London Ambulance Service
NHS Trust

BOARD OF DIRECTORS OF LONDON AMBULANCE SERVICE NHS TRUST
MEETING IN PUBLIC
12.30pm to 2.30pm on Tuesday 25th January 2022
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	No	Item	Owner		For …
12.30pm	1.	**Welcome and apologies for absence**	HL	Verbal	
	2.	**Declarations of interest**	All	Verbal	
Staff Story and Patient Feedback					
12.35pm	3.	**Staff Story – Wellbeing**		Presentation	Information
	4.	**LAS Public and Patient Council**	Council Chair/ AT	Attached	Information
General Business					
1.00pm	5.	**Minutes of the Public Meeting held on 30th November 2021**	HL	Attached	Approval
	6.	**Matters arising and action log**	HL	Attached	Discussion
1.05pm	7.	**Report from the Chair**	HL	Attached	Information
1.10pm	8.	**Report from the Chief Executive**	DE	Attached	Information
1.15pm	9.	**Report from the Deputy Chief Executives**	JM/FW	Attached	Information
Director and Board Committee Reports					
1.25pm	10.	**Integrated Performance Report** The full version of the Integrated Performance report is available in the Convene Library and on the Trust website **10.1 Quality and Clinical Care** • Director's Report (Quality) • Director's Report (Clinical Care) • Director's Report (Corporate Affairs) • Quality Assurance Committee meeting	 JM FW ME MS	Attached Attached Attached Attached Verbal	Assurance

Timing	No	Item	Owner		For …
		10.2 People and Culture • Director's Report (People and Culture) • People and Culture Committee meeting **10.3 Finance** • Director's Report (Chief Finance Officer) • Finance & Investment Committee • Month 8 Finance Report **10.4 Audit** • Audit Committee Report	DMG AR RRP BA RRP RP	Attached Attached Attached Verbal Attached Attached	
Strategy and Planning					
2.10pm	11.	**LAS Digital Strategy Transformation and Scorecard**	BT	Attached	Assurance
Quality, Performance & Assurance					
2.20pm	12.	**Board Assurance Framework and Corporate Risk Register**	ME	Attached	Assurance
Governance					
2.25pm	13.	**Approval of the Finance and Investment Committee Revised Terms of Reference**	BA	Attached	Approval
Concluding Matters					
2.30pm	14.	**Any other business**	HL	Verbal	Information
2.30pm	**Meeting close**				
Questions from Members of the Public					

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	25 January 2022			
Report title:	London Ambulance Service Public and Patient Council (LASPPC) update			
Agenda item:	4.			
Report Author(s):	Antony Tiernan, Director - Communications and Engagement			
Presented by:	Dame Christine Beasley, Co-Chair, LASPPC and Antony Tiernan, Director of Communications and Engagement			
History:	n/a			
Purpose:	☐	Assurance	☐	Approval
	☐	Discussion	☒	Noting

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

The London Ambulance Service Public and Patients Council (LASPPC) was established in 2020 and is one of many ways in which the Trust engages patients and local communities with its work.

This paper provides an update from the latest LASPPC meeting (December 2021), as well as other LASPPC related activity. In addition, as per the LASPPC's terms of reference, approved notes/actions are presented to the Board for information. Having been agreed at its December meeting, the notes of the August LASPPC meeting are attached.

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

The Board is asked to note the contents of this paper.

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

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

LONDON AMBULANCE SERVICE PUBLIC AND PATIENTS COUNCIL
UPDATE FOR THE TRUST BOARD

1. The latest London Ambulance Service Public and Patients Council (LASPPC) meeting took place on Tuesday 14 December 2021 (agenda attached, appendix 1).

2. Recognising the significant pressures on the Service at the time, in particular as a result of Omicron variant, the Council received a detailed briefing from Brian Jordan, Director of Ambulance Operations, on how we were responding to additional demand for our 999/111 services and managing rising staff and volunteer sickness/isolations.

3. Council members asked questions about a range subjects including: how we are looking after the welfare and wellbeing of our staff and volunteers; is the 'pressure' on primary care teams (i.e. GPs) to deliver booster vaccines impacting on our services; and, what are the COVID-19 vaccination rates for our staff and volunteers.

4. LASPPC members also received an update from Ant Scott, Head of Strategy, on our 'green strategy' and plans to reduce our carbon footprint, including our move to more electric vehicles, improving the energy efficiency of our buildings and reducing our use of single-use plastics.

5. Jessica Howe, Learning Disabilities and Vulnerabilities Specialist, provided an update on our work to further improve the care we provide to people with learning disabilities. Jessica is hosting a number of stakeholder events to engage staff, volunteers, patients, patients groups, NHS partner and others with her work. This included a session with LASPPC members who had given very positive feedback about the event.

6. December's meeting was an opportunity for members to formally meet Daniel Elkeles, Chief Elkeles for the first time. As well as making clear his personal commitment to engaging with our patients, carers and local communities, Daniel gave an update on our estates plan and the pausing of the ambulance operations modernisation programme.

7. Other recent LASPPC activity includes:

    - Members have been invited to join the London Ambulance Charity operations group, which approves request for grants
    - Members are involved in the recruitment of the new Chief Executive – sitting on 'stakeholder panels'
    - Following the departure of two LASPPC members, recruitment has started for their replacements.

8. As per the terms of reference of the LASPPC, the notes of the August meeting are attached – appendix 2.

London Ambulance Service NHS Trust

Meeting of the London Ambulance Service Public and Patients Council on Tuesday 14 December 2021, 10:00am – 12.00pm via Microsoft Teams

Agenda

Item		Owner		Time
1.	**Welcome** **Apologies: Angela Cross-Durrant** **Observer: Alvin Kinch, Healthwatch London; Nicola Hunt, Clinical Team Manager and Co-Chair Women's Network, LAS; Will Randell, Head Of Quality, North West London Clinical Commissioning Group** **Welcome to new member: Janet Meehan, Carers Trust (replaces Laura Bennett)** **Farewell to members: David Law and Laura Bennett**	Dame Christine Beasley, Co-Chair	Verbal	10.00
2.	**Notes and actions of the last meeting**	Dame Christine	Papers – attached Notes (001) Actions (002)	10.05
3.	**Declarations of Interest – not previously declared or pertinent to the agenda**	Dame Christine	Verbal	10.10
4.	**COVID-19/demand/winter update**	Brian Jordan, Director of Ambulance Operations	Verbal	10.15
5.	**Welcome to new Chief Executive and estates programme update**	Daniel Elkeles, Chief Executive	Verbal	10.45
6.	**Delivering a Greener LAS**	Ant Scott, Head of Strategic Development	Presentation (003)	11.05
7.	**Supporting patients with learning disabilities**	Jessica Howe, Learning Disabilities and Vulnerabilities Specialist	Presentation (004)	11.25

Item		Owner		Time
8.	**Recruiting new LASPPC members and LAS Charity representative**	Antony Tiernan, Director of Communications	Paper (005/006)	11.50
	Meeting ends			12.00

Next meeting: 23 February, 11am – 1pm

Future dates: 25 May, 1pm – 3pm; 24 August, 12:30pm – 2pm

Meeting of the London Ambulance Service Public and Patients Council (LASPPC) on Tuesday 10 August 2021, at 10:00am – 12.00pm, via Teams Video Conference

Summary

Attendees

Council

Dame Christine Beasley, Co-Chair (CB); Dora Dixon-Fyle MBE (DD); Audrey Lucas (AL); Lynne Strother (LS); Laura Bennett (LB); Angela Cross-Durrant (ACD); Michael Bryan, Co-Chair (MB); Mary Leung (ML); Patrick Burns (PB); Ian Buckmaster (IB).

London Ambulance Service

Heather Lawrence, Chair (HL); Antony Tiernan. Director of Communications and Engagement (AT); John Martin, Chief Paramedic and Quality Officer (JM); Pauline Cranmer, Director of Ambulance Services (PC); Ant Scott, Head of Strategic Development (AS); Carly Lynch, Consultant Nurse for Mental Health (CL); Diane Laverty, Macmillan Nurse Consultant, Palliative Care (DL); Georgina Murphy-Jones, Macmillan Paramedic Lead, Palliative and End of Life Care (GMJ).

Observers

Ruth Sheridan, South East London (Head of Quality); Jenny Singleton, North East London (Head of Quality); Nicola Bamford, South West London (Senior Quality Manager); Emma Casey, North Central London (Clinical Governance and Quality Assurance Lead); Simba Tome, North West London (Head of Quality).

Apologies

Patrick Burns (attended first hour only) (PB); David Law; Glenda Bonde; David Elliman.

1. **Welcome**

CB welcomed members, as well as a number of colleagues who were observing.

2. **Notes of the last meeting**

The draft notes of the last meeting were agreed as a true and accurate account. No amendments were required.

3. **Declarations of interest – not previously declared or pertinent to the agenda**

No declarations.

4. **LAS executive changes**

HL ran through the changes to the executive team including a new Chief Executive, Daniel Elkeles and the Chief Operating Officer departing.

5. **COVID-19/demand/winter update**

PC gave an update on current operational pressures and how the LAS planned to respond to ongoing increased demand.

6. **Non-conveyance and quality strategy refresh**

JM gave a presentation on how LAS is looking to reduce conveyance to hospitals whilst ensuring patients receive the best possible care. Key element towards achieving this is improving triage and maximising alternative care pathways. JM discussed: How should we define quality – the six domains? What matters to us when using services? Thoughts on approaches to improvement? Ideas for co-producing this? JM also gave an overview of plans to refresh the Trust's quality strategy and a committed to involve LASPPC as this moved forward.

ACD observed that a massive public education programme is required to spread the message that ambulances are not just vehicles to take people to hospital. LB asked what is working in getting messages across and commented that there is a constant need to remind the use respectful language.

7. **Mental health team**

CL gave a presentation about the work of the LAS mental health team including the Mental Health Joint Response Car (MHJRC). The MHJRC attend a similar number of incidents per shift compared to 'business as usual' (5.1 versus 5.6), travels for longer distances (14.7 versus 9.9 minutes), has a shorter job cycle time (85.2 versus 98 minutes) and spends longer on-scene with patients (70 versus 58 minutes).

ACTION: IB invited CL to speak about the work of the mental health team at his forthcoming Healthwatch away day.

8. **Delivering a Greener LAS**

AS gave a presentation on LAS's plans to develop a green strategy and posed the question – how do you suggest that we engage with patients and the public to develop our Green Plan?

CB said that going from where we are now, to net zero, feels like a big jump and asked how we make that feel more manageable/achievable. AS said we had done analysis showing the main contributors of our emissions, and that a sensible way to approach net zero would be focussing initially on both quick wins and also the initiatives that will have the biggest impact but will take the longest time for us to implement. LAS biggest source of emissions comes from the fuel that our fleet use, so transitioning to a fully-electric fleet will be critical for delivery of LAS net zero objectives.

ACTION: AS agreed to go back to the LASPPC with a draft of the initiatives that will be in the Green Plan to gather their questions and comments. CB agreed that this would be sensible and to add to the agenda of the next meeting.

9. **Ambulance Operations Modernisation Programme – update**

AT and IB gave an update on the Ambulance Operations Modernisation (AOM) Programme and prototype Ambulance Deployment Centre (ADC), HUB1 (Romford Group). The AOM and HUB1 have been a regular standing item on the meeting agenda since August 2020. AT thanked IB for the support he provided for the HUB1 'launch' and guidance about which people to engage with at a local level. IB is a member of the HUB1 programme board, which meets fortnightly. Feedback that was received from the LASPPC was presented on animation storyboard and flow diagram. The LASPPC AOM sub-group held its first meeting on 23 July 2021 and the second on 2 August 2021.

10. Subgroup – update

AT ran through the paper on the sub-groups updates and thanked members that have been working on them.

11. End of life care team

DL and GMJ gave an overview of the work of the end of life care team at LAS.

Action: Members suggested the end of life care team connect with the Good Grief Trust, Marie Curie Cancer Care and utilise social media to recruit individuals for future projects.

12. AOB

None.

Next meeting: Tuesday 24 November 2021 at 11:00–13:00

London Ambulance Service NHS Trust

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

Minutes of the Public Meeting held at 1pm on Tuesday, 30th November 2021 at Avonmouth House, 6 Avonmouth Street, London SE1 6NX and via video

Present		
Heather Lawrence	HL	Chairman
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
John Martin	JM	Joint Deputy Chief Executive and Chief Paramedic and Quality Officer
Rommel Pereira	RP	Deputy Chairman and Non-Executive Director
Anne Rainsberry	AR	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
In Attendance		
Line De Decker	LD	Associate Non-Executive Director
Tim Edwards	TE	Consultant Paramedic (for item 5. only)
Andrew Goodman	AG	Director of Strategic Assets and Property
Jacqueline Lindridge	JL	Director of Quality
Damian McGuinness	DMG	Director of People and Culture
Agatha Nortley-Meshe	ANM	Medical Director (Urgent Care)
Diane Scott	DS	Interim Director of Corporate Affairs
Barry Thurston	BT	IT Programme Director
Antony Tiernan	AT	Director of Communications and Engagement
Meg Stevens	MSt	Interim Head of Corporate Affairs (Minutes)
Apologies		
Jill Anderson	JA	Associate Non-Executive Director
Amit Khutti	AK	Non-Executive Director

GENERAL BUSINESS		
1.	**Welcome and Apologies for Absence**	
a.	The Chair welcomed those present, both in person and via video-link. Two apologies for absence had been received from Amit Khutti, Non-Executive Director, and Jill Anderson, Associate Non-Executive Director.	

2.	**Declarations of Interest**	
a.	In response to a request for any new declarations of interest, RP said the One Housing Group would be become a subsidiary of the Riverside Group from 1st December 2021 and, as part of this transition, he would stand down from the One Housing Group Board and from his role as Chair of the Audit and Risk Committee and would join the Riverside Group Board as Chair of the Group Audit Committee.	
3.	**Minutes of the Previous Public Meeting**	
a.	The Minutes of the Public Meeting held on 23rd September 2021 were approved as an accurate record.	
4.	**Action Log**	
a.	The Board reviewed the action log. An additional update was noted as below: • National supply chain issues – the CEO confirmed there was no risk to the Trust and the item was closed	
5.	**Patient Story – Foreign Body Airway Obstruction**	
a.	JM introduced Tim Edwards, Consultant Paramedic with responsibility for both the urgent care and critical care advanced paramedic programmes.	
b.	Tim Edwards said that following a review of the optimal method of advanced airway management in LAS in out of hospital cardiac arrest cases, the findings and recommendations had been presented at a national research forum. This had resulted in changes to airway management procedures in LAS and debate and engagement at a national level. The work undertaken and findings had directly impacted the response to a 999 call following a cardiac arrest where an advanced paramedic had identified airway obstruction as a potential complication and the case had a good outcome	
c.	Tm Edwards summarised that the story illustrated the value of research and audit in improving patient care and also the importance of ongoing professional development for all staff.	
d.	KB said the story illustrated the importance of good quality audit and research within the context of the paramedic and emergency service system. The CEO observed that there is an impressive amount of research and development activity within the LAS.	
e.	The Chairman thanked Tim Edwards for his presentation and agreed the importance of research and sharing learning.	
6.	**Report from the Chair**	
a.	The Chairman presented her report which gave an overview of meetings and events that she had attended with internal and external stakeholders since the previous Board.	
b.	The Chairman drew particular attention to ongoing discussions about how ambulance trusts are involved in ICS/ICB Boards and whether or not there was potential for ambulances trusts to be represented on the ICS and ICB boards.	

7.	**Report from the Chief Executive**	
a.	The Chief Executive opened by noting the high level of demand facing the ambulance service which was creating pressure in terms of response and ensuring that patient safety is maintained and delivered to a tolerable level of performance. The executive team continued to be focussed on quality and performance as the service moves into the challenging few months ahead.	
b.	Noting the recently published report on reducing ambulance handover delays, the Chief Executive confirmed that LAS was very focussed on maintaining patient safety and reports to be discussed later in the meeting detailed some of the hard work being undertaken to keep patients as safe as possible over the winter.	
c.	The Chief Executive also updated on recent changes to the executive leadership team, including increasing the level of clinical leadership which would support what is expected to be a very challenging winter.	
d.	In anticipation of the challenging months ahead, a review had been undertaken of all the transformation programmes currently underway to decide whether they could be paused to enable resources to be diverted to support frontline activity. As part of this review, a decision had been taken to pause some plans in relation to the estate but work would progress over the winter on developing a high-level plan for the future. This decision had been taken in the context of the need to prioritise capital investment to support IT telephony and capital spend going forwards would be reprofiled to reflect this.	
8.	**Report from the Deputy Chief Executives**	
a.	The Board received the first report from JM and FW in their new capacity as Joint Deputy Chief Executives.	
b.	JM noted that, In line with national trends, the LAS was continuing to experience a significant and sustained increase in patient demand for both 999 and 111 services making it more difficult to respond to patients and impacting the Trust's performance against key performance indicators.	
c.	The Board noted that the number of 111 calls continued to be above contracted activity and 111 performance on calls answered within 60 seconds was outside the target with a high abandonment rate. The number of contacts into 999 had also significantly increased.	
d.	Plans for increasing capacity of the frontline response continued to be progressed but it needed to be recognised that there was a lead in time for recruitment, training and onboarding of new staff. In order to supplement the frontline workforce, the Trust had secured additional resources from external sources including final year students, the Metropolitan Policy Service and the London Fire Brigade.	
e.	FW said it was recognised that the winter will be extremely challenging across the NHS, and that it was crucial to have plans in place to manage peaks in demand. To this end, the Trust had put in place a strategic and tactical response for winter that was focussed on three key areas; managing demand, increasing capacity and working with system partners to reduce handover delays. This planning would ensure that LAS remained ready to respond to any unplanned major or significant incidents. It was noted that since October, LAS had responded to three significant incidents.	
f.		

	JM noted the importance, during this period of significant and sustained increase in patient demand for 111 and 999 services, of focussing on clinical safety and ensuring that patients can receive the right care in the right place. To this end, the Trust had further enhanced processes to assess and manage patients accessing care through 111 and 999 in terms of supporting those patients whose health and social care needs could be safely and effectively delivered by a healthcare pathway in a community setting and not necessarily in hospital. To support this, enhanced clinical support had been made available in control rooms.	
g.	JM stressed that real-time monitoring as well as retrospective review and learning was essential for assurance of the safety of the service being provided. To this end, daily clinical safety reviews take place and an Incident and Risk Hub had been established to identify emerging themes that may require immediate intervention.	
h.	BA asked how it was intended to move the project to divert patients away from busy acute hospitals from being a pilot to becoming embedded as 'business as usual'. In response, FW said that that the pilot would become 'business as usual' over the winter and would be continually evaluated using QI methodology.	
i.	BA also questioned how patients requiring access to specific pathways would be managed. FW said that the Emergency Operations Centres has clear oversight of the pressures in individual hospitals and the location of all ambulances. Experience had shown the importance of intervening early in areas where pressures were building and, to address this, a team had been set up that works closely with each ICS to proactively move ambulances to less pressured sites where this will not impact on patient care. This would only happen in instances where patients could receive the same care at a different hospital and not impact on their length of stay. If patients required admission to a specific hospital, they would be taken to that site and another patient not requiring admission to that specific site might be conveyed to a different site.	
j.	MS queried how this project linked in with work on handover delays. FW responded that the Trust was working closely with the hospitals where handover delays were most problematic. There had been good engagement and a reduction in delays but work was ongoing at the most challenged sites. The average handover time in the previous week was 24 minutes but there was significant day by day variation.	
k.	KB commented that three years ago a busy day would be handling c.2,000 calls but this had now risen to c.6,000 calls per day. He commended everyone working in the LAS for their hard work to mitigate and innovate but noted that staff shortages continued to impact on the ability to respond and queried how this was being addressed. The Chief Executive responded that LAS had received additional income during the pandemic that had been used to fund temporary staff to increase the establishment level to support the increase in activity. It would be important to make a case that the increase in demand was sustained. Furthermore, in the last few weeks providers across London had been working together on new ways of working around those patients for whom a hospital admission was not necessary and could be supported at home with a different type of service. If the paramedic workforce could be upskilled, they would be able to provide more support in the home setting and the time was right to think about the future of the ambulance and paramedics in terms of the overall provision of emergency and urgent care service rather than being limited to conveying patients to hospital. In response to a query from the Chairman about how this would fit with the Clinical Strategy, FW said that the clinical strategy had been refreshed in 2019 and significant progress had been made in integration of services with 73 out of 141 deliverables completed and 43 near completion.	
l.	The Chairman commended the huge amount of work that was being undertaken and said it was clear that there were ongoing challenges.	

DIRECTOR AND BOARD COMMITTEE REPORTS		
9.	**Integrated Performance Report (IPR)**	
a.	The Board received the Integrated Performance Report (IPR) which gave an organisational oversight of key areas across the LAS. DS drew attention to the summary pages at the front of the report and also noted that other areas of work, such as FOI, claims and data breaches would be included in future iterations.	
9.1	**Quality and Clinical Care**	
	Director's Report (Quality)	
b.	JM presented the report of the Chief Paramedic and Quality Officer outlining progress against the ten key quality priorities. He noted that care delivery continued to be of a high standard in the face of considerable challenges and unprecedented demand. The Chairman agreed and confirmed that she would write to staff on behalf of the Board to thank them for their hard work and efforts.	
c.	Action: Chairman to write to staff on behalf of the Board.	**HL**
d.	KB highlighted the direct link between response times and outcomes which was demonstrated from the data presented in the IPR. JM agreed that there is a direct correlation and noted that he chairs a weekly panel that reviews incidents. He also noted that whilst there was a focus on timely response to category 1, it was important to bear in mind that category 2 patients could be significantly unwell	
e.	SD asked for more information about the work being undertaken on building capacity in the clinical education team and whether the team was at the right establishment level to deliver training needs. JM said the longer term vision to be set out in the 2022/23 workforce plan would include a significant increase in headcount of education staff. The Trust was, however, behind plan in this respect in 2020/21.	
	Director's Report (Clinical Care)	
f.	FW presented her report, referring to the significant and sustained increase in patient demand for 111 and 999 services. Significant progress had been made with implementation of the Clinical Strategy, including development of the integrated clinical assessment and triage service sitting behind both 111 and 999 services across London.	
g.	FW also referred to developments in clinical digital transformation, noting in particular that 94% of records are now electronic.	
	Director's Report (Corporate Affairs)	
h.	DS gave an update on complaints, noting that the rate of complaints had incrementally risen since early 2021 in line with the increase in operational activity for 111 and 999 calls. DS also updated on physical assaults on staff and noted that to support assaulted crews, a violence reduction unit working closely with the Metropolitan Police Service had been set up. After a review of the service, it had been agreed to appoint to a substantive whole time Violence Reduction Officer role to support the LAS in meeting its obligations in relation to staff.	
i.	DS also noted that a review of the Trust's committee structure and governance arrangements was underway and the final report and associated proposals would be ready by December.	
	Quality Assurance Committee Report	
k.	MS noted that the Committee had reviewed the Board Assurance Framework which, it was felt, was not adequately reflecting the prolonged operational pressures and increased activity. Following discussion, it was agreed that an additional BAF risk	

	should be articulated to reflect the sustained operational pressures that would be rated at a score of 20.	
9.2	**People and Culture** ***Director's Report (People and Culture)***	
a.	DMG drew attention to the work on cultural transformation to ensure a consistently good experience for staff working at the Trust. A series of workshops to discuss what makes a good day and a bad day at work were being organised to contribute to work towards cultural change in the organisation.	
b.	DMG also updated the Board on workforce recruitment to support resilience against the increased levels of demand. The Trust was currently implementing an ambitious workforce programme which included raising the frontline ambulance workforce by 400 wte's.	
c.	The Trust staff sickness rate for September was 8.2%. Benchmarking of sickness data across all ambulance trusts showed that all trusts had seen an increase over the past twelve months. Recruitment to an expanded LAS wellbeing team was currently underway with the team expanding from four to eleven over the coming months.	
d.	Completion of statutory and mandatory training was slightly below the 85% target and weekly reports were being sent to all managers highlighting those staff who were yet to complete their training.	
e.	DMG reported that the Trust would shortly be launching a full tender process for a new occupational health contract from July 2022.	
f.	In conclusion, DMG reported that the staff survey had closed with a response rate of 61%	
g.	In response to a query from the Chairman about recruitment to the senior levels in the HR team, DMG confirmed that the Deputy posts had been appointed and the tiers beneath these posts were currently being recruited to. He anticipated that all vacancies would shortly be filled with a diverse workforce.	
h.	The Chairman also asked about outstanding disciplinaries and asked that this data be included in future reports. DMG confirmed that outstanding cases had been reduced from 65 to c.15.	
i.	Action: Future reports to include data on disciplinaries	**DMG**
j.	RP queried if the work being undertaken on Kind Life was linked in with staff networks to ensure that the work undertaken was ongoing and sustainable. DMG confirmed that the staff networks were working closely with the Kind Life working group to ensure that new ways of working were sustainable. In addition, members of the leadership team were acting as sponsors and all Executives had attended a workshop.	
k.	Action: The Chairman recommended that all Board members take part in the Kind Life workshops and asked that the dates and joining arrangements be circulated to members of the Board.	**DMG**
l.	Noting the target to recruit 400 additional staff, RP asked if the Trust was lobbying at the right level to find a system wide solution to staff shortages. DMG responded by confirming that the LAS was networked into the ICSs and London sector and the People Strategy, when developed, would reference new ways of working and the associated impact on the type of staff required.	
m.		

n. o. p. q. r. s. t. 9.3 u. v. w. x.	LD asked for assurance about the quality of onboarding arrangements in the Trust. It was agreed that DMG would seek assurance on this point outside of the Board meeting and update at the next meeting. Action: DMG to seek assurance around the quality of onboarding arrangements in the Trust BA asked that future iterations of the report reference how the Trust is addressing the impact on staff of physical assaults. Action: Future iterations of the report to refer to how the Trust is addressing the impact of physical assaults on staff BA further asked how much collaboration there was across London in terms of health and wellbeing measures for all NHS staff. DMG confirmed that an update would be included in the next report. Action Next iteration of the report to include an update on collaboration across London in terms of health and wellbeing measures for NHS staff. ***People and Culture Committee Report*** AR confirmed that the Committee had been focussed on reviewing progress in getting the new HR team in place and on getting the 'basics' right. She also noted that the tender for the Occupational Health contract would be reviewed at the next meeting in January and would then come to Board for discussion and approval. BA observed that the key drivers for sickness absence were MSK, some of which was a result of physical assaults on staff, and mental health. The Committee had a detailed discussion about this in the context of the specification for the Occupational Health contract and the importance of ensuring that the new contract provides the right level of service. The Committee had also discussed statistics around the Resolution Framework which showed an increase in the number of cases being resolved informally, a drop in legacy cases that require resolution and a halving of the time taken to resolve cases. **Finance and Audit** ***Month 7 Budget Report*** LB reported that at the end of October, the Trust was reporting a breakeven position on an adjusted financial performance basis. The Trust was also forecasting a breakeven position at the end of March 2021 on the assumption that a further £14.4m of income would be received in H2 as confirmed by NWL ICS. The Trust continued to forecast delivery of its capital plan for 2021/22 and had developed plans to utilise a further £10m CRL subject to agreeing a mechanism for obtaining supporting cash. Income was forecast to end the year £38.4m higher than full year draft budgets relating to additional demand and activity. The total income forecast was £578.6m ***H2 Financial Plan 2021/22 (Revenue)*** LB presented the financial plan for the second half (H2) of 2021/22 for approval by the Board. Retrospective approval was required due to the timing of the national deadline for provider submissions. The financial assumptions behind the plan had been reviewed by both Board and FIC during September and October and the paper before Board had been reviewed and approved by FIC in November and represented the final provider plan submission, subject to confirmation that NWL ICS would fund the forecast gap between income and expenditure for 2021/22 once they had assured the components of the plan.	**DMG** **DMG** **DMG**

y.	LB said the paper set out the detailed assumptions on capacity and demand. In terms of 999 contacts, the NHS was referencing all of its plans against the 2019/20 pre-Covid baselines and the plan assumed an increase in demand of 11% which reflected the current response profile. The 111service had, however, seen a significant increase in demand over the last two years and the demand modelling in the H2 plan had been reviewed by London Region who had confirmed it was consistent with other regions. This would deliver the C1 national standard, under 40 minutes C2 mean and meet 999 and 111 national call handling standards and resilience.	
z.	The plan included a CIP of £9.9m (£8m recurrent) which it was forecast would be delivered.	
aa.	LB noted that the plan currently assumed a whole year income envelope of £579.5m including additional income of £14.4m as a draw down from the overall NWL system allocation. BA confirmed that, in his capacity as Chair of FIC, he was assured about receipt of this funding.	
ab.	The Board approved the revenue plan for H2 in line with FIC recommendation and submission to NHSE/I on 25th November in line with the national timetable.	
	H2 Financial Plan 2021/22 (Capital)	
ac.	LB said the M7 position confirmed that the Trust was on track to spend 36.2m. YTD capital spend was £14.3m with £4.3m spent in September and October.	
ad.	LB noted that there had been a number of changes to the capital programme in year relating to late notification of the H2 capital national allocations. This included confirmation from North West London ICS that LAS has additional CRL cover of £10m, following national approval for the derogation from the National Ambulance Specification. The plan was to spend £7.2m of this funding on new ambulance first responder vehicles which it was hoped to get in time for winter. This had required a derogation away from the national specification for nineteen of these vehicles which were new generation light weight diesel vehicles. The derogation had been approved by the National Ambulance Improvement Implementation Board. The remaining capital from the £10m would be spent on secure drug rooms in ambulance stations and IT/telephony/laptops.	
ae.	The Board approved the proposed allocation of the £36.2 CRL so that it could be included as part of the H2 finance plan.	
af.	The Board formally approved and adopted the H2 financial plan for 2021/22.	
ag.	**Finance and Investment Committee Report** BA said that following discussion, caveated agreement had been given for the Committee Chair to approve the H2 Financial Plan (Revenue and Capital) in order to meet national timescales. BA confirmed that, in doing this, he had been assured by the commitment from the NWL ICS to support the plan and was comfortable with the approach to identifying capital cash required to make use of the £10m CRL which was both pragmatic and doable. BA confirmed that he was comfortable in giving assurance from a financial perspective that the H2 plan could be adopted by the Board, noting that FIC had discussed risks to the plan and had been assured by the Executive team about how these would be managed throughout H2.	
9.4	**Audit Committee Report** RP summarised that the Audit Committee had asked for robust monitoring of the 2021/22 annual report and accounts process to ensure lessons learned from 2020/21 were taken into account.	

ah.	**Logistics, Infrastructure and IT** **Logistics and Infrastructure Committee (LIC)** SD said the Committee had been pleased to see the draft work taking place to develop a Fleet Strategy and Replenishment Plan and the options around zero emissions. The Committee had also had an early review of the Carbon Neutral Plan and had recommended inclusion of the estimated investment required to deliver the plan and the	
ai.	risks and mitigations. The Committee had also been pleased to hear about the work taking place around developing an integrated change management approach to support and enable the delivery of a number of technology projects and the associated impact on staff, which it	
aj.	was felt the People and Culture Committee might like sight of. In response to a query from LD about which change management approach was being adopted, the Chair noted the importance of adopting one methodology for the whole organisation that would be used consistently. The new Director of Strategy would be	
ak.	working closely with JM in respect of the approach to be taken. SD also noted that FIC and LIC were being brought together and that LIC would be disbanded at the end of December 2021. New terms of reference for the combined committee would be brought to the January Board.	
al.	**D999 Programme Assurance Group Committee Report (PAG)** SD said that PAG recognised the changes in the governance structure and asked for follow up to better understand roles and responsibilities moving forwards. SD also noted that PAG had reviewed programme risks in detail and in particular the need to balance resources required to deliver the project alongside the resources needed to deliver current pressures. FW confirmed that this would be done, particularly from a	
Am.	clinical and quality perspective. SD also drew attention to the assurance review to be undertaken by PWC which would focus on three key areas; user engagement and readiness, cutover and resilience plans and governance.	
10.	**Carbon Neutral Plan**	
a.	Andrew Goodman, Director of Strategic Assets and Property, attended Board to present the draft Carbon Neutral Plan which set out the proposed approach to becoming carbon neutral over a period of time. The Plan set out the reasons why a carbon neutral plan was needed and the work required to move to a new zero service. The plan was not a stand-alone document but would need to permeate throughout every aspect of the organisation. The plan was closely linked to the Fleet Strategy and work being undertaken around new generation ambulances.	
b.	Responding to a query about the costs of implementing the plan, Andrew Goodman confirmed that these were not yet fully articulated but it was clear that investment would be required and that there were a number of emerging innovation funds.	
c.	BA said that FIC had discussed the plan and would have oversight of delivery. Implementation of the plan would have a much wider financial impact than just the investment required for delivery, including costs associated with disinvestment, cashable benefits and other financial impacts. As such, the plan needed to be firmly embedded into the medium term financial strategy. The Chairman agreed that implementing the plan would underpin a wide range of work in the LAS and asked for quarterly updates to Board.	

d.	Action: Quarterly updates on the Carbon Neutral Plan to be presented at Board	**AG**
e.	The Chairman noted that the Estates Strategy was scheduled for delivery in May 2022. It was agreed that timing for delivery of the strategy would be discussed outside of the meeting.	
f.	Action: The Chairman and CEO to discuss and agree timing for delivery of the Estates Strategy	**HL/ DE**
11.	**Digital Strategy Scorecard**	
a.	The Board reviewed the newly developed Digital Strategy Scorecard intended to measure progress against digital strategy implementation. It was acknowledged that the scorecard was 'work in progress' and further iterations would be developed.	
b.	SD noted that the scorecard had been reviewed at LIC where it was agreed that it provided a good framework for monitoring progress. LIC had also agreed that the scorecard was wider reaching that IT, and that it would be helpful to include measures around work being undertaken to support improved patient care and staff related measures.	
c.	The Board agreed that a further iteration of the report should be brought back to the Board in three months.	
d.	Action: Further iteration of the new digital strategy scorecard to be brough to Board in three months	**BT**
FINANCE		
12.	**Update on 2020/21 Annual Report and Confirmation of Auditors**	
a.	LB provided an update on finalisation of the 2020/21 annual report which had required additional assurance actions due to publication of the incorrect version on the Trust's website. The Board noted that the correct version of the report had not yet been uploaded due to additional assurance work being undertaken by the Auditors. LB confirmed that lessons learned and an action plan had been developed to ensure that, going forwards, the process for publication of the 2021/22 accounts would go smoothly. The incoming Chief Finance Officer, Rakesh Patel, would be ultimate controller of the process for production of the 2021/22 annual report and accounts.	
b.	Turning to the external audit for the year ended 31st March 2022, the Board approved an extension of the current contract with Ernst & Young LLP to 31st March 2022.	
c.	In relation to external audit for the year ended March 2023 and beyond, LB noted that the contract with Ernst & Young could not be extended beyond March 2022 as the full contract period had been utilised and a new tender process would be set in train. The Audit Committee would be forming a panel to evaluate technical responses to the tender process with a target date for approval of the new external auditors being February 2022.	
d.	BA responded to a query about the possibility of amending the specification and retaining the existing auditors, by recommended that the best option was to go out to the market to understand the options available to provide the best possible service for LAS.	
e.		

	The Trust Board delegated approval of the external audit contract for 2022/23 to the Audit Committee and approved the proposed Audit Committee Panel membership.	
QUALITY, PERFORMANCE AND ASSURANCE		
13.	**Board Assurance Framework and Corporate Risk Register**	
a.	DS reported that Board Assurance Framework (BAF) risks remained as reported to the September 2021 meeting of the Board.	
b.	SD said that the November 2021 Quality Assurance Committee had asked for a new BAF risk to be articulated to reflect the sustained operational pressures that LAS was experiencing. The Board reviewed the wording of the proposed new risk and agreed that it should read;	
c.	*'There is a risk that the level of patient demand compared to pre-2020 levels is unable to be met within current resources which may result in poor clinical outcomes.'*	
d.	***Action: Include new risk as agreed at Board in BAF***	**DS**
e.	Turning to the Corporate Risk Register, no new risks rated 15 or above had been added since the previous meeting. There were two existing risks over 15.	
f.	The Chairman asked that every effort be made to address BAF Risk 1145 relating to medical devices.	
g.	Discussing Risk 1081 relating to the requirement to have a Wholesale Dealers License, the Board noted that the process to apply for a license would begin in the new year and it was hoped to have the issue resolved by end of March 2022.	
h.	In response to a query about whether the cyber risks would reduce as a result of all the changes to IT, BT confirmed that when the new PAS system is installed in roughly six months, these scores would reduce to a more manageable level although there would continue to be an element of risk.	
i.	The Board approved the new BAF risk in relation to operational pressures and noted the current BAF and CRR.	
CONCLUDING MATTERS		
14.	**Any Other Business**	
a.	The Chairman noted that this was the last meeting that LB would be attending before her retirement. The Board thanked LB for her hard work and many years of service to the NHS and wished her well in the future.	
b.	The Chairman also noted that this was the last meeting that DS would be attending, and the Board and wished her well for the future.	
15.	**Questions**	
b.	It was confirmed that there were no questions from members of the public.	

16.	**Date of Next Meeting**	
a.	1pm on 25th January 2022	

TRUST BOARD IN PUBLIC – ACTION LOG – JANUARY 2022

Meeting	ACTION	LEAD	UPDATE
30th November 2021	**Board Committee Reports – Quality and Clinical Care** Chairman to write to staff on behalf of the Board to thank them for their hard work and efforts	Chair	Action completed – Chairman wrote a blog for all staff
	Director's Report – People and Culture • Future reports to include data on disciplinaries • All Board members to take part in the Kind Life works – dates and joining arrangements to be circulated to the Board • Assurance to be provided around the quality of onboarding arrangements • Future iterations of the report to refer to how the Trust is addressing the impact of physical assaults on staff • Next iteration of the report to include an update on collaboration across London in terms of health and wellbeing measures for NHS staff	DMG	Action completed – all items included in Director's report (People and Culture) item 10.2.1 on the agenda
	Carbon Neutral Plan • Quarterly updates on the Carbon Neutral Plan to be presented at Board • Chairman and CEO to discuss and agree timing for delivery of the Estates Strategy	AG DE/ Chair	Update report scheduled for March 2022 Public Board Estates strategy to be delivered by Summer 2022
	Digital Strategy Scorecard Further iteration of the new digital strategy to be brought to Board	BT	Action completed – item on the agenda
	Board Assurance Framework and Corporate Risk Register Include new risk on BAF relating to current levels of demand being unable to be met within current resources	DS	Action completed – risk added to BAF

London Ambulance Service
NHS Trust

Trust Board in Public – 25th January 2022
Report from the Chair

Internal

1. Governance Light

In the first week of January I re instigated a governance light approach to the Board governance in response to the impact the current phase the pandemic was having on the organisation i.e. high demand with high staff sickness and the impact this was having on the executive and senior management teams. We commenced weekly one hour remote meetings of the Non-Executive Directors with the CEO Daniel Elkeles, for him to update us and to offer support and challenge. Throughout the first two weeks of January when this phase of the pandemic was at its peak Daniel updated me daily. We also agreed to take a governance light approach to Board sub-committees focusing on the important and reducing the length of the meetings to one hour. We agreed to review this at the end of January and I intend to cease the weekly meeting between the CEO and NEDs.

2. Institute of Good Governance Institute (GGI) Review

We received feedback on the first phase of the review and an action plan has been developed for the Board to agree and this is on today's Board agenda. We now need to progress to phase two of the review.

3. Interim Director of Governance

I am delighted to welcome Mark Easton who has taken over from Diane Scott in covering Syma Dawson's maternity leave. Mark is an experienced previous London CEO who has wide experience and understanding of governance and is taking the GGI review forward for with and for us as well as covering Syma's brief.

4. Substantive CEO recruitment

We advertised the position on NHS Jobs in early January with clear requirements for applicants to have existing experience as a CEO and knowledge of the London Healthcare system. This position is seen by NHS London as being complex and of significant importance to London hence the need for previous CEO experience. We have seven applications and the selection process will be held on 26th and 27th January.

5. WRES Advisors Programme for Non-Executive Directors

Yesterday Anne Rainsberry and I attended day 1 of this important programme of which the objectives cover:

- Race Equality in the Workforce
- Understand the scale and organisational impact of race inequality
- Greater understanding of 'self' and 'place' in the world
- Explore 'race' and its impact on personal and professional development

- Understanding of ethnicity and culture, focusing on behaviour, knowledge and skills needed for success in unfamiliar cultures and working with diverse communities of staff

- Diversity conversations and the language of race

It is important that we have discussions of race at the Board as well as at sub-committee level. The intention is we will both feedback on the programme once it has been completed. Given that the population of London that we provide care for is 50% ethnic minority, it is important as an organisation and a provider of healthcare that we embrace our knowledge and understanding to ensure a good work experience and healthcare experience for all.

6. Staff engagement

Visits

On 16th December I met staff at Bromley Ambulance station before going out with the tea truck to visit staff at the Accident and Emergency Departments in the area. Everyone was in remarkably good spirits and they really appreciate seeing the Tea Truck arrive.

On 30th December I visited New Malden Ambulance Station and met the management team and then visited the hospitals in their geographical area. This too was also a very positive visit. It was interesting to hear the perceptions of the Location Group manager (LGM) Ian Pullen on the differences he had observed between his previous site and New Malden where he had recently taken over as LGM. He had a strategic view of what should happen as well as a focus on staff wellbeing, quality and finances.

Staff and Volunteer Advisory Panel

This is a group of mainly self-nominated staff and includes some trade union representatives as well as Chairs of the various staff networks when they are available.

I began the meeting by asking ‘how they are feeling?’ The feedback was tired but not all work related and this led onto confirmation that the welfare offer is really appreciated and staff felt supported. Part of the tiredness is caused by staff taking up the overtime offer to accrue funds for when the can travel again. This led on to a conversation about the international paramedics and the challenges they face.

The group discussed issues with shift start and vehicle checks and the need for a flow system on arrival and we discussed how hubs are part of the solution to this.

A challenge staff expressed was about keeping up to date with bulletins and ways in which sharing information could be aided such as screen savers, team broadcasts and document repositories. The overarching message being keep messaging succinct.

We then discussed the Culture Workshops that have been taking place. Some staff welcomed the space to receive the training, to learn and to reflect on the importance of kindness and saying thank you. One person expressed the view that the training was similar to another course on kindness that they had recently attended and staff wanted to know how it fitted in to the Resolution Framework which I was advised needed to be tested and ‘polished’. We agreed that what follows on from the initial workshops is important. This also led to a discussion about team learning and end of shift review and the importance of this. A key point made was that the enlightened attend these sessions so the question raised was how do you get the others to attend?

The group received an update from the Wellbeing team which included an update on new monies received from NHSE and how this would be spent, which received support and a request for the Schwartz round work to include NHS111 staff.

I updated the group on the CEO recruitment process and asked them if they had one question to ask candidates, what would it be? The answers were:

- What is the most important aspect of our service in terms of patient care?
- How would you tackle recruitment and retention of staff?

I fed back that whilst these were good questions they might be ones to ask the operations director and the director of people and culture so perhaps a more all-embracing question would be better. This was the response which I found highly relevant:

- How do you create a visible executive leadership team to ensure that staff do not feel separated from leadership teams?

In reflecting on the meeting staff found it beneficial and recognised the importance of each individual's action/s on the experience of others both negative and positive. Staff reflected that Tea Trucks represent a friendly face and someone to talk to.

External

7. System Working

In December and January I virtually attended the Chairs Advisory Group and the London Chairs meeting. The main discussions of both being the delay in implementing the NHS reforms from April 2022 to July2022, the pandemic, demand, and vaccinations.

8. Partners

Daniel and I met with the Guys and St Thomas' Hospital CEO (Ian Abbs) and his emergency care team to discuss joint working and initiatives that have been successful and that could be rolled out elsewhere in the capital building based on the excellent relationships LAS has with their team at all levels.

9. Visit by the Government's preferred candidate to Chair NHSE/I

We were delighted to host a ride out for Richard Meddings prior to his attendance at the Health Select Committee. He undertook a 3.00pm to 3.00am shift where the crew attended to ten incidents. He has fed back that he was impressed with the two members of staff, the range of patients they saw in differing social settings and their professionalism and empathy. The two members of staff who Mr Medding shadowed, John Chilvers and Olivia Grez-haniewicz have been thanked by Mr Medding, Daniel and myself. It is clear that they were both excellent ambassadors for LAS

Heather Lawrence OBE
Chairman

TRUST BOARD IN PUBLIC – 25th January 2022
Report from the Chief Executive

1. Winter 2021/22 update

1.1 Like the majority of the NHS, we continue to work in very challenging circumstances with significant and prolonged demand for our 111 and 999 services. This winter we have already experienced some of our busiest days ever, taking more than 8,000 999 calls on some days, including New Year's Eve.

1.2 Latest data shows that 2021 was our busiest year ever for 999 calls, with us taking 2,154,239 calls (up 15% from 1,903,196 in 2020). Our 999 performance in December was challenged with an average response time for category 1 calls of seven minutes and nine seconds. However, it was the best in the country, which had an average of nine minutes 13 seconds. For category 2 calls, our average response time was 52 minutes 29 seconds, compared to a national average of 53 minutes 21 seconds.

1.3 In preparation for what we anticipated would be our most challenging winter yet – a time which historically sees higher levels of activity for our Service and the wider NHS – we put in place a range of measures to ensure we could remain resilient to increased operational pressure and to make sure we are there for Londoners when they need us most. As well as continuing to operate at REAP4 (which we have been at since June), we launched a Winter Coordination Cell and Winter Delivery Group, both of which have given added focus to our response.

1.4 With the surge of COVID-19 cases and rapid spread of the Omicron variant across London, NHS England declared a Level 4 National Incident on 12 December and the Mayor of London declared a Major Incident on 18 December. This escalation, which recognised the extreme pressure put on the NHS and other vital services at this time, offered a number of benefits including increased partnership working with our NHS, health, care and emergency service partners.

1.5 Whilst we have not received formal military support, we continue to have access to senior military staff for strategic advice. Owing to pressures on their own staff and services, we have not had officers and firefighters from the Metropolitan Police Service or London Fire Brigade working with us (as we did in previous waves), but we have continued to work closely with them on planning and in our joint response.

1.6 We are very conscious of the pressure that the pandemic and ongoing demand continues to place on our staff and volunteers. Our managers and wellbeing team continue to provide as much support as possible to them including access to occupational health services, our wellbeing hub and our popular tea trucks. We have also increased our communications with live daily briefings (seven days a week) and via our *LAS TV Live* channel. Our non-patient facing clinicians have continued to work on the 'frontline' providing additional support, whilst corporate staff have taken up roles to support our clinicians, for instance in our medicines packing unit.

1.7 Over the winter we remain committed to keeping the public, our patients and our partners updated with the demand and pressures we face. On 14 December, I attended the North West London Joint Health Overview Scrutiny Committee and on 13 January I attended the London Assembly Health Committee to provide an update

alongside my NHS colleagues, to share information on winter pressures and how we're performing. We have also provided verbal updates for the London Ambulance Service Public and Patients Council and for London's 32 Healthwatch.

2. A thank you to our staff and volunteers

2.1 As this is the first Board meeting of 2022, I would like to take this opportunity to acknowledge the incredible dedication and commitment of members of staff and volunteers across our organisation over the past 12 months and beyond. This includes over 2,000 people from our frontline and in support roles who worked on Christmas Day.

2.2 In challenging times like these, every moment our staff and volunteers give to the NHS makes a real, tangible difference. Every day or night shift they have worked, every extra shift they have picked up, every dinner with friends and family missed because they were working late – all of those moments have made a difference to our patients and their colleagues. Our staff and volunteers are all owed a debt of gratitude.

2.3 In early January, I was pleased to welcome the Government's preferred candidate for Chair of NHS England, Richard Meddings, to our Waterloo HQ. Mr Meddings joined two of our medics, John and Olivia, on a 12 hour shift (3pm to 3am) to get an insight into what it's like working in an ambulance service. On 18 January, Mr Meddings publicly mentioned his time with us at his pre-appointment scrutiny hearing before the Health and Social Care Committee. He said that it was a "privilege" to join the London Ambulance Service on the shift, saying he "saw first-hand what the health service provides to people" and that it was an "eye-opening" experience. He also shared his personal thanks to John and Olivia.

2.4 It has been brilliant to see so many members of the public and patients continuing to send thank you letters and emails to our staff and volunteers, particularly over the festive period. I know from speaking to our crews out on the road and our teams in our 111 and 999 operation centres, how much it means them to receive their thanks. Since my last Board report, we have received 288 thank you messages to nearly 500 members of staff and volunteers (Figure 1). When information provided by patients makes it possible, we share these messages directly with the staff and volunteers mentioned. On the back of this feedback, in December we were able to facilitate an incredibly heart-warming patient reunion between a patient, Kate, and our colleagues who saved her life.

Figure 1

Year	Month	Total number of letters and emails received	Financial YTD	Staff recognised	Financial YTD
2021	January	148	1294	380	3182
2021	February	169	1463	411	3593
2021	March	140	1603	382	3975
2021	April	138	138	281	281
2021	May	171	309	420	701
2021	June	142	451	341	1042
2021	July	138	589	358	1400
2021	August	122	711	317	1717
2021	September	161	872	405	2122
2021	October	124	996	313	2435
2021	November	176	1172	466	2901
2021	December	112	1284	329	3230
2021	**Total**	**1741**		**4403**	

3. Our patients

Improvements to our service

3.1 Providing the best possible care for our patients during this highly pressurised time is our utmost priority, and over the winter period we have been working closely with system partners to make sure we are doing everything we can to provide great care to the people of London.

3.2 Improving patient flow at hospitals and minimising handover delays is absolutely crucial to this. Following a number of successful pilots, I am pleased to confirm that over the course of winter we have worked closely with Emergency Departments (EDs) to implement a number of new initiatives to improve patient flow, improve patient experience during hospital handovers, and to help us and our NHS colleagues manage the increased level of demand. This includes the Ambulance Receiving Centre at Queen's Hospital, Romford which has freed up hundreds of hours of our paramedics' time.

3.3 Investing in our fleet of emergency vehicles and making sure it is modern, sustainable and resilient is an incredibly important factor in our ability to meet operational demand. I am delighted to announce that we have just secured £10 million in capital funding to purchase 60 new vehicles. This includes 40 new ambulances which are lighter, have lower emissions and make it easier for our crews to care for patients. We are also purchasing 18 fully electric fast response unit cars. We expect these vehicles to be in use by the end of the financial year. In December, we also took delivery of new incident response officer (IRO) vehicles in addition to 14 new Skoda vehicles which are currently being fitted for us.

3.4 Last month, I was delighted to announce that our cycle response unit (CRU) were returning to Kingston, New Malden and parts of Surbiton. This sees our 'pedal-

powered' paramedic teams extend the vital work they are currently already doing in Central London to more areas across the capital.

3.5 Working with our assistant directors of operations (ADOs) and location group managers, we confirmed the reopening of the following stations across December, which means we have a total of 53 operational ambulance stations:

- Mottingham (SE)
- Hayes (NW)
- Greenford (NW).

This is a great achievement by the local teams to get these sites reopened, and I would like to thank our staff and volunteers for their patience whilst we worked to get these stations up and running again. The stations were originally closed to support our response to COVID – making it easier to move vehicles and PPE, as well as to brief staff and volunteers.

4. Our people

Condolences

4.1 It is with great sadness that I recently announced to our colleagues the death of Terence Bones, a member of our 'make ready' team in Friern Barnet. Terence died on 3 December and his colleagues remember him as an outstanding member of the team who always had a smile on his face. He will be dearly missed by those that knew him and our thoughts and condolences are with Terrence's family, friends and colleagues at this difficult time.

4.2 It is with immense sadness to hear the news of the tragic death of our South East Coast Ambulance Service (SECAMB) colleague Alice Clark following a road traffic collision on 5 January. I would like to express our deepest condolences to Alice's family, friends and colleagues at this incredibly difficult time. Prior to joining SECAMB, Alice was a student working with us and was a much-loved member of our Deptford team. She will be dearly missed by those who knew her. Our thoughts are also with the two colleagues who were also injured in the incident.

Protecting our people

4.3 After two incredibly challenging years, it is our priority to look after the welfare and wellbeing of our staff and colleagues who continue to go above and beyond to keep Londoners safe. It was an honour to attend the launch of 'Blue Light Together' – a landmark pledge to support the mental health of the emergency responder workforce – at the Royal Foundation's Emergency Services Mental Health Symposium, hosted by the Duke and Duchess of Cambridge. It was great to see the mental health and wellbeing of emergency service workers is also at the forefront of so many organisations across the country and I look forward to being part of this important collaboration.

4.4 We remain committed to encouraging the uptake of the COVID-19 and flu vaccines to make sure our staff and volunteers are protected when carrying out their duties. On 14 December, MPs passed legislation for mandatory vaccinations to come into effect for patient facing NHS staff in England from 1 April. We continue to encourage everyone to have their vaccines. This includes making it easier than ever for our staff

and volunteers to access the vaccine, and this December we launched our cycle response unit vaccine bike, which saw our paramedics out and about travelling to colleagues who needed their vaccine or boosters, so that they can stay protected.

Our LAS

4.5 Since my last report, I am thrilled to share that over 1,000 members of staff and volunteers have already taken part in the 'Our LAS' workshops. These sessions, which are helping us build a better understanding of how we can make LAS an even better place to work, have received really positive feedback from staff and volunteers so far. I'm pleased that we have also put on extra workshops across January so that even more colleagues can be involved and have their say.

Changes to our executive and senior leadership

4.6 At the end of December, our Interim Director of Corporate Affairs Diane Scott finished her six-month secondment with us and I announced that Mark Easton would be stepping into the role until Syma Dawson returns from maternity leave.

4.7 I was also delighted to announce the appointment of Roger Davidson as our new Director of Strategy and Transformation. Roger, who joins us from NHS England, where he is currently Director of System Partnerships, will start with us on 31 January.

4.8 I am also pleased to share that Paul Cook has been appointed to take up a six-month secondment to the ADO South West role. Paul has been with us for an astounding 28 years and has a breadth of experience in a number of different operational roles. On 9 December, I was pleased to meet with Paul and host the Leader of the Liberal Democrats and MP for Kingston and Surbiton Sir Ed Davey at his local ambulance station (New Malden), where he met with staff and we discussed our response to increased demand and pressure over winter. We also had a visit from the Chancellor of the Duchy of Lancaster Rt. Hon. Stephen Barclay to our new Emergency Operations Centre (EOC) which is currently under construction at Newham and will increase 999 call handling capacity and provide additional resilience in times of increased demand.

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	25 January 2022			
Report title:	Deputy Chief Executive Officers' Report			
Agenda item:	9.			
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:	☐	Assurance	☐	Approval
	☐	Discussion	☒	Noting

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

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.

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

- For noting only

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

Directorate	Agreed				Relevant reviewer [name]
Quality	Yes		No		
Finance	Yes		No		
Deputy Chief Executive Officers	Yes		No		
Medical	Yes		No		
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes		No		
Corporate Affairs	Yes		No		

Executive Summary

This report covers the November and December reporting period. During this time the LAS has continued to face significant service pressures with the spread of the new Covid-19 Omicron variant combined with seasonal winter demand, particularly in London where the impact of Omicron was two weeks ahead of national forecasts. NHS England declared a Level 4 incident on the 13th December 2021 and the London Mayor declared a local major incident on the 18th December 2021.

In December, there was a consistent increase in demand for the 111 service, significantly above contracted levels. The average number of 999 calls received reached over 6,500 per day during (with some days exceeding 7,500), compared with an average 4,500 calls a day in March 2021. The ability to meet this demand has been further impacted by a high volume of staff absences due to Covid-19 isolation, with total sickness at an average of 15% across the Trust. We deployed measures to support the return of staff to patient facing duties swiftly and in line with nationally set guidance.

The dedicated Winter Delivery Group (WDG) was formed as planned and has centralised focus as well as coordinated the Trust's response to high winter and pandemic-related activity, and has placed particular focus on **maintaining safety** during these periods of high demand, ensuring patients receive the right care in the right place, and to look after the **welfare and wellbeing** of our staff and volunteers.

Maintaining Patient Safety

Given the sustained pressure that LAS is experiencing some patients are waiting longer than the national standard for an ambulance, in particular those patients with non-life-threatening conditions, and it is recognised that these patients may be in distress and pain. Maintenance of safety for our patients and people remains the top priority for the LAS and through learning from previous Covid-19 waves combined with escalation of national Resource Escalation Action Plan (REAP) levels and the Clinical Safety plan, well governed processes have been put in place to ensure the best possible outcome for all patients.

We have strengthened the 24 hour on-call clinical advice and support ensuring there are **senior clinicians to support regular clinical safety reviews in line with the Clinical**

Safety Plan. All long-held calls are reviewed in the Clinical Safety call to ensure there is a clear plan in place to **expedite definitive care** via the most appropriate pathway, **mitigate clinical safety risks** and maximise **patient flow processes**.

We have increased the number of clinicians within the Clinical Hub in order to **maximize potential for Hear & Treat** and referral to **Alternative Care Pathways** for calls where a physical **ambulance response is not required,** whilst simultaneously increasing the level of **clinical oversight for those patients, who do require an ambulance** but, are waiting for an ambulance to be dispatched**.** A range of Medical Priority Dispatch System (MPDS) determinants of **Category 2/3/4 calls have been nationally identified** that are suitable for enhanced clinical assessment. By providing high quality clinical assessments for our patients who will be better treated closer to home, we continue to **protect our response capacity** for patients whose care needs require a physical attendance. Dedicated clinicians with the Emergency Operations Centre are allocated to oversee and where appropriate, interrogate **Healthcare Professional & Inter-Facility Transfer calls** that may be suitable for **alternative transport options or care pathways.** Increased clinical oversight is consistently applied to calls awaiting the dispatch of a physical ambulance response **and vulnerable patients** (i.e. Elderly Fallers, Overdose & Mental Health calls). On each shift, at least 1 Double Crewed Ambulance (DCA) is identified as a 'longest-held and Health Care Professional call' resource for each of the five sectors. These vehicles can be allocated to calls of concern as directed by the Clinical Hub. At times of peak demand, longest held vehicles can be increased as required in the sectors experiencing delays.

The Quality Directorate have continued to undertake a daily review of the incidents reported to ensure any incidents of note are escalated, there is early identification of themes and learning. As part of the **Patient Safety Incident Response Framework (PSIRF**) a weekly meeting takes place to discuss potential incidents led by the Chief Paramedic and Quality Officer and Chief Medical Officer.

Operational performance against national standards and targeted actions

Whilst the pressures we are seeing across all operational areas are forecast to continue in the short term, the LAS continues to proactively monitor and adjust its response to the significant and sustained increase in patient demand.

The impact of this elevated patient demand across London continues to challenge the Trust's performance against key performance indicators (KPIs). Measures have been taken to mitigate and improve this position by focussing on improvements in three key areas whilst maintaining oversight of patient safety:

- to manage the incoming demand,
- to increase staffing capacity,
- and to work with system partners to reduce delays at hospital handover.

These measures have ensured we protect our response to the sickest patients and achieving the Category 1 standard for the year to date (06 minutes 50 seconds).

Integrated Urgent and Emergency Care (111 & 999 Contact Centres)

111 / Integrated Urgent Care (IUC)

Indicator (KPI name)	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-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%	73.2%	52.6%	
111/IUC (NEL) - Calls Abandoned within 30 sec	< 3%	0.9%	3.7%	8.3%	12.7%	5.6%	9.1%	15.0%	13.3%	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%	74.5%	54.7%	
111/IUC (SEL) - Calls Abandoned within 30 sec	< 3%	3.9%	10.4%	11.2%	13.9%	15.8%	18.4%	17.0%	12.9%	6.2%	
111/IUC (NWL) - Calls answered within 60 sec	> 95%	80.9%	74.3%	58.8%	46.7%	68.6%	58.7%	52.5%	65.9%	56.6%	
111/IUC (NWL) - Calls Abandoned within 30 sec	< 3%	1.1%	5.8%	9.8%	14.4%	6.6%	8.3%	8.9%	6.3%	1.9%	
999 Mean answering time	< 5 sec	0	10	17	54	27	38	24	14	40	

- **IUC/111 contacts** for December 2021 continued to be **above contracted activity** across North East (NEL), South East (SEL) and North West (NWL) London. There has been a reduction in performance against call answering and abandonment KPIs across all services with the exception of NWL call abandonment which was at 1.9% against a target of 3%. Calls transferred to 999 were within target, but calls recommended to Emergency Department (ED) remained challenged.
- Through regional and national contingency mechanisms (call balancing), we have frequently been tasked to support various other 111 providers during December. Despite these challenges, **LAS remains the top performing provider of 111 services in London**.

999 Emergency Operations Centres (EOC)

Ambulance Service	Calls answered	Mean (s)	Median (s)	90th centile (s)	95th centile (s)	99th centile (s)
England	**925,116**	**45**	**11**	**138**	**202**	**336**
East Midlands	88,254	13	2	37	84	189
East of England	87,249	94	24	296	389	557
Isle of Wight	1,702	11	4	26	64	124
London	**153,307**	**40**	**1**	**142**	**213**	**329**
North East	43,798	41	10	116	183	378
North West	131,728	28	0	90	136	232
South Central	53,721	47	3	170	253	433
South East Coast	81,274	25	1	86	165	335
South Western	91,692	128	75	327	412	635
West Midlands	114,530	11	2	32	46	85
Yorkshire	77,861	36	0	132	221	379

December 2021 national ambulance quality indicators

- **999 contacts have continued to increase** from c.4,500 a day in March 2021 to a peak of 7,500+ contacts on some days in December. This placed considerable pressure on call handling and dispatch, however, face-to-face responses remained within expected winter levels.
- Actions as set out in Trust's **Clinical Safety Escalation Plan (CSEP) and Resource Escalation Action Plan (REAP)** are implemented once triggers have been met to help manage demand and maintain levels of patient safety.
- **Rapid recruitment is underway** to on-board an additional 100 EOC call handlers, and active deployment of more clinicians to the Clinical Assessment Service (CAS) to support increased demand. The call handling establishment in IUEC is on track to be fully delivered by January 2022 and course fill rates remain positive at 83%.
- Using clinical outcome analysis, we continue to explore **which patients benefit most from being managed via the CAS.** This enables us to target an enhanced clinical telephone assessment to the most appropriate patient groups**,** ensuring as many patients as possible receive **care closer to home** and often being able to complete the episode of care without need for onward referral. This also supports an **improvement in ambulance resource availability** through a reduction in avoidable face to face responses. Hear and Treat (H&T) rates were high at 17.1% for December.
- We remain **focussed on ensuring the safety of patients** awaiting dispatch of an ambulance resource through continued monitoring and oversight via the Clinical Hub supported by senior clinicians from the Clinical Directorate and on call teams.

Ambulance Service	All incidents	Hear & Treat	See & Treat	Convey elsewhere	Convey to ED
England	**732,007**	**12.3%**	**32.2%**	**4.7%**	**50.8%**
East Midlands	67,235	11.9%	33.0%	5.3%	49.8%
East of England	72,264	9.4%	32.9%	3.1%	54.6%
Isle of Wight	2,515	8.3%	32.9%	0.8%	58.1%
London	**111,273**	**17.1%**	**31.8%**	**3.1%**	**48.0%**
North East	36,185	12.7%	26.6%	8.8%	51.9%
North West	92,153	10.9%	30.9%	6.5%	51.7%
South Central	54,209	12.5%	34.5%	4.2%	48.8%
South East Coast	63,855	9.4%	32.5%	1.4%	56.7%
South Western	70,295	9.5%	39.1%	3.4%	48.0%
West Midlands	92,466	15.9%	31.4%	5.6%	47.0%
Yorkshire	69,557	10.7%	28.3%	7.1%	53.9%

December 2021 national ambulance quality indicators

Ambulance Services

Ambulance Service	C1 Mean	C1 90th Centile	C2 Mean	C2 90th Centile	C3 Mean	C3 90th Centile	C4 Mean	C4 90th Centile
England	**9:13**	**16:12**	**53:21**	**1:59:12**	**2:51:08**	**7:11:44**	**3:27:58**	**8:05:16**
East Midlands	8:57	16:14	55:28	2:03:32	2:54:36	7:27:01	2:50:01	7:01:10
East of England	11:33	20:40	1:01:00	2:12:29	3:17:44	8:01:59	3:35:13	7:49:25
Isle of Wight	9:12	17:23	23:25	44:34	1:02:45	2:09:36	1:09:27	2:38:29
London	**7:09**	**11:59**	**52:29**	**1:55:53**	**2:07:23**	**5:26:14**	**3:50:28**	**7:58:45**
North East	7:14	12:38	47:38	1:43:59	2:49:00	7:24:57	1:43:02	4:05:01
North West	9:05	15:17	1:06:43	2:33:58	4:15:39	10:57:11	8:07:44	19:10:59
South Central	8:46	16:30	32:49	1:08:07	2:08:34	4:59:49	2:26:55	6:03:32
South East Coast	8:42	16:03	34:17	1:10:43	2:46:46	6:21:13	4:01:27	9:42:15
South Western	11:38	20:51	1:13:16	2:49:19	3:01:06	8:22:08	3:01:09	7:42:55
West Midlands	8:19	14:27	48:19	1:53:39	3:20:50	8:55:41	3:46:03	9:32:55
Yorkshire	9:49	17:10	46:56	1:42:23	2:28:22	6:00:47	3:15:53	9:00:21

- Whilst marginally over the national standard in December (07 mins 09 seconds) following the emergence and rapid spread of the Omicron variant, the Trust continues to be **ranked number 1 in England for Category 1** response time. The year to date performance remains positive and under the national 7 minute response standard. Again, achieving the number 1 rank in England. **The LAS is one of only two Trusts forecast to deliver Category 1 performance for 2021-22.**
- **Category 2 mean performance continues to be impacted** by a combination of high demand, reduced staffing capacity as a result of sickness and isolation absences and ongoing hospital handover delays. This challenge is consistent across all other ambulance Trusts in England, where many are continuing to operate at Resource Escalation Action Plan (REAP) Level 4.
- Hospital handover delays continued to impact across the period. 5,446 hours were lost from arrival to patient handover over 30 mins. A number of new initiatives have been successfully introduced to reduce the average handover times in several sectors across

London, to reduce the number of patients waiting for an ambulance response across London, and have been able to keep operational ambulances within their sector group more frequently:

  - Collaborative working with Emergency Departments across London to agree an **improved distribution of ambulance conveyances** and a new patient flow escalation framework.
  - Pilot of the **Ambulance Receiving Centre (ARC)** at Queen's Hospital, Romford, which releases ambulance crews from waiting at hospital and allows them to attend other patients.

- To supplement core frontline resources, the Trust have **activated pre-prepared resilience plans** to secure and mobilise additional final year Paramedic Science students.
- A total of **97 staff from corporate roles have volunteered to undertake alternative duties**. For example, we now have corporate staff working within the Medicine Packing Unit, supporting frontline crews on Tea Trucks and have trained a number of colleagues as Hospital Ambulance Liaison Officers (HALO) to support handover and availability of ambulances from hospitals.
- We also continue to **maximise support from third party providers**, both voluntary and those sourced commercially.
- **International recruitment pipeline remains strong,** with 106 offers have been made. A successful bid has also been made for Health Education England funding to recruit paramedics from Poland, with a plan to recruit 75 paramedics in Q1 2022/2023.
- There are several Trainee Emergency Ambulance Crew **(TEAC) recruitment campaigns** in progress and to date we have made offers to 105 candidates for placement in January and February 2022.

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	25 January 2022			
Report title:	Integrated Performance Report			
Agenda item:	10.			
Report Author(s):	Key Leads from Quality, Finance, Workforce and Operations			
Presented by:	Rakesh Patel, Chief Finance Officer			
History:	N/A			
Purpose:	☒	Assurance	☒	Approval
	☒	Discussion	☐	Noting

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

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

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

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

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

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

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

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

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

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

London Ambulance Service – Integrated Performance Report

Report for discussion with Trust Board members

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

Contents Page

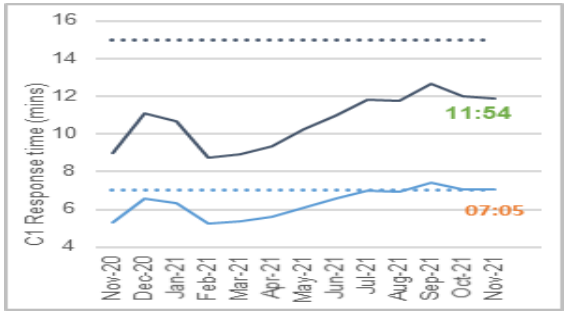
NHS London Ambulance Service NHS Trust

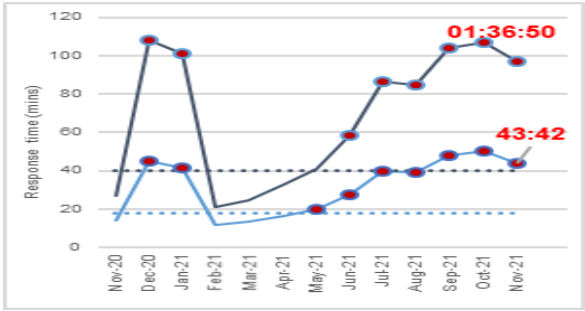
Overview

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

Provide outstanding care for **our patients**

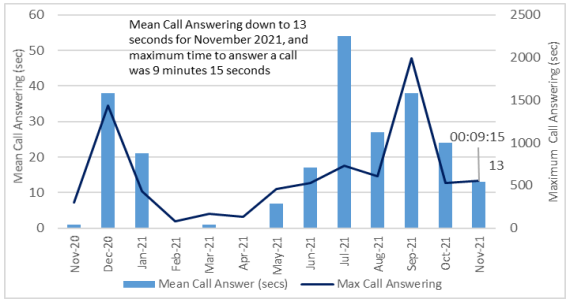
Category 1 and 2 Performance

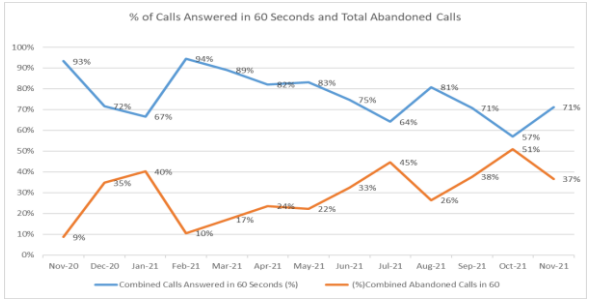




- *Category 1 performance was slightly above the 7 minute standard in November at 7 minutes 5 seconds. This was the second highest Category 1 performance nationally.*
- *Category 2 mean and 90th centile performance continue to be challenged but were improved from the October performance. No provider is currently delivering category 2 performance and LAS is 7th out of 10 ambulance services*

Call Answering (999 and 111/IUC)

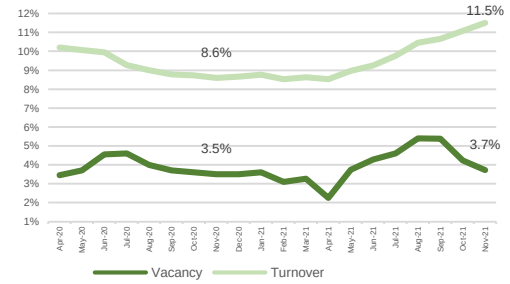




- *Mean 999 call answering time improved in November. The maximum call answering time in November was 9 minutes 15 seconds*
- *IUC call answering in November returned 71% of calls answered in 30 seconds. This remains below the 95% standard*
- *Despite being below standard LAS achieved 1st and 2nd place for IUC Call Answering and Calls Abandoned*

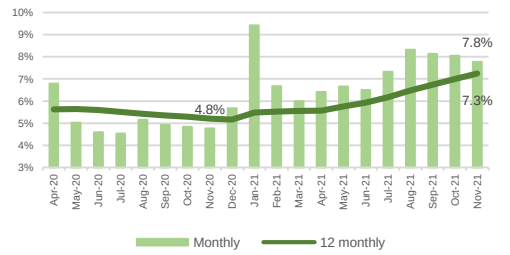
Be a first class employer, valuing and developing the skills, diversity and quality of life of **our people**

Vacancy Rate (Ambulance Operations)



- *The vacancy rate has reduced this quarter and is currently at 4%*
- *The recruitment team is supporting the ramping up of plans to recruit additional call handlers in EOC to support demand. The call handling establishment in IUC is on track to be fully delivered by January and course fill rates remain positive at 83%.*
- *International recruitment pipeline remains strong and to date we have made 101 offers for the 126 Q4 places. A successful bid was made for Health Education England funding to recruit paramedics from Poland. Working in partnership with South East Coast Ambulance Trust the plan is to recruit 150 paramedics (75 for each Trust) to start in Q1 2022/2023.*
- *There are several TEAC recruitment campaigns in progress and to date we have made offers to 104 candidates for the 139 places in January and February.*
- *The first two quarters of 2021/2022 has seen a leaving rate higher than the same period 12 months ago although this is beginning to slow and stability remains above 90%. A package of initiatives has been launched for frontline staff including extended periods of leave and travel loans for staff to visit families overseas.*

Sickness



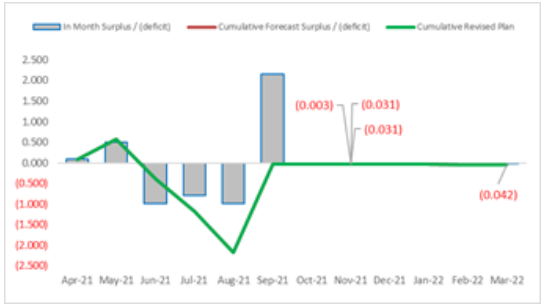
- *The monthly Trust wide sickness has remained at 8%.*
- *In November the episodes stayed at a similar level to October (1,600) with decreases in coughs and colds (-28 episodes) and anxiety and depression (-19) and increases in covid (+38) and gastrointestinal (+19).*
- *P&C teams are working with local managers to review the MAP trigger reports to reduce absence. Sickness Management Training sessions were held in November and more have been organised for December.*
- *As part of the OH tender, we are considering the option of an external sickness management reporting service.*
- *Over 3,200 (65%) LAS colleagues have now recorded their Covid-19 booster and 3,320 have received their flu vaccination (52%).*

Overview

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

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

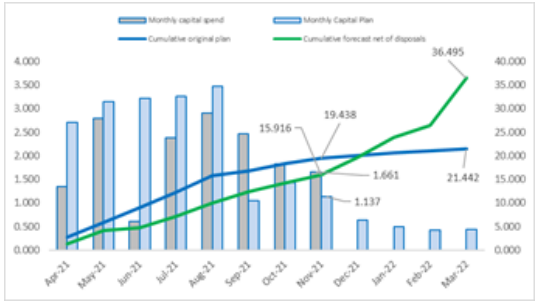
Cumulative Surplus / (Deficit) position



Financial Performance

- *Significant additional expenditure is being incurred to respond to operational pressures but is currently partially offset by lower than planned recruitment numbers and vacancies. Current demand pressure and resource usage is now expected to continue up to the end of the financial year and additional funding to support a breakeven position in H2 has been included in the NWL ICS H2 system plan.*
- *YTD Position: Deficit of £0.031m (breakeven on an adjusted financial performance basis) which is on plan.*
- *Full Year Forecast Position: Deficit of £0.43m (breakeven on an adjusted financial performance basis). This assumes current levels of Ambulance Service and IUC pay and non pay resourcing will continue, and H2 funding as notified by Commissioners.*

Capital Expenditure Run Rate



Capital

- *Capital spend net of disposals and excluding donated assets was £15.9m YTD (full year forecast £36.5m) up from the planned position of £21.4m following identification of additional £4.8m CRL through NW London partners, £0.4m of additional PDC, and a further £10m of CRL which has been made available to support investment in fleet, estate & digital programmes.*

Efficiencies

- *YTD efficiency savings of £5.0m have been delivered and the full year target of £9.7m is expected to be met. Delays in the vehicle preparation service procurement scheme are offset by delayed and reduced spend on the Ambulance Modernisation programme.*

Cash

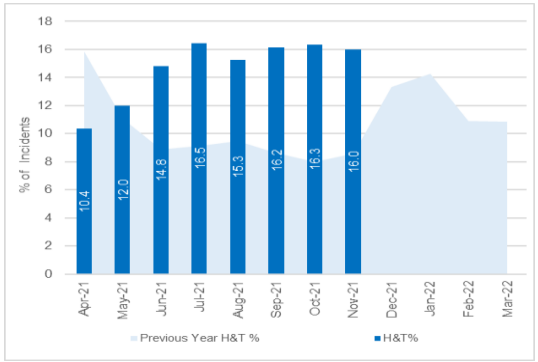
- *The month end cash position was £31.1m*

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

	Sep-21	Oct-21	Nov-21	Year-end Target
Arrive at Hospital to Patient Handover (mins)	26.4	27.8	29.2	18.0

- *Handover times increased further in November, 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 was stable at 16.0% in November. Use of hear and treat continues to track above last year where we attained 9.5%. This level of hear and treat is the second highest nationally in November.*
- *Our conveyance rate continues to be below 50%, with a rate of 49.0% in November. This saw LAS ranked 4th for ED conveyance rate, only 2.7% above the lowest conveyance rate.*

Appendices

London Ambulance Service NHS Trust

	Location of Appendices	Reporting Period	Pages
Patients	Trust wide Scorecard 999	Nov-21	6
	999 Response Time Performance	Nov-21	7
	Operational Demand	Nov-21	8
	Operational Capacity	Nov-21	9
	Operational Context	Nov-21	10-11
	Safe Scorecard – 999 Incident Management	Nov-21	12
	999 Overdue Incidents	Nov-21	13
	999 Incident Category Analysis	Nov-21	14
	Safe Scorecard – Medicines Management	Nov-21	15
	Clinical Ambulance Quality Indicators (Latest Reported Month)	Aug-21	16
	Trust wide Scorecard NEL & SEL IUC	Nov-21	17
	Trust wide Scorecard NWL IUC	Nov-21	18
	111 IUC Response Time Performance	Nov-21	19-20
	Safe Scorecard – IUC Incident Management	Nov-21	21-22
	Safe Scorecard – Serious Incident Management	Nov-21	23-24
People	Trust wide Scorecard	Nov-21	25
	Vacancy Rates, Staff Turnover & Sickness	Nov-21	26
	Additional Workforce Analysis	Nov-21	27
	Health & Safety – MSK RIDDOR Incidents	Nov-21	28
	Health & Safety – Physical Assaults on Staff Incidents - 2021/22 (up to end Oct'21)	Nov-21	29-30
	Responsive Scorecard - Complaints	Nov-21	31
	Well Led - Excellence Reporting	Nov-21	32-33
Public Value	Trust wide Scorecard	Nov-21	34
	Trust Financial & Contract Position	Nov-21	35
	Statement of Comprehensive Income	Nov-21	36
	Cash flow Statement	Nov-21	37
	Cost Improvement Programmes (CIPS) & Capital Plan	Nov-21	38
Partners	Trust wide Scorecard	Nov-21	39
	Maximising safe non-conveyance to ED	Nov-21	40-42
	End of Life Care & Mental Health	Nov-21	43

Trust-Wide Scorecard - 999

Patients Scorecard

November 2021

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Perfomance: Target & Type (Internal / Contractual / National / All)		Current Perfomance: Latest Month	Current Perfomance: Year To Date (From April)	Current Perfomance: Rolling 12 Months	Benchmarking (Month): National Data	Benchmarking (Month): Best In Class	Benchmarking (Month): Ranking (out of 11)
Category 1 response – Mean	mm:ss	Nov-21		07:00	A	00:07:05	00:06:47	00:06:33	09:10	07:02	2
Category 1 response - 90th centile	mm:ss	Nov-21		15:00	A	00:11:54	00:11:32	00:11:10	16:04	11:54	1
Category 1T response – 90th centile	mm:ss	Nov-21		30:00	N	00:20:01	00:18:49	00:18:02			
Category 2 response – Mean	mm:ss	Nov-21		18:00	A	00:43:42	00:35:29	00:33:28	46:37	26:47	7
Category 2 response - 90th centile	mm:ss	Nov-21		40:00	A	01:36:50	01:21:10	01:18:18	01:40:57	00:53:49	7
Category 3 response – Mean	h:mm:ss	Nov-21		1:00:00	A	01:50:27	01:29:44	01:19:03	02:37:08	01:16:11	3
Category 3 response - 90th centile	h:mm:ss	Nov-21		2:00:00	A	04:38:16	03:50:00	03:23:56	06:23:03	03:04:55	3
Category 4 response - 90th centile	h:mm:ss	Nov-21		3:00:00	A	07:48:21	07:17:22	06:40:09	07:32:38	03:18:36	6
Call Answering Time - 90th centile	ss	Nov-21		4	I	52	93	84			
ROSC at Hospital	%	Aug-21		31%	N	32.0%	28.9%	26.9%	26.4%	32.0%	1
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Jun-21		95.0%		92.0%	92.0%	92.8%	82.4%	92.0%	1

*National average YTD

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

Please note: 999 performance data is correct as at 14/12/21 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

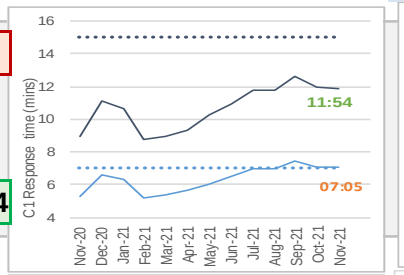
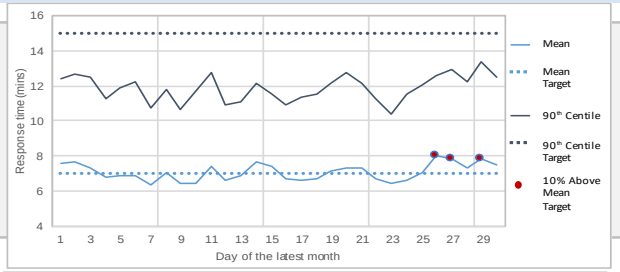
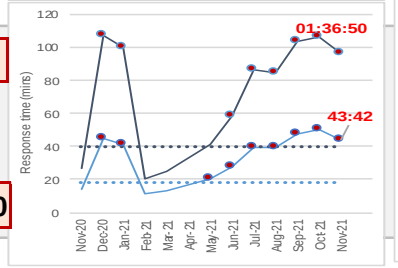
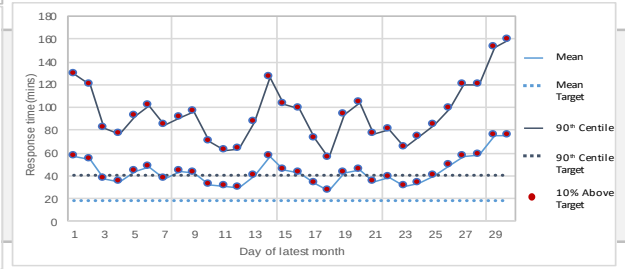
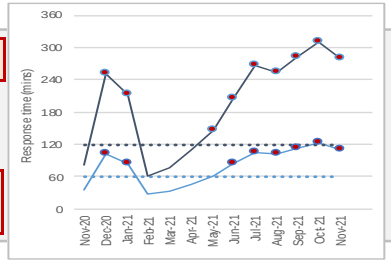
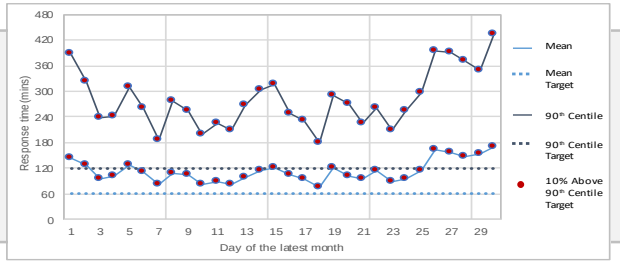
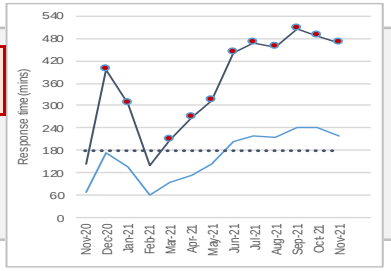
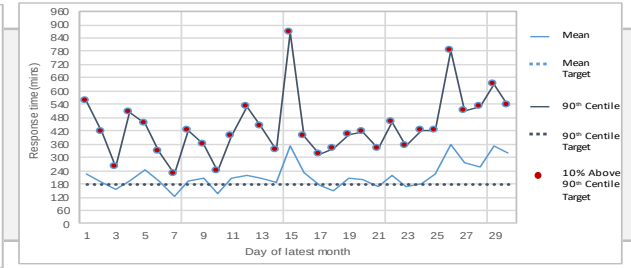
*Note: **Sepsis** is measured quarterly*

1. Our Patients

999 Response Time Performance

The Category 1 mean in November returned 7 minutes and 5 seconds while the Category 1 90th centile was 11 minutes and 54 seconds. Apart from last month, the Category 1 90th centile had remained within the standard each week since the implementation of the Ambulance Response Programme (ARP), 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 first 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 14/12/21 and is subject to change due to data validation processes

		Monthly Trend	Daily Analysis	
C1	**Mean: 00:07:05** Target: 7:00 **90th Centile: 00:11:54**			The C1 mean performance had been continuously within target, apart from throughout October and November, when the target was narrowly missed due to an increase in demand. The C1 90th centile was within the national standard of 15 minutes.
C2	**Mean: 00:43:42** Target: 18:00 **90th Centile: 01:36:50**			During November 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: 01:50:27** Target: 2:00:00 **90th Centile: 04:38:16**			C3 90th centile was not within national standards in November. 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: 07:48:21** Target: 3:00:00			C4 90th centile was not met in November 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.

1. Our Patients

999 Response Time Performance

Operational Demand

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.

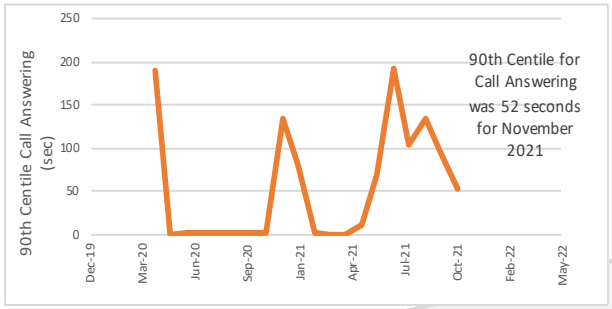
The analysis below describes: **1)** Calls Received, **2)** Incidents and Response Type (incl. Hear & Treat, See & Treat, See & Convey), **3)** Incident Category

Please note: 999 performance data is correct as at 14/12/21 and is subject to change due to data validation processes

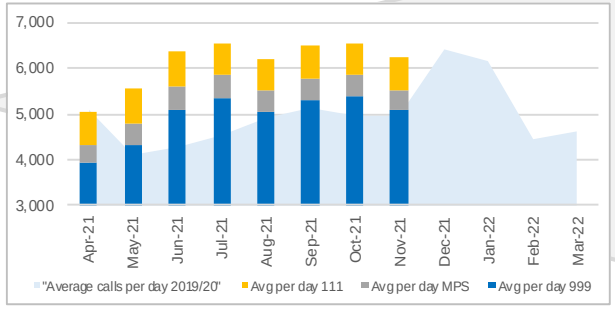
999 Calls Received

November 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.

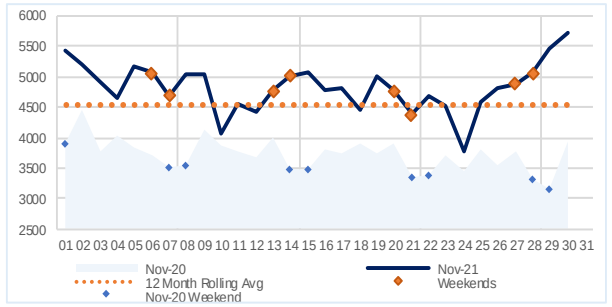
Performance (90th Centile)



Average Calls Per Day



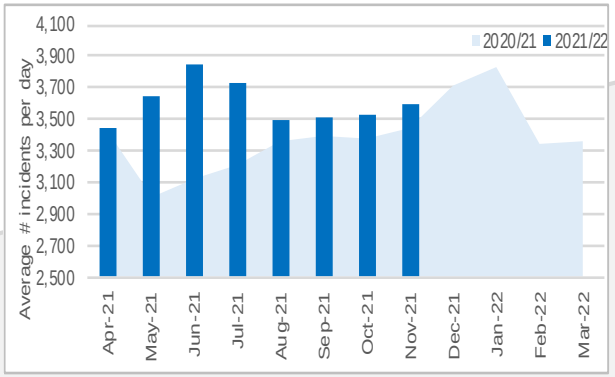
Daily Calls Answered



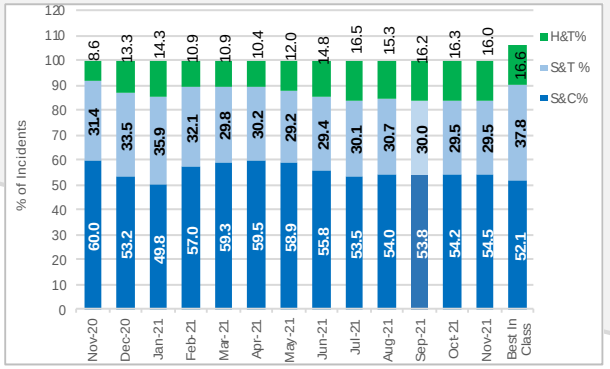
Incidents and Response Type

In November 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.

Incidents



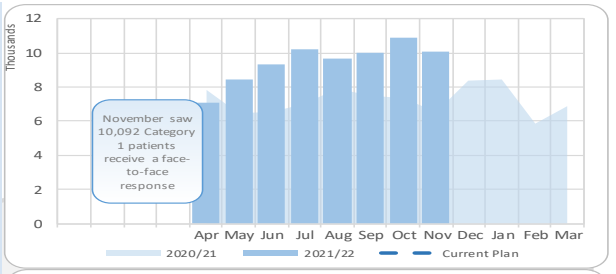
Response Type



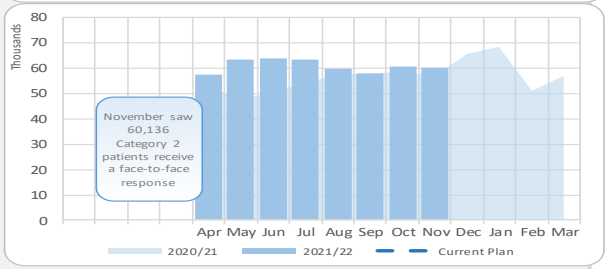
During November 2021 SWAS was best in class achieving 37.8% for See & Treat. SWAS gained 1st place and was best in class for See and Convey, achieving 52.1% and WMAS was best in class for Hear and Treat categories with 16.6%.

Incident Category (By Month)

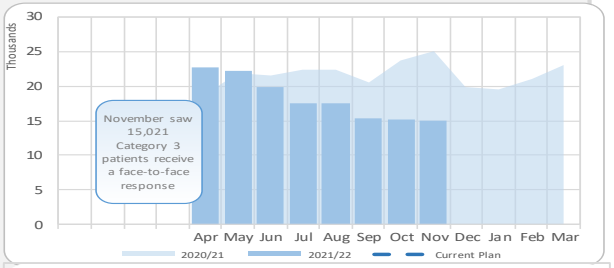
C1



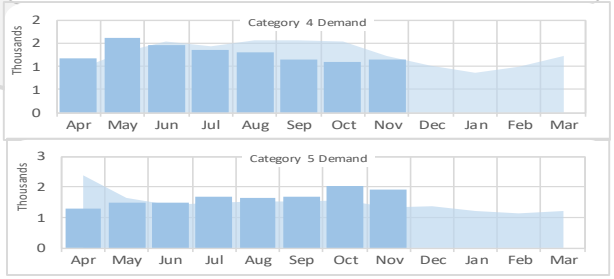
C2



C3



C4/C5



1. Our Patients

999 Response Time Performance

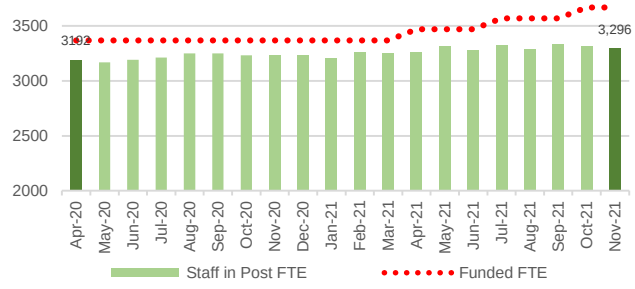
Operational Capacity

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.

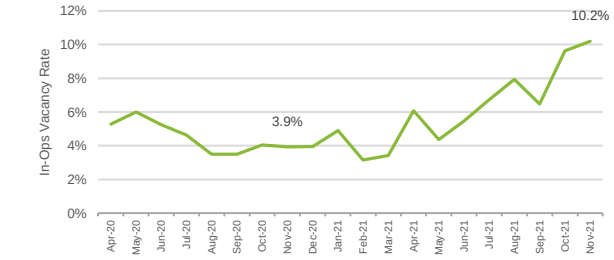
Frontline Operational Staff

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 November has increased from 9.6% in October to 10.2% in November. This is due to an increase in the numbers of staff recruited and now in classroom training. There are currently 221fte staff in classroom training which includes the 70fte joiners this month. The 10.2% gap is currently being filled by overtime and will reduce through the delivery of this year's paramedic and non-registrant recruitment programme.

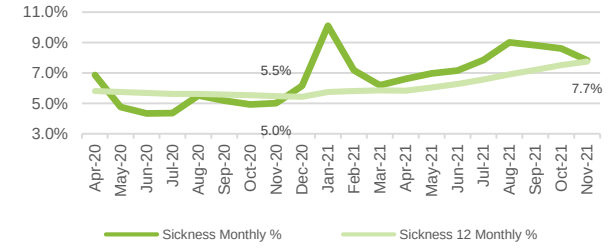
Filled FTE



Vacancy Rate



Sickness Rate



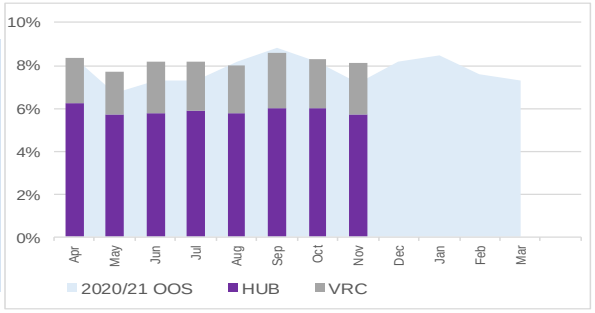
Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate averaged **8.25%** for **November 2021**, a decrease of **0.34%** from the previous month. The Trust has provided an average of **9,329hrs** patient facing vehicle hours per day in **November 2021** an increase from **October 2021** which averaged **8,785hrs** .The DCA PVR remains consistently high, with an overall average in **November 2021 of 392** an increase from **October 2021 of 381 .** We continue to see a spike in DCA vehicle requirements at **1500hrs & 1800hrs** due to the DCA overtime shift starts however this is managed within the teams keeping Out of Service for **VEHNO** below **1%.** We maintained a high level of **fully kitted DCA availability** at the start of each day **averaging 432 during November 2021.**

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 **113.53hrs (0.06%)** accrued against OOS category **VEHNO** (no vehicle at start of shift) against total DCA and OPC hours for **November 2021** of **185,092.45hrs.**

We continue to work with our external partners, **Mansfield, ATS and Alfa Tail Lifts ,** who work overnight to complete vehicle repairs and boost DCA vehicle availability as well as the **Make Ready 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 and 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.

Out Of Service %

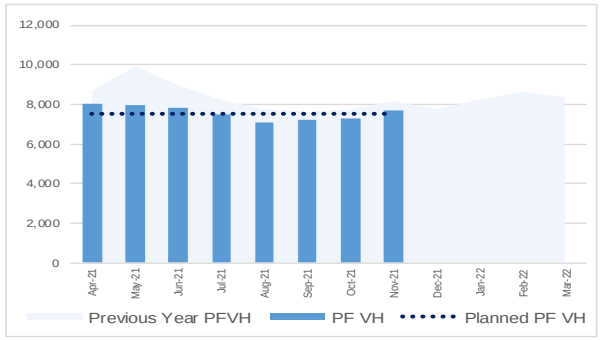


Note:

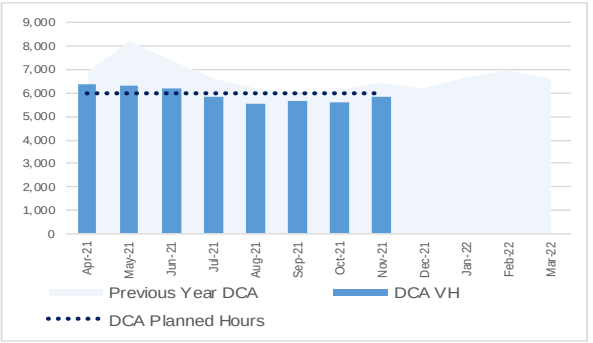
OOS HUB *- This account for out of service codes related to people/crew reasons for out of service hours*

OOS VRC *- This account for out of service codes related to vehicle reasons for out of service hours*

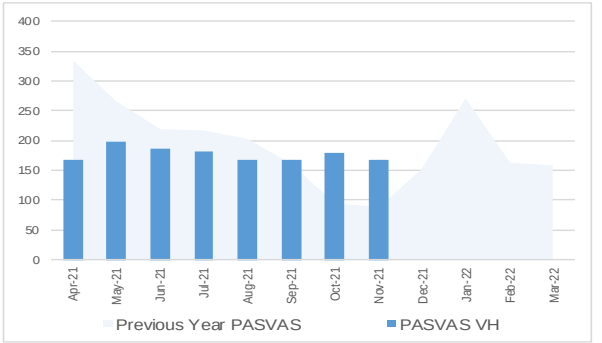
All Vehicles (Avg per day)



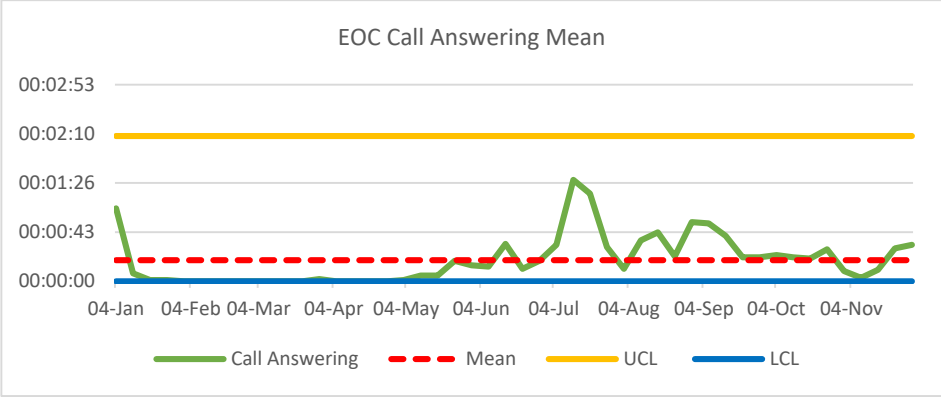
Ambulance Hours (Avg per day)

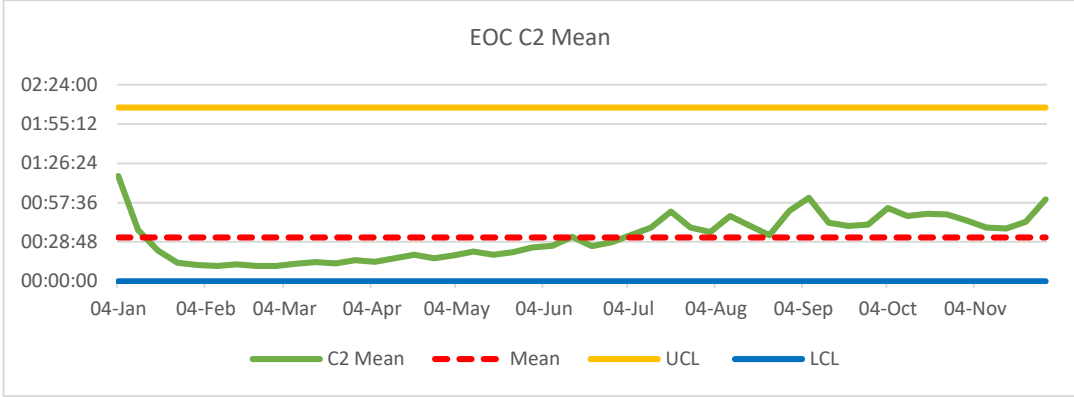


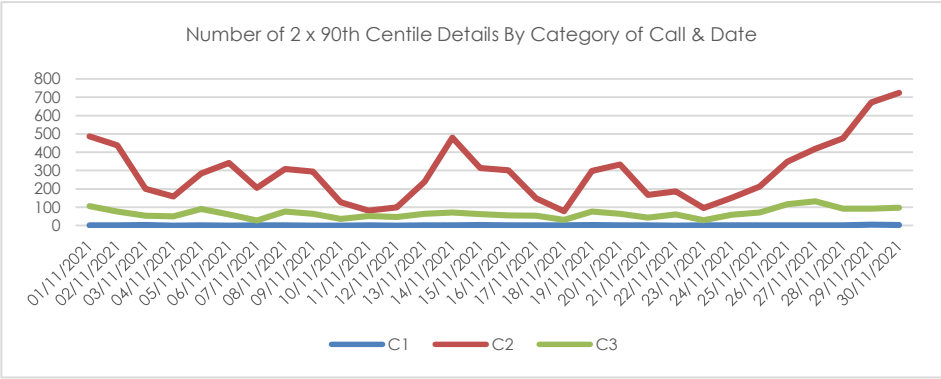
PAS / VAS (Avg per day)

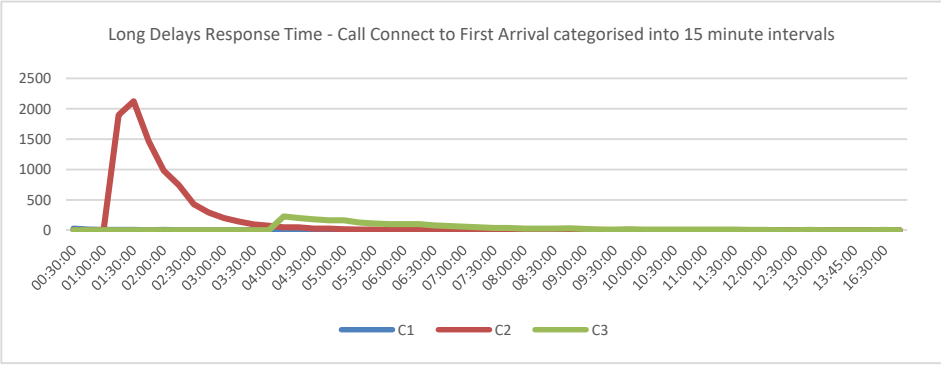


The service remains at REAP 4 due to high operational pressure, a Winter Delivery Group have been established in response to the Omicron Wave and Level 4 Incident declared by NHS England. Positively, the Trust is maintaining Cat 1 response times within national set timeframes.









In November 2021 there were 10,730 long delays, 10% of these incidents resulted in a blue call. The number of long delays in November 2021 decreased by 23% when compared with October 2021.

	C1	C2	C3	Grand Total
Total	43	8671	2016	10730
Blue Call	10	958	58	1026

From the table below we can see from Apr'21 – Jul'21, each month the number of long delays doubled from the previous month. The last few months, the number of long delays have remained high.

Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
1764	3160	6789	13272	11928	15690	13876	10730

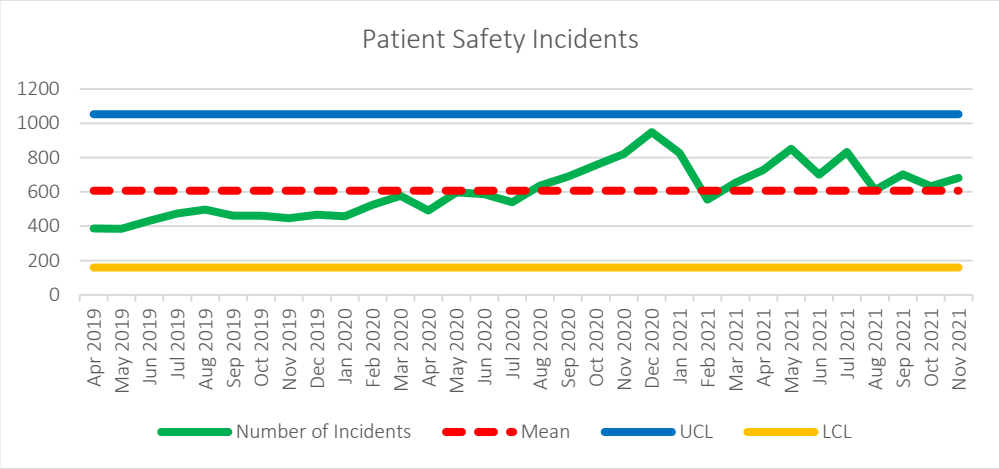
The top three determinants where a long delay incurred were:

- DX0112: Chest pain (8% n = 884) of which 56 required a blue call
- DX012: Emergency Ambulance Response (Category 3) (5% n = 570), of which 9 required a blue call
- HCP2: Healthcare Professional Level 2 (5% n = 484), of which 79 required a blue call

46% (n=4904) experienced a long delay were not conveyed and 54% were conveyed. It was also found that 22% (n=2409) of all long delays occurred between the hours of 17:00 and 20:00.

<u>Action being taken include:</u>
Forecasting and planning focus remains a part of the Winter Deliver Group (WDG)
Daily operational performance review and actions via the Tactical Winter Coordination Cell (WCC)
Daily clinical safety reviews and daily patient safety reviews to oversee quality and clinical safety and continuous improvement.

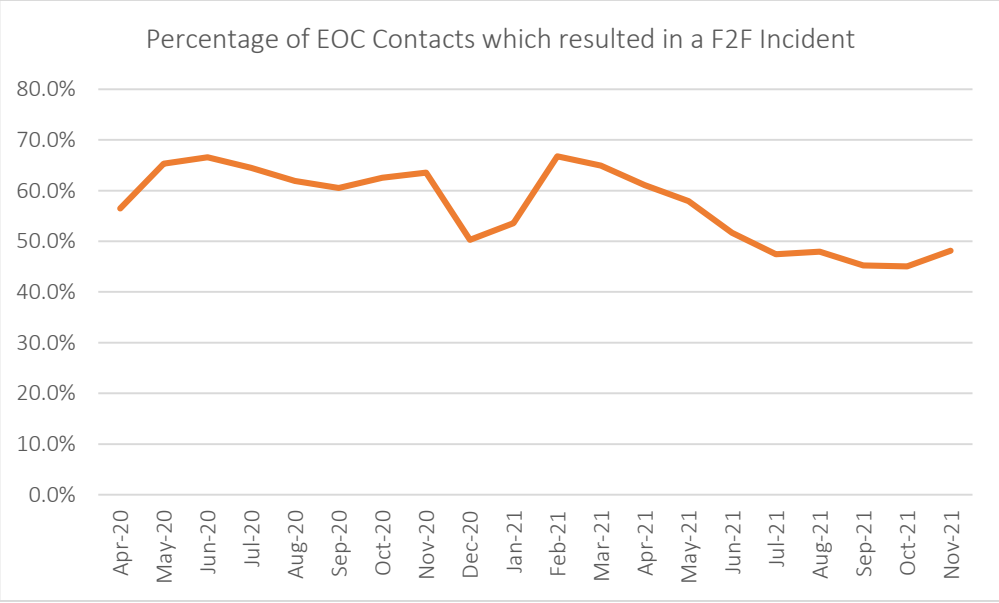
The number of patient safety incidents reported across the 999 service remains steady when compared against the number of EOC contacts and face to face incidents.

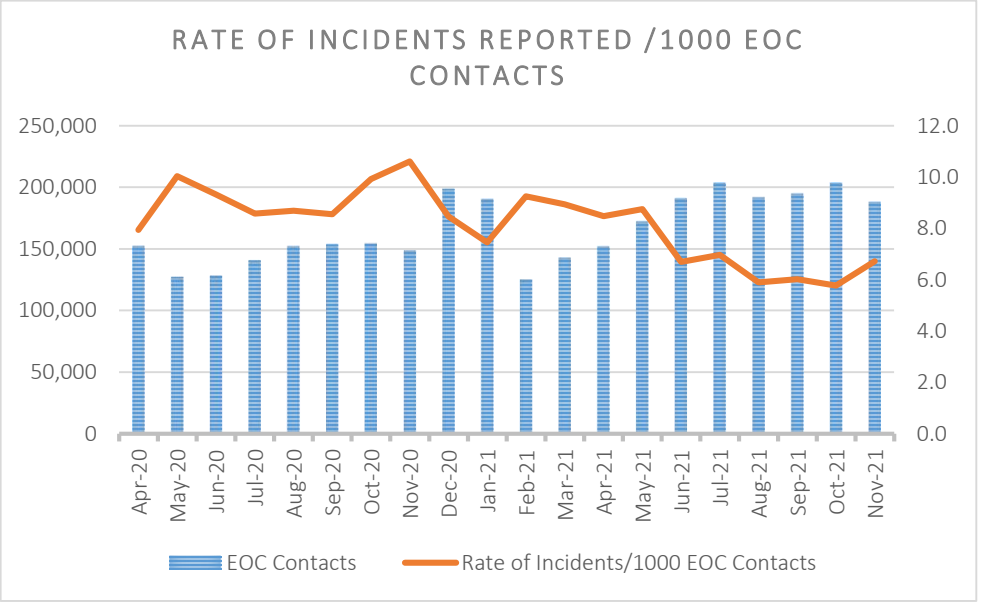


The number of patient safety incidents reported per month has varied between April 2019 – present. The number of reported patient safety incidents increased significantly in winter 2020 correlating to the second COVID19 wave on the service.

The number of patient safety incidents remains above the mean in November 2021, with 681 incidents reported.

The rate of incidents reported per 1000 EOC contacts has been decreasing the last few months, this is because the number of EOC contacts have remained high, 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 November there were 187,793 EOC contacts, of which 90,435 resulted in a Face to Face incident.

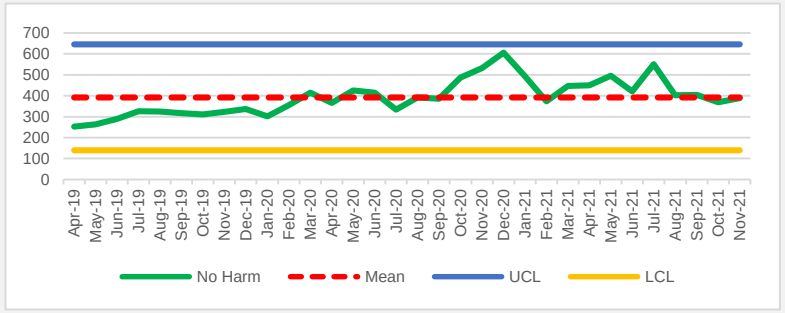




The number of reported patient safety incidents indicates a good reporting culture, particularly with the number of no and low harm incidents. All incidents are reviewed to ensure enhanced investigation are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

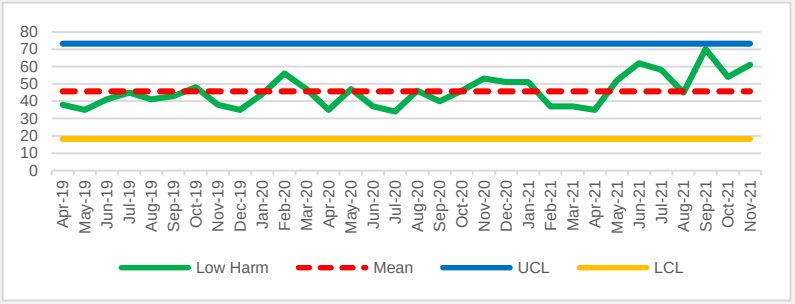
No Harm/Near Miss

Nov'21: **388**



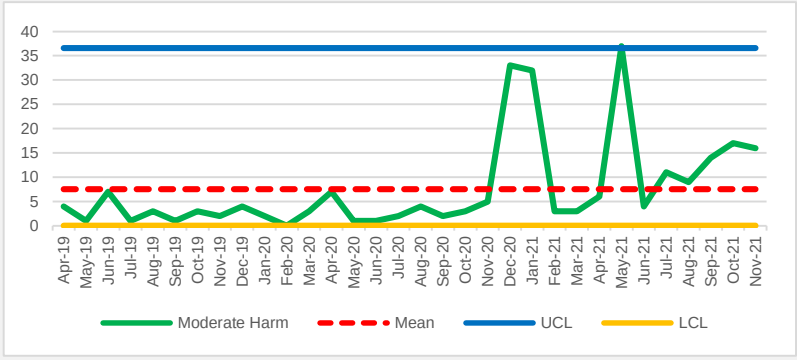
Low Harm

Nov'21: **61**



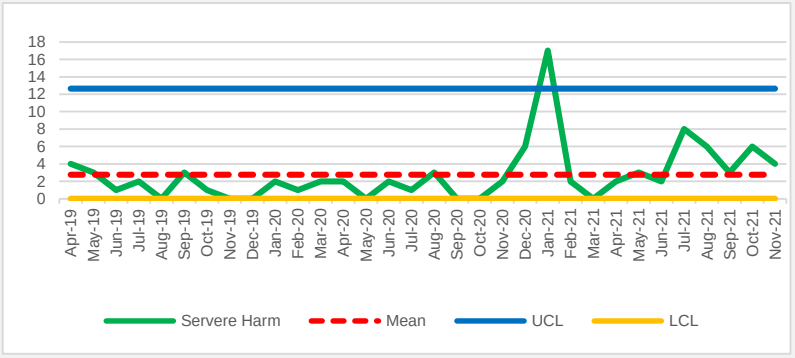
Moderate Harm

Nov'21: **16**



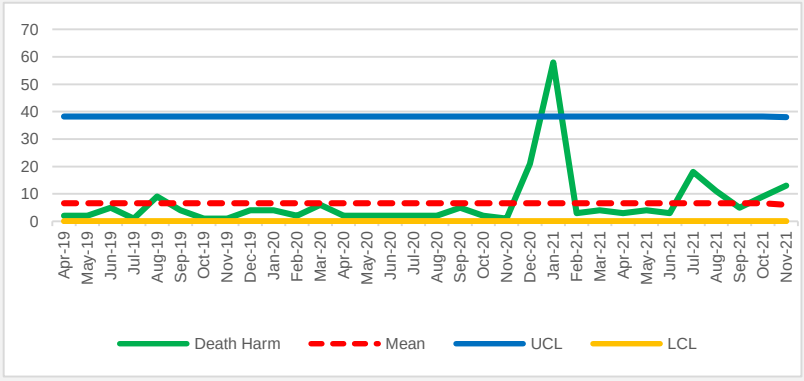
Severe

Nov'21: **4**



Death

Nov'21: **13**



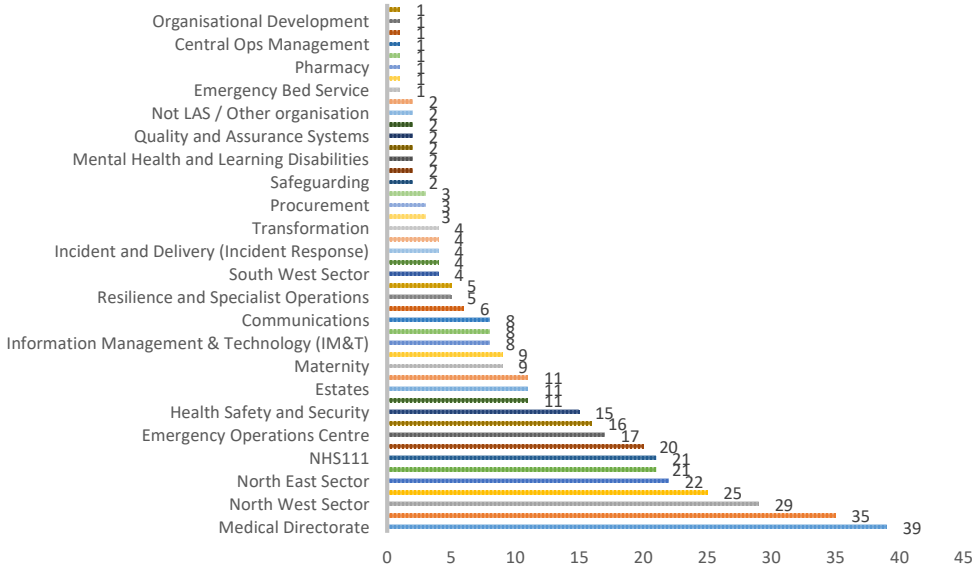
Analysis of SPC graphs:

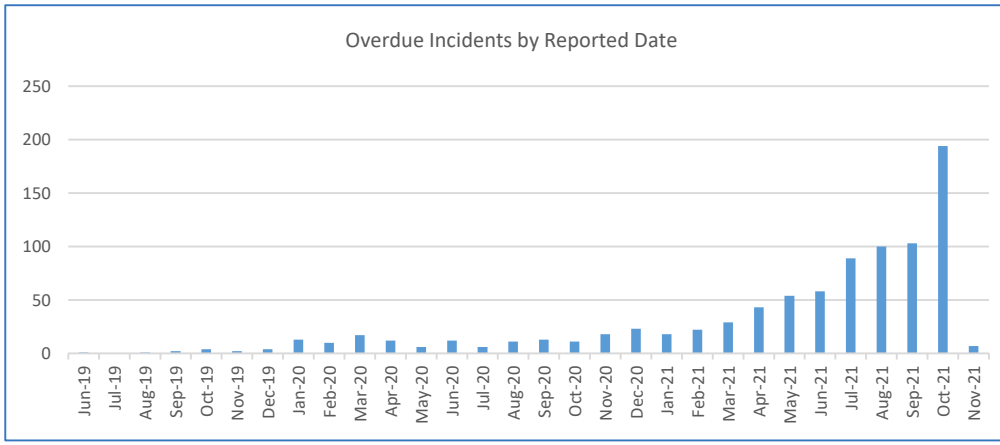
The number of reported no and low harm incidents continues to be monitored to manage themes/trends emerging. This is reviewed and acted upon monthly via the Trust's Safety Investigations Assurance and Learning Group (SIALG).

The number of no harm incidents has increased in November, top 3 categories were 64 Medical Equipment incidents, 52 Communication, Care and Consent incidents and 46 Dispatch and Call incidents. There has been an increase in low harm incidents the last few months, with 61 reported in November.

The number of moderate, severe and death patient safety incidents remains high due to the operational pressure on the service result in patient safety incidents of delayed responses. These delayed response incidents are highlighted via various clinical and quality safety reviews including daily review of delays experienced both in call answering and dispatch of resources. There has been an increase in the number of death incidents reported this month, of the 13 death incidents reported in November, 12 were due to dispatch and call issues and will undergo a Learning from Death (LfD review).

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



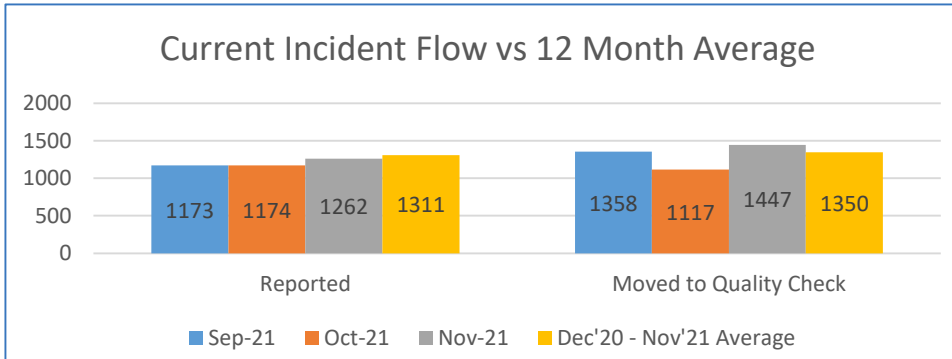


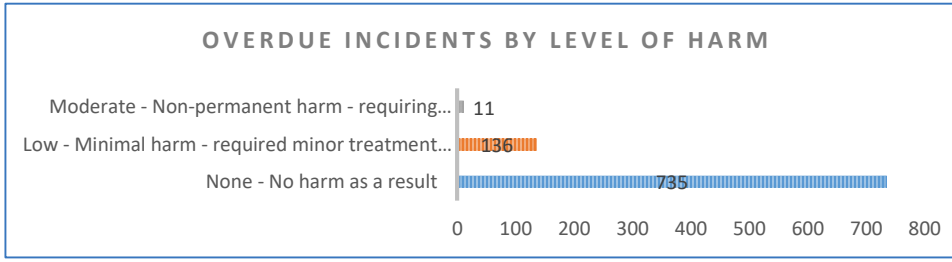
There are 882 incidents (as of 06/12/2021) which have been opened on the system longer than 35 working days (this excludes SIs, PSIIs and COVID19 reviews).
This breaks down to:

- 485 patient incidents
- 199 staff incidents (8/11 overdue moderate harm incidents are staff related)
- 6 visitor incidents
- 192 Trust related incidents

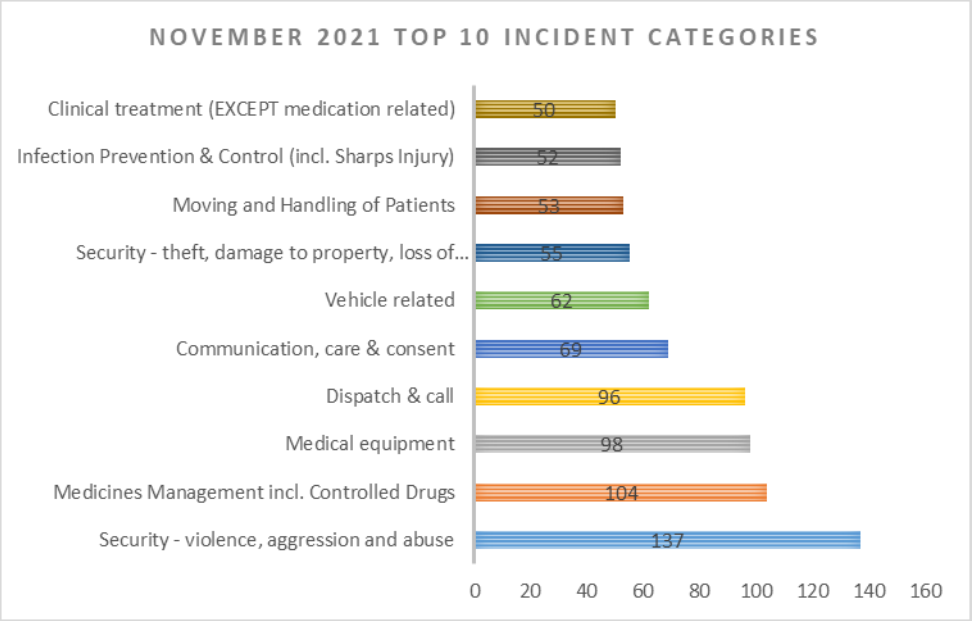
On average between Dec'20 – Nov'21, 1311 incidents are reported monthly on the system and 1350 incidents are investigated and moved to Quality check for final closure. During November 2021 the number of incidents reported was lower than average and the number of incidents moved to Quality Check was higher than average at 1447 incidents moved for closure.

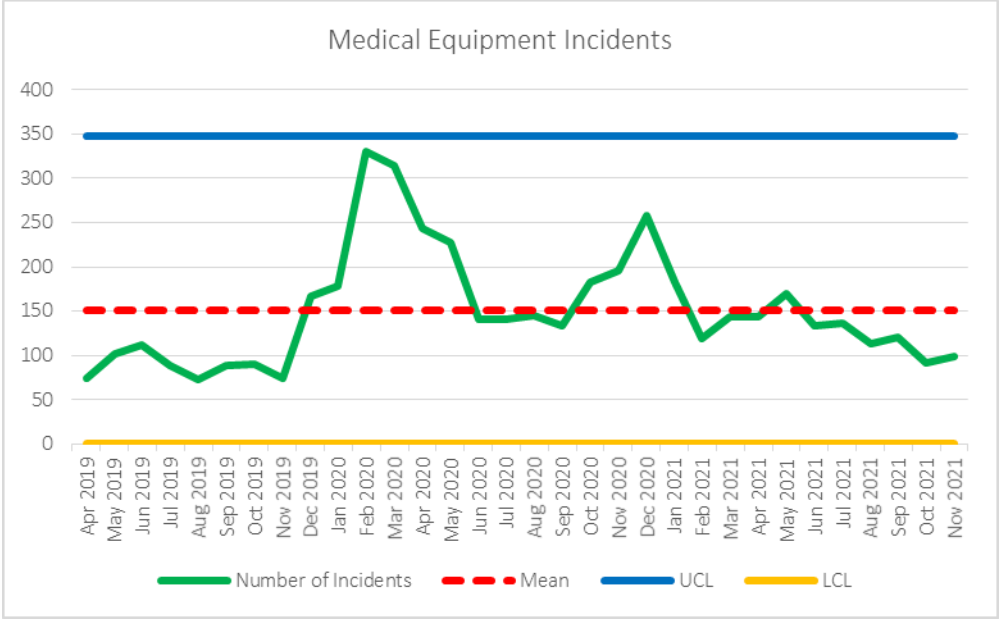
All incidents continue to be monitored daily by the Incident and Risk Hub. The Quality Governance and Assurance Managers (QGAMS) also work with the sectors/depts. to ensure incidents are investigated in a timely manner. Of the overdue incidents, the highest number, 116 incidents (13%) sits in the North West Sector, 83% of overdue incidents have been labelled as No Harm and 15% as Low Harm.





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





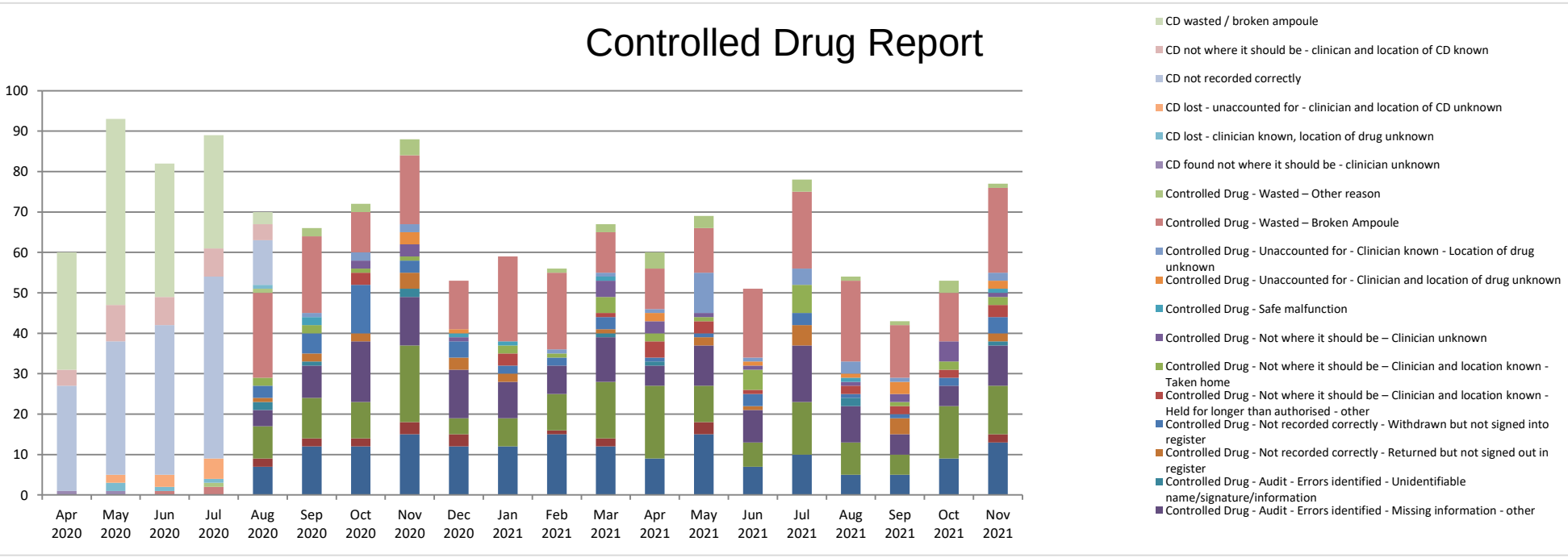
The top 3 incident categories in November 2021 were Security – Violence, Aggression and Abuse, Medicines Management & Medical Equipment.

Themes relating to medical equipment indicate that there has been a change from missing equipment to failure of equipment in recent months. We have seen a decrease in the number of medical equipment incidents reported the last few months. Parallel activities continue to progress regarding Medical Equipment. The Trust facilitated a one-day fact-finding session with an external partner, which resulted in a work package of funding for them to continue providing support.

<u>Improvement work underway:</u>

The tagging and tracking of assets has started to be rolled out within the North-East sector. The project has an aim to tag equipment in 4 DCAs per day until 31st March 2022.

The trial of diagnostic pouches was completed successfully and learning was incorporated into the plan presented for implementation. Plans are now in place for NE sector roll-out for 20th December then pan London roll out from 27th December 2021. The is significant collaboration between multiple directorates to move this forward with weekly update meetings to ensure shared awareness of progress.



- No unaccounted for losses of schedule 2 controlled drugs
- Total of 82 other controlled drug (CD) incidents including
  - Documentation errors (n=45)
  - Morphine retained off-duty (n=7)
  - CD unsecured (n=3)
  - Breakages, wastage or damage (n=23)
  - Inappropriate morphine administration (n=1) and allergic reaction (n=1)
  - Abloy key loss or malfunction (n=2)
- Non-controlled drugs incidents
  - Kitprep discrepancy (n=7)
  - Drugs missing (n=2) or left at scene/lost (n=5)
  - Drug pack contents discrepancy (n=2), damage (n=8) or out of date (n=1)
  - Medication error by non-LAS staff (n=3)
  - Temperature monitoring alert (n=4)
  - Inappropriate administration of adrenaline (n=3), amiodarone (n=1), ceftriaxone (n=1), chlorphenamine (n=1), dexamethasone (n=1), diazepam (n=1), glucose (n=2), hydrocortisone (n=1) & paracetamol (n=1).

Assurance

- Incidents where morphine retained off duty identified in a timely fashion ensuring drugs returned and secured promptly.
- No losses of schedule 2 controlled drugs
- Medicines packing unit now fully operational

Actions from Medicine incidents

- Hardware approved for paramedic prescribing and further APPs undergoing training
- JRCALC guidance updated and ‘cleaned’ to reduce discrepancies
- Medical gases committee established to monitor levels.

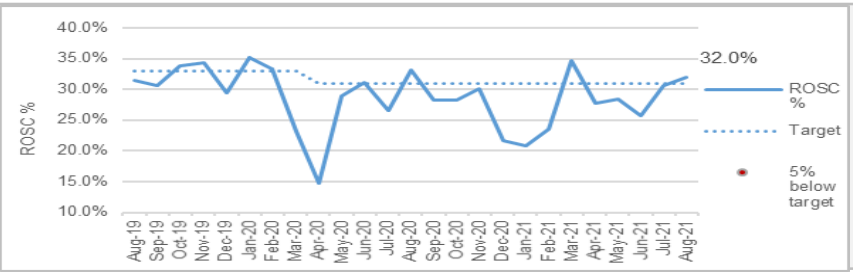
Clinical Ambulance Quality Indicators (Latest Reported Month)

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

ROSC at Hospital

Month: 32.0%

Target: 31.0%



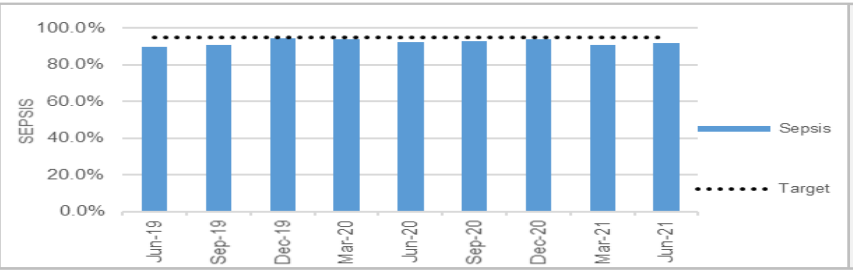
In August 2021, LAS ranked 1st amongst all ambulance services for ROSC to hospital in the overall group (32.0%, up from 30.6%) against a national average of 26.4%. In the Utstein comparator group, we ranked 3rd (53.8%, up from 47.1%) with a national average of 46.6%.

For survival to 30 days, LAS ranked 3rd in the overall group and 4th in the Utstein comparator group at 10.8% and 30.8% respectively. This compares to the national averages of 9.9% in the overall group and 27.4% in the Utstein comparator group.

Sepsis Care Bundle

Month: 92.0%

Target: 95%

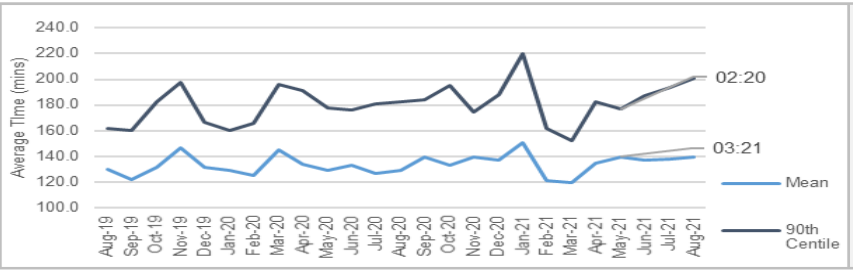


NHS England did not publish Sepsis Care Bundle data for August, the next data due to be published will be for September (in February 2022).

STEMI call to angiography

Mean: 02:20

Target: 02:10



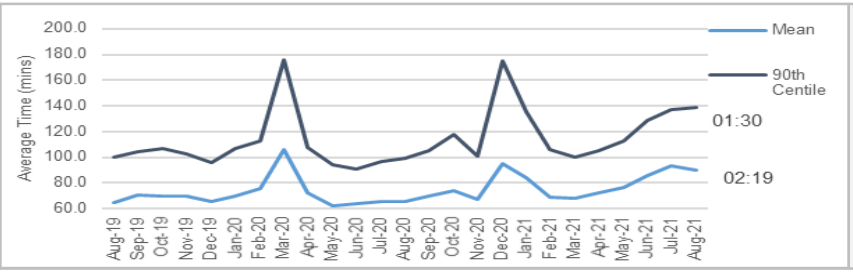
For August 2021, the LAS was ranked equal 3rd for the call to angiography measure, recording a mean average time of 02:20. This time is 7 minutes shorter than the national average time for August, and maintains a consistent performance across the reporting year so far.

NHS England did not publish STEMI Care Bundle data for August, the next data due to be published will be for October 2021 (in March 2022).

Stroke call to door

Mean: 01:30

Target: 01:10



Having improved to 2nd nationally for the mean call to hospital metric for suspected stroke patients in July 2021, the LAS moved to 3rd (01:30) in August. This was well above the national average of 01:43 with best in class achieving 01:29.

In the same month, the Stroke Diagnostic Bundle was performed on 93.9% of suspected stroke patients, which is below the national average of 97.8% and ranked the LAS nationally in 10th (last) place.

Trust-Wide Scorecard – NEL & SEL IUC

Patients Scorecard (NEL IUC)

November 2021

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Perfomance: Target & Type (Internal / Contractual / National / All)		Current Perfomance: Latest Month	Current Perfomance: Year To Date (From April)	Current Perfomance: Rolling 12 Months	Benchmarking (Month): London Data	Benchmarking (Month): Best In Class	Benchmarking (Month): Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Nov-21	R	95.0%	A	73.2%	77.2%	77.1%	65.8%	74.5%	2
Proportion of calls abandoned	%	Nov-21	R	3.0%	A	13.3%	9.3%		11.1%	6.3%	5
% of calls closed with no onward referral (health advisor and clinician)	%	Nov-21	R	33.0%	A	21.4%	24.3%	23.8%			
% of calls transferred to 999	%	Nov-21	G	10.0%	A	8.3%	7.1%	7.6%	8.9%	7.3%	2
% of calls recommended to ED	%	Nov-21	G	10.0%	A	8.4%	9.3%	9.9%	11.2%	8.4%	1

Patients Scorecard (SEL IUC)

November 2021

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Perfomance: Target & Type (Internal / Contractual / National / All)		Current Perfomance: Latest Month	Current Perfomance: Year To Date (From April)	Current Perfomance: Rolling 12 Months	Benchmarking (Month): London Data	Benchmarking (Month): Best In Class	Benchmarking (Month): Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Nov-21	R	95.0%	A	74.5%	78.0%	78.2%	65.8%	74.5%	1
Proportion of calls abandoned	%	Nov-21	R	3.0%	A	12.9%	13.7%		11.1%	6.3%	4
% of calls closed with no onward referral (health advisor and clinician)	%	Nov-21	R	33.0%	A	25.3%	28.6%	28.6%			
% of calls transferred to 999	%	Nov-21	G	10.0%	A	7.3%	7.2%	7.4%	8.9%	7.3%	1
% of calls recommended to ED	%	Nov-21	G	10.0%	A	8.5%	10.3%	11.2%	11.2%	8.4%	2

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

Trust-Wide Scorecard – NWL IUC

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)

November 2021

Indicator (KPI Name)	Basis	Data From Month	Target Status	Target & Type (Internal / Contractual / National / All)		Current Perfomance: Latest Month	Current Perfomance: Year To Date (From April)	Current Perfomance: Rolling 12 Months	Benchmarking (Month): London Data	Benchmarking (Month): Best In Class	Benchmarking (Month): Ranking (Pan London)
Percentage of calls answered within 60 seconds	%	Nov-21	R	95.0%	A	65.9%	63.4%	69.9%	65.8%	74.5%	3
Proportion of calls abandoned	%	Nov-21	R	3.0%	A	6.3%	4.4%		11.1%	6.3%	1
% of calls closed with no onward referral (health advisor and clinician)	%	Nov-21	R	33.0%	A	13.4%	14.0%	14.1%			
% of calls transferred to 999	%	Nov-21	G	10.0%	A	9.1%	8.5%	8.4%	8.9%	7.3%	4
% of calls recommended to ED	%	Nov-21	R	10.0%	A	13.0%	12.4%	12.2%	11.2%	8.4%	4

Benchmarking Key
Top 3
Ranked 4-7
Ranked 7+

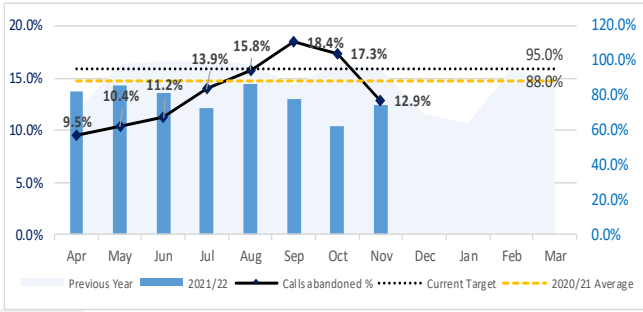
G	KPI on or ahead of target
A	KPI off target but within agreed threshold
R	KPI off target and outside agreed threshold
	KPI not reported / measurement not started

111 IUC Performance

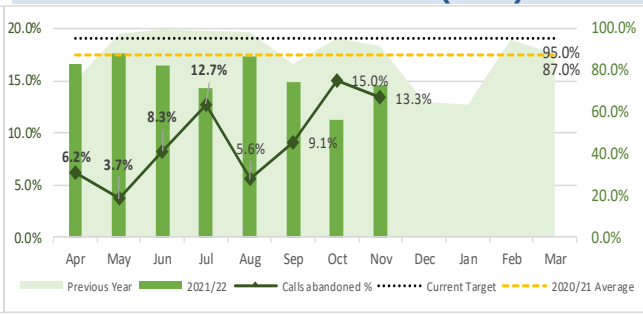
Call answering was outside target in September for North East London (NEL) and South East London (SEL) due to a rise in demand following the return to school. A large proportion of the increased activity was attributed to worried parents contacting 111 seeking guidance around testing process for their children. Both sites are within target for calls transferred to 999, where we consistently perform better than the London average. The abandonment rates were within target for September. We were challenged in the recommendation to attend ED performance for SEL.

Call Answering & Abandoned Calls

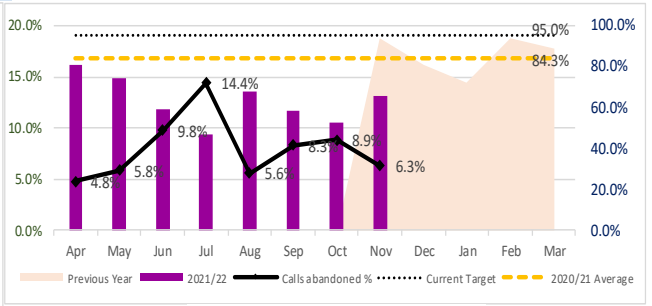
South East London (SEL)



North East London (NEL)



North West London (NWL)



Target: 95% (CA) and 5%

SEL: 74.5% / 12.9%

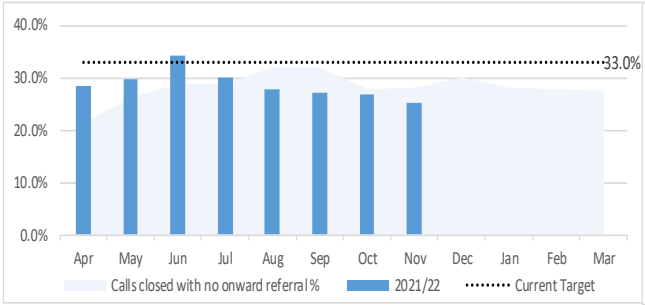
NEL: 73.2% / 13.3%

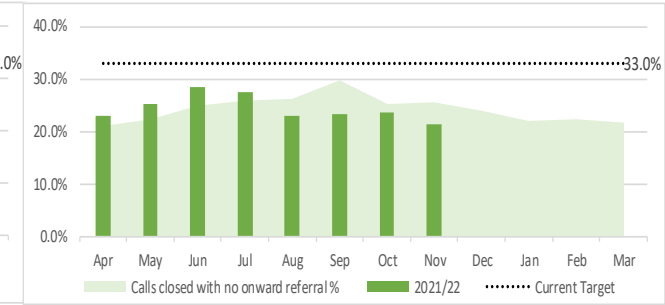
NWL: 65.9% /6.3%

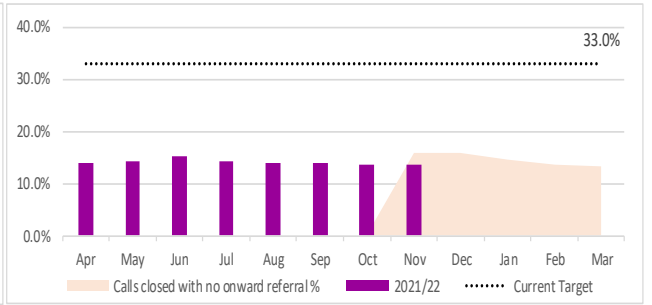
The 111/IUC centres have been critically important in national Covid-19 response as any concerns were directed to 111 across England. The call demand in November challenged the 111 performance.

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

% of calls closed with no onward referral







Target: >33%

SEL: 25.3%

NEL: 21.4%

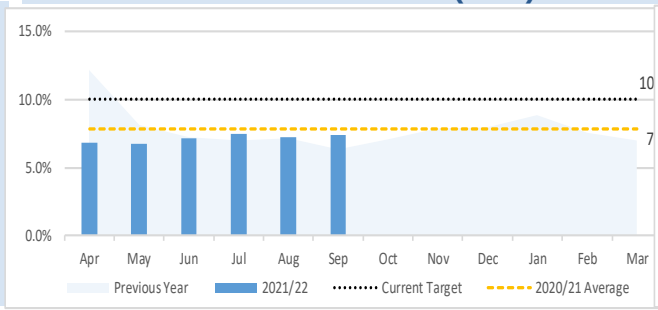
NWL: 13.4%

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.

111 IUC Performance

Calls Outcome: Transferred to 999

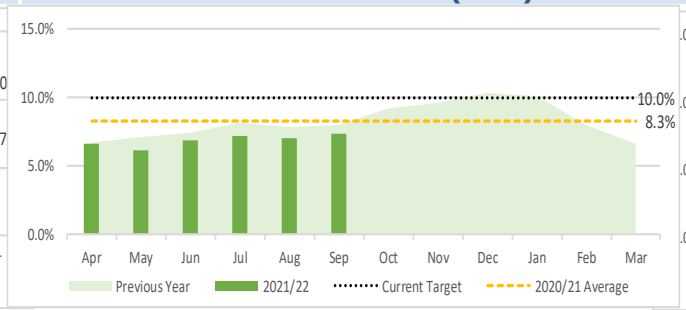
South East London (SEL)



Target: <10%

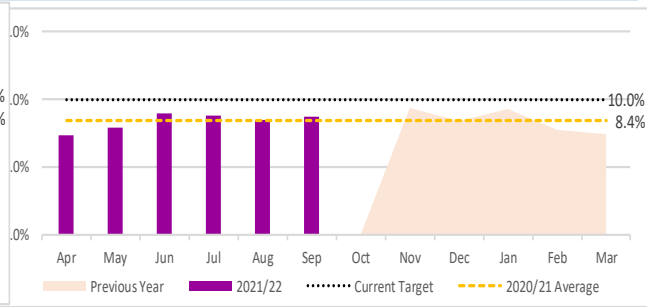
SEL: 7.3%

North East London (NEL)



NEL: 8.3%

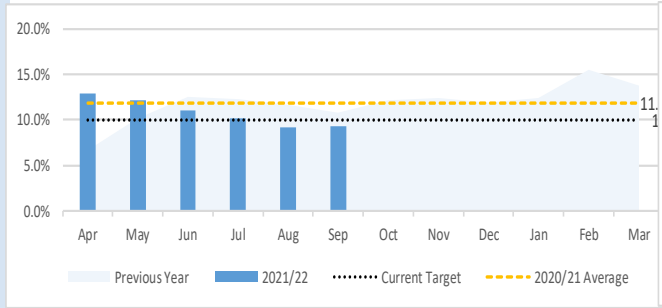
North West London (NWL)



NWL: 9.1%

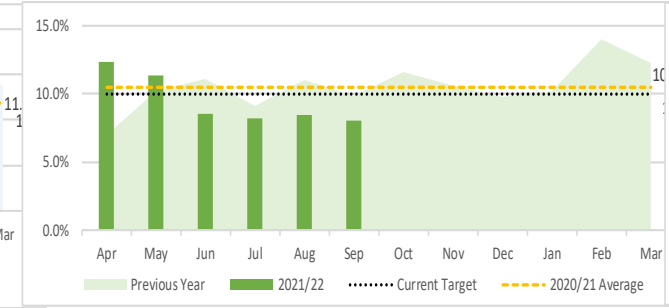
Referrals to 999 services remain within the 10% national standard for all three services. During November, NEL delivered 8.3%, with SEL delivering 7.3% and NWL 9.1%. This performance compares positively against the London average which 8.9%, demonstrating the benefits of a clinical assessment service (CAS).

Call Outcome: Recommended to attend ED

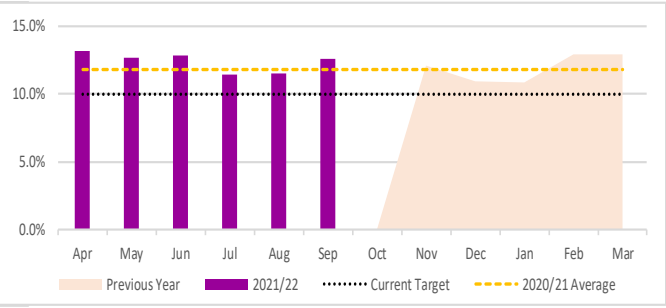


Target: <10%

SEL: 8.5%



NEL: 8.4%



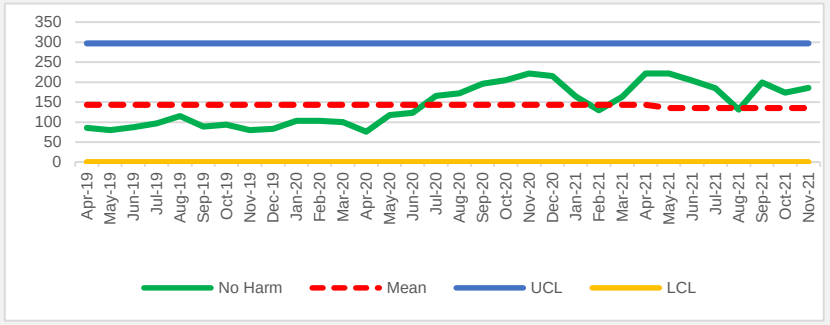
NWL: 13.0%

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 number of reported patient safety incidents indicates a good reporting culture, particularly with the number of no and low harm incidents. All incidents are reviewed to ensure enhanced investigation are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

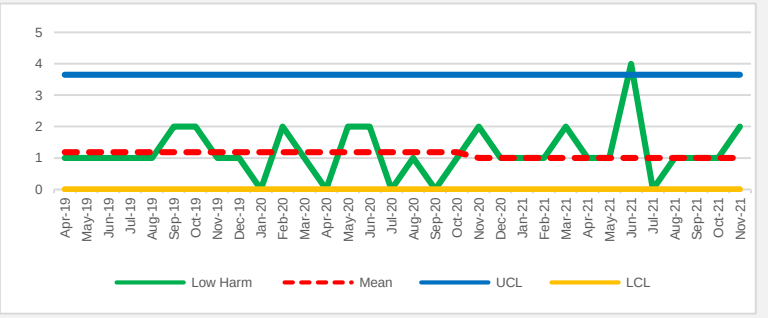
No Harm/Near Miss

Nov'21: **186**



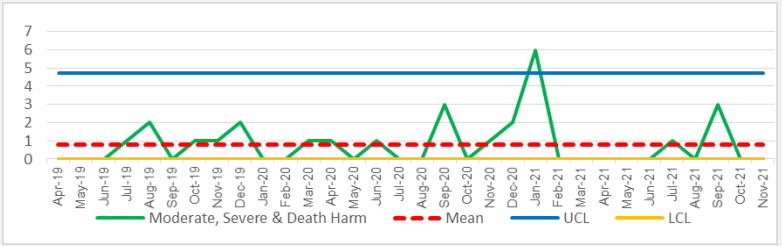
Low Harm

Nov'21: **2**



Moderate, Sever & Death Harm

Nov'21: **0**

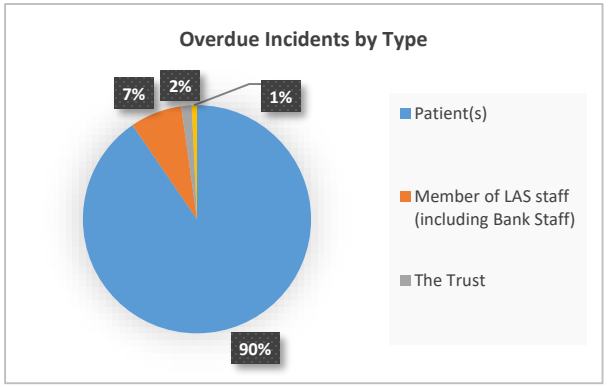


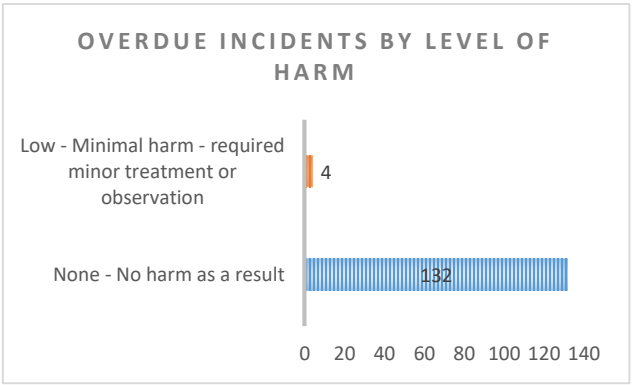
Analysis of SPC graphs:

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 slightly in November 2021. 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



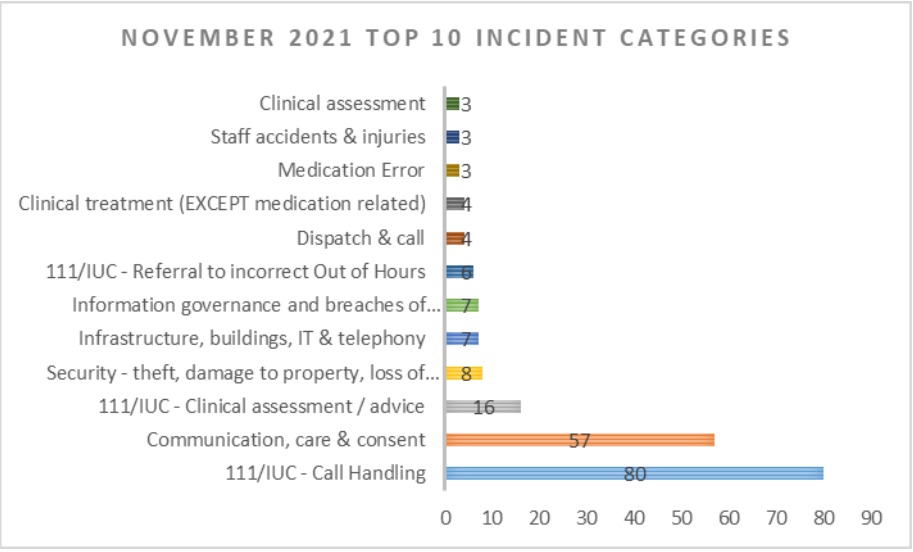


There are 136 incidents (as of 06/12/2021) which have been opened on the system longer than 35 working days (this excludes SIs & COVID 19 reviews).

This breaks down to 123 Patient incidents, 10 Staff incidents, 1 Visitor incidents and 2 Trust related incidents.

81% of incidents are in the Local Review stage and 19% in the Away for Review stage. 97% of incidents have been classified as No Harm.

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



The top 3 Incident categories in November 2021 were Call Handling, Communication, Care & Consent 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. There has also been a new sub category introduced in Datix under Communication, Care & Consent which identifies the reporting of the language line queries.

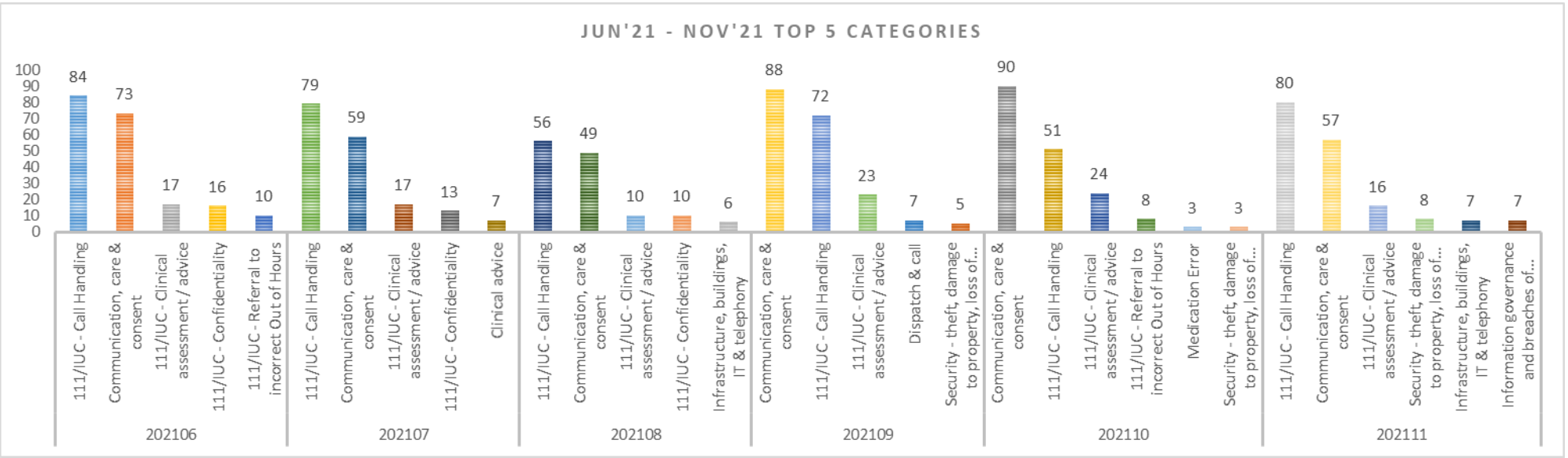
Theme Management

Communication Care & Consent

There is a continued reminder to all staff circulated to remind the staff of the need to follow the DOS instructions and advising patients if there is a need to attend or to wait for a call back. In addition to this the delays for patients seeking the support of Language line are also reported within this category and staff are being encouraged to record these as Incidents to enable continued monitoring of the support provided by the external provider

Call Handling

Call Handling issues are fed back independently via the line managers and we are working on reviewing the last 3 months case split by staffing profile – to identify if the % of the errors relate to the new staff or the experienced staff, this will assist us in driving our strategy for either refresher training or to review of training modules.



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 November 2021, a total of **69** reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident Response Plan (PSIRP).

Of these 69, 30 were identified as requiring an enhanced level of investigation. The breakdown of the 30 are as follows:

National Priority – Patient Safety Incident Investigations (PSII)

2 incidents met the Nationally - defined priority requiring an internal investigation where a death was clinically assessed as more likely than not being due to problems in care. These cases have been first reviewed by the Trust's Learning from Death process. One case related to a error during the call handling process and the second was regarding a response to a patient presenting with chest pain.

1 incident met the Nationally – defined priority requiring external investigation which is being investigated by HSIB

Local Priority – Patient Safety Incident Investigations (PSII)

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

Patient Safety Review (Non PSII) including Thematic Review

4 incidents met the Trusts PSIRP under the Local Priority of *Call Handing* and are being investigated as a PSR, specifically a case review.

3 incidents met the Trusts PSIRP under the Local Priority of *Face to Face Clinical Assessment* and are being investigated as PSRs, specifically case reviews.

3 incidents did not meet the Trusts PSIRP and are being investigated as a PSR - case review. Two involved vehicle based issues including a faulty tail lift and satellite navigation. One incident was regarding airway management.

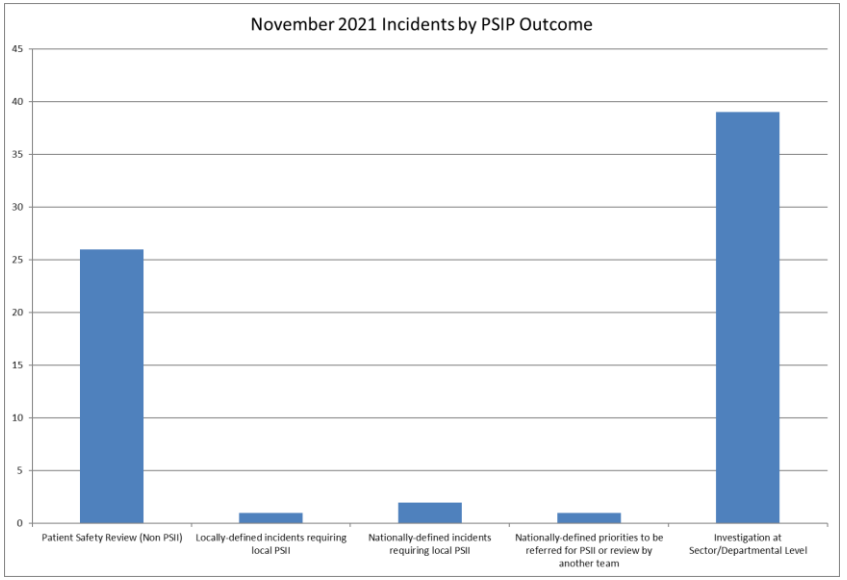
16 further incidents did not meet the Trusts PSIRP and are are being investigated as a PSR via a structured Judgement Review. The incidents involve a delayed response with the possibility of harm caused as a result.

Local Review

The remaining 39 incidents were referred to Sector/Department management teams to continue with a local investigation.

The following mitigating actions have taken place:

- Continual monitoring of 10D2 and 10D4 determinants.
- Guidance has been disseminated reminding clinical staff of the HASU pathway for patients who are FAST positive and outside the 4.5 hour window.
- 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 PSIRF process and governance structure that will be tried and tested.

The implementation has seen strengthened 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 Patient Safety Investigation Panel (PSIP) for confirmation. In terms of assurance, this has been further strengthened for those incidents re-categorised with clear rationales and clinical reviews recorded on the incident records.

The team continue to engage with key stakeholders internally and externally including with the Trust's Patient and Public Council (PPC) who have supported 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 fed back and also learn from others.
- Looking at the QI element of the framework and beginning to take this forward.
- Establishing next year's plan.

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

There continues to be a focus on SI, PSII and PSR actions, at the end of November there were 170 open actions, of these 16 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 communicated if required.

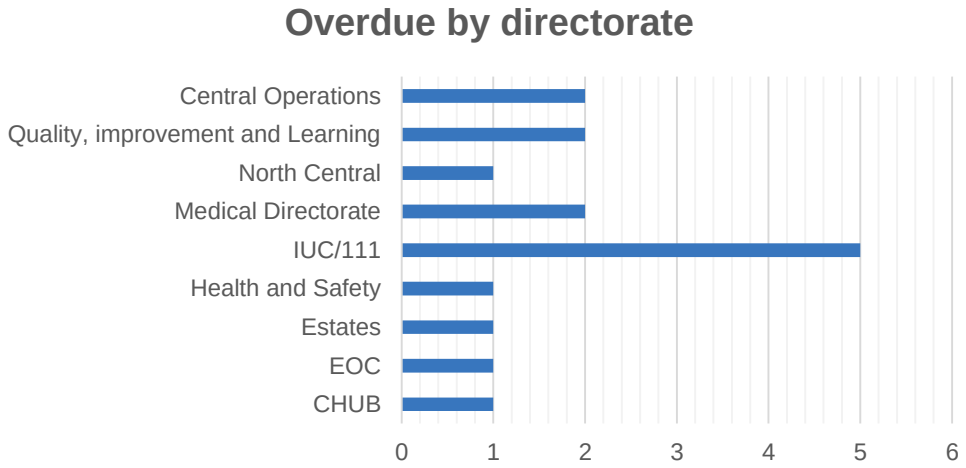
The 2 incidents which are oldest and highest in priority are as follows:

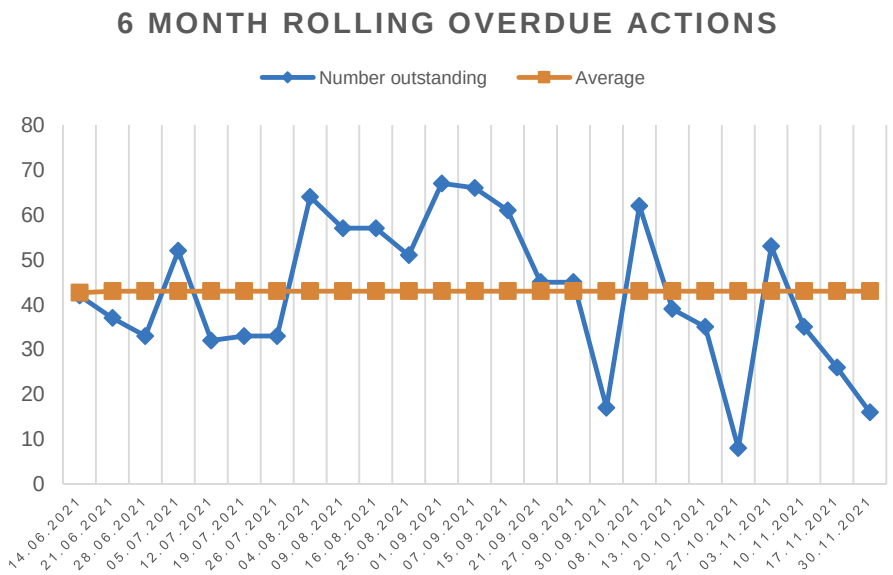
Action: The Trust should consider moving toward electronic access to all LAS premises. This will ensure that local managers have oversight of individuals who have accessed their stations, reduce workload on the resource coordinators and local management when changing door codes. Additionally access to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

Update: Action owner provided an update on the current conversations, and financial restraints holding this action back. Update provided to the Head of Quality, Improvement and Learning team to bring key stakeholders together to review and agree next steps.

Action: ePCR support team to offer ongoing training and assistance to staff regarding ePCR.

Update: The ePCR Support Team is currently a resource that is able to provide further assistance with using the product, they have allocated engagement days to do this. As long as the team is operational (this is a rolling secondment at the moment, and not a permanent resource) this support will be available should they need it when requested. Closure to follow.





Trust wide Scorecard

People Scorecard

November-2021

Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status against current month	Current Perfomance: Target and Type (Internal / Contractual / National / All)		Current Perfomance: Latest Month	Current Perfomance: Year To Date (From April)	Current Perfomance: Rolling 12 Months	Trajectory: FY2021/ 2022 Trajectory	Target Status against trajectory
Trust Vacancy rate	Monthly	%	Nov-21	G	5%	Internal	3.7%	4.2%	3.9%	3.5%	G
Operational Vacancy Rate	Monthly	%	Nov-21	A	5%	Internal	10.2%	7.1%	7.0%	7.7%	A
Ambulance Operations Staffing FTE (actual against plan (21-22)	Monthly	(n)	Nov-21	A	0	Internal	-8.00	-117.00	-117.00	-127.00	A
Staff Turnover (% of leavers)	Monthly	%	Nov-21	A	10%	Internal	11.5%	10.0%	9.5%	12.0%	A
Stability Index (% of staff in post >1 year)	Monthly	%	Nov-21	G	>90%	Internal	90.0%	91.0%	91.0%	90.0%	G
Staff Sickness levels (current month) (%)	Monthly	%	Nov-21	A	5%	Internal	7.8%	7.4%	7.2%	6.0%	A
Staff Sickness levels (12 month rolling) (%)	Monthly	%	Nov-21	A	5%	Internal	7.3%	6.4%	6.1%	6.0%	A
Trust Covid Vaccination Rate	Monthly	%	Nov-21	A	100%	Internal	90.0%	90.0%	90.0%	95.0%	A
Frontline Covid Vaccination Rate	Monthly	%	Nov-21	A	100%	Internal	86.0%	86.0%	86.0%	90.0%	A
Statutory & Mandatory Training (85% or above)	Monthly	%	Nov-21	A	85%	Internal	82.0%	82.0%	82.0%	85.0%	G
Staff PDR Compliance (85% or above)	Monthly	%	Nov-21	R	85%	Internal	45.0%	65.0%	69.0%	55.0%	A
Number of open disciplinary/conduct cases	Monthly	%	Nov-21		N/A	Internal	31	31	31	-	
Number of open grievance/employee concern cases	Monthly	(n)	Nov-21		N/A	Internal	17	17	17	-	
Performance/capability	Monthly	(n)	Nov-21		N/A	Internal	12	12	12	-	
Number of open round table and mediation cases	Monthly	(n)	Nov-21		N/A	Internal	10	10	10		
Number of Employment Tribunals	Monthly	(n)	Nov-21		N/A	Internal	16	14	14	-	
% of Trust Staff who are BAME	Monthly	%	Nov-21	G	20.0%	Internal	19.0%	18.9%	18.0%	20.0%	G
% of joiners who are BAME	Monthly	%	Nov-21	G	>30%	Internal	34.0%	36.0%	36.0%	40.0%	G
% of leavers who are BAME	Monthly	(n)	Nov-21	G	<20%	Internal	16.0%	19.0%	19.0%	15.0%	G

- 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

Vacancy Rates, Staff Turnover and Sickness

Vacancy rate

Month: 3.7%

Target: 5%

The vacancy rate has reduced this quarter and is currently at 3.7%. The call handling establishment in IUC is on track to be fully delivered by January and course fill rates remain positive at 83%. The recruitment team is supporting the ramping up of plans to recruit additional EOC call handlers to support demand. Whilst CHUB staffing levels continue to improve, there remains a heavy reliance on secondments from Ambulance Operations. Rolling substantive recruitment is in place to ensure a sustainable staffing position. In total there were 91 starters in November. 34% were from a BAME background covering roles in 111, 999 and Ambulance Services.

Ambulance Ops Recruitment

Month: 70fte

Target: 78te

Required Frontline: 872 FTE

Forecast Supply: 776 FTE

YTD Actual v forecast : 74fte behind plan

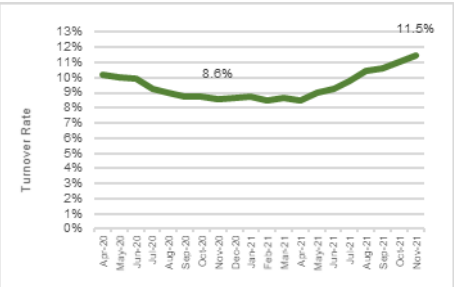
Forecast end of year position: 127fte gap

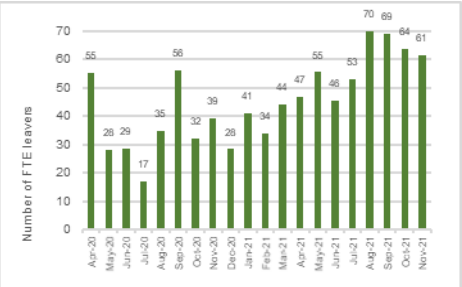
Frontline new starters are 74FTE behind plan to November 2021 and if all remaining course places are filled, Ambulance Ops will close the year 127FTE below establishment. The international recruitment pipeline remains strong and to date we have interviewed 139 candidates and made 101 offers for the 126 Q4 places. A successful bid was made for Health Education England funding to recruit paramedics from Poland and this is a joint programme working in partnership with South East Coast Ambulance Trust . The plan is to recruit 150 paramedics (75 for each Trust) and on-boarding costs will be funded for any offers made before 31st March 2022. It is expected that this cohort will start in Q1 2022/2023. There are several TEAC recruitment campaigns in progress and to date we have made offers to 104 candidates for the 139 places in January and February.

Staff Turnover

12 Month Rolling: 11.5%

Target: 10%





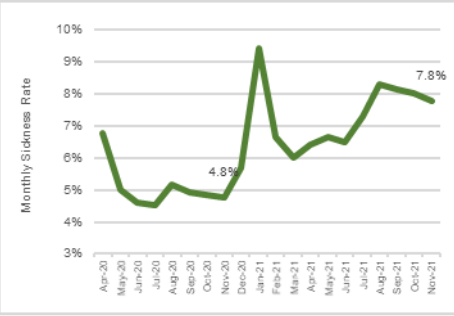
The first two quarters of 2021/2022 has seen a leaving rate higher than the same period 12 months ago although this is beginning to slow and stability remains above 90%. Whilst the number of frontline leavers remains positively below plan (-43FTE) the level of International Paramedics leavers is tracking above forecast. To address this a package of initiatives has been launched including extended periods of leave and travel loans for staff to visit families overseas, funding indefinite leave to remain and supporting staff to utilise the Government's automatic one year visa extension. In total there were 61 leavers in November and 19% 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%. In November the episodes stayed at a similar level to October (1,600) with decreases in coughs and colds (-28 episodes) and anxiety and depression (-19) and increases in covid (+38) and gastrointestinal (+19). P&C teams are working with local managers to review the MAP trigger reports to reduce absence. Sickness Management Training sessions were held in November and more have been organised for December. As part of the OH tender, we are considering the option of an external sickness management reporting service. Over 3,200 (65%) LAS colleagues have now recorded their Covid-19 booster and 3,320 have received their flu vaccination (52%).

Additional Workforce Analysis

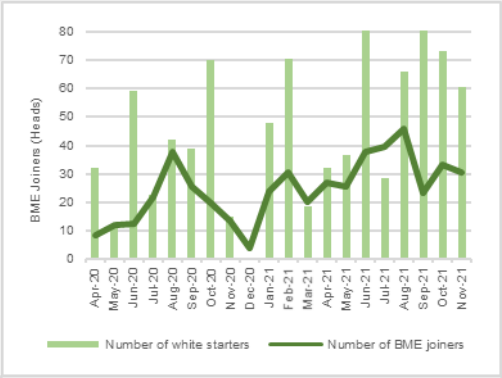
Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion Standards

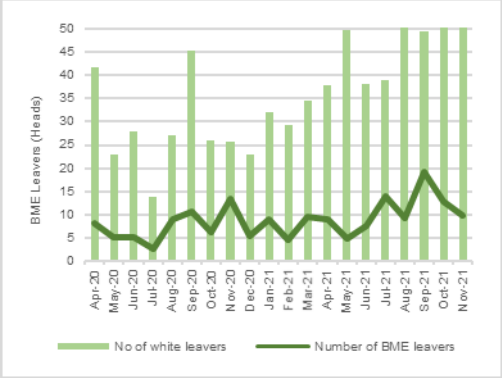
These graphs show the numbers of BAME starters and leavers from April 2020 to November 2021. During this period the Trust has recruited 495fte BAME starters and there have been 175fte BAME leavers, a net increase of 319fte.

- In 2020/21, 35% of total starters were BAME. For the year 2021/22, this has improved to 36%.
- In 2020/21, 20% of total leavers were BAME. For the year 2021/22, this has improved to 19%.

BME Starters



BME Leavers



Overall numbers of BAME staff continue to increase (currently 1,100 – 19%) although this representation varies at different levels in the organisation.

% of BME staff in band			
	Sep-21	Oct-21	Nov-21
Bands 1-4	39.8%	39.7%	39.5%
Bands 5-7	13.9%	13.7%	13.9%
Band 8A to 9	16.1%	16.0%	15.7%

Staff Survey - 61% response rate achieved. Work has started with 'Kind Life' to agree success measures for cultural change that will tie into the 7 domains of the NHS People Promise.

EDI training module for LAS Leadership courses has been created

Launch of Enable and Women's Network

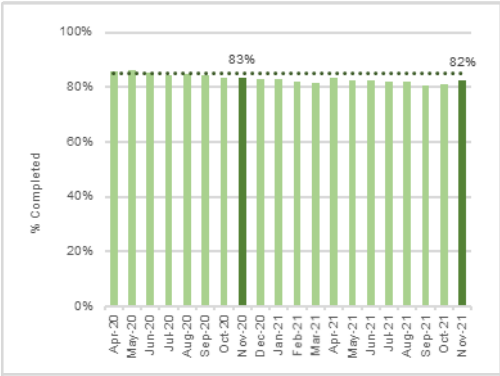
The Equality, Diversity & Human Rights e-learning has continued at 92%.

Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **82%.**

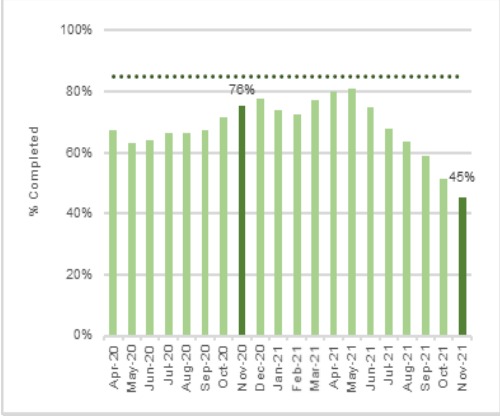
Appraisal completions at 45% at the end of November.

Statutory & Mandatory



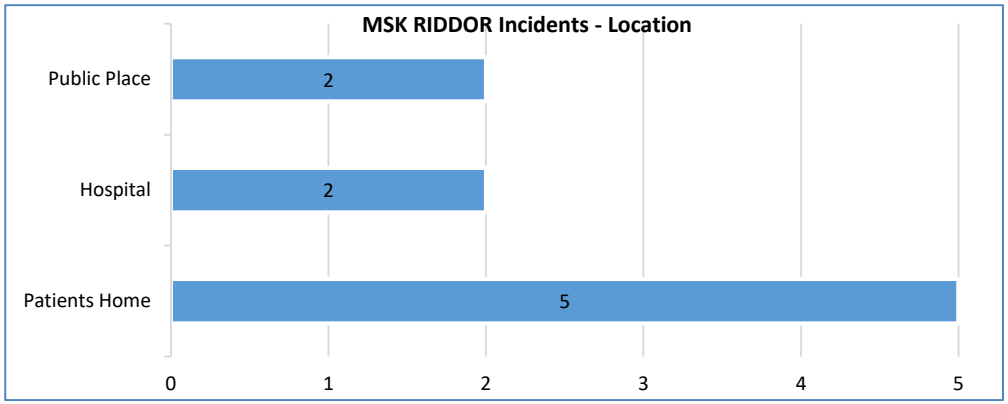
The REAP 4 pressure levels continue to affect performance for Stat and Mand training (which has remained stable but below target) and PDR rates (which have reduced from 51% to 45% and is below target).

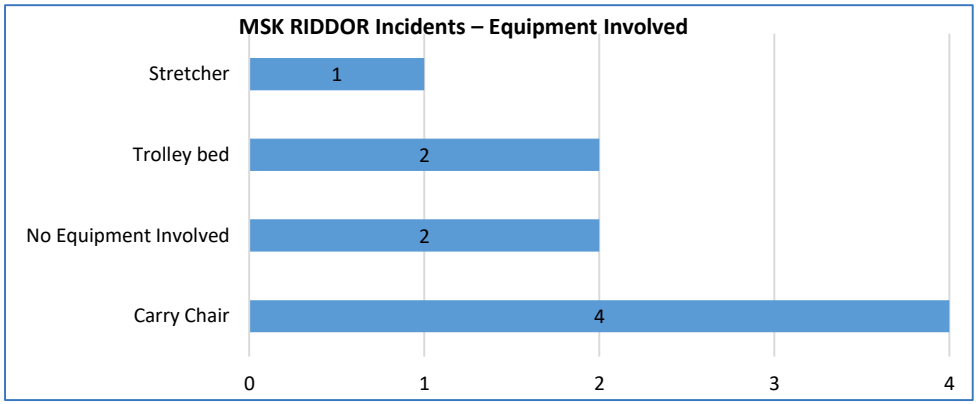
Appraisal Compliance

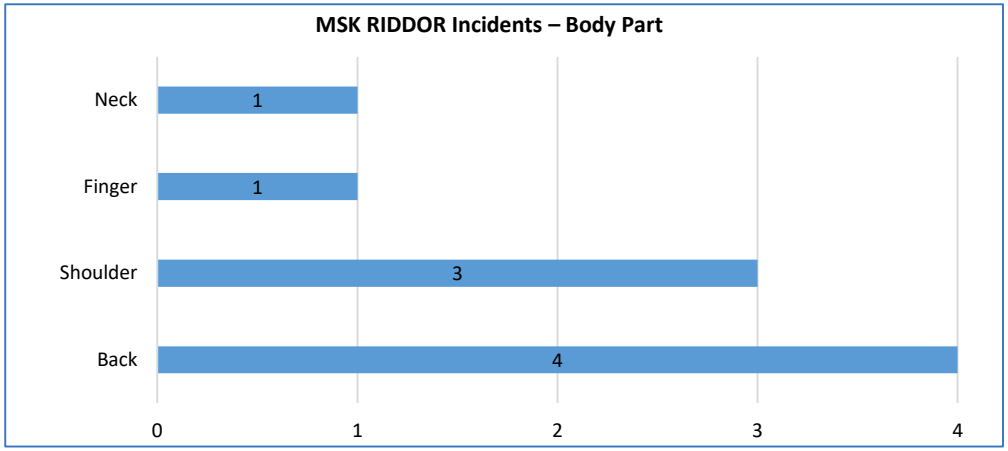


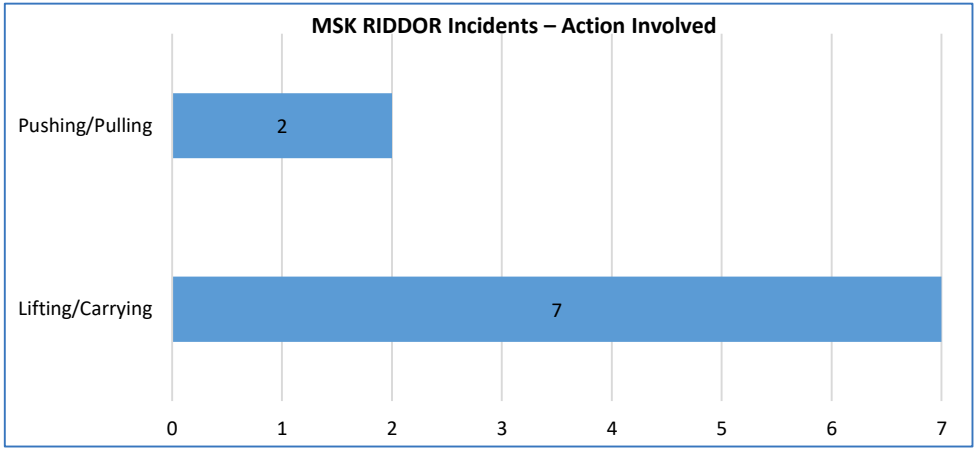
Weekly reports are being sent out to all Managers highlighting those who have an expired PDR date and those who are due to expire in the next three month period, to aid the effective scheduling of these reviews.

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







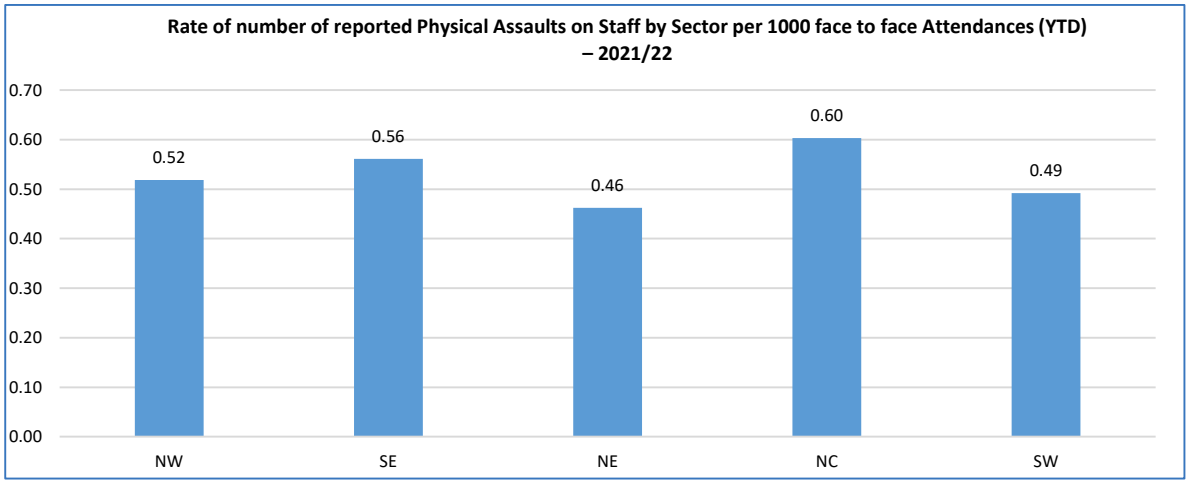


The above graphs provide details from the thematic analysis of 9 reported RIDDOR incidents in November'21 (1 incident was occurred in September'21, 4 incidents were occurred in October'21 and 4 incidents were occurred in November'21). These relate to Manual Handling (MSK):

1. 5 reported RIDDOR incidents occurred in Patients Home (n=5), 2 incidents occurred in Public Place (n=2) and 2 incidents occurred in Hospital (n=2).
2. 4 reported RIDDOR incidents involved Carry Chair (n=4), 2 incidents involved Trolley Bed (n=2), 1 incident involved Stretcher (n=1), and 2 other incidents involved no equipment (n=2).
3. 4 reported RIDDOR incidents resulted in Back injury (n=4), 3 incidents were resulted in Shoulder injury (n=3), 1 incident was resulted in Finger injury (n=1) and 1 incident was resulted in Neck injury (n=1).
4. 7 reported RIDDOR incidents occurred during Lifting & Carrying (n=7), 2 incidents were occurred during Pushing & Pulling (n=2).

***** Incidents reported under RIDDOR:** Over seven day injuries, Serious injuries, Patient incidents, Occupational diseases, Dangerous occurrences.

*** All the above highlighted RIDDOR incidents are staff related.



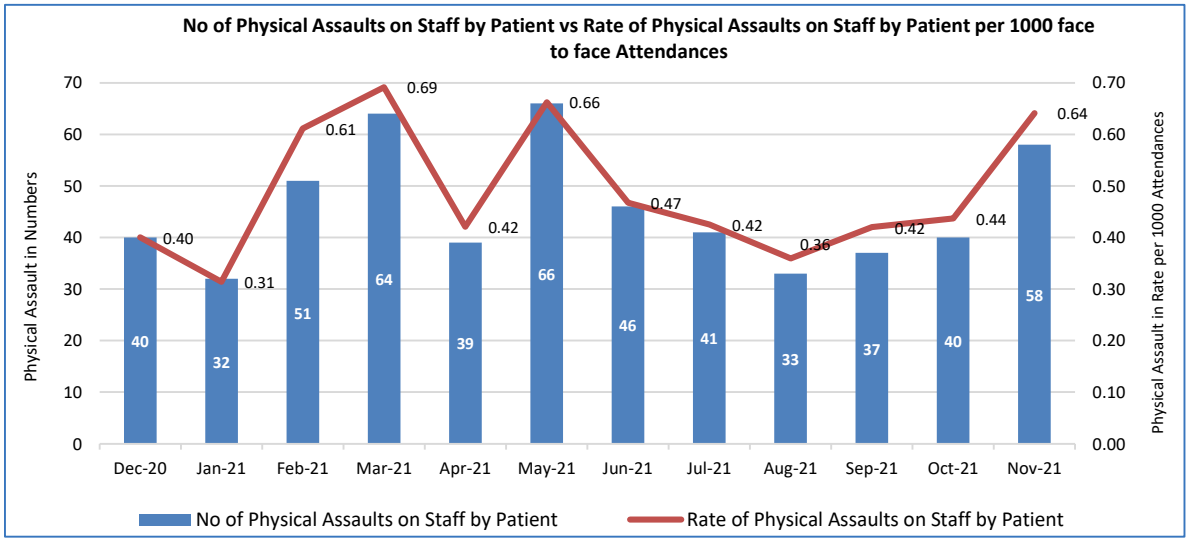
Sector	Rate of Physical Assaults on Staff
NW	0.55
SE	0.56
NE	0.46
NC	0.60
SW	0.49

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:

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



Month	No of Physical Assault on Staff by Patient	Rate of Physical Assault on Staff by Patient
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
Oct-21	40	0.44
Nov-21	58	0.64

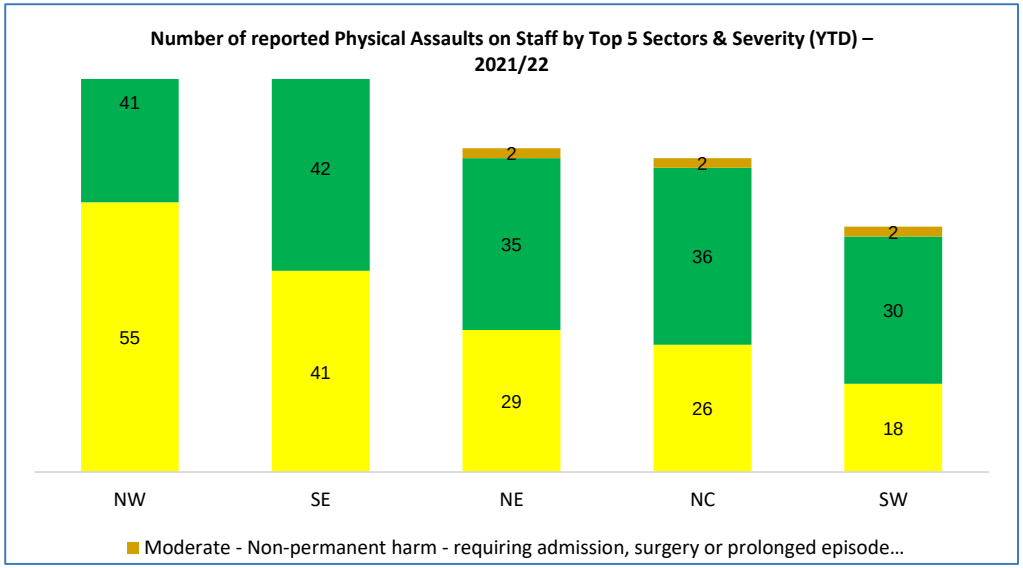
Notes:

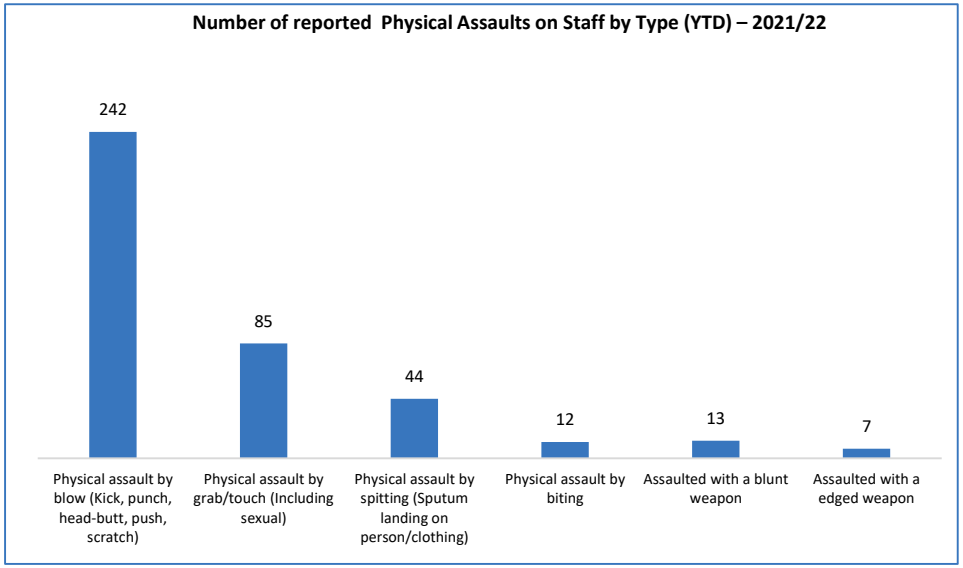
- **The graph and dash board (above) provides the Number of reported Physical Assault on Staff by Patient & the Rate of reported Physical Assault on Staff by Patient per 1000 face to face Attendances over the last 12 months (Oct'20 to Sep'21).**

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 November result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



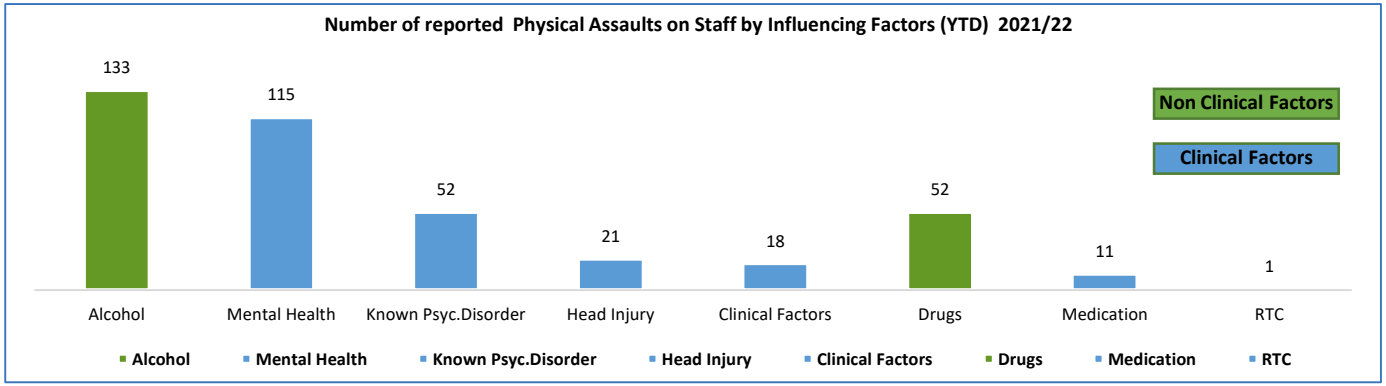


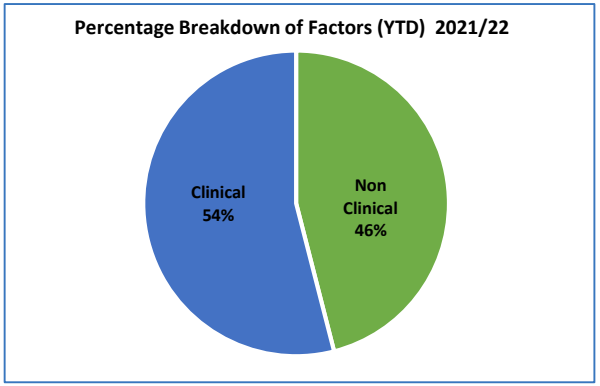
Notes:

- **A total of 403 Physical Assaults on Staff were reported during 2021/22 (up to end November'21).**
- **188 (47%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 215 incidents resulted in Harm. 203 (50%) of the harm related incidents were reported as 'Low Harm and 12 (3%) incidents were resulted in Moderate Harm.**
- **35 out of the 403 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 (60% , n=242) accounted for the highest number of incidents reported during 2021/22 (up to end November'21).**





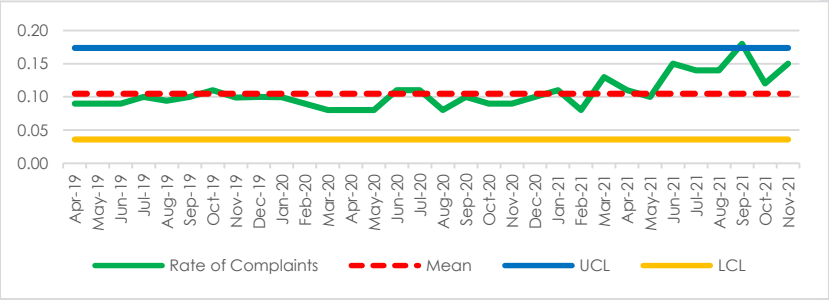
Notes:

- **Clinical Factor: 217 (54%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=115), Known Psyc.Disorder (n=52), Head Injury (n=21), Clinical Factors (n=18), Medication (n=11).**
- **Non Clinical Factor: 186 (46%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=133), Drug (n=52) and RTC (n=1).**

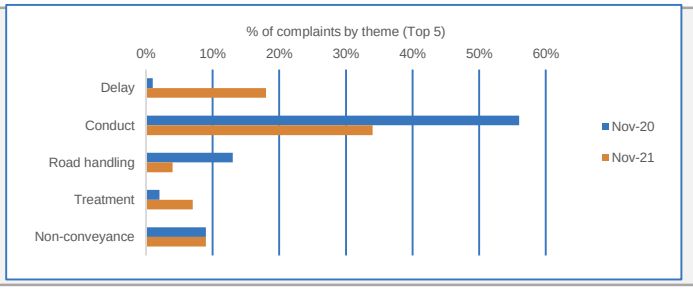
Complaints are an integral way of enabling the Trust to receive patient and public feedback about their experience of our service

Rate of Complaints

Latest month: **0.15**



Categorisation



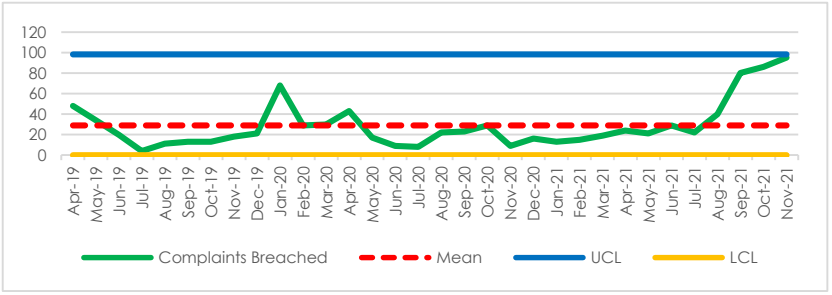
Responding to complaints

Complaint numbers continue to be above the annual average (129) at 137 and show no sign of reducing. The annual average of complaints for the same period in 2020/21 was 82. The percentage of complaints versus the call rates against calls attended continue to be above average (0.15% v 0.09%).

The total of 137, includes 15 cases 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 545 x PALS enquiries which includes 336 added to the duty spreadsheet that did not require any further actions other then referring the enquirer to the correct team. We managed 29 Quality Alerts of which only 4 were from LAS staff. This is slightly lower that previous months. Yearly current average is 36 per month.

Latest Month: 95



Throughput continues to be lower than our annual target of 75% (November = 58%) .
There has been a high increase in complaints relating to a delayed response (see above graph) and we have a backlog of QA requests (currently 94) which is impacting on throughput.

REAP 4 has meant that QA staff are assisting more in the Control Centres and have less capacity for undertaking these reviews.

The new process for signoff at the Executive Office is expected to be reviewed in early January 2022.

We have reduced the questions in the Maturity Matrix set out in the Ombudsman's Complaint Standards which we intended to present to staff who have had some dealings with complaints. However, given the current operational challenges to the Trust it is likely that the response rate will be poor.

Other pilot sites for the NHS Complaint Standards are also experiencing delays in evaluating the process and we are expecting to meet with the Liaison Team from the Ombudsman's offices to discuss the way forward with the project and the continuation of the role of LAS as a pilot site.

We recently submitted the Q2 complaints data to NHS Digital and were required to put forward a breach report explaining why we had a high number of open complaints

Actions and Learning

<u>Compliments November 2021</u>

As of 7th December:

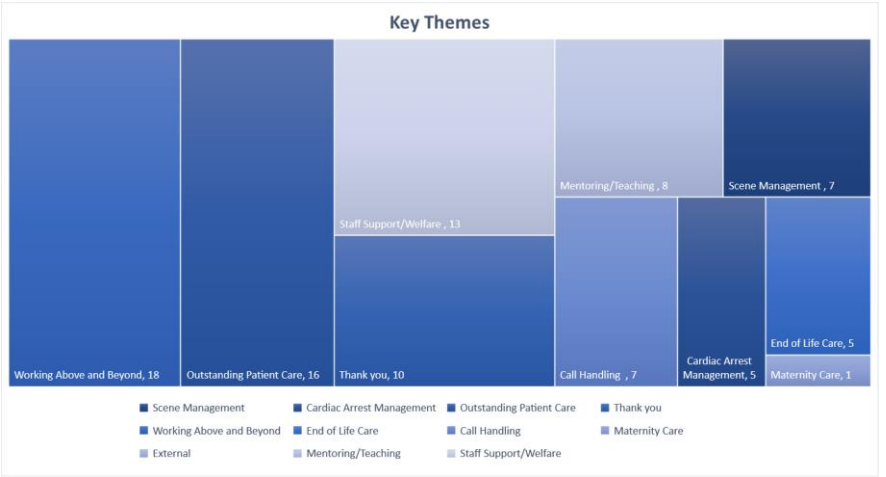
September 2021, 161 logged, relating to 405 staff
October 2021, 124 logged, relating to 313 staff
November 2021, 176 logged, relating to 449 staff

Excellence Reporting
Excellence is everywhere

In November 2021 90 ***Excellence Reports*** submitted were submitted.

Key themes identified from November reports include:

- ❑Working Above and Beyond
- ❑Outstanding Patient Care
- ❑Staff Support/Welfare



Working Above and Beyond

This individual was off duty and rendered aid whilst walking in the street. A female had collapsed and hit her head, the patient then went into cardiac arrest. The scene was very chaotic and highly emotional.
She took charge of the scene, administered life saving interventions and went above and beyond to try and save this woman's life.

This person went the extra mile by contacting me to report a re-contact during a pilot we are running in the North East. We had not requested staff to do this and he provided a detailed overview of what had happened in order to provide constructive feedback and ensure the process is fully evaluated. Without staff like this one, we would not be able to make positive change and improve patient care for the future. Thanks you for your commitment and diligence.

This person works within Fleet. On this day he was transferring and road testing an out of service DCA when he was flagged down by members of the public to an RTC. They supported the patient and requested an ambulance. Unfortunately due to the extreme pressures the service was in this took several hours to arrive and they stayed on scene and looked after the patient until an ambulance arrived. This also involved having to calm members of the public down and receiving verbal abuse from some complaining about how long an ambulance was taking to arrive. I just wanted to acknowledge his dedication and going above and beyond in this case.

Outstanding Patient Care

This person took a call for a patient who was in crisis and didn't want to speak to anyone. They not only triaged the call but built a rapport with the patient and undoubtedly made a difference to the patient and the outcome for them.
They upheld the visions and values of the service and remained professional whilst providing the best care for her patient. Recognition for this is very much deserved**.**

This person, from walking in, to hand over, created a safe and comfortable environment for the patient, the parents and myself. She made quick decisions and worked well as a team to ensure the patient got the appropriate care. It was really impressive to see, her reassurance to both patient and family member on the way to hospital on blue lights was great as their is a lot going on and it's a stressful time, you would not have been able to tell by looking at her though.

In a complex job with the mother as the primary patient both staff where attuned to the fact there was a potential safeguarding issue involving the child on scene and were instrumental in making the decision to pursue this and bring the child to a place of safety and follow up with a safeguarding referral.

After blueing a paediatric into ED with severe breathing problems, the patient went from GCS 15 to 3 and arrested shortly after handover to a nurse. The crew carried out CPR whilst in resus and assisted the nurse and doctor before a crash team arrived, the crew helped to gain ROSC and left the hospital to the noise of the child crying. Well Done!

Staff Support/Welfare

This person has supported me greatly, showing understanding, compassion and patience. I feel she went above and beyond ensuring my well-being, signposting where required, listening when needed and assisting a phased and relaxed return to work at the right time. I will always be grateful to have had such a caring manager helping me. We are very lucky to have them manage our complex. I know our staff get excellence reports and letters of thanks all the time, I would like to take the time to thank our manager and appreciate the excellence she brings to her role.

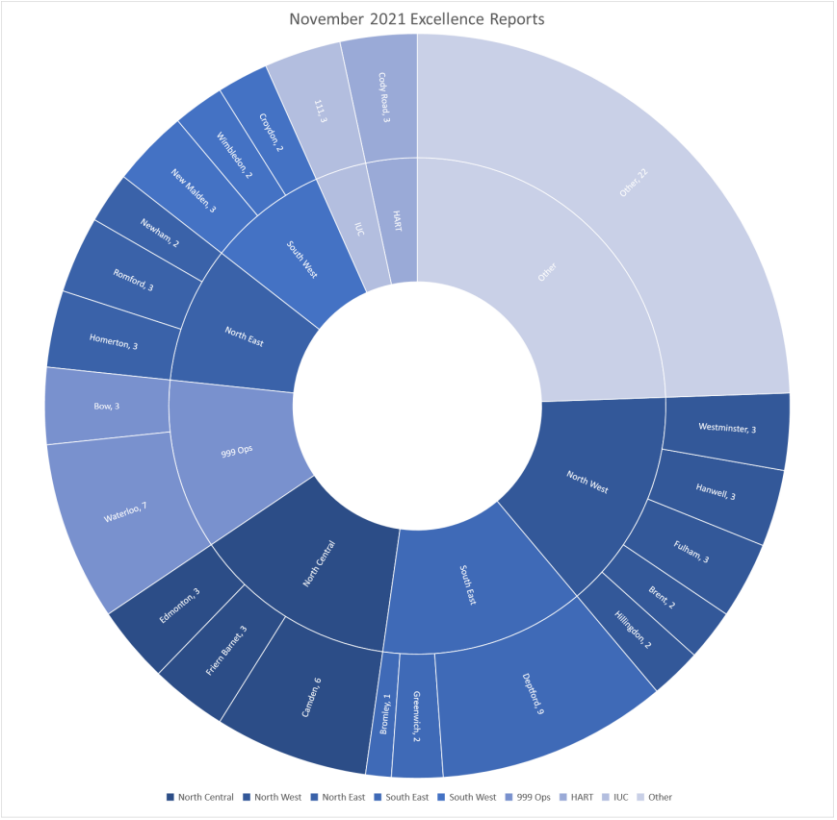
This person worked in EOC during a traumatic incident. As well as performing his duties to the usual high standard, I wanted to draw attention to the empathy and kindness they showed towards me. They made an effort to find out how I was, and raise with the IDM his concerns.

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 November:

End of Life Care–
Email received from palliative care team senior manager:
I wanted to give feedback and say thank you to the wonderful crew who responded to our patient this morning. They got there quicker than I could to someone who was in clear respiratory distress and they were able to get the patient comfortable so by the time I (Palliative care nurse) got there she was comfortable and I could get a syringe driver started. I am sure they helped the family be ok with her being able to stay at home (it was a rapid acute decline which as you know can be really scary). Really impressive. Thank you.

Mentoring/Teaching–
I attended the Level 3 Virtual Safeguarding today and thought the teaching was excellent and super engaging. She is obviously very knowledgeable about the subject she is teaching, as all too often I don't get that feeling from other compulsory LAS training. Honestly the best online training I've done with LAS by a country mile. It is up there with some of the best virtual teaching sessions I've ever done anywhere.

Cardiac arrest management–
I attended alongside these crews a highly emotive paediatric cardiac arrest. I was impressed at the level of professionalism displayed by all crew members.
They were calm and collected in their management of the patient, and despite the distressing scene, delivered high quality resuscitation, and supported Mum who was also in the ambulance. I was surprised to learn that this was their first paediatric cardiac arrest.
This was a highly emotive scene, and I commend the crews for their professionalism and efforts.

Public Value Scorecard

November 2021

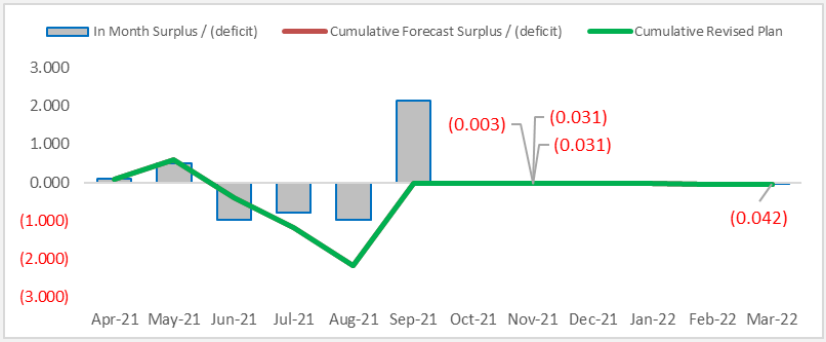
Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Perfomance: Target and Type (Internal / Contractual / National / All)		Current Perfomance: Latest Month Actual	Current Perfomance: Latest Month Plan	Current Perfomance: YTD Actual	Current Perfomance: YTD Plan	Current Perfomance: Rolling 12 Months	Outturn: FY21/22 Forecast	Outturn: FY21/22 Plan	Benchmarking: National Data	Benchmarking: Best In Class	Benchmarking: Ranking (out of 11)
Adjusted Financial Performance Total (Deficit)/Surplus	£m	Nov-21	G	0.000	A	0.000	0.000	0.000	0.000		0.000	0.000			
Performance Against Adjusted Financial Performance Plan	£m	Nov-21	G	>=0	A	0.000	0.000	0.000	0.000		0.000	0.000			
Use of resources index/indicator (Yearly)	Rating	Nov-21		1	A										
% of Capital Programme delivered	%	Nov-21	G	100%	A	8%	5%	75%	91%		170%	100%			
Capital plan	£m	Nov-21	G	21.442	A	1.661	1.137	15.983	19.438		36.495	21.442			
Cash position	£m	Nov-21	G	15.1	A	31.1				45.9					
% spend against Agency Ceiling	%	Nov-21	G		A	7%	8%	50%	67%		63%	100%			
CIP Savings	£m	Nov-21	G		A	0.911	0.913	4.978	5.860		9.699	9.700			
	%	Nov-21	G		A	9%	9%	51%	60%		100%	100%			
CIP Savings achieved - % Recurrent	£m	Nov-21			A										
	%	Nov-21			A										
Commercial income generation	£m	Nov-21	G	1	I	0.180	0.080	0.980	0.350	1.600	1.300	1.000			
Corporate spend as a % of turnover	%	Nov-21	A	<7.0%	I	12.2%		12.8%			12.6%				
Cost per incident (measures to be confirmed in light of COVID)	£	Nov-21			I										
Average Jobs per shift	%	Nov-21	R	5.3	I	4.7		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

Trust Financial Position and Contract Position

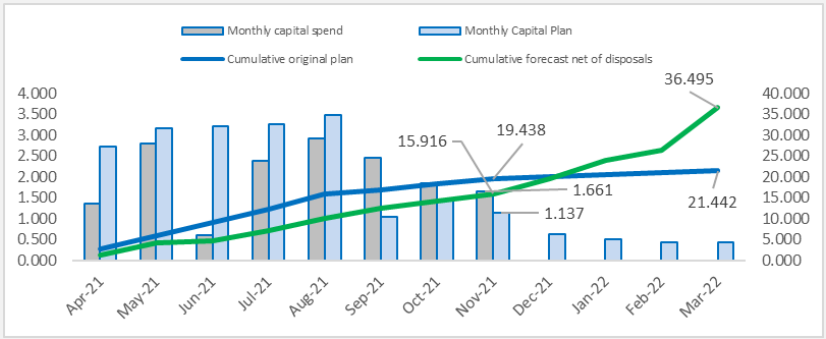
The Trust's month 8 YTD position was a £0.031m deficit (breakeven on an adjusted financial performance basis), and the month end cash position was £31.1m.

YTD outturn vs budget



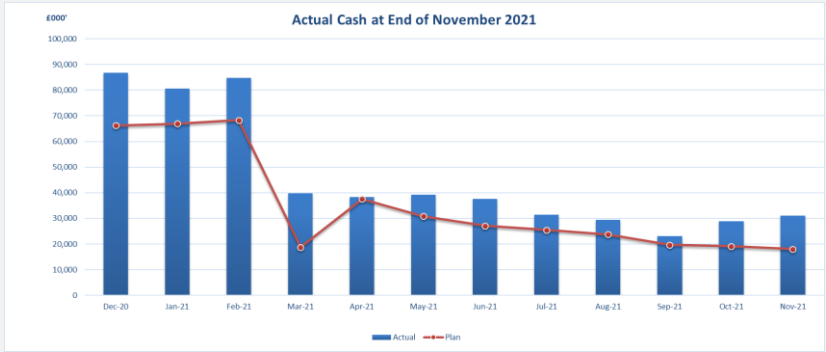
- **YTD Position:** The Trust is reporting a deficit of £0.031m YTD (breakeven on an adjusted financial performance basis) which is in line with the revised H2 plan. The position incorporated £40.1m of costs in relation to the Trust's response to COVID-19 primarily in relation to additional resourcing 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 £0.043m deficit (breakeven on an adjusted financial performance basis) which is in line with the revised H2 plan. 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 8 YTD capital spend net of disposals and excl donated assets) was £15.9m YTD (£16m 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 £36.5m, an 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 £31.1m as at 30 November 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 82.7% and 92.1% respectively. The Trust has a high volume of overdue invoices waiting to be approved and Directorate managers and staff are regularly sent lists of invoices that are outstanding and require approval.

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

Statement of Comprehensive Income (Month 8 – November 2021)

	Month 8 2021-22 £000			YTD Month 8 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	47,712	46,895	(817)	370,639	367,864	(2,775)	573,222	573,222	0
Other Operating Income	322	427	105	3,282	3,315	33	4,702	5,780	1,078
Total Income	**48,035**	**47,322**	**(713)**	**373,921**	**371,179**	**(2,742)**	**577,924**	**579,002**	**1,079**
Operating Expense									
Pay	(33,077)	(33,374)	(297)	(262,553)	(260,835)	1,719	(405,751)	(403,987)	1,764
Non Pay	(12,683)	(12,039)	645	(96,115)	(95,659)	456	(147,305)	(150,661)	(3,355)
Total Operating Expenditure	**(45,760)**	**(45,413)**	**348**	**(358,668)**	**(356,493)**	**2,175**	**(553,057)**	**(554,648)**	**(1,591)**
EBITDA	**2,274**	**1,909**	**(365)**	**15,253**	**14,685**	**(567)**	**24,867**	**24,354**	**(513)**
EBITDA margin	4.7%	4.0%	(0.7%)	4.1%	4.0%	(0.1%)	4.3%	4.2%	(0.1%)
Depreciation & Financing									
Depreciation & Amortisation	(1,811)	(1,456)	355	(11,572)	(11,026)	546	(19,332)	(18,842)	491
PDC Dividend	(463)	(463)	0	(3,705)	(3,705)	0	(5,558)	(5,558)	0
Finance Income	0	0	0	0	0	0	0	0	0
Finance Costs	(3)	7	10	36	56	20	23	44	20
Gains & Losses on Disposals	0	0	0	(42)	(42)	0	(42)	(42)	0
Total Depreciation & Finance Costs	**(2,277)**	**(1,912)**	**365**	**(15,283)**	**(14,716)**	**567**	**(24,909)**	**(24,397)**	**511**
Net Surplus/(Deficit)	**(3)**	**(3)**	**1**	**(31)**	**(31)**	**(0)**	**(42)**	**(43)**	**(1)**
NHSI Adjustments to Fin Perf									
Remove Asset Donations I&E Impact	3	3	0	31	31	0	43	43	0
Adjusted Financial Performance	**(0)**	**0**	**1**	**0**	**0**	**(0)**	**1**	**0**	**(1)**
Net margin	(0.0%)	(0.0%)	0.0%	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.1%)

Year to Date Position

The YTD position is a £0.031m deficit (breakeven on an adjusted financial performance basis) which is in line with plan with significant additional overtime, managed service 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 increased Commissioner funding.

Forecast Full Year 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, further incentives payments for staff over the winter months, and recruitment to increase in Q4 (185 frontline operations staff and 117 call handlers/clinical advisors). AfC 3% uplift cost impact is incorporated, and H2 funding as notified by Commissioners (an additional £14.4m of agreed in month 7).

Key Drivers of Position

Income:

- Income from activities is £368m YTD (£573.2m 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 £14.4m H2 cost support funding in included in the FY forecast (£0.4m YTD). YTD variance £2.8m adverse is primarily driven by the re-phasing of associated spend and subsequent deferral of this support income.
- Other operating income is £3.3m YTD (£5.8m FY forecast) which is £0.0m favourable YTD (£1.1m favourable FY forecast) due to education and training income (£0.2m adverse YTD, £0.8m favourable FY forecast) following notification of Health Education England income - £2.1m 2021/22. Other income reported here includes Apprenticeship income (FY forecast £1.3m), staff recharge income (£0.7m YTD, £1.0m FY forecast) and COVID vaccination support income (£0.4m YTD and FY forecast).

Pay Expenditure:

- Pay expenditure is £1.7m under budget YTD due to vacancies, lower than expected trainee numbers in month 7 and month 8 and lower overtime taken. YTD underspends in Clinical Education (£0.6m) – tutor vacancies, and no. of new starters below plan; Central Corporate (£0.7m) – reserves for incremental drift; People & Culture (£0.2m) – vacancies, overtime and golden hello below budget. FY forecast £1.8m under budget –the withdrawal of MPS and LFB has led to £2.9m favourable position, in addition to £2.4m forecast underspend for vacancies across the Trust. This is partially offset by £3.6m anticipated overspend on overtime primarily in Ambulance services.

Non-Pay Expenditure:

- Non pay expenditure (excl depreciation and finance costs) was £0.5m favourable YTD due to underspend on Fleet repair and maintenance and 3rd party accident damage. FY forecast £3.4m adverse. FY adverse position due to overspends in Clinical Education for HEE funded projects £1.1m (offset by income), Programmes and Projects – Newham EOC change request £0.5m and AOM £0.5m transfer of costs; and Central Corporate efficiency saving reserves not allocated £1.0m.
- Depreciation and finance costs are £0.6m favourable to budget YTD and forecast to be £0.5m 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 8 – November 2021)

	Jun-21 Actual	Jul-21 Actual	Aug-21 Actual	Sep-21 Actual	Oct-21 Actual	Nov-21 Actual	Nov-21 YTD Move
	£000	£000	£000	£000	£000	£000	£000
Opening Cash Balance	**39,263**	**37,538**	**31,375**	**29,514**	**23,113**	**28,870**	**39,788**
Operating Surplus	816	997	790	3,957	2,068	1,909	14,685
(Increase)/decrease in current assets	(763)	(3,151)	1,293	(2,174)	2,118	2,346	(1,140)
Increase/(decrease) in current liabilities	1,181	(1,123)	(2,647)	(1,767)	3,621	(287)	6,937
Increase/(decrease) in provisions	(7)	124	(283)	577	(530)	513	217
Net cash inflow/(outflow) from operating activities	1,227	(3,153)	(847)	593	7,277	4,481	20,699
Cashflow inflow/(outflow) from operating activities	**1,227**	**(3,153)**	**(847)**	**593**	**7,277**	**4,481**	**20,699**
Returns on investments and servicing finance	0	(1)	(1)	0	0	0	(2)
Capital Expenditure	(2,952)	(3,009)	(1,013)	(4,923)	(1,520)	(2,225)	(26,580)
Dividend paid	0	0	0	(2,071)	0	0	(2,779)
Financing obtained	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	**(2,952)**	**(3,010)**	**(1,014)**	**(6,994)**	**(1,520)**	**(2,225)**	**(29,361)**
Movement	(1,725)	(6,163)	(1,861)	(6,401)	5,757	2,256	(8,662)
Closing Cash Balance	**37,538**	**31,375**	**29,514**	**23,113**	**28,870**	**31,126**	**31,126**

Operating Position

There has been a net outflow of cash to the Trust of £8.6m YTD. Cash funds at 30 November stand at £31.1m.

The operating surplus is £14.7m.

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

Current Assets

- The movement on current assets is (£1.1m).
- The movement is due to trade receivables (£0.1m), inventories (£0.4m), accrued income (£0.6m) and prepayments (£0.0m).

Current Liabilities

- The movement on current liabilities is £6.9m.
- The movements are due to deferred income £3.4m, accruals £2.5m and payables £1.0m.

Dividends

- The Trust made a dividend payment of £2.1m in M6.

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 £26.6m.

Cost Improvement Programmes (CIPS) and Capital Plan

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.

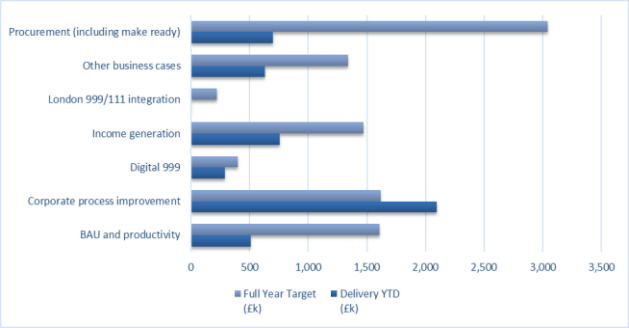
Cost Improvement Programmes (CIPS)

- The Trust continues to operate under an adjusted financial framework which involves limited business planning and incorporates the requirement for Cost Improvement Programmes.
- YTD efficiency savings of £5.0m have been delivered and the full year target of £9.7m is expected to be delivered.

CIP Savings

YTD: £5.0m

FY Target: £9.7m



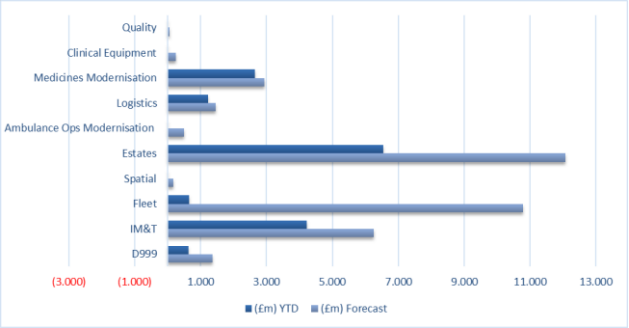
Capital Plan

- Capital expenditure net of disposals is £15.9m YTD (£16m before disposals) compared to planned capital expenditure of £19.4m (£3.5m behind plan net of disposals). This comprised predominately property projects and programmes.
- Full year forecast capital expenditure net of disposals is £36.5m, £15.1m higher than plan reflecting the increase in Capital Resource Limit identified through NW London partners.

Capital Plan Breakdown

YTD: £15.9m

FY: £36.5m

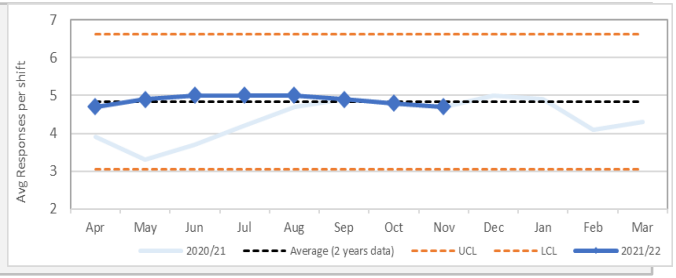


Jobs per shift (DCA)

Average jobs per 12 hour shift

Actual: 4.7

Target: 5.3



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

November 2021

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Perfomance: Target and Type (Internal / Contractual / National / All)		Current Perfomance: Latest Month	Current Perfomance: Year To Date (From April)	Current Perfomance: Rolling 12 Months	Benchmarking (Month): National Data	Benchmarking (Month): Best In Class	Benchmarking (Month): Ranking (out of 11)
Hospital handover	minutes	Nov-21	R	18.0	I	27.8	23.0	23.0			
Post-handover (Handover 2 Green)	minutes	Nov-21	G	15.5	I	14.8	15.1	15.1			
See and Convey – to ED (Contractual Position) *	%	Nov-21	G	57.0%	C	49.0%	49.6%	49.6%	51.7%	47.2%	4
Hear and Treat % **	%	Nov-21	G	8.39%	I	16.0%	14.8%	14.0%	12.0%	16.6%	2
Hear and Treat (n) **	%	Nov-21	G	108,073	I	17,196	**130,228**	184,037			

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 14/12/21 and is subject to change due to data validation processes

Arrival at Hospital to Patient Handover

We saw a much higher number of in hospital delays in November in comparison to October, with the overall number at 5,446 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 had the highest number of lost hours over 30 minutes, with a significant 810 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	1,234	1,129	536	47%	378.0	45.4
	North Middlesex	1,424	1,047	567	54%	233.5	39.1
	Royal Free	1,934	1,600	1,188	74%	810.5	58.7
	University College	2,048	1,861	301	16%	61.4	21.3
	Whittington	1,211	936	436	47%	416.9	51.1
North East	Homerton	1,319	1,141	111	10%	15.8	18.2
	King Georges	1,319	1,141	111	10%	15.8	18.2
	New ham	1,493	1,271	428	34%	212.6	31.6
	Queens Romford	2,054	1,831	170	9%	240.1	22.4
	Royal London	1,210	1,045	512	49%	348.2	45.3
	Whipps Cross	1,971	1,885	123	7%	18.9	16.8
North West	Charing Cross	1,175	1,079	9	1%	2.5	12.7
	Chelsea & West	1,347	1,177	49	4%	9.9	16.9
	Ealing	1,278	1,192	273	23%	94.6	23.3
	Hillingdon	1,784	1,645	222	13%	77.0	19.3
	Northw ick Park	2,068	1,897	1,070	56%	451.7	39.8
	St Marys	1,236	1,091	234	21%	119.3	27.3
	West Middlesex	1,580	1,501	208	14%	50.7	19.6
South East	Kings college	1,052	870	640	74%	421.6	57.3
	Lew isham	1,493	1,325	207	16%	72.9	22.6
	Princess Royal	2,847	2,668	728	27%	490.7	29.9
	Queen Elizabeth II	1,623	1,334	381	29%	282.8	33.4
	St Thomas'	1,619	1,477	374	25%	117.7	25.8
South West	Croydon	1,894	1,682	300	18%	230.6	29.3
	Kingston	1,936	1,743	513	29%	176.8	28.5
	St Georges	1,903	1,620	359	22%	31.5	24.3
	St Helier	1,813	1,436	347	24%	64.0	23.7
	TOTAL	43,865	38,624	10,397	27%	**5,446**	28.5

Max average breach value

Value >10 mins per breach

Patient Handover to Green

In November, we saw handover to green performance within the target, with 15.1, consistent with recent months.

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	1,693	971	57%	187.9	15.6	33.0	11.6
	Edmonton	2,365	1,295	55%	216.1	15.3	29.8	10.0
	Friern Barnet	1,395	774	55%	132.4	15.2	29.4	10.3
North East	Homerton	2,073	1,211	58%	203.6	14.9	31.0	10.1
	New ham	2,298	1,293	56%	221.7	13.5	29.7	10.3
	Romford	2,695	1,649	61%	269.2	15.3	30.6	9.8
North West	Brent	3,259	1,878	58%	289.1	15.7	28.3	9.2
	Fulham	1,940	1,187	61%	178.2	15.4	28.5	9.0
	Hanw ell	2,559	1,501	59%	192.9	15.1	25.7	7.7
	Hillingdon	1,560	872	56%	105.8	14.7	23.9	7.3
	Westminster	1,277	839	66%	145.7	17.3	29.8	10.4
South East	Bromley	1,849	1,149	62%	175.7	14.3	29.0	9.2
	Deptford	3,648	2,245	62%	318.6	15.1	28.3	8.5
	Greenw ich	2,169	1,248	58%	126.3	13.6	23.0	6.1
South West	Croydon	1,691	1,014	60%	143.4	15.2	27.2	8.5
	New Malden	1,286	838	65%	116.1	16.0	28.3	8.3
	St Helier	1,304	792	61%	102.7	15.0	26.7	7.8
	Wimbledon	850	535	63%	85.0	11.1	28.9	9.5
Other	NULL	277	202	73%	45.8	13.6	31.5	13.6
	IRO	8	5	63%	4.1	37.7	88.1	49.2
	Other	769	469	61%	76.1	14.4	30.4	9.7
	Training	1,707	822	48%	123.2	13.9	27.3	9.0
	TOTAL	38,672	22,789	59%	3459.6	**14.9**	**28.4**	**9.1**

Max average breach value

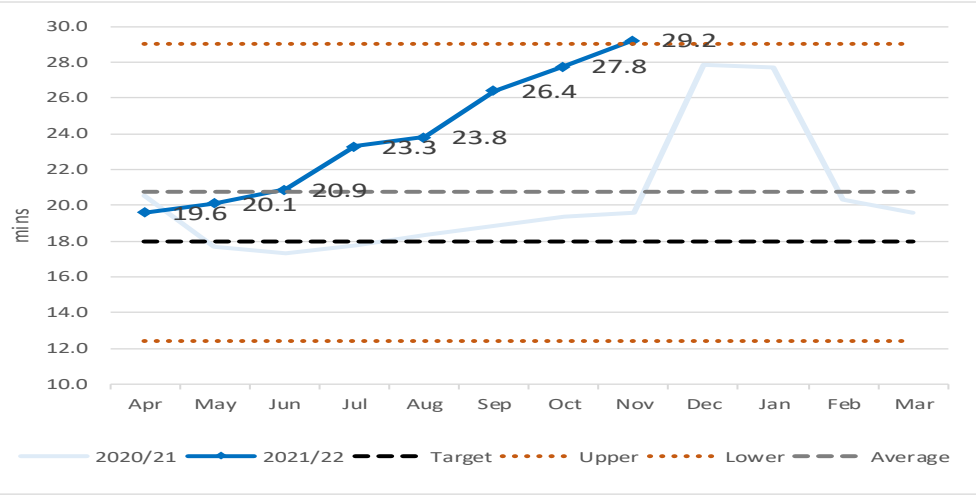
Value >7 mins per breach

Maximising safe non-conveyance to ED

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

	Sep-21	Oct-21	Nov-21	Year-end Target
Arrive at Hospital to Patient Handover (mins)	26.4	27.8	29.2	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. November figures continued the deterioration trend seen in 2021/22 as hospital pressure continued to rise, particularly in NE and NC.

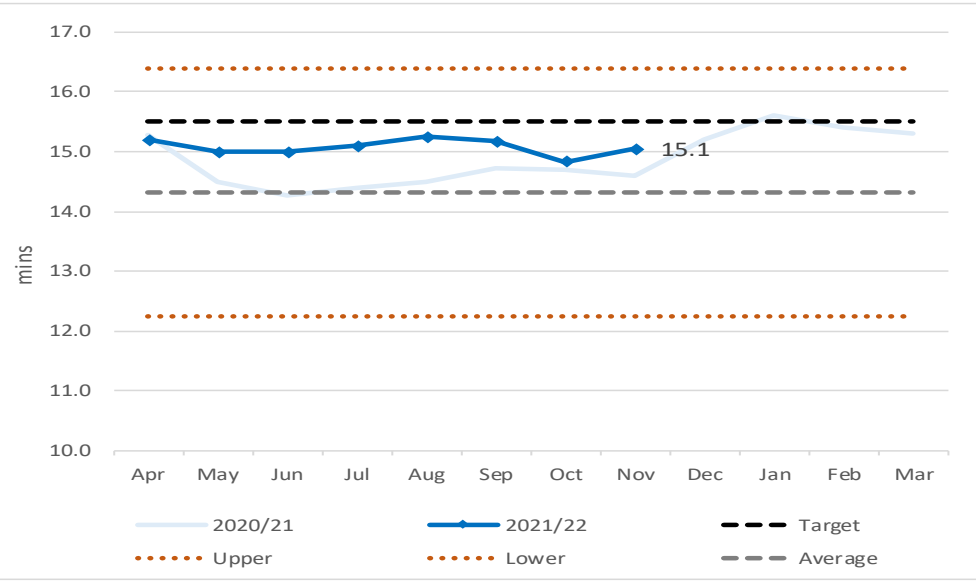


Patient Handover to Green (**Emergency Departments only & Excluding blue calls)

	Sep-21	Oct-21	Nov-21	Year-end Target
Patient Handover to Green (mins)	15.2	14.8	15.1	15.5

Handover to Green YTD performance has been within target, but above the 19/20 average since April 2020. In November 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 14/12/21 and is subject to change due to data validation processes

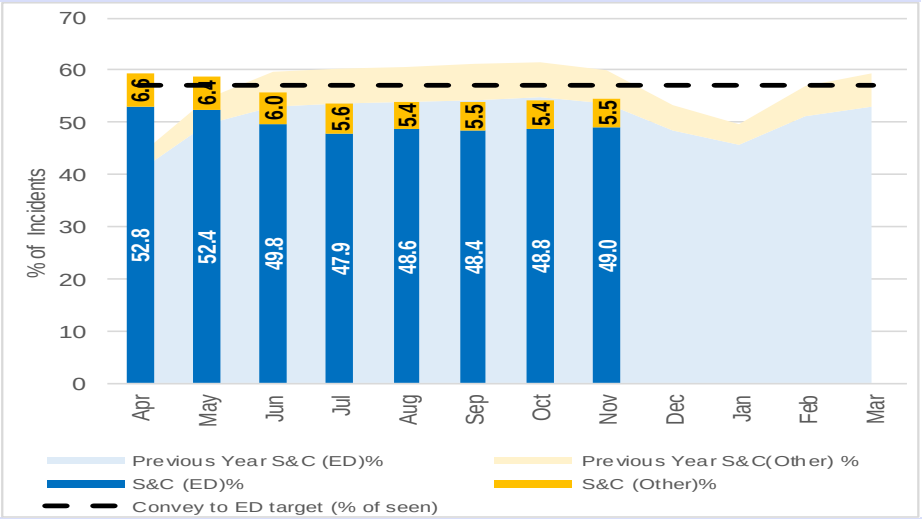


Maximising safe non-conveyance to ED

See and Convey to Emergency Department

		Nov-21	Year To Date	Year-end Target
See & Convey ED %	LAS	49.0%	49.6%	
	Target			57.0%

The conveyance to emergency departments target (57.0%) was delivered in October (49.0%). 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.

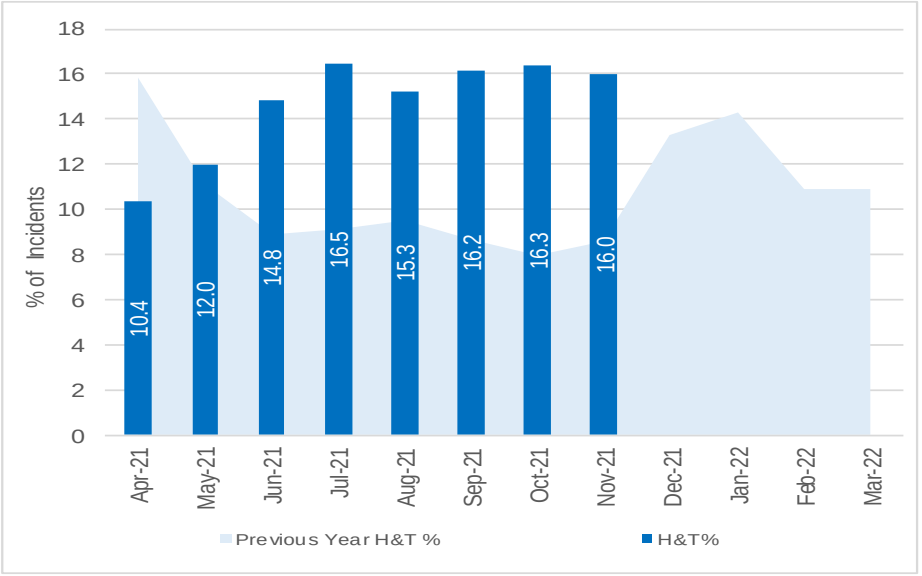


Hear and Treat %

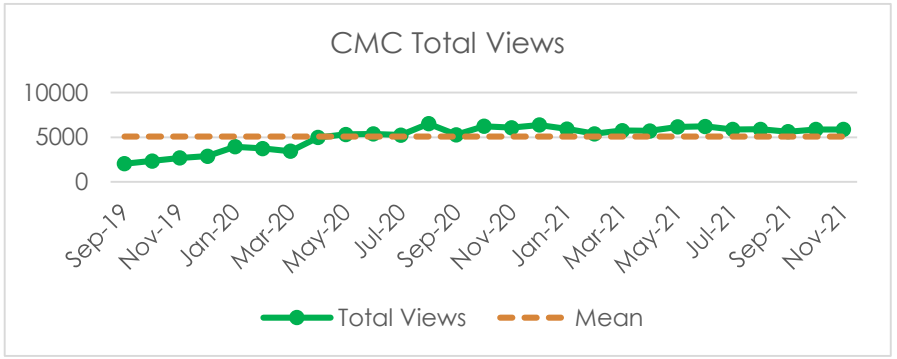
		Nov-21	Year To Date	Year-end Target
Hear & Treat %	%	16.0%	14.8%	
	(n)	17,196	130,228	TBC

Hear and treat delivered 16.0% in November, being second 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 14/12/21 and is subject to change due to data validation processes



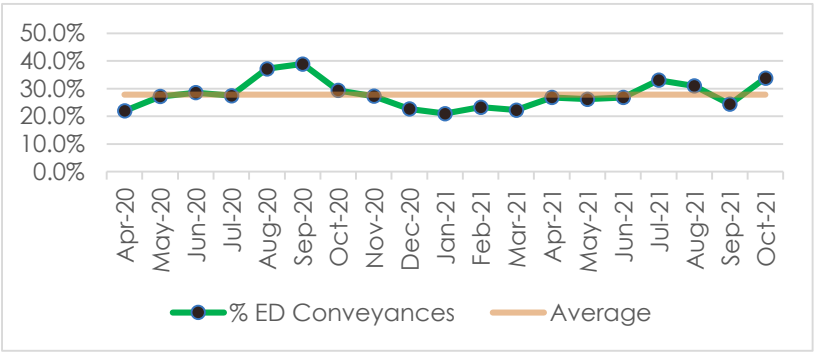
End of Life Care & Mental Health



ED Conveyance

Latest Month (Oct):

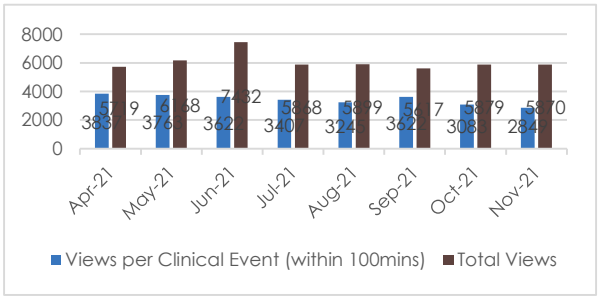
33.8%



CMC viewing remains stable

Team won Macmillan Excellence Award

CMC Views

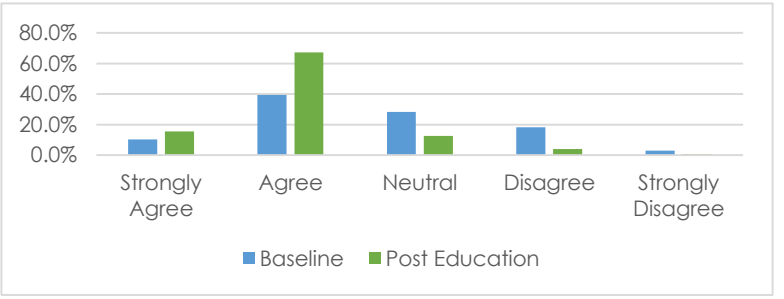


November
Total views:
65.2%

Staff Confidence

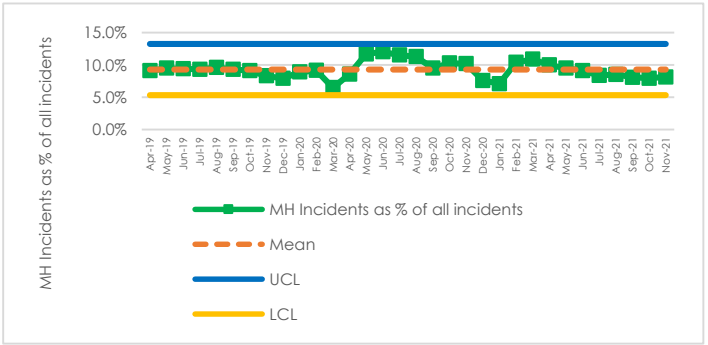
83% staff post education felt confident

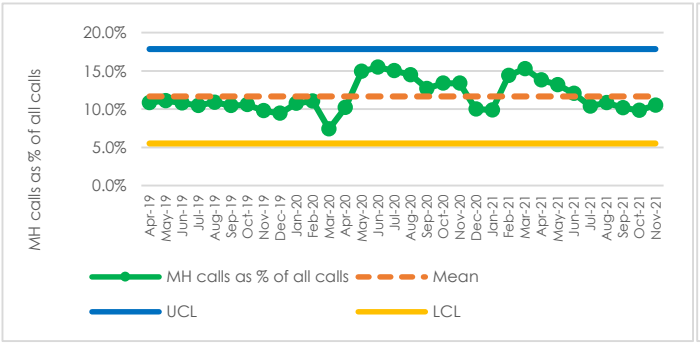
33% increase from baseline

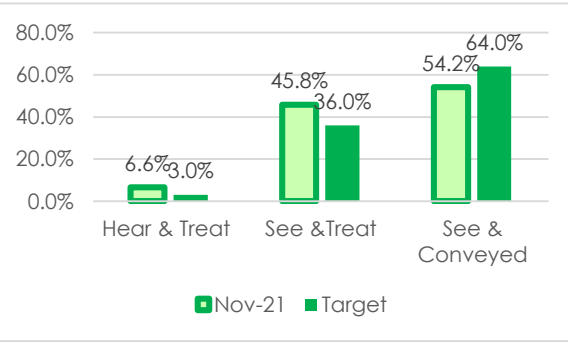


Approval of EoLC Winter Response Model

Education offered to all Advanced Paramedics Practitioners







We continue to maximise patient facing time to support REAP 4 whilst ensuring we work towards making the MHJRC business as usual. Our new Mental Health Paramedic Lead, Daniel Phillips, joins the team this month. We attended a London Region to explore partnership working with mental health trusts over the winter.

London Ambulance Service NHS
NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

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

1.0 Regulatory Update

The Care Quality Commission (CQC) conducted an unannounced inspection of Trust services on the 6th December 2021. This was a focused inspection of the Emergency Operations Centre (EOC) at Waterloo, and the Integrated Urgent Care (IUC) Service at Barking. This inspection also formed part of system wide urgent and emergency care review in North East London. **No direct safety concerns** were raised for immediate action, a formal report is expected in due course. The Trust continues to meet with the CQC through routine virtual engagement meetings as well as responding to requests for information.

2.0 Quality Account & Quality Priorities

As of December 2021, seven of the ten priorities for 2021/22 are on plan. Those behind plan due to the current service pressure are embedding learning as part of the Patient Safety Incident Response Framework (PSIRF), additional secure drug rooms as part of medicines storage with the re-opening of additional stations and 999 and 111 clinical assessment service (CAS) integration, all are progressing and will be reported within the annual quality account.

The station accreditation programme restarted in November 2021 in a revised model. All stations are now going through the process, with IUC planned for January 2022.

3.0 Quality Assurance - Trust Wide (see Quality Report)

The quality report demonstrates the impact of prolonged Resource Escalation Action Plan (REAP) Level 4 status and winter pressures on indicators related to the quality of care. This impact remains closely monitored through various quality and safety assurance mechanisms including quality visits as well as daily and thematic reviews of patient safety incidents from delayed responses.

The Trust continues to see a positive incident reporting culture particularly in no harm and low incidents with a 2.4% reporting rate. There remains a focus on medical equipment incidents, which have decreased in recent months due to several improvement projects including implementation of diagnostic pouches.

Despite the operational pressure, staff continue to submit excellence reports which, alongside incident reporting, allows an approach to be taken to system improvement and learning.

Infection Prevention & Control compliance across the Trust remains positive with high compliance rates being seen across the indicators place.

Quality indicators in relation to training including Clinical Performance Indicators (CPIs) and Operational Workplace Review (OWR) continue to be impacted by current pressure and the ability to release staff for completion. Positively, Mental Capacity Act (MCA) level 1 training has reached its 95% target for the first time since January 2021.

Personal Development Reviews (PDRs) continue to be impacted for the same reason with compliance falling to 45% since September.

There were 95 complaints breaching the Trust's 35 day timeframe in November which is a result of various factors being impacted by current operational pressures. The main themes continue to be conduct and delays.

The Trust's compliance in November was 100% for risks reviewed within the last 3 months and 100% of all new risks approved within 1 month.

4.0 Clinical Education & Standards (CES)

During November and December 150 new students successfully passed through the Educations Centre into clinical roles. A further 66 Emergency Operations Centre and Integrated Urgent Care Centre staff joined training courses. In addition to this, 1,371 existing staff undertook their Core Skills Refresher (CSR) session, this includes airway management, conflict resolution, resuscitation, moving & handling and emergency resilience.

We continue to embed the new Associate Ambulance Practitioner (AAP) role and following a recent external quality assessment (EQA), received positive feedback with regards to the audit, quality compliance and implementation of recommendations which had arisen following previous assessments. The first bridging course for AAPs commences in February with 18 learners due to start developing the skills to become Trainee Emergency Ambulance Crew (TEAC), the remaining 32 places will be offered in April.

Two recruitment events were held in December ahead of advertising for the associate and paramedic clinical tutor roles. They were supported with recently qualified tutors relaying their experience which was well received with positive feedback. Under guidance of the Director of Clinical Education we have continued to recruit to key leadership positions with the department, utilising a level of external recruitment in order to explore fresh ideas and novel approaches.

To support operational delivery over winter, refresher courses to allow registrant tutors to undertake clinical shifts in the clinical hubs are being completed. This will continue to form part of the business continuity plan for 2022/23.

Strong progress has been made in preparedness for the introduction of the new Section 19 driving standards in February. 2,933 members of staff are already compliant with the new standard, whilst 2,760 will require an assessment over the next five years. Within the department seven staff have complete their Level 4 Diploma in Emergency Response Ambulance Driving Instruction, which supports the department ambition to develop skills from within.

5.0 Safeguarding

We continue to deliver level 2 and 3 safeguarding training across the trust. 63.4% have received **refresher** training to date, we are not predicting to achieve the planned target by March 2022 due to Covid-19 and winter pressure. Despite the pressures on the trust, safeguarding remains a focus for staff and we have not seen any reduction in either the quality or number of safeguarding concerns or referrals.

We held a learning disability stakeholder event in December that was well attended and information obtained will be used to inform our Learning Disability strategy going forward. We have a user group stakeholder event planned for February 2022.

The Trust has developed a Sexual Safety Charter and accompanying material on sexual safety in ambulance trusts that will be launched in February 2022. We also plan a conference on Sexual Safety for managers early in the new financial year.

6.0 Quality Improvement & Learning

There were 1,979 patient safety incidents reported in Quarter 3. A total of 195 reported incidents were assessed against the Trust's Patient Safety Incident Response Plan (PSIRP). Of these 99 were identified as requiring an enhanced level of investigation as follows:

National Priority – Patient Safety Incident Investigation (PSII) Two incidents met the national defined priority requiring an external investigation either by the Clinical Commissioning Group (CCG) or by the Health Safety Investigation Branch (HSIB). Five 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.

Local Priority – PSII Two incidents met the Trust's PSIRP under the local priority of call handling and are being investigated as a PSII. One incident met the Trusts PSIRP under the local priority of face to face clinical assessment and is being investigated as a PSII. One incident met the Trust's PSIRP under the local priority of medicine management emergent and is being investigated as a PSII.

PSR (Non PSII) including Thematic Review 88 incidents were assessed against the Trust's PSIRP and were agreed to be investigated as Patient Safety Reviews (PSR).

Local Review The remaining 95 incidents were referred to Sector/Department management teams to continue with a local investigation.

The team continues to build Quality Improvement (QI) capability across the Trust and provide QI support to various initiatives.

In addition to reviewing reported incidents, we continue with established processes to review 999 data to identify delayed cases requiring further review. Using this methodology we have identified specific 999 triage determinants associated with higher incidences of a hospital pre-alert and a higher likelihood of their condition deteriorating. We have identified specific areas of learning, with improvements in the form of risk mitigating actions having been undertaken.

7.0 Resilience & Specialist Assets

In December 2021, we received the annual Emergency Preparedness, Resilience and Response (EPRR) Assurance report from NHS England and Improvement which confirmed the ratings as 'substantially compliant' for both the EPRR Core Assurance Standards and the Interoperable Capabilities Standards.

Despite the Trust continuing to operate at sustained pressure, we have maintained our mandatory training compliance for the Hazardous Area Response Teams (HART) and Tactical Response Units (TRU), specifically related to a Marauding Terrorist Attack (MTA) response. We are currently conducting an extensive recruitment process into the HART teams and are the first UK ambulance service to be approved to run an internal course to respond safely as part of the team whilst awaiting the national course to become a fully trained operative.

Within the coming 8 months, we are required to deliver the necessary training to ensure a complement of 290 staff are able to respond to MTA or Chemical, Biological, Radioactive and/or

Nuclear (CBRN) incidents. We are working to identify a suitable training base for the Enhanced Specialist Operations Response Team (ESORT) in order to accommodate this increased training requirement.

There have been challenges in maintaining up to date Business Continuity (BC) plans as the Trust has responded to new threats and developments during the course of the pandemic. We were fully compliant with regards to BC processes and plans for the effective management of BC incidents when audited as part of the annual assurance process.

We have participated fully with the review led by Lord Toby Harris into London's preparedness for major incidents. We are awaiting the published report and will take any recommendations in relation to the Ambulance Service forward.

London Ambulance Service NHS
NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Chief Medical Officer

Since early December England has seen a record number of covid-19 infections, driven by the rapid spread of the omicron coronavirus variant. As with other waves the increase in numbers of covid-19 infections was seen in London ahead of other regions – this may be attributable to the population density, travel hubs and multi-occupancy accommodation coupled with a lower vaccination rate than the UK average. This has placed considerable pressure on LAS both as demand for 999 and 111 services has significant numbers of staff absences.

As a result of the Pandemic the NHS in London has changed significantly and LAS's unique role as a pan-London NHS provider organisation means we remain a major partner in the delivery of urgent and emergency care both during waves of covid-19 and in each intervening recovery period. Throughout the Pandemic we have continued to work to to improve outcomes and experience for all of our patients; with patient safety underpinning every development and innovation we implement through evidence based decision making. We continue to develop new ways of working evolving clinical practices and developing additional care pathways.

Infection Prevention and Control

Throughout the Pandemic the LAS infection prevention and control have remained key to the safety of our patients, staff and volunteers. On 26 November 2021 the The UK Health Security Agency (UKHSA) announced the emerging SARS-CoV-2 variant known as B.1.1.529 as a variant under investigation (VUI). It was designated a variant of concern (VOC) on Saturday 27 November. This is the Omicron variant which includes a large number of spike protein mutations as well as mutations in other parts of the viral genome. The Omicron variant was identified to spread more easily than the original SARS-CoV-2 virus however the transmission route has not changed. The IPC team reviewed all of the guidance and issued reminders to all staff and volunteers about infection prevention control measures, physical distancing and mask wearing. They continue to provide support to the wellbeing hub about isolation guidance.

Providing the best care for patients closer to home

For people with urgent needs, our aim is to provide a responsive service delivering care as close to home as possible, avoiding unnecessary conveyances to emergency departments and ensuring patients are referred into the most appropriate service for their needs – over the past 2 months further pathways have been co-designed with ICS partners to improve the care for their local populations and further address any inequity of access to care. Despite many of the new patient pathways being in the early stages of development it is already evident there is potential for significantly improving patient care and experience. We are continuing to work closely with all our health and social care partners to deliver consistent pathways across London.

The Urgent Crisis Response (UCR) appropriate care pathway (ACP), has now been implemented across an increasing number of providers. UCR is a service that ensures patients who experiencing a sudden deterioration in their health or wellbeing, which may be a new presentation or an exacerbation of a chronic condition, can receive an assessment, treatment and support in their usual place of residence and avoid a transfer to hospital wherever clinically appropriate. These 2-hour crisis response services accept referrals from NHS111 and 999 and provide assessment. LAS has run collaborative focus days for UCR referrals in each ICS to support referrals and take forward the learning to further develop and

improve the pathway and accessibility. Camden CCG and LAS have been running 'shadowing opportunities' for UCR and LAS clinicians to better understand each other's roles – this has been extremely successful in increasing the utilisation of these pathways.

A further area of collaborative work is to develop a better service for patients who have fallen to enhance the ability of all of our staff to provide the right treatment first time for those patients who have no injuries. Many of these patients get conveyed to hospital unnecessarily and an assessment in their own home will be more beneficial for patients to ensure the right support and advice has been put in place to prevent further falls. A secondary benefit of these local pathways will be to reduce crowding in the Emergency Departments so provide a better experience for all patients.

To improve the care we are providing to patients in the final stages of life the LAS End of Life Care (EoLC) team have been utilising their specialist knowledge and skills by providing a dedicated EoLC response car which operates 3 days per week. The response car is staffed by members of the Clinical Directorate and the model includes a see and treat response for complex EoLC cases, alongside a clinical advisory role via the clinical support desk (CSD). Over the first month expert input was provided for 25 patients and 68% were able to be managed in their own environment ensuring they were kept comfortable and pain free and managed with dignity and support for both patients and their families and conveyances are minimised where not clinically required.

Through our integrated urgent care service we are supporting the new pan-London pathway which has been introduced for high risk / vulnerable patients to access treatment when presenting with CoVid-19 symptoms. These medicines are called nMABs (neutralising monoclonal antibodies).
In response to the National Mental Health Policy team request to develop new pathways to manage patients calling 999 with mental health problems and crisis a pathway has been developed by the LAS mental health team in conjunction with regional colleagues and partners in mental health and community settings across London, for a number of mental health patients who access 999 to be referred to the 24/7 mental health support lines (MHSL). This will aim to reduce ambulance dispatches to mental health patients who could managed alternatively and thus reduce the number of mental health patients taken to emergency departments.

Patient outcomes

Despite the increased demand LAS has continued to experience, the sickest patients are continuing to receive a fast response. In November 2021 1038 patients in cardiac arrest were attended by LAS – 396 patients had resuscitation commenced. The average overall clock start to on scene was 10 minutes. Where the patient had a presenting rhythm of Ventricular Fibrillation and Ventricular Tachycardia defibrillation occurred within 2 minutes and 28% of the total cardiac arrest patients gained and sustained return of spontaneous circulation to hospital. The stroke data for November 2021 shows that the average 999 call to ambulance on scene time for a stroke patient was 41 minutes, and those patients who were identified as having time critical symptoms were in hospital in an average of 84 minutes – well within the London target time for thrombolysis of 4.5 hours. The November 2021 ST elevation myocardial infarction (heart attack) received an ambulance response in an average of 42 minutes of their 999 call and were at hospital in an average of 99 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 99 minutes allows time for the hospital to undertake the clinical procedures within the timeframe.

Delivering better care through developing our clinicians

The London Ambulance Service NHS Trust (LAS) is committed to providing clinical development opportunities for staff as outlined in the Trust Clinical Strategy and Workforce Plan. We continue to develop our clinicians by providing learning opportunities that better reflect our patient population.

Research and evaluation activities indicate that specialist and advanced practice roles are associated with significant benefits in terms of patient care and staff satisfaction. Over the next 2 months we will be recruiting into several roles to enable career development and progression for our clinicians. These include consultant paramedics, advanced paramedic practitioner – critical care, advanced paramedic practitioner – urgent care and clinical hub / clinical assessment service clinicians. In addition we will be recruiting the next cohort of primary care network (PCN) trainee first contact practitioner (FCP) paramedics – these secondments are available for staff wishing to develop additional skills and experience within the primary care setting as part of a national programme to train FCPs. During the secondment staff will complete a competency / capability-based portfolio of clinical skills and reflective practice and on successful completion will gain a nationally accredited First Contact Practitioner (FCP) qualification.

Clinical Audit and Research

The ARREST Trial is a randomised trial of expedited transfer to a cardiac arrest centre for non-ST elevation out-of-hospital cardiac arrest (ARREST). 23 patients were recruited in December 2021, bringing the total to number to 687 at the end of the year. We anticipate recruitment will be completed in Autumn 2022. 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 now been rolled out to Deptford and Wimbledon group stations and we have recruited 25 patients to date. We are the 3rd highest recruiting organisation amongst the 14 participating Acute and Ambulance Trusts across the country. We continue to participate, within both our 999 and 111 services, in an Urgent Public Health study (the PRINCIPLE trial) examining interventions against COVID-19 in older people.

Our review of the Cardiac Arrest Clinical Performance Indicator is now complete. New aspects of care have been added relating to: airway management and 12 lead ECGs being undertaken post-return of spontaneous circulation. This will allow for continual audit and feedback directly to clinicians in these aspects of care. Our latest clinical audit report of the airway management of cardiac and respiratory patients found demonstrable improvements in the documentation. The LAS continuous re-contact audit remains an important aspect of reviewing the care provided. ~~to~~ Any patients who needed to re-contact LAS within 24 hours ~~is~~ are reviewed. Our new bespoke Re-contact Clinical Audit online system was launched, hugely streamlining this audit process allowing us to identify and share any learning more quickly.

Fenella Wrigley
January 2022

London Ambulance Service NHS Trust

PUBLIC BOARD OF DIRECTORS MEETING

Report of the Interim Director of Corporate Affairs

The Corporate Affairs Directorate incorporates Patient Experience, Legal Services, Information Governance, and Corporate Governance. This report summarises Directorate activity referencing the Integrated Performance Report (IPR) for the November 2021 reporting period.

1. PATIENT EXPERIENCE

Complaints
The Integrated Performance Report shows the rate of complaints has risen since early 2021. This is not unexpected as the operational activity for 111 and 999 calls has increased above pre-Covid activity and increased pressure on the service. The top three reasons are currently conduct, delay and non-conveyance. We have noted an increase in complaints about the delay in response and also the management of 111 calls since July 2021.

The current demands on the Trust have resulted in delays to liaison with the Ombudsman regarding LAS beings a pilot for the NHS complaint standards. This reflects the position with a number of other NHS Pilot sites. The Chief Executive Officer currently reviews and signs all complaint responses.

2. LEGAL SERVICES

The Legal Services Department work with Procurement to establish the right frameworks with a view to reducing legal expenditure on external lawyers. There is the potential to establish a centralised system within the Legal Department for all instructions to external firms as a way of saving money.

Agency Staff have been brought in to assist with the current workload until substantive recruitment (Band 5) take place. A temporary outsourcing facility with Panel firms is currently in place. This arrangement has been well received amongst team members as work is distributed accordingly and eases on-going pressure. Furthermore the outsourcing facility provides greater access to legal resources at a lower cost. All job descriptions will be reviewed prior to recruitment.

There is a still a backlog from some Coroner's Courts following the Covid-19 pandemic and therefore the volume of work varies weekly. We are working on streamlining current processes to ensure we work smartly and efficiently, such as developing succinct monthly briefings on Inquests and Claims to Executive. Senior Management will be routinely notified of high profile/high risk matters which also attract reputational and financial concerns for the Trusts.

The Legal Services Manager is linking with the Coroner's Court to discuss better ways of working collaboratively and create effective working relationships. The manager is working collaboratively with Panel Firms and NHSR to establish trends for Inquests and Claims and ensure that learning is shared and disseminated through the directorates and organisation,
promoting triangulation of data across the organisation as a whole.

3. INFORMATION GOVERNANCE

An Information Governance Annual Report 2020-21 was received at the last Trust Board in November 2021 and a National Cyber Security Centre (NCSC) certified cyber security training session for Trust Board members followed in December 2021, facilitated by NHS Digital. The Trust's Data Security and Protection Toolkit (DSPT) status for the 2020-21 period was updated to 'Standards Met' in December 2021, a level that has not been achieved by the LAS since 2018-19. Meeting the

DSPT standards demonstrates that LAS can be trusted with the confidentiality and security of personal information.

During December 2021, the Information Commissioner's Office issued two outcomes from complaints relating to the handling of information access requests:

ICO Decision Notice received on 20 December 2021: Reference: IC-102997-F5D1
The Commissioner finds the Trust in breach of sections 1(1), section 10(1) and section 17(1) of the Freedom of Information Act 2000. The Commissioner acknowledges that LAS has recently worked diligently to rectify the breaches that occurred. The Commissioner has published the Decision Notice on the ICO website at https://ico.org.uk/action-weve-taken/. No further action is required.

ICO outcome letter received on 24 December 2021: Reference: IC-112219-T0L0
The Trust have failed to comply with data protection legislation in relation to a subject access request (SAR). The Trust has acknowledged that the initial SAR was not handled appropriately. No further action is required.

The Trust has adopted an information governance accountability framework set out by the Information Commissioner's Office in 2021 and is assessing its position against ten themes on a regular basis, addressing any risks or gaps to compliance. The Trust continues to embed data privacy by design into new projects by undertaking a data protection impact assessment (DPIA), a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information governance and security framework.

4. CORPORATE GOVERNANCE

Governance Arrangements
In line with Government advice to adopt 'light' governance arrangements to free up management capacity and resources during this period of heightened operational pressures, the Trust took a decision to reduce the length of time of Board and Board Committees. The January Public Board, which normally lasts three hours, has on this occasion been reduced to two hours and similarly slimmed down arrangements were put in place for Board Committees. A decision was also taken, in light of the need for heightened infection control measures, to hold meetings on a virtual basis. A close eye will be kept on these arrangements with a view to returning to the more usual arrangements as soon as possible.

Board Assurance Framework
Work on refreshing the Board Assurance Framework is near completion and the latest iteration is on the Public Board agenda.

Mark Easton
Interim Director of Corporate Affairs
January 2022

PUBLIC BOARD OF DIRECTORS MEETING
Executive Director Report: People and Culture Jan 2022

1. Executive Summary

Culture Transformation

Over 1000 colleagues have now attended a series of culture transformation workshops (10 in total) facilitated by *A Kind Life*. Delegates evaluated the workshop on a sliding scale of 1-5 with 81% rated the workshop 4/5. The programme will now move into the next phase – focused workshops based on the feedback shared by our staff, supported by our national staff and pulse survey data.

Health and Wellbeing

December 2021 was the busiest month for the LAS Wellbeing Hub since launching in July 2020, with over 2000 contacts, driven in main by Covid. To support this growth additional funding, agreed in partnership with NHE/I and NWL well-being networks, has been spent on various initiatives 1) development of the Trust peer support network LINC via the provision of specialist residential training and will include TRiM (trauma risk incident management), 2) staff and managers training in Mental Health, improved healthy spaces, 3) our tea truck provision at hospital, 4) manager training in menopause support, 5) continuation of Schwartz rounds and finally 5) replication of the project wingman model across the Trust using restricted duties staff (Project Wingman completed last shift in Dec 2021). All of the Trust mental health programmes are in alignment with the AACE suicide prevention work

Vaccination legislation was passed on 6th January 2022 stating that registered staff can only be deployed for the purposes of the provision of a CQC-regulated activity, in which they have direct, face to face contact with patients and service users. The staff member must provide evidence that they have been vaccinated with a complete course of a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine. This is subject to specific exemptions and conditions. The Trust have been working with all the English Ambulance Services for several months in order ensure this legislation is implemented at Trust level, with the correct level of infrastructure including technological, logistical and human resources.

Finally in December 2021 the Trust went out to advert to tender for new Occupational Health (OH) contracts, covering a full range of services including physiotherapy and counselling. Bids from potential providers will be reviewed this month, with recommendations being with a final decision made by the Trust Board in March.

Sickness Absence – November reported the 4th month in succession whereby sickness absence % had reduced, during what should be a seasonal sickness absence increase – arguably demonstrating that our revised sickness absence interventions were starting to come to fruition. Covid related absence however started to increase in November, which would be evidently clear in the future Dec and Jan sickness absence reports.

Recruitment and Retention – Our vacancy rate reduced to 3.7% supported by a strong international paramedic recruitment pipeline. In the main the performance is stable with CHUB staffing remaining an area difficult to recruit too. Our overall retention rate remains generally

static with front line retention actually below plan – however within that KPI we have seen a slightly above plan retention rate for international paramedic leavers which has resulted in further interventions being introduced including extended periods of leave and travel loans for staff to visit families overseas, funding indefinite leave to remain and supporting staff to utilise the Government's automatic one year visa extension.

Staff Engagement – Our employee relations backlog and activity had reduced from 45 cases in August to 11 at time of print. Forecasting to have no outstanding employee relations cases (outside agreed KPIs) by March.

This report also covers the activing from our OD & L&D teams, as well as detailing our preparation for our 2021 national staff survey results.

2. Culture Transformation

Our LAS

Over 1000 colleagues have now attended a series of culture transformation workshop facilitated by *A Kind Life* (an organisation which specialises in cultural change in NHS organisations).

Colleagues have reported positive experiences of attending these workshops, a few citations being;

"I enjoyed the workshop thoroughly, it was very enlightening, backed up with lots of interesting studies, survey and facts. It was helpful finding out how the brain works etc., as it allowed me to have a deeper understanding of why we behave in a certain way. This creates a level of self-awareness that is imperative to creating change. I think this workshop should be mandatory for every LAS staff member as there is so much to be gained from it, ultimately benefiting all of us."

"One of the most engaging, attention-holding zooms ever attended. It made me realise some of my own pitfalls and how small changes that can be implemented with minimal effort."

"It should be compulsory to complete courses like this for all staff."

"Fast paced, good fun and thought provoking. Created momentum for change."

3. P&C Operations

Recruitment

As previously reported The Trust is implementing the most ambitious workforce programme in its history to meet with increasing demands in service. This 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.

Our international recruitment pipeline remains strong and to date we have interviewed 139 candidates and made 101 offers for the 126 Q4 places.

A successful bid was made for Health Education England funding to recruit experienced paramedics from Poland and this is a joint programme working in partnership with South East Coast Ambulance Trust. The plan is to recruit 150 paramedics (75 for each Trust) and on-boarding costs will be funded for any offers made before 31st March 2022. It is expected that this cohort will start in Q1 2022/2023. There are several Trainee Emergency Ambulance Crew

(TEAC) recruitment campaigns in progress and to date we have made offers to 104 candidates for the 139 places in January and February.

The vacancy rate has reduced this quarter and is currently at 3.7%. The call handling establishment in IUC is on track to be fully delivered by January and course fill rates remain positive at 83%. The recruitment team is supporting the ramping up of plans to recruit additional EOC call handlers to support demand. Whilst Clinical Hub (CHUB) staffing levels continue to improve, there remains a heavy reliance on secondments from Ambulance Operations. Rolling substantive recruitment is in place to ensure a sustainable staffing position.

In total there were 91 starters in November. 34% were from a BAME background covering roles in 111, 999 and Ambulance Services.

Retention

The first two quarters of 2021/2022 has seen a slighter higher lever rate than the same period 12 months ago although this is beginning to slow and stability remains above 90%. Whilst the number of frontline leavers remains positively below plan (-43FTE) the level of International Paramedics leavers is tracking above forecast. To address this a package of initiatives has been launched including extended periods of leave and travel loans for staff to visit families overseas, funding indefinite leave to remain and supporting staff to utilise the Government's automatic one year visa extension. In total there were 61 leavers in November and 19% were from a BAME background.

Staff Absences

The monthly Trust wide sickness was 7.8%. In November the episodes stayed at a similar level to October (1,600) with decreases in coughs and colds (-28 episodes) and anxiety and depression (-19) and increases in covid (+38) and gastrointestinal (+19).

People & Culture teams are working with local managers to review the MAP trigger reports to reduce absence. Sickness Management Training sessions were held in November and more have been organised for December. As part of the Occupational Health (OH) tender, we are considering the option of an external sickness management reporting service.

Figure 1 – General sickness rates in comparison to COVID19 sickness

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Trust wide sickness rate	9.4%	6.7%	6.0%	6.4%	6.7%	6.6%	7.3%	8.3%	8.1%	8.0%	7.8%

The trust has undertaken an exercise to reduce the COVID-19 related sickness across the trust by phoning staff at days 6 and 11. The purpose of this exercise is to take the pressure off of managers many of which are operational, check on staff welfare and to ensure staff are following correct isolation guidance. The trust has seen a decrease in COVID-19 related sickness absence since this exercise was undertaken fully on 3rd January 2021, plans are to continue with this for the remainder of January.

Employee Relations Cases (backlog)

The Trust's Resolution Framework was published on 2 August 2021 which replaced our traditional Disciplinary, Grievance and Dignity at Work policies. As a consequence of launching the Resolution Framework, the Trust is currently running a combination of old/new whilst we conclude pre-existing cases.

At the launch of the Resolution Framework there were a total of 45 open cases. A significant factor notable in these cases is due to sickness absence of the employee/complainant.

Figure 1 – Shows all open cases by case type

Case type	Jul/Aug 21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Dignity at Work	10	6	5	3	3	2
Grievance	11	9	7	5	4	3
Disciplinary/ Conduct	24	18	15	10	8	6
Total	45	33	27	18	15	11

As at 30th November, the cases have reduced from 45 to 18. The P&C teams have been expediting the investigations, hearings and appeals and ensuring that cases are closed (in the ER tracker) on completion. A notable factor in the open cases remains the sickness absence of the employee/complainant. Some cases are taking longer than originally expected as the preferred informal approach has not been successful and the employee has requested that the matter be dealt with formally.

Statutory Mandatory Training/Personal Development Reviews (Appraisals)

As the Trust remains at REAP 4 pressure levels the performance for Stat and Mand training and PDR rates continues to be affected. As at 30th November 2021, the overall statutory and mandatory training completed is slightly below the 85% target, at 82%. PDR compliance, based on a rolling 12-month period, has decreased in November from 51% to 45%. 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 601 out of 680 of managers have logged in and viewed their team's data. There have been 10 drop-in sessions covering PDR Appraisals, Learning Management and Business Intelligence Reporting with a positive attendance of over 350 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). This was launched at the beginning of December to Trust

Managers and the data will be included in the monthly Operational Performance management (OPM) reporting.

4. Health and Wellbeing

Recruitment to an expanded LAS Wellbeing team is almost complete with 10 new substantive positions filled. 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 also received additional funding for wellbeing activities from both by NHSE and NWL, most of which will be allocated to the development of the Trust peer support network LINC via the provision of specialist residential training and will include TRiM (trauma risk incident management), staff and managers training in Mental Health, improved healthy spaces, our tea truck provision at hospital, manager training in menopause support, continuation of Schwartz rounds and replication of the project wingman model across the Trust using restricted duties staff (Project Wingman completed last shift in Dec 2021). All of the Trust mental health programmes are in alignment with the AACE suicide prevention work.

In addition to the financial benefits of the Wellbeing funding, this money has given the Trust further opportunities to work with both NWL ICS and the wider ambulance sector in shaping our future provision. The Trust is already well supported by mental health experts from NWL with regular meetings to identify potential gaps in our services, and this has recently been enhanced further by a standing invitation for the Trust to sit on the KeepingWell NWL board. There has also been extensive work with the other ambulance Trusts to share best practice and ideas about both mental health and general wellbeing provision. The Trust has also continued to work in collaboration across the region on the covid-19 vaccine and testing facilities, with colleagues able to access hospital clinics normally only open to their own staff and with LAS colleagues continuing to assist delivering vaccinations at sites across London

Winter wellbeing support

In addition to the ongoing support provided to staff, over the winter period the Trust has:

- Increased the number of Tea Trucks at hospitals
- Increased the Tea trolley visits to the 111 and 999 contact centres
- Provided hot food to staff in contact centres over the Christmas period (via donations)
- Christmas food hampers distributed to all ambulance stations
- Redeployed corporate staff to increase capacity in wellbeing hub
- Centralized stock of lateral flow kits in order to maintain regular testing by staff members especially throughout the winter
- Opened wellbeing cafes in the four contact centres.
- Supported managers across the service in conducting daily welfare calls to staff off sick due to COVID 19 and to all staff off sick in 999 and 111 contact centres where sickness rates have been higher than normal

Occupational Health Tender

In December 2021 the Trust went out to advert to tender for new Occupational Health (OH) contracts, covering a full range of services including physiotherapy and counselling. Bids from potential providers will be reviewed in January, with a final decision made by the Trust Board in March.

Vaccinations

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. This work is now being implemented at Trust level, with the infrastructure including technological, logistical and human resources requirements currently being established.

Flu

The Trust internal Flu programme has been more challenging this year due to capacity at REAP 4 for both vaccinators and staff and volunteers to get vaccinated. Despite this, over 53% of substantive colleagues have been vaccinated, with higher proportions in patient facing roles. 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.

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:

Public Sector Apprenticeship Target outcomes published: These have now been published by the Government and analysed via Health Education England – the target was for all public sector bodies to employ an average of at least 2.3% of their staff as new apprentices over the period of 1 April 2017 to 31 March 2021. During this period LAS has had 653 apprenticeship starts and has exceeded the target with an achievement of 2.9% – ranking 1st amongst the NHS in London and 7th amongst NHS nationally. The overall outcome amongst all public sector bodies was 1.7%, NHS nationally was 1.5% and NHS in London was 1.3%.

Being Manager Smart workshops: Working alongside our Directorate and Health, Safety & Security colleagues, the Learning Education and Performance (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 Assessment Toolkit*; and *Understanding Our Resolution Framework*. *Keeping Our Workforce Well* workshops to help our colleagues to manage sickness absence within their teams have so far been delivered to 128 line managers with a further five sessions scheduled until March 2022.

Trust Induction/On-boarding

The LEaP Team in collaboration with Culture Diversity Inclusion (CDI), HR, security and Health and Safety teams is continuing to deliver the 2 ¾ hour Trust Induction virtually to Non-Clinical, Clinical and Corporate staff groups.

There are 14 training cohorts scheduled to attend Trust Induction across four dates between January and March 2022. The following is feedback from the participants.

- *I enjoyed the participation and multi-culture of both colleagues and educators from different experiences and backgrounds*
- *Very helpful and enjoyable induction, looking forward to working for and with the LAS*
- *Very good and comprehensive introduction, well done and thank you to the team.*
- *Very enjoyable, thank you.*
- *The planning and delivery was good*

4. Culture, Diversity & Inclusion

2021 Staff Survey & Q4 People Pulse Survey

The annual staff survey closed at the end of November 2021, after running for a ten-week period. The Trust reached a response rate of 62.6% which means 4074 colleagues took the time to make their voices heard. We are 9% above the average response rate and 4% below the highest response rate for the seven ambulance trusts surveyed by the Picker Institute nationally.

We have conducted a preliminary review of our survey results and will distribute them to managers in January. The results are currently under an embargo and we are not permitted to share them outside the organisation until NHS England publish their report (expected mid-February 2022).

The People Pulse Survey runs three times a year in order to track staff morale and engagement, q4 survey closes 31st January 2022. We have taken the decision to target the January survey towards our colleagues who work with us on a non-substantive basis and are not currently eligible to participate in the annual staff survey. This will allow us to gather the views of those working via the bank or agencies, contractors and volunteers, who make up around 27% of our total workforce.

Staff Networks Development Group

The chairs and co-chairs of our five Staff Network groups attended the first Staff Network Development Group, led by Anthony Tiernan, Director of Communications and Engagement and Athar Khan, Associate Director of Culture, Diversity and Inclusion. The group will meet bi-monthly, with aim of building the profile of our Staff Networks and ensuring feedback from the membership of the Network Groups is heard by our Executive leadership.

Each of the Staff Network groups now has an executive sponsor to advocate for the group, as well as protected time for the chairs to carry out their duties and funds from the LAS Charity.

Clinical Team Navigator Equality, Diversity and Inclusion (EDI) Training Module

The CDI team facilitated an EDI module for a group of new Clinical Team Navigators (CTNs) who provide clinical leadership in our 111 contact centres and 999 Emergency Operations Centres. Building on the success of the previous session run for Clinical Team Managers (CTMs) we ran a group discussion, adapted for a smaller number of attendees (4 CTNs). The team received positive feedback from the attendees and the course leader.

Physical Assaults on our staff

November reported an increase in month of 18 alleged assaults (58 in total) – working in partnership across the sector and with London the following support interventions have been put in place.

- Police notification and request an Incident Response Officer or Clinical Team Manager attend the scene or hospital for welfare support and to assist with liaising with the police.
- All staff are encouraged to report all instances of abuse via the Datix incident management system.

- A Violence Reduction Unit has been established within the Health, Safety and Security Department
    - All processes related to dealing with staff assaults and supporting victims have been reviewed.
    - Two Violence Reduction Officers have been seconded for one day per week from Operations to assist with this work. The key part of the role is ensuring incidents of violence and abuse are progressed appropriately, that support is provided to victims and that relevant police investigations are progressed.
    - Key relationships have been developed with MPS, LFB, TfL and other NHS Trusts to share best practice in this area.
    - Communications, including a dedicated page on the Pulse to raise awareness of the work internally. The Trust has also participated in a social media campaign which highlights these assaults and makes clear that it is #NotPartoftheJob.
- Introduction of Body Worn Video (BWC) cameras to deter assaults and to provide evidence for prosecution when assaults occur.
- Installation of internal and external CCTV cameras in 300 double crewed ambulances in October 2021. These provide audio and video evidence to support allegations of violence and aggression and to support RTC or driving standards investigations. The three months since the introduction of the on-board cameras has correlated in a reduction in the number of investigations of assaults against our staff compared with the same period in 2020.
- Creation of the Welfare Hub as a central point of contact where all staff can go for assistance and be signposted to the most appropriate help e.g. counselling or physiotherapy.

London Ambulance Service NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**25/01/2022**

Summary report to:	**Trust Board**	**Date of meeting:**	**25/01/2022**
Presented by:	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**	**Prepared by:**	**Anne Rainsberry, Non-Executive Director, Chair of People and Culture Committee**

Matters for escalation:

Vaccination

Members were briefed on the current situation relating to the mandatory vaccination. These regulations became law on 6th January 2022 and will be effective from 1st April 2022. These regulations apply to all staff in CQC regulated activities and requires that they have had two vaccinations unless they are medically exempt.

During January the HR team will be writing to all affected staff where there is currently no record of their vaccination status. It is expected that a significant number of these staff will have been vaccinated but have not notified LAS at the current time. In addition, further work is underway to identify those staff who continue to have concerns about receiving the vaccination and to work with them to understand and allay their concerns. It is expected that the combination of identifying staff who have been vaccinated and more staff coming forward for their jabs will significantly reduce the numbers of staff whose vaccine status will not comply with the regulations

Members discussed contingency plans in the event that staff are unable to continue in their roles due to not being vaccinated. Work is underway to consider the availability of different roles for these staff in order to offer them alternative employment. It is hoped that this combined with renewed efforts to vaccinate hesitant staff will mean that in many cases it will be possible to mitigate the impact on both staff and service delivery.

Members supported this approach but noted at this time there was no real clarity on the numbers of staff who would be unable to work on front -line roles and this presented a significant risk until the work outlined above has been completed. We will return to this issue in February when the true situation will be known and the risky properly quantified.

In the meantime, members received assurance that contingency plans to maintain service delivery for patients were being developed against a range of scenarios

Other matters considered:

Recruitment

The committee received an update on the recruitment of Emergency call handlers. In response to rising demand all Ambulance trusts in England were recruiting additional staff. LAS has a current establishment of 162.02 FTE for these roles however as at the end of December 6.14 FTE are vacant.

Recruitment to these roles is challenging and members were briefed on the range of initiatives underway to widen the recruitment pool including recruitment campaigns both locally and online, approaching student paramedics and other sectors such as TFL. Despite these efforts progress remains challenging and with turnover the expectation is the vacancies may rise to 12 by year end.

Members discussed other options, such as apprentiships, that should also be considered in the medium term and noted the plans to cover the projected vacancy factor.

Well-being and sickness absence

Members received a presentation on the significant work that had been undertaken by the HR team to support staff who were currently unwell and on sick leave. The aim is to keep in contact with these staff, ensure they feel supported and when appropriate support them in the return to work.

The committee also noted the much-improved tracking of sickness absence which was enabling the HR team to target their support.

Members noted that these interventions had delivered a material impact not only in staff feeling supported but also in enabling a quicker return to work thus supporting the overall operational capacity of the service.

Members expressed their thanks to the HR team for their considerable efforts.

Occupational Heath Tender

The committee received an update on the tender process for occupational health services. This tender, which comprises of three Lots, Core, MSK and Physio, was launched on 6th December and had closed on 10th January 2020. 25 expressions of interest had been received and members received assurance on the evaluation process. The final recommendation of the evaluation panel will be made on 7th February and will then go to FIC and PCC prior to Board approval.

Freedom to Speak Up

Members received the report for Q2. Discussion took place on the nature of concerns raised noting that progress had been made in a number of areas but also the programme of work within EOC to address staff concerns. The committee also received an update on the FTSU strategy and noted the progress to date

Key decisions made / actions identified:	See other commentary.
Risks:	**Board Assurance Framework** This was a short meeting given the implementation of 'governance light' due to the COVID pandemic. This item was not therefore reviewed but the committee will do so at a future meeting.
Assurance:	Assurance that we are looking after the wellbeing of our people was provided and in particular the HR teams focus and support of staff currently on sick leave. The Committee offered their thanks for the extraordinary work delivered. Assurance was provided on the plan in place to respond to the new regulations on mandatory vaccination but this will be reviewed in detail at the next meeting when the true numbers are much clearer. Assurance of a robust plan was provided on the recruitment of emergency call handlers, whilst also noting there are challenges in recruitment to the plan,

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, corporate reporting and Strategic Assets and Property (including Fleet, Logistics and Estates) functions in support of providing the best possible value for the tax paying public.

Finance and Business Planning

This report summarises the directorate activity referenced in pages 34-38 in the Integrated Performance Report for the November 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. 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 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. National Planning guidance was published on 24 December 2021 and the Trust is now working internally and across the NWL ICS to agree operational and financial plans for 2022/23.

Financial Position – Month 8 2021/22 (page 34)

The financial plan for the remainder of 2021/22 was approved at the Trust Board meeting on 20 November 2021.

At the end of November 2021 the Trust has:

- Year to date deficit of £30k as at 30 November 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. The month 8 sensitivity analysis on the forecast suggesting a range of risk to the forecast of between a £4.3m surplus to £0.7m deficit.
- delivered £5.0m of efficiency reductions to the end of November 2021.
- £40.1m of revenue COVID 19 expenditure incurred year to date.
- 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.
- Has a cash balance of £31.1m at the 30 November 2021.

Financial and Business Planning 2022/23

NHS England published the National Operational Planning Guidance for 2022/23 on 24 December 2021.

The guidance recognises that the ability to fully realise the objectives set out in the document are linked to the ongoing level of healthcare demand from COVID-19. Given the immediate priorities and anticipated pressures NHS England are not expecting engagement with specific planning asks now. The planning timetable will be extended to the end of April 2022, with draft plans submitted in mid-March, subject to review.

The financial framework and allocations supporting the operational planning guidance have not been published at the time of writing this report. The NHS's financial arrangements for 2022/23 will continue to support a system-based approach to planning and delivery and will align to the new ICS boundaries agreed during 2021/22 and these are outlined further below.

NHSE England will shortly issue one-year revenue allocations for 2022/23 and three-year capital allocations to 2024/25 and intend to publish the remaining two-year revenue allocations to 2024/25 in the first half of 2022/23

The objectives set out in the planning guidance assume a scenario where COVID 19 returns to low levels and the NHS is therefore able to make significant progress in the first part of 2022/23 on restoring services and reducing backlogs.

It is in this context that systems have been asked to focus on the following ten priorities for 2022/23:

- **Invest in workforce** – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
- **Respond to COVID-19 ever more effectively** – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- **Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.**
- **Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity**– keeping patients safe and offering the right care, at the right time, in the right setting.
- **Improve timely access to primary care** – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
- **Improve mental health services and services for people with a learning disability and/or autistic people** – maintaining continued growth in mental health investment to transform and expand community health services and improve access.

- **Continue to develop the approach to population health management, prevent ill-health and address health inequalities** – using data and analytics to redesign care

pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

- **Exploit the potential of digital technologies to transform the delivery of care and patient outcomes** – achieving a core level of digitisation in every service across systems.
- **Make the most effective use of resources** – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
- **Establish ICBs and collaborative system working** – working together with local authorities and other partners across the ICS to develop a five-year strategic plan for the system and places.

Across all the areas identified as priorities there will be a maintained focus on preventing ill health and tackling health inequalities

Plans will also continue to embed the response to climate change into core NHS business. Trusts and ICBs, once established, are expected to have a board-level Net Zero lead and a Green Plan, and are asked to deliver carbon reductions against this, throughout 2022/23.

The Trust is now finalising the Business Planning process for 2022/23 to ensure its meets the mid-March draft submission and end of April final plan submission deadlines

Strategic Assets & Property

Strategic Assets & Property has been working to implement and embed new processes, procedures and strategies during the last months of the calendar year and into 2022. There has been a number of initiatives that have kicked off to allow the directorate to achieve actions detailed in the different strategies within.

Fleet

During this period, the fleet department has maintained a high level of compliant vehicle availability across the entire LAS fleet, whilst working on the delivery of a ULEZ compliant LAS fleet.

To support the delivery of a fully ULEZ compliant fleet, a derogation was approved by the national team for the purchase of 19 lightweight diesel DCA's, which is a variation against the current national specification. These DCA’s, as well as 22 fully electric fast response vehicles, have been ordered and expected to arrive at the end of March 2022. Due to extended delivery dates, the procurement of the 21 national specification DCAs have been deferred to 2022/23.

To support the delivery of the Make Ready insourcing programme – 18 vans have been procured to support the transition of Make Ready into the LAS by the end of the current financial year. In addition 17 lightweight NETS vehicles have been ordered for year-end delivery and 15 IRO Vehicles were delivered and deployed during January.

Supply & Distribution

Supply & Distribution has a number of significant projects working concurrently, which include; the rollout of the CAMS project, the delivery of 1200 new diagnostic pouches and the Make Ready insourcing programme.

The CAMS project is fully underway and is progressing with over 1000 items tagged, logged and are now traceable. To enable a smooth and complete rollout of diagnostic pouches, the tagging process was paused, but has now resumed with an anticipated completion date to asset tag all Trust assets by end April 2022.

1,200 new diagnostic pouches were issued by end 1st week in January with the intention to reduce occurrences of missing equipment on ambulances. This is a project that has involved the medical directorate, supply & distribution, procurement, CTMs and IM&T. Due to the scale and pace of the project there will be the inevitable refinements to the process, but we should begin to see demonstrable improvements as the equipment can be tracked.

The Make Ready insourcing business case was developed and finalised. It was approved by the Executive Committee on 22 December and is to be presented to FIC on 13 January.

Estates

The Estates Strategy is now in development, which is due for completion by early summer 2022, with a clear plan to modernise our estate. There continues to be a very good standard of compliance against our statutory obligations.

The 'Licence to Occupy' has been completed for the building adjacent to Greenwich Ambulance Station, plans are being developed with the local team to relocate staff and agree the schedule of immediate works to the main building.

The Silvertown Ambulance Station lease expires in August 2022 and the site will be redeveloped by the Landlord. At present the site is not being used as an operational ambulance station, but is a Make Ready Hub. It is proposed to relocate the Make Ready function to Bow in June, once the staff have relocated to Newham, and allow for the necessary dilapidation works to be completed.

The Planning Permission, Licence to Alter and Lease for Newham Dockside have now been received for final approval, signature and company seal.

Planning & Modernisation

Following approval of The Carbon Neutral plan work has commenced to implement the initiatives set out for 22/23. The team are working with the directorates across the LAS to create bespoke action plans to ensure delivery against the strategy is executed. The role for Sustainability Manager is expected to be filled within Q1 22/23. An update on progress will be presented to the Board Meeting in March 2022.

As 21/22 financial year wraps up, the planning and modernisation team have worked with the SA&P team to feed in to the 2022/23 business planning process.

Rakesh Patel
Chief Finance Officer
January 2021

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	25 January 2021			
Report title:	Month 8 Finance Report			
Agenda item:	5			
Report Author(s):	James Corrigan, Financial Controller			
Presented by:	Rakesh Patel, Chief Finance Officer			
History:	This paper provides an update on the Trust month 8 financial position.			
Purpose:	☒	Assurance	☐	Approval
	☐	Discussion	☒	Noting

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

The purpose of this paper is to set out the financial position for the Trust as at 30 November 2021 (month 8)

Key points to note are that the Trust:

- The Trust has a YTD deficit of £30k as at 30 November 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. The month 8 report now includes a sensitivity analysis on the forecast suggesting a range of risk to the forecast of between a £4.3m surplus to £0.7m deficit.
- The Trust has delivered £5.0m of efficiency reductions to the end of November 2021.
- £40.1m 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 / Committee:

Trust Board is asked to note the financial position and forecast outturn for the Trust for the period ending 30 November 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		

London Ambulance Service NHS Trust

Finance Report

Month 8: November 2021

Summary

This paper updates on the financial position as at the end of November 2021 (month 8, 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.

H2 planning has now been finalised and the Trust is planning a full year £43k deficit (breakeven on an adjusted financial performance basis) as agreed with NW London partners, which included a CIP target of £9.7m. **The H2 budget was agreed and set at the month 6 forecast outturn, therefore month 1 to month 6 performance to budget is now reported on plan.**

As of M8, the Trust is reporting a YTD deficit of £0.031m (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 £40.1m 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, and incorporates expected levels of resource usage in Ambulance Services, 999 Operations and 111 IUC services through to the end of the financial year.

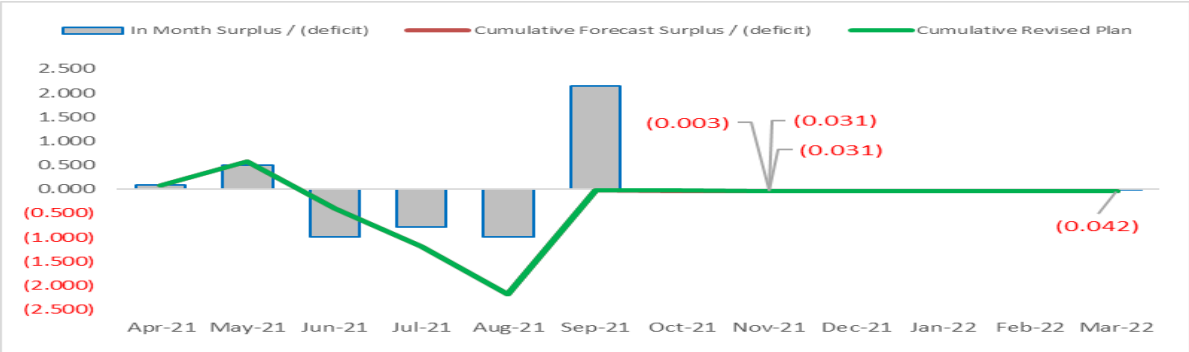
Items of note include:

1. Income is forecast to end the year £1.1m higher than full year budgets due to additional education and training income notified from Health Education England. Total Income Forecast is £579.0m. In addition to the Trust's standard block contract this includes 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) and other income loss support funding (£5.2m).
2. Forecast full year pay expenditure is expected to be £404.0m which is £1.8m below the full year budget due primarily to vacancies, lower recruit numbers in the first half of the year, and secondee contracts from MPS and LFB ending in October and November. This is partially offset by overtime and incentives payments to staff. 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) have been funded in the H2 planning round.
3. Non pay expenditure (including depreciation and finance costs) is forecast to end the year at £175.1m, £2.8m higher than full year budgets due to forecast overspends in Programmes and Projects for Newham EOC and AOM, and additional training costs for Health Education England funded projects.

The Trust finished the month with a cash position of £31.1m, and capital spend (excl donated assets) was £16.0m YTD (£15.9m 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 £36.6m, an increase of £10m previously reported. 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)



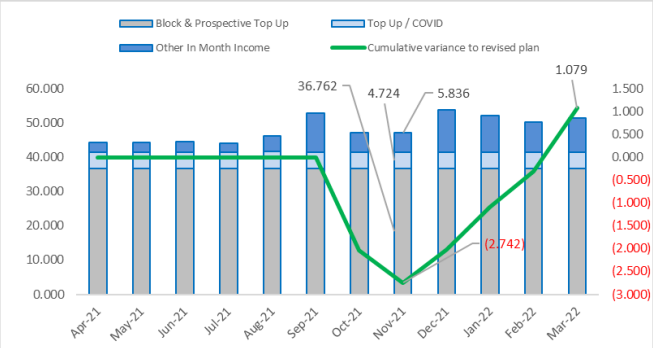
M8	YTD	Forecast
GREEN	GREEN	GREEN

- The Trust is reporting a deficit of £0.031m 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 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 £40.1m of costs in relation to the Trust's response to COVID-19 (£69.1m 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.

Key Financial Indicators

Income

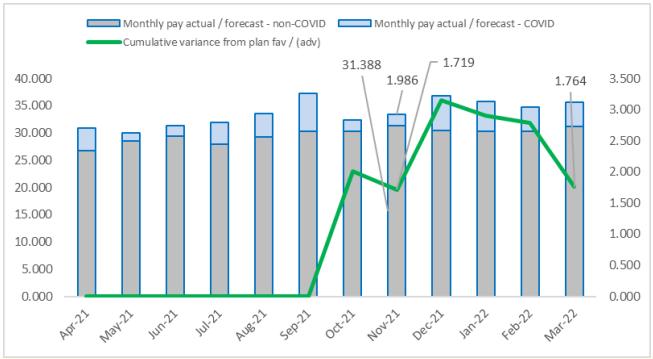
M8	YTD	Forecast
AMBER	AMBER	GREEN



- 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.
- Additional funding agreed for 2021/22 includes 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).
- YTD variance £2.8m adverse is driven by the re-phasing of the expenditure plan and subsequent deferral of support income.
- Total Income is forecast to finish £1.1m higher than plan due to education and training income - additional Health Education England funding allocated.

Pay Expenditure

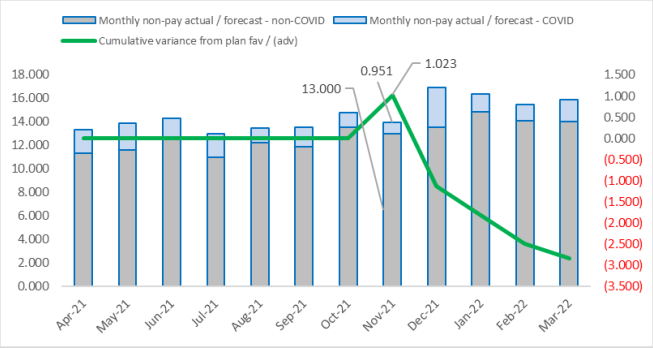
M8	YTD	Forecast
GREEN	GREEN	GREEN



- Pay expenditure is £260.8m YTD (£1.7m under budget) due to lower trainee numbers and vacancies in month 7 and month 8, secondee budgets for MPS and LFB under-utilised, and reserves being held to support frontline in Central Corporate. This is partially offset by additional spend on overtime and incentives in Ambulance Services.
- Forecast full year pay expenditure is expected to be £404.0m which is £1.7m below budget. The withdrawal and MPS and LFB (£2.9m) and underspend due to vacancies (£2.4m) is partially offset by anticipated overspend on overtime primarily in Ambulance Services (£3.6m).
- Ambulance Service and IUC pay resourcing costs in H2 are now expected to continue through to the end of the financial year, with an additional £3m increase in December and £1m in January expected in Ambulance Services. Increases in resourcing planned with 185 and 117 additional headcount by March 2022 in Ambulance Services and 999 Operations respectively.
- Total COVID pay costs are £26.9m YTD and forecast to be £47.8m full year.
- £3.3m has been recognised YTD (full year forecast £3.3m) for seconded London Fire Brigade and Met Police resources in relation to COVID support provided.

Key Financial Indicators

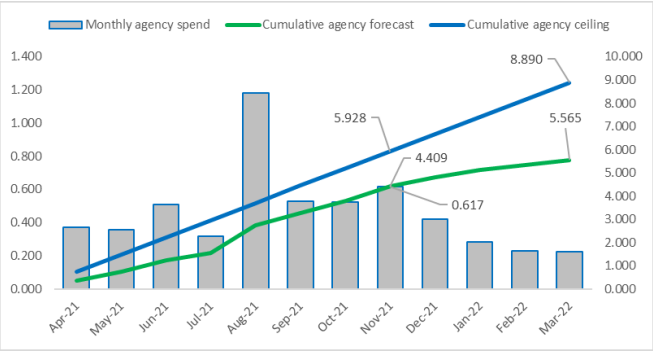
Non-Pay Expenditure



M8	YTD	Forecast
GREEN	GREEN	AMBER

- Non pay expenditure (incl depreciation and finance costs) was £1.0m favourable YTD (full year forecast £2.8m adverse but covered by additional income and underspend in pay).
- YTD underspends are in Transport (£0.4m) and Depreciation (£0.5m). Transport – fleet maintenance and 3rd party accident damage costs below plan. Depreciation charges are below plan due to changes in timelines for project completion.
- The worsening between the YTD and forecast positions is driven by expectations that underspend in recruitment and training will be partially reversed via additional recruitment, unbudgeted HEE funded additional workforce development schemes will run £1.0m, Newham EOC project will incur additional cost before the year-end £0.5m and AOM will incur additional costs £0.5m due to reclassification of capital items.
- Non pay COVID-19 costs are £13.2m YTD (FY forecast £21.3m) for increased 111 IUC external resourcing, increased fleet maintenance and vehicle preparation services through external suppliers, increased vehicle and premises cleaning.

Agency Ceiling

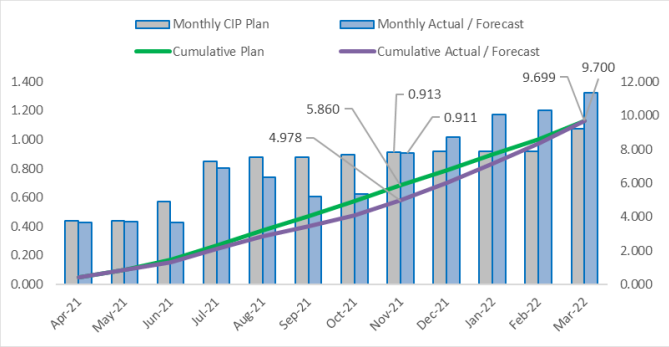


M8	YTD	Forecast
GREEN	GREEN	GREEN

- YTD agency spend is £4.4m compared to the cumulative YTD agency ceiling of £5.9m.
- Full year agency spend is currently forecast to be £5.6m, which is £3.3m 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

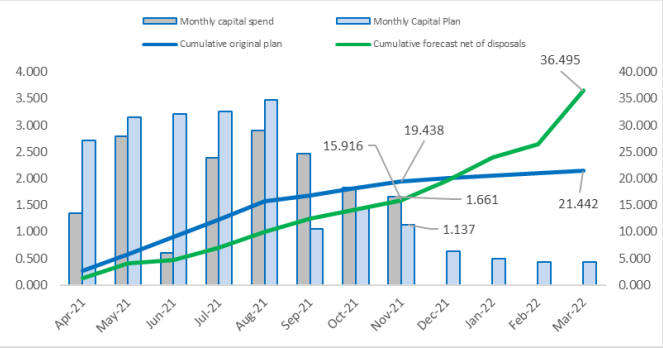
Cost Improvement Programme



M8	YTD	Forecast
GREEN	AMBER	GREEN

- 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 £5.0m 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

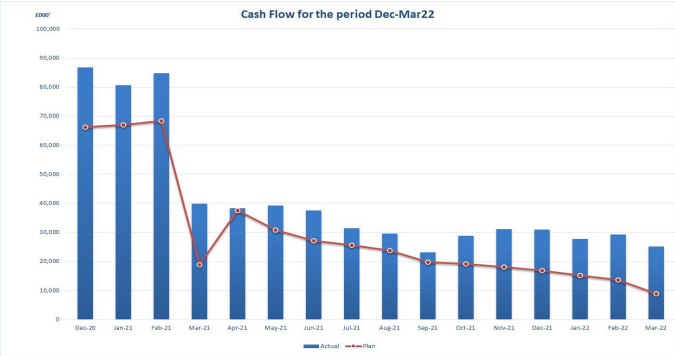


M8	YTD	Forecast
GREEN	AMBER	GREEN

- Capital expenditure net of disposals is £15.9m YTD (£16.0m before disposals) compared to planned capital expenditure of £19.4m (£3.5m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals and donated assets is £36.5m (£36.6m before disposals) £15.0 higher than plan. This includes £4.8m increase in CRL identified through NW London partners (CRL transfer by NHSI to be processed), and an additional CRL of £10m has been confirmed by NWL ICS and approved by the Trust Board in November.
- Capital spend on the Trust's ongoing property projects and programmes forms the bulk of YTD spend.

Key Financial Indicators

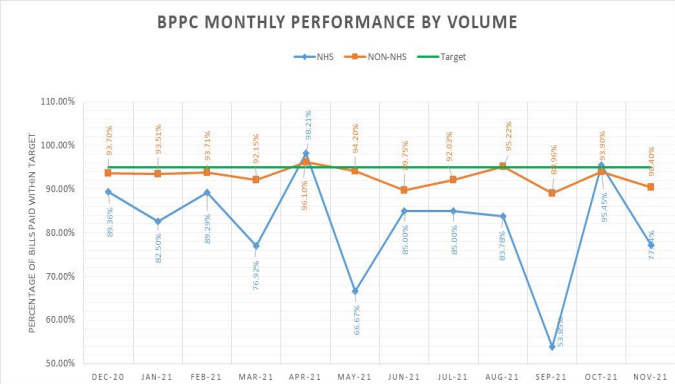
Cash



M8	YTD	Forecast
GREEN	GREEN	AMBER

- Cash balance as at 30 November was £31.1m
- The cash balance reducing in Mar-22 to £25.2m due to increase in pay costs for incentives and capital payments.

Better Payment Practice Code



M8	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 in November 2021 was 82.7% and 90.4% respectively, reduction from last month due to timing of invoice approvals and resolving matching queries.
- The Trust achieved – NHS and Non-NHS performance by volume YTD was 82.7% and 92.1% respectively.
- Directorate managers and staff being sent lists of outstanding invoices awaiting approval on a regular basis.

COVID-19 Response Expenditure (YTD)

	Actual £000 YTD Month 8 2021-22	Actual £000 Apr-21	Actual £000 May-21	Actual £000 Jun-21	Actual £000 Jul-21	Actual £000 Aug-21	Actual £000 Sep-21	Actual £000 Oct-21	Actual £000 Nov-21
Additional Staff Costs (EOC and Ambulance Services)	**20,981**	3,602	853	1,287	3,469	3,162	6,170	1,390	1,049
NHS 111 Additional Capacity - Staff	**5,657**	483	588	557	546	1,235	741	668	840
NHS 111 Additional Capacity - External Contracts	**4,775**	484	789	970	992	303	882	245	111
Decontamination Services - Premises	**459**	118	117	32	130	87	61	67	22
Defibrillators, Medical and Ambulance Equipment	**121**	14	10	18	16	19	14	14	15
IT Support	**6**	-	2	1	2	-	-	-	-
Private Ambulance and Managed Operations Services	**2,950**	388	656	193	195	353	304	469	391
Vehicle Leasing	**15**	18	0	0	2	1	0	-	-
Telephony, Radio and IT Systems Expansion	**6**	11	6	2	9	2	2	2	-
Accommodation	**142**	15	22	54	35	12	19	16	12
Personal Protective Equipment	**396**	70	30	84	146	112	20	19	7
Fleet Maintenance and Preparation	**2,715**	693	533	265	256	239	232	249	249
Critical Care Transfer Service	**181**	44	1	7	1	7	25	8	90
Property Adjustments and Expansions	**704**	94	76	76	98	76	90	151	43
COVID Asset Depreciation	**680**	83	83	83	83	84	82	96	85
Other	**349**	59	57	77	42	146	8	79	39
Total COVID-19 Expenditure	**40,106**	**6,140**	**3,768**	**3,707**	**6,002**	**5,663**	**8,611**	**3,278**	**2,937**

The Trust has incurred £40.1m of COVID 19 costs YTD, excluding centrally provided consumables and equipment, 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 included and are detailed below.

- Additional Staff Costs Ambulance Services and EOC (£21.0m 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 (£3.3m FY forecast).
- Personal Protective Equipment (£0.4m YTD) for PPE items not provided through the national supply.
- NHS 111 Additional Capacity Staff (£5.7m YTD) for additional resourcing through internal sources.
- NHS 111 Additional Capacity External Contracts (£4.8m YTD) predominantly for additional clinician resources such as GPs, nurses and advanced practitioners (£3.3m) and additional non-clinical call handling resource support (£1.3m).
- Fleet Maintenance and Preparation (£2.7m 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 (£3.0m) for additional private ambulance resources and blue light driver services to support front line service provision.
- Decontamination Services - Premises (£0.5m YTD) for increased frequency of premises cleaning.

Movement in Forecast Outturn

Directorate / Division	Full Year 2021-22 £000 Annual Budget	M7 Forecast	M8 Forecast	M7 to M8 Movement fav/(adv)	COVID-19 Total Cost in Positions
Chief Executive	(2,970)	(2,415)	(2,919)	(504)	0
Chairman & Non-Executives	(211)	(211)	(211)	0	0
People & Culture	(12,724)	(12,404)	(12,347)	57	1
Communication & Engagement	(2,876)	(2,873)	(2,803)	70	0
Ambulance Services	(261,957)	(262,855)	(262,964)	(109)	(42,758)
999 Operations	(42,071)	(42,071)	(41,767)	304	(1,192)
IUC Services	(40,207)	(40,567)	(40,694)	(127)	(17,846)
Performance	(1,357)	(1,342)	(1,288)	53	0
Programmes & Projects	(8,756)	(9,004)	(9,774)	(770)	0
COO Management	(962)	(1,549)	(946)	603	0
Corporate Services	(9,487)	(9,368)	(9,301)	67	0
Finance	(5,408)	(5,330)	(5,296)	34	0
Strategy & Transformation	(541)	(509)	(516)	(7)	0
IM&T	(18,436)	(18,582)	(18,512)	71	(812)
Medical	(6,228)	(6,051)	(6,008)	42	0
Quality & Assurance	(42,522)	(41,145)	(41,423)	(278)	0
Strategic Assets & Property	(60,318)	(60,462)	(60,227)	234	(6,191)
Directorate Sub-Total	**(517,031)**	**(516,738)**	**(516,998)**	**(260)**	**(69,472)**
Central Income	542,150	541,902	541,995	93	0
Central Depreciation & Fin Charges	(22,537)	(22,324)	(22,030)	294	0
Apprenticeship levy	(1,660)	(1,577)	(1,584)	(7)	0
Legal Provisions	(429)	(762)	(917)	(155)	0
Other central costs & income	(2)	(2)	(1)	1	0
Net Reserves incl Unallocated CIP	(200)	(231)	(200)	32	0
COVID-19 Income and Central Costs	(333)	(310)	(308)	2	(308)
Central Sub-Total	**516,989**	**516,695**	**516,955**	**260**	**(308)**
Total surplus / (deficit)	**(42)**	**(43)**	**(43)**	**(0)**	**(69,780)**

Key Income Assumptions

- Income position assumes all block income as notified by Commissioners in H2 settlement.
- £14.4m additional H2 cost support funding included, as agreed with ICS.
- Sponsorship Income previously included in forecast has been removed (£0.8m)
- Additional £0.8m HEE income as per adjusted notification
- Specialist income – Critical care transfer service. Additional £0.8m included as per contract.

Key Expenditure Assumptions

- Ambulance Services resourcing increasing in Q4 for new starters as per information from recruitment team (185 posts).
- MPS and LFB secondees finished in November.
- Additional spend forecast for incentives offered over winter. In Ambulance Services £3m increase in December and £1m in January. Specific shifts carry additional incentive payment.
- 999 Operations - Increased costs for new starters as per information from recruitment team (117 posts).
- IUC – 111 service - resourcing to match forecast activity.
- Recruitment, relocation and training costs in line with latest forecast from Recruitment Team (£4.5m higher in H2 vs H1).
- Project assumptions: Ambulance Operations Modernisation Programme paused for remainder of financial year (£1.2m reduction), Vehicle Preparation Procurement delay (£1.6m additional cost), CAD upgrade delayed to 2022-23 (unchanged).
- P&P - Newham EOC change request £0.5m – further expenditure expected.
- Excludes potential mobilisation costs for SW London IUC which will be required if bid successful

Key Forecast Movements

1. Central Corporate
- Central Income increase (£0.1m) between forecasts due to additional injury cost recovery income received in month 8.
- Depreciation and Financial Charges decrease (£0.3m) due to slippage on capital programme.
- Legal provisions movement (£0.2m) due to addition of change in discount rate movement cost forecast.

2. Chief Executive/COO Management
- Transfer of costs between Divisions due to senior management team restructure.

3. 999 Operations/Quality & Assurance
- Transfer of costs between divisions due to transfer of Head of Clinical Education and Head of Quality roles in reporting structure.

4. Ambulance Services
- Increase (£0.1m) between forecasts due primarily to the inclusion of additional recruitment of frontline operational staff (185 staff by March 2022) and expected overtime/incentive costs, offset by additional income for the Critical Care Transfer Service contract and a reduction in secondee costs as MPS and LFB contracts end.

5. IUC Service
- Increase (£0.1m) between forecasts due primarily to the adjustment of managed service costs in line with forecast activity requirements.

6. Programmes & Projects
- Increase (£0.8m) in cost between forecasts due primarily to Newham EOC change request - £0.5m. Additional costs expected for new starters £0.2m and a further capital to revenue reallocation for AOM £0.1m.

7. Strategic Assets & Property
- Decrease (£0.2m) in forecast cost between periods due to a review of costs incurred YTD – proportion of costs non-recurrent and one-off.

Forecast sensitivity analysis

Financial Position Component	Full Year Forecast 2021-22	
Income	579,002	
Pay	(403,987)	
Non Pay	(150,661)	
Depreciation & Financing	(24,397)	
Net Surplus/(Deficit)	**(43)**	

Risks and Mitigations to Forecast:

Risk or Mitigation	Worst case	Best case	Commentary
Uptake of incentives offered	(700)	1,600	Forecast assumes all qualifying staff receive maximum incentives for December shifts. Best case - uptake is 60% only. Worst case - additional incentives offered for January shifts due to resource requirements - 100% uptake.
Recruitment slippage - reduced pay costs		574	Review with recruitment underway to identify risk and likelihood. Forecast assumes 117 EOC new starters by March 2022. With future courses not filled and December courses cancelled, likely new starters may be c. 52. Forecast assumes 183 additional frontline starters in Q4. With slippage on international new starters due to Omricon, assume delayed start for 56.
Recruitment costs review - relocation, visa and agency costs		350	Forecast prudent with maximum cost included
H1 IUC income deferred		600	Non-recurrent H1 111 income previously unidentified, now understood to be 111 first *5 and revalidation income.
Clinical waste contract - invoices reviewed		700	Accrual overly prudent, not required.
Change in discount rate provision		500	Assumed change in discount rate, potential upside if this is not required.
Total Risks / Mitigations	**(700)**	**4,324**	
Net Risk/Mitigation Adjusted Position (Deficit)/Surplus	**(743)**	**4,281**	

Supporting Information

SOCI

	Month 8 2021-22 £000			YTD Month 8 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	47,712	46,895	(817)	370,639	367,864	(2,775)	573,222	573,222	0
Other Operating Income	322	427	105	3,282	3,315	33	4,702	5,780	1,078
Total Income	**48,035**	**47,322**	**(713)**	**373,921**	**371,179**	**(2,742)**	**577,924**	**579,002**	**1,079**
Operating Expense									
Pay	(33,077)	(33,374)	(297)	(262,553)	(260,835)	1,719	(405,751)	(403,987)	1,764
Non Pay	(12,683)	(12,039)	645	(96,115)	(95,659)	456	(147,305)	(150,661)	(3,355)
Total Operating Expenditure	**(45,760)**	**(45,413)**	**348**	**(358,668)**	**(356,493)**	**2,175**	**(553,057)**	**(554,648)**	**(1,591)**
EBITDA	**2,274**	**1,909**	**(365)**	**15,253**	**14,685**	**(567)**	**24,867**	**24,354**	**(513)**
EBITDA margin	4.7%	4.0%	(0.7%)	4.1%	4.0%	(0.1%)	4.3%	4.2%	(0.1%)
Depreciation & Financing									
Depreciation & Amortisation	(1,811)	(1,456)	355	(11,572)	(11,026)	546	(19,332)	(18,842)	491
PDC Dividend	(463)	(463)	0	(3,705)	(3,705)	0	(5,558)	(5,558)	0
Finance Income	0	0	0	0	0	0	0	0	0
Finance Costs	(3)	7	10	36	56	20	23	44	20
Gains & Losses on Disposals	0	0	0	(42)	(42)	0	(42)	(42)	0
Total Depreciation & Finance Costs	**(2,277)**	**(1,912)**	**365**	**(15,283)**	**(14,716)**	**567**	**(24,909)**	**(24,397)**	**511**
Net Surplus/(Deficit)	**(3)**	**(3)**	**1**	**(31)**	**(31)**	**(0)**	**(42)**	**(43)**	**(1)**
NHSI Adjustments to Fin Perf									
Remove Donations I&E Impact	3	3	0	31	31	0	43	43	0
Adjusted Financial Performance	**(0)**	**0**	**1**	**1**	**0**	**(0)**	**1**	**(0)**	**(1)**
Net margin	(0.0%)	(0.0%)	0.0%	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.1%)

YTD Position

The YTD position is a £0.031m deficit (breakeven on an adjusted financial performance basis). The position incorporates significant additional overtime, managed service and secondee 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 for H2.

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, and further incentives payments for staff over the winter months, and recruitment to increase in Q4 (185 frontline operations staff and 117 call handlers/clinical advisors). AfC 3% uplift cost impact is incorporated, and H2 funding as notified by Commissioners (an additional £14.4m of which was agreed in month 7).

Key items to note in the positions are:

- **Income from activities** is £368m YTD (£573.2m 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 £14.4m H2 cost support funding in included in the FY forecast (£0.4m YTD). YTD variance £2.8m adverse is primarily driven by the re-phasing of associated spend and subsequent deferral of this support income.

- **Other operating income** is £3.3m YTD (£5.8m FY forecast) which is £0.0m favourable YTD (£1.1m favourable FY forecast) due to education and training income (£0.2m adverse YTD, £0.8m favourable FY forecast) following notification of Health Education England income - £2.1m 2021/22. Other income reported here includes Apprenticeship income (FY forecast £1.3m), staff recharge income (£0.7m YTD, £1.0m FY forecast) and COVID vaccination support income (£0.4m YTD and FY forecast).

- **Pay expenditure** is £1.7m under budget YTD due to vacancies, lower than expected trainee numbers in month 7 and month 8 and lower overtime taken. YTD underspends in Clinical Education (£0.6m) – tutor vacancies, and no. of new starters below plan; Central Corporate (£0.7m) – reserves for incremental drift; People & Culture (£0.2m) – vacancies, overtime and golden hello below budget. FY forecast £1.8m under budget –the withdrawal of MPS and LFB has led to £2.9m favourable position, in addition to £2.4m forecast underspend for vacancies across the Trust. This is partially offset by £3.6m anticipated overspend on overtime primarily in Ambulance services.

- **Non pay expenditure** (excl depreciation and finance costs) was £0.5m favourable YTD due to underspend on Fleet repair and maintenance and 3rd party accident damage. FY forecast £3.4m adverse. FY adverse position due to overspends in Clinical Education for HEE funded projects £1.1m (offset by income), Programmes and Projects – Newham EOC change request £0.5m and AOM £0.5m transfer of costs; and Central Corporate efficiency saving reserves not allocated £1.0m.

- **Depreciation and finance costs** are £0.6m favourable to budget YTD and forecast to be £0.5m favourable to budget for the year with differences due to current forecast timelines for project completion.

Financial Position by Directorate

Directorate	Month 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	COVID	Actual excl COVID	YTD Month 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	COVID	Actual excl COVID	Full Year 2021-22 £000 Budget	Forecast	Budget Variance fav/(adv)	COVID	Actual excl COVID
Chief Executive	(269)	(248)	20		(248)	(1,825)	(1,836)	(11)		(1,836)	(2,970)	(2,919)	51		(2,919)
Chairman & Non-Executives	(20)	(14)	6		(14)	(132)	(121)	12		(121)	(211)	(211)	0		(211)
People & Culture	(1,545)	(1,103)	443	0	(1,103)	(7,364)	(6,524)	839	1	(6,525)	(12,724)	(12,347)	377	1	(12,348)
Communication & Engagement	(270)	(259)	11		(259)	(1,862)	(1,849)	13		(1,849)	(2,876)	(2,803)	73		(2,803)
Ambulance Services	(21,561)	(21,301)	260	(1,266)	(20,034)	(172,251)	(171,936)	315	(23,802)	(148,134)	(261,957)	(262,964)	(1,007)	(41,931)	(221,034)
999 Operations	(3,498)	(3,225)	273	4	(3,229)	(26,262)	(25,989)	273	(163)	(25,826)	(42,071)	(41,767)	304	(1,192)	(40,575)
IUC Services	(3,049)	(2,908)	141	(1,000)	(1,908)	(28,419)	(28,216)	204	(10,840)	(17,375)	(40,207)	(40,694)	(487)	(17,846)	(22,848)
Performance	(116)	(80)	36		(80)	(845)	(783)	62		(783)	(1,357)	(1,288)	68		(1,288)
Programmes & Projects	(971)	(744)	227		(744)	(5,425)	(5,476)	(52)		(5,476)	(8,756)	(9,774)	(1,019)		(9,774)
COO Management	7	1	(6)		1	(891)	(891)	(0)		(891)	(962)	(946)	17		(946)
Corporate Services	(811)	(731)	80		(731)	(6,244)	(6,105)	139		(6,105)	(9,487)	(9,301)	185		(9,301)
Finance	(448)	(409)	39		(409)	(3,656)	(3,582)	73		(3,582)	(5,408)	(5,296)	111		(5,296)
Strategy & Transformation	(50)	(45)	5		(45)	(395)	(369)	25		(369)	(541)	(516)	25		(516)
IM&T	(1,566)	(1,391)	175	(68)	(1,323)	(12,440)	(12,510)	(70)	(540)	(11,970)	(18,436)	(18,512)	(76)	(812)	(17,700)
Medical	(658)	(545)	113	0	(545)	(3,823)	(3,675)	149	0	(3,675)	(6,228)	(6,008)	219	0	(6,008)
Quality & Assurance	(3,820)	(3,477)	343		(3,477)	(26,923)	(26,404)	519		(26,404)	(42,522)	(41,423)	1,099		(41,423)
Strategic Assets & Property	(5,084)	(5,449)	(365)	(314)	(5,135)	(39,674)	(39,903)	(229)	(4,244)	(35,659)	(60,318)	(60,227)	91	(6,191)	(54,036)
Directorate Sub-Total	**(43,728)**	**(41,927)**	**1,801**	**(2,651)**	**(39,282)**	**(338,431)**	**(336,168)**	**2,263**	**(40,154)**	**(296,580)**	**(517,031)**	**(516,998)**	**33**	**(68,644)**	**(449,028)**
Central Income	46,043	43,832	(2,211)	2,674	41,158	353,782	350,816	(2,966)	40,366	310,450	542,150	541,995	(155)	68,952	473,043
Central Corporate	(2,318)	(1,908)	410	(22)	(1,886)	(15,382)	(14,679)	703	(213)	(14,466)	(25,161)	(25,040)	121	(308)	(24,732)
Total	**(3)**	**(3)**	**1**	**0**	**(9)**	**(31)**	**(31)**	**(0)**	**0**	**(597)**	**(42)**	**(43)**	**(1)**	**(0)**	**(716)**

Ambulance Services

- Underspend YTD £0.3m, FY forecast £1.0m overspend, with the forecast worsening due to the reflection of the latest expected number of new recruits for 21/22 along with elevated overtime resourcing costs.
- COVID-19 costs are £23.8m YTD (FY forecast £41.9m) primarily in relation to incentivised overtime resourcing and LFB/Met Police support costs (£3.3m YTD, £3.3m FY forecast) to respond to the current COVID surge, partially offset by vacancies.

Programmes & Projects

- YTD position £0.1m adverse to budget (FY forecast £1.0m overspend). FY forecast overspend is due to the Newham EOC change request and by the pausing of the Ambulance Operations Modernisation Programme.

IUC Services

- YTD position is £0.2m under budget (FY forecast overspend of £0.5m). FY forecast overspend due to reduced NWL activity and income forecast (43,399 fewer calls).
- COVID-19 IUC costs are £10.8m YTD (£17.9m FY forecast) primarily in relation to increased call handling and clinical resourcing which has been forecast forward across H2.

People & Culture

- YTD underspend of £0.8m (FY forecast £0.4m favourable) due to lower recruit numbers and thus lower relocation support costs with some recovery expected later in the year.

Strategic Assets & Property

- £0.2m adverse to budget YTD (£0.1m favourable FY forecast) primarily due to high non-pay costs in month 8 – resus equipment maintenance and defib purchases. Recovery expected later in the year, as these costs are not recurrent.
- COVID-19 costs of £4.2m YTD (FY forecast £6.2m) relate primarily to fleet maintenance and vehicle preparation services through external suppliers, increased vehicle and premises cleaning and clinical waste costs.

Quality & Assurance

- £0.5m favourable to budget YTD (FY forecast £1.1m favourable) due to lower recruit numbers than expected resulting in reduced training costs, and vacancies in Q&A teams. Expected to recover later in year. FY forecast underspend due to frontline vacancies in Resilience – primarily HART and TRU.

999 Operations

- £0.3m favourable YTD (FY forecast £0.3m favourable) due primarily to clinical advice and operational management vacancies in month 8; increased recruitment is expected.
- COVID-19 costs of £0.2m YTD and FY forecast £1.2m relate to additional call handling staff to be recruited in Q4.

Medical

- Favourable variance of £0.1m YTD (FY forecast £0.2m) 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 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	YTD Month 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	Full Year 2021-22 £000 Budget	Forecast	Budget Variance fav/(adv)
Patient Care Income									
Commercial Service Income	239	321	82	1,502	1,591	90	2,426	2,516	90
Emergency & Urgent Care Income	45,399	43,059	(2,339)	347,742	344,847	(2,895)	533,535	533,533	(1)
Emergency Bed Service Income	8	8	0	62	62	0	93	93	0
Injury Cost Recovery Income	81	162	81	562	663	101	886	986	101
Non-Contract E&UC Income	16	27	12	153	196	43	215	258	43
Other Patient Care Income	(1,380)	70	1,450	785	777	(8)	1,069	1,075	6
Specialist Service Income	686	918	232	5,021	5,187	166	7,410	7,802	391
Telephone Advice Service Income	2,664	2,330	(334)	14,811	14,540	(271)	27,587	26,958	(629)
Total Patient Care Income	**47,712**	**46,895**	**(817)**	**370,639**	**367,864**	**(2,775)**	**573,222**	**573,222**	**0**
Other Operating Income	**322**	**427**	**105**	**3,282**	**3,315**	**33**	**4,702**	**5,780**	**1,078**
Total Income	**48,035**	**47,322**	**(713)**	**373,921**	**371,179**	**(2,742)**	**577,924**	**579,002**	**1,079**

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 £2.9m adverse YTD (on plan full year) due to the deferral in month of additional H2 support income (£14.4m full year), given the re-phasing of associated spend over month 7 to month 12.
- 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 £0.3m adverse YTD (£0.6m adverse full year forecast) due to reduced NWL activity and income forecast (43,399 fewer calls). 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 (£0.1m favourable full year forecast). YTD variance is due to additional Stadia income received in month 8. The forecast going forward assumes continuing stadia income in line with budget and fixture lists.

Specialist Service Income

- Specialist Service income is £0.2m favourable YTD (£0.4m favourable full year forecast) with the Critical Care Transfer Service contract agreed (£0.8m full year). Further HEMS funding is not included in the forecast (£0.4m adverse impact).

Other Operating Income

Staff Recharges

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

Education & Training

- Education and Training funding is £0.1m adverse to budget YTD (£1.0m favourable full year forecast) with new notifications from HEE resulting in additional funding.

Sponsorship

- Sponsorship income is £0.0m adverse YTD (£0.0m adverse full year forecast). H2 budgets reset the plan assuming no sponsorship income delivered in year.

Pay Expenditure

Pay Expenditure by Type	Month 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	YTD Month 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	Full Year 2021-22 £000 Budget	Forecast	Budget Variance fav/(adv)
Substantive									
Corporate & Support Staff	(3,483)	(2,979)	505	(24,390)	(23,673)	717	(38,688)	(37,436)	1,251
Directors And Senior Managers	(1,535)	(1,458)	77	(11,931)	(11,641)	290	(18,671)	(18,136)	535
Frontline Control Staff	(3,053)	(2,786)	266	(21,738)	(21,491)	247	(34,886)	(35,315)	(429)
Frontline Ops Staff	(16,637)	(16,169)	468	(128,915)	(128,202)	712	(195,432)	(195,043)	390
Med, Nursing & Clin Adv Staff	(962)	(718)	244	(5,615)	(5,419)	195	(9,531)	(8,999)	532
Non-Emergency Control Staff	(51)	(21)	30	(158)	(146)	12	(291)	(230)	61
Non Emergency Ops Staff	(297)	(307)	(10)	(2,381)	(2,362)	19	(3,570)	(3,585)	(15)
Ops Management & Team Leaders	(3,099)	(3,312)	(213)	(23,516)	(23,849)	(333)	(36,462)	(37,076)	(614)
Other Pay Costs	(444)	(133)	311	(1,688)	(1,053)	635	(3,463)	(2,779)	684
Overtime & Incentives	(2,253)	(4,428)	(2,175)	(31,451)	(32,509)	(1,058)	(48,946)	(52,586)	(3,640)
Total Substantive	**(31,815)**	**(32,312)**	**(497)**	**(251,783)**	**(250,345)**	**1,438**	**(389,940)**	**(391,184)**	**(1,244)**
Agency	(433)	(617)	(183)	(4,205)	(4,409)	(204)	(5,957)	(5,565)	392
Bank	(200)	(386)	(187)	(2,332)	(2,455)	(123)	(3,131)	(3,435)	(304)
Seconded	(629)	(59)	570	(4,233)	(3,625)	608	(6,723)	(3,803)	2,920
Total Pay Expenditure	**(33,077)**	**(33,374)**	**(297)**	**(262,553)**	**(260,835)**	**1,719**	**(405,751)**	**(403,987)**	**1,764**

Pay Expenditure by Directorate	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
Central Corporate	(453)	(133)	320	(1,722)	(1,077)	644	(3,527)	(2,911)	616
Chief Executive	(176)	(175)	1	(1,587)	(1,595)	(9)	(2,416)	(2,340)	76
People & Culture	(729)	(726)	3	(4,361)	(4,176)	185	(6,767)	(6,767)	(0)
Communication & Engagement	(257)	(242)	15	(1,806)	(1,778)	28	(2,830)	(2,749)	81
Ambulance Services	(19,503)	(20,854)	(1,351)	(165,728)	(165,721)	7	(252,399)	(254,275)	(1,875)
999 Operations	(3,334)	(3,128)	206	(25,267)	(25,060)	206	(40,565)	(40,295)	271
IUC Services	(2,396)	(2,539)	(143)	(17,212)	(17,355)	(143)	(27,240)	(26,911)	328
Programmes & Projects	(115)	(66)	49	(1,133)	(1,122)	12	(1,741)	(1,617)	123
COO Management	8	6	(2)	(575)	(567)	9	(645)	(620)	25
Corporate Services	(227)	(176)	51	(1,644)	(1,562)	82	(2,554)	(2,453)	101
Finance	(344)	(337)	7	(2,822)	(2,834)	(12)	(4,174)	(4,178)	(4)
Performance	(96)	(85)	11	(707)	(687)	20	(1,137)	(1,103)	35
Strategy & Transformation	(64)	(63)	1	(371)	(370)	1	(574)	(568)	5
IM&T	(504)	(470)	34	(3,505)	(3,413)	92	(5,581)	(5,442)	139
Medical	(635)	(487)	148	(3,782)	(3,619)	163	(6,092)	(5,784)	307
Quality & Assurance	(3,502)	(3,157)	345	(24,521)	(24,086)	436	(38,818)	(37,138)	1,680
Strategic Assets & Property	(749)	(742)	7	(5,812)	(5,813)	(1)	(8,692)	(8,836)	(144)
Total Pay Expenditure	**(33,077)**	**(33,374)**	**(297)**	**(262,553)**	**(260,835)**	**1,719**	**(405,751)**	**(403,987)**	**1,764**

Year to Date Position

YTD pay expenditure is £260.8m which is £1.7m underspent due to vacancies and lower recruit numbers than planned. This is partially offset by overtime and incentives in Ambulance Services.

Full Year Position

Pay expenditure is currently forecast to be £404.0m for the year which is £1.7m favourable to budget. The withdrawal of MPS and LFB has led to £2.9m favourable position in seconded staff, in addition to £2.4m forecast underspend for vacancies across the Trust. This is partially offset by £3.6m anticipated overspend on overtime and incentives primarily in Ambulance services. 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 £26.9m YTD (£47.8m 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 (full year forecast £1.9m overspend) is driven by overtime and incentives. Underspend on seconded support from the London Fire Brigade and Met Police (£2.9m) offset by forecasts reflecting additional costs in December and January of £3m and £1m respectively for incentive payments, and recruitment of an additional 185 frontline staff by March 2022.
- This is offset by favourable variances in Quality & Assurance, Medical and Central Corporate.
- Quality & Assurance full year forecast underspend £1.7m due to frontline vacancies in Resilience and Specialist Assets £1.2m and corporate/support staff vacancies in Training centres £0.4m.
- Medical full year forecast underspend £0.3m due to vacancies – senior managers and clinical staff.
- Central corporate full year forecast underspend £0.6m - reserves in Central Corporate held to support frontline and IUC resourcing, and incremental drift across the Trust.

Non Pay and Financial Charges

Non Pay by Type	Month 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	YTD Month 8 2021-22 £000 Budget	Actual	Budget Variance fav/(adv)	Full Year 2021-22 £000 Budget	Forecast	Budget Variance fav/(adv)
Non Pay Expenditure									
Establishment Expenses	(960)	(1,048)	(88)	(6,593)	(6,651)	(58)	(10,324)	(10,753)	(428)
General Supplies & Services	(2,107)	(2,012)	95	(15,659)	(15,769)	(110)	(23,639)	(26,885)	(3,247)
Technology & Communications	(1,282)	(1,054)	228	(9,495)	(9,301)	194	(14,705)	(14,618)	87
Operations Supplies & Services	(4,850)	(4,426)	424	(36,791)	(36,632)	159	(56,718)	(57,003)	(285)
Premises & Fixed Plant	(1,413)	(1,392)	21	(11,195)	(11,356)	(161)	(16,909)	(16,928)	(19)
Transport	(2,071)	(2,106)	(35)	(16,381)	(15,949)	433	(25,010)	(24,473)	536
Total Non Pay Expenditure	**(12,683)**	**(12,039)**	**645**	**(96,115)**	**(95,659)**	**456**	**(147,305)**	**(150,661)**	**(3,355)**
Financial Charges									
Depreciation & Amortisation	(1,811)	(1,456)	355	(11,572)	(11,026)	546	(19,332)	(18,842)	491
Other Financial Charges	(466)	(456)	10	(3,711)	(3,691)	21	(5,576)	(5,556)	21
Total Financial Charges	**(2,277)**	**(1,912)**	**365**	**(15,283)**	**(14,716)**	**567**	**(24,909)**	**(24,397)**	**511**
Total Non Pay & Financial Charges	**(14,961)**	**(13,951)**	**1,010**	**(111,398)**	**(110,375)**	**1,023**	**(172,214)**	**(175,058)**	**(2,844)**

Non Pay by Directorate	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
Central Corporate	(1,865)	(1,776)	89	(13,661)	(13,603)	58	(21,635)	(22,130)	(496)
Chief Executive	(93)	(73)	19	(247)	(249)	(2)	(564)	(589)	(25)
Chairman & Non-Executives	(20)	(14)	6	(132)	(121)	12	(211)	(211)	0
People & Culture	(960)	(590)	369	(3,938)	(3,469)	469	(7,610)	(7,406)	204
Communication & Engagement	(47)	(43)	4	(268)	(263)	4	(414)	(394)	20
Ambulance Services	(883)	(1,041)	(158)	(8,581)	(8,661)	(79)	(12,347)	(12,358)	(12)
999 Operations	(164)	(97)	67	(995)	(928)	67	(1,506)	(1,473)	33
IUC Services	(3,337)	(2,726)	611	(26,279)	(25,669)	611	(40,894)	(41,088)	(194)
Programmes & Projects	(895)	(713)	182	(4,577)	(4,639)	(62)	(7,458)	(8,598)	(1,140)
COO Management	(0)	(5)	(5)	(316)	(325)	(9)	(317)	(326)	(9)
Central Income	0	0	0	0	0	0	0	0	0
Corporate Services	(583)	(555)	28	(4,600)	(4,543)	57	(6,932)	(6,848)	84
Finance	(105)	(72)	33	(845)	(756)	89	(1,248)	(1,129)	119
Performance	(20)	5	26	(138)	(96)	42	(219)	(186)	34
Strategy & Transformation	(3)	0	4	(104)	(78)	27	(118)	(96)	22
IM&T	(1,067)	(930)	138	(9,062)	(9,212)	(150)	(12,986)	(13,239)	(253)
Medical	(44)	(67)	(23)	(240)	(253)	(13)	(421)	(488)	(67)
Quality & Assurance	(539)	(547)	(8)	(3,541)	(3,410)	131	(5,698)	(7,097)	(1,399)
Strategic Assets & Property	(4,335)	(4,707)	(372)	(33,873)	(34,101)	(228)	(51,637)	(51,402)	235
Total Non Pay & Financial Charges	**(14,961)**	**(13,951)**	**1,010**	**(111,398)**	**(110,375)**	**1,023**	**(172,214)**	**(175,058)**	**(2,844)**

Year to Date Position

YTD non pay expenditure including financial charges is £110.4m which is £1.0m below budget. Underspend on Transport £0.4m due to reduced 3rd party accident damage costs and fleet maintenance. Depreciation £0.5m below budget due to delays in completion times for capital projects.

Full Year Forecast Position

Non pay expenditure including financial charges is forecast to finish the year at £175.1m which is £2.8m above budget due to significant spend in General Supplies & Services including unbudgeted HEE funded additional workforce development schemes £1.0m, Newham EOC project additional costs before the year-end £0.5m, AOM additional costs £0.5m due to reclassification of capital items. In addition, Central Corporate efficiency saving reserves unallocated £1.0m.

Key items to note in the positions are:

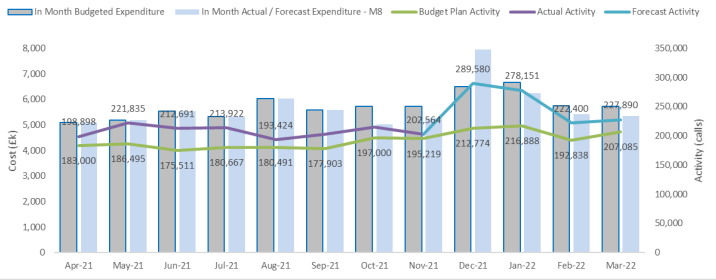
- Establishment Expenses full year forecast overspend £0.4m for HEE funded workforce development schemes.
- General Supplies and Services full year forecast overspend £3.2m. Includes unbudgeted costs for HEE funded schemes, and training costs for additional recruits expected in Q4 – Ambulance services and IUC £1.1m. Additional costs incurred in Programmes and Projects for Newham EOC and AOM £1.0m. Corporate reserves for efficiency savings unallocated £1.0m.
- Operational Supplies and Services full year forecast overspent £0.3m due to IUC resourcing through a managed service contract. Resourcing forecast matched to expected activity.
- Transport is underspent by £0.4m YTD , forecast to finish the year underspend £0.5m due to lower 3rd party accident damage costs and fleet maintenance.
- Depreciation and finance costs are £0.6m favourable to budget YTD and forecast to be £0.5m favourable to budget full year due to current forecast timelines for completion of project related assets.
- COVID-19 response costs are £13.2m YTD (full year forecast £21.3m), 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 M8 2021-22 £000			111 IUC Total FY Forecast M8 2021-22 £000		
	Budget	YTD	Variance fav/(adv)	Budget	Full Year Forecast	Variance fav/(adv)
Income						
Income from Activities	15,072	14,808	(263)	27,927	27,306	(621)
Other Income	0	0	0	0	0	0
Total Income	**15,072**	**14,808**	**(263)**	**27,927**	**27,306**	**(621)**
Pay						
Substantive Staff	(14,259)	(14,056)	202	(23,035)	(23,070)	(35)
Agency	(2,437)	(2,651)	(213)	(3,689)	(3,126)	563
Bank	(516)	(604)	(89)	(516)	(648)	(133)
Seconded	0	(44)	(44)	0	(67)	(67)
Total Pay Expenditure	**(17,212)**	**(17,355)**	**(143)**	**(27,240)**	**(26,911)**	**328**
Non Pay						
Establishment Expenses	(10)	(12)	(2)	(328)	(331)	(3)
General Supplies & Services	(687)	(687)	(1)	(959)	(966)	(7)
Technology & Communications	(1,094)	(1,079)	15	(1,724)	(1,732)	(9)
Operations Supplies & Services	(22,937)	(22,333)	604	(35,566)	(35,749)	(182)
Premises & Fixed Plant	(1,281)	(1,299)	(18)	(1,882)	(1,898)	(16)
Transport	(14)	(7)	7	(37)	(30)	7
Depreciation & Amortisation	(257)	(251)	7	(399)	(383)	16
Total Non Pay	**(26,279)**	**(25,669)**	**611**	**(40,894)**	**(41,088)**	**(194)**
Net Surplus/(Deficit)	**(28,419)**	**(28,216)**	**204**	**(40,207)**	**(40,694)**	**(487)**

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 additional non-recurrent income is received for these services in H2 (£1.1m per month) and NW London IUC (£1.4m per month). Provision of the SW London service also commenced in M6 (forecast full year income £1.1m). In total an additional £5.2m of non-recurrent income is expected across the services provided in H2 above H1 levels. FY forecast underachievement on income due to reduced NWL activity, anticipated 43,399 fewer calls.
- YTD activity was around 13% higher than the budget plan due to COVID, event and weather impacts. Compounding this, calls requiring transfer to a clinician have increased by 33% and 25% YTD for NE and SE London respectively, along with an increase in clinician call time of 31% and 20% in NE and SE London respectively.
- Significant quantities of additional resource have been engaged to manage activity - COVID-19 response costs are £10.4m YTD (£17.4m FY).
- The overall IUC position includes £22.0m of managed service and GP service costs YTD (£35.3m 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	Actual (£m) Oct-21	Actual (£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	1.835	1.661					**15.983**
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	1.661	3.691	4.335	2.490	10.063	**36.562**
Disposals						(0.067)							**(0.067)**
Forecast net of disposals	1.346	2.786	0.605	2.382	2.907	2.395	1.835	1.661	3.691	4.335	2.490	10.063	**36.495**
Cumulative actual	1.346	4.131	4.736	7.118	10.025	12.487	14.321	15.983	15.983	15.983	15.983	15.983	
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	15.916	19.607	23.942	26.432	36.495	

Programme	(£m) YTD (excl Disposals)	(£m) Forecast (excl Disposals)	YTD as % of forecast
D999	0.638	1.358	47%
IM&T	4.220	6.577	64%
Fleet	0.656	10.776	6%
Spatial	0.022	0.162	13%
Estates	6.535	12.073	54%
Ambulance Ops Modernisation	0.022	0.504	4%
Logistics	1.231	1.463	84%
Medicines Modernisation	2.655	2.934	90%
Clinical Equipment	0.000	0.242	0%
Quality	0.005	0.057	9%
Total	**15.983**	**36.562**	**44%**

The Trust's capital plan submitted in conjunction with NW London partners provides for £21.4m worth of capital investment. The Trust had an additional request for £4.8m of non-cash backed CRL for transformation projects approved. Subsequently a further £10.3m cash-backed CRL has been approved. This is reflected in the forecasts. The forecast £36.5m capital programme is expected to be funded from:

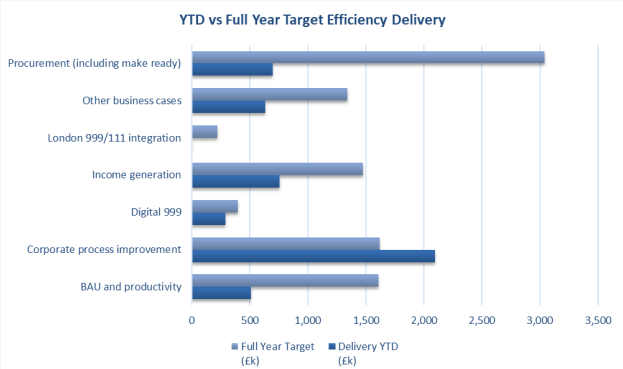
- Internally generated capital (£24.8m); and
- RAAC Plank and Diagnostic Equipment PDC (£1.7m)
- Funded via NWL ICS (£10m).

YTD and Full Year Position

- YTD capital expenditure net of disposals is £15.9m YTD (£16.0m before disposals) compared to previously planned capital expenditure of £19.4m (£3.5m behind plan net of disposals).
- Full year forecast capital expenditure net of disposals and donated assets is £36.5m (£36.6m before disposals) £15.1m 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	507	1,101	32%
Corporate process improvement	1,620	2,095	(475)	129%
Digital 999	398	291	107	73%
Income generation	1,472	758	715	51%
London 999/111 integration	221	0	221	0%
Other business cases	1,339	630	708	47%
Procurement (including make ready)	3,042	697	2,345	23%
Total	**9,700**	**4,978**	**4,722**	**51%**



Year to Date Position

The Trust is reporting YTD efficiency savings of £5.0m 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 £0.9m 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 (£m) Apr-21	Actual (£m) May-21	Actual (£m) Jun-21	Actual (£m) Jul-21	Actual (£m) Aug-21	Actual (£m) Sep-21	Actual (£m) Oct-21	Actual (£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	0.626	0.911	1.020	1.175	1.202	1.323	**9.699**
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	4.067	4.978	5.998	7.173	8.376	9.699	
Cumulative Variance	(0.009)	(0.011)	(0.157)	(0.203)	(0.341)	(0.609)	(0.880)	(0.882)	(0.784)	(0.531)	(0.250)	(0.001)	

Cash Flow Statement

	Nov-21 (£k)	Dec-21 (£k)	Jan-22 (£k)	Feb-22 (£k)	Mar-22 (£k)	Apr-22 (£k)	May-22 (£k)	Jun-22 (£k)	Jul-22 (£k)	Aug-22 (£k)	Sep-22 (£k)	Oct-22 (£k)	Nov-22 (£k)
Opening Cash Balance	26,496	31,127	30,951	27,801	29,333	25,162	18,646	18,313	16,980	18,887	18,554	14,443	16,350
Cash Receipts													
Income	51,212	50,470	49,170	50,470	60,170	48,360	50,470	50,470	52,710	50,470	50,470	52,710	50,470
Working Capital Loan													
Retrospective Top Up Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income	79	0	0	0	0	0	0	0	0	0	0	0	0
Vat Recovered (COS) & QBE	1,599	800	800	800	800	800	800	800	800	800	800	800	800
PDC rec'd for Capital Investment				1,762									
Total Cash Receipts	**52,890**	**51,270**	**49,970**	**53,032**	**60,970**	**49,160**	**51,270**	**51,270**	**53,510**	**51,270**	**51,270**	**53,510**	**51,270**
Payments													
Employee Salaries	32,327	36,876	35,859	34,759	35,659	35,659	35,659	35,659	35,659	35,659	35,659	35,659	35,659
Supplier Payments	14,089	13,556	14,543	14,275	14,201	14,072	14,072	15,072	14,072	14,072	15,072	14,072	15,072
Capital Payments	1,690	725	2,429	2,177	11,614	5,656	1,583	1,583	1,583	1,583	1,583	1,583	1,583
PDC Payable and Financing Costs	0	0	0	0	2,778	0	0	0	0	0	2,778	0	0
Other Payments	153	289	289	289	889	289	289	289	289	289	289	289	289
Total Payments	**48,259**	**51,446**	**53,120**	**51,500**	**65,141**	**55,676**	**51,603**	**52,603**	**51,603**	**51,603**	**55,381**	**51,603**	**52,603**
Net Cash inflow\(Outflow)	**4,631**	**-176**	**-3,150**	**1,532**	**-4,171**	**-6,516**	**-333**	**-1,333**	**1,907**	**-333**	**-4,111**	**1,907**	**-1,333**
Cash Balance Forecast	**31,127**	**30,951**	**27,801**	**29,333**	**25,162**	**18,646**	**18,313**	**16,980**	**18,887**	**18,554**	**14,443**	**16,350**	**15,017**

Summary
Cash balance as at end of November is £31.1m

Net cash inflow of £4.6m driven by additional VAT recovery and other debtor income received. The salary payments lower than anticipated mainly due to slippage on recruitment and incentives taken by staff.

Key Forecast Assumptions

- The additional capital funding of £10m will be received in cash
- The capital expenditure in the current financial year will be on plan, £36.5m
- Block income from ICS to continue at 2021/22 level, £557.6m
- Expenditure forecast is in line with the current financial year, and will not exceed the income.

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	Oct-21 Act £000	Nov-21 Act £000	Dec-21 Act £000	Jan-22 Act £000	Feb-22 Act £000	Mar-22 Act £000
Non Current Assets													
Property, Plant & Equip	194,052	194,059	195,460	195,294	196,651	198,361	199,247	199,497	199,668	200,030	200,224	200,155	212,879
Intangible Assets	13,090	13,135	13,161	12,593	12,292	12,162	12,361	12,330	12,364	12,189	12,014	11,839	11,664
Trade & Other Receivables	0	0	0	0	0	0	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**	**211,827**	**212,032**	**212,219**	**212,238**	**211,994**	**224,543**
Current Assets													
Inventories	6,440	6,469	6,818	6,756	7,180	6,678	6,483	6,495	6,849	6,849	6,849	6,849	6,849
Trade & Other Receivables	29,305	29,184	29,736	30,561	33,288	32,497	34,866	32,736	30,036	26,236	22,535	19,036	18,815
Cash & cash equivalents	39,787	38,267	39,262	37,537	31,374	29,513	23,112	28,869	31,125	32,828	31,857	31,728	25,162
Non-Current Assets Held for Sale	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Current Assets	**75,532**	**73,920**	**75,816**	**74,854**	**71,842**	**68,688**	**64,461**	**68,100**	**68,010**	**65,913**	**61,241**	**57,613**	**50,826**
Total Assets	**282,674**	**281,114**	**284,437**	**282,741**	**280,785**	**279,211**	**276,069**	**279,927**	**280,042**	**278,131**	**273,479**	**269,606**	**275,368**
Current Liabilities													
Trade and Other Payables	(81,253)	(79,745)	(82,624)	(81,921)	(80,634)	(80,342)	(74,482)	(78,880)	(78,492)	(77,857)	(73,318)	(67,291)	(73,236)
Provisions	(7,557)	(7,958)	(7,966)	(8,041)	(7,540)	(7,289)	(7,600)	(7,178)	(7,661)	(6,409)	(5,854)	(6,233)	(6,792)
Borrowings	0	0	0	0	0	0	0	0	0	0	0	0	0
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Current Liabilities	**(88,810)**	**(87,703)**	**(90,590)**	**(89,962)**	**(88,174)**	**(87,631)**	**(82,082)**	**(86,058)**	**(86,153)**	**(84,266)**	**(79,172)**	**(73,524)**	**(80,028)**
Total Assets Less Current Liabilities	**193,864**	**193,411**	**193,847**	**192,779**	**192,611**	**191,580**	**193,987**	**193,869**	**193,889**	**193,866**	**194,307**	**196,082**	**195,340**
Non Current Liabilities													
Trade and Other Payables	0	0	0	0	0	0	0	0	0	0	0	0	0
Provisions	(8,381)	(7,840)	(7,780)	(7,692)	(8,309)	(8,270)	(8,529)	(8,414)	(8,437)	(8,417)	(8,861)	(8,877)	(8,138)
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	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)**	**(8,521)**	**(8,544)**	**(8,524)**	**(8,968)**	**(8,984)**	**(8,245)**
Total Assets Employed	**185,376**	**185,464**	**185,960**	**184,980**	**184,195**	**183,203**	**185,351**	**185,348**	**185,345**	**185,342**	**185,339**	**187,098**	**187,095**
Financed by Taxpayers Equity													
Public Dividend Capital	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	79,602	79,602
Retained Earnings	60,048	60,136	60,632	59,652	58,867	57,875	60,023	60,020	60,017	60,014	60,011	60,008	60,005
Revaluation Reserve	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)
Total Taxpayers Equity	**185,376**	**185,464**	**185,960**	**184,980**	**184,195**	**183,203**	**185,351**	**185,348**	**185,345**	**185,342**	**185,339**	**187,098**	**187,095**

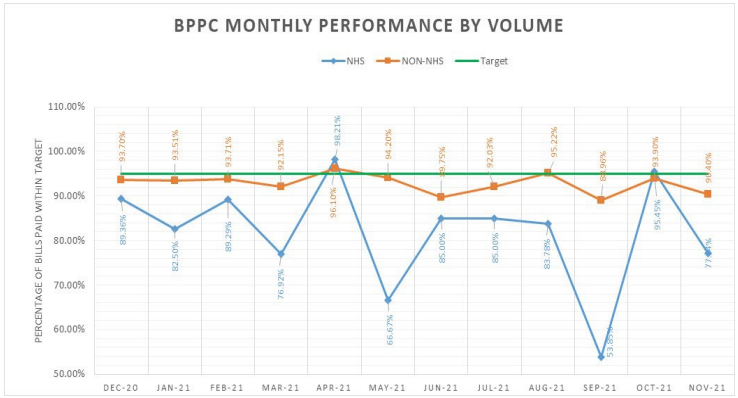
Significant Movements in Year:

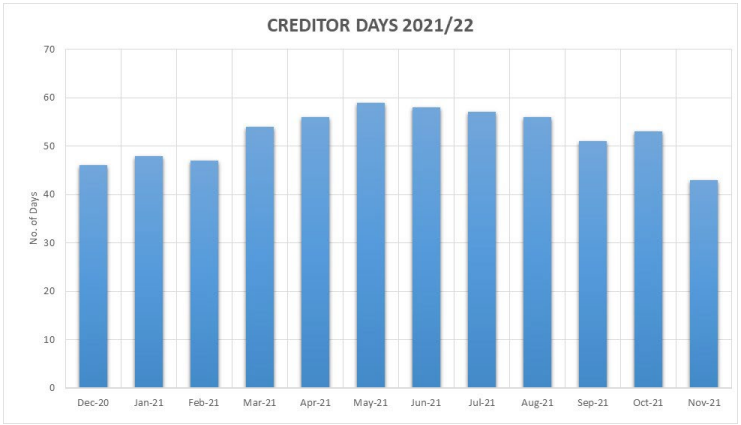
- Increase in non-current assets (£4.9m), driven by £16m capital expenditure offset by £11m depreciation charge YTD
- Decrease in current assets, driven by reduction of cash balance (£8.7m)

Key Forecast assumptions:

- Income and expenditure deficit in year £0.04m
- Capital expenditure in year £36.5m
- Creditor payments are maintained to achieve BPPC standard at 95% (£14m per month on average)

Better Payment Practice Code (BPPC)





BPPC

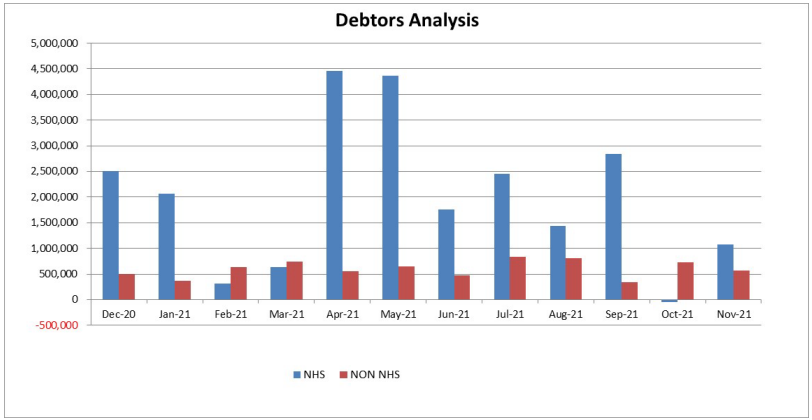
- The Trust pays 92% YTD of creditor invoices, both by volume and value, within credit terms, against target of 95%
- The performance by volume have decreased in November, due to less invoices being approved by budget holders on time. Both, our shared services provider and internal finance team assist managers to approve within 2 weeks of invoice arrival.

Creditor Days

- Decreased in November as the aged creditors over 90 days have decreased by £1m since October.

Debtors Analysis

	Note	Total	Days Overdue 0 - 30	31 - 60	61 - 90	Over 91 days
		£'000	£'000	£'000	£'000	£'000
NHS Debtors						
Nhs South West London Ccg	1	504	504	-	-	-
Nhs South East London Ccg	1	130	123	-	-	7
West Midlands Ambulance Service Univ. Nhs Ft	1	110	110	-	-	-
Barts Health Nhs Trust	1	57	130	(91)	-	18
Imperial College Healthcare Nhst	1	47	38	2	-	7
Barking, Havering & Redbridge Uni Hosp Nhst	1	35	11	11	11	3
Debtors <£5,000	1	195	32	54	22	87
NHS Debtors		**1,078**	**948**	**(24)**	**32**	**121**
Non-NHS Debtors						
Merton Health Ltd	2	96	33	75	(11)	-
Tottenham Hotspur Fc	3	56	47	5	-	3
Arsenal Football Club	4	36	36	-	-	-
London Stadium 185	5	28	28	-	-	-
Medipro Training Ltd	6	27	-	27	-	-
Debtors <£15,000	7	330	99	17	4	211
Total Non NHS Debtors		**573**	**243**	**123**	**(7)**	**214**
TOTAL DEBTORS 30th Nov 2021		**1,651**	**1,191**	**99**	**25**	**336**



Debtors Position: 30th of Nov 2021

Total outstanding NHS and Non-NHS debtors as at 30th Nov 2021 amounted to £1.7m. The NHS over 60 days debt stands at £0.01m.

NHS Debtors

- £0.7m is due to be received in Dec-21
- £0.4m is actively being chased by the Trust's shared services
- £0.1m over 90 days is made of small amounts, and being reviewed for progress on recovery on a monthly basis

Non-NHS Debtors

- 34% of total debt is related to salary overpayments and other repayments due from staff (£194k), which is all in over 90 days overdue
- £52k is due from local authorities
- £250k is due from stadiums

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

London Ambulance Service NHS Trust

Assurance report:	**Audit Committee**	**Date:**	**13/01/2022**

Summary report to:	**Trust Board in Public**	**Date of meeting:**	**25/01/2022**
Presented by:	**Rommel Pereira, Chair of Audit Committee**	**Prepared by:**	**Rommel Pereira, Chair of Audit Committee**

Matters for escalation:	This was an Extraordinary Meeting of the Audit Committee convened for the sole purpose of approving the draft Letter of Representation and the Annual Report and Financial Statements for the LAS Charitable fund for the financial year ended 31st March 2021. No matters were identified for escalation.
Key decisions made / actions identified:	Subject to a number of agreed amendments, the Audit Committee approved the Letter of Representation for the Charity for 2021/22 and recommended the Annual Report and Accounts to the Trust Board.
Risks:	One of the agreed amendments to the draft Annual Report was to include detail of all the risks facing the Charity.
Assurance:	The Committee noted that going forwards, if the Charity was to continue to be in receipt of grants from NHS Charities Together it would be important to fully understand their definitions of terms that should be applied when considering bids for funding.

A copy of the LAS Charitable Fund Annual Report and Accounts can be found in the Convene Library, or a copy may be obtained from londamb.CommitteeSecretary@nhs.net

London Ambulance Service
NHS Trust

Report to:	Trust Board			
Date of meeting:	25 January 2022			
Report title:	Digital Scorecard January 2022			
Agenda item:	11.			
Report Author(s):	Vic Wynn			
Presented by:	Barry Thurston			
History:	Executive Committee 12th January 2022			
Purpose:	☒	Assurance	☐	Approval
	☐	Discussion	☒	Noting

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

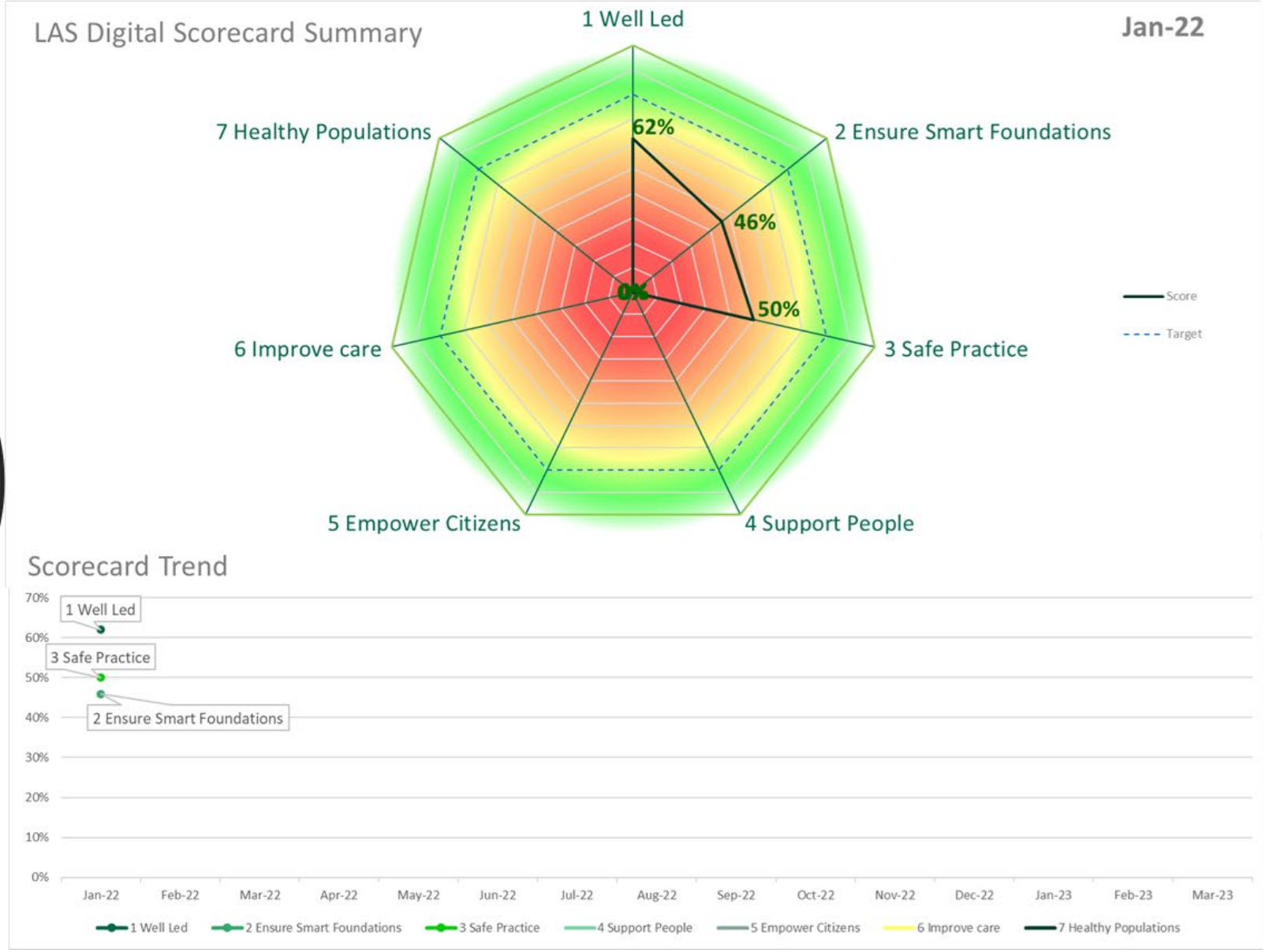
- This report is the first Trust digital scorecard, based on the NHS What Good Looks Like framework, that uses real data.
- As agreed previously, the focus until July 22 is on the first 3 of 7 success measures: 1 Well lead, 2 Ensuring smart foundations and 3 Safe practice.
- As the first collation, this report will form the baseline for improvement and assurance.
- Whilst this is a common framework, it was published by NHSX on 31st August 2021, and to date there appear to be few Trusts using it for internal assurance. It is understood that more have plans to base their digital Strategies and digital assurance scorecards on it, however currently it is not possible to benchmark across Trusts.
- The National Ambulance IM&T leads, the NHSD London Cyber Lead and the PODAC team have all requested that we share learning and our approach to adoption.
- The scoring information was assembled by the IM&T performance manager and the CIO and CCIO business support managers in dialogue with other Trust colleagues.
- A record of the rationale for the scoring has been kept, to inform further analysis and planning.
- Initial findings are included with the scorecard however further analysis will be required.

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

- To note:
  - The digital strengths and weaknesses it indicates.
  - That the scorecard and dashboard process is viable.
  - That an initial digital scorecard baseline has been formed.

Digital Scorecard: January 2022 Initial findings

Digital Dashboard Oct – Dec 21



Digital Scorecard: January 2022 Initial findings

Digital Scorecard Oct – Dec 21

1 Well Led	62%
WGLL Success measure	Score
Board level digital and data leadership	5
Digital governance	3
Clinical input to the Digital Strategy	3
Board ownership of digital strat & finance plan	3
Frontline and citizen driven solutions.	2
Regular digital board development sessions	3
Investments in a multidisciplinary CCIO	3

2 Ensure Smart Foundations	46%
WGLL Success measure	Score
Use of multidisciplinary teams	1
Use of the Technology CoP & secure by design	1
Plan & move to cloud hosting & operation	1
Maintain a robust and secure network	3
Digital assets within life-cycle & support	1
Use of modern telephony & comms	3
Staff access to tech to best support their roles	4
Electronic care record system consolidation	2
Electronic care record systems extended use	1
Data contribution to shared care records	1
net zero carbon and sustainability progress	

3 Safe Practice	50%
WGLL Success measure	Score
DSPT Compliance	4
Use of NHSD Services	4
Backup, legacy and alert management	3
Process for managing cyber risk & improvement	1
Cyber security function and responsibilities	3
Clinical safety function and responsibilities	1
Response to relevant safety alerts	3
Use of clinical safety standards	1
NHS national contract technology compliance	

4 Support People	0%
WGLL Success measure	Score
Use of digital first and FL innovation ideas	
data, digital and cyber literacy & development	
whether systems are intuitive & easy to use	
Use of data to support clinical trials	
FL staff have info they need to do their job	
Levels of 24/7 system support	

5 Empower Citizens	0%
WGLL Success measure	Score
Strategy for citizen engagement	
Use of national tools	
Use of digital self-help tools	
Use of data to support clinical trials	
Citizen access to their care plans	
Digital inclusion strategy	

6 Improve care	0%
WGLL Success measure	Score
Use of digital for consistent pathways	
Digital support for safer care	
Use of Decision Support tools	
Use of data to support clinical trials	
multidisciplinary and collaborative care plans	

7 Healthy Populations	0%
WGLL Success measure	Score
Use of data to inform care planning	
Use of pan-ICS population health platform	
Digita useof pathways and personalised care models	
Use of data to support clinical trials	
Innovation through collaborations	

LAS & Amb Sector Digital Perf Indicators	Score
Digital Capability Roadmap Progress	2
Use of Resources: Revenue Budgets	4
Use of Resources: People - Vacancy levels	3
Use of Resources: Underpinning Contracts	

LAS & Amb Sector Digital Perf Indicators	Score
Digital delivery Roadmap Progress	2
Digital Architecture Roadmap Progress	2
Digital Capability Roadmap Progress	1
Data-Driven Roadmap Progress	3
IT Service Management performance	3
Digital Infrastructure performance	2
Core clinical & operational system performance	4
Info Management service performance	4
Business Intelligence service performance	
Core Ambulance Digital Maturity: Readiness	4
Core Ambulance Digital Maturity: Capability	3
Core Ambulance Digital Maturity: Infrastructure	3

LAS & Amb Sector Digital Perf Indicators	Score
Cyber Improvement Plan Progress	0
Operational Cyber Metrics	3

LAS & Amb Sector Digital Perf Indicators	Score
People elements of Digital Roadmap	
OPM Report Service Desk	
OPM Report Clinical Service	
Digitisation	

LAS & Amb Sector Digital Perf Indicators	Score
Citizen elements of Digital Roadmap	

LAS & Amb Sector Digital Perf Indicators	Score
Clinical elements of Digital Roadmap	
Integration of the London Care Record	
Cross-integration of key clinical apps	
Adoption of key information standards	

LAS & Amb Sector Digital Perf Indicators	Score
Progress of Pop-Health elements of Roadmap	

Digital Scorecard: January 2022 Initial findings

Overall

- **First Trust digital scorecard, based on the NHS What Good Looks Like framework, that uses real data.**
- Focus until July 22 is on the first 3 of 7 success measures
- As the first collation, will form the baseline for improvement and assurance. A record of the scoring rationale has been kept to inform further analysis and planning.
- Data was assembled by the IM&T performance manager and the CIO and CCIO business support managers in dialogue with other colleagues.

Well lead 62%

- **Highest score currently with some good elements, however target is 80%**
- Frontline & citizen driven solutions: 2
  - *Engagement with frontline users & citizens assessed as being inconsistent. Recommendation: CCIO & PMO to look at improved approach*
- Digital Capability Roadmap Progress: 2
  - *Q3 Activity 40% in the main due to late NHSX notification of BC dev funds. Recommendation: accelerate*
- Use of Resources: Underpinning Contracts
  - *Not measured as yet*

Ensuring smart foundations 46%

- **A number of elements have scored poorly. Some are as a result of non-alignment with Government standards which can be resolved. Others are due to slow progress on overall modernisation roadmaps, asset support, and technical performance**
- Use of multidisciplinary teams: 1
  - *Dependant on Capability review and Business case see Roadmap above*
- Use of the Technology CoP & secure by design: 1
  - *The Trust Digital Impact Assessment is used with the Architecture Review Council to ensure Projects are secure by design however principles not mapped directly with the Government CoP. Recommendation: Digital Impact assessment is amended to align*
- Plan & move to cloud hosting & operation: 1
  - *Strategic case made, Business Case to be developed. Recommendation: BC work is accelerated*
- Digital assets within life-cycle & support: 1
  - *Not holistically measured – estimated as low. Recommendation: life-cycle/support measured across all assets.*
- Electronic care record system consolidation: 2
  - *Integration of records and full electronic adoption not yet complete. Plan in place for both*
- Electronic care record systems extended use: 1
  - *Integration and adoption of diagnostic systems, electronic prescribing and medicines administration planned*
- Data contribution to shared care records: 1
  - *Integration of records and full electronic adoption not yet complete. Strategy roadmaps intent*
- Net zero carbon and sustainability progress: *Not yet measured*
- Digital delivery Roadmap Progress: 2
  - *Q3 delivery 50% Recommendation: review of those not completed and assessment of implications*
- Digital Architecture Roadmap Progress: 2
  - *Q3 delivery 40%, in the main due to late NHSX notification of BC dev funds. Recommendation: accelerate*
- Digital Capability Roadmap Progress: 1
  - *Q3 delivery 33%, in the main due to late NHSX notification of BC dev funds. Recommendation: accelerate*
- Digital Infrastructure performance: 2
  - *Only 2 out of 5 major KPI achieved*
- BI performance: *Not yet measured*

Safe practice 50%

- **Good DSPT outcome (with risks lodged) and use of NHSD provided solutions & funding but some weak areas**
- Process for managing cyber risk and improvement: 1
  - *a process for managing cyber risk, however no holistic cyber improvement strategy or plan. Funding secured to develop and document the strategy and plan by the end of the FY.*
- Clinical safety function and responsibilities: 1
  - *No framework in place. Plan in place for this in 2022*
- Use of clinical safety standards 1
  - *CCIO is working through the framework and will be embedded this year. Covid legislation excludes compliance as non mandatory.*
- Progress against Cyber Improvement Plan: 0
  - *Plan being developed as part of the Cyber Startegy (now funded)*

London Ambulance Service
NHS Trust

Report to:	Trust Board in Public			
Date of meeting:	25 January 2022			
Report title:	Board Assurance Framework and Corporate Risk Register			
Agenda item:	12.			
Presented by:	Mark Easton, Interim Director of Corporate Affairs			
History:	Previously reviewed at October and December Board Development sessions			
Purpose:	☐	Assurance	☒	Approval
	☐	Discussion	☐	Noting

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

This report provides an update on development work on the Board Assurance Framework and Corporate Risk Register.

Board Assurance Framework

The Board Assurance Framework (BAF) provides the Board with assurance that the Trust is on track to deliver its strategic objectives and that the risks to achieving these objectives have been identified and are being managed effectively. London Ambulance Service has four strategic goals relating to patients, people, public and partners and delivery of these goals is achieved through fifteen corporate objectives.

As reported to Public Board, an external provider was engaged by the Trust to support a refresh of the BAF to ensure the format and content clearly described the risks and controls in place in order to achieve the strategic goals and corporate objectives. Progress on developing the refreshed BAF was reviewed at the October and December 2021 Board development sessions.

The BAF presented today takes into account feedback received on making the BAF clearer, more concise and easier to navigate and represents a significant step forward compared to earlier drafts.

The work on refreshing the BAF has led to the identification of nineteen risks in relation to the fifteen corporate objectives and these are detailed in the attached BAF. The BAF is not a static document and new, emerging risks will continue to be identified and managed over time.

The refreshed BAF is attached at Appendix I for consideration by the Trust Board.

Each objective within the BAF is assigned to a lead assurance committee, which reviews evidence and reports from lead executives on performance, issues and risks. This enables the committee to provide an appropriate level of assurance to the Trust Board in relation to the management of risks to each corporate objective in the BAF.

Corporate Risk Register

The Corporate Risk Register (CRR) documents the key operational risks that score 15 or above using a risk scoring matrix (likelihood x impact). These risks require regular review of the controls and mitigating actions to ensure the risk is, as far as possible, under control.

Now that significant progress has been made on the BAF, further work is required on the format and content of the CRR, to ensure alignment between these two core governance documents and to enable the Board to fully evaluate the extent to which its strategic goals are at risk. An updated version will be presented at the March Board.

Risk Appetite Statement
The Risk Appetite Statement specifies the amount of risk an organisation is willing to accept in the pursuit of its strategic goals and corporate objectives. LAS endeavours to establish a positive risk culture within the organisation, where unsafe practice is not tolerated and where every member of staff feels committed and empowered to identify and correct and/or escalate system weakness.

LAS will be reviewing its risk appetite as part of the work on integrating the BAF and CRR and an updated Risk Appetite Statement will be presented at March Public Board.

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

The Board is asked to:

- Comment upon the reworked Board Assurance and, if satisfied, approve the new format.
- Note that work on the Corporate Risk Register and its relationship with the Board Assurance Framework is ongoing and will include the development of a refreshed risk appetite statement

Attachments

Board Assurance Framework

London Ambulance Service NHS Trust
Board Assurance Framework: 10 January 2022

Introduction

1. The London Ambulance Service NHS Trust has four strategic goals. Delivery of these goals is achieved through our fifteen corporate objectives. We have risk assessed these objectives and identified nineteen risks. Together, these elements form the basis of our Board Assurance Framework.

Fitting it together

2. There are overlaps. Some objectives help us to achieve more than one goal, and some risks could impact on more than one objective. For simplicity, risks, objectives, and goals have been mapped to the ones where there is biggest impact or potential impact. The words in the table are paraphrases of the full text.

Strategic Goal		Objective		Risks	Risk scores				
					uncon[d]	Q1	Q2	Q3	Pge
Patients	1	High quality patient care	1A	Demand exceeds capacity	20	20	20	20	3
			1B	Business Continuity Pans	16	15	15	15	4
	2	Deliver models of care	2A	Poor prioritisation	16	16	8	4	6
	3	IT Infrastructure	3A	Cyber attack	20	20	15	15	8
			3B	System unavailability	16	16	16	16	9
	4	Robust response to Covid	4A	Mutations and increased impact	12	12	16	20	11
			4B	Post-Covid priorities	12	12	12	12	12
People	5	Increase establishment	5A	Recruitment and retention	16	16	16	16	14
	6	Culture and leadership	6A	Staff engagement	16	16	12	12	17
			6B	Attracting staff	16	16	12	12	18
			6C	Insufficient support	12	12	9	9	19
	7	Health and Wellbeing	7A	Sickness absence	16	16	16	16	22
			7B	Staff immunisations	16	16	16	16	23
Public	8	Financial control total	8A	Demand exceeds capacity	16	16	12	12	25
	9	Infrastructure and modernisation	9A	Supply chain delays	16	16	16	16	27
	10	Good governance	10A	Lack of engagement	16	16	16	12	29
	11	Efficiencies	11A	Lack of engagement	12	12	6	6	31
Partners	12	Integration with new NHS governance structures	12A	Lack of focus on emergency services	16	16	12	12	33
	13	Increasing trust	13A	Reputation	12	12	12	9	35
	14	Charitable donations		*no significant risks to delivery*					36
	15	Volunteers		*no significant risks to delivery*					37

Goal 1: Provide outstanding care for our **patients** **Quarter 3**

Objective 1	**To deliver high-quality patient care** *(includes responding to a major incident, and quality issues in pharmacy and medical devices)*
Lead Executive	John Martin, Chief Paramedic and Quality Officer (with support from Fenella Wrigley, Chief Medical Officer).
Lead Scrutiny Committee	Quality Assurance Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating
We will be in top 1/3rd in England for AQIs for CAT 1 but not CAT 2. We are a long way short of providing outstanding care. This is against a backdrop of pressures nationally. We are performing well compared to our peers and we strive to make further improvements.	*To be reviewed by the committee in February/March*	Q1	red/amber
		Q2	red/amber
		Q3	x
		Q4	

Indicators/milestones

Description	Plan	Q1	Q2	Q3	Q4
Top 1/3rd in England against AQIs	Top 1/3rd	Yes for CAT 1 No for CAT 2	Yes for CAT 1 No for CAT 2	Yes for CAT 1 No for CAT 2	
Top 1/3rd in England against CQIs	Top 1/3rd	tbc	tbc	tbc	
Compliance with EPRR standards	Compliant	-	-	Substantial assurance from NHSE audit	
Ensuring pharmaceuticals and medical devices are available when needed	Audit compliance, develop improvement plan, complete delivery of plan	tbc	tbc	tbc	

Goal 1: Provide outstanding care for our **patients** **Quarter 3**

BAF Risk 1A, objective 1
IF operational demand increases above capacity, THEN resources will be stretched LEADING TO poorer clinical outcomes and inequitable access to services.

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
4	x	5	=	20

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Workforce plan in place	Challenges exist to recruit up to meet demand. Also, higher than normal levels of sickness absence during Covid have increased pressures – to be monitored at People and Culture Committee
Increased capacity from use of LFB and Met police and volunteers	
Flexible approach to use of staff including roles and hours/rotas.	Quality directorate have established risk and incident hub to interrogate and learn.
Working with acute hospitals on handovers	National AQIs
Early adopter of Patient safety Incident Response Framework (April 2021)	

Further actions

Action	**Date by which it will be completed**
Recruit to workforce plan	March 2022

Goal 1: Provide outstanding care for our **patients** **Quarter 3**

BAF Risk 1B, objective 1
IF we do not have sufficient capacity to enact the Business Continuity Plan in the event of a protracted Major Incident (ie over 12 hours in duration) THEN we will not be able to respond to routine calls LEADING TO poorer patient outcomes.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Major Incident Plan and Business Continuity Plans in place	Externally assured. During a major incident, capacity may not exist to continue to care for patients not affected by the incident

Further actions

Action	**Date by which it will be completed**
No further actions required this year.	N/A

Goal 1: Provide outstanding care for our **patients** **Quarter 3**

Objective 2	**To deliver the models of care in the 2018/23 Strategy**
Lead Executive	Fenella Wrigley, Chief Medical Officer (with support from John Martin, Chief Paramedic and Quality Officer)
Lead Scrutiny Committee	Quality Assurance Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating
We have delivered 80% of the deliverables this year as set out in the November CMO's board report. Wider public health promotion has been limited to Covid.	*To be reviewed by the committee in February/March*	Q1	amber/green
		Q2	amber/green
		Q3	x
		Q4	

Indicators/milestones

Description	Plan	Q1	Q2	Q3	Q4
Hear and treat rates					
See and treat rates					
Alternate response rates		-	-		
Clinical strategy 2018/23 milestones	Q2: Implement specialist resources Q3: Integrate clinical assessment and triage	-	Delivered specialist resources including Advanced Paramedic Practitioners	Integrated clinical assessment and triage combining 111 and 999 across parts of London	

Goal 1: Provide outstanding care for our **patients** **Quarter 3**

BAF Risk 2A, objective 2
IF we do not prioritise the delivery plan and deploy limited resources effectively THEN change is unlikely to stick LEADING TO inefficiencies.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
1	x	4	=	4

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Prioritisation of callers' needs and provision of clinically appropriate responses.	CMO's report and integrated performance report.
Senior team in place to support delivery	CMO's report and integrated performance report.

Further actions

Action	**Date by which it will be completed**
No additional actions other than those already planned to deliver the strategy.	N/A

Goal 1: Provide outstanding care for our **patients** **Quarter 3**

Objective 3	**To improve the resilience of our IT infrastructure**
Lead Executive	Barry Thurston, Director of IT
Lead Scrutiny Committee	Finance and Investment Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating
We are on track with upgrading out IT resilience. A cyber-attack remains high on the national risk register and we must remain vigilant.	*To be reviewed by the committee in February/March*	Q1	amber
		Q2	amber
		Q3	x
		Q4	

Indicators/milestones

Description	Plan	Q1	Q2	Q3	Q4
Milestones: tidying up legacy systems, mapping interdependencies, planning and delivering improvements	Q2: EPR upgrades Q3: CAD implementation Q4: Upgrade CM5 to CM7		Electronic Patient Record upgrades	CAD implementation	

BAF Risk 3A, objective 3
IF we do not prioritise the delivery plan and deploy limited resources effectively THEN change is unlikely to stick LEADING TO inefficiencies.

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 31/12/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Technical cyber protection, detection and remediation deployed	Included in the Cyber Committee's report to the Board. Functional and need review.
Cyber security team in place	Cyber Committee checks assurances and reports to the board
Procedure checked twice a year by NHSD	Cyber Committee checks assurances and reports to the board
Legacy systems being replaced	DPST assurance level reported in annual report
Unsupported software being replaced	Annual Penetration test carried out and reported to the Board via the Cyber Committee
All issues related to Cyber logged on Trust CMS (Content Management System)	Demonstrable response to three cyber incidents out of hours in the current year
Process in place to address all CareCerts issued by NHS Digital	No current assurances to the Board

Further actions

Action	**Date by which it will be completed**
Review cyber protection	tbc
Hardening of internet facing systems	June 2022
Outstanding action from DPST to be completed	December 2021
Infrastructure refresh completion	December 2022

BAF Risk 3B, objective 3
IF we do not prioritise the delivery plan and deploy limited resources effectively THEN change is unlikely to stick LEADING TO inefficiencies.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Review of CAD infrastructure and report on telephony system.	Reports provided to COLT and LIC and accepted. Reported to the Board via the Finance and Investment Committee.
CAD performance monitoring	tbc
Annual winter maintenance by CAD vendor on existing database	Telephony resilience tested and proven to work. Data centre network resilience to HQ and BOW tested and works.
Replacement of legacy infrastructure and operating systems	Regular LIC reporting on progress which reports to the Board via the Finance and Investment Committee
Migration of infrastructure to Tier three data centres	IMT Delivery Board in place which oversees the work and reports to the Board via the Director of IT's updates.
EOC controls upgraded to CM7 telephone system	tbc
Upgrade of data network to include resilience and failover at Corsham and Farnborough	tbc

Further actions

Action	**Date by which it will be completed**
CAD replacement strategy	30 June 2022
Relocate Bow hardware	30 May 2022
Completion of Corsham migration	March 2022
Completion of Farnborough migration	September 2022

Objective 4	**To deliver safe services within the prevailing Covid guidance**
Lead Executive	Fenella Wrigley, Chief Medical Officer.
Lead Scrutiny Committee	Quality Assurance Committee

Lead Executive's statement 16/12/21	Lead Scrutiny Committee's statement		RAG rating
Our aim is to continue to prioritise the sickest and most seriously injured. Not every call to our 999 EOC requires an ambulance to respond. We will continue to prioritise patients on the basis of clinical need and continue to provide an appropriate response to all.	*To be reviewed by the committee in February/March*	Q1	amber
		Q2	amber
		Q3	x
		Q4	

Indicators/milestones

Description	Plan	Q1	Q2	Q3	Q4
Infection control standards	Standards to be met throughout the year				

Goal 1: Provide outstanding care for our **patients** **Quarter 3**

BAF Risk 4A, objective 4
IF cases of Covid increase THEN there will be a significant increase in demand and a reduced availability of staff due to isolation LEADING TO longer response times and poorer outcomes.

Uncontrolled				
L	x	C	=	Score
3	x	4	=	12

Current				
L	x	C	=	Score
5	x	4	=	20

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Personal Protective Equipment issued to staff	
Infection Control measures in place	Infection numbers reported monthly and included in Board reports.
Vaccination to help protect staff from Covid	See Staff wellbeing entry and indicators
Demand controls set out in objective 1.	

Further actions

Action	**Date by which it will be completed**
Continue to adjust our approach in light of changing situation.	ongoing

BAF Risk 4B, objective 4
There is a risk that after the Covid has been brought under control, there is a national focus on elective care leading to deprioritisation of investment to transform emergency care.

Uncontrolled				
L	x	C	=	Score
3	x	4	=	12

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Continue to influence nation agenda as set out in objective 12	To follow.

Further actions

Action	**Date by which it will be completed**
No further actions other than those set out in objective 12	ongoing

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr 3**

Objective 5	**To increase establishment and reduce reliance on temporary staffing solutions**
Lead Executive	Damian, McGuinness, Director of People and Culture
Lead Scrutiny Committee	People and Culture Committee

Lead Executive's statement 15/12/21	Lead Scrutiny Committee's statement		RAG rating
Although the Trust has been successful in reducing the current numbers of unfilled vacancies, concerns remain regarding our ability to meet a rapidly increasing demand profile - particularly given the national supply shortage of paramedics / clinicians.	*To be reviewed by the committee in February/March*	Q1	amber
		Q2	amber
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Increase Ambulance Operations workforce establishment	Q1: 3470 Q2: 3570 Q3: 3670 Q4: 3770	3444	3503		
Turnover of Ambulance Operations workforce to be 10%	Q1-Q3: 10% Q4: 11%	7.5%	9.2%		
Additional investment in Retention & Recruitment activity	Q1: Paramedic recruitment Q2: Retention Mgr Q3: Revised wellbeing offer Q4: Mandatory vaccination programme	External paramedic recruitment provider in place and increased C1 theory capacity	Retention Manager appointed. Flexible working options expanded for international paramedics	Revised well-being offer in place Specific EOC recruitment campaigns in place	

Note: Turnover defined as total number of leavers (on a rolling 12 month basis) divided by average number of staff in post (on a rolling 12 month basis)

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr 3**

BAF Risk 5A, objective 5
If our recruitment and retention strategy fails to account for the needs of the modern workforce across London THEN we will not be able to maintain a sufficiently skilled workforce LEADING TO a reduction in the quality of care.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/7/22				
L	x	C	=	Score
3	x	3	=	9

Controls	**Assurances**
18-month recruitment and retention plan in place	P&C report performance to the Trust Board and PCC demonstrating we are making some progress but slightly below plan on recruitment
International Recruitment Partner in Place – work with HEE to recruit Experienced Paramedics from Poland and Agency recruiting across the rest of the world.	P&C Director's update to the Trust Board and PCC showing positive impact seen from Nov 2021
Agreed retention programmes in place	P&C Report to the Trust Board and PCC detailing retention
Vacancy management and recruitment systems and processes	P&C OPM reporting

Further actions

Action	**Date by which it will be completed**
5-year Workforce plan	April 2022
Re-tendered OH service in place	July 2022
Revise People and Culture Strategy	April 2022
Conduct staff survey and agree action plan in response	March 2022
Armed Forces Covenant and signed work commenced with supporting Ex-Military staff into roles within LAS	April 2022
Recruitment & Selection Policy updated	January 2022
Outreach Programmes to support with Recruitment and address EDI objectives e.g. Princes Trust, Job Centres, Local community centres, Football Academies	April 2022

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

Objective 6	**To embark on a cultural transformation journey that celebrates diversity and compassionate leadership**
Lead Executive	Damian, McGuinness, Director of People and Culture
Lead Scrutiny Committee	People and Culture Committee

Lead Executive's statement 15/12/21	Lead Scrutiny Committee's statement		RAG rating
The Trust has an organisation-wide focus on nurturing and sustaining behaviours aligned to our corporate values – underpinned by "*Our LAS – Creating A Compassionate Place to Work* programme."	*To be reviewed by the committee in February/March*	Q1	amber/green
		Q2	amber/green
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Improve staff satisfaction scores	Q1: agree survey objectives Q2: tender cultural transformation provider Q3: Secure provider Q4: Stage 1 transformation programme complete + publish survey reslts	National Staff Survey (Picker) 2022. Objectives determined following receipt of 2021 results.	Tender published for Cultural Transformation Provider Staff survey launched	Cultural Transformation Provider secured. Staff survey closed	
Number of staff successfully completing the leadership master classes (cumulative)	Q3: 1500 Q4: 2000	N/A	N/A	1000	

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

General Milestones:

	Q1	Q2	Q3	Q4
Plan	National Staff Survey 2021 (Picker) Ambulance Results cascaded across Directorates. Engaging Leader Programme (Band 4-7) Feedback: master classes for all employees (March). Leading with Values: Master classes for Managers.	People Pulse Survey (Bank & Temporary) July. National Staff Survey Action Plan Tracking. Employee (diversity) Network Surveys Engaging Leader Programme (Band 4-7). Leading with Values: master classes for Managers.	National Staff Survey Launch 2022 (Picker) Communications Plans including: Updates Champions • Staff Survey • Culture • Wellbeing PDRs reintroduced Engaging Leader Programme (Band 4-7).	National Staff Survey 2022 (Picker) Ambulance Results Analysis. People Pulse Survey (Bank & Temporary) January. Communications Plans revisited. Engaging Leader Programme (Band 4-7).
Actual	Complete	Complete	Complete	On plan

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

BAF Risk 6A, objective 6
IF we do not change our culture THEN staff will be less engaged LEADING TO poorer patient care

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/3/23				
L	x	C	=	Score
2	x	3	=	6

Controls	**Assurances**
Protected time to support Leadership Development (24 hours a month)	ESR tracking – and local reporting
Post Our LAS Programme Review.	P&C Director's update to the Board and PCC
Dashboard reporting: • EDI/CDI • LEAP WRES and WDES data	P&C Director's update at OPMS / PCC / Trust Board
Statutory mandatory and PDR compliance (reporting)	P&C Director's update at OPMS / PCC / Trust Board
Chief Executive's blog / Staff Communication bulletin and leadership development days	References in various Director reports that go to the Board / Board sub committees

Further actions

Action	**Date by which it will be completed**
Revise People and Culture Strategy	April 2022
Aligned EDI/CDI Strategy	April 2022
Aligned OD & Talent Management Strategy	April 2022
National and Ambulance Sector - Leadership Framework	June 2022
Finalised Behavioural and Competencies Frameworks	June 2022
Suite of EDI Training tools	August 2022
Comprehensive review of all Policies EQIA	September 2022
Learning & Education Strategy	September 2022
Responsive to Our LAS Developments (on-going)	2022-2023

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

BAF Risk 6B, objective 6
IF we do not make LAS a more attractive place to work THEN we will not be able to attract the right calibre of staff LEADING TO poor quality of care.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/3/22				
L	x	C	=	Score
2	x	3	=	6

Controls	**Assurances**
Recruitment and Retention KPIs	P&C Director's update at OPMs, Board and PCC
Numerous quality assurance KPIS	Presented at QAC which reports to the Board.

Further actions

Action	**Date by which it will be completed**
2nd phase of Cultural Transformation Programme	April 2022
Re-tendered OH service in place	July 2022
Revise People and Culture Strategy	April 2022
Conduct staff survey and agree action plan in response	March 2022

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

BAF Risk 6C, objective 6
IF we do not put in place measures to strengthen and support our leadership team and senior management THEN recent gains might be lost LEADING TO increase in turnover and reduced retention.

Uncontrolled				
L	x	C	=	Score
3	x	4	=	12

Current				
L	x	C	=	Score
3	x	3	=	9

Tolerance by 30/6/22				
L	x	C	=	Score
3	x	3	=	9

Controls	**Assurances**
Retention KPIs	P&C Director's update at OPMs, Board and PCC
Staff survey qualitive data	P&C Director's update at Board and PCC

Further actions

Action	**Date by which it will be completed**
Training and Development strategy that Aligns to P&C Strategy	March 2022
Review of mental health provisions on offer	June 2022
Suite of Leadership management courses	April 2022

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

Objective 7	**To ensure we take a positive and proactive approach in supporting the health, safety and wellbeing of our staff.**
Lead Executive	Damian, McGuinness, Director of People and Culture
Lead Scrutiny Committee	People and Culture Committee

Lead Executive's statement 15/12/21	Lead Scrutiny Committee's statement		RAG rating
We have robust interventions in place to ensure the wellbeing our staff is not compromised, however as per the sector we are experiencing sustained operational pressure resulting in high absence.	*To be reviewed by the committee in February/March*	Q1	amber/green
		Q2	amber/green
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
sickness absence	6% throughout the year	7%	7%	8%	
Covid Vaccination Compliance (to have had first and second vaccine for those not clinically exempt)	Q1: no plan set Q2: no plan set Q3: 75% Q4: 100%	67%	74%		

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

General Milestones:

	Q1	Q2	Q3	Q4
Plan	Amalgamate staff testing and wellbeing team Create a proposal for new wellbeing team Extend current PAM and TPN contracts for a year with reduced pricing	Regular support groups established for: • Menopause • Post COVID syndrome • Schwartz rounds Flu vaccinations programme commenced. New OH tender spec's written and signed off at board level.	Deliver flu vaccinations (Q3-Q4) Apply for NHSE and NWL winter wellbeing funds Recruitment to substantive wellbeing team.	Proposal for immunisation catch up programme. Deliver compliance with Vaccination as Condition of Deployment (VOCD) regulations. Completing retender of new Occupational Health Expand MH provision. Including of peer support network and manager training in mental health.
Actual	In place	In place	Funding granted from NHSE & NWL	Planned

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

BAF Risk 7A, objective 7
IF we do not increase staff wellness THEN sickness absence will remain high and retention will be problematic LEADING TO overreliance on temporary staff, stretching the goodwill of staff at work, increasing costs on recruitment and, ultimately, poorer patient outcomes.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 30/6/22				
L	x	C	=	Score
3	x	3	=	9

Controls	**Assurances**
Flu programme	Progress of programme reported to Board in PCC Directors report
Wellbeing Strategy	Monitoring of progress via PCC
Robust Sickness absence policy management	Audited sickness numbers, highlights reported to board via directors' report
Risk assessments for at risk staff groups	Reported via Health and Safety Directorate
Staff wellbeing clinics / Staff counselling / OH support	Feedback reported to Board in PCC Directors report
Freedom to Speak Up Guardian and champion networks	Feedback from Q4 will be in PCC Directors report

Further actions

Action	**Date by which it will be completed**
Develop a wellbeing strategy that aligns to P&C Strategy	March 2022
Review of mental health provisions on offer	June 2022
Review of physical health provisions on offer	Sept 2022
Embed OH contract	June 2022

Goal 2: Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people** **Qtr3**

BAF Risk 7B, objective 7
IF we do not update staff immunisation records THEN we lack assurances around immunity and the Health and Wellbeing of our staff and volunteers may be compromised, LEADING TO individuals being required to isolate following exposure to an infectious disease.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 30/6/22				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Immunisation catch up programme – Includes PAM data cleanse and centralisation of all immunisation records stored.	Agreed at Exco and reported to the Board via the Chief Executive's report.

Further actions

Action	**Date by which it will be completed**
OH Retender - Immunisation data will be transferred to new OH Provider/s once agreed	June 2022

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

Objective 8	**To achieve our financial control total**
Lead Executive	Rakesh Patel, Chief Finance Officer
Lead Scrutiny Committee	Finance and Investment Committee

Lead Executive's statement 9/12/21	Lead Scrutiny Committee's statement		RAG rating rating
The Trust has secured additional £14m from NWL to post a breakeven year–end plan. At November, the Trust was on track to achieve this. However, there are potential cost pressures relating primarily to staffing over the next months as demand increases.	*To be reviewed by the committee in February/March*	Q1	red/amber
		Q2	red/amber
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Surplus/(Deficit) plan as agreed with NHSI £m	Q1: (37) Q2: 9 Q3: (9) Q4: (8)	(396)	372		

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

BAF Risk 8A, objective 8
IF demand increases above capacity, then expenditure might increase above agreed income levels leading to regulator/commissioner intervention

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/3/22				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Regular review with budget-holders and operational teams to assess demand and resourcing requirements. Finance and P&C to work in forecasting recruitment pipeline.	Review at Finance and Investment Committee which reports to the Board. NWL Financial Recovery Board which reports to the Board.

Further actions

Action	**Date by which it will be completed**
Update 21/22 year-end forecast	December 2021

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

Objective 9	**To strengthen and modernise our infrastructure**
Lead Executive	Andrew Goodman, Director of Strategic Assets and Property
Lead Scrutiny Committee	Finance and Investment Committee

Lead Executive's statement 9/12/21	Lead Scrutiny Committee's statement		RAG rating
Ensure 21/22 capital plan is on track to be fully committed before year-end. Trust has a pipeline of potential projects which can be completed this financial year should additional capital resourcing becomes available.	*To be reviewed by the committee in February/March*	Q1	amber
		Q2	amber
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Priority Capital Projects to support the modernisation agenda	Q2: LSU and 2 training units to open Q3: medicines packaging unit to open Q4: Newham EOC build complete	-	New Logistic Support Unit and two new Training Units opened and operational.	New Medicines Packaging Unit opened and operational	
Upgrading and modernising the Fleet	Q2: approve fleet upgrade case Q3: commence ordering of new fleet Q4: deploy new fleet	-	Fleet upgrade business case finalised and approved.	Ordered: 20 light-weight ULEZ compliant ambulances. 20 new Non-Emergency Transport Vehicles. 20 fully-electric Fast Response Unit Vehicles.	
Leadership and governance improvements	Q2: appoint new directorate leadership team; revised procurement rules. Q3: Take Green Plan to Board.		Commenced appointment of new directorate leadership team. Revised procurement procedure implemented including STWs compliance.	Full leadership team in place to lead modernisation programme. Green Plan approved by the Board in Nov.	

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

BAF Risk 9A, objective 9
IF there are delays caused by supply chain issues THEN we won't get the things we need when we need them LEADING TO loss of 2021/22 capital funds and slowing down of the Modernisation Programme.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
1	x	4	=	16

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Advance planning of capital requirements	Capital Plan approved by the Board
For fleet: we have selected Ford as a partner because they manufacture all of their own semi-conductors themselves in the UK thus minimising supply chain risks	Assurances provided to the LIC showing capital plan delivery is on track.
Process of review at Asset Replacement Committee and Supply Chain Management Board to ensure capital programme is in target and that SFIs and appropriate procurement processes are followed	Reports to the Finance and Investment Committee which, in turn, reports to the Board.

Further actions

Action	**Date by which it will be completed**
No further actions this year.	N/A

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

Objective 10	**Getting the basics right and instilling good governance**
Lead Executive	Rakesh Patel, Chief Finance Officer (with support from the Interim Director of Corporate Affairs).
Lead Scrutiny Committee	Finance and Investment Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating
We are on track to strengthening governance and internal control through review and implementation of systems and processes and restructured leadership team. Continuous review and improvement required.	*To be reviewed by the committee in February/March*	Q1	amber
		Q2	amber/green
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
CQC continue to rate us as 'well-led'	Rated 'well-led' throughout the year				
Governance improvement plan	Q2: GGI phase 1 review Q3: agree review recommendations Q4: implement and commence phase 2	-	Good Governance Institute phase 1 review commenced.	Governance, systems, and committee structure recommendations received and agreed.	

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

BAF Risk 10A, objective 10
IF we don't get the corporate governance right THEN we won't be able to deliver LEADING TO poorer patient outcomes, potential overspends, and reduced internal control.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/3/22				
L	x	C	=	Score
	x		=	

Controls	**Assurances**
Good Governance Institute review with recommendations and action plan for improvement	Phase 1 report received.
Governance Coach UK enlisted to support review and relaunch of the Board Assurance Framework	Revised BAF to be considered by the Board on 21 December 2021

Further actions

Action	**Date by which it will be completed**
Phase 2 GGI governance review	Quarter 4 of 2022/23
Revised Board Assurance Framework presented to public Board for adoption	January 2022

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

Objective 11	**To derive financial benefits though improved operational efficiency and improved clinical outcomes**
Lead Executive	Rakesh Patel, Chief Finance Officer
Lead Scrutiny Committee	Finance and Investment Committee

Lead Executive's statement 16/12/21	Lead Scrutiny Committee's statement		RAG rating
The Trust developed programmes to improve operational efficiency and reduce clinical variation using benchmarking, Model Hospital and importantly working with clinical and operational teams and identified a CIP programme of £9.7m for 2021/22. There is a national efficiency requirement of 0.82% in the second half of the financial year and the Trust has identified schemes totalling £6.2m for the remainder of the year having delivered £3.5m in H1. Planning is also now required for 2022/23.	*To be reviewed by the committee in February/March*	Q1	amber/green
		Q2	amber/green
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
CIP delivery	Q1: £1.45m Q2: £2.6m Q3: £2.73m Q4: £2.92	£1.3m	£2.15m	*£2.56m forecast*	*£3.7m forecast*
General milestones	Q1: launch gateway process Q2: launch Efficiency Board Q3: identify unwanted variation Q4: agree plan and revise CIP for 2022/23	Gateway process developed and implemented to capture, develop, monitor, and report efficiency delivery	Efficiency Board in place and started to review and challenge delivery of programme, reporting to Executive Team	Areas of unwarranted variation identified.	

Goal 3: Provide the best possible value to the tax paying **public**, who pay for what we do. **Quarter 3**

BAF Risk 11A, objective 11
IF operational managers are too busy dealing with day-to-day issues THEN they will not have capacity to engage with increasing quality and saving money LEADING TO opportunities for gains being lost.

Uncontrolled				
L	x	C	=	Score
4	x	3	=	12

Current				
L	x	C	=	Score
2	x	3	=	6

Tolerance by 31/3/22				
L	x	C	=	Score
2	x	3	=	6

Controls	**Assurances**
Efficiency Board overseeing delivery of programme using gateway process for identification, development monitoring and reporting delivery of schemes within the programme	Finance and Investment Committee reporting to Trust Board
Monthly reporting against plan included in Financial Report to Executive Committee	Efficiency delivery reported to Finance and Investment Committee

Further actions

Action	**Date by which it will be completed**
Develop plan for 22/23	Quarter 4 of 2021/22

Goal 4: Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London. **Quarter 3**

Objective 12	**To respond to the new NHS governance structures in a way that enables emergency care to be improved**
Lead Executive	Daniel Elkeles, Chief Executive (with support from Antony Tiernan, Director of Communications, and the Interim Director of Corporate Affairs)
Lead Scrutiny Committee	Finance and Investment Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating
Chair and CEO have invested considerable time and energy with stakeholders on responding to new legislation. LAS is well represented on national groups. Legislation is still going through Parliament so it is not yet clear what the future direction will be.	*To be reviewed by the committee in February/March*	Q1	amber
		Q2	amber
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Influencing direction of travel of NHS White Paper related to emergency care	Q2: respond to draft legislation Q3: further responses to later drafts Q4: agree approach of working with ICSs across London.		Chairman part of AACE group working up proposals for regional commissioning Boards for ambulance services	AACE submit proposal to NHS England	

Goal 4: Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London. **Quarter 3**

BAF Risk 12A, objective 12
IF implementation of the new legislation doesn't take account of the constitution of ambulance services in caring for patients, THEN we will be less able to influence the system for the better LEADING TO worsening patient care.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance b y 31/3/22				
L	x	C	=	Score
2	x	2	=	4

Controls	**Assurances**
Guidance that NHSE issue to ICSs on ambulance service commissioning	Effectiveness of host commissioner arrangements

Further actions

Action	**Date by which it will be completed**
Influence national tariff and funding streams for 2022/23 through active participation on national bodies	Throughout the year

Goal 4: Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London. **Quarter 3**

Objective 13	**To strengthen our reputation and increase trust in what we do**
Lead Executive	Roger Davidson, Director of Strategy and Transformation
Lead Scrutiny Committee	People and Culture Committee OR Quality Assurance Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating
Currently LAS is playing an increasing role at London level in improving performance of urgent and emergency care across the capital.	*To be reviewed by the committee in February/March*	Q1	amber/green
		Q2	amber/green
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Be seen as a strong partner in the NHS in London	Achieved by working constructively with emergency service partners on emergency care across the capital and with each ICS on urgent care.				
Working constructively with emergency service partner, and on emergency care across London	Q3: contribute to pan-London winter planning Q4: deliver winter plan	-	-	Contributed to pan-London winter planning and delivery by working on patient flow, ambulance receiving centres and ambulance hand overs	
Work with each ICS on urgent care	Grow 111 service	Embedded lead provider role for 111 in NW London	Supported delivery of 111 in SW London	Increased contribution to 111 in SW London to 20%	Bid for whole contract in SW London
LAS reps on national bodies		CFO and CMO chair of relevant AACE groups Chair is NHS Providers ambulance sector chair			

Goal 4: Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London. **Quarter 3**

BAF Risk 13A, objective 13
IF we do not have sufficiently strong reputation THEN we will not have the appropriate influence LEADING TO reduced ability for us to achieve the improvements in urgent and emergency care that we aspire to.

Uncontrolled				
L	x	C	=	Score
4	x	3	=	12

Current				
L	x	C	=	Score
3	x	3	=	9

Tolerance b y 31/3/22				
L	x	C	=	Score
2	x	3	=	6

Controls	**Assurances**
Implementation	No current assurances to the Board.

Further actions

Action	**Date by which it will be completed**
Deputy Director of Communications who started in January 2022 will lead on implementation.	March 2022.

Goal 4: Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London. **Quarter 3**

Objective 14	**To develop fundraising capacity and increase charitable donations**
Lead Executive	Antony Tiernan, Director of Communications and Engagement
Lead Scrutiny Committee	Charitable Funds Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating
We are on track to make the planned progress in increasing our charitable fundraising. The plan will bear fruit in 2022/23.	*To be reviewed by the committee in February/March*	Q1	amber/green
		Q2	amber/green
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Infrastructure	Q2: agree plan Q3: recruit Q4: commence plan		Fundraising development plan agreed.	Senior fundraiser recruited.	*Strategy to be agreed and implementation to commence.*

Risks to achieving this objective
No significant risks to achieving this objective now that we have a senior fundraiser in place.

Further actions

Take strategy to CF Committee	February 2022
Set financial fundraising targets for 2022/23	March 2022
Deliver the plan	From March 2022 onwards

Goal 4: Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London. **Quarter 3**

Objective 15	**To develop and grow our volunteer base and work constructively with patient and community representatives**
Lead Executive	Antony Tiernan, Director of Communications and Engagement
Lead Scrutiny Committee	Quality Assurance Committee

Lead Executive's statement 17/12/21	Lead Scrutiny Committee's statement		RAG rating rating
This objective has been more complicated to deliver because of Covid; however, we have made reasonable progress.	*To be reviewed by the committee in February/March*	Q1	amber
		Q2	amber
		Q3	x
		Q4	

Indicators/milestones

Description	Forecast/Plan	Q1	Q2	Q3	Q4
Work constructively with patients and community representatives to increased involvement	Q3: restructure team Q4: commence delivery of P&P engagement strategy			Restructuring of stakeholder communications team underway	full strategy implementation to commence
Number of active volunteers	Q1: V 234 LL 0 Q2: V234 LL 1000 Q3: V 255 LL 10,000 Q4: V280 LL 20,000	Volunteers: 230 London Lifesavers: 13	Volunteers: 220 London Lifesavers: 91	Volunteers: TBC London Lifesavers: TBC	Volunteers: TBC London Lifesavers: TBC
Volunteer delivery plan	Q1: agree plan Q2: secure funding Q3: commence plan	Plan agreed	Majority of funding agreed	Plan commenced, but 'reset' based on current operational pressures and need to secure additional funding.	Commence implementation of volunteer delivery plan and explore options for additional funding

Goal 4: Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London. **Quarter 3**

Risks to achieving this objective: No significant risks to achieving this objective.

London Ambulance Service
NHS Trust

Report to:	Trust Board in Public			
Date of meeting:	25 January 2022			
Report title:	Revised Terms of Reference – Finance and Performance Committee			
Agenda item:	13.			
Report Author(s):	Mark Easton, Interim Director of Corporate Affairs			
Presented by:	Mark Easton, Interim Director of Corporate Affairs			
History:	n/a			
Purpose:	☐	Assurance	☒	Approval
	☐	Discussion	☐	Noting

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

The Good Governance Institute (GGI) has been working with London Ambulance Service Trust to undertake a review of governance arrangements. The first phase of this work ran from September to November 2021 and included a review of the committee structure.

One key outcome of this review was an observation that Board committees, in particular the Logistics and Infrastructure Committee, were sometimes very operational in focus thereby blurring the division between management and governance. In particular, the GGI observed that the Trust is unusual in having a Logistics and Infrastructure Committee at Board level, noting that the focus of the Committee was mostly on very detailed operational KPIs although it also sought assurance on the progress of major strategic projects.

In light of this feedback, discussions have taken place between the Trust Chairman and the Chairs of both the Logistics and Infrastructure Committee and the Finance and Investment Committee with a view to integrating the two into a new Finance and Performance Committee. The GGI has confirmed its support for this move.

Attached are proposed new Terms of Reference for the Finance and Performance Committee which have been based on the existing terms of reference for the Finance and Investment Committee but incorporate the key duties of the Logistics and Infrastructure Committee in relation to Fleet & Logistics and Estates.

The Finance and Performance Committee approved the revised Terms of Reference at its meeting on 13th January and the Trust Board is now asked to approve the Terms of Reference.

Recommendation(s) / Decisions for the Board / Committee:
The Trust Board is asked to approve the proposed new Terms of Reference for the Finance and Performance Committee which incorporate key duties from the Logistics and Infrastructure Committee which is being disestablished.

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

London Ambulance Service
NHS Trust

Finance and Performance Committee
Terms of Reference (effective January 2022-March 2022)

1. Purpose

1.1 The Finance and Performance Committee has been established in order to provide assurance and make recommendations to the Trust Board on the proposed plans of the Executive Committee and to be assured of their consistency through discussion with other Board committees.

1.2 The Finance and Performance Committee also oversees and provides assurance on strategic development and investment in Fleet, Estate and IM&T whilst ensuring compliance with all regulatory and statutory duties as appropriate.

1.3 The Finance and Performance Committee shall conduct independent and objective review(s) of financial and investment policy and performance.

2. Constitution

2.1 The Committee is a standing committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

3. Authority

3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the Committee.

3.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3.3 The Committee is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

4. Accountability

4.1 The Committee will report directly to the Trust Board.

5. Membership

5.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors and Executive Committee of the Trust (including the Chief Executive, the two Deputy Chief Executive Officers and the Chief Finance Officer) and shall consist of not less than six members, all of whom shall have voting rights. The Committee Chair shall review the agenda of each meeting to determine the most appropriate attendance.

6. Chair

6.1 One Non-Executive Director member will be the Chair of the Committee and, in their absence, another Non-Executive Director member will be nominated by the others to deputise for the Chair.

7. Attendance

7.1 The Trust Chair should normally attend all Finance and Performance Committee meetings.

7.2 The Director of Corporate Affairs and the Financial Controller should normally attend all Finance and Performance Committee meetings.

7.3 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee Chair.

8. Quorum

8.1 The meeting will be quorate provided that the following are in attendance, with Non-Executive Directors being in the majority of the membership;

8.1.1 The Chair or nominated Chair of the Committee; and
at least one of the two Executive Committee members, one of whom must be the Chief Executive or Chief Finance Officer or a Deputy Chief Executive.

9. Meeting administration

9.1 A member of the Committee Secretariat will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.

9.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

10. Notice of meetings

10.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.

10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

10.3 Late and additional papers will be tabled at the discretion of the Chair of the Committee.

11. Frequency of meetings

11.1 Meetings will be held bi-monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee. The regularity of meetings will be reviewed annually. A calendar of dates will be published with the agenda setting out the dates of the meetings for the remainder of the financial year.

12. Duties

Financial Policy, Management and Reporting

12.1 To consider the Trust's 2 – 5 year financial strategy, in relation to both revenue and capital prior to its submission to the Board.

12.2 To consider the Trust's annual financial targets and cash flow and to monitor progress against these.

12.3 To review the annual financial plan before submission to the Board.

12.4 To review performance against the Cost Improvement Programme focussing on specific issues raised by the Board.

12.5 To review proposals and make recommendations to the Board for major business cases and their respective funding sources.

12.6 To monitor progress with the capital programme making any recommendations for changes or re-allocation of capital.

12.7 To commission and receive the results of in-depth reviews of key commercial issues affecting the Trust on behalf of the Board.

12.8 To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and related contractual risk.

12.9 To consider the Trust's tax policy and compliance.

12.10 To annually review the financial policies of the Trust and make appropriate recommendations to the Board.

12.11 To review the Trust's Board Assurance Framework and Corporate Risk Register sections relating to financial risk. To review the impact of any risks that may impact on the achievement of strategic objectives and therefore should be identified for inclusion or updating onto the Board Assurance Framework.

Investment Policy, Management and Reporting

12.12 To approve and keep under review, on behalf of the Board, the Trust's investment strategy and policy.

12.13 To maintain an oversight of the Trust's investments, ensuring compliance with the Trust's policy and NHS Improvement's requirements.

Procurement

12.14 To receive assurance regarding procurement development and the alignment of this with the Trust's overall commercial strategy development.

Fleet & **Logistics and Estates**

12.15 To seek assurance (through the receipt of key performance indicators and other performance information) on the executive oversight of the following of the Trust's functions, in support of its operational delivery; fleet & logistics and estates

12.16 To seek assurance that effective supporting strategies relating to the above functions are in place that enable the achievement of overall trust strategy.

12.17 To consider and review key risks to delivery of strategic objectives within each of the above functions and to confirm risk appetite accordingly, escalating key risks to the Trust Board.

12.18 To have oversight of the regulatory and compliance framework for each of the above functions ensuring that all requirements and reporting requirements are being met.

12.19 To consider the capital and investment plans for each of the above functions, within the overall trust financial plan and to inform/advise the Trust Board as appropriate.

12.20 To review and approve for recommendation to the Trust Board as appropriate any outline and full business cases for development and investment within each of the functions.

12.21 To receive assurance that all policies relating to each of the above functions are up to date and remain relevant and complied with.

Other

To receive any other relevant items as identified on the Committee's forward plan.

13. Review and reporting responsibilities

13.1 The minutes of all meetings of the Committee shall be formally recorded and submitted to the Trust Board.

13.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.

13.3 The Committee will report annually to the Trust Board in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.

13.4 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

14. Equality and diversity

14.1 The committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.