



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS
12.30pm to 3.00pm on Tuesday, 29th March 2022
at Avonmouth House, 6 Avonmouth Street, London SE1 6NX and via Zoom

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
12.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
12.35	2.1	Minutes of the Public Meeting held in January 2022	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
12.40	2.3	Report from the Chair	Chair	Inform	Report
12.45	2.4	Report from the Chief Executive	CEO	Inform	Report
12.50	2.5	Report from the Deputy Chief Executives	Deputy CEO's	Inform	Report
3. Violence to Staff					
1.00	3.1	Violence to Staff	JM	Inform	To Follow
4. Director and Board Committee Reports					
1.15	4.1	Summary Integrated Performance Report	CEO	Assure	Report
1.20	4.2	Quality and Clinical Care <ul style="list-style-type: none"> Director's Report (Quality) Director's Report (Clinical Care) Quality Assurance Committee (to follow) 	JM FW MS	Assure	Report
1.40	4.3	People and Culture <ul style="list-style-type: none"> Director's Report People and Culture Committee 	DMG AR	Assure	Report
1.55	4.4	Finance <ul style="list-style-type: none"> Director's Report Finance and Investment Committee (to follow) Month 10 Finance Report Charitable Funds Committee (to follow) 	RRP RP RRP BA	Assure	Report
2.10	4.5	Audit <ul style="list-style-type: none"> Audit Committee 	RRP	Assure	Report
2.15	4.6	Corporate <ul style="list-style-type: none"> Director's Report PAG Assurance Group 	ME SD	Assure	Report

5. Quality					
2.20	5.1	Quality Priorities for 2022/23	JM	Review	Report
6. Strategy and Planning					
2.30	6.1	Make Ready Update	RRP/ DMG	Assure	Report
2.40	6.2	Fleet Investment	RRP	Inform	Report
7. Governance					
2.45	7.1	CQC Report	DE	Inform	Report
2.55	7.2	Board Assurance Framework	ME	Review	Report
8. Concluding Matters					
3.00	8.1	Any Other Business	All	Note	Verbal
	8.2	Date of Next Meeting – 31 st May 2022	Chair	Note	
	8.3	Questions from Members of the Public	Chair	Note	



Public Meeting
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
held at 12.30om on Tuesday, 25th January 2022 by Zoom

Present		
Heather Lawrence	HL	Chairman
Bob Alexander	BA	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Daniel Elkeles	DE	Chief Executive Officer
Amit Khutti	AK	Non-Executive Director
John Martin	JM	Joint Deputy Chief Executive and Chief Paramedic & Quality Officer
Rakesh Patel	RRP	Chief Finance 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
Jaqueline Lindridge	JL	Director of Quality
Damian McGuinness	DMG	Director of People and Culture
Agatha Nortley-Meshe	ANM	Medical Director (Urgent Care)
Mark Easton	ME	Interim Director of Corporate Affairs
Antony Tiernan	AT	Director of Communications and Engagement
Meg Stevens	MSt	Interim Head of Corporate Affairs (Minutes)
Apologies		
Jill Anderson	JA	Non-Executive Director

GENERAL BUSINESS		
1.	Welcome and Apologies	
a.	The Chairman welcomed all present to the meeting. An apology for absence had been received from Jill Anderson.	
b.	The Chairman welcomed Mark Easton as newly appointed Interim Director of Corporate Affairs, taking over from Diane Scott.	
2.	Declarations of Interest	
a.	There were no new declarations of interest.	

STAFF STORY AND PATIENT FEEDBACK	
3.	<p>Staff Story – Wellbeing</p> <p>a. DMG introduced three staff members from the Wellbeing Team to talk about how the Wellbeing Team had responded to the pressures on the organisation resulting from the Covid pandemic.</p> <p>b. Katie Crichton, Head of Wellbeing, said that LAS has a seven day a week wellbeing hub supporting both the physical and mental health needs of colleagues. The hub had been set up during the pandemic and the number of staff in the hub had increased from three to ten over the past year.</p> <p>c. Sophie Clayton, Wellbeing Support Officer gave the background to how she had come to work in the hub. After being off sick for nine months, she had been asked if she would like to work in the Wellbeing hub on her return, which was largely being supported by staff who were isolating or those returning from sick leave. The team was very much driven by passion and pride and she was now working as a substantive member of the team</p> <p>d. Nicola Shipp, Health and Wellbeing Manager, said the hub signposts staff to wellbeing services that best meet their needs. To date, the hub had received over 9k contacts and 99% of feedback rated the interaction with the hub as either good or excellent. Nicola said her role specifically related to new projects and included introduction of seven tea trucks manned by staff who could not be patient facing. The trucks have been delivering hot drinks and snacks to LAS crews and volunteers across the capital. Nicola had also been involved in setting up a number of wellbeing webinars on matters such as anxiety and stress management, and a post-Covid support group.</p> <p>e. Emma Purslow said she had been redeployed to the Wellbeing Hub to provide additional support. She noted that the team really model good wellbeing practice at work.</p> <p>f. Katie Crichton concluded the presentation by noting her pride in the work of the team. DMG agreed that the team had done an excellent job, and had been well supported by the other directorates in LAS.</p> <p>g. In response to a question about how to make staff aware of the need to think about their own wellbeing, Katy Crichton referred to two projects. The first related to ensuring that supervision becomes a routine part of the role for people who are exposed to trauma for significant amounts of time. Secondly the hub was working to make staff proactive and independent in seeking help and support options rather than waiting for wellbeing to be offered.</p> <p>h. Responding to a question about whether there were any gaps in provision, Katy Crichton said that work was just commencing on analysing where there might be gaps but one specific area related to people with complex mental health needs. In response, additional support in the form of two additional trauma psychotherapist had been sourced. A further gap related to the need to do more on physical health.</p> <p>i. The Chairman thanked the team for their thoughtful presentation.</p>
4.	<p>LAS Public and Patient Council (LASPPC)</p> <p>a. Christine Beasley, Co-Chair of the LAS Public and Patients Council (LASPPC), gave an update on the December 2021 meeting and other LASPPC activity.</p>

<p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p>	<p>LASPPC had received a detailed briefing from the Director of Ambulance Operations on how LAS was responding to additional demand for 999 and 111 services and rising levels of staff and volunteer sickness and isolation. Council members had asked a number of questions, including how LAS was supporting the wellbeing of staff and volunteers and the vaccination rates of staff and volunteers.</p> <p>LASPPC also received updates from the Head of Strategy on the Trust's Green Strategy and plans to reduce its carbon footprint and the move to electric vehicles. The Trust's Learning Disabilities and Vulnerabilities Specialist had provided an update on work to improve the care provided to people with learning disabilities.</p> <p>Christine Beasley concluded by noting that the LASPPC had now been in place for eighteen months and was really pleased with the commitment and energy shown by LAS staff supporting its work and the strong relationship that was developing.</p> <p>AT said recruitment was currently underway for a further two members and that the Council had been represented on the stakeholder groups for appointment to the substantive CEO role.</p> <p>The Chairman thanked Christine Beasley for her presentation.</p>	
GENERAL BUSINESS		
<p>5.</p> <p>a.</p>	<p>Minutes of the Previous Board Meetings</p> <p>The Board approved the Minutes of the previous meeting held on 30th November 2021 as a correct record.</p>	
<p>6.</p> <p>a.</p>	<p>Action Log</p> <p>The Board reviewed the action log and noted the updates.</p>	
<p>7.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p>Report from Chairman</p> <p>The Chairman gave an update on the reintroduction of a 'governance light' approach to Board governance in response to the impact of the current phase of the pandemic on the organisation. This included daily briefings between the CEO and Chair, and weekly meetings with the CEO and NEDs to provide an update on pressures and to offer support and challenge.</p> <p>The Chairman also reported on feedback on the first phase of the Good Governance Review of governance. The draft action plan that had been developed as part of this feedback was on the agenda of the private session but updates would, in future, be on the public part of the agenda. Work was just about to commence on phase two of the review.</p> <p>The Board noted that recruitment had commenced to the substantive CEO role and that the selection process would be held on 26th and 27th January.</p> <p>The Chairman also reported that she and one of the NEDs had attended the WRES Advisors Programme for Non-Executive Directors and would be feeding back on learning once the programme was completed. It was particularly important that LAS, as a provider of healthcare, embrace learning from the programme to ensure a good work experience and healthcare experience for all. .</p>	

<p>8.</p>	<p>Report from the Chief Executive</p> <p>a. The CEO said that LAS, like the majority of the NHS, continued to work in very challenging circumstances with significant and prolonged demand for 111 and 999 services. Latest data showed that 2021 was LAS's busiest year ever for 999 calls. 999 performance in December had been 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, the LAS average response time was 52 minutes 29 seconds, compared to a national average of 53 minutes 21 seconds.</p> <p>b. In preparation for what was expected to be a very challenging winter, a range of measures had been put in place to ensure resilience. As well as continuing to operate at REAP4, the Trust had launched a Winter Coordination Cell and Winter Delivery Group, both of which have given added focus to the response.</p> <p>c. The CEO said that LAS was very conscious of the pressure that the pandemic and ongoing demand continued to place on staff and volunteers, and the Wellbeing team continued to provide as much support as possible.</p> <p>d. The Trust remained committed to keeping the public, patients and partners updated on demand and pressures and, to this end, the CEO said that he had recently attended the North West London Joint Health Overview Scrutiny Committee and the London Assembly Health Committee to provide an update.</p> <p>e. Providing the best possible care for patients remained the top priority and LAS had been working with system partners in this respect. Improving patient flow at hospitals and minimising handover delays was crucial to this and over the winter LAS had worked closely with Emergency Departments to implement new initiatives to improve patient flow and patient experience during hospital handovers.</p> <p>f. LAS had also secured £10 million in capital funding to purchase 60 new vehicles including 40 new ambulances which have lower emissions and 18 fully electric fast response unit cars. December had also seen the reopening of Mottingham, Hayes and Greenford ambulance stations bringing the total of operational ambulance stations to fifty three across the capital.</p>	
<p>9.</p>	<p>Report from the Deputy Chief Executives</p> <p>a. JM and FW gave an update on operational pressures. During November and December, LAS continued to face significant service pressures with the spread of the new Covid-19 Omicron variant combined with seasonal winter demand. In December, there was a consistent increase in demand for the 111 service, significantly above contracted levels, and the average number of 999 calls reached over 6,500 per day compared with an average 4,500 calls a day in March 2021. 999 contacts continued to increase from c.4,500 a day in March 2021 to a peak of 7,500+ contacts on some days in December.</p> <p>b. This placed considerable pressure on call handling and dispatch. Rapid recruitment was underway to on-board an additional hundred EOC call handlers, alongside active deployment of more clinicians to the Clinical Assessment Service to support increased demand.</p> <p>c. The Winter Delivery Group, set up to co-ordinate the response to increased winter and pandemic-related activity, had placed particular focus on maintaining safety and the</p>	

	<p>welfare and wellbeing of staff and volunteers. As a result, learning from previous Covid-19 waves, had been put in place to ensure the best possible outcome for all patients.</p> <p>d. Given the sustained pressures, some patients were waiting longer than the national standard for an ambulance, in particular those patients with non-life-threatening conditions. Maintenance of safety remained a top priority and strengthened arrangements for 24 hour on-call clinical advice and support had been put in place to ensure the availability of senior clinicians to support regular clinical safety reviews. In addition, the number of clinicians in the Clinical Hub had been increased in order to maximise the potential for Hear & Treat and referrals to alternative care pathways for calls where a physical ambulance response was not required and increasing the level of clinical oversight for those patients who were waiting for an ambulance to be despatched. The Quality Directorate continued to undertake a daily review of any reported incidents to ensure early identification of themes and learning. A weekly meeting takes place to discuss potential incidents led by the Chief Paramedic and Quality Officer and Chief Medical Officer.</p> <p>e. In terms of performance against national ambulance quality indicators, the Trust continued to be ranked number 1 in England for Category 1 response time and LAS was one of only two Trusts forecast to deliver Category 1 performance for 2021-22. Category 2 mean performance continued to be impacted by a combination of high demand, reduced staffing capacity and hospital handover delays. This challenge was consistent across all other ambulance Trusts in England.</p> <p>f. The CEO said it was important to recognise that the country was moving out of Covid during the winter period and it was essential to do this in a careful and planned way with a period of recovery so that initiatives that had been paused due to the pandemic could be reintroduced in a measured way. This work was being led and overseen by the Deputy CEOs.</p> <p>g. In response to a query about the wearing of masks, FW confirmed that LAS was conforming with current guidance which was that staff in contact with patients must continue to wear masks.</p>	
<p>10.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p>Integrated Performance Report</p> <p>The Month 8 integrated performance report was noted.</p> <p>10.1 <u>Quality and Clinical Care</u></p> <p>Chief Paramedic and Quality Officer Report</p> <p>JM reported that following an unannounced focussed CQC inspection of the Emergency Operations Centre at HQ and the Integrated Urgent Care service at Barking, the report had been received and was being reviewed.</p> <p>In terms of the quality account, as at December 2021 seven of the current year priorities were on plan. Those behind plan were embedding learning as part of the Patient Safety Incident Response Framework, additional secure drug rooms and 111 clinical assessment service integration. However, all of these were progressing and would be reported on within the annual quality account.</p> <p>The Board noted the impact of prolonged Resource Escalation Action Plan (REAP) Level 4 status on indicators related to the quality of care. JM said the impact continued to be closely monitored through various quality and safety assurance mechanisms including thematic reviews of patient safety incidents from delayed responses.</p>	

<p>e.</p> <p>f.</p> <p>g.</p> <p>h.</p> <p>i.</p> <p>j.</p> <p>Medical Directors Report – Clinical Care</p> <p>k.</p> <p>l.</p> <p>m.</p> <p>n.</p>	<p>Despite the operational pressures, infection prevention and control compliance across the Trust remained positive with high compliance rates.</p> <p>Quality indicators in relation to training continued to be impacted by operational pressures. However, safeguarding level 2 and 3 training continued to be delivered across the Trust and, despite the operational pressures, safeguarding remained a focus for staff and there had not been a reduction in the number of safeguarding concerns raised.</p> <p>JM said there had been 1,979 patient safety incidents reported in Quarter 3 of which 99 were identified as requiring an enhanced level of investigation. Two incidents met the criteria for an external investigation either by the Clinical Commissioning Group or by the Health Safety Investigation Branch.</p> <p>Work was ongoing on reviewing 999 data to identify delayed cases requiring further review.</p> <p>In December 2021, LAS had received the annual Emergency Preparedness, Resilience and Response Assurance report from NHS England and Improvement which had confirmed the ratings as ‘substantially compliant’ for both the EPRR Core Assurance Standards and the Interoperable Capabilities Standards.</p> <p>Whilst there had been challenges in maintaining up to date Business Continuity plans as the Trust had responded to the pandemic, LAS when audited as part of the annual assurance process, had been deemed to be fully compliant with regards to business continuity plans and processes for the effective management of incidents. LAS had also participated fully with the review led by Lord Toby Harris into London’s preparedness for major incidents and would take forward any recommendations in relation to the ambulance service once the report was published.</p> <p>Medical Directors Report – Clinical Care</p> <p>FW said that throughout the course of the pandemic, LAS had remained a major partner in the delivery of urgent and emergency care noting that the aim was to provide a responsive service delivering care as close to home as possible whilst ensuring that patients were referred into the most appropriate service for their needs. Over the past 2 months a number of pathways had been co-designed with ICS partners to improve care for the local populations and it was evident that there was potential for significantly improving patient care and experience.</p> <p>The Urgent Crisis Response (UCR) appropriate care pathway had now been implemented across an increasing number of providers. UCR was a service that ensures patients who experience 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.</p> <p>A further area of collaborative work was developing a better service for patients who had suffered a fall; many of these patients get taken to hospital unnecessarily when an assessment in their own home would be more beneficial to ensure the right support and advice was been put in place to prevent further falls.</p> <p>To improve the care provided in the final stages of life, the LAS End of Life Care team had introduced a dedicated response car operating three days per week and providing a see and treat response for complex cases, alongside a clinical advisory role via the clinical support desk. Over the first month, expert input had been provided for 25 patients and over half were cared for in their own environment.</p>	
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<p>o.</p> <p>p.</p> <p>q.</p> <p>r.</p> <p>s.</p> <p>t.</p> <p>u.</p> <p>v.</p>	<p>A new pathway to manage patients calling 999 with mental health problems and crisis had been developed by the LAS mental health team in conjunction with regional colleagues and partners in mental health and community settings across London. This new pathway aimed to reduce ambulance dispatches to mental health patients and reduce the number of mental health patients taken to emergency departments.</p> <p>FW said that despite the increased demand LAS had continued to experience, the sickest patients were continuing to receive a fast response. For example, stroke data for November 2021 showed 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.</p> <p>Quality Assurance Committee Meeting</p> <p>MS said that the Quality Assurance Committee in January had spent time reviewing the increase in ambulance handover delays which impacted on patient experience and meant that LAS staff were unable to be released to their usual duties. It was important that this issue was addressed at a system level.</p> <p>The Committee had also spent time looking at the long delays that some patients experience and how this could be improved.</p> <p>In response to a query about whether LAS had kept pace with the Lord Harris review of London’s terror preparedness, JM confirmed that the Trust had participated fully in the review alongside the National Resilience Ambulance Unit and any findings would be reviewed in detail. It was noted that LAS has a dedicate response unit for all terrorism attacks in London.</p> <p>Noting that Camden CCG and LAS had been offering shadowing opportunities for Urgent Crisis Response and LAS clinicians to better understand each other’s roles, it was queried if this was an initiative that could be developed and built on. FW said it was hoped that this was the case, noting that the shadowing had been extremely successful in increasing the utilisation of the UCR pathway, and that LAS had received funding to support a GP from Health Education England to work on this. The CEO also noted that a member of FW’s team had been doing quality improvement work on how best to make referrals in to the community response teams; this was particularly complex given that there were 32 boroughs with 32 different community teams and work was underway to develop a consistent approach. .</p> <p>10.2 People and Culture</p> <p>Directors Report – People and Culture</p> <p>DMG said that over 1,000 staff had attended a series of culture transformation workshops and that the programme would now move into the next phase; focused workshops based on the feedback shared by our staff, supported by staff and pulse survey data.</p> <p>In terms of recruitment, the Trust was continuing implementation of its ambitious workforce programme to meet the increasing level of demand. This included raising the frontline ambulance workforce by 400 and progressing international recruitment. The vacancy rate was currently at 3.7%. In terms of retention, whilst the number of frontline leavers remained below plan, the level of International Paramedic leavers was above forecast and to address this a package of initiatives has been launched including travel loans for staff to visit families</p>	
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	<p>overseas and supporting staff to utilise the Government's automatic one year visa extension.</p> <p>w. The monthly Trust wide sickness was 7.8% in November which included an increase in Covid related absences. An exercise to reduce Covid related sickness across the trust by phoning staff at days 6 and 11 was being undertaken with the intention of taking the pressure off managers, many of whom were operational. There had been a decrease in Covid related absence since that exercise had begun.</p> <p>x. The annual staff survey had closed at the end of November 2021 with the Trust achieving a response rate of 62.6% which was 9% above the average response rate. A preliminary review of the survey results was being undertaken and would be shared once the embargo had been lifted. The latest People Pulse Survey, run three times a year to track staff morale and engagement, was scheduled to close at the end of January and had been targeted at bank, agency, contract and volunteers who make up c.27% of the workforce.</p> <p>10.2 People and Culture Committee</p> <p>y. The Committee had been briefed on the current situation relating to mandatory vaccination of front line staff and noted that during January the HR team had been writing to all affected staff where there was no record of their vaccination status; it was expected that a significant number of these staff will have been vaccinated but had not notified LAS. In addition, further work was underway to identify those staff who continued to have concerns about receiving the vaccination. The Committee had discussed contingency plans in the event that staff were unable to continue in their roles due to not being vaccinated, including looking at the availability of alternative roles for affected staff. It was noted, however, that it was unclear how many staff would be unable to work in front line roles.</p> <p>z. The committee had also received an update on the recruitment of Emergency call handlers and the range of initiatives underway to ensure posts were filled. Despite these efforts progress remains challenging and with turnover the expectation is that vacancies may rise by year end.</p> <p>aa. The Committee received a presentation on the work undertaken by the HR team to support staff who are on sick leave noting that the aim was, when appropriate, to support them in their return to work. It was noted that these interventions had delivered a material impact, enabling a quicker return to work thereby increasing overall operational capacity.</p> <p>ab. In response to a question about progress in implementing body worn cameras, JM said that 800 had now been rolled out across 22 ambulance stations and the Trust was now in the last phase of roll out. A full update would be provided at the next meeting and the Chair asked that this be linked to any fall in the number of assaults on staff.</p> <p>10.3 Governance</p> <p>Director of Corporate Affairs Report</p> <p>ac. ME said that the rate of complaints had risen since early 2021. However, this was not unexpected given that 999 and 111 activity had also significantly increased therefore putting more pressure on the service. The top three reasons for complaining were conduct, delay and non-conveyance. Since July 2021 there had been an increase in complaints about the delay in response and also the management of 111 calls. It was anticipated that there would be a decline in the number of complaints as the level of activity reduces.</p>	<p>JM</p>
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<p>ad.</p> <p>ae.</p> <p>Af.</p> <p>Ag.</p> <p>Ah.</p> <p>Ai.</p> <p>Aj.</p> <p>Ak.</p> <p>Al.</p>	<p>ME also reported that the Trust's Data Security and Protection Toolkit status for the 2020-21 period had been updated to 'Standards Met' in December 2021, a level that had not been achieved by the LAS since 2018-19.</p> <p>In response to a query about the backlog of FOI responses, ME confirmed that there remained some outstanding responses but the backlog had significantly reduced.</p> <p>10.3 Finance</p> <p>Finance Directors Report</p> <p>RRP said that the Trust continued to operate under an adjusted financial framework for 2021/22 in response to the ongoing impact of the COVID pandemic.</p> <p>At the end of November 2021 the Trust had a YTD deficit of £30k and was forecasting a breakeven position to the end of March 2021, assuming a further £14.4m income in H2 as confirmed by NWL ICS. A total of £5m efficiency reductions had been delivered by end of November 21. £40.1m of revenue COVID 19 expenditure had been incurred year to date. LAS continued to forecast delivery of its capital plan for 2021/22.</p> <p>National Planning guidance had been published on 24 December 2021 and the Trust was now working across the NWL ICS to agree operational and financial plans for 2022/23. The planning timetable was being extended to the end of April 2022, with draft plans submitted in mid-March. The financial framework and allocations supporting the operational planning guidance had not yet been published.</p> <p>The CEO noted that the private session of the Board prior to the public session had approved a business case to insource the Make Ready service comprising a team of c.400 staff who clean, stock, check and move vehicles to ensure that they are fully equipped and in the right place to support the delivery of patient facing care. Since 2005, the Make Ready function had been outsourced to third party suppliers. However, the outsourcing arrangement was no longer able to deliver a high-quality service and the business case had recommended that the service be insourced thereby enabling parity of employment terms and conditions with for the Make Ready staff with the LAS staff that they work alongside.</p> <p>The CEO said that approval of the business case represented a significant investment in technology, fleet and staff. Staff would TUPE over to LAS on LLW which was an 8% pay rise and then transition to Agenda for Change over three years. The Chairman said it would be important to get an update on the onboarding and induction arrangements of the new staff.</p> <p>Finance and Investment Committee</p> <p>BA said that the Finance Committee would be reviewing the year end position in terms of revenue and capital at its next meeting and would be seeking to understand how financial planning would operate in 2022/23.</p> <p>10.4 Audit</p> <p>Audit Committee Report</p> <p>RRP said there had been an extraordinary meeting of the Audit Committee in January 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</p>	<p>CEO</p>
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	<p>ended 31st March 2021. No matters had been identified for escalation and, subject to a number of agreed amendments, the Audit Committee had approved the Letter of Representation for the Charity for 2021/22 and recommended the Annual Report and Accounts to the Trust Board.</p>	
Am.	The Board approved the Letter of Representation and the Annual Report and Financial Statements for the LAS charitable fund for the financial year ended 31 st March 2021.	
An.	RP noted that, going forwards, with the increase in contributions the fund would be subject to a full audit for the current financial year.	
9.	<p>LAS Digital Strategy Transformation and Scorecard</p> <p>a. The CEO presented the latest version of the Trust's digital scorecard based on the NHS What Good Looks Like framework. The focus until July 2022 was on the first three of seven success measures; well led, ensuring smart foundations and safe practice.</p> <p>b. It was noted that to date, few Trusts were using the framework and, as such, it was not possible to benchmark across other Trusts.</p> <p>c. RP queried if LAS had maximised funding opportunities through bidding against available monies. RRP responded that he had worked closely with the Director of IT around this.</p> <p>d. It was agreed that an update version should be brought to Board on a quarterly basis.</p>	
11.	<p>Board Assurance Framework</p> <p>a. ME reminded the Board that an external provider had been 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 ensure achievement of the strategic goals and corporate objectives of the organisation. Further to this, the refreshed BAF was presented to Board.</p> <p>b. Each corporate objective within the BAF was assigned to a lead assurance committee, which would be responsible for reviewing evidence and reports from lead executives on performance, issues and risks to this corporate objective. This would enable the committee to provide assurance to the Trust Board in relation to the management of risks to each corporate objective in the BAF.</p> <p>c. The Board agreed that the refreshed version was much improved. ME confirmed that work now needed to be undertaken on the linkage between the corporate risk register and the BAF and also on a refreshed risk appetite statement which would come to the next meeting.</p>	ME
12.	<p>Approval of the Finance and Investment Committee Revised Terms of Reference</p> <p>a. BA said that one outcome of the Good Governance Institute review of governance had been a recommendation to integrate the Logistics and Infrastructure Committee into the Finance and Finance and Investment Committee.</p> <p>b. This recommendation had been agreed by the Board and the proposed new Terms of Reference, which incorporated the key duties of the Logistics and Infrastructure Committee in relation to fleet, logistics and estate, were presented to the Board for approval. It was noted that duties in relation to cyber security would become the responsibility of the Audit Committee, whose revised terms of reference would be presented at the next meeting for</p>	

	approval. The Finance Committee would, however, continue to be the forum where IMT related business cases were reviewed and approved or recommended for approval by Board. This would be made clear in the terms of reference.	RP/ ME
c.	The Board approved the revised terms of reference of the Finance and Investment Committee, subject to minor clarification around responsibilities for the approval of IMT related business cases.	
13.	Any Other Business	
a.	There was no other business.	
14.	Date of Next Meeting	
a.	The next public meeting of the Board would be held on 29 th March 2022.	



TRUST BOARD IN PUBLIC – ACTION LOG – MARCH 2022

Meeting	ACTION	LEAD	UPDATE
November 2021	Carbon Neutral Plan Updates on the Carbon Neutral Plan to be presented at Board	RRP	Update on capital investment in fleet in Q3/4 2022 (focusing on road to zero emission fleet) on agenda.
January 2022	Body Worn Cameras Provide an update on progress in implementing body worn cameras to the March meeting including reference to any associated link to a fall in the number of assaults on staff.	JM	Body Worn Camera (BWC) are now live at 22 sites, with all preparatory work having been completed at the final 12 sites of the pilot (1,060 cameras). To date, the Trust have received seven requests from the Metropolitan Police for recorded footage, which is being used to seek prosecutions in cases where staff were subject to assault. The project team have utilised staff feedback in order to implement improvements which positively impact on the user experience and, as a result, utilisation of the cameras has been steadily improving as more staff complete the required training. The pilot phase concludes at the end of March and a business case for the remaining sites is being developed currently.
	Make Ready Business Case Update the Board on implementation of the Make Ready Business Case including arrangements for onboarding and induction of staff.	CEO	Update included on agenda.
	Revised Board Assurance Framework Update the Board on work to link the corporate risk register and the BAF, and also on development of a refreshed risk appetite statement	ME	Risk Appetite has been refreshed and will be presented at April Audit Committee for review/approval.
	Revised FIC Terms of Reference Amend FIC Terms of Reference in relation to cyber security which would become the responsibility of the Audit Committee.	ME/ RPP	Revised terms of reference for the Audit Committee to be presented for approval at the April meeting.



Report to:	Trust Board			
Date of meeting:	29 March 2022			
Report title:	Report from the Chair			
Agenda item:				
Report Author(s):	Heather Lawrence, Chair			
Presented by:	Heather Lawrence, Chair			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board's attention:				
The Chair's report provides an overview of meetings and events attended with external/internal stakeholders of the Service since the last time the Board convened.				
Recommendation for the Board:				
The Board is asked to note this report.				

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

Report from the Chair

Internal

1. CEO appointment

When we met in January it was before the final interviews for the CEO position. Whilst it now seems old news it is important to acknowledge that Daniel Elkeles, who had been on secondment from Epsom and St Helier University Hospital, was successful in his application to become our substantive CEO. This followed a robust process with external and NHS London involvement in the process with a formal start date of March 1st 2022. Daniel has since presented his case to formalise his leadership team to the Remuneration Committee which was unanimously supported by the Board.

2. Chair of LAS

Whilst the recruitment for my successor is taking place I have been asked by NHS appointments and the London Regional office to extend my term for three months and I have agreed to do so from April 1st.

3. Visit to Brentford Education Centre

I spent a morning at the Brentford Education Centre, hosted by Rosie Conmy. I met her colleague educators, all of who were passionate about their role. A few courses were taking place and students old and new were enthusiastic about the learning environment if not the location. The opportunity to maximise the training opportunities at Brentford should be a focus of attention.

External

4. Workforce Race Equality Standard (WRES) London NEDS training

I attended two of the three days training which was interactive and thought provoking. Unfortunately, due to being unwell with Omicron I missed the last session. The focus going forward is to ensure that we consider WRES issues at the main Board and sub-committees and I have asked for the front sheet for Board papers to address how the content of the paper impacts on WRES factors.

5. London Chairs meeting and NWL ICS chairs meeting

These meetings have continued to focus on elective reset, cancer care, immunisation and the proposed structure for ICS/ ICB Boards.

6. Penny Dash, Chair of NWL ICS

I met with Penny Dash to discuss how she sees the relationship with LAS in their capacity as Chair lead ICS. Penny confirmed she sees our CEO as a member of the CEO Group and commented that Daniel was an active member. She also confirmed the Chair of LAS is a member of the Chairs group.

7. Ambulance handover delays

The NHSE/I national team held a meeting with all CEO and Chairs in each region to discuss ambulance handover delays and the inherent risk being held. The national data for Category 1 and 2 was shared together with each regions data. From now on all Trust Boards and ICS Boards must report on Category 1 and 2 performance together with hours lost to handover delays. Each trust must also pay attention to and report on hospital discharge. This focus will assist in reducing

handover delays allowing our crews to be back on the road to respond to calls however these actions will not stem the flow. To stem the flow there needs to be a focus on urgent care pathways that could and often should result in out of hospital care.

8. Quarterly meeting with the Mayor Sadiq Khan

We had a constructive meeting with the Mayor, the first since Daniel has been substantively appointed as CEO. The Mayor continues to be supportive of our work and in particular the work on defibrillation and is committed to training all staff to do this at his new headquarters.

9. NHS chairs roundtable discussion - Health and Social Care leadership review

General Sir Gordon Messenger and Dame Linda Pollard have consulted widely before coming up with their report and recommendations. When asked how their review would be different from the many preceding NHS leadership reviews, they said that it would be, unlike previous reviews, recommending a few implementable actions that they expected would be enacted on.

10. Angela Greatley, Chair of Central London Community Healthcare NHS Trust

I met with Angela to discuss the issues faced by community trusts in the ICS system that mirror our concerns. We also acknowledged the joint work between our two trusts.

Heather Lawrence OBE
Chairman



Report from the Chief Executive

Trust Board in Public – March 2022

1. Recent events of note

1.1 Before I begin with the usual updates, I wanted to express how deeply saddened and concerned I am by the conflict in Ukraine. We recognise there are many Londoners who will be affected by this situation for many different reasons. I want to remind members of the public that the NHS is here for you if you are struggling or need mental health support at this troubling time – there are lots of [resources and support available](#). As an organisation, we would recommend that people who want to and are able, make a donation via the [British Red Cross](#). But, we're trying to go a step further and work is ongoing to see if we can donate at least five old ambulances, stocked full of medical supplies, and get the vehicles to Poland or Ukraine.

1.2 In February, the arrival of Storm Eunice saw the Met Office issue London with a 'red' weather warning, the highest levels of wind seen in the UK in over 30 years. I would like to express my appreciation to all the efforts that were taken by the emergency services and local authorities who worked together to keep Londoners as safe as possible during this period. It was a very busy couple of days for us and our emergency service colleagues, and I would like to publicly offer particular thanks to our staff and volunteers for their efforts to ensure we maintained the best possible service for our patients during the turbulent weather.

1.3 On 12 February, we [declared](#) a major incident after being called to reports of a part-building collapse in Hackney Wick and dispatched a large number of resources to the scene. We worked closely with our emergency service partners and treated 13 people. I'd like to acknowledge the hard work of our teams – including our control rooms, Gold command and frontline crews – for their swift and professional response.

1.4 On 23 March, we came together with our staff and volunteers at our headquarters in Waterloo to mark the National Day of Reflection. The event, which falls on the anniversary of the UK going into the first national lockdown, saw colleagues stand alongside one another and our emergency service partners to join a national minute's silence in remembrance of those who died during the pandemic and to show support for the bereaved.

1.5 Since my last report, demand and pressure has continued to remain high across our services and we remain at Resource Escalation Action Plan (REAP) Level 3. Our teams are incredibly busy receiving over 6,000 calls on some days and continue to go above and beyond to care for our patients across London. I would like to express my thanks to each and every one of them for their tireless commitment and dedication, particularly over a very challenging winter period.

2. COVID-19: A moment of reflection and an opportunity for action

2.1 Last month marked two years since the first confirmed London patients were admitted to hospital with COVID-19. On reaching this milestone, I wrote an [open letter](#) to Londoners paying tribute to the awe-inspiring dedication of our colleagues across the Service and the NHS as a whole, for giving their all to care for patients throughout this pandemic.

Since that time two years ago, we have responded to unprecedented demand in incredibly difficult circumstances. We have taken more than 4 million 999 calls and 3.6 million 111 calls, and attended 2.2 million emergencies. I am very conscious of the pressure that the pandemic and ongoing demand continues to place on our staff and volunteers. As we look to the future, and as we embark on the road to recovery, ensuring we have a workforce who are protected and supported to carry out their duties, is imperative to our delivery of patient care both now and in the future.

This is why we're embarking on our most ambitious recruitment campaign ever, are expanding our apprenticeship schemes, and have launched a comprehensive culture programme to help improve the working lives of our teams working across the capital.

We began this work, which is known as 'Our LAS', with a series of workshops which saw 1,500 colleagues participating in insightful conversations about what a 'good' day at work looks like for them. Building on the outcome of these sessions, as well as the learnings from our most recent NHS staff survey results, we have now set up a second set of workshops. These are focussing on behaviours, teamwork, talent development and appraisal. At the time of writing almost 1,000 staff members had signed up for this set of workshops. We are planning to launch the outputs from these workshops at a series of leadership master classes in May.

3. Celebrating our people

3.1 To support and champion equality, diversity and inclusion across our Service we have five amazing staff networks – LGBT, B-ME, Christian Ambulance Association, Enabled and the Women's Network. The networks support our staff and volunteers, as well as challenge us as an organisation to create a more inclusive place to work. I was delighted to welcome the networks to our Executive Committee in March. It was an opportunity for them to share their thoughts with the senior management team about the things they feel we need to do as an organisation to better support our staff and volunteers, as well as our patients and their families. This includes:

- Improving safety on stations for female colleagues, for instance better lighting
- Training colleagues in British Sign Language
- Celebrating our diversity, for instance at events like Pride in London
- Improving the diversity of our workforce, so that we better reflect the people we serve
- Offering staff and volunteers access to multi-faith support.

We agreed that this was, without doubt, only the start of a conversation and we have so much we can achieve by working together in partnership.

3.2 February marked LGBT History Month and this year to show our support we encouraged and supported staff and volunteers across the Service to make pledges and tell us what LGBT History Month means to them.

3.3 I was also delighted to see the creation of our new Emerald's Society, which aims to promote an understanding of the Irish Community within the Service and play an active role in supporting Service colleagues from Northern Ireland and the Republic of Ireland. In March, I was honoured to walk alongside the Society and my colleagues in the Greater London Authority St Patrick's Day Parade.

3.4 On 8 March, we celebrated International Women's Day and I was delighted to see the Chair of our Women's Network, Nicola Hunt, feature in the College of Paramedics 'Insight Magazine' to talk about the network and her efforts to ensure the career progression and safety of women in the ambulance service. I'd like to personally thank Nicola for her incredible efforts in leading this network and what it has achieved in such a short space of time.



4. Queen's Platinum Jubilee

4.1 To mark The Queen's Platinum Jubilee in June, we, along with other emergency services, will issue celebratory medals to our 'frontline' staff and volunteers. The medals, which are funded by the Government, are for those who respond directly to patients and have over five years' service. To ensure all colleagues are recognised, the London Ambulance Charity has kindly funded 7,000 Platinum Jubilee Coins for all other staff and volunteers, including bank. The rules on who receives a medal is decided by the Department of Culture Media and Sport.

4.2 Sunday 6 February marked The Queen's accession to the throne and, whilst we will of course celebrate the occasion more formally in June, I wanted to recognise this important milestone and recognise Her Majesty's commitment to the country. As colleagues may know, The Queen officially opened our headquarters in 1975 and we have had many Royal visits since, including by the Prince of Wales in 2018 and Duke and Duchess of Cambridge in 2020 and 2021.



5. Thanks and recognition

5.1 It has been brilliant to see so many members of the public and patients continue to send messages of thanks to our staff and volunteers. Since my last Board report, we have received 252 thank you messages to nearly 700 members of staff and volunteers (Figure 1). When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Figure 1.

Year	Month	Total number of letters and emails received	Financial YTD	Staff recognised	Financial YTD
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	181	1177	468	2903
2021	December	148	1325	391	3294
2022	January	143	1468	385	3679
2022	February	109	1577	279	3958

5.2 In recognition of our colleagues going above and beyond for our patients, it was wonderful to see our Clinical Team Manager Jason Morris (left) receive his Queen's Ambulance Medal and our Consultant Midwife Amanda Mansfield (centre) her MBE in February and March respectively. Both Jason and Amanda have dedicated their careers to improving care for our patients and their achievements are a testament to just how talented and caring our staff and volunteers are.

5.3 I was also delighted to present our Community Resuscitation Trainer, Norman Abbott (right), with a long-service award after working at the organisation for an astounding 45 years. Norman's service to our patients and communities is nothing short of phenomenal and I would like to express my thanks to him for his service to Londoners.



6. Protecting our people

6.1 The Care Quality Commission recently identified sexual safety as an issue across the UK's ambulance services, in relation to patients, staff and volunteers. Recognising the immediate importance of this and raising sexual safety awareness across the Service, the Chair and I launched and signed a Sexual Safety Charter, which sets out our commitment to make sure everyone behaves in a way that ensures sexual safety and shows our commitment to take any concerns raised seriously with empathy and understanding.

I also confirmed our intention to hold a sexual safety conference for managers later this summer, which will help raise awareness and build confidence in our responsibilities to ensure sexual safety.

6.2 The Association of Ambulance Chief Executives (AAACE) [launched a new national campaign](#) on eliminating the violence and aggression that our front line teams experience from our patients both face-to-face and on the telephone. The 'Work Without Fear' campaign focuses on attacks – both physical and verbal – on ambulance staff and volunteers, which we know are increasing. Sadly, every day last year, 32 ambulance staff were abused, attacked or physically assaulted and more than 6,500 ambulance crew reported being attacked or threatened in 2021. This is 2,000 more than in 2016.

As part of the campaign, I heard from a group of our staff about the impact being verbally and physically assaulted has had on them. The discussion provided an opportunity for them to share their stories with me and other members of the Board and to share their thoughts on what they think we could do to make our colleagues safer and increase prosecutions against perpetrators.

We've already put a number of measures in place to do this – such as rolling out body worn cameras to our ambulance crews so they can record abusive incidents and use footage as evidence in court, and working with the Metropolitan Police Service to increase convictions for hate crimes. We have also created two new Violence Reduction Officer roles who provide dedicated support for staff and volunteers to take their case to court.

But, we recognise that we have to do more. Nobody in our Service should have to feel threatened by patients or the public either on the phone or on the road. It is completely inappropriate and we will not tolerate it. The roundtable conversation has given us a really strong foundation to build on, and I – along with the Trust Board – are committed to making real change.

7. Remembering our colleagues

I would like to take this opportunity to pay tribute to three wonderful colleagues and staff members who have sadly died recently.

7.1 Our colleague Brett Swinyard sadly died in January. Brett, who served 37 years as a paramedic was known for his boundless positivity and charisma and he truly made the Service a better place to work for his colleagues. Brett's passing has left a significant void in our Romford Group and across our Service, and I felt very honoured to represent the Board at Brett's funeral last month. All our thoughts are with Brett's family and friends at this difficult time.

7.2 Our colleague Colvin Grocia was a member of our 'make ready' team in Deptford and died in early January. Colvin was an outstanding member of the team and was recognised by MITIE as their 'Covid HERO' for his dedication and tremendous efforts during the pandemic. He will be dearly missed and our thoughts and condolences are with his loved ones and colleagues at this incredibly difficult time. I am grateful to colleagues in the south east who created an honour guard at the funeral – I know this meant a lot to his family and friends.

7.3 I was deeply saddened to announce recently the death of paramedic, Carla Gray. Carla will be remembered as a dedicated colleague and a dedicated clinician, and was well known for her caring nature which she extended to both her colleagues and patients who she treated with empathy and kindness. My thoughts and deepest condolences are with Carla's family, colleagues and friends at this difficult time.

7.4 In my last report I acknowledged the extremely sad news of the tragic death of our South East Coast Ambulance Service (SECAMB) colleague Alice Clark following a road traffic collision in January. Our Director of Operations, Darren Farmer, attended Alice's funeral and stood alongside more than 200 friends, family and colleagues close to Alice. Our thoughts and condolences remain with Alice's loved ones at this time.

8. Our operational estate

8.1 In February I was pleased to announce that through working closely with our staff unions and operational teams we intend to reopen four additional stations over the next couple of months, which means we will have a total of 57 operational ambulance stations open across London. These ambulance stations are:

- Battersea
- Beckenham
- Ponders End
- Streatham.

Ponders End is in a very poor state of repair and to re-open it we are replacing the buildings. I would like to thank our staff and volunteers for their patience whilst we work to get these stations up and running again after they were consolidated as part of our response to COVID.

8.2 In September 2021, I confirmed that we were pausing our plans to consolidate stations in North East London in order to prioritise and focus our resources to anticipated demand and pressures over winter.

This month I was delighted to share that we have a renewed focus on this and are now in a position to push forward with developing a plan to make our estate fit for the future. We are committed to ensuring we engage with the public, our partners and our colleagues to give them a chance to have their say as these plans develop. We are aiming to begin this conversation in May.

9. London Ambulance Charity

9.1 I was delighted to see so many people have already signed up to the '[Outrun an Ambulance](#)' challenge, where members of the public and colleagues from ambulance services are running the average mileage an ambulance covers on a 12 hour shift (30 miles for us) over the course of three months. We are aiming to raise £10,000, so if you would like to make a difference to our colleagues and services and are able to donate, please do so. So far we have raised over £6,500.

9.2 I would also like to note a particular thanks to [Tim Rouen and Tom Tubridy](#) who took on the challenge. Tom and Tim decided to run the 31 miles in one go, which is truly incredible. I was delighted to be able to join Tim and Tom for the first two miles alongside Daren Mochrie (Chair of the Association of Ambulance Chief Executives and North West Ambulance Service Chief Executive).

9.3 I would also like to say a big thank you to our Barking 111 Team who took on three Outrun an Ambulance fundraising walks and have raised an outstanding £1,968 for LAS Charity so far. This is a fantastic achievement and I was delighted to join them for their second big walk across some of London's most iconic bridges. If you would like to donate to the cause, or even take on your own Outrun an Ambulance challenge, visit: <https://www.outrunanambulance.co.uk>.





London Ambulance Service

NHS Trust

Report to:	Trust Board			
Date of meeting:	29 th March 2022			
Report title:	Deputy Chief Executive Officers' Report			
Agenda item:	3.5			
Report Author(s):	John Martin, Chief Paramedic & Quality Officer and Deputy Chief Executive Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive			
Presented by:	John Martin, Chief Paramedic & Quality Officer and Deputy Chief Executive Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive			
History:	Not applicable			
Purpose:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board / Committee's attention:				
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:				
The Board is asked to note this update report.				

Deputy Chief Executive Officers' Report

Executive Summary

This report covers the January and February 2022 reporting period. During this time the London Ambulance Service (LAS) has continued to face significant service pressures with the continued spread of the new Covid-19 Omicron variant combined with high volumes of patients accessing urgent and emergency care. Alongside the need to support the NHS to focus on the elective pathways and ensure the many patients who have had their care delayed, receive it.

The overall demand of 999 contacts has remained significantly higher by 5% although face-to-face incidents have remained relatively steady. 999-call answering time is continuing to reduce as we recruit and retain more staff. Frontline ambulance hours produced are consistently above 6000 hours and we continue to work closely with partner providers to minimise delays to handover at hospitals. This does however remain a significant challenge with the average handover taking 28 minutes (against the national standard of 15 minutes) and in excess of 100 ambulances per shift delayed at hospitals awaiting handover. Despite these challenges LAS has consistently provided an outstanding response to the sickest patients (category 1) and continues to focus on reducing the number of patients being conveyed to hospital where care could be provided closer to home. For the first time since June 2021, on the 19th January 2022, LAS was able to reduce from Resource Escalation Action Plan (REAP) level 4 (extreme pressure) to REAP level 3 (severe pressure). Whilst a welcome and important move as it will allow more training and education to be delivered, it is being kept under regular review given the pressures being experienced across the whole urgent and emergency care system.

We are one of the largest 111 providers in the country and consistently deliver some of the best performance standards. We now take 11% of the total national NHS 111 calls and the call answering performance in 60 seconds is 67.4% against a national average of 43%. The Urgent Clinical Assessment Service (UCAS) supports the London Healthcare system through reducing the number of 111 patients transferred for ambulance dispatch and attending the Emergency Department (ED). Through maintaining high levels of clinical validation, since November 2021, only 8.1 % of patients whose initial assessment resulted in a category 3 or 4 ambulance disposition required transfer to the 999 dispatch queue (national average 11.1%) and only 9.8% of patients whose initial assessment were referred to an emergency department against a national average of 11.1%. This reduced ambulance dispatches in the areas where

LAS delivers NHS 111, by over 1200 per week and ED attendances by 518 per week, but most importantly provided more timely care, closer to home, for patients.

The dedicated Winter Delivery Group (WDG) was formally stood down at the end of January with ongoing recovery and planning being delivered through the Deputy CEO and Executive Committees. Through these committee groups we are able to provide assurance that we continue to have a coordinated response to high levels of activity, **maintain focus on 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

Maintenance of safety for our patients and people remains the top priority for the LAS and we continue to use well governed processes, including the dynamic use of our clinical escalation plan, to ensure the best possible outcome for all patients. It is recognised that the sustained pressure the urgent and emergency care system is facing results in some patients 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.

We continue to undertake **regular clinical safety reviews in line with the Clinical Safety Plan** ensuring that patients waiting for ambulances are monitored and we are **maximizing the potential for Hear & Treat** and referral to **Alternative Care Pathways** for patients where a physical **ambulance response is not required**. 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. Our ability to work across both the clinicians in the 999 and 111 clinical assessment areas means we have a **multidisciplinary clinical team** and our patients can be assessed by the right clinician first time. 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 if their clinical condition is suitable eg limb injuries**. Increased clinical oversight is continuously applied to calls awaiting the dispatch of a physical ambulance response **and vulnerable patients** (i.e. Elderly Fallers, Overdose & Mental Health calls) to ensure they are supported and receive equitable access to care in the right health care setting.

The Clinical and Quality Directorates continue 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

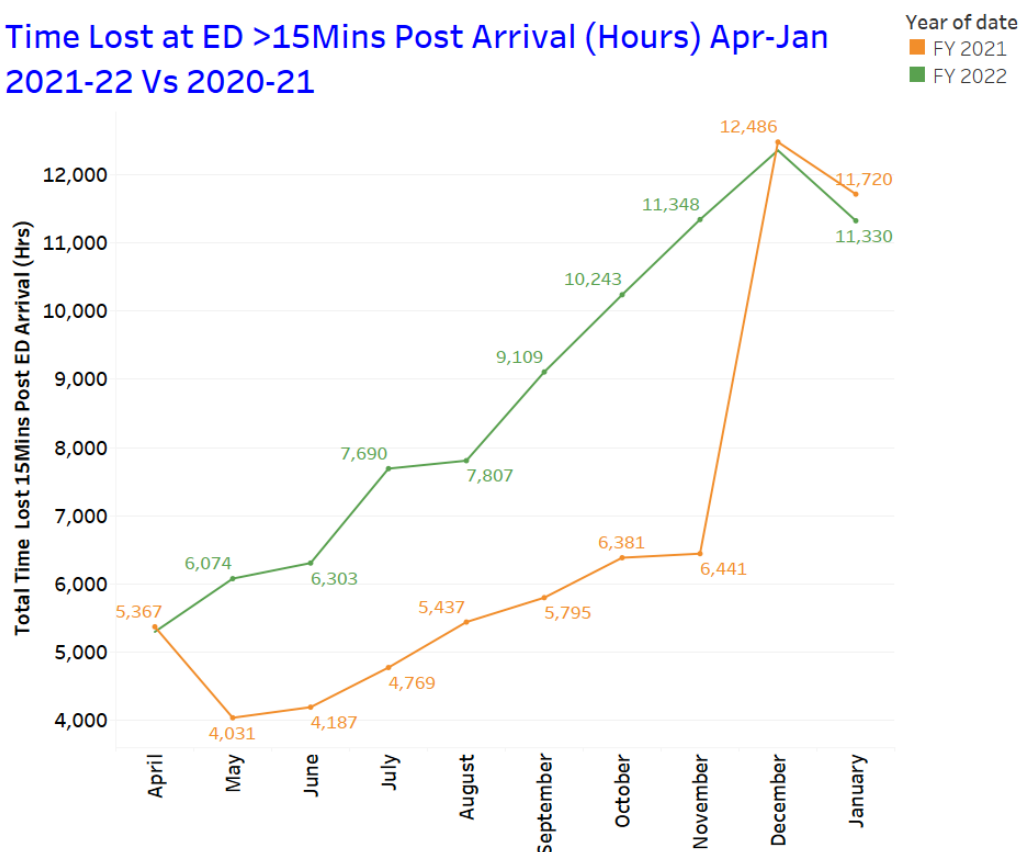
meeting takes place to discuss potential incidents led by the Chief Paramedic and Quality Officer and Chief Medical Officer.

Operational performance against national standards and targeted actions

As we move into a living with Covid phase of the pandemic the pressures across all operational areas within LAS and other acute providers continue, and the LAS continues to manage its response to the significant and sustained increase in patient demand.

One of the greatest areas of risk in the urgent and emergency care pathway is the time that ambulances are delayed in handing over at hospitals. During these delays there are a group of unwell patients in the community waiting for ambulances who are at increased risk and who have not received any face to face assessment or initial treatment. At times of extreme pressure within the system, optimising handover processes is a priority to reduce ambulance delays.

Time Lost at ED >15Mins Post Arrival (Hours) Apr-Jan 2021-22 Vs 2020-21



In order to manage the flow of patients into hospitals the LAS has implemented an enhanced **patient flow team**. Their role 24 hours per day, is to reduce the potential of surge or adverse impact at care centres across London by directing ambulances to suitable alternative EDs if available and therefore reduce adverse impact on LAS ambulance availability pan-London and ensuring a timely response to patients in the community.

The impact of the elevated patient demand and continuing hospital handover delays across London continues to challenge the Trust's performance against key performance indicators (KPIs). Measures continue to be 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 achieving a mean response to Category 1 patients of **6 minutes 47 seconds** in February (national average 8 minutes 51 seconds).

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

Indicator (KPI name)	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trend
NEL - Calls Answered in 60 seconds	>95%	81.2%	87.8%	82.0%	71.50%	86.8%	74.6%	54.8%	73.2%	52.6%	78.8%	85.2%	
NEL - Calls Abandoned within 30 seconds	<3%	0.9%	3.7%	8.30%	12.7%	5.6%	9.1%	15.0%	13.3%	6.6%	1.60%	1.4%	
SEL - Calls Answered in 60 seconds	>95%	80.2%	85.90%	81.3%	72.3%	86.3%	78.2%	60.1%	74.5%	54.7%	78.1%	83.9%	
SEL - Calls Abandoned within 30 seconds	<3%	3.9%	10.4%	11.2%	13.9%	15.8%	18.4%	17.0%	12.9%	6.2%	2.8%	2.8%	
NWL - Calls Answered in 60 seconds	>95%	80.9%	74.3%	58.8%	46.7%	68.6%	58.7%	52.5%	65.9%	56.6%	71.1%	76.0%	
NWL - Calls Abandoned within 30 seconds	<3%	1.1%	5.8%	9.8%	14.4%	6.6%	8.3%	8.9%	6.3%	1.9%	2.12%	2.20%	
Indicator (KPI name)	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trend
NEL - Transferred to 999	<10%	8.3%	8.22%	8.0%	7.7%	7.5%	7.8%	7.6%	8.0%	7.8%	8.0%	7.7%	
NEL - Referred to ED	<10%	10.5%	9.86%	8.5%	8.2%	8.5%	8.0%	8.5%	8.4%	7.6%	10.0%	10.4%	
SEL - Transferred to 999	<10%	7.9%	8.23%	7.8%	8.2%	7.4%	7.2%	7.0%	7.1%	7.5%	8.4%	7.8%	
SEL - Referred to ED	<10%	11.2%	11.47%	11.1%	10.1%	9.2%	9.3%	9.0%	8.5%	7.9%	10.5%	11.0%	
NWL - Transferred to 999	<10%	8.6%	9.7%	9.7%	9.1%	8.4%	8.7%	8.7%	8.8%	8.6%	8.7%	8.3%	
NWL - Referred to ED	<10%	12.3%	12.0%	12.9%	11.4%	11.5%	12.6%	12.2%	13.0%	10.5%	11.5%	12.5%	

- **IUC/111 contacts** continue to be **above contracted activity** across North East (NEL), South East (SEL), however activity is subsiding across all areas. Despite this there has been a good improvement in performance against call answering and abandonment KPIs across all services with call answering within 60 seconds being above 75% in all 3 services in February 2022 and abandonment below the target of 3% for both January and February 2022.
- Calls transferred to 999 were within target, but calls recommended to Emergency Department (ED) remain slightly above the target of 10%. We remain in the best performing 3 providers 3 for lowest rates of transfer to ambulance in the country.
- Through regional and national contingency mechanisms (call balancing), we continue to support other NHS 111 providers

- Despite these challenges, **LAS remains consistently in the top 3 performing providers of 111 services nationally.**
- A plan has been developed to further develop and improve our clinical assessment service which includes ensuring we have sufficient multidisciplinary clinicians working and rotas reflect the patient demand profile and reduce ambulance despatch and ED referrals

999 Emergency Operations Centres (EOC)

Month	Total Contacts into EOC	Difference from previous year	Average number of contacts per day	No of calls answered	Average no calls answered per day	Mean call answer	Max call answer
Nov-20	148,786		4960	110,681	3689	00:00:01	00:05:05
Dec-20	198,668		6409	149,131	4811	00:00:39	00:23:58
Jan-21	190,269		6138	133,246	4298	00:00:23	00:07:11
Feb-21	124,928		4462	91,747	3277	00:00:00	00:01:19
Nov-21	187,807	26.2%	6260	142,699	4757	00:00:14	00:35:37
Dec-21	200,916	1.1%	6481	153,307	4945	00:00:40	00:12:18
Jan-22	175,420	-7.8%	5659	132,426	4272	00:00:14	00:07:44
Feb-22	164,808	31.9%	5886	126,749	4527	00:00:13	00:06:18

- **999 contacts have remained above 5500 a day** since November 2021. This placed considerable pressure on call handling and dispatch, however, face-to-face responses remained within expected winter levels.
- **Rapid recruitment is underway** to on-board additional EOC call handlers. EOC staffing has increased from 296 (April 20) to 327 (March 22). Recruitment to maintain numbers is challenging given an exceptionally competitive recruitment market. As of 14th February LAS was at 74% of the planned establishment and 25% increase to meet the increase in demand. Courses for Emergency Call Handlers continue to be delivered.
- Actions as set out in Trust's **Clinical Safety Escalation Plan (CSEP)** are implemented once triggers have been met to help manage demand and maintain levels of patient safety.
- Using clinical outcome analysis, we continue to explore **which patients benefit most from being managed via the Clinical Assessment Service (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 the highest in the country at 12.3% for February against a national figure of 11.2%

- 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 Services

- In January and February the Category 2 to Category 4 times were particularly challenged, but the Category 1 performance was maintained. The LAS is one of only two Trusts forecast to deliver Category 1 performance for 2021-22.

	January 2022	February 2022
Cat 1 Mean (London)	06:37	06:47
Cat 1 Mean (England)	08:31	08:51
Cat 2 Mean (London)	34:55	37:31
Cat 2 Mean (England)	38:04	42:07

- **Category 2 mean performance continues to be impacted and is a key focus for the Trust.** 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.
- Variation on performance is evident across the Integrated Care System (ICS) areas. The LAS is committed to improving on health inequalities and equity of provision working as part of the system.

Ambulance Service	All incidents	Hear & Treat	See & Treat	Convey elsewhere	Convey to ED
NHS North Central London CCG	15,521	14.8%	31.5%	2.3%	51.4%
NHS North East London CCG	20,879	16.2%	32.7%	3.4%	47.7%
NHS North West London CCG	24,650	13.5%	30.1%	2.9%	53.5%
NHS South East London CCG	18,957	11.9%	31.6%	3.9%	52.6%
NHS South West London CCG	14,679	11.9%	26.7%	5.6%	55.9%

February 2022 data

Please note: Convey to ED includes ACS, CathLab, Stroke, Trauma, etc, as defined in the AQLs

Ambulance Service	C1 Mean	C1 90th Centile	C2 Mean	C2 90th Centile	C3 Mean	C3 90th Centile	C4 Mean	C4 90th Centile
NHS North Central London CCG	7:15	12:16	45:33	1:38:46	2:20:39	5:41:34	3:59:49	7:57:18
NHS North East London CCG	6:57	11:23	45:37	1:36:56	2:09:52	5:07:56	4:26:42	8:31:06
NHS North West London CCG	6:19	11:10	38:59	1:25:55	1:49:19	4:24:11	3:53:06	7:22:39
NHS South East London CCG	6:35	11:18	26:49	0:57:08	1:19:57	3:18:40	2:46:19	5:49:43
NHS South West London CCG	6:39	11:06	28:51	0:59:40	1:33:26	3:43:46	3:30:11	6:51:47

February 2022 data

- To continue to improve our Category 2 response an action plan has been agreed which will focus not only on the management of the continued high demand, reduced staffing capacity as a result of sickness (and isolation absences) and ongoing hospital handover delays but other areas including how we maximise our referrals to alternative health care providers and reduce avoidable conveyance, and, where clinically appropriate we reduce time on scene particularly for our time critical patients.

We also continue to **receive support from third party providers**, both voluntary and those sourced commercially.

Resilience & Specialist Assets

The Trust is preparing for a national review of compliance against the Interoperable Capabilities Assurance Standards, scheduled for March 16th 2022.

By the end of March, 13 multi-agency exercises simulating a Marauding Terrorist Attack (MTA) incident will have been completed in collaboration with partner agencies, the Metropolitan Police Service and London Fire Brigade. 300 LAS staff will complete the exercise, including specialist responders from the Tactical Response Unit, Incident Response Officers, Specialist Tactical Commanders and colleagues from London's Air Ambulance.

A high degree of protest activity took place in January and February and this is expected to continue owing to current global events. Locally, the return of several major events including the Oxford v Cambridge Boat Race, Ride London, the London Marathon and Notting Hill

Carnival as well as this year's Platinum Jubilee celebration are expected to draw large crowds and are being planned for to minimise disruption to normal service.

A successful recruitment campaign saw 22 new Hazardous Area Response Team (HART) operatives join the 2 teams, with an emphasis on diversity resulting in a greater ratio of females joining this cohort than has previously been seen. As the first ambulance service to implement a local HART training element, resilience amongst the teams has been greatly improved whilst staff await a place on their national training program.

A continued commitment to Special Operations Response Team (SORT) training has ensured that the Trust is on-track to meet the requirements for a complement of 290 trained operatives prior to the national September deadline.



Report Title	Integrated Performance Report			
Meeting:	Trust Board			
Agenda item:	4.1	Meeting Date:	29 March 2022	
Lead Executive:	Rakesh Patel, Chief Finance Officer			
Report Author:	Key Leads from Quality, Finance, Workforce and Operations			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion		Information
Report Summary				
<p>This high level Integrated Quality and Performance Report serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across London Ambulance Service.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are outlined in the two page summary report.</p>				
Recommendation/Request to the Board/Committee:				
<p>The Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>				
Routing of Paper i.e. previously considered by:				
<p>Executive Committee</p>				
Corporate Objectives and Risks that this paper addresses:				
<p>The report enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust</p>				



PUBLIC BOARD OF DIRECTORS MEETING

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

1.0 Regulatory Update

Following the unannounced inspection by the Care Quality Commission (CQC) on the 6th December 2021, the final report has now been published. An absence of any direct safety concerns was noted, with no 'must do' recommendations recorded. Eight 'should do' recommendations raised are currently being incorporated into the Trust Improvement Plans. The Trust continues to meet with the CQC through routine virtual engagement meetings as well as responding to requests for information.

This inspection was part of a system level inspection of North East London and did not include re-grading of the Trust.

Many areas of good practice were acknowledged, including:

- Compassionate care which was delivered with empathy and reassurance, including supporting callers in distress;
- Record keeping;
- Proportion of patients managed with hear and treat;
- Ongoing auditing, monitoring of outcomes and ongoing review of effectiveness and appropriateness of care;
- Systems in place to manage risk and learning from incidents;
- Multidisciplinary working and team work, and
- Open culture.

Several areas of improvement were identified in the Safe, Effective, Responsive and Well-led domains, and are noted as 'should do' recommendations:

1. Continue to review call performance data to ensure national targets are being consistently achieved.
2. Continue to proactively monitor call demand to ensure staffing levels are appropriate.
3. Liaise with the clinical commissioning group to discuss ways to improve the Directory of Services.
4. Take steps to improve methods of communication with staff to ensure disseminated information has been reviewed and understood.
5. Ensure the EOC and staff are following current government COVID-19 guidelines around screening, social distancing and mask wearing in all areas of the EOC.
6. Ensure it produces a standard operating procedure (SOP), protocol or contingency plan for mitigating and managing a COVID-19 outbreak within either or both EOC's. It should be regularly reviewed in line with current national guidelines.
7. Increase visibility for senior staff to improve approachability and support morale.

8. Consider if a system could be set up to make the electronic transfer of new safeguarding referral information from call handlers to EBS possible.

2.0 Quality Account & Quality Priorities

As of February 2022, nine of the ten priorities for 2021/22 are on plan. Work continues on embedding learning as part of the Patient Safety Incident Response Framework (PSIRF) which has progressed well. The draft Quality Account has been produced, which incorporates the proposed Quality Priorities for 2022/23. 12 specific objectives are proposed, grouped into 3 themes; 'Patient Care', 'Patient, Family and Carer Experience' and 'Staff Engagement and Support'. (see separate agenda item).

The station accreditation programme restarted in November 2021 in a revised model, with a further review of the progress against outcomes planned for May.

3.0 Quality Assurance - Trust Wide (see Quality Report)

The quality report covering the January reporting period continues to demonstrate the impact of prolonged Resource Escalation Action Plan (REAP) level 4 status and winter pressures on 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 resulting from delayed responses.

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

Infection Prevention & Control compliance across the Trust remains positive with high compliance rates across the indicators assessed.

Quality indicators in relation to training, including Clinical Performance Indicators (58%), Operational Workplace Reviews (58%) and Personal Development Reviews (44%) continue to be impacted by current pressures, and inability to undertake during the pandemic.

There were 102 complaints breaching the Trust's 35 day timeframe target in January which is a result of various factors being compounded by current operational pressures. The main themes continues to be staff conduct and delayed response.

The Trust's risk compliance in January was 100% for risks reviewed within the last 3 months with 100% of all new risks approved within one month.

The number of in date policies has increased 8% since the last quality report in December.

4.0 Clinical Education & Standards (CES)

The CES team have developed a training plan for 2022/23 to meet the demands of the Trust's workforce plan. As a result of the two recruitment events held in December six trainee tutors and one qualified tutor have joined the team. Education capacity has been further expanded with 13 current clinical tutors having recently completed their respective education awards.

Throughout January and February, 167 staff began their training at one of our two education centres, including 130 Trainee Emergency Ambulance Crew (TEAC) apprentices in partnership with Medipro. A further 80 Emergency Operations Centre (EOC) and 40 Integrated Urgent Care Centre (IUC) call handlers also commenced their training. In addition, 3,105 existing staff undertook their Core Skills Refresher (CSR) session including airway management, conflict resolution, resuscitation, moving & handling and resilience.

The first bridging course for Associate Ambulance Practitioners (AAP) commenced in February with 17 learners developing their skills to progress and become TEACs. A further 30 places will be offered in late April.

Section 19 driving standard assessments have now commenced. During January and February, 159 assessments were completed.

5.0 Safeguarding

The safeguarding team continue to deliver level 2 and 3 safeguarding training across the Trust. However, the target of 95% compliance by March 2022 now cannot be met, due to the impact of Covid-19 and winter pressures. Despite recent pressures on the trust, safeguarding remained a focus for staff with no reduction in the quality or number of safeguarding concerns or referrals noted.

With the introduction of a Learning Disability and Vulnerabilities Specialist, the Trust has produced a learning disability strategy which sets out a five year plan to improve care for these patients.

The Trust launched a Sexual Safety Charter in February and accompanying material on sexual safety in ambulance trusts has been distributed to all sites. A conference on Sexual Safety for Trust managers will be held on the 16th May 2022.

A new process to treat child frequent callers as a safeguarding issue has been implemented, with any child calling 999 three times or more in a rolling year receiving a safeguarding referral as a minimum. The Trust is currently working with the safeguarding and business intelligence teams to identify retrospective data and embed a functional process to ensure that these contacts are identified.

Work is ongoing to produce an electronic safeguarding referral system which can be accessed via Trust iPads and the new Computer Aided Dispatch (CAD) system. The intent is to introduce this function by quarter 4.

6.0 Quality Improvement & Learning

The delays thematic report, first developed during the initial Covid-19 wave in March 2020, provides an overview of patient safety incidents arising from delays, with identified themes and key findings. The quarter three thematic report identified 76 incidents where a delayed response may have led to harm, which were then investigated using a Structured Judgement Review (SJR). Of the 76 incidents, 29 (38.2%) involved patients presenting with chest pain. Of these 17 had either a triage determinant, which has been identified by the Trust as having a higher incidence of the requirement of a pre alert and further, a higher association of their condition deteriorating into cardiac arrest. To improve the clinical response to this patient group the Trust has put in place the dispatch of first response vehicles if available for this

cohort of patients.

The London Ambulance Service Trust is an early adopter of the Patient Safety Incident Response Framework (PSIRF), which replaces the Serious Incident Framework (SIF). The LAS' Patient Safety Incident Response Plan (PSIRP) 2020/21 was produced with key stakeholders internally and externally including the North West London Clinical Commissioning Group. The plan has recently been reviewed and found to accurately reflect the Trusts current incident and risk profile. The review recognised further work is required to determine interconnected contributory and causal factors through thematic analysis, which will be taken forward this year. The current PSIRP has been extended into 2022/23 to allow progress against the various improvement and thematic work required. This will also allow for the completion of a full review and update once the final revised framework from NHSE is published.

7.0 Freedom to Speak Up (FtSU)

During the course of the 2021/22 year 128 concerns have been raised by Trust staff. There is positive promotion of speaking up across the Trust led by the FtSU guardian. Nationally, the FtSU guardian has been involved in developing a standardised system of psychological supervision for FtSU guardians as well as standardised support structures such as steering groups, data reporting and case management standards to facilitate the effective functioning of the role. Locally, the guardian has been providing visible leadership on the Trust's cultural development programme (Our LAS) as well as developing links with the People and Culture and Safeguarding teams to promote effective collaborative working and ensuring staff support is provided when concerns are raised.

8.0 Health, Safety and Security

The Trust reports one moving and handling incident for every 2,000 face to face attendances, with 101 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulation) incidents related to moving and handling being reported in the current financial year. To improve both staff and patient safety, an online video based package of learning has been produced which is supplemented by physical manual handling training within the current CSR training. The Trust continues to monitor and improve on the physiotherapy provisions for staff in conjunction with the occupational health providers to reduce risk, champion staff wellbeing and minimise staff absences as a result of injury.

We are supporting a new national campaign, #workwithoutfear, with the aim of eliminating cases of violence and aggression against ambulance staff. In the past 11 months, 536 instances of physical assault were recorded. The Body Worn Camera (BWC) pilot is due to complete at the end of March. A monitoring and governance group has been convened to promote the use of cameras and to collate feedback regarding their use as well as any violence reduction successes. This technology has greatly aided the work of the Violence Reduction Officers (VRO) who report 32 successful prosecutions for violence against Trust staff in the year to date, with 5 further cases pending.

Since the onset of the Covid-19 pandemic, the Trust has referred 235 cases to the Health & Safety Executive under our RIDDOR requirements and has recorded six staff fatalities. From the peak of Covid-19 wave 4 in mid-December to date, the Trust has recorded 1,741 confirmed infections.



MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

Report of the Chief Medical Officer

As the NHS in London moves into the next phase of the COVID-19 pandemic, 'Living with COVID', much focus is rightly on the elective pathways and ensuring the many patients who have had their care delayed receive it. This does not mean that patients requiring urgent or emergency care will reduce and London Ambulance Service has an important role in ensuring that alternative, high quality and easily accessible pathways are available for ambulance clinicians to refer patients to thus avoiding unnecessary conveyance but ensuring patients receive the right care in a clinically appropriate timeframe.

Strategic Development

Despite the ongoing COVID-19 pandemic, there has been significant progress in delivery against both the Trust Strategy 2018-2023 our Clinical Strategy (2016-2023 (2019 refresh) including

- Expanding and embedding specialist resources for specific patient groups to improve equity of access to care including Urgent Care (Advanced Paramedic Practitioners – Urgent Care), Mental Health, Maternity and Palliative and End of Life whilst continuing to ensure those most critically ill and injured receive the right resources and conveyed to specialist centres for treatment as quickly as possible
- On-going development of our integrated clinical assessment service sitting behind both LAS 111 and 999, which has resulted in an expanded multidisciplinary workforce to support patients contacting LAS with a range of urgent and emergency conditions. This includes the Fourteen Fish Video project – a pan London collaboration with HEE funding to develop training videos for Integrated Urgent and Emergency Care (IUEC) clinical assessment service clinicians around remote assessment of specific presentations. Introducing a new online system to automate audit, improve reporting and facilitate feedback processes to IUEC staff (clinical and non-clinical) and improving access for our on scene clinicians wanting to discuss a patient with General Practitioner in IUEC.
- Using our insight as the only pan-London NHS provider, to play an increasingly pivotal role in the development of services across London working with our system wide partners.

For 2021/22 we made a decision to defer the actions relating to broader public health messaging and promotion and to continue to support the COVID-19 messaging. As we start 2022/23 we are keen to engage with wider public health messaging and are looking to work in collaboration with Faculty of Public Health to develop a rotational role for a Public Health trainee. With over 3 million contacts per year we have a huge opportunity to work collaboratively with stakeholders to focus on population health in order to deliver the greatest benefits and reduce the inequity of health access and outcomes.

Developing models of care and working with partners

Through close working with the five Integrated Care Systems (ICS) there has been further piloting and development of new non-Emergency Department pathways as a way to provide the best possible care for patients in the right healthcare setting particularly as pressure on Emergency Departments continues. Internally all of these clinical pathways and developments will be overseen under the LAS Right Care, Right Place (RCRP) programme. RCRP will focus on setting the standard to deliver clinical best practice, to support the implementation of operational changes to realise the clinical ambition, and to agree the design and functionality of the digital infrastructure to improve internal and external interoperability and ensure they are reducing the inequity of access to care.

Our Paramedics in Primary Care Networks (PCN) involves Band 6 paramedics working through the Health Education England (HEE) Roadmap to practice as First Contact Practitioners (FCPs) to alleviate some of the pressures faced in Primary Care. A paramedic in primary care can recognise and manage the deteriorating patient and manage patients with long-term conditions, minor injuries, and minor illnesses. They can also support patients who require wound care, have fallen, have MSK problems, and have urinary tract or respiratory infections. In addition, paramedics can supply a range of medicines through PGDs, including antibiotics and analgesics. Paramedics can support PCNs with the delivery of Enhanced Health in Care Homes, and overall, their intervention should reduce the need for a hospital admission and reduce demand on 999 services. We currently have ten paramedics working in rotation with PCNs in 3 ICS areas and an additional seven commencing in the remaining 2 ICS areas. There are 25 PCNs interested in developing a rotation programme for LAS paramedics. To meet this demand recruitment for the next cohort of FCPs is underway. This supports our strategic aim to provide a responsive service delivering care as close to home as possible, avoiding unnecessary conveyances to emergency departments and ensuring patients are referred into the most appropriate service for their needs. Aside from the patient care benefits, this scheme offers potential benefits in terms of recruitment and retention – all of this will be reviewed in the evaluation that will then inform the strategic model of care, workforce plan and operating model for the coming years.

Mental health illness is the primary reason for approximately 2% of all calls received by UK Ambulance Services and is increasing. The Ambulance service is often the first point of contact for people experiencing a mental health crisis. Calls of this nature can be complex, with many alternative care pathways. These can be difficult to access and navigate, which can result in lengthy on-scene times and frequently an inequity of access to care. Mental health care was identified as one of five areas where patients would be offered a specialised response as part of the 2018-2023 London Ambulance Service NHS Trust (LAS) Clinical Strategy. As a result, the Mental Health Joint Response Car (MHJRC), staffed by a Paramedic and Mental Health Nurse, commenced in November 2018 to increase a specialised response and reduce conveyance to EDs. We are currently working towards making the six MHJRC business as usual. The MHJR's have an ED conveyance rate of approximately 16% meaning these patients are being treated at scene or referred directly to specialist services and not the emergency department where there is no clinical need. LAS are a key stakeholder in the Health Education England funded project that is developing mental health induction training materials for all ambulance service staff.

We continue to work with the ICS Urgent Community Response (UCR) 2-hour response teams to improve access and utilisation for the patient who need them. UCR services offer alternative pathways focussed on treating patients at home, reducing ambulance dispatches, hospital conveyance and subsequent admissions. Learning from each ICS pilot is being collated to facilitate the co-design of models and referral pathways.

We have been developing our General Practitioner (GP) communications – two videos have been made for GPs and other Health Care Practitioners (HCP) providing guidance about calling for an ambulance. In addition, presentations have been delivered to 12 GP Vocational Training Schemes (VTS) across London in the past 6 months, reaching approximately 500 trainee/qualified GPs, sharing information about the LAS.

Over the past 3 months we have been leading on work to deliver the Volunteer Ambulance Car Project. Working with Community First Responder volunteers from St John ambulance, the project will deliver volunteer drivers and cars to convey patients to hospital or other appropriate place of care.

Currently, where it is clinically safe to do so and following a full clinical assessment, we use taxis to convey low acuity patients to hospital. There are a subset of these patients, who require the assistance of one person to walk or mobilise, and which taxis do not offer. This results in the dispatch of an emergency ambulance, reducing ambulance availability for higher priority incidents and longer waiting times for patients. Following a clinical assessment, the Volunteer Ambulance Car Project will dispatch a volunteer car to these patients, reducing waiting times and increasing ambulance availability.

So far, 22 volunteers have been trained and assessed, building on our existing relationship with St John and the Community First Responder Scheme. One Volunteer Car will operate from six LAS sites at New Malden, Deptford, Greenford, Kenton, Edmonton and Ilford and be equipped with basic medical equipment. The project is supported by NHS England and NHS Improvement who are looking to implement a national volunteer transport model based using our model. Our plan, in London, is to go live within the next month and we will share this with our GP community, as it will provide another transport option for them to consider for clinically suitable ambulant patients who need to be conveyed to a Same Day Emergency Care (SDEC) or Emergency Department.

Improving patient care and outcomes

Care for patients who contact 111/ 999 frequently is a key focus for the Clinical Directorate being clinically led by one of our assistant medical directors who is a GP. There are over 700 patients identified who meet the definition of being a frequent caller and the LAS is engaged in the ongoing management of 150 of these patients – attending multidisciplinary meetings, supporting the development of care plans, engaging with clinicians who look after the patients. In addition, a separate but increasing number of patients with complex needs are calling 999 and a complex patient forum was established in December 2021 to ensure these patients have comprehensive care plans for our LAS clinicians to refer to.

Educational work across the Trust has improved the STEMI bundle compliance. The educational work has taken place through virtual education sessions, individual clinician feedback, Clinical Update cover articles, face to face paramedic academy sessions and face to face sessions in the OPC about 'why the STEMI bundle matters'. From March 2021 to January 2022, there has been an upward trajectory in STEMI bundle compliance. Compared to last year's STEMI annual report (2020-21), we have increased by 10%. Additionally, last year's STEMI annual report showed that 75% of patients received analgesia, and this year, we achieved 81%.

Throughout the pandemic, we have maintained a focus on infection prevention and control measures in order to keep our staff and volunteers and patients safe. All of the current COVID IPC measures remain in place across the NHS regarding personal protective equipment (masks and hand hygiene) but we have been able to reintroduce observer shifts for key partner groups eg students and expect to expand this opportunity in April.

Research and audits

The LAS has joined the North West London Clinical Trials Alliance, a collaboration that aims to increase capacity for delivering clinical research. This will, in part, be achieved by improving patient access to clinical research opportunities to provide early access to cutting-edge treatment and therapies that are not yet widely available through the NHS.

On 1st March 2022, we opened the PARAMEDIC-3 study, an NIHR funded trial examining the best route for adrenaline during cardiac arrest. We have also opened the PROTECTeD study, which aims to generate evidence-based guidelines to support UK paramedics' decision-making. Clinicians and patients will be invited to participate in this study over the coming months. We also continue to recruit participants into the ARREST and CRASH-4 trials and continue to support the PRINCIPLE trial, which seeks new treatments for COVID-19.

Our CARU team has written to over 2500 LAS staff members and 39 colleagues from LFB and MPS (who worked with us through the pandemic) to inform them of cardiac arrest patients who were alive 30 days following their intervention. We will reinstate this as a regular feedback loop for staff to thank them and recognise their efforts in this vital area.

Farewell and Welcome

This month we have to wish Amanda Mansfield MBE, our current Consultant midwife, best wishes as she leaves LAS to take up a role as Head of Midwifery at Chesterfield Royal Hospital NHS Trust. Since joining LAS in January 2015 Amanda has:

- raised the profile of maternity patients in pre-hospital care and set an example of collaborative multi-professional working
- embedded a commitment to placing the pregnant patient and their family at the heart of care we provide
- worked across all areas of the organisation from call takers, paramedics and wider service advising on the standards for specialist education for call-takers, paramedics, and midwives to manage community maternity emergencies.
- contributed to nationally adopted guidance through JRCALC, adding to the midwifery body of knowledge and used this knowledge to create new tools to improve outcomes for women and babies and families

Additionally, Amanda has championed equality and diversity across the service, creating cultural change for a fairer and more progressive workforce. Her work has been regionally and nationally recognised with personal and organisation awards. Amanda will continue to work as a national advisor through the JRCALC committee - as she moves to her new role we wish her well and commit to continuing her work.

At the end of March we said farewell to Dr Ben Clarke who has returned home to Australia. Ben worked part time at LAS, being based at the Royal London Hospital, and he provided pre-hospital critical care / trauma expertise into the team and providing medical oversight to the advanced paramedic practitioners in critical care and supporting the development of the GIRFT fractured neck of femur pathway. We are pleased to welcome Dr Ravi Chauhan who has joined LAS as an assistant medical director - Ravi is a consultant specialising in anaesthetics and intensive care medicine with significant prehospital experience.



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

1. Executive Summary

Our LAS Culture change programme: 1,498 colleagues signed up to phase 1 of the programme that was conducted throughout December 21 and January 22. Of those that attended 82% of staff rated the Workshops “Very Good” or “Good.”

Phase 2 of the workshops which started in March 22 focuses on the key outcomes that colleagues felt would improve their working lives, namely 1) Appraise for values 2) Talent Development 3) Tackling inappropriate behaviour and 4) Team working with kindness. To date over 1000 staff have signed up to phase 2 of the programme which discusses these work streams in greater detail, concluding in masterclasses in May 22 (Phase 3).

Health and Well-being: January 2022 was the 2nd busiest month ever for the LAS Wellbeing hub with 1,825 phone contacts (compared to 2,000 in December 2021) – driven in the main by covid absence. Additional support has been rolled out to support absence - every area of the Trust now has an assigned wellbeing support officer to assist local management and HR teams and work is already underway to establish strong relationships and improve experiences across the sectors. The Trust Psychotherapist and her team have undertaken a substantial recruitment process to expand the LINC peer support network, and via a bespoke training process, 60 new colleagues will work alongside the additional fifteen senior LINC workers.

The Executive Committee have approved the business case to adopt first day sickness absence reporting and this approach has proven to reduce absence rates significantly. We are planning for a June 2022 launch following a 6-8 week implementation period.

Finally the Trust has recently completed a full open tender process for our OH contract which will become operational from July 2022.

Recruitment and Retention: The vacancy rate has reduced this quarter and is currently at (3%). Following a relatively long period of below forecasted leavers, retention in month is slightly higher than our KPI at (12.5%). Front line staff remain below plan (-53 WTE) however we have seen an increase with international paramedics leavers. Plans have been actioned to address this issue.

Sickness: A challenging period for the Trust in terms of resources with sickness absence in January (11.1%) driven by covid absence which accounted for 50% of all episodes. February saw a reduction to (9%), naturally supported by covid reduction. The reduction was aided by education – with 50% of all Trust managers attending sickness absence training over the past two months, supported via the introduction of a new sickness absence policy which was launched in January 22.

Make Ready Project: Preparing for the introduction of 400 new colleagues from April 22 - The OD & Talent Team is working alongside People & Culture colleagues and the Make Ready Project Team on the Culture Change element to support our new colleagues. Bespoke EDI training has been commissioned to support this introduction.

Staff Survey: External reporting regarding the 2021 staff survey data is embargoed until 30th March 22. The results have been shared internally, which will be shared in May 2022 public board.

EDI: 37% of new starters in February were from a BAME background covering roles in 111, 999 and Ambulance Services. 19% of leavers in February were from a BAME background covering roles in 111, 999 and Ambulance Services.

2. Our LAS - Culture Transformation Programme

The 'Our LAS' conversations from phase 1 of the programme, supported by internal KPIs and our 2021 staff survey, concluded that the following work streams (below) will form the core learning / discussions in phase 2.

1. **Team working.**
2. **Inappropriate behaviour.**
3. **Appraisals.**
4. **Talent development.**

These work streams are aligned to addressing the following behaviours that 1,498 colleagues created in phase 1 which describe the culture change desired.



These work streams will be discussed in greater details in phase 2 which take place throughout March 22, with the masterclasses taking place in May 22. A full report will naturally follow summarising the learning and actions to date as well as outlining the changes to create the culture change desired.

3. P&C Operations

Recruitment

The vacancy rate has reduced this quarter and is currently at 3%. The EOC workforce is significantly above prior years and above formal establishment, but there continues to be a requirement to significantly increase capacity level. IUC call handling pipelines remain reasonably strong and they are expected to end the year with a 9% vacancy gap. A targeted social media campaign has resulted in 36 applications which are currently going through assessment and a national campaign is about to commence working with NHS Professionals and Ambulance Trusts for call handlers for both the 999 and 111 service. Super Saturdays

have commenced within IUC, with the option of providing a one stop shop of assessments/interviews and offers. This is still in the pilot stage with a view to rolling this out into the EOC call handler's recruitment.

February has continued to see significant delays with HCPC registration due to a backlog and there is a confirmed 3-4 month processing delay. There is also a delay with the fast track visa arrangements being reduced or removed in some overseas countries. These delays have resulted in candidates deferring start dates into 2022/2023. This has impacted on the end of year forecast for Ambulance Operations who are now forecast to end the year with 3,512 WTE in post, an increase of 149fte from the start of the year and 258 WTE below establishment. We are currently working with Health Education England and SECAMB on a pilot in Poland to recruit experienced paramedics and we are developing the recruitment plan to restart face to face Australian campaigns. Our external recruitment partner (MSI) have 41 candidates in the pipeline from various countries including South African, Namibia and Kenya. Work has also commenced to engage with the 2022/23 UK Graduates in both our partner and non-partner universities. TEAC recruitment has now ended, with the final course taking place on the 28th February. AAP recruitment has recommenced successfully with 57 candidates currently moving through to assessment and interview. A work stream has been set up to review the AAP course, with the potential of this becoming an Apprenticeship from 2023/2024. Work has also commenced on the 2022/23 Workforce plan to support the recruitment of 1,000 frontline staff within Ambulance Operations.

37% of new starters in February were from a BAME background covering roles in 111, 999 and Ambulance Services. 19% of leavers in February were from a BAME background covering roles in 111, 999 and Ambulance Services.

Retention

We have continued to see a leaving rate higher than the same period 12 months ago and this is in line with the experience of other Ambulance Trusts. Turnover has remained stable in February at (12.5%) although this is above our set KPI (10%). The stability rate, which measures the % of staff in post for >1 year has remained positive at 89%. Whilst the number of frontline leavers remains positively below plan (-53FTE) 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.

Staff Absences

In January the monthly Trust wide sickness has increased to 11%. Episodes increased from 1,924 to 2,307 (20%), mainly due to covid sickness which increased by 53% from 753 to 1,154 episodes. Covid accounted for 50% of all episodes compared with 39% in December. P&C teams continue to work with local managers to review the MAP trigger reports to reduce absence and sickness management training sessions were held in January. 311 Managers have attended to date (50% of managers).

The Executive Committee have approved the business case to adopt first day sickness absence reporting and this approach has proven to reduce absence rates significantly. We are planning for a June 2022 launch following a 6-8 week implementation period. People & Culture teams continue to work with local managers to review the MAP trigger reports to reduce absence and over 300 managers have attended the sickness management training sessions.

Workforce Analytics

Digital Workforce Programme

ESR Manager Self Service – this month we are planning our activities to give additional managers access to ESR data including Business Support Managers, Station Administrators and Station Support Managers and will help with compliance and create additional support for team managers.

The streamlined authority to recruit process has been launched, reducing the number of approval stages and the average time of the end to end process by 50%.

The 2022/23 Programme has been approved and features three transformational and one BAU project.

1. Talent Management System (Q1 to Q3). This is the procurement of a cloud based Talent and Performance Management System. Key features of the system will include on-line appraisals, goals, performance ratings aligned to Trust strategic objective, talent profiles, talent pools, skills matrix, succession planning and analytics.
2. ESR Manager Self Service Pay Changes (Q2 to Q4). This will provide managers with the functionality to process staff changes and leavers directly in the system, streamlining the process by removing approval stages and dual entry and also reducing the annual cost of the contract with Allocate software.
3. HR Automation (Q1 to Q3). This is the procurement and implementation of robotic process automation solution to automate repetitive tasks in the People & Culture Directorate. In 2022/2023 we will develop in house capability to build automations and deliver the automation of two processes in P&C.
4. Recruitment Technology (Q2) - switching on approval functionality directly in TRAC

Workforce Intelligence, Payroll and Pensions

The Workforce Intelligence and Payroll and Pensions teams have continued to provide good support throughout the month to staff and managers, dealing with high volumes of requests and payments and ensuring that staff received their overtime and incentive payments on time during periods of extremely high demand. We have continued to provide support in the tracking, monitoring and reporting on the vaccination programmes for flu and covid and made good progress with the development of our workforce planning models and datasets, supporting the workforce modelling and analytics for Ambulance Operations and our 111 and 999 Services .

4. Health and Wellbeing

Additional support has been rolled out to support absence - every area of the Trust now has an assigned wellbeing support officer to assist local management and HR teams and work is already underway to establish strong relationships and improve experiences across the sectors. The Trust Psychotherapist and her team have undertaken a substantial recruitment process to expand the LINC peer support network, and via a bespoke training process, 60 new colleagues will work alongside the additional fifteen senior LINC workers.

The Trust has recently completed a full open tender process for our OH contract which will become operational from July 2022. The specifications for the new contracts were carefully written to ensure that the experience of the last two years was properly reflected – including enhanced mental health support, provision for colleagues with post covid syndrome and quick and easy access for managers to make referrals and receive information.

At the end of January 2022, the government paused the legislation relating to mandating the Covid-19 vaccine for frontline healthcare workers. Currently more than 97% of colleagues in scope had at least one covid-19 vaccination and work will continue to ensure that our data is complete and reliable and to encourage all colleagues in the LAS to have their vaccination. More than 60% of frontline colleagues have taken the flu vaccine, making the Trust one of the top 10 in London.

Further training for managers has been procured, including a course from the Tavistock Institute on supervision and menopause awareness. This is in addition to the extension of our Schwartz round license and the training of additional facilitators. The Wellbeing Team also continues to facilitate a number of support groups including for colleagues who are living with Post Covid Syndrome and for those who are affected by (or interested in learning more) about the menopause. The Wellbeing team has also worked with the Safeguarding team on promoting sexual safety and has purchased a limited number of apps that can be given to colleagues who have suffered from sexual or domestic violence.

January 2022 was the 2nd busiest month ever for the LAS Wellbeing hub with 1,825 phone contacts (compared to 2,000 in December 2021). Again, most related to isolation guidance and the process that colleagues are asked to go through when reporting positive or negative covid tests. Over 4,680 (83%) of LAS colleagues have now recorded their Covid-19 booster.

Work is ongoing to improve our wellbeing spaces – so far this has included the purchase of seven massage chairs that will be divided across the four control rooms and a wellbeing themed photography competition, with winning entries displayed across the Trust. Each local group station has been allocated funds that can be used to develop their wellbeing rooms (or mess rooms).

The seven LAS tea trucks continue to operate across London, with all operatives now trained in how to conduct wellbeing conversations and how to signpost on to further support if needed. LAS “Wellbeing Cafes” have been established in each of the four control rooms, with colleagues able to access hot drinks, snacks and to take some time out.

5. Organisational Development and Talent Management

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

New team name and focus: The Leadership, Education and Performance Team – known as LEaP – has officially changed its name to the Organisational Development (OD) and Talent Team. The updated name reflects the new work the team is doing to support colleagues across LAS, in all departments, to make learning and development even more comprehensive and accessible to everyone. Talent development and organisational design and development will be an important focus for the team, aligned to Trust objectives. As part of this change, we are working on a Course Catalogue that will capture the learning and development offer to better support our colleagues and their career progression within the Trust.

Make Ready Project: The OD & Talent Team is working alongside People & Culture colleagues and the Make Ready Project Team on the Culture Change element to support the socialisation and TUPE-transfer of 400 colleagues into the LAS family. There are three work areas: Belonging to the LAS family – offering a warm welcome to the new colleagues in their first few days at LAS; a bespoke series of inductions; alignment to the *Our LAS* culture transformation programme; and an extensive training analysis and programme.

Talent Development: The Engaging Leader Programme (for Bands 4-7 line managers) - a blended learning offering that is delivered in partnership with NHS Elect – has been launched with a pilot cohort. The aim of this programme is to educate, equip and enable effective future leadership across the Trust.

The key programme objectives are:

- Leadership Behaviours;
- Teams and Change;
- Influencing Success;
- Inclusive Leadership;
- Resilience for Leaders; and
- Coaching for Leaders.

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 31st January, the overall statutory and mandatory training completed is slightly below the 85% target, at 83%. PDR compliance, based on a rolling 12-month period, has remained at 44% for the last two-month period. 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.

6. Culture, Diversity & Inclusion

Staff Survey: External reporting regarding the 2021 staff survey data is embargoed until 30th March 22. The results have been shared internally, which will be shared in May 2022 public board.

Staff Network Groups: Funding has been secured for each Network from the LAS Charity to spend on their priorities, such as training courses or holding events celebrating their identities. We have agreed to provide protected time for Network Chairs each month away from their duties to focus on the work needed to successfully run their groups. Each Network has produced a terms of reference document to support their Chairs and core members.

We have appointed Executive Leads for each Network to support, guide and champion them throughout the organisation.

- B-ME Network – Daniel Elkeles, Chief Executive Officer
- Christian Fellowship* – Damian McGuinness, Director of People and Culture
- EnAble Network – Fenella Wrigley, Deputy Chief Executive Officer and Chief Medical Officer
- LGBT Network – Antony Tiernan, Director of Communications and Engagement
- Women’s Network – John Martin, Deputy Chief Executive Officer and Chief Paramedic and Quality Officer

*To be embedded within a Multi-Faith Staff Network Group. This Network will support staff of all faiths, and have sub-groups within for different faith communities. It is our ambition to appoint a Multi-Faith Chaplain to provide emotional, pastoral and religious support to our staff.

Our new Emerald Society for Irish colleagues has been incorporated as a constituent group of the B-ME Staff Network Group both for governance reasons and so the B-ME Network chairs can support the chair and core members of the Emerald Society as they grow.



Assurance report: People and Culture Committee

Date: 10/03/2022

Summary report to:	Trust Board	Date of meeting:	29/03/2022
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:

Occupational Health Tender

The committee were briefed on the outcome of the recent procurement process. There was a preferred bidder. The committee received assurances that the panel were confident that the proposed provider would be able to meet the specific needs of the LAS and resolve any service gaps that currently exist. The current contract does not provide for ongoing flu and covid vaccination but may be included at a further date. This would be at additional cost. The committee noted the panel's recommendation would now be considered by FIC and then the Trust Board.

WRES

The committee received a presentation on the WRES indicators measured in the staff survey. It noted that there had been some positive progress in a number of areas.

The number of white and BAME staff experiencing bullying or harassment from patients or members of the public had fallen in both cases.

The number of BAME staff experiencing bullying or harassment from managers or another colleague had fallen by 8% bring them in line with white colleagues. However, the committee noted that 23.8% of staff reported experiencing either bullying or harassment in the workplace and whilst this had reduced it was still unacceptably high.

The number of BAME staff who said they believed the organisation provided equality in career progression improved by 5% which was the best result in 5 years, and this was noted as particularly positive.

However, experience of discrimination whilst reducing by 1% for white staff had increased by 2% for BAME staff.

Workforce Planning and recruitment

The committee received a report on progress on recruitment and the workforce plan for the coming year. The committee noted that ambulance operations would end the year 186wte above the previous year but were advised that in recent months recruitment plans had been challenged by HCPC and visa delays. Recruitment to the CHUB remains a challenge and EOC call handler recruitment is being delayed whilst tutors and classroom capacity is focus on the CAD.

The workforce plan for 22/23 has been reviewed by Exco. It has proposed an increase of 280wte to ambulance operations at a cost of £7.8m. This would achieve a CAT 2 response of 23 mins. The committee reviewed the assumptions that underpinned these proposals and asked that these were aligned with those used in operations to plan activity demand. In particular the committee asked to receive assurance on the abstraction rates modelled.

Other matters considered:

Staff Survey

The committee received a presentation on the staff survey. Over 4,000 staff had completed the survey which was a good response rate when compared to other ambulance Trusts (63% versus 54%) and particularly as the service was in REAP 4 at the time of completion.

The survey is structured around the People Promise themes. The highest scoring themes were 'We are compassionate and inclusive' and 'We are a team'. The lowest scoring themes were 'We are always learning' and 'Morale'. The committee discussed the particularly low scores for appraisals and the Chief People Officer describe the actions taking place to improve staff experience of these and new training for line managers. The committee also discussed morale and in particular the data indicating burnout was a significant issue. The committee reflected the uniquely challenging circumstances of the last two years and agreed a focused piece of work should be undertaken to explore the evidence on what may assist in recovery from burnout including looking to other organisations such as the army for potential models.

Our LAS

The Committee received a presentation on the culture change programme. It noted the significant engagement that had been achieved so far. Over 1,500 staff had attended the sessions – many in their own time. The next step is to have a further set of engagement sessions around four key areas that staff have identified as a priority – team work, appraisals, inappropriate behaviour and Talent development. This will be supplemented by a series of leadership masterclasses in May



which will enable every line manager to explore how leadership also needs to change across the service to support the new culture.

Key decisions made / actions identified:

See other commentary.

Risks:

Board Assurance Framework
This was reviewed. The committee asked that a new risk of burnout be added. It also felt the risks relating to ED&I should be a single risk on its own. Discussion also took place on the scoring of the staff vaccination risk and whether it should be reduced given the change in national policy. The Chief people Officer advised the committee that there remained a backlog of other vaccinations that had been delayed due to the pandemic. He agreed to review the scores and report back to the committee.

Assurance:

We received assurance of progress against a number of the WRES standards
Assurance was also provided of a comprehensive procurement process for occupational health



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 for 2022/23

The Trust submitted a draft 2022/23 financial plan on 17 March as per the national timetable. Discussions with other ambulance Trusts indicates that the sector is facing significant financial challenges in the coming year. The Trust has met with the national finance team detailing underlying reasons for this.

The final plan is due for submission on 28 April and the Trust will be working with NWL ICS and London Regional Office to refine the draft plan.

In parallel and as part of developing the financial plan, the Trust has continued to engage with services and Directorates to develop their business plans.

Financial Position at the end of January 2022 (month 10)

The financial plan for the remainder of 2021/22 (H2) was approved at the Trust Board meeting on 20 November 2021. At the end of January 2022 the Trust has:

- Has YTD surplus of £30k as at 31 January 2022, breakeven on an adjusted financial performance basis.
- Is currently forecasting a surplus position of £10m to the end of March 2022 assuming a further £28.4m income in H2 as confirmed by NWL ICS. The forecast has been updated to include known risks and mitigations at month 11. Given the stage in the financial year this is now presented as the likely case.
- The Trust has delivered £6.9m of efficiency reductions to the end of January 2022.
- £58.0m 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 £14m Capital Resource Limit.

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 the Directorate.

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.

As part of the moving towards a fully ULEZ compliant fleet, the Trust has placed orders for 225 new vehicles. This includes 40 new ambulances, 42 electric fast response cars, 32 electric and hybrid vehicles for “behind the scene” teams such as the Make Ready teams and 3 electric motorbikes

Supply & Distribution

Supply & Distribution has a number of significant projects working concurrently, which include; the rollout of the CAMS project, the delivery of 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.

The Make Ready insourcing business case was developed and finalised. It was approved by the Executive Committee on 22 December and Finance and investment Committee on 13 January. Following approval a programme team has been mobilised. The plan is on track to insource the service by the start of April 2022.

Estates

The development of the Estates Strategy has commenced and is gaining momentum. A key element of the strategy is meaningful engagement with stakeholders. Sessions with internal stakeholders have begun. In parallel, modelling and other data analysis has also started. The strategy is due to completed in the summer.

The lease for Orpington (one of the bases for the NETs vehicles) has now been signed following approval by the Finance and Investment Committee.

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

Rakesh Patel
Chief Finance Officer
March 2022



Report Title				
Meeting:	Finance & Investment Committee			
Agenda item:	4.4	Meeting Date:	14 th March 2022	
Lead Executive:	Rakesh Patel, Chief Finance Officer			
Report Author:	James Corrigan, Financial Controller			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Information
Report Summary				
<p>The purpose of this paper is to set out the financial position for the Trust as at 31 January 2022 (month 10)</p> <p>Key points to note are that the Trust:</p> <ul style="list-style-type: none">• Has YTD surplus of £30k as at 31 January 2022, breakeven on an adjusted financial performance basis.• Is currently forecasting a surplus position of £10m to the end of March 2022 assuming a further £28.4m income in H2 as confirmed by NWL ICS. The forecast has been updated to include known risks and mitigations at month 11. Given the stage in the financial year this is now presented as the likely case.• The Trust has delivered £6.9m of efficiency reductions to the end of January 2022.• £58.0m 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 £14m Capital Resource Limit.				
Recommendation/Request to the Board/Committee:				
<p>The committee is asked to note the financial position and forecast outturn for the Trust for the period ending 31 January 2022.</p>				



Assurance Audit Committee report:

Date: 20/03/2022

Summary report to:	Trust Board	Date of meeting:	29/03/2022
Presented by:	Rommel Pereira, Non-Executive Director, Chair of Audit Committee	Prepared by:	Rommel Pereira, Chair of Audit Committee

Key decisions made / actions identified:

Contract Approval for External Audit Services

At its meeting on 15th February 2022, the Audit Committee approved a contract award recommendation to KPMG for external audit services. It was noted that the awarding panel had been through a diligent process of tender and evaluation. The contract was for three years with an option to extend for one year and then one additional year, up to a five year maximum term.

Whilst agreeing that the procurement process and evaluation had been robust, the Audit Committee sought reassurance around any reputational risks associated with KPMG's association with Carillion and it was agreed that KPIs around reputation should be developed to provide the necessary degree of assurance. There would also be an explicit discussion between KPMG and the Director of Finance around reputational matters.

Risks:

Board Assurance Framework (BAF)

It was noted that January Board had agreed that the new layout of the BAF was clearer and easier to identify any issues of concern although further work was required on bringing the content up to date. The Committee noted that work was also underway on the relationship between the BAF and corporate risk register to ensure a clear line of sight between the two documents, and the Trust's risk appetite statement was being refreshed. The Audit Committee had concluded that the Trust was now in a much better place in terms of risk. However, recognising the complexities of the transformation programme and the importance of balancing the need to implement change and the associated risks, it was agreed that consideration should be given to articulating the risks associated with holistic change management in the BAF.

Internal Audit Progress Report

It was noted that there had been a slower start than anticipated in delivery of the internal audit plan. However, BDO was taking steps to bring momentum to delivery and the report included a detailed schedule of timescales for completion of the internal audit plan.

BDO confirmed that if there were further delays, agreement would be sought from the CFO and Audit Committee Chair for a streamlined plan sufficient to provide a Head of Internal Audit Opinion.

The CFO confirmed that he would work closely with BDO in terms of prioritising the work in the audit plan and ensuring that audit findings and recommendations were circulated as soon as possible. The Chair of the Committee made clear that his expectation was to see significant progress by the time of the April Audit Committee.

Audit Plan 2021/22

As part of the discussion of the 2021/22 Audit Plan, it was noted that the Trust was planning a desktop valuation of all its land and buildings for 2021/22 and therefore it had been felt that the risk could be lowered from the previous year as significant movement as a result of this valuation was not expected.

Review of Contract Management Procedures

The CFO presented the outcome of a review into LAS's contract management capability and capacity following concerns raised by the former CFO in relation to value for money and contract management. Initial findings had demonstrated a good level of contract management evident, with budget holders aware of the importance of contract management although some lacked an overall awareness of the procedures available to them and record-keeping was inconsistent.

The intention was that, going forwards, all LAS contracts would be baselined using the same methodology, allowing continuous improvement plans to be developed to ensure each contract was performing to the required standards. To this end, Procurement would be working with contract managers on individual improvement plans over the next two months and then conduct a further review to measure improvements.

Going forwards, regular updates would be presented at Audit Committee.

Assurance:

Cyber Security Update

As part of its update on cyber security issues, the Committee noted that a Cyber Committee had now been established that meets bi-weekly to review any cyber related issues.

Internal Audit Report – Staff Rostering

The Committee received an internal audit report on staff rostering, the overall conclusion of which was partial assurance with improvement required. It was confirmed that the People and Culture Committee would review the findings.

External Audit – Indicative Audit Plan 2021/22

The Committee received the provisional audit plan setting out the proposed approach to the 2021/22 audit.

Local Counter Fraud Update

The Committee received an overview of counter fraud work undertaken since October 2021, including both proactive and reactive work streams.

Annual Report and Accounts – Update on Action Plan

The Committee received a final timetable for production of the 2021/22 annual report and accounts. It was confirmed that lessons learned from the previous

year were being implemented in terms of a co-ordinated approach to production of the whole annual report cycle.

Single Tender Waivers

In reviewing a benchmarking report on single tender waivers, it was noted that LAS had a consistent or lower proportion of waivers than similar sized organisations. However, it was noted that the Trust's use of waivers for reasons related to urgency was above the average observed across the other providers reviewed. The Committee agreed that the tender processes within the Trust were relatively robust with a Supply Chain Management Board (SCMB) meeting regularly and any large tenders presented to ExCo for oversight and approval.

The CFO said that, going forwards, he intended to focus on those waivers that were the result of inadequate advance planning to mitigate against the need to be reactive. The intention was to introduce appropriately robust financial management training for budget holders including roles and responsibilities.

Losses and Special Payments

The Committee received detail on the level of losses and special payments recorded by the Trust in accordance with guidance. It was noted that further work was being undertaken on the longer term trends on employment tribunals and lost or damaged equipment to understand the drivers of these increases and possible mitigating actions.

Update to SFIs

The Committee received a report on work to update the Standing Financial Instructions and Scheme of Delegation.

Vehicle Depreciation Policy Update

The Audit Committee approved the revised useful expected lives of the Trust's blue light vehicles as a change to accounting estimate under IAS 8.

IFRS 16 Leases – Change in Accounting Policy and 2022/23 Impact Assessment

The Committee noted that in 2022/23 the NHS would adopt IFRS16 which, for lessee organisations, would bring all leases on to the Statement of Financial Position (SOFP) apart from short term and low value leases. The changes would mean that all leases entered into on or after 1st April 2022 would score against national capital budgets. HM Treasury had confirmed that the national capital limits would be uplifted for the effect of the new accounting standard in 2022/23 meaning that the national capital budget would allow for the effect of the new Standard.

Guidance was still being received from NHSEI but there would be an impact on capital budgeting in future years.



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 the Directorate activity referencing the Integrated Performance Report (IPR) for the November 2021 reporting period.

1. PATIENT EXPERIENCE

Complaints

The rate of complaints has risen over the year, which is not unexpected given the increase in operational activity for both 999 and 111 calls. It is likely that the total number of complaints for the year to 31 March 2022 will be the highest for the last 10 years.

In recent weeks complaints have been showing signs of reducing. This is mainly as a result of the improvement in response times with consequently fewer complaints about delay. Complaints about delay tend to lag two to three months behind the data so it is anticipated that the improvement in numbers will continue with minor fluctuations.

The Complaints and Quality Teams are working closely together to improve the complaints handling and investigation processes. We are working to identify and introduce new practices to enhance the capture and sharing of learning across the Trust from all complaints and concerns. The Safety Investigations Assurance and Learning Group has been re-established with revised terms of reference. This will seek to drive high quality and effective learning across the organisation by analysing trends and emerging themes from complaints and by triangulating these with data from incidents, quality alerts, audits, and compliance.

We have made improved the acknowledgement letter for complaints and designed an on-line Equalities Monitoring which we hope will improve the collection of such information.

2. LEGAL SERVICES

Legal Services Department is looking to consolidate all Trust Legal Services and working towards a central budget for better management of legal advice across the organisation – a centralised system within the Legal Department for all instructions to external firms. We are working with Procurement to establish the right frameworks with a view to reducing legal expenditure on external lawyers.

Secondees from Panel firms are being brought in to assist with the current workload until substantive recruitment (Band 5) takes place. The temporary outsourcing facility with Panel firms continues until further arrangements are in place. The outsourcing facility provides greater access to legal resources at a lower cost and eases the current pressures in the team.

There is still a significant backlog from some Coroner's Courts following the Covid-19 pandemic and therefore the volume of work varies weekly. More Inquest hearings are being listed. A succinct monthly briefing on Inquests and Claims to the Executive is now being circulated. Senior Management will be routinely notified of high profile/high risk matters which also attract reputational and financial concerns for the Trusts.

3. INFORMATION GOVERNANCE

Our Head of Information Governance left us this month to take up a role with NHSE. These posts are not easy to recruit to but we have secured the services of an experienced interim who has worked with LAS before to cover the post from April. The other vacancy in the department is being interviewed for, and we hope to be up to our full complement of staff by the end of April.

4. CORPORATE GOVERNANCE

Governance Arrangements

The Trust has returned to normal governance arrangements during the current round of Board and Board Committee meetings. This followed a period of 'light' governance arrangements which had been put in place to free up management capacity and resources during the period of heightened operational pressures. The March meeting of the Trust Board represents a return to meetings held in public.

Governance Review

Work has continued with the Good Governance Institute (GGI) on the second stage of the review of governance arrangements within the Trust. An action plan has been produced by the Trust in response to recommendations made by the GGI in the first phase of their reporting. Part of this work will include a review of the effectiveness and terms of reference of board committees.

Board Assurance Framework

The Trust has recently undertaken a piece of work to refresh the BAF in order to ensure that it remains relevant, effective and captures the risks to the Trust's strategic goals. This work led to the identification of nineteen risks in relation to the fifteen corporate objectives. The BAF is not a static document and new, emerging risks will continue to be identified and managed over time.

The refreshed BAF, along with the views of the Trust's Board Assurance Committees who have considered the risks relevant to their remit during the current meeting cycle, will be discussed later in the Trust Board meeting.

Freedom of Information

Interest in the work of the Trust remains high and this is reflected in the number of information requests received. As part of its commitment to being an open and transparent public body, the Trust has reviewed and refreshed its Freedom of Information response processes over recent months. Nine out of ten requests are now being answered within the prescribed timescale.



London Ambulance Service

NHS Trust

Assurance report: D999 Programme Assurance Group

Date: 11/03/2022

Summary report to: Trust Board

Date of meeting: 29/03/2022

Presented by: Sheila Doyle, Non-Executive director and PAG Chair

Prepared by: Sheila Doyle, Non-Executive director and PAG Chair

Matters for escalation:

CAD status update

Members received a briefing on the overall program status. The go-live date is now confirmed for September 2022. This date allows sufficient time to complete product readiness, user acceptance & performance testing, staff training and change management.

All product changes will be completed by end of March. Governance processes have been enhanced to ensure that change requests are reviewed and challenged by the Chief Executive Officer (CEO) and Chief Medical Officer / Deputy CEO.

A comprehensive training and change management plan is being developed. Trainers will be available from March 21 to ensure that they have sufficient time to familiarise themselves with the product and prepare the training material. Training material will be available mid-April in sufficient time for the Train the Trainer program commencing on April 18. The training program will run for 10 weeks concluding the end of August. The program has been developed to accommodate bank holidays and seasonal annual leave. Additional measures are being implemented to 'ring fence' the project team and ensure that they are not recalled to front line duties.

Change management and staff engagement will be a key focus over the summer months and will build on the experiences of the electronic patient records change program.

PAG Terms of Reference

The Terms of Reference was reviewed at the January PAG and is presented to the board for approval.

Other matters considered:

Ongoing Software Changes

Members agreed that ongoing developments of the application are now down to diminishing returns and the effort required to change the application will result in very small benefits. The Executive & Senior Operations Leadership will implement an application change freeze at the end of March so that the project can meet the September go live date. All future changes will form part of the product development roadmap.

Governance - Clinical Advisory Group

A clinical advisory group has been established to oversee product change requests, provide clinical sign-off for training documentation and to oversee changes to policies and procedures. Members welcomed the enhanced governance and requested that the program governance documentation is updated to reflect this change.

Training Plan Update

Members received a verbal update on the development of the training plan. A detailed plan will be shared in correspondence.

Finance Update

The CFO provided a summary of the project finances. The project continues to track within the business case financial envelope. An update on benefits tracking and realisation will be provided at the next PAG.

Key decisions made / actions identified:

Noted in previous section.

Risks:

Risk Register

The top 10 project risks were reviewed. Members discussed the risk of transitioning from the current CAD to the new CAD and whether a phased cutover or 'big bang' approach is preferred. An options paper will be developed, taking all factors into consideration including the impact on EOC staff.

The risk of a surge in Covid cases was also considered, especially as the project transitions into live production in the Autumn, when the weather patterns begin to change. This risk will be closely monitored in line with Covid volume projections.

Assurance:

The PAG was assured that:

- A robust plan is in place to support CAD delivery in September 2022.
- Executive oversight of product change requests is in place.
- Operations leadership is committed to ensuring that a product change freeze will be implemented at the end of March.
- Training and Change Management plans have sufficient executive oversight.
- A Clinical Advisory Group has been set up to provide clinical sign-off for training documentation and to oversee changes to policies and procedures.



Report Title		Proposed Quality Priorities 2022/23	
Meeting:	Trust Board		
Agenda item:	5.1	Meeting Date:	29 th March 2022
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer		
Report Author:	Jaqualine Lindridge, Director of Quality Lee Hyett-Powell, Head of Quality Assurance Systems Amy Pitcher, Quality Compliance Manager		
Purpose:	X	Assurance	X
		Discussion	Approval
			Information

Report Summary

It is a statutory requirement for NHS Trusts to produce an annual Quality Account, which must include specified quality priorities which the Trust intends to focus improvement efforts on for the subsequent financial year. This report presents the proposed quality priorities for 2022/23, which are summarised here.

In identifying these priorities, we have considered progress against our priorities for 2021/22, learning and recovering from the pandemic, the new CQC strategy, and various sources of quality intelligence, business plans and our clinical strategy.

These priorities have been shaped by engagement sessions with members of the Patient and Public Council, operational staff and managers, as well results from a survey of staff.

We present three priorities for consideration:

- Patient care
- Patient, family and carer experience
- Staff engagement and support

Within these priorities are 12 objectives. These objectives focus on:

- Improving our care of patients presenting with cardiac arrest and/ or ST-Elevation Myocardial Infarction
- Improving how we support patients presenting with unrecognised hypertension, linking with the NHS England and Improvement Core20Plus5 approach to reducing health inequalities
- Developing a Health Inequalities Action Plan
- Improving our compliance with infection prevention and control
- Delivery of our Right Care, Right Place programme, which focusses on ensuring service users receive the best possible care in the most appropriate environment
- Developing how we triangulate and share learning from incidents, complaints, claims and excellence
- Improving our performance in terms of response, call answering and call-back indicators

- Improving access to clinical supervision
- Increasing access to specialist and advanced practice opportunities
- Empowering our staff to become more able to make improvements in their place of work
- Delivering Quality Improvement projects which respond to local patients' needs
- Improving access to basic kit and equipment

Throughout the year, we will use key performance indicators to monitor how we improve against all priorities and objectives. We will arrange for regular progress updates to be provided to various Trust Committees and Groups and will provide a full report on our progress as part of next year's Quality Account.

The content for the 2021/23 Quality Account has been drafted and will be updated with Q4 data prior to being shared with Commissioners, appropriate Overview and Scrutiny Committee and Healthwatch for document assurance. The completed Quality Account will then be presented to Trust Board in May 2022 for approval, prior to being published on the Trust website and a copy supplied to Department of Health and Social Care in accordance with the publishing requirements for 2021/22.

Recommendation/Request to the Board/Committee:

The Board is asked to approve the quality priorities for 2022/23

Routing of Paper i.e. previously considered by:

Executive Committee
Quality Assurance Committee

Corporate Objectives and Risks that this paper addresses:

How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations?

*The quality priorities address our objectives to **deliver high quality patient care (1)**, to **deliver the models of care in the 2018/23 strategy (2)**, and to **embark on a cultural transformation journey that celebrates diversity and compassionate leadership (6)**.*

The principle risk is poor or no improvement against one or more objective (including deterioration below baseline), most likely due to lack of resource. The Trust has a number of programmes of work underway to improve operational resource which should mitigate this.

How does the paper contribute to LAS's work to improve and create a more compassionate and positive culture?

Some of the proposed priorities support the development of a just culture, including learning from excellence, improving clinical supervision and empowering staff to make improvements in their own place of work.

How does the paper contribute to work to improve equality and inclusion in the workplace?

The quality priorities seek to improve how we contribute to the reduction in health inequalities for our patients.

Proposed Quality Priorities – 2022/2023

Whilst the continued effort in managing the pandemic presented challenges, a number of opportunities emerged which are shaping how we work and how we are planning our future services.

Looking ahead, we have identified 3 proposed quality priorities for 2022/23. In order to shape the priorities for this year, we have undertaken engagement sessions with members of the Patient and Public Council, operational staff and managers and held an open survey for all staff.

In identifying these priorities, we have considered the following:

- Progress against the 2021/22 quality priorities
- Learning from the pandemic and service recovery
- The new CQC strategy
- Various sources of quality intelligence, trust business plans as well as our clinical and quality strategy
- What matters to our staff, patients & the communities we serve

Our three priorities are:

- Patient care
- Patient, family and carer experience
- Staff engagement and support

To ensure improvement in these priority areas, we have identified a number of specific objectives and will use key performance indicators to measure improvement over the coming year.

Patient care		
Objective	KPI	Owner
Improve care for patients presenting with out of hospital cardiac arrest and/ or ST-Elevation Myocardial Infarction.	Improve against ROSC AQI with a target of 30% or higher	Operations/ Clinical/ Quality
	Improve time until CPR started AQI <5 mins measured monthly	
	Consistently exceed 80% in individual STEMI bundle components.	
Improve the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with CORE20PLUS5.	Develop a guideline and process for recognising unrecognised hypertension and referring/ signposting patients accordingly, linking with the Core20plus5 approach to reducing health inequalities.	Clinical Directorate/ Operations
	Implement the process	
Develop a Health Inequalities Action Plan.	Develop a health inequalities action plan, based on a needs analysis and linking with system partners.	Clinical Directorate

	Recruit a public health specialist clinician	
	Improve the recording of ethnicity and gender identity on ePCR	
Improve our compliance with infection prevention and control measures.	Achieve and maintain PPE targets	CHUB/ IUC/ Ambulance Services
	Achieve and maintain hand hygiene audits	

Patient, family and carer experience

Objective	KPI	Owner
Deliver the Right Care, Right Now Programme.	Achieve 2022/23 programme deliverables for all constituent projects.	Operations/ Clinical
Improve how the Trust triangulates and shares learning from incidents, complaints, claims and excellence.	Develop a virtual notice board and digital repository of learning which is accessible to all staff.	Clinical/ Quality
	Develop the Trust Learning from Experience magazine, INSIGHT, to include more interactive and multimedia content.	
Improve against response and call answering/ call-back indicators, reducing avoidable harm and poor experience due to delays.	Improve achievement of C2 response standards	Operations
	Improve achievement of 999 call answering indicators	
	Improve achievement of 111 call answering and call-back indicators	
	Improve and maintain high levels of hear and treat/ consult and complete	
	Work with EDs to reduce hospital handover delays by undertaking focused QI activity	

Staff engagement and support

Objective	KPI	Owner
Improve access to clinical supervision for all clinicians to improve access to clinical development and progression.	Implementation of the supervision strategy	CE&S, Quality, Operations

Improve access to specialist/ advanced practice opportunities and rotational working.	Achieve trajectories within the workforce plan	Clinical Directorate
Improve the percentage of staff who feel able to make improvements in their area of work.	Increasing percentage of staff reporting able to make improvements (pulse surveys)	Quality/ Operations
QI projects responding to patient's needs by sector.	Implement Quality Advocates in each sector	Operations/ Quality
	Complete a bespoke quality improvement project per sector/ service based on identified patient needs.	
Back to basics: kit and equipment.	Make ready KPI (TBC)	Operations
	Reduction in missing equipment incidents	



Report Title	Make Ready Update		
Meeting:	Trust Board of Directors in Public		
Agenda item:	6.1	Meeting Date:	29 th March 2022
Lead Executive:	Rakesh Patel, Chief Finance Officer		
Purpose:	X	Assurance	Approval
		Discussion	Information
Report Summary			
<p>Make Ready is a critical support function to clean, stock, check and move vehicles to ensure they are fully equipped and in the right place to support delivery of patient facing care. Since 2005, the Make Ready Service has been outsourced to third party suppliers with c.350 staff employed across London.</p> <p>In January 2022 the Trust Board took a decision to invest £14.2M and in-source the Make Ready service from 1 April 2022, including transfer of the existing workforce and management into London Ambulance Service.</p> <p>This presentation updates on:</p> <ul style="list-style-type: none">• Consultation with staff (TUPE)• Investing in new equipment for Make Ready• Cultural Induction into London Ambulance Service• Key implementation risks			
Recommendation/Request to the Board/Committee:			
The Board is asked to note this update paper.			
Routing of Paper i.e. previously considered by:			
n/a			



London Ambulance Service
NHS Trust



Delivering the Make Ready Service

Update on programme to in-source the Make Ready Service from 1 April 2022.

Summary

- Make Ready is a critical support function to clean, stock, check and move vehicles to ensure they are fully equipped and in the right place to support delivery of patient facing care.
- Since 2005, Make Ready Service outsourced to third party suppliers with c.350 staff employed across London.
- January 2022 Trust Board decision to invest £14.2M and in-source Make Ready service from 1 April 2022, including transfer of the existing workforce and management into London Ambulance Service.
- This presentation updates on:
 - Consultation with staff (TUPE)
 - Investing in new equipment for Make Ready
 - Cultural Induction into London Ambulance Service
 - Key Implementation Risks



Consultation with staff

- The transfer of c.400 existing staff into LAS is governed by the Transfer of Undertakings (Protection of Employment) regulations 2006 (known as TUPE).
- These regulations protect the rights of employees, including the transfer of their existing terms and conditions to ensure an employee does not suffer as a result of the transfer.
- As part of TUPE, the existing third party suppliers have worked with LAS and LAS Staffside union reps to consult with transferring staff on the reasons for the transfer and the proposed changes that LAS will make from Day 1 of the transfer (known as 'measures' under TUPE process).
- The consultation sessions took place between 28 February - 23 March 2022 and included:
 - 7 face-to-face consultation sessions with Churchill staff.
 - 3 online consultation sessions with Mitie's 19 elected staff representatives
 - 8 face-to-face and 2 online consultation sessions with Mite staff.
- LAS has also received employee data from the third party suppliers to set up the staff as LAS / NHS employees from 1 April 2022.



Proposed LAS 'measures' consulted on:

- Pay date alignment with LAS
- NHS pension enrolment
- Adoption of LAS employment policies and procedures
- Offer to move to NHS Agenda for Change (AfC) terms of conditions over 3 year period.
- Offer of a minimum of London Living Wage from 1 April 2022

Investing in new equipment for Make Ready

The Trust has invested in new equipment for use by the Make Ready Teams including,

- New LAS liveried vehicles (18 vans and 5 cars) –Apr-22
- LAS blue uniform – polo shirts, trousers, safety boots, High vis jackets– Mar-22
- LAS ID Cards and lanyards – Mar -22
- New jet washers for 4 sites – Mar-22
- Additional lockers to provide staff without lockers personal storage – Mar-22
- Technology investments:
 - New Make Ready system module – to be launched by Oct-22
 - New Laptops and pool mobile phones – for Apr-22
 - New iPads for managing leave, training and access to new system – Apr/May-22



Cultural Induction for Make Ready Programme

- **Objective: To welcome our Make Ready colleagues and integrate them with our LAS Colleagues**
- Induction will take place 2 to 4pm on the 5,7, 8,11 & 12 April
- Attendees will be: Make Ready Project Team and LAS colleagues (CTM's, LGM's, Station Admin and Union Reps)
- CEO and Exec. Sponsor and will share LAS Trust Objectives, Mission, Culture and Values
- Special guest CTM will talk about the value of our new colleagues and the contribution they make to patients and road crews
- Our LAS Culture Programme and EDI
- Health & Safety
- We will arrange a market place – This will include OD & Talent Team, Wellbeing, Pay and Pensions, Unions reps
- Networking during breaks and at the end of the induction

Make Ready – Cultural Awareness

The transfer into LAS of approx. 350 colleagues from Mitie and Churchill within the Make Ready team requires an additional level of integration support as they transition from third party contractors to becoming permanent colleagues. This support extends to creating greater cultural awareness and appreciation directed at both colleagues joining LAS and also the existing workforce with whom they directly interact.

It is essential that the Values and Behaviours are clearly set out and a conscious effort made to create a strong integration process that supports high level of cultural inclusion from the outset.

It is therefore proposed, in addition to the Corporate Induction / Onboarding sessions, that a half day workshop should be run for all Supervisors, Team Leaders, Operations Managers, Account Director moving into LAS plus the newly appointed Sector Managers and Advocates.

Target Audience – Approx. 80

Workshop Duration – 3 hours

Logistics – Subject to shifts and colleague availability 3 or 4 workshops. Ops Managers, Account Director, Sector Managers to attend all workshops.

Objective – To clearly set out the Cultural integration expectations of LAS and identify key differences/ barriers that need to be addressed.

- Content:**
- > CDI Role
 - > Values & Behaviours – Our LAS Culture
 - > EDI Defined
 - > LAS Demographic Statistics
 - > Staff Survey 2021
 - > FTSU & Resolution Framework Themes
 - > Transition / Integration Challenges
 - > Leading With Inclusion

**NHS****London Ambulance Service**
NHS Trust

Report Title	Fleet Investment Road to zero – Update on the green plan			
Meeting:	Trust Board			
Agenda item:	6.2	Meeting Date:	29 March 2022	
Lead Executive:	Rakesh Patel, Chief Finance Officer			
Report Author:	Rob MacIntosh			
Purpose:		Assurance		Approval
		Discussion	x	Information
Report Summary				
<ul style="list-style-type: none">To inform the Board about capital investment in fleet in Q3/4 of 2022 focusing on road to zero emission fleet.£16.6 million investment in vehicles and infrastructure for electric vehicles has allowed the procurement of electric, hybrid electric or ULEZ compliant vehicles and 3 electric motorbikes. 225 vehicles in total.				
Recommendation/Request to the Board/Committee:				
The Board is asked to note the content of this paper as a substantial step towards fleet modernisation and getting closer to London ULEZ compliance.				
Routing of Paper i.e. previously considered by:				
Executive Committee				
Corporate Objectives and Risks that this paper addresses:				
This report supports the delivery of the London Ambulance NHS Trust green plan.				



Fleet Investment Road to Zero – Update to the Green Plan

Executive Summary

This is the first report from Head of Fleet to advise the board on the strategic map of the road to zero emissions for the 1000 strong fleet of the London Ambulance Service.

Towards the end of the calendar year 2021, LAS secured £16.6 million to spend on fleet, focusing on Ultra low emission zone compliant vehicles, utilising full electric and hybrid electric vehicles where possible, and the infrastructure to support it, which is set to make the LAS the largest electric response fleet in the country.

Lowering Emissions

The significant investment, £10 million of which will come from our commissioners North West London ICS (Integrated Care System), will be used to purchase 225 new vehicles over the course of a year, including 40 new ambulances that are lighter and produce lower emissions than our current vehicles, as well as 42 electric fast response cars and three electric motorcycles. LAS will be the first service to use such electric motorbikes to respond to emergency calls.

This significant investment will also fund a further 32 electric and hybrid vehicles for London Ambulance Service teams who work “behind the scenes” to care for Londoners, such as those who travel around the capital to restock and deep clean ambulances. The new make ready vans (18) will be mild hybrid vans reducing emissions and improving economy.

It will also mean 10% of London Ambulance Service’s 1,000-plus vehicles will be electric or plug-in hybrid electric. Where it is not possible to use hybrid or electric vehicles, new vehicles will comply with ULEZ.

Current Fleet and Carbon Footprint

The current fleet of over 1000 vehicles is made up of over 80 different makes and models, ranging from new to over 15 years old. Of the 530 DCAs that are on the fleet and used operationally, 147 are non ULEZ compliant. There are a further 240 non-compliant support vehicles. This investment will help to reduce our carbon footprint as all new vehicles with the exception of the 18 make ready mild hybrid vans and 5 plug in hybrid cars, are vehicle replacements, allowing LAS to dispose of our dirtiest high emission vehicles.

Next Steps on the Road to Zero

LAS have been boosted significantly on their road to zero with this investment, and we must now keep this up by continuing this fleet improvement. Any new vehicles coming into the fleet will be focussed on emissions. Electric where possible, hybrid being the next choice and if they are not possible, internal combustion engine. The electric ambulance DCA is still not quite there yet, though the race is on. The majority of the ambulance converters, when building their prototype electric ambulances, which is going on at the moment, build them in line with LAS specifications so we will have the chance to test these vehicles in live situations on vehicles that are familiar to our crews. This will make huge differences to us as we can

deploy them for demonstration very quickly with the minimum of training as they will be LAS specification.

Vans are rapidly becoming available in electric, and 2022 will see the largest improvement in electric vans from original equipment manufacturers and not aftermarket conversions. LAS will trial these when available to check suitability.

Cars are already leading the way in electric. They have advanced far enough that we are confident that the car we have chosen, Ford Mustang Mach E electric all-wheel drive will deliver seamless transition to electric due to its high mileage range. (331 miles), based on current FRU use, this vehicle will comfortably fulfil whole shift without fear of having to have a lengthy recharge mid shift.

Range Anxiety

One of the new things to get used to with dealing with electric vehicles is range anxiety. Watching your mileage drop as opposed to a fuel gauge dropping has a different psychology to the user. We have learned from other users that range anxiety is a real dilemma for drivers until they get used to the new way of measuring the vehicles distance duration. It doesn't take long for the driver to gain confidence in the vehicle and its range, but it will be a learning experience for all with initial negativity towards electric. As with many things, this is change. Change that has to happen that people will get used to quickly.

Quote from Mayor of London following Press Release

The Mayor of London, Sadiq Khan, said:

"It's fantastic news that London Ambulance Service is now set to have the largest electric fleet in the country, playing a crucial part in ensuring Londoners breathe cleaner air as part of my net zero 2030 ambition for the capital. As well as being greener and better for the environment and health of all Londoners, the new fleet of vehicles will introduce technology to improve patient care and staff safety – demonstrating the value of modernisation and sustainability at the heart of our public services."

Conclusion

This report demonstrates that we have made significant progress on the road to zero. As the 225 vehicles are introduced into service over the coming weeks and months, updates will follow outlining the progress.

Recommendation

Trust board is asked to note this report for information.



Report Title		Care Quality Commission – Inspection Reports (December 2021)	
Meeting:	Trust Board		
Agenda item:	7.1	Meeting Date:	29 th March 2022
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer		
Report Author:	Reports authored by CQC Cover sheet prepared by Jaqui Lindridge, Director of Quality		
Purpose:	<input checked="" type="checkbox"/>	Assurance	Approval
	<input type="checkbox"/>	Discussion	Information

Report Summary

The Care Quality Commission conducted a one day unannounced inspection of our 111 and EOC services on the 6th December 2021, visiting our sites at Barking and Waterloo. This was part of a system level inspection of North East London and did not change our rating, which remains ‘good’ overall.

Many areas of good practice were acknowledged, including:

- Compassionate care delivered with empathy and reassurance, including supporting callers in distress;
- Record keeping ;
- The proportion of patients we manage with hear and treat;
- Our approach to auditing, monitoring of outcomes, and ongoing review of effectiveness and appropriateness of care;
- The systems we have in place to manage risk and learning from incidents;
- Our approach to multidisciplinary working and team work, and
- Our open culture.

Several areas of improvement were identified in the Safe, Effective, Responsive and Well-led domains. We received no ‘must do’ recommendations, however did receive 7 ‘should do’ recommendations in the final reports:

1. Continue to review call performance data to ensure national targets are being consistently achieved.
2. Continue to proactively monitor call demand to ensure staffing levels are appropriate.
3. Liaise with the clinical commissioning group to discuss ways to improve the Directory of Services.
4. Take steps to improve methods of communication with staff to ensure disseminated information has been reviewed and understood.
5. Ensure the EOC and staff are following current government COVID-19 guidelines around screening, social distancing and mask wearing in all areas of the EOC.
6. Ensure it produces a standard operating procedure (SOP), protocol or contingency plan for mitigating and managing a COVID-19 outbreak within either or both EOC’s. It should be regularly reviewed in line with current national guidelines.
7. Increase visibility for senior staff to improve approachability and support morale.

In the draft report, an 8th 'should do' recommendation was included relating to the electronic transfer of safeguarding referral information in EOC. This recommendation was withdrawn following the factual accuracy check process.

The recommendations are now being incorporated into Trust Improvement Plans.

Recommendation/Request to the Board/Committee:

The Board is asked to note the CQC inspection reports.

Routing of Paper i.e. previously considered by:

The draft reports have been received by Executive Committee and Quality Assurance Committee.

Corporate Objectives and Risks that this paper addresses:

How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations?

The reports present the findings of our care and quality regulator, with guidance on areas where the Trust can improve. The reports directly relate to objectives 1, 2, 4, 5, and 6

How does the paper contribute to LAS's work to improve and create a more compassionate and positive culture?

The reports highlight a continued need to maintain visible leadership, and include positive observations on our open culture.

How does the paper contribute to work to improve equality and inclusion in the workplace?

The reports acknowledge Trust promotes diversity and equality in our work, and provides training and workshops in this area.

London Ambulance Service Headquarters

Inspection report

220 Waterloo Road
London
SE1 8SD
Tel: 02079215100
www.londonambulance.nhs.uk

Date of inspection visit: 6 December 2021
Date of publication: 04/03/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

This provider was rated as Good overall but Requires Improvement for providing effective services at the previous inspection on 2 September 2019 and 6 September 2019).

The key questions are rated as:

Are providers safe? – Good

Are providers effective? – Requires Improvement

Are providers caring? – Good

Are providers responsive? – Good

Are providers well-led? – Good

We carried out an unannounced unrated inspection of the NHS 111 London Ambulance Service on 6 December 2021. The inspection formed part of a review of urgent and emergency care within the wider healthcare system.

A summary of CQC findings on urgent and emergency care services in North East London.

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for North East London below:

North East London

Provision of urgent and emergency care in Northeast London was supported by services, stakeholders, commissioners and the local authority. The health and care system in this area is complex, made up of a large number of health and social care providers. We did not inspect all providers within the system and did not inspect any GP services.

We undertook these inspections during the COVID-19 pandemic; the pandemic had put significant pressure on health and social care services and the staff working within them. Despite the challenging circumstances, we found examples of staff working in partnership. For example, there was good engagement between service leaders to understand the impact of demand on different services and to discuss opportunities to signpost patients to services under less pressure. However, system wide collaboration was needed to alleviate the pressure and risks to patient safety identified in the emergency department we inspected.

We were told there were capacity issues, especially in primary care, resulting in delays for patients trying to access urgent care or patients being signposted from 111 to acute services. We were told appointments for out of hours GPs were often unavailable. We observed patients queuing to access both the urgent treatment centre and emergency department and were told patients attended these services due to an inability to access their own GP. This put additional demand on the hospital and caused further delays in patients accessing treatment.

In addition, there had been an increase in the number of 111 calls from patients requiring dental treatment and patients reported a local reduction in dental providers accepting new patients.

Overall summary

There are opportunities for more effective integration between 999 and 111 services. Due to the way 111 and 999 services integrate nationally, the call system for the 999 service was unable to electronically send information to the 111 service if it was decided the caller did not meet the criteria for an ambulance. The caller was asked to redial 111. In contrast, 111 were able to communicate directly with 999 if they felt their caller required an ambulance. Ambulance service leaders in London were fully sighted on a national pilot to improve this issue and hoped this would improve people's experience of urgent and emergency care, wherever they live.

We inspected one emergency department in North East London and found that local services did not always work together to reduce attendances or the length of stay in the emergency department. This resulted in situations of overcrowding, compromised infection control and extended waits for treatment which impacted on outcomes for patients. The ambulance service had commenced daily calls with system partners to try and reduce ambulance handover delays and to monitor demand across North East London. Leaders from services in North East London acknowledged their responsibility to support the emergency department and are working to implement improvement plans with colleagues from primary care and community services.

We identified an opportunity for more effective collaborative working and communication between an emergency department and the co-located urgent treatment centre resulting to improve people's experience of accessing urgent and emergency care. Different digital operating systems within these services did not promote effective communication or integration between services and impacted on how services could work collaboratively to deliver safe, effective and timely patient care. These issues resulted in some people being sent from the urgent treatment centre to the emergency department without an effective referral mechanism and meant they experienced further delays whilst in another queue to be assessed. Leaders from a range of services were looking to further integrate services in the area and, in response to our findings, were collaborating to implement new and innovative ways of assessing patients safely and in a timely way.

We found examples of delays in discharge from acute medical care impacting on patient flow across urgent and emergency care pathways. This also resulted in delays in handovers from ambulance crews and prolonged waits in the Emergency Department due to the lack of bed capacity. We also found patients in the emergency department for whom a decision to admit had been made; however, they were still waiting in excess of 24 hours before being transferred to a bed on the ward. These delays exposed people to a risk of harm.

We identified a significant number of patients unable to leave hospital to return to their own home or move into community care. This was due to a number of complex reasons including delays in the provision of care packages due to lack of availability, a lack of residential and/or nursing care beds and because of a shortage of social care staff and the impact of vaccination as a condition of deployment. We were told that Local Authorities were working to increase capacity in social care and that they regularly met with system partners to discuss the provision of urgent and emergency care in London; however, the impact on patient flow through urgent and emergency care pathways remained a significant challenge across North East London. Increased collaboration and support from system partners was required to manage the risk being held in the emergency department we inspected.

This report covers the inspection of the London Ambulance Service's (LAS) 111 Integrated Urgent Care, Clinical Assessment Service in North East London.

You can find the reports of our previous inspections by selecting the 'all reports' link for London Ambulance Service Headquarters on our website at www.cqc.org.uk.

This report comprises information from a combination of:

Overall summary

- What we found when we inspected the provider
- Information from our ongoing monitoring of data about the provider and information from the provider, patients, staff, the public and other organisations.

At this inspection we found:

- The provider had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes. However, some staff reported that they were not always able to routinely read information disseminated so may be unaware of incidents that occurred.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.

The provider had an overarching governance framework in place, including policies and

- protocols which had been developed at a provider level and had been adapted to meet the needs of the providers locally.
- Call audits were in place to monitor the performance of staff.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Continue to review call performance data to ensure national targets are being consistently achieved.
- Continue to proactively monitor call demand to ensure staffing levels are appropriate.
- Liaise with the clinical commissioning group to discuss ways to improve the Directory of Services.
- Take steps to improve methods of communication with staff to ensure disseminated information has been reviewed and understood.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Providers and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a second CQC inspector, a GP specialist adviser and an operational manager specialist advisor.

Background to London Ambulance Service Headquarters

The London Ambulance Service NHS Trust (LAS) was established in 1965 from nine previously existing providers and became an NHS Trust on 1 April 1996. The main role of the LAS is to respond to emergency 999 calls, 24 hours a day, 365 days a year. LAS has delivered a 111 service in South East London (SEL) since 2013 when it became the step-in provider; SEL 111 covers the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Its offices are based in Southern House, Croydon (5 minutes' walk from East Croydon station).

The 111 service transitioned to an integrated urgent care (IUC) service through phased mobilisation from 26th February to 8th May 2019. LAS was awarded, through open tender, the contract to deliver the Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) for the boroughs of Barking & Dagenham, City & Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest, which commenced in 1 August 2018. This North East London (NEL) provider is based at Maritime House, Barking (five minutes' walk from Barking station). Only the NEL site was inspected on 6 December 2021.

In line with the national specification, the new LAS IUC CAS has a multidisciplinary team of GPs, Advanced Practitioners, Pharmacists, Nurses, Paramedics, Health & Provider Advisors providing expert advice over the phone and working closely with other urgent care providers in the area as part of the overall integrated urgent care system. The model for an IUC CAS requires access to urgent care via NHS 111, either on a free-to-call telephone number or online. The provider provides:

- Triage by a Health Advisor;
- Consultation with a clinician using a clinical decision support system or an agreed clinical protocol to complete the episode on the telephone where possible;
- Direct Appointment Booking post clinical assessment into a face-to-face provider where necessary;
- Self-help information delivered to the patient.

Are services safe?

Safety systems and processes

The provider had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider worked with other agencies to support patients and protect them from neglect and abuse, such as the local safeguarding team. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Provider (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a system in place for dealing with surges in demand.
- The provider had an action plan in place and had systems for work force planning to ensure that shift rotas matched the demand of the providers. However, staff told us there was difficulty securing clinical staff, in particular GPs on weekends. We saw that between the week commencing 12 July and 26 July 2021, the provider had increased GP hours from 80.28% covered to 88.9% for the service's funded hours. The provider also took steps to address staffing by recruiting 18 staff members, including 16 clinical staff, and had developed two new training centres.
- There was an effective induction system for temporary staff tailored to their role.
- Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to providers or staff the provider assessed and monitored the impact on safety.
- Complex calls had a criterion and a caveat that if a health advisor felt out of their depth, they could request a clinician take over management of the call.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Track record on safety

Are services safe?

The provider had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, GP out-of-hours, and urgent care providers.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong. However, there were areas where improvements should be made.

- There were adequate systems for reviewing and investigating when things went wrong. The provider learned and shared lessons, identified themes and took action to improve safety in the provider. We reviewed the learning from serious incidents. The reviews outlined the context, staff factors, contributory factors, good practice and actions undertaken. For example, following a call triage error, the provider introduced an organisational change which required clinical navigators to oversee all calls scheduled for a two hour call back. Additionally, the NHS Pathways training was updated to include the use of individual interpretation, with examples. However, two staff members told us that most information, including the learning from incidents, was forwarded via email, and they often did not have time to read all materials.
- The provider took part in end-to-end reviews with other organisations. Learning was used to make improvements to the service.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider learned from external safety events and patient safety alerts. The provider had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. These were available on the intranet system and were emailed to staff.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included the transferring of calls from call handler to clinician, and the use of a structured assessment tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the provider, staff redirected them to the appropriate provider for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, including engaging with the local NHS acute trust to share information, to identify, monitor and support patients who frequently called the NHS 111 provider and those who also frequently attended the hospital emergency department.
- There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans and protocols were in place to provide the appropriate support.
- When staff were not able to make a direct appointment on behalf of the patient clear processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.

Monitoring care and treatment

The provider had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

Providers of NHS 111 services are required to submit call data every month to NHS England by way of the Minimum Data Set (MDS). The MDS is used to show the efficiency and effectiveness of NHS 111 providers. We saw the most recent results for the provider (September 2020 – July 2021) which showed the provider was meeting the following national performance indicators:

- The KPI for patients with a life-threatening condition having an ambulance dispatched within three minutes of the call was 100%. The provider achieved between 98% and 100%.
- During July 2021, 27% of calls were closed as self-care, the target for this is 33%.
- During the period the provider exceeded the KPI target of 95%, for a post event message to be sent to a patient's GP practice by 8am the following day.

There were areas where the service was outside of the target range for an indicator. For example:

- The provider was consistently below target for referral and management of patients within the Clinical Assessment Service. The provider had developed categories of patients to be managed within a specific timeframe depending on their needs, this ranged from P1 to P6. Patients within the P1 category should be called back within 15 mins from them making the call. We saw that the site's performance was between 42% and 78% (KPI 95%).

Are services effective?

The provider was aware of these areas and we saw evidence that attempts were being made to address them. We discussed the areas where the services were below some of the performance indicators and were informed that it had been acknowledged that the service model assumptions required further work and evaluation.

The provider was also generally meeting its locally agreed targets as set by its commissioner. For example:

- Calls abandoned after at least 30 seconds was achieved in nine out of eight months against target of <5%.
- The average time to answer a call was 0.4 seconds. The national target is that 95% of calls should be answered within 60 seconds. The provider met this target in October 2020 and February 2021 scoring 95%. In the remaining months, the provider's performance was between 72% and 90%.

Prior to the inspection we spoke with one of the commissioners whom informed us that 'call abandonment rate' (for which the provider was performing well) was the most important metric to demonstrate accessibility for patients.

- Where the provider was not meeting the target, the provider had put actions in place to improve performance in this area. For example, the provider carried out regular end-to-end reviews of KPIs and documented learning and action points which were disseminated to the wider team.
- There was clear evidence of action to resolve concerns and improve quality through clinical auditing. For example, we saw that in November 2021, the provider audited 100% of Senior Clinical Advisor (SCA) calls; it was found that 10% failed for reasons such as, not giving a patient the correct information about another service. In response, the provider covered the audit with all SCAs and gave individual feedback where necessary. The information was also passed to the local Governance Team to see if the trend was apparent elsewhere. A second audit was not undertaken fully due to lack of auditor capacity. However, the line manager of each SCA where the issue occurred was required to speak with the specific clinician.

Effective staffing

In the main, staff had the skills, knowledge and experience to carry out their roles.

- Although, there were clear clinical pathways and protocols it was unclear whether the provider had ensured they were fully understood by all staff. For example, we found that a member of staff was unaware that calls could be transferred to home working clinicians.
- Although staff had access to clinical support, a member of staff told us that clinical leadership was not always visible within the provider and at times they found it difficult to direct clinical staff without senior clinical leaders' support. We raised this with the provider and was told that clinical staff will be trained in the differential environment of 111 services.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. That said, we were told that staff who are trained to coach were not required to periodically take a certain amount of calls to maintain their competency.
- The provider had processes in place to provide staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. Although most staff informed us that they felt supported by senior staff, we saw one-to-one meetings were occasionally cancelled due to operational pressures on the provider.
- The provider had an induction programme for all newly appointed staff. This covered topics such as NHS Pathways, safeguarding and whistleblowing.
- The provider ensured that all staff worked within their scope of practice and had access to policies and procedures relevant to their role.

Are services effective?

- There was a clear approach through the provider's quality audit programme, for supporting and managing staff when their performance was poor or variable. Measures included direct staff feedback, mentoring and supervision.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- Staff told us of issues with the Directory of Services (DoS) which hindered their ability to refer patients to local providers. We spoke with senior leaders concerning this and were told that such concerns should be escalated through the incident reporting system, after which the concerns would be escalated to the Clinical Commissioning Group for action because they have overarching responsibility for maintaining the integrity of the DoS. This issue was also identified during the inspection in September 2019.
- There were clear arrangements for booking appointments, transfers to other providers, and dispatching ambulances for people that require them. However, staff told us these arrangements were not always effective due to the volume of patients requiring appointments, particularly for primary medical providers. For example, in December 2021, 9.6% of calls were booked at a GP out-of-hours base, this was a decline from the previous month when it was 11%. Although, the service can do direct bookings into GP practices, we were told, that GP out-of-hours slots get filled quickly, which results in, patients remaining within the service's Clinical Assessment Service (CAS) queue.
- The percentage of calls transferred to the CAS is targeted at over 50% in year one and the provider maintained this level throughout the period reviewed. At our last inspection in September 2019, there were over 20,000 calls each month being transferred to the CAS, then called back according to priority. During this inspection, we saw the number had increased to an average of over 33,000 calls.
- We saw records that showed that all appropriate staff, including those in different teams, providers and organisations, were involved in assessing, planning and delivering care and treatment.
- Staff worked together and worked well with other organisations to deliver effective care and treatment. For example, there was regular liaison with care homes and mental health providers.
- Patients received coordinated and person-centred care. This included when they moved between providers, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other providers. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. There were established pathways for staff to follow to ensure callers were referred to other providers for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The provider identified patients who may be in need of extra support, for example, through alerts on the computer system.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Where patients needs could not be met by the provider, staff redirected them to the appropriate provider for their needs.

Consent to care and treatment

The provider obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information. Call handlers gave people who phoned in clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs including training, awareness seminars and Bulletins.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this provider was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy providers. They helped them ask questions about their care and treatment.

Results from the provider's last three-month patient survey showed that:

- 96% of patients said they would recommend the provider to friends and family.
- 66% of patients said they found the provider very helpful.
- 45% of patients confirmed that they felt better a week later after receiving care from the 111 Clinical Assessment Service. Thirty percent of patients confirmed they felt completely better after a week.

Privacy and dignity

The provider respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services responsive to people's needs?

The provider organised and delivered providers to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored providers in response to those needs by providing access to local and regional out of hours bases. The provider engaged with commissioners to secure improvements to providers where these were identified.
- The provider had weekly contract meetings with the commissioner to discuss performance issues and where improvements could be made.
- The provider had a system in place that alerted staff to any specific safety or clinical needs of a person using the provider. For example, there were alerts about people being on the end of life pathway and repeat callers. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the providers delivered.
- The provider had regular end-to-end reviews with commissioners and other providers have increased the understanding of an IUC, wider system working and to improve patient care.
- In response to the COVID-19 pandemic, the provider changed its working pattern to manage demand and arranged for some staff members to work from home with the required IT equipment.

Timely access to the provider

In the main, patients were able to access care and treatment from the provider within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The provider operated 24 hours for seven days a week.
- The abandoned call rate was between 0.1% and 8.5% (in January 2021), the national target and commissioner key performance indicator (KPI 5% or less). The January 2021 results were an improvement on our finding at the last inspection in September 2019, when it was between 0.9% and 6.1%.
- Patients could access care and treatment at a time to suit them. The NHS 111 providers operated 24 hours a day.
- The provider can be accessed by patients via the telephone and electronically.
- The provider was aware of the areas where the providers were not meeting targets and we saw evidence that attempts had been made to address them through close working with their commissioners. Measures included advanced monitoring and reporting of performance data, recruitment of staff and increased use of call handling networking capabilities across the provider's network. For example, transferring calls between different 111 providers if the other location had more capacity.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eighty four complaints were received in the last year. We reviewed ten complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.

Are services responsive to people's needs?

- The provider learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care. We saw learning from complaints and other patient feedback being shared through the provider's internal bulletin, in developing staff training packages, and through management of staff performance. However, two members of staff told us information was mainly communicated via email and there was limited time to view it. In addition, due to staffing pressures and an increase in calls to the provider, there had been a reduction in staff meetings where learning could be shared.

Results from the provider's 2020 staff survey showed (the results are based on cross-directorate and wider London Ambulance Provider comparison):

- 'Team members often meet to discuss the team's effectiveness' 23% overall.
- 'Satisfied with recognition for good work' 37% overall.
- 'Able to make improvements happen in my area of work' 31% overall.
- 'My last experience of harassment/ bullying/ abuse was reported' 37% overall.

Additional staff survey findings (most improved scores versus 2019 results):

- 'I know how to report unsafe clinical practice' +30%.
- 'Enough staff at organisation to do my job properly' +20%.
- 'I have realistic time pressures' +15%.
- 'In last 3 months, have not come to work when not feeling well enough to perform duties' +15%.
- 'I am not planning on leaving this organisation' +15%.

Following the staff survey, the provider's Trust People & Culture team introduced workshops open to all staff to generate a culture that works for the whole organisation and people can share ideas.

Are services well-led?

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the provider strategy and address risks to it.
- Since the last inspection in September 2019, the provider increased senior leaders' numbers to improve service resilience.
- They were knowledgeable about issues and priorities relating to the quality and future of providers. They understood the challenges and were addressing them with commissioners. For example, the provider was aware of the contradictory position of 111 services being able to transfer calls into a 999 service, but 999 services not being able to transfer to a 111 service. As a result, they were involved in initiatives around 999 and 111 services' telephone platforms to make it easier to move calls around the system.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the provider.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- The strategy was in line with health and social priorities across the region. The provider planned the provider to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

Although the provider had a culture of high-quality sustainable care it was impacted by low staffing levels.

- Most staff told us that they felt respected, supported and valued. One member of staff said they did not feel listened, another mentioned that senior leaders do not have time to invest in staff due to the increasing demand on the provider.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, additional work was needed to ensure staff read information related to learning from incidents.
- The provider focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- Staff had received equality and diversity training. Staff felt they were treated equally. The provider introduced Equality and Diversity workshops for all staff.
- The service had a wellbeing advocate who met with staff on a monthly basis and welfare checks were carried out every seven days by the duty manager.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared providers promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the provider. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of provider performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, the provider introduced a low acuity queue to take pressure off clinicians when the Clinical Assessment Service queue was over-flowing.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The provider used information technology systems to monitor and improve the quality of care.
- The provider submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The provider involved patients, the public, staff and external partners to support high-quality sustainable providers.

Are services well-led?

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape providers and culture. The provider in conjunction with the out-of-hours providers in the area met regularly with the CCGs for which it had responsibility and shared information with them as relevant.
- Staff were able to describe to us the systems in place to give feedback, such as through feedback forms, staff surveys and verbal feedback through internal meetings and service delivery managers.
- Staff who worked remotely were engaged and able to provide feedback. We were told that remote workers were contacted up to three times a day to check on their wellbeing and discuss work priorities.
- The provider was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The provider made use of weekly reviews of incidents and complaints. Learning was shared and used to make improvements. Although, there were areas for improvement in relation to ensuring the information was viewed by all staff.
- Staff knew about improvement methods and had the skills to use them.
- The provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the provider introduced a resilience partnership with two other 111 providers outside of London to support demand. There were systems to support improvement and innovation work.

London Ambulance Service NHS Trust

Emergency operations centre (EOC)

Inspection report

220 Waterloo Road
London
SE1 8SD
Tel: 02079215100
www.londonambulance.nhs.uk

Date of inspection visit: 6 December 2021
Date of publication: 04/03/2022

Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services caring?

Inspected but not rated ●

Are services responsive to people's needs?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Emergency operations centre (EOC)

Inspected but not rated ●

We carried out this unannounced focused inspection as part of our review of north east London's urgent and emergency care services.

We inspected the Emergency Operations Centre (EOC) against our NHS Ambulance Services - system resilience focused inspection framework.

The London Ambulance Service NHS Trust (LAS) is the only NHS provider trust to serve the whole of London and its population. They cover an area of 620 square miles, answer around two million 999 calls a year and crews attend more than 3000 emergencies a day. They are the busiest ambulance service in the country and one of the busiest in the world.

We carried out this unannounced inspection in December 2021. As this was a focussed inspection, and we did not look at every question in our key lines of enquiry, we did not re-rate the service this time. The previous rating for the EOC of 'Requires Improvement' remains.

A summary of CQC findings on urgent and emergency care services in Northeast London.

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for Northeast London below:

Northeast London

Provision of urgent and emergency care in north east London was supported by services, stakeholders, commissioners and the local authority. The health and care system in this area is complex, made up of a large number of health and social care providers. We did not inspect all providers within the system and did not inspect any GP services.

We undertook these inspections during the COVID-19 pandemic; the pandemic had put significant pressure on health and social care services and the staff working within them. Despite the challenging circumstances, we found examples of staff working in partnership. For example, there was good engagement between service leaders to understand the impact of demand on different services and to discuss opportunities to signpost patients to services under less pressure.

However, system wide collaboration was needed to alleviate the pressure and risks to patient safety identified in the emergency department we inspected.

We were told there were capacity issues, especially in primary care, resulting in delays for patients trying to access urgent care or patients being signposted from 111 to acute services. We were told appointments for out of hours GPs were often unavailable. We observed patients queuing to access both the urgent treatment centre and emergency department and were told patients attended these services due to an inability to access their own GP. This put additional demand on the hospital and caused further delays in patients accessing treatment.

Our findings

In addition, there had been an increase in the number of 111 calls from patients requiring dental treatment and patients reported a local reduction in dental providers accepting new patients.

We identified an opportunity for more effective integration between the 999 and the integrated urgent care (IUC) 111 service; the call system for the 999 service was unable to electronically send information to the 111 service if it was decided the caller did not meet the criteria for an ambulance. The caller was asked to redial 111. In contrast, 111 were able to communicate directly with 999 if they felt their caller required an ambulance.

We inspected one emergency department in NE London and found that local services did not always work together to reduce attendances or the length of stay in the emergency department. This resulted in situations of overcrowding, compromised infection control and extended waits for treatment, which impacted on outcomes for patients. The ambulance service had commenced daily calls with system partners to try and reduce ambulance handover delays and to monitor demand across NE London.

We identified a lack of collaborative working and poor communication between an emergency department and the co-located urgent treatment centre resulting in delays for people accessing services. Different digital operating systems within these services did not promote effective communication or integration between services and were a limiting factor in how services could work collaboratively to deliver safe, effective and timely patient care. These issues resulted in people being sent from the urgent treatment centre to the emergency department without an effective referral mechanism and meant they experiences further delays whilst in another queue to be assessed.

We found examples of delays in discharge from acute medical care impacting on patient flow across urgent and emergency care pathways. This also resulted in delays in handovers from ambulance crews and prolonged waits in the Emergency Department due to the lack of bed capacity. We also found patients in the emergency department for whom a decision to admit had been made; however, they were still waiting in excess of 24 hours before being transferred to a bed on the ward. These delays exposed people to a risk of harm.

We identified a significant number of patients unable to leave hospital to return to their own home or move into community care. This was due to a number of complex reasons including delays in the provision of care packages due to lack of availability, a lack of residential and/or nursing care beds and because of a shortage of social care staff and the impact of vaccination as a condition of deployment. We were told that Local Authorities were working to increase capacity in social care and that they regularly met with system partners to discuss the provision of urgent and emergency care in London; however, the impact on patient flow through urgent and emergency care pathways remained a significant challenge across NE London. Increased collaboration and support from system partners was required to manage the risk being held in the emergency department we inspected.

How we carried out the inspection

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

For our emergency operations centre inspection, we talked with 10 call handlers, four dispatchers, two CHUB clinicians, a paramedic member of the HEMS team, two advanced paramedics specialising in critical and urgent care respectively and two student paramedics. We interviewed three of the trust's senior operational managers and executives. After the inspection we requested further information and documents from the trust.

Summary of this service

Our findings

The service was under immense and sustained pressure from call demand, with increased numbers of ambulances being held at Emergency Departments (ED), resulted in less capacity to respond to calls. The service was staffed and resourced safely to meet people's needs in most areas for commissioned and planned levels of demand. However, the recent significant rise in numbers of callers to 999, and the inability to release ambulances from emergency departments meant the service was unable to reach all patients who needed an ambulance safely and effectively much of the time. Incidents of exceptional demand was occurring on most days, and staff told us that this was becoming unsustainable for the service. Staffing levels had been increased to deal with some of the anticipated rise in demand, however this was not able to keep in line with the increased demand on the service. Additional recruitment was underway to mitigate this.

Some of the EOC staff described feeling exhausted, demoralised and stressed at times by the job with the current pressures. This was recognised and acknowledged by the senior management and the executive team at the trust. Staff remained as positive as they could and we saw and heard how this helped in their response to callers.

The service had not fully implemented and enforced national guidelines relating to COVID-19 screening and social distancing within the workplace.

However:

Despite the pressure faced we heard EOC staff treat patients with compassion and kindness. They respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Is the service safe?

Inspected but not rated



Mandatory training

The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.

EOC staff received and kept up to date with their mandatory training. Staff we spoke with confirmed they were able to keep up to date during the COVID-19 pandemic as most of the training could be accessed via e-learning modules.

The mandatory training was given during induction and was detailed and varied to enable staff to meet the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored refresher mandatory training and alerted staff when they needed to update their training. Figures supplied by the trust showed overall mandatory training at 82% against a target of 85%.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. EOC staff had training on how to recognise and report abuse and they knew how to apply it.

Our findings

All new staff received safeguarding training to the level required for their role on induction. The percentage of staff who had received safeguarding refresher training had fallen during the pandemic and in November 2021. Figures produced in December 2021 show 83% of the EOC staff had received level 2 refresher training, the figure was just under 55% for clinical staff at level 3. Staff we spoke with were able to demonstrate their knowledge of safeguarding and how to make referrals if required.

During our inspection we witnessed a safeguarding referral made by an EOC call handler as a result of a call they had taken. The call handler was required to call another LAS unit called the electronic bed service (EBS). Although EBS had access to the Computer Aided dispatch (CAD) system used by the call handlers and dispatchers the service felt the specialist support and advice offered was worth taking staff away from their front line duty for a short time. The average time for an EOC safeguarding referral was 8-10 minutes and at the time of our inspection such referrals amounted to approximately 7% of the referrals made by the trust. Safeguarding referrals could be complex and were often not always about the subject of the 999 call. For example; if a carer was to be taken to hospital leaving the cared for person alone.

Cleanliness, infection control and hygiene

The service generally controlled infection risk well. Staff used equipment and control measures to protect themselves and others from infection. They kept equipment and the premises visibly clean.

Following COVID-19 infection prevention and control (IPC) guidelines the headquarters building had sanitiser gel and masks available at reception. Throughout the building there were wall mounted sanitiser gel pumps at strategic locations such as doorways and within EOC areas.

The EOC staff all wore LAS uniforms which were visibly clean and well maintained. Staff wore masks when moving around the building but not at their desks.

In the main call handling area each position was separated from the next by a clear plastic screen. However, in the dispatch and other areas that was not the case. We asked senior managers why this was and we were told the dispatch and other staff needed to speak with each other and their seating was suitably socially distanced. An IPC COVID compliance audit completed and provided to us on 17/12/2021, agreed the dispatch seating area was suitably distanced but the tactical operations centre (TOC) had no screens, staff were not wearing masks and were not socially distanced.

When we spoke with a member of London's Air ambulance, the helicopter emergency medical service (HEMS) who shared their area with two other paramedics, that area also had no screening and they were not able to socially distance.

We were told EOC staff were supplied with COVID-19 rapid lateral flow test kits with which they were expected to test themselves twice weekly. Staff were also expected to report any symptoms and to self-isolate appropriately. Just over a third of the EOC staff had registered on the system to report the results of their tests and just under that number actually did so (data supplied by LAS for 13/12/2021). LAS conducted regular audits of the lateral flow test results and staff vaccine levels from the staff who had reported their results.

EOC staff did not have access to polymerase chain reaction (PCR) COVID-19 tests via LAS. Staff are referred to the UK Health Security Agency guidance (UKHSA) and the trust's well-being hub to obtain PCR tests when appropriate.

Staff we spoke with told us they felt protected from COVID-19 within the workplace.

Our findings

There was another EOC based in Bow, east London, which we did not inspect, which mirrored the headquarters EOC and was able to access the same 999 calls. This alternate location provided some resilience should equipment fail at either EOC. However, we were not assured consideration had been given to staffing requirements should there be a COVID-19 outbreak at either EOC.

We were told the trust continued to promote and encourage staff to participate in the vaccination programme for Covid-19 and Seasonal Flu.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. However, there were some issues around COVID-19 protection.

The trust had two EOCs, one based in Bow, east London and the other at their London headquarters in Waterloo. All 999 calls asking for an ambulance could be answered by either EOC as their systems were linked and the computers updated vehicle availability in real time.

The various areas of the EOC were only accessible by electronic swipe cards given to authorised staff. We were told, and saw, staff had been dispersed over two floors to allow for Covid-19 social distancing. The electronic systems in place provided continuity of cover and staff were able to talk and share content with each other as if they were together.

We saw multiple large video screens in the various EOC rooms which displayed ambulance attendance wait times, number of calls waiting to be answered etc and had the ability via access to the traffic control network of cameras to display incidents in real time.

There was a separate tactical operation centre (TOC) from which major incidents could be co-ordinated. We noted this area was not provided with COVID-19 screens between workstations.

The EOC Business continuity Plan we requested was dated October 2019, and was due to be reviewed in March 2020. This had not been done and in its current format did not mention COVID-19. However, we were given a copy of the EOC sustainability and surge plans, dated January 2021, version 32. In this document the trust set out how they would respond to provide both surge protection and short term loss of service of their EOC via a 'buddy sites' link with another ambulance provider. After a set period of time British Telecom (BT) would automatically look for pre-agreed 'buddy sites' to take the calls. Other measures were set out in the document, but they had not been updated to reflect the risk of a COVID-19 outbreak within EOC.

Assessing and responding to patient risk

Staff completed risk assessments for each patient swiftly. Staff identified and quickly acted upon patients at risk of deterioration or who were known to be deteriorating. However, there was a known risk associated with the lack of ambulances available to attend and the potential risk to patients deteriorating.

The EOC was staffed 24 hours every day of the year. Staff used a nationally recognised tool to identify risk and deteriorating patients and escalated them appropriately. Calls received into the EOC were categorised with a priority level through the medical priority dispatch system (MPDS). MPDS was used by call handlers to make decisions and dispatch appropriate aid to medical emergencies. The system provided standard questions relating to a patient's condition and provided pre-arrival and care instructions to the patient. The system listed calls in order and colour coded them to show their priority level. Calls could be re-prioritised if felt necessary by staff depending on clinical symptoms.

Our findings

We observed calls which had been triaged by a call handler and sent to the dispatch team for assigning to an ambulance. These calls were held in the dispatch area due to lack of available vehicles, as they were already assigned calls or delayed at hospital ED's.

We noted the 999 call handler system was unable to electronically send information to the 111 service if it was decided the call did not meet the criteria for an ambulance. The caller was asked to redial and speak with 111. In contrast, 111 were able to send messages to 999 dispatch if they felt their caller required an ambulance. We were told it was a national issue and new CAD software scheduled for introduction later in 2022, is likely to include this facility. EOC staff reported on occasion the same caller would be transferred back to 999 dispatch by 111. It was believed by the EOC staff this was sometimes because the patient had deteriorated further or had amended their symptoms to ensure an ambulance was sent.

The EOC staff carried out 'welfare check' calls. They were carried out, usually by specific members of the team, to callers who may require additional support or to check if circumstances had changed with the patient if the ambulance was delayed. We noted a dispatcher had identified a call that needed a call back due to a clinical risk and the time the patient had waited. The call was not identified to a clinician for this to be done by the dispatcher. Instead the call was made by a member of the dispatch team.

Clinical staff were available within the EOC in an area known as the clinical hub (CHUB). The responsibilities of CHUB were to 'hear and treat' patients and provide clinical oversight of all calls awaiting an ambulance response. The CHUB was also available to offer clinical support to call handlers who may have medical queries whilst triaging a patient.

Ambulance response times were available to the call handlers and they were able to provide patients with a realistic response time to manage their expectations and reduce follow-up calls coming back into the system.

There was an area of the EOC dedicated to specialist and advanced clinicians which consisted of a London's Air Ambulance (HEMS) paramedic, Advanced Paramedic Practitioner in critical care (APP-CC) and Advanced Paramedic Practitioner in urgent care (APP-UC). Collectively those staff undertook clinically led dispatch of specialist clinical resources including HEMS and APP responders as well as providing advice to operational ambulance crews, EOC staff and 999 callers and patients.

HEMS provided emergency trauma cover to patients who had been triaged to require advanced treatment at a scene and/or swift transport to hospital. The HEMS helicopter was not allowed to fly after sundown. The HEMS crew then transferred to a dedicated fast response car to continue to provide the service.

The EOC was also able to dispatch hazardous area response team (HART) members to calls where hazardous environments were notified.

Staffing

Due to the pressure and rapid growth in 999 calls, the service did not have enough staff to provide a safe service at all times.

In October 2021, NHS England requested all ambulance trusts recruit additional call handlers to meet a forecasted demand of 2019 staffing levels plus 25%. LAS were actively recruiting and had planned extra training courses for early in 2022. EOC staff recruitment levels was on the risk register.

Our findings

The rising demand for call handling meant staff resources were being continuously stretched. The delay in sending ambulances meant people were calling to the service a number of times to ask for updates or to provide new information if the patient's condition changed.

The trust told us that the difficult and stressful nature of the role, and competition from other employers had also presented a challenge to recruitment.

Some staff we spoke with acknowledged the mental and physical stress caused by the current pressures.

On the day of our inspection staff levels within the EOC were below planned levels. The number of call handling staff over the 24 hour period ranged between 57% and 91% of planned staff. The planned numbers for the lowest and highest fill percentages were 87 and 70, but the actual numbers were 50 and 64. In dispatch the percentages were 46% and 74%. The planned numbers should have been 30 at all times, but the lowest actual numbers were 17 and the highest 26. For clinicians within the CHUB the low and high percentages were 46% and 74%. The planned numbers were 24 and 27, but the actual numbers were 11 and 20. Over the previous weeks there had been particular hours of the day when all three areas had been fully or slightly overstaffed but the majority of time the staff numbers were less than planned in all areas.

Some members of the dispatch staff were reassigned as call handlers. Some of those described dissatisfaction as they felt their expertise was with dispatch which was also under staffed. Others saw it was a way to keep their skills up to date.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The trust recorded all calls within EOC for safety and performance monitoring. The EOC handled 999 calls only. We observed call handlers and clinicians updating patient records during and after calls, ensuring information was as accurate and up to date as possible. All non-conveyance of patients by ambulance was recorded in their record with a reason for the non-conveyance.

Special patient notes were flagged to call handling staff with information relating to the patient. Information such as 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders, anticipatory care plans and fragility notes were available for staff to view.

Is the service effective?

Inspected but not rated ●

Call answering times

The service monitored but did not always meet agreed response times.

The London Ambulance Service (LAS) provided ambulance services to the whole of London which has a resident population of almost nine million. This number could increase significantly when commuting workers and tourism were taken into account.

Our findings

Since June 2021, as at other times during the COVID-19 pandemic, LAS had been at Resource Escalation Action Plan (REAP) level 4, which meant the service was under 'extreme pressure'.

Despite the pressure the service was under it was able to meet the national average standard response time for Cat one calls until September 2021, and continued to meet it 90% of the time according to the latest figures we had available at the time of our inspection.

Between November 2020 and October 2021, LAS received 1,592,728 999 calls out of the total for England of 9,691,271. This meant LAS received almost 16.5% of all the 999 calls made throughout England. 999 calls continued to increase throughout the year from around 4,500 a day in March 2021 to an average of 6,500 a day during September 2021. The above figures did not include calls to the 111 service.

In October 2021, LAS averaged 25 seconds to answer 999 calls. That was the second quickest of the 11 NHS ambulance providers and 31 seconds faster than the average for England. In the same month the median time to answer calls, was zero seconds from the time the call was connected to the emergency switchboard. That meant the service answered half of the 999 calls immediately.

On the day of our inspection we saw on the large screens in the EOC areas there were often over eighty 999 calls held in the queue. The service told us the mean average call answering time on the day of our inspection was 54 seconds. LAS then prioritised response to the category one calls.

Calls to LAS via the 999 system are prioritised into one of four categories:

- Category one: for life-threatening injuries and illnesses, specifically cardiac arrest.
- Category two: for emergency calls, such as stroke patients.
- Category three: for urgent calls such as abdominal pains, and which will include patients to be treated in their own home.
- Category four: less urgent calls such as diarrhoea and vomiting and back pain.

There were a total of 861 breaches of the 60 minute ambulance handover target in the week leading up to our inspection. A record is made if an ambulance crew is held at a hospital for over 60 minutes before they can handover their patient to hospital care and be available for another call. During the Covid-19 pandemic it was not unusual for a number of ambulances to be held at hospitals and therefore not be available to take new calls.

During the inspection we heard callers, classified as Category three calls and below, being advised that there could be a five or six hour wait for an ambulance and in some instances advised, if possible, to make their own way to hospital.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The trust carried out regular audits to monitor how they were performing. In relation to the EOC audits included: call handling quality assurance; auditing a sample of triaged calls each month, and a CHUB audit to check a sample for the quality of each clinicians calls each month.

Our findings

The trust had achieved a significant marked rise in the rate of 'hear and treat' for patients. These were incidents resolved by staff over the telephone. This was a nationally measured standard for which the trust was benchmarked against other NHS ambulance services in England. The trust had an internal target for hear and treat of 8.39% of calls. In September 2021, the trust achieved a score of 16.2% and was ranked the second highest scoring ambulance service in England. The national average for September 2021 was around 11.5%.

Multidisciplinary working

All those responsible for delivering care worked together as a team as much as possible to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

The trust worked closely with the Metropolitan Police Service (MPS) to co-ordinate responses to emergencies which required both services to attend.

Staff told us they worked with other providers in the wider health and social care setting, such as: social services, hospitals, primary care services and other emergency services. When required, there was good communication between EOC staff and external health and social care services.

The trust complied with the National Ambulance Resilience Unit (NARU) memorandum of understanding on the deployment of 'mutual aid'. The process of requesting or providing mutual aid was an aspect of this memorandum. The trust had good working relationships with other ambulance trusts and often sent and received 'out of area' calls from patients which required transfer to another ambulance service.

We observed all of the various specialists within the EOC working together to deliver the best and safest patient care they could deliver. Call handlers liaised with dispatch staff and raised safeguarding referrals when required. They also passed calls through to the clinicians in the CHUB for further advice and possibly a hear and treat service. The HEMS team were able to access any call they thought might fall within their remit. The dispatch teams worked well with the ambulance crews as well as maintaining liaison with the hospital ambulance liaison officers (HALO) at the ambulance receiving centres (ARC) at the busy hospitals. The role of the HALO is to help maintain a safe and effective handover, ensure the deteriorating or at-risk patient is identified in the 'queue' and liaise between the hospital and LAS.

Is the service caring?

Inspected but not rated



Compassionate care

Staff treated patients with compassion and kindness.

Staff were professional and demonstrated empathy and reassurance whilst speaking to members of the public during 999 calls.

The MPDS system had standardised advice staff were able to give callers on actions they should take whilst waiting for an ambulance. We observed this advice being given clearly and timely enough for the caller to understand.

A call handler diffused a difficult situation involving a member of the public, who was distressed at the wait time experienced for an ambulance. We heard their sensitive and caring approach while dealing with this.

Our findings

Staff showed understanding of the impact of their advice, highlighting their interest in further development. They told us of their particular interest in receiving further training to support members of the public experiencing mental health episodes. They demonstrated a keen interest to support the personal and cultural needs of the public.

Staff talked to patients in a way they could understand and made sure patients and those close to them understood their care and treatment.

Healthcare professionals demonstrated the ability to triage patients using effective communication whilst involving patients, relatives and carers in their interactions.

Is the service responsive?

Inspected but not rated ●

Service delivery to meet the needs of local people

Since the NHS Ambulance Response Programme standards were introduced in 2017, the service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The London Ambulance Service (LAS) operated its control services function from the EOC at trust headquarters (HQ) in Waterloo and the EOC in Bow. Both sites acted as one virtual control room using computer-aided call taking and dispatch. Each control room had call-taking and dispatching functions which allowed the transfer of any sections of the operation to either site depending on the needs of the service.

Dispatchers were assigned a dedicated geographical area which was split into different sectors throughout London. This gave staff an understanding of the local areas such as; roads, hospitals, traffic information and liaison points.

The trust had planned for a further recruitment of EOC staff anticipating a rise in the number of calls due to the pandemic and moving into the 2021/2022 winter season. On the Friday before our inspection the EOC received over 7,600 999 calls. Despite the extra staff the trust found it difficult to maintain full staff coverage in the EOC areas.

Dispatch staff were rostered to perform call handling duties for 30 minutes during each of their shifts. While this enabled the EOC to maintain its category one call handling ability, dispatch staff reported it left them short staffed and affected their ability to allocate ambulances to the calls. The service told us EOC watch managers redeployed staff according to risk depending on the number of calls waiting and those waiting for an ambulance response in line with the clinical safety plan.

The trust reported a sickness rate for November 2022 of 11% within the EOC.

The trust was working closely with the hospitals in its catchment area to try and reduce the length of time their ambulance crews were delayed after arrival at the emergency departments (ED). They had trained additional HALO's and set up and staffed ARC's at certain hospital ED's.

Our findings

Access and flow

People could not always access the service when they needed it which was not always in line with national standards. Pressure from excessive demand meant many patients were now waiting too long for their call to be taken or to get a timely response after assessment.

Calls into the EOC were monitored at all times. Staff could see performance metrics displayed on large television screens positioned throughout the EOC. Given the level of calls the EOC frequently struggled to match resources to call volume.

The service was aware of the category and status of calls received from patients, members of the public and healthcare professionals to make sure the right response was arranged. The managerial teams and coordinators in the EOC made operational decisions about how to respond to excess demand.

We heard dispatchers make decisions about where to send or redirect resources related to patient risk. This was a dynamic risk assessment - balancing resources and the clinical needs of patients who had been waiting a long time.

Is the service well-led?

Inspected but not rated ●

Leadership

Leaders had the skills and abilities to run the service. However, staff did not always feel they understood and managed the priorities and issues the service faced. Leaders were not always visible and approachable in the service for staff.

The service was under intense pressure. Senior management told us they were meeting every day to assess the pressure on the system and find ways to ease it.

LAS senior management had engaged with hospital trusts and other care providers to attempt to smooth the flow of patients transported to hospital, and lower handover delays. Less busy hospital ED's had been identified and patients from certain postcodes could be diverted to these to help them get treatment as soon as possible and ease the pressure on the busiest hospital ED's. The trust had introduced innovative ways to ease the need for some patients to be transported to hospital such as the physician response unit and the end of life car, used to support patients around difficult decisions as they approach the end of their life.

Call handling staff told us their team leaders and management in the EOC were supportive and encouraging. However, they also told us they would find it beneficial for morale to see more senior management on the floor, outside of their normal call handling managers.

Culture

Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Our findings

The continued high pressure was recognised by senior management as having a detrimental effect on staff mental and physical wellbeing. We listened in to call handlers taking distressing 999 calls from the public and talking to the caller with empathy and understanding, yet having to explain in the case of non-life threatening concerns it might be a number of hours before help arrived.

Staff we spoke with understood the role of the Freedom to Speak-up Guardians and had found them useful.

Senior management were working hard to recruit more staff and had been successful but the numbers were still not sufficient to deal with the unprecedented demand on the service. In October 2021, LAS reported they had increased their overall percentage of newly recruited black, Asian and minority ethnic (BAME) staff to 37% which was above their internal target of 30%.

In October 2021, LAS held a special memorial event at the Waterloo headquarters for the families of 22 of their staff from all areas of the service who had died during the pandemic.

We were told about Project Wingman and later witnessed it in action. This was a volunteer scheme provided by COVID-19 furloughed British Airways (BA) staff. They had a seating area set aside at the Waterloo headquarters where they provided tea, coffee and magazines available free of charge. The BA staff used their training on how to communicate and deal with sensitive situations to offer LAS employees the chance to talk with someone external to their own organisation. Some staff we spoke with had found this useful.

In November 2021, the Chief Executive launched 'Our LAS' described as a significant and innovative programme to help improve the culture across the service. It was too early to report on any changes implemented by the programme.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events, although were struggling with how to manage the significant increase in demand in urgent and emergency care.

The Trust had put in place a strategic and tactical response for winter, which was focussed on three key areas: to manage demand, increase capacity, and work with system partners to reduce delays at hospital handover. The service had been at REAP level 4 (extreme pressure) since June 2021.

With the exceptional pressure on the system, the risk to a safe and effective performance of the ambulance emergency operations centres was high. The service was set up to cope with unexpected events but staff at all levels were becoming more concerned about the ability to manage performance with the increasing demand on urgent and emergency care capacity. However, foreseeable risk such as changes in demand generally (known as surge), adverse weather conditions and loss of service were well embedded and planned for. All events were escalated through clear structures and processes which had always been part of the emergency response.

The service generally followed the government COVID-19 guidance on safety for ambulance trusts. Staff we spoke with told us they felt COVID-19 safe within the EOC. However, as previously mentioned in this report the trust was not implementing and enforcing COVID safe practice guidelines everywhere within the EOC. In addition there appeared to be little planning for a COVID-19 outbreak within either or both EOC's.

Our findings

Areas for improvement

Action the trust SHOULD take to improve:

- Ensure the EOC and staff are following current government COVID-19 guidelines around screening, social distancing and mask wearing in all areas of the EOC;
- Ensure it produces a standard operating procedure (SOP), protocol or contingency plan for mitigating and managing a COVID-19 outbreak within either or both EOC's. It should be regularly reviewed in line with current national guidelines;
- Increase visibility for senior staff to improve approachability and support morale.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

London Ambulance Service NHS Trust Board Assurance Framework: February 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. 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	Current	Pge
Patients	1	High quality patient care	1A	Demand exceeds capacity	20	20	20	20	20	3
			1B	Business Continuity Plans	16	15	15	15	15	4
	2	Deliver models of care	2A	Poor prioritisation	16	16	8	4	4	6
	3	IT Infrastructure	3A	Cyber attack	20	20	15	15	15	8
			3B	System unavailability	16	16	16	16	16	9
	4	Robust response to Covid	4A	Mutations and increased impact	12	12	16	20	20	11
4B			Post-Covid priorities	12	12	12	12	12	12	
People	5	Increase establishment	5A	Recruitment and retention	16	16	16	16	16	14
	6	Culture and leadership	6A	Staff engagement	16	16	12	12	12	17
			6B	Attracting staff	16	16	12	12	12	18
			6C	Insufficient support	12	12	9	9	9	19
	7	Health and Wellbeing	7A	Sickness absence	16	16	16	16	16	22
			7B	Staff immunisations	16	16	16	16	16	23
Public	8	Financial control total	8A	Demand exceeds capacity	16	16	12	12	12	25
	9	Infrastructure and modernisation	9A	Supply chain delays	16	16	16	16	20	27
	10	Good governance	10A	Lack of engagement	16	16	16	12	12	29
	11	Efficiencies	11A	Lack of engagement	12	12	6	6	6	31
Partners	12	Integration with new NHS governance structures	12A	Lack of focus on emergency services	16	16	12	12	16	33
	13	Increasing trust	13A	Reputation	12	12	12	9	9	35
	14	Charitable donations		<i>no significant risks to delivery</i>						36
	15	Volunteers		<i>no significant risks to delivery</i>						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 Assurance Committee	Quality Assurance Committee					
Lead Executive's statement 03/03/22		Lead Assurance Committee's statement			RAG rating	
We will be in top 1/3 rd in England for AQIs for CAT 1 but not CAT 2. Whilst Cat 2 has improved somewhat from previous months it has not returned to expected levels. A category 2 recovery action plan has been developed focusing on all phases of the response from accurate categorisation, sufficient resource levels, efficient job cycle components and reducing handover delays at hospital		The Committee considered the risks relevant to this objective at its meeting on 8 March 2022 and discussed the possibility of some changes to mitigating actions and risk scores, which will reflect the Quarter 4 position. These will be reviewed by the relevant Lead Executive and reported to the Quality Assurance Committee in May 2022.			Q1	red/amber
					Q2	red/amber
					Q3	
					Q4	
Indicators/milestones						
Description	Plan	Q1	Q2	Q3	Q4	
Top 1/3 rd in England against AQIs	Top 1/3 rd	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 1/3 rd in England against CQIs	Top 1/3 rd	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		

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
Maximise use of 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)	
Develop redeployment scheme for corporate staff to be utilised in times of high demand	

Further actions

Action	Date by which it will be completed
Recruit to workforce plan	Ongoing

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
	External audit taking place in March 2022 by NARU

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 Assurance Scrutiny	Quality Assurance Committee				
Lead Executive's Assurance statement 03/03/22	Lead Scrutiny Committee's Assurance 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.	The Committee considered the risk relevant to this objective at its meeting on 8 March 2022 and discussed the possibility of some changes to mitigating actions and risk scores, which will reflect the Quarter 4 position. These will be reviewed by the relevant Lead Executive and reported to the Quality Assurance Committee in May 2022.			Q1	amber/green
				Q2	amber/green
				Q3	
				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	

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 Assurance statement 03/03/22	Lead Scrutiny Committee's Assurance statement				RAG rating
We are on track with upgrading our IT resilience. A cyber-attack remains high on the national risk register and we must remain vigilant.	The committee reviewed the BAF update and after discussion of risk 3a, cyber security, it was noted that all of the recommended actions from NHSE regarding current threats had been undertaken so the committee were content with the current score.			Q1	amber
				Q2	amber
				Q3	
				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	Upgrade of CM5 to CM7 completed	Completion of infrastructure in Newham and Corsham expected in Qtr 4. Decommissioning at BOW

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	DSPT assurance level reported in annual report
Unsupported software being replaced	Annual Penetration test carried out and reported to the Board via the Cyber Committee
All issues related to Cyber logged on Trust CMS (Content Management System)	Demonstrable response to three cyber 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
	Enterprise Architecture Council (EAC) now in place
	Technical Design Authority (TDA) now in place

Further actions

Action	Date by which it will be completed
Review cyber protection	Ongoing
Hardening of internet facing systems	June 2022
Outstanding action from DSPT to be completed	Completed
Infrastructure refresh completion	December 2022
Compliance with DSPT 2022	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 FIC and accepted. Reported to the Board via the Finance and Investment Committee.
CAD performance monitoring	tbc
Annual winter maintenance by CAD vendor on existing database	Telephony resilience tested and proven to work. Data centre network resilience to HQ and BOW tested and works.
Replacement of legacy infrastructure and operating systems	Regular reporting on progress reports to the Board via the Finance and Investment Committee
Migration of infrastructure to Tier three data centres	IMT Delivery Board in place which oversees the work and reports to the Board via the Director of IT's updates.
EOC controls upgraded to CM7 telephone system	No high priority events outstanding for the telephone system
Upgrade of data network to include resilience and failover at Corsham and Farnborough	Demonstrated CAD resilience and recovery

Further actions

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

Goal 1: Provide outstanding care for our patients

Quarter 3

Objective 4	To deliver safe services within the prevailing Covid guidance				
Lead Executive	Fenella Wrigley, Chief Medical Officer.				
Lead Assurance Scrutiny	Quality Assurance Committee				
Lead Executive's statement 03/03/22	Lead Scrutiny Committee's Assurance statement				RAG rating
Up to date patient facing clinical guidance is in place, Patients across Covid and Non- Covid spectrum continue to be prioritised on the basis of clinical need. The focus on Hear and Treat and where appropriate category 3 & 4 validation to focus our responding resource on those requiring a response on scene. The transfer of low activity 999 calls to mental health crisis lines and the increase in referrals to Urgent Community Response.	The Committee considered the risks relevant to this objective at its meeting on 8 March 2022 and discussed the possibility of some changes to mitigating actions and risk scores, which will reflect the Quarter 4 position. These will be reviewed by the relevant Lead Executive and reported to the Quality Assurance Committee in May 2022.			Q1	amber
				Q2	amber
				Q3	
				Q4	
Indicators/milestones					
Description	Plan	Q1	Q2	Q3	Q4
Infection control standards	Standards to be met throughout the year				

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

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 Assurance statement 23/3/22	Lead Scrutiny Committee's Assurance statement			RAG rating	
The Trust continues to reduce unfilled vacancies (3% vacancy rate at time of print), however concerns remain regarding our ability to meet a rapidly increasing demand profile - particularly given the national supply shortage of paramedics / clinicians.	The Committee reviewed the BAF and asked that a new risk of burnout be added. It also felt the risks relating to ED&I should be a single risk on its own. Discussion also took place on the scoring of the staff vaccination risk and whether it should be reduced given the change in national policy. The Chief people Officer advised the committee that there remained a backlog of other vaccinations that had been delayed due to the pandemic. He agreed to review the scores and report back to the committee.			Q1	amber
				Q2	amber
				Q3	
				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)

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 - completed
Outreach Programmes to support with Recruitment and address EDI objectives e.g. Princes Trust, Job Centres, Local community centres, Football Academies	April 2022

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 Assurance statement 23/3/22		Lead Scrutiny Committee's Assurance statement			RAG rating	
The Trust is in phase 2 of our culture change programme "Our LAS – Creating A Compassionate Place to Work programme."		The Committee reviewed the BAF and asked that a new risk of burnout be added. It also felt the risks relating to ED&I should be a single risk on its own. Discussion also took place on the scoring of the staff vaccination risk and whether it should be reduced given the change in national policy. The Chief people Officer advised the committee that there remained a backlog of other vaccinations that had been delayed due to the pandemic. He agreed to review the scores and report back to the committee.			Q1	amber/green
					Q2	amber/green
					Q3	
					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 results	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		

General Milestones:

	Q1	Q2	Q3	Q4
Plan	<p>National Staff Survey 2021 (Picker) Ambulance Results cascaded across Directorates.</p> <p>Engaging Leader Programme (Band 4-7)</p> <p>Feedback: master classes for all employees (March).</p> <p>Leading with Values: Master classes for Managers.</p>	<p>People Pulse Survey (Bank & Temporary) July.</p> <p>National Staff Survey Action Plan Tracking.</p> <p>Employee (diversity) Network Surveys</p> <p>Engaging Leader Programme (Band 4-7).</p> <p>Leading with Values: master classes for Managers.</p>	<p>National Staff Survey Launch 2022 (Picker)</p> <p>Communications Plans including: Updates</p> <p>Champions</p> <ul style="list-style-type: none"> • Staff Survey • Culture • Wellbeing <p>PDRs reintroduced</p> <p>Engaging Leader Programme (Band 4-7).</p>	<p>National Staff Survey 2022 (Picker) Ambulance Results Analysis.</p> <p>People Pulse Survey (Bank & Temporary) January.</p> <p>Communications Plans revisited.</p> <p>Engaging Leader Programme (Band 4-7).</p>
Actual	Complete	Complete	Complete	On plan

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: <ul style="list-style-type: none"> • 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

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
2 nd 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

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 qualitative 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

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 Assurance statement 23/3/22		Lead Scrutiny Committee's Assurance 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 continuing to experience sustained operational pressure resulting in high absence (as is the sector).		The Committee reviewed the BAF and asked that a new risk of burnout be added. It also felt the risks relating to ED&I should be a single risk on its own. Discussion also took place on the scoring of the staff vaccination risk and whether it should be reduced given the change in national policy. The Chief people Officer advised the committee that there remained a backlog of other vaccinations that had been delayed due to the pandemic. He agreed to review the scores and report back to the committee.			Q1	amber/green
					Q2	amber/green
					Q3	
					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%			

General Milestones:

	Q1	Q2	Q3	Q4
Plan	<p>Amalgamate staff testing and wellbeing team</p> <p>Create a proposal for new wellbeing team</p> <p>Extend current PAM and TPN contracts for a year with reduced pricing</p>	<p>Regular support groups established for:</p> <ul style="list-style-type: none"> • Menopause • Post COVID syndrome • Schwartz rounds <p>Flu vaccinations programme commenced.</p> <p>New OH tender spec's written and signed off at board level.</p>	<p>Deliver flu vaccinations (Q3-Q4)</p> <p>Apply for NHSE and NWL winter wellbeing funds</p> <p>Recruitment to substantive wellbeing team.</p>	<p>Proposal for immunisation catch up programme.</p> <p>Deliver compliance with Vaccination as Condition of Deployment (VOCD) regulations.</p> <p>Completing retender of new Occupational Health</p> <p>Expand MH provision. Including of peer support network and manager training in mental health.</p>
Actual	In place	In place	Funding granted from NHSE & NWL	Planned

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

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 Assurance statement 23/3/22	Lead Scrutiny Committee's Assurance statement			RAG rating rating	
The Trust's new plan is to post a surplus of £4m against this plan the Trust is forecasting a surplus of £10m.	The committee reviewed the BAF update and after discussion it was noted that a new risk is required about the planning process for 22/23 and the financial gap. This will be articulated by the lead executive and presented to the FIC and Board in May 2022 for consideration for addition to the BAF.			Q1	red/amber
				Q2	red/amber
				Q3	
				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	Rakesh Patel, Chief Finance Officer				
Lead Scrutiny Committee	Finance and Investment Committee				
Lead Executive's Assurance statement 9/12/21	Lead Scrutiny Committee's Assurance 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.	The committee reviewed the BAF update and after discussion risk 9a Supply Chain was proposed for uprating from 16 to 20 because of turbulence in the international system. A new risk was also considered relating to the planning process for 22/23 and the financial gap. This will be articulated by the lead executive and presented to the FIC and Board in May 2022 for consideration for addition to the BAF. With these changes the committee is reasonably assured.			Q1	amber
				Q2	amber
				Q3	
				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.	

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

Quarter 3

<p>Leadership and governance improvements</p>	<p>Q2: appoint new directorate leadership team; revised procurement rules. Q3: Take Green Plan to Board.</p>		<p>Commenced appointment of new directorate leadership team. Revised procurement procedure implemented including STWs compliance.</p>	<p>Full leadership team in place to lead modernisation programme. Green Plan approved by the Board in Nov.</p>	
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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
5	x	4	=	20*

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

* Current risk score increased from 4 x 4 = 16 to 5 x 4 = 20 by the Finance and Investment Committee on 14 March 2022, due to turbulence in the international system.


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 Assurance statement 23/3/22	Lead Scrutiny Committee's Assurance 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. Further assurance from GGI commissioned.	The Committee reviewed the BAF update and noted the controls and actions in place.			Q1	amber
				Q2	amber/green
				Q3	
				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.	Good Governance Institute phase 2 commenced. GGI phase 1 recommendations agreed and agreed at January Board. Action plan to be reviewed at March Board.

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 Board Assurance Framework approved by public Board in January 2022 for adoption	

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	Completed

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 Assurance statement 22/3/22			Lead Scrutiny Committee's Assurance statement			RAG rating	
<p>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 underway for 2022/23.</p>			<p>The committee reviewed the BAF update and after discussion a new risk was considered relating to the planning process for 22/23 and the financial gap. This will be articulated by the lead executive and presented to the FIC and Board in May 2022 for consideration for addition to the BAF. With these changes the committee is reasonably assured.</p>			Q1	amber/green
						Q2	amber/green
						Q3	
						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 <i>forecast</i>	£3.7m <i>forecast</i>		
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 Assurance statement 03/03/22	Lead Scrutiny Committee's Assurance statement			RAG rating			
Legislation is nearly through parliament and direction is clear with implementation from July. That said, the arrangements will evolve in the five statutory ICSs of which we will be a member. The task now therefore is to shape the direction of our five ICSs so there is appropriate focus on urgent and emergency care and clarity about our contribution, as well as on pan-London commissioning arrangements, including the role of the London region	The committee reviewed the BAF update and after discussion risk 12A, integration with the new NHS governance system was proposed for uprating from 12 to 16, due to uncertainties on the structure and process for the commissioning and funding of ambulance services for financial year 22/23. This will be articulated by the lead executive and presented to the FIC and Board in May 2022 for consideration for addition to the BAF. With this change the committee is reasonably assured.		Q1	amber			
			Q2	amber			
			Q3	red	orange	x	green
			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	Roger Davidson to update		

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
4	x	4	=	16 *

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

* Current risk score increased from 3 x 4 = 12 to 4 x 4 = 16 by the Finance and Investment Committee on 14 March 2022, due to uncertainties on the structure and process for the commissioning and funding of ambulance services for financial year 22/23


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
Agree and implement influencing plan for all five ICSs that strengthens partnerships with new ICB leadership teams and ICS members (trusts, local authorities, PCNs)	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 Assurance statement 03/03/22	Lead Scrutiny Committee's Assurance statement				RAG rating
LAS is central to improving the performance of urgent and emergency and care across the capital and in shaping future direction as we recover from Covid. We will build trust with our partners by demonstrating clearly our ongoing contribution and insight, working effectively with others to innovate and solve problems, and co-producing with our partners future strategy work	The Committee reviewed the BAF and asked that a new risk of burnout be added. It also felt the risks relating to ED&I should be a single risk on its own. Discussion also took place on the scoring of the staff vaccination risk and whether it should be reduced given the change in national policy. The Chief people Officer advised the committee that there remained a backlog of other vaccinations that had been delayed due to the pandemic. He agreed to review the scores and report back to the committee.			Q1	amber/green
				Q2	amber/green
				Q3	
				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 – sharing successes, solving problems jointly.				
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		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

LAS strategy 23-28 to be coproduced with partners		Process being defined for agreement	
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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 by 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 Assurance statement 17/03/22	Lead Scrutiny Committee's Assurance statement				RAG rating
The Charity Strategy was signed off at the Charity Funds Committee in February 2022, along with new brand and charity name. Comprehensive work and financial plans are now in place, including financial targets for 2022/23.	To be reviewed by the next Charitable Funds Committee in May 2022.			Q1	amber/green
				Q2	amber/green
				Q3	
				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.	<i>Strategy to be agreed and implementation to commence.</i>

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	Completed
Set financial fundraising targets for 2022/23	Completed
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 Assurance statement 17/03/22	Lead Scrutiny Committee's Assurance statement				RAG rating
Following the reduction in COVID and winter pressures, the team are now focused on delivery of the volunteering strategy with a revised tactical plan being developed.	No significant risks have been identified to achieving this objective.				rating
				Q1	amber
				Q2	amber
				Q3	
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.



Report to:	Trust Board			
Date of meeting:	29 March 2022			
Report title:	Board Assurance Framework			
Agenda item:	7.2			
Report Author:	Frances Field, Risk and Audit Manager			
Presented by:	Mark Easton, Interim Director of Corporate Affairs			
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting
Key Points, Issues and Risks for the Board's attention:				
<p>This paper provides the Board with an update on the latest position with the Board Assurance Framework (BAF).</p> <p>Following approval of the refreshed BAF by the Board in January 2022, the document has been reviewed and updated by the lead executives and presented to the lead scrutiny committees for review and consideration of the controls and actions in place to mitigate the risks linked to objectives. The committees reviewed the objectives assigned to them and considered the evidence provided by the lead executives on the status of the risks. These discussions resulted in the proposal to increase two risk scores and for a further risk to be articulated relating to the planning process for 22/23 and the financial gap for the coming year. This risk will be scoped out by the lead executive and will be presented to the Finance and Investment Committee for approval and addition to the BAF.</p> <p>Proposed increases in risk scores:</p> <ul style="list-style-type: none">• 9A - Supply Chain risks from (4 x 4) 16 to (5 x 4) 20 because of turbulence in the international supply system• 12A - Integration with the new NHS governance system from (3 x 4) 12 to (4 x 4)16, due to uncertainties on the structure and process for the commissioning and funding of ambulance services for financial year 22/23. <p>The Risk Compliance and Assurance Group review both the BAF and the Corporate Risk Register, and escalate risks from the CRR as required. The last meeting of the group did not identify any issues for escalation to the BAF.</p>				
Recommendations for the Board:				
<p>The Board is asked to consider the current assessment of risks, controls, assurances and actions set out in the accompanying BAF document and approve the risk scores.</p>				

Routing of Paper – Impacts of recommendation considered and reviewed by:					
Directorate	Agreed				Relevant reviewer [name]
Quality	Yes	X	No		John Martin, Chief Paramedic and Quality Officer
Finance	Yes		No		
Chief Operating Officer Directorates	Yes		No		
Medical	Yes	X	No		Fenella Wrigley, Chief Medical Officer
Communications & Engagement	Yes		No		
Strategy	Yes		No		
People & Culture	Yes	X	No		
Corporate Affairs	Yes		No		