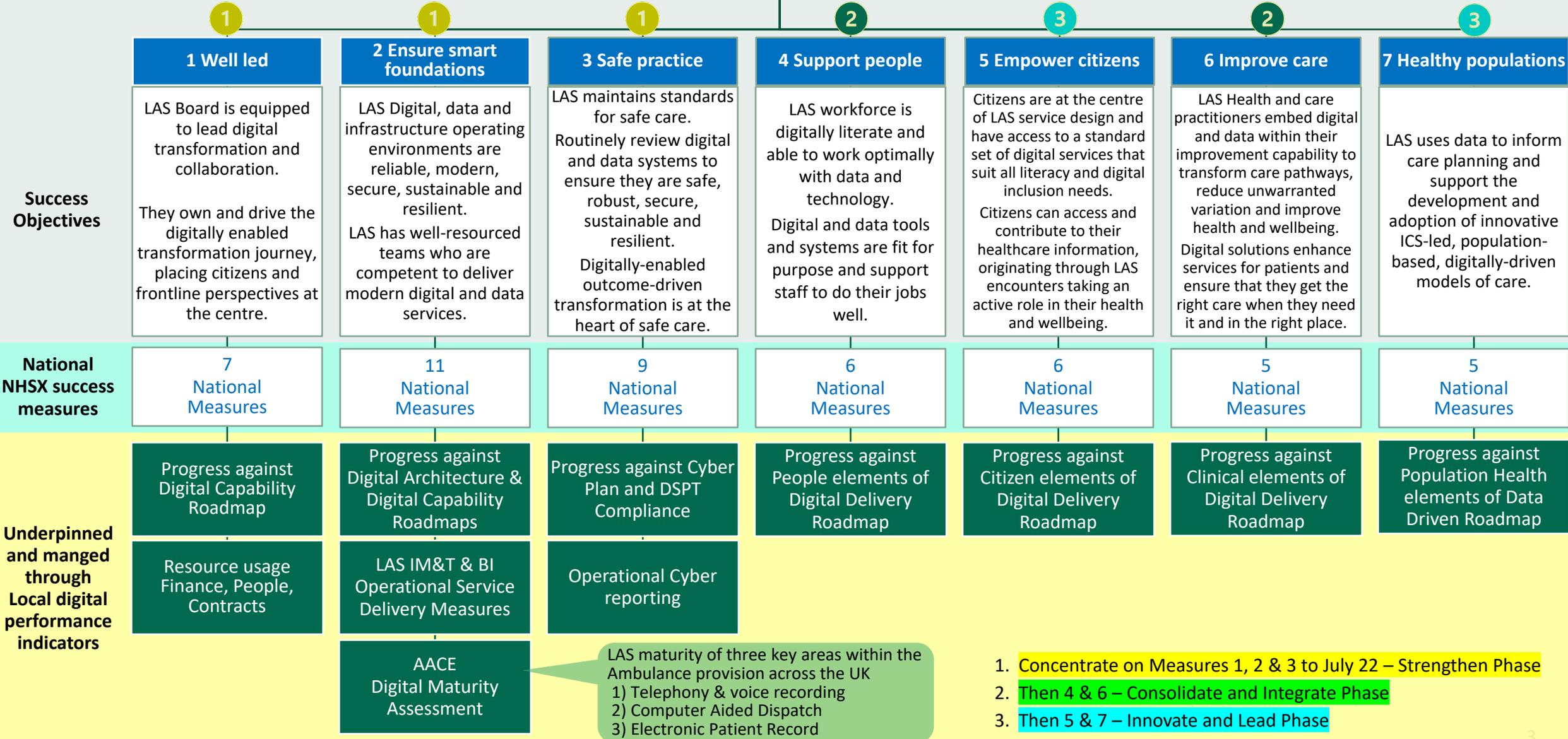
- The Trust needs a way of measuring and communicating Digital Strategy progress and success
- It is recommended that a Strategic dashboard is created for sharing internally, externally, to support planning and for providing assurance.
- Scorecard and dashboard approach proposed, based on NHSX “What Good Looks Like” framework
- Covers a wide set of outcome measures to provide Board & stakeholders visibility of digital posture and progress
- Provides national and local benchmark and maturity alignment
- NHSX will be looking to assist Trusts in both measuring and improving against the framework.
- Aim is to provide a drill down to trend once measured consistently



LAS Digital Scorecard Framework

Proposed approach is to supplement national success measures with local and Ambulance sector digital performance indicators

NHSX What Good Looks Like Framework



LAS maturity of three key areas within the Ambulance provision across the UK
 1) Telephony & voice recording
 2) Computer Aided Dispatch
 3) Electronic Patient Record

- Concentrate on Measures 1, 2 & 3 to July 22 – Strengthen Phase
- Then 4 & 6 – Consolidate and Integrate Phase
- Then 5 & 7 – Innovate and Lead Phase



Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Month 6 Finance Report			
Agenda item:	11.1			
Report Author(s):	James Corrigan, Financial Controller			
Presented by:	Lorraine Bewes, Chief Finance Officer			
History:	Finance and Investment Committee – 18 Nov 2021			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting

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

The purpose of this paper is to set out the financial position for the Trust as at 30 September 2021 (month 6)

Key points to note are that the Trust:

- The Trust has a YTD deficit of £25k surplus as at 30 September 2021.
- Is currently forecasting a breakeven position to the end of September 2021 however this assumes additional income from NWL ICS of £3.0m due to increased costs required to respond to unprecedented increases in demand.
- The Trust has delivered £3.4m of efficiency reductions to the end of September 2021.
- £33.9m of revenue COVID 19 expenditure was incurred year to date.
- The Trust continues to forecast delivery of its capital plan for 2021/22.

Recommendation(s) / Decisions for the Board:

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

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

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes		No	
Finance	Yes	x	No	Chief Finance Officer
Chief Operating Officer Directorates	Yes		No	

Medical	Yes		No		
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes		No		
Corporate Affairs	Yes		No		



Finance Report

Month 6: September 2021



Summary

This paper updates on the financial position as at the end of September 2021 (month 6, 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 was 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.

As of M6, the Trust is reporting a YTD deficit of £0.025m (breakeven on an adjusted financial performance basis) which is in line with plan. Significant additional expenditure is being incurred to respond to operational pressures in Ambulance Services (overtime and secondees), and in the Trust's 111 Integrated Urgent Care Service (external resource, agency and overtime), but is currently partially offset by lower than planned recruit numbers and vacancies. Total COVID costs YTD (excluding centrally provided consumables and equipment) are £33.9m primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.

The full year position is forecast to be a £14.422m deficit (£14.379m deficit on an adjusted financial performance basis) which is £14.5m behind budget. This position takes into account current funding information, and incorporates expected levels of resource usage in Ambulance Services and 111 IUC through to the end of the financial year.

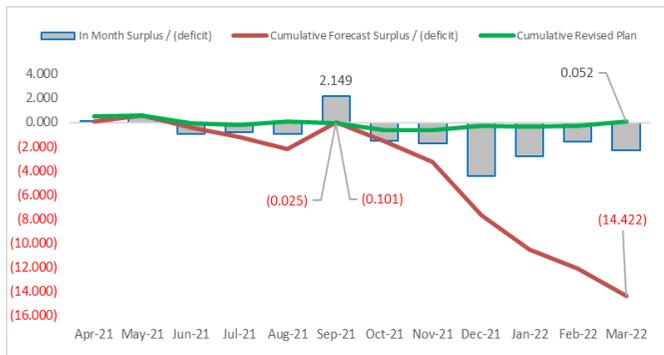
Items of note include:

1. Income is forecast to end the year £24.9m higher than full year draft budgets due to due to Emergency Care Demand Fund income (£7.4m), income to support AfC pay uplifts (£8.9m), additional 111 IUC income over H1 levels (£5.8m) and other income loss support funding (£5.2m).
2. Forecast full year pay expenditure is expected to be £405.8m which is £28.4m 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 which are now expected to continue through to the end of the financial year, partially offset by lower than planned recruit numbers and vacancies across other areas of the Trust.
3. Non pay expenditure (including depreciation and finance costs) is forecast to end the year at £173.7m, £11m higher than full year draft budgets due to forecast overspends in the Trust's 111 Integrated Urgent Care Service (forecast £13.1m unfavourable) in response to high demand for services (now expected to continue until the end of the financial year) and overspends in Strategic Assets & Property (£0.8m) driven by the decision to pause procurement of vehicle preparation services, partially offset by underspends in People and Culture and Quality and Assurance in relation to lower than planned recruits and thus training costs (£0.8m), lower forecast programme and project spend (£2m forecast underspend) and minor underspends in other areas.

The Trust finished the month with a cash position of £23.1m, and capital spend (excl donated assets) was £12.5m YTD (£12.4m 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 £26.2m, 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				
Overall rating				

M6 YTD Forecast

GREEN	GREEN	AMBER
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- The Trust is reporting a deficit of £0.025m YTD (breakeven on an adjusted financial performance basis) which is in line with plan.
- The full year position is forecast to be a £14.422m deficit (£14.379m deficit on an adjusted financial performance basis) which is £14.5m behind budget. This position takes into account current funding information, and incorporates expected levels of resource usage in Ambulance Services and 111 IUC through to the end of the financial year.
- The YTD position incorporates £33.9m of costs in relation to the Trust's response to COVID-19 (£71.1m full year forecast) 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.

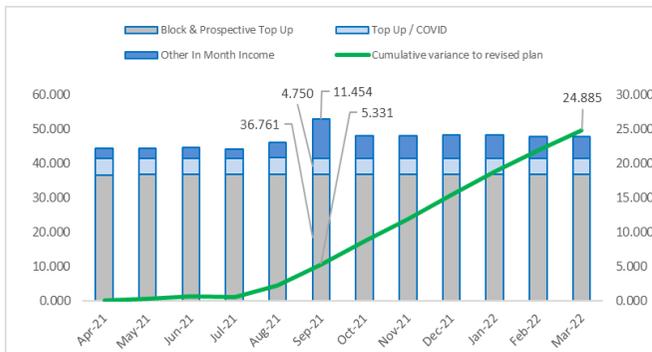
M6 YTD Forecast

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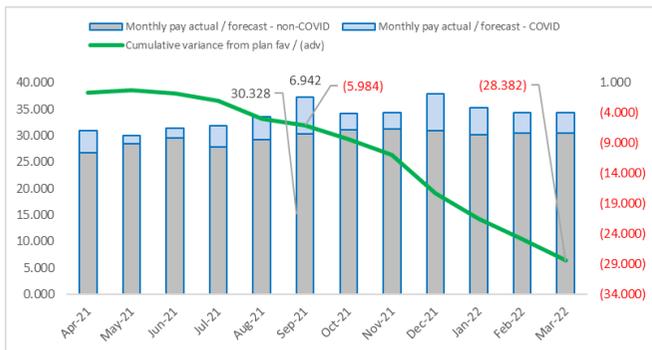
- NHSI rates Trust's on a Use of Resources rating. The scoring system ranks from '1' (low risk/best score) to '4' (high risk/worst score). The table left shows the Trust's current Use of Resources rating for YTD and full year position.
- The overall rating is a weighted risk rating across five financial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



M6 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 received totals £34m per month, along with a standard monthly top-up and fixed COVID income supplement of £7.3m per month.
- Total Income is forecast to finish £24.9m higher than plan due to Emergency Care Demand Fund income (£7.4m), income to support AFC pay uplifts (£8.9m), additional 111 IUC income over H1 levels (£5.8m) and other income loss support funding (£5.2m).
- Other Operating Income is £0.5m adverse YTD (broadly on budget full year) due to lower education and training income from HEE £1m adverse full year forecast being partially offset by staff recharge and COVID vaccination support income.

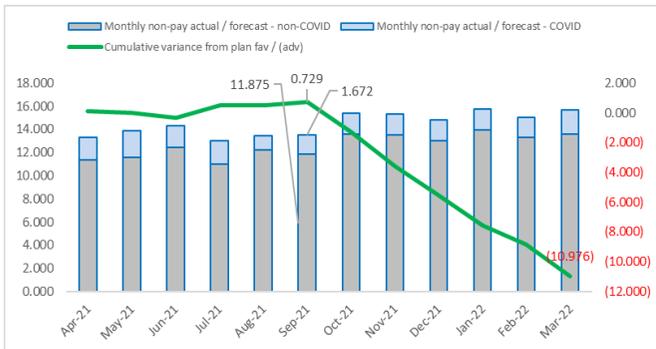
M6 YTD Forecast

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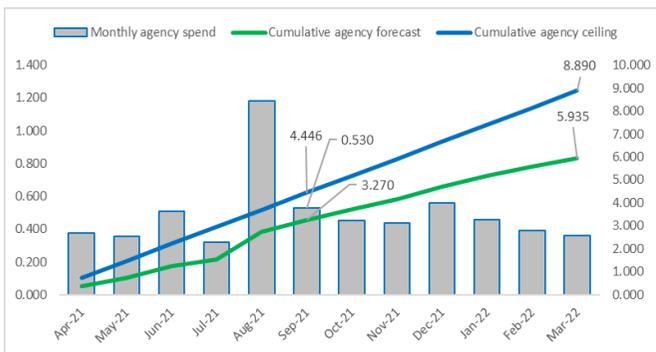
- Pay expenditure is £195.1m YTD (£6m over budget) due to significant additional resource usage in Ambulance Services and IUC, and higher than centrally calculated Flowers case settlement costs (£1.4m). These are partially offset by vacancies, lower than expected trainee numbers and reserves being held to support frontline in Central Corporate.
- Forecast full year pay expenditure is expected to be £405.8m which is £28.4m higher than budget, again driven by Ambulance Services and 111 IUC spend.
- Ambulance Service and IUC pay resourcing costs in H2 are now expected to continue at current levels through to the end of the financial year, with an additional £3m increase in December and £1m in January expected in Ambulance Services.
- Total COVID pay costs are £16.8m YTD and forecast to be £49m full year.
- £2.8m has been recognised YTD (full year forecast £6.4m) for seconded London Fire Brigade and Met Police resources in relation to COVID support provided.

Key Financial Indicators

Non-Pay Expenditure



Agency Ceiling



M6 YTD Forecast

GREEN GREEN AMBER

- Non pay expenditure (incl depreciation and finance costs) was £0.7m favourable YTD (full year forecast £11m adverse).
- YTD overspends in 111 IUC for additional resourcing in response to higher COVID related activity (£5.7m) are offset by underspends in Project areas due to timing delays (£2.5m) and underspends on recruitment and training costs due to lower recruit numbers than planned (£2.4m) along with other more minor underspends.
- The worsening between the YTD and forecast positions is largely driven by expectations that project spend delays will be reversed and that some of the underspend in recruitment and training will be reversed via additional recruitment, along with the continuation of IUC resourcing requirements through to year end.
- Non pay COVID-19 costs are £11.1m YTD (FY forecast £22.1m) 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.

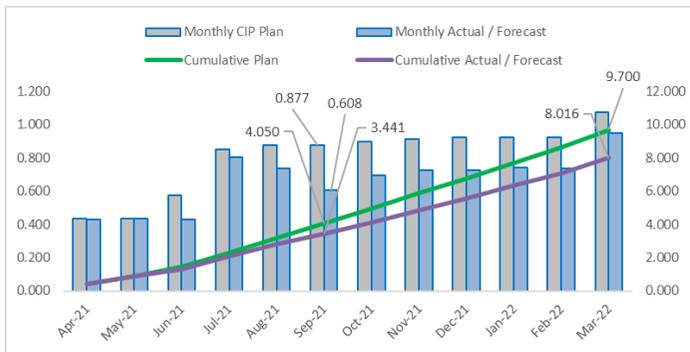
M6 YTD Forecast

GREEN GREEN GREEN

- YTD agency spend is £3.3m compared to the cumulative YTD agency ceiling of £4.5m.
- Full year agency spend is currently forecast to be £5.9m, which is £3m below the agency ceiling of £8.9m.
- The spike in costs in August was due to a YTD categorisation adjustment from managed services to agency for specific IUC resources.
- The Trusts limited agency forecast reflects the implementation of alternative resourcing models within the IUC Clinical Triage service, and planned IUC recruitment.

Key Financial Indicators

Cost Improvement Programme

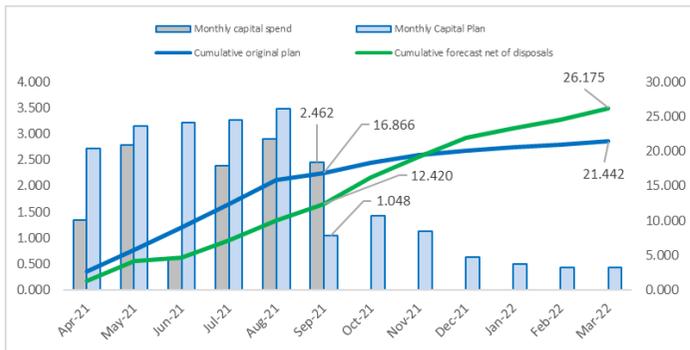


M6 YTD Forecast

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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 £3.4m YTD.
- The Trust is now expecting to deliver £8m of its planned efficiency target of £9.7m primarily due to the decision to explore insourcing of make ready services resulting in the removal of previously expected procurement savings from the forecast.

Capital Expenditure



M6 YTD Forecast

AMBER AMBER GREEN

- Capital expenditure net of disposals is £12.4m YTD (£12.5m before disposals) compared to planned capital expenditure of £16.9m (£4.4m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals and donated assets is £26.2m (£26.2m before disposals) £4.8m higher than plan reflecting the increase in CRL identified through NW London partners (CRL transfer by NHSI to be processed).
- Capital spend on the Trust's ongoing property projects and programmes forms the bulk of YTD spend.

Key Financial Indicators

Cash

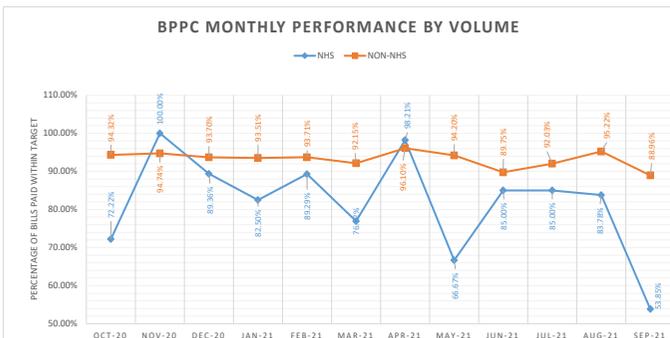


M6 YTD Forecast

GREEN GREEN AMBER

- Cash was £23.1m as at 30 September 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



M6 YTD Forecast

AMBER AMBER AMBER

- The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days.
- The Trust achieved - NHS and Non-NHS performance by volume for September 2021 was 53.8% and 89.0% respectively.
- The Trust achieved – NHS and Non-NHS performance by volume for YTD September 2021 was 82.3% and 92.3% 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 normal payment terms of 30 days resumed.
- 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 6 2021-22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
Additional Staff Costs (EOC and Ambulance Services)	18,542	3,602	853	1,287	3,469	3,162	6,170
NHS 111 Additional Capacity - Staff	4,150	483	588	557	546	1,235	741
NHS 111 Additional Capacity - External Contracts	4,419	484	789	970	992	303	882
Decontamination Services - Premises	370	118	117	32	130	87	61
Defibrillators, Medical and Ambulance Equipment	92	14	10	18	16	19	14
IT Support	6	-	2	1	2	-	-
Private Ambulance and Managed Operations Services	2,090	388	656	193	195	353	304
Vehicle Leasing	-	15	18	0	2	1	0
Telephony, Radio and IT Systems Expansion	3	11	6	2	9	2	2
Accommodation	114	15	22	54	35	12	19
Personal Protective Equipment	423	70	30	84	146	112	20
Fleet Maintenance and Preparation	2,217	693	533	265	256	239	232
Critical Care Transfer Service	84	44	1	7	1	7	25
Property Adjustments and Expansions	509	94	76	76	98	76	90
COVID Asset Depreciation	498	83	83	83	83	84	82
Other	389	59	57	77	42	146	8
Total COVID-19 Expenditure	33,891	6,140	3,768	3,707	6,002	5,663	8,611

The Trust has incurred £33.9m of COVID 19 costs YTD excluding centrally provided consumables and equipment (M1: £6.1m, M2: £3.8m, M3: £3.7m, M4: £6m, M5: £5.7m, M6: £8.6m) 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 (£18.5m 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 and Met Police support charges of £2.8m YTD (£6.4m FY forecast).
- Personal Protective Equipment (£0.4m YTD) for PPE items not provided through the national supply.
- NHS 111 Additional Capacity Staff (£4.2m YTD) for additional resourcing through internal sources.
- NHS 111 Additional Capacity External Contracts (£4.4m YTD) predominantly for additional clinician resources such as GPs, nurses and advanced practitioners (£3.1m) and additional non-clinical call handling resource support (£1.2m).
- Fleet Maintenance and Preparation (£2.2m YTD) additional external fleet maintenance support, bunkered fuel project costs and preparation resources for cleaning higher numbers of vehicles more frequently.
- Private Ambulance and Managed Operations Services (£2.1m) for additional private ambulance resources and blue light driver services to support front line service provision.
- Decontamination Services - Premises (£0.4m YTD) for increased frequency of premises cleaning.

Movement in Forecast Outturn v2

Directorate / Division	Full Year 2021-22 £000				COVID-19 Total Cost in Positions
	Annual Budget	M5 Forecast	M6 Forecast	M5 to M6 Movement fav/(adv)	
Chief Executive	(2,115)	(2,180)	(2,442)	(262)	0
Chairman & Non-Executives	(226)	(229)	(211)	18	0
People & Culture	(13,295)	(11,894)	(12,750)	(856)	0
Communication & Engagement	(3,406)	(2,713)	(2,876)	(163)	0
Ambulance Services	(250,675)	(254,164)	(283,341)	(29,177)	(45,035)
999 Operations	(40,672)	(37,990)	(40,605)	(2,615)	(207)
IUC Services	(31,869)	(38,332)	(41,673)	(3,341)	(18,110)
Performance	(1,527)	(1,428)	(1,357)	71	0
Programmes & Projects	(12,354)	(10,284)	(8,702)	1,583	0
COO Management	(1,670)	(1,523)	(1,642)	(119)	0
Corporate Services	(9,509)	(9,480)	(9,487)	(7)	0
Finance	(5,140)	(4,956)	(5,408)	(452)	0
Strategy & Transformation	(944)	(540)	(462)	78	0
IM&T	(18,600)	(18,326)	(18,559)	(233)	(792)
Medical	(7,080)	(5,979)	(6,065)	(86)	0
Quality & Assurance	(23,934)	(21,130)	(21,135)	(5)	0
Strategic Assets & Property	(60,280)	(58,788)	(60,318)	(1,530)	(6,606)
Directorate Sub-Total	(483,297)	(479,935)	(517,031)	(37,096)	(71,655)
Central Income	513,490	505,338	527,770	22,432	0
Central Depreciation & Fin Charges	(21,285)	(22,532)	(22,537)	(5)	0
Apprenticeship levy	(1,463)	(1,764)	(1,660)	104	0
Legal Provisions	(945)	(453)	(429)	23	0
Other central costs & income	(132)	(10)	(2)	8	0
Net Reserves incl Unallocated CIP	(6,316)	(248)	(200)	47	0
COVID-19 Income and Central Costs	0	(376)	(333)	43	(333)
Central Sub-Total	483,349	479,956	502,609	22,654	(333)
Total surplus / (deficit)	52	21	(14,422)	(14,443)	(71,988)

Key Income Assumptions

- H1 income position includes unconfirmed £5.3m AfC uplift income, £3m Emergency Care Demand Fund income and £1.5m income for higher Flowers case costs
- H2 income position includes further £3.6m AfC uplift income, COVID and Top up income in line with H1 (£7.3m per month), remaining £4.4m of £7.4m Emergency Care Demand Fund income, additional £5.8m 111 IUC income over H1 levels, and additional £5.2m other income loss support funding
- Sponsorship Income previously included in forecast has been removed (£0.5m)
- Minimal H2 HEE income and Apprenticeship Levy income as per P&C forecast

Key Expenditure Assumptions

- Ambulance Services resourcing in H2 continuing at current levels with £3m increase in December and £1m in January (£21m movement)
- IUC Service resourcing in H2 continuing at current levels (£9m movement)
- Agenda for Change 3% Uplift Costs included across full year (£11m movement)
- Recruitment and Training costs in line with P&C forecasts (£3.6m higher in H2 vs H1)
- Ambulance Operations Modernisation Programme paused for remainder of financial year (£1.8m movement), Vehicle Preparation Procurement delay (£1.6m movement), CAD upgrade delayed to 2022-23 (unchanged) and additional stations opened (£1m capital 2021-22).
- PPE continues to be provided centrally for the full year (2020-21 PPE used approx. £8m)
- Excludes potential mobilisation costs for SW London IUC which will be required if bid successful

Key Forecast Movements

- Ambulance Services**
 - Increase between forecasts due primarily to the inclusion of current levels of resource usage through to the end of the financial year (£19m which was not previously forecast forward due to uncertainty) and the impact of AfC 3% uplifts across the year (approx. £7.5m).
- IUC Service**
 - Increase between forecasts due primarily to the inclusion of current levels of resource usage through to the end of the financial year (£8.4m which was not previously forecast forward due to uncertainty) and the impact of AfC 3% uplifts across the year (approx. £0.6m). This has been offset by additional IUC income funding in H2 (£5.8m).
- 999 Operations**
 - Increase between forecasts due primarily to the impact of AfC 3% uplifts across the year (approx. £1m) and increased operational management costs.
- Central Corporate**
 - Central Income movement due primarily to the recognition of additional income in relation to AfC 3% uplift costs (approx. £8.9m across the full year), Emergency Care Demand Fund income (£7.4m) and additional £5.2m other income loss support funding.
- Programmes & Projects**
 - Decrease between forecasts due primarily to the pausing of Ambulance Operations Modernisation Programme projects for re-evaluation (£1.8m) and other project delays and forecast expenditure reductions.
- Strategic Assets & Property**
 - Increase between forecasts due primarily to the impact of the Vehicle Preparation procurement cancellation (£0.9m).
- People & Culture**
 - Increase in forecast cost between periods due to expected recruitment to vacancies and AfC uplift costs (£0.5m combined) and higher expected employment liability claims (£0.2m).

Supporting Information



	Month 6 2021-22 £000			YTD Month 6 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)
Income									
Income from Activities	49,287	52,721	3,434	268,262	274,097	5,835	535,185	560,372	25,187
Other Operating Income	544	244	(300)	3,135	2,631	(504)	5,003	4,702	(302)
Total Income	49,831	52,966	3,134	271,397	276,728	5,331	540,189	565,074	24,885
Operating Expense									
Pay	(36,218)	(37,269)	(1,052)	(189,108)	(195,091)	(5,984)	(377,433)	(405,815)	(28,382)
Non Pay	(11,724)	(11,737)	(13)	(70,313)	(70,929)	(616)	(137,209)	(148,769)	(11,560)
Total Operating Expenditure	(47,942)	(49,006)	(1,065)	(259,421)	(266,020)	(6,599)	(514,642)	(554,584)	(39,942)
EBITDA	1,890	3,959	2,070	11,976	10,707	(1,268)	25,547	10,490	(15,057)
EBITDA margin	3.8%	7.5%	3.7%	4.4%	3.9%	(0.5%)	4.7%	1.9%	(2.9%)
Depreciation & Financing									
Depreciation & Amortisation	(1,580)	(1,309)	271	(9,236)	(7,953)	1,283	(19,688)	(19,335)	353
PDC Dividend	(463)	(463)	0	(2,779)	(2,779)	0	(5,558)	(5,558)	0
Finance Income	0	0	0	0	0	0	0	0	0
Finance Costs	(14)	7	21	(61)	42	103	(249)	23	272
Gains & Losses on Disposals	0	(45)	(45)	0	(42)	(42)	0	(42)	(42)
Total Depreciation & Finance Costs	(2,058)	(1,810)	247	(12,076)	(10,732)	1,344	(25,495)	(24,911)	583
Net Surplus/(Deficit)	(168)	2,149	2,317	(101)	(25)	76	52	(14,422)	(14,474)
NHSD Adjustments to Fin Perf									
Remove Asset Donations I&E Impact	5	3	(2)	28	25	(3)	57	43	(14)
Adjusted Financial Performance	(163)	2,152	2,315	(73)	0	73	109	(14,379)	(14,488)
Net margin	(0.3%)	4.1%	4.4%	(0.0%)	(0.0%)	0.0%	0.0%	(2.6%)	(58.2%)

YTD Position

The YTD position is a £0.025m deficit (breakeven on an adjusted financial performance basis) which is in line with 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 partially offset by lower than planned recruit numbers, vacancies and COVID resilience funding.

Full Year Forecast Position

The full year position is forecast to be a £14.422m deficit (£14.379m deficit on an adjusted financial performance basis) due to current levels of Ambulance Service and IUC pay and non pay resourcing being forecast to continue, with AFC 3% uplift cost impacts incorporated and H2 funding as notified by Commissioners.

Key items to note in the positions are:

- Income from activities was £274.1 YTD (£550.4m 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. An additional £5.3m income has been recognised in the H1 position in respect of AFC 3% uplift costs, along with £1.5m YTD for higher Flowers case costs and £3m for Emergency Care Demand Fund income. H2 forecast COVID income is currently in line with H1, an additional £4.4m has been included for Emergency Care Demand Fund income, £5.8m additional IUC funding, £2.9m has been included in respect of expected H2 AFC uplift costs and £5.2m other income loss support funding.
- Other operating income is £2.6m YTD (£4.7m full year forecast) which is £0.5m adverse YTD (£0.3m adverse full year forecast) due to lower education and training income (£1.1m adverse YTD, £1m adverse full year forecast) driven by lower Health Education England income, partially offset by staff recharge income (£0.4m favourable YTD, £0.9m favourable full year forecast) and COVID vaccination support income (£0.3m YTD and full year forecast).
- Pay expenditure is £6m over budget YTD (forecast to be £35.4m over budget full year) due to significant additional resource usage in Ambulance Services and IUC, partially offset by vacancies, lower than expected trainee numbers and reserves being held to support frontline in Central Corporate. The impact of AFC 3% uplifts has been incorporated in budgets.
- Non pay expenditure (excl depreciation and finance costs) was £0.6m adverse YTD (full year forecast £10m adverse) due to overspends in IUC for additional resourcing in response to higher COVID related activity and is offset by underspends in Programmes and Projects due to project delays, and People & Culture and Quality & Assurance due to lower recruit numbers compared to plan.
- Depreciation and finance costs are £1.3m favourable to budget YTD and forecast to be £0.6m favourable to budget for the year with differences due to current forecast timelines for project completion.

Financial Position by Directorate

Directorate	Month 6 2021-22 £000					YTD Month 6 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	(178)	(309)	(131)		(309)	(1,089)	(1,385)	(296)		(1,385)	(2,115)	(2,442)	(326)		(2,442)
Chairman & Non-Executives	(19)	(14)	4		(14)	(112)	(93)	19		(93)	(226)	(211)	15		(211)
People & Culture	(1,065)	(1,051)	14	0	(1,051)	(5,934)	(4,468)	1,467	0	(4,468)	(13,295)	(12,750)	545	0	(12,750)
Communication & Engagement	(315)	(277)	38		(277)	(1,740)	(1,369)	371		(1,369)	(3,406)	(2,876)	530		(2,876)
Ambulance Services	(24,327)	(26,187)	(1,860)	(6,501)	(19,687)	(125,735)	(139,213)	(13,478)	(20,783)	(118,429)	(250,675)	(283,341)	(32,666)	(45,035)	(238,307)
999 Operations	(3,745)	(3,639)	106	(8)	(3,631)	(20,240)	(18,933)	1,306	(171)	(18,762)	(40,672)	(40,605)	67	(207)	(40,398)
IUC Services	(2,910)	(3,594)	(685)	(1,667)	(1,928)	(15,831)	(22,866)	(7,035)	(8,877)	(13,989)	(31,869)	(41,673)	(9,805)	(18,110)	(23,563)
Performance	(138)	(128)	10		(128)	(770)	(613)	156		(613)	(1,527)	(1,357)	170		(1,357)
Programmes & Projects	(1,032)	(1,141)	(109)		(1,141)	(6,834)	(3,496)	3,338		(3,496)	(12,354)	(8,702)	3,653		(8,702)
COO Management	(142)	(129)	13		(129)	(818)	(783)	35		(783)	(1,670)	(1,642)	28		(1,642)
Corporate Services	(820)	(766)	55		(766)	(4,752)	(4,622)	129		(4,622)	(9,509)	(9,487)	22		(9,487)
Finance	(431)	(536)	(104)		(536)	(2,763)	(2,782)	(19)		(2,782)	(5,140)	(5,408)	(267)		(5,408)
Strategy & Transformation	(84)	(56)	27		(56)	(481)	(296)	185		(296)	(944)	(462)	482		(462)
IM&T	(1,567)	(1,847)	(280)	(66)	(1,781)	(9,325)	(9,346)	(20)	(392)	(8,954)	(18,600)	(18,559)	41	(792)	(17,767)
Medical	(648)	(586)	62	0	(586)	(3,481)	(2,592)	888	0	(2,592)	(7,080)	(6,065)	1,016	0	(6,065)
Quality & Assurance	(2,404)	(1,613)	791		(1,613)	(12,586)	(8,757)	3,829		(8,757)	(23,934)	(21,135)	2,800		(21,135)
Strategic Assets & Property	(5,078)	(4,521)	556	(364)	(4,158)	(30,651)	(29,545)	1,106	(3,493)	(26,052)	(60,280)	(60,318)	(38)	(6,606)	(53,712)
Directorate Sub-Total	(44,905)	(46,397)	(1,492)	(8,686)	(37,792)	(243,141)	(251,158)	(8,018)	(34,166)	(217,442)	(483,297)	(517,031)	(33,734)	(71,655)	(446,281)
Central Income	47,635	50,333	2,699	8,694	41,639	259,477	261,864	2,388	34,343	227,521	513,490	527,770	14,280	71,988	455,782
Central Corporate	(2,898)	(1,788)	1,110	(8)	(1,779)	(16,437)	(10,731)	5,706	(177)	(10,554)	(30,141)	(25,161)	4,980	(333)	(24,828)
Total	(168)	2,149	2,317	0	2,068	(101)	(25)	76	0	(474)	52	(14,422)	(14,474)	0	(15,327)

Ambulance Services

- Overspend YTD of £13.5m (FY forecast £32.7m) primarily due to increased resourcing costs to respond to operational pressures which are now forecast forward across H2.
- COVID-19 costs are £20.8m YTD (FY forecast £45m) primarily in relation to incentivised overtime resourcing and LFB/Met Police support costs (£2.8m YTD, £6.4m FY forecast) to respond to the current COVID surge, partially offset by vacancies.

IUC Services

- YTD position is £7m over budget (FY forecast overspend of £9.8m) due primarily to current increased resourcing levels in response to high demand for services, partially offset by increased H2 income levels.
- COVID-19 IUC costs are £8.9m YTD (£18.1m FY forecast)

primarily in relation to increased call handling and clinical resourcing.

- This resourcing has now been forecast forward across H2.

Programmes & Projects

- YTD position £3.3m favourable to budget (FY forecast £3.7m underspend) driven by the pausing of the Ambulance Operations Modernisation Programme, project delays and timing differences in Medicines Modernisation, Logistics, D999 and IM&T programmes, and Programmes and Projects team vacancies.

People & Culture

- YTD underspend of £1.5m (FY forecast £0.5m favourable) due to lower recruit numbers and thus lower relocation support costs with some recovery expected later in the year.

Strategic Assets & Property

- £1.1m favourable to budget YTD (in line with plan FY forecast) primarily due to vacancies, lower fleet repair costs YTD, with deterioration due to cancellation of Vehicle Preparation procurement.
- COVID-19 costs of £3.5m YTD (FY forecast £6.6m) relate primarily to fleet maintenance and vehicle preparation services through external suppliers, increased vehicle and premises cleaning and clinical waste costs.

Quality & Assurance

- £3.8m favourable to budget YTD (FY forecast £2.8m favourable) due to lower recruit numbers than expected resulting in reduced training costs, and vacancies in Q&A teams.

999 Operations

- £1.3m favourable YTD (FY forecast £0.1m favourable) due primarily to clinical advice and operational management vacancies offset by higher than budgeted frontline control staff costs.
- COVID-19 costs of £0.2m YTD and FY forecast relate to bank and student paramedic resources and video triage system costs.

Medical

- Favourable variance of £0.9m YTD (FY forecast £1m) driven by management and pharmacy team vacancies.

IM&T

- COVID-19 costs of £0.4m YTD (FY forecast £0.8m) relate to IT equipment and system asset depreciation.

Income

Income by Type	Month 6 2021-22 £000			YTD Month 6 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)
Patient Care Income									
Commercial Service Income	210	234	24	875	1,011	136	2,713	2,426	(287)
Emergency & Urgent Care Income	46,704	49,773	3,069	253,812	257,133	3,320	503,963	519,155	15,192
Emergency Bed Service Income	0	8	8	0	47	47	0	93	93
Injury Cost Recovery Income	81	64	(17)	485	400	(85)	970	886	(85)
Neonatal Service Income	0	0	0	0	0	0	0	0	0
Non-Contract E&UC Income	16	37	21	93	122	29	186	215	29
Other Patient Care Income	55	74	19	332	2,066	1,734	700	2,528	1,828
Patient Transport Service Income	0	0	0	0	0	0	0	0	0
Specialist Service Income	670	581	(89)	3,823	3,650	(172)	7,842	7,410	(431)
Telephone Advice Service Income	1,552	1,951	399	8,842	9,667	826	18,811	27,659	8,848
Centrally Paid Pension Income	0	0	0	0	0	0	0	0	0
Total Patient Care Income	49,287	52,721	3,434	268,262	274,097	5,835	535,185	560,372	25,187
Other Operating Income	544	244	(300)	3,135	2,631	(504)	5,003	4,702	(302)
Total Income	49,831	52,966	3,134	271,397	276,728	5,331	540,189	565,074	24,885

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 £3.3m favourable YTD (£15.2m favourable full year) due to the recognition of Emergency Care Demand Fund income (£3m YTD, £7.4m FY forecast) and the pass through of CNST inflation from NWL STP (£0.3m YTD, £0.6m FY forecast) and other income loss

support funding (£5.2m full year forecast).

- 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 in this category.

Telephone Advice Service Income

- Telephone Advice Service income is £0.8m favourable YTD (£8.8m favourable full year forecast) due to changes to the NW London service and an additional £5.8m 111 IUC income over H1 levels forecast in H2 across all services. Due to the adjusted financial framework income in this category does not include base block income associated with the NE and SE London services.

Commercial Service Income

- Commercial income is £0.1m favourable YTD (£0.3m adverse full year forecast). YTD variance is due to additional one off income in relation to Wimbledon and higher Heathrow service income, however the forecast going forward is for lower levels of stadia income.

Specialist Service Income

- Specialist Service income is £0.2m adverse YTD (£0.4m adverse full year forecast) with planned HEMS funding not yet realised (£0.2m unfavourable YTD and full year forecast) and forecast lower than planned income for the Physician Response Unit (£0.1m) and the transfer of the Neonatal Transfer Service to a new provider in December (£0.1m).

Other Patient Care Income

- Other Patient Care income is £1.7m favourable YTD (£1.8m favourable full year) due to assumed additional income to support higher actual Flowers case settlement costs.

Other Operating Income

Staff Recharges

- Staff recharge income is £0.4m favourable YTD (£0.9m favourable full year forecast) in relation to seconded staff across the Trust.

Education & Training

- Education and Training funding is £1.1m adverse to budget YTD (£1m adverse full year forecast) due to lower training & development funding notified by HEE.

Pay Expenditure

Pay Expenditure by Type	Month 6 2021-22 £000			YTD Month 6 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)
Substantive									
Corporate & Support Staff	(4,194)	(3,491)	703	(22,269)	(17,576)	4,693	(44,593)	(38,625)	5,968
Directors And Senior Managers	(1,979)	(1,750)	228	(10,793)	(8,856)	1,937	(21,689)	(18,559)	3,130
Frontline Control Staff	(3,144)	(3,154)	(10)	(16,276)	(15,987)	290	(32,857)	(35,971)	(3,115)
Frontline Ops Staff	(18,820)	(18,359)	462	(97,808)	(95,850)	1,959	(195,290)	(193,041)	2,249
Med, Nursing & Clin Adv Staff	(893)	(816)	77	(4,732)	(4,016)	716	(9,736)	(8,783)	953
Non-Emergency Control Staff	(17)	(18)	(0)	(92)	(92)	0	(183)	(183)	0
Non Emergency Ops Staff	(492)	(331)	162	(2,701)	(1,786)	915	(5,402)	(3,570)	1,832
Ops Management & Team Leaders	(3,545)	(3,451)	94	(18,576)	(17,544)	1,032	(37,268)	(36,053)	1,215
Other Pay Costs	(911)	(145)	766	(5,597)	(789)	4,808	(8,162)	(3,452)	4,710
Overtime & Incentives	(1,847)	(4,287)	(2,440)	(7,968)	(24,478)	(16,510)	(17,763)	(51,805)	(34,042)
Total Substantive	(35,843)	(35,802)	41	(186,812)	(186,973)	(161)	(372,941)	(390,041)	(17,100)
Agency	(32)	(530)	(498)	(235)	(3,270)	(3,035)	(448)	(5,935)	(5,487)
Bank	(327)	(226)	101	(1,971)	(1,842)	130	(3,864)	(3,049)	815
Seconded	(15)	(711)	(696)	(90)	(3,006)	(2,917)	(179)	(6,790)	(6,611)
Total Pay Expenditure	(36,218)	(37,269)	(1,052)	(189,108)	(195,091)	(5,984)	(377,433)	(405,815)	(28,382)

Pay Expenditure by Directorate	Budget			Budget			Budget		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Forecast	Variance fav/(adv)
Central Corporate	(922)	(145)	777	(5,608)	(813)	4,795	(8,221)	(3,527)	4,695
Chief Executive	(142)	(278)	(136)	(870)	(1,289)	(419)	(1,678)	(2,071)	(393)
People & Culture	(519)	(714)	(195)	(2,792)	(2,856)	(64)	(6,493)	(6,793)	(300)
Communication & Engagement	(281)	(258)	23	(1,501)	(1,293)	208	(3,016)	(2,830)	186
Ambulance Services	(23,033)	(25,418)	(2,386)	(119,525)	(134,815)	(15,291)	(239,642)	(273,678)	(34,036)
999 Operations	(3,623)	(3,510)	113	(19,520)	(18,296)	1,224	(39,233)	(39,303)	(70)
IUC Services	(2,069)	(2,483)	(415)	(10,414)	(12,728)	(2,314)	(21,480)	(27,255)	(5,775)
Programmes & Projects	(375)	(191)	184	(1,757)	(880)	877	(3,521)	(1,820)	1,700
COO Management	(130)	(87)	43	(719)	(500)	219	(1,462)	(1,138)	324
Corporate Services	(256)	(242)	14	(1,365)	(1,189)	176	(2,735)	(2,554)	181
Finance	(404)	(340)	65	(2,285)	(2,149)	136	(4,519)	(4,174)	345
Performance	(124)	(104)	20	(667)	(515)	152	(1,338)	(1,137)	200
Strategy & Transformation	(47)	(43)	4	(257)	(270)	(12)	(497)	(494)	3
IM&T	(605)	(533)	72	(3,018)	(2,503)	515	(6,188)	(5,560)	628
Medical	(633)	(579)	53	(3,357)	(2,596)	761	(6,850)	(5,929)	922
Quality & Assurance	(2,167)	(1,574)	593	(10,656)	(8,045)	2,611	(21,064)	(18,860)	2,205
Strategic Assets & Property	(889)	(771)	118	(4,795)	(4,354)	441	(9,491)	(8,692)	799
Total Pay Expenditure	(36,218)	(37,269)	(1,052)	(189,108)	(195,091)	(5,984)	(377,433)	(405,815)	(28,382)

Year to Date Position

YTD pay expenditure is £195.1m which is £6m overspent due to additional overtime and incentives, seconded external resources and agency in Ambulance Services and 111 IUC Services and higher than centrally calculated Flowers case settlement costs (£1.5m), which are partially offset by vacancies and lower recruit numbers than planned.

Full Year Position

Pay expenditure is currently forecast to be £405.8m for the year which is £28.4m adverse to budget, again driven by Ambulance Services and 111 IUC spend and higher than centrally calculated Flowers case settlement costs. Ambulance Service and IUC pay resourcing costs in H2 are now expected to continue at current levels through to the end of the financial year, with an additional £3m increase in December and £1m in January expected in Ambulance Services.

Key items to note in the positions are:

- COVID-19 response costs of £16.8m YTD (£49m 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 (£15.3m YTD, full year forecast £34m) is driven by overtime and incentives, as well as seconded support from the London Fire Brigade and Met Police partially offset by Frontline, Non Emergency Transport Service and Management and Team Leader underspends. Current forecasts reflect expected continuation of current resourcing levels going forward with additional costs in December and January of £3m ad £1m respectively.
- Overspend in 111 IUC (£2.3m YTD, full year forecast £5.8m) is primarily driven by agency and overtime use, and forecast recruitment going forwards, with current resourcing pressures forecast to continue.
- These are partially offset by favourable variances in Programmes and Projects (£0.9m YTD, full year forecast £1.7m) due to capitalisations and delays/pauses in projects, Quality and Assurance (£2.6m YTD and £2.2m full year) due to lower numbers of recruits in training than planned, 999 Operations (£1.2m YTD, in line with plan full year forecast) due primarily to clinical advice and operational management vacancies with additional recruitment expected in H2, reserves in Central Corporate being held to support frontline and IUC resourcing, and vacancies across other areas.

Non Pay and Financial Charges

Non Pay by Type	Month 6 2021-22 £000			YTD Month 6 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)
Non Pay Expenditure									
Establishment Expenses	(1,219)	(772)	448	(5,374)	(4,352)	1,022	(10,456)	(10,234)	223
General Supplies & Services	(2,064)	(2,273)	(209)	(12,059)	(11,555)	504	(22,620)	(23,625)	(1,005)
Technology & Communications	(1,106)	(1,301)	(194)	(7,640)	(6,938)	702	(14,785)	(14,681)	104
Operations Supplies & Services	(3,714)	(4,282)	(568)	(22,474)	(27,684)	(5,210)	(45,107)	(58,236)	(13,129)
Premises & Fixed Plant	(1,632)	(1,356)	277	(10,381)	(8,335)	2,047	(20,048)	(16,885)	3,163
Transport	(1,989)	(1,754)	234	(12,385)	(12,065)	320	(24,193)	(25,107)	(914)
Total Non Pay Expenditure	(11,724)	(11,737)	(13)	(70,313)	(70,929)	(616)	(137,209)	(148,769)	(11,560)
Financial Charges									
Depreciation & Amortisation	(1,580)	(1,309)	271	(9,236)	(7,953)	1,283	(19,688)	(19,335)	353
Other Financial Charges	(478)	(502)	(24)	(2,840)	(2,779)	61	(5,807)	(5,576)	231
Total Financial Charges	(2,058)	(1,810)	247	(12,076)	(10,732)	1,344	(25,495)	(24,911)	583
Total Non Pay & Financial Charges	(13,782)	(13,547)	234	(82,390)	(81,661)	729	(162,704)	(173,680)	(10,976)

Non Pay by Directorate	Month 6 2021-22 £000			YTD Month 6 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)
Central Corporate	(1,976)	(1,642)	334	(10,829)	(9,918)	911	(21,919)	(21,635)	285
Chief Executive	(36)	(22)	14	(219)	(105)	114	(438)	(380)	58
Chairman & Non-Executives	(19)	(14)	4	(110)	(93)	17	(222)	(211)	11
People & Culture	(619)	(484)	135	(3,655)	(2,300)	1,355	(8,048)	(7,610)	438
Communication & Engagement	(47)	(23)	24	(282)	(194)	87	(572)	(414)	158
Ambulance Services	(1,682)	(1,147)	534	(7,950)	(7,816)	134	(15,671)	(15,474)	198
999 Operations	(122)	(129)	(7)	(720)	(637)	82	(1,439)	(1,302)	136
IUC Services	(2,406)	(3,096)	(690)	(14,333)	(20,013)	(5,680)	(29,350)	(42,429)	(13,079)
Programmes & Projects	(698)	(990)	(292)	(5,323)	(2,824)	2,499	(9,325)	(7,324)	2,001
COO Management	(12)	(43)	(30)	(100)	(283)	(184)	(208)	(504)	(296)
Central Income	0	0	0	0	0	0	0	0	0
Corporate Services	(564)	(524)	41	(3,387)	(3,434)	(47)	(6,774)	(6,932)	(159)
Finance	(112)	(196)	(84)	(737)	(642)	94	(1,392)	(1,248)	145
Performance	(14)	(24)	(9)	(102)	(98)	4	(189)	(219)	(30)
Strategy & Transformation	(37)	(22)	15	(223)	(72)	151	(447)	(118)	329
IM&T	(961)	(1,314)	(353)	(6,307)	(6,938)	(631)	(12,412)	(13,130)	(718)
Medical	(36)	(31)	5	(249)	(152)	97	(480)	(421)	59
Quality & Assurance	(250)	(95)	155	(2,009)	(939)	1,070	(3,028)	(2,693)	336
Strategic Assets & Property	(4,189)	(3,751)	438	(25,856)	(25,202)	654	(50,789)	(51,637)	(848)
Total Non Pay & Financial Charges	(13,782)	(13,547)	234	(82,390)	(81,661)	729	(162,704)	(173,680)	(10,976)

Year to Date Position

YTD non pay expenditure including financial charges is £81.7m which is £0.7m under budget. Overspends in 111 IUC for additional resourcing in response to higher COVID related activity (£5.7m) are more than offset by underspends in Programmes and Projects (£2.5m) due to project delays, People and Culture and Quality and Assurance (£2.4m combined) due to lower recruit numbers than planned and other areas of underspend across the Trust.

Full Year Forecast Position

Non pay expenditure including financial charges is forecast to finish the year at £173.7m which would be £11m unfavourable to current draft budgets due to the expected continuation of current levels of resourcing in 111 IUC services.

Key items to note in the positions are:

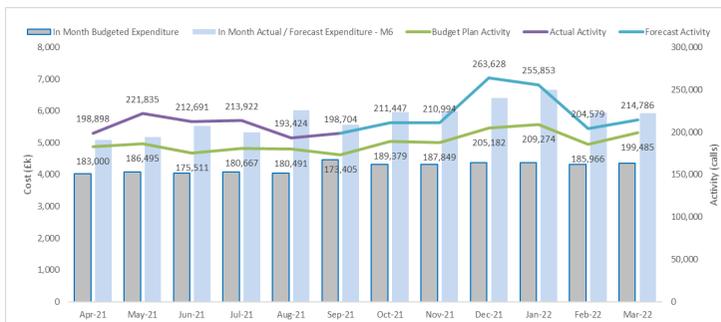
- Transport is underspent by £0.3m YTD but forecast to finish the year overspent by £0.9m, with the full year overspend being driven by expected higher vehicle movement costs due to the delayed vehicle preparation contract procurement, and higher fleet repair and maintenance costs.
- Operational Supplies and Services are overspent by £5.2m YTD (forecast full year overspend £13.1m) due to IUC resourcing for high activity levels, increased vehicle preparation costs due to delays in the vehicle preparation procurement exercise and higher consumables and gases costs, partially offset by the receipt of PPE from the national stockpile and lower operational equipment costs.
- General Supplies and Services is underspent by £0.5m YTD (full year forecast overspend £1m). YTD underspends are driven by lower recruitment and training costs, and full year overspend is driven by professional services costs for projects and management support (partially offset by pay underspends).
- Premises expenses are underspent by £2m YTD (full year forecast underspend £3.2m) due primarily to project delays and pauses.
- Technology and Comms is underspent by £0.7m YTD (full year forecast underspend £0.1m) with the position change primarily due to updated and delayed project spend expectations.
- Depreciation and finance costs are £1.3m favourable to budget YTD and forecast to be £0.4m favourable to budget full year due to current forecast timelines for completion of project related assets.
- COVID-19 response costs are £11.1m YTD (full year forecast £22.1m), 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 M6 2021-22 £000			111 IUC Total FY Forecast M6 2021-22 £000		
	Budget	YTD	Variance fav/(adv)	Budget	Full Year Forecast	Variance fav/(adv)
Income						
Income from Activities	8,917	9,876	959	18,961	28,011	9,050
Other Income	0	0	0	0	0	0
Total Income	8,917	9,876	959	18,961	28,011	9,050
Pay						
Substantive Staff	(10,209)	(10,320)	(110)	(21,114)	(23,068)	(1,955)
Agency	(6)	(1,924)	(1,918)	(44)	(3,667)	(3,623)
Bank	(199)	(453)	(254)	(323)	(453)	(130)
Total Pay Expenditure	(10,414)	(12,696)	(2,282)	(21,480)	(27,188)	(5,708)
Non Pay						
Establishment Expenses	(9)	(7)	2	(17)	(329)	(311)
General Supplies & Services	(383)	(542)	(160)	(795)	(963)	(169)
Technology & Communications	(729)	(815)	(87)	(1,513)	(1,728)	(216)
Operations Supplies & Services	(12,131)	(17,491)	(5,359)	(24,855)	(37,096)	(12,241)
Premises & Fixed Plant	(916)	(955)	(39)	(1,837)	(1,865)	(28)
Transport	(3)	(12)	(10)	(5)	(46)	(41)
Depreciation & Amortisation	(162)	(190)	(28)	(327)	(402)	(74)
Total Non Pay	(14,333)	(20,013)	(5,680)	(29,350)	(42,429)	(13,079)
Net Surplus/(Deficit)	(15,831)	(22,834)	(7,003)	(31,869)	(41,606)	(9,737)

Key points to note:

- The current financial arrangements mean that funding for NE and SE London contracts are predominantly through block contract arrangements, however specific non-recurrent income was received for these services in H1 (£0.4m per month) and NW London IUC (£1.2m per month). Provision of the SW London Service has also commenced in M6 (forecast full year income £1.3m) and an additional £5.8m of non-recurrent income is expected across the services provided in H2 above H1 levels.
- YTD activity was around 15% higher than the budget plan due to COVID, event and weather impacts. Compounding this, calls requiring transfer to a clinician have increased by 40% and 23% YTD for NE and SE London respectively, along with an increase in clinician call time of 39% and 13% in NE and SE 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 £8.9m YTD (£18.1m FY).
- The overall IUC position includes £17.3m of managed service and GP service costs YTD (£36.7m FY forecast) to deliver stable clinical services, respond to current demand levels and to provide the NW London and SW London 111 services.



Capital Investment

	Actual (£m) Apr-21	Actual (£m) May-21	Actual (£m) Jun-21	Actual (£m) Jul-21	Actual (£m) Aug-21	Actual (£m) Sep-21	Forecast (£m) Oct-21	Forecast (£m) Nov-21	Forecast (£m) Dec-21	Forecast (£m) Jan-22	Forecast (£m) Feb-22	Forecast (£m) Mar-22	Total
Monthly capital spend	1.346	2.786	0.605	2.382	2.907	2.462							12.487
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	21.442
Forecast	1.346	2.786	0.605	2.382	2.907	2.462	3.867	2.916	2.783	1.343	1.175	1.671	26.242
Disposals						(0.067)							(0.067)
Forecast net of disposals	1.346	2.786	0.605	2.382	2.907	2.395	3.867	2.916	2.783	1.343	1.175	1.671	26.175
Cumulative actual	1.346	4.131	4.736	7.118	10.025	12.487	12.487	12.487	12.487	12.487	12.487	12.487	
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	4.736	7.118	10.025	12.420	16.287	19.203	21.986	23.329	24.504	26.175	

Programme	(£m)		YTD as % of forecast
	YTD (excl Disposals)	Forecast (excl Disposals)	
	D999	0.238	
IM&T	2.800	5.137	54%
Fleet	0.535	1.613	33%
Spatial	0.053	1.141	5%
Estates	4.803	10.991	44%
Ambulance Ops Modernisation	0.503	0.945	53%
Logistics	1.069	1.546	69%
Medicines Modernisation	2.498	2.932	85%
Clinical Equipment	0.000	0.242	0%
Quality	(0.010)	0.058	-18%
Total	12.487	26.242	48%

The Trust's capital plan submitted in conjunction with NW London partners provides for £21.4m worth of capital investment. As of M6, the Trust has also been advised that an additional request for £4.8m of non-cash backed CRL for transformation projects has been approved and this has now been included in forecasts. The forecast £26.2m capital programme is expected to be funded from:

- Internally generated capital (£24.8m); and
- RAAC Plank and Diagnostic Equipment PDC (£1.4m).

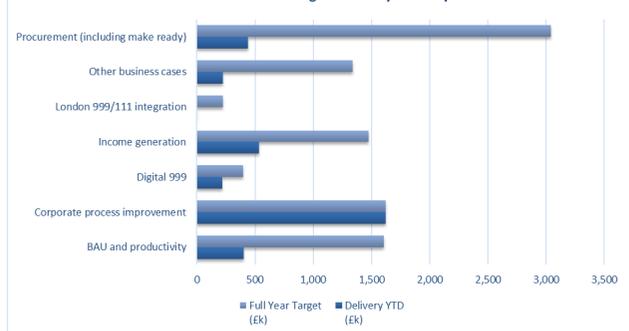
YTD and Full Year Position

- YTD capital expenditure net of disposals is £12.4m YTD (£12.5m before disposals) compared to previously planned capital expenditure of £16.9m (£4.4m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals and donated assets is £26.2m (£26.2m before disposals) £4.8m higher than plan due to additional CRL identified by NW London partners.
- Capital spend on the Trust's ongoing property projects and programmes forms the bulk of YTD spend.

Efficiencies

Programme	Full Year Target (£k)	Delivery YTD (£k)	Remaining (£k)	YTD Delivered as % of Full Year Target
BAU and productivity	1,608	401	1,207	25%
Corporate process improvement	1,620	1,621	(2)	100%
Digital 999	398	216	182	54%
Income generation	1,472	536	936	36%
London 999/111 integration	221	0	221	0%
Other business cases	1,339	225	1,114	17%
Procurement (including make ready)	3,042	442	2,600	15%
Total	9,700	3,441	6,259	35%

YTD vs Full Year Target Efficiency Delivery



Year to Date Position

The Trust is reporting YTD efficiency savings of £3.4m YTD. Frontline operations have recognised an operational efficiency despite COVID-19 activity impacts (OOS time reduction and freed up capacity), though this is behind plan YTD and has been more than offset by the use of additional resources in response to COVID-19 activity demands. Supply chain efficiency programmes are behind plan due to phasing differences and are currently being reviewed and reassessed for deliverability. This has been compensated for by higher delivery in corporate process improvement, however a significant portion of this is non-recurrent.

Full Year Forecast Position

The Trust is expecting to deliver £8m of its planned efficiency target of £9.7m due to the decision to explore insourcing of make ready services resulting in the removal of previously expected procurement savings from the forecast. Whilst cumulative M5 efficiency delivery is only £0.6m adverse from plan YTD, there is also significant risk of slippage going forward through frontline pressures impeding efficiency delivery.

Corporate services transformation is now expected to take longer to design and implement than originally expected and supply chain efficiencies delivery is below plan but anticipated to increase more significantly in H2. Any ongoing delivery delays are expected to continue to be offset by corporate underspend and freezes on vacancies. Further identification and development of initiatives is required to ensure that the portfolio of opportunities has sufficient capacity to allow for slippage, and high level engagement and prioritisation of efficiency projects will be required to ensure forecast achievement.

Governance

The benefits group is mindful that it must continue to evolve with the Trust as projects are commenced and completed and resources transition from project to project and is therefore undertaking a self-assessment of current processes and governance against grip and control best practice, the result of which will be an internal work programme to further develop and improve capture, development, monitoring and reporting of benefits.

	Actual (£m) Apr-21	Actual (£m) May-21	Actual (£m) Jun-21	Actual (£m) Jul-21	Actual (£m) Aug-21	Actual (£m) Sep-21	Forecast (£m) Oct-21	Forecast (£m) Nov-21	Forecast (£m) Dec-21	Forecast (£m) Jan-22	Forecast (£m) Feb-22	Forecast (£m) Mar-22	Total
Monthly CIP Plan	0.437	0.437	0.574	0.849	0.877	0.877	0.897	0.913	0.922	0.922	0.922	1.074	9.700
Monthly Actual / Forecast	0.427	0.435	0.428	0.803	0.738	0.608	0.695	0.727	0.724	0.744	0.735	0.950	8.016
Cumulative Plan	0.437	0.873	1.448	2.297	3.173	4.050	4.947	5.860	6.782	7.704	8.626	9.700	
Cumulative Actual / Forecast	0.427	0.862	1.291	2.094	2.832	3.441	4.136	4.863	5.587	6.331	7.066	8.016	
Cumulative Variance	(0.009)	(0.011)	(0.157)	(0.203)	(0.341)	(0.609)	(0.811)	(0.997)	(1.195)	(1.373)	(1.560)	(1.684)	

Cash Flow Statement

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Sep-21 YTD Move £000
	Actual	Actual	Actual	Actual	Actual	Actual	
	£000	£000	£000	£000	£000	£000	
Opening Cash Balance	39,788	38,267	39,262	37,537	31,374	29,513	39,788
Operating Surplus	1,755	2,393	816	997	790	3,957	10,708
(Increase)/decrease in current assets	(616)	(901)	(763)	(3,151)	1,293	(2,174)	(6,312)
Increase/(decrease) in current liabilities	6,987	971	1,181	(1,123)	(2,647)	(1,767)	3,602
Increase/(decrease) in provisions	(140)	(37)	(7)	124	(283)	577	234
Net cash inflow/(outflow) from operating activities	7,986	2,426	1,227	(3,153)	(847)	593	8,232
Cashflow inflow/(outflow) from operating activities	7,986	2,426	1,227	(3,153)	(847)	593	8,232
Returns on investments and servicing finance	0	0	0	(1)	(1)	0	(2)
Capital Expenditure	(9,507)	(1,431)	(2,952)	(3,009)	(1,013)	(4,923)	(22,835)
Dividend paid	0	0	0	0	0	(2,071)	(2,071)
Financing obtained	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(9,507)	(1,431)	(2,952)	(3,010)	(1,014)	(6,994)	(24,908)
Movement	(1,521)	995	(1,725)	(6,163)	(1,861)	(6,401)	(16,676)
Closing Cash Balance	38,267	39,262	37,537	31,374	29,513	23,112	23,112

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 £16.7m.

Cash funds at 30 September stand at £23.1m.

Operating Surplus

- The operating surplus is £10.7m.

Current Assets

- The movement on current assets is (£6.3m).
- The movement is due to trade receivables (£2.8m), inventories (£0.04m), accrued income (£2.0m) and prepayments (£1.5m).

Current Liabilities

- The movement on current liabilities is £3.6m.
- The movements are due to deferred income £0.1m, accruals £1.1m and payables £2.4m.

Dividends

- The Trust made a dividend payment of £2.1m.

Provisions

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

Capital Expenditure

- Capital cash movement was a net outflow of (£22.8m).

Statement of Financial Position

	Mar-21 Act £000	Apr-21 Act £000	May-21 Act £000	Jun-21 Act £000	Jul-21 Act £000	Aug-21 Act £000	Sep-21 Act £000
Non Current Assets							
Property, Plant & Equip	194,033	194,040	195,441	195,275	196,632	198,342	199,228
Intangible Assets	13,109	13,154	13,180	12,612	12,311	12,181	12,380
Trade & Other Receivables	0	0	0	0	0	0	0
Total Non Current Assets	207,142	207,194	208,621	207,887	208,943	210,523	211,608
Current Assets							
Inventories	6,440	6,469	6,818	6,756	7,180	6,678	6,483
Trade & Other Receivables	28,598	29,185	29,737	30,562	33,289	32,498	34,867
Cash & cash equivalents	39,788	38,267	39,262	37,537	31,374	29,513	23,112
Non-Current Assets Held for Sale	0	0	0	0	0	0	0
Total Current Assets	74,826	73,921	75,817	74,855	71,843	68,689	64,462
Total Assets	281,968	281,115	284,438	282,742	280,786	279,212	276,070
Current Liabilities							
Trade and Other Payables	(80,553)	(79,752)	(82,631)	(81,928)	(80,641)	(80,349)	(74,489)
Provisions	(7,557)	(7,958)	(7,966)	(8,041)	(7,540)	(7,289)	(7,600)
Borrowings	0	0	0	0	0	0	0
Working Capital Loan - DH	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	0
Total Current Liabilities	(88,110)	(87,710)	(90,597)	(89,969)	(88,181)	(87,638)	(82,089)
Total Assets Less Current Liabilities	193,858	193,405	193,841	192,773	192,605	191,574	193,981
Non Current Liabilities							
Trade and Other Payables	0	0	0	0	0	0	0
Provisions	(8,381)	(7,840)	(7,780)	(7,692)	(8,309)	(8,270)	(8,529)
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)
Working Capital Loan - DH	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	0
Total Non Current Liabilities	(8,488)	(7,947)	(7,887)	(7,799)	(8,416)	(8,377)	(8,636)
Total Assets Employed	185,370	185,458	185,954	184,974	184,189	183,197	185,345
Financed by Taxpayers Equity							
Public Dividend Capital	77,840	77,840	77,840	77,840	77,840	77,840	77,840
Retained Earnings	60,043	60,131	60,627	59,647	58,862	57,870	60,018
Revaluation Reserve	47,906	47,906	47,906	47,906	47,906	47,906	47,906
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)
Total Taxpayers Equity	185,370	185,458	185,954	184,974	184,189	183,197	185,345

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 £211.7m, £4.5m movement in year.

Current Assets

- Current assets stand at £64.5m.
- Cash position as at 31 August is £23.1m, (£16.7m) movement in year.
- Within Trade & Other Receivables at £34.9m, is £6.3m movement. The movement is due to receivables at £4.6m, is a £2.8m movement, accrued income at £21.7m, is a £2.0m movement and prepayments at £8.5m is a £1.5m movement.

Current Liabilities

- Current liabilities stand at (£82.1m), £6.0m movement in year.
- Within Trade and Other Payables at £80.3m, is a £6.1m movement. The movement is due to accruals at (£50.7m), is a (£1.1m) movement, payables at (£23.4m), is a £7.3m movement and deferred income at (£0.4m), is a (£0.1m) movement.
- Current provisions at £7.6m, is a (£0.04m) movement.

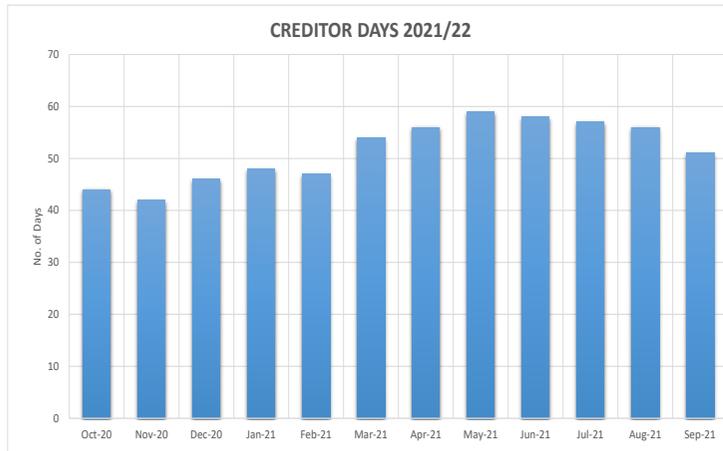
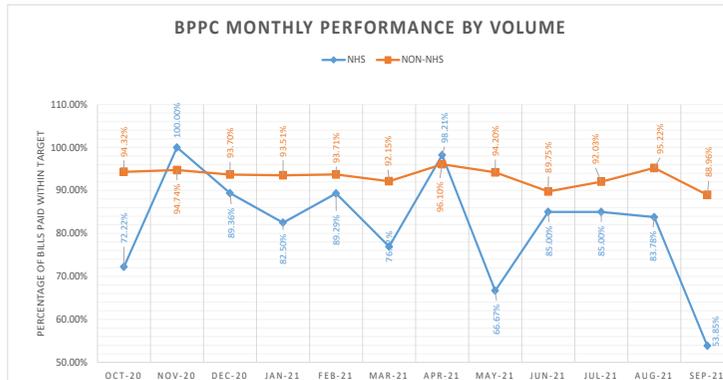
Non Current Liabilities

- Non current provisions at £8.5m, (£0.1m) 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 £60.0m, (£0.02m) movement in year.
- Taxpayers Equity stands at £184.2m, (£0.02m) 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 September 2021 was 53.8% and 89.0% for NHS and Non-NHS respectively.
- BPPC performance ytd for September was 82.3% and 92.3% for NHS and Non-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 6 months to the end of September 2021 is 261 and 23,629 for NHS and Non-NHS respectively.

Creditor Days

- The increase in creditor days in March 2021 to September 2021 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

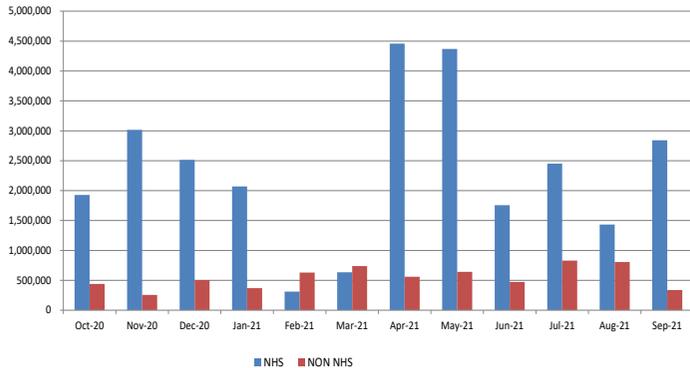
Debtors:

Aged Debtors Summary 30th Sept 2021

Note	Total £'000	Days Overdue				
		0 - 30 £'000	31 - 60 £'000	61 - 90 £'000	Over 91 days £'000	
NHS Debtors						
Nhs England	1	2,709	2,709	-	-	-
Barts Health NHS Trust	1	137	-	1	115	21
Hertfordshire Community Trust	1	33	-	-	33	-
Guy's & St Thomas' NHS Foundation Trust	1	21	9	-	9	3
North East London Csu	1	20	-	-	20	-
Barking, Havering & Redbridge Uni Hosp Nhs	1	13	11	1	2	-
Debtors <£5,000	1	(90)	14	(176)	14	58
NHS Debtors		2,843	2,743	(174)	192	83
Non-NHS Debtors						
Arsenal Football Club	2	36	27	9	-	-
Association Of Ambulance Chief Executives	3	24	24	-	-	-
Twickenham Rfu	4	11	-	-	-	11
Chelsea Football Club	5	9	9	-	-	-
Medeq Healthcare	6	8	-	-	-	8
Debtors <£15,000	7	249	26	0	20	203
Total Non NHS Debtors		338	87	9	20	221
TOTAL DEBTORS 31st August 2021		3,180	2,830	-165	212	304

Source: Debtors Ledger 30th Sept 2021

Debtors Analysis



Debtors Position: 30th of Sept 2021

Total outstanding NHS and Non-NHS debtors as at 31st Aug 2021 amounted to £3.2m. The NHS over 60 day's debt stands at £0.3m

1. NHS Debtors:

- 2 x NHS England invoices for £2.7m paid on 4th Oct 2021.
- 30 x Barts Health NHS Trust Invoices £137k, £12k paid on the 8th of Oct, the invoice for £106k will be credited and re-invoice to three separate departments in BARTS. Purchase orders have been raised by the three departments so payment should be received in November 2021.
- 1 x Hertfordshire Community Trust for £33k, invoice paid on the 4th of Oct
- 7 x Guy's & St Thomas' NHS Foundation Trust Invoices £21k, Invoices expected to be paid in Oct 2021.
- 1 x North East London CSU for £20k payment received on the 14th Sept 2021.
- 5 x Barking, Havering & Redbridge Uni Hosp NHST invoice for £13k, payment expected in Oct 2021.

2. 4 x Arsenal Football Club invoices for £36k, £27k is not due, £9k payment is expected in Oct 2021.

3. 1 x Association of Ambulance Chief Executives invoice for £24k, payment not due.

4. 4 x Twickenham RFU invoices for £11k payment expected in Oct 2021

5. 2 x Chelsea Football Club invoice for £9k, payment not due.

6. 1 x Medeq Healthcare invoice for £8k, this invoice was in dispute, we have agreed to credit the invoice and re-issue.

7. Non-NHS Debtors <£15k - £249k consists of; £202k of salary overpayments made to employees, the individuals are paying us on a monthly basis based on their financial status, £32k of stadia events, the stadiums are being chased for payment on a regular basis. The remaining £15k is due from local Government bodies and other miscellaneous organisations.

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



Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Month 7 Finance Report			
Agenda item:	11.2			
Report Author(s):	James Corrigan, Financial Controller			
Presented by:	Lorraine Bewes, Chief Finance Officer			
History:	Finance and Investment Committee – 18 Nov 2021			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting

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

The purpose of this paper is to set out the financial position for the Trust as at 31 October 2021 (month 7)

Key points to note are that the Trust:

- The Trust has a YTD deficit of £25k as at 31 October 2021, breakeven on an adjusted financial performance basis.
- Is currently forecasting a breakeven position to the end of March 2021 assuming a further £14.4m income in H2 as confirmed by NWL ICS (subject to forecast review)
- The Trust has delivered £4.0m of efficiency reductions to the end of October 2021.
- £37.2m of revenue COVID 19 expenditure was incurred year to date.
- The Trust continues to forecast delivery of its capital plan for 2021/22 and has developed further plans to utilise a further £10m Capital Resource Limit subject to agreeing a mechanism for getting supporting cash.

Recommendation(s) / Decisions for the Board:

The Trust Board is asked to note the financial position and forecast outturn for the Trust for the period ending 31 October 2021.

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

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes		No	

Finance	Yes	x	No		Chief Finance Officer
Chief Operating Officer Directorates	Yes		No		
Medical	Yes		No		
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes		No		
Corporate Affairs	Yes		No		



Finance Report

Month 7: October 2021



Summary

This paper updates on the financial position as at the end of October 2021 (month 7, financial year 2021-22).

The Trust continues to operate under an adjusted financial framework which involves limited business planning 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 was planning a £25k deficit (breakeven on an adjusted financial performance basis) as agreed with NW London partners, which included a CIP target of £4.05m. H2 planning is still in progress at a system level.

As of M7, the Trust is reporting a YTD deficit of £0.028m (breakeven on an adjusted financial performance basis) which is in line with expectations. Significant additional expenditure is being incurred to respond to operational pressures in Ambulance Services (overtime and secondees), and in the Trust's 111 Integrated Urgent Care Service (external resource, agency and overtime), but is currently partially offset by lower than planned recruit numbers and vacancies. Total COVID costs YTD (excluding centrally provided consumables and equipment) are £37.2m primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.

The full year position is forecast to be a £0.043m deficit (breakeven on an adjusted financial performance basis) which is in line with expectations. This position takes into account current funding information from Commissioners (subject to verification processes), and incorporates expected levels of resource usage in Ambulance Services, 999 Operations and 111 IUC services through to the end of the financial year.

Items of note include:

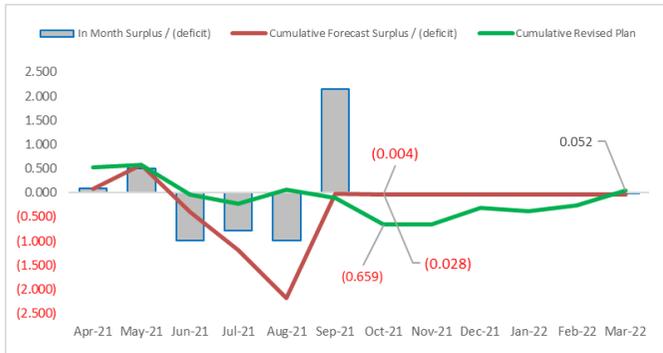
1. Income is forecast to end the year £38.4m higher than full year draft budgets due to Emergency Care Demand Fund income (£7.4m), income to support AfC pay uplifts (£8.9m), additional 111 IUC income over H1 levels (£5.2m), additional H2 breakeven support income (£14.4m subject to verification processes) and other income loss support funding (£5.2m). Total Income Forecast is £578.6m.
2. Forecast full year pay expenditure is expected to be £404.4m which is £27m higher than full year draft budgets due primarily to the increased resourcing requirements to respond to operational demand and capacity pressures in Ambulance Services, 111 IUC Services and 999 Operations (which are expected to continue through to the end of the financial year) partially offset by lower than planned recruit numbers and vacancies across other areas of the Trust.
3. Non pay expenditure (including depreciation and finance costs) is forecast to end the year at £174.2m, £11.5m higher than full year draft budgets due to forecast overspends in the Trust's 111 Integrated Urgent Care Service (forecast £11.5m unfavourable) in response to high demand for services (now expected to continue until the end of the financial year). Other overspends in Strategic Assets & Property (£0.8m driven by the decision to pause procurement of vehicle preparation services) and IM&T (£1m driven by professional services and technology costs) are offset by underspends in People and Culture in relation to lower than planned recruit numbers (£0.5m) and lower forecast programme and project spend (£1.7m forecast underspend).

The Trust finished the month with a cash position of £28.9m, and capital spend (excl donated assets) was £14.3m YTD (£14.3m 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 £26.2m, however NWL ICS has confirmed additional CRL of £10m and is working with London Region to confirm cash backing for this.



Key Financial Indicators

Surplus / (Deficit)



Use of Resources Rating

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

M7 YTD Forecast

GREEN	GREEN	GREEN
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- The Trust is reporting a deficit of £0.028m YTD (breakeven on an adjusted financial performance basis) which is in line with plan.
- The full year position is forecast to be a £0.043m deficit (breakeven on an adjusted financial performance basis) which is in line with plan. This position takes into account updated funding information (pending verification processes for additional funding), and incorporates expected levels of resource usage in Ambulance Services and 111 IUC through to the end of the financial year.
- The YTD position incorporates £37.1m of costs in relation to the Trust's response to COVID-19 (£68.8m full year forecast) 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 including fixed income envelopes which are being managed at STP or ICS level and incorporating Cost Improvement Programmes.

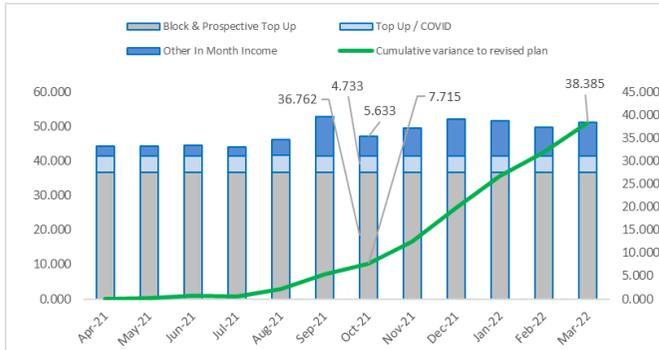
M7 YTD Forecast

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

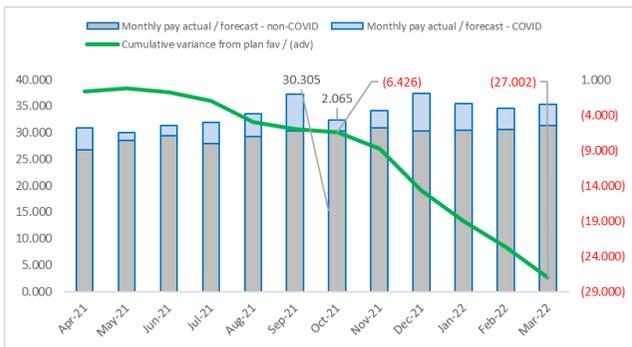


M7 YTD Forecast

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 received totals £34m per month, along with a standard monthly top-up and fixed COVID income supplement of £7.3m per month.
- Total Income is forecast to finish £38.4m higher than plan due to Emergency Care Demand Fund income (£7.4m), income to support AFC pay uplifts (£8.9m), additional 111 IUC income over H1 levels (£5.2m), additional H2 breakeven support income (£14.4m subject to verification processes) and other income loss support funding (£5.2m).
- Other Operating Income is £0.5m adverse YTD (£0.7m favourable full year) due to education and training income phasing (£1.2m adverse YTD, on plan full year), and higher staff recharge and COVID vaccination income (£1.2m favourable full year combined) offset by lower sponsorship income (£0.8m adverse full year).

Pay Expenditure



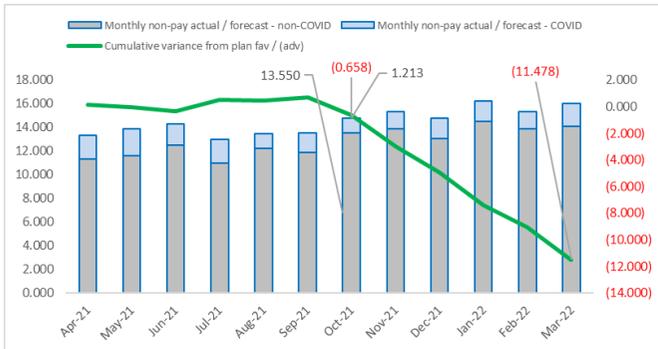
M7 YTD Forecast

GREEN GREEN GREEN

- Pay expenditure is £228.5m YTD (£6.4m over budget but covered by additional income) due to significant additional resource usage in Ambulance Services and IUC, and higher than centrally calculated historic Flowers case settlement costs (£1.5m). These are partially offset by vacancies, lower than expected trainee numbers and reserves being held to support frontline in Central Corporate.
- Forecast full year pay expenditure is expected to be £404.4m which is £27m higher than budget (but covered by additional income) driven by Ambulance Services, 111 IUC and 999 Operations.
- Ambulance Service and IUC pay resourcing costs in H2 are now expected to continue at current levels through to the end of the financial year, with an additional £3m increase in December and £1m in January expected in Ambulance Services, and additional increases in 999 operations resourcing planned.
- Total COVID pay costs are £24.9m YTD and forecast to be £48.2m full year.
- £3.3m has been recognised YTD (full year forecast £6.3m) for seconded London Fire Brigade and Met Police resources in relation to COVID support provided.

Key Financial Indicators

Non-Pay Expenditure

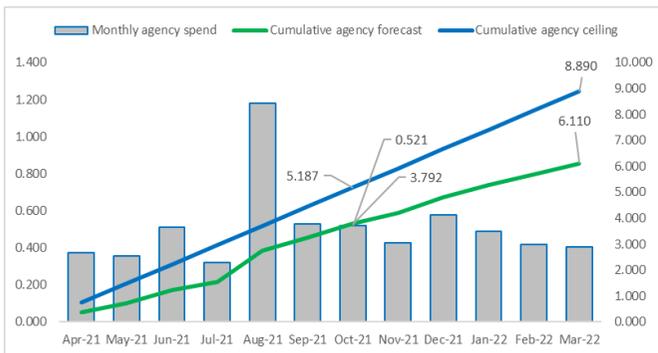


M7 YTD Forecast

GREEN	GREEN	GREEN
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- Non pay expenditure (incl depreciation and finance costs) was £0.7m favourable YTD (full year forecast £11.5m adverse but covered by additional income).
- YTD overspends in 111 IUC (£6.1m) for additional resourcing in response to higher COVID related activity are offset by underspends in Project areas due to timing delays (£2.1m) and underspends on recruitment and training costs due to lower recruit numbers than planned (£2.6m) along with other more minor underspends.
- The worsening between the YTD and forecast positions is driven by expectations some project spend delays will be reversed, that underspend in recruitment and training will be partially reversed via additional recruitment, and continued higher than budget IUC resourcing requirements through to year end.
- Non pay COVID-19 costs are £12.3m YTD (FY forecast £20.6m) for 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



M7 YTD Forecast

GREEN	GREEN	GREEN
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- YTD agency spend is £3.8m compared to the cumulative YTD agency ceiling of £5.2m.
- Full year agency spend is currently forecast to be £6.1m, which is £2.8m below the agency ceiling of £8.9m.
- The spike in costs in August was due to a YTD categorisation adjustment from managed services to agency for specific IUC resources.
- The Trusts limited agency forecast reflects the implementation of alternative resourcing models within the IUC Clinical Triage service, and planned IUC recruitment.

Key Financial Indicators

Cost Improvement Programme



M7 YTD Forecast

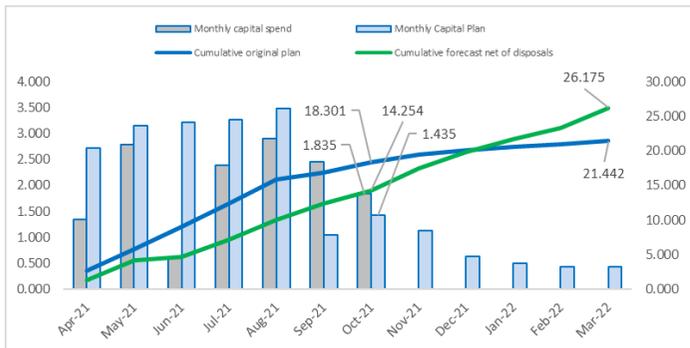
AMBER

AMBER

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- The Trust continues to operate under an adjusted financial framework which involves limited business planning 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 was required, with 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 £4.3m YTD.
- The Trust is now expecting to deliver its planned efficiency target of £9.7m, with the loss of savings from the decision to explore insourcing of make ready services being offset by the decision to pause the Ambulance Operations Modernisation Programme.

Capital Expenditure



M7 YTD Forecast

GREEN

AMBER

GREEN

- Capital expenditure net of disposals is £14.3m YTD (£14.3m before disposals) compared to planned capital expenditure of £18.3m (£4m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals and donated assets is £26.2m (£26.2m before disposals) £4.8m higher than plan reflecting the increase in CRL identified through NW London partners (CRL transfer by NHSI to be processed).
- Capital spend on the Trust's ongoing property projects and programmes forms the bulk of YTD spend.
- An additional CRL of £10m has been confirmed by NWL ICS and this is factored into the financial plan for approval to the Trust Board in November.

Key Financial Indicators

Cash



M7 YTD Forecast

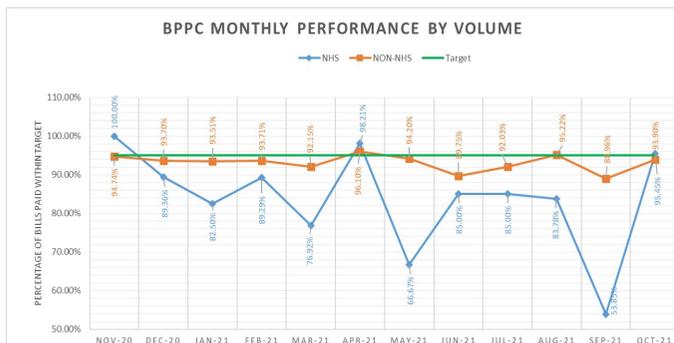
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- Cash was £28.9m as at 31 October 2021.
- The cash balance fell in March 2021 due to the ending of the block contract income being paid one month in advance during the period April 2020 to February 2021.

Better Payment Practice Code



M7 YTD Forecast

AMBER

AMBER

AMBER

- The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days.
- The Trust achieved - NHS and Non-NHS performance by volume for October 2021 was 95.5% and 93.9% respectively.
- The Trust achieved – NHS and Non-NHS performance by volume for YTD October 2021 was 83.4% and 92.5% 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 normal payment terms of 30 days resumed.
- 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 7 2021-22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	
Additional Staff Costs (EOC and Ambulance Services)	19,933	3,602	853	1,287	3,469	3,162	6,170	1,390
NHS 111 Additional Capacity - Staff	4,818	483	588	557	546	1,235	741	668
NHS 111 Additional Capacity - External Contracts	4,664	484	789	970	992	303	882	245
Decontamination Services - Premises	437	118	117	32	130	-	87	61
Defibrillators, Medical and Ambulance Equipment	106	14	10	18	16	19	14	14
IT Support	6	-	2	1	2	-	-	-
Private Ambulance and Managed Operations Services	2,559	388	656	193	195	353	304	469
Vehicle Leasing	15	18	0	0	2	1	0	-
Telephony, Radio and IT Systems Expansion	6	11	-	6	2	9	2	2
Accommodation	130	15	-	22	54	35	12	19
Personal Protective Equipment	403	70	30	84	146	112	20	19
Fleet Maintenance and Preparation	2,466	693	533	265	256	239	232	249
Critical Care Transfer Service	92	44	1	7	-	1	7	25
Property Adjustments and Expansions	661	94	76	76	98	76	90	151
COVID Asset Depreciation	595	83	83	83	83	84	82	96
Other	309	59	57	77	42	146	8	79
Total COVID-19 Expenditure	37,169	6,140	3,768	3,707	6,002	5,663	8,611	3,278

The Trust has incurred £37.2m of COVID 19 costs YTD excluding centrally provided consumables and equipment (M1 £6.1m, M2: £3.8m, M3: £3.7m, M4: £6m, M5: £5.7m, M6: £8.6m, M7: £3.3m) 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 (£19.9m 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 and Met Police support charges of £3.3m YTD (£6.3m FY forecast).
- Personal Protective Equipment (£0.4m YTD) for PPE items not provided through the national supply.
- NHS 111 Additional Capacity Staff (£4.8m YTD) for additional resourcing through internal sources.
- NHS 111 Additional Capacity External Contracts (£4.7m YTD) predominantly for additional clinician resources such as GPs, nurses and advanced practitioners (£3.3m) and additional non-clinical call handling resource support (£1.2m).
- Fleet Maintenance and Preparation (£2.5m YTD) additional external fleet maintenance support, bunkered fuel project costs and preparation resources for cleaning higher numbers of vehicles more frequently.
- Private Ambulance and Managed Operations Services (£2.6m) for additional private ambulance resources and blue light driver services to support front line service provision.
- Decontamination Services - Premises (£0.4m YTD) for increased frequency of premises cleaning.

Movement in Forecast Outturn

Directorate / Division	Full Year 2021-22 £000				COVID-19 Total Cost in Positions
	Annual Budget	M6 Forecast	M7 Forecast	M6 to M7 Movement fav/(adv)	
Chief Executive	(2,115)	(2,442)	(2,415)	27	0
Chairman & Non-Executives	(226)	(211)	(211)	0	0
People & Culture	(13,192)	(12,750)	(12,404)	346	1
Communication & Engagement	(3,406)	(2,876)	(2,873)	3	0
Ambulance Services	(250,675)	(283,385)	(283,362)	23	(43,982)
999 Operations	(40,672)	(40,605)	(42,071)	(1,466)	(213)
IUC Services	(31,869)	(41,673)	(40,567)	1,106	(16,923)
Performance	(1,527)	(1,357)	(1,342)	15	0
Programmes & Projects	(12,354)	(8,702)	(8,876)	(175)	0
COO Management	(1,670)	(1,642)	(1,549)	93	0
Corporate Services	(9,510)	(9,487)	(9,368)	119	0
Finance	(5,140)	(5,408)	(5,330)	77	0
Strategy & Transformation	(944)	(462)	(509)	(47)	0
IM&T	(18,538)	(18,559)	(18,710)	(151)	(805)
Medical	(7,210)	(6,047)	(6,051)	(4)	0
Quality & Assurance	(23,934)	(21,135)	(20,639)	496	0
Strategic Assets & Property	(60,280)	(60,318)	(60,462)	(143)	(6,550)
Directorate Sub-Total	(483,262)	(517,056)	(516,738)	318	(69,391)
Central Income	513,490	527,770	541,902	14,132	0
Central Depreciation & Fin Charges	(21,285)	(22,537)	(22,324)	213	0
Apprenticeship Levy	(1,463)	(1,660)	(1,577)	83	0
Legal Provisions	(945)	(429)	(762)	(333)	0
Other central costs & income	(132)	(2)	(2)	0	0
Net Reserves incl Unallocated CIP	(6,351)	(200)	(153)	47	0
COVID-19 Income and Central Costs	0	(333)	(310)	23	(310)
Central Sub-Total	483,314	502,609	516,774	14,165	(310)
Total surplus / (deficit)	52	(14,447)	36	14,483	(69,701)

Key Income Assumptions

- Income position includes £8.9m AfC uplift income, COVID and Top up income of £7.3m per month, £7.4m Emergency Care Demand Fund income, additional £5.2m 111 IUC income over H1 levels, additional £5.2m income loss support funding and £14.4m additional H2 cost support funding subject to further validation processes
- Sponsorship Income previously included in forecast has been removed (£0.8m)
- Additional £0.8m HEE income and Apprenticeship Levy income as per adjusted notification

Key Expenditure Assumptions

- Ambulance Services resourcing in H2 continuing at current levels with £3m increase in December and £1m in January
- IUC Service resourcing in H2 continuing at current elevated levels
- Agenda for Change 3% Uplift Costs included across full year (£11m forecast)
- Recruitment and Training costs in line with P&C forecasts (£4.7m higher in H2 vs H1)
- Ambulance Operations Modernisation Programme paused for remainder of financial year (£1.2m reduction vs budget), Vehicle Preparation Procurement delay (£1.6m additional cost), CAD upgrade delayed to 2022-23 (unchanged) and additional stations opened (£1m capital 2021-22).
- PPE continues to be provided centrally for the full year (2020-21 PPE used approx. £8m)
- Excludes potential mobilisation costs for SW London IUC which will be required if bid successful

Key Forecast Movements

1. Central Corporate

- Central Income increase between forecasts due primarily to the notification of additional £14.4m H2 cost support income which will be subject to further cost validation processes.
- Legal provisions movement due to addition of change in discount rate movement cost forecast.
- Depreciation and Financial Charges decrease due to slippage on capital programme.

2. 999 Operations

- Increase between forecasts due primarily to the inclusion of additional recruitment of Clinical Advisors and Navigators, and expected additional overtime and incentive costs.

3. IUC Service

- Decrease between forecasts due primarily to the adjustment of expected GP service costs in line with forecast activity requirements.

4. Quality & Assurance

- Reduction in cost between forecasts due primarily to adjustment to expected costs for clinical tutors in line with current information (£0.5m).

5. People & Culture

- Decrease in forecast cost between periods due to increased apprenticeship income (£0.1m), and lower than expected recruit numbers and associated costs (£0.2m).

6. Programmes & Projects

- Increase between forecasts due primarily to capital to revenue transfer in relation to the paused Ambulance Operations Modernisation Programme (£0.5m) and increased business rates costs for training facilities (£0.2m) partially offset by Lower UPS & Generator project revenue costs (£0.3m) and lower Programmes & Project resource expectations (£0.2m).

Supporting Information



	Month 7 2021-22 £000			YTD Month 7 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)
Income									
Income from Activities	44,491	46,872	2,381	312,753	320,969	8,216	535,185	572,855	37,670
Other Operating Income	254	256	2	3,389	2,887	(502)	5,003	5,718	715
Total Income	44,745	47,129	2,384	316,142	323,857	7,715	540,189	578,574	38,385
Operating Expense									
Pay	(31,927)	(32,369)	(442)	(221,035)	(227,461)	(6,426)	(377,433)	(404,435)	(27,002)
Non Pay	(11,214)	(12,691)	(1,477)	(81,527)	(83,620)	(2,093)	(137,209)	(149,474)	(12,265)
Total Operating Expenditure	(43,141)	(45,060)	(1,920)	(302,562)	(311,081)	(8,519)	(514,642)	(553,909)	(39,267)
EBITDA	1,604	2,069	464	13,580	12,776	(804)	25,547	24,665	(882)
EBITDA margin	3.6%	4.4%	0.8%	4.3%	3.9%	(0.4%)	4.7%	4.3%	(0.5%)
Depreciation & Financing									
Depreciation & Amortisation	(1,674)	(1,616)	57	(10,910)	(9,570)	1,340	(19,688)	(19,141)	546
PDC Dividend	(463)	(463)	0	(3,242)	(3,242)	0	(5,558)	(5,558)	0
Finance Income	0	0	0	0	0	0	0	0	0
Finance Costs	(26)	7	33	(87)	49	136	(249)	34	283
Gains & Losses on Disposals	0	0	0	0	(42)	(42)	0	(42)	(42)
Total Depreciation & Finance Costs	(2,162)	(2,072)	90	(14,239)	(12,804)	1,434	(25,495)	(24,707)	787
Net Surplus/(Deficit)	(558)	(4)	554	(659)	(28)	630	52	(43)	(95)
NHSI Adjustments to Fin Perf									
Remove Asset Donations I&E Impact	5	3	(2)	33	28	(5)	57	43	(14)
Adjusted Financial Performance	(553)	(1)	552	(626)	(0)	625	109	0	(109)
Net margin	(1.2%)	(0.0%)	1.2%	(0.2%)	(0.0%)	0.2%	0.0%	(0.0%)	(0.2%)

YTD Position

The YTD position is a £0.028m deficit (breakeven on an adjusted financial performance basis) with H2 plans not yet finalised. The position incorporates significant additional overtime, managed service and seconded expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service, which are partially offset by lower than planned recruit numbers, vacancies and increased funding notified by Commissioners (£1m of which has been recognised YTD that will be subject to further validation processes).

Full Year Forecast Position

The full year position is forecast to be a £0.043m deficit (breakeven on an adjusted financial performance basis). The position assumes current levels of Ambulance Service and IUC pay and non pay resourcing will continue, with AfC 3% uplift cost impacts incorporated and H2 funding as notified by Commissioners (£14.4m of which will be subject to further validation processes).

Key items to note in the positions are:

- Income from activities is £321m YTD (£572.9m FY 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. An additional £5.9m income has been recognised in the YTD position in respect of AfC 3% uplift costs (£8.9m FY forecast), £3.7m YTD for Emergency Care Demand Fund income (£7.4m FY forecast), £1.7m additional IUC funding (£8.8m FY forecast), £1.7m YTD income loss funding (£5.2m FY forecast) and £1m YTD additional H2 cost support funding (£14.4m FY forecast) subject to further validation processes.
- Other operating income is £2.9m YTD (£5.7m FY forecast) which is £0.5m adverse YTD (£0.7m favourable FY forecast) due to education and training income (£1.2m adverse YTD, on plan FY forecast) following notification of Health Education England income, staff recharge income (£0.5m favourable YTD, £0.9m favourable FY forecast), COVID vaccination support income (£0.4m YTD and FY forecast) and sponsorship income no longer expected to be achieved (£0.8m adverse FY forecast).
- Pay expenditure is £6.4m over budget YTD (forecast to be £27m over budget full year) due to significant additional resource usage in Ambulance Services and IUC, partially offset by vacancies, lower than expected trainee numbers and reserves being held to support frontline in Central Corporate. The impact of AfC 3% uplifts has been incorporated in budgets.
- Non pay expenditure (excl depreciation and finance costs) was £2.1m adverse YTD (FY forecast £12.3m adverse) due to overspends in IUC for additional resourcing in response to higher COVID related activity, offset by underspends in Programmes and Projects due to project delays, and People & Culture and Quality & Assurance due to lower recruit numbers compared to plan.
- Depreciation and finance costs are £1.4m favourable to budget YTD and forecast to be £0.8m favourable to budget for the year with differences due to current forecast timelines for project completion.

Financial Position by Directorate

Directorate	Month 7 2021-22 £000					YTD Month 7 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	(172)	(202)	(30)		(202)	(1,261)	(1,587)	(327)		(1,587)	(2,115)	(2,415)	(300)		(2,415)
Chairman & Non-Executives	(19)	(14)	5		(14)	(131)	(107)	24		(107)	(226)	(211)	15		(211)
People & Culture	(1,339)	(954)	385	1	(955)	(7,273)	(5,422)	1,851	1	(5,423)	(13,192)	(12,404)	788	1	(12,405)
Communication & Engagement	(287)	(221)	66		(221)	(2,027)	(1,590)	437		(1,590)	(3,406)	(2,873)	533		(2,873)
Ambulance Services	(20,913)	(23,543)	(2,631)	(1,752)	(21,792)	(146,648)	(162,756)	(16,108)	(22,535)	(140,221)	(250,675)	(283,362)	(32,686)	(43,944)	(239,417)
999 Operations	(3,347)	(3,830)	(484)	4	(3,834)	(23,586)	(22,764)	823	(167)	(22,596)	(40,672)	(42,071)	(1,399)	(213)	(41,858)
IUC Services	(2,637)	(2,441)	196	(963)	(1,478)	(18,468)	(25,308)	(6,840)	(9,840)	(15,468)	(31,869)	(40,567)	(8,698)	(16,923)	(23,644)
Performance	(127)	(90)	36		(90)	(896)	(703)	193		(703)	(1,527)	(1,342)	185		(1,342)
Programmes & Projects	(1,041)	(1,192)	(152)		(1,192)	(7,875)	(4,689)	3,186	(4,689)	(12,354)	(8,876)	3,478			(8,876)
COO Management	(138)	(109)	29		(109)	(956)	(892)	64		(892)	(1,670)	(1,549)	121		(1,549)
Corporate Services	(793)	(752)	41		(752)	(5,544)	(5,374)	170		(5,374)	(9,510)	(9,368)	142		(9,368)
Finance	(394)	(392)	3		(392)	(3,157)	(3,173)	(16)		(3,173)	(5,140)	(5,330)	(190)		(5,330)
Strategy & Transformation	(77)	(28)	49		(28)	(558)	(324)	234		(324)	(944)	(509)	435		(509)
IM&T	(1,509)	(1,817)	(308)	(79)	(1,737)	(10,834)	(11,162)	(329)	(471)	(10,691)	(18,538)	(18,710)	(172)	(805)	(17,905)
Medical	(687)	(537)	150	0	(537)	(4,168)	(3,129)	1,038	0	(3,129)	(7,210)	(6,051)	1,159	0	(6,051)
Quality & Assurance	(2,307)	(2,050)	257		(2,050)	(14,892)	(10,806)	4,086		(10,806)	(23,934)	(20,639)	3,296		(20,639)
Strategic Assets & Property	(4,968)	(4,909)	59	(437)	(4,472)	(35,618)	(34,454)	1,164	(3,930)	(30,524)	(60,280)	(60,462)	(181)	(6,550)	(53,912)
Directorate Sub-Total	(40,753)	(43,083)	(2,330)	(3,336)	(39,857)	(283,894)	(294,242)	(10,348)	(37,502)	(257,298)	(483,262)	(516,738)	(33,476)	(69,353)	(448,304)
Central Income	42,340	45,120	2,780	3,350	41,770	301,817	306,985	5,168	37,693	269,292	513,490	541,902	28,412	69,663	472,238
Central Corporate	(2,145)	(2,040)	105	(13)	(2,027)	(18,582)	(12,771)	5,811	(190)	(12,581)	(30,176)	(25,206)	4,969	(310)	(24,896)
Total	(558)	(4)	554	0	(113)	(659)	(28)	630	0	(588)	52	(43)	(95)	(0)	(962)

Ambulance Services

- Overspend YTD of £16.1m (FY forecast £32.7m) primarily due to increased resourcing costs to respond to operational pressures which are forecast forward across H2.
- COVID-19 costs are £22.5m YTD (FY forecast £43.9m) primarily in relation to incentivised overtime resourcing and LFB/Met Police support costs (£3.3m YTD, £6.3m FY forecast) to respond to the current COVID surge, partially offset by vacancies.

IUC Services

- YTD position is £6.8m over budget (FY forecast overspend of £8.7m) due primarily to current increased resourcing levels in response to high demand for services, partially offset by increased H2 income levels.
- COVID-19 IUC costs are £9.8m YTD (£16.9m FY forecast)

primarily in relation to increased call handling and clinical resourcing which has been forecast forward across H2.

Programmes & Projects

- YTD position £3.2m favourable to budget (FY forecast £3.5m underspend) driven by the pausing of the Ambulance Operations Modernisation Programme, project delays and timing differences in Medicines Modernisation, Logistics, D999 and IM&T programmes, and Programmes and Projects team vacancies.

People & Culture

- YTD underspend of £1.9m (FY forecast £0.8m favourable) due to lower recruit numbers and thus lower relocation support costs with some recovery expected later in the year.

Strategic Assets & Property

- £1.2m favourable to budget YTD (£0.2m adverse FY forecast) primarily due to vacancies, lower fleet repair costs YTD, with deterioration due to cancellation of Vehicle Preparation procurement and increased consumables costs.
- COVID-19 costs of £3.9m YTD (FY forecast £6.6m) relate primarily to fleet maintenance and vehicle preparation services through external suppliers, increased vehicle and premises cleaning and clinical waste costs.

Quality & Assurance

- £4.1m favourable to budget YTD (FY forecast £3.3m favourable) due to lower recruit numbers than expected resulting in reduced training costs, and vacancies in Q&A teams.

999 Operations

- £0.8m favourable YTD (FY forecast £1.4m adverse) due primarily to clinical advice and operational management vacancies offset by higher than budgeted frontline control staff costs, with increased recruitment expected.
- COVID-19 costs of £0.2m YTD and FY forecast relate to bank and student paramedic resources and video triage system costs.

Medical

- Favourable variance of £1m YTD (FY forecast £1.2m) driven by management and pharmacy team vacancies.

IM&T

- COVID-19 costs of £0.5m YTD (FY forecast £0.8m) relate to IT equipment and system asset depreciation.

Income

Income by Type	Month 7 2021-22 £000			YTD Month 7 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)
Patient Care Income									
Commercial Service Income	306	259	(47)	1,181	1,271	89	2,713	2,435	(279)
Emergency & Urgent Care Income	41,697	44,655	2,959	295,509	301,788	6,279	503,963	533,547	29,584
Emergency Bed Service Income	0	8	8	0	54	54	0	93	93
Injury Cost Recovery Income	81	100	20	566	501	(65)	970	905	(65)
Non-Contract E&UC Income	16	47	31	109	169	60	186	247	60
Other Patient Care Income	55	(1,359)	(1,414)	387	707	320	700	1,057	357
Specialist Service Income	670	619	(51)	4,493	4,270	(223)	7,842	6,985	(857)
Telephone Advice Service Income	1,666	2,543	876	10,508	12,210	1,702	18,811	27,587	8,776
Total Patient Care Income	44,491	46,872	2,381	312,753	320,969	8,216	535,185	572,855	37,670
Other Operating Income	254	256	2	3,389	2,887	(502)	5,003	5,718	715
Total Income	44,745	47,129	2,384	316,142	323,857	7,715	540,189	578,574	38,385

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 £6.3m favourable YTD (£29.6m favourable full year) due to the recognition of Emergency Care Demand Fund income (£3.7m YTD, £7.4m FY forecast), additional H2 breakeven support (£1m YTD, £14.4m FY forecast subject to verification) and other income loss support funding (£1m YTD,

£5.2m FY forecast).

- Block contract income is reported under the emergency and urgent care heading with £34m received monthly.
- Monthly top up and fixed COVID support income (£7.3m per month) is also included in this category.

Telephone Advice Service Income

- Telephone Advice Service income is £1.7m favourable YTD (£8.8m favourable full year forecast) due to changes to the NW London service and an additional £5.2m 111 IUC income over H1 levels notified for H2. Due to the adjusted financial framework income in this category does not include base block income associated with the NE and SE London services.

Commercial Service Income

- Commercial income is £0.1m favourable YTD (£0.3m adverse full year forecast). YTD variance is due to additional one off income in relation to Wimbledon and higher Heathrow service income, however the forecast going forward is for lower levels of stadia income.

Specialist Service Income

- Specialist Service income is £0.2m adverse YTD (£0.9m adverse full year forecast) with planned HEMS funding not yet realised (£0.2m adverse YTD, £0.6m adverse full year forecast) and forecast lower than planned income for the Physician Response Unit (£0.1m) and the transfer of the Neonatal Transfer Service to a new provider in December (£0.1m).

Other Patient Care Income

- Other Patient Care income is £0.3m favourable YTD (£0.4m favourable full year) due to IUC prescription and pass through income (£0.2m) and additional Flowers case income (£0.1m).

Other Operating Income

Staff Recharges

- Staff recharge income is £0.5m favourable YTD (£0.9m favourable full year forecast) in relation to seconded staff across the Trust.

Education & Training

- Education and Training funding is £1.2m adverse to budget YTD (in line with budget full year forecast) with new notifications from HEE resulting in phasing differences.

Sponsorship

- Sponsorship income is £0.3m adverse YTD (£0.8m adverse full year forecast) as planned agreements are now not expected to be completed.

Pay Expenditure

Pay Expenditure by Type	Month 7 2021-22 £000			YTD Month 7 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)
Substantive									
Corporate & Support Staff	(3,742)	(3,142)	600	(26,011)	(20,718)	5,294	(44,590)	(37,733)	6,858
Directors And Senior Managers	(1,750)	(1,327)	422	(12,543)	(10,183)	2,359	(21,545)	(18,109)	3,436
Frontline Control Staff	(2,764)	(2,718)	46	(19,040)	(18,705)	335	(32,857)	(35,265)	(2,409)
Frontline Ops Staff	(16,657)	(16,183)	474	(114,465)	(112,033)	2,433	(195,290)	(192,169)	3,121
Med, Nursing & Clin Adv Staff	(899)	(685)	214	(5,631)	(4,701)	930	(9,847)	(9,532)	315
Non-Emergency Control Staff	(15)	(33)	(18)	(107)	(125)	(18)	(183)	(214)	(31)
Non Emergency Ops Staff	(450)	(268)	182	(3,151)	(2,055)	1,096	(5,402)	(3,610)	1,792
Ops Management & Team Leaders	(3,117)	(2,994)	123	(21,693)	(20,537)	1,155	(37,268)	(37,009)	259
Other Pay Costs	(433)	(131)	302	(6,030)	(920)	5,110	(8,197)	(3,070)	5,127
Overtime & Incentives	(1,731)	(3,602)	(1,871)	(9,699)	(28,081)	(18,381)	(17,763)	(51,907)	(34,144)
Total Substantive	(31,558)	(31,084)	474	(218,370)	(218,057)	313	(372,941)	(388,617)	(15,676)
Agency	(34)	(521)	(488)	(269)	(3,792)	(3,523)	(448)	(6,110)	(5,662)
Bank	(320)	(204)	116	(2,291)	(2,046)	246	(3,864)	(3,001)	863
Seconded	(15)	(560)	(545)	(105)	(3,566)	(3,461)	(179)	(6,707)	(6,527)
Total Pay Expenditure	(31,927)	(32,369)	(442)	(221,035)	(227,461)	(6,426)	(377,433)	(404,435)	(27,002)

Pay Expenditure by Directorate	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
	Central Corporate	(444)	(131)	313	(6,052)	(945)	5,107	(8,256)	(3,211)
Chief Executive	(135)	(131)	4	(1,004)	(1,420)	(416)	(1,678)	(2,037)	(359)
People & Culture	(705)	(594)	112	(3,497)	(3,450)	47	(6,389)	(6,606)	(217)
Communication & Engagement	(255)	(243)	12	(1,756)	(1,536)	220	(3,016)	(2,823)	193
Ambulance Services	(19,926)	(21,016)	(1,089)	(139,451)	(155,831)	(16,380)	(239,642)	(272,074)	(32,432)
999 Operations	(3,225)	(3,636)	(411)	(22,745)	(21,933)	813	(39,233)	(40,565)	(1,332)
IUC Services	(1,850)	(2,087)	(238)	(12,264)	(14,816)	(2,552)	(21,480)	(27,600)	(6,119)
Programmes & Projects	(418)	(175)	243	(2,175)	(1,055)	1,120	(3,521)	(1,744)	1,776
COO Management	(124)	(73)	51	(843)	(573)	270	(1,462)	(1,039)	423
Corporate Services	(228)	(197)	31	(1,593)	(1,386)	207	(2,737)	(2,497)	239
Finance	(370)	(348)	21	(2,655)	(2,497)	157	(4,519)	(4,184)	335
Performance	(112)	(87)	25	(779)	(602)	177	(1,338)	(1,128)	210
Strategy & Transformation	(40)	(38)	2	(297)	(308)	(11)	(497)	(495)	2
IM&T	(492)	(440)	52	(3,510)	(2,943)	568	(6,126)	(5,384)	743
Medical	(668)	(536)	133	(4,025)	(3,132)	893	(6,979)	(5,902)	1,078
Quality & Assurance	(2,152)	(1,920)	232	(12,808)	(9,965)	2,843	(21,064)	(18,346)	2,719
Strategic Assets & Property	(783)	(718)	65	(5,578)	(5,071)	507	(9,491)	(8,802)	689
Total Pay Expenditure	(31,927)	(32,369)	(442)	(221,035)	(227,461)	(6,426)	(377,433)	(404,435)	(27,002)

Year to Date Position

YTD pay expenditure is £227.5m which is £6.4m overspent due to additional overtime and incentives, seconded external resources and agency in Ambulance Services and 111 IUC Services and higher than centrally calculated Flowers case settlement costs (£1.5m), which are partially offset by vacancies and lower recruit numbers than planned.

Full Year Position

Pay expenditure is currently forecast to be £404.4m for the year which is £27m adverse to budget driven by Ambulance Services, 111 IUC and 999 Operations spend, and higher than centrally calculated Flowers case settlement costs. Ambulance Service and IUC pay resourcing costs in H2 are now expected to continue at current levels through to the end of the financial year, with an additional £3m increase in December and £1m in January expected in Ambulance Services, and additional increases in 999 operations resourcing planned.

Key items to note in the positions are:

- COVID-19 response costs of £24.9m YTD (£48.2m 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 (£16.4m YTD, full year forecast £32.4m) is driven by overtime and incentives, as well as seconded support from the London Fire Brigade and Met Police partially offset by Frontline and Non Emergency Transport Service underspends. Forecasts reflect expected continuation of current resourcing levels with additional costs in December and January of £3m and £1m respectively.
- Overspend in 111 IUC (£2.6m YTD, full year forecast £6.1m) is primarily driven by agency and overtime use, and forecast recruitment going forwards, with current resourcing pressures forecast to continue.
- 999 Operations deterioration (£0.8m favourable YTD, £1.2m adverse full year forecast) due to additional recruitment to address demand.
- These are partially offset by favourable variances in Programmes and Projects (£1.1m YTD, full year forecast £1.8m) due to capitalisations and delays/pauses in projects, Quality and Assurance (£2.8m YTD and £2.7m full year) due to lower numbers of recruits in training than planned and reserves in Central Corporate being held to support frontline and IUC resourcing, and vacancies across other areas.

Non Pay and Financial Charges

Non Pay by Type	Month 7 2021-22 £000			YTD Month 7 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)
Non Pay Expenditure									
Establishment Expenses	(1,010)	(1,251)	(240)	(6,384)	(5,603)	781	(10,456)	(10,297)	159
General Supplies & Services	(1,673)	(2,203)	(530)	(13,732)	(13,757)	(25)	(22,624)	(25,857)	(3,233)
Technology & Communications	(1,197)	(1,308)	(111)	(8,837)	(8,247)	590	(14,785)	(14,718)	67
Operations Supplies & Services	(3,735)	(4,522)	(786)	(26,210)	(32,206)	(5,996)	(45,107)	(56,939)	(11,832)
Premises & Fixed Plant	(1,605)	(1,629)	(25)	(11,986)	(9,964)	2,022	(20,048)	(17,138)	2,910
Transport	(1,993)	(1,777)	215	(14,378)	(13,843)	535	(24,189)	(24,525)	(336)
Total Non Pay Expenditure	(11,214)	(12,691)	(1,477)	(81,527)	(83,620)	(2,093)	(137,209)	(149,474)	(12,265)
Financial Charges									
Depreciation & Amortisation	(1,674)	(1,616)	57	(10,910)	(9,570)	1,340	(19,688)	(19,141)	546
Other Financial Charges	(489)	(456)	33	(3,329)	(3,235)	94	(5,807)	(5,566)	241
Total Financial Charges	(2,162)	(2,072)	90	(14,239)	(12,804)	1,434	(25,495)	(24,707)	787
Total Non Pay & Financial Charges	(13,376)	(14,763)	(1,387)	(95,766)	(96,424)	(658)	(162,704)	(174,181)	(11,478)

Non Pay by Directorate	Budget			Budget			Budget		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Forecast	Variance fav/(adv)
Central Corporate	(1,701)	(1,909)	(208)	(12,530)	(11,827)	703	(21,919)	(21,996)	(77)
Chief Executive	(37)	(71)	(34)	(256)	(176)	80	(438)	(388)	50
Chairman & Non-Executives	(19)	(14)	5	(129)	(107)	22	(222)	(211)	11
People & Culture	(698)	(579)	119	(4,354)	(2,879)	1,474	(8,048)	(7,566)	483
Communication & Engagement	(49)	(26)	23	(331)	(220)	110	(572)	(449)	123
Ambulance Services	(1,470)	(1,565)	(96)	(9,420)	(9,381)	39	(15,671)	(15,321)	350
999 Operations	(122)	(194)	(72)	(841)	(831)	10	(1,439)	(1,506)	(67)
IUC Services	(2,467)	(2,929)	(463)	(16,800)	(22,943)	(6,143)	(29,350)	(40,894)	(11,545)
Programmes & Projects	(663)	(1,058)	(395)	(5,986)	(3,882)	2,104	(9,325)	(7,577)	1,748
COO Management	(14)	(36)	(22)	(114)	(319)	(205)	(208)	(510)	(302)
Central Income	0	0	0	0	0	0	0	(453)	(453)
Corporate Services	(564)	(555)	10	(3,951)	(3,989)	(37)	(6,774)	(6,871)	(97)
Finance	(110)	(42)	68	(847)	(684)	163	(1,392)	(1,158)	234
Performance	(15)	(4)	12	(118)	(102)	16	(189)	(214)	(25)
Strategy & Transformation	(37)	(6)	32	(261)	(78)	183	(447)	(153)	294
IM&T	(1,017)	(1,388)	(371)	(7,323)	(8,326)	(1,003)	(12,412)	(13,443)	(1,031)
Medical	(39)	(34)	5	(288)	(186)	102	(480)	(424)	56
Quality & Assurance	(168)	(162)	6	(2,177)	(1,101)	1,076	(3,028)	(3,377)	(349)
Strategic Assets & Property	(4,185)	(4,192)	7	(30,041)	(29,393)	647	(50,789)	(51,670)	(881)
Total Non Pay & Financial Charges	(13,376)	(14,763)	(1,387)	(95,766)	(96,424)	(658)	(162,704)	(174,181)	(11,478)

Year to Date Position

YTD non pay expenditure including financial charges is £96.4m which is £0.7m over budget. Overspends in 111 IUC for additional resourcing in response to higher COVID related activity (£6.1m) are more than offset by underspends in Programmes and Projects (£2.1m) due to project delays, People and Culture and Quality and Assurance (£2.6m combined) due to lower recruit numbers than planned and other areas of underspend across the Trust.

Full Year Forecast Position

Non pay expenditure including financial charges is forecast to finish the year at £174.2m which would be £11.5m unfavourable to current draft budgets due largely to the expected continuation of current levels of resourcing in 111 IUC services.

Key items to note in the positions are:

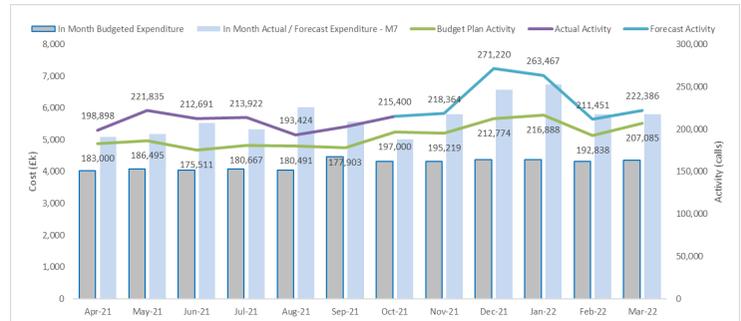
- Transport is underspent by £0.5m YTD but forecast to finish the year overspent by £0.3m, with the full year overspend being driven by expected higher vehicle movement costs due to the delayed vehicle preparation contract procurement, partially offset by lower fleet repair and maintenance costs.
- Operational Supplies and Services are overspent by £6m YTD (forecast full year overspend £11.8m) due to IUC resourcing for high activity levels (£10.7m), higher vehicle preparation costs due to delays in the procurement exercise and higher consumables and gases costs, partially offset by the receipt of PPE from the national stockpile and lower operational equipment costs.
- General Supplies and Services is in line with budget YTD (full year forecast overspend £3.2m). YTD underspends on recruitment and training are expected to be partially recovered, and overspends on professional services costs for projects and management support are expected to worsen (partially offset by pay underspends).
- Premises expenses are underspent by £2m YTD (full year forecast underspend £2.9m) due primarily to project delays and pauses.
- Technology and Comms is underspent by £0.6m YTD (full year forecast underspend £0.1m) with the position change primarily due to updated and delayed project spend expectations.
- Depreciation and finance costs are £1.4m favourable to budget YTD and forecast to be £0.8m favourable to budget full year due to current forecast timelines for completion of project related assets.
- COVID-19 response costs are £12.3m YTD (full year forecast £20.6m), 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 M7 2021-22 £000			111 IUC Total FY Forecast M7 2021-22 £000		
	Budget	YTD	Variance fav/(adv)	Budget	Full Year Forecast	Variance fav/(adv)
Income						
Income from Activities	10,596	12,451	1,855	18,961	27,927	8,966
Other Income	0	0	0	0	0	0
Total Income	10,596	12,451	1,855	18,961	27,927	8,966
Pay						
Substantive Staff	(12,027)	(12,060)	(32)	(21,114)	(23,328)	(2,214)
Agency	(12)	(2,202)	(2,190)	(44)	(3,689)	(3,645)
Bank	(224)	(516)	(291)	(323)	(516)	(193)
Total Pay Expenditure	(12,264)	(14,778)	(2,514)	(21,480)	(27,532)	(6,052)
Non Pay						
Establishment Expenses	(11)	(9)	2	(17)	(328)	(311)
General Supplies & Services	(452)	(620)	(168)	(795)	(959)	(164)
Technology & Communications	(861)	(955)	(94)	(1,513)	(1,724)	(211)
Operations Supplies & Services	(14,211)	(20,010)	(5,798)	(24,855)	(35,566)	(10,711)
Premises & Fixed Plant	(1,073)	(1,119)	(47)	(1,837)	(1,882)	(45)
Transport	(3)	(9)	(6)	(5)	(37)	(31)
Depreciation & Amortisation	(189)	(222)	(33)	(327)	(399)	(72)
Total Non Pay	(16,800)	(22,943)	(6,143)	(29,350)	(40,894)	(11,545)
Net Surplus/(Deficit)	(18,468)	(25,270)	(6,802)	(31,869)	(40,500)	(8,631)

Key points to note:

- The current financial arrangements mean that funding for NE and SE London contracts are predominantly through block contract arrangements, however specific non-recurrent income was received for these services in H1 (£0.4m per month) and NW London IUC (£1.2m per month). Provision of the SW London service also commenced in M6 (forecast full year income £1.2m) and an additional £5.2m of non-recurrent income is expected across the services provided in H2 above H1 levels.
- 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 35% and 24% YTD for NE and SE London respectively, along with an increase in clinician call time of 36% and 20% in NE and SE 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 £9.8m YTD (£16.9m FY).
- The overall IUC position includes £19.8m of managed service and GP service costs YTD (£35.2m FY forecast) to deliver stable clinical services, respond to current demand levels and to provide the NW London and SW London 111 services.



Capital Investment

	Actual (£m)	Forecast (£m)	Forecast (£m)	Forecast (£m)	Forecast (£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	0.605	2.382	2.907	2.462	1.835						14.321
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	21.442
Forecast	1.346	2.786	0.605	2.382	2.907	2.462	1.835	3.172	2.429	1.877	1.614	2.829	26.242
Disposals						(0.067)							(0.067)
Forecast net of disposals	1.346	2.786	0.605	2.382	2.907	2.395	1.835	3.172	2.429	1.877	1.614	2.829	26.175
Cumulative actual	1.346	4.131	4.736	7.118	10.025	12.487	14.321	14.321	14.321	14.321	14.321	14.321	
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	4.736	7.118	10.025	12.420	14.254	17.427	19.855	21.732	23.346	26.175	

Programme	(£m)		YTD as % of forecast
	YTD (excl Disposals)	Forecast (excl Disposals)	
	D999	0.390	
IM&T	3.359	5.232	64%
Fleet	0.574	2.229	26%
Spatial	0.091	1.302	7%
Estates	6.071	10.500	58%
Ambulance Ops Modernisation	0.014	0.551	3%
Logistics	1.219	1.547	79%
Medicines Modernisation	2.610	2.943	89%
Clinical Equipment	0.000	0.242	0%
Quality	(0.007)	0.059	-12%
Total	14.321	26.242	55%

The Trust's capital plan submitted in conjunction with NW London partners provides for £21.4m worth of capital investment. The Trust has also been advised that an additional request for £4.8m of non-cash backed CRL for transformation projects has been approved and this has now been included in forecasts. The forecast £26.2m capital programme is expected to be funded from:

- Internally generated capital (£24.8m); and
- RAAC Plank and Diagnostic Equipment PDC (£1.4m).

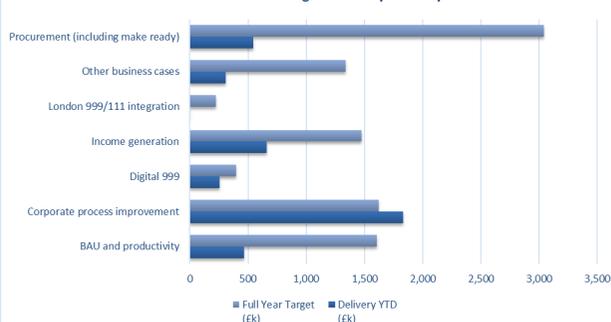
YTD and Full Year Position

- YTD capital expenditure net of disposals is £14.3m YTD (£14.3m before disposals) compared to previously planned capital expenditure of £18.3m (£4m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals and donated assets is £26.2m (£26.2m before disposals) £4.8m higher than plan due to additional CRL identified by NW London partners.
- Capital spend on the Trust's ongoing property projects and programmes forms the bulk of YTD spend.

Efficiencies

Programme	Full Year Target (£k)	Delivery YTD (£k)	Remaining (£k)	YTD
				Delivered as % of Full Year Target
BAU and productivity	1,608	466	1,142	29%
Corporate process improvement	1,620	1,832	(212)	113%
Digital 999	398	253	145	64%
Income generation	1,472	661	811	45%
London 999/111 integration	221	0	221	0%
Other business cases	1,339	309	1,029	23%
Procurement (including make ready)	3,042	545	2,497	18%
Total	9,700	4,067	5,633	42%

YTD vs Full Year Target Efficiency Delivery



Year to Date Position

The Trust is reporting YTD efficiency savings of £4.1m YTD. Frontline operations have recognised an operational efficiency despite COVID-19 activity impacts (OOS time reduction and freed up capacity), though this is behind plan YTD and has been more than offset by the use of additional resources in response to COVID-19 activity demands. Supply chain efficiency programmes are behind plan due to phasing differences and the pausing of vehicle preparation service procurement to consider in-house provision. These continue to be assessed for deliverability as new opportunities are identified. This has been compensated for by higher delivery in corporate process improvement, however a significant portion of this is non-recurrent.

Full Year Forecast Position

The Trust is expecting to deliver its planned efficiency target of £9.7m with the removal of previously expected procurement savings in relation to vehicle preparation services offset by expected reduction in project spend due to the pausing of the Ambulance Operations Modernisation Programme in the forecast. At present cumulative efficiency delivery is £0.8m adverse to plan, and there is significant risk of slippage going forward through frontline pressures impeding efficiency delivery.

Corporate services transformation is now expected to take longer to design and implement than originally expected and supply chain efficiencies delivery is below plan but anticipated to increase more significantly in H2. Any ongoing delivery delays are expected to continue to be offset by corporate underspend and freezes on vacancies. Further identification and development of initiatives is required to ensure that the portfolio of opportunities has sufficient capacity to allow for slippage, and high level engagement and prioritisation of efficiency projects will be required to ensure forecast achievement.

Governance

The benefits group is mindful that it must continue to evolve with the Trust as projects are commenced and completed and resources transition from project to project and is therefore undertaking a self-assessment of current processes and governance against grip and control best practice, the result of which will be an internal work programme to further develop and improve benefit development, monitoring and reporting.

	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Total						
	(£m)	(£m)	(£m)	(£m)	(£m)								
	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 CIP Plan	0.437	0.437	0.574	0.849	0.877	0.877	0.897	0.913	0.922	0.922	0.922	1.074	9.700
Monthly Actual / Forecast	0.427	0.435	0.428	0.803	0.738	0.608	0.731	0.976	0.963	1.108	1.120	1.368	9.707
Cumulative Plan	0.437	0.873	1.448	2.297	3.173	4.050	4.947	5.860	6.782	7.704	8.626	9.700	
Cumulative Actual / Forecast	0.427	0.862	1.291	2.094	2.832	3.441	4.172	5.147	6.110	7.219	8.339	9.707	
Cumulative Variance	(0.009)	(0.011)	(0.157)	(0.203)	(0.341)	(0.609)	(0.775)	(0.712)	(0.672)	(0.485)	(0.287)	0.007	

Cash Flow Statement

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Oct-21 YTD Move £000
	Actual	Actual	Actual	Actual	Actual	Actual	
	£000	£000	£000	£000	£000	£000	
Opening Cash Balance	38,267	39,262	37,537	31,374	29,513	23,112	39,788
Operating Surplus	2,393	816	997	790	3,957	2,068	12,776
(Increase)/decrease in current assets	(901)	(763)	(3,151)	1,293	(2,174)	2,118	(4,194)
Increase/(decrease) in current liabilities	971	1,181	(1,123)	(2,647)	(1,767)	3,621	7,223
Increase/(decrease) in provisions	(37)	(7)	124	(283)	577	(530)	(296)
Net cash inflow/(outflow) from operating activities	2,426	1,227	(3,153)	(847)	593	7,277	15,509
Cashflow inflow/(outflow) from operating activities	2,426	1,227	(3,153)	(847)	593	7,277	15,509
Returns on investments and servicing finance	0	0	(1)	(1)	0	0	(2)
Capital Expenditure	(1,431)	(2,952)	(3,009)	(1,013)	(4,923)	(1,520)	(24,355)
Dividend paid	0	0	0	0	(2,071)	0	(2,071)
Financing obtained	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(1,431)	(2,952)	(3,010)	(1,014)	(6,994)	(1,520)	(26,428)
Movement	995	(1,725)	(6,163)	(1,861)	(6,401)	5,757	(10,919)
Closing Cash Balance	39,262	37,537	31,374	29,513	23,112	28,869	28,869

At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning up to M7. 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 £10.9m.

Cash funds at 31 October stand at £28.9m.

Operating Surplus

- The operating surplus is £12.8m.

Current Assets

- The movement on current assets is (£4.2m).
- The movement is due to trade receivables (£0.3m), inventories £0.1m, accrued income £2.2m and prepayments £2.2m.

Current Liabilities

- The movement on current liabilities is £7.2m.
- The movements are due to deferred income £1.5m, accruals £3.4m and payables £2.3m.

Dividends

- The Trust made a dividend payment of £2.1m.

Provisions

- The movement on provisions was £0.3m, this relates legal and international student payments.

Capital Expenditure

- Capital cash movement was a net outflow of (£24.4m).

Statement of Financial Position

	Mar-21 Act £000	May-21 Act £000	Jun-21 Act £000	Jul-21 Act £000	Aug-21 Act £000	Sep-21 Act £000	Oct-21 Act £000
Non Current Assets							
Property, Plant & Equip	194,051	195,459	195,293	196,650	198,360	199,246	199,496
Intangible Assets	13,091	13,162	12,594	12,293	12,163	12,362	12,331
Trade & Other Receivables	0	0	0	0	0	0	0
Total Non Current Assets	207,142	208,621	207,887	208,943	210,523	211,608	211,827
Current Assets							
Inventories	6,440	6,818	6,756	7,180	6,678	6,483	6,495
Trade & Other Receivables	28,598	29,737	30,562	33,289	32,498	34,867	32,737
Cash & cash equivalents	39,788	39,262	37,537	31,374	29,513	23,112	28,869
Non-Current Assets Held for Sale	0	0	0	0	0	0	0
Total Current Assets	74,826	75,817	74,855	71,843	68,689	64,462	68,101
Total Assets	281,968	284,438	282,742	280,786	279,212	276,070	279,928
Current Liabilities							
Trade and Other Payables	(80,553)	(82,631)	(81,928)	(80,641)	(80,349)	(74,489)	(78,887)
Provisions	(7,557)	(7,966)	(8,041)	(7,540)	(7,289)	(7,600)	(7,178)
Borrowings	0	0	0	0	0	0	0
Working Capital Loan - DH	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	0
Total Current Liabilities	(88,110)	(90,597)	(89,969)	(88,181)	(87,638)	(82,089)	(86,065)
Total Assets Less Current Liabilities	193,858	193,841	192,773	192,605	191,574	193,981	193,863
Non Current Liabilities							
Trade and Other Payables	0	0	0	0	0	0	0
Provisions	(8,381)	(7,780)	(7,692)	(8,309)	(8,270)	(8,529)	(8,414)
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)
Working Capital Loan - DH	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	0
Total Non Current Liabilities	(8,488)	(7,887)	(7,799)	(8,416)	(8,377)	(8,636)	(8,521)
Total Assets Employed	185,370	185,954	184,974	184,189	183,197	185,345	185,342
Financed by Taxpayers Equity							
Public Dividend Capital	77,840	77,840	77,840	77,840	77,840	77,840	77,840
Retained Earnings	60,043	60,627	59,647	58,862	57,870	60,018	60,015
Revaluation Reserve	47,906	47,906	47,906	47,906	47,906	47,906	47,906
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)
Total Taxpayers Equity	185,370	185,954	184,974	184,189	183,197	185,345	185,342

At the commencement of 2021-22 the Trust continues to operate under an adjusted financial framework which involves limited business planning up to M7. 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 £211.8m, £4.7m movement in year.

Current Assets

- Current assets stand at £68.1m.
- Inventories as at 31 October is £6.4m, £0.1m movement in year.
- Cash position as at 31 October is £28.9m, (£10.9m) movement in year.
- Within Trade & Other Receivables at £32.7m, is £4.1m movement. The movement is due to receivables at £1.5m, is a (£0.3m) movement, accrued income at £21.9m, is a £2.2m movement and prepayments at £9.3m is a £2.2m movement.

Current Liabilities

- Current liabilities stand at (£86.1m), £2.0m movement in year.
- Within Trade and Other Payables at £80.3m, is a £1.7m movement. The movement is due to accruals at (£53.0m), is a (£3.5m) movement, payables at (£24.0m), is a £6.7m movement and deferred income at (£1.8m), is a (£1.5m) movement.
- Current provisions at £7.2m, is a £0.4m movement.

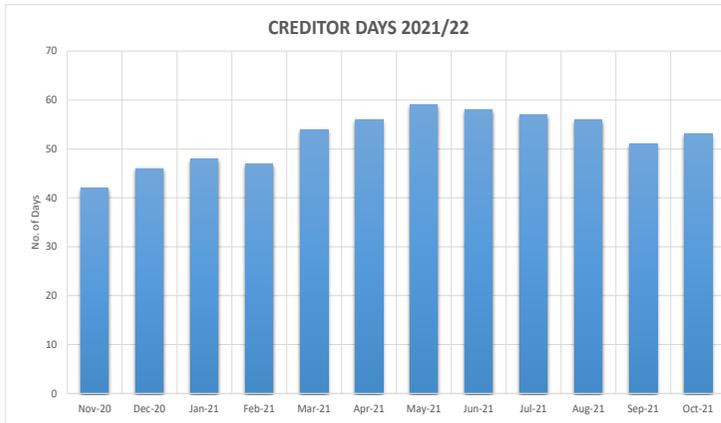
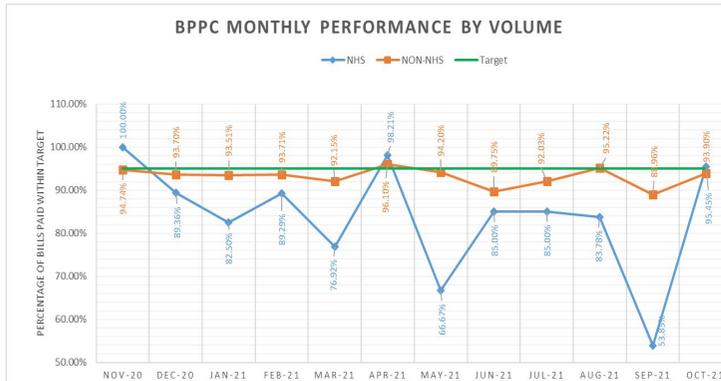
Non Current Liabilities

- Non current provisions at £8.4m, (£0.03m) 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 £60.0m, (£0.03m) movement in year.
- Taxpayers Equity stands at £185.3m, (£0.03m) 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 October 2021 was 95.5% and 93.9% for NHS and Non-NHS respectively.
- BPPC performance YTD for October was 83.4% and 92.5% for NHS and Non-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 7 months to the end of October 2021 is 283 and 27,908 for NHS and Non-NHS respectively.

Creditor Days

- The increase in creditor days in March 2021 to October 2021 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.

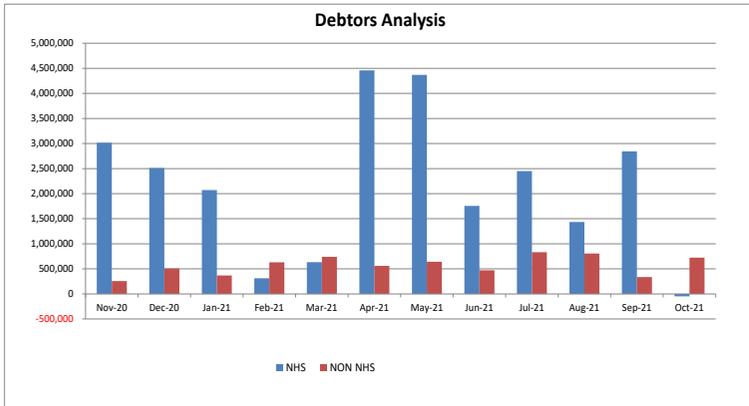
Debtors Analysis

Debtors:

Aged Debtors Summary 31st Oct 2021

Note	Total £'000	Days Overdue				
		0 - 30 £'000	31 - 60 £'000	61 - 90 £'000	Over 91 days £'000	
NHS Debtors						
Hertfordshire Community Trust	1	31	31	-	-	-
Barking, Havering & Redbridge Uni Hosp Nhs	1	25	11	11	1	2
Guy's & St Thomas' Nhs Foundation Trust	1	22	1	9	-	12
Nhs England	1	21	12	9	-	-
North East London Csu	1	20	-	-	-	20
Lewisham & Greenwich Nhs Trust	1	13	3	2	1	7
Debtors <£5,000	1	(178)	(78)	3	(179)	76
NHS Debtors		(47)	(20)	34	(178)	117
Non-NHS Debtors						
Heathrow Airport Ltd	2	172	172	-	-	-
Merton Health Ltd	3	68	80	(11)	-	-
Tottenham Hotspur Fc	4	54	51	-	-	3
London Stadium 185	5	41	41	-	-	-
Arsenal Football Club	6	27	18	9	-	-
Debtors <£15,000	7	360	114	22	0	224
Total Non NHS Debtors		724	477	19	-	228
TOTAL DEBTORS 31st Oct 2021		676	456	53	-178	344

Source: Debtors Ledger 31st Oct 2021



Debtors Position: 31st of Oct 2021

Total outstanding NHS and Non-NHS debtors as at 31st Oct 2021 amounted to £0.7m. The NHS over 60 day's debt stands at (£0.06m) due to a large credit notes for (£0.2m) due to Health Education England & Barts Health NHS (£0.1m).

1. NHS Debtors:

- 1 x Hertfordshire Community Trust for £31k not yet due.
- 7 x Barking, Havering & Redbridge Uni Hosp NHST Invoices £25k, £11k not yet due and £14k expected to be paid in Nov 2021.
- 7 x Guy's & St Thomas' NHS Foundation Trust Invoices £22k, Invoices expected to be paid in Nov 2021.
- 1 x NHS England for £21k, £12k not due and £9k expected to be paid in Nov 2021.
- 1 x North East London CSU for £20k, chased and payment expected in Nov 2021.
- 19 x Lewisham & Greenwich NHS Trust for £13k, invoices are being chased, some payments expected in Nov 2021

2. 2 x Heathrow Airport Ltd invoice for £172k not yet due.

3. 4 x Merton Health Ltd invoices for £68k, £68k is not yet due.

4. 7 x Tottenham Hotspur Fc for £54k, payment not yet due.

5. 4x London Stadium 185 invoices for £41k, £34k paid on the 11 of Nov, £7k payment not yet due.

6. 4 x Arsenal Football Club invoices for £27k, payment expected in Nov 2021.

7. Non-NHS Debtors <£15k - £360k consists of; £204k of salary overpayments made to employees, the individuals are paying us on a monthly basis based on their financial status, £91k of stadia events, the stadiums are being chased for payment on a regular basis. The remaining £65k is due from local Government bodies and other miscellaneous organisations.

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



Report to:	Trust Board Public Session			
Date of meeting:	30 November 2021			
Report title:	H2 Financial Plan 2021/22 (Revenue)			
Agenda item:	11.3			
Report Author(s):	James Corrigan, Financial Controller			
Presented by:	Lorraine Bewes, Chief Finance Officer			
History:	Finance and Investment Committee 16 Sept 2021, 18 Nov 2021. Trust Board 23 Sept 2021, 26 Oct 2021.			
Purpose:	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

The purpose of this paper is to present the financial plan for the second 6 months (H2) of 2021/22 for review and retrospective approval by the Trust Board. Retrospective approval is required due to the timing of the national deadline for provider submissions which was on 25 November 2021. The financial plan assumptions have been presented to both Trust Board and FIC during September and October and this paper presents the final provider plan submitted.

The Finance and Investment Committee (FIC) reviewed the financial plan assumptions outlined in this paper on 18 November and supported the plan subject to confirmation that the North West London (NWL) ICS had completed their assurance process and that the capital resource budget was cash backed.

To allow for compliance with the national timetables, the FIC approved the H2 Finance Plan as presented by the Executive and asked that it would take to the Public Board validation of that approval with focus on the risk management aspects of performance and financial assumptions. This paper sets out the detail of the plan in accordance with the FIC’s request.

The paper presented outlines a balanced plan for 2021/22, following confirmation from NWL ICS that they will fund the forecast gap between income and expenditure for 2021/22 once they have assured the components of the plan i.e. demand, capacity, performance and resultant forecast expenditure. The plan assumes additional income of £14.4m from the ICS. NWL ICS has now submitted the H2 system plan on the 18th November confirming the income allocation that the Trust is now required to use for its provider submission on the 25th November. At the time of writing this paper The Trust is still awaiting assurance on cash support for the additional £10m capital and will update under a separate paper on capital.

The headline assumptions used to develop the forecast, which is the basis for the H2 plan, are detailed in the presentation attached and are as follows:

- 999 contacts demand up by 11% on 19/20 and incidents (See & Treat, See Treat & Convey, Hear & Treat) overall up by 10% but significantly more via Hear & Treat and See & Treat
- Integrated Urgent Care/111 call volumes up by 64% and 74% North East London and South East London respectively on 2019/20 (Slide 10)
- Demand modelling has been agreed by London Region as consistent with other regional modelling and acknowledges this is to deliver C1 national standard, < 40 min C2 mean and to meet 999/111 national call handling standards and resilience.
- 2021/22 Cost Improvement Plan will deliver in line with original plan - £9.9m (£8m recurrent)
- The Trust is confident that the assumptions used to develop the H2 plan are robust and the H2 settlement will enable delivery of the standards detailed above, however there are a number of risks to the plan and these are set out in slide 11.

Recommendations for the Board:

The Trust Board is asked to:

- Note the assumptions used to develop the demand, workforce, performance and financial forecasts.
- Approve the revenue plan for H2 in line with the Finance and Investment Committee's recommendation and submission to NHSE/I on 25 November 2021 in line with the national timetable.
- Note that approval for the capital plan will be requested through a separate paper once assurance on the cash support for the additional £10m has been confirmed.

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

Directorate	Agreed				Relevant reviewer [name]
Quality	Yes		No		
Finance	Yes	X	No		Lorraine Bewes
Chief Operating Officer Directorates	Yes		No		
Medical	Yes		No		
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes		No		
Corporate Governance	Yes		No		



The Trust Board previously had an update on the financial plan that detailed the movement from a £30m deficit to a £14.4m deficit following national announcement of allocations. The Trust has now had confirmation from NWL ICS that it will fund the remaining deficit once they have completed their assurance of the forecast. This income assumption has now been confirmed in the system plan submitted on 18th November.

Key planning assumptions for H2 are as follows:

- 999 contacts demand up by 11% on 19/20 and incidents (See & Treat, See & Convey, Hear & Treat) overall up by 10% but significantly more via Hear & Treat and See & Treat (slide 9)
- Integrated Urgent Care/111 call volumes up by 64% and 74% NEL and SEL respectively on 19/20 (Slide 10)
- Demand modelling has been agreed by London Region as consistent with other regional modelling and acknowledges this is to deliver C1 national standard, < 40 min C2 mean and to meet 999/111 national call handling standards and resilience.
- 2021/22 CIP will deliver in line with original plan - £9.9m (£8m recurrent) (slide 4)

Statement of Comprehensive Income



	£000			Actual	Forecast
	Full Year Budget	Full Year Forecast	Variance	H1 Total	H2 Total
Income					
Income from Activities	535,185	574,772	39,587	274,097	300,675
Other Operating Income	5,003	4,702	(302)	2,631	2,071
Total Income	540,189	579,474	39,285	276,728	302,746
Operating Expense					
Pay	(377,433)	(405,815)	(28,382)	(195,091)	(210,724)
Non Pay	(137,209)	(148,769)	(11,560)	(70,929)	(77,840)
Total Operating Expenditure	(514,642)	(554,584)	(39,942)	(266,020)	(288,564)
EBITDA	25,547	24,890	(657)	10,707	14,182
EBITDA margin	4.7%	4.3%	(0.4%)	3.9%	4.7%
Depreciation & Financing					
Depreciation & Amortisation	(19,688)	(19,335)	353	(7,953)	(11,382)
PDC Dividend	(5,558)	(5,558)	0	(2,779)	(2,779)
Finance Income	0	0	0	0	0
Finance Costs	(249)	23	272	42	(19)
Gains & Losses on Disposals	0	(42)	(42)	(42)	0
Total Depreciation & Finance Costs	(25,495)	(24,911)	583	(10,732)	(14,179)
Net Surplus/(Deficit)	52	(22)	(74)	(25)	3
NHSI Adjustments to Fin Perf					
Remove Asset Donations I&E Impact	57	43	(14)	25	18
Adjusted Financial Performance	109	21	(88)	1	20
Net margin	0.0%	(0.0%)	(0.2%)	(0.0%)	0.0%

Key Income Assumptions

- H1 income position includes confirmed £5.3m AfC uplift income, £3m Emergency Care Demand Fund income (of £7.4m)
- H2 income position includes further £3.7m AfC uplift income, COVID and Top up income in line with H1 (£7.3m per month), remaining £4.4m of £7.4m Emergency Care Demand Fund income, additional £5.8m 111 IUC income over H1 levels, and additional £5.2m general allocation
- Sponsorship Income previously included in forecast has been removed (£0.5m)
- Minimal H2 HEE income and Apprenticeship Levy income as per P&C forecast
- The Trust has had confirmation from NWL ICS that it can cover the forecast deficit of the Trust (£14.4m) within available system contingency for 2021/22 to support additional demand forecasts through winter. The Trust is working with NWL ICS to validate the forecast assumptions for H2 and will release income to the agreed level.

Key Expenditure Assumptions

- Ambulance Services resourcing in H2 continuing at current levels with £2m increase in both December and January
- IUC Service resourcing in H2 continuing at current levels
- Increased EOC staffing (£1.3m)
- Agenda for Change 3% Uplift Costs included across full year (£10.8m increase)
- Recruitment and Training costs in line with P&C forecasts (£3.6m higher in H2 vs H1)
- Annual Leave Management (£0.7m)
- Cost of Culture Workshops including abstractions (£0.2m)
- Ambulance Operations Modernisation Programme paused for remainder of financial year (£1.8m improvement), Vehicle Preparation Procurement stopped (£1.6m deterioration), CAD upgrade delayed to 2022-23 (unchanged) and additional stations opened (£1m capital 2021-22).
- PPE continues to be provided centrally for the full year (2020-21 PPE used approx. £8m)
- Excludes potential mobilisation costs for SW London IUC which will be required if bid successful

Statement of Comprehensive Income (monthly profile)



	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	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	
Income													
Income from Activities	43,777	43,878	44,041	43,911	45,767	52,721	47,739	50,570	50,905	50,748	50,359	50,354	574,772
Other Operating Income	551	530	664	251	391	244	329	322	346	369	350	355	4,702
Total Income	44,329	44,408	44,705	44,163	46,158	52,966	48,068	50,893	51,252	51,116	50,709	50,709	579,474
Operating Expense													
Pay	(30,889)	(29,994)	(31,346)	(31,934)	(33,659)	(37,269)	(34,239)	(34,433)	(37,953)	(35,288)	(34,399)	(34,412)	(405,815)
Non Pay	(11,693)	(12,014)	(12,544)	(11,232)	(11,710)	(11,737)	(13,100)	(13,036)	(12,560)	(13,312)	(12,561)	(13,271)	(148,769)
Total Operating Expenditure	(42,582)	(42,009)	(43,890)	(43,166)	(45,369)	(49,006)	(47,339)	(47,469)	(50,513)	(48,600)	(46,960)	(47,683)	(554,584)
EBITDA	1,747	2,399	815	997	789	3,959	728	3,424	738	2,516	3,749	3,026	24,890
EBITDA margin	3.9%	5.4%	1.8%	2.3%	1.7%	7.5%	1.5%	6.7%	1.4%	4.9%	7.4%	6.0%	4.3%
Depreciation & Financing													
Depreciation & Amortisation	(1,330)	(1,330)	(1,330)	(1,327)	(1,327)	(1,309)	(1,811)	(1,811)	(1,811)	(1,982)	(1,984)	(1,982)	(19,335)
PDC Dividend	(345)	(581)	(464)	(463)	(463)	(463)	(463)	(463)	(463)	(463)	(463)	(463)	(5,558)
Finance Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Finance Costs	7	8	6	7	7	7	(3)	(3)	(3)	(3)	(3)	(3)	23
Gains & Losses on Disposals	9	0	(8)	1	2	(45)	0	0	0	0	0	0	(42)
Total Depreciation & Finance Costs	(1,659)	(1,903)	(1,796)	(1,782)	(1,781)	(1,810)	(2,277)	(2,277)	(2,277)	(2,449)	(2,451)	(2,449)	(24,911)
Net Surplus/(Deficit)	88	496	(980)	(785)	(992)	2,149	(1,549)	1,147	(1,539)	68	1,298	578	(22)
NHSI Adjustments to Fin Perf													
Remove Asset Donations I&E Impact	6	6	6	3	3	3	3	3	3	3	3	3	43
Adjusted Financial Performance	94	501	(974)	(782)	(989)	2,152	(1,546)	1,150	(1,536)	71	1,301	580	21
Net margin	0.2%	1.1%	(2.2%)	(1.8%)	(2.1%)	4.1%	(3.2%)	2.3%	(3.0%)	0.1%	2.6%	1.1%	(0.0%)

Cost Improvement Programme



The Trust has identified cost improvements of £9.9m (1.7% of turnover) against its original plan of £12.7m with £6.5m planned for H2 2021/22. The table opposite details savings by scheme and each scheme has been RAG rated in terms of confidence of delivery.

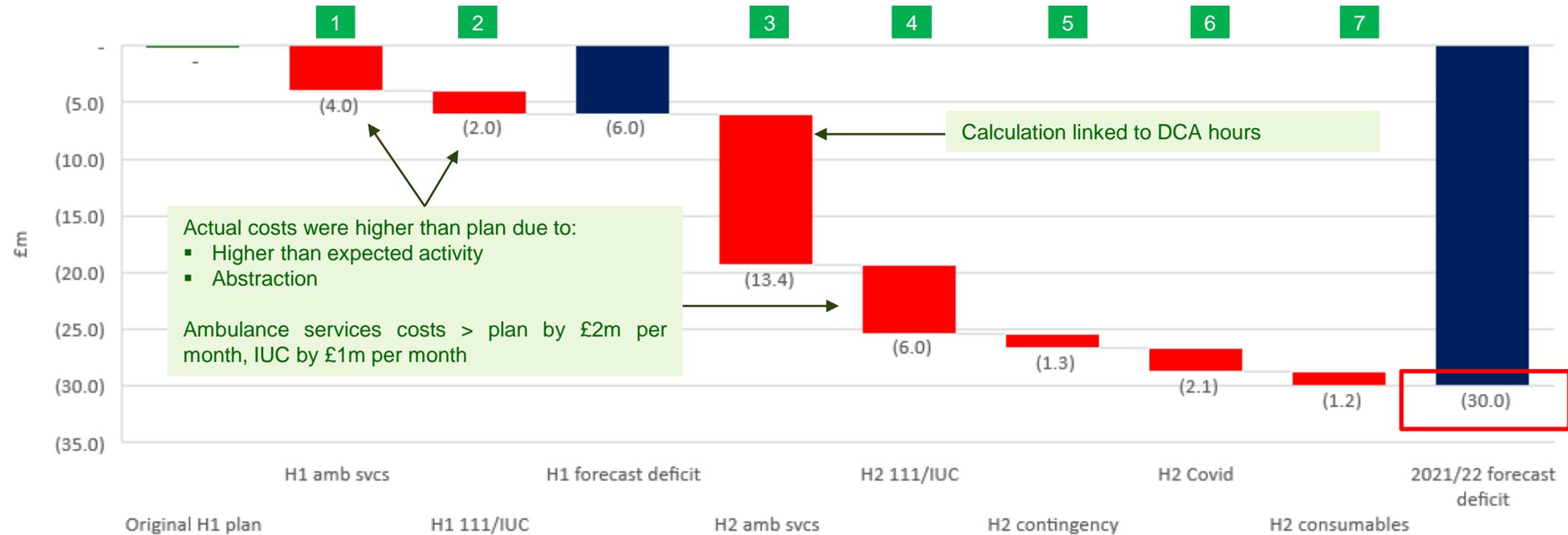
The Trust is now working internally and with commissioners to develop productivity and efficiency savings for 2022/23 and beyond using benchmarking such as model ambulance to focus on areas such as Job Cycle Time.

Scheme	Plan	H1	H2	Forecast
Corporate process improvement	1,230,000	1,556,229	800,000	2,356,229
Removal of ADM consultants fees	-	-	1,816,286	1,816,286
Supply chain efficiencies (non- MR)	2,187,435	441,568	618,053	1,059,621
Future activity driven costs avoided	1,951,250	400,907	568,907	969,814
Trust level commercial income	1,000,000	323,946	424,467	748,413
Transfer to new logistics support unit	683,130	-	509,978	509,978
Asset management	584,500	-	444,458	444,458
EPCR switch to electronic records	415,840	215,774	225,738	441,512
Income generation - charitable	208,338	212,033	228,006	440,039
People and culture service restructure	770,000	-	385,000	385,000
Bunkered fuel savings	260,751	95,503	192,357	287,860
Ambulance conversions	199,800	99,900	99,900	199,800
Restructure of strategy and transformation (2 posts)	130,000	65,000	65,000	130,000
Review of employment legal advisor externally procured and replace with substantive WTE	116,500	-	48,542	48,542
Air ambulance cost recovery	773,785	-	48,138	48,138
Bow data centre cooling	24,713	29,904	-	29,904
Implementation of a new Computer Aided Dispatch (CAD) system	107,730	-	-	-
111/IUC call balancing	291,200	-	-	-
Supply chain efficiencies - MR	1,812,565	-	-	-
	12,747,536	3,440,764	6,474,829	9,915,593



2.5 Bridge from 2021/22 break even plan to forecast deficit £30m (driven by demand and cost increase)

The waterfall below provides an explanation of the movements in assumptions which result in a forecast 2021/22 deficit of £30m.

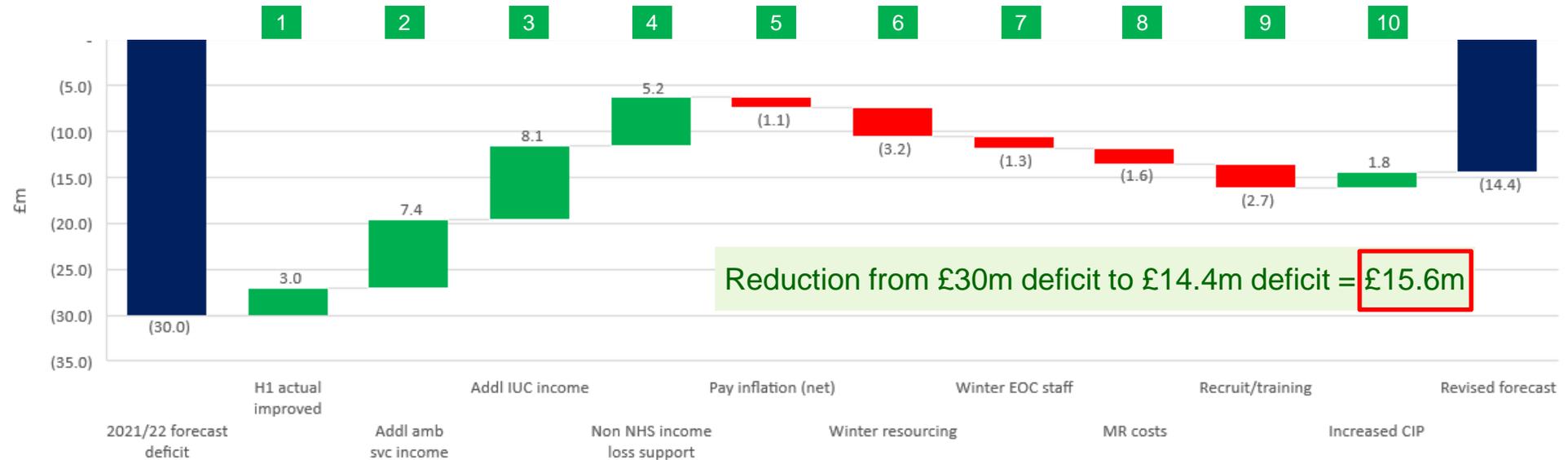


- 1 H1 ambulance services costs actual run rate £2m higher than plan each month. Provision included for remainder H1 (2 months);
- 2 H1 111/IUC costs actual run rate £1m higher than plan each month. Provision included for remainder of H1 (2 months);
- 3 H2 ambulance services resource hours calculated and compared with H2 costs. Increased cost reflects higher activity forecast;
- 4 H2 111/IUC costs run rate anticipated to remain at H1 levels. Provision for uplift against plan of £1m per month for 6 months;
- 5 H2 contingency £1.3m included at 10% of ambulance services cost pressure;
- 6 H2 Mini surge in demand in Dec-21 and Jan-22 assumed. Additional ambulance costs provided (£1.5m overtime + £0.6m incentives)
- 7 H2 consumables run rate increased by £0.2m per month, reflecting H1 higher actual cost run rate than plan

Bridge from forecast deficit of £30m to revised current forecast of £14.4m deficit following H2 Income Announcement



The waterfall below provides an explanation of the movements in assumptions which result in a current forecast deficit of £14.4m.



- 1 H1 actual financial performance was improved v previous forecast (£3m actual deficit v forecast £6m in previous slide);
- 2 H2 additional non-recurrent ambulance service income received;
- 3 H2 additional 111/IUC non-recurrent income received for NEL/SEL/NWL;
- 4 H2 additional non-recurrent income received to cover loss of non-NHS income;
- 5 H2 pay inflation cost pressure in excess of plan;
- 6 H2 winter resourcing to cover additional ambulance services incentivised overtime and related
- 7 H2 winter EOC staff to cover additional recruitment and student paramedic resourcing
- 8 H2 additional make ready costs due to Trust decision to inhouse rather than outsource (reduction in CIP plan)
- 9 H2 recruitment and training costs in excess of plan required to bring substantive staff inhouse to cover greater resource requirement
- 10 H2 additional CIP identified from decision to pause project implementation.

Income for 2021/22 (H1 and H2) – Confirmed and Anticipated



£'000	H1	H2	Total	H1	H2	Total	H1	H2	Total	H1	H2	Total	H1	H2	Total	H1	H2	Total	H1	H2	Total
Core Block	340	0	340	49,854	49,854	99,709	32,298	32,298	64,596	48,144	48,144	96,287	44,910	44,910	89,820	30,053	30,053	60,106	205,259	205,259	410,518
COVID allocation	0	0	0	28,259	28,259	56,518	0	0	0	0	0	0	0	0	0	0	0	0	28,259	28,259	56,518
Top Up	0	0	0	15,313	15,313	30,626	0	0	0	0	0	0	0	0	0	0	0	0	15,313	15,313	30,626
IUC service Funding	0	0	0	5,718	5,718	11,436	0	0	0	0	0	0	0	0	0	0	0	0	5,718	5,718	11,436
H2 Uplift (1.16%)	0	0	0	0	2,723	2,723	0	375	375	0	558	558	0	521	521	0	349	349	0	4,526	4,526
H1 Uplift (1.75%)	0	0	0	0	1,656	1,656	0	565	565	0	843	843	0	786	786	0	526	526	0	4,375	4,375
111 IUC additional Funding (£75m nationally)	0	0	0	0	2,827	2,827	0	0	0	0	2,582	2,582	0	2,442	2,442	0	260	260	0	8,111	8,111
Think 111	0	0	0	1,156	0	1,156	0	0	0	1,436	1,436	2,872	1,159	0	1,159	0	0	0	3,751	1,436	5,187
Additional ambulance funding (£55m nationally)	0	0	0	0	7,389	7,389	0	0	0	0	0	0	0	0	0	0	0	0	0	7,389	7,389
Income Loss Support	0	0	0	0	5,234	5,234	0	0	0	0	0	0	0	0	0	0	0	0	0	5,234	5,234
Specialist Commissioning (Top Up Transfer)	0	0	0	0	-30	-30	0	0	0	0	0	0	0	0	0	0	0	0	0	-30	-30
Demand Income (NWL ICS anticipated)	0	0	0	0	14,400	14,400														14,400	14,400
Total	340	0	340	100,300	133,343	233,643	32,298	33,238	65,536	49,580	53,563	103,142	46,069	48,659	94,728	30,053	31,187	61,240	258,299	299,990	558,290

Income outside block arrangements:

111 IUC Service Income Variations	199	2,727	2,925
Specialist Service Income (NARU, HEMS etc)	3,650	3,760	7,410
Commercial Service Income	1,011	1,415	2,426
Injury Cost Recovery Income	400	485	886
Other	2,235	601	2,836
Total Income from Activities	265,794	308,978	574,773

Workforce - Frontline resourcing cost forecast and productive WTE



Forecast	£'000				WTE***			
	999 Call Handling	Ambulance Services	IUC	Total	999 Call Handling	Ambulance Services	IUC	Total
Pay Expenditure:								
Substantive (excl Overtime & Incentives)	37,016	219,224	21,506	277,747	754	4,128	503	5,386
Agency	-	-	3,667	3,667	-	-	85	85
Bank	357	2,224	453	3,034	9	59	16	84
Secondes	-	6,397	67	6,464	-	81	1	83
Overtime	1,626	39,211	1,171	42,009 **	34	645	32	711
Incentives	303	6,621	391	7,315	-	-	-	-
Pay Resourcing Total	39,303	273,678	27,255	340,236	797	4,915	637	6,349
Managed Services	-	465	36,693	37,158	-	11	571	582
3rd Party Transport	628	4,390	-	5,018	7	51	-	58
Non-Pay Resourcing Total	628	4,855	36,694	42,177 *	7	62	571	640
Total Resources	39,931	278,533	63,949	382,413	804	4,977	1,208	6,989

*2021/22 Forecast Includes impact of pay awards and holiday pay agreement

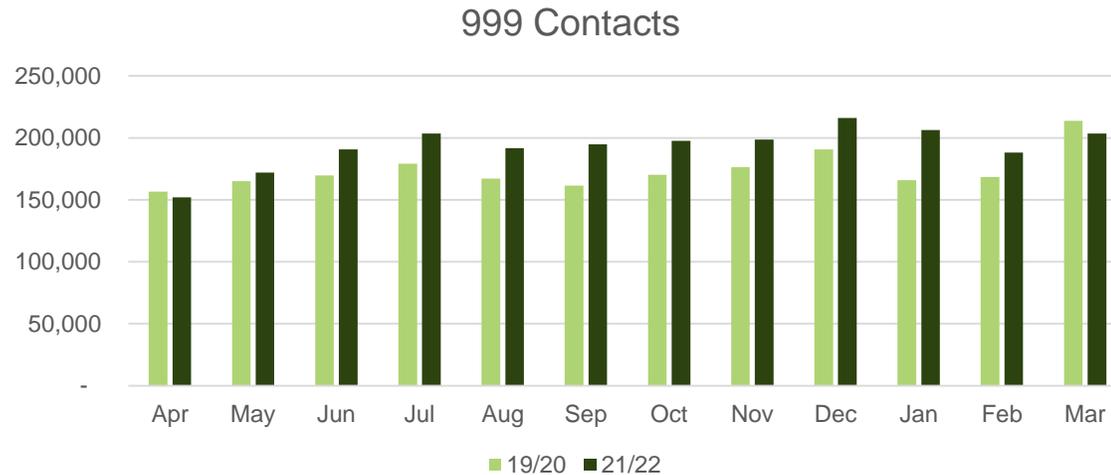
** Overtime is largely at premium rate ie time and a half or double time

*** Productive WTE

Activity - Increased 999 contacts from 2019/20 (229,901 uplift – 11%) and incidents (123,356 uplift – 10%)



- Activity suppressed in April and May 2021/22 due to continued lockdown measures
- March 2019/20 activity high due to first wave of COVID
- Average across remaining 9 months is a recurrent **demand increase of 15%**
- NHSE are assured that the modelling for H2 is aligned with other regional modelling



Month	19/20	21/22	Growth
Apr	156,626	151,929	-3%
May	165,037	172,029	4%
Jun	169,694	190,663	12%
Jul	179,183	203,433	14%
Aug	167,190	191,612	15%
Sep	161,599	194,671	20%
H1 Total	999,329	1,104,337	11%
Oct	170,141	197,681	16%
Nov	176,429	198,589	13%
Dec	190,658	215,919	13%
Jan	165,850	206,239	24%
Feb	168,286	188,186	12%
Mar	213,735	203,378	-5%
H2 Total	1,085,099	1,209,992	12%

2021/22	Total Contacts	Total Incidents	Hear and Treat	H&T (% of Incidents)	See and Treat	S&T (% of Incidents)	See and Convey	S&C (% of Incidents)
H1	1,104,337	664,608	95,142	14%	197,835	30%	371,631	56%
H2	1,209,992	728,193	104,245	14%	216,762	30%	407,186	56%
Total	2,314,329	1,392,801	199,387	14%	414,597	30%	778,817	56%
2019/20	2,084,428	1,269,445	107,768	8%	353,081	28%	808,596	64%
Change	11%	10%	85%		17%		-4%	



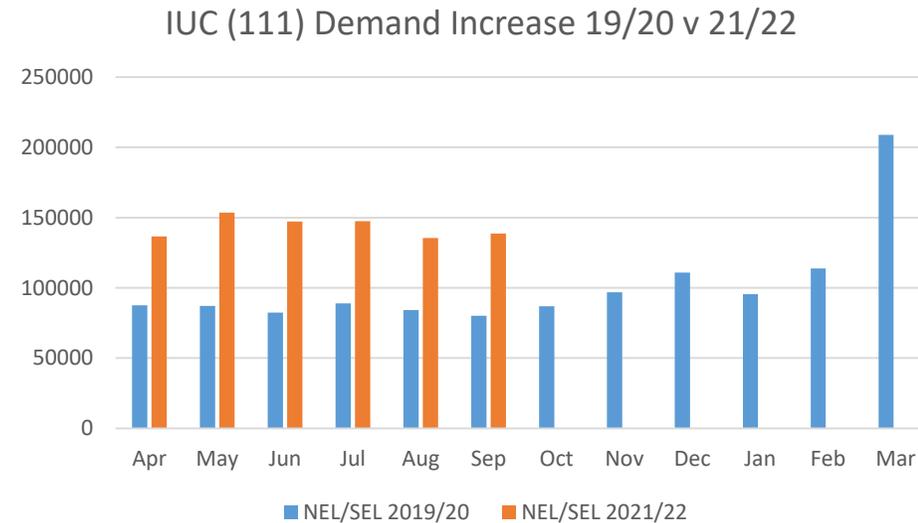
Activity - Increased IUC call volumes from 2019/20 (NEL 64% increase SEL 74% increase)

Existing contracts for NEL and SEL were based on forecast activity lower than actual. Demand from March 2020 has been significantly above contractual levels and the cost of servicing this level of activity has required the Trust to pay 3rd party providers to support resilience at a higher cost.

IUC Demand changes assuming 2021/22 H2 forecast level of seasonal activity growth is same rate as H2 2019/20 proportionate to H1:

NEL	2019/20	2021/22	2021/22
H1	287,242	470,137	64%
H2	390,111	638,506	64%
Total	677,353	1,108,643	

SEL	2019/20	2021/22	2021/22
H1	223,053	388,603	74%
H2	322,494	561,849	74%
Total	545,547	950,452	





The Trust is confident that the assumptions used to develop the H2 plan are robust and the H2 settlement will enable delivery of the standards detailed above, however there are a number of key risks to the plan and these are set out as follows:

- 999 and IUC Call Demand is higher (or lower) than forecast due to a further COVID surge or prolonged winter period. We have currently assumed additional incentive payments of £2.1m per month for December and January, if abstractions continue at the predicted level and demand is sustained into February then we could expect this level of cost to continue above forecast levels.
- Abstraction levels are above (or below) forecast levels driving an increase (decrease) in overtime and incentives
- JCT increases (or decreases) against the forecast level of 103 minutes. We have estimated that each minute of lost JCT on average is the equivalent of £1.8m per annum, therefore for each minute of lost average JCT in H2 we will incur an additional £0.6m, assuming we could resource the shortfall. Based on current resourcing levels this is more likely to result in a loss in performance.

The Trust has established a Winter Delivery Group meeting twice a week to monitor and respond to changes in operational demand, capacity and performance, the monthly Finance reports will include scenarios on upside and downside risk and the Trust continues to meet the NWL ICS to track and monitor performance.



Milestone	Date
Planning Guidance Issued	30 September
Financial Allocations notified to Provider	13 October
Financial Plan (H2) Draft to Executive Committee	20 October
Financial Plan (H2) to Trust Board	26 October
Activity and performance, and workforce (acute, community, mental health and ambulance) functional templates issued and collection portal (SDCS) opened for final November submission	16 November
Provider Financial Plan submission (H2)	25 November



Report to:	Trust Board Public Session			
Date of meeting:	30 November 2021			
Report title:	2021/22 Capital Plan			
Agenda item:	11.4			
Report Author(s):	James Corrigan, Financial Controller			
Presented by:	Lorraine Bewes, Chief Finance Officer			
History:	Finance and Investment Committee 16 Sept 2021, 18 Nov 2021. Trust Board 23 Sept 2021, 26 Oct 2021.			
Purpose:	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board's attention:				
<p>This paper sets out the Capital Plan for 2021/2 for approval.</p> <p>There have been a number of developments to LAS's 2021/22 Capital Programme during 2021/2 owing to the late notification of the H2 revenue and capital national allocations. The most significant of these is that North West London ICS have confirmed that LAS has additional Capital Resource Limit (CRL) cover of £10m.</p> <p>On 23 November the Trust received national approval for the derogation from the National Ambulance Specification. This allows London to proceed with a bid for PDC of £7.2m against the Urgent & Emergency Care monies. The balance of £2.8m is for secure drugs rooms and IT/telephony. The Trust has agreed with NW London that £10m is put forward and we should know the outcome of this by next week.</p> <p>The cash support for the £10m has been confirmed as available within the NWL ICS system and is expected to be available to the Trust either through Public Dividend Capital (PDC) if the bid is successful or a revenue to capital transfer.</p> <p>This paper provides an update on these developments and proposes the allocation of the Trust's revised CRL of £36.2m for approval.</p>				
Recommendation for the Board:				
The Trust Board is asked to approve the proposed allocation of the £36.2m CRL so that it can be included as part of the H2 finance plan.				

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

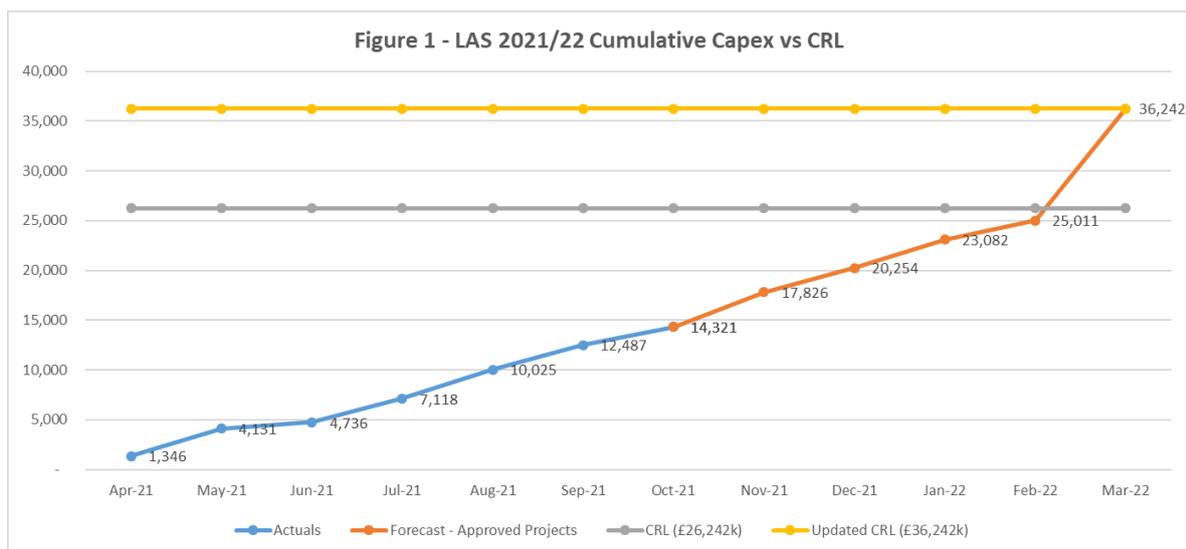
Introduction and background

1. This paper updates on the current status of the Trust's 2021/22 capital programme and proposes for allocation a capital programme plan of £36.2m. There have been a number of developments, namely: -
 - a. LAS's year to date capital spend as at month 7 is £14.3m, with £4.3m spent in September and October;
 - b. Since month 6 forecasting at the beginning of September, there have been £2.2m of requests for additional funding, consisting of £1.5m of cost increases arising in in-flight projects and £0.7m on new items of capital spend.
 - c. Furthermore, there have been a number of changes to some of the Trust's largest capital projects. Ambulance Operations Modernisation (AOM) has been paused, whilst Computer Aided Despatch and Newham EOC have been rebased.
 - d. During the first week of November, North West London ICS confirmed that LAS has additional Capital Resource Limit (CRL) cover of £10m. The ICS has been working with the London Region to find a cash-backed solution to support as required.
 - e. On the 16 November the Trust Board approved a business case and case for derogation away from the national standard specification on the basis of innovation to trial new generation light diesel ambulances. On 23 November the Trust was granted the derogation request by the National Ambulance Improvement & Implementation Board to support the business case and purchase orders with the supply chain for a £7.2m investment in replacement fleet. The cash support for the £10m has been confirmed as available within the NWL system and is expected to be available to the Trust either through Public Dividend Capital (PDC) if the bid is successful or a revenue to capital transfer.
 - f. This enables us to present for approval an overall capital programme of a minimum of £36.2m for 2021/22.
 - g. The allocation of the additional £10m capital funding has been received. Given we are well over halfway through the year with supply chain disruption impacting on procurement lead times, this focuses on priorities which can be

delivered by 31st March 2022. There are also likely to be further capital requests arising as the year progresses towards its conclusion.

Capital Forecast and Plan 2021/22

2. Appendix 1 shows the full allocation of the Trust's updated 2021/22 CRL of £36.2m.
3. Figure 1 shows an updated profiled forecast position which factors an additional £10m capital spend in 2021/22. This assumes that the £10m additional funding is allocated as set out above. The significant spend in M12 assumes that the £7.2m of replacement vehicles are received in March and that the £0.9m contingency is utilised then.



4. There are also likely to be further capital requests arising as the year progresses towards its conclusion.
5. This paper requests that the Trust Board approve the proposed allocation of the £36.2m CRL so that it can be included as part of the H2 finance plan.

Appendix 1 – Allocation of £36.2m Capital Resource Limit (CRL)

	Description	Funding Source				Total (£'000)
		Internally Funded (£'000)	NWL Transformation (£'000)	PDC (£'000)	NWL/NHS London Region Allocation (£'000)	
Available Funding by Source		20,000	4,800	1,442	10,000	36,242
Multi-Year Projects Commenced in 2020/21	Newham EOC	1,892	3,198	-	-	5,091
	Medicines Packing Unit	2,629	-	-	-	2,629
	CAD Replacement	-	1,602	-	-	1,602
	Training Consolidation (Sites x2)	2,187	-	-	-	2,187
	Replacement Logistics Supply Unit	1,424	-	-	-	1,424
	Crew Safety System Units	642	-	-	-	642
	Project Zerro (SLF)	656	-	-	-	656
	UPS & Generator	553	-	-	708	1,261
	Ambulance Consolidation	434	-	-	-	434
	IM&T Infrastructure for Newham	380	-	-	-	380
	Telephony Project	614	-	-	-	614
	Vehicle replacements	727	-	-	-	727
	FMD & IMS system	225	-	-	-	225
	Tactical Operations Centre at Waterloo EOC	235	-	-	-	235
	Satellite Navigation Upgrade	124	-	-	-	124
	Optima Modelling Tool	149	-	-	-	149
	POC Ambulance Deployment Centre	140	-	-	-	140
	EOC upgrade to Windows10	110	-	-	-	110
	Front of House (DDA)	118	-	-	-	118
	Asset Management system	123	-	-	-	123
EPRR Vehicle Replacement (Polaris & Carrier)	117	-	-	-	117	
Projects costing less than £100k to complete	330	-	-	19	348	
Risk Contingency	-	-	-	-	-	
Total Multi-Year Projects Commenced in 2020/21	13,810	4,800	-	726	19,336	
PDC Funded Projects	RAAC Plank Securing	-	-	1,200	-	1,200
	Diagnostic Equipment	-	-	242	-	242
	Total PDC Funded Projects	-	-	1,442	-	1,442
2021/22 Business Cases Approved	IM&T Infrastructure Modernisation	3,101	-	-	-	3,101
	Secure Drugs Rooms - 6 Drugs Rooms	-	-	-	-	-
	Training Vehicles	620	-	-	-	620
	Newham Telephony	428	-	-	-	428
	Secure Drugs Rooms - Woolwich and Tottenham	288	-	-	-	288
	VMWare	210	-	-	-	210
	HQ Lift Upgrade	177	-	-	-	177
	Personal Issue iPads/Devices	273	-	-	-	273
	SOC at Waterloo HQ	127	-	-	-	127
	Reopening of Stations CCTV	44	-	-	-	44
Directory Manager	22	-	-	-	22	
Total 2021/22 Business Cases/Papers Approved	5,288	-	-	-	5,288	
Other	Estates Backlog Maintenance	902	-	-	-	902
	Contingency Reserve	-	-	-	789	789
	NWL Funding - Replacement Vehicles	-	-	-	7,219	7,219
	NWL Funding - Secure Drugs Rooms	-	-	-	951	951
	NWL Funding - BAU Laptops	-	-	-	197	197
	NWL Funding - 111/999 Laptops	-	-	-	118	118
Total Other	902	-	-	9,274	10,175	

Total Requested Allocations	20,000	4,800	1,442	10,000	36,242
Remaining Funding Available	-	-	-	-	-



Report to:	Trust Public Board			
Date of meeting:	30 November 2021			
Report title:	Confirmation of Auditors			
Agenda item:	12			
Report Author(s):	Silvia Sheridan, Category Manager, Procurement Diane Scott, Interim Director of Corporate Affairs			
Presented by:	Lorraine Bewes, Chief Finance Officer			
History:	Trust Public Board 25 May 2021 Audit Committee 27 May 2021, 10 June 2021, 14 June 2021, 22 July 2021 Trust Annual Public Meeting 16 Sept 2021			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board's attention:				
<p>This paper provides an update on the finalisation of the 2020/21 Annual Report and Accounts publication which has required additional assurance steps due to an oversight on the version published on the website at the Annual Public Meeting on 16 September 2021.</p> <p>The paper also makes recommendation for confirmation of the incumbent external auditor, Ernst & Young for the 2021/22 audit, and sets out the tendering and re-procurement process for provision of the external audit from 1 April 2022.</p>				
Recommendation(s) / Decisions for the Board:				
<p>The Board is asked to:</p> <ol style="list-style-type: none">1. Note that there was an oversight on the version of the annual report and accounts published on the website and the remedial action taken.2. Approve extension of the current contract with Ernst & Young LLP to 31st March 2022.3. To approve the intended procurement process, specification and tender panel for a new external audit contract/provider commencing from 1 April 2022 and to delegate approval of the external audit contract award to the Audit Committee.				

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

Finalisation of Annual Report and Accounts for 2020/21

1. The Trust Board on 25 May 21 delegated authority to the Audit Committee to approve the Annual Report and Accounts for 2020/21 prior to submission on 15 June 2021.
2. The Audit Committee reviewed and noted amendments on the draft Annual Report and Accounts at its meetings on 27 May 2021 and 10 June 2021.
3. At its meeting of 14 June 2021, the Audit Committee was advised of an issue relating to the reporting of figures relating to pension payments. The Trust, in line with several other Trusts nationally, had been unable to obtain an in year valuation from the NHS Pensions Agency in relation to Directors who had opted out of the NHS Pension Scheme during the 2020/21 financial year. This affected the Trust's reporting of one member of senior management for a period of 5 months.
4. On advice from the external auditor, the Trust requested and was granted an extension to the submission deadline from NHSE/I provider accounts to 29 June 2021 which would allow time to properly consider the issue and agree on the wording for the auditor's opinion. This was subject to agreement with the National Audit Office (NAO) to ensure a consistent approach to the issue was taken across the affected Trusts. The Audit Committee resolved at its meeting on 14 June to approve the 2020/21 Annual Report and Accounts subject to the addition of a footnote to the pension benefits table and completion of the final amendments.
5. The external auditor provided their final opinion after agreement with the NAO which was updated to include in the section on *Opinion on other matters prescribed by the National Health Service Act 2006* to include a qualification on the Remuneration Report to note that the report did not include the full year figures for one senior individual within the disclosure of Table B: Pension Benefits for the year ending 31 March 2021 because the information was not provided by the NHS Pensions Agency as it was not requested by the Trust during the prescribed annual window.
6. The Annual Report and Accounts including the updated auditor's opinion were duly submitted to NHSE/I on 27 June 2021 in line with the extended national deadline.
7. However, owing to an administrative oversight the version of the Annual Report and Accounts for 2020/21 that was published on the website on 16 September 2021 for the Annual Public Meeting omitted the final external auditor opinion which included the change set out at paragraph 5.
8. Upon notification of this oversight the Trust has worked with the external auditor to publish the correct version of the Annual Reports and Accounts together with a

statement that explains that the version published on the 16 September 2021 included the incorrect auditor report, however the version published is now correct.

9. The Audit Committee on 22 July 2021 reviewed the lessons learned from the annual reporting process and a detailed action plan has been developed with the Chief Finance Officer responsible for overall oversight of the Annual Report and Accounts production process for 2021/22.

External Auditor Extension and Procurement of 2021/22 and 2022/23 external audit

External Audit for year ended 31 March 2022

An extension for the provision of the external audit is in progress to cover the 2021/2022 period. The contract has been in place since 1 April 2017 with Ernst & Young under a framework through NHS SBS (Shared Business Services), this was a 3 year contract, plus 1 year, plus 1 year option.

External Audit for year ended 31 March 2023 and beyond.

The external contract cannot be extended beyond the 31st March 2022 as the two 1 year extensions have been utilised, and a new tender process is required.

At the November meeting of the Audit Committee it was confirmed that the approval process by the committee is required on the outcome of the tender and that the Committee will be seeking further approval from the Trust Board on 30 November 2021.

The target date for the approval of the new external auditors by the Audit Committee is at the meeting on 3 February 2022 and to issue decision letters to tenderers by the end of February 2022 in order to be in a position to commence a new contract with effect from 1 April 2022.

The Audit Committee requires specific members to form a panel for evaluation of technical responses received through the tender process who are proposed below:

PANEL MEMBERS

Rommel Pereira	Audit Committee Chair
Bob Alexander	Finance & Investment Committee Chair
Rakesh Patel	Chief Finance Officer
Diane Scott	Director of Corporate Affairs
Elvira Patrasco	Chief Financial Accountant
Silvia Sheridan	Procurement Category Manager

Specification documents have been obtained from a number of available framework agreements which could provide a base for finalising requirements for the Trust. It is proposed that a suitable agreement be used for the tendering process available frameworks.

The Trust Board is asked to delegate approval of the external audit contract for 2022/23 to the Audit Committee to agree the proposed Audit Committee Panel membership.

Conclusions/Recommendations

The Board is asked to:

1. Note that there was an oversight on the version of the annual report and accounts published on the website and the remedial action taken.
2. Approve extension of the current contract with Ernst & Young LLP to 31 March 2022.
3. To approve the intended procurement process, specification and tender panel for a new external audit contract/provider commencing from 1 April 2022 and to delegate approval of the external audit contract award to the Audit Committee.



Report to:	Trust Board			
Date of meeting:	30 November 2021			
Report title:	Board Assurance Framework and Corporate (Trust Wide) Risk Register			
Agenda item:	13			
Report Author:	Frances Field, Risk and Audit Manager			
Presented by:	Diane Scott, Interim Director of Corporate Services			
History:	N/A			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

This paper provides the Board with an update on the latest position with the Board Assurance Framework (BAF) and Corporate (Trust Wide) Risk Register (C(TW)RR). As set out in the attached pages, BAF scores remain as reported to the previous meeting of the Trust Board In September 2021.

Directors have been provided with the updated BAF and asked to assess their risk levels. At the present time, no changes in the existing levels of risk are being proposed. This situation will continue to be monitored any updates provided to the Assurance Committees and Board. Members of the Quality Assurance Committee, at their meeting on 9 November 2021, asked for a new BAF risk to be articulated to reflect the sustained operational pressures that the Trust is experiencing. A proposed risk was drafted by the Chief Medical Officer and Chief Paramedic and Quality Officer for consideration by the Trust Board. It has a gross and residual risk score of 20 (4 x 5) and is detailed in the attached BAF report.

Board Assurance Framework Refresh

An external provider (Ben Westmancott) has been engaged by the Trust to support the refresh of the current Board Assurance Framework (BAF) to ensure the format and content clearly describes the risks, mitigations and actions required to achieving our strategic goals.

A preliminary session was held on 13 October with the members of staff who are responsible for the Board Assurance Framework and the Trust Risk Register, whereby a trawl of our existing systems reaffirmed a number of potential risks to achieving the Trust's strategic goals.

At the Board of Directors Development Session on 26 October, a workshop was held with the Directors where discussions took place on what needs to be achieved by the end of 2021/22, and moving forward for 2022/23 with the risks to achieving those objectives. Those risks were then reviewed, identified and agreed as risks that the Board would like regular assurances on.

The next steps are to put these outputs into format for the Executives to meet with the Chairs of the Trust Pillar Committees on 29 November to review and agree the refreshed strategic risks and to confirm the Committee and Executive Director Leads. The draft refreshed BAF will be discussed at the Development Board meeting in December for comment. It is planned that the refreshed BAF will be presented at the Board of Directors in January 2022.

Recommendations for the Trust Board:

The Board is asked to:

- Note the current position of BAF and C(TW)RR risks as summarised overleaf and detailed in the accompanying reports; and
- Approve the proposed new BAF risk in relation to increased operational pressures, for addition to the BAF.

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

Directorate	Agreed				Relevant reviewer [name]
	Yes	X	No		
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		No		
Medical	Yes	X	No		Fenella Wrigley, Chief Medical Officer
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes	X	No		Damian McGuinness, Director of People & Culture
Corporate Affairs	Yes	X	No		Diane Scott, Interim Director of Corporate Affairs

1. Board Assurance Framework

1.1 Current BAF Risks

- **BAF risk 61** - COVID-19 Impact: Residual risk score which remains at 16 (4 x 4):
- **Finance sub-category risk for COVID-19:** No change to the residual risk score of 15 (5 x 3).
- **Operational sub-category risk for COVID-19:** No change to residual risk score of 16 (4 x 4).
- **Clinical safety sub-category risk for COVID-19:** No change to residual risk score of 12 (4 x 3).
- **Quality sub-category risk for COVID-19:** No change to residual risk score of 12 (4 x 3).
- **People and Culture sub-category strategic COVID-19:** No change to residual risk score of 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 with no change to residual risk score which 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 with no change to residual risk score which 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 has been reviewed by the Chief Finance Officer with no change to the residual risk score which 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. Residual risk score remains at 12 (4 x 3). **The risk has been reviewed by the Director of People and Culture with no change to the residual risk score which 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. Residual risk score remains at 12 (4 x 3). **The risk has been reviewed by the Director of People and Culture with no change to the residual risk score which remains at 12 (4 x 3).**

1.2 Proposed New BAF Risk

- There is a risk that significant patient demand is unable to be met within current resources, which may result in poor clinical outcomes. Members of the Quality Assurance Committee who met on 9 November asked for a new BAF risk to be articulated to reflect the sustained operational pressures that the Trust is experiencing.

A risk was drafted by the Chief Medical Officer and Chief Paramedic and Quality Officer which has a gross and residual risk score of 20 (4 x 5).

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

2. Corporate (Trust Wide) Risk Register

2.1 New Risk rated 15 or above on Corporate (Trust Wide) risk register

There were no new risk rated 15 or above added to the Corporate (Trust-Wide) risk register.

2.2 New risks rated below 15 on Corporate (Trust Wide) risk register

There were no new risks rated below 15 added to the Corporate (Trust wide) risk register.

2.3 Current Risks rated 15 or above on Corporate (Trust Wide) risk register

- RISK ID 1145 – 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 specialists. The residual risk score remains at 20 (4 x 5).
- 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. The residual risk score remains at 15 (5 x 3).

2.4 Tolerated Risks on Corporate (Trust Wide) risk register

- 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. The residual risk score remains at 20 (5 x 4).
- 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. The residual risk score remains at 16 (4 x 4).

2.5 Proposed risks for de-escalation below 15

- 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. The residual risk score has been reduced from 16 (4 x 4) to 12 (4 x 3) due to an assurance review which has taken place which evidenced that the likelihood of the risk materialising had reduced.

2.6 Closed Risks on Corporate (Trust Wide) risk register

There were no closed risks rated 15 or above added to the Corporate (Trust-Wide) risk register.

Board Assurance Framework: October 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.

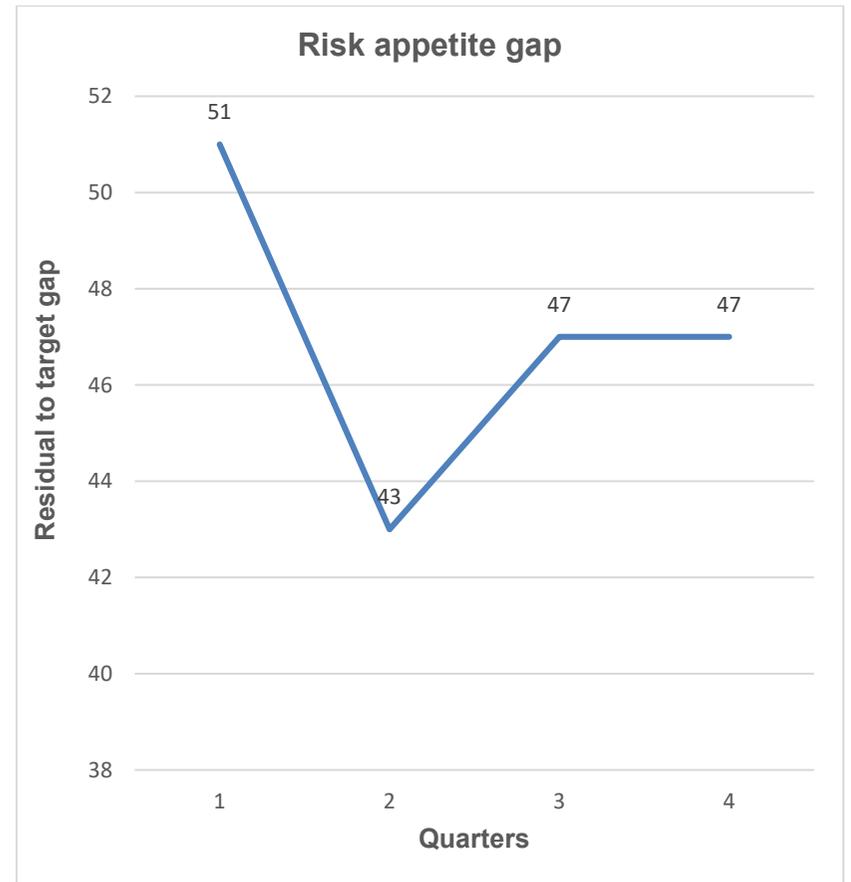
The Board is asked to note the changes highlighted in red and in particular the risks exceeding the Board tolerance scores as shown in the table below.

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	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	↔

BAF Risk reporting Trend – 2021/2022

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



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	4 x 5 20 26.05.20	Controls 1. Sustainability plans have been reviewed to cover operational response, and supplemented by the development of a priority 8-point plan that is overseen by the Strategic Response Group. 2. Pandemic business continuity plans being reviewed as part of the annual EPRR assurance process. 3. Throughout the Trust's response to the pandemic, a Senior Leadership meeting has been in place to support the organisational response. This has enabled information to be shared widely, a collective approach to delivering a resilient operational response to the situation, and robust decision making. As levels of elevated demand are forecast to continue throughout the summer and the Trust's move to REAP 4, an Incident Director was appointed to in mid-June 2021 to oversee and coordinate the ongoing organisation's response to surge demand, through the Strategic Response Group and Service Delivery Group which meets daily. 4. Post COVID considerations led by the CEO to agree the optimal operating model including resources and estates requirements, identify and retain efficiencies and operating opportunities across all areas of	4 x 4 16 26.05.20 4 x 3 12 11.11.20 4 x 5 20 08.02.21 4 x 3 12 30.03.21 4 x 4 16 01.07.21 	1. To review and assess the Trust's Strategy and strategic risks following COVID 2. The organisation has been asked to set out its position including funding to deliver health care at system level.	Ongoing Ongoing	6-10	

26.05.20

- operations.
5. In the process of agreeing the 2021/22 winter plan to ensure the Trust is resilient ahead of future surges in demand and in advance of seasonal winter pressures. This includes both internally and with the system to align forecasts with NHS England and other system partners
 5. Utilise Joint Decision Making (JDM) / Decision Log protocols to capture decisions made / authorisation levels etc. during the COVID period Regular contact with EPRR teams to seek advice on the above
 6. 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
 7. 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.
 8. 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

9. 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.
10. 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)
11. Worked with CQC and NHSI and agreed SI process whilst recognising the scale of investigations required to meet LfD regulatory requirements
12. 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.
13. 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.
14. 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 work is ongoing with NWL ICS to identify available capital or revenue and supporting cash to facilitate transformation.
15. 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.
16. A case is currently being made to NHSE National and Regional teams and NWL ICS for recurrent expenditure requirement including post Covid resilience.

17. 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 2nd half of 21/22. **The H2 efficiency requirement is .82% before any additional requirement to deliver a balanced financial plan for H2.**

Assurances

1. Reports are provided to the Board Assurance Committees on COVID-19 related activities.
2. Reports provided to Executive Committee who sign off strategic risks and actions.
3. Status reports provided to the Trust Board via weekly NED calls and monthly Trust Board meetings.

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 & Culture		Assuring Committee		People and Culture Committee		
No. and Risk description	Initial risk score	Key controls and assurances	Residual risk score	Action plan	Timescale	Risk tolerance	Board update	
56	<p>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 settings and which will impact our ability to meet operational targets.</p> <p>Sustained pressure in the system means that despite having the highest number of WTE in the Trust to date we are unable to meet the demand without significant dependency on temporary staffing / overtime.</p>	<p>Controls & Assurances</p> <ol style="list-style-type: none"> Recruitment KPIs managed at OPM & in greater detail within the Workforce Development & Planning Programme committee P&C KPIs managed in various committees (sickness, retention, etc) 18-month recruitment plan for paramedics and non-registrants agreed and operational. Partnering with Medipro to provide additional training capacity for our TEAC programme. Agreed retention programmes within the Ambulance Operations Programme Committee Various apprenticeship programmes to attract and retain nonclinical employees. Covid Paramedic bank to LAS Bank - procedure now in place to help support front-line resourcing. WTE usage and overtime data shared daily Well-being services / KPIs managed via OPMs. Staff survey data Various P&C policies including Agile Working Policy Alternative skill mix programme being reviewed in relevant committees 	<p>4 x 4</p> <p>16</p> <p>23.05.19</p>	<p>4 x 3</p> <p>12</p> <p>23.05.19</p> <p>4 x 4</p> <p>16</p> <p>29.09.20</p> <p>↔</p>	<ol style="list-style-type: none"> Procure and appoint an external international (paramedic) recruitment provider Complete 121 retention with all international paramedics and follow up actions Agree an operational business plan that enables the workforce to accurately and within establishment create and manage a workforce plan. Appointment of Paramedic Recruitment and Retention lead Working in partnership with ambulance sector and NHSE/I on retention of call handling staff Re-tender OH contract and Well-being offer – see related risk 65 Revised P&C Strategy Staff Survey 21/22 Action Plan 	<p>Complete</p> <p>Complete</p> <p>April 22</p> <p>Complete</p> <p>On-going</p> <p>Nov 21 – June 22</p> <p>April 22</p> <p>March 22</p>	<p>6-10</p>	

- Replacement of existing HW including move to external DC's completed.
12. New HQ UPS install completed and operational 18/10/20.
 13. Project review and lessons learnt for UPS programme completed.
 14. Business cases developed to determine the voice solution relating to Avaya architecture fall back arrangements and resilience for current and proposed Avaya systems. going forward (Avaya CM7)
 15. Review of CISCO telephony platform and completed.
 16. CAD Essentials Board superseded by the IMT Delivery Board
 17. CAD dashboard implemented and reviewed at IMT Delivery Board
 18. Cyber to be moved to ICT and a clear roadmap developed to resolve outstanding issues including patch management
 19. Completion of build of new hardware platform for existing CommandPoint at Crown Hosting Centres
 20. IT Priorities reassessed and focused on key areas
 21. 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.

Assurances

1. Regular reporting to committees, sub committees and groups.
2. IT Delivery Board established with Terms of Reference

		<ul style="list-style-type: none">3. Draft roadmap developed and is being socialised with operations4. Commissioned independent reports.5. Routine planned maintenance.6. Outline business cases.7. Project boards established for replacement of critical systems8. Capital allocation of funds for corrective actions.9. D999 Programme Board established and overseeing key projects10. Issues with systems discussed at all levels of the Trust11. Telephony resilience has been tested and proven to work.12. Data centre network resilience tested and proven to work to both Bow and HQ.13. Increased the resilience to TOC and SOC from HQ.					
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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	Controls 1. Technical cyber protection, detection and remediation solutions are deployed but require review. 2. The continuation of a professional cyber security team as a managed service to deal with incidents and cyber response e.g. Royal Surrey ransomware notification. Information Security Management support in Corporate Affairs. 3. Auditable set of documents covering people, processes, procedures and technical controls; reviewed by NHSD and third parties at least twice a year 4. Broad set of real-time security reporting and alerting with ability to take immediate action 5. NHS specific intelligence feed from NHS Digital implemented in technical controls and cyber responses 6. Leverage NHSD funded opportunities: <ul style="list-style-type: none"> Cyber Risk Framework workshops to enable enterprise integrated cyber risk management CORS Support – Supplier cyber management process, training needs analysis, baseline security architecture patterns, cyber cultural vision statement Cyber training opportunities e.g. CISSP and CIPR NCSC recognised qualifications. 7. Substantive IG recruited and Information Security resource at 2 nd		5 x 3 15 15.1.18	1. Deliver technical control/assurance projects: <ol style="list-style-type: none"> Network segregation and access control (Cisco ISE and TrustSec) Hardening of internet-facing systems (configuration and improved access control) N365 – Underpinned by the IG Compliance monitoring and data loss prevention – DLP (Data Loss Prevention) features enabled in OneDrive, SharePoint and Email within the NHS.NET tenant 2. Outstanding actions from DSPT being worked through via DSPT working Group. 3. Carrying out a review of Cyber tools and standardising the products and ensuring the Trust has capacity and capability to use them effectively. 4. A review underway of Cyber organisation structure to support new infrastructure currently being implemented.	CIO Dec 21 June 22 Completed Dec 21 Jan 22 April 22	6-10	

line of defence.

- 8. Cyber Committee set up and meeting weekly overseeing the BAU process.
- 9. DSPT working group set up and meeting twice a week to see through completion of actions.

Assurances

- 1. Compliance-based cyber security KRIs/KPIs (reported to IM&T SMT and monthly CEO performance review)
- 2. Performance reporting to L&IC through IM&T
- 3. Internal Audit and independent audit against DSPT
- 4. Additional NHSD assurance support through CORS programme
- 5. CareCert notifications performance measured and reported as part of the IM&T's KPIs, reported to IM&T SMT & ExCo monthly.
- 6. Legacy systems being progressively removed from the organisation such as Siemens.

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>5 x 4 20 11.11.20</p>	<p>Controls</p> <ol style="list-style-type: none"> 1. Case made to regulator and ICS system leaders for investment in ambulance operations modernisation programme to realise Carter identified efficiency opportunity over 3-5 years. The Trust needs to get further commitment from commissioners that they will support the transformation programme, including the ambulance operations modernisation business case. 2. Comprehensive resource model developed which links workforce, frontline fleet capacity, finance, and demand to forecast ability to deliver national response performance standards. 3. Income for H1 of 2021/22 agreed with ICS with agreement of receipt of non NHS income and additional surge costs excluded. 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. 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 	<p>5 x 3 15 11. 11.20</p> 	<ol style="list-style-type: none"> 1. Implement financial control transformation plan. 2. Implement service line reporting. 3. Work with pan-London ICS CFOs lead to achieve buy in to modernisation Programme. 4. Work with pan-London ICS CFO's and London region to secure required CDEL and supporting cash. Currently secured additional £14.8M CRL for 21/22 of which £4.8M is generated through internally generated cash. We are awaiting confirmation of source of cash from NHSE/NWL ICS. Reference control No. 12. 5. Agree H2 income plan by the End of November 21. 6. ExCo have paused the transformation programme to release funds to support winter. 7. Complete lean process review of IUC/111 services to support commissioning discussions. Internal resource has been identified to undertake lean review. Scoping exercise to commence in December 2021 	<p>31 Mar 22</p> <p>30 Dec 21</p> <p>Ongoing</p> <p>30 Nov 21</p> <p>Agreed</p> <p>Agreed</p> <p>30 Jan 22</p>	<p>12-16</p>	

			<p>expectations set through NHSE & Regional directives.</p> <p>6. NWL ICS has set up a financial recovery board which has oversight over recovery of system spend by provider collaborative to the 1920 FIT? Ask James for definition. LAS is participating. A joint NWL benchmarking and insight group has been set up to support the development of savings and productivity opportunities.</p> <p>7. We have agreement from all of the ambulance DoFs to include their benchmarking data benchmarking.</p> <p>8. Internally ExCo is reviewing the Model Ambulance to develop an informed view of productivity and quality improvement opportunities by considering our variations.</p> <p>9. We have developed a priority capital programme list and we have a robust process internally to support business cases and procurement in order to secure additional capital as it becomes available. This investment will drive better productivity.</p> <p>10. Joint NWL CFO fortnightly meeting which will determine the parameters for the H2 provider allocations.</p> <p>11. We have carried out a demand and capacity review which has established a structural shortfall against demand of staff and vehicles which is being addressed by the Strategic Workforce Group.</p> <p>12. H2 allocations include circa £100M for London for elective recovery and critical care. NWL ICS has supported a LAS bid of £10M against. If we are successful we will provide a short form business case by the end of October to enable allocation.</p>		<p>to provide start date and time line for the review.</p> <p>8. Secure funding from NWL ICS for Hub 1 – now paused</p>			
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		<p>Assurances</p> <ol style="list-style-type: none"> 1. Monthly finance reports to the ExCo and the Finance and Investment Committee including forecast outturn. 2. Monthly Integrated Performance Reports to the Trust Board. 3. fortnightly 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. No longer relevant 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. 7. Identify components of the strategic efficiency plan to PID level. 8. Monthly reporting of downside or worst case scenarios included in the Finance Report. <p>Gaps in Control</p> <ol style="list-style-type: none"> 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 is 					
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			completed pending agreement and availability of resources in H2.					
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STRATEGIC GOAL 2 : Be a first class employer, valuing and developing the skills, diversity and quality of life or our people

Executive Lead Director of People and Culture Assuring Committee People and Culture Committee / Quality Committee

No. and Risk description	Initial risk score	Key controls and assurances	Residual risk score	Action plan	Timescale	Risk tolerance	Board update
<p>65 There is a risk that the Health and Wellbeing of our staff and volunteers may be compromised due to lack of contemporaneous immunisation records indicating a lack of assurance around immunity, which could result in individuals being required to isolate following exposure to an infectious disease</p> <p>Source Recent review of OH records indicate transfer of vaccination record information between previous providers does not provide assurance of immunity.</p> <p>Lack of evidence of immunity may result in recommendation for restricted attendance or isolation following exposure.</p>	<p>4 x 4 16 3.11.20</p>	<p>Controls Immunisation catch up programme commenced.</p> <p>Records are now captured in ESR</p> <p>Analysis of immunisation records to identify any gaps</p> <p>Contract tracing processes in place to identify and protect staff at risk of lack of immunisation /immunity</p> <p>Initiation of work through the ESR Account Manager and local/regional user groups to create a reporting framework in ESR.</p> <p>A task and finish group commenced work to review the systems and processes pre & in early employment to improve the opportunities for immunisations prior to commencement in roles where the risks are the highest.</p> <p>Gaps in controls Some staff have no results from historic immunity testing.</p> <p>There have been periodic Occupational Health provider changes, where the transfer of records from one third party provider to the next was incomplete, missing or corrupted.</p> <p>No systems in place for periodic immunity reviews.</p>	<p>4 x 3 12 3.11.20</p> <p style="text-align: center;"></p>	<p>Design and implement immunisation assurance reports from OHIO. Predetermined by data accuracy activity currently underway.</p> <p>Immunisation requirements build into OH contract spec that is out to tender w/c 1/11/21.</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 Measles and Rubella – immunity is achieved following vaccination course Varicella – immunity assumed following exposure in childhood/ immunity achieved through vaccination course if necessary Pertussis – immunity evidence not required EPP non responders ONLY require periodic review of Hep B disease status (not immunity) to avoid infecting patients This evidence may be different for Covid vaccines</p>	<p>31/12/21</p> <p>Complete</p> <p>Complete</p>	<p>6-10</p>	

			<p>There is a cohort of staff for whom we can't demonstrate that we have offered vaccines due to lack of records.</p> <p>There is lack of staff uptake of immunisations and personal record keeping</p> <p>There are no systems in place for risk assessments of "non or low responders" to vaccines.</p> <p>ESR does not currently report in a format which provides assurance on immunisation status.</p> <p>An OH specialist advisor has recruited from a very large acute Trust. 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>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 immunisation records.</p> <p>Trust has a H&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>August ExCo paper accepted proposal on future immunisation catch up plan. Next steps:</p> <ul style="list-style-type: none"> • Agree contract with PAM • Recruit 2x band 7 to operationalise • Agree detailed delivery plan • Agree communication plan <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</p>	<p>Ongoing</p> <p>Complete</p> <p>Ongoing</p> <p>Ongoing</p> <p>Jan 2022</p>		
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				<p>lifestyle choices, including immunisation status awareness and checks through every staff interaction.</p> <p>Complete a validation audit with the appointed OH contract holder to validate records transferred to them with those in ESR prior to switching on the bi-directional interface for vaccination data. No other OH data will be shared.</p> <p>Continue to engage with NHSE/I as they develop digital “immunisation passports”. Provide information and lobby for this to interface with OH records &/or ESR.</p>	<p>Jan 2022</p> <p>Ongoing timeline for delivery not yet defined by NHSE/I</p>		
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Proposed New BAF Risk

STRATEGIC GOAL 1 : Providing outstanding care for our patients							
Executive Lead: Chief Medical Officer / Chief Paramedic and Quality Officer				Assuring Committee Quality Assurance Committee			
No. and Risk description	Initial risk score	Key controls and assurances	Residual risk score	Action plan	Timescale	Risk Tolerance	Board update
There is a risk that significant patient demand is unable to be met within current resources, which may result in poor clinical outcomes	20 (4 x 5) Major x Almost Certain	Controls 1. Workforce plan is operational and monitored bi-weekly 2. Increased capacity through use of LFB, Metropolitan Police Services and volunteers. 3. Ensuring we deliver care closer to home wherever possible by targeting Clinical Hub clinicians to certain determinants within the Category 2/3/4 priority. 4. Providing dedicated clinicians to ensure oversight of Healthcare Professional and Inter-facility Transfer calls and where possible, working with the referring clinician to identify alternative transport or care pathway options. 5. Use of incentivised overtime to increase shift take up. 6. We have developed a split rota for Motorcycle Paramedics between frontline operations and the Clinical Hub. 7. Working closely with acute providers to manage hospital handovers to increase availability of ambulances for patients waiting for an ambulance response. 8. Wellbeing Strategy operational and monitored bi-weekly.	20 (4 x 5) Major x Almost Certain	1. Recruit to our workforce plan. 2. Strengthening the clinical leadership made available 24/7 through our on-call structures. 3. Minimum safe staffing levels and recruitment requirements for the Clinical Hub have been defined, including recruitment of Mental Health Nurses to cover all functions. 4. Identifying 'Longest Held' vehicles for each sector on every shift. 5. We are introducing an additional safety role (CAS Deputy General Manager). 6. Introduction of an ambulance flow model to avoid delays at individual hospital EDs 7. Increased access to SDEC, UCR, 111*5 8. Introduction of clinically lead 1 st day absence reporting (to include wellbeing conversations)	March 22 Dec 21 April 22 Complete March 22 Jan 22 March 22 Dec 21	6-10	Risk proposed following discussions at Quality Assurance Committee on 9 November 2021

Assurances

1. The Quality Directorate have established an Incident and Risk Hub that interrogates the Trust incident reporting and learning system to identify emerging themes that may require immediate intervention.
2. The LAS is the only UK Ambulance Service to have been appointed as one of the early adopters for the new Patient Safety Incident Response Framework. This was introduced to the Trust on 01st April 2021 and enables us to use thematic based intelligence to develop quality improvement plans, share learning and improve patient care and safety.
3. Structured Judgement Reviews (SJR) have been introduced in order to ensure consistent and robust oversight of calls where a significant delay was experienced that may have led to harm.
4. The Trust Continuous Re-contact Audit led by the Clinical Audit and Research Unit (CARU) has continued despite challenges in accessing suitably experienced clinicians who, if not deployed to the frontline are supporting the Clinical Hub.
5. We continue to monitor our performance against National Ambulance Quality Indicators.
6. Rostering report to Service Delivery Group shows how many shifts filled.
7. Vacancy report to the People and Culture committee, shows how we are doing against current level of vacancies.

			<p>8. People KPI's benchmarked with National Ambulance Trusts – to provide external assurance.</p> <p>Gaps in control</p> <ol style="list-style-type: none">1. Inability to recruit to level of workforce required to cope with sustained demand2. Sustained high levels of sickness absence over the pandemic period.					
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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

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	<p>TOLERATED RISK</p> <p>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.</p>	20	Business resilience fall back accommodation in 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	<p>1. Ops, Strategic Assets and Property and IMT project team have been reinstated</p> <p>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</p>	5	31/03/2022	<p>27/09/21 Risk reviewed in RCAG:</p> <p>The group agreed risk to remain at 20 until move to Newham EOC, February 2022. It was noted there are other sites linked to the Communications room at BOW which will need to be migrated before BOW can be "switched off"</p> <p>The contained option was confirmed as not viable due to supply chain issues requiring a long lead time. MW confirmed this is a Logistics and Infrastructure Committee agenda item. Also, there have been a number of external power grid issues but the system is relatively stable. The UPS Assurance report has been attached to this risk.</p>
1145	Health, Safety and Security	<p>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.</p>	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	31/03/2023	<p>27/09/21 - Risk Reviewed at RCAG:</p> <p>Following the last update there is a plan for Guys and St Thomas to visit LAS sites and provide a plan for the required compliance which may reduce the level of risk. There are intricacies which need to be managed around contracts with suppliers such as Stryker but there are currently no new mitigations in place which would reduce the likelihood of this risk. The risk remains.</p>
1081	Fleet and Logistics	<p>TOLERATED RISK</p> <p>There is a risk of the inability for the Trust to store, pack and supply medicines to frontline clinicians due to the legal requirement for organisations that supply medicines to staff, to have a Wholesale Dealers Licence; which may lead to the inability for LAS staff to treat patients if not properly managed.</p>	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	<p>27/09/21 Risk reviewed at RCAG:</p> <p>It was confirmed that although there is no Wholesale Dealers Licence available for the LAS, our current processes have been agreed with the MHRA.</p> <p>The risk remains tolerated.</p>
1133	South East Sector	<p>TOLERATED RISK</p> <p>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.</p>	15	<p>Bulletin circulated to crews</p> <p>Return CRU to certain areas of London</p> <p>Emergency Services Group established and meeting monthly with LAS, LFB, WPS, sub director of streets and TfL head of traffic flow.</p> <p>LAS COO has formally written to TfL and Local Authorities to express concern (LFB has also formally written) and PED notice from Leeds City Council shared</p> <p>LAS consistently objecting to calming measure that put physical barrier in place (planters or lockable bollards)</p>	Khadir Meer	11/02/2021	<p>Review of performance and impact on job cycle times</p> <p>Monitor incidents via Datix</p>	5	29/03/2024	<p>27/09/21 - Risk Reviewed at RCAG:</p> <p>There are on-going updates to the LTN schemes. Currently there are new schemes being developed and the impact of these schemes need to be assessed before they are either removed or made permanent. The group agreed to continue to tolerate the risk until January 2022.</p>

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	16	8

Risk reviewed on 1 September 2021 by Chief Operating Officer –residual risk score remains at 16 (4 x 4).

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:

- Throughout the Trust's response to the pandemic, a Senior Leadership meeting has been in place to support the organisational response. This has enabled information to be shared widely, a collective approach to delivering a resilient operational response to the situation, and robust decision making. As levels of elevated demand are forecast to continue throughout the summer and the Trust's move to REAP 4, an Incident Director was appointed to in mid-June 2021 to oversee and coordinate the ongoing organisation's response to surge demand, through the Strategic Response Group and Service Delivery Group which meets daily.
- 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, and regular meetings established with the NHSE analytics team to align and test forecasting assumptions.
- In the process of agreeing the 2021/22 winter plan to ensure the Trust is resilient ahead of future surges in demand and in advance of seasonal winter pressures. This includes both internally and with the system to align forecasts with NHS England and other system partners.

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	16
<ul style="list-style-type: none"> • Sustainability plans were reviewed in June to cover operational response, and this has since been supplemented by the development of a priority 8-point plan that is overseen by the Strategic Response Group. • Review of the current recruitment position across the Trust to ensure we are able resiliently to respond to additional peaks combined with winter pressures. • The Trust has set up a Strategic Incident Room (COVID 19 cell) this has been stood down with the reduction of demand, however plans are in place to reinstate or put an equivalent function in place if required. • Close review of performance and the impact of the various actions undertaken through a response for Covid-19. This will be used to inform the plans for operational response to additional peaks of Covid-19 demand. • Ongoing review of specifically Covid-19 related risks and response to those. • Oversight of CAD stability: <ul style="list-style-type: none"> ✓ CAD Essentials board to be restarted and control room risks will be an agenda item ✓ Projects to replace or mitigate for all faults on telephony, CAD, radio and mobile data put in place ✓ Audits of telephony system ✓ CAD dashboard to be implemented and reviewed at CAD essentials board • IM&T to respond to Trust requirements where a change in practice is requiring a technological change, as part of this increasing the availability of remote working via TEAMS. • IM&T to provide assurance that bandwidth capacity is available to enable higher numbers of staff to work remotely. • The Trust has rolled out a staffing plan to deploy non-standard ambulance to simplify scheduling and increase oversight of delivery levels. • Expansion of the DCA fleet to maximise the vehicle availability to respond to increasing demand. • Incorporated a wide range of volunteers into the 999 and 111 services to support continued service delivery, retained the capability and systems to increase the number of volunteers if required by demand. • Expansion of 999 control room capabilities and capacity to respond to calls. • Targeted focus and initiatives to mitigate the increasing Category 2 demand, through additional clinical validation and review of dispatch guidance, and pilots to determine opportunities to increase capacity through reduced job cycle time • Separated out the Covid-19 calls from 999 and 111 to allow a specialised response. • A New Fuel policy and procedure to support business continuity has been rolled out. • The trust rolled out a plan for distribution and testing of FFP3 masks as well as plans for acquiring further supply, with systems in place to source additional PPE as required to respond to changing demand. Further RPE testing of staff is currently underway to fit and make available additional disposable FFP3 masks to frontline crews • Engagement with CCG's NHSE&I, PHE and all system partners throughout the planning, preparedness, response and recovery to maintain confidence across the system of robust arrangements within the London Ambulance Service. • Joint After Actions Reviews undertaken with NHSE/I (London) and lessons identified used to inform more resilient future plans • Continue adapting the plan clinically and operationally as the situation develops. • To seek assurance from third party suppliers to the Trust that they have a robust Business Continuity Plan to provide supplies to the Trust. Maintain regular contact with suppliers to ensure their position has not changed and that the suppliers remain in a position to supply us. 			

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	16	8
<ul style="list-style-type: none"> • 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. This is continually being re-assessed based on the current REAP level which the Trust is operating. • Review of the impact on staff capacity and availability as a result of transformation projects and development of services by the Trust. • 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, and arrangements have been made with external private blue light providers (VEHO) and partner universities to bring on board paramedic students on the Trust bank. 			

COVID-19 - Sub-category Strategic Risk Assessments

Responsible Director: Lorraine Bewes		Financial	
Risk assessment using NHS risk matrix	Initial Rating	Current Rating	Target Rating
	20	15	5

Risk reviewed on 20 October 2021 with updates made to controls, no change to residual risk score of 15 (5 x 3).

Strategic Risk Description:

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.

Underlying Cause

The financial arrangements for H1 and H2 for 21/22 have now been notified by NHSE.

1. Fails to capture the material financial impacts of COVID 19. Cannot recover the full income required for COVID 19 from NHS England/Improvement.

Actions taken:

- The Trust has established a COVID 19 Resource Tracking template to be completed for all COVID 19 related resource requests, these are all approved by Trust Gold and reported to ExCo and FIC on a regular basis.
- The Trust continues to fully document all COVID 19 related expenditure to ensure it will stand the scrutiny of both internal audit and parliament.
- An inventory management system has been procured and implemented in Deptford for COVID 19 related stock management.
- Budget based approved financial plan including CIP has been issued to Directorates for H1 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.
- Budgets for H2 will be issued when a financial plan for H2 is agreed by FIC and Trust Board.

2. Is unable to identify and sustain cost efficiencies from opportunities post Covid-19

Actions taken:

- 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 2nd half of 21/22. The H2 efficiency requirement is .82% before any additional requirement to deliver a balanced financial plan for H2.

3. Is unable to identify and sustain innovation and improvements during and post Covid-19 i.e. CAD replacement/EPCR implementation.

Actions taken:

- 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 the source of financing will be agreed with NWL pending capital receipts.

4. Experiences an increase in loss of assets due to fraud and theft (tracking and receipting of goods to be enhanced)

Actions taken:

- 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.

COVID-19 - Sub-category Strategic Risk Assessments

Responsible Director: Lorraine Bewes	Financial
<ul style="list-style-type: none">• The Trust is maintaining its existing control environment across segregation of duties, adherence to SFIs, Scheme of Delegation and procurement controls. <p>Additional action against mitigation of risks 1-5</p> <ol style="list-style-type: none">1. We have expanded senior Finance capacity: CFO full time with further proposal to review senior finance and procurement in light of transformation timeline and post COVID.2. A case is currently being made to NHSE National and Regional teams and NWL ICS for recurrent expenditure requirement including post Covid resilience.3. Review of monthly Covid spend by Directorate4. Development of downside mitigation plan5. Development of a BAU and transformation efficiencies plan <p>Assurance of controls</p> <ol style="list-style-type: none">1. Monthly finance reports to the ExCo and the Finance and Investment Committee including forecast outturn.2. Bi-monthly Integrated Performance Reports to the Trust Board	

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

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
<p>Residual risk score remains at 12 (4 x 3).</p> <p>As the Trust emerges from the consequences of the second COVID wave the priority is the continued response to our patients and the rapid assimilation of learning from wave 2 into actions that may mitigate the consequences of a 3rd wave.</p> <p>The new Clinical Safety Plan has been launched and has had its first review stage with excellent feedback. This will allow a more dynamic targeted approach undertaking specific actions to mitigate specific challenges</p> <p>Staffing levels in the ECAS/CHUB and IUC are being reviewed with the experience gained from wave 1 and 2</p> <p>We are continuing to work with partners to embed pathways which were beneficial for patients during COVID waves in recognition of the fact that acute hospital providers will continue to see bed pressures as they manage the consequences of COVID</p> <p>We have worked collaboratively with London providers to introduce remote oximetry</p> <p>Strategic Risk Description:</p> <p>Risk of reduced patient outcomes or experience from the COVID pandemic surge and response.</p> <p>Due to significant increases in demand due to Winter pressures and COVID-19 patients may have a delayed response resulting in worsening clinical outcomes or a poor patient experience, and which may affect Ambulance Quality Indicators. Although we knew that a second spike during Winter would be difficult, and we were preparing for it, we could not have predicted the new variant, the increased rate of transmission and the volume of sick patients. Managing this surge has required the use of novel internal and external pathways that require close governance to minimise any associated risks.</p> <p>Key activities and actions to mitigate the risk:</p> <ul style="list-style-type: none"> • Expanded the CHUB and CAS to enable greater hear and treat (where appropriate) and maintain oversight of held calls including utilising appropriate senior clinicians from across the organisation and supported by doctors from NHSE and the ICS under the NHSE COVID staff sharing agreement in place for London. • Increased senior clinical support in EOC to provide clinical support to the different specialist functions including clinical guidance for front line crews on cardiac arrest care and decision making, intelligent conveyance, hospital diverts. • Utilisation of advanced paramedic urgent care clinicians in the ICS area where the highest demand is to manage patients closer to home. • Use of the Clinical Safety Escalation Plan (CSEP), with additional COVID measures, to safely manage the 999 calls in EOC and maximise guiding patients to the right place for care to meet their clinical need. The level and actions of the CSEP are reviewed by the Gold Commander four times per day and decisions logged. • Audits for new clinicians and call handlers in the IUC using accredited audit tools looking at compliance to NHS Pathways (for call handlers and NHS Pathways clinicians), clinical assessment, management and prescribing for clinicians and overall performance. • Increased navigators at 111 to oversee the CAS queue and ensure prioritisation of the sickest patients • Increase in cover on the 24-hour senior clinical on call to include an additional shift from 10 – 19 to support the senior clinical on call as part of the Trust Strategic Command. • 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
	16	12	8
<ul style="list-style-type: none"> • Working with pan-London, Clinical Networks to provide updated patient pathways in real time, and communicating those to changes to the Operations Directorate. • Clinical guidance to provide support to crews in decision making taking into account the ambulance service environment.; All clinical guidance was disseminated on multi-media platforms, to ensure wide and timely distribution to frontline staff. • Working with NHSE London and HLP to rationalise and agree patient pathways and access from both hear and treat and see and treat. • Working with each ICS to support the development of pathways to enable timely off-loading of ambulance handovers to enable the next 999 patient to be attended. • All LAS clinical pathway changes taken through LAS Clinical Advisory Group and then changes monitored through Patient Safety and Clinical Effectiveness Group. • LAS engagement in review of regional and national pathway and processes through NASMED and the NHSE Clinical Advisory Groups, both at regional and director level of all clinical decision making. • Re-contact audits to review any patients who made a second contact with the LAS 999 service within 24 hours of being discharged on scene after assessment and where, on second contact, their condition had deteriorated significantly (i.e. requires pre-alert to ED or had died) • Structured judgment review for patients who have experienced to delay in call answering or waited 2 x 90th centile for a frontline response. • Serious incident panel met weekly throughout to review any incidents raised via internal systems, quality alerts or via the patient experiences team. • Direct support to crews who have been in contact with a confirmed COVID-19 patient through the welfare team, with input from the Wellbeing Hub. • Robust and dynamic review of PHE guidance by the Head of Infection Prevention Control to ensure our staff, and in turn patients, were protected as much as possible through updated PPE guidance. • A Critical Care Transfer service, to provide an essential service for patients requiring advanced clinical assistance whilst being transported to Nightingale Hospital, without impacting on the 999 emergency calls. • Review of patients where there was a delay to answer the 999 call or respond and where this delay may have impacted on their outcomes/ • 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. • 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. • 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. <p><i>CAVEAT: The Board recognises that due to the overwhelming nature of the pandemic on London healthcare, suboptimal outcomes must be considered in the context of the whole response and the provision of high quality care to the largest number of patients possible.</i></p>			

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

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.
- **External occupational health support programme in place with large London Acute Trust to review Covid isolations on a daily basis.**
- 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. 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.
- **Over 300 trained London Fire Brigade (LFB) firefighters will continue to be utilised on an overtime basis to support the core DCA roster this winter (to the equivalent of 100 WTEs). A memorandum of understanding (MOU) has been developed with the London Fire Brigade (LFB) so that further LFB capacity can be quickly utilised should we see a second wave of Covid-19 this winter.**
- 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.
- The Trust has introduced a new Student Paramedic non-registrant role for third year student paramedics studying at our partner universities. A formal job description has been developed and a two week training course takes place in October. Initial discussions indicate that this will provide us with 280 shifts per week (equivalent to 88 WTEs) during University holidays which co-incides with our peak winter pressure period.

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
-

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"> • Additional OH / Well-being resources WTE in place until March 22. • Prioritisation of additional mental health support across the Trust – publicise and bolster existing services, identify and rapidly introduce new internal and external support routes • Provision of clinical advice to line managers and staff relating to self-isolation and testing • Provision of food for staff self-isolating, unwell or unable to access refreshments on shift • Provision of accommodation of staff who have vulnerable relatives at home, or need to self-isolate away from home. • Increase availability of staff and partners with mental health and psychology backgrounds to our staff at group stations, call centres and office locations. • Introduction of the ‘How are you Doing Survey’ provided a base line of staff morale so that initiatives can be identified to respond to staff needs. • There is a national programme of lateral flow testing which has been in place since December 2020, designed to help prevent the spread of COVID-19. Tests will help to identify staff and volunteers who should be isolating. • COVID-19 vaccination programme and Influenza (flu) vaccination programme fully operational • Completed individual risk assessments Trust wide. • 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. <p>3. Possible safety and reputational risk through the rapid recruitment of significant additional staff and volunteers to be deployed to frontline and support areas.</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Utilise national “fast track” arrangements put in place for the NHS with agencies such as DBS, UK Visa, • Utilise existing services such as NHS Passport to verify employment history, statutory and mandatory training, qualifications and registration or existing and returning NHS staff members • Expand existing Bank arrangements to hire staff and reduced risk of co-employment exposure • Require individual/departmental risk assessments that confirm supervisory requirements, limited access to restricted areas • Establish and accelerated Occupational Health declaration process for new staff and volunteers • Incorporate requirements for 3rd party resource providers to verify and guarantee staff have the correct authorisation to work, qualifications, registrations, DBS etc. <p>4. Impact on BAU Recruitment especially the Australian Paramedic programme</p> <p>Key activities and actions to mitigate risks: (reflected in BAF risk 56)</p> <ul style="list-style-type: none"> • Departments encouraged to review all current and planned recruitment at the beginning of the COVID period and decisions made to pause, delay or stop recruitment • BAU recruitment resource redirected to focus on priority recruitment areas such as call handlers, blue-light drivers, C1 licence holders through the dedicated “Personnel hub”. • 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... • 12 to 18 month Workforce plan created incorporating additional skills types and volunteers that will enable surge capability as required. 			

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"> • 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. • 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. <p>5. Ensure new and redeployed staff receive the training and equipment they require to fulfil new and existing roles safely</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Bespoke training programmes created to equip staff to carry out new roles safely e.g. EOC support call handler • Buddying and supervisory shifts implemented before new starters work in “live” environment • Induction days for specific role types e.g. London Fire Brigade vehicle orientation • Home working Health & Safety guidance provided for those now working from home for the first time and risk assessments completed • Additional IT resources provided – laptops, heads sets, MS Teams rolled out <p>6. Governance risk</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Utilise Joint Decision Making (JDM) / Decision Log protocols to capture decisions made / authorisation levels etc. during the COVID period • Regular contact with EPRR teams to seek advice on the above • Membership of regional and national network bodies (e.g. Ambulance HRD forum) to share knowledge and build consistency where possible in relation to temporary changes to terms and conditions, and ways of working • Extraordinary staff side / management consultation arrangements in place • People & Culture Committee short form process established and utilised as required. • Membership of COVID, Senior Daily Leadership Meeting (SDLM) represented at GOLD meetings and calls, daily submission of metrics and reports with regards to P&C elements e.g. sickness absence, accommodation required, and staffing <p>7. Future impact on our culture of actions taken and behaviours adopted through COVID period.</p> <p>Key activities and actions to mitigate risks:</p> <ul style="list-style-type: none"> • Continuing FTSU arrangements in place • Regular contact between P&C HR Managers, HR BPs, line managers and staff side to ensure issues captured and addressed quickly and fairly as most hearings and investigations are paused (now back to BAU Staff Council held every other month, weekly OPF, hearings now taking place) • Resolution framework has been implemented to provide swift resolution of staff issues supported by external mediation resource. • National reporting for WRES, WDES and staff survey has recommenced. 			



London Ambulance Service – Quality Report



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



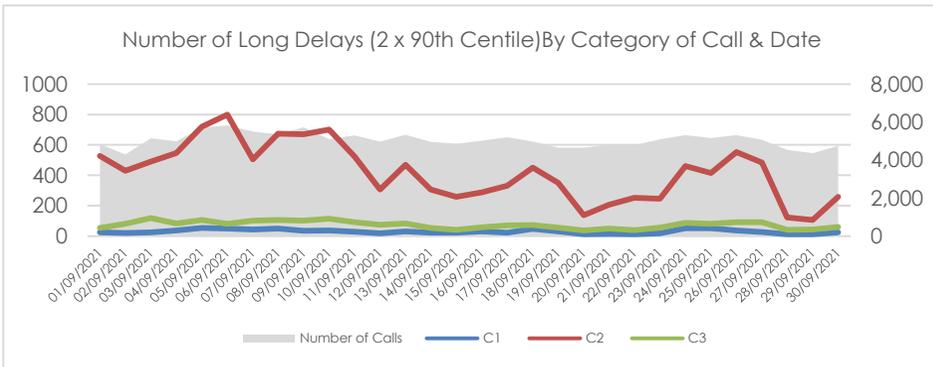
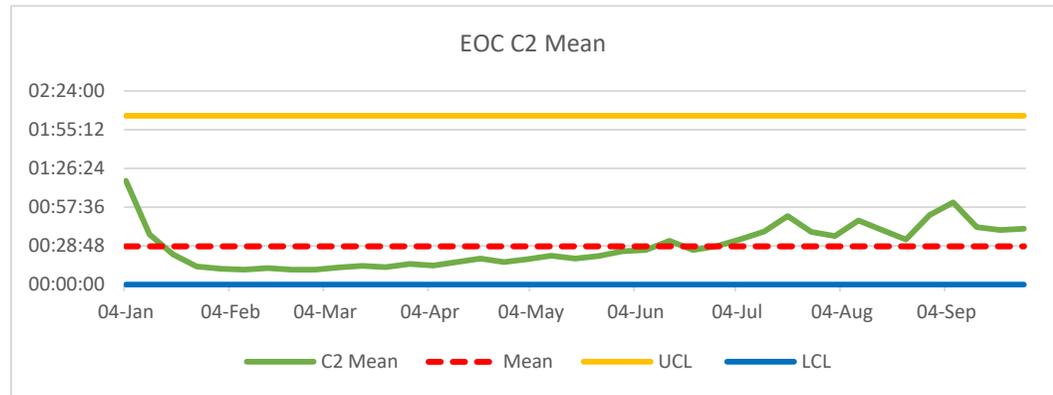
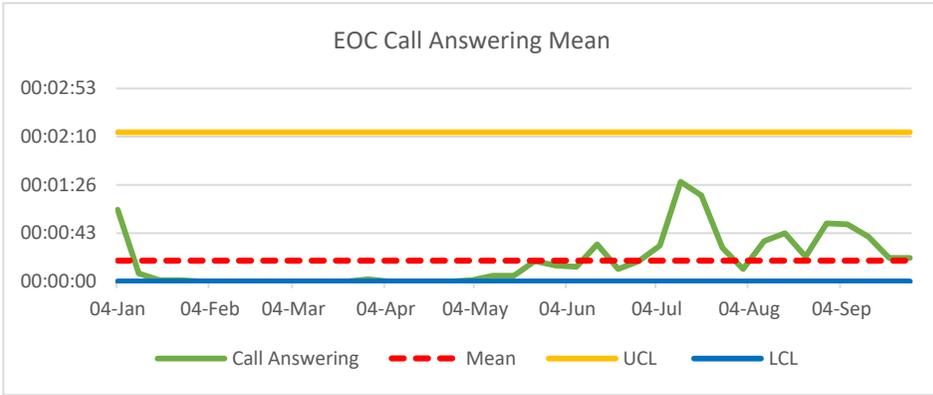
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Quality Domain	Metric	Sept-21	Highlights from this report by quality domain	Metric	Sept-21	Potential risk/concerns and actions being taken
Safe	Rate of Low/No Harm Incidents per 1000 Contacts - 999	2.4	Incidents: The Trust continues to see consistent incident reporting which indicates a good reporting culture as well as a culture of openness. The number of incidents graded moderate harm and above has increased due to the high levels of demand being experienced. Delays identified will undergo a Structured Judgement Review (SJR) to look at the impact this had on care and treatment.	Overdue incidents	956	<p>Overdue Incidents: There are 956 overdue incidents which have been opened on the system longer than 35 working days (this excludes SIs, PSIs & PSRs). Action being taken: There is currently a comprehensive system wide review underway of overdue incidents in all stages of the incident workflow. This is being undertaken by the Quality teams in conjunction with key stakeholders for each area.</p> <p>Medical Equipment continues to be one of the highest reported categories 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. Actions being taken: There are currently several parallel activities ongoing regarding medical equipment including working with the Guys and St Thomas Trust Medical Physics Team to provide guidance and input into the overarching management of medical devices within the Trust.</p> <p>Safeguarding Level 2 & 3 Training: 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. Action being taken: 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. Trajectory: To achieve 90% compliance for both training by March 2022.</p> <p>Statutory & Mandatory Training: As of 30th September, the compliance rate was 81% which is tracking below the Trust wide 85% target. The compliance rate has decreased by 1% when compared with the August figure. Action being taken: Regular reports are sent to managers and individuals to remind them of when training is due.</p>
	Rate of Low/No Harm Incidents per 1000 Contacts - IUC	1.0		Medical Equipment Incidents Report	119	
	OWR Hand Hygiene Compliance	98%	Infection Prevention & Control: Hand Hygiene compliance for September 2021 is 98%. Compliance exceeds the expected Trust target of 90% for the group station that submitted data. Of note, 14 out of 18 group stations submitted OWR data for September 2021.	Percentage of Level 2 Safeguarding Training	79%	
	VP Deep Clean A&E Vehicles	96%		Percentage of Level 3 Safeguarding Training	59%	
	Premises Cleaning Audit	95%		Statutory & Mandatory Training Compliance	81%	
		Premises cleaning for 18 Group Stations/Services who submitted data for analysis provides a Trust compliance of 95%. This score continues to exceed the Trust performance target of 90%. Stations that failed to achieve 90% are escalated to the facilities manager to establish why and ensure remedial actions are put in place.				
Effective	ROSC to Hospital (AQI) - Reported 4 Months in Arrears ROSC At Hospital	28%	Ambulance Quality Indicators (AQIs): The Trust ranked 2 nd amongst all ambulance services for ROSC to hospital in the overall group (28.4%) against a national average of 26.5%.	MCA level 1 training	93%	<p>MCA Level 1 & 2 Training: MCA level 1 is 93% and slightly below the 95% target. Level 2 training is currently not offered. Action being taken: Plans to include this in 2021-22 CSR programme are being developed.</p> <p>PDR: Compliance has fallen to 59% down from 68% reported in August. This is being impacted on by REAP 4 as PDRs are stood down at this extreme level of pressure. Action being taken: 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.</p> <p>CPI Completion rates: Due to operational pressures associated with REAP 4, Clinical Team Managers have been required to fulfil frontline duties resulting in a substantial drop in CPI completion across the Trust. Action being taken: To counter this, where paramedics on non-patient facing duties are available they are being allocated CPI audits for Group Stations with the lowest completion rates.</p> <p>OWR compliance: This is currently at 55% which is down from 59% reported in August. This remains below the Trust target of 85% and further action is required.</p> <p>Language Line: The number of lost calls has been increasing over the last year. This is due to increased activity/demand on the service. Action being taken: The Trust entered into a new contract with Language Line on the 1st June 2021 which includes specific KPIs relating to longest time to answer / language not available metrics. A number of actions are to be progressed but are being impacted on by the current demand being experienced.</p>
	Post ROSC Care Bundle	85.5%		Personal Development Review (PDR) Compliance	59%	
			In May 2021 the Trust returned to "Best in class" for the mean call to hospital metric for suspected stroke patients (01:16) after dropping to 2 nd for April, this is well above the national average of 01:28.	CPI - Completion Rate (% of CPI audits undertaken)	80%	
	Stroke - Call to Arrival at Hospital mean (hh:mm)	01:16	In terms of our Stroke Diagnostic Bundle data, the Trust has improved from a ranking of 10 th place in February 2021 to 8 th in May. In the same month, the Stroke Diagnostic Bundle was performed on 95.9% of suspected stroke patients, and remains significantly below the national average of 98.0%.	Operational Workplace Review (OWR) compliance:	55%	
				Language line % of Lost Calls	1.31%	

Quality Domain	Metric	Sept-21	Highlights from this report by quality domain	Metric	Sept-21	Potential risk/concerns and actions being taken
Caring	Number of CMC care plans viewed by LAS	5617	End of Life Care: The number of CMC views remains positive. The EoLC team have launched an educational programme which includes bitesize sessions on a wide range of topics including communication, medication and care after death. The sessions are available monthly and are delivered virtually. They are aimed to reach all clinical staff, including colleagues in IUC and EOC.			
Responsive	Number of Public Engagement Events	9	Number of Public Engagement Events: The Public Engagement Team held 9 events in September which reaching an approximate audience of 2,085 on the following topics Drugs and Alcohol, Choose well, knife crime and an introduction to first aid.	Number of Complaints breaching the Trusts 35 day timeframe	80	Complaints: The number of complaints breaching the Trusts 35 day timeframe has increased due to various factors including operational pressures associated with REAP 4. Action being taken: The complaints team are revising processes including peer reviewing and further embedding the CEO sign off process. The team are working closely with all internal stakeholders to ensure that the exact reason for the complaint is understood to help to improve their turnaround. As a pilot site for the new NHS Complaint Standards, we will be identifying a cohort of complaints that can be managed using this methodology for a trial period.
Well led	Percentage of All Risks Reviewed Within the Last 3 Months	100%	Risk Management: The Trust's compliance in September was 100% for risks reviewed within the last 3 months and 100% of all new risks approved within 1 month (the target for both is 90%). The team continued to focus on this area with an aim to maintain 100% compliance for all risk.	% of all policies in date	37%	Policies: There remains no policies overdue for a review with 69 under review and 41 in date. The number of in date policies has increased by 2% since the last quality report produced in August 2021. Action being taken: Since receiving ExCo approval of a revised process the initial review of outstanding policies will utilise a checklist questionnaire which will prompt the rationalisation of policies through combining, grouping and re-categorising as procedures where appropriate. Trajectory: Operational pressures continue to impact the 90% compliance trajectory as the process is directly impacted by REAP levels and approval committees. The revised approvals approach will reduce operational impact and the team continue to work towards 90% compliance.

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



In September 2021 there were 15,690 long delays, 10% of these resulted in a blue call.

	C1	C2	C3	Grand Total
Total	888	12588	2214	15690
Blue Call	193	1240	74	1507

This is 32% increase from August 2021. From the table below we can see from Apr'21 – Jul'21, each month the number of long delays have nearly doubled from the previous month. The last 3 months Jul-Sep21, the number of long delays have remained extremely high.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
	1764	3160	6789	13272	11928	15690

The top three determinants where a long delay incurred was:

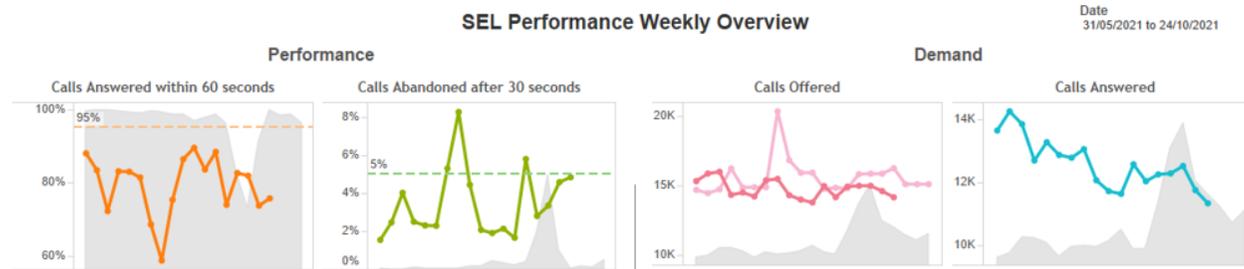
- DX012 - Emergency Ambulance Response (Category 3) (7% n = 1086) – 54 required a blue call
- DX0112 –chest pain (7% n = 1062) – 70 required a blue call
- 36C5A – Protocol 36 Pandemic Card High Risk Conditions (5% n = 774) – 60 required a blue call

47% (n=7340) experienced a long delay were not conveyed and 53% were conveyed. It was also found that 21% (n=3310) of all long delays occurred between the hours of 17:00 and 20:00.

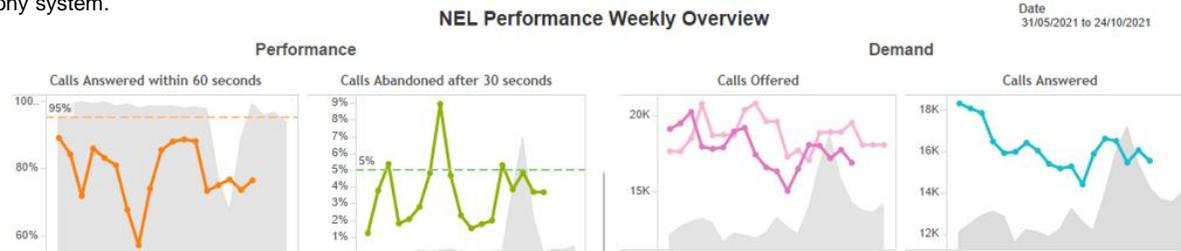
Action being taken include:

Forecasting and planning focus remains a part of the Strategic Response Group (SRG)
 Daily operational performance review and actions via the Strategic Delivery Group (SDG)
 Daily clinical safety reviews and daily patient safety reviews to oversee quality and clinical safety and continuous improvement.

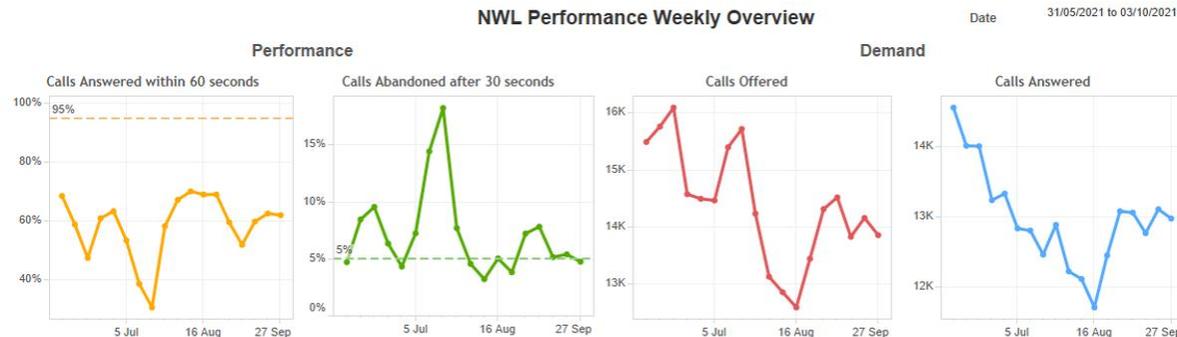
The performance of 111 call handling against strategic objectives is being monitored closely to ensure performance is being managed within set performance targets/thresholds for IUC in SEL/NEL/NWL.



September again saw particularly high call volumes, **63,482** for 'Contract calls offered', up from August (62,215) an increase of 1,267 calls in SEL. Proportion of 'Calls Abandoned' deteriorated to 18.4% this month, there is investigation as to why there is such a large number of calls abandoned before 30 seconds. One theory is calls are they being transferred from elsewhere and not being properly accepted by the telephony system.



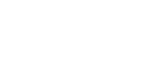
In September, NEL received 75,212 calls and answered 68,328 calls which was approximately 63% over predicted base call volumes. NEL finished on 75% against 60 second call answering performance with an abandonment rate of 4.6%. Unfortunately NEL did not meet 95% KPI in September. Performance was particularly challenging in the first week of September resulting in KPI below 80%. Challenges continued throughout September with only 4 days where performance was above 90%.



In September, we have continued to see a high the daily profile of calls arriving at NWL. Following the contract baseline being increased by 31% from September 2021 and the combination of the daily profile activity aligned across the partnership, we are beginning to see more consistent delivery of the contract across NWL. Abandonment rate performance deteriorated by 2% from August to 6.2% in September. Calls Answered in 60 seconds also deteriorated to 58.7% in September, the worse performance since December.

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 and NEL.

Indicator (KPI Name)	Status	W/C 06/09/2021	W/C 13/09/2021	W/C 20/09/2021	W/C 27/09/2021	Sparkline
SEL IUC Priority 1 - % LAS 35 minutes safety threshold	●	59.3%	76.3%	68.8%	68.9%	
SEL IUC Priority 2 - % LAS 75 minutes safety threshold	●	39.1%	55.0%	59.4%	66.9%	
SEL IUC Priority 3 - % LAS 150 minutes safety threshold	●	44.2%	46.9%	45.2%	57.2%	
SEL IUC Priority 4 - % LAS 260 minutes safety threshold	●	53.3%	53.4%	57.3%	60.7%	
SEL IUC Priority 6 - % LAS 420 minutes safety threshold	●	69.2%	72.1%	79.9%	85.4%	
SEL IUC Priority 7 - % LAS 540 minutes safety threshold	●	85.3%	91.7%	91.5%	85.4%	

Indicator (KPI Name)	Status	W/C 06/09/2021	W/C 13/09/2021	W/C 20/09/2021	W/C 27/09/2021	Sparkline
NEL IUC Priority 1 - % LAS 35 minutes safety threshold	●	53.7%	65.2%	62.5%	63.9%	
NEL IUC Priority 2 - % LAS 75 minutes safety threshold	●	28.1%	46.8%	41.0%	54.1%	
NEL IUC Priority 3 - % LAS 150 minutes safety threshold	●	46.2%	52.5%	49.4%	64.4%	
NEL IUC Priority 4 - % LAS 260 minutes safety threshold	●	71.7%	72.9%	83.4%	74.8%	
NEL IUC Priority 5 - % LAS 360 minutes safety threshold	●	68.8%	61.3%	64.5%	71.8%	
NEL IUC Priority 6 - % LAS 420 minutes safety threshold	●	75.0%	84.0%	82.1%	75.9%	

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

1. Safe

We must ensure we protect our patients and staff from abuse and avoidable harm. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Patient Safety
- Infection Control
- Medicine Management
- Safeguarding
- Health and Safety
- Clinical & Non Clinical Claims and Legal Inquests
- Outcome of Quality Visits (Environmental & Equipment)
- Statutory and Mandatory Training

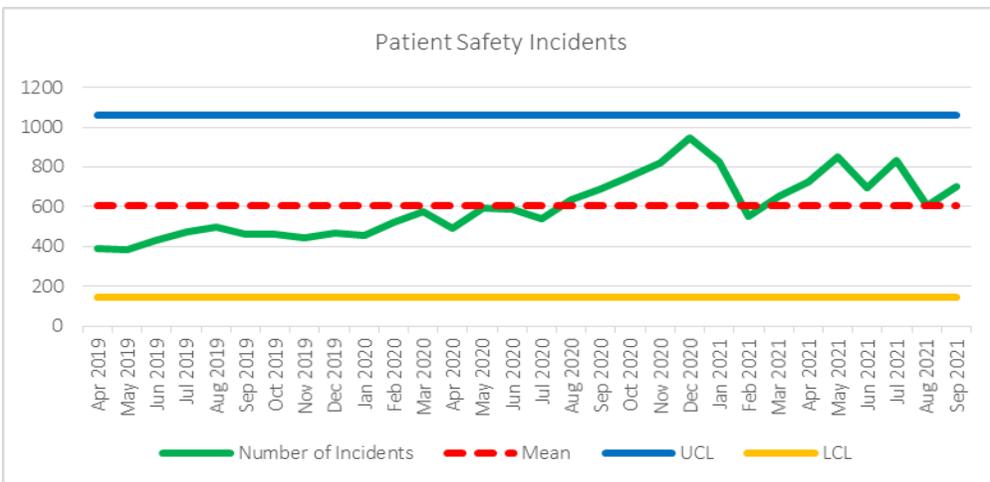
Outstanding Characteristic: People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.



1. Safe - Patient Safety Incident Reporting Context

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

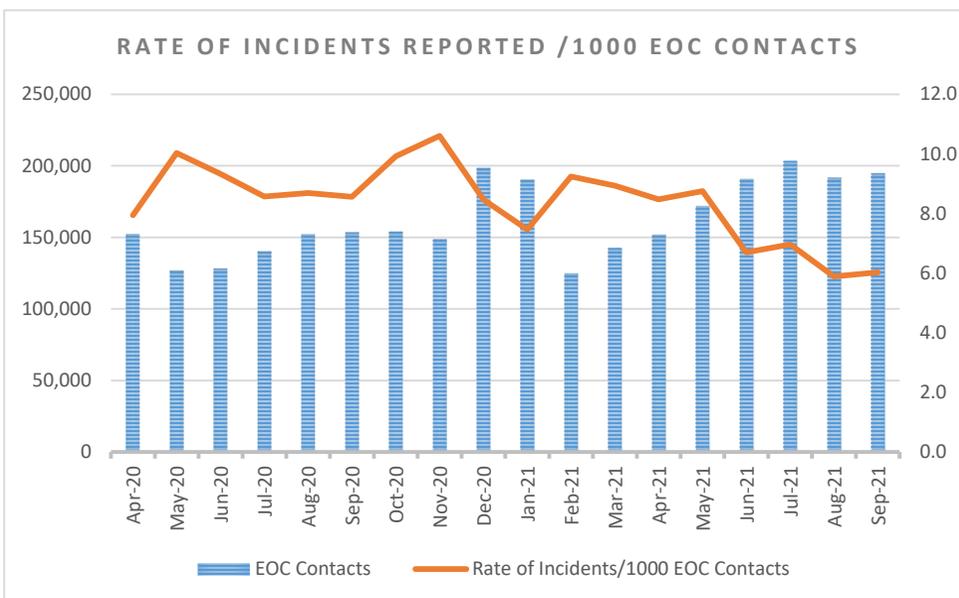
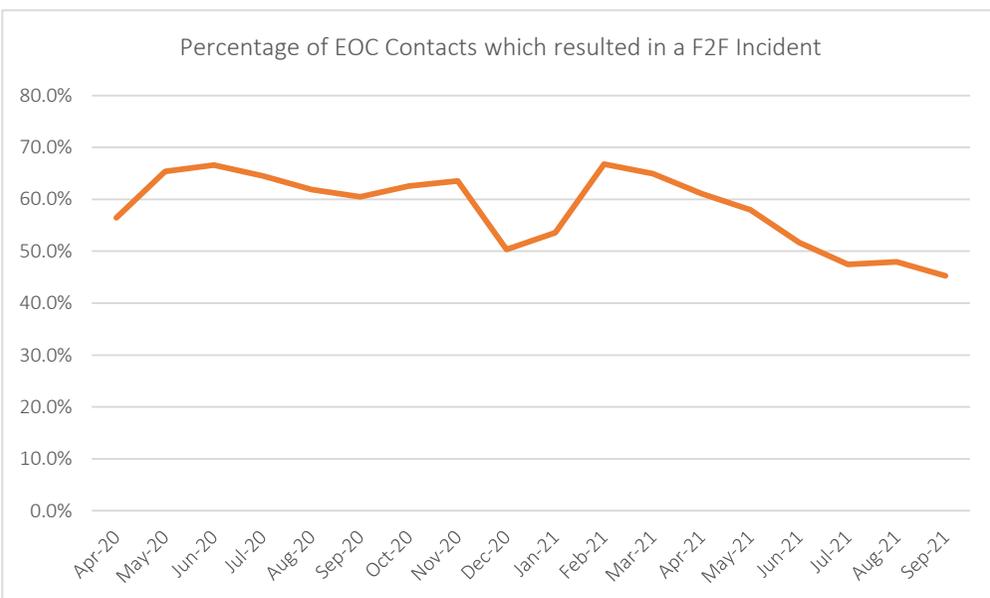


The number of patient safety incidents reported per month remains positive which indicates a good reporting culture as well as a culture of openness.

The highest reporting month of December correlates to the second COVID19 wave on the service in the winter of 2020. The number of patient safety remains above the mean in September 2021, with 700 incidents reported.

The rate of incidents reported per 1000 EOC contacts has slightly decreased the last few months, this is because the number of EOC contacts has increased, hence the rate of incidents is lower.

Likewise, the graph on the left, shows a decrease EOC contacts resulted in a face to face incident as a result of the increase in EOC contacts. In September there were 194,691 EOC contacts, of which 88,125 resulted in a Face to Face incident.



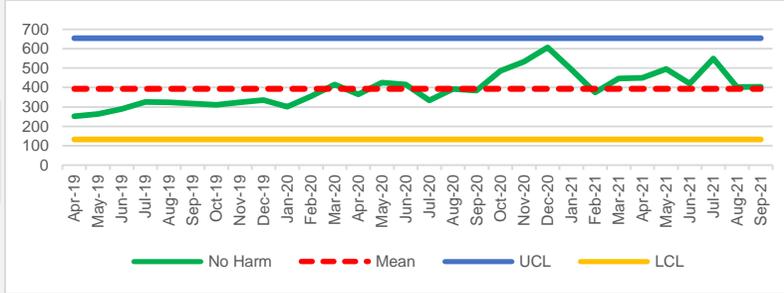
1. Safe – 999 Patient Safety Incident Management

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

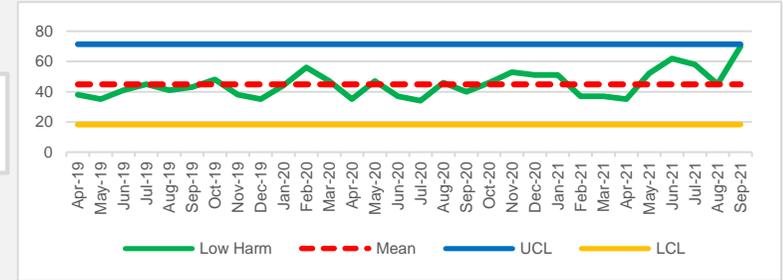
No Harm/Near Miss

Sept 21:
404



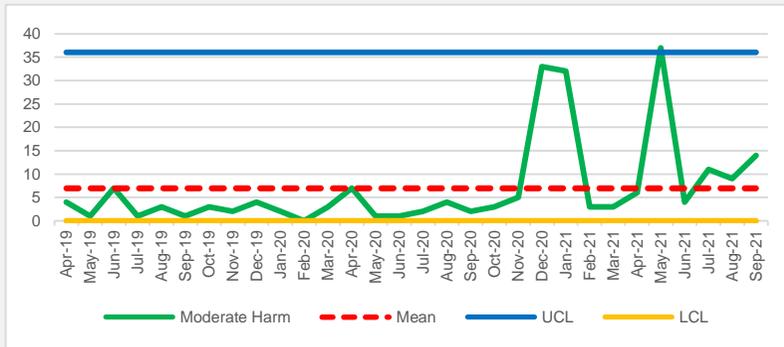
Low Harm

Sept 21:
70



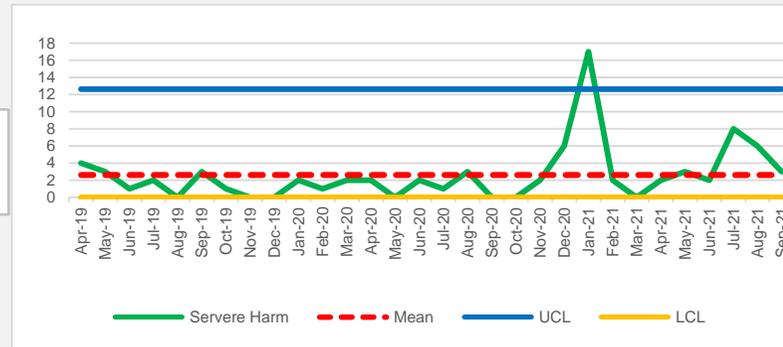
Moderate Harm

Sept 21:
14



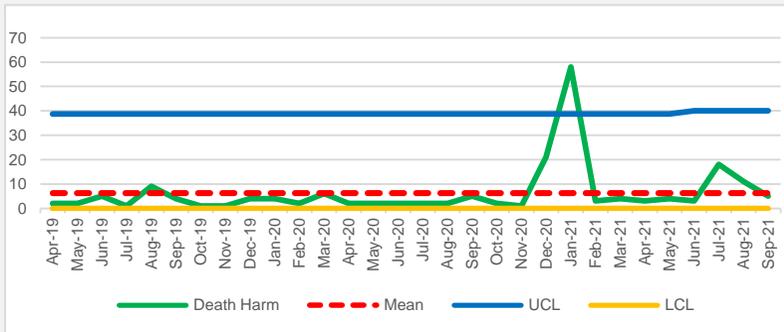
Severe

Sept 21:
3



Death

Sept 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's Safety Investigations Assurance and Learning Group (SIALG). The number of no harm incidents remains above the mean.

There has been an increase in low harm incidents, with 70 reported in September. There were a number of PSIs reported which were identified from CARU via the Clinical Audit. There was also an increased number of delays identified from the daily BI data.

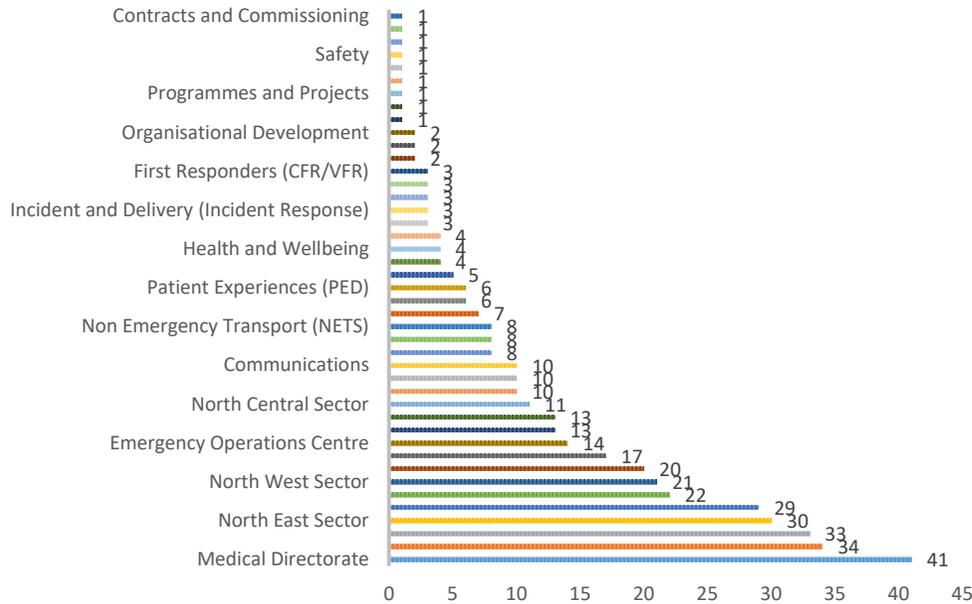
The number of moderate, severe and death patient safety incidents remains high. This is due to an increase in the number of delayed response incidents highlighted via the team's daily review of delays experienced both in call answering and dispatch of resource. In addition, 1 of the 5 death incidents and 2 of the 14 moderate harm incidents were found via the re-contact audit which is auditing the months of December 2020 and January 2021; the height of the winter COVID19 wave experienced by the Trust.

1. Safe – 999 Overdue Incidents

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

AWAY FOR REVIEW OVERDUE INCIDENTS BY INVESTIGATION DEPARTMENT



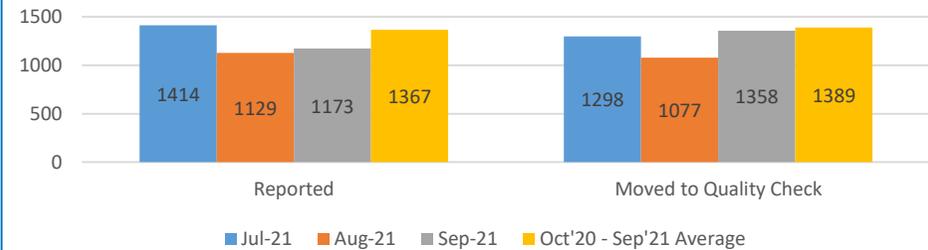
There are 956 incidents (as of 15/10/2021) which have been opened on the system longer than 35 working days (this excludes SIs, PSIs and COVID19 reviews). This is a slight decrease from August 2021, which saw 990 overdue incidents recorded. This breaks down to:

- 520 patient incidents
- 222 staff incidents (11/12 overdue moderate harm incidents are staff related)
- 8 visitor incidents
- 206 Trust related incidents

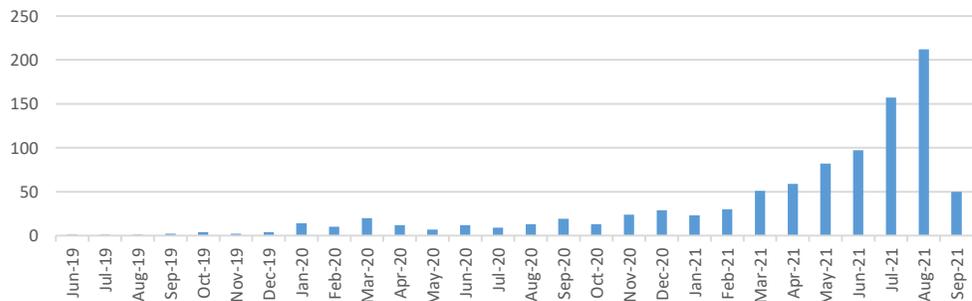
On average between Oct’20 – Sep’21, 1367 incidents are reported monthly on the system and 1389 incidents are investigated and moved to Quality check for final closure. During September 2021 the number of incidents reported was slightly lower than average and the number of incidents moved to Quality Check similar to the average.

All incidents continue to be monitored daily by the Incident and Risk Hub. The Quality Governance and Assurance Managers (QGAMS) also work with the sectors/depts. to ensure incidents are investigated in a timely manner. Of the overdue incidents, the highest number, 116 incidents (12%) sits within both the North West Sector and the South East Sector joint respectively. In regards to harm levels, 85% of overdue incidents have been labelled as No Harm and 14% as Low Harm.

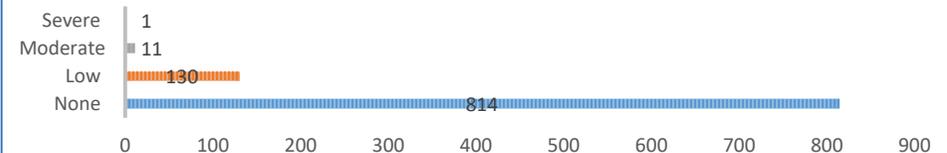
Current Incident Flow vs 12 Month Average



Overdue Incidents by Reported Date



OVERDUE INCIDENTS BY LEVEL OF HARM

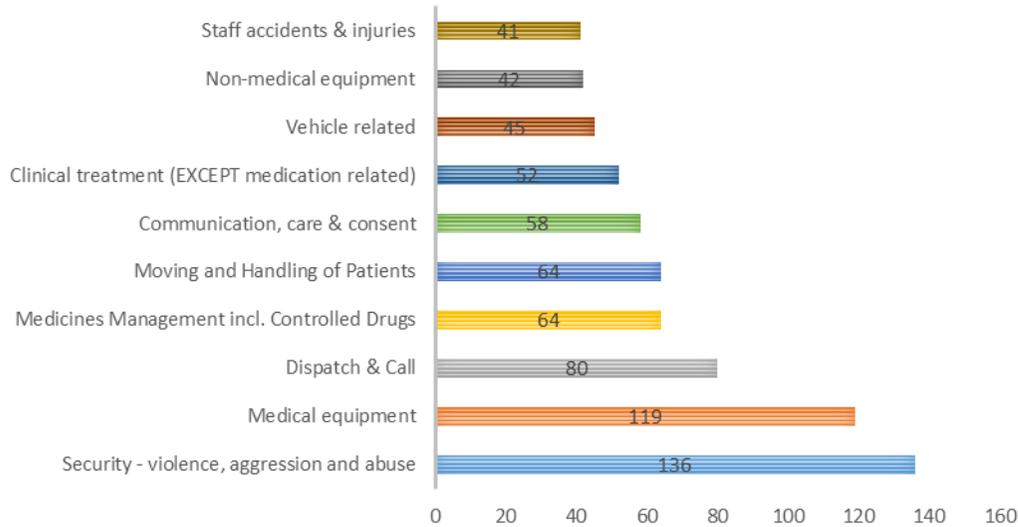


1. Safe – 999 Incident Category Analysis

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

SEPTEMBER 2021 TOP 10 INCIDENT CATEGORIES



The top 3 incident categories in September 2021 were Security – Violence, Aggression and Abuse, Medical Equipment & Dispatch and Call.

Themes relating to medical equipment indicate that there has been a change from missing equipment to failure of equipment in recent months.

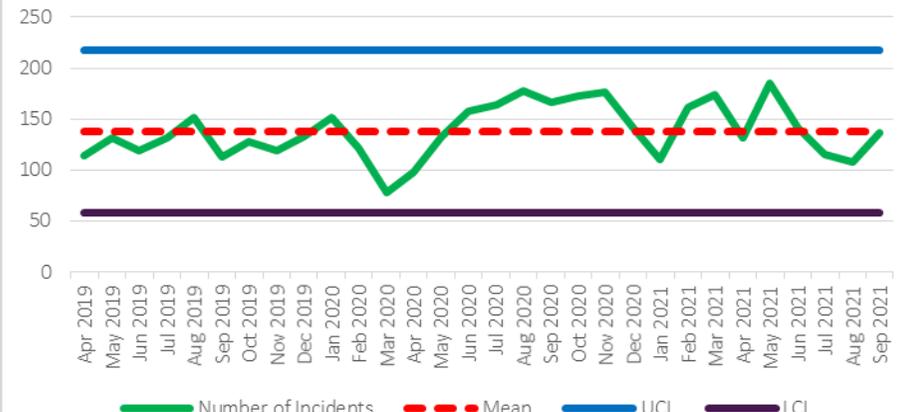
There are currently several parallel activities ongoing regarding medical equipment. The trust is actively engaging with Guys and St Thomas Trust Medical Physics Team to provide guidance and input into the overarching management of medical devices within the trust. This is a collaborative approach with GSTT, Safety and Risk, the Medical Directorate and Strategic Assets and Property. Key aspects of this include the imminent roll-out of asset tagging and traceability and the ability to batch trace consumables and recall assets, additional support from suppliers with workshop activities, trials of 2 methods of improved diagnostic pouch management and the move to the new warehouse and workshop at Rainham.

Of the 80 Dispatch and Call incidents, 56% were due to a delayed response, 15% due to an incorrect address/location being entered by EOC. All delayed response incidents are undergoing a Structured Judgement Review to identify any additional learning.

Medical Equipment Incidents



Security - Violence, Aggression and Abuse Incidents



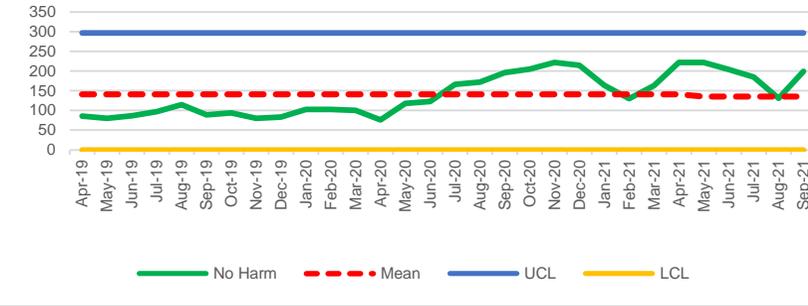
1. Safe – IUC Incident Management

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

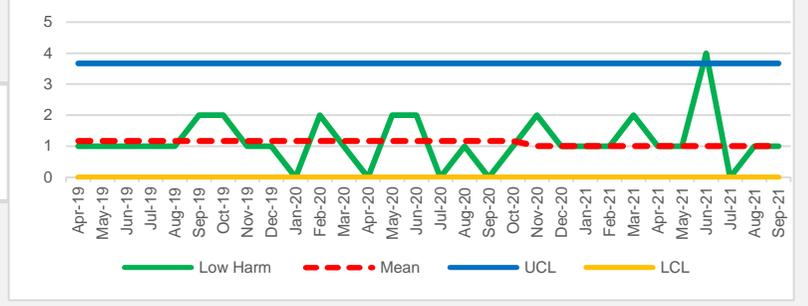
No Harm/Near Miss

Sept 21: 199



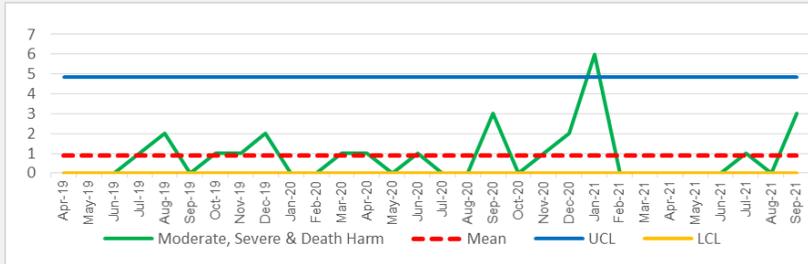
Low Harm

Sept 21: 1



Moderate, Severe & Death Harm

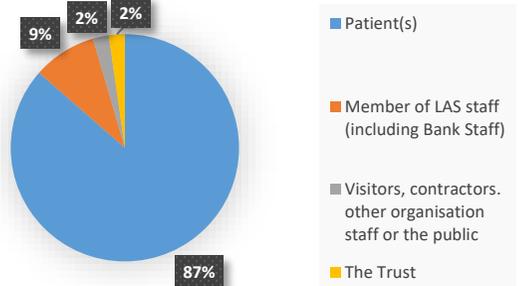
Sept 21: 3



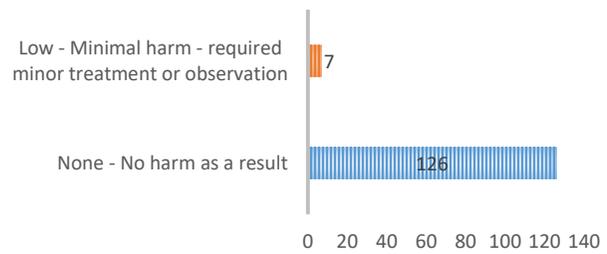
Analysis of SPC graphs:
 There has been an increase in the number of no harm incidents reported in the last year, the reason for the increase in no harm incidents is because IUC have increased incident reporting for language line issue, a new category has been added on Datix for such issues, supervisors 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.
 The number of incidents reported within IUC increased in September 2021 compared to August 2021. This was due to the increase of incidents reported in SEL, which can be attributed to longer waiting times due to the current pressure on all services. Staff were reminded over the last few weeks on the importance of incident reporting and how important this is for the Trust. The call volume remains high.

Incident Management

Overdue Incidents by Type



OVERDUE INCIDENTS BY LEVEL OF HARM

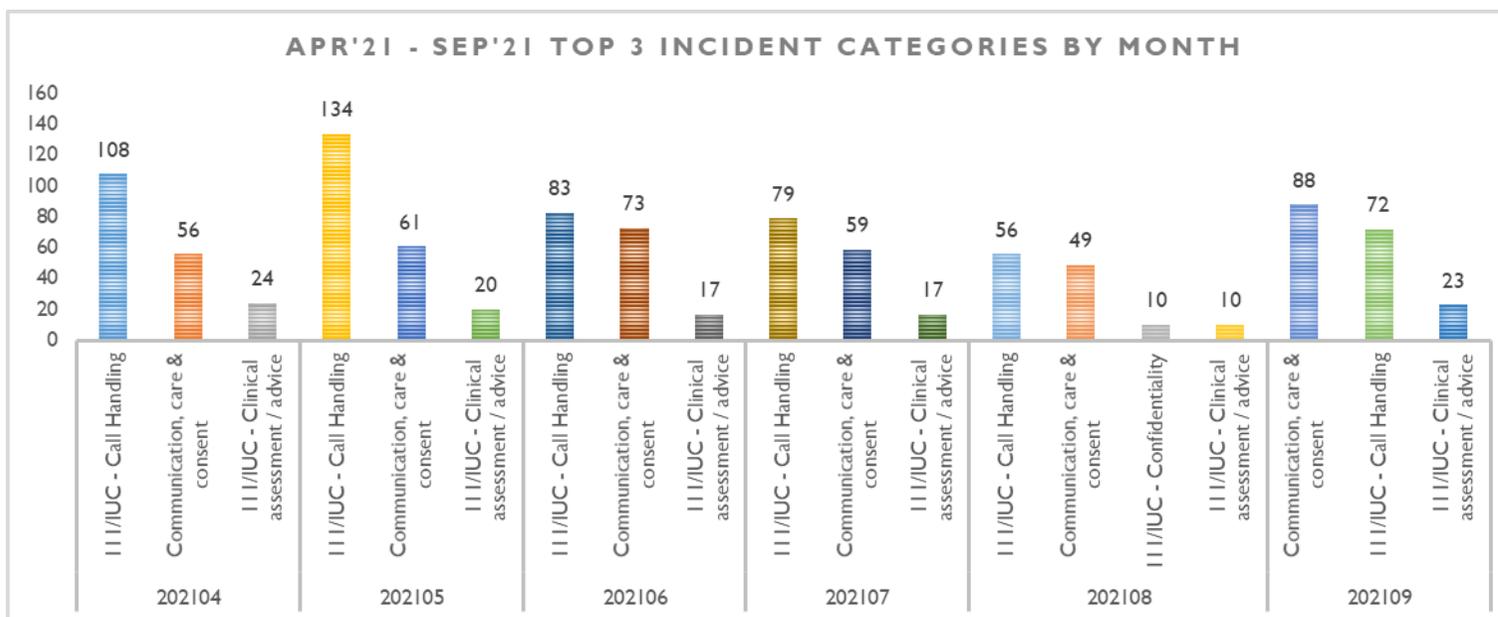
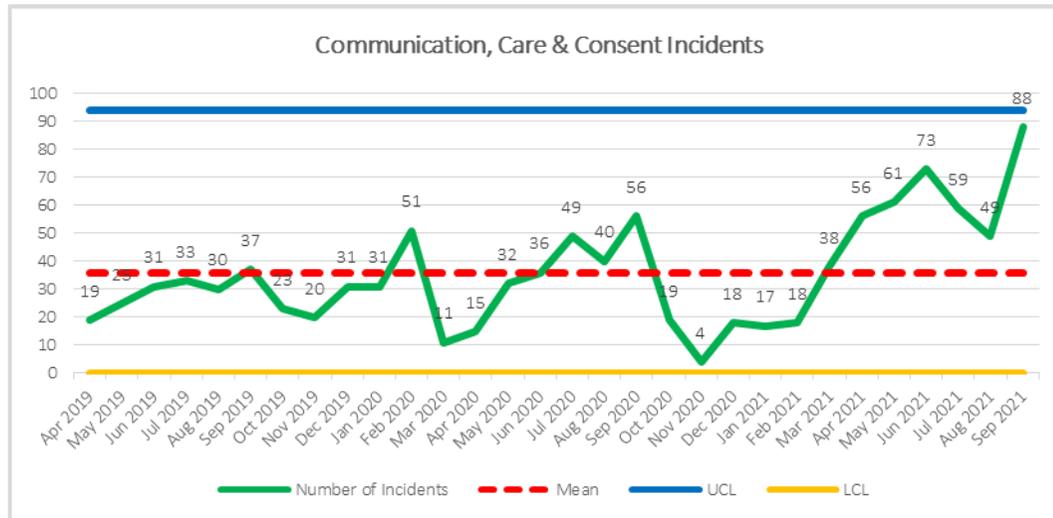
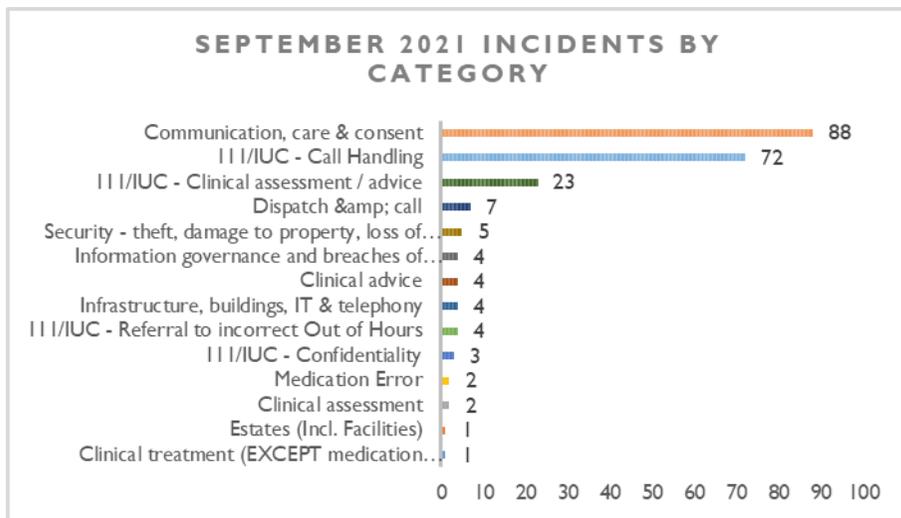


There are 133 incidents (as of 15/10/2021) which have been opened on the system longer than 35 working days (this excludes SIs & COVID 19 reviews).
 This breaks down to 115 Patient incidents, 12 Staff incidents, 3 Visitor incidents and 3 Trust related incidents.
 80% of incidents are in the Local Review stage and 20% in the Away for Review stage. 95% of incidents have been classified as No Harm.

1. Safe – IUC Incident Category Analysis

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 September 2021 were Communication Care & Consent, Call Handling and Clinical Assessment/Advice.

The number of Communication, Care and Consent incidents has increased substantially. This is because Confidentiality incidents have now been reclassified as Communication, Care and Consent and recorded under this category, hence there has been an increase.

The service is working on developing further IUC specific categories that will help provide further improved trend analysis within the service.

1. Safe – Patient Safety Incident Response Framework (PSIRF)

Owner: Helen Woolford | Exec Lead: Dr. John Martin

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 September 2021, a total of 62 (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 62, 38 were identified as requiring an enhanced level of investigation. The breakdown of the 38 are as follows:

National Priority – Patient Safety Incident Investigations (PSII)

4 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. This case had been first reviewed by the Trust's Learning from Death process.

2 incidents met the Nationally – defined priority requiring an external investigation. Both incidents met the criteria for an HSIB-led PSII.

Local Priority – Patient Safety Incident Investigations (PSII)

1 incident met the Trusts PSIRP under the Local Priority of *Clinical assessment of spinal injuries* and is being investigated as a PSII.

2 incidents met the Trusts PSIRP under the Local Priority of *Call Handling* and are being investigated as PSII's

1 incident met the Trusts PSIRP under the Local Priority of *Face to Face Clinical Assessment* and is being investigated as a PSII.

Patient Safety Review (Non PSII) including Thematic Review

1 incident met the Trusts PSIRP under the Local Priority of *Enhanced Telephone Clinical Assessment* and is being investigated as a PSR, specifically case reviews

2 incidents did not meet the Trusts PSIRP and is being investigated as a PSR - case review. This was regarding the management of a paediatric patient and also regarding the management of a held call which had been received from the MPS.

2 incidents are being investigated as part of a thematic review looking at the non conveyance of patients during the winter Covid-19 wave.

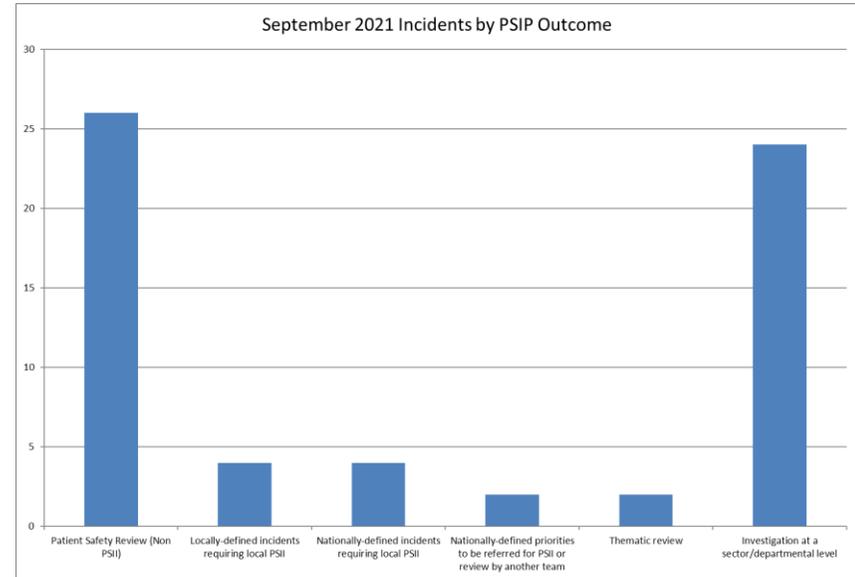
23 further incidents did not meet the Trusts PSIRP and are being investigated as a PSR via a structured Judgement Review. The incidents involve a delayed response with the possibility of harm caused as a result.

Local Review

The remaining 24 incidents were referred to Sector/Department management teams to continue with a local investigation.

The following mitigating actions have taken place:

- Areas of discrepancy have been highlighted regarding the SOPs to manage calls from the MPS. These are being aligned.
- 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.



Implementation of PSIRF:

The Trust went live with the PSIRF on the 1st 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.

The team have engaged with the Trust's Patient and Public Council (PPC) to support the development of the desired patient standards as part of the PSIRF.

Next Steps of the implementation:

- Continue to implement Framework and communicate across the service
- Continue to attend monthly PSIRF webinars with early adopters to feed back and also learn from others.
- Develop the QI element of the framework which is a current quality priority.

1. Safe – Safety Investigation Actions

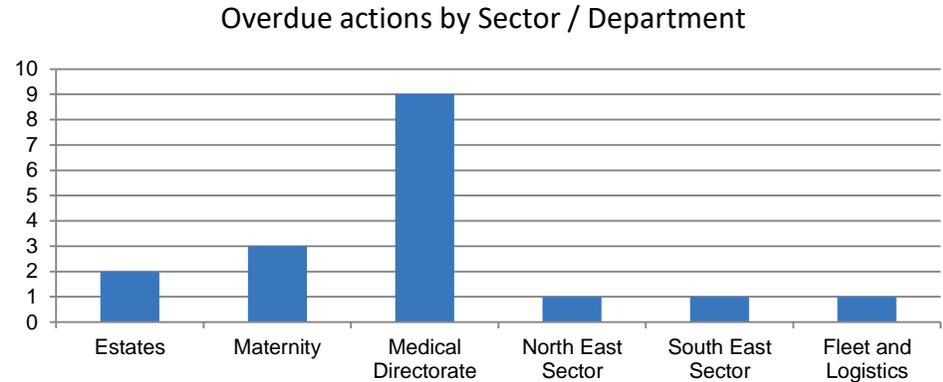
The number of safety investigation actions on the Trust’s risk management system continue to be monitored centrally to ensure they are closed within their set timeframe.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

There continues to be a focus on SI actions, at the end of September there were **163** open actions, of these **17** 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.

Overdue actions by Sector / Department



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

Finance and Estates to continue with the roll out of Drug Room Project (Secure Drug Rooms)

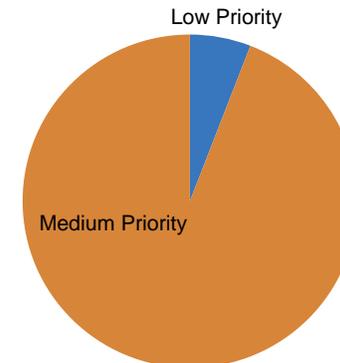
Update: The project is being progressed.

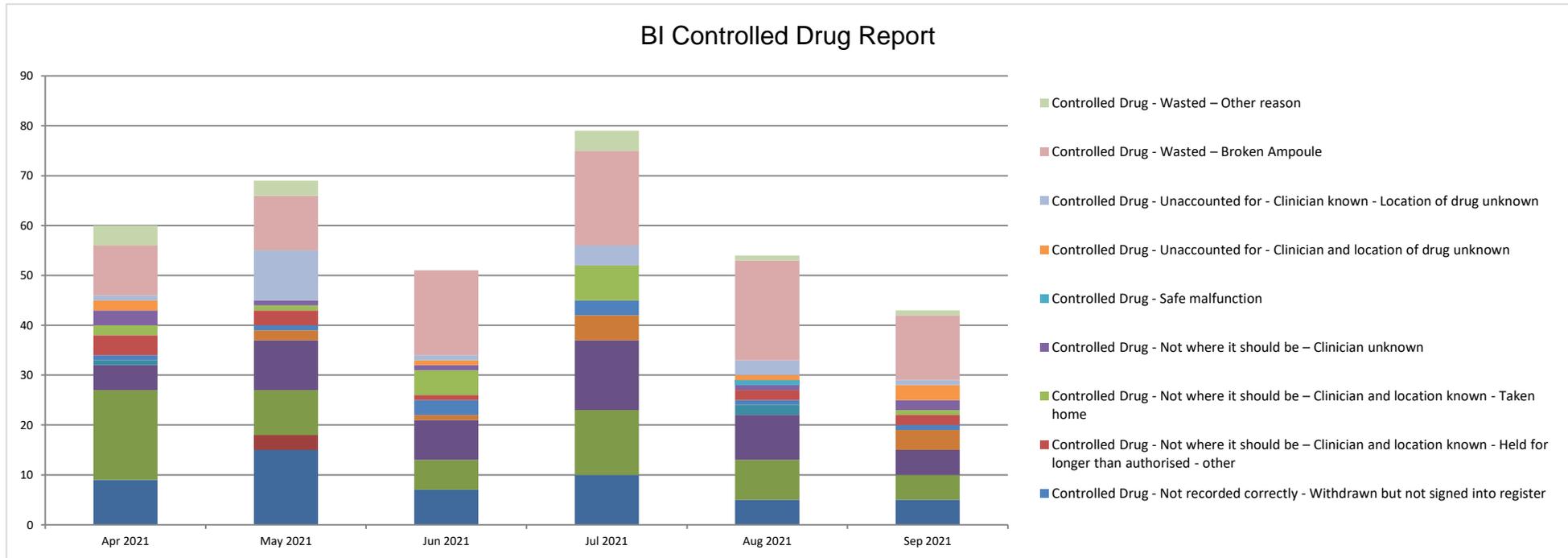
The Trust should consider moving towards electronic access to all LAS premises. This will ensure that local managers have oversight of individuals who have accessed their stations, reduce workload on the resource coordinators and local management when changing door codes. Additionally access to LAS buildings can be restricted should a member of staff leave the Trust.

Update: Action owner has changed numerous times since creation, and will shift to a new responsible manager in the coming weeks. There is current focus on estate consolidation, and infrastructure.

Overdue actions by priority of action

Overdue actions by Priority





- No unaccounted for losses of schedule 2 controlled drugs
- Total of 41 other controlled drug (CD) incidents including
 - Documentation errors (n=18)
 - Drug usage not accounted for (n=2)
 - Morphine retained off-duty (n=5)
 - CD unsecured (n=2)
 - Breakages, wastage or damage (n=14)
 - Inappropriate ketamine dose (n=1)
- Non-controlled drugs incidents
 - Kitprep discrepancy (n=5)
 - Breakages (n=10)
 - Drugs unsecured (n=5), safe failure (n=1), missing (n=2) or supply issue (n=1)
 - Medication error by non-LAS staff (n=14)
 - Inappropriate administration of diazepam (n=3), paracetamol (n=5), adrenaline (n=2), aspirin (n=2), ibuprofen (n=2), hydrocortisone (n=1), TXA (n=2).

Assurance

- Incidents where morphine retained off duty identified in a timely fashion ensuring drugs returned and secured promptly.
- Reduction in supply chain issues
- Reduction in CD incidents

Actions

- Procurement of IT infrastructure to support paramedic prescribing underway
- Medicines packing unit work complete and now operational
- PGD review underway

Overall

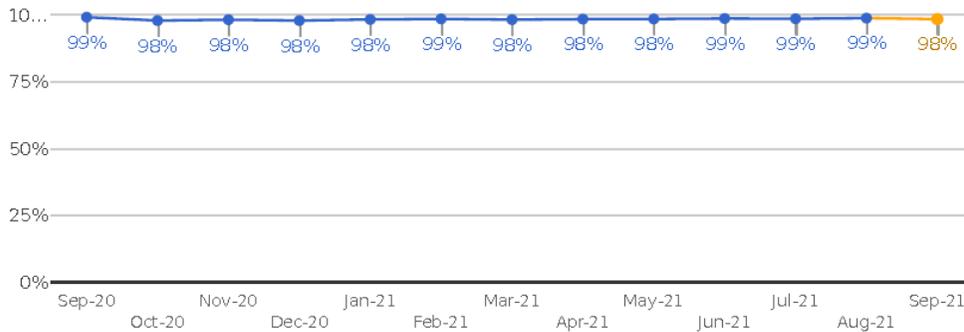
This month we have carried out 1175 inspections across 49 areas - an average of 23.98 inspections per area.

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 decline since increase of REAP and redeployment of CTM/IROs/APPs. Likely to remain steady in lieu of REAP4 currently. Average score declined by 1% compared last reporting period.

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	Chiswick	100% (7)	99% (193)
2	Heathrow Airport	100% (12)	100% (141)
3	APP Westminster	100% (5)	99% (48)
4	Hayes	100% (18)	99% (169)
5	Forest Hill	100% (28)	99% (341)

Lowest Scoring Clinical Areas

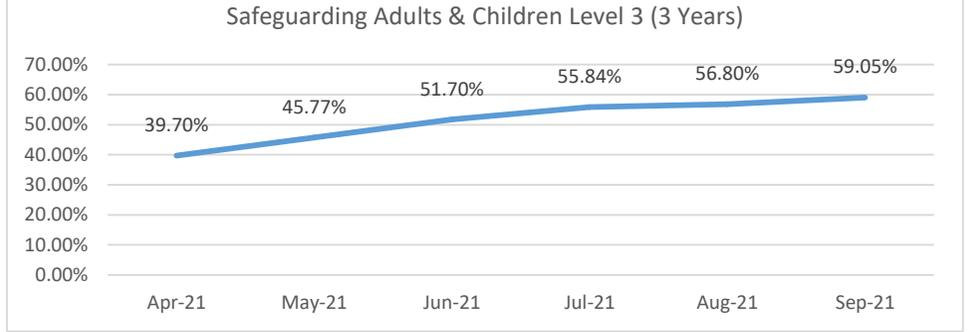
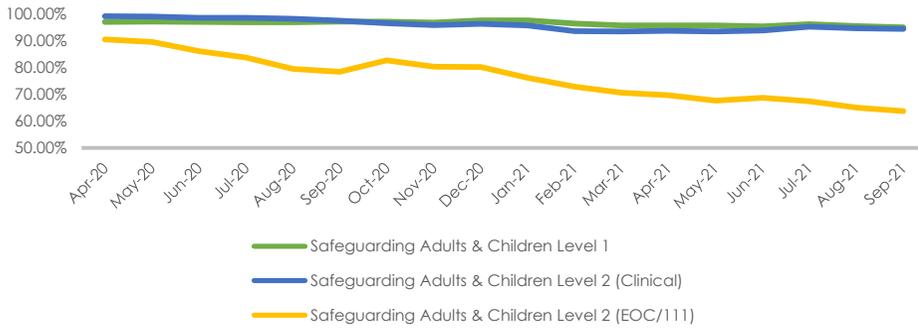
Rank	Area	Score this month	Score last 12
45	Deptford	95% (17)	95% (320)
46	Cody Road	94% (26)	98% (297)
47	Westminster	94% (17)	98% (208)
48	Greenwich	91% (28)	96% (362)
49	APP Ilford	78% (1)	99% (30)

Numbers in brackets show number of inspections score is calculated from.

1. Safe - Safeguarding

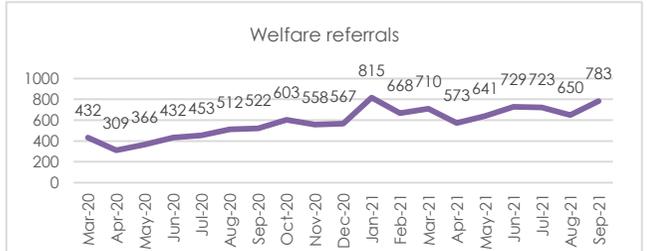
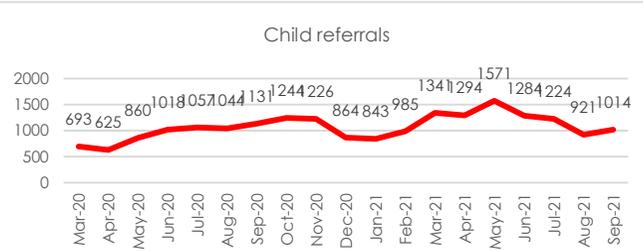
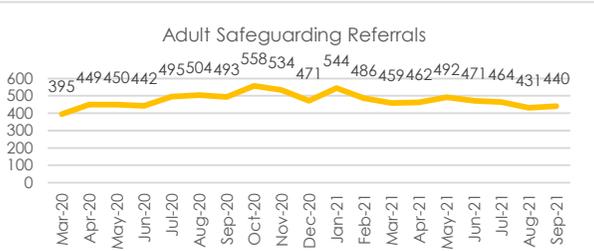
Owner: Alan Taylor | Exec Lead: Dr. John Martin

Delivery of Training



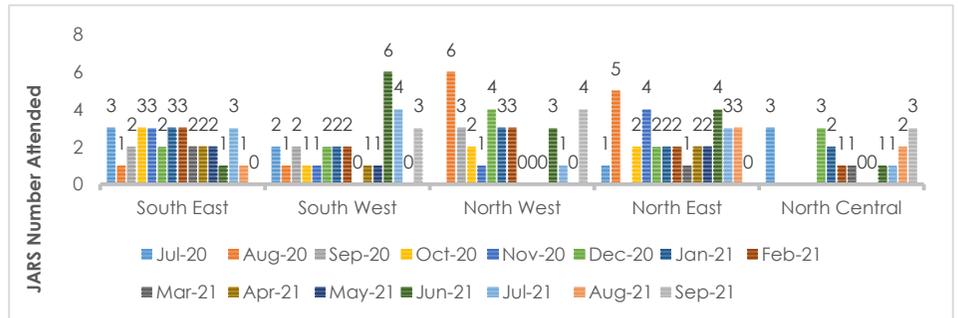
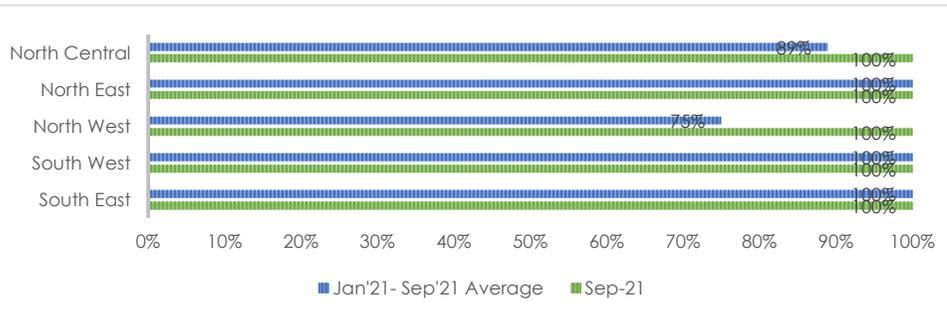
We continue to have good uptake of the Level 3 Safeguarding training with positive feedback about the content and delivery. Compliance from Integrated Urgent Care (IUC) on Safeguarding level 2 training remains a concern. The issue appears to be impacted by IUC staff not having protected time for Core Skills Refresher (CSR). Positively, the numbers have increased in recent weeks and is regularly discussed within IUC at Governance meetings.

Referrals



Adult safeguarding referral to local authorities remains within normal range Child referrals to local authorities remains within normal range Welfare concerns are within normal reporting numbers.

Joint Agency Response Service



The Joint Agency response meetings are now managed directly by the Safeguarding Team. These are currently undertaken virtually and as a result we have been able to attend the majority of these Multi agency meetings.



EBS works to deliver the trust's safeguarding referral process, as well as arranging falls and diabetes referrals, and coordinating and facilitating of ex-utero transfer in London, Kent, Surrey and Sussex and in-utero transfers in London.

September 2021:

- Total adult safeguarding calls: 1,163
- Total child safeguarding calls: 1,072
- Perinatal calls: 154
- Falls and diabetes calls: 1,022

	Safeguarding calls		Perinatal calls			Falls & Hypo calls		Total referrals
	Adult SG	Child SG	London NTS	KSS NTS	IUT	Falls	Hypo	
October 20	1274	1289	119	27	29	1400	83	4221
November 20	1195	1296	114	28	34	1398	108	4173
December 20	1181	921	116	35	29	1493	99	3874
January 21	1385	883	103	26	22	1433	95	3947
February 21	1251	1033	83	23	23	1260	85	3758
March 21	1261	1428	97	18	21	1303	94	4222
April 21	1196	1383	87	30	23	1201	68	3988
May 21	1216	1669	111	42	21	1149	92	4300
June 21	1200	1284	117	24	33	1106	99	3863
July 21	1187	1224	143	36	21	1095	86	3792
August 21	1220	1007	115	34	27	1037	80	3520
September 21	1163	1072	99	29	26	961	61	3411

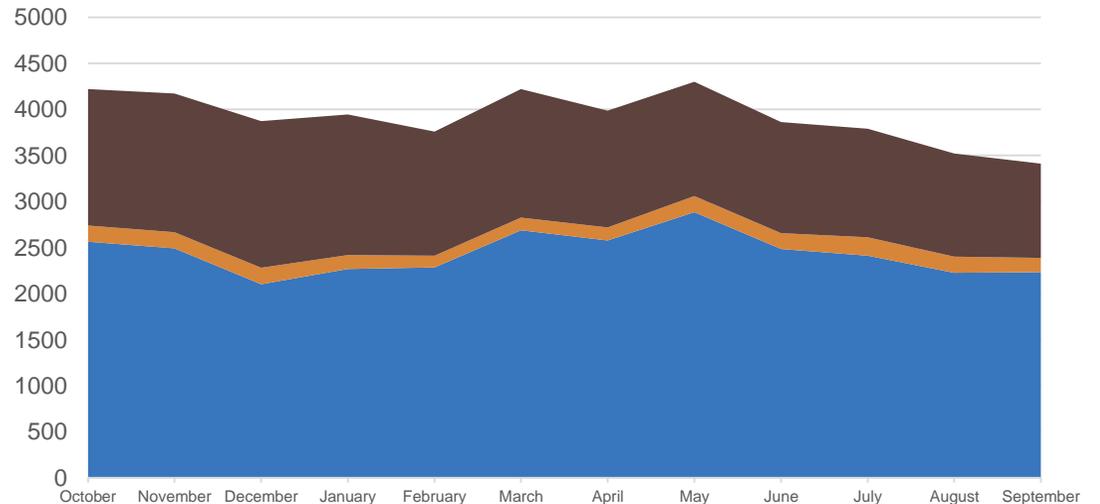
Highlights / lowlights

- Safeguarding referral calls have stabilised at around 2,100 a month, a slight increase on pre-pandemic levels. Some of the features of pandemic demand, particularly very high levels of child referrals, are receding.
- Falls volumes have dropped slightly which is usual / seasonal.
- Work underway, as part of the Clinical Contact On Scene Time initiative, to create an electronic referral method for crews to make falls referrals. This will lead to a significant saving in JCT – yet to be formally quantified, but several hours a day.
- Changes implemented to streamline Prevent and Maternity Alert processes.
- Difficulties persist with Avaya CM7, complicated by issues arising around a planned outage

Current focus:

- Devise and implement new Falls process
- Work with IM&T colleagues to resolve Avaya CM7 issue
- Work on ePCR project

EBS activity year to end Sept 2021



DBS Checks Assurance Template - As at 30th September 2021

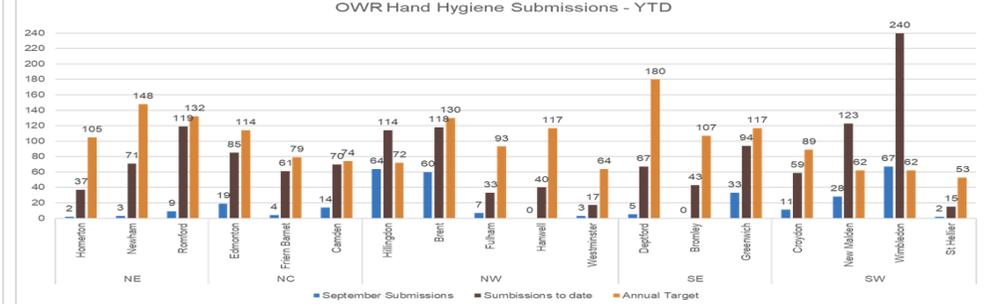
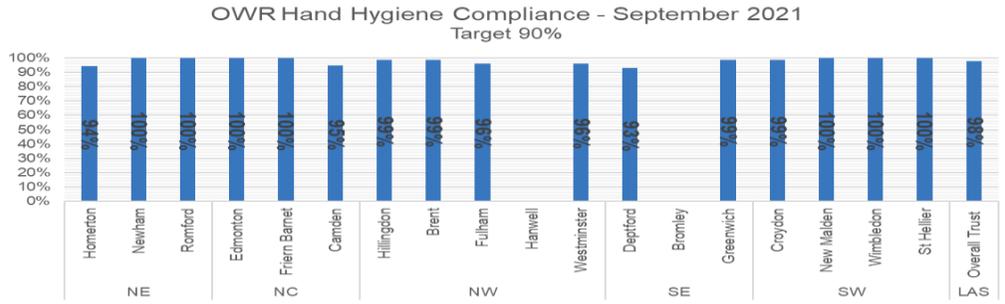
	Total number requiring DBS checks	Total number of recorded DBS checks	Percentage	Starters	DBS Rechecking - Non compliant	Sept 2021 position	Change from previous month	
Ambulance Services	4138	4122	99.6%	16	19	24	-5	- DBS rechecking - we have given a final deadline for 22nd October and will then escalate to Directors for resolution - bank staff will not be booked for shifts without a DBS check - there are 27 Emergency Responders out of the 43 required checks for non-clinical teams
Integrated Patient Care	1306	1303	99.8%	3	2	7	-5	
Non-Clinical (Corporate Teams) (inc ERs)	409	389	95.1%	20	1	1	0	
Ambulance Services (Bank)	393	389	99.0%	4				
Total	6246	6203	99.3%	43	22	32	-10	

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 |

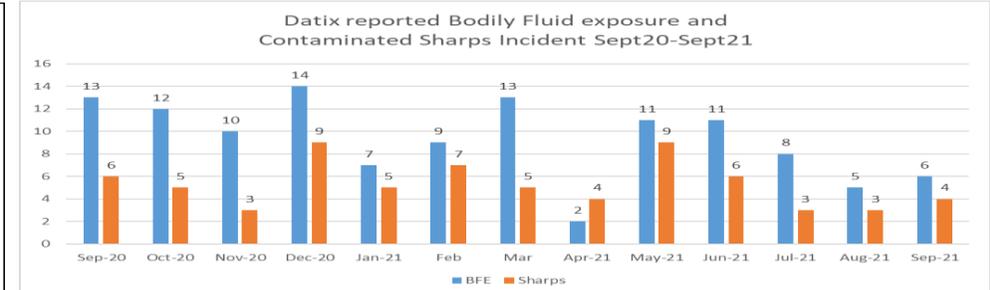
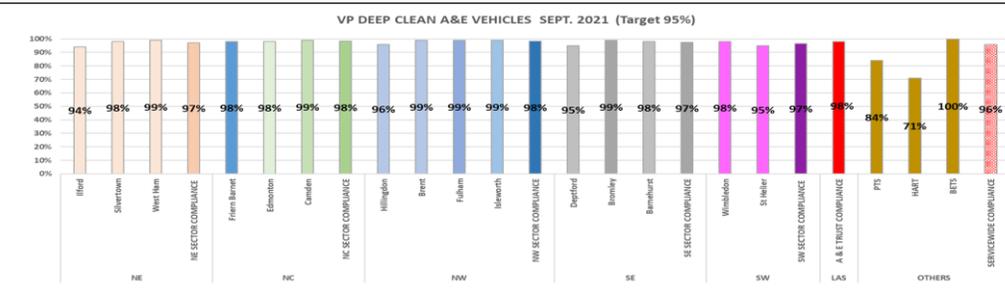
1. Safe - Infection Prevention and Control

Owner: Claire Brown | Exec Lead: Dr. Fenella Wrigley



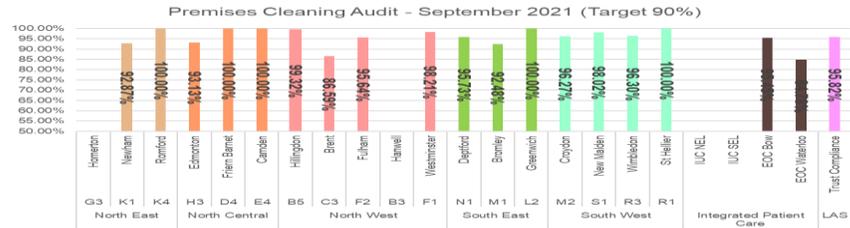
Overall the Trust OWR hand hygiene compliance for September 2021 is 98%. Compliance exceeds the expected Trust target of 90% for the group station that submitted data
Actions: Reinforcing the importance of compliant Hand Hygiene practice has been communicated as part of the IPC programme of work. Hand Hygiene audits as part of the OWR process were reviewed as part of the COVID-19 secure process. An adapted measure was implemented for audits to take place at A&Es.

14/18 group stations submitted OWR data for September 2021. Overall submissions totalled 331 during August. Following an in-depth review of last years audit programme and presentation of these findings to PCC, QOG & QAC, the OWR hand hygiene element submission targets were lowered to 55% of staff count per station as of April 21. Group stations manage their respective annual trajectory for OWR submissions and it is acknowledged by the IPC Committee that this may have resulted in some monthly zero submissions throughout the year.



Trust compliance for September is 96%, meeting the Trust target of 95%. In response to COVID-19, 6 vehicle decontamination hubs were organised at: Brent – NW Sector, Isleworth – NW Sector, Bromley – SE Sector, St Helier – SW Sector, Ilford – NE Sector & Silvertown – NE Sector - was the hub where the Nightingale vehicles were cleaned.

A total of 10 incidents were reported via Datix for contaminated sharps injuries and exposure to BFE in Sep 2021.
 • 3/6 BFE incidents reported this month were as a result of true exposure to body fluids (BFE)
 • All 4 incidents reported this month were as a result of true contaminated sharps injuries

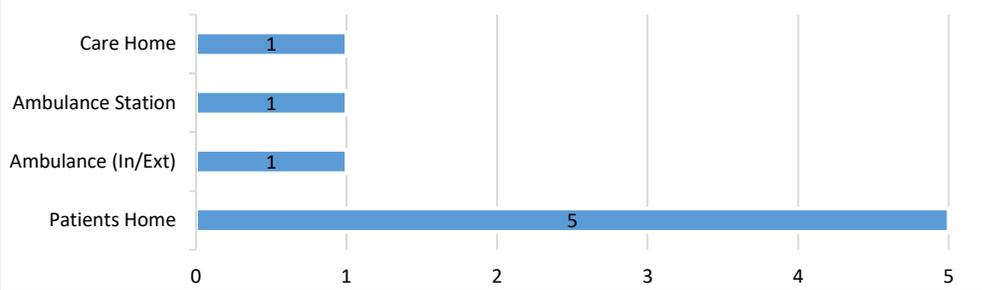


16/ 18 Group Stations and 2 IUC Services submitted data for analysis in August 2021. Overall Trust compliance for September is 95%. This score continues to exceed the Trust performance target of 93%. In response to the COVID-19 situation, some Ambulance station premises have been temporarily closed to consolidate resources and therefore not all group stations were occupied. In those instances cleaning audits were not carried out. Stations that failed to achieve the required performance target of 90% have been escalated to the facilities manager, who has been asked to establish why this has happened and what remedial actions have been put in place by the contractor, Lakethorne. Westminster has submitted data for this month and is above required limit. **Actions: Scores below 90% escalated to facilities manager**

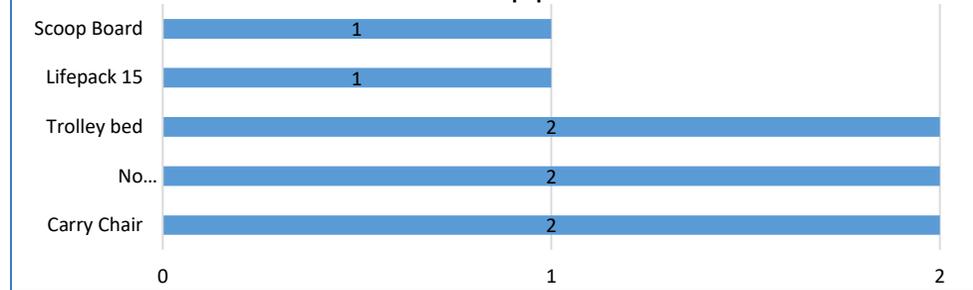


Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – September 2021

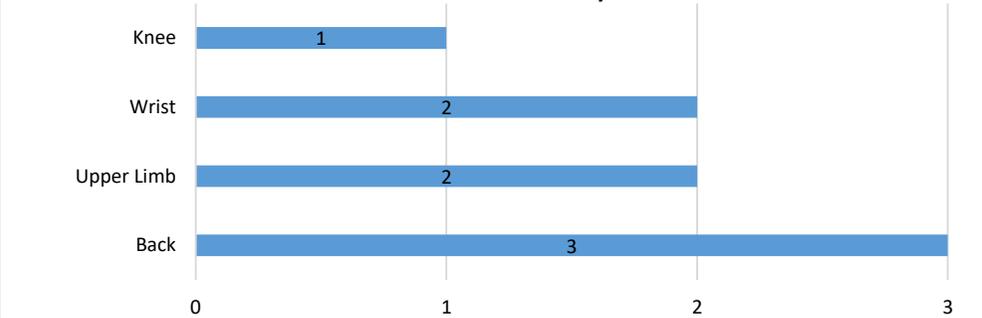
MSK RIDDOR Incidents - Location



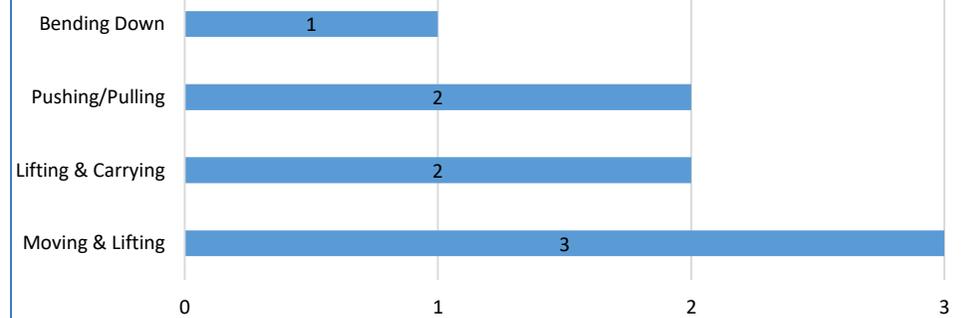
MSK RIDDOR Incidents – Equipment Involved



MSK RIDDOR Incidents – Body Part



MSK RIDDOR Incidents – Action Involved



Findings

- The highest number (n=12) of RIDDOR incidents for Sept'21 occurred in the patients home.
- Total of 8 MSK related RIDDOR incidents reported during September 2021.
- The RIDDOR related incidents reporting varies by month from sector to sector with the highest reporting during Sept 2021.
- There is an average of 1 reported moving and handling incident for every 2000 face to face attendances and an average of 3 working days lost per 1000 attendances.

Actions

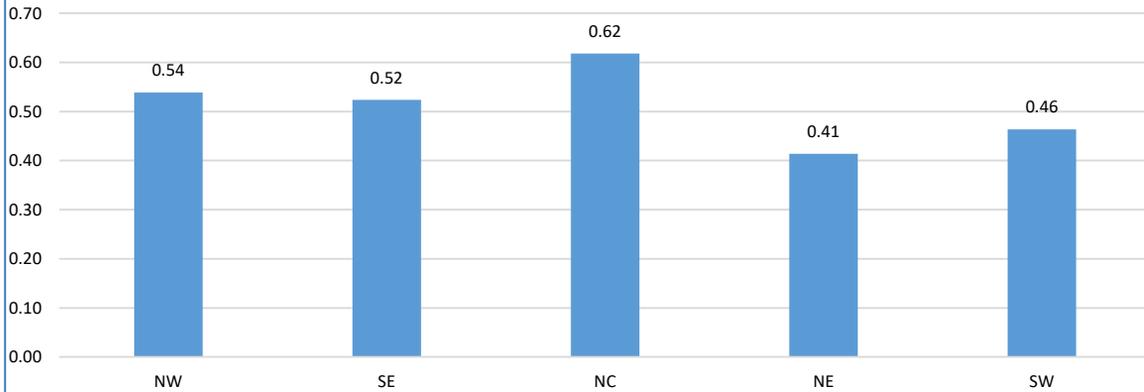
- The Wellbeing Strategy is being reviewed.
- A new video based learning package has been developed and is now part of CSR (Core Skills Refresher) for frontline staff. This highlights practical manual handling best practice, along with some tips and tricks for using the small handling aids.
- The HS&S Team have completed the physio and MSK specification which will be incorporated within the wider proposed Service contract project.
- Monthly contract meetings with OH provider and The Physio Network to enable collaborative work and early identification of any trends or concerns.
- The MSK action plan has been updated and will be the focus of the steering group.
- Final design stage of Project Zero and looking to incorporate new ways of working and equipment into this project, such as self loading trolleys and powered track chairs.

Assurances

- Under the Manual Handling Steering Group the HS&S Team has fed into the OH service re-tender. OH service re-tender project board have incorporated the MSK KPIs into the OH performance reporting. Currently all work is being addressed through Manual Handling Steering Group.

1. Safe – Health and Safety Security

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
NW	0.54
SE	0.52
NC	0.62
NE	0.41
SW	0.46

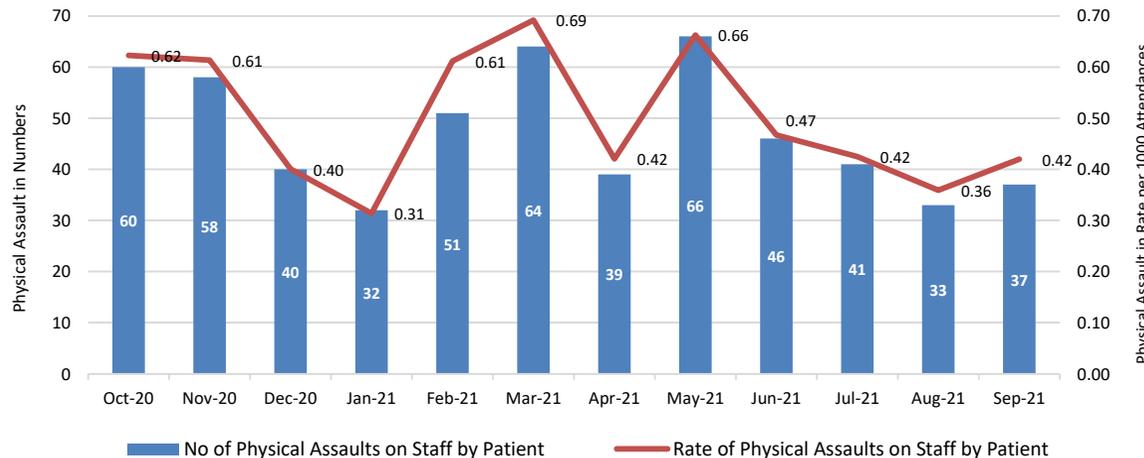
Notes:

- 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:

- 5 RIDDOR reportable Violence & Aggression related incidents were recorded during 2021/22 (up to end September'21).

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
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
June-21	46	0.47
Jul-21	41	0.42
Aug-21	33	0.36
Sep-21	37	0.42

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 (Oct'20 to Sep'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).

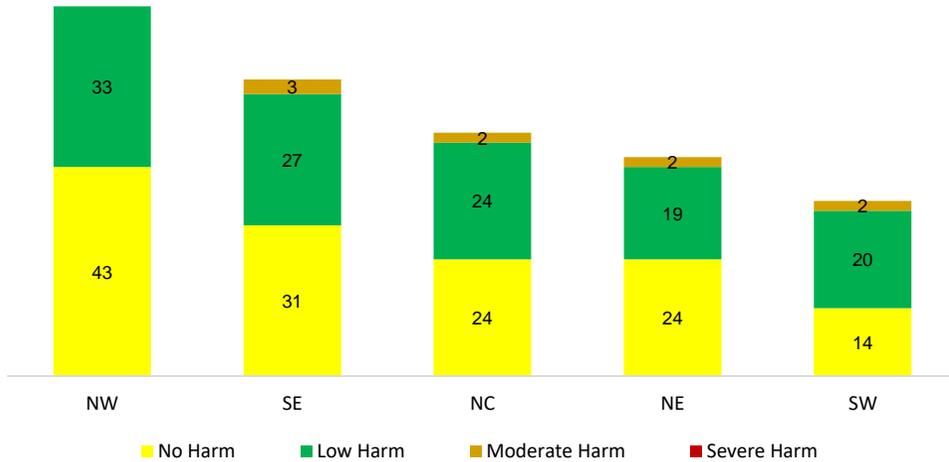
Non-physical assault – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

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

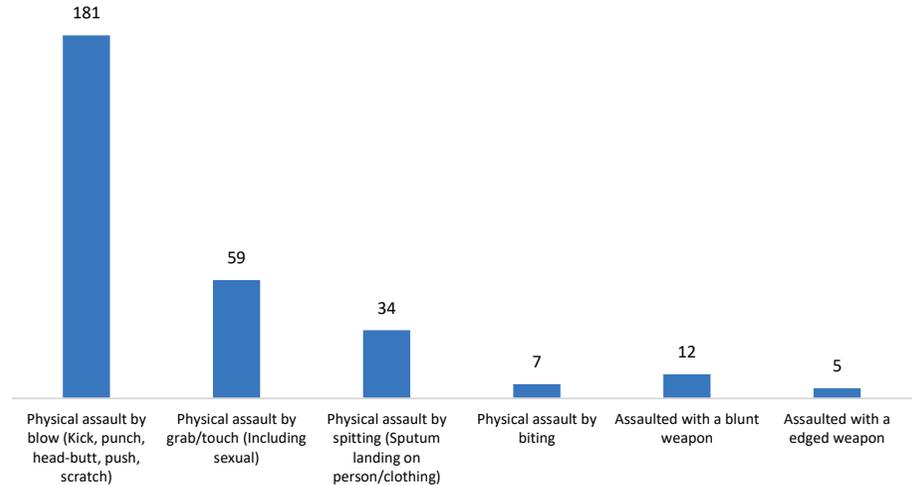


1. Safe – Health and Safety Physical Assaults

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



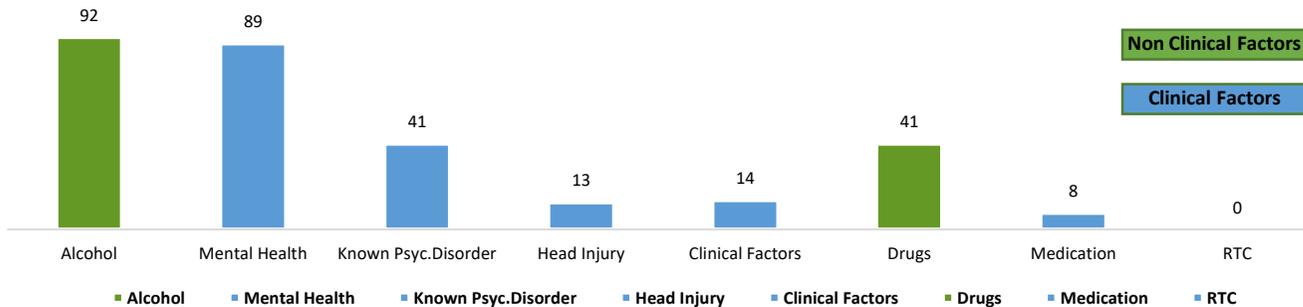
Number of reported Physical Assaults on Staff by Type (YTD) – 2021/22



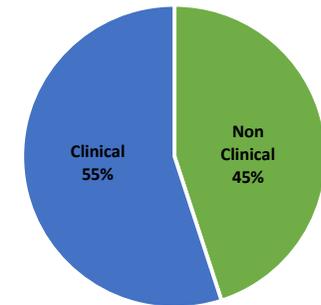
- Notes:**
- A total of 298 Physical Assaults on Staff were reported during 2021/22 (up to end September'21).
 - 149 (50%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 149 incidents resulted in Harm. 139 (47%) of the harm related incidents were reported as 'Low Harm and 10 (3%) incidents were resulted in Moderate Harm.
 - 26 out of the 298 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 (61%, n=181) accounted for the highest number of incidents reported during 2021/22 (up to end September'21).

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



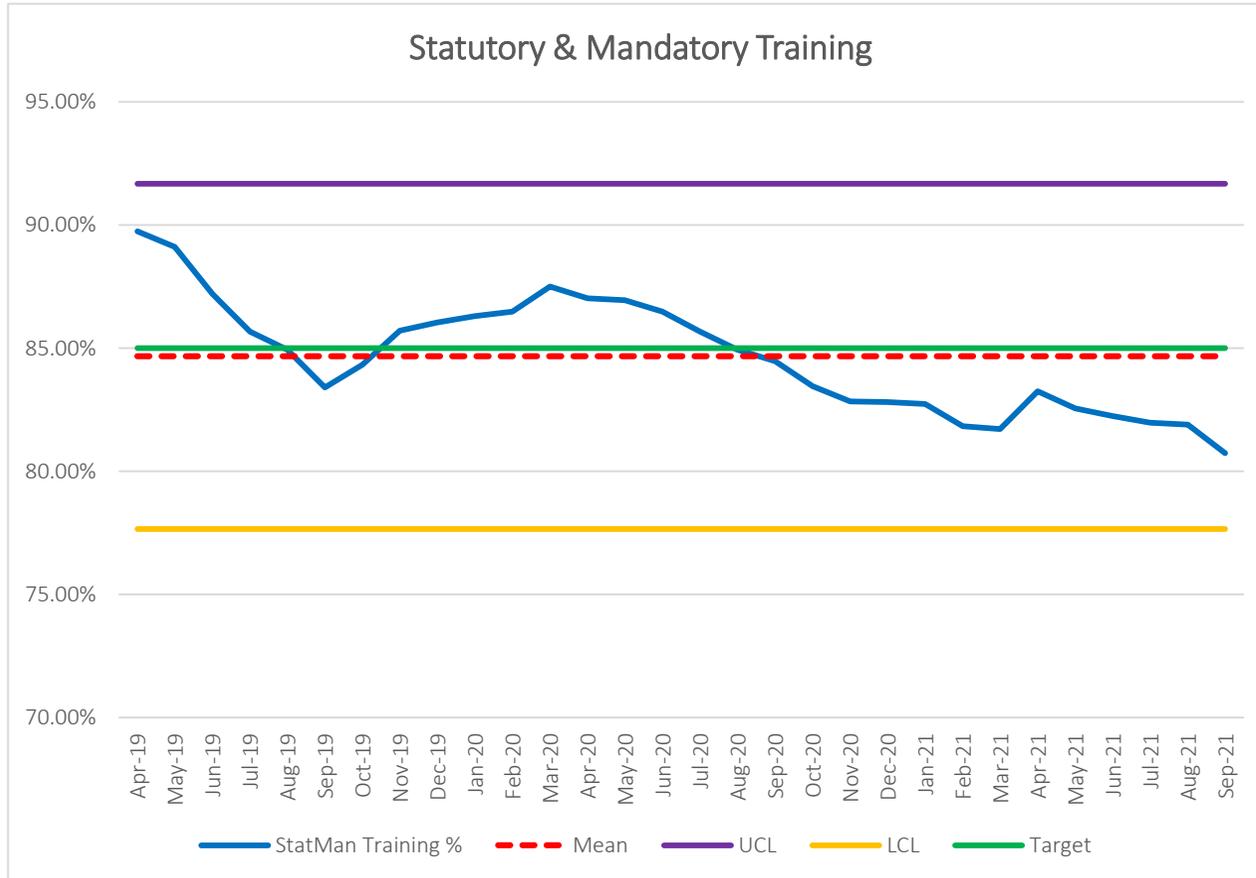
Percentage Breakdown of Factors (YTD) 2021/22



- Notes:**
- CLINICAL Factor:** 165 (55%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=89), Known Psyc.Disorder (n=41), Head Injury (n=13), Clinical Factors (n=14), Medication (n=8).
 - Non Clinical Factor:** 133 (46%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=92), and Drug (n=41).

1. Safe - Statutory & Mandatory Training

Owner: Chris Randall | Exec Lead: Damian McGuinness



In September, both statutory and mandatory training and PDR compliance continue to be affected by the REAP 4 level. As at 30th September we are currently tracking below our 85% target at 81%.

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.

TYPE	Sep-21
Display Screen Equipment (3 Years)	84.15%
Duty of Candour (3 Years)	93.70%
EPRR Incident Response (Clinical) (1 Year)	42.19%
EPRR Incident Response (EOC) (1 Year)	67.45%
EPRR JESIP Awareness E-Learning (1 Year)	88.65%
EPRR JESIP Commander Classroom (3 Years)	62.81%
EPRR LAS Operational Commander Foundation (3 Years)	63.21%
EPRR LAS Tactical Commander Foundation Course (3 Years)	77.27%
Equality, Diversity & Human Rights (3 Years)	91.03%
Fire Safety (2 Years)	92.45%
Fraud Awareness (No Renewal)	82.37%
Health & Safety Trust Board (1 Year)	64.71%
Health, Safety & Welfare (3 Years)	92.54%
Infection Prevention & Control Level 1 (3 Years)	94.39%
Infection Prevention & Control Level 2 (1 Year)	91.34%
Information Governance (1 Year)	70.31%
Medicines Management (1 Year)	91.36%
Medicines Management (NETS) (1 Year)	0.00%
Mental Capacity Act Level 1 (3 Years)	92.82%
Moving & Handling Level 1 (3 Years)	92.41%
Moving & Handling Level 2 (Load Handling) (3 Years)	61.76%
Moving & Handling Level 2 (People Handling) (1 Year)	72.80%
NHS Conflict Resolution (3 Years)	60.23%
Prevent Level 1 (3 Years)	81.43%
Prevent Level 2 (3 Years)	31.50%
Resuscitation Level 1 (1 Year)	80.60%
Resuscitation Level 2 Adults (1 Year)	70.87%
Resuscitation Level 2 Paediatrics (1 Year)	70.87%
Resuscitation Level 3 Adults (1 Year)	76.42%
Resuscitation Level 3 Newborn (1 Year)	76.40%
Resuscitation Level 3 Paediatrics (1 Year)	76.42%
Safeguarding Adults & Children Level 1 (3 Years)	94.85%
Safeguarding Adults & Children Level 2 (Clinical) (3 Years)	94.30%
Safeguarding Adults & Children Level 2 (EOC/111) (3 Years)	63.67%
Safeguarding Adults & Children Level 3 (3 Years)	59.03%
Safeguarding Trust Board (3 Years)	29.41%

1. Safe - Outcome of Quality Visits (Environmental & Equipment)

Owner: Lee Hyett-Powell | Exec Lead: Dr John Martin

Q2: 57 Quality Visits Completed (Ambulance Stations)
91% average compliance (target: 90%)

Areas of concern are feedback to local management teams to ensure timely actions are created. Effectiveness of those local actions are monitored through further visits. A full thematic review will be conducted in October/November to establish actions.

	Q2 21/22	Q1 21/22	Variation since last visit
Site	80.27%	91.44%	-11.16%
Garage	82.73%	90.28%	-7.56%
Dirty Utility	83.80%	84.24%	-0.44%
Kitchen	87.42%	94.05%	-6.63%
Security	89.12%	94.43%	-5.31%
Offices	91.82%	94.57%	-2.75%
Medicines	94.44%	95.90%	-1.46%
Noticeboards	94.62%	95.60%	-0.98%
Locker Room	97.08%	96.40%	0.68%

	Question	Q2 21/22	Variation since last visit
Site	Staff members are adhering to Coronavirus PPE guidance	48.57%	-39.66%
	LAS marked vehicles inside the perimeter/garage are locked	50.00%	-28.79%
	Equipment that is unsafe, for repair has been tagged and correctly disposed of (Red boxes)	51.52%	-33.67%
	Hand sanitiser & fluid resistant surgical masks are available at all entrances to the building. They are visibly clean, in working order	66.67%	-22.01%
	Fire alarms & emergency lights been tested recently	69.39%	-9.78%
	Hard surface wipes are available in all rooms for cleaning workstations/desks	72.55%	-23.68%
	Maximum occupancy signs are displayed for all rooms and adhered to	74.51%	-0.96%
	The PRF (Patient Record File) box is locked	75.00%	-18.48%
	There is evidence that frequent touch points are cleaned repeatedly throughout the day	75.51%	-0.96%

Sector	Q2 21/22	Q1 21/22	Variation since last visit
North East	82.83%	84.32%	-1.49%
North West	84.10%	94.53%	-10.43%
South West	85.47%	91.03%	-5.55%
R&SA	87.74%		
South East	88.18%	95.11%	-6.93%
North Central	89.88%	92.43%	-2.55%

	Question	Q2 21/22	Variation since last visit
Garage	Vehicles are in date for their deep clean	29.41%	-43.32%
	Dirty linen is segregated correctly & in appropriate bags	41.46%	-25.20%
	Clinical waste only is stored in designated area, locked & inaccessible to un-authorized persons	63.64%	-20.81%
	There is non-clinical waste in the clinical waste bin	64.44%	-12.83%
	Clinical waste bags are cable tied	65.12%	-25.79%

	Question	Q2 21/22	Variation since last visit
Security	LAS marked vehicles inside the perimeter/garage are locked	50.00%	-28.79%

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 - September 2021

At the time of writing, there are actions in progress for 10 articles of guidance. This includes activity from the August and September summaries. There are 3 articles of guidance which are overdue detailed review, and 2 actions with delayed implementation due to service pressures.

August 2021

The summary of NICE Guidance for August 2021 has undergone Consultant Paramedic review. Of the guidance released, three items required further, detailed review:

NG201 [Antenatal care](#)

This guideline was reviewed by the Consultant Midwife, who confirms the guidance we have in place is compliant.

NG204 [Babies, children and young people's experience of healthcare](#)

NG9 (updated from June 2015) [Bronchiolitis in children: diagnosis and management](#)

These guidelines are currently being reviewed by the Clinical Directorate Paediatric lead to identify the need for local actions, and prepare plans should there be local actions required.

September 2021

The summary of NICE Guidance for September 2021 has undergone Consultant Paramedic review. Of the guidance released, two items required further, detailed review by subject matter experts, which is in progress:

QS202 [Workplace health: long-term sickness absence and capability to work](#)

QS13 (updated from Nov 2011) [End of life care for adults](#)

2. Effective - Clinical Ambulance Quality Indicators

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Measures	Target / Range	RAG	YTD 21/22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	31%	R	28%	28%	28%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	R	40%	44%	36%					↔			LQ1b		
STEMI Care Bundle (AQI) (Reported every 4 months)	74%		64%	64%						↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%		96%		96%					↔			LQ3b		
Stroke on scene duration (CARU continual audit)	00:30	G	35	31	33					↔					
Survival to 30 days (AQI)			11%	11%	12%					↓					
Survival to 30 days UTSTEIN (AQI)			85%	25%	23%					↓					
STEMI On scene duration (CARU continual audit)			40	40	41					↓					
Call to Angiography - Mean (hh:mm)	02:10		02:17	02:15	02:20					↓					
Stroke - Call to Arrival at Hospital - Mean (hh:mm)	01:10		01:14	01:12	01:16					↓					
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	-	93%	96%	84%	77%	80%		↑		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			-	0%	0%	0%	1%	2%		↑			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	-	98%	98%	99%	99%	98%		↓		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	-	92%	95%	96%	96%	96%		↔		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	G	-	94%	-	95%	-	95%		↓		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	-	97%	96%	97%	96%	96%		↔		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	-	96%	-	96%	-	96%		↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)	95%	R	-	94%	94%	94%	94%	94%		↔					

2. Effective - Clinical Ambulance Quality Indicators



Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

AQI: Narrative

Cardiac Arrest: In May 2021, LAS ranked 2nd amongst all ambulance services for ROSC to hospital in the overall group (28.4%) against a national average of 26.5%. However, in the Utstein comparator group, we ranked 10th at 35.6%, with a national average of 42.9%.

For survival to 30 days, LAS ranked 4th in the overall group and 6th in the Utstein comparator group at 11.7% and 23.3% respectively. This compares to the national averages of 9.9% in the overall group and 24.9% in the Utstein comparator group.

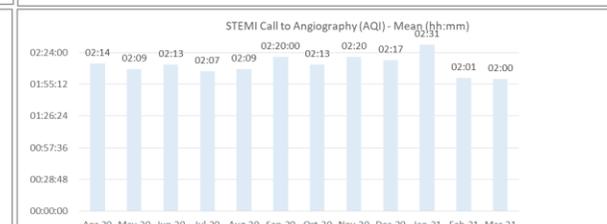
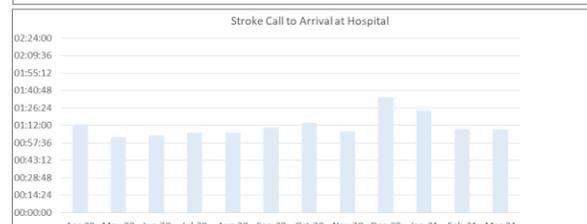
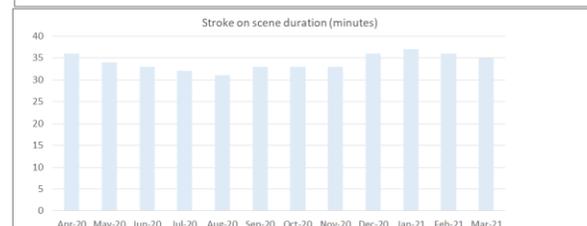
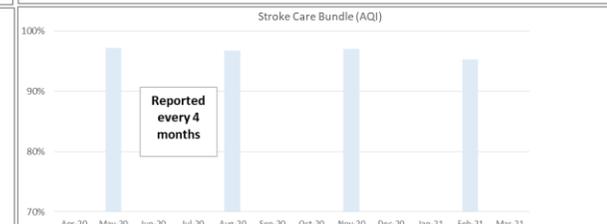
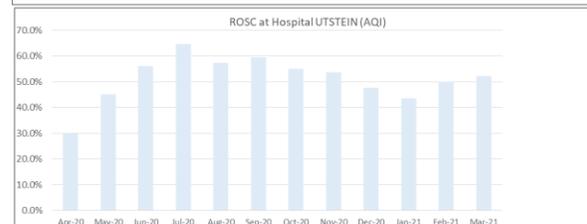
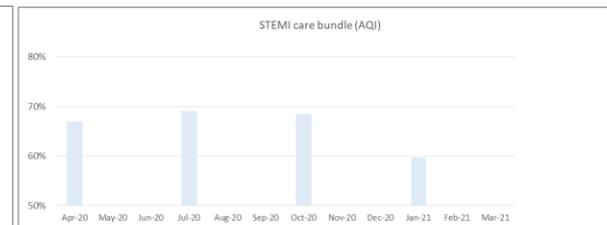
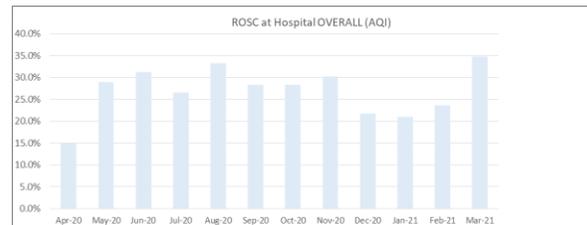
Post ROSC Care Bundle data for April ranks the LAS 3rd with 85.5% which is greatly above the national average of 77.0%. 101 defibrillator downloads were saved in May 2021 – which is 31% of all resuscitation attempts.

Stroke: In May 2021 the LAS returned to “Best in class” for the mean call to hospital metric for suspected stroke patients (01:16) after dropping to 2nd for April, this is well above the national average of 01:28.

In terms of our Stroke Diagnostic Bundle data, the LAS has improved from a ranking of 10th place in February 2021 to 8th in May. In the same month, the Stroke Diagnostic Bundle was performed on 95.9% of suspected stroke patients, and remains significantly below the national average of 98.0%.

STEMI: In May, the average 999 call to catheter insertion for angiography for patients treated by LAS for a suspected STEMI was 2 hours and 20 minutes. LAS ranked 6th and were 2 minutes slower than the national average of 2 hours 18 minutes.

STEMI Care Bundle data was published for April. 63.7% of STEMI patients received the full care bundle (or had valid exceptions). Although this is a 3.9% increase from the last published figures (for January 2021), the LAS continues to rank in 9th place overall.





2. Effective - Clinical Audit Performance & Research

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Clinical Audit Update

Mental Health Joint Response Car

In August we published a clinical audit examining the care provided by the Mental Health Joint Response Car (MHJRC). Reassuringly, the clinical audit showed that many patients were assessed and treated to a high standard, with almost all patients having their mood, and thoughts and perception assessed as part of the mental state examination (MSE). Furthermore, most patients had a management plan, details of their current care person and safety netting arrangements made via referral or signposting, when required. Documentation was less frequent for sleep, appetite, speech, and insight. Additionally, approximately half of patients whose capacity was in doubt had this assessment documented. Therefore we have recommended a review of the Mental Health CPI to ensure allows for continuous clinical audit of documentation by the MHJRC. Where available, the time from clinical assessment to outcome decision was achieved within 30 minutes for less than two-thirds of patients (as per guidance). As most patients attended by the MHJRC require both physical and mental health assessments before an outcome decision can be made, it has been recommended that the MHJRC Standard Operating Procedure be amended to remove this time constraint. Where the MHJRC was contacted by attending crews for advice over the phone, the content and outcome of the discussion with the clinician on-scene was recorded for all patients, and the advice recorded for less than three quarters.

2019-21 Report

In September we published our Clinical Audit Report for 2019-21 which summarises all of the Trust's achievements in clinical audit over the last two years:

- The publication of 13 clinical audit reports (in addition to ongoing clinical audit activity via the Clinical Performance Indicators (CPIs), our clinical quality monitoring registries, the re-contact clinical audit and in the Integrated Urgent Care Clinical Assessment Service (IUC CAS))
- Several developments to our continuous clinical audit activity:
 - facilitating early reporting of potential patient safety incidents
 - expanding the Sepsis CPI to include paediatric patients and a focus on pre-alert decisions, and, for both the Sepsis Discharged at Scene CPIs, the inclusion of the National Early Warning Score (NEWS2)
 - reduction of the sample sizes for the Elderly Falls and General Documentation CPIs and suspension of the Glycaemic Emergencies CPI (to support operational pressures and as a result of consistently high standards of care)
 - inclusion of electronic patient care record (ePCR) case summaries
 - adapting the re-contact clinical audit process to allow for Structured Judgement Review as part of the new Learning from Deaths (LfD) process
- Increased clinical audit participation by facilitating over 130 staff undertaking clinical audit activity (in addition to all Clinical Team Managers completing CPI audits) and training for 4,227 clinical staff through the Evidence Based Practice e-learning written by CARU, as well as 637 staff received bespoke training in various areas of clinical audit relevant to their roles
- Facilitation of 5,237 feedback sessions to frontline clinicians; 631 letters to clinicians and 187 letters to Emergency Medical Dispatchers following the survival of a patient in cardiac arrest
- Raising 68 retrospective safeguarding concerns and highlighting 701 potential patient safety incidents via Datix
- Providing evidence to the Association of Ambulance Chief Executives (AAACE) to amend national clinical guidelines, resulting in us being a finalist for the "Sharing a Success Award" during Clinical Audit Awareness Week in 2019
- Four members of CARU also earned their Level 3 accreditation in clinical audit

Research Update

CRASH-4:

Since opening in July, LAS has now recruited 7 patients into CRASH-4. We trained an additional 3 clinicians in the CRASH-4 trial protocol in September. We are working on expanding the study to Deptford Group Station now additional hospitals have joined the trial and aim to open there in the next few weeks.

PARAMEDIC-3:

We are working on setting up the NIHR HTA funded PARAMEDIC-3 study, which is being coordinated by the University of Warwick. This randomised controlled trial will compare the intravenous and intraosseous routes of drug administration in cardiac arrest. We have been invited to participate in this study as one of the pilot sites and aim to open this study in mid-November in North West London.

ARREST:

The ARREST trial re-opened on Monday 6th September after a long break due to COVID-19. This British Heart Foundation funded study, investigating the best post-resuscitation care pathway for patients with Return of Spontaneous Circulation will recruit patients in London for a further 12-18 months. The APP (CC) group recruited 9 patients this month.

PRINCIPLE:

We continue to participate in the PRINCIPLE Urgent Public Health Study and clinicians in our 999 ECAS screened 3 patients for eligibility in July.

Our new Research & Development Coordinator joined the Trust on Monday 6th September 2021. However, one of our Research Paramedics left the service in September meaning we are currently carrying a vacancy in the team.

2. Effective – Maximising Safe Non-Conveyance to ED

Please note: 999 performance data is correct as at 24/09/21 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 similar number of in hospital delays in August in comparison to July, with the overall number at 2,681 hours lost from our arrival to patient handover over 30 mins. Kings College, Royal Free, and Northwick Park had the greatest proportion of handovers exceeding 30 minutes. Royal Free had the highest number of lost hours over 30 minutes, with a significant 600 hours for the month.

STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 Mins	Average Arr at Hosp to Patient Handover Time
North Central	Barnet	1,363	1,276	457	36%	226.1	34.1
	North Middlesex	1,487	1,289	442	34%	87.6	27.7
	Royal Free	2,094	1,880	1,236	66%	600.4	46.8
	University College	1,969	1,776	227	13%	42.7	20.7
	Whittington	1,364	1,171	361	31%	209.5	31.9
North East	Homerton	1,177	1,023	54	5%	5.0	16.8
	King Georges	1,177	1,023	54	5%	5.0	16.8
	Newham	1,378	1,186	188	16%	65.1	22.9
	Queens Romford	2,158	1,910	72	4%	51.5	15.2
	Royal London	1,377	1,219	360	30%	105.8	28.5
	Whipps Cross	1,876	1,768	105	6%	23.5	16.9
North West	Charing Cross	1,192	1,104	6	1%	0.6	13.0
	Chelsea & West	1,271	1,078	28	3%	9.1	16.7
	Ealing	1,238	1,183	64	5%	11.9	14.8
	Hillingdon	1,755	1,635	208	13%	69.6	19.1
	Northwick Park	2,183	2,039	798	39%	208.9	29.6
	St Marys	1,232	1,089	127	12%	34.3	21.6
	West Middlesex	1,354	1,249	100	8%	22.3	17.4
South East	Kings college	1,110	943	679	72%	276.6	45.8
	Lewisham	1,562	1,381	133	10%	23.4	20.9
	Princess Royal	3,139	2,946	501	17%	204.7	20.8
	Queen Elizabeth II	1,656	1,387	244	18%	139.5	25.0
	St Thomas'	1,566	1,442	258	18%	57.7	21.7
South West	Croydon	2,064	1,901	148	8%	30.8	21.2
	Kingston	1,890	1,708	471	28%	92.8	25.9
	St Georges	1,884	1,617	233	14%	20.2	22.8
	St Helier	1,864	1,484	347	23%	56.0	23.6
	TOTAL	44,380	39,707	7,901	20%	2,681	24.0

Max average breach value
Value >10 mins per breach

Patient Handover to Green

In August, we saw handover to green performance within the target, with 15.3, consistent with recent months. However, over 3,400 hours were lost due to patient handover to green exceeding the 14 minute threshold. Handover to Green received organizational focus through the Covid response team and will receive renewed focus as part of planning and recovery.

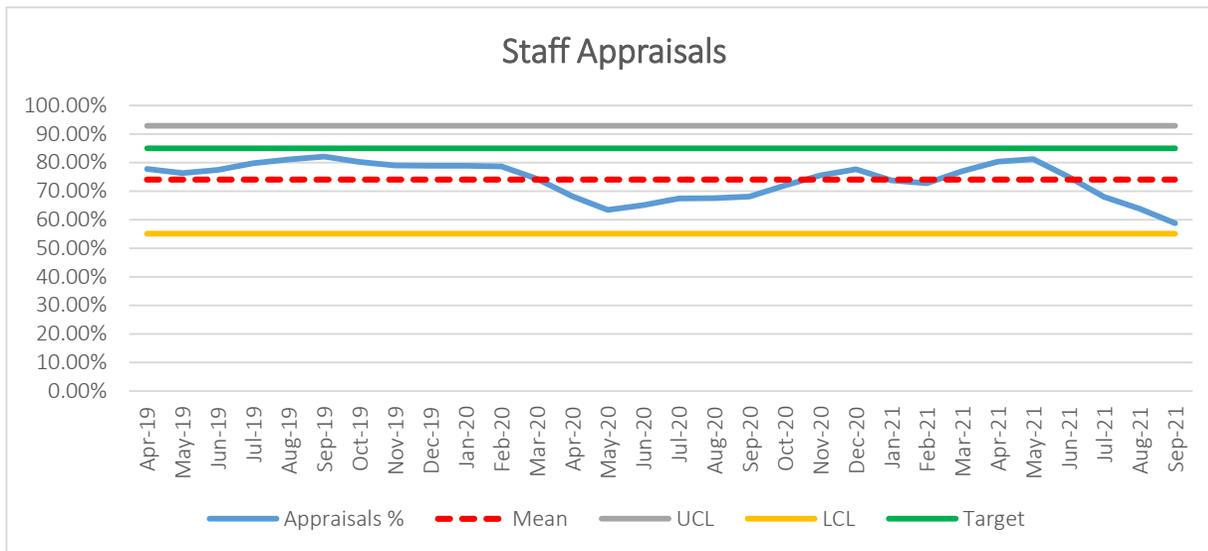
Sector	Station Group	Handovers to Green	Handovers Exceeding 14 mins	% over 14 mins	Total Time Lost (hours)	Avg Time PH to Green	90th Centile PH to Green	Avg mins lost per breach
North Central	Camden	1,873	1,176	63%	233.6	17.3	33.4	11.9
	Edmonton	2,455	1,425	58%	227.6	16.3	30.2	9.6
	Friern Barnet	1,705	1,042	61%	165.5	16.1	30.6	9.5
North East	Homerton	2,176	1,287	59%	237.9	15.6	31.1	11.1
	Newham	2,345	1,376	59%	224.8	15.0	29.6	9.8
	Romford	2,594	1,529	59%	234.2	15.2	28.7	9.2
North West	Brent	3,288	2,049	62%	292.4	16.2	28.2	8.6
	Fulham	2,076	1,348	65%	209.7	16.5	30.1	9.3
	Hanwell	2,708	1,632	60%	185.5	15.0	25.2	6.8
	Hillingdon	1,550	846	55%	99.7	14.7	24.7	7.1
	Westminster	1,282	884	69%	145.5	17.7	30.8	9.9
South East	Bromley	1,968	1,191	61%	155.7	14.0	27.2	7.8
	Deptford	3,649	2,191	60%	295.3	15.1	27.3	8.1
	Greenwich	2,132	1,172	55%	109.5	13.7	23.3	5.6
South West	Croydon	1,847	1,138	62%	149.4	15.4	26.6	7.9
	New Malden	1,433	919	64%	114.3	15.3	26.9	7.5
	St Helier	1,480	916	62%	112.7	15.4	26.8	7.4
	Wimbledon	935	568	61%	82.7	11.6	28.5	8.7
Other	NULL	274	225	82%	38.8	14.5	32.3	10.3
	IRO	11	5	45%	0.7	12.0	27.7	8.4
	Other	647	369	57%	54.8	12.7	30.8	8.9
	Training	1,370	658	48%	97.9	13.9	27.0	8.9
TOTAL	39,798	23,946	60%	3468.2	15.3	28.4	8.7	

Max average breach value
Value >7 mins per breach

Owner: Various | Exec Lead: Dr. John Martin & Damian McGuinness

Appraisals

Latest Month: **59%**

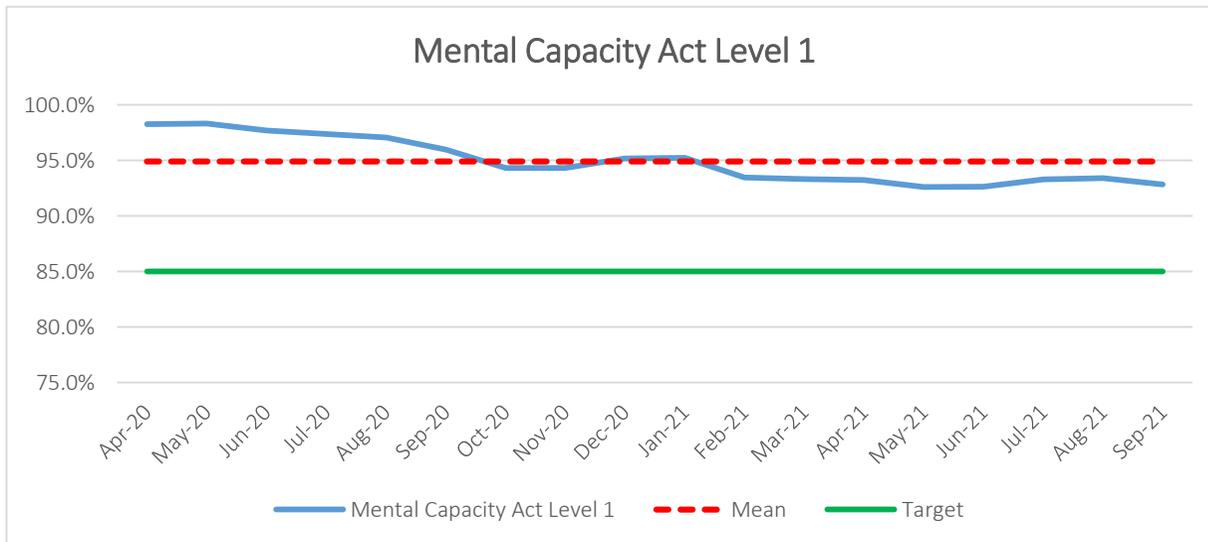


As at 30th September the PDR compliance is at 59%, down from 68% in July. This is being impacted on by the REAP 4 level as PDRs are stood down at this extreme level of pressure.

Actions: The weekly PDR compliance report continues to be circulated 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%.

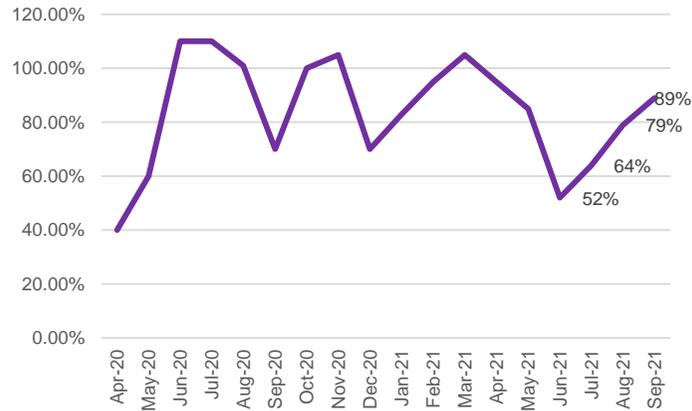
The Trust is currently not delivering Level 2 training. There is a tolerated risk (ID 1044) on the Corporate (Trust Wide) Risk Register.

Action: The safeguarding team are working with Clinical Education and plans are underway to include this in 2021-22 CSR programme.

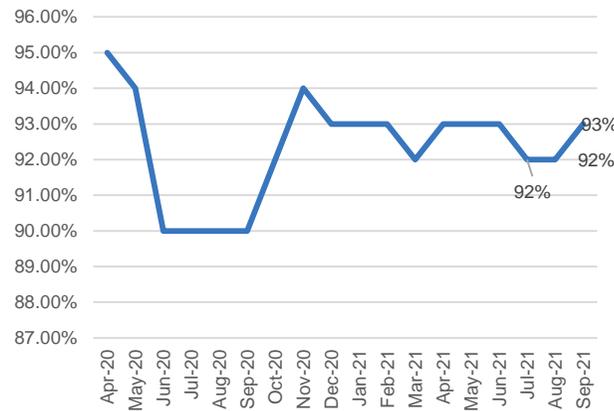
2. Effective – EOC Call Handling Quality Assurance

Owner: Sue Watkins | Exec Lead: Dr. John Martin

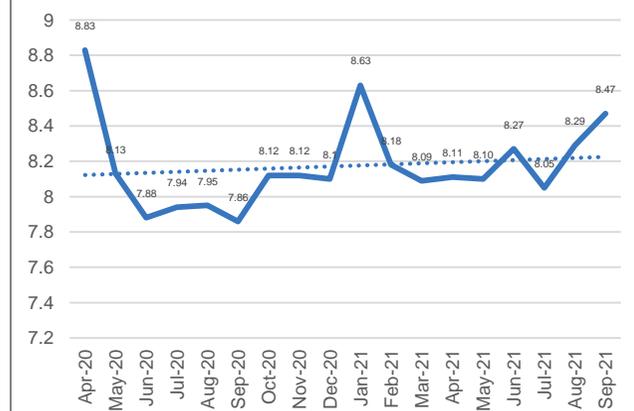
The Percentage of Emergency (MPDS) calls reviewed against requirements



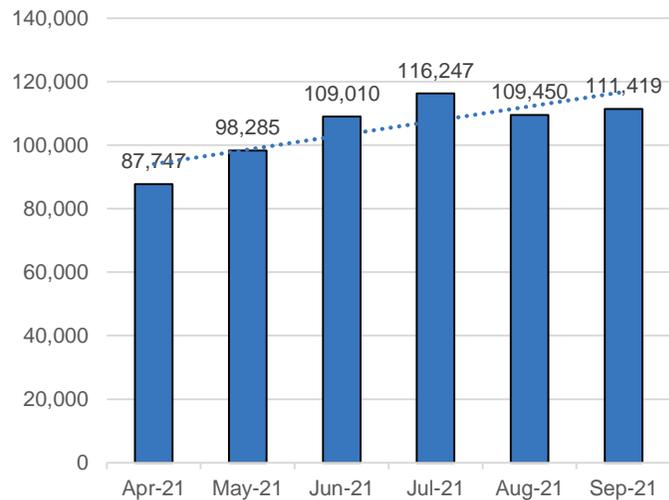
Overall Compliance with MPDS (Call Handling) protocols



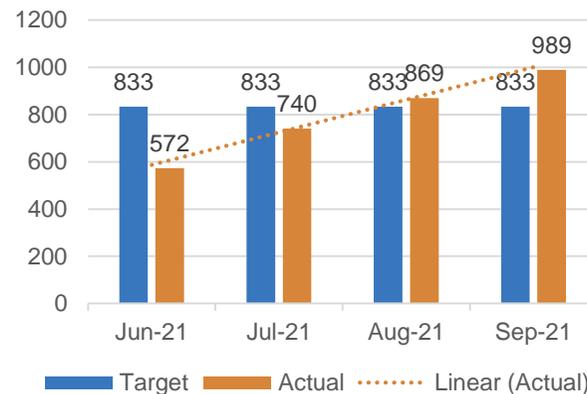
The Average Call Handler (scored from 0 (poor) to 10 (excellent))



Monthly Call Volumes triaged through MPDS



IAED Agreed C-19 Target
833 Calls audited (Focussed and Random)



Analysis:

Although huge surges in call volumes meant that QAMs were still be utilised and re-deployed to support EOC during these times, the team have increased the amounts of audits undertaken.

The Trust continues to operate within Centre of Excellence standards with high levels of compliance, resulting in appropriate triage and in turn patient care. The trend line shows a rise in "average call handler" score, and is above the expected range. This measure allows for significant outliers to be supported and monitored moving forward.

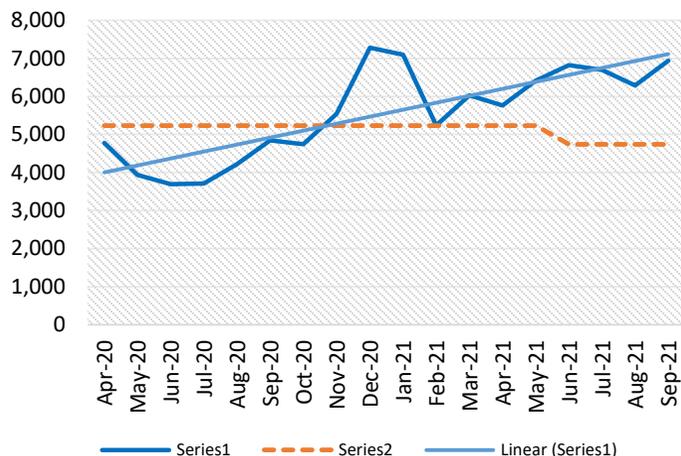
Although the chart showing the required percentages of call reviews indicates a drop (but pleasingly increased upon previous months), the IAED have implemented the Covid-19 activity measures for all ACE accredited sites, as they understand and fully appreciate the huge challenges being faced in undertaking audit in such challenging times.

The revised metrics actually indicate that we obtained 89% for July and 104% for August 2021 against this revised target. (The chart shows against the core 1% of all calls triaged in MPDS. September still saw high volumes of call triaged in the EOCs, 111,419 compared with August 109,450. Still huge compared to April and May which saw 87,747 and 98,285 respectively).

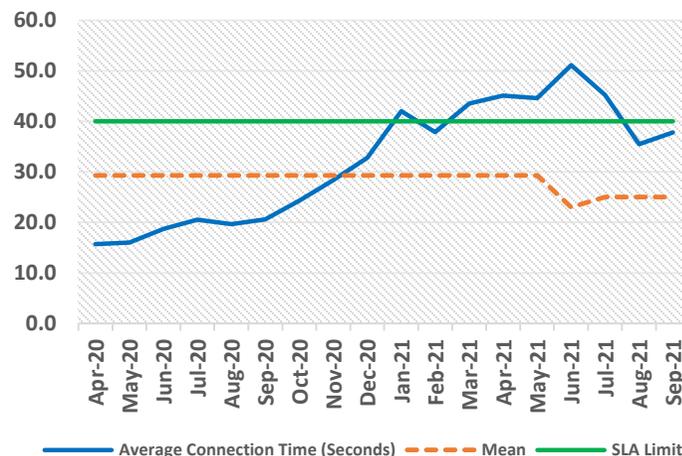
2. Effective – Trust Wide Language Line

Owner: John Light Exec Lead: Khadir Meer

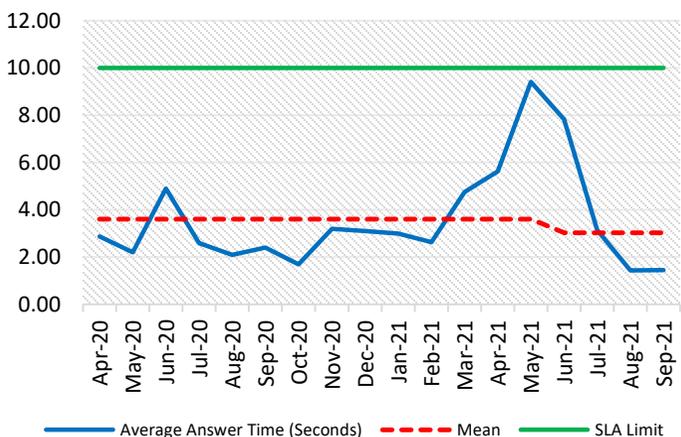
Total Number of Calls



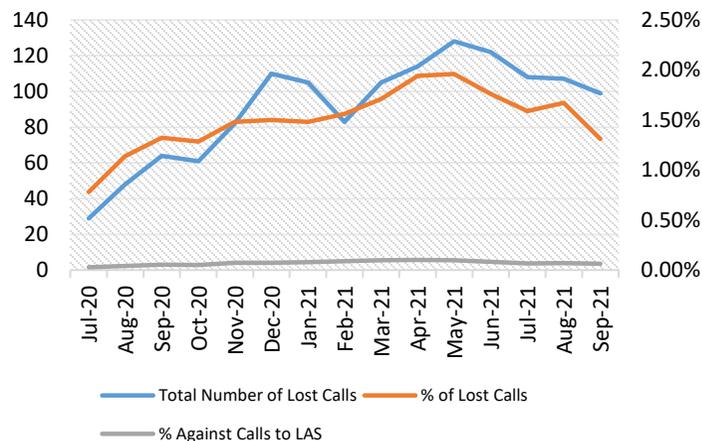
Average Connection Time



Average Answer Time



% Lost Calls Against Calls To LAS



September 2021 Update

- Language Line (LL) are receiving increased demand for their services, in line with the rising demand across our 999 / 111 services, although we saw a slight dip in August.
- 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
- Owing to REAP 4 challenges, this has not changed or been progressed at this time
- Purchase Orders complete for this calendar year, with a review of the contract occurring March 2022

Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Total Number of Lost Calls	105	83	105	114	128	122	108	107	91
% of Lost Calls	1.48%	1.56%	1.71%	1.94%	1.96%	1.76%	1.59%	1.96%	1.31%

2. Effective – NEL Quality Audit Data

Owner: Jacqui Niner | Exec Lead: Khadir Meer

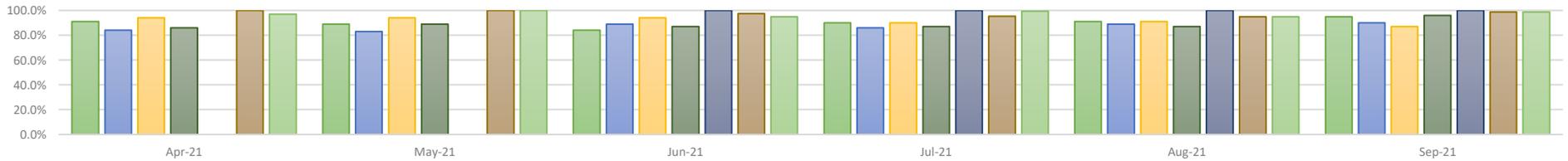
Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	178	147	83%	139	95%	<ul style="list-style-type: none"> New/worsening symptoms not asked. Staff working outside of remit.
Health Advisors	745	589	79%	532	90%	<ul style="list-style-type: none"> Choosing the wrong Pathway. Questions missed in Pathways. No worsening advice given. Local policy not followed. Lack of probing. Not seeking Clinical advice when required. Providing an unsafe disposition/inappropriate disposition reached. Working outside of remit.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	55	55	100%	48	87%	<ul style="list-style-type: none"> DOS instruction issues where recorded within the audits for patients referred onwards to a downstream provider Individual feedback has been given via the audit tool and further follow up where required Reminders sent to clinicians to read the Dos instructions carefully Staff familiarisation with local agreed policies and reminded to follow agreed guidance
Pathways Clinician	58	58	100%	56	96%	<ul style="list-style-type: none"> Local Policy not followed for Cat 2 process and Declared Medical History Consistent High pass rate following agreed local IUC processes . Cat 2 validations dealt with appropriately and safely

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 and shortage of staff combined with high volumes, 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	% Completed	% Passed	Learning / Findings / Action
CEC Clinician	100	100	• Average score 97.75%
ACP	100	98.75	• Average score 95.00%
GP	100	98.8	• Average score 96.50%



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Service Advisor	91.0%	89.0%	84.0%	90.0%	91.0%	95.0%
Health Advisor	84.0%	83.0%	89.0%	86.0%	89.0%	90.0%
Clinical Navigator	94.0%	94.0%	94.0%	90.0%	91.0%	87.0%
Pathways Clinician	86.0%	89.0%	87.0%	87.0%	87.0%	96.0%
CEC Clinician	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
ACP	100.0%	100.0%	97.5%	95.3%	95.0%	98.8%
GP	97.0%	100.0%	95.0%	99.5%	95.0%	98.8%

2. Effective – SEL Quality Audit Data

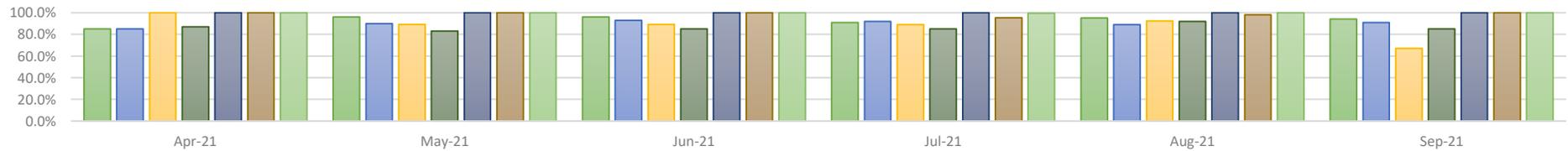
Owner: Jacqui Niner | Exec Lead: Khadir Meer

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	144	50	35	47	94	<ul style="list-style-type: none"> 3 SA audits fell below the 85% pass rate, all feedback has been given to the members of staff. Themes identifies from failed audits were; failing to manage the clinical situation and failing to convey questions skilfully.
Health Advisors	525	398	75	362	91	<ul style="list-style-type: none"> 36 HA audits fell below the 85% pass rate. Themes identifies from the failed audits were; failing to manage the clinical situation safely, failing to operate within the boundary of their role and failing to control the flow and pace of the call. Feedback has been provided to staff.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator / Clinical Floor Walker	30	3	10%	2	67	<p>Areas of Excellence:</p> <ul style="list-style-type: none"> Excellent communication and rapport demonstrated High standard of professionalism and respect demonstrated <p>Learning points:</p> <ul style="list-style-type: none"> Management of complex cases Particular course of action <p>Individuals have been fed back on audit results and learning plans implemented where/if appropriate.</p>
Pathways Clinician	85	21	25	18	85	<ul style="list-style-type: none"> 3 CL audit fell below the 85% pass rate. Themes identifies from the failed audits were:- Failing to managing the clinical situation safely and failing to negotiate where appropriate.

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	% Completed	% Passed	Learning / Findings / Action
CEC Clinician	100	100	• Average score 98.0%
ACP	100	100	• Average score 97.25%
GP	100	100	• Average score 97.0%



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Service Advisor	85.0%	96.0%	96.0%	91.0%	95.0%	94.0%
Health Advisor	85.0%	90.0%	93.0%	92.0%	89.0%	91.0%
Clinical Navigator	100.0%	89.2%	89.2%	89.0%	92.3%	67.0%
Pathways Clinician	87.0%	83.0%	85.0%	85.0%	92.0%	85.0%
CEC Clinician	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ACP	100.0%	100.0%	100.0%	95.3%	98.0%	100.0%
GP	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%

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.

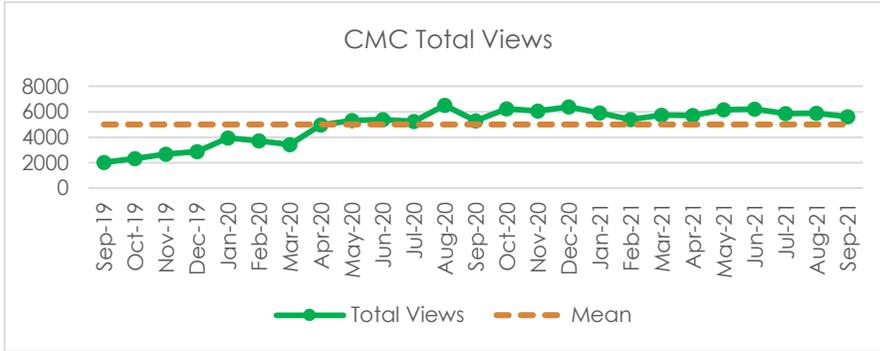
For further assurance we then provide additional data and analysis on:

- 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.*

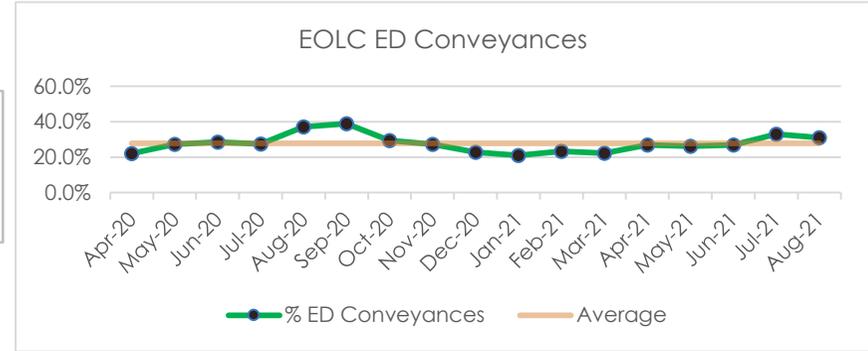
3. Caring – Pioneering Services

Owner: Various | Exec Lead: Dr. Fenella Wrigley



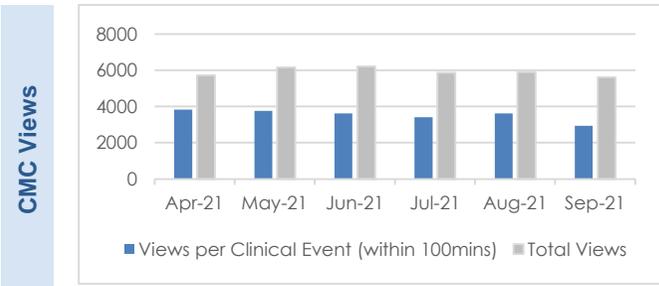
ED Conveyance

Latest Month (Aug):
31%



CMC viewing via NRL/SCRa continues to increase

EoLC Spotlight week hosted including 2 CPD sessions



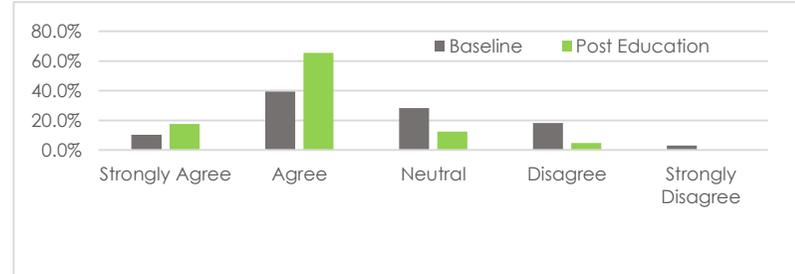
September
Total views:
5617

Views per clinical event:2943

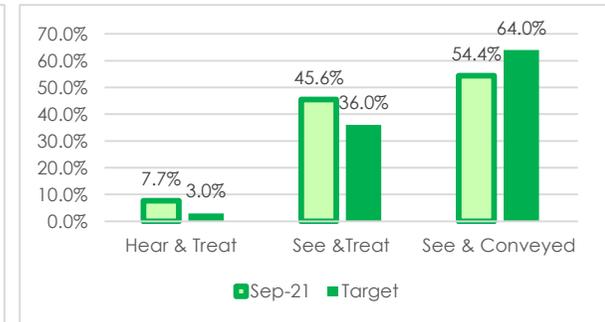
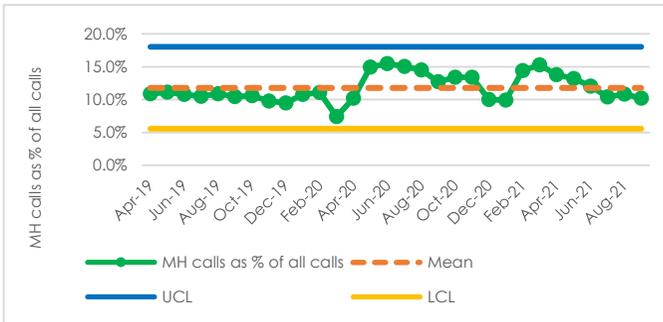
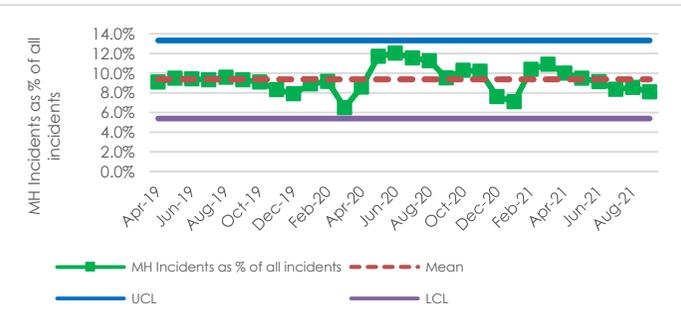
Staff Confidence

82% staff post education felt confident

32% increase from baseline



Macmillan Programme finalist in Macmillan Excellence Awards. The EoLC team have launched an educational programme which includes bitesize sessions on a wide range of topics including communication, medication and care after death. The sessions are available monthly and are delivered virtually. They are aimed to reach all clinical staff, including colleagues in IUC and EOC. Team provided education for Emergency and Community First Responders



The Mental Health Team were awarded 'Highly Commended' in the recent HSJ Value Awards. We continue to maximise patient facing time to support REAP 4 whilst ensuring we work towards making the MHJRC business as usual.

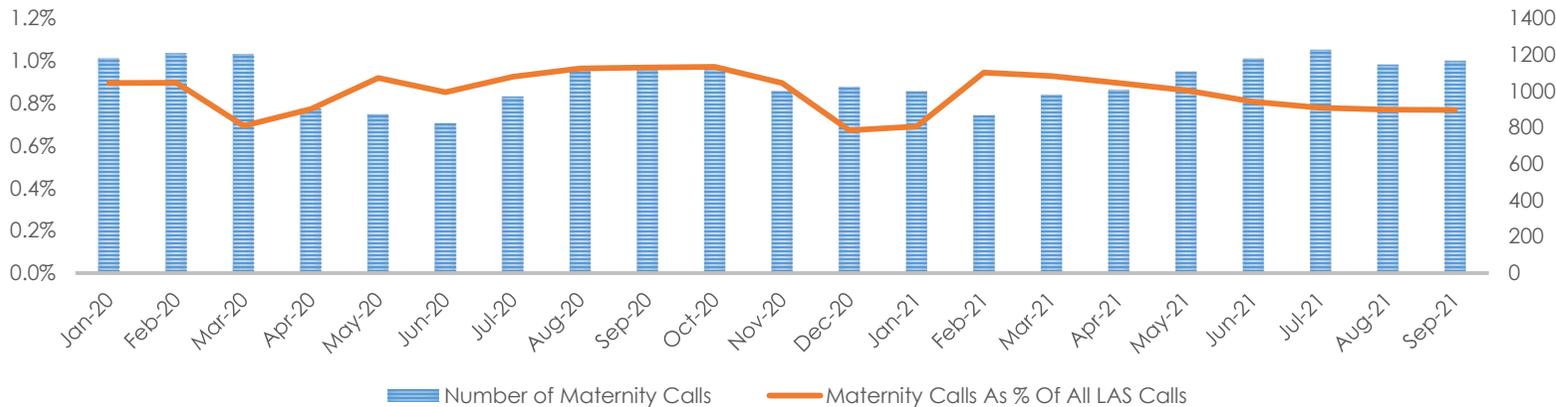
3. Caring - Maternity

Owner: Amanda Mansfield | Exec Lead: Dr. Fenella Wrigley

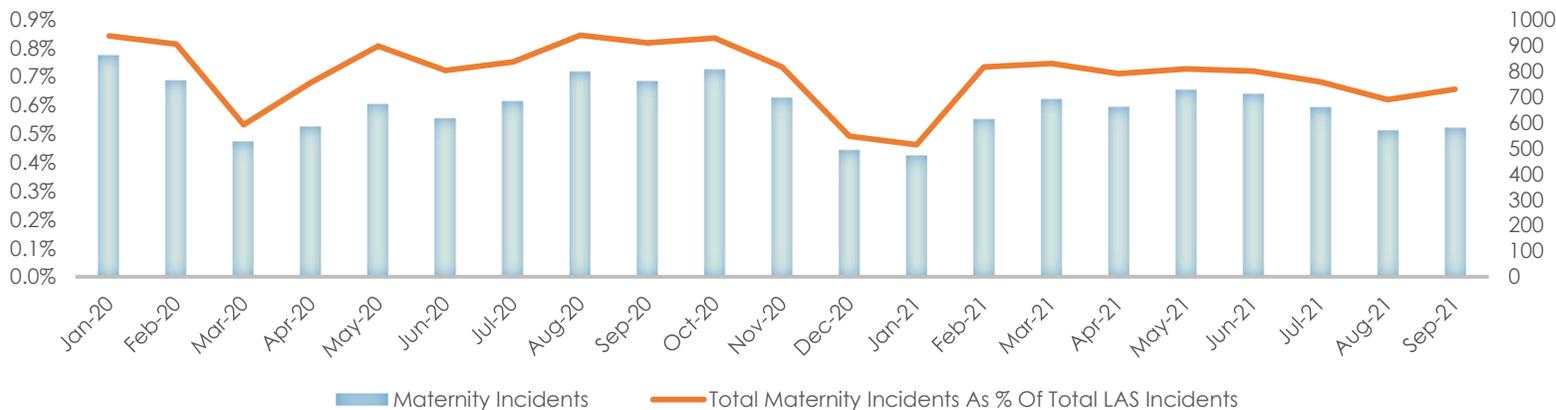
Maternity Performance Review Dataset:

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.

MATERNITY CALLS AS % OF ALL CALLS



TOTAL MATERNITY INCIDENTS AS % OF TOTAL LAS INCIDENTS



Highlights and Our Service Values:

Respectful

On-going debriefs for staff (EOC & Road Staff)

Innovative

Launch of SDEC pathway in SEL for early pregnancy bleeding

Professional

Recruitment of new Practice Development Midwife to support all staff in maternity education and training.

Collaborative

4 webinars carried out over October to introduce new LAS maternity divert with all London maternity units

Exceptions (Improvement required):

HSIB/LAS Standard Operating Procedure to be signed off

Outstanding

- 686 frontline clinicians have attended a maternity training event this year so far

Maternity 3 Top Priorities:

- 1) Launch of new Datix trigger list
- 2) Test new PPH Screening and Action Tool
- 3) Winter plan for education and support to be finalised and signed off

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.*



4. Responsive – Frequent Callers

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 762

NHS numbers matched 100%

Stakeholder meetings online 69

Highlights / lowlights

- Hillingdon HIU team, of which our NWL FC Manager Ruth Williams is a member, won HSJ Value Awards 2021: Urgent and Emergency Care Initiative of the Year. *Well done Ruth!*
- Greatly improved partnership working with Med Dir – AMD presence at monthly FCT meetings.
- New FC Lead for NEL in post and developing well; workload issues resolved to a degree.
- Approach made to IG colleagues to review data sharing arrangements with MPS.
- ePCR portal search provided to FCT managers and leads, and a further tranche of FCMD improvements implemented.

Current focus:

- Implement Complex Patient Forum
- Move to quantitative reporting via improved FCMD.
- Clarification re: info sharing with MPS

Sector	CCG	Patients	Sep-21	Calls last quarter	Calls last 12 months	12 month cost	Patients with care plan
SE	SOUTHWARK CCG	34	461	1031	3055	390,498	6
SE	LEWISHAM CCG	26	421	1324	4080	363,875	8
NW	HARROW CCG	23	400	950	2630	301,282	3
NE	CITY AND HACKNEY CCG	44	398	1359	4160	505,281	15
SW	CROYDON CCG	31	390	1056	2424	360,627	7
NC	HARINGEY CCG	35	386	1031	2614	284,948	7
NC	ENFIELD CCG	31	368	1797	4283	370,222	3
NE	NEWHAM CCG	39	366	1062	2792	321,415	2
NW	HILLINGDON CCG	28	362	1016	2306	276,813	1
NE	WALTHAM FOREST CCG	25	345	842	2389	231,269	5
NW	EALING CCG	31	315	947	2667	344,467	5
NW	WEST LONDON CCG	27	300	814	2174	284,399	5
NE	TOWER HAMLETS CCG	26	289	917	1916	236,819	6
SE	LAMBETH CCG	27	265	1038	3108	342,966	6
SE	GREENWICH CCG	21	233	633	2223	246,492	5
NE	HAVERING CCG	23	232	680	2514	299,033	4
NC	BARNET CCG	28	229	808	2194	279,127	8
NC	CAMDEN CCG	23	225	828	2673	264,918	7
NC	ISLINGTON CCG	26	215	673	1446	199,942	10
NW	CENTRAL LONDON (WESTMINSTER) CCG	21	212	427	1019	154,367	2
NW	BRENT CCG	23	204	790	2393	257,469	3
SE	BEXLEY CCG	17	195	418	1109	118,921	5
NE	REDBRIDGE CCG	19	195	600	1906	215,005	2
NW	HOUNSLOW CCG	20	181	719	2006	197,930	4
SW	WANDSWORTH CCG	22	169	474	1486	177,489	2
SE	BROMLEY CCG	18	153	434	1089	159,324	5
NE	BARKING AND DAGENHAM CCG	15	141	414	1479	201,172	2
SW	SUTTON CCG	14	103	340	1079	170,016	2
SW	MERTON CCG	16	94	402	972	144,606	1
SW	RICHMOND CCG	12	65	274	677	98,845	2
SW	KINGSTON CCG	9	62	178	450	69,710	0
NW	HAMMERSMITH AND FULHAM CCG	8	48	146	476	76,419	1

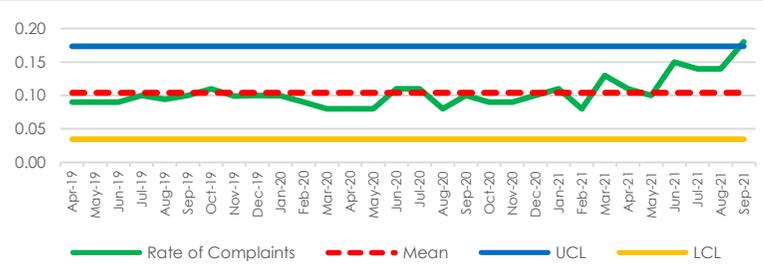
4. Responsive - Complaints

Owner: Gary Bassett | Exec Lead: Diane Scott

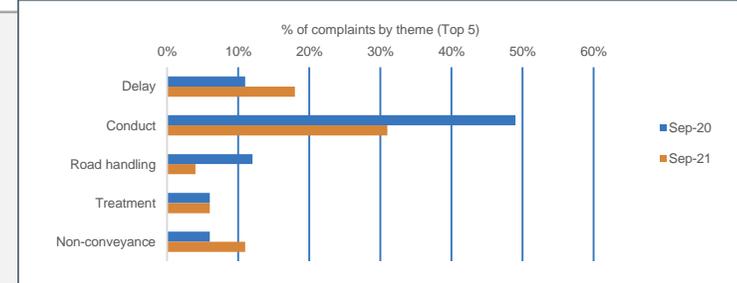
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

Rate of Complaints

Latest month:
0.18



Categorisation

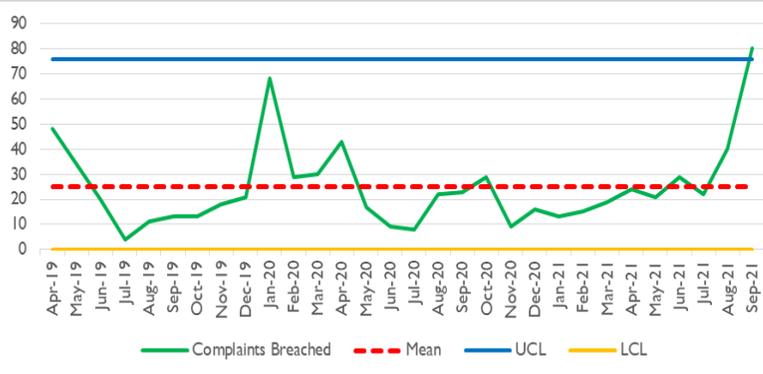


Complaint numbers continue to be above the annual average (88) at 158. The percentage of complaints versus the call rates against calls attended continue to be above average. 17 of this number where the issues raised are not covered in the NHS Complaint regulations and were managed as a concern. We have always routinely included these in our complaints total each month.

There were 537 x PALS enquiries which includes 307 added to the duty spreadsheet that did not require any further actions other than referring the enquirer to the correct team. Higher than the current 2021/22 average of 488. We managed 33 Quality Alerts of which 5 were from LAS staff. This is slightly lower than previous months. Yearly current average is 35 per month.

Responding to complaints

Latest
Month: 80



The CEO is now signing off all complaints. Throughput has been slower in September partly as a result of the process becoming embedded at the Executive Office. Currently 40% of the out of time complaint responses are awaiting signature.

The Liaison Team at PHSO met with representatives from LAS to discuss the Trust's role as a Pilot site in the new NHS Complaint Standards. It has been agreed that we will prepare a list of the top 5 questions from the Maturity Matrix with a view to comparing the complaints model against the current processes.

The community of learning and good practices are so important. It is also key to note that the Standards although aimed at bringing consistency in complaints handling across the whole of the NHS, are voluntary and not mandatory.

The Strategic Complaints Team for NHSE has agreed to take the National Complaint Managers Forum forward with effect from 01 October 2021 with a view to sending out its first update in early 2022. They will provide quarterly newsletters with updates from key stakeholders and complaints news and are planning to host a Forum inbox/chat facility.

Actions and Learning

Patient Experience – September 2021

Complaint from patient about the interaction and care provided by the initial crew who attended to her when she experiencing acute abdominal pain, severe sickness and diarrhoea. From a clinical perspective, we are satisfied that the assessment and care provided by the first ambulance crew was within expected practice. Although the pain the patient was experiencing contributed to their agitated behaviour, the attending staff should not have to tolerate abuse and the crew made alternative arrangements for the patient to be taken to hospital.

However, it is evident that communication was problematic almost from the outset. It is important to try and identify any learning we can take from this incident and the crew have been asked to meet with a Clinical Team Manager so that they can consider how the situation could have been better managed, with particular emphasis on better explaining the purpose of the assessment questioning and gaining the patient's confidence This is a useful way of encouraging professional development and we are confident that this exercise will benefit their future practice.

Compliments September 2021

As of 2nd October:
August 2021, 93 logged, relating to 234 staff
September 2021, 124 logged, relating to 312 staff

The team are working through a backlog and these numbers will increase



4. Responsive – Patient & Public Engagement

Owner: Philippa Kier | Exec Lead: Antony 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

During September 2021, we facilitated some events on virtual platforms, covering the following types of activity:

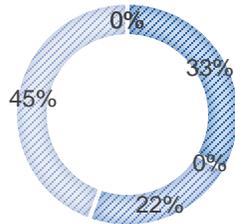
- Visits as part of the **Safety First** project, a blue light collaborative project delivering sessions to year 8 students. LAS input covered Knife Crime and Choose Well sessions.
- Assemblies for **primary school** students giving an introduction to first aid and how to use 999 and 111.

We also completed our hierarchy of controls which allowed us to complete our first face to face visits since March 2020. These included:

- Visits to **youth groups**, including the Scout Association and Army Cadets, to teach first aid.
- Sessions as part of the **Junior Citizen's Scheme**.
- A multi agency event for **#Together** providing careers information alongside Metropolitan Police and London Fire Brigade colleagues.

Events by Area (September)

- North West
- North Central
- North East
- South East
- South West
- Outside London



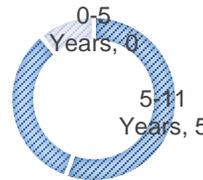
Public Engagement Activities

Supplementary information

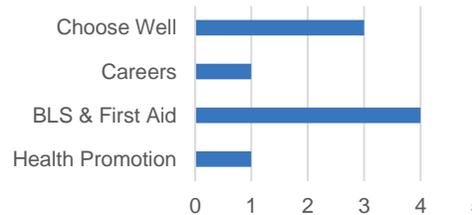
No. of public engagement events: September 2021	9
Approximate audience numbers: September 2021	2,085
Public engagement hours: September 21021	35
No. of events: April to September 2021	37
Approx. audience no.: April to September 2021	6,704
Approx. video views: April to September 2021	14,781

Age Profiles (September)

- 0-5 Years
- 5-11 Years
- 11-16 Years
- 16-18 Years
- Over 18 Years
- All ages



Work Areas (September)



Headlines from August & September:

Return to Face-to-Face Visits:

We worked closely with the Infection Prevention & Control and Medical Directorate colleagues to develop a Hierarchy of Controls. This has allowed us to start a phased return to face-to-face events.

Safety First 2020/21 Academic Year:

The Safety First project team completed their final visits of the 2020/21 academic year. Through virtual visits, the team were able to bring Knife Crime workshops to 2,581, and Drugs & Alcohol sessions to 1,426 participants this year.

Feedback from Safety First:

“Also, a huge thank you for the day, all the workshop leaders on the day were great and both staff and students really enjoyed the sessions” - The John Roan School

“Thank you very much for facilitating the workshops, feedback from students was really positive and they enjoyed their morning” – Harris Academy Greenwich

Your Life, You Choose:

Two of our Community Education Volunteers (CEVs) were involved in filming for a new, virtual version of the collaborative knife crime project Your Life, You Choose.

Junior Citizen's Scheme Volunteers:

Over 40 members of staff have signed up to volunteer at Junior Citizen's Schemes across London after attending an introductory webinar.

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.*



5. Well Led – Learning From Our Actions

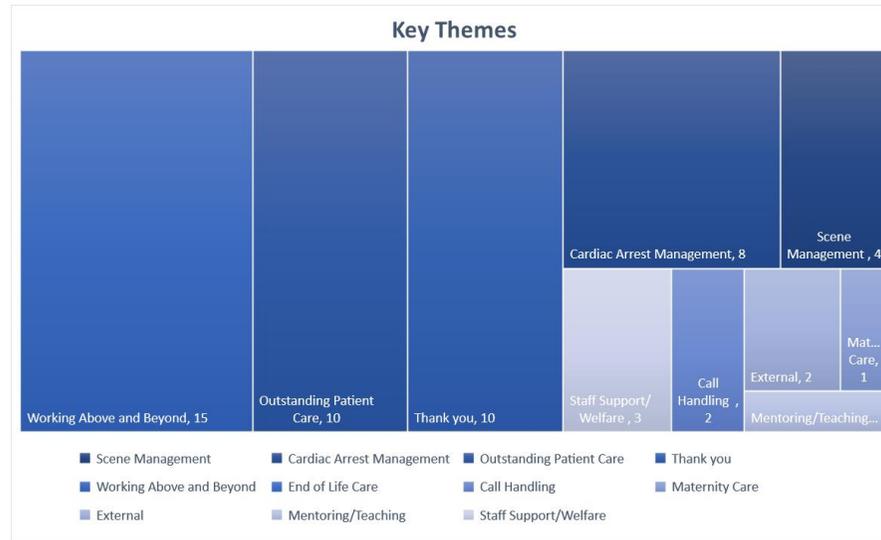
Owner: Helen Woolford | Exec Lead: Dr. John Martin



In September 2021 56 Excellence Reports submitted were submitted.

Key themes identified from September reports include:

- Working Above and Beyond
- Outstanding Patient Care
- Thank you



Working Above and Beyond

On the night of the unplanned cad outage, this individual was on DDS. She ensured ring back were still being done, she helped Sector staff sorting the allocation boxes out and helped with the paper tickets.

She made my job as performance manager a bit easier as any task I gave her she did with confidence. She is a credit to the Trust.

This crew, despite being X-ray post night shift, offered up for a late job to help a gentleman hit by a train. Despite a long and relentless night, they showed commitment above and beyond in order to help this patient and their colleagues. They are both a credit to themselves and the service. Thank you.

This individual has been seconded to the role of Team Coordinator for the last three months and today whilst running the office on her own, she had to deal with numerous issues which all came in at once. Her calmness 'under fire' dealing with a serious welfare issue, a vehicle fuelling issue, and several other things happening all at once, was fantastic. I have seen this individual grow into the role she is now doing with confidence and ability, and even though she has had no experience of this type of management style, she has been a real asset to the office and to the station staff. I feel she should be commended for it.

Outstanding Patient Care

The crew staff attended a call for a 63yom in cardiac arrest. Working as a team, they provided the patient with ALS, and defibrillated him 8 times. Due to the care provided by the crew staff, the patient had a ROSC, and his subsequent ECG indicated a cardiac cause, with ST elevation consistent with an inferior MI. Following successful resuscitation of the patient, other resources attended scene including an IRO, and HEMs. At this point, the patient was already awake and talking. A clinical discussion was had regarding where, and how the patient should be conveyed to definitive care. With HEMs providing a ground escort with the crew to a HAC. I have no doubt that thanks to the teamwork and care provided by the crew staff to this patient, it enabled for him to have the best possible outcome, and survive his cardiac arrest. They should be proud of the care they provided, and the job that they do.

This individual experienced a particularly difficult shift today whereby she took multiple calls for patients in cardiac arrest. They remained professional, polite and upheld the values of the LAS. They should be proud of her efforts with each patient she addressed during her shift particularly those in arrest and how she composed herself. They are a valued member of the LAS.

Thank-You

This duo work to undertake the manual review and emailing of Excellence Reports across the Trust - on top of their 'normal' role requirements. The amount of Excellence Reports that they undertake is a testament to the high standards across the Trust, but I felt it important that they are recognised for the work they undertake in sifting through and emailing out - keeping such an important initiative alive! Thank you for all you do!

Just wanted to say on record a big THANK YOU for their help (in particular over the last few days). Coming into the Quality Directorate and being new to having an understanding of IUC and 111 they have been patient and taken the time to explain things where necessary.

I have also sent a barrage of incidents over to the team to review and provide feedback or pass on to other providers (as part of my efforts to drive down the number of outstanding 999 incidents) and they have both been super quick and extremely helpful in doing this and their help is much appreciated!

I look forward to continue working alongside the rest of the NEL Governance Team.



5. Well Led – Learning From Our Actions

Owner: Helen Woolford | Exec Lead: Dr. John Martin



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.

Some further examples of excellence reports from September:

Scene Management–

They were so **effective** and **fantastic** in managing a chaotic scene, bringing a **calm** and **authoritative professionalism**.

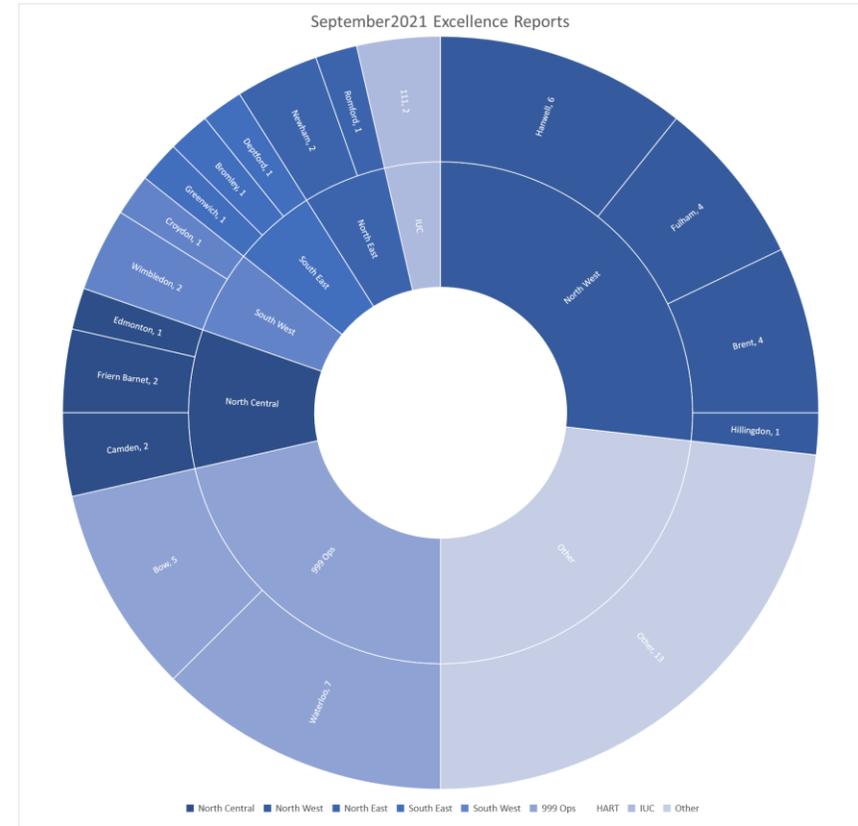
I was called to a three year old girl with complex, medical needs. She had sustained a significant facial injury and required specialist attention. The issue arose, with the patient's siblings and mother. There were another seven children on scene, two of which had learning difficulties, no other adult on scene and all were running riot! There was huge logistic issue with managing the 'multi-causalities', as we tried in vain to find a solution.

In the meantime this duo, without hesitation, worked off their initiative and were so professional in the way they managed the challenging behaviours' and 'multi-persons'. They **worked together** so well, in an intuitive way, without complaint.

They are **super-hero's** and brought **calm** to a hectic situation and I am truly grateful.

Cardiac Arrest Management –

This clinician was involved in two cardiac arrests in one shift. the first one being a 2 month old and the second being a 74 year old. They were **amazing** throughout both resuscitations and was incredibly **professional** throughout. He worked well under direction and provided **effective** CPR and airway management to both patients that day. Considering he has only worked for the service for eleven shift on OPC with me, he has been an **excellent student** with a great bedside manner with patients. I want to say a big **well done** on what was a really tough day. You are a **credit** to the service.



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 September was:

- 100% of risks reviewed within the last 3 months – target 90%
- 100% of all risks approved within 1 month in September– target 90%

The risk team are liaising with all teams to ensure regular risks review meetings take place and risks are reviewed on a regular basis whilst acknowledging the additional pressures of REAP 4.

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.

The June 2021 data achieved our target of 90% of risks reviewed within the last 3 months with a compliance of 91.9%. The team continued to focus on this area with an aim to maintain 100% compliance for all risk.

Corporate (Trust wide) Risk Register

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost certain	0	0	0	1	0	1
Likely	0	1	1	1	1	4
Possible	0	0	7	5	1	13
Unlikely	0	0	1	3	1	5
Rare	0	0	0	0	0	0
Total	0	1	9	10	3	23

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.

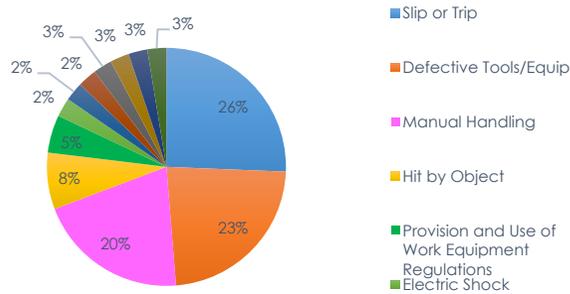
In the last month, there were 5 red risks on the Corporate risk register, one of which has been reviewed at RCAG and the risk rating has been reduced . This is demonstrated in the movement table to the right of this text.

ID	Sector / Department	Description	Opened	Initial Risk Score	April Risk Score	May Risk Score	June Risk Score	July Risk Score	Aug Risk Score	Sept Risk Score	Change In Risk Score:	Progress Notes:
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 Wholesale Sale Dealers Licence; which may lead to the inability for LAS staff to treat patients if not properly managed.	25/04/2020	16	16	16	16	16	16	16	➡	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 Avaya system when not in a position to take a call leading to a delay in patient care as the patient receives no answer at the end of the line.	05/06/2020	16	16	16	16	16	16	12	↓	Discussed at Sept RCAG: Following assurance provided the Likelihood was agreed to reduce from Likely (4) to Possible (3) reducing the risk rating from 16 to 12.
1133	South East Sector	There is a risk that crews will be delayed attending calls, conveying patients to hospital or accessing properties due to the introduction of road closures, reduced lane capacity causing congestion, parking restrictions and other traffic calming schemes with limited/minimal consultation as a result of a pan London response to COVID by TfL and local authorities to enhance cycling and walking schemes. The aim is to increase capacity to assist with social distancing requirements and the reduced public transport capacity capabilities and local authorities developing schemes to support the reopening of the hospitality sector, provide safe spaces near schools and provide traffic safe neighbourhood zones. This could lead to increased job cycle times which could lead to an adverse impact on patient care/patient safety due to delayed response, members of the public at risk of accident in pedestrian zones, acute site impact and impact on wider NHS providers.	04/08/2020	15	15	15	15	15	15	15	➡	Tolerated risk Discussed at Sept RCAG: Reviewed and agreed to continue to Tolerate until Jan 2022
775	Estates	TOLERATED RISK There is a risk that the current UPS which has been upgraded to meet building supply demand will go into safe mode and switch off due to having no isolation transformers to prevent neutral from being lost during a network power outage. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services independently at Bow and HQ.	16/03/2018	15	15	15	20	20	20	20	➡	Tolerated risk Discussed at Sept RCAG: Agreed risk to remain at 20 until exit from BOW which is scheduled for Feb 2022.
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	16	16	16	16	20	20	➡	Discussed at Sept RCAG: It was agreed for the risk to remain at 20 with a review to reduce to 16, at RCAG, after the first GSST visit

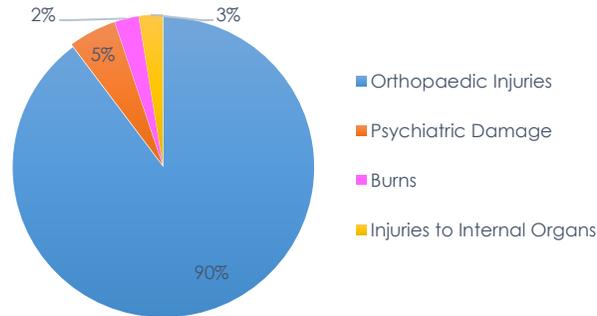
5. Well Led - Legal Clinical & Non Clinical Claims

Owner: Tashalee Seejore | Exec Lead: Diane Scott

Current Non-Clinical Open Cases by Cause



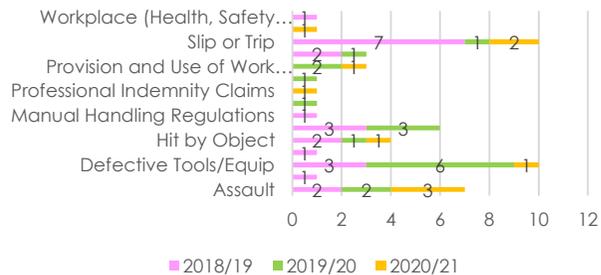
Current Non-Clinical Open Cases by Injury



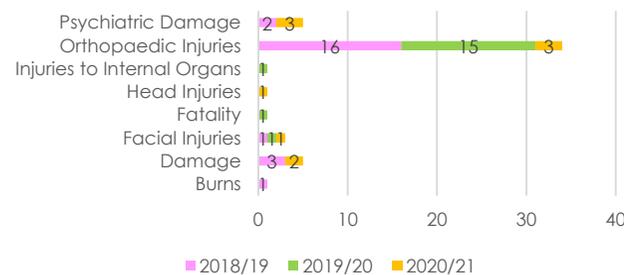
Closed Non-Clinical Claims by Cause and Total Claim Cost

Cause	2018/19	2019/20	Grand Total
Assault	£4,165.00	£0.00	£2,431.00
Breach of DPA	£9,000.00	£0.00	
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	£2,830.00
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		
Grand Total	£73,563.51	£37,341.70	£11,233.00

Closed Non-Clinical Claims by Cause



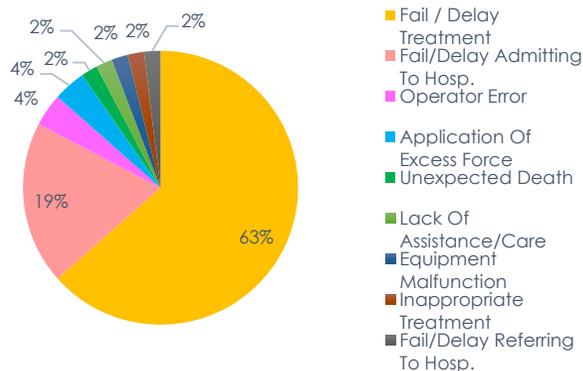
Closed Non-Clinical Claims by Injury



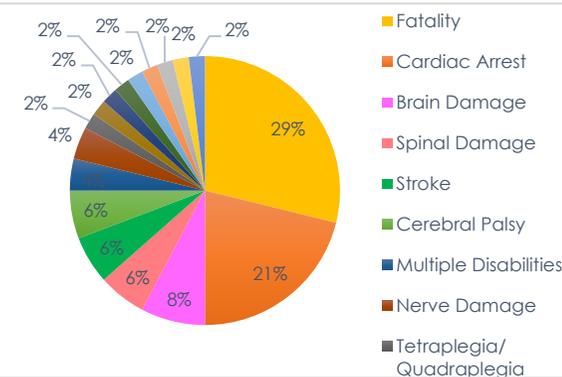
Closed Clinical Claims by Cause and Total Claim Cost

Cause	2018/19	Number of Cases	2018/19	Number of Cases
Fatality	£38,914.75	5	£10,382.15	1
Unnecessary Pain	£0.00	1	£1,225.00	1
Adtnl/unnecessary Operation(s)	£404.30	1		
Grand Total	£39,319.05	7	£11,607.15	2

Current Clinical Open Cases by Cause



Current Clinical Open Cases by Injury



Highlights

- Recruitment of staff (temporary - pending permanent recruitment) to assist with increasing workload.
- Reduction in attendance of live witnesses at hearings.
- Increase in witness statements and records (call log/PRFs) being read in Court esp. on Level 1 cases.
- The Legal Services Manager and Head of Resolution are in discussion with Procurement to establish contracts with a few Panel firms with a view to reduce professional legal fees.
- Increase in workload from Coroner's Court due to backlog.

Lowlights

- Two PFDs received since April 2021.
- Due to staff leaving and increased workload, work is being outsourced to a Panel firm
- Legal spend increase until contracts with Panel firms established.

The Team continues progress a significant amount of work to recover the policy position but progress continues to be impacted by the Trusts increased REAP position. REAP 4 redirects activity away from the review of policies and as such the recovery position has remained static.

The September Trust board received a paper seeking the approval of 3 Core policies, including TP001 the policy for the development and implementation of procedural documents. In doing this the opportunity was taken to provide additional clarity to the review and approval process.

This included:

- Producing a list of policies which identifies their approval and review route
- Clarifying the list of Core Policies, which are the responsibility of the Trust Board, and the Organisational Policies, which are to be agreed by the Executive Committee or at Director level e.g. 'clinical', 'operational', 'corporate', 'people & culture' policies
- Clarification of the policy review intervals and approval of minor updates– to include interim annual reviews and a three year cycle of full reviews
- Encouraging a reduction in the overall number of policies by considering whether groups of policies in a particular area could be consolidated into fewer, more comprehensive policies that make it easier for colleagues to locate the information they need
- Additional support to directorates in ensuring that policy reviews take place quickly, efficiently and effectively.

The Trust Board welcomed the approach to reducing the overall number of policies by combining existing documents and making more use of procedures where appropriate and approved the policy for implementation.

The register of policies has since been updated to include approval routes in line with the updated TP001. It has also been shared with the Executive, for their oversight and action. It is recognised that the 2 policies awaiting People and Culture Committee approval would result in the removal of 6 policies from the register as they have been rationalised into a single policy.

Progress will continue to be monitored by the team with a target to resolve the position by the end of the calendar year.

Policies in date	Policy owner informed overdue	Draft policies submitted	Awaiting committee approval	Total
41	61	6	2	110
37%	55%	5%	2%	100%



London Ambulance Service NHS Trust

NHS Trust

London Ambulance Service NHS Trust 2021/22 Register of the Seal

Number	Date of sealing	Description of Document Sealed	Name of Persons attesting sealing	How document has been disposed of

The Trust Seal has not been used since the previous meeting of the Trust Board.



NHS

London Ambulance Service
NHS Trust



**Information Governance
Annual Report**

2020-2021

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Foreword

We are proud to share with you the 2020-21 Annual Information Governance (IG) report of the London Ambulance Service NHS Trust (LAS). In the health context, good information governance supports the provision of safe and effective care by ensuring high quality data and information is available to the right people, when and where it is needed. We all have a collective responsibility to ensure that information governance systems and processes are in place to manage the personal and sensitive information of staff, patients and service users in a confidential and secure manner. The scope of work for information governance in this report covers the period April 2020 to March 2021 and comes under six broad themes:

1. Information Governance Management.
2. Confidentiality and Data Protection.
3. Records Management & Information Lifecycle.
4. Freedom of Information.
5. Data and Information Quality Assurance.
6. Information Security.

The coronavirus pandemic presented challenges to data protection and data privacy, as health organisations responded to new and vital data sharing needs whilst managing security risks inherent with rapid change and new ways of working. It is often during socially disruptive times when data breaches are more likely to occur due to human error or external malicious endeavours. Despite the pace and scale of information governance demands, the LAS rose to the challenge and engaged in numerous data sharing projects with NHSX (the joint unit of NHS England and the Department of Health and Social Care), the London Strategic Information Governance Networks (SIGNs) forums and other national, regional and local partners to aid the pandemic response across NHS England.

Key achievements in this annual report are;

- **100%** of the 780 Patient/Representative **Subject Access Requests** (SARs) were fulfilled within the statutory timescale;
- 1,940 requests for **personal information from police forces** were fulfilled by the Records and Archives team; an increase from the previous year of 4%;
- **Zero Serious Adverse Incidents** in relation to Information Governance reportable to the Department of Health and Social Care;
- **Zero Information Notices**, Assessment Notices, Enforcement Notices or Penalty Notices issued by the Information Commissioner's Office (ICO).

We hope you will find this report both informative and interesting and that it will give you a greater understanding of the Information Governance work undertaken within our organisation.



Syma Dawson
Director of Corporate Affairs
Senior Information Risk Owner (SIRO)



Nicola Maher
Head of Information Governance
Data Protection Officer (DPO)



Dr Fenella Wrigley
Chief Medical Officer
Caldicott Guardian

Section 1: Information Governance Management

Leadership and Oversight

Leadership and oversight of IG activities is fundamental to demonstrating and achieving compliance with legislation, standards and codes of practice. There is a requirement for an appropriate and effective organisational structure for managing data protection and information governance, which includes leadership and oversight, clear reporting lines and responsibilities.

Information Governance (IG) Management ensures that there is an adequate leadership and management framework in place to support the current and evolving information governance, data protection and confidentiality agenda. It includes having the right policies and procedures, technical measures, appropriately skilled and trained people and robust contractual arrangements with suppliers and partners.

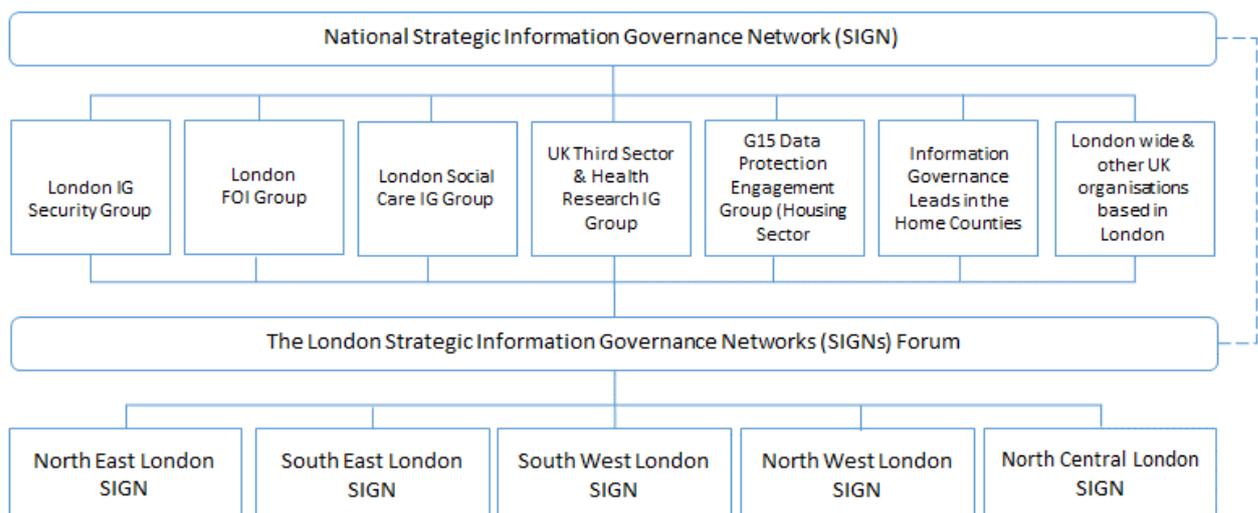
The UK General Data Protection Regulation (GDPR) stipulates that all organisations must allocate sufficient resources to data protection activities and makes sure that data protection is a shared responsibility to promote the organised, proactive and positive approach to effective information governance.

Information Governance Networks, Key Roles and Structure

London Context

The Trust's IG management framework is organised to compliment the national flow of information governance business directed through the London Strategic Information Governance Network (SIGN) structure, attended by pan-London Information Governance colleagues, shown in Figure 1 below.

Figure 1: 2020-21 London Strategic Information Governance Network (SIGN) Structure



The LAS key information governance roles, responsibilities and governance/oversight forums are detailed in the following sections.

Key Information Governance Roles

Senior Information Risk Owner (SIRO), Director of Corporate Affairs

The SIRO is the Board member who is familiar with information risks and provides the focus for the management of information risk at Board level.

They provide the Chief Executive with assurance that information risk is being managed appropriately and effectively across the organisation and for any services contracted for by the organisation.

During the reporting period, the SIRO position was partly covered during maternity leave by the Chief Operating Officer between February and March 2021.

Data Protection Officer, Head of Information Governance

The Data Protection Officer's main tasks defined in Chapter 4 (3) of the Data Protection Act (DPA) 2018 are:

- To inform and advise the controller, its employees and any associated processors about their obligations to comply with the UK GDPR;
- To monitor compliance with data protection laws, including managing internal data protection activities, advise on data protection impact assessments; *and*
- To be the first point of contact for the ICO and for individuals whose data is processed (for example staff and patients).

Caldicott Guardian, Chief Medical Officer

The Caldicott Guardian is the senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. They make sure that personal information about patients is used legally, ethically and appropriately, and that confidentiality is maintained.

Often referred to as the 'conscience' of the organisation, the Caldicott Guardian plays a key role ensuring every person employs the highest practicable standards for handling patient identifiable information.

The Corporate Affairs directorate provides subject matter expert advice, direction and support to the organisation for information governance, security and data protection. The Trust's Chief Clinical Information Officer (CCIO) and Chief Information Officer (CIO) provide specialist leadership and expertise in their clinical and technical fields.

In addition, many specialist teams across the Trust handle requests for personal data or corporate information, oversee data quality and cyber security. These IG professionals make up the Information Governance Group (IGG) and our core IG community in the LAS.

Internal Governance Structure

The Trust's Information Governance Group (IGG) has oversight of the Information Governance work programme towards the Trust's Information Governance strategic objectives. Updates and relevant reporting documentation including relevant policy approvals go to the Executive Committee. In terms of governance:

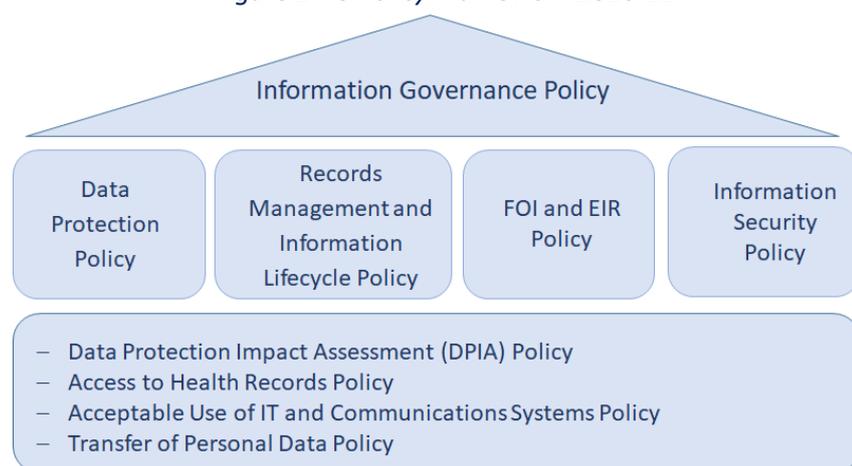
- The IG Group Chair, the Senior Information Risk Owner, attends and provides a regular report to the Audit Committee;
- The IG Group Chair, the Senior Information Risk Owner, provides IG update reports to the Executive Committee;
- The Data Protection Officer, Senior Information Risk Owner and Caldicott Guardian jointly present an IG Annual Report to the Trust Board.

During the year, the IGG met 4 times and covered a range of topics, including but not limited to; policies, compliance against the Data Protection and Security Toolkit (DSPT), information rights standards, requests made under the Freedom of Information Act (FOIA), Subject Access Requests, records requests, information sharing agreements, training compliance, information assets, internal audits, risks and incidents.

Information Governance Policies

Policies and procedures provide the foundation of good information governance management. The Information Governance policy framework is shown as Figure 2 below.

Figure 2: IG Policy Framework 2020-21



The Trust's IG policy framework has maintained a reasonable position in respect of keeping policies up to date, albeit with some internal delays due to the pandemic and resource escalation levels.

Looking forward

The IG policy framework for 2021-22 will be reviewed to ensure policies are relevant and up to date.

Risk

Information risk management is an essential element of broader information assurance and is an integral part of good governance. Information risks are assessed in accordance with the Trust's risk assessment methodology and are identified through mechanisms including, but not limited to;

- Assessment against the ICO's standards and best practice (e.g. Accountability Framework);
- Data Protection Impact Assessments (with relevant risk owners/approvals);
- IG incidents recorded in Datix (arising patterns, trends, themes);
- Data breaches (root cause analysis shows inadequate controls in place to prevent recurrence);
- Enquiries for information governance advice (day-to-day operations identify a risk);
- Horizon scanning (technological, sociological, financial, political, legal, environmental);
- Audit, reviews, evaluations (local, internal, external).

The Risk Management Strategy and Policy provides the guiding framework for the Trust's information risk management process with multiple levels of internal control for identifying and managing information risk.

Audit

Information Governance and Cyber Security are a regular subject matter as part of the Trust's internal audit calendar. The Data Security and Protection Toolkit (DSPT) audit was completed in August 2020 after being postponed from the 2019/20 audit programme, receiving a 'partial assurance' rating. Recommendations and actions have now been completed.

Looking forward

The Trust's independent audit of compliance with the Data Security and Protection Toolkit (DSPT) evidence submission is scheduled to be undertaken during the 2021 calendar year. The IG Team will support relevant internal audits arising from the 2022/2023 Internal Audit Plan.

Information Governance Compliance

The Trust's compliance against Information Governance standards set out in data protection and information rights legislation is shown in Table 1 below.

Table 1: Information Governance Key Quality Standards 2020-21

Information Governance Standard	2020-21 position	Standard / Best Practice	Commentary
Number of serious breaches of the Data Protection Act 2018 / UK GDPR reported externally to the Department of Health & Social Care <i>and</i> the ICO	Zero serious breaches	Zero serious breaches	Standard met
Number data breaches reported to the ICO under the GDPR 72-hour requirement to report	1/1 100%	Reportable breaches reported within 72 hours	Standard met
Number of Patient/Representative Subject Access Requests (SARs) fulfilled within the statutory timescale ¹	780/780 100%	100% within one calendar month or 3 calendar months for complex requests	Standard met
Number of Police Requests fulfilled	1940	Adherence to Schedule 2 Part 1 (2) of the DPA 2018	Meets best practice
Percentage of staff who have completed the information governance training module as per induction/renewal schedule.	94%	NHSE standard of 95 %	Standard not met by 1 %
Data Security and Protection Toolkit (DSPT) compliance with mandatory assertions	Mandatory Assertions not achieved	Mandatory Assertions achieved	Standard not met (plan for December 2021 compliance)
Number of Solicitor Subject Access Requests (SARs) fulfilled within the statutory timescale	1446/1476 98%	100% within one calendar month or 3 calendar months for complex requests	Standard not met by 2% (n=30)
Number of Staff Subject Access Requests (SARs) fulfilled within the statutory timescale	12/29 41%	100% within one calendar month or 3 calendar months for complex requests	Standard not met by 59%
Number of FOI Requests responded to within the statutory timescale	115/503 23%	100% within 20 working days or reasonable extension (90% LAS target)	Standard not met by 77% (n=388) LAS 90% target not met by 67% (n=338)

Summary of Data Security and Protection Incidents reported to the ICO

Date of incident (month)	Nature of incident	Number affected	How patients were informed	Lesson learned
September 2020	Availability breach: human error made by engineer archived a number of recorded 999 calls for circa 2018 period.	16	n/a	Archiving procedures updated to prevent recurrence.

¹ Includes requests made under the Access to Health Records Act 1990 (AHRA)

Section 2: Confidentiality and Data Protection



The Data Protection Act 2018 is a modern, comprehensive data protection law for the UK. It updates and replaces the Data Protection Act 1998, and came into effect on 25 May 2018. It was amended on 01 January 2021 by regulations under the European Union (Withdrawal) Act 2018, to reflect the UK's status outside the European Union. The DPA 2018 sits alongside the UK GDPR, which also came into effect on 01 January 2021. The UK GDPR sets out the key principles, rights and obligations for processing personal data in the UK.

Caldicott Principles

The Caldicott Principles were first developed in 1997 as a result of a review chaired by Dame Fiona Caldicott, the National Data Guardian for Health and Social Care of how patient information was handled across the NHS. They are widely used across health and social care to ensure that confidential information is protected and used appropriately and responsibly. After a review during 2020, an eighth principle was introduced to ensure that there are no surprises for patients and service users about how their confidential information is to be used and that any use of their confidential information falls within their expectations. The 8 Caldicott Principles are detailed below.

Principle 1: Justify the purpose(s) for using confidential information

Every proposed use or transfer of confidential information should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed by an appropriate guardian.

Principle 2: Use confidential information only when it is necessary

Confidential information should not be included unless it is necessary for the specified purpose(s) for which the information is used or accessed. The need to identify individuals should be considered at each stage of satisfying the purpose(s) and alternatives used where possible.

Principle 3: Use the minimum necessary confidential information

Where use of confidential information is considered to be necessary, each item of information must be justified so that only the minimum amount of confidential information is included as necessary for a given function.

Principle 4: Access to confidential information should be on a strict need-to-know basis

Only those who need access to confidential information should have access to it, and then only to the items that they need to see. This may mean introducing access controls or splitting information flows where one flow is used for several purposes.

Principle 5: Everyone with access to confidential information should be aware of their responsibilities

Action should be taken to ensure that all those handling confidential information understand their responsibilities and obligations to respect the confidentiality of patient and service users.

Principle 6: Comply with the law

Every use of confidential information must be lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statute and under the common law.

Principle 7: The duty to share information for individual care is as important as the duty to protect patient confidentiality

Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Principle 8: Inform patients and service users about how their confidential information is used

A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this. These steps will vary depending on the use: as a minimum, this should include providing accessible, relevant and appropriate information - in some cases, greater engagement will be required.

The appointed Caldicott Guardian has responsibility for ensuring that their organisation satisfies the highest practical standards for handling person identifiable information. Their main concern is information relating to patients, service users and their care, but the need for confidentiality extends to other individuals, including their relatives, staff and others.

The Caldicott Guardian actively reviews data impact assessments and data sharing agreements, ensuring any prospective personal data processing is conducted in a legal, ethical and appropriate manner. The following sections outline the activity this year and a forward look at plans for the coming year.

Data Protection Impact Assessments

A key part of the Trust's accountability obligations under the UK GDPR is to ensure a Data Protection Impact Assessment (DPIA) is carried out whenever there is a change in data processing that is likely to result in a high risk to individuals.

The purpose of the DPIA is to assess any data protection or privacy risks to individuals in the collection, use and disclosure of personal information. It should be completed at an early stage of the change or project to enable privacy requirements to be embedded into the design stage. Failure to properly embed appropriate data and privacy protection measures may result in a breach of data protection law.

During 2020-21 the following DPIA's were completed:

- | | |
|--|--|
| 1. National testing programme work stream | 13. Digital human resource files. |
| 2: frontline worker COVID-19 antigen testing. | 14. Post event message (PEM). |
| 2. Shared decision making; Stroke. | 15. Fleet asset management system project. |
| 3. Zoom video conferencing. | 16. Local area network upgrade project. |
| 4. Home printing during lockdown. | 17. Digital 999 certificate signing request. |
| 5. Viewing one London data and sharing 999 data with one London. | 18. Flu vaccine campaign. |
| 6. Wellbeing application for corporate and operational staff. | 19. North West London collaborative group. |
| 7. Occupational health immunisation catch up service. | 20. Body worn video trial. |
| 8. Executive Director 360 degree appraisal reporting. | 21. Tempus auto load. |
| 9. Electronic patient care record. | 22. ESR manager self-service. |
| 10. Viewing OneLondon data and sharing 111 data with OneLondon. | 23. Hertfordshire urgent care. |
| 11. Resource space file management. | 24. DHU health care. |
| 12. South west London agreement. | 25. Frequent caller team: high intensity unit. |
| | 26. Gazetteer enhancement for out of area addresses. |
| | 27. PowerBI and reporting. |
| | 28. Doctaly remote patient monitoring (RPM) system. |

Looking forward

By March/April 2021, the Trust appointed essential information governance staff to strengthen the leadership and management of information governance and data protection matters across the organisation and a data privacy compliance programme will be developed in line with the ICO's Accountability Framework.

Data and Information Sharing

During 2020-21, the following data sharing agreements were developed and completed;

1. Frequent Caller Team: High Intensity Unit.
2. Shared Decision Making – Stroke.
3. 999 - Viewing One London Data and Sharing 999 data with One London.
4. Integrated Urgent Care Providers: LAS & DHU Healthcare.
5. Safeguarding Mental Assessment Service.
6. East London Health & Social Care project.
7. Doctaly Remote Patient Monitoring (RPM) system.
8. Safestats London's Multi-Agency Crime and Community Safety data.

The Trust, as a key Pan-London partner, has subscribed to the Data Controller Console (DCC), an online platform developed by Healthy London Partnership. The DCC is part of the London Health and Care three-part Information Exchange:

1. **A data controller console** – a new online platform where NHS organisations can draft, sign, update and securely store information sharing agreements they have with each other.
2. **An information exchange** – which will enable NHS organisations in London to view and edit healthcare records, when there is a data sharing agreement in place and a patient has given consent for the information to be shared.
3. **An online account** – where patients can view their information and decide which NHS organisations in London can view and share it.

The DCC provides a facility where NHS organisations can draft, sign, update and securely store, update and track the status of Information sharing agreements they have with each other. The DCC increases visibility of agreements between organisations that share information. It also gives real time access to Information Sharing Agreements (ISAs) and control over any changes made to the ISAs. The Data Controller Console can also help to support organisations with their compliance of the GDPR by:

- Increasing visibility and transparency of agreements and processes between organisations sharing information;
- It allows organisations to track their information sharing arrangements and relationships
- Tracks, reports and monitors information sharing agreements;
- Monitor compliance of sharing with regulations and therefore be confident to transfer on the basis of an adequate decision;
- Standardise templates such as Data Privacy Impact Assessments (DPIAs) and information sharing agreements.

Looking forward

The 2021/22 period will involve a review of the Trust's data sharing agreement log to ensure that all agreements are up to date as well as developing new data sharing agreements as required and wherever suitable, within the Pan-London NHS DCC.

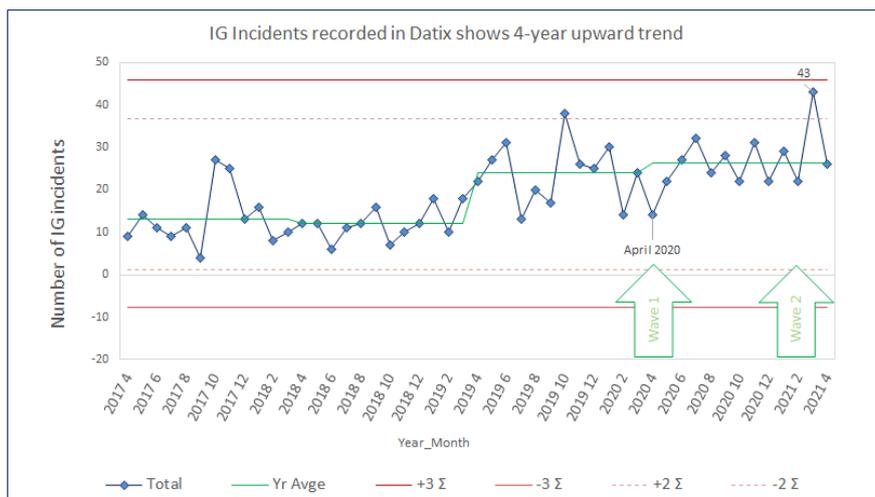
Information Governance and Confidentiality Incidents

The Trusts Incident Reporting and Management Policy provides the framework to the way IG risk is managed. The Trust's Datix platform is a tool that ensures all information governance and confidentiality incidents (breaches and near-misses) are reported, recorded, investigated and any risks are identified and lessons learned are implemented to prevent recurrence.

During 2020-21 financial year the Trust had **316** reported information governance incidents on the Datix system for incidents or near misses these were reported at the time as having potential information governance implications by the person reporting them.

Figure 3 below represents the number of information governance related incidents recorded in the Trust’s Datix incident module for the period April 2017 to April 2021 inclusive, highlighting the key coronavirus pandemic periods. Over the four year period, the number of IG incidents being recorded in Datix is showing an increasing trend. The highest recorded monthly period of IG related incidents was March 2021, with 43 IG incidents recorded.

Figure 3: IG related Datix incidents: 4-Year Period April 2017-April 2021



Data analysis over a 4-year period shows an increasing trend in IG incidents recorded. The average of 13 incidents reported in 2017 increased to 24 in 2019-20 and 26 per month during 2020-21.

Descriptive statistics have revealed the introduction of 111 in 2019-20 contributed to the increase in incidents recorded, along with marginal increases across all departments.

Through the incident management process, each individual incident is investigated and remedial actions put in place including communication, awareness and education.

Information Governance / Confidentiality Breaches

As detailed in the previous section, during the 2020-21 financial year the Trust had **316** reported information governance incidents on the Datix system for incidents or near misses, reported at the time as having potential information governance implications by the person reporting them. Of the 316 internally reported information governance related entries there were **3** data security and protection incidents notified externally to NHS Digital though the incident reporting tool:

September 2020	Confidentiality incident: a notebook of one of the Trust’s paramedic staff was mistakenly left in the home of a service user for a period of time after the incident. The notebook was retrieved by a trusted partner, the patient’s carer.	Not required to report to the ICO
September 2020	Availability incident: human error made by engineer who archived a number of recorded 999 calls for circa 2018 period. ICO closed the incident with ‘no further action required’.	Reported to the ICO
January 2021	Availability incident: an IPAD was mislaid from an LAS vehicle. The IPAD tablet was remotely locked out so that no-one including staff members can access the IPAD tablet and the tablet will wipe to manufacturer settings if it switches on again. Near miss.	Not required to report to the ICO

All data security and protection incidents reported externally to NHS Digital are risk assessed and if appropriate scored in respect of the threshold for reporting to the Information Commissioner’s Office (ICO). Of the 3 incidents notified externally to NHS Digital, there was **1 (one)** data breach that required notifying to the ICO, who closed the incident with an outcome of ‘no further action required’.

The ICO hold a regulatory function to oversee information rights for the UK public in the digital age. The ICO exercises its functions by issuing information notices, assessment notices, enforcement notices and penalty notices². During the 2020-21 financial year there were **0 (zero) formal notices** issued to the Trust, as detailed below.

Information Notices

There has been **0 (zero)** information notices served by the UK regulatory authority, the Information Commissioner's Office (ICO) under section 142 of the DPA 2018 to provide information within a specified time frame to assist them with their investigations.

Assessment Notices

There has been **0 (zero)** assessment notices served by the UK regulatory authority, the Information Commissioner's Office (ICO) under section 146 of the DPA 2018 to assess compliance with data protection legislation through access to premises, documentation and/or equipment.

Enforcement Notices

There has been **0 (zero)** enforcement notices served by the UK regulatory authority, the Information Commissioner's Office (ICO) for circumstances set out in section 149 of the DPA 2018, for example, following a breach of one of the data protection principles or repeated failure to meet information rights obligations. An enforcement notice mandates/halts actions to bring about compliance.

Penalty Notices

There has been **0 (zero)** penalty notices served by the UK regulatory authority, the Information Commissioner's Office (ICO) under Section 155 DPA 2018 for breaches of data protection law. The penalty notice sets out the amount being fined and the reasons for the monetary penalty.

Looking forward: The IG team will work with the quality and improvement teams to increase the utilisation of the Trust's incident and risk modules within the Datix platform to identify, review, report and learn from risks, issues and incidents based on analysis of trends and thematic reviews.

Section 3: Health Care Records Management

Subject Access Requests (SAR) / Access to Health Records Act (AHRA) Requests

The Patient Experience Department manage requests for personal information/health care records made under the UK GDPR and DPA 2018 through a SAR. Access to deceased patients' health records is restricted to only those with a statutory right to apply for access to information contained within a deceased person's health record under the Access to Health Records Act (AHRA) 1990.

The Access to Health Records Act 1990 provides certain individuals with a right of access to the health records of a deceased individual. These individuals are defined under Section 3(1)(f) of that Act as, '*the patient's personal representative and any person who may have a claim arising out of the patient's death*'. A personal representative is the executor or administrator of the deceased person's estate.

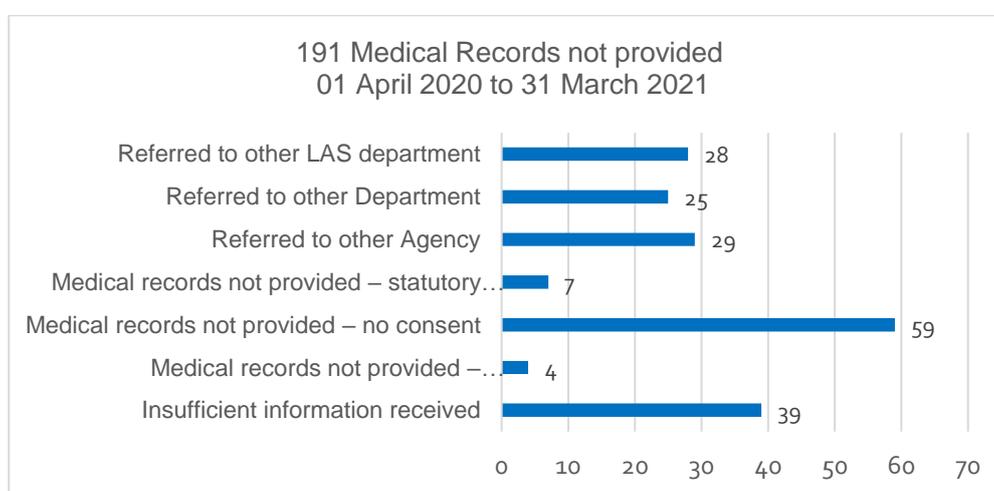
² Further information about regulatory action can be obtained from the ICO website at <https://ico.org.uk/media/about-the-ico/consultations/2618333/ico-draft-statutory-guidance.pdf>

The personal representative is the only person who has an unqualified right of access to a deceased patient's record and need give no reason for applying for access to a record. Individuals other than the personal representative have a legal right of access under data protection legislation only where they can establish a claim arising from a patient's death. During the period April 2020 to March 2021, the Trust handled the following requests:

Subject Access Request (SARs) / Access to Health Records Act (AHRA) from patients/representatives

- ✓ **971** requests were received for personal information from patients or their representatives as a subject access request or AHRA, an increase of **32%** (n=235) from the previous year of 736 patient/representative SARs/AHRA. Of those, **780** were provided (see Figure 4 below for those not provided).
- ✓ Compliance for responses within 30 calendar days was **100%**.

Figure 4: Reasons for Subject Access Requests not provided



Subject Access Request (SARs) from Solicitors

- ✓ **1476** requests for personal information from Solicitors as a subject access request, a decrease from 1875 (**27%**) from the previous year.
- ✓ Compliance for Subject Access Request Solicitor responses within 30 calendar days was **98%**.

Subject Access Request (SARs) from staff

The Workforce Intelligence Department manage requests from staff for personal data made under the UK GDPR and DPA 2018 through a Subject Access Request (SAR). During the period April 2020 to March 2021, the Trust handled the following requests:

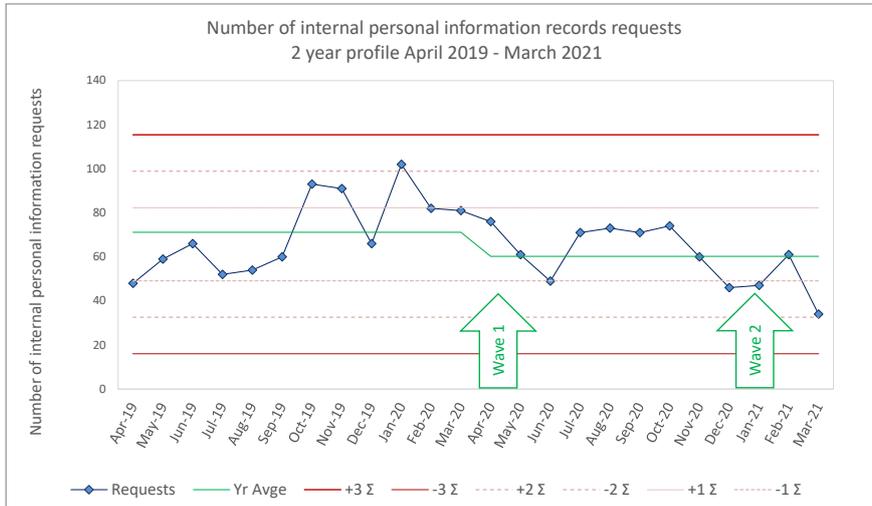
- ✓ **29** requests from staff for personal information from patients or their representatives as a subject access request, an increase from 11 (**146%**) the previous year.
- ✓ Compliance for staff Subject Access Requests responses within 30 calendar days was **41%**.

Internal Personal Information Records Requests

The Records and Archives team manages requests for patient information from internal departments for investigations, serious incident investigations, patient experience/concerns enquiries. External requests for health records are from police forces for criminal investigations.

During the 2020-21 financial year, 723 requests for personal information records from internal LAS departments were fulfilled, showing a decrease in demand for records from the previous year of 15% (n=131), as shown in Figure 5 below.

Figure 5: Number of internal personal information records requests: April 2019-March 2021



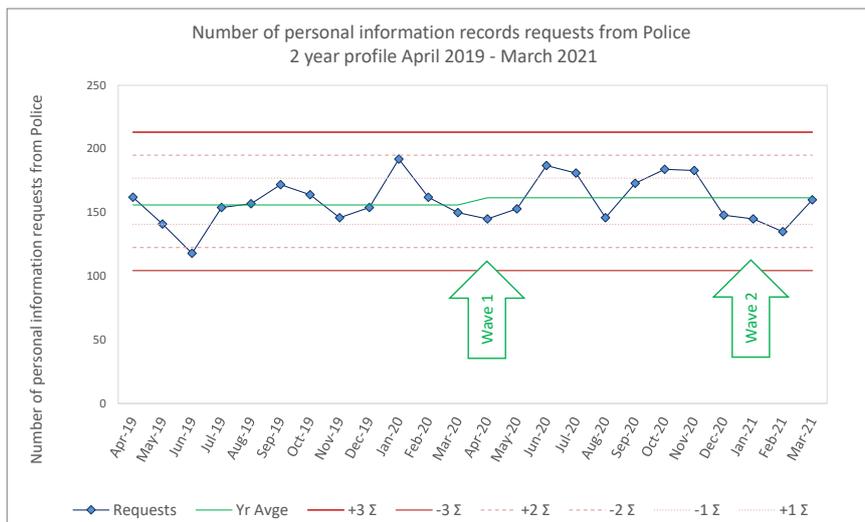
Data analysis over a 2-year period shows a decreasing trend in requests for personal information from internal LAS departments. The average of 71 requests per month reported in 2019-20 decreased to 60 in 2020-21.

This reduction in internal requests are as a result of the introduction of ePCR. Departments no longer have to request patient records through Archives as they are immediately available to authorised users of the Call Log.

External Personal Information Records Requests

During the 2020-21 financial year, a substantial 1,940 Requests for personal information from police forces were fulfilled by the Records and Archives team, compared to 1872 during 2019-20; an increase from the previous year of 4% (n=68), as shown in Figure 6 below.

Figure 6: Number of personal information records requests from Police: April 2019-March 2021



Data analysis over a 2-year period shows a marginal increase in Police request activity. The average of 156 requests per month reported in 2019-20 increased to 162 in 2020-21.

Descriptive statistics shows the 2-year activity profile by month below.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019-20	162	141	118	154	157	172	164	146	154	192	162	150
2020-21	145	153	187	181	146	173	184	183	148	145	135	160

Section 4: Freedom of Information and Corporate Records Management

Freedom of Information requests are managed through the Corporate Affairs team and activity and performance is reported via the Information Governance Steering Group. The Trust's performance on responding to Freedom of Information (FOI) requests in a timely manner has historically not been at a level to which it aspires. The Trust entered the year in a challenging position, with an existing backlog of over 80 cases. The decision was made to set a stretch target of 90% compliance for a response being provided to FOI requests within 20 working days.

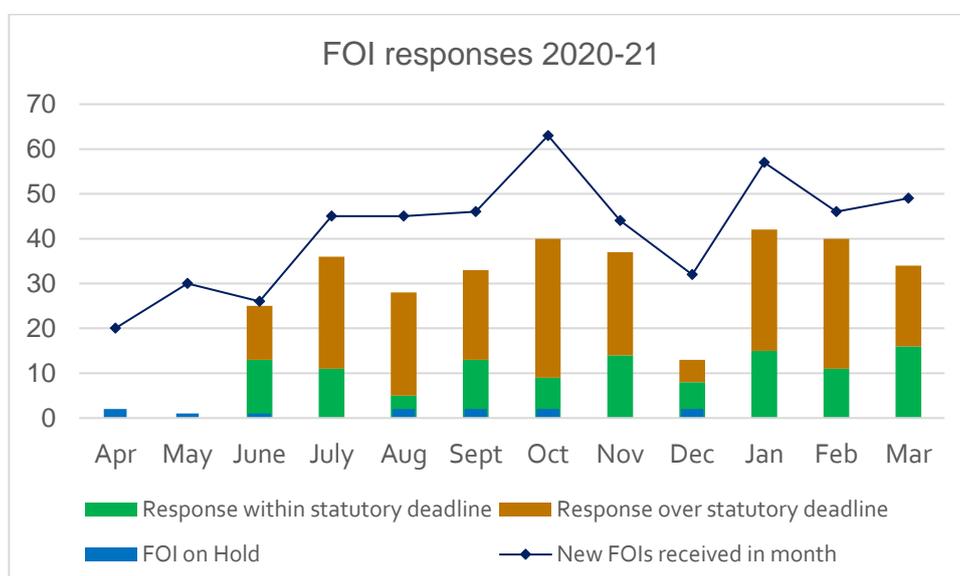
COVID-19 response

As experienced by everyone the world over, the past year has not been a normal year. During the year, the Trust took the decision to prioritise resources towards its colleagues, patients and their safety. This included a pause on the provision of responses to FOI requests. This approach to unprecedented circumstances placed on the NHS was met sympathetically by the Information Commissioners Officer (ICO) who said:

"The ICO recognises the unprecedented challenges all are facing during the coronavirus (COVID-19) pandemic. In particular we understand that resources, whether they are finances or people, may be diverted away from usual compliance or information rights work. Whilst we can't extend statutory timescales, we will not be penalising public authorities for prioritising other areas or adapting their usual approach during this extraordinary period. Regarding compliance with information rights work when assessing a complaint brought to us during this period, we will take into account the compelling public interest in the current health emergency."

During the pandemic, the public were informed of the exceptional levels of demand that the service was facing and asked for their understanding that some requests might take longer than usual in the circumstances. Though the level of FOIs increased during this period, reflecting heightened public interest in healthcare related matters, those in contact with the service were understanding of the pressures faced and we thank them for their forbearance. Following the first pandemic peak, a dedicated resource was identified to assist with the backlog of outstanding FOI requests. FOI responses resumed in June 2020 as reflected in Figure 7 below.

Figure 7: Freedom of Information Responses April 2020 - March 2021



Even in the face of these challenges, which affected the ability and prioritisation of colleagues across directorates to respond to the detail of FOI requests in the standard timeframe, the Trust continued to maintain a consistent delivery of FOI responses each month. The pandemic year and the high levels of service demand the Trust has faced have inevitably had an impact on the number of outstanding cases to be responded to. The lessons learned from this period have been used to adopt more streamlined processes which are already helping the Trust to move back towards its pre-pandemic response goals during 2021/22.

Section 5: Data and Information Quality Assurance

Acceptable data quality is crucial to our operational, clinical and corporate services. High quality information leads to improved decision making which in turn results in better patient care, wellbeing and safety. Equally, poor data quality introduces a risk of damaging public trust, weakening frontline service delivery, incurring financial loss and breaching data protection legislation.

During the pandemic, it became widely recognised that data saved lives and helped the NHS to provide better care to patients. As each daily news briefing revealed statistics and information that directly influenced our response to the pandemic, the government set out a new ambitious strategy '*Data saves lives: reshaping health and social care with data*' which set out ambitious plans to harness the potential of data in health and social care whilst keeping privacy a top priority. Matthew Gould, Chief Executive of NHSX, said:

"Data saves lives, and has saved thousands of lives in the past year. Safe access to a patient's data allows a doctor to make the right diagnosis and offer patients the right treatment. Safe access to aggregated data-driven research into new treatments like dexamethasone for COVID-19, which has now saved over a million lives. The new data strategy will set out our vision to go further, to learn from the pandemic, to save more lives with data, to use technology to ensure patient privacy is even better protected, and to give patients more control of their health records."

Data and information quality assurance is provided through the data quality team who work with all parts of the service to ensure the highest quality of data and information. Highlights from the 2020-21 work programme include:

- Working with teams across the Trust to ensure the highest quality data and information is being recorded and used for the COVID-19 response;
- A 'SIGNIFICANT' level of assurance (highest possible rating) for an internal audit by Grant Thornton on data quality, presented to the Audit Committee on 5th November 2020;
- Ensuring the implementation of the ePCR takes account of the basic Data Quality requirements. This is to ensure all the processes in place to mitigate some of the data quality issues and to understand what other issues may arise in future;
- Monitoring implementation of the actions from the Data Quality Reviews carried out in 2019. This covered 11 systems that feed into the indicators adopted in the Integrated Performance Report. This was part of the internal audit recommendations.

Looking forward: The data quality team are developing new ideas about how we can ensure our data is of the highest quality for the benefit of LAS patients, service users and the wider London health and care system.

Section 6: Information Security

Improving Information Governance and Security is a key NHS priority. This is reflected in national standards set out in the Data Security and Protection Toolkit (DSPT), an annual self-assessment and submission to NHS Digital which lets organisations measure themselves against the 10 National Data Guardian (NDG) data security standards. Completion of DSPT demonstrates that the organisation is compliant with the following:

- UK General Data Protection Regulation (GDPR);
- Compliance with the expected data security standards for health and social care for holding, processing or sharing personal data;
- Readiness to access secure health and care digital methods of information sharing, such as NHS mail and Summary Care Records.

Despite a large amount of work being undertaken in several areas of the Trust in order to attempt to meet the mandatory assertions before the 30th June DSPT submission date, the Trust did not achieve full compliance for the 2020-21 period. Some technical areas are very challenging due to the existing IT legacy infrastructure and systems. As such, technical work is ongoing with the aim that evidence of compliance will be submitted by the end of the calendar year, unless achieved sooner.

Looking forward: With focussed and uninterrupted effort to deliver the necessary infrastructure and systems improvements required to complete all of the 37 mandatory assertions of the DSPT during the 2021 calendar year.

Closing remarks

This report provides readers with an open and transparent understanding of the work that happens largely behind the scenes for the coordination and oversight of information governance activities. We have strengthened our governance arrangements again this year, but there is a programme of continuous improvement ahead.

One of the significant areas of progress during the year is against the NHS data protection and security toolkit (DSPT) and the projected compliance with the mandatory assertions during 2021 represents a landmark achievement for the Trust.

We encourage all our staff to report information governance incidents and near-misses as it provides further opportunity for us to identify, manage and control data breaches and information risk in the organisation which leads to safer care. Please contact anyone in our IG community if you need any advice or assistance, we are here to help.

Contributors

With thanks to the following information governance specialists and their teams for their contribution to this report and unrelenting dedication to their work. They deserve our abundant appreciation just as they have worked tirelessly for our patients, citizens and our LAS during the year.

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Clinical Audit Annual Report 2019-21

September 2021

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Dedication

For several years, Ben Woodhart worked with CARU on a voluntary basis as an Engagement Facilitator, eventually moving into a permanent part time role with us. Using his amazing creative design skills, Ben worked tirelessly to help CARU communicate key messages to staff through infographics and videos, and in 2017 was recognised by the Healthcare Quality Improvement Partnership as a “Clinical Audit Hero”. Sadly, at the beginning of May 2020, Ben passed away. He was an enthusiastic member of the Service for over 20 years, and his work with CARU transformed the way we communicate information to our clinical staff. Ben is sorely missed and remembered with great fondness by all at CARU.

For further information

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1.0 Preface

Clinical audit is an established part of all National Health Service (NHS) Trusts. Improvements in patient care and outcomes are driven through the systematic review of care against explicit criteria and the implementation of change (NICE, 2002). The cyclical nature of clinical audit provides a unique mechanism by which improvement can be monitored and quantified, assuring healthcare services that they are delivering quality care to their patients.

All clinical audit activity undertaken by the London Ambulance Service NHS Trust (LAS) is conducted by, or in collaboration with, the Clinical Audit and Research Unit (CARU). Over the last two years, CARU continued to promote clinical care improvements through the delivery of an expansive programme of clinical audit work, and managing to maintain the most critical aspects of audit and assurance during the COVID-19 pandemic period. As well as re-audits, new projects were undertaken targeting areas for improvement often identified by reviewing near misses or incidents reported on Datix (the Trust's incident reporting system). The quality of patient care was also monitored through a programme of Clinical Performance Indicators (CPIs) and our clinical quality monitoring registries. Data from these registries provide internal assurance, and are used nationally to benchmark the delivery of our Trust's clinical care against other ambulance services in England.

The participation of clinicians in clinical audit is crucial for its success, with positive change more likely if clinicians have participated in the process (Smith, 1992). CARU encourages staff participation in clinical audit projects, facilitating over 130 staff in conducting clinical audit between 2019-21, whether as reviewers for continuous audits, or by undertaking their own projects.

Over the last two years we expanded the way we communicate findings and recommendations to our staff, through the production of short videos. Alongside our infographics and Clinical Update articles, these videos provide a quick and accessible means of engaging with our clinical audits, further increasing their impact and potential to bring about positive change to our health care practices. We also designed and wrote an e-learning package for the Core Skills Refresher (CSR) training which is mandatory for all clinicians in the Trust focussing on evidence based practice to give clinical staff a working understanding of the importance of both clinical audit and research in clinical practice.

During the peak of the COVID-19 pandemic, many of our department's staff and resources were redeployed to support the frontline response. Inevitably, this affected some of our outputs, one of which was the publication of a 2019-20 clinical audit annual report. Therefore, this report details the clinical audit activity of the LAS for a combined two year period: 2019-21.

2.0 Clinical Audit Projects

Topics for clinical audit are approved and prioritised annually by the Clinical Audit and Research Steering Group (CARSG). This ensures that the audit programme remains responsive to the objectives of the LAS, the wider NHS, and pre-hospital care in general. Results and recommendations from our clinical audit projects are widely published, engaging not only internal staff and stakeholders, but other ambulance services. Thirteen clinical audit reports were published by CARU during 2019-21.

2.1 CARU Projects

2.1.1 Assessment and management of spinal injuries (August 2019)

In the two years preceding this clinical audit, the use of spinal immobilisation was a recurrent theme in both declared serious incidents and clinical quality concerns raised by the LAS. This clinical audit investigated whether patients with potential spinal cord injury were being assessed and managed according to the Spinal Injury and Spinal Cord Injury Guidelines.

We found examples of good practice with the majority of patients being appropriately triaged and conveyed, and the mechanism suggestive of a spinal cord injury being documented for every patient. However, less than a quarter of patients were fully immobilised when they should have been and about half were partially immobilised. As a result, we held an Evidence for Practice session focussing on spinal immobilisation for clinicians. We also suggested spinal immobilisation as a future topic in a mandatory CSR training.

While manual in-line stabilisation (MILS) should be applied to all patients with a suspected spinal injury, this was recorded for very few patients. As a result, we have ensured that a MILS button is included in the new electronic patient care record (ePCR) to improve reporting of this technique when done.

Not all patients whose pain score indicated they were in pain were given analgesia. However all patients who were immobilised were administered pain relief. Around two fifths of patients were assessed for spinal pain and most did not receive a full spinal examination if they didn't report cervical spine pain.

Less than a quarter of patients were assessed using all appropriate criteria on the immobilisation algorithm, we further determined that the immobilisation algorithm could be simplified and we have recommended its review.

2.1.2 Assessment of the administration of tranexamic acid (September 2019)

In 2013, the LAS introduced tranexamic acid (TXA), a drug given under a Patient Group Direction (PGD) for prolonged bleeding. There have been four potential incidents reported regarding TXA administration since it was introduced. Through this clinical audit we were able to provide assurance to Trust regarding the use of TXA and compliance to the PGD.

All patients in the sample received TXA when they should have, except one whose injury was more than three hours prior to the TXA administration. We reported this potential incident via Datix, the Trust's incident reporting system.

The drug name and code was recorded correctly on all patient report forms (PRFs) and TXA was administered via the correct route to all patients. We also used the correct dose for most patients, although two patients received a sub-therapeutic dose. The correct method of

administration was documented for just over a third of patients and we need to improve how often we record the amount, number of doses, drug pack number, time of administration, and by whom. All patients who received TXA were correctly pre-alerted to a major trauma centre (MTC).

The key findings from this clinical audit have been shared with our clinicians via an infographic and the most current LAS PGD for TXA is now available via the Joint Royal Colleges Ambulance Liaison Committee (JRCALC+) application.

2.1.3 Management of patients who have taken an overdose (January 2020)

An overdose is defined as the ingestion, inhalation, absorption or injection of a substance above the prescribed dose. Over the last three years, 31 incidents relating to overdose have been reported on Datix, five of which were declared as serious. This re-audit aimed to examine care and decision-making for patients who had taken an overdose.

Mental health and drug overdose history, including time of overdose, were recorded for the majority of patients. In contrast, recording a mental health assessment required improvement. As a result we have recommended the adult mental health assessment form be incorporated into the ePCR and, in the interim, a photo can be taken of the paper mental health assessment form to allow this to be incorporated into the record. In addition, TOXBASE, a national toxicology database, was accessed for just over half of the patients, but it could have been beneficial for more. We will promote the use of TOXBASE via a Clinical Update article.

Supplemental oxygen was given to the majority of patients who required it, but assisted ventilation was poorly recorded when indicated. Naloxone was administered to and recorded accurately for the majority of patients. However, some incidents of overtreatment and incorrect dosage were identified and were reported via Datix for further investigation.

Nearly all patients who required hospital treatment or assessment were conveyed, but of those discharged at scene, less than half received a referral. The need for referral will also be highlighted via the Clinical Update article.

2.1.4 Use of adrenaline (1:1,000) in life-threatening asthma (February 2020)

Adrenaline (1:1,000) is used to treat life-threatening asthma. Over the last ten years, through three previous clinical audits, the documentation of adrenaline (1:1,000) administration has been identified as requiring improvement. As a result of previous audits, training materials have been reviewed and CARU created adult and paediatric Asthma Tools which outline the signs, symptoms and medicines indicated for different severities of asthma. Despite this improvement work, a further nine incidents of inappropriate adrenaline (1:1,000) administration were reported via Datix prior to conducting this clinical audit. Therefore this re-audit looked again at the appropriateness of adrenaline (1:1,000) administration for patients with features of life-threatening asthma.

We found all patients were given adrenaline (1:1,000) via the correct route and the correct dose was documented for most patients. However, we also found in two-thirds of cases where the signs or symptoms of life threatening asthma were recorded on a PRF but the patients were not given adrenaline (1:1,000). The reasons for the seeming reluctance to administer adrenaline (1:1,000) were unclear, so CARU conducted a short survey to investigate this further. As a result of the survey, we were able to feedback to JRCALC that staff feel the definition of life-threatening asthma is too broad and that the current guidelines contain contradictory information regarding whether adrenaline should be the first course of action. As

a result, JRCALC Guideline Developers have agreed to undertake a full review of their asthma management guidelines.

Key findings of this report have been shared via an infographic, an educational video and a Clinical Update article. A case study will also be provided to the Insight magazine using one of the PRFs where adrenaline (1:1,000) should have been given as a case study.

2.1.5 Use of hydrocortisone in acute severe and life-threatening asthma (February 2020)

Our 2013 clinical audit found that only a handful of patients who presented with acute severe or life threatening asthma received hydrocortisone. To address this, we published a Clinical Update article and a poster reminding clinicians of the indications for hydrocortisone. This re-audit assessed whether there was any subsequent improvement in the administration of hydrocortisone for this group of patients.

The re-audit showed that when administered, hydrocortisone was mostly recorded at the correct dose, indicating safe use of the drug. However, there was still a documented underuse of this drug and there remains confusion regarding the appropriate route of administration. This confusion has been attributed to conflicting guidance released by the LAS which superseded national guidance. We have asked the National Ambulance Service Medical Directors to consider whether IV administration of hydrocortisone is appropriate for children (as this is not currently advocated as first line treatment by the National Institute for Health and Care Excellence), and for adults, where IV access fails, to not delay on scene with intramuscular administration of hydrocortisone (which would bring JRCALC in line with the British Thoracic Society and LAS guidance). The findings of this clinical audit have also been shared with clinicians via an infographic, making clear the indication, administration and presentation of hydrocortisone, and will be included in a future Clinical Update article.

2.1.6 Assessment and management of maternity emergencies (July 2020)

In 2013, our obstetric emergencies clinical audit found that many aspects of care required improvement. As a result, we published a Clinical Update article, a poster, reviewed and updated training packages, as well as creating the LAS Maternity Pre-Hospital Screening & Action Tool to remind crews of the procedure for attending a maternity call. This re-audit aimed to assess whether there has been any improvement in the care provided during obstetric emergencies.

Eclampsia

For all patients with eclampsia, the recurrence and duration of convulsions was recorded, and all patients had their blood pressure measured. However, patient positioning, IV access and conveyance to the nearest maternity unit for patients presenting with eclampsia were found to require improvement. As a result of these findings, an eclampsia webinar was delivered to ensure clinicians are informed of these important aspects of care. There remains confusion regarding when convulsions in pregnancy should be regarded as eclampsia, which has been attributed to differences within the national guidelines. We have requested clarification from the JRCALC Guideline Developers.

Birth before arrival at hospital (BBA)

Assessment of both the patient's respiration and heart rate post birth, and documentation of the time of placenta delivery have improved since the previous clinical audit. Initial baby assessments (skin colour, muscle tone, respiratory effort, heart rate), were also recorded more frequently. However there remains room for improvement in the documentation of such assessments and informed the recent newborn care webinar for staff. Documentation of the volume of estimated blood loss (EBL) has declined since the previous clinical audit and IV access was attempted for only a third of patients for whom it was indicated. When birth was imminent, a second vehicle/paramedic was requested for most patients.

Of the births that a midwife attended, their details were recorded for almost half of BBAs, showing a slight improvement from the 2013 clinical audit. The electronic patient care record (ePCR) includes a tick box to record if a midwife was requested, the time of their arrival and their name, as well as an incident page which allows LAS clinicians to record details of any other healthcare professional (HCP) that attends. A BBA decision making tool is currently in the design phase to improve attendance and deployment of appropriate resources to maternity emergencies.

Post-partum haemorrhage (PPH)

All patients with PPH were conveyed to the nearest maternity unit. However, assessment for uterine atony and vaginal trauma or perineal tear was poor. IV fluids were administered to one third of patients for whom IV access was attempted, a decline since the previous clinical audit. Syntometrine was also administered less frequently than the previous clinical audit. A recent PPH podcast, recommended by this clinical audit, aimed to improve documentation of these aspects of care.

Newborn life support

There was improvement with documenting all initial observations for babies requiring newborn life support. All babies were given chest compressions as required, however, in some cases chest compressions were recorded as being given prior to being indicated. Documentation of wrapping, drying and warming the baby, as well as recording the baby's temperature required improvement. As a result, tempadots are now included in the Maternity Packs for easy access.

The findings of this audit have been shared via a Clinical Update article encouraging documentation of specific aspects of care that require improvement. An infographic emphasising the importance of having a contemporaneous clinical record has also been produced and shared via the intranet and with clinicians in their mandatory Core Skills Refresher training (CSR). Emergency cards are being developed for the management of eclampsia and newborn life support.

2.1.7 Assessment of intoxicated patients (July 2020)

Alcohol-related incidents made up 4% of the LAS workload in 2018/19. Previous alcohol intoxication clinical audits were undertaken in 2012 and 2016, and areas for improvement were identified. This re-audit assessed whether there has been improvement in the proportion of patients having complete assessments undertaken and a full alcohol history recorded.

A full initial assessment was recorded for the vast majority of patients, however, a full event history was recorded for less than a fifth of patients, co-ingested substances was particularly

poorly recorded. As a result, the CSR 2019.2 Health Promotion mandatory e-learning content was amended to include a focus on recording each element of the history of current events for intoxicated patients.

2.1.8 Newly Qualified Paramedic (NQP) and non-registrant non-conveyance (October 2020)

The LAS have a number of tools that are used by clinicians to support decision making and safely refer non-conveyed patients to other healthcare provision (including self-care). Since May 2017, sixteen incidents have been reported regarding the non-conveyance of patients by non-registrants and NQPs, two of which were declared as serious. This clinical audit aimed to assess the use of Pathfinder, the Patient Referral Tool (PRT), and the National Early Warning Score (NEWS2) to inform the decisions of non-registrant and NQP ambulance crews when not conveying a patient to hospital.

We found that the majority of patients had a full initial assessment, although slightly fewer patients had a second set of observations recorded. The Medical Directorate Bulletin 137 'Clarification on the completion of PRFs and handover report forms (HRFs) and vital observations', is awaiting review to consider whether NQPs and non-registrants need to take two full sets of observations for all patients.

The PRT was recorded for approximately one-fifth of eligible patients, the majority of whom had the outcome step documented. The outcome step recorded was consistent with guidance for three-fifths of patients. The iPad version of the PRT will be amended to provide clarity on the expectations for documentation of use of the PRT and the PRT Guidance Notes will be archived.

Following refusal of conveyance or a referral, almost all patients had their mental capacity assessed. However, use of the capacity tool (LA5) for patients whose capacity was in doubt could be improved. A mental capacity assessment has been incorporated into the new electronic patient care record (ePCR) with the aim of facilitating documentation of this assessment, when indicated.

Findings showed that the documentation of NEWS2 and correct 'not conveyed/referred' codes could also be improved. ePCR training now encourages the documentation of NEWS2 and pregnancy has been added as an exclusion criteria to the electronic version of the NEWS2 tool on the JRCALC+ application. Non-conveyance codes available to non-registrants and NQPs are also under review.

2.1.9 Care provided to bariatric patients (January 2021)

There have been numerous potential incidents reported via Datix where bariatric patients have experienced long delays due to appropriate resources being unavailable. This clinical audit focussed on the response times of specialist bariatric ambulances required to convey patients safely and documentation of basic observations.

For the majority of patients, the Clinical Hub were not conferenced-in to calls where a patient was identified as bariatric by a HCP at call handling stage. As a result of these findings, this step was considered unnecessary and as a result, the Control Services Training Bulletin 'Bariatric Event Types' has been amended to remove the need to conference the Clinical Hub into calls where a HCP has identified a patient as bariatric. Instead, where the patient has been identified as bariatric, these calls are now flagged to the Clinical Hub for a call back to elicit more clinical information. The updated bulletin has been shared among Emergency Operation Centre (EOC) teams.

Bariatric vehicles were often dispatched to patients who did not have a BARI Event Type and patients did not always receive a response that met the national response time target. Following these findings, an email reminder was sent to the Clinical Safety Managers in EOC and to the EOC Watch Managers to re-iterate the need to 'ring fence' bariatric ambulances so that these resources are only used for non-bariatric patients at times of high demand. Clinicians have also been encouraged to use the 'estimated weight' field available on the ePCR and use of the 'bariatric' illness/injury code is under review. Observations were documented for almost all patients and clinicians have been congratulated on the excellent patient care provided via an infographic which was shared on internal social media and via the intranet.

2.2 Facilitated Clinical Audit Projects

In addition to the projects undertaken within CARU, wider LAS staff are regularly assisted to conduct their own clinical audit projects. We deliver tailored support, providing feedback and quality assurance on their work, and helping them to report their findings. Four facilitated projects were published in 2019-21.

2.2.1 Assessment and management of chronic obstructive pulmonary disease (July 2019)

Lewis Shelley, James Geis and Jonathan Sideway

A survey CARU conducted in 2013 highlighted that, when administering oxygen to COPD patients, there was a lack of consideration for hypercapnic respiratory failure (when there is too much carbon dioxide in the blood). This clinical audit therefore aimed to examine the assessment and management of patients with COPD in clinical practice.

We found some areas of good practice around initial patient assessment, with pre-intervention oxygen saturations recorded and the chest auscultated for most patients. However, there was evidence that nebulisation was limited to six minutes for just over a third of patients, meaning the remaining patients were potentially put at risk of hypercapnia.

Approximately two-thirds of patients were given ipratropium bromide when indicated and oxygen administration was not recorded properly for some patients. In addition, just over a third of patients had a 12-lead ECG recorded to rule out heart disease as the cause of the shortness of breath. In order to highlight risk of hypercapnia, the indications for ipratropium bromide and oxygen, and the importance of 12-lead ECGs, these findings have been shared with LAS staff via an infographic.

2.2.2 Supply of patient group direction medicines by Advanced Paramedic Practitioners in Urgent Care (July 2019)

Georgette Eaton

Advanced Paramedic Practitioners in Urgent Care (APP-UC) are currently able to supply five medicines under a PGD: co-codamol; naproxen; prednisolone; prochlorperazine, and salbutamol. This clinical audit assessed documentation following medicine supplied by APP-UCs. The project also formed the pilot of proposed CPI criteria.

Overall compliance with PGD documentation was poor with patient assessment and PGD inclusion criteria being the least frequently recorded aspects of care across all PGDs. To improve the overall documentation of PGD drug supply, an educational framework and standards of documentation has been developed and distributed amongst staff. The use of

PGD medicines by trainee APP-UCs will also be reconsidered, so that PGDs are only administered upon completion of the relevant university modules. In addition, feedback has been given to individual APP-UCs where required.

The clinical audit also highlighted inconsistencies within the APP-UC PGD database and unreported incidences of PGD drug administration. To improve the consistency of data capture the APP-UC PGD database has been discontinued and PGD medicines are now included in the existing APP-UC database.

The pilot was successful and these five medicines will be introduced as CPIs early 2021-22.

2.2.3 Emergency arrhythmia centre pathways (January 2021)

Leah Sugarman, Joanne Nevett, Michael Cooklin and Janet McComb

Since the introduction of a new pathway for emergency cardiac arrhythmias in 2013, paramedics can transport a patient directly to one of six emergency arrhythmia centres in London if their 12-lead ECG confirms one of the following: complete (3rd degree) heart block (CHB); pulsed ventricular tachycardia (VT), or multiple implantable cardioverter defibrillator (ICD) activations. This clinical audit assessed whether the pathway is being used accordingly, and if it would be safe to extend it to other arrhythmias.

The majority of patients had an ECG available for review and these were mostly interpreted correctly. Almost all patients had a paramedic present to make the decision to convey to an emergency arrhythmia centre. For those where a paramedic was not present, the decision to convey was discussed with a paramedic remotely via the Clinical Hub and one patient was transported under instruction of a GP.

Almost four-fifths of patients fulfilled the criteria to be conveyed to an emergency arrhythmia centre and for three-quarters the correct destination was documented on the PRF. The importance of correctly utilising the pathway and documentation when activating a specialist pathway will be emphasised in the Cardiac Care Information Circular 021. In addition, clarification is being sought from the Cardiac Clinical Leadership Group as to whether high grade AV block and symptomatic sinus node disease could be added to the inclusion criteria.

2.2.4 End of Life Care (March 2021)

Karina Catley, Caroline Phillips, Diane Laverty and Georgina Murphy-Jones

Since our 2017 end of life care (EoLC) clinical audit, the LAS has established a dedicated Macmillian EoLC team who are focussed on improving the provision of care for this patient group. This re-audit was conducted to determine whether care has improved over the last few years.

There have been some great improvements in the documentation of information from Co-ordinate My Care (CMC) (now documented for approximately half of patients) and patients' preferences' (documented for around two thirds of patients). There was also evidence of shared decision making with GPs, palliative teams, Clinical Hub and family/carers for the majority of patients. However, several areas still required improvement. Consideration of pain was documented for over four-fifths of patients and actions to relieve pain/discomfort could be improved. For patients where symptom control was carried out, pharmacological methods were used more frequently than non-pharmacological. Most patients had full documentation of LAS and/ or anticipatory drugs used for pain relief. A Clinical Update article will be produced to reinforce pharmacological/ non-pharmacological pain and symptom assessment. Management and guidance around this topic will continue to be promoted.

In order to improve compliance of viewing and documenting CMC plans by ambulance clinicians, CMC working groups will continue both internally and externally to identify any opportunities for education. The EoLC team will also develop fields on the ePCR to improve documentation, and an EoLC CPI has been agreed to allow for continual audit and feedback on this important area of care.

2.2.5 Ongoing Facilitated Clinical Audit Activity

CARU continues to assist wider LAS staff to conduct their own clinical audit projects. Currently, the Integrated Urgent Care Clinical Assessment Service (IUC CAS) are undertaking clinical audit activity in several areas that are used to produce a monthly report detailing all prescribed medication within the Trust. This allows prescribing practices to be reviewed against clinical guidelines in the areas of: anti-microbial medication, high risk medication, NHS Business Service Authority (NHSBA) medication safety indicators, medication of potential misuse, and repeat medication prescribing practice.

2.3 Clinical Audit Assurance

Following publication, we evaluate all clinical audit projects. They are assessed to see whether they have met their aims and objectives, and to ensure that learning points are identified for future projects.

3.0 Continuous Clinical Audit Activity

3.1 Clinical Performance Indicators

The CPIs are a continuous method of clinical audit, used to drive improvements in patient care throughout the Trust. Each CPI is made up of specific aspects of care, and is responsive to the needs of the Service. Currently our CPIs focus on eight areas of patient care (see Figure 1). Staff are able to track both the Trust's and their Sector's performance through monthly CPI reports, and receive tailored feedback.

CPI Compliance

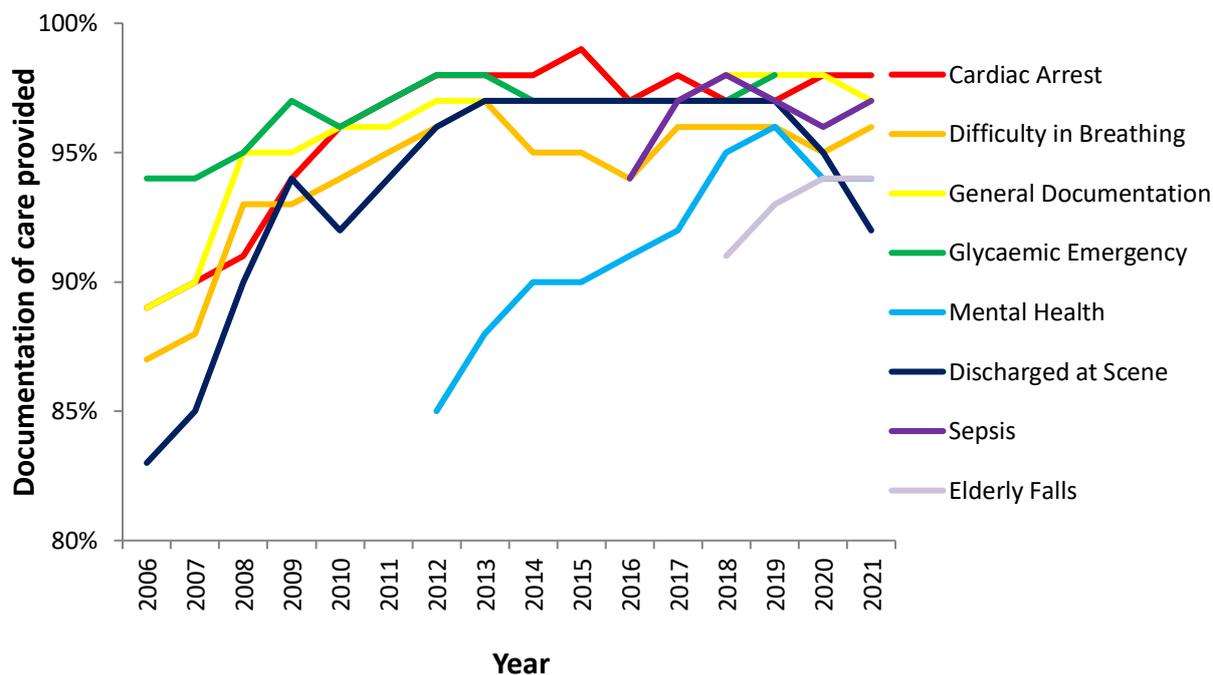


Figure 1: Documentation of care provided for each patient group since 2006. Each year reports data from April, with the exception of 2020 where DIB and MHd data is reported from December 2019 and the remainder from January 2020 (due to data availability during the first wave of the COVID-19 pandemic).

Due to the COVID-19 pandemic, all CPI activity was suspended from 25th March 2020 to 30th June 2020 inclusive to allow clinicians to focus on front line duties.

Overall during the two year period 2019--21, completion of CPI audit increased to 95%; its highest rate for the last 5 years. However, in comparison to the end of 2019-20 when nearly three-quarters of clinicians had received at least one face-to-face CPI feedback session and almost half had received two face-to-face sessions, by the end of 2021, only 59% of frontline staff had received at least one face-to-face feedback session and just over a third had received two. A high quality of care was demonstrated for the majority of CPIs throughout the two year period, although compliance for Elderly Falls and the Mental Health (diagnosed and undiagnosed) CPIs were just below the 95% target in 2020-21. The Discharged at Scene CPI has also seen a drop in compliance over the last two years (as shown in Figure 1).

3.2 Clinical Quality Monitoring Registries

In 2019-21 we continued to monitor and report, through our clinical registries, the care provided to patients experiencing cardiac arrest, ST elevation myocardial infarction (STEMI - a type of heart attack), stroke and sepsis.

Clinical care packs were released for each month throughout 2019-21 enabling operational management staff to monitor care locally, compare themselves with the LAS as a whole and develop improvement initiatives specific to their area's needs. Please see the cardiac arrest, STEMI, and stroke annual reports for more detailed information.

3.3 Continuous Re-contact Clinical Audit

Since 2015, the Continuous Re-contact Clinical Audit has sought to provide on-going reassurance of the decisions made by clinicians who discharge a patient of LAS care at scene (See & Treat), Clinical Advisors in the Clinical Hub and the advice they provide over the phone (Hear & Treat), and Emergency Call Handlers (ECH) when referring a patient to NHS 111. Patients are included if they were discharged of LAS care, but subsequently re-contacted the service within 24 hours (having severely deteriorated or died).

The clinical audit also aims to act as a mechanism for identifying and reporting potential serious incidents, whilst providing a mechanism for learning through individual feedback for clinicians. In 2019 through the re-contact clinical audit we were also able to contribute to the evaluation of the LAS 'Perfect Day'; an initiative which integrated our frontline services with the NHS 111 and Integrated Urgent Care services (also delivered by the LAS).

Please see the re-contact reports for more detailed information.

4.0 National Clinical Audit

As well as our local clinical audits, CARU regularly participates in national clinical audit. Working with other NHS Trusts, we supply data that is used for performance benchmarking and research. These audits include the: Sentinel Stroke National Audit Programme (SSNAP), Myocardial Ischaemia National Audit Project (MINAP), and the Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) registry.

4.1 Ambulance Clinical Quality Indicators

CARU submits data on cardiac arrest, STEMI, stroke and sepsis to the NHS England Ambulance Quality Indicators (AQIs) programme, enabling the benchmarking of response times and the quality of care across all English ambulance trusts. For some areas of care such as the sepsis care bundle and our call to arrival at hospital for stroke patients, the LAS continue to perform well when compared with the other ambulance services in England. However, despite achieving the stroke care bundle for 97% of patients in 2020-21 we were the second to worst performing ambulance service, and our survival to hospital discharge figure saw us rank in 11th place (see Table 1).

Ambulance Clinical Quality Indicators	2019-20			2020-21*		
	National Average	LAS Performance	LAS Rank	National Average	LAS Performance	LAS Rank
Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a) 30.2% b) 54.0%	a) 31.8% b) 57.7%	4 th 1 st	a) 24.4% b) 46.5%	a) 25.2% b) 50.1%	a) 4 th b) 3 rd
Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 9.2% b) 29.2%	a) 9.2% b) 29.7%	6 th 4 th	a) 7.5% b) 23.1%	a) 4.0% b) 16.1%	a) 11 th b) 10 th
Outcome from cardiac arrest – 30 day survival a) Overall group b) Utstein comparator group	<i>This measure was introduced from Jan '21</i>			a) 5.9% b) 21.9%	a) 4.4% b) 27.5%	a) 9 th b) 2 nd
Outcome from acute STEMI - call to angiography – Mean (hh:mm)	02:13	02:12	4 th	02:18	02:15	4 th
Outcome from acute STEMI - care bundle delivered (includes provision of GTN, aspirin, two pain assessments and analgesia)	78.3%	76.4%	6 th	76.2%	65.9%	9 th
Outcome from stroke - call to arrival at hospital – Mean (hh:mm)	01:23	01:13	2 nd	01:22	01:12	1 st
Outcome from stroke - diagnostic bundle delivered (includes assessment of FAST, blood pressure and blood glucose)	98.0%	98.0%	7 th	98.0%	97.0%	10 th
Outcome for sepsis - care bundle metrics delivered (includes observations assessed, oxygen administered, fluids administration and pre-alert recorded)	80.5%	92.7%	1 st	82.8%	93.2%	1 st

Table 1: Ambulance Clinical Quality Indicator results for 2019-21. *At the point of writing this report, most recent data published by NHS England was from January 2021. Please refer to the NHS England website for the most up to date data for clinical outcomes: <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2020-21/>

5.0 Development Work

As an NHS organisation, the LAS is accountable for continually improving the quality of its services, and safeguarding high standards of care (Department of Health and Social Care, 2008). As well as the clinical audit projects themselves, CARU drives such improvements through the continuous development of our procedures. Ensuring our work remains responsive to the needs of the Trust and its patients.

5.1 Incident Reporting

To ensure potential incidents are investigated as early as possible from December 2019, in line with Service policy, CARU produced guidance for all volunteers to ask for all potential incidents identified during clinical audit work to be immediately reported to Datix by the reviewer.

5.2 Clinical Performance Indicators

September 2019 saw several amendments made to the CPIs. The Sepsis CPI was broadened to include paediatric patients and the National Early Warning Score (NEWS2), as well as for the Discharged at Scene CPI. In addition, as a result of consistently high standards of care, the sample sizes for the Elderly Falls and General Documentation CPIs were reduced from 100% to 50% and 2.5% to 1.67%, respectively. The Glycaemic Emergencies CPI was suspended after demonstrating a high standard of care for several years and in January 2020 version 8.2 of the CPI Guidance Notes was published, with the inclusion of pre-alert decisions for patients presenting with severe (red flag) sepsis.

August 2020 brought further developments to the CPIs with the CPI database algorithms and CPI Guidance Notes being amended to include electronic patient clinical record (ePCR) case summaries. The CPI database continues to include a mixture of scanned electronic copies of the paper PRF and ePCR case summaries.

Since June 2020, CPI audit training has been delivered online with a record 247 frontline staff receiving CPI training in 2020-21, allowing B6 paramedics who were shielding and unable to be on the front line the opportunity to continue to contribute to LAS activity.

5.3 Myocardial Ischaemia National Audit Project

MINAP was established in 1999 to examine the quality of heart attack management by hospitals in England and Wales. This national clinical audit aims to improve the quality of care and outcomes of these patients. In 2019-20, a new data portal was developed within MINAP that allows us to edit ambulance response time data ourselves, ensuring a higher level of accuracy. This new portal also provides us with more focused data sets, reducing the number of cases which need to be checked for errors.

5.4 Involvement in ePCR Development

Throughout 2020-21, alongside clinicians and IM&T colleagues, CARU have been involved in shaping the content of the new ePCR and delivery of the ePCR product. The introduction of ePCR will have a huge impact on the way CARU works, allowing us to identify patients more quickly. The ePCR will remove the need for a lot of the free text documentation, whilst maintaining the capacity to record some free text providing CARU with extra information about patients and their care.

5.5 Re-contact Developments

The continuous re-contact clinical audit script was updated in April 2020 to increase the number of patient matches where a patient's gender is unknown. We also introduced a new process in conjunction with the Learning from Deaths (LfD) and Governance teams to allow for Structured Judgement Review of all unexpected deaths identified through the re-contact clinical audit. The Structured Judgement Review determines whether incidents should be escalated to the Serious Incident Group.

5.6 Integrated Performance Report (IPR)

CARU led discussions to agree LAS specific targets for the Ambulance Quality Indicator clinical outcome measures reported to NHS England and monitored via the LAS Integrated Performance Report. The targets set were:

- ROSC at hospital (overall), 31%
- Sepsis Care Bundle, 95%
- STEMI Call to Angiography (mean), 130 minutes
- Stroke Call to Door (mean), 70 minutes

5.7 Focus on Pain Reporting

From July 2020, CARU worked to raise greater awareness of the improvement needed in the administration of analgesia for STEMI patients by regularly reporting this measure as part of the Quality Report.

5.8 Registry Developments

We developed and implemented new databases for each of the four clinical registries to further ensure uniformity and compliance with best practice guidelines on data quality. Tick boxes for known and suspected COVID were also included to allow for easy identification of such patients.

5.9 Informing Clinical Guidance

In September 2020, CARU helped to clarify the LAS pre-hospital stroke pathway by writing a Medical Directorate Bulletin which emphasised the conveyance of FAST positive patients to Hyper-Acute Stroke Units (HASU), regardless of onset time, in line with JRCALC guidelines. We also provided NHS England with aggregated stroke data from 2019-20 regarding the documented time of symptom onset to assist with their discussions regarding the thrombolysis window.

6.0 Engaging Staff in Clinical Audit

The ability to engage with and systematically evaluate evidence-based practice is cited as a key proficiency of clinical staff by the Health and Care Professions Council (Health & Care Professions Council, 2014). We continuously encourage staff to engage with clinical audit activity, whether volunteering to conduct their own clinical audit projects, or assisting with our clinical audit activity. This provides clinicians a unique opportunity to increase their understanding of evidence-based practice and contribute directly to healthcare improvements. Clinicians also experience a different perspective to clinical practice, and gain insight into how information from clinical records is used, and the importance of accurate documentation.

6.1 Training

Bespoke training is recognised as an effective method for engaging clinicians in clinical audit, and subsequently the successful implementation of improvements to care (Allwood, 2014).

In 2019, CARU designed and produced a new CSR e-learning focussing on evidence-based Practice. The course was created to meet HCPC requirements for Band 6 paramedic training and provides participants with an understanding of the history of evidence based practice, the difference between clinical audit and research, and the processes involved.

As well as the above, CARU delivered a varied programme of tailored sessions to LAS staff throughout 2019-21 (see Table 2). Sessions were designed based on the needs of the different staff groups to further understanding to the level they required.

Session	Audience	Participants
CSR e-learning – Evidence Based Practice	All clinical staff	4,227
How to undertake CPI audit	Team Leaders, Mentors and other Paramedics	289
Emergency Operations Centre Induction: Clinical Audit & Research in the LAS	New Emergency Medical Dispatchers	128
Evidence Based Practice and the CPIs	New Clinical Team Managers	59
CARU and the CPIs	Student Paramedics in the LAS Academy	85
How to undertake Urgent Care APP CPI audit	Advanced Paramedic Practitioners	65
CPI Quality Assurance	Rotational Paramedics	11

Table 2: Training delivered or facilitated by CARU over 2019-21.

6.2 Volunteering

In 2019-21, 23 members of staff undertook their own clinical audit projects, facilitated and guided by CARU. In addition, 128 LAS staff assisted CARU by reviewing and collecting data from PRFs and ePCRs for the Continuous Re-contact Clinical Audit.

All volunteers undertook clinical audits in their own time.

7.0 Sharing and Learning

7.1 Feedback and Safeguarding Concerns

In addition to the 2,877 members of staff in 2019-20 and 1,838 in 2020-21 who received individualised clinical feedback generated via the CPIs process, CARU also recommended feedback was provided on 522 occasions in 2019-20 as a result of the continuous re-contact clinical audit and other clinical audit activity.

7.2 Feedback and Safeguarding Concerns

When reviewing clinical records it is not uncommon to identify potential clinical incidents or safeguarding issues that could lead to patient harm. During 2019-21, CARU reported 68 retrospective safeguarding concerns. The vast majority of these were for paediatric major trauma patients.

In addition, 701 potential patient safety incidents were reported via Datix as a direct result of clinical audit activity in 2019-21.

7.3 Survival Letters

Since 2012 we have been acknowledging excellent clinical practice by sending cardiac arrest survival letters to staff. In 2019-20, we sent:

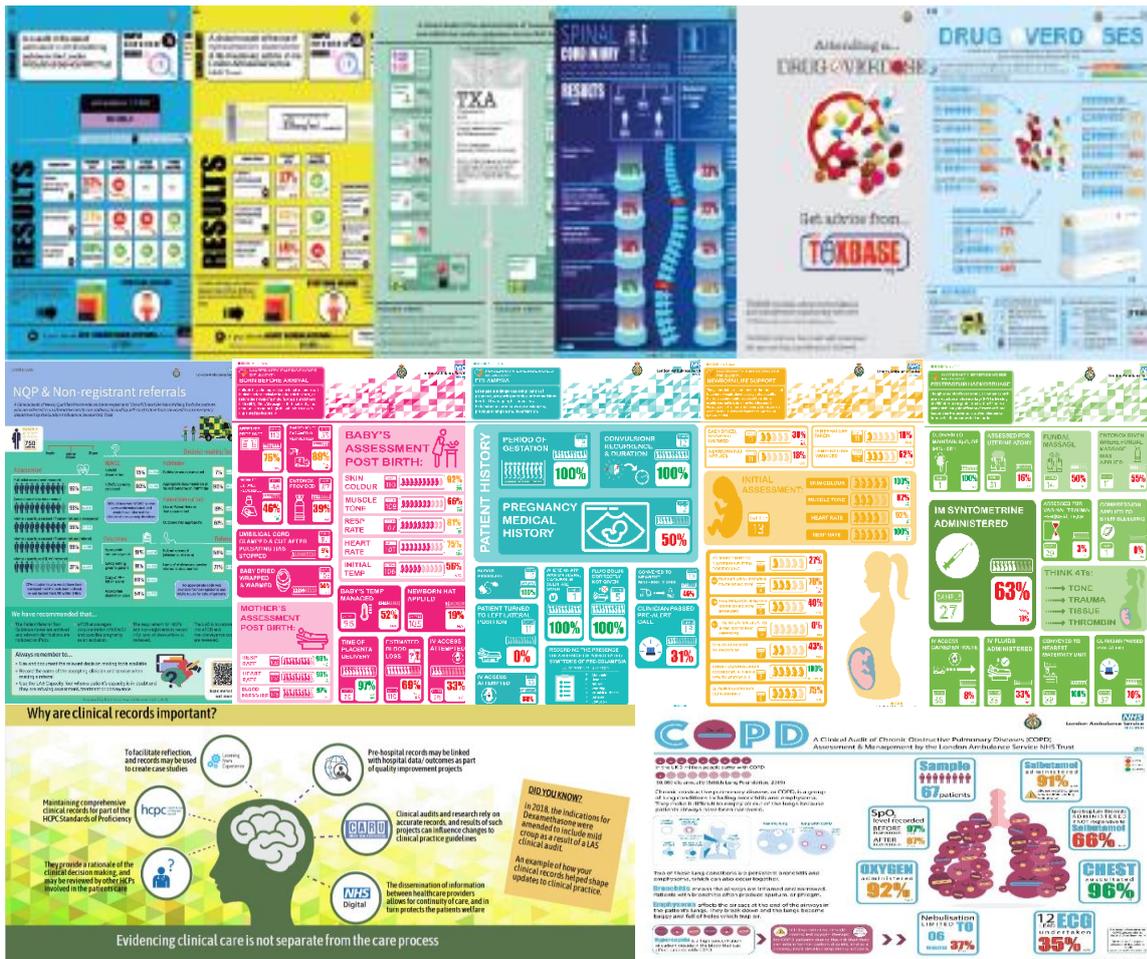
- 631 letters to clinicians whose patient survived following a cardiac arrest, and
- 187 letters to emergency medical operators following their early recognition of cardiac arrest and initiation of dispatcher assisted bystander cardiopulmonary resuscitation (CPR).

Due to the impact of COVID-19 increasing the number of cardiac arrest patients, and a lack of response from hospitals the cardiac letters for 2020-21 have been delayed and will be sent in 2021-22.

7.4 Internal Engagement

To ensure Trust-wide engagement with clinical audit, CARU regularly publishes Clinical Update articles, notices in the Routine Information Bulletin (RIB) and case studies in the LAS Insight magazine. We also create Infographics for every project to convey key findings from the clinical audit projects in an easily accessible format.

In May 2019, we further developed our methods for staff engagement through the production of short, informative videos. Each video outlines key areas identified during clinical audit, and can be found on the Clinical Audit and Research Unit section of The Pulse (<https://thepulseweb.lond-amb.nhs.uk/clinical/clinical-audit-research-unit/video-resources/>).



7.5 Externally Spreading Best Practice

CARU aims to promote clinical audit findings for external audiences. In 2019, as a direct result of our dexamethasone clinical audit (published February 2018), the Association of Ambulance Chief Executives (AACE) agreed to amend national clinical guidelines, recommending administration of dexamethasone for mild croup (in addition to moderate and severe croup). In addition, the JRCALC Guideline Developers have agreed to undertake a full review of their asthma management guidelines and clarify the guidance around the management of eclampsia.

7.6 Clinical Audit Awards

In 2019, one of CARU's clinical audit projects looking at the administration of dexamethasone was a finalist for the "Sharing a Success Award" during Clinical Audit Awareness Week in 2019, presented by the National Quality Improvement (inc. Clinical Audit) Network.

7.7 Clinical Audit Staff Accreditation

During 2019-21, 4 members of CARU earned their Level 3 accreditation in clinical audit by the Clinical Audit Support Centre. This training ensures that our clinical audit activity continues to be conducted to a high standard.

8.0 Patient and Public Involvement

8.1 Assurance of Best Practice

Involving patients and the public enhances clinical audit activity, providing unique perspectives that may not otherwise be considered. The LAS are keen to ensure the patient voice is represented through our clinical audit activity and for this reason we have patient representatives as members of the CARSG who help set the annual clinical audit work plan.

To ensure the independent review of our clinical audit working practices, for the sixth consecutive year, our patient representative has also provided assurance that our process is compliant with best practice and our clinical audit strategy. In 2019-20, the review once again found that all aspects of our clinical audit activity adhered to policy. The review did not take place in 2020-21 as a result of the government's work from home mandate but will resume as soon as feasible to do so.

9.0 Directions for 2020-22

Our clinical audit work programme for 2021-22 was discussed and agreed at the Spring 2021 CARSG meeting; our priorities for clinical audit for the year ahead can be found in Appendix One.

Our work plan includes two projects focusing on our response to the Covid-19 pandemic as well as focusing on critical and urgent care, mental health and events. We will also continue to maintain the registries and participate in national clinical audits. Finally, we will continue to encourage clinical staff to engage in clinical audit, and promote the work of the LAS through external publications.

10.0 References

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Appendix One: Clinical Audit Work Programme 2021 - 2022

In order to be responsive to the needs of the Service, projects may change if the need arises.

CARU Clinical Audit Projects

- Continuous Re-contact
- Mental Health Joint Response Car
- Advanced Airway Management
- Notting Hill Carnival
- Alteplase
- Protocol 36
- Sickle Cell Crisis
- COVID-19 Support from the London Fire Brigade
- Mental Capacity
- Sepsis
- Haemorrhage
- Allergic Reaction and Anaphylaxis
- Missed Stroke
- Referrals

Clinical Performance Indicator Audits

- Cardiac Arrest (all clinical records)
- Difficulty in Breathing: 50% sample overall (derived by looking at all clinical records every other month)
- End of Life Care: 50% sample overall (derived by looking at all clinical records every other month)
- Diagnosed Mental Health: 50% sample overall (derived by looking at all clinical records every other month)
- Undiagnosed Mental Health: 50% sample overall (derived by looking at all clinical records every other month)
- Severe Sepsis (all clinical records)
- Elderly Falls (50% sample)
- Discharge at Scene (50% of all clinical records and 100% of police arranging removal and re-contacts)
- General Documentation (1/60: 1.67% of all clinical records)

Clinical Performance Indicator Audits (Advanced Paramedic Practitioners)

- Critical Care APP Adult Non-Traumatic Cardiac Arrest (all clinical records)
- Critical Care APP Major Trauma (all clinical records)
- Critical Care APP Acute Behavioural Disturbance (all clinical records)
- Urgent Care APP Naproxen (all clinical records)
- Urgent Care APP Prednisolone (all clinical records)
- Urgent Care APP Prochlorperazine (all clinical records)
- Urgent Care APP Salbutamol Inhaler (all clinical records)
-

Clinical Performance Indicator Audits (Advanced Paramedic Practitioners) – Development Work

- Urgent Care APP Paediatric Assessment
- Urgent Care APP Abdominal Pain
- Urgent Care APP Transient Loss of Consciousness
- Urgent Care APP Headache
- Urgent Care APP Wound Care
- Urgent Care APP Palliative and End of Life Care
- Critical Care APP General Documentation
- Critical Care APP Return of Spontaneous Circulation
- Critical Care APP Ketamine
- Critical Care APP Midazolam

Clinical Quality Monitoring

- Cardiac Arrest
- Acute Coronary Syndromes
- Stroke
- Sepsis

National Ambulance Clinical Quality Indicators

- Cardiac Arrest
- Stroke
- ST-elevation myocardial infarction (STEMI)
- Sepsis

Should additional resources become available providing extra capacity, the following projects will be undertaken by CARU:

- Newborn Care
- Headache
- Silver Trauma
- Paediatric Pain Management Re-audit
- COPD Re-audit
- Paediatric Abdominal Pain Re-audit

Appendix Two: Glossary of Abbreviations

AACE	Association of Ambulance Chief Executives
ADM	Adrenaline (1:1,000)
APP	Advanced Paramedic Practitioner
APP-UC	Advanced Paramedic Practitioner in Urgent Care
AQI	Ambulance Quality Indicator
AV	Atrioventricular
BBA	Birth Before Arrival at Hospital
CARSG	Clinical Audit and Research Steering Group
CARU	Clinical Audit and Research Unit
CHB	Complete Heart Block
CMC	Co-ordinate My Care
COPD	Chronic Obstructive Pulmonary Disease
CPI	Clinical Performance Indicator
CPI QA	Clinical Performance Indicators Quality Assurance
CPR	Cardiopulmonary resuscitation
CSR	Core Skills Refresher
CTM	Clinical Team Manager
EBL	Estimated Blood Loss
EOC	Emergency Operation Centre
EoLC	End of Life Care
ePCR	Electronic Patient Care Record
GP	General Practitioner
HCP	Health Care Professional
HRF	Handover Report Form
ICD	Implantable Cardioverter Defibrillator
IUC CAS	Integrated Urgent Care Clinical Assessment Service
IV	Intravenous
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
LAS	London Ambulance Service
LiA	Listening into Action
MHd	Mental health (diagnosed)
MHu	Mental health (undiagnosed)
MILS	Manual in-line stabilisation
MINAP	Myocardial Ischaemia National Audit Project
MTC	Major Trauma Centre
NEWS	National Early Warning Score
NHS	National Health Service
NQP	Newly Qualified Paramedic
O ₂	Oxygen
OHCAO	Out-of-Hospital Cardiac Arrest Outcomes
PGD	Patient group direction
PPCI	Primary Percutaneous Coronary Intervention
PPH	Post-Partum Haemorrhage
PRF	Patient report form
PRT	Patient Referral Tool
RIB	Routine Information Bulletin
ROSC	Return of Spontaneous Circulation
RST	Referral Support Team
SCI	Spinal cord injury
SSNAP	Sentinel Stroke National Audit Project
STEMI	ST elevation myocardial infarction
TXA	Tranexamic acid
VT	Ventricular tachycardia

Appendix Three: Awards

Award:	Sharing a Success
Institution:	National Quality Improvement (inc. Clinical Audit) Network
Submission:	A clinical audit examining the use of dexamethasone for croup in the London Ambulance Service NHS Trust
Place:	Finalist