



**MEETING IN PUBLIC OF THE BOARD OF DIRECTORS**  
12.30pm to 3.30pm on Tuesday, 31<sup>st</sup> May 2022  
at Avonmouth House, 6 Avonmouth Street, London SE1 6NX and via Zoom

**AGENDA**

Time	Item	Subject	Lead	Action	Format
<b>1. Opening Administration</b>					
12.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
<b>2. Patient/Staff Story</b>					
12.35	2.1	Story from 111	ANM	Inform	Report
<b>3. General Business</b>					
12.55	3.1	Minutes of the Public Meeting held on 29 <sup>th</sup> March 2022	Chair	Approve	Report
	3.2	Action Log	Chair	Review	Report
1.00	3.3	Report from the Chair	Chair	Inform	Report
1.05	3.4	Report from the Chief Executive	CEO	Inform	Report
1.10	3.5	Report from the Deputy Chief Executives	Deputy CEO's	Inform	Report
<b>4. Director and Board Committee Reports</b>					
1.20	4.1	Summary Integrated Performance Report	CEO	Assure	Report
1.25	4.2	Quality and Clinical Care <ul style="list-style-type: none"> <li>Director's Report (Quality)</li> <li>Director's Report (Clinical Care)</li> <li>Quality Assurance Committee</li> </ul>	JM FW MS	Assure	Report
1.40	4.3	People and Culture <ul style="list-style-type: none"> <li>Director's Report</li> <li>People and Culture Committee</li> </ul>	DMG AR	Assure	Report
1.55	4.4	Finance <ul style="list-style-type: none"> <li>Director's Report</li> <li>Finance and Investment Committee</li> <li>Charitable Funds Committee</li> <li>Month 12 Finance Report</li> <li>Approval of the Financial Plan 2022/23</li> </ul>	RPa BA BA RPa RPa	Assure	Report
2.10	4.5	Audit <ul style="list-style-type: none"> <li>Audit Committee</li> </ul>	RPa	Assure	Report
2.15	4.6	Corporate <ul style="list-style-type: none"> <li>Director's Report</li> </ul>	ME	Assure	Report

2.20	4.7	Assurance <ul style="list-style-type: none"> <li>• PAG Assurance Group <ul style="list-style-type: none"> <li>○ Update on CAD/Newham Implementation</li> </ul> </li> </ul>	SD	Assure	Report
<b>5. Quality</b>					
2.30	5.1	Approval of Quality Account 2021/2022 and 2022/23 quality priorities	JM	Approve	Report
<b>6. Strategy</b>					
2.45	6.1	Approval of the Trust Values	DMG	Inform	Report
2.55	6.2	Approval of the Business Plan 2022/23	RD	Approve	Report
3.10	6.3	LAS Green Plan Progress Update	RPa	Inform	Report
<b>7. Governance</b>					
3.15	7.1	Approval of Q4 Board Assurance Framework and Risk Appetite Statement	ME	Inform	Report
3.20	7.2	Approval of Terms of Reference of Board Assurance Committees: <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Finance and Investment Committee</li> <li>• People and Culture Committee</li> <li>• Quality Committee</li> </ul>	ME	Approve	Report
3.25	7.3	Approval of Policies: <ul style="list-style-type: none"> <li>• Complaints</li> <li>• Anti-Fraud and Bribery</li> </ul>	ME	Approve	Report
<b>8. Concluding Matters</b>					
3.30	8.1	Any Other Business	All	Note	Verbal
	8.2	Date of Next Meeting – 26 <sup>th</sup> July 2022	Chair	Note	
	8.3	Questions from Members of the Public	Chair	Note	

# Integrated Urgent & Emergency Care



## Patient Story for Trust Board

31<sup>st</sup> May 2022



## Background of Call



Adastra 94210

Date: Thursday 12th May

Time: 10:15

Call received via 111 for a 45 year old female presenting with extreme tiredness and breathlessness. Patient tried to contact own GP initially and was advised to call 111 due to the her symptoms and their inability to provide an urgent appointment.

\*All identifiable information has been redacted\*



## Patient Progression Through Service (Flow Chart and Audio)



**10:15** – Following the patients call to 111 a Health Advisor completed an assessment guided by - Breathing Problems Pathway.

A disposition of - **Speak to a Clinician within an hour for Covid risk** – was reached. The patient had declared she suffered from anaemia and that she had been admitted to hospital in January due to the need for a blood transfusion. In February a blood test had shown the patient was still anaemic and is therefore waiting on surgery for Fibroids whilst being treated for anaemia.

The Health Advisor referred the case to the Clinical Navigator for advice to confirm that the disposition was appropriate.

**10:25** – The Clinical Navigator requested the Health Advisor clarify if the patient had been diagnosed with anaemia following her transfusion in January, this was subsequently confirmed by the patient. The advice given was for the Health Advisor to refer the case for a GP call back and place the case into the CAS clinicians queue :- **Speak to a Clinician from our Service Immediately (DX32)**.



**10:32** – IUC GP called the patient back and following a full assessment advised the patient she required a face to face review and further blood tests (including a blood count) to be undertaken. The GP advised that he would arrange a referral to a UTC – **Disposition Refer to Treatment Centre 4 hrs (DX03)**.

GP advised he would check what appointments are available and call back to confirm .



**10:52** – IUC GP called the patient back and confirmed he had sent the request to St Thomas A&E and that she had been booked for an arrival time of 12:00 (DX03).

Patient confirmed she would attend.





**Public Meeting**  
**LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS**  
**held at 12.30om on Tuesday, 29<sup>th</sup> March 2022 at Avonmouth House**  
**and by Zoom**

<b>Present</b>		
Heather Lawrence	HL	Chairman
Rommel Pereira	RPe	Deputy Chair
Bob Alexander	BA	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Amit Khutti	AK	Non-Executive Director
Anne Rainsberry	AR	Non-Executive Director
Daniel Elkeles	DE	Chief Executive Officer
John Martin	JM	Joint Deputy Chief Executive and Chief Paramedic & Quality Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Rakesh Patel	RPa	Chief Finance Officer
<b>In Attendance</b>		
Jill Anderson	JA	Associate Non-Executive Director
Line De Decker	LD	Associate Non-Executive Director
Jaqueline Lindridge	JL	Director of Quality
Damian McGuinness	DMG	Director of People and Culture
Mark Easton	ME	Interim Director of Corporate Affairs
Antony Tiernan	AT	Director of Communications
Roger Davidson	RD	Director of Strategy and Transformation
Barry Thurston	BT	Director of IT
Meg Stevens	MSt	Interim Head of Corporate Affairs (Minutes)
<b>Apologies</b>		
Karim Brohi	KB	Non-Executive Director
Agatha Nortley-Meshe	ANM	Medical Diretor (Urgent Care)

<b>1.OPENNG ADMINISTRATION</b>	
1.	<b>Welcome and Apologies</b>
a.	The Chairman welcomed those present to the meeting.
b.	Roger Davidson, Director of Strategy and Transformation, was welcomed to his first formal meeting of the Board in Public.
c.	It was noted that apologies for absence had been received from Karim Brohi and Agatha Nortley-Meshe.

2.	<p><b>Declarations of Interest</b></p> <p>a. BA declared that from 1<sup>st</sup> April 2022 he would no longer be Chair of Imperial College Healthcare NHS Trust but would be a Non-Executive Director.</p> <p>b. FW declared that as part of the reorganisation of London Region, she had agreed to take on the role of Regional Advisor for 999 services.</p> <p>c. There were no further declarations of interest.</p>	
<b>2. GENERAL BUSINESS</b>		
2.1	<p><b>Minutes of the Previous Public Board Meeting</b></p> <p>a. The Minutes of the previous public meeting of the Board held on 25<sup>th</sup> January 2022 were approved as an accurate record.</p>	
2.2.	<p><b>Action Log</b></p> <p>a. The action log was noted, with particular attention paid to the following item:</p> <p><b>Body Worn Cameras</b></p> <p>b. JM said that the pilot phase would conclude at the end of March at which point cameras would have been rolled out to twenty-two sites. Whilst there had been multiple requests for access to recorded footage to support prosecutions, no reduction in the number of assaults was evident.</p> <p>c. JM noted that costs were currently being obtained to support roll out to the remainder of the organisation. In response to a challenge about why funding was not immediately available, RPa said that the capital plan was over-subscribed and a prioritisation process was being worked through. The Chair said there was a steer from the Non-Executive Directors that this was a high priority in terms of capital spend.</p>	
2.3	<p><b>Report from the Chair</b></p> <p>a. The Chairman presented her report to the Board, noting in particular that the recruitment process for her successor was currently underway and that, in the interim, she had been asked by NHS Appointments and the London Regional Office to extend her term for three months to end-June. Long-listing of candidates for the role of Chair would take place at the end of the week.</p> <p>b. BA suggested that it would be helpful to invite Penny Dash, Chair of NWL ICS, to a future meeting of the Board to discuss how she sees the relationship between LAS and NWL ICS evolving and developing. RD confirmed that he would help facilitate this.</p>	<b>RD</b>
2.4	<p><b>Report from the Chief Executive</b></p> <p>a. The CEO presented his report, noting that a lot had changed since the report had been drafted. The day previously, ten ambulances surplus to the needs of LAS had left London to be delivered to the Polish border to support humanitarian efforts in the Ukraine. Twenty-five members of staff had accompanied the convoy. All vehicles had been MOT'd</p>	

	<p>before leaving and had been stocked with a range of surplus medical equipment and consumables.</p> <p>b. The CEO also updated on the major incident resulting from a part-building collapse in Hackney Wick. LAS had dispatched a large number of resources to the scene and worked closely with emergency service partners to ensure a swift and professional response.</p> <p>c. The CEO further noted that when his report had been drafted, LAS was at Operational Pressures Escalation Level 3 but due to increased levels of demand this had now been raised to Level 4 signifying extreme pressure on the service. It was hoped that this heightened level would only last until just after Easter when modelling suggested that demand should begin to decrease. FW explained that high levels of transmission of Covid in the community was a driver for the heightened activity.</p>	
2.5	<p><b>Report from the Deputy Chief Executives</b></p> <p>a. JM said that during the period covered by the report LAS had continued to face significant service pressures with the spread of the new Omicron variant combined with high volumes of patients accessing urgent and emergency care.</p> <p>b. The overall demand for 999 services remained significantly higher by 5%. However, 999-call answering time was continuing to reduce as more staff were recruited into the organisation. Turning to 111 services, JM noted that LAS was one of the largest 111 providers in the country taking c.11% of the total national NHS 111 calls, and consistently delivered some of the best performance standards.</p> <p>c. The Board noted that handover delays at hospitals remained a significant challenge with the average handover taking 28 minutes against the national standard of 15 minutes. BA suggested that it would be helpful for the Board to receive information on issues impacting handover delays, broken down by individual providers within each ICS, to provide an overview about where there might be particular pressures and to identify areas where specific actions might be helpful. The CEO responded that there was a large degree of variation between different providers and confirmed that the next report would include data broken down by provider.</p> <p>d. FW said it was recognised that the sustained pressure that the urgent and emergency care system was facing resulted in some patients waiting longer than the national standards for an ambulance, particularly those patients with non-life threatening conditions, and that these patients might be in distress or pain. Patient safety remained a top priority with daily clinical safety reviews and LAS continued to ensure that there were clinicians working in the operations centre to ensure patients who would be better treated and managed closer to home within a community pathway could be referred at the point of contact. She stressed that LAS was working closely with the ICS and operational colleagues in the community around developing community pathways to maximise the number of patients that can be treated closer to home and to enable patients to be referred to operational colleagues in the community at the point of contact.</p> <p>e. FW said it was crucial to work in partnership to ensure the best care and response to patients. To this end, there were twice weekly meetings with ICS handover representatives, NHSE and London Region to look at the best way to manage hospital handovers to ensure that ambulances were released as swiftly as possible. Three key pieces of work were underway that would have a positive impact on hospital handover delays:</p>	JM

f.	<ul style="list-style-type: none"> <li>• Urgent care response team planning to ensure that each Borough in London has a response team</li> <li>• Mental health response care that would mean patients do not unnecessarily go into hospital and spend time waiting in the wrong environment</li> <li>• Development of same day emergency care (SDEC) access so that ambulances can refer directly into same day emergency care</li> </ul> <p>The Chair thanked the Deputy CEOs for their informative report.</p>	
2.6	<p><b>London Ambulance Service Public and Patient Council (LASPPC) Update</b></p> <p>a. AT summarised the discussion at the February meeting of the LASPPC. Recognising the significant pressures, the Council had received a detailed briefing from the Director of Operations on how LAS was responding to additional demand for 999 and 111 services at the same time as managing staff and volunteer sickness resulting from Covid.</p> <p>b. The Council had also received an update on work to meet the needs of high intensity users and had asked to be involved in the work of the team looking into this going forwards.</p>	
<b>3. GENERAL BUSINESS</b>		
3.1	<p><b>Violence and Aggression to Staff</b></p> <p>a. JM said figures showed that cases of physical assaults against LAS staff had risen by almost 40% since the pandemic began.</p> <p>b. The Association of Ambulance Chief Executives, with support from NHS England, had launched a national #WorkWithoutFear campaign to highlight the impact of this abuse on the everyday lives of ambulance staff and to encourage the people who might commit these offences to have respect for the people who are trying to help them. As part of the national campaign, LAS staff and volunteers had met with the CEO to share their personal experiences of abuse whilst on duty and their suggestions for what could be done differently, helping to create and shape an action plan to bring down the number of incidents and secure the toughest possible convictions for those who commit them.</p> <p>c. Actions taken to date to address violence and aggression to staff included:</p> <ul style="list-style-type: none"> <li>• Establishing a Violence Reduction Unit in May 2020</li> <li>• 27 successful prosecutions in 2020/21 and 32 successful prosecutions in 2021/22 (up to February)</li> <li>• Developing a violence prevention and reduction standard (VPRS) action plan, with ongoing work to develop a violence reduction strategy and a specific action plan in response to feedback arising from the roundtable</li> <li>• Introducing crew safety systems to ambulances, including CCTV</li> <li>• Piloting body worn video cameras, with the trial extended to 34 sites</li> <li>• Provide conflict resolution training on a 3 yearly cycle, with a conflict resolution and personal safety manual now published on the Trust intranet</li> <li>• Developing collaborative links with the Metropolitan Police Service, including participation in Operation Cavell</li> </ul>	

<b>4. DIRECTOR AND COMMITTEE REPORTS</b>	
4.1	<p><b>Summary Integrated Performance Report</b></p> <p>a. The Board received a summary version of the integrated performance report. A full version of the report was available on the website and in the Convene library.</p>
4.2	<p><b>Quality and Clinical Care</b></p> <p><b>4.2.1 Director's Report (Quality)</b></p> <p>a. JM said that the January Quality Report continued to demonstrate the impact of prolonged Resource Escalation Action Plan (REAP) level 4 status and winter pressures on the quality of care. This impact was closely monitored through various quality and safety assurance mechanisms including quality visits and daily reviews of patient safety incidents resulting from delayed responses. The Trust continued to see a positive incident reporting culture particularly in no harm and low harm incidents.</p> <p>b. JM noted that LAS was an early adopter of the Patient Safety Incident Response Framework and the plan had been produced with key stakeholders including the North West London Clinical Commissioning Group. The plan had recently been reviewed and, whilst found to accurately reflect the Trust's current incident and risk profile, there had been recognition that further work was required to determine interconnected contributory and causal factors through thematic analysis. The current plan has been extended into 2022/23 to allow progress against the various improvement and thematic work required which would allow for the completion of a full review and update once the final revised framework from NHSE was published.</p> <p>c. Turning to Freedom to Speak Up, JM said that during the 2021/22 year, 128 concerns had been raised by Trust staff. The FTSU Guardian had 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 was provided when concerns were raised.</p> <p>d. In terms of health, safety and security, JM reported that LAS was 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 had been recorded. The body worn camera pilot was due to complete at the end of March and a monitoring and governance group had been convened to promote the use of cameras and to collate feedback regarding their use as well as any violence reduction successes. The use of body worn cameras was proving successful in supporting the work of the Violence Reduction Officers who reported 32 successful prosecutions for violence against Trust staff in the year to date, with 5 further cases pending.</p> <p>e. JM also drew attention to the final report of the unannounced inspection by the Care Quality Commission (CQC) on 6<sup>th</sup> December 2021. No direct safety concerns had been raised and there were no 'must do' recommendations. Areas of good practice noted in the report included:</p> <ul style="list-style-type: none"> <li>• Compassionate care which was delivered with empathy and reassurance in distress</li> <li>• Proportion of patients managed with hear and treat</li> <li>• Ongoing auditing, monitoring of outcomes and reviews of effectiveness and appropriateness of care</li> <li>• Systems in place to manage risk and learning from incidents</li> </ul>

	<ul style="list-style-type: none"> <li>• Multidisciplinary working and team work</li> <li>• Open culture</li> </ul> <p><b>4.2.2. Director’s Report (Clinical Care)</b></p> <p>f. FW said that despite the pressures caused by the pandemic, there had been significant progress in delivering both the Trust Strategy 2018-2023 and the Clinical Strategy (2016-2023 (2019 refresh) including:</p> <ul style="list-style-type: none"> <li>• Expanding and embedding specialist resources for specific patient groups to improve equity of access to care including urgent care, mental health, maternity and palliative and end of life care</li> <li>• On-going development of the integrated clinical assessment service sitting behind both 111 and 999, which had resulted in an expanded multidisciplinary workforce to support patients contacting LAS with a range of urgent and emergency conditions.</li> <li>• Playing an increasingly pivotal role in the development of services across London working with system wide partners.</li> </ul> <p>g. Through close working with the five ICSs, there had been further piloting and development of new non-Emergency Department pathways as a way to provide the best care for patients in the right healthcare setting and reduce inequity of access to care.</p> <p>h. In terms of mental health, the Mental Health Joint Response Care service was being developed to provide a specialised response and reduce conveyances to EDs.</p> <p>i. LAS continued to work with the ICS urgent community response 2-hour response teams to improve access and utilisation. UCR services were focussed on treating patients at home, reducing ambulance dispatches and subsequent admissions..</p> <p><b>4.2.3. Report from the Quality Assurance Committee</b></p> <p>j. The Quality Assurance Committee had been briefed on progress against the 2021/22 Quality priorities and had been introduced to the proposed 2022/23 priorities.</p> <p>k. The Committee had also received a presentation on the Trust’s performance during the winter period.</p>	
<p>4.3</p>	<p><b>People and Culture</b></p> <p><b>4.3.1. Director’s Report</b></p> <p>a. DMG presented an update on people and culture issues, noting progress against the Our LAS Culture change programme with 82% of staff rating the workshops as Very Good or Good. Phase 2 of the workshops started in March and focussed on the key outcomes that colleagues felt would improve their working lives. To date over 1,000 staff had signed up to phase 2 of the programme which would conclude with a series of masterclasses.</p> <p>b. In terms of health and wellbeing, January 2022 was the 2nd busiest month ever for the LAS Wellbeing team, largely driven by absences due to Covid. Additional support had been rolled out and every area of the Trust now had an assigned wellbeing support officer to assist local management and HR teams.</p>	

#### 4.3.2. Report from the People and Culture Committee

- c. AR said that the committee had received a presentation on the WRES indicators measured in the staff survey and had noted that there had been some positive progress in a number of areas. However, the committee had 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.
- d. The number of BAME staff who said they believed the organisation provided equality in career progression had improved by 5% which was the best result in 5 years, and was noted as being particularly positive.
- e. The Committee had also received a progress report on recruitment and the workforce plan for the coming year but it was noted that in recent months, recruitment plans had been challenged by HCPC and visa delays.
- f. In response to a query about whether there was any opportunity for one integrated people system, DMG said that ESR and the rostering system would need to remain independent and that in addition the Trust has a number of bespoke system that link in to different systems. As such, there was no immediate prospect of bringing in one overall people system. The CEO noted that a number of software providers were now developing systems that can interface with ESR and it would be helpful for the Trust to have a strategy of only using products that link with ESR. SD agreed that it would be helpful to look at some form of standardisation.
- g. DMG responded to a query about the strategy around recruitment from other countries by noting that a pilot had recently been undertaken in Poland but the main source of international staff continued to be Australia. The CEO confirmed that the Trust would be reviewing its staffing model in the near future and would be looking at the best way to maximise the ability to recruit but would also be looking to expand the number of NETS and volunteers.
- h. RPe queried if there were any themes coming out of the concerns raised with the Freedom to Speak Up Guardian. DMG responded that general emerging themes were bullying and harassment, conflicts with management, patient safety, mandatory vaccination and sexual safety. In relation to bullying and harassment, the Resolution Hub was resolving a number of concerns informally. DMG stressed that all allegations of bullying and harassment were taken very seriously and the ultimate sanction was that staff could lose their job.
- i. Turning to research and audit, the Chair queried if LAS had a strategy in terms of aligning itself with other partners for work around areas such as health inequalities. FW confirmed that LAS had joined the NWL Clinical Trials Alliance and was in the process of working through the audit and research programme for the year. AK particularly commented on the initiative to write to patients who had survived a cardiac arrest, noting the importance of feeding back to clinicians on outcomes. The CEO said the LAS was just starting work on a programme that would allow the Trust to link its data with hospital data, thereby enabling patients to be 'tracked' through the hospital in terms of outcomes and aiding LAS in developing a greater understanding of the best course of action to take in terms of whether or not to convey to hospital.

<p>4.4</p>	<p><b>Finance</b></p> <p><b>4.4.1. Director’s Report</b></p> <p>a. The CFO noted that in addition to discussions about the year end forecast and submission of the draft 2022/23 financial plan on 17 March, the areas of focus also encompassed procurement, commissioner contracting and costing, commercial, business planning, corporate reporting and strategic assets and property functions. In particular, the CFO noted that work on development of an Estates Strategy had commenced and would entail meaningful engagement with stakeholders. The strategy was due to be completed over the summer.</p> <p><b>4.4.2. Report from the Finance and Investment Committee</b></p> <p>b. BA said that FIC had focussed their discussions on the year end financial position and had recognised the challenges to delivery of the plan including the implications of returning a £10m surplus, and the actions being undertaken to reduce the surplus and deliver the £4m as planned. FIC had also reviewed and approved the 2022/23 Draft Financial plan as set out for submission to NHS England on 17<sup>th</sup> March 2022. It had been noted that the final submission was due on 28<sup>th</sup> April 2022.</p> <p><b>4.4.3. Month 10 Finance Report</b></p> <p>c. The CFO reported that as at end-January 2022, the Trust had a YTD surplus of £30k, equating to a break even position on an adjusted financial performance basis. The Trust was forecasting a surplus position of £10m to the end of March 2022 assuming further £28.4m income in H2 as confirmed by NWL ICS. The forecast had been updated to include known risks and mitigations at month 11. Given the stage in the financial year this was presented as the likely scenario. The CFO also reported that the Trust had delivered £6.9m of efficiency reductions to the end of January 2022. The Trust continued to forecast delivery of its capital plan for 2021/22 and had developed additional plans to utilise a further £14m Capital Resource Limit.</p> <p><b>4.4.4. Report from the Charitable Funds Committee</b></p> <p>d. BA reported that at the February meeting, the Charitable Funds Committee had reviewed and adopted an initial five-year charity strategy and approved the charity revenue budget for 2022/23. The Committee had also supported a specific funding request for an LAS Charity Hardship fund.</p>	
<p>4.5</p>	<p><b>Audit</b></p> <p><b>4.5.1 Report from the Audit Committee</b></p> <p>a. RP reported that the February 2022 meeting of the Audit Committee had approved a contract award recommendation to KPMG for external audit services.</p> <p>b. The Audit Committee had also noted with concern that there had been a slower start than anticipated in delivery of the internal audit plan. RRP confirmed that a catch up plan had been agreed with BDO and that audit work was progressing well. He would, however, check that there were no ongoing delays.</p> <p>c. The Board noted the assurance report from the Audit Committee.</p>	<p><b>RRP</b></p>

<p>4.6</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p>	<p><b>Corporate</b></p> <p><b>4.6.1 Director's Report</b></p> <p>The Director of Corporate Affairs reported that the rate of complaints had risen significantly over the year, which was not unexpected given the increase in operational activity for both 999 and 111 calls. However, in recent weeks the number of complaints had shown signs of reducing, mainly as a result of the improvement in ambulance response times with consequently fewer complaints about delay.</p> <p>The Director noted that the Complaints and Quality Teams were working closely together to improve the complaints handling and investigation processes, and to ensure the capture and sharing of learning from complaints. To this end, the Safety Investigations Assurance and Learning Group had been re-established with revised terms of reference and a focus on driving 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.</p> <p><b>4.6.2 Report from the PAG Assurance Group</b></p> <p>SD reported that the go live date for the new CAD system was confirmed as being September 2022. This date would allow sufficient time to complete product readiness, user acceptance and performance testing, staff training and change management. Governance processes had been enhanced to ensure that change requests were reviewed and challenged by the CEO and CMO. A comprehensive training and change management plan was being developed.</p> <p>DE commented that CAD implementation was a very complex programme, involving installation of a new telephone system, transfer of staff from Bow to Newham and reconfiguration of the layout of HQ. However, a detailed roadmap between now and go live in September was now in place.</p> <p>SD also noted that the PAG Assurance Group terms of reference had been reviewed and updated. Subject to a minor query about dates, the Board approved the amended terms of reference.</p>	
<p><b>5. QUALITY</b></p>		
<p>5.1</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p><b>Quality Priorities for 2022/23</b></p> <p>JL reminded the Board that NHS Trusts must produce an annual Quality Account that sets out the quality priorities which the Trust intends to focus improvement efforts on for the subsequent financial year. In considering the priorities for LAS, a particular focus had been placed on learning from the pandemic and the Trust's clinical strategy. The priorities had been shaped via engagement sessions with members of the Patient and Public Council, operational staff and managers and the results of a staff survey.</p> <p>The proposal was to focus on three key priorities:</p> <ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient, family and carer experience</li> <li>• Staff engagement and support</li> </ul> <p>These three priorities would be supported by twelve underlying objectives that would be monitored throughout the year to ensure improvements.</p>	

<p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p> <p>h.</p>	<p>JL confirmed that the final version of the Quality Account would be presented to Trust Board in May 2022 for approval, prior to publication on the Trust website.</p> <p>BA queried if achievement of any of the priorities would be put at risk due to financial constraints. JL responded that whilst there might need to be some discussion about levels of resourcing, in broad terms she was confident that the priorities and objectives were deliverable.</p> <p>AR questioned whether there should be more specific metrics to measure achievement against the objectives, noting the use of terms such as 'improve' and 'reduce'. The CEO responded that metrics would be developed once the level of resources available to support the objectives was clear.</p> <p>In response to a query about how it was intended to improve access to clinical supervision for all clinicians, the CEO said that the Trust was moving towards a watch system in some front line parts of the organisation and that this would be achieved in a relatively cost neutral way.</p> <p>The Board approved the quality priorities for 2022/23.</p>	
<b>6. STRATEGY AND PLANNING</b>		
<p>6.1</p> <p>a.</p>	<p><b>Make Ready Update</b></p> <p>RRP reminded the Board that in January 2022 a decision had been taken to invest £14.2m and in-source the Make Ready service from 1st April 2022, including transfer of the existing workforce of c.400 into LAS. Careful consideration had been given to ensuring a strong integration process and induction arrangements to ensure integration with LAS colleagues. This included cultural awareness training for both those colleagues joining LAS and also the existing workforce with whom they directly interact. RRP assured the Board that engagement had been relatively good and that everything was in place for a successful start on 1st April.</p>	
<p>6.2</p> <p>a.</p> <p>b.</p>	<p><b>Fleet Investment</b></p> <p>RRP said that towards the end of 2021, LAS had secured £16.6 million to spend on fleet with a focus on ultra-low emission zone compliant vehicles, utilising full electric and hybrid electric vehicles where possible. The investment would 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 current vehicles, as well as 42 electric fast response cars and three electric motorcycles. The investment would also fund a further 32 electric and hybrid vehicles for LAS teams who work behind the scenes for example restocking and deep cleaning ambulances.</p> <p>The outcome of this investment would be that 10% of LAS's vehicles will be electric or plug-in hybrid electric and will help to reduce the Trust's carbon footprint.</p>	
<b>7. GOVERNANCE</b>		
<p>7.1</p> <p>a.</p>	<p><b>CQC Report</b></p> <p>JL reminded the Board that the CQC had conducted a one day unannounced inspection of 111 and EOC services in December 2021 visiting the LAS sites at Barking and Waterloo.</p>	

b.	The Chairman noted that many areas of good practice had been acknowledged. Several areas for improvement had also been identified and these were being incorporated into Trust Improvement Plans. The Chair confirmed that she would be writing to staff to thank them for their hard work and contribution.	
7.2	<p><b>Board Assurance Framework</b></p> <p>a. ME said that following Board approval of the refreshed BAF in January 2022, the document had 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. These discussions had resulted in a 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 would be scoped out by the lead executive and presented to FIC for approval and addition to the BAF.</p> <p>b. The Board noted and approved the following increase in risk scores:</p> <ul style="list-style-type: none"> <li>• 9A - Supply Chain risks from 16 to 20 because of turbulence in the international supply system</li> <li>• 12A - Integration with the new NHS governance system 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.</li> </ul>	
<b>8. CONCLUDING MATTERS</b>		
8.1	<p><b>Any Other Business</b></p> <p>a. There was no other business.</p>	
8.2.	<p><b>Date of Next Meeting</b></p> <p>a. The next public meeting of the Board would be held on 31<sup>st</sup> May 2022.</p>	
8.3	<p><b>Questions</b></p> <p>a. There were no questions from members of the public.</p>	



## ACTION LOG – 31<sup>st</sup> MAY 2022 PUBLIC BOARD

Meeting	Action	Lead	Due	Update
29 <sup>th</sup> March 2022	<b>ICSs</b> Consider inviting the Chair of NWL ICS to a future meeting of the Board to discuss how she sees the relationship between LAS and NWL ICS evolving and developing.	RD	May Board	Chair and CEO of NWL ICS to be invited to the June Board Seminar to talk about the ICS and how it will evolve.
	<b>Data on Handover Delays at Hospitals</b> Deputy CEO report to contain data on handover delays.	JM	May Board	23,953 operational hours were lost over March and April 2022. We continue to work closely with BHRUT, North Middlesex and Northwick Park where the pressures are the greatest.
	<b>Internal Audit Plan</b> Following concerns by the Audit Committee that there had been a slower start than anticipated start to the internal audit plan, RPa to check that this has been addressed and there are no ongoing delays.	RPa	May Board	CFO has met with Internal Audit partner to address issues relating to staffing and, in parallel, the Executive team will receive regular reports on progress.



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	31 May 2022			
<b>Report title:</b>	Report from the Chair			
<b>Agenda item:</b>	3.3			
<b>Report Author(s):</b>	Heather Lawrence, Chair			
<b>Presented by:</b>	Heather Lawrence, Chair			
<b>History:</b>	N/A			
<b>Status:</b>	<input type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Noting</b>
<b>Key Points, Issues and Risks for the Board's attention:</b>				
The Chair's report provides an overview of meetings and events attended with external/internal stakeholders of the Service since the last time the Board convened.				
<b>Recommendation for the Board:</b>				
The Board is asked to note this report.				

<b>Routing of Paper – Impacts of recommendation considered and reviewed by:</b>					
<b>Directorate</b>	<b>Agreed</b>				<b>Relevant reviewer [name]</b>
Quality	Yes		No		
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

This is the last report I will write as Chair of LAS before I hand over to the incoming Chair, Andy Trotter on 1st July. I would like to thank my Board colleagues and all LAS colleagues for their support and dedication to their role. It is an understatement to say that the last six years have been challenging.

LAS had been placed in Special Measures by Monitor the then regulator after an inspection by the CQC and it is difficult to say it was not warranted. Since that time the organisation has not only made progress as evidenced by a CQC rating of Good in 2018 and 2020, we have also evidenced resilience throughout the pandemic, dealt with acts of terrorism in the capital and continued to respond to ever increasing demand for urgent and emergency care.

We now have the right mix of expertise, Executive and Non-Executive on the Board to take the organisation further including six members with a clinical background helping to keep our focus on the quality of care we provide. At each Board we hear a staff and or Patient story and these have led to changes in what we do for the better.

Our infrastructure is much improved in terms of our resilience in IT systems which will be completed when the Computer Aided Dispatch is implemented. All paramedics now have iPads. Procurement, logistics and medicines management have been brought up to date and the make ready service brought in house. We have a green agenda and await the estates strategy which is due to be presented to the Board.

What really matters is the quality of care we provide to patients and how we treat our staff. We have increased our focus in both of these areas through the Board, the sub-committees and Executive and Operations. I am told that the organisation is much more inclusive than it was six years ago but Black Lives Matter highlighted the need for much more work in this area. The culture may be improved but it is a disappointment to me that this has not gone further than it has and why I am delighted that Daniel Elkeles as CEO has launched a Trustwide culture programme and today we will seek to approve the new Trust values that have been generated by our staff which are:

Caring  
Respect  
Teamwork

The staff networks are active and listened to alongside the unions. We have an active Chairs Staff Advisory Group, an initiative that came from one of our own staff and has representatives from all front line areas including trade union representatives. We have an increasingly active Public and Patients Council with whom we consult on a wide range of issues.

The Trust now provides 60% of London's NHS111 service, establishing us as a significant provider of Urgent Care in London. As LAS comes to refresh its strategy it must do so in the context of the Integrated Care Systems (ICSs). From July 1st 2022 there will be five Integrated Care Boards (ICBs) in London with whom we must continue to engage. It is pertinent to note that the only NHS providers not represented on these Boards across the country is the Ambulance sector. All but one of the Ambulance Trusts work across multiple ICBs and it is a cause of concern that this is the case and why as a sector we are in support of region wide Board for the commissioning and strategic direction of Urgent and Emergency Care. The role of Ambulance Trusts in the planning of care can no longer be over looked. Influencing the system nationally, through Association of Ambulance Chief Executives (AACE) and at ICS meetings has been my focus. There is now acceptance nationally that each region needs to consider focusing on a small number of urgent care pathways across the entire region in an attempt to address hand over

delays at hospital. We currently take between 48% and 51% of patients that we send to Accident and Emergency Departments. This can be reduced significantly if there are alternative care pathways commissioned 7 days per week and 16 hours per day for these groups of people across the region. Clinical view in London is that priority should be given to frail elderly, children and fractured neck of femur. Better care in the right place at the right time. I have promoted the concept of Get it right First Time (GIRFT) for these pathways and this is now being taken forward by AACE. Daniel and I have met to discuss these matters with the Chief Executive of the NHS, Amanda Pritchard and also the National Clinical Director for Urgent and Emergency Care, Dr Julian Redhead.

Going forward the trust must now also focus on how to take the digital agenda forward.

The role of the paramedic needs to be developed and rewarded alongside nurses in Urgent Care. The need of the clinical hub in the 999s and the 111s is essential to provide quality control, advice and expertise to staff and needs to be recognised by commissioners.

The Trust has an excellent staff wellness service but the cost of living increases mean that we must do more to support our staff and recognise the additional stresses they are under and work with others to provide additional support. Yesterday I attended an NHS Confederation session where examples were given such as: flexibility in shift start time by 30 minutes can save the member of staff £20 per day, payment of bank duties paid promptly and weekly, the availability of food banks and clothes recycling - one area had negotiated a reduction in bus fares. I ask that the Trust gives a renewed focus on these areas.

As usual over the last month I have attended the following meetings - NWL ICS Chairs meeting as they are our host ICS, AACE Chairs meeting, AACE council, NHS Providers Board of Trustees, Staff and Volunteer Advisory Panel, and an Our LAS Leadership Masterclass.

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



## Report from the Chief Executive

### 1. Demand and performance update

1.1 Over April and May we have seen significant levels of demand across our 111 and 999 services, and colleagues across the service have worked extremely hard during this period to ensure we can be there for our patients in need. At the last Board meeting I shared how we, along with other ambulance trusts across the country, had to re-escalate to REAP (resource escalation action plan) level 4 due to the significant increase in pressure we were facing.

I am pleased to share that on 21 April we were able to de-escalate to REAP level 3, although this does mean we continue to experience high levels of demand. We continue to do everything we can to reduce pressures on our services. This includes looking at ways of getting back to treating an average of six patients per 12 hour shift across London (which we were able to do before COVID-19). If we can do this, we would be able to reduce our Category 2 response times by around 15 minutes, which would of course be of huge benefit to our patients and improve the experience our staff and volunteers have at work.

We continue to work closely with our partners to respond to Londoners in need, and to further reduce handover delays at hospitals. You can see evidence of our partnership working in a number of ways, including the multi-agency response to the major incident declared by London Fire Brigade on 24 March at the London Aquatic Centre in Stratford.

Our response to incidents and continuing commitment to outstanding care would not be possible however, without the utmost commitment and hard work of our staff and volunteers. Whilst many people across the capital were celebrating bank holidays, Easter weekend, Passover and Eid Mubarak in April, our staff and volunteers were working day and night to be there for Londoners. The meticulous planning for this period – from us as well as the rest of the NHS in London – ensured response times were much improved. I would like to take a moment to thank them all again for their dedication and commitment to caring for our patients over this period.

More information and detail on our performance can be found in the Report from the Deputy Chief Executives.

### 2. Celebrating our people

2.1 In 2021/22, we received an astounding 1,724 thank you messages from members of the public and our patients about the outstanding care they provided (Figure 1). Since my last report, we have received 259 new thank you messages to over 650 members of staff and volunteers. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers 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
2022	March	147	1724	371	4329
2022	April	112	112	287	287

Figure.1

2.2 In May, we facilitated a [reunion](#) between a patient Brian (a man of survived a cardiac arrest in 2020), his wife Sally and our 999 call handler Callum Gillies who guided Sally to perform CPR over the phone and stayed on the line until our crews arrived to take over. Brian has since made a full recovery, and I was delighted to meet them and to hear first-hand the vital difference Callum made in this life-threatening situation.



2.3 I was delighted to congratulate our logistics and project teams who were 'Highly Commended' at the prestigious *HSJ Partnership Awards* for their work with Pro-Cloud. This collaboration saw the development of a new asset management system, which allows us to better track the medical consumables and equipment that is vital to us providing care to our patients.



2.4 In April we celebrated Volunteer Recognition Day. Our volunteers have supported our Service for more than a decade and they play a vital role in helping us get to our patients quickly. In 2021 they gifted more than 30,400 hours of their time to support the Service, and we are very grateful for everything they have and continue to do to support us.

Over the next 12 months we plan to recruit more volunteer emergency responders and community first responders to join team LAS.

It was also an honour to attend, with the Chair, our [emergency responder \(ER\) long service awards in May](#), where we celebrated the long service of 20 ERs – 17 with five years' service and three with 10 years. I was thrilled to present Benji Watkins with the Chief Executive Award for his outstanding contribution to the Service, and it was also brilliant to see Shadman Aziz awarded with the Debbie Baldwin Inspirational Volunteer Award for going above and beyond for the Service. This latter award remembers volunteer Debbie Baldwin, who died of ovarian cancer last year. The award was presented by her husband, Pravin.



2.5 In March, we shared that our Chair Heather Lawrence OBE will be leaving us this summer, after playing a key role in transforming the Service and leading our efforts to improve care – helping to steer us out of special measures towards a 'good' overall rating from the Care Quality Commission. After a thorough interview and selection process, I am delighted that jointly with NHS England / NHS Improvement we have announced the appointment of our next Chair Andrew Trotter OBE QPM who will join the Service on 1 July.

On behalf of the executive and entire organisation, I would like to thank Heather for all she has done for LAS. She has been a very visible and hands-on Chair, who has always had the best interests of patients, staff and volunteers at heart.

Following a rigorous interview process, I am also pleased to share that we now have a full permanent executive leadership team following appointments. Please see the Report from the Deputy Chief Executives for more information

### 3. Remembering our colleagues

3.1 As part of Dying Matters Awareness Week (2 May – 6 May) we held a memorial event for the families of six colleagues that have died since October 2022 (when we held a similar ceremony). The event was an opportunity for families and colleagues to come together to reflect and remember those who have died that year, and during the event we marked a minute's silence to pause and reflect on those we have lost.

3.2 I would like to take this opportunity to pay tribute to two wonderful colleagues who have sadly died recently.

Our colleague Mikky Adisa sadly died in April. Mikky was a great colleague who had been working in our make ready team since 2014, and he will be remembered as an outstanding

member of the team. He will be dearly missed and our thoughts and condolences are with his loved ones and colleagues at this incredibly difficult time.

### **One last ride out and a heartfelt farewell for motorbike paramedic**

To [commemorate the life](#) of Mark Pell – a Paramedic in the Motorcycle Response Unit at London Ambulance Service who sadly died in April – a convoy of his colleagues rode alongside the funeral procession on 17 May, escorting Mark and his loved ones during his final journey.

Mark sadly died on Wednesday 13 April, having been admitted to hospital following a road traffic accident whilst on a training course in North Wales. He joined the Service as a Qualified Ambulance Person 28 years ago, and spent most of his career at Whipps Cross and Buckhurst Hill ambulance stations and, latterly, with the Motorcycle Response Unit.

The funeral procession, which travelled 25 miles from Chipping Ongar to Ilford, was accompanied by a police escort, 29 of Mark's colleagues from the Motorcycle Response Unit, an ambulance and a fast response car. The procession passed by Whipps Cross Hospital to allow NHS staff who knew Mark to line the route, hold a one minute's silence and bid Mark a heartfelt farewell. As the procession arrived at the crematorium, they were met with a guard of honour, featuring the Service's ceremonial unit and a trumpet salute.



4.

## **Supporting our colleagues**

4.1 We are very conscious of the pressure that ongoing demand continues to place on our staff and volunteers, and in March it was helpful to receive the results of the NHS Staff Survey 2021 to gain an insight into how our colleagues feel and what they would like the organisation to focus on as a priority for the following year.

The survey results showed improvements to the wellbeing support available to our colleagues, and I would like to thank all the hard work of our wellbeing team and others who have helped make this possible.

In the survey results, I was also pleased to see a number of staff reporting physical violence from service users or members of the public has decreased by 9%, however, this is not low enough and it is totally unacceptable to see our staff and volunteers experience *any* violence in the workplace. The Trust, and our violence reduction officers who lead in this effort, will continue to make considerable efforts in this area to bring this percentage down even further.

Our responses from staff were generally in line with the rest of the ambulance sector, which is an improvement from last year, but shows that there is still more work to do in a number of important areas. We hope that through our ongoing cultural transformation programme 'Our LAS' we are able to make even more improvements over the course of this year.

4.2 In my last report I talked about the importance of sexual safety awareness and our efforts in this area, and I am pleased to share that in May we held a Sexual Safety Conference for hundreds of managers, which helped explore the issue of sexual safety in

ambulance services, see what improvements and changes are required, as well as raise awareness and build confidence across the Service in our responsibilities to ensure sexual safety for their patients and colleagues.

4.3 We continue to drive forward our cultural transformation programme 'Our LAS'. I am really pleased to say that we have now completed the second phase of 'Our LAS' workshops and have had three leadership masterclasses across May, which saw over 600 managers and leaders attend and engage in sessions.

4.4 We are also expanding our 'green family', by continuing to focus our efforts on our ambitious recruitment drive to help meet the increasing demand on our services and reduce the pressure on our teams.

Overall, we are aiming to recruit over 1,650 new staff this year. This includes increasing our frontline staff numbers by recruiting an additional 477 paramedics and 523 assistant ambulance practitioners. We will also be creating a new team leader role, and will plan to recruit 80 people to these new roles across the Service.

We are also working closely with our partner universities to support nearly 1,000 full-time students, who once graduated will have the opportunity to join Team LAS. We are also working collaboratively with the University of Cumbria on our apprentice paramedic programme, with plans to recruit over 200 people this year.

4.5 We have also expanded our team by welcoming over 400 make ready staff who officially joined us on 1 April. These amazing teams work 24/7 to clean and prepare our ambulances, restock supplies and ensure our vehicles are in the right places at the right times. This means we can now offer these colleagues a range of benefits, including the London Living Wage, a transition to Agenda for Change and our pension scheme.



4.6 I am also pleased that alongside our ambitious recruitment drive outlined above, we are expanding our current estate to ensure we are able to sufficiently train and support our teams in their role. In May we shared our plans to expand our facilities at Brentside Education Centre and Brent Ambulance Station. This will allow us to increase the amount of working space available for our staff and volunteers, so that training courses and clinical learning can take place when needed.

## 5. We're becoming greener

5.1 In March we announced £16.6 million investment to purchase new greener vehicles, making us the NHS trust with the largest electric response fleet in the country. Since then, we were delighted to be invited to join the Greener NHS World Health Day webinar to share more details about how our new greener fleet will help improve the care we provide, making working lives of our crews easier, and reduce our impact on the health of the planet. We were also delighted to have NHS England / NHS Improvement Chief Commercial Officer Jacqui Rock come and join our crew John and Olivia for a ride-out earlier this month, where the Chief Financial Officer Rakesh Patel and I discussed some of the incredible work we are doing to make us a 'greener' and more sustainable organisation.



## 6. Fundraising

6.1 A huge amount of fantastic fundraising activity has taken place for our [London Ambulance Charity](#) over the past couple of months, which I wanted to share and recognise.

I'd like to thank Ros, the wife of our late patient John Rosenburg, who held a tribute night at the Surrey Blues Club to commemorate the first anniversary of John's death. Ros, who couldn't praise the New Malden and Wimbledon crew enough for their care and compassion, raised nearly £1,000 for our Charity.

A big thank you to the organisers of the Market People Awards – London Market Forums – who selected our charity as their chosen charity for the evening. It was a wonderful opportunity for our Director of Operations Brian Jordan to share more about our charity and nearly £9,000 was raised through the raffle and auction.

I'd also like to thank two aspiring medics – Gemma and Nicola – who despite being in the midst of studying for their A-levels walked a marathon distance and held a bake sale to [raise](#) £795 for our charity. We were delighted to invite Gemma and Nicole to visit our headquarters in Waterloo and to meet some of our staff to hear the real difference this makes to the wellbeing of our team.

A big well done to our LAS Rugby Team for finishing their season with a victory against Yorkshire Ambulance Service. The team raised a grand total of £500 as a result of the game.

Thank you to those who have been continuing to get involved in our 'Outrun an Ambulance' challenge, including Natalie Jones and Mark Easton, Director of Corporate Affairs, who in their separate efforts raised over £100 each for our charity.

6.2 We also received a very generous [donation](#) of two VScan ultrasound machines from a father of a patient who sadly died from Sudden Adult Death Syndrome (SADS). It was a pleasure to meet with David Williamson and I'd like to thank him again for his hard work

fundraising for the NHS, which will see our Advanced Paramedic Practitioners (APPs) use these machines to help them care for patients in need.





<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	31 <sup>st</sup> May 2022			
<b>Report title:</b>	Deputy Chief Executive Officers' Report			
<b>Agenda item:</b>	3.5			
<b>Report Author(s):</b>	John Martin, Chief Paramedic & Quality Officer and Deputy Chief Executive Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive			
<b>Presented by:</b>	John Martin, Chief Paramedic & Quality Officer and Deputy Chief Executive Fenella Wrigley, Chief Medical Officer and Deputy Chief Executive			
<b>History:</b>	Not applicable			
<b>Purpose:</b>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<p>This report updates the Board on activity and performance of the Operational Directorates since the last meeting and draws attention to any other issues of significance or interest.</p>				
<b>Recommendation(s) / Decisions for the Board / Committee:</b>				
<ul style="list-style-type: none"> <li>For noting only</li> </ul>				

<b>Routing of Paper – Impacts of recommendation considered and reviewed by:</b>				
<b>Directorate</b>	<b>Agreed</b>			<b>Relevant reviewer [name]</b>
Quality	Yes		No	
Finance	Yes		No	
Deputy Chief Executive Officers	Yes		No	
Medical	Yes		No	
Communications & Engagement	Yes		No	
Strategy	Yes		No	
People & Culture	Yes		No	
Corporate Affairs	Yes		No	

## 1.0 Executive Summary

- 1.1 This report covers the March and April 2022 reporting period. During this time the London Ambulance Service (LAS) has continued to face significant service pressures including the Easter period. There continues to be a focus to work with and support the wider healthcare system to ensure that patients receive the care that they require.
- 1.2 The overall total number of contacts into our Emergency Operations Centres for March and April 2022 was 26% higher than the same two months in 2021 and 10% higher than January and February 2022. Frontline ambulance hours produced continued to be consistently above 6000 hours to meet the number of resulting incidents.
- 1.3 Work has continued to collaborate with partner providers to minimise hospital handover delays. The average handover time reduced slightly to 23 minutes from 28 minutes in January and February. However, 72% of all handovers took more than 15 minutes (national standard) which led to a loss of 23,953 operational hours which equates to 1996 ambulance shifts (1063 March and 933 in April).
- 1.4 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.
- 1.5 Based on the lessons learned over winter we constituted an Easter Delivery Group (EDG) to ensure delivery over this key period which ran throughout April. This brought together personnel from across the service with the key objectives of ensuring capacity and performance were maintained with a focus on safety of patients, ensuring that right care in the right place was consistently delivered and looking after the wellbeing and welfare of staff and volunteers through this pressurised period. Plans are underway to meet the unique challenges of the Queens Platinum Jubilee festivities.
- 1.6 The number of calls to our 111 team has continued to see substantial pressure with circa 50% increased volume above contracted demand.
- 1.7 The London region have been the first area in the country to introduce the Single Virtual Contact Centre (SVCC) which went live on 1<sup>st</sup> April 2022. The purpose of SVCC is to utilise all call handling resource across multiple providers in the region to meet call demand from patients. This move is being supported with a proposed change in Key Performance Indicator (KPI) with a clearer focus on call abandonment, average speed to call answer less than 20 seconds, introduction of answer time 95<sup>th</sup> percentile of less than 120 seconds and focus on roster fill. These KPIs are currently being monitored in parallel with existing performance indicators. A full evaluation of the impact of the

SVCC is due to take place to ensure that this revision to the system is providing benefits to patients across London.

- 1.8 The focus of our multi-disciplinary clinical teams within the Urgent Clinical Assessment Service (UCAS) has continued to support patients and the wider London Healthcare system by finding the most appropriate care, closer to home. This focus has continued to see the LAS finding alternative care pathways and reducing the number of patients transferred for ambulance dispatch and attending the Emergency Department (ED). The LAS continues to be one of the best in the country and below the national average.
- 1.9 On 21<sup>st</sup> April 2022 the Trust reduced from Resource Escalation Action Plan (REAP) level 4 to REAP level 3.
- 1.10 The Trust successfully managed a major incident on 23<sup>rd</sup> March 2022 at the Olympic Park swimming pool.

## **2.0 Appointments**

- 2.1 Following the substantive appointments to the Deputy Chief Executive Officer posts recruitment has been undertaken to form a permanent structure, importantly improving clarity and stability.
- 2.2 Darren Farmer has been appointed as Director of Ambulance Services whose portfolio will include the consistent and ongoing delivery of high quality emergency care services across all operational ambulance sectors within London.
- 2.3 Brian Jordon has been appointed as Director of Emergency Operations Centre whose portfolio will include the delivery of high quality 999 call taking and emergency ambulance dispatch including incident delivery and clinical safety assurance
- 2.4 Jacqui Niner will continue as the Director of Urgent and Emergency Care with a portfolio including delivery of 111, Emergency and Urgent Clinical Assessment Services ensuring greater alignment with primary care across all Integrated Care Systems.
- 2.5 Natasha Wills has been appointed as the Director of Resilience and Specialist Assets.

## 3.0 Maintaining Patient Safety

- 3.1 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.
- 3.2 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.
- 3.3 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.
- 3.4 From 1 January 2022 to 31 March 2022, 1,912 patient safety incidents were reported. 217 were assessed against the PSIRF and of these 100 were identified as requiring an enhanced level of investigation. This resulted in the following breakdown:
- 19 National Priority Patient Safety Incident Investigations

- 3 Local Priority Patient Safety Incident Investigations
- 78 Patient Safety Reviews

3.5 In April 2022, 9 Medical Priority Dispatch System (MPDS) codes were nationally re-categorised as part of an evaluation approved by the NHSE/I Emergency Call Prioritisation Advisory Group (ECPAG). This requires the patient to receive an urgent clinical telephone assessment prior to dispatch of an emergency ambulance. In April 2022 18.5% of patients in these nine dispositions were able to be managed safely with hear and treat advice.

## 4.0 Operational performance against national standards and targeted actions

4.1 Pressure has remained across the wider healthcare system, a direct result of which is the continued delay in ambulances handing over patients at hospitals. The number of delays seen in March and April 2022 are double those encountered for the same period in the preceding year.

4.2 The availability of ambulances has a direct consequence on patients waiting for a face to face assessment and treatment and we manage this potential risk through patient ring backs and our clinical escalation plans. However, it is an increasing priority to reduce these delays and we are continuing to collaborate with partners to find ways to minimise these.

Time Lost at Hosp > 15Mins Post Arrival (Hours) May-Apr Last 12 Months vs Previous 12 Months



4.3 Total time over 15 minutes handover lost at each hospital for both March and April 2022 amounted to 23,953 hours. By comparison 10,661 hours were lost in March and April 2021. Although the average length of handover delay has reduced from 28 minutes (January & February 2022) to 23 minutes (March and April 2022), 72% of all conveyances to hospital had a delay of over 15 minutes, the national standard. As a consequence 1996 ambulance shifts were lost in 2022 over this period an increase from the loss of 888 ambulance shifts for the same period in 2021.

4.4 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.

4.5 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 40 seconds** in April 2022 (national average 9 minutes 2 seconds).

## 5.0 Integrated Urgent and Emergency Care

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	Mar-22	Apr-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%	66.2%	65.5%	
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%	1.6%	1.4%	2.9%	2.0%	
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%	64.6%	62.7%	
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%	3.7%	2.4%	
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%	91.9%	93.0%	
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%	3.65%	1.99%	

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	Mar-22	Apr-22	Trend
NEL - Referred 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%	8.5%	7.9%	
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%	10.1%	9.0%	
SEL - Referred 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%	8.3%	7.0%	
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%	10.2%	8.9%	
NWL - Referred 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%	8.3%	7.9%	
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%	10.6%	10.8%	

- 5.1 **IUC/111 contacts** continue to be circa 50% **above contracted activity** across North East (NEL), South East (SEL). Revised activity levels have been agreed at North West (NWL) and this has had a positive impact on performance.
- 5.2 Calls transferred to 999 were maintained within target, and in April there was an improvement which saw calls recommended to Emergency Department (ED) met the target in April 2022 in NEL and SEL with NWL only slightly above. We remain in the best performing 3 providers 3 for lowest rates of transfer to ambulance in the country.
- 5.3 Through regional and national contingency mechanisms (call balancing), we continue to support other NHS 111 providers
- 5.4 Despite these challenges, **LAS remains consistently in the top 3 performing providers of 111 services nationally.**
- 5.5 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

## 6.0 999 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 ans.	Max call ans.
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
Mar-21	142,596		4600	105,253	3395	00:00:01	00:02:51
Apr-21	151,930		5064	112,397	3747	00:00:00	00:02:10
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
Mar-22	198,374	39.1%	6399	154,714	4991	00:00:26	00:07:22
Apr-22	176,641	16.3%	5698	134582	4341	00:00:19	00:07:34

- 6.1 Total numbers of 999 contacts spiked in March with only December 2021 having more in the last 12 months. Contacts continue to remain above 5600 with pressure remaining on call handling, dispatch and consequently face to face responses.

- 6.2 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 14<sup>th</sup> 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.
- 6.3 Actions as set out in the Trust's **Clinical Safety Escalation Plan (CSEP)** are implemented once triggers have been met to help manage demand and maintain levels of patient safety.
- 6.4 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 continued to increase across the period to 14.6% in April against a national figure of 12.5%
- 6.5 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.
- 6.6 The **Computer Aided Dispatch project** continues with progress made in all areas. Some delays have been experienced which has led to changes within the timeline plan. These do not currently effect the overall timeline (September go live) however planned load and performance testing at Newham has been rescheduled from 24<sup>th</sup> May 2022 until early July 2022.
- 6.7 Work to close off the final elements of system functionality, MDT, GRS, ITK and ePCR has continued with all system functionality work due for completion end of May 2022.
- 6.8 Formal User Acceptance Testing will be completed in a 3 week period from 6<sup>th</sup> June 2022; with non-functional, load and performance testing being completed by early July 2022.
- 6.9 Train the trainer, training has been completed with staff being very positive about the new system and how easy it to pick up. Formal staff training commenced on Monday 16<sup>th</sup> May 2022, which included super-users and training support teams from EOC. The main staff training window commences 20<sup>th</sup> June 2022.

- 6.10 Good progress is being made on updating the plan for external stakeholder activities, with the plan now covering all activities relating to CAD online (Operational Manager and Hospital users).
- 6.11 Go live transition planning workshops have commenced and will continue until early June 2022. The workshops will result in an options appraisal and final recommendation being presented to Programme Board.
- 6.12 The **Emergency Operations Centre move from Bow to Newham**, into a purpose-built centre is progressing as planned, with a progressive transition from June to full activation in September 2022. A Load Test Event will be held on 24th May 2022. Following testing the project board will provide a go/no go recommendation on the 31st May 2022, followed by Executive Committee approval and NHSE/I assurance on 1st June 2022.
- 6.13 The Clinical hub will move to Newham on 7th June 2022 with 50% of call handling on 8th June 2022. The dispatch team will move across to Newham by mid-September. During this transition period we will be operating three control rooms from Waterloo, Newham and Bow.

## 7.0 Ambulance Services

- 7.1 Category 1 performance was challenged in March due to the increased number of contacts encountered. The LAS was the only Trust to meet the national Category 1 standard in April 2022.

<i>Ranking against other Amb Trusts in () 1 = Top, 11= Bottom</i>	Jan-22		Feb-22		Mar-22		April 2022	
Cat 1 Mean (England)	00:08:31		00:08:51		00:09:35		00:09:02	
Cat 1 Mean (London)	00:06:37	(1)	00:06:47	(2)	00:07:13	(2)	00:06:40	(1)
Cat 2 Mean (England)	00:38:04		00:42:07		01:01:03		00:51:22	
Cat 2 Mean (London)	00:34:55	(7)	00:37:31	(8)	00:50:57	(5)	00:37:49	(4)

- 7.2 **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.
- 7.3 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 AQIs

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

- 7.4 To continue to improve our Category 2 response an action plan has been agreed which focuses 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. See and Treat rate is currently at 30.9%.

		See and Treat Rates														
		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Sector	North Central	33.3%	30.7%	31.0%	30.2%	31.0%	31.6%	32.2%	31.4%	31.0%	31.0%	33.3%	33.0%	31.2%	32.1%	33.2%
	North East	33.2%	31.0%	30.3%	30.8%	30.9%	31.6%	32.0%	31.7%	30.7%	31.7%	32.5%	32.5%	31.8%	31.9%	31.9%
	North West	32.0%	28.9%	28.7%	28.5%	28.3%	28.6%	29.9%	29.0%	28.4%	28.1%	30.7%	29.5%	29.7%	26.9%	30.2%
	South East	31.7%	30.6%	30.8%	28.8%	29.2%	30.4%	30.9%	30.3%	29.9%	29.7%	32.5%	32.2%	31.5%	31.2%	31.9%
	South West	28.7%	26.3%	26.1%	24.9%	25.7%	26.8%	26.3%	25.7%	25.7%	25.5%	27.9%	26.9%	26.7%	26.3%	27.1%
	London	32.0%	29.6%	29.5%	28.8%	29.1%	29.8%	30.4%	29.8%	29.2%	29.3%	31.5%	30.9%	30.3%	30.3%	30.9%
Total F2F incidents		83,461	92,605	92,787	99,718	98,510	96,510	91,972	88,188	91,636	90,499	92,361	90,634	81,698	89,307	86,859

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

## 8.0 Resilience & Specialist Assets

- 8.1 Following the **National Ambulance Resilience Unit (NARU) Interoperable Capabilities assurance review** on the 16<sup>th</sup> March 2022 the Audit committee will consider the findings, the Trust was commended for excellent practice in the following areas:

- A new focus from the Chief Paramedic on introducing more clinical outcomes into the Hazardous Area Response Team (HART) specific exercises and the appointment of a clinical lead within the Resilience and Specialist Assets Unit.

- HART's creation of a more open and engaging experience for staff and the significant focus on increasing the male to female ratio, with the recent doubling of the number of females in the unit. This was achieved in part by running awareness days tailored towards encouraging female engagement and enabling staff from across the Trust to take part in some of the HART competencies in a training environment. NARU noted that this good practice needs to be examined more closely at the national level and rolled out across other HART units.
  - HART managers regularly sample compliance and understanding of national standard operating procedures among the HART staff.
  - Risk assessments reviewed were noted to be of a high standard.
  - The alternate operating model for the MTA capability in London (Tactical Response Unit (TRU) achieved better response time standards and a high state of readiness.
  - LAS has run its own Joint Emergency Services Interoperability Programme (JESIP) courses for commanders. A modified table top version allowed the Trust to maintain training throughout Covid-19.
  - The LAS has introduced robust Continuous Professional Development (CPD) monitoring of its commanders against national CPD contract standards with monthly CPD sessions which was seen as excellent practice.
- 8.2 A **major incident** was declared at the Olympic Park swimming pool on the 23<sup>rd</sup> March 2022.
- 8.3 The After Action Review (AAR) report identifies a number of lessons learnt and recommendations including:
- Reaffirming with staff, via training, the initial operational response for a chemical incident.
  - Challenges with casualty tracking, which will be reviewed.
  - Recognising the importance of the input of an on scene Medical Advisor and Strategic Operations Centre (SOC) clinical roles to review the UK Health Security Agency (UKHSA) advice.
- 8.4 An action tracker is being developed to monitor the implementation of lessons and learning identified.
- 8.5 The Emergency Planning unit has been working with partner agencies for **the Jubilee event**, scheduled for the 2nd-5th June 2022, to develop event plans. Dedicated additional staffing for the event has been fully resourced including commanders, mobile foot teams and additional ambulances. The event control centre within the Emergency Operations Control (EOC) will be in operation for the delivery of the event.



<b>Report to:</b>	<b>Trust Board in Public</b>			
<b>Date of meeting:</b>	31 <sup>st</sup> May 2022			
<b>Report title:</b>	Integrated Performance Report			
<b>Agenda item:</b>	4.1			
<b>Report Author(s):</b>	Key Leads from Quality, Finance, Workforce, Operations and Governance			
<b>Presented by:</b>	Key Leads from Quality, Finance, Workforce, Operations and Governance			
<b>History:</b>	N/A			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting
<b>Key Points, Issues and Risks for the Board / Committee's attention:</b>				
<p>This high level Integrated Quality and Performance Report serves to provide an Executive Summary for ExCo 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 across the organisation are set out on the front summary pages.</p> <p>It is designed to highlight key areas for the organisation and support benchmarking of Trust-wide performance against national, local and contractual indicators.</p> <p>The Corporate Reporting team continue to attend peer review sessions with the Chief Finance Officer, reviewing the IPR contents, forming part of the evaluation and sign-off process prior to the formal submission to Executive Committee / Trust Board / Convene.</p> <p>The IPR has been presented to Directors / Chief Of's for review and approval prior to formal submission to Executive Committee.</p> <p><b>Since the last report:</b></p> <ul style="list-style-type: none"> <li>➤ Graphical illustrations have been included to help convey key messaging in the <b>Overview Summaries</b> for <b>Patients, People, Public Value</b> and <b>Partners</b>, located on slides 3 and 4 of the IPR pack</li> <li>➤ Submissions from the following key providers are awaiting formal sign-off and approval ahead of this paper going to Trust Board:</li> <li>➤ Director of Ambulance Services (Patients &amp; Partners)</li> <li>➤ Director of IUC (Patients &amp; Partners)</li> <li>➤ Director of People &amp; Culture (People)</li> </ul>				

## **Key points, issues and risks for discussion:**

### **Patients**

- The Trust continued to see a significant and sustained patient demand for 111, 999 and Ambulance services.
- 999 contacts have remained within the numbers that we had seen within the previous month of February.
- The increase in demand led to challenged performance. Call handling response time across the month had a maximum call answer of 6 minutes 58 seconds. Category 1 performance was slightly over the standard across the month with performance of 7 minutes 12 seconds. Category 2 performance had mean response of 50 minutes 59 seconds, up slightly from c40 minutes in February.
- The position has improved in April to the extent that the Trust was able to move from REAP4 to REAP 3 to reflect the slight reduction in demand and improvement in response times.
- IUC call answering in March returned 58% of calls answered in 60 seconds. This remains below the 95% standard. Despite being below standard LAS achieved 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place for IUC Call Answering and Calls Abandoned

### **People**

- The vacancy rate has continued to improve and is currently at 2%.
- IUC call handling pipelines remain reasonably strong (over 100 candidates) and they ended the year with a 9% vacancy gap.
- The EOC workforce FTE is significantly above prior years and above formal establishment, but there continues to be a requirement to significantly increase capacity level. Recruiting enough call handlers to fill all extra courses is proving very challenging in part due to wider market conditions. The national call handling campaign with NHS Professionals and Ambulance Trusts will help to deliver the call handling requirements for both the 999 and 111 service.
- In 2021/2022 we recruited a total of 682 frontline staff, an increase of 149fte from the start of the year which achieved a 7.4% vacancy rate and 12% 'operational' rate.
- In 2022/2023, the target is 1,000 (477 Paramedics and 523 AAPs) and the recruitment pipeline is being developed with a positive number of offers to date.
- Some candidates have not yet been booked onto courses due to the current delays of up to five months with the HCPC and the current absence of the visa fast track process is also causing significant delays and in those countries where the standard visa process is longer ie Namibia, Nigeria, South Africa this is also impacting on start dates with candidates deferring from two to three months.
- There is also currently a 4-6 week delay in AAP candidates accessing the C1 Theory and Driving Test with the DVLA and this will impact on fill rates in April and May.
- An international recruitment trip is being planned for May. We are continuing our partnership working with Health Education England and SECAMB to recruit international paramedics and this has now been extended to cover the rest of the world. Our external recruitment partner (MSI) have 55 candidates in the pipeline from various countries including South African, Namibia and Kenya.
- Engagement work has continued with the 2022/23 UK Graduates in both our partner and non-partner universities with showcase events.

### **Public Value**

- As of M12, the Trust is reporting a full year surplus of £729k (above the breakeven plan). Significant additional expenditure is being incurred to respond to operational pressures in Ambulance Services (overtime and secondees), and in the Trust's 111 Integrated Urgent Care Service (external resource, agency and overtime), but is partially offset by lower than planned recruit numbers and vacancies. Total COVID costs full year are

£71.0m primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.

- Capital spend net of disposals and excluding donated assets was £44.3m full year (up from the planned position of £21.4m following identification of additional CRL through NW London partners). The bulk of which comprised of spend on ongoing property projects and fleet investment. The month end cash position was £47.9m.

#### **Partners**

- Work to further improve our patient handover metric has continued through the collaborative work of the Patient Flow Group (including Incident Management & Service Delivery, Sector ADOs, SEMs, SSCLs and QGAMs) with acute hospital trusts and surge hubs. This has allowed further traditional conveyance destinations to be amended when demand is increasing so that patient conveyance is spread across the region and reduces pressure on the more challenged EDs.
- Hear and Treat levels continued to form a significant part of the operational response to the increased demand, with 15.5%

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

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



# London Ambulance Service – Integrated Performance Report

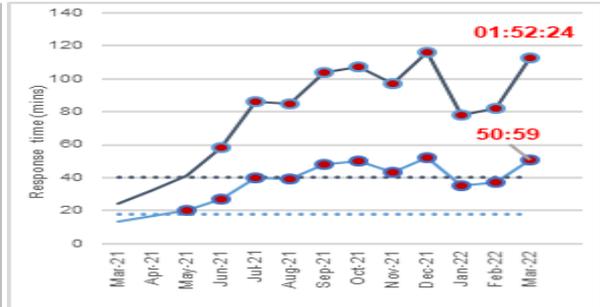
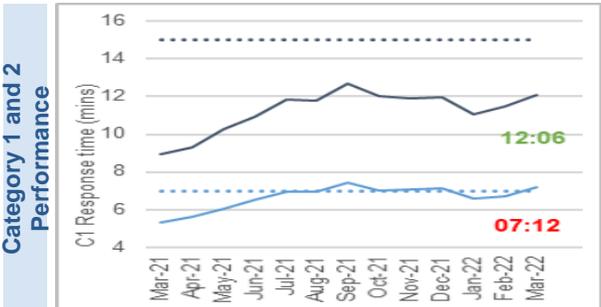


Report for discussion with Trust Board members

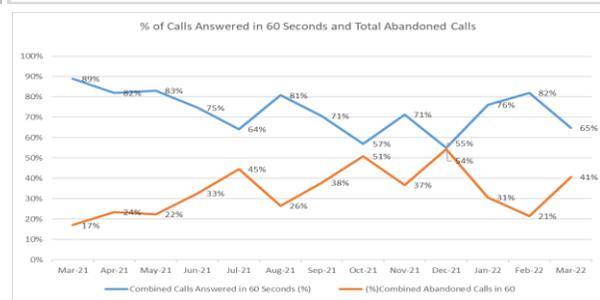
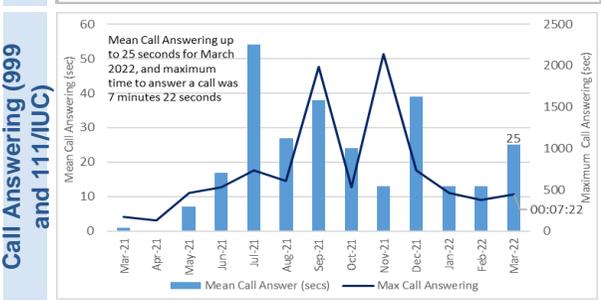
Analysis based on Year to **March 2022** data, unless otherwise stated (please see page 2 for data reporting periods)

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

Provide outstanding care for **our patients**

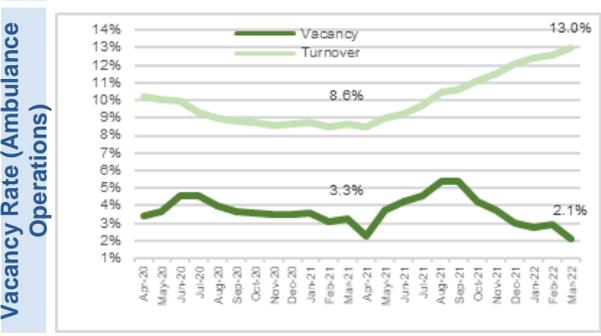


- LAS was just outside of the category 1 standard in March but was the second ranked trust nationally for Category 1.
- Category 2 mean and 90<sup>th</sup> centile performance continue to be challenged. No provider delivered category 2 performance and LAS was 7<sup>th</sup> out of 10 ambulance services in March.



- Mean 999 call answering time increased from the February 2022 position, The maximum call answering time in March 2022 was 7 minutes 22 seconds.
- IUC call answering in March returned 65% of calls answered in 60 seconds.
- LAS achieved 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place for IUC Call Answering and Calls Abandoned

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



- In 2021/2022 we recruited a total of 682 frontline staff. In 2022/2023, the target is 1,000 and the recruitment pipeline is being developed with a positive number of offers to date. Some candidates have not yet been booked onto courses due to the current delays with the HCPC, visa fast track process and DVLA (AAP candidates accessing C1 Theory and Driving Test)
- An international recruitment trip is being planned for May and we are continuing our partnership working with Health Education England and SECAMB to recruit international paramedics worldwide.
- Engagement work has continued with the 2022/23 UK Graduates in both our partner and non-partner universities
- Turnover has remained stable in March at 13% although this is above our set KPI (10%).
- The number of frontline leavers remains positively below plan (-91FTE) and we have seen a slowdown in the level of International Paramedic leavers.
- A Workforce Retention Group has been established to provide oversight, direction and support regarding all aspects of improving staff retention



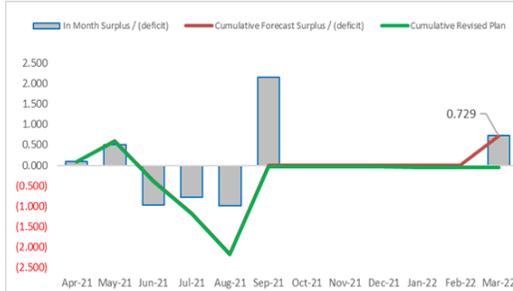
- In March there were 465 more episodes of sickness than February, 53% of which were attributable to Covid.
- The Trust Board signed off the Occupational Health intention to award in March 2022 with Optima Health and The Physiotherapy Network being awarded. Communications have gone out to all staff and initial implementation meetings have taken place in order to meet the contract start date of 1st July 2022.
- We maintain regular oversight on the levels of vaccination status and the pathways for vaccinations of colleagues. Current recorded levels are 91% and 89% for 1<sup>st</sup> and 2<sup>nd</sup> vaccinations across the Trust, with 82% for the booster. Flu vaccination levels remain at 54%

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

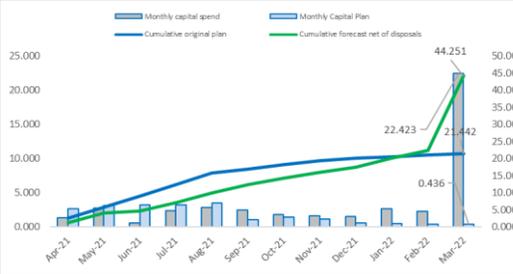
Provide the best possible value for the tax paying public, who pay for what we do

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

## Cumulative Surplus / (Deficit) position



## Capital Expenditure Run Rate



### Financial Performance

- Significant additional expenditure was incurred in the year to respond to operational pressures in Ambulance Services (overtime and secondees), and in the Trust's 111 Integrated Urgent Care Service (external resource, agency and overtime), but was partially offset by lower than planned recruit numbers and vacancies. The position takes into account final funding agreements with Commissioners.
- Full Year Position: The Trust is reporting a year end position of £729k surplus, which is above the NHS performance target of a breakeven position.
- The accounting position is a deficit of £4.145m, which is due to impairments made following revaluation and the inclusion of the movement in DHSC donated stock.

### Capital

- Capital spend net of disposals and excluding donated assets is £44.3m full year up from the planned position of £21.4m following identification of £4.8m CRL through NW London partners, £7.3m PDC, and a further £14m of CRL which has been made available to support investment in fleet, estate and digital programmes

### Efficiencies

- Full year efficiency savings of £8.9m have been delivered, £0.8m below the efficiency target of £9.7m. Delays in the vehicle preparation service procurement scheme are offset by delayed and reduced spend on the Ambulance Modernisation programme.

### Cash

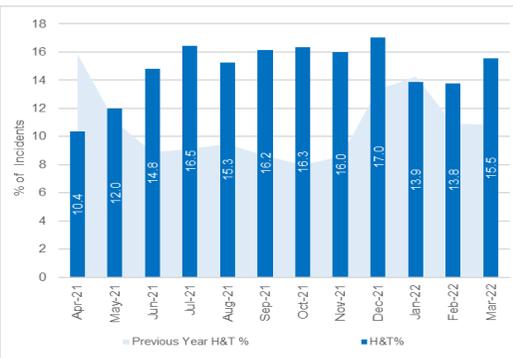
- The month end cash position was £47.9m

	Jan-22	Feb-22	Mar-22	Year-end Target
--	--------	--------	--------	-----------------

	Jan-22	Feb-22	Mar-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	29.3	29.4	32.2	18.0

- The arrive at hospital to patient handover metric has increased in line with the increase in demand seen nationwide throughout March. Work has continued at local levels to identify outliers and mitigate these where possible.
- The handover to green metric was within the target of 15.5 minutes at 15.1 minutes.

## Hear & Treat



- Hear & Treat performance saw us achieve 15.5% during March. We are continuing to track above last year where we attained 8.3%. This performance has seen us ranked 2nd nationally in March 2022.
- Our conveyance rate continued to at 49.0% This saw LAS ranked 4th for ED conveyance rate, only 2.7% behind the best conveyance rate.



## PUBLIC BOARD OF DIRECTORS MEETING

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

#### 1.0 Regulatory Update

The Trust remains in regular contact with the Care Quality Commission (CQC), and has received no further regulatory visits from CQC since the unannounced system inspection in December 2022. A positive relationship with the regulators has been maintained through regular engagement meetings and responding to requests for information.

Following a visit of the Office for Standards in Education (OfSTED) to the Trust's clinical education centres in March, OfSTED have awarded the London Ambulance Service a rating of 'Good' across all categories assessed. This was the first such visit from OfSTED and this rating represents a great achievement by all involved.

#### 2.0 Quality Account & Quality Priorities

The draft Quality Account for 2021/22 is now complete and is presented today for approval. Significant progress has been made against all 10 quality priorities, with 8 priorities completed as planned. The remaining activity in relation to priority 4, the improvement to the storage of medicines, will continue in quarter one 2022/23 and will be monitored by the medicines management group. The remaining work required to complete priority 7, relating to the integration of 999 and 111 integrated urgent care clinical assessment services, will continue in 2022/23 as part of the Right Care, Right Place programme.

#### 3.0 Quality Assurance - Trust Wide (see Quality Report)

Jaqui Lindridge has been substantively appointed to the post of Director of Quality. The Trust's Integrated Quality Report (March 2022 data unless otherwise stated), continues to demonstrate the impact of prolonged demand on quality of care. This impact remains closely monitored through various quality and safety assurance mechanisms including robust 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 and low harm incidents. There remains a focus on overdue incidents as well as medical equipment incidents, which have continually decreased in recent months as a result of improvement projects.

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

Quality indicators relating to training, including Clinical Performance Indicators (78%) and Operational Workplace Review (53.56%) show positive signs of recovery following the recent reduction in Resource Escalation Action Plan (REAP) level. Personal Development Review



(PDR) completion is now at 42%, whilst statutory and mandatory training compliance is above the 85% target.

The number of complaints breaching the Trust's 35 day time frame remains high as the Trust recovers from a prolonged period at REAP 4. Of note, complaints relating to conduct and behaviour rose this month and the Trust have noted an increasing trend in complaints relating to non-conveyance. These themes will be discussed and considered at the Safety Investigation Assurance and Learning Group (SIALG).

#### **4.0 Clinical Education & Standards (CES)**

Pauline Cranmer has been substantively appointed as the Director of Clinical Education. During March & April, 30 new ambulance operations students along with 30 Emergency Operations Centre (EOC) staff and 47 Integrated Urgent Care (IUC) staff commenced training courses at the Trust's education centres. In addition, 2,845 existing operational staff undertook their Core Skills Refresher (CSR) sessions including airway management, conflict resolution, resuscitation, moving & handling and emergency resilience. A further 56 existing staff returning to operational practice were facilitated in completing refresher training. The first of this year's bridging courses also commenced in April with 29 learners developing the skills to progress from Assistant Ambulance Practitioner (AAP) to Trainee Emergency Ambulance Crew (TEAC).

Three trainee tutors recruited at December's recruitment drive have now completed the initial tutor induction course and are about to commence their observed teaching sessions whilst existing tutors from amongst the team have remained active in completing further educational awards. A recruitment campaign for Associate Tutor & Trainee Tutor positions has now commenced with a view to providing the required capacity to deliver the Trust's ambitious workforce plan.

During March & April, 121 staff completed section 19 driving assessments with a further 8 assessments provided to volunteers and agency staff who perform regular duties on behalf of the Trust. An active recruitment campaign for trainee and qualified Driving Instructor (DI) roles is also in place to support staff completing their initial training into operational roles.

#### **5.0 Safeguarding**

The safeguarding annual report for 2021/22 was considered at the Quality Assurance Committee (QAC) and the positive progress across the year was noted.

During the year service improvement through collaboration with the Emergency Beds Service led to the development of an electronic falls referral pathway which is now live, significantly reducing the time spent on completing referrals for approximately 1,000 patients per month. A referral pathway was also agreed with the London Fire Brigade to flag fire risk concerns in a structured manner.



Compliance with level 3 safeguarding training fell significantly during the prolonged period at REAP level 4 noting it became unable to meet the target of 95% completion by year end. However, a significant drive to make training available and improve uptake resulted in a markedly improved level of compliance, with 88% of operational staff now compliant with this training.

In promoting safeguarding education and awareness, the team were continually active in disseminating learning through internal magazine articles and intranet discussions and have provided e-learning and Continual Professional Development (CPD) on relevant topics of safeguarding focus. In addition to October's safeguarding conference, which has previously been reported, a further national conference on Sexual Safety for ambulance managers was held on the 16<sup>th</sup> May, addressing topics such as supporting reporters, confidentiality and legal & regulatory considerations. Combining this discussion with the work previously completed in producing a sexual safety charter, the team continue to support the Trust in its commitment to reducing incidences of inappropriate behaviour and promoting a safe and inclusive environment for both staff and patients.

## **6.0 Quality Improvement & Learning**

The Patient Safety Incidents and Investigations thematic report considered at QAC for quarter 4 provided an overview of patient safety incidents, investigations, identified themes and key findings. There were 1,912 patient safety incidents reported, with 217 of these being assessed against the Trusts Patient Safety Incident Response Plan (PSIRP). Emerging themes from these investigations concern delays in ambulance responses and conveyance of patients to hospital, but not to definitive care, this will be investigated as a thematic review.

The delays thematic report provided an overview of Patient Safety Incidents arising from delays along with identified themes and key findings. During quarter 4, 16 such incidents were identified and investigated using the structured judgment review approach. This identified a theme of variation in dispatching solo responders to certain high risk determinants. However, of the 16 reviews undertaken, no incidents were judged to warrant further action.

## **7.0 Freedom to Speak Up (FtSU)**

During the course of the last quarter, Trust staff raised 46 concerns via the FtSU Guardian. The guardian continues to focus on in-person staff engagement, leading on the development of the 'Staff Safety' element of the 'Our Las' cultural transformation programme, and supporting the resolution hub in raising and investigating concerns.

The National Guardian's Office (NGO) has recently announced the commissioning of a national 'Speaking Up' review of NHS Ambulance Trusts. Speak up reviews seek to identify learning, recognise innovation and support improvement. The FtSU Guardian looks forward to working with the NGO on this review alongside the FtSU National Ambulance Network.



## 8.0 Health, Safety and Security

The Trust reports one moving and handling incident for every 2,000 face to face attendances, with 11 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. Pro-active training and support has also been provided to the new Make Ready teams during their on boarding with the service. 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.

The team are supporting a new national campaign, #workwithoutfear, with the aim of eliminating cases of violence and aggression against ambulance staff. A new Violence & Aggression reduction stakeholder group has been formed to provide staff feedback on violence reduction measures whilst a Violence Reduction & Staff Safety board will monitor the feedback from the stakeholder group and report into the corporate Health & Safety committee.

During April, 56 instances of physical assault were recorded by Body Worn Cameras (BWC), which have now been installed for use at 34 stations as part of the national trial funded by NHS England. Evidence captured on camera has been an important element in assisting the Trust's Violence and Reduction Officers (VRO) to seek successful prosecutions in 37 cases over the past year.

## 9.0 Emergency Bed Service (EBS)

In April, the EBS team completed 2,663 safeguarding and welfare concerns as well as 1,273 falls and diabetes referrals. A move to a new electronic falls referral process has greatly reduced the time spent verbally completing referrals, ensuring that ambulance staff are not delayed in raising concerns and are able to become available more rapidly. An increased proportion of safeguarding referrals for children has been noted, specifically with regards to mental health issues and suicidal thought. In collaboration with the Safeguarding team, a package of learning has been created to improve the recognition of mental health safeguarding issues in children.

## 10.0 Frequent Caller Team

729 frequent callers to the London Ambulance Service were identified in April, of whom 148 have a care plan documented. Stepped interventions have been put in place for these callers, initially recognising the frequent contact from the patient and alerting their GP before progressing towards a multi-disciplinary complex patients forum.

A frequent caller sub-group of the Patient Public Council has been created in order to promote the work of the frequent caller team and to drive developments and improvement in this area.



### **11.0 EOC Quality Assurance Team**

The International Academy of Emergency Dispatch (IAED) have recognised the extreme pressure that all Ambulance Trusts have been under and, as a result, have revised downward the target for call auditing for quarter 4. The Trust has exceeded these revised metrics in undertaking 132% (February) and 141% (March) 2022 of the updated target for auditing. The Trust continues to operate within Centre of Excellence standards with high levels of compliance, which in turn results in appropriate triage and patient care.

# Inspection of London Ambulance Service NHS Trust

Inspection dates: 15 to 18 March 2022

**Overall effectiveness** **Good**

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The quality of education **Good**

Behaviour and attitudes **Good**

Personal development **Good**

Leadership and management **Good**

Apprenticeships **Good**

Overall effectiveness at previous inspection Not previously inspected

## Information about this provider

The London Ambulance Service NHS Trust recruits and trains apprentices to become crew members on ambulances throughout the capital. Apprenticeships are funded through the apprenticeship levy. The first cohort of apprentices began their training in March 2018. There are currently 43 apprentices on the standards-based level 4 associate ambulance practitioner apprenticeship. Functional skills qualifications in English and mathematics are taught by one subcontracted provider. On the completion of their training, apprentices become emergency ambulance crew members.

## **What is it like to be a learner with this provider?**

Apprentices enjoy their training, which they find challenging. They receive effective support to balance a demanding job with their learning and their personal life. For example, if apprentices need additional help to catch up on their studies, or with personal matters, staff are quick to provide it. This motivates apprentices to achieve well.

Apprentices have access to a good range of well-being services. Through the well-being hub, apprentices can seek independent support all year round. Talking therapies, counselling and supervision are also available. As a result, apprentices have good access to services to help maintain positive mental health.

Apprentices feel safe because leaders and managers create a positive culture with clear expectations of behaviour for everyone who works in the service. Apprentices understand what a healthy and professional relationship is. They understand the vulnerabilities of the patients they deal with, and the need for clear boundaries.

Apprentices develop a positive attitude to learning. They understand the importance of the role they are training for and the responsibilities it carries. As a result, they demonstrate a confident, professional attitude to their work.

Apprentices enjoy learning and working with people from different cultures and backgrounds. They learn the importance of treating each other and patients with respect and dignity.

Apprentices are well prepared for their next steps, both in further study and in career opportunities within the ambulance service and NHS. However, apprentices do not receive consistently good advice and guidance on opportunities outside the trust. As a result, a few apprentices have a limited understanding of their wider career options.

## **What does the provider do well and what does it need to do better?**

Leaders and managers have a clear rationale for delivering the apprenticeship. The training helps meet the skills shortages within the ambulance service. It forms part of a coherent training pathway within the trust. Many apprentices begin their career with no clinical background and move on to train as paramedics on the degree route.

Leaders and managers sequence the curriculum well so that apprentices gain the knowledge, skills and behaviours needed to become effective practitioners. Tutors teach the theoretical knowledge first, so that apprentices have the underpinning medical knowledge they need for their jobs before learning to drive ambulances. Apprentices receive close supervision when they first join an ambulance crew.

Tutors teach the curriculum in a logical sequence. They teach topics on the key systems of the body before teaching about the key conditions associated with these systems. For example, apprentices learn about the respiratory system, then the key illnesses associated with this, such as asthma. As a result, apprentices develop their knowledge in a logical way.

Tutors are knowledgeable, experienced and skilled practitioners. They are good role models for apprentices. For example, they are professional, caring and supportive of each other. They work closely together to achieve good outcomes for apprentices. As a result, apprentices readily adopt these behaviours at work.

Leaders and managers ensure that continuous professional development helps tutors keep abreast of new developments and maintain their professional registration. Tutors use a range of simulations to help apprentices develop their skills and knowledge, including how to respond when they encounter rare events such as when babies need life support.

When apprentices are deployed to ambulance crews, mentors work closely with them to ensure they apply their knowledge correctly at work. For example, apprentices complete resuscitation procedures and receive helpful feedback on their technique. As a result, they improve their practices and gain a greater understanding of life-saving procedures.

Leaders and managers create a positive learning culture that supports apprentices to make good progress. For example, apprentices who have had long-term absence from work complete a two-week return to practice course. This helps refresh their knowledge and skills. It increases their confidence in their clinical practice and working in a team. As a result, apprentices return ready for work and learning.

Apprentices achieve well. A high proportion successfully complete their apprenticeship and gain a distinction. Most apprentices with additional learning needs receive the support they need to progress. Those who need to develop their English and mathematical skills do so effectively. Apprentices develop their skills well in managing complex clinical situations. For example, they learn the theory behind topics such as heart attacks, how to conduct clinical assessments and the treatment options. As a result, apprentices can successfully apply their knowledge in frontline clinical situations.

Leaders and managers ensure that apprentices benefit from frequent reviews of their progress. However, the review process is too fragmented. Information on apprentices is not shared effectively among the different staff who carry out reviews at different stages. As a result, tutors do not always have sufficient information to provide timely support to apprentices.

Senior leaders have a sound oversight of the quality of education that apprentices receive. They understand the key strengths and weaknesses of the provision. However, the information they receive does not always provide sufficient detail to enable them to fully scrutinise the provision. Leaders and managers have recognised

this and are setting up an apprenticeship oversight board to focus solely on the apprenticeship provision.

## **Safeguarding**

The arrangements for safeguarding are effective.

Leaders and managers ensure there is a prominent safeguarding culture within the trust. Safeguarding practice is supported by a robust safeguarding infrastructure led by the head of safeguarding. A comprehensive set of policies and procedures underpin safeguarding practice. Leaders and managers follow safe recruitment and selection procedures that ensure that new staff are suitable for their role.

Tutors and apprentices have good knowledge of safeguarding policies and practice. For example, they have a clear understanding of how to keep themselves safe in their job roles and of the professional boundaries that need to be in place when working with patients. Apprentices can identify the signs of radicalisation and know how to make referrals to other agencies where appropriate. As a result, safeguarding practice is well established and widely understood.

## **What does the provider need to do to improve?**

Leaders and managers should ensure that:

- apprentices are made aware of the full range of career options open to them once they complete their training
- information on apprentices' progress is shared effectively among staff so that they are well placed at all stages of the training to give apprentices the support they need.

## Provider details

<b>Unique reference number</b>	2510867
<b>Address</b>	220 Waterloo Road London SE1 8SD
<b>Contact number</b>	020 7783 2000
<b>Website</b>	<a href="http://www.londonambulance.nhs.uk">www.londonambulance.nhs.uk</a>
<b>CEO</b>	Daniel Elkeles
<b>Provider type</b>	Employer
<b>Date of previous inspection</b>	Not previously inspected
<b>Main subcontractors</b>	Skills Team

## Information about this inspection

The inspection team was assisted by the strategic workforce development manager of apprenticeships, as nominee. Inspectors took account of the provider's most recent self-assessment report and development plans, and the previous inspection report. The inspection was carried out using the [further education and skills inspection handbook](#) and took into account all relevant provision at the provider. Inspectors collected a wide range of evidence to inform judgements, including visiting learning sessions, scrutinising learners' work, seeking the views of learners, staff and other stakeholders, and examining the provider's documentation and records.

## Inspection team

Jon Bowman, lead inspector

Steve Lambert

Rosy Belton

Her Majesty's Inspector

Her Majesty's Inspector

Ofsted Inspector

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# Contents

## Page

3.	Introduction	21.	Local Child Safeguarding Practice Reviews
4.	Safeguarding successes	22.	Safeguarding Adult Reviews
5.	Improvements during Covid-19	23.	Domestic Homicide Reviews
6.	Education and awareness	24- 35	LAS Referrals and concerns raised
7-9.	Safeguarding learning	36.	Priorities for 2022-23
10-12	Safeguarding Team		
13.	Safeguarding governance		
14	Area performance		
15.	Safeguarding Specialists achievements		
16-17	Safeguarding training		
18.	Safeguarding Allegations Against Staff		
19.	Sexual Safety work in Trust		
20.	Learning Disabilities work		

# Introduction

In 2021/2022 the London Ambulance Service NHS Trust (LAS) has continued to ensure the safeguarding of children and “adults at risk” during this pandemic year despite the challenges the Trust has faced.

The Trust serves a population of 8.78 million, covering 607 square miles and is made up of 32 boroughs. The Trust has responded to over 7000, 999 calls a day and in 2020/21 a rise of 2000 pre pandemic. We raised safeguarding concerns for an average of 2.0% of incidents received.

The Trusts 111/ Integrated Urgent Care services in SE and NE London also raised safeguarding referrals and concerns via the Trusts reporting process and the Trust also acquired the call taking element of 111 North West this year.

The Trust remained committed to ensuring all persons within London were protected at all times and ensured best practice. The Trust adapted quickly and put in place recommendations outlined by NHS England in relation to safer recruitment practice to enable it to quickly increase our staffing to best manage demand during the pandemic.

The Safeguarding Team has worked hard to support operations and other departments during the pandemic whilst maintaining the safeguarding functions. This has been achieved by amending working practices, whilst continuing to monitor, review, promote and raise the standard of safeguarding practice across the Trust. By being adaptable, present and accessible this has enabled us to increase the profile of safeguarding and the team both internally and externally during 2021/22.

This report provides evidence of the Trusts commitment to effective safeguarding processes and procedures. The report details the achievements and learning as well as the structure and assurance measures in place to ensure compliance with the Care Quality Commission, & Ofsted Key Lines of Enquiry, the Children Act 1989/2004, the Care Act 2014 and the NHS contract requirements.

The Trust has 64 Safeguarding Boards it engages with. Whilst it is not possible for the Trust to attend all Boards we do support local Strategy and Joint Agency Review meetings and provide information to support the work of the Boards. The Trust has Brent Children and Adult Boards as its lead Safeguarding Board. Scrutiny of the Trusts practice is assured through Brent. Reports and audits provided for Brent are also available to other boards across London.

**The Trust would like to thank all staff who have played a part in protecting children and adults a risk throughout this challenging year.**

# LAS Safeguarding Successes-2021/22

Published quarterly safeguarding newsletter

Held Safeguarding Conference for 200 staff and partners

Gained approval to move to electronic safeguarding referrals

Developed Fire Safety Referral pathways with LFB

Agreed Child High intensity users are a safeguarding issue and developing pathway to report

Issued a number of safeguarding star badges and certificates to recognize good and outstanding safeguarding practice

Maintained safeguarding focus and practice during the height of the pandemic, whilst also supporting other areas of the Trust

Ran pilot of the Youth Alliance project for children who are cared for or not in employment, education, or training

Increase focus on allegations against staff with 45 cases being reported YTD

Trained clinical staff to Level 3 Safeguarding requirement

Launched Sexual Safety Charter & Campaign

Improved partnership working and engagement during the pandemic



## Safeguarding improvements during Covid 19

- ✓ Some Safeguarding staff deployed to other areas of the Trust to support the response to the pandemic.
- ✓ 1<sup>ST</sup> wave we adapted our safeguarding practice and wrote to external partners to advise of changes in LAS safeguarding team response with focus on those in immediate risk. 2<sup>nd</sup> Wave maintained all core safeguarding functions.
- ✓ 2<sup>nd</sup> wave we learned the lessons from our response from the 1<sup>st</sup> wave and prioritised safeguarding practice further
- ✓ JAR meetings attended by Specialists, rather than CTM's this is practice that will remain after the pandemic
- ✓ Produced Domestic Abuse stickers for staff to wear giving clear message to victims and perpetrators
- ✓ Guidance issued to staff attending children and adults at risk who may require alternative care arrangements due to main care giver having Covid-19
- ✓ Developed strong networks with safeguarding partners. Weekly meeting with NHSE Covid19 cell and London NHSE Covid meetings.
- ✓ Introduced monthly meetings and chaired National Ambulance Safeguarding Advisory Group.
- ✓ Head of Safeguarding & Prevent presented with an NHSE Safeguarding Star award for hard work, commitment and partnership working engagement.



# Education and raising awareness



**Safer Sleep week** comm's across the Trust 15<sup>th</sup> – 19<sup>th</sup> March

**CPD event** Safeguarding vs Welfare referrals

**Quarterly Newsletters & safeguarding cases in Clinical update**

**NHSE Safeguarding Week** 1<sup>st</sup> March - 4<sup>th</sup> March made accessible across the Trust

**LiA** (LAS Facebook page) presence to promote safeguarding

**CPD event** – Modern Slavery

Twitter account created to promote the team and safeguarding

**Articles** in Clinical Insight

**Domestic Abuse** stickers

LAS TV live – CP-IS

Star badges and certificates awarded for good and outstanding practice

**'Chloe'** learning event

# Safeguarding Learning in 2021-22

## South East

- Missed opportunities to make referrals. Fed back to crew
- Missed opportunity to explore support for victim and perpetrator. Adult at risk status and coercive control/ domestic abuse- To be included in training for 2022
- Maternity classed as miscarriage Should have been neonatal/ still birth. Maternity team dealing with learning and feedback to crew.

## North West

Significance of epistaxis in <2yrs olds- learning to be included in case study in clinical update

## South West& IUC

Child Death-problems in care. LAS contribution with cumulative delays. Declared as Patient Safety Investigation (PSII)- Ongoing

Missed opportunity to refer feedback and retrospective referral made.

CP-IS NEL call not entered on adastra. CP-IS flag was checked triggered LA call back but nothing added to notes.

Maternity BBA not conveyed or safeguarded- ongoing learning for crew and trust to be included in training and enhance policy and procedures.

## North East

Missed opportunities to refer Alcohol and drug misuse evidence of unconscious bias. To be included in safeguarding training 2022

Welfare concern raised but should have been safeguarding. Feedback to crew training completed.

Learning from DHR

No evidence that amb crew explored support being received or needed for alcohol dependant. There was also evidence of Domestic abuse. Child safeguarding referral completed but no adult referral or discussion had with adult regarding support mechanisms following assault . Learning to be included in newsletter and training on unconscious bias

## North Central & EOC

Missed opportunity to explore domestic abuse  
Incorrect call categorisation.

Missed opportunities to refer – feedback to crew provided

High level learning from range of safeguarding reviews undertaken throughout the year for trust areas.

# Safeguarding Child Practice Review for 'CHLOE'

## Who was 'CHLOE'?



"Chloe" was a 17 year old who tragically took her own life. She had been through some very difficult times and was in the care system, she also had interactions with LAS in the past and around the time of her death. This is a summary of our learning from the event.

### TRAUMA

- Chloe had a **traumatic past**, she had been known to social care and police from a young age. Her history includes witnessing **domestic abuse, parents with mental health and drug issues** and as well as experiencing **neglect**. Her school attendance was of concern including a considerable period out of school.

### RISK

- Chloe was a child at risk , at 11 she came to the attention of Croydon and she was the victim of a **serious sexual assault** which resulted in her needing treatment for multiple sexually transmitted diseases. Chloe was recognised to be a **child at risk of sexual exploitation** and was made subject to a **Child Protection Plan**. She became a **Looked After Child (LAC)** in February 2015.

### LAC

- Chloe was a looked after Child and prior to her death she **was living in a semi-independent unit** in the borough of Croydon. Chloe was **reported missing** from the unit on the evening of Wednesday 4th March 2020, having been last seen by her placement at 2.30 that afternoon.

### SUICIDAL

- On the morning of Thursday 5th March 2020 Police (MPS) were called, where **they found Chloe deceased**. The post mortem confirmed that she had died from suspension, in that she had hung herself.

### LAS

- Throughout Chloe's short life and time living in London, she came into contact of LAS on 15 occasions, seeking interventions in relation to her health and wellbeing.

# Trust Learning from 'CHLOE'

An internal learning event held on April 14<sup>th</sup> 2021 the following recommendations were identified to improve our response to LAC

**Improve staff understanding of LAC**

**Enable increased understanding of safeguarding red flags**

**Review policy/process of police cancelling ambulances in MH calls**

**Consider Frequent Caller figures for children in line with national discussion taking place**

**Consider how we can tackle unconscious bias in relation to MH and child MH**

**Review child safeguarding policy flowcharts (user friendly)**

**Produce quick reference safeguarding guides - JRCALC**

**Disseminate learning from this event to frontline crews**

**Review response to child mental health calls**

**Continue to promote CP-IS to support assessment on scene**

# LAS Senior Safeguarding Structure



**Dr. John Martin**

**The Chief Paramedic & Executive Director Lead for Safeguarding**

Dr. Martin joined LAS in March 21 and has ensured that safeguarding is positioned in core business in strategic and operational plans. John oversees, implements and monitors the ongoing assurance of safeguarding in the Trust.

This ensures the adoption, implementation and auditing of policy and strategy in relation to safeguarding.



**Dr. Mark Spencer**

**The Non-Executive Director (NED) for Quality Inc. Safeguarding**

Dr. Spencer chairs the Quality Assurance Group (QOG)



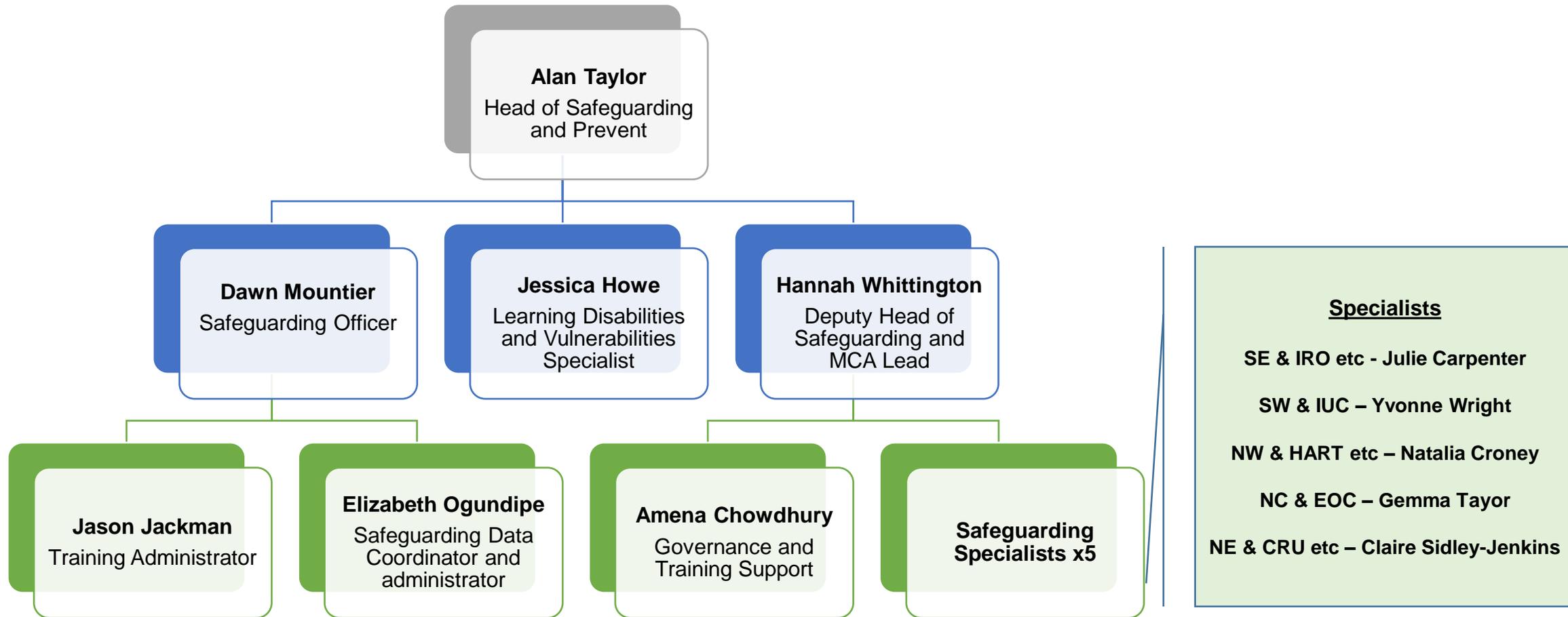
**Alan Taylor**

**Head of Safeguarding and Prevent**

Alan is responsible for ensuring that the Trust is compliant with legislation and practices in relation to safeguarding and setting strategic objectives for the Trust.

Alan ensures that the Trust acts to safeguard children, young people and adults at risk.

# Safeguarding Team Structure



We also were lucky to have secondments and maternity cover within the team.  
Thanks for all your support Ross Dobson, Jade Speed and June Singh.

## Safeguarding Team cont.

The Safeguarding Team are responsible for all the Trust safeguarding processes and functions, providing expert, evidence based clinical leadership on all aspects of the safeguarding agenda. The team has a responsibility for ensuring the development and implementation of systems and processes across all areas of the Trust, working with partner agencies in line with local and national standards and legislation and delivering safeguarding training and education and raising the standard of safeguarding concerns/referrals.

The team ensures the implementation of appropriate CQC core standards and other relevant external targets including standards contributing to national and local inspections and assessments of safeguarding arrangements.

The team provides information and support to partner agencies for example in undertaking safeguarding investigations, Serious Case Reviews (SCR) now known as Local Child Safeguarding Practice Reviews (LCSPR), Safeguarding Adult Reviews (SAR), Care Proceedings, Child Death Overview Panels (CDOP's), Section 42 enquiries, Domestic Homicide Reviews (DHR), Multi – Agency Safeguarding Hub enquiries (MASH) and Multi-Agency Risk Assessment Conference's (MARAC).

Jess our Learning disability and vulnerabilities Specialist has settled in well and making good progress in improving the support to these patients.

The Emergency Bed Service (EBS) managed by Alan Hay, processes all safeguarding concerns from staff and sends to the relevant local authority or partners. They have a close working relationship with the Safeguarding Team



# Safeguarding Governance Arrangements

## POLICIES

- Safeguarding Children Policy TP018
- Review due **Oct 22**
- Safeguarding “Adults at Risk” Policy TP019 Review due **Nov22**
- Domestic Abuse Policy TP102
- Review due **Nov 22**
  - Safeguarding
  - Supervision Policy TP119 under review
  - Chaperone Policy TP118 review due **Oct 22**
- Prevent Policy TP108 review due **Nov 22**
- **HR Policy**
  - Allegations Against Staff Policy HR039 under review
  - **Medical Directorate Policies**
- Operational Procedure for the use of
  - Restraint of Patients OP0 -review due **under review**

## COMMITTEES

- Safeguarding
  - Assurance Group SAG (which reports to)
- Quality Oversight Group (that reports to)
- Quality Assurance Group of the Trust Board.

## REPORTS

- Safeguarding Annual Report
- Section 11
- Safeguarding Adults
  - Risk Assessment Tool
  - (SARAT)
- Safeguarding Health
  - Outcomes Framework
  - (SHOFT)
- Quality Report
- Area Safeguarding Reports
- Concerns identified by the Care Home Review Group are investigated and then if required:
  - reported to the
  - CCG/CQC
  - Information on attendance at Care Homes is also produced quarterly and provided to commissioners and CQC

## RISKS

- EBS business continuity
- Safeguarding risks in relation to Covid-19 have been established and are ongoing
- Mobile phones/ipads and security in relation to Prevent.
- Safeguarding concerns being managed as welfare concerns.

## AUDITS

- NASAG undertook review of all ambulance Trusts Report with recommendations submitted to QGARD
- Child Mental health pre /during Covid
- LA456 Safeguarding Learning Feedback
- Currently undertaking Audit with Brent Board.

# Area safeguarding

**North West**  
**Training % 78.72%**

Brent 72.46%  
Hanwell 78.48%  
Fulham 74.16%  
Hillingdon 91.97%  
Westminster 83.33%

**Referrals made**

Brent 1108 Ealing 1147 H&F 539  
Harrow 724 Hillingdon 1010 Hounslow 894  
Ken & Chelsea 498 Westminster 612

**Meetings attended**

JAR's= 21  
Strategy Meetings= 5  
Planning/ Care Proceed=11  
Rapid reviews= 3  
DHR's= 2  
SAR/ Learning events= 8  
Strategic CDOP=3  
**Awarded 2 Stars and 5 certificates**

**South West**  
**Training 73.30%**

Croydon -72%  
New Malden - 72.41%  
St Helier - 63.64%  
Wimbledon - 86.05%

**Referrals made- 4721**  
**Child 2316 Adult 2405 (1751 welfare)**

Croydon - 1550 Kingston - 393 Merton - 728  
Richmond - 498 Sutton - 718 Wandsworth - 834

**Meetings attended**

JAR, - 22  
DHR - 2  
SAR - 2 +1 SAER  
SCPR - 1

**Awarded 2 star badges, 10 certificates**

**North Central**

**Training % 76.28%** **Referrals made** **Meetings**

Camden 68.79% Camden 577 JAR's = 13  
Edmonton 81.55% Enfield 823 DHR= 1  
Friern Barnet 75.16% Barnet 881  
Homerton 62.75% Haringey 661

**Islington 640**  
**Awarded 2 Safeguarding Star Badges & 8 Certificates**



**Integrated urgent care IUC/EOC**  
**Training %**

**NEL - L2 27.42% L3 64.52%**  
**NWL - L2 45.45% L3 100%**  
**SEL - L2 59.11% L3 64.29%**  
**EOC- L2 80.85% L3 Chub 82.47%**

**Referrals**

**NEL - 1033**  
**SEL - 528**  
**EOC & Chub - Child 220 Adult 14**  
**Awarded NEL 2 Star badges, 1 certificate Awarded SEL 1 Star badge, 4 certificates**

**Other areas**  
IRO 100% Level 3 training NET's 70.19% level 3

**North East**

**Overall Training Compliance 85.42%**

Homerton 81.22%  
Newham 84.06%  
Romford 89.86%

**Referrals made == 3266 Child Referrals (Adults 3075, Welfare 3371)**

Barking & Dagenham 473 City of London 3 Hackney 382  
Havering 432 Newham 556  
Redbridge 520 Tower Hamlets 498  
Waltham Forest 402

**Meetings attended**

JAR - 42  
DHR - 3  
CDRM - 1  
SAR / Learning events - 10  
SPR - 0  
LA456 - 9  
**Awarded 6 star badges and certificates**  
Number of staff who received safeguarding supervision - 6

**South East**  
**Training % 87.36%**

Bromley 83.60%  
Deptford 86.76%  
Greenwich 91.09%

**Referrals made**

Bexley 831 Bromley 1036 Greenwich 1105  
Lambeth 1027 Lewisham 1177 Southwark 1065

**Meeting attended**

JAR = 22  
DHR = 6 - 3x Bexley 1 x Lewisham 1 x Greenwich and 1 x Southwark  
SAR = 1 x Greenwich, 3 x Lambeth and 1x Lewisham  
SPR = 2 x Greenwich and 2 x Lewisham  
**Awarded 2 Stars and 5 Certificates**



# Safeguarding Specialist Achievements



EDUCATION



The specialists continue to work together and other agencies to ensure an exciting and relevant education plan is created

The specialists have continued to identify & reward good safeguarding practice

The specialists have continued to be involved in learning events and organising CPD events



The specialists overhauled the Safeguarding Training creating Level 2 & 3 training package.

The specialists have and continue to support the Wellbeing Hub during the pandemic

The specialists were redeployed to support operations, 111, the Covid Hub during Covid-19



The specialists have continued to attend JARs and MDTs as well as provide feedback

Specialists have provided safeguarding supervision to staff

The specialists have supported the Trust with the introduction of CP-IS



# Safeguarding Training

## Level 1 Safeguarding Training Total Compliance for Trust

Total Required	Total Completed	Total Outstanding	% Compliance
6643	6305	338	94.91%

## Level 2 Safeguarding Training Total Compliance for Trust

Total Required	Total Completed	Total Outstanding	% Compliance
1,142	719	423	62.96%

## Level 2 Safeguarding Training Compliance by Sector

Sector	Total Required	Total Completed	Total Outstanding	% Compliance
EOC	590	477	113	80.85%
111 & IUC NE	31	20	11	64.52%
111 & IUC NW	22	10	12	45.45%
111 SE	225	133	92	59.11%

## Level 3 Safeguarding Training Total Compliance for Trust

Total Required	Total Completed	Total Outstanding	% Compliance
4,645	3,796	849	81.72%

## Level 3 Safeguarding Training Compliance by Sector

Sector	Total Required	Total Completed	Total Outstanding	% Compliance
North Central	550	462	88	84%
North East	772	660	112	85.49%
North West	890	739	151	83.03%
South East	792	695	97	87.75%
South West	527	386	141	73.24%

## Bank Staff Level 2

Total Required	Total Completed	Total Outstanding	% Compliance
121	50	71	41.32%

## Bank Staff Level 3 Safeguarding

Total Required	Total Completed	Total Outstanding	% Compliance
472	312	160	66.10%

## Trust wide Prevent Level 1

Total Required	Total Completed	Total Outstanding	% Compliance
6,986	5,928	1,058	84.86%

## Trust wide Prevent Level 2

Total Required	Total Completed	Total Outstanding	% Compliance
4,602	3,691	71	41.32%



## Safeguarding Training Feedback

I found the course interesting, useful and enjoyable. The trainer was also very engaging.

Content was spot on and delivery was excellent.

The training was high quality and more than covered both subjects. 10 out of 10 for everything.

I really enjoyed the training and appreciate the knowledge shared and feel like I would be comfortable making certain decisions and acting on them now.

Very enjoyable session. The fact that we were able to listen at home via MS Teams made it even easier to take in.

I found the course interesting, useful and enjoyable. The trainer was also very engaging.

A great course, well delivered with good interaction and relevant information. Thank You.

The facilitator did a great job of keeping us engaged. Clearly an expert on the subject. Well done.

# Safeguarding Allegations Against LAS Staff

**49 notifications for 2021/22** ( most are concerns for staff members rather than allegations of abuse)

- **37 closed, 13 remain open ongoing**

## Of the 37 closed

1. No further action or local support = 30
2. Dismissed or left service = 7

## Of the 12 open

1. Suspended or working alternative duties = 5
2. Other = 7

## DBS were notified of 5 cases this financial year

The trust also works in conjunction with professional bodies and police where appropriate

### Most common themes from contacts were

- **Sexual safety/abuse (18 of which 11 staff on staff)**
  - **Domestic Abuse**
  - **Staff mental health**



Letter to all new apprentices and clinical staff on sexual safety

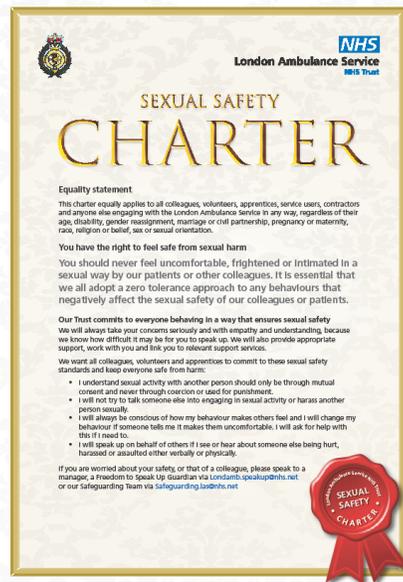
# Work on Sexual safety in LAS in 2021/22

LAS has taken sexual safety very seriously this year following a number of allegations, the trust has put in place a range of initiatives

Exec oversight group for allegations established

Managers Sexual Safety Conference planned for 16<sup>th</sup> May

Trust Charter launched



Newsletter & Managers 5 minute briefing on Sexual Safety

**London Ambulance Service NHS Trust**

# Sexual Safety

**You have the right to feel safe from sexual harm**

Whether working or volunteering for the London Ambulance Service, you should never feel uncomfortable, frightened or intimidated in a sexual way by our patients or other colleagues. The Service is taking a zero tolerance approach to any behaviours that negatively affect the safety of our colleagues.

Behaviours that are not acceptable include:

- Verbal and written**
  - Comments of a sexual nature about a person's looks, clothing, body
  - Sexually explicit anecdotes, jokes, banter
  - Requests for sexual favours
  - Spreading rumours about a person's sex life
- Physical**
  - Frequently following a person, standing too close to them
  - Inappropriate touching of a person – massaging, stroking, rubbing
  - Purposely brushing up against someone
  - Unwanted or coercive and intimidating sexual contact
- Non verbal**
  - Looking someone's body up and down
  - Derogatory facial expressions of a sexual nature
  - Whistling or sexual gestures
  - Genital exposure and masturbation
- Visual**
  - Displaying sexually explicit objects and posters of naked people
  - Showing or sending people sexually explicit text messages and images
  - Sharing personal or naked images of an individual

We are committed to supporting anyone who does not feel there is sexual safety at work. We encourage individuals or witnesses to seek help to report any of the above behaviours. You have the commitment of the Trust Board that we will act. If you are worried about your safety or that of a colleague speak to your line manager, a Freedom to Speak Up Guardian via [confidential@las.nhs.uk](mailto:confidential@las.nhs.uk) or the Safeguarding Team via [safeguarding@las.nhs.uk](mailto:safeguarding@las.nhs.uk)

**Safeguarding**

**London Ambulance Service NHS Trust**

# Independent, confidential support for you outside of LAS

- NHS Sexual Assault Referral Centres**  
Sexual assault referral centres (SARCs) offer medical, practical and emotional support to anyone who has been raped, sexually assaulted or abused. They have specially trained doctors, nurses and support workers to care for you. Help is available 24 hours a day, so please Google your nearest centre.
- Southall Black Sisters**  
Provides information, advice, counselling and support to women and children experiencing domestic and other forms of gender-related violence. Their holistic services are aimed at helping all women escape violence and abuse and to this end we address a range of interrelated problems such as:
  - Rape and sexual abuse
  - Forced marriage
  - Honour crimes
  - Sexual harassment
  - Dowry related abuse
  - Matrimonial issues
  - Child residence and contact
  - Housing and homelessness
  - Immigration and asylum
  - Suicide, self-harm, mental health and depression
  - Policing and crime
  - Racism
- The National Lesbian, Gay, Bisexual and Trans Domestic Violence Helpline**  
Provides confidential support to all members of the LGBT communities, their family, friends and agencies supporting them. The helpline is run by trained LGBT people and provides a space where you can talk through what is going on, and explore your options. They can:
  - Provide confidential information, advice and support.
  - Help you create your safety plan.
  - Explore options around housing, legal advice, counselling and local support groups.
  - Tell you about your local LGBT friendly services.
  - Discuss the possibility of reporting to the Police.
- Male Survivors Partnership Helpline**  
For male victims/survivors of sexual abuse, rape and sexual exploitation. The partnership provides links to national and local support services for anyone looking for specialist help.  
**Call: 0808 8005005**
- Rape crisis helpline**  
Offering support and counselling for those affected by rape and sexual abuse. Many Rape Crisis Centres provide support services for men and boys who have experienced sexual violence, as a child and/or as an adult. Rape Crisis Centres that do not provide services for men or boys will be able to give you information about relevant support organisations, so please take a look at their website for local groups or contact directory enquiries.  
**Call: 0808 8029999** (open between 12:00-14:30 and 19:00-21:30 every day)

**Safeguarding**

**Managers 5 minute Briefing Sexual Safety in LAS**

**Introduction**

The COC has identified an issue in relation to sexual safety in UK ambulance services. Sexual safety applies to both patients and staff.

In LAS we also have concerns in relation to sexual safety with an increasing number of safeguarding allegations reported just this year which include sexual assault/rape. (taken out figures in case 'leaked' – obviously this is a risk anyway) This is unacceptable but is only the incidents that have been reported, there could be many more.

**Action being taken by Trust**

- The trust has an action plan to address this issue across departments from recruitment to Complaints policy and procedure review and education and training. In addition
- Exco has agreed a Sexual Safety Charter that the CEO & Chair are signed up to.
- Posters spelling out what sexual assault and harassment is and offering support to victims will be posted across trust
- A Safeguarding Newsletter covering sexual safety and people in position of trust etc. is being published
- Information on sexual safety and support is being issued to all new apprentices
- Trust is looking to hold a sexual safety conference for managers to ensure everyone is aware of their responsibilities

**What can you as managers do?**

- Ensure you are up to date with what constitutes sexual safety
- Where there are concerns around staff or volunteers in this area whether in relation to a patient or another member of staff take it seriously. **Keep confidentiality.** More damage can be done but lots of staff knowing.
- You must report this to the Head of Safeguarding & Prevent or FTU Guardian, no exceptions, (not sure what no exceptions means)
- A case conference will then be held involving relevant people and actions agreed to support both the victim and alleged perpetrator.
- Ensure you are empathetic and supportive to any potential staff or volunteer disclosing, it takes a lot to open up.
- As a manager you can get support on how to talk to the individual and your teams about this sensitive subject Talk to the Safeguarding Team in the first instance...
- Ensure you document word for word any disclosure as this will be used in decision making and any potential criminal investigation.
- Read support materials attached and brief your teams.

# Progress on Learning Disability

The Learning Disabilities and Vulnerabilities Specialist started in post at the end of May 2021.

As an innovation within the trust, initially they have been forming and establishing their role within the LAS. Within their title this has focused on patient focused on Learning Disability care and care for Autistic people (under the vulnerabilities element of their title.) A LD&VS has also contributed to a pilot project under the Prevent Programme aimed at providing opportunities for young adults who would be increasingly susceptible to involvement in knife crime/community violence.

## Achievements to date

### Developed & approved Trust LD Strategy

Scoping exercise to understand the role the LAS currently plays in meeting the individualised needs of patients with a learning disability.  
practise based observations.  
implementation of clinical and evidence based practise for this patient group

Liaison with other teams across the trust. An example of some of this work is below:

- Reasonable Adjustment boxes for new generation ambulances.
- Partnership working on public education
- Work on Urgent Care Plans
- Pan London data set of key information for LD patients
- Open communication and learning network with regional LEDER programme
- Piloted the Youth Alliance Project supporting looked after and homeless children.

An external stakeholder event was completed - external feedback from services across health and social care, commissioning and third sector organisations. Used to explore themes in barriers patients with a learning disability experience in accessing the LAS.

# Local Child Safeguarding Practice Reviews (LCSPR)

A LCSPR is commissioned by the local Safeguarding Children Board and undertaken when abuse or neglect of a child is known or suspected; and either, the child has died or the child has been seriously harmed and there is a cause for concern about partnership working.

Safeguarding Practice Reviews (SPR)										
Borough	Gender	Age	Type of abuse	Type of Case		Borough	Gender	Age	Type of abuse	Type of Case
<b>Greenwich (125867)</b>	2 x Males	15 & 6	Parental Harm	SPR		<b>Hillingdon (123696)</b>	Females (Twins)	5 Weeks	Parental Harm	SPR
<b>(140247)</b>	Female	17	Suicide	SPR						
<b>Lewisham (128014)</b>	Female	8	Parental Harm	SPR		<b>Wandsworth (131412)</b>	Male	14	Suicide	SPR
<b>(135520)</b>	Male	17	Stabbed							

**Child Death Reviews 2020/21 =207 2021/22= 266**

# Safeguarding Adult Reviews (SAR)

A SAR is commissioned by Local Safeguarding Adult Boards and is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently to prevent harm or a death from taking place. The purpose of a SAR is to promote effective learning and improvement to prevent reoccurrence of future deaths or serious harm, not to apportion blame.

Safeguarding Adult Reviews (SAR)					
Borough	Gender	Age	Borough	Gender	Age
Bexley 153403	Male	35	Ealing Pot 131245 Pot 136077	Female	45
				Female	77
Greenwich 132676	Male	39	Harow 139810	Female	72
Havering 125956 Pot 126599 135986	Male	36	Hillingdon Pot 127612 123251	Male	63
	Male	45		Female	63
	Female	31			
Lambeth 146333 146337 146340	Male	61	Lewisham 124546 148854	Male	35
	Male	65		Female	57
	Male	41			
Merton 124359 Pot 131041	Female	59	Newham 136543 136544 149086 Pot 154071	Male	34
	Male	33		Male	31
				Male	76
				Male	89
Sutton 142384	Female	48	W Forest 134646	Male	68

## Domestic Homicide Reviews (DHR)

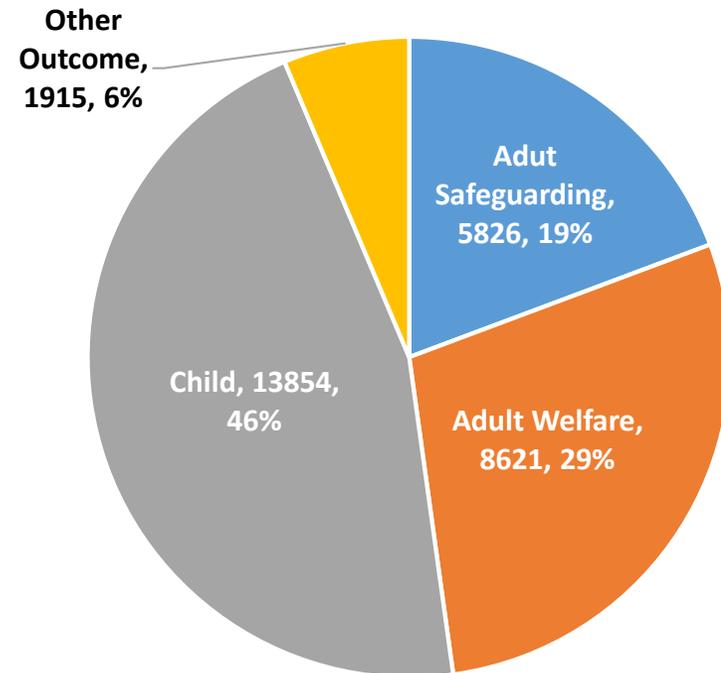
A DHR is a review commissioned to consider the circumstances in which the death of a person, aged 16 or over has, or appears to have been as a result of violence, abuse or neglect by a person to whom they were related or with whom they had been in an intimate personal relationship. The LA commission the DHR and our Specialists participate in panel meetings when requested and if appropriate.

Domestic Homicide Reviews				
Year	2018/19	2019/20	2020/21	2021/22
Number LAS supported.	11	18	19	12 Camden, Croydon x 4, Ealing, Enfield, Greenwich x 2, Hackney, Islington, Lambeth

The Trust received notification of 12 DHRs this year which is a decrease of 7 from 2020/21.

# Numbers of referrals/concerns generated by Trust

## Breakdown of referrals and concerns, 2021/22



### Overall Referral Volumes

The total number of safeguarding referrals/concerns raised for this year is **30,216**

#### Comparison with 2020/21:

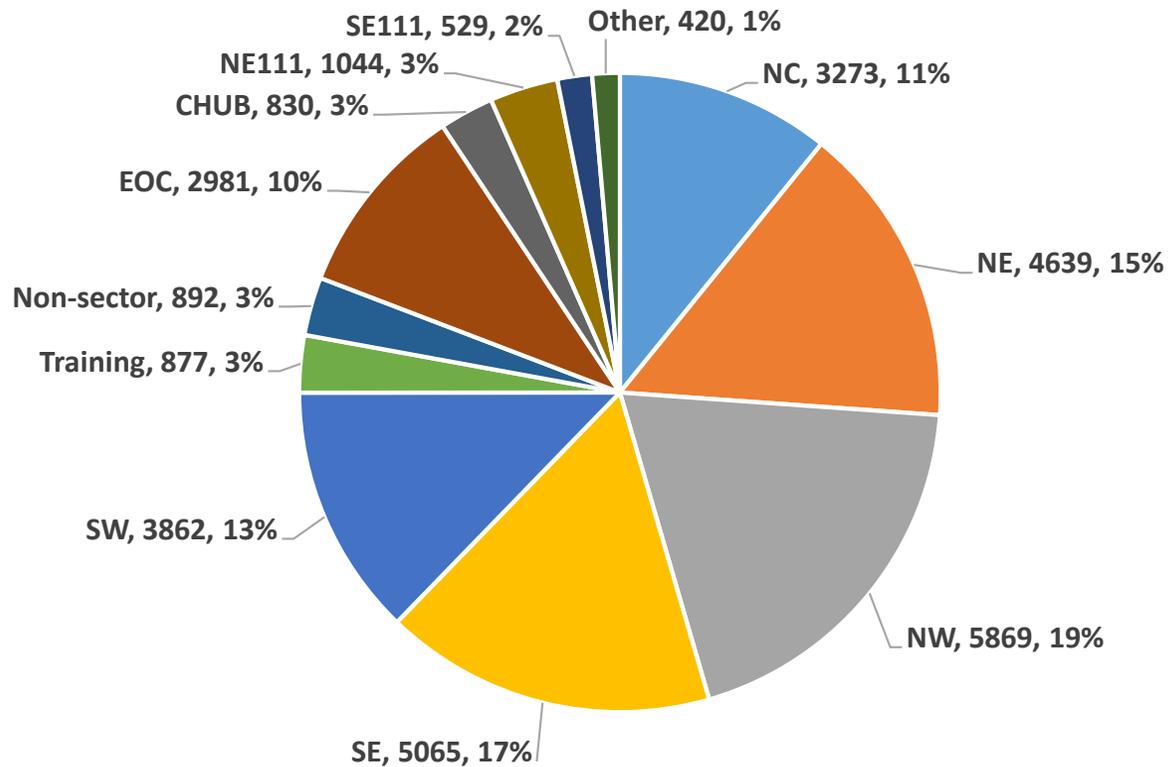
- There is a 21% increase in safeguarding referrals/concern raised on 2020/21's total of 24,884
- There is a 13% increase in child safeguarding referrals since 2020/21
- There is 1% decrease in adult safeguarding concerns since 2020/21
- There is a 28% decrease in Adult welfare concerns since 2020/21

1,915 concerns categorized as 'other outcome' were not passed to the local authority (6%, an almost identical percentage to last year), because they were not appropriate. The majority of these were either mental health referrals with no safeguarding aspect, welfare concerns where the person or a carer was advised to refer, or cases where we could not proceed because the person did not consent. All these 'other outcome' referrals are checked, and information is shared where appropriate with other agencies.

The number of concerns/referrals as a percentage of all incidents has varied a lot throughout the year due to the impact of Covid on our demand; the overall % for the year is 2.2%, an increase of last year's figure of 1.9%

# Source of referral within Trust

Source of referrals 2021/22



## Sources of referral

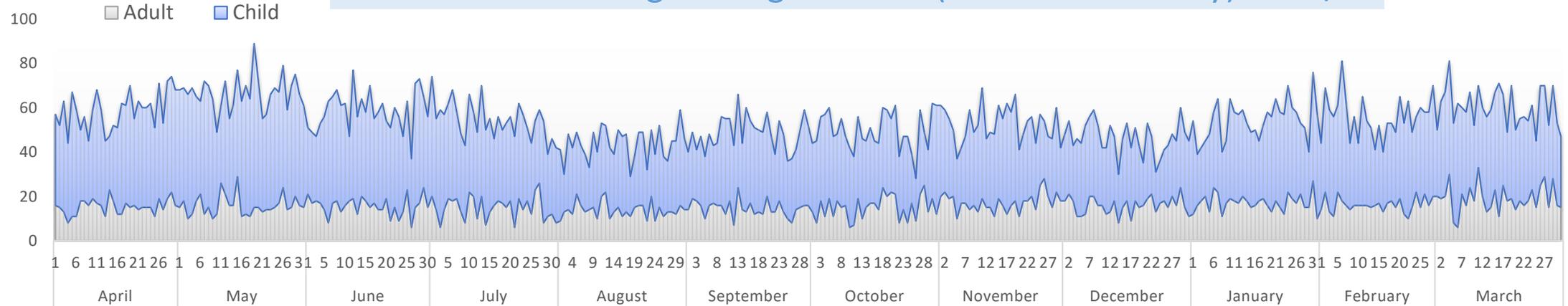
This chart shows how many referrals were made from each part of the trust.

75% of referrals are made by crews working with sector-based call signs, with a further 7% coming from other road staff – training, specialist responders like our Mental Health and Falls cars, private providers, tactical responders, etc.

A further 12% were made by colleagues working in our control rooms – 9% from call handlers and 3% from our Clinical Hub.

5% of referrals were made by clinicians and call handlers working our 111/IUC call centres, and a small number, 1% came from other sources in the trust (retrospectively identified referrals, managers, etc).

## Adult and child safeguarding referrals (excl. welfare-only) 2021/22

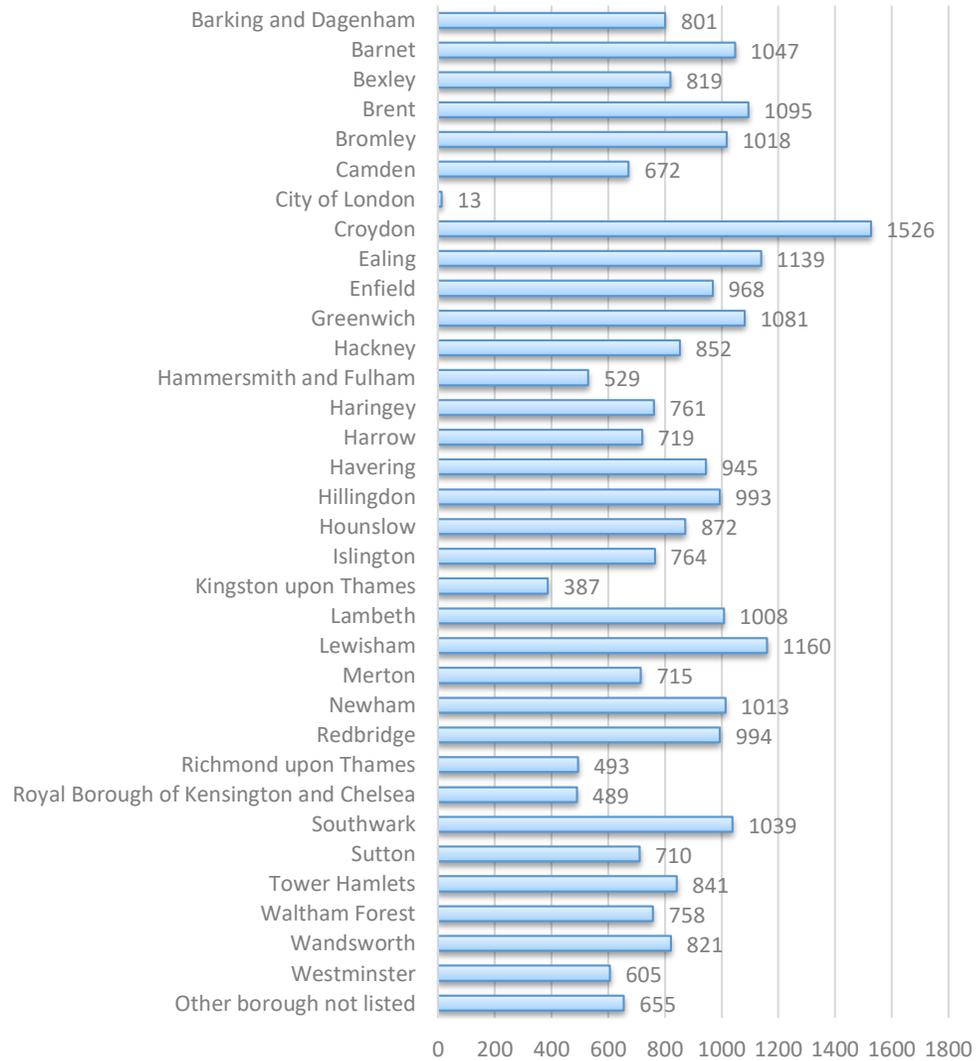


### Volumes during the year

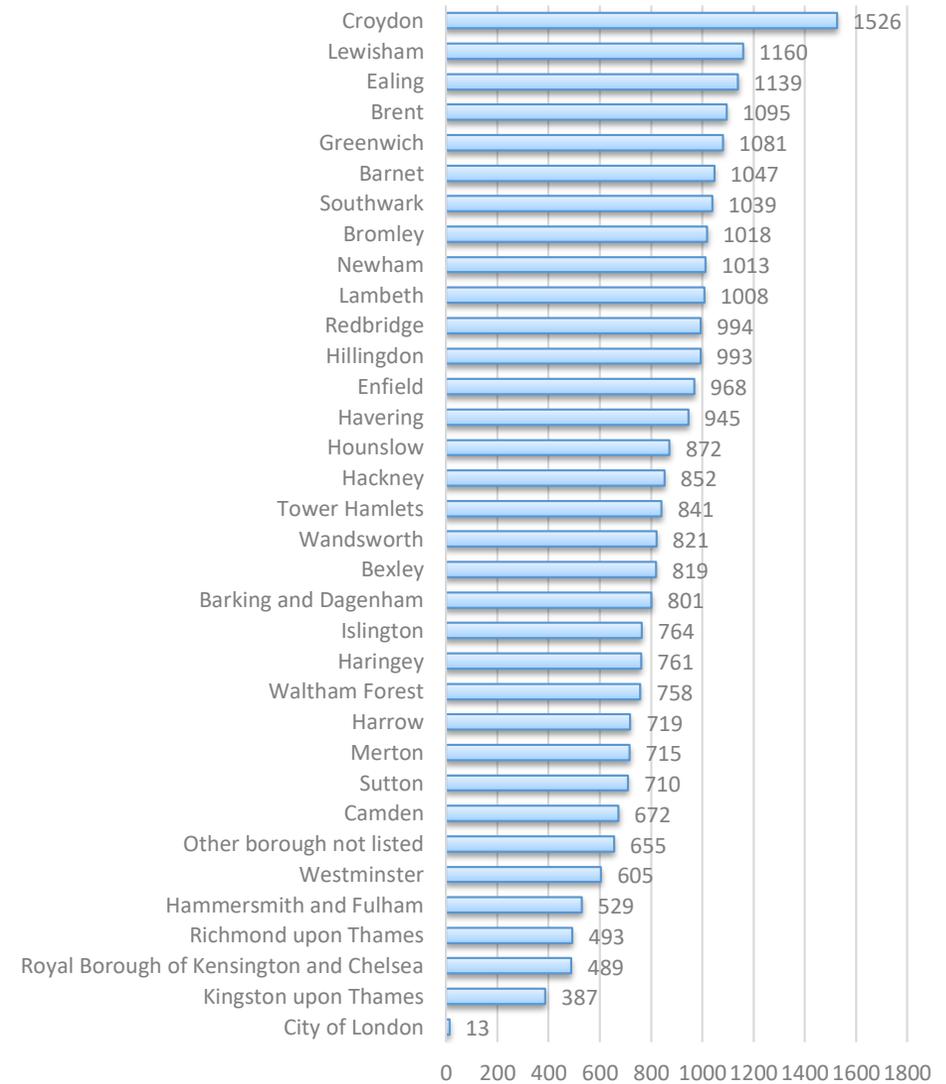
The year 2021/22 has been predominantly characterized by the continuation of the Covid-19 pandemic, with significant volumes of cases from Q2 onwards, culminating in a wave which peaked around the turn of the year, and then fell. At the time of writing a new variant, BA.2, is driving an increase in cases although death rates have not risen in line with volumes earlier in the pandemic. Despite these significant variations, the safeguarding referral volumes have not exhibited the significant variations that we observed in the first year of the pandemic. Referrals did decrease as cases spiked in July and August, although we traditionally see volumes drop a little in the summer in any case. Variations in previous waves were driven predominantly by the effects of strict lockdowns and other restrictions which have been less in evidence this year.

The call-handling team who take safeguarding referrals continued to work from home where possible, allowing vulnerable staff to continue to contribute, and to manage their exposure to risk. Covid safety arrangements were put in place in our HQ, and up to this point in the pandemic we have continued to deliver the service without interruption, and with no instance we have been able to identify of workplace transmission of Covid-19, although several staff have tested positive during the period.

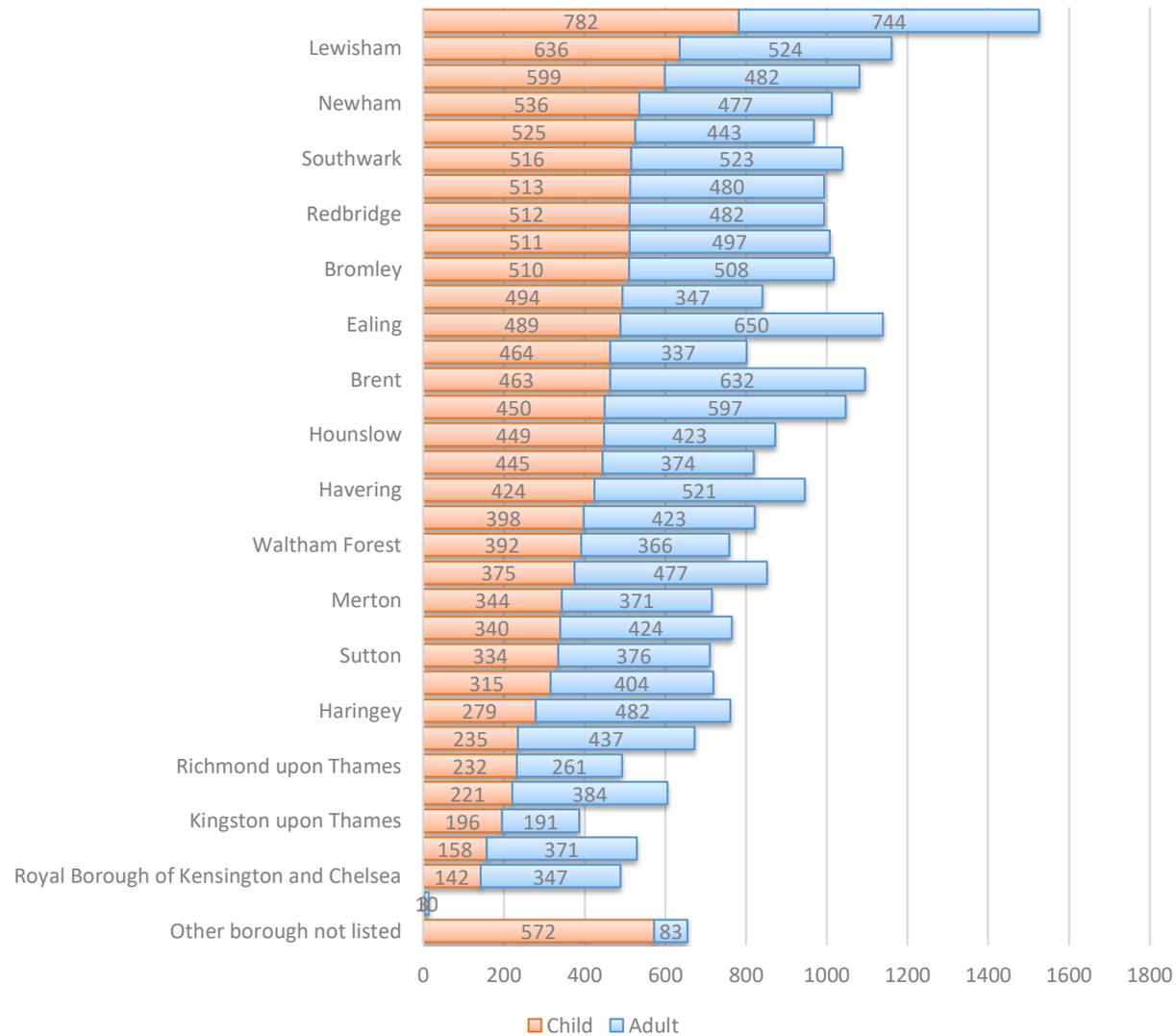
## Referrals by borough 2021/22



## Borough ranked by volume 2021/22



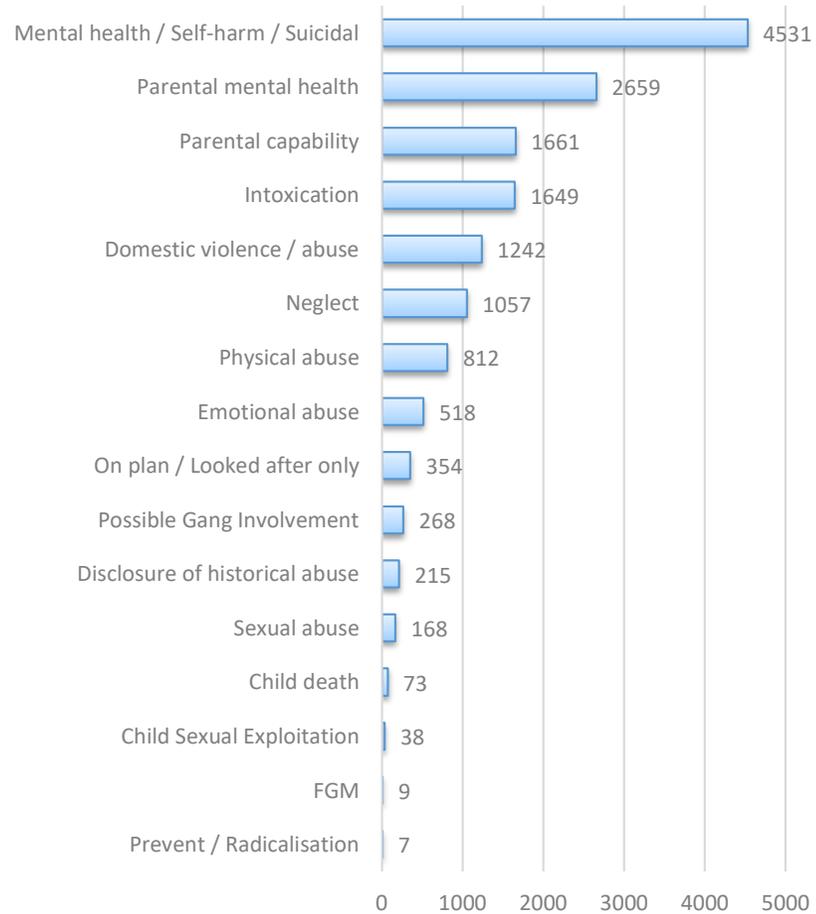
## Adult and child by borough 2021/22



### Referrals/concerns by borough

The pattern of referrals across London is familiar from previous years; Croydon for example has been the highest borough receiving referrals or concerns from the Trust since our records began in 2010, and Richmond, Kingston and Kensington & Chelsea among the lowest.

### Child concerns by category 2021/22



This chart shows the categories of concern the Trust recorded. Multiple referral categories can be selected for an individual referral.

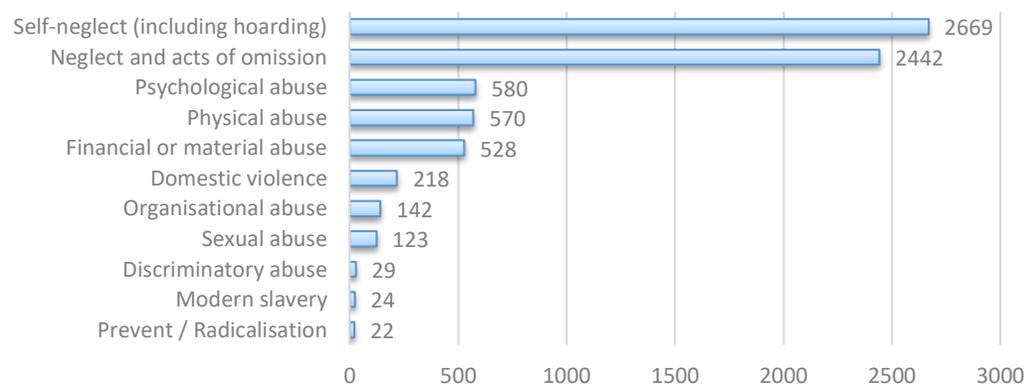
Mental health, self-harm and suicidality are the highest category – this and Parental Mental health and Parental Capacity remain the top three child safeguarding concerns identified by staff, and continue a theme which has persisted throughout the pandemic period of a significant increase in this category of referral. This is currently subject to an audit by the Safeguarding Team.

Domestic violence have fallen slightly since last year’s total of 1,531. 2020/21 had significant spikes in DV referral associated with Covid waves – these were not so apparent this year, perhaps due to lockdowns being less stringent

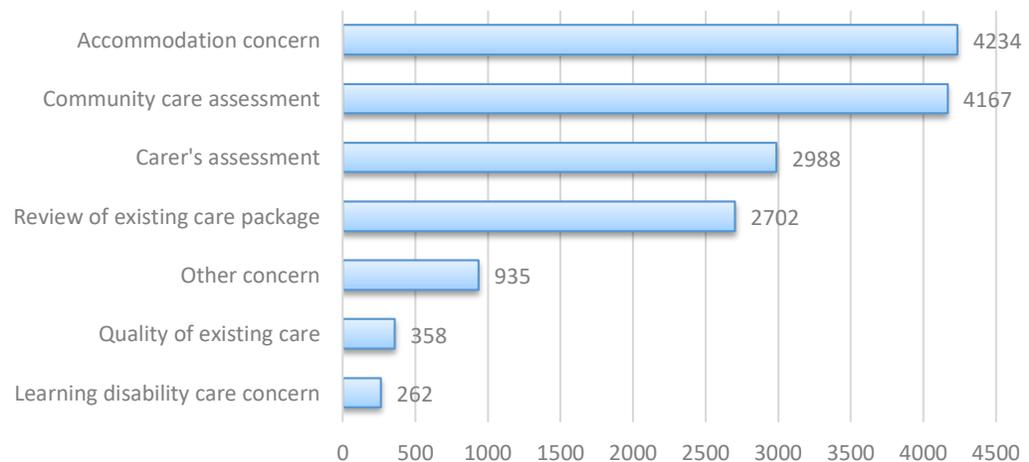
The 9 concerns relating to FGM only included 1 instance of directly observed or disclosed FGM of a child with police involvement. The remainder were concerns relating to children of mothers who had FGM, or other indirect concerns.

For some of our ‘possible gang involvement’ referrals, where the child is conveyed to a Major Trauma Centre, we also refer immediately to Red Thread, a third sector youth organisation who work to intervene in young people’s lives to steer them away from harmful social environments and behaviours. This year, 27 of these referrals have been made.

### Adult safeguarding referral by category of abuse 2021/22



### Adult welfare concerns by category 2021/22



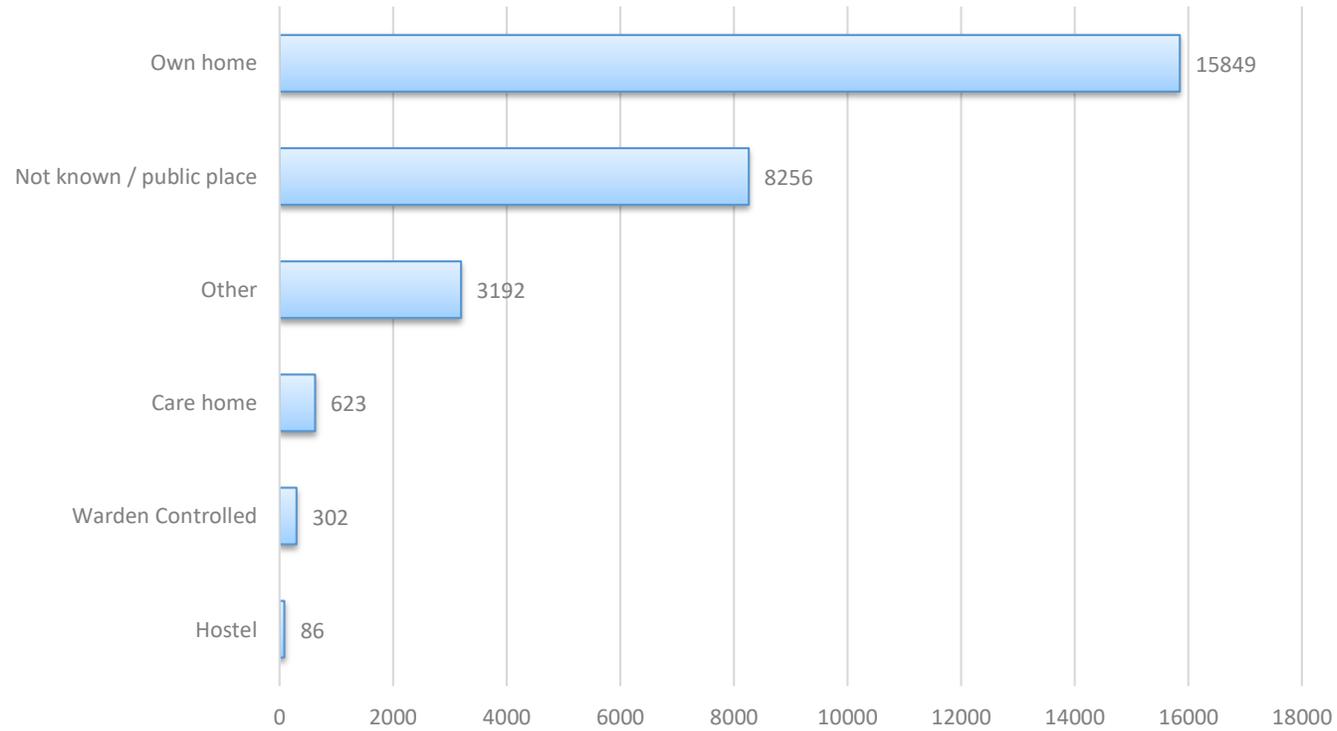
The chart for adult alerts and concerns shows self-neglect and neglect as the top reasons for raising the concern. Multiple categories can be selected for an individual referral.

For those referrals where relatively severe hoarding is indicated (scored using a clutter index devised by the LFB as over 4), and where consent is given, an alert is shared with the LFB. We made 1,277 of these referrals this year. Also included in the self-neglect category are 58 of a new referral type, Fire risk only, which started on Dec 1<sup>st</sup> allowing our crews to inform LFB of incidents where a vulnerable person is at risk of fire with no hoarding present.

In Domestic Violence cases, staff supply the victim with the telephone number of the Women's Aid Domestic Violence Helpline number. On rare occasions the victim will ask staff to contract the DVHL on behalf of the person concerned.

For welfare related concerns, crews are encouraged where possible to empower individuals or their families or carers to approach the local authority directly. Where concerns are raised via the Trust reporting the main reason of concern is for a care assessment.

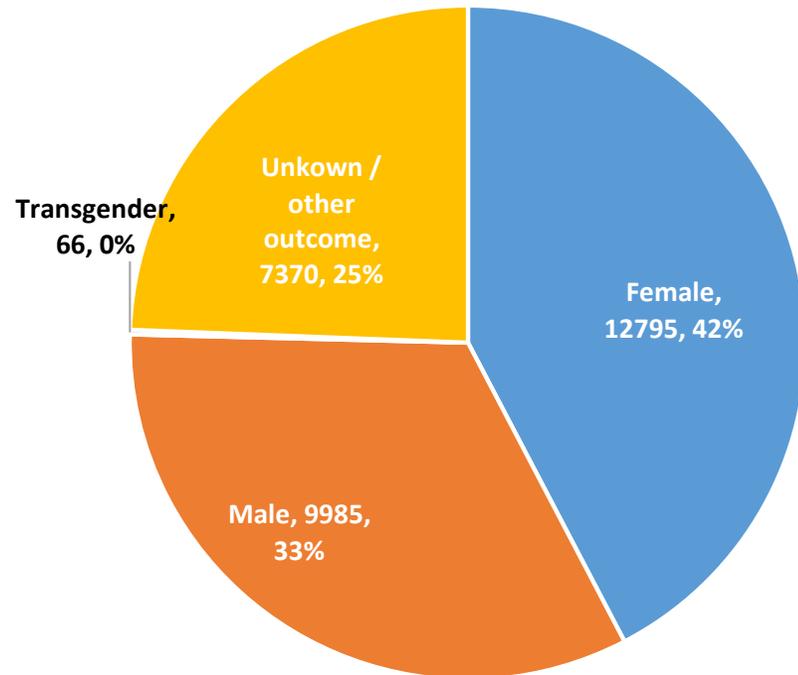
## Type of Premises



The Trust Safeguarding Team review concerns regarding quality of care delivered in a residential care facility and take escalatory action where appropriate. This includes sharing relevant concerns to the CQC and or CCG.

# Protected Characteristics

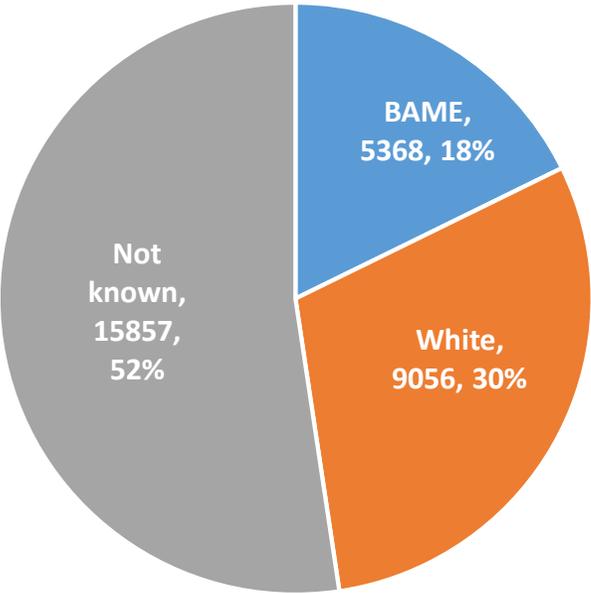
Gender, 2021/22



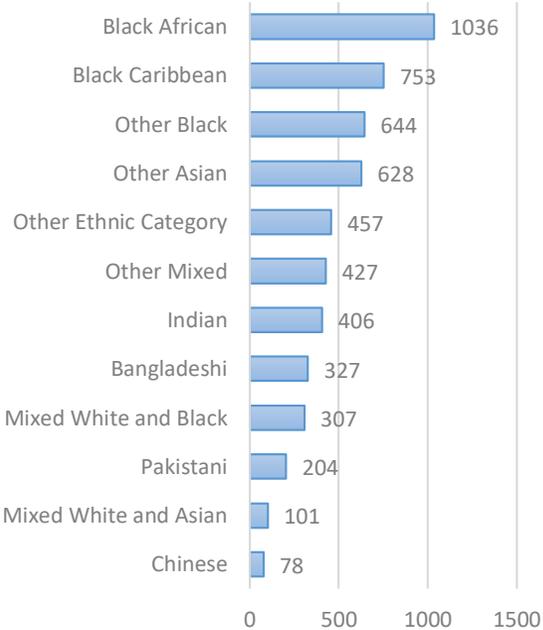
As is seen in previous years, there are more referrals for females than males. This is in line with the age-related element of many safeguarding and welfare referrals. 25% of referrals have no gender recorded. Just under a third of these (1,915) are 'other outcome' referrals for which no safeguarding concern could be identified – these referrals do not have full demographic information taken. The majority of the remainder of unknown gender are child safeguarding referrals where we are aware that a child is at risk but have not assessed that child face to face (often an unborn child) and have not established their gender, or where the referral is indicative of concerns about more than one adult or child.

# Protected characteristics

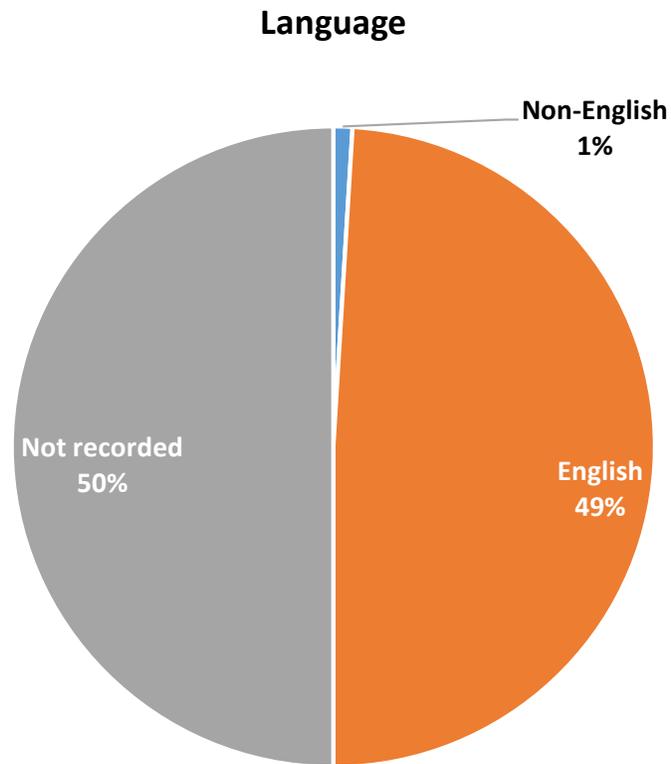
Ethnicity



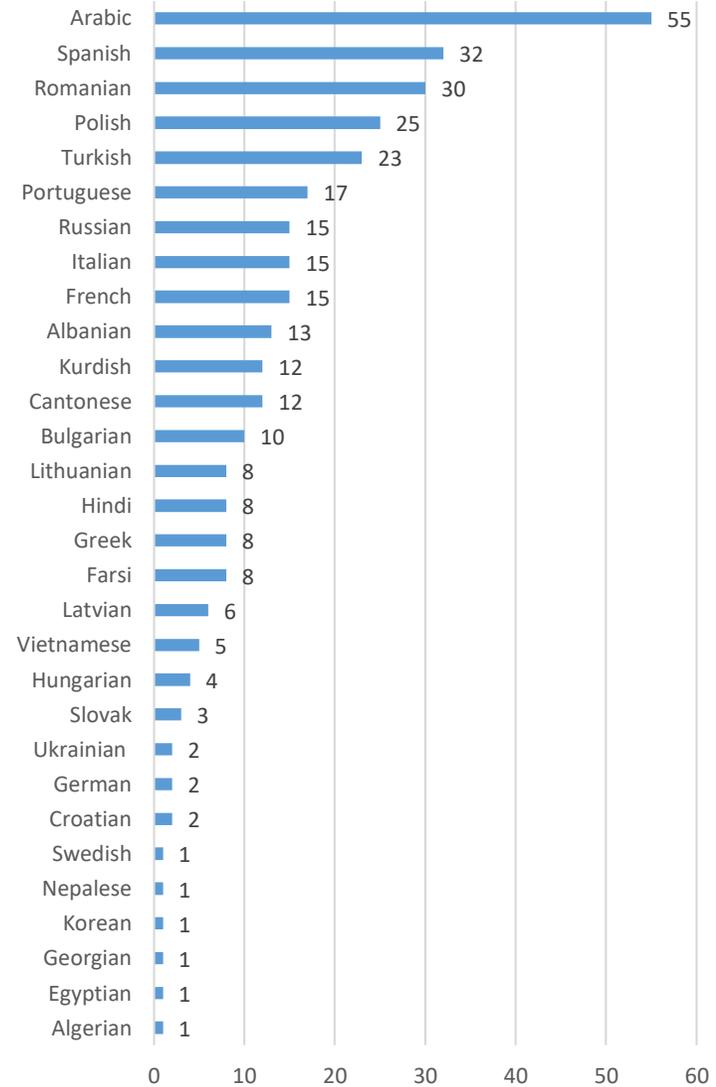
BAME referrals



The number of cases where no ethnicity is recorded stands at 52%, and reflects the nature of the incidents that LAS attends. Often crews are unable to discuss ethnicity because patients are semi-conscious or incapacitated. Also third party concerns – for people we did not see or assess, perhaps carers or partners, or those for unborn children, often provide no opportunity for a determination to be made.

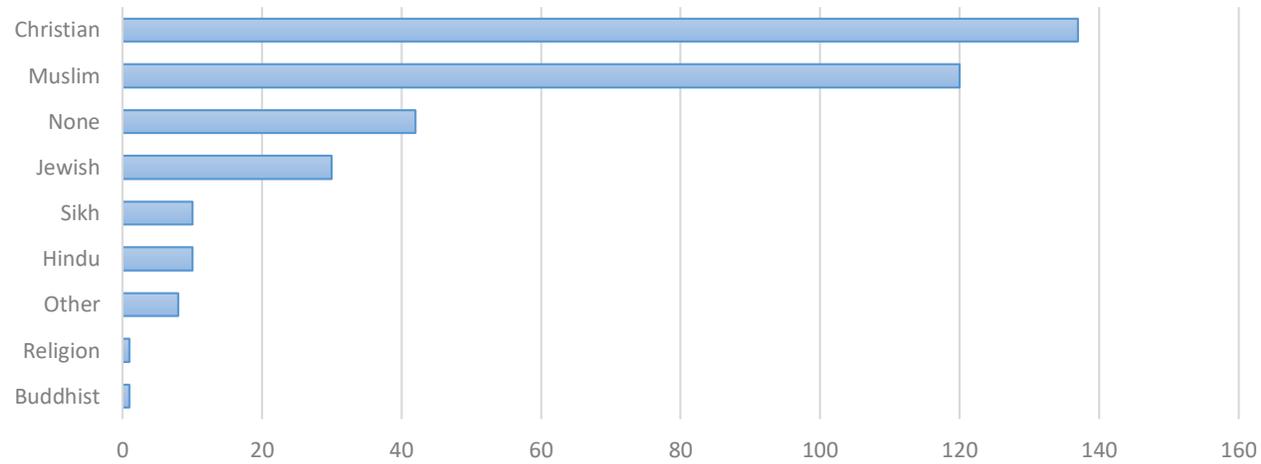


### Non-English languages recorded as main language spoken



- Similar to ethnicity, due to the nature of our incidents it is not always possible to ascertain languages spoken. However in cases where there are communication difficulties relating to languages spoken, the trust has access to live translation services via Language Line.

### Religion, where stated



- Religion is not regularly recorded by staff. However these findings will be feed into wider Trust discussions around protected characteristics.

# Priorities for 2022-23

To implement Learning disability (LD) Strategy and deliver on LD & Safeguarding work plans

To work with the 5 new Integrated Care Systems in London to develop safeguarding partnerships

Work with partners to:  
Develop contextual safeguarding pathways in other boroughs  
Improve safeguarding response to prisons  
Improve external feedback from referrals

Continue to improve the quality of the safeguarding governance and assurance

Introduce electronic safeguarding referrals from ePCR

Continue to provide a varied safeguarding educational program





MEETING IN PUBLIC OF THE BOARD OF DIRECTORS – May 2022

## **Report of the Chief Medical Officer**

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

As the volume of patients contacting urgent and emergency care continues to be above the numbers pre-Pandemic we have continued to review and implement processes to ensure safety and oversight of patients at all times. These include:

- working with the wider London Health system to ensure patients are able to access care nearer home and do not default to NHS111 or 999;
- supporting all healthcare professionals to access alternative pathways; maximising the number of patients who are able to receive an enhanced telephone clinical assessment (with video consultation);
- working across the Integrated care and 999 systems to deliver seamless transfer of care and working to develop new alternative pathways for ambulance clinicians to refer or take patients to in order to reduce the demand on the busy emergency departments.

During periods of high demand safety is maintained through continuous review of patients where there is a delay to call answering, clinical telephone assessment or ambulance dispatch. This is undertaken both in real time to ensure the patient's condition has not changed. When required the Clinical Safety Escalation Plan is invoked, in both 999 and 111, supported by regular clinical safety reviews. Any new clinical processes or pathways are agreed through the Clinical Advisory Group and monitored through the Clinical Safety and Effectiveness Group.

We saw a slight drop in the number of patient safety incidents reported in March 2022 – this was against a relatively steady reporting rate and continued high demand. The Clinical and Quality Directorate continue to undertake retrospective review of delays experienced both in call answering and dispatch of resources – this is done on a daily basis. The teams continue to work across the organisation and wider NHS to implement safer systems to ensure our patients receive the right care every time and to share learning.

Sharing learning is very important and the LAS Clinical Update for April 2022 focused on feedback and learning including responding to demand, implementing Fit 2 Sit, case study from our Mental Health Team, exploring a patient with thyrotoxicosis, as well as articles from the Clinical Audit and Research Unit, explaining the PARAMEDIC-3 Trial and presenting a re-audit of airway management. There is also an article exploring some of the implications of equipment being left at hospital and two articles reviewing the presentation and management of heat related illnesses and steroid dependency.

## **Strategic development**

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

Despite the ongoing COVID-19 pandemic good progress was made during 2021-22 on the delivery of our Clinical Strategy 2016-2023 (2019 refresh) including:

- Further innovation, development and integration of telephone clinical assessment service, across our 111 and 999 services, has enabled us to be more responsive to patients with urgency and emergency complaints where an ambulance may not be the right response.
- Implementation and expansion of a range of resources for specific patient groups to improve equity of access to care. This includes delivery of specialist support for Urgent Care (Advanced Paramedic Practitioners – Urgent Care), Mental Health, Maternity and Palliative and End of Life.
- We continue to ensure those patients most critically ill and injured receive the right resources, with advanced on-scene clinical support, and are conveyed to specialist centres for treatment as quickly as possible.
- Developing a clinical career pathway for paramedics
- 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.

During 2022 -2023 the Right Care, Right Place programme will be focussed on setting the standard to deliver clinical best practice, supporting the implementation of operational changes to realise the clinical ambition, and agreeing the design and functionality of the digital infrastructure to improve internal and external interoperability. An important area of focus will be working with groups addressing the identified health and social inequalities in society and the direct causal link these have to health outcomes.

### **Career development**

Career development for our paramedics was an important deliverable within the Clinical Strategy and remains a key priority. We have worked hard to deliver opportunities both within LAS and with partners across the NHS. Since April 2021 we have been working with primary care networks (PCNs) to offer the opportunity for paramedics to work in primary care through the Health Education England (HEE) Roadmap to Practice as First Contact Practitioners (FCPs). A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. This collaboration provides LAS clinicians with the opportunity to extend their scope of clinical practice, as well as develop skills in leadership, education and quality improvement as they develop their practise in line with local needs.

Internally we have recruited to the Advanced Paramedic Programme including expanding the urgent care programme and supervisor roles.

Aside from the patient care benefits all these schemes offer benefits in terms of recruitment and retention and help to inform the strategic model of care, workforce plan and operating model for the coming years.

## Clinical Digital Transformation

Digital transformation is one of the building blocks of a patient-focused approach to healthcare with benefits ranging from improved clinical outcomes, better patient and service user experience and greater staff and volunteer engagement. Over the past few months significant progress has been made in the clinical digital delivery within LAS including:

- **Electronic Patient Group Directives:** Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Historically, within LAS, patient group directives were individually signed on paper. In April 2022, two PGDs, for the main registrant workforce, transitioned over to a digital platform, replacing a paper-based process. Within a month, over 70% of the workforce has electronically signed the PGDs, and our clinicians are no longer required to carry a physical copy with them at all times. This new process has saved both managers and our clinicians time which also has an improved user experience that takes only a few minutes to complete at their own convenience. In addition, it provides assurance of PDG compliance in real-time.
- **LanguageLine Application:** A trial has been run utilising the LanguageLine application which has been met with very positive feedback. This application allows crews to use their iPad to connect to a translator to meet patients with linguistic needs and ensure patients can be communicated with in their own language thus improving their equity of access to care.

## Co-designing better care pathways

- **Stroke Care:** Following the successful roll out of Pre-Hospital Stroke Video Assessment Service in North Central London [NCL] in May 2020 this has now been expanded into North East London and will soon include patients attended by East of England Ambulance Service who would be conveyed to the London Hyper-acute Stroke Unit (HASU). This Service is a partnership between the London Clinical Network, the London Ambulance Service and University College London Hospitals. The aim of the Service is to optimise transfer of stroke patients directly to the closest hyper-acute stroke unit (UCLH, BHRUT or Royal London) and to re-direct medical patients, who do not require the specialist services of a HASU, to the closest Emergency Department for their initial assessment ensuring patients are conveyed to the right definitive healthcare facility first time. A key change has been agreed pan London for stroke care.
- **Frailty Care:** In November 2021 London Ambulance Service [LAS] and Central North West London [CNWL] launched Silver Triage to improve outcomes for older people living with frailty in NCL who have urgent / emergency care needs (which has necessitated calling an ambulance) by providing the most appropriate care in the right place and at the right time. Silver Triage enables LAS Paramedics on scene to call a Consultant Geriatrician and discuss the onward care of patients, aged 65 years or over, who are resident in a care/residential home between 09:00 and 17:00 7 days per week. Initially the pilot began in the Friern-Barnet area of North Central London before expanding to cover all 5 boroughs of North central London in February 2022. As of April 2022, 125 patients

have been enrolled into the pilot and 80% of these have been able to be cared for at their community location with referral to alternative pathways.

### **System Wide Collaboration**

A number of key meetings have been attended since the last Trust Board as outlined below:

- Urgent and Emergency Care (UEC) for Winter 22/23 – 3 May 2022. To help identify the greatest challenges facing UEC, potential measures to address those challenges, and to begin moving towards an action plan for winter 22/23 NHSEI London hosted a roundtable discussion. Five key areas were discussed and as they develop LAS will remain engaged in further discussions.
- 'Improving Care for Sickle Cell Patients and their Families in London and Beyond' Sickle Cell Learning Event – 29 April 2022. Following an All-Party Parliamentary Group report which highlighted some failures in care for sickle cell patients in London, and other regions, health care professionals and other key stakeholders came together to identify improvements both in outcomes and patient experience. LAS has worked alongside the Sickle Cell Society to focus on the care provided to patients calling 999 and we remain committed to making ongoing improvements.
- Hospital Handovers: We continue to work closely with the hospitals to address the handover delays with a number of initiatives, which have been successfully piloted, being introduced in additional Trusts eg Fit 2 Sit. LAS are continuing to focus on reducing the number of patients conveyed to the Emergency Department where alternative pathways would better meet their clinical need. The collaborative working between the LAS, NHSE London and acute hospital Trusts will continue to improve safety.

### **Patient Outcomes**

In March 2022, 1027 patients in cardiac arrest were attended by LAS – 362 patients had resuscitation commenced. Of these patients 82% were identified at call answering and given a category 1 priority. The mean response time for these patients was 6 minutes. The average scene to CPR commencing was 3 minutes sustaining the improvement seen in February 2022. Return of spontaneous circulation was achieved in 27% of patients with 88% of patients receiving the full post resuscitation care bundle. 126 defibrillator downloads were saved in December 2021 (latest data) – which is 27% of all resuscitation attempts – these are valuable for the treating clinician in the hospital as well as the LAS clinicians as they provide significant opportunity for learning and development.

Cardiac arrest survival increases the earlier we can start the Chain of Survival with chest compressions and defibrillation – this is very often started by our volunteer community first responders. We need more members of the public to be trained in basic life support - the swift actions of a passers-by can make the difference between life and death. As part of the London Lifesaver project, we are aiming to recruit and train 1% of London's population to deliver high quality CPR and to confidently use any public access defibrillator allowing members of the public to perform chest compressions in the vital first few minutes before our crews arrive.

	<b>February 2022</b>	<b>March 2022</b>	<b>April 2022</b>
<b>London Lifesaver numbers</b>	689	1089	1197
<b>Public Access Defibrillators (PAD)</b>	6858	7070	7162
<b>PADs activations</b>	10	16	15
<b>Return of Spontaneous Circulation</b>	4	6	10

In March 2022 ST elevation myocardial infarction (heart attack) patients were at hospital in an average of 102 minutes. The target time from call to angiography target is 150 minutes and we are continuing to work with our despatchers and clinicians to ensure both early dispatch of an ambulance to patients with chest pain and rapid conveyance to the Heart Attack Centre (HAC) following initial assessment on scene. Patients with a STEMI are often in pain and the documentation around pain scores has improved from around 90% in April 2021 to 98% in March 2022 with pain relief being administered to 835 of patients compared to 70% in October 2021. Our Senior Sector Clinical leads continue to work with the Clinical Team Managers on the delivery of all aspects of the care bundles and this is a key deliverable within the 2022/23 business plan.

Our stroke care remains good – in March 2022 we attended 1068 suspected stroke patients. Of these 1018 were FAST positive and 574 of these were time critical and 99.6% were conveyed to the correct destination. The average call to hospital time for the time critical FAST positive patients was 86 minutes well within the London target time for thrombolysis of 4.5 hours.

#### **National data (Ambulance Quality Indicators):**

There is always a time lag in receiving end-to-end patient data so the latest data available is December 2021

LAS remains the best performing trust nationally for the sepsis care bundle achieving 94.1% in December 2021 against a national average of 85.8%. Our compliance increased by 2.2% compared to the last published figure (91.9%; September 2021).

In December 2021, LAS ranked 3<sup>rd</sup> amongst all ambulance services for ROSC to hospital in the overall group (25.6%) against a national average of 23.2%. In the Utstein comparator group, we ranked 4<sup>th</sup> at 46.2%, with a national average of 44.7%. For survival to 30 days, LAS ranked 5<sup>th</sup> in the overall group and 3<sup>rd</sup> in the Utstein comparator group at 6.6% and 27.5% respectively. This compares to the national averages of 6.3% in the overall group and 20.1% in the Utstein comparator group.

In December 2021, the LAS recorded an average time of 171 minutes for the call to angiography measure. This was 11 minutes higher than the national average (160 minutes), and led to the LAS falling to 9<sup>th</sup> place when ranked against other ambulance services. The target of 150 minutes for this measure has now been exceeded in each of the last four months reported. NHS England did not publish STEMI Care Bundle data for December, the next data due to be published will be for January (in June).

For the second month in a row, the LAS ranked 3<sup>rd</sup> in the country for mean Call to Arrival at Hospital for Stroke patients (105 minutes), exceeding the national average of 116 minutes.

NHS England did not publish Stroke Diagnostic Bundle data for December, the next data due to be published will be for February (in July).



# London Ambulance Service

NHS Trust

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

**Date:** **10/05/2022**

**Summary report to:**

**Trust Board**

**Date of meeting:**

**31/05/2022**

**Presented by:**

**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**

**Prepared by:**

**Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee**

## Matters for escalation:

### Quality Account

The Committee received the Quality Account for 2021/22 and supported its presentation to the Trust Board.

The account includes a report on the Trust's progress against Quality Account Priorities for 2021/22, priorities for 2022/23, reports on key performance metrics and statements of assurance.

It was noted that 8 out of 10 quality priorities for 2021/22 had been completed as planned, with a continued focus on the outstanding 2 for the next financial year.

### Complaints Policy

The Committee were asked to adopt an updated version of the Complaints and Feedback Policy. The previous version had been reviewed and updated in line with current practice.

The Committee endorsed the latest version of the Complaints and Feedback Policy.

## Other matters considered:

### Response Times

The committee received a presentation focussed on delayed response time impact. The presentation followed previous discussions in January and March, where consideration was given to the impact that delays in response times for 999 calls have had on patients.

The presentation recognised the system pressures, influencing factors and measures implemented to address issues along with the importance of providing high quality care and ensuring the experience of patients was good.

## Quality Report

The Committee received the Trust's Integrated Quality Report providing an overview of the quality performance through relevant quality Key Performance Indicators and information including the quality improvement agenda across the organisation.

## Controlled Drugs Accountable Officer Report

A comprehensive Controlled Drugs audit had been completed in Summer 2021 to assess whether practice was in accordance with the Controlled Drugs policy; the audit reported partial compliance (78%), and recommendations have been produced.

The Committee received assurance that governance had improved following the implementation of a registrant led service.

It was also noted that future work involved submissions for Medicines & Healthcare products Regulatory Agency (MHRA), Wholesale Distribution Authorisation (for medicines for human use) (WDA(H)) and MS licenses.

## Safeguarding Annual Report

The Committee received the Safeguarding Annual Report; noting that the Trust raised safeguarding concerns for an average 2% of incidents received.

The report further showed evidence of the Trusts commitment to effective safeguarding processes and procedures. It detailed the achievements and learning as well as the structure and assurance measures in place to ensure compliance with the Care Quality Commission, & Ofsted Key Lines of Enquiry, the Children Act 1989/2004, the Care Act 2014 and the NHS contract requirements.

## Ofstead Report

The Office for Standards in Education (Ofsted) visited the Trust for an unannounced inspection of the Level 4 apprentice programme which had been in place since March 2018. This was the first inspection received by the Trust and therefore also the first rating report received.

The Committee noted the report, recognising that an overall effectiveness of GOOD was achieved. The report was positive about both learners and educators and also the safeguarding practice within the Trust. Nevertheless, two recommendations were made and are being addressed by the education team.

Members commended the positive outcome whilst recognising the help of the recruitment team.



**Sexual Safety**

The Committee received a report on Sexual safety and members recognised that the issue of sexual safety and its relation to culture had been acknowledged across the sector and within the profession

The Trust had a continued focus to ensure staff had a safe route to raise concerns through FTSU channels, safeguarding teams, local managers and current culture work.

**Key decisions made / actions identified:**

See other commentary

**Risks:**

**Board Assurance Framework**  
The Board assurance Framework was reviewed, consideration was given to the risks and presented scores.  
The risks and scores were supported as appropriate.  
The Committee have also provide an assurance statement relating to each risk and the levels of assurance provided.

**Assurance:**

The Committee received assurance of progress against the Quality Account.  
Assurance was also provided that quality remained an area of focus for the Trust and that activities undertaken were sufficient to provide the assurances.



Report Title		Executive Director Report: People and Culture	
Meeting:	Trust Public Board		
Agenda item:	4.3.1	Meeting Date:	31 <sup>st</sup> May 2022
Lead Executive:	Damian McGuinness		
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/> Approval
	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/> Information

**Report Summary**

**Key highlights**

**Recruitment** – A recruitment programme to recruit 1400 front line staff in 2022/2023 has been agreed. 350 offers have been made to date. An overseas campaign is also to start in Australia with the ambition to recruit 150 Paramedics. Further international paramedic recruitment is taking place via our external recruitment partner (MSI) who have 55 candidates in the pipeline.

**Staff Absences** – In April the monthly Trust wide sickness reduced from 10% to 9.7. To further support our staff return to work / improve their well-being the Trust agreed the roll out a clinically led sickness support facility – accessible from the first day of absence. The service will be managed in partnership with an external partner who will provide staff with clinical expertise at the beginning of a period of absence. Staff are able to speak directly to a multi-disciplinary team and get immediate wellbeing support, information and advice.

**Occupational Health (OH)** – The new OH contract re-tender is now complete, Optima Health have been successful for core OH and EAP, and TPN (The Physiotherapy Network) have been successful in renewing their contract for physiotherapy provision. The contract start date is currently set for 1<sup>st</sup> July 2022.

**Ofsted Inspection** – The Trust received its first inspection in March 2022 covering training and apprenticeship provision. An overall ‘Good’ rating was given with Good (grade 2) received in all rated areas. Positive feedback was received from the inspectors regarding training and apprentice staff.

**Staff Survey 2021 & ‘Our LAS’** – 63% (4096 individuals) of staff completed the staff survey. The 2021 Staff Survey results have strongly influenced the design of the second phase of the Our LAS Cultural Transformation Programme which has focused on “Appraise with Values”; “Tackling Inappropriate Behaviour”; “Talent Development” and “Team Working”.

The Trust has entered its third phase of our culture transformation programme – Our LAS Leadership Masterclasses. Throughout May 2022 we will be providing masterclass face-to-face learning and development to all our managers on team working, addressing inappropriate behaviour, talent and appraisals. The Masterclasses will bring together the learning from the previous phases and introduce and equip our managers with new management tools co-developed throughout the programme.

## **New People Risks**

Two new people risks were submitted & approved at the People & Culture Committee

- If staff report high levels of burnout and / or lack resilience our ability to maintain a healthy skilled workforce to provide care will be compromised.
- If the diversity of our staffing profile is not representative of London, our ability to deliver a more inclusive service and therefore improve patient care will be compromised.

## **Recommendation/Request to the Board/Committee:**

The Board is asked to note the progress to date and planned activities as outlined in the paper.

## **Routing of Paper i.e. previously considered by:**

Core activities have been previously been considered at the People & Culture sub board committee in May 2022.

## **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?

*People BAF risks are embedded in the working groups / updates from Recruitment & Retention, Well-being and Culture – and updates incorporated within this paper*

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

*This papers highlights the work undertaken to date.*

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

*This papers highlights the work undertaken to date.*

## 1. P&C Operations

### Recruitment

The Trust agreed a 2022/2023 recruitment programme over recruiting to over 1400 staff which included 477 Paramedics and 523 AAPs. The recruitment pipeline is positive with over 350 offers having been made to date, with 280 candidates are undergoing various pre-employment checks.

An international recruitment trip is currently in progress in Australia with will form part of a planned international recruitment of 150 paramedics. We are continuing our partnership working with Health Education England and SECAMB to recruit experienced international paramedics and this has now been extended to cover the rest of the world. Our external recruitment partner (MSI) have 55 candidates in the pipeline from various countries including South African, Namibia and Kenya. Engagement work has continued with the 2022/23 UK Graduates in both our partner and non-partner universities with showcase events.

The IUC call handling pipelines remain reasonably strong (over 100 candidates) and the national call handling campaign with NHS Professionals and Ambulance Trusts within the UK has been fruitful. To date we have received 116 applications for our 999 vacancies and 89 applications for 111, via the National campaign. These are currently being interviewed and assessed.

However our recruitment to hire KPIs however have been compromised due to external factors, primarily with significant delays with HCPC registration, C1 Theory and Test capacity, and the absence of the visa fast track process from recruits from Namibia, Nigeria, South Africa. With respect to HCPC registration, positive escalation conversations have taken place with NHSE/I and HCPC with assurances given that that our backlog will be completed in June. C1 Theory and Test capacity has added a 4-6 week time to hire period for our AAP candidates, the Trust is reviewing internal solutions to support the capacity issue.

### 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. The stability rate, which measures the % of staff in post for >1 year has remained positive at 89%. The number of frontline leavers has remained positively below plan (-15FTE) and we have seen a continued slowdown in the level of International Paramedic leavers. A Workforce Retention Group has been established to provide oversight, direction and support regarding all aspects of improving staff retention within the Trust with specific objectives to improve our morale and engagement scores (thus improving the level of staff retention), oversight of all retention development plans and ensuring the right support and resources are in place for managers to improve staff retention.

### Staff Absences

In April the monthly Trust wide sickness reduced from 10% to 9.7%. Sickness episodes have decreased by 21% (2,254 to 1,779) with COVID accounting for 36% of all episodes. We have seen reductions in COVID sickness (25%), gastro-intestinal (21%), coughs, colds and flu, (23%) back problems (30%) and anxiety, stress depression and psychological issues (24%).

To improve our well-being offer to staff we will be introducing a clinically led sickness support facility – accessible from the first day of absence from 1<sup>st</sup> July 2022 - which will be a clinically lead service to support our staff return to good health. A multi-disciplinary task and finish group

will start on 12th May 2022 that will oversee the implementation of the first day absence reporting service. The intention of this new service is to achieve early input of clinical advice and support alongside the establishment of the Health Improvement Group who will begin meeting and reporting on a monthly basis.

The Trust Board signed off the Occupational Health intention to award in March 2022. Optima Health have been successful for core OH and EAP, and TPN (The Physiotherapy Network) have been successful for physiotherapy provision. Communications have gone out to all staff and initial implementation meetings have taken place in order to meet the contract start date of 1st July 2022. COVID-19 Vaccination as a condition of deployment was revoked on the 31st January 2022 and whilst all actions have been stood down enacting this, we maintain regular oversight on the levels of vaccination status and the pathways for vaccinations of colleagues. Current recorded levels are 91% and 89% for 1st and 2nd vaccinations across the Trust, with 82% for the booster. Flu vaccination levels remain at 54%.

### **Employee Relations**

The number of open conduct cases has remained stable in March (38). The Resolution Hub received 16 referrals, 10 of which were referred from managers (63%). 9 of the 16 referrals were referred for early resolution i.e. informal resolution (56%). This continues the trend that the majority of cases are referred to informal resolution whether addressing conduct or concerns.

### **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 a high level of 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. In addition to the business as usual activities, our payroll team have supported the on-boarding of over 350 new joiners for the Make Ready service. Whilst this has been a challenging process (as all have non-agenda for change terms and conditions) all employees were paid in April as planned. The Pension's team have processed over 750 pension enrolments and are handling high volumes of end of year processing.

## **4. Health and Wellbeing**

### **Occupational Health Retender**

In March 2022, Trust Board approved the outcome of the Occupational Health re-tender with Optima Health appointed as the lead Occupational Health provider (including staff counselling) from 1<sup>st</sup> July 2022. TPN (The Physiotherapy Network) have been successful in renewing their contract as lead provider for staff physiotherapy.

### **Covid-19 Guidance**

The Covid-19 isolation guidance changed on the 1st April 2022. LAS guidance is fully aligned to the government guidance for frontline health care workers and eligible colleagues are encouraged to visit the Government website to order Lateral Flow Device's (LFD). The Trust also has a supply of LFDs for managers to distribute to frontline colleagues should they not have any at home. All frontline colleagues are also encouraged to undertake twice weekly LFD testing and upload their result to the government website. In order to minimise the risk of outbreaks. Colleagues who work in corporate areas of the Trust are no longer able to order LFDs and should follow alternative guidance that includes working from home should they develop any Covid-19 symptoms and are well enough to do so.

### **Mental Health Provision**

The change in Covid-19 guidance has resulted in a decrease in the number of COVID-related calls to the Wellbeing Hub, but has seen a small increase in other wellbeing inquiries, including those requesting mental health support. This is in line with the activity reported by our current OH provider, who have confirmed an increase in the number of counselling referrals in February and March. This mirrors a similar pattern seen after previous peaks of COVID-19.

In anticipation of any further need of support, the Trust Psychotherapist has doubled the capacity of the in house peer support network LINC, and the wellbeing team has met with the NWL "Keeping well" service lead to ensure that there are no excessive waiting times. As well as counselling provided by OH services, the Trust continues to retain the services of two trauma psychotherapists who are able to provide therapy for colleagues with complex mental health conditions.

Additionally, with the assistance of ICS colleagues, a pathway is being set up for LAS colleagues who are in acute mental health crisis that will bypass A&E via a referral from the LAS Wellbeing team and other named clinical colleagues, instead providing an alternative route to safe care at four central London Hospitals.

### **Vaccination**

COVID-19 Vaccination as a condition of deployment was revoked on the 31st January 2022. All actions have been stood down enacting this, however, we maintain regular oversight regarding the levels of vaccination status within the Trust and maintain the pathways for

vaccinations of colleagues. Current recorded levels are 91% and 89% for 1st and 2nd vaccinations across the Trust, with 82% for the booster. There has been no further update from the government regarding 4th vaccinations for NHS staff at time of writing.

Flu vaccination levels remain at 54%, although relatively positive in terms of overall NHS London vaccination rates – this percentage is below expectation. Work has begun to learn from high performing London NHS Trusts.

### **Wellbeing Funding**

The Wellbeing Team successfully collaborated with H&S and IPC teams to spend the wellbeing funds given to the team by NHSE and NWL. Items were purchased for wellbeing rooms and gardens across the Trust. A number of training courses in mental health first aid, supervision, menopause, Schwartz rounds, as well as opportunities to engage with meditation, Slimming World and a limited number of personal safety apps were also purchased. The training courses will be advertised in the coming weeks through all available channels.

### **New Trust Risks**

Two new people risks were submitted & approved at the People & Culture Committee

- If staff report high levels of burnout and / or lack resilience our ability to maintain a healthy skilled workforce to provide care will be compromised.
- If the diversity of our staffing profile is not representative of London, our ability to deliver a more inclusive service and therefore improve patient care will be compromised.

## **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:

**Ofsted success:** In March 2022, LAS received its first full Ofsted inspection, covering our Apprenticeship training provision. The overall effectiveness rating received was Good (grade 2) with Good (grade 2) received in all rated areas. Inspectors found that our apprentices develop a positive attitude to learning and demonstrate a confident professional attitude to their work. They also felt that our tutors are knowledgeable, experienced and skilled practitioners that are good role models for apprentices.

**Make Ready Project:** More than 200 new Make Ready colleagues attended Trust Induction in May at central and east London venues. This is a significant proportion of the 350-strong workforce and further induction sessions are scheduled for May 27 and June 1. Feedback from attendees suggested they really appreciated the warm welcome to LAS. The OD and Talent Team is now working with the Make Ready colleagues on an extensive training analysis and programme which includes managers' attendance at the *Our LAS* Leadership Masterclasses later this month.

**Talent Development:** The pilot for the Engaging Leader Programme (for Bands 4-7 line managers) has been launched. This is a blended learning offering that is delivered in partnership with NHS Elect. From the pilot cohort of 29 colleagues' feedback, we are expecting to rollout the programme across the organisation to more than 600 managers from September

2022. We shall update on the pilot in the next Board report. 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.

## 6. Culture, Diversity & Inclusion

### NHS Staff Survey Update:

The national NHS Staff Survey was held between September and November 2021. All staff in substantive roles on 1st September 2021 were invited to take part and 63% of them (4096 individuals) responded to the survey. This compares favourably to the average response rate of 57% for Ambulance Services nationally.

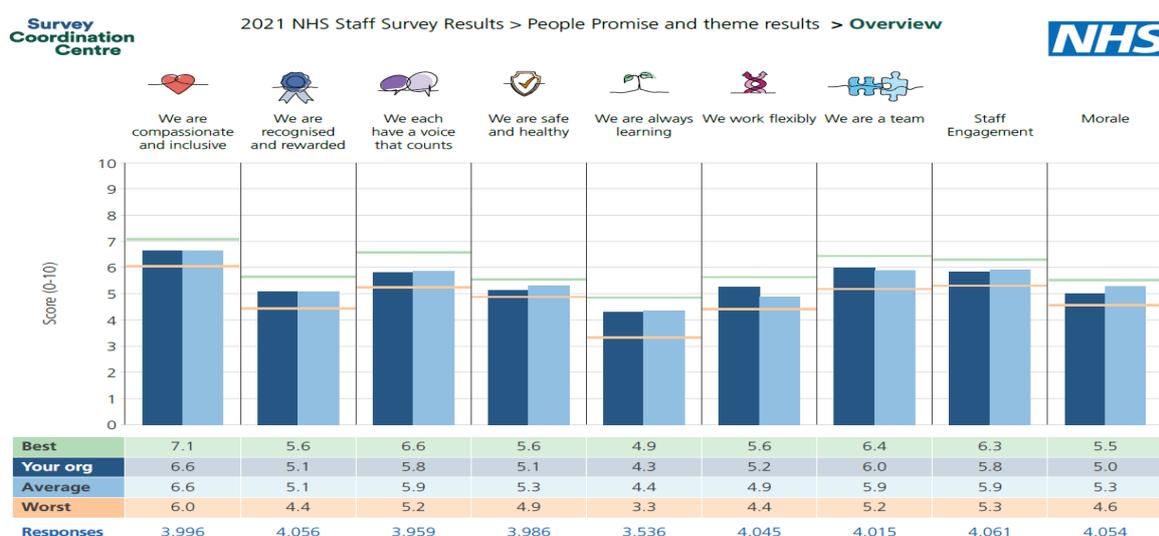
This year, the Staff Survey results were aligned to the Seven Elements of the NHS People Promise, and the two previous Themes of “Staff Engagement” and “Morale”.

### Findings

As per the findings across the NHS there has been a decrease in overall scores, however relatively speaking the Trust has improved on its collective position in comparison with the sector whereby by we rank in the middle of the ambulance sector scoring – an improved position of second bottom in 2021.

The Trust achieved its highest scores in “We are compassionate and Inclusive” (6.6 out of 10) which was in line with the NHS average.

Figure 1 – 2021 Staff survey results



At the other end of the scale the Trust scored lowest in “We are always learning” (4.3 out of 10) primarily due to a low positivity rating related to Performance Development Reviews, which

due to REAP4 and pressure meant line managers did not have sufficient time available for this important aspect of their role.

Our most improved scores were in respect of a reduction in the number of colleagues experience Violence or Bullying & Harassment from patients. This shows the impact of the work done to deter violence and abuse with initiatives such as the introduction of body-worn cameras, and the appointment of Violence Reduction Officers who support victims and work with police to help secure prosecutions.

Our most declined scores centred on the high levels of demand the Trust faced in 2021 in terms of resourcing and equipment, together with the sustained pressures colleagues were working under. This year the Trust has committed to an ambitious plan of recruiting and training additional staff to respond to this increase in demand which will positively address this many of these aspects.

The staff survey results have been in shared in greater detail locally, and a series of presentation workshops at board sub-committees / board development days and key operational management meetings have taken place. The feedback from these sessions have strongly influenced the design of the second phase of the Our LAS Cultural Transformation.



Assurance  
report:

People and Culture Committee

Date: 12/05/2022

Summary  
report to:

Trust Board

Date of  
meeting:

31/05/2022

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:**

**WELL BEING**

The new Occupational health providers have been appointed. Optima Health have been appointed for LOTs 1 and 3 (core OH and EAP) and the Physiotherapy Network for LOT 2. The committee discussed the risk and issues that may arise during the handover period. Assurances were received on the plans in place and in particular the continuity of support for those staff with complex MH needs would be in place.

The committee noted that whilst COVID related sickness was in decline there had been an increase in other sickness absence with a particular increase in stress related absence. The committee also received a presentation on the absence management plan which was focused on supporting staff who are unwell and when ready back to work. It noted the good progress on short term absence but noted that further work was required to support staff on long term sickness absence including the need to provide alternative career paths to those whose health needs required it.

**ANNUAL LEAVE**

The Committee received an update on the discussions concerning changes to the annual leave policy. The Trust's current policy allows paramedics to take leave at 2 days' notice which can prove difficult to cover on occasion. The trust is seeking to extend this notice period and discussions are underway with staff side.

**WORKFORCE PLANNING AND RECRUITMENT**

The committee received an update on the workforce plan. To be assured of progress it requested further visibility of core assumptions and their relationship to the operational plan. It was agreed the Director of P&C would lead this work and convene a meeting in advance of the next committee to discuss.

The committee received a presentation on recruitment. To date 286 offers have been made but there are significant delays in people being able to start. The committee received information relating to these delays caused by the length of time taken for paramedics to become registered and the challenges related to the recognition of driving qualifications. Recruitment plans continued to be 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. There was an additional issue of the C1 DVLA driving qualification with existing qualifications not being recognised. This has required additional training and has added 5-6 weeks delay. Productive discussions have now happened with other blue light services to expand training capacity.

The committee expressed significant concern about the delay and its impact on operational performance. It explored the need for further escalation but was assured that following helpful interventions by regulators progress with the relevant bodies was now being. The committee will keep this risk under close review. The Board is asked to formally note this risk.

#### Other matters considered:

#### **STAFF ENGAGEMENT**

The committee received an update on the progress towards developing a new approach to staff rostering. It noted the absolutely central role this would have to the culture change programme within the LAS and to ensure best use of staff time and resources. Given its importance the Committee asked for a deep dive at its next meeting.

#### **STAFF SURVEY**

The Committee reviewed the staff survey results and noted the new data on burnout and given its significance asked that it be added as a separate risk. It also reviewed progress on ED&I and asked that it too should be a single risk on its own.

#### **OUR LAS**

The committee received an update on the Our LAS programme and noted the significant engagement that had been achieved and the imminent role out of the masterclasses for all line managers. These Masterclasses are focused on setting the tone and expectations of all managers in the LAS. One area the committee focused on was the role of senior leaders in setting the tone of the programme and sought

assurance on whether there was sufficient with the plans to support them. The CEO described his plans, and these were noted

### **PEOPLE GOVERNANCE STRUCTURE**

The Director of P&C presented the governance structure within the people directorate to enable the delivery of this year's plan. The committee provided comment, and this will be reviewed at the next meeting again

### **DEVELOPMENT OF PEOPLE STRATEGY**

The committee received a presentation from the Director of Strategy on the process for developing the new Trust strategy and the relationship to the development of the people strategy. It was agreed that at its next meeting the committee would receive a paper to describe the process and timeline for the development of the people strategy together with the engagement process to support it.

### **Key decisions made / actions identified:**

See other commentary.

### **Risks:**

#### **Board Assurance Framework**

This was reviewed. The committee felt the assurance statements required redrafting and the Committee chair agreed to undertake this and share with members for comment.

Note the recruitment risk in this paper under escalation to the Board

### **Assurance:**

Assurance was provided on the transition to the new occupational health providers

Assurance was received on identified risks to recruitment plans but concerns exist on whether these can be sufficiently mitigated.



## 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.

#### **Closing financial position for 2021/22**

The Trust posted £0.7m surplus as measured against the NHS Performance target, but when adjusting for technical items relating to impairments and DHSC donated stock, the Income and Expenditure was £4.1m deficit. The Trust spent £44.9m on capital investment and ended the year with £48m cash in the bank.

The 2021/22 financial statements and annual report are currently being audited by EY.

#### **Fleet**

During this period the fleet department has consistently delivered the required number of compliant vehicles to support operational needs.

In Q1 of FY 2022/23, Fleet have taken delivery of 18 Hybrid make ready vans, 5 plug in hybrid make ready cars, 5 LEVC full electric resus vehicles and 3 electric motor cycles.

On May 23rd, the fleet team will be signing off the first of the full electric fast response cars which will be delivered ready for use in early June, and the rest of the FRUs will reach full production.

The first of 19 ULEZ compliant light weight ambulances will be signed off at the end of June, with full delivery starting in late July.

The additions of the new fleet is a significant milestone on the road to net zero emissions.

#### **Supply & Distribution**

Supply & Distribution has a number of significant projects working concurrently, which include; the continuing rollout of the asset management/asset tagging project through the Central Asset Management System (CAMS). To date we have asset tagged over 35,000 pieces of equipment, which will enable us to track and trace their usage and should result in reduced missing equipment levels. The relaunched delivery of new diagnostic pouches has been successfully implemented in all five sectors. This has already led to reduced levels of missing diagnostic equipment and reduced subsequent related out of service hours.

Our biggest success is the successful insourcing of the make ready function, where we have TUPE approximately 400 staff across into the LAS family, from 1<sup>st</sup> April 2022; without any interruption to service levels for our Operations colleagues. This was a significant achievement in such a short space of time since the business case was only approved by the Trust Board.

#### **Estates**

The development of the Estates Strategy is progressing to programme plan and we have started to deliver elements of enabling work in support of this. Examples being; Trust Board approval of leases at Brent Ambulance Station, Brentside Education Centre, Maritime House, New modular units for Ponders End ambulance station have been order and we exploring new Call Centre and Education Centre space opportunities in East Croydon. A key element of the

strategy is collaborative and meaningful engagement with stakeholders. Sessions with internal stakeholders are well advanced with some nearing completion. In parallel, modelling and other data analysis is progressing and the outputs from this are being used to develop iterative scenarios for discussion and refinement with stakeholders. The strategy documentation remains on target to be completed in the summer.

**Rakesh Patel**  
**Chief Finance Officer**  
**May 2022**



# London Ambulance Service

NHS Trust

**Assurance report:** **Finance and Investment Committee** **Date:** **19/05/2022**

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**Summary report to:** **Trust Board** **Date of meeting:** **31/05/2022**  
**Presented by:** **Bob Alexander, Non-Executive Director, Chair of Finance and Investment Committee** **Prepared by:** **Bob Alexander, Non-Executive Director, Chair of Finance and Investment Committee**

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## Matters for escalation:

### 2021/22 year end

The committee were briefed on the financial position for the Trust as at 31 March 2022 (month 12) noting the key points for the committee's attention.

- Delivered a full year surplus of £729k as at 31 March 2022 against the NHS performance target, which is a breakeven plan.
- The Trust has delivered £8.9m of efficiency reductions to the end of March 2022.
- £71.0m of revenue COVID 19 expenditure was incurred in 2021-22.
- The Trust delivered capital spend of £44.3m in 2021-22, which is above the capital plan of £21.4m due to the utilisation of a further £14m Capital Resource Limit agreed with NWL ICS.

The Committee recognised that in the context on 2021/22 challenges this was a positive position.

### 2022/23 Annual Financial Plan

The Committee received an update on the key planning risks within the 2022/23 financial plan and the state of discussions with relevant ICB and regional Finance Officers in respect of outstanding income matters. The allocation of additional funding for the ambulance sector in 22/23 the implications of which were still being worked through was noted.

The plan was discussed recognising that it was moving in a positive direction and that further information would be available by the time of the May Board. The importance of ensuring that as risks become clearer and more certain, proposals for mitigation must be determined at pace was stressed. It was agreed that it would be beneficial for FIC to meet more frequently to provide assurance to the Board regarding the delivery of the 22/23 financial plan and the cost improvements required to do so.

### **Infrastructure Roadmap Phase 4 Business Case**

The Infrastructure Modernisation project has been an active project delivering phase 3 of the overall Infrastructure Roadmap.

In February 2022 a submission was made for phase 4 of the Infrastructure roadmap, the final stage of the original programme. Approval was provided for spend in the 2021/22 financial year and set out the level of funding required in 2022/23 financial year that has been factored into that year's financial plan. Subsequently at the May Committee received an update of the business case document that requested support for the approval of that required funding.

The case was discussed in detail with some requested reviews and revisions to ensure required assurances are provided and to enable the Board to approve the request. Subject to these additional assurances the Committee supported the Business Case and recommends to the Board for approval.

### **Contract Award Recommendation – Minor Medical Equipment**

The Finance and Investment Committee were asked to approve the award of contract in respect of Minor Medical Equipment via the East of England Procurement Hub framework.

It was confirmed that Procurement has conducted a best value exercise and this was recognised as a cost neutral proposition.

The Committee supported the recommendation.

### **Other matters considered:**

#### **Procurement Update**

The Trusts procurement activity was reviewed noting the 2021/22 revenue savings achieved year to date of £2.7m, in addition to achievement of £2.5m capital savings. 2022/23 Targets were considered recognising that benchmarking would be beneficial to ensure a stretch target is required.

#### **Cost Improvement Plan**

The Committee received the proposed governance structure for delivery of the 2022/23 Cost Improvement Programme.

Members sought assurance that there was sufficient capacity to deliver the programme and that explicit reporting of benefit realisation and performance would be essential moving through the programme.

## Sustainability Plan

Following agreement of the Carbon Neutral Plan in December 2021 work has commenced to mobilise the plan. The Committee received progress update which included

- Sustainability Programme Progress timeline Jan-May 2022
- Sustainability Programme Objectives
- Programme Governance
- Sustainability work programme 2022 / 23
- Progress highlights
- Programme Benefits
- External engagement
- Programme risks and issues
- Next steps

## Key decisions made / actions identified:

See other commentary

## Risks:

### Board Assurance Framework

The Board assurance Framework was reviewed noting that it would be the final presentation of the 2021/22 Board Assurance Framework and that the next presentation would be the 2022/23 Board assurance Framework, which would be aligned to the Trusts refreshed strategic objectives.

Members discussed the 6 risks allocated for committee oversight and recognised the assurances as presented, supporting the proposed score reductions.

Following helpful feedback from the PAG Chair regarding CAD risk discussions and the discussion referenced above, The Committee Chair and CFO have provided assurance statements pertaining to each risk, which have been included in the Board Assurance Report, for presentation to the Trust Board.

## Assurance:

The Committee received assurance on delivery of the 2021/22 forecast financial position both revenue and capital; the improving state of 2022/23 plan financial plan; achievements from improvements in procurement activity and the development and management of the cost improvement plan.



# London Ambulance Service

NHS Trust

**Assurance report:** **Charitable Funds Committee**

**Date:** **03/05/2022**

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<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>31/05/2022</b>
<b>Presented by:</b>	<b>Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee</b>	<b>Prepared by:</b>	<b>Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee</b>

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## Matters for escalation:

### Grants Guidance Document

The committee received the proposed Grant Guidance document which outlined the process and procedure used for administering, approving and distributing charitable funds.

Members requested that the document was reviewed by counter fraud to provide additional assurance prior to implementation.

Once finalised and approved this Guidance will be made available on the Intranet and website to help advise and guide applicants when wishing to make a funding request from the Charity on what is within the remit of charitable funding and what is the responsibility of LAS core budget.

## Other matters considered:

### Charitable Activities Update

The Committee received update on the range of Charity activities being undertaken including those related to the LAS Rugby Team, who recently had their kit funded by the Charity. The Charity will now benefit from any future fundraising opportunities surrounding the LAS Rugby Team.

Additionally update was provided in respect of Outrun an Ambulance' Challenge which has raised £8,769 (inc. Gift Aid) to date against a target of £10k. This is the first fundraising campaign delivered in partnership with 5 other NHS ambulance charities.

### Progress against Charity Strategy

A progress update was provided noting that this was in the early stages of implementation. ( one month into year 1 of the 5 year strategy)

### Finance Report

	<p>The Committee received the Charities Finance report noting the current balance and expenditure.</p>
<b>Key decisions made / actions identified:</b>	<p>See other commentary</p>
<b>Risks:</b>	<p>Risks and mitigations against the Charity strategy were presented and considered.</p>
<b>Assurance:</b>	<p>The Committee received assurance on the Charities activities, financial position and progress against the strategy.</p>



# Finance Report

Month 12: March 2022 (Draft)



# Summary

This paper updates on the financial position as at the end of March 2022 (month 12, financial year 2021-22, Draft, subject to external audit).

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

H2 planning was finalised and the Trust planned a full year £24k surplus (breakeven on an adjusted financial performance basis) as agreed with NW London partners, which included a CIP target of £9.7m. The H2 budget was agreed and set at the month 6 forecast outturn, therefore month 1 to month 6 performance to budget is now reported on plan.

For the full year outturn position at M12, the Trust is reporting a £729k surplus against the NHS performance target, which is above the breakeven plan. (The accounting position is a deficit of £4.145m due to technical accounting adjustments made following revaluation of land and buildings in March 2022, and the inclusion of the movement in DHSC donated stock.) Significant additional expenditure was incurred in the year to respond to operational pressures in Ambulance Services (overtime and secondees), and in the Trust's 111 Integrated Urgent Care Service (external resource, agency and overtime), this was partially offset by lower than planned recruit numbers and vacancies. Total COVID costs are £71.0m primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services. The position takes into account final funding agreements with Commissioners.

Items of note include:

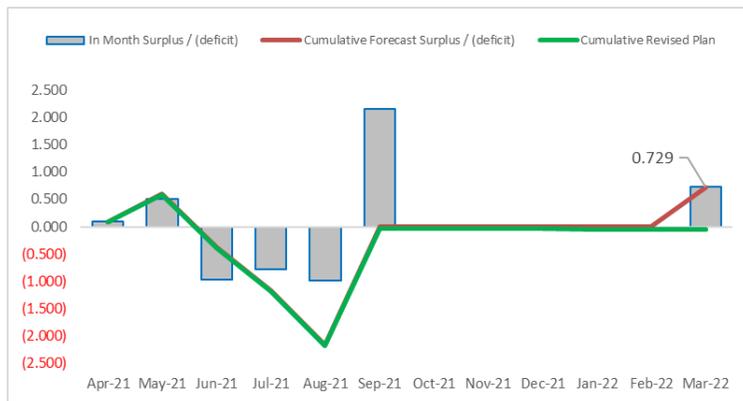
1. Income is £25.2m higher than full year budgets due to additional funding from NWL ICS and notional pension contributions £14.4m.
2. Full year pay expenditure is £418.6m which is £12.9m higher than the full year budget. The withdrawal and MPS and LFB and underspend due to vacancies is offset by overspend on overtime primarily in Ambulance Services and one-off pay related risks. Additional spend is included for notional pension costs £14.4m.
3. Non pay expenditure (including depreciation and finance costs) is £188.6m full year, £16.4m higher than full year budgets due to a revision of the dilapidation provision £1.7m, increased depreciation costs for the change in useful life of vehicle assets £3.6m, impairments of land and buildings £3.5m, DHSC stock £2.3m.

The Trust finished the month with a cash position of £47.9m, and capital spend (excl donated assets) was £44.3m net of disposals, the bulk of which comprised of spend on ongoing property projects and investment in Fleet. The Trust capital plan incorporated NWL ICS confirmed additional CRL of £14m.



# Key Financial Indicators

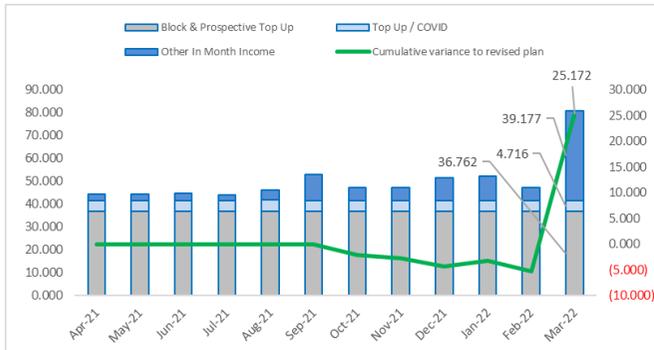
## Surplus / (Deficit)



- The Trust is reporting a year end surplus of £729k for its NHS Performance Target, which is above the plan of a breakeven position.
- The year end accounting deficit position of £4.145m is due to impairments made following revaluation of land and buildings in March 2022, and the inclusion of the movement in DHSC donated stock.
- The position incorporates £71.0m of costs in relation to the Trust's response to COVID-19 primarily in relation to additional resourcing to meet COVID requirements in Ambulance Services and IUC, as well as associated operational support services.

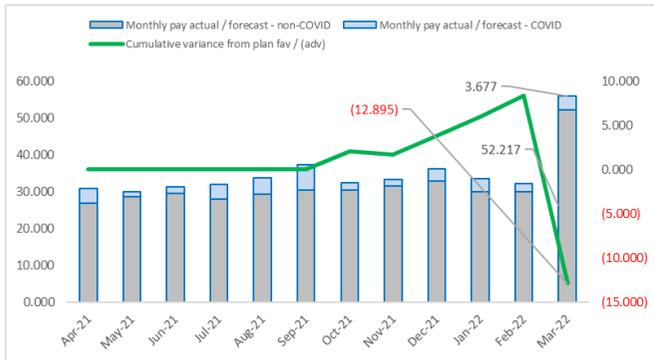
# Key Financial Indicators

## Income



- The Trust operated under an adjusted financial framework in 2021-22, which involved pausing contracting and commissioning processes (including CQUIN), the Trust receiving block contract income along with a standard monthly top-up amount and fixed COVID income supplement.
- Block contract income received totals £34m per month, along with a standard monthly top-up and fixed COVID income supplement of £7.3m per month.
- Additional funding agreed for 2021/22 includes Emergency Care Demand Fund income (£7.4m), income to support AfC pay uplifts (£8.9m), additional 111 IUC income over H1 levels (£3.7m), additional H2 breakeven support income (£22.4m) and other income loss support funding (£5.2m).
- Full year variance £25.2m favourable to plan due to additional breakeven support income from commissioners £8m, NHSI notional pension contributions £14.4m.

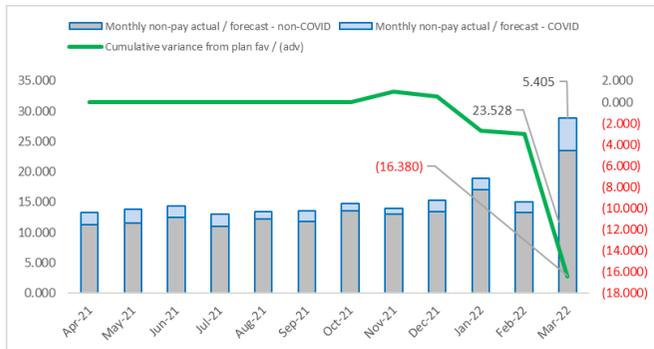
## Pay Expenditure



- Pay expenditure is £418.6m full year (£12.9m over budget). Lower trainee numbers and vacancies in months 7 - 12, secondee budgets for MPS and LFB under-utilised, and reserves being held to support frontline in Central Corporate is offset by additional spend on overtime and incentives in Ambulance Services. Overspend is driven by notional pension costs.
- Total COVID pay costs are £42.6m full year.
- £3.3m has been recognised in year (full year forecast £3.3m) for seconded London Fire Brigade and Met Police resources in relation to COVID support provided.

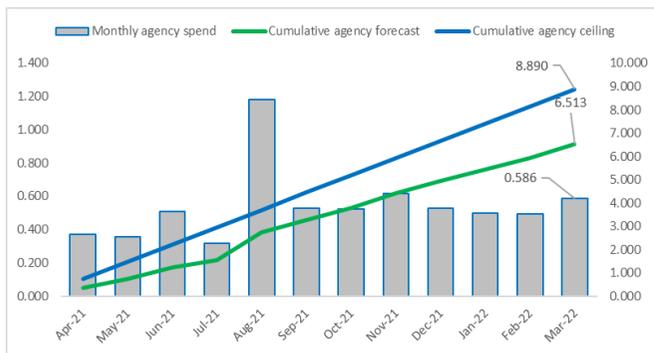
# Key Financial Indicators

## Non-Pay Expenditure



- Non pay expenditure (incl depreciation and finance costs) was £16.4m adverse full year. The overspend is covered by additional income and financial adjustments for impairment.
- Overspends are primarily in Depreciation (£3.6m) due to the change in useful life of vehicle assets in month 10, Impairments (£3.5m) due to the revaluation of land and buildings in March 2022, and an increase in the dilapidation provision (£1.7m - with inflationary pressures, works completed and new sites).
- In addition DHSC stock is £2.3m above plan, due to utilisation of additional stock. Supplies and Services includes overspends in IM&T £1.1m, primarily for additional outsourced resourcing.
- Non pay COVID-19 costs are £28.4m full year for 111 IUC external resourcing, fleet maintenance and vehicle preparation services through external suppliers, vehicle and premises cleaning.

## Agency Ceiling



- Full year agency spend is £6.5m, which is £2.4m below the agency ceiling of £8.9m.
- The spike in costs in August was due to a YTD categorisation adjustment from managed services to agency for specific IUC resources.
- The Trusts limited agency forecast reflects the implementation of alternative resourcing models within the IUC Clinical Triage service, and planned IUC recruitment.

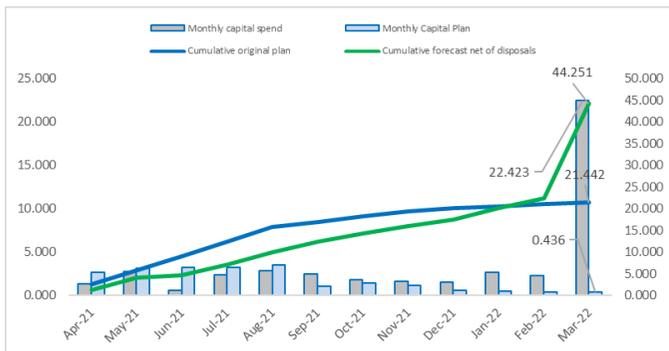
# Key Financial Indicators

## Cost Improvement Programme



- The Trust operated under an adjusted financial framework which involved limited business planning including fixed income envelopes which were being managed at STP or ICS level and incorporating Cost Improvement Programmes.
- Under the financial framework in place, over the first half of the financial year a £4m efficiency was required, with plans for a further £5.7m over the second half of the year.
- Projects were developed to meet this need and the Trust is reporting full year efficiency savings of £8.9m.
- This is just below its planned efficiency target of £9.7m, with the loss of savings from the decision to explore insourcing of make ready services being offset by the decision to pause the Ambulance Operations Modernisation Programme.

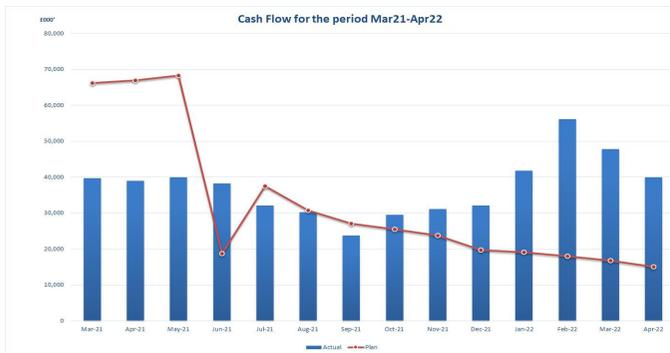
## Capital Expenditure



- Capital expenditure net of disposals is £44.3m full year (£44.9m before disposals) compared to planned capital expenditure of £21.4m (£22.8m over plan net of disposals).
- Full year spend includes £4.8m increase in CRL identified through NW London partners (CRL transfer by NHSI processed), and an additional CRL of £14m has been confirmed by NWL ICS and approved by the Trust Board in November and February.
- Capital spend on the Trust's ongoing property projects and programmes, and Fleet investment, forms the bulk of spend this year.

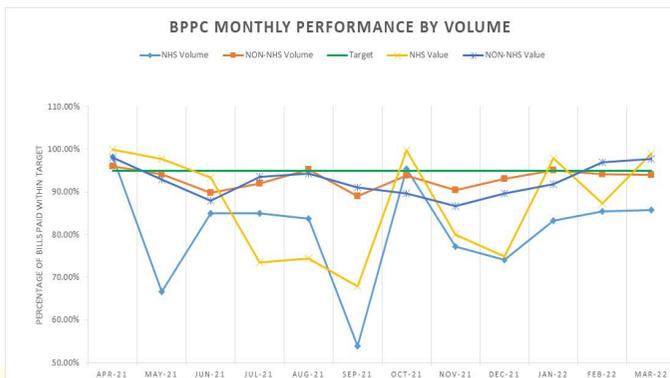
# Key Financial Indicators

## Cash



- Cash balance as at the end of March was £48m.
- The cash balance reduced in Mar-22 by £8.4m for payments made for capital (£16.5m)

## Better Payment Practice Code



- The government has set a target that organisations should aim to pay 95% their supplier invoices within 30 days.
- By volume: 86% of NHS and 94% of Non NHS invoices were paid within 30 days during the month (94% average across both categories). NHS invoices by volume represented only 1% of total invoices with no significant impact on overall BPPC performance.
- By value: 99% of NHS and 98% of Non NHS invoices were paid within 30 days during the month (98% average across both categories).
- The Trust agreed with the provider of outsourced service to chase top 10 approvers with highest number of invoices due to fail BPPC target every Monday to avoid late payment of invoices. The performance have improved in March further.
- Directorate managers and staff being sent lists of outstanding invoices awaiting approval on a regular basis, in addition to the above action.

# COVID-19 Response Expenditure (YTD)

	Actual £000													
YTD														
Month 12 2021-22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22		
Additional Staff Costs (EOC and Ambulance S	33,999	3,602	853	1,287	3,469	3,162	6,170	1,390	1,049	5,978	2,680	1,584	2,776	
NHS 111 Additional Capacity - Staff	8,088	483	588	557	546	1,235	741	668	840	344	727	609	751	
NHS 111 Additional Capacity - External Contr	13,493	484	789	970	992	303	882	245	111	5,474	982	885	1,377	
Decontamination Services - Premises	-	124	118	117	32	130	-	87	61	67	22	27	25	-
Defibrillators, Medical and Ambulance Equip	172	14	10	18	16	19	14	14	15	14	14	13	9	
IT Support	39	-	2	1	2	-	-	-	-	-	-	0	34	
Private Ambulance and Managed Operations	4,491	388	656	193	195	353	304	469	391	326	391	432	392	
Vehicle Leasing	-	15	18	0	0	2	1	0	-	-	-	-	-	
Telephony, Radio and IT Systems Expansion	-	5	11	-	6	2	9	2	2	-	-	0	-	7
Accommodation	139	15	-	22	54	35	12	19	16	12	13	-	26	3
Personal Protective Equipment	4,043	70	30	84	146	112	-	20	-	19	-	7	-	96
Fleet Maintenance and Preparation	3,621	693	533	265	256	239	232	249	249	232	234	241	199	
Critical Care Transfer Service	488	44	1	7	-	1	7	25	8	90	70	68	64	104
Property Adjustments and Expansions	892	94	76	76	98	76	90	151	43	45	53	42	48	
COVID Asset Depreciation	1,313	83	83	83	83	84	82	96	85	85	85	79	385	
Other	413	59	57	77	42	146	8	-	79	39	11	73	27	-
<b>Total COVID-19 Expenditure</b>	<b>71,048</b>	<b>6,140</b>	<b>3,768</b>	<b>3,707</b>	<b>6,002</b>	<b>5,663</b>	<b>8,611</b>	<b>3,278</b>	<b>2,937</b>	<b>12,522</b>	<b>5,342</b>	<b>3,997</b>	<b>9,082</b>	

The Trust has incurred £71.0m of COVID 19 costs in 2021-22 in order to provide significantly expanded resourcing, fleet maintenance preparation support and additional required premises services.

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

Estate consolidation has been undertaken to consolidate operations and enable a flexible deployment model and improve efficiency across supply chain management.

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

Significant items of spend are summarised in the table included and are detailed below.

- Additional Staff Costs Ambulance Services and EOC (£34.0m full year) reflecting the cost of additional resourcing to cover increased abstractions, longer job cycle times, higher time off the road and increased resource capacity in control rooms. This includes London Fire Brigade and Met Police support charges of £3.3m full year.
- NHS 111 Additional Capacity Staff (£8.1m full year) for additional resourcing through internal sources.
- NHS 111 Additional Capacity External Contracts (£13.5m full year) predominantly for additional clinician resources such as GPs, nurses and advanced practitioners (£9.8m) and additional non-clinical call handling resource support (£3.7m).
- Private Ambulance and Managed Operations Services (£4.5m) for additional private ambulance resources and blue light driver services to support front line service provision.
- Personal Protective Equipment (£4.0m) for PPE items.
- Fleet Maintenance and Preparation (£3.6m full year) additional external fleet maintenance support, bunkered fuel project costs and preparation resources for cleaning higher numbers of vehicles more frequently.

# Supporting Information



	Month 12 2021-22 £000			YTD Month 12 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Full Year Forecast	Variance to budget fav/(adv)
<b>Income</b>									
Income from Activities	49,791	77,974	28,183	573,222	595,171	21,949	573,222	595,171	21,949
Other Operating Income	355	2,680	2,325	4,702	7,924	3,223	4,702	7,924	3,223
<b>Total Income</b>	<b>50,146</b>	<b>80,654</b>	<b>30,508</b>	<b>577,924</b>	<b>603,095</b>	<b>25,172</b>	<b>577,924</b>	<b>603,095</b>	<b>25,172</b>
<b>Operating Expense</b>									
Pay	(34,631)	(55,893)	(21,262)	(405,744)	(418,639)	(12,895)	(405,744)	(418,639)	(12,895)
Non Pay	(13,062)	(25,972)	(12,910)	(147,313)	(160,273)	(12,960)	(147,313)	(160,273)	(12,960)
<b>Total Operating Expenditure</b>	<b>(47,693)</b>	<b>(81,866)</b>	<b>(34,172)</b>	<b>(553,057)</b>	<b>(578,912)</b>	<b>(25,856)</b>	<b>(553,057)</b>	<b>(578,912)</b>	<b>(25,856)</b>
<b>EBITDA</b>	<b>2,453</b>	<b>(1,211)</b>	<b>(3,665)</b>	<b>24,867</b>	<b>24,183</b>	<b>(684)</b>	<b>24,867</b>	<b>24,183</b>	<b>(684)</b>
EBITDA margin	4.9%	(1.5%)	(6.4%)	4.3%	4.0%	(0.3%)	4.3%	4.0%	(0.3%)
<b>Depreciation &amp; Financing</b>									
Depreciation & Amortisation	(1,982)	(2,601)	(618)	(19,332)	(22,920)	(3,588)	(19,332)	(22,920)	(3,588)
PDC Dividend	(463)	205	668	(5,558)	(4,890)	668	(5,558)	(4,890)	668
Finance Income	0	16	16	0	25	25	0	25	25
Finance Costs	(3)	11	14	23	83	60	23	83	60
Gains & Losses on Disposals	0	(592)	(592)	(42)	(626)	(584)	(42)	(626)	(584)
<b>Total Depreciation &amp; Finance Costs</b>	<b>(2,449)</b>	<b>(2,961)</b>	<b>(512)</b>	<b>(24,909)</b>	<b>(28,328)</b>	<b>(3,419)</b>	<b>(24,909)</b>	<b>(28,328)</b>	<b>(3,419)</b>
<b>Net Surplus/(Deficit)</b>	<b>5</b>	<b>(4,172)</b>	<b>(4,176)</b>	<b>(42)</b>	<b>(4,145)</b>	<b>(4,103)</b>	<b>(42)</b>	<b>(4,145)</b>	<b>(4,103)</b>
<b>NHSI Adjustments to Fin Perf</b>									
Remove Asset Donations I&E Impact	3	70	67	43	43	0	43	43	0
Remove AME Impairments	0	3,536	3,536	0	3,536	3,536	0	3,536	3,536
Remove Donations from DHSC Bodies	0	1,295	1,295	0	1,295	1,295	0	1,295	1,295
<b>Adjusted Financial Performance</b>	<b>8</b>	<b>729</b>	<b>721</b>	<b>1</b>	<b>729</b>	<b>728</b>	<b>1</b>	<b>729</b>	<b>728</b>
Net margin	0.0%	(5.2%)	(5.2%)	(0.0%)	(0.7%)	(0.7%)	(0.0%)	(0.7%)	(16.3%)

## Full Year Position

The full year position is a surplus of £729k for the NHS Performance Target, which is above the plan of a breakeven position. The accounting position is a deficit of £4.145m. Accounting adjustments in month 12 for impairments and DHSC stock have contributed to the accounting deficit position.

The full year position incorporates significant additional overtime, managed service and seconded expenditure to respond to operational pressures in Ambulance Services and the Trust's 111 Integrated Urgent Care Service, which are partially offset by lower than planned recruit numbers, vacancies and increased funding notified by Commissioners for H2 (an additional £14.4m of which was agreed in month 7, and a further £8.0m in month 10).

## Key items to note in the positions are:

- Income from activities** is £595m full year and is primarily comprised of the Trust's block contract income under the current financial arrangements, along with standard top up and fixed COVID income. An additional £22.4m H2 cost support funding is included. The variance of £22m favourable is primarily driven by notional pension contributions received from NHSE for the 6.3% uplift in pension contributions that started in April 2019.
- Other operating income** is £7.9m full year which is £3.2m favourable. Education and training income is £1.8m favourable following notification of additional Health Education England income and higher apprenticeship income. Other income reported here, not included in the budget - NHSE contributions to DHSC stock - £1.0m.
- Pay expenditure** is £12.9m over budget. Lower trainee numbers and vacancies in month's 7 - 12, seconded budgets for MPS and LFB under-utilised, and reserves being held to support frontline in Central Corporate are offset by additional spend on overtime and incentives in Ambulance Services. Overspend is driven by notional pension costs - £14.4m.
- Non pay expenditure** (excl depreciation and finance costs) was £13.0m adverse full year. Full year adverse position due to overspends in Clinical Education for HEE funded projects £0.7m (offset by income), Programmes and Projects £1.0m - Newham EOC change request £0.5m and AOM £0.5m transfer of costs; Strategic Assets & Property £1.8m - Make Ready staff costs and increased dilapidation costs; Resilience £1.2m - additional spend to replace obsolete equipment, and Central Corporate £7.9m - Impairments (£3.5m) due to the revaluation of land and buildings in March 2022, DHSC stock is £2.3m above plan (due to utilisation of additional stock), change in discount rate and other finance costs £1.0m, efficiency saving reserves not allocated £1.6m.
- Depreciation and finance costs** are £3.4m adverse to budget. Depreciation charges are above plan due to the change in useful life of vehicle assets from 10 years to 7 years.

# Pay Expenditure

Pay Expenditure by Type	Month 12 2021-22 £000			YTD Month 12 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
<b>Substantive</b>									
Corporate & Support Staff	(3,614)	(3,298)	316	(38,783)	(36,364)	2,419	(38,783)	(36,364)	2,419
Directors And Senior Managers	(1,697)	(1,607)	90	(18,785)	(17,761)	1,025	(18,785)	(17,761)	1,025
Frontline Control Staff	(3,355)	(4,018)	(663)	(34,886)	(33,666)	1,220	(34,886)	(33,666)	1,220
Frontline Ops Staff	(16,755)	(16,862)	(107)	(195,376)	(193,970)	1,406	(195,376)	(193,970)	1,406
Med, Nursing & Clin Adv Staff	(992)	(691)	301	(9,371)	(8,212)	1,158	(9,371)	(8,212)	1,158
Non-Emergency Control Staff	(33)	(3)	30	(291)	(191)	100	(291)	(191)	100
Non Emergency Ops Staff	(297)	(241)	56	(3,570)	(3,463)	107	(3,570)	(3,463)	107
Ops Management & Team Leaders	(3,261)	(3,223)	38	(36,485)	(36,236)	249	(36,485)	(36,236)	249
Other Pay Costs	(444)	(14,612)	(14,168)	(3,463)	(16,071)	(12,608)	(3,463)	(16,071)	(12,608)
Overtime & Incentives	(3,005)	(10,215)	(7,210)	(48,923)	(58,364)	(9,441)	(48,923)	(58,364)	(9,441)
<b>Total Substantive</b>	<b>(33,454)</b>	<b>(54,770)</b>	<b>(21,316)</b>	<b>(389,933)</b>	<b>(404,298)</b>	<b>(14,366)</b>	<b>(389,933)</b>	<b>(404,298)</b>	<b>(14,366)</b>
Agency	(357)	(586)	(228)	(5,957)	(6,513)	(556)	(5,957)	(6,513)	(556)
Bank	(200)	(453)	(254)	(3,131)	(3,945)	(814)	(3,131)	(3,945)	(814)
Seconded	(620)	(84)	536	(6,723)	(3,882)	2,840	(6,723)	(3,882)	2,840
<b>Total Pay Expenditure</b>	<b>(34,631)</b>	<b>(55,893)</b>	<b>(21,262)</b>	<b>(405,744)</b>	<b>(418,639)</b>	<b>(12,895)</b>	<b>(405,744)</b>	<b>(418,639)</b>	<b>(12,895)</b>

Pay Expenditure by Directorate	Budget			Budget			Budget		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Forecast	Variance fav/(adv)
Central Corporate	(446)	(15,805)	(15,359)	(3,527)	(17,289)	(13,763)	(3,527)	(17,289)	(13,763)
Chief Executive	(209)	(136)	73	(2,416)	(2,252)	164	(2,416)	(2,252)	164
People & Culture	(563)	(643)	(81)	(6,767)	(6,558)	209	(6,767)	(6,558)	209
Communication & Engagement	(256)	(300)	(44)	(2,830)	(2,879)	(49)	(2,830)	(2,879)	(49)
Ambulance Services	(20,488)	(25,540)	(5,052)	(252,288)	(255,405)	(3,116)	(252,288)	(255,405)	(3,116)
999 Operations	(3,806)	(4,736)	(930)	(40,377)	(40,442)	(65)	(40,377)	(40,442)	(65)
IUC Services	(2,396)	(2,411)	(15)	(27,211)	(26,527)	684	(27,211)	(26,527)	684
Programmes & Projects	(182)	(71)	111	(1,735)	(1,401)	334	(1,735)	(1,401)	334
COO Management	(0)	4	4	(447)	(443)	4	(447)	(443)	4
Corporate Services	(171)	(186)	(15)	(1,963)	(1,951)	11	(1,963)	(1,951)	11
Finance	(341)	(388)	(46)	(4,195)	(4,253)	(58)	(4,195)	(4,253)	(58)
Performance	(107)	(62)	45	(1,137)	(1,029)	109	(1,137)	(1,029)	109
Strategy & Transformation	(51)	(28)	22	(574)	(544)	30	(574)	(544)	30
IM&T	(517)	(420)	98	(5,587)	(5,237)	350	(5,587)	(5,237)	350
Medical	(596)	(672)	(76)	(6,290)	(6,032)	258	(6,290)	(6,032)	258
Quality & Assurance	(3,789)	(3,726)	63	(39,708)	(37,466)	2,242	(39,708)	(37,466)	2,242
Strategic Assets & Property	(714)	(770)	(56)	(8,692)	(8,927)	(235)	(8,692)	(8,927)	(235)
<b>Total Pay Expenditure</b>	<b>(34,631)</b>	<b>(55,893)</b>	<b>(21,262)</b>	<b>(405,744)</b>	<b>(418,639)</b>	<b>(12,895)</b>	<b>(405,744)</b>	<b>(418,639)</b>	<b>(12,895)</b>

## Full Year Position

Pay expenditure is £418.6m full year (£12.9m over budget). Lower trainee numbers and vacancies in month's 7 - 12, secondee budgets for MPS and LFB under-utilised, and reserves being held to support frontline in Central Corporate is offset by additional spend on overtime and incentives in Ambulance Services. Overspend is driven by notional pension costs.

## Key items to note in the positions are:

- COVID-19 response costs of £42.6m full year are primarily in relation to additional resourcing across Ambulance Services and IUC Services with significant operational pressure in both areas.
- Overspend in Ambulance Services £3.1m full year. Underspend on seconded support from the London Fire Brigade and Met Police (£2.9m) and vacancies in substantive staff is offset by additional costs for overtime and incentive payments. Recruitment of additional frontline staff during Quarter 4 was limited.
- Quality & Assurance full year underspend £2.2m due to frontline vacancies in Resilience and Specialist Assets £0.7m, corporate/support staff vacancies in Training centres £0.5m and slippage in trainees £0.9m.
- Central corporate overspend £13.8m due to notional pension costs.

# Non Pay and Financial Charges

Non Pay by Type	Month 12 2021-22 £000			YTD Month 12 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
<b>Non Pay Expenditure</b>									
Establishment Expenses	(876)	(1,262)	(386)	(10,353)	(10,436)	(82)	(10,353)	(10,436)	(82)
General Supplies & Services	(2,211)	(6,939)	(4,728)	(23,589)	(29,267)	(5,678)	(23,589)	(29,267)	(5,678)
Technology & Communications	(1,322)	(1,911)	(589)	(14,733)	(15,258)	(524)	(14,733)	(15,258)	(524)
Operations Supplies & Services	(5,036)	(6,814)	(1,778)	(56,718)	(58,180)	(1,462)	(56,718)	(58,180)	(1,462)
Premises & Fixed Plant	(1,481)	(3,171)	(1,689)	(16,909)	(19,397)	(2,488)	(16,909)	(19,397)	(2,488)
Transport	(2,135)	(2,339)	(204)	(25,010)	(24,199)	811	(25,010)	(24,199)	811
<b>Total Non Pay Expenditure</b>	<b>(13,062)</b>	<b>(22,436)</b>	<b>(9,374)</b>	<b>(147,313)</b>	<b>(156,738)</b>	<b>(9,425)</b>	<b>(147,313)</b>	<b>(156,738)</b>	<b>(9,425)</b>
<b>Financial Charges</b>									
Depreciation & Amortisation	(1,982)	(2,601)	(618)	(19,332)	(22,920)	(3,588)	(19,332)	(22,920)	(3,588)
Other Financial Charges	(466)	(3,895)	(3,429)	(5,576)	(8,944)	(3,367)	(5,576)	(8,944)	(3,367)
<b>Total Financial Charges</b>	<b>(2,449)</b>	<b>(6,496)</b>	<b>(4,048)</b>	<b>(24,909)</b>	<b>(31,864)</b>	<b>(6,955)</b>	<b>(24,909)</b>	<b>(31,864)</b>	<b>(6,955)</b>
<b>Total Non Pay &amp; Financial Charges</b>	<b>(15,511)</b>	<b>(28,933)</b>	<b>(13,422)</b>	<b>(172,222)</b>	<b>(188,602)</b>	<b>(16,380)</b>	<b>(172,222)</b>	<b>(188,602)</b>	<b>(16,380)</b>

Non Pay by Directorate	Month 12 2021-22 £000			YTD Month 12 2021-22 £000			Full Year 2021-22 £000		
	Budget	Actual	Budget Variance fav/(adv)	Budget	Actual	Budget Variance fav/(adv)	Budget	Forecast	Budget Variance fav/(adv)
<b>Central Corporate</b>	<b>(2,036)</b>	<b>(9,258)</b>	<b>(7,221)</b>	<b>(21,635)</b>	<b>(33,078)</b>	<b>(11,444)</b>	<b>(21,635)</b>	<b>(33,078)</b>	<b>(11,444)</b>
Chief Executive	(58)	(366)	(308)	(565)	(901)	(337)	(565)	(901)	(337)
Chairman & Non-Executives	(20)	(44)	(25)	(211)	(206)	5	(211)	(206)	5
People & Culture	(1,107)	(1,198)	(91)	(7,582)	(6,246)	1,336	(7,582)	(6,246)	1,336
Communication & Engagement	(27)	(76)	(50)	(416)	(466)	(50)	(416)	(466)	(50)
Ambulance Services	(921)	(1,725)	(803)	(12,360)	(13,507)	(1,147)	(12,360)	(13,507)	(1,147)
999 Operations	(128)	(533)	(405)	(1,508)	(1,790)	(282)	(1,508)	(1,790)	(282)
IUC Services	(3,327)	(3,197)	130	(40,923)	(39,093)	1,829	(40,923)	(39,093)	1,829
Programmes & Projects	(868)	(863)	5	(7,012)	(7,948)	(936)	(7,012)	(7,948)	(936)
COO Management	0	0	0	(314)	(328)	(14)	(314)	(328)	(14)
Central Income	0	0	0	0	0	0	0	0	0
Corporate Services	(581)	(581)	0	(6,889)	(6,689)	201	(6,889)	(6,689)	201
Finance	(97)	(285)	(188)	(1,227)	(1,268)	(41)	(1,227)	(1,268)	(41)
Performance	(20)	(286)	(266)	(220)	(444)	(223)	(220)	(444)	(223)
Strategy & Transformation	(3)	7	10	(118)	(71)	47	(118)	(71)	47
IM&T	(961)	(1,788)	(827)	(13,434)	(14,634)	(1,200)	(13,434)	(14,634)	(1,200)
Medical	(45)	(55)	(11)	(428)	(410)	18	(428)	(410)	18
Quality & Assurance	(541)	(2,864)	(2,322)	(5,745)	(8,063)	(2,318)	(5,745)	(8,063)	(2,318)
Strategic Assets & Property	(4,770)	(5,820)	(1,051)	(51,637)	(53,459)	(1,822)	(51,637)	(53,459)	(1,822)
<b>Total Non Pay &amp; Financial Charges</b>	<b>(15,511)</b>	<b>(28,933)</b>	<b>(13,422)</b>	<b>(172,222)</b>	<b>(188,602)</b>	<b>(16,380)</b>	<b>(172,222)</b>	<b>(188,602)</b>	<b>(16,380)</b>

## Full Year Position

Non pay expenditure including financial charges is £188.6m which is £16.4m above budget due to significant spend in General Supplies & Services, Premises and Fixed Plant, Depreciation and Other Financial Charges. Underspend on Transport £0.8m due to reduced 3rd party accident damage costs and fleet maintenance. In General Supplies & Services unbudgeted DHSC stock £2.3m, HEE funded additional workforce development schemes £1.0m, Newham EOC project additional costs £0.5m, AOM additional costs £0.5m due to reclassification of capital items. In Premises and Fixed Plant a revision of the dilapidation provision due to new sites added and rising costs. In Depreciation a change in the useful life of vehicle assets. In Other Finance charges £3.5m included for the revaluation of land and buildings completed in March 2022.

Key items to note in the positions are:

- General Supplies and Services full year overspend £5.7m. Includes £2.3m DHSC stock utilised, unbudgeted costs for HEE funded schemes, additional costs incurred in Programmes and Projects for Newham EOC and AOM £1.0m. And Corporate reserves for efficiency savings unallocated £1.8m.
- Operational Supplies and Services full year overspend £1.5m due to: IUC resourcing through a managed service contract and; Supply and Distribution – Medical and Ambulance equipment increased costs – Defib purchases, thermal blankets, diagnostic pouches.
- Premises and Fixed Plant full year overspent £2.5m. Revision of the dilapidation provision with two new sites added and a review of costs incurred. In addition increased utilities costs across Trust sites.
- Transport is underspent by £0.8m full year due to lower 3<sup>rd</sup> party accident damage costs and fleet maintenance.
- Depreciation is £3.6m adverse to budget full year due to a change in the useful life of vehicle assets.
- Other Finance Charges £3.4m adverse to budget due to the revaluation exercise completed in March 2022.
- COVID-19 response costs are £28.4m full year primarily in relation to 111 IUC and Ambulance Services external resourcing, external vehicle maintenance and prep services, increased vehicle and premises cleaning, and depreciation impacts in respect of assets purchased.

# Capital Investment

	Actual (£m)	Total											
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Monthly capital spend	1.346	2.786	0.605	2.382	2.907	2.462	1.835	1.661	1.565	2.635	2.314	22.423	<b>44.920</b>
Original plan	2.712	3.151	3.216	3.261	3.478	1.048	1.435	1.137	0.636	0.498	0.434	0.436	<b>21.442</b>
Forecast	1.346	2.786	0.605	2.382	2.907	2.462	1.835	1.661	1.565	2.635	2.314	22.423	<b>44.920</b>
Disposals						(0.067)						(0.602)	<b>(0.669)</b>
Forecast net of disposals	1.346	2.786	0.605	2.382	2.907	2.395	1.835	1.661	1.565	2.635	2.314	21.821	<b>44.251</b>
Cumulative actual	1.346	4.131	4.736	7.118	10.025	12.487	14.321	15.983	17.548	20.184	22.497	44.920	
Cumulative original plan	2.712	5.863	9.079	12.340	15.818	16.866	18.301	19.438	20.074	20.572	21.006	21.442	
Cumulative forecast net of disposals	1.346	4.131	4.736	7.118	10.025	12.420	14.254	15.916	17.481	20.117	22.430	44.251	

Programme	(£m)		YTD as % of forecast
	YTD (excl Disposals)	Forecast (excl Disposals)	
RAAC Plank	1.000	1.000	100%
Diagnostics	0.242	0.242	100%
D999	1.155	1.155	100%
IM&T	3.720	3.720	100%
Fleet	17.959	17.959	100%
Spatial	0.000	0.000	0%
Estates	10.803	10.803	100%
Ambulance Ops Modernisation	0.168	0.168	100%
Logistics	1.314	1.314	100%
Medicines Modernisation	2.545	2.545	100%
Quality	0.000	0.000	0%
ePRC Transfer of care (Digital PODAC)	0.070	0.070	100%
On-Premises Backup Enhancements	0.250	0.250	100%
RTLS/ RFID	0.147	0.147	100%
Project Zerro	0.000	0.000	0%
Mobile HIE Reader	0.600	0.600	100%
Data Centre Mod 1	1.717	1.717	100%
Data Centre Mod 2	1.211	1.211	100%
Remote IUC	0.262	0.262	100%
Enhanced Virtual Consultation	0.188	0.188	100%
MH 111 Press 2	1.460	1.460	100%
ED Streaming	0.110	0.110	100%
Other	0.000	0.000	0%
<b>Total</b>	<b>44.920</b>	<b>44.920</b>	<b>100%</b>

The Trust's capital plan submitted in conjunction with NW London partners provides for £20.0m worth of capital investment. The Trust had an additional request for £4.8m of non-cash backed CRL for transformation projects approved and PDC Awards of £7.3m. Subsequently a further £14.0m cash-backed CRL has been approved. This was reflected in the forecast. The £44.3m capital programme is funded from:

- Internally generated capital (£20.0m);
- PDC Awards (£7.3m);
- Transformation funding – CAD system and Newham EOC (£4.8m);
- Funded via NWL ICS (£14m).

#### Full Year Position

- Full year capital expenditure net of disposals is £44.3m compared to previously planned capital expenditure of £21.4m (£22.8m ahead of plan).
- Capital spend on the Trust's ongoing property projects and Fleet investment forms the bulk of the spend.

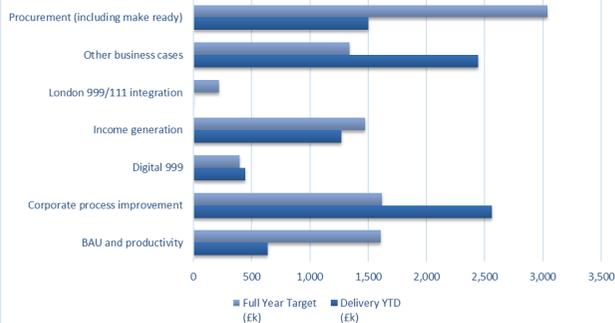
# Efficiencies

Programme	Full Year Target (£k)	Delivery YTD (£k)	Remaining (£k)	YTD
				Delivered as % of Full Year Target
BAU and productivity	1,608	639	969	40%
Corporate process improvement	1,620	2,561	(942)	158%
Digital 999	398	442	(43)	111%
Income generation	1,472	1,272	200	86%
London 999/111 integration	221	0	221	0%
Other business cases	1,339	2,446	(1,107)	183%
Procurement (including make ready)	3,042	1,500	1,542	49%
<b>Total</b>	<b>9,700</b>	<b>8,860</b>	<b>840</b>	<b>91%</b>

## Full Year Position

The Trust is reporting full year efficiency savings of £8.9m, £0.8m below the efficiency target of £9.7m. Frontline operations have recognised an operational efficiency despite COVID-19 activity impacts (OOS time reduction and freed up capacity), though this is behind plan and has been more than offset by the use of additional resources in response to COVID-19 activity demands. Supply chain efficiency programmes are behind plan due to phasing differences and the pausing of vehicle preparation service procurement to consider in-house provision. This has been compensated for by higher delivery in corporate process improvement, however a significant portion of this is non-recurrent – reflecting corporate underspend and freezes on vacancies.

YTD vs Full Year Target Efficiency Delivery



	Actual	Total											
	(£m)												
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Monthly CIP Plan	0.437	0.437	0.574	0.849	0.877	0.877	0.897	0.913	0.922	0.922	0.922	1.074	<b>9.700</b>
Monthly Actual / Forecast	0.427	0.435	0.428	0.803	0.738	0.608	0.626	0.911	0.880	1.013	0.932	1.057	<b>8.860</b>
Cumulative Plan	0.437	0.873	1.448	2.297	3.173	4.050	4.947	5.860	6.782	7.704	8.626	9.700	
Cumulative Actual / Forecast	0.427	0.862	1.291	2.094	2.832	3.441	4.067	4.978	5.858	6.870	7.803	8.860	
Cumulative Variance	(0.009)	(0.011)	(0.157)	(0.203)	(0.341)	(0.609)	(0.880)	(0.882)	(0.924)	(0.834)	(0.823)	(0.840)	

# Cash Flow Statement

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
	(£k)													
<b>Opening Cash Balance</b>	56,301	47,890	39,957	38,414	37,372	39,738	41,307	37,545	40,387	40,293	37,398	38,791	40,734	39,254
<b>Cash Receipts</b>														
Income	54,485	48,373	48,226	48,146	48,363	48,442	48,896	48,672	48,665	49,292	49,181	48,450	48,485	44,377
Working Capital Loan														
Retrospective Top Up Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income	63	448	448	448	448	448	448	448	448	448	448	448	448	448
Vat Recovered (COS) & QBE	2,102	800	800	800	800	800	800	800	800	800	800	800	800	800
Working Capital Loan														
PDC rec'd for Capital Investmer	6,548													
<b>Total Cash Receipts</b>	<b>63,198</b>	<b>49,621</b>	<b>49,474</b>	<b>49,394</b>	<b>49,611</b>	<b>49,690</b>	<b>50,144</b>	<b>49,920</b>	<b>49,913</b>	<b>50,540</b>	<b>50,429</b>	<b>49,698</b>	<b>49,733</b>	<b>45,625</b>
<b>Payments</b>														
Employee Salaries	33,770	34,588	34,967	35,095	34,352	35,043	34,810	34,335	35,391	38,120	36,258	35,260	35,021	36,072
Supplier Payments	18,062	11,712	11,336	12,336	11,336	11,336	15,336	11,336	11,336	13,872	11,336	11,336	12,013	12,013
Capital Payments	16,538	10,789	4,250	2,540	1,093	1,277	942	942	2,816	978	978	694	694	694
Interest on working capital loan														
PDC Payable and Financing Cos	2,778	0	0	0	0	0	2,354	0	0	0	0	0	3,021	0
Other Payments	461	465	465	465	465	465	465	465	465	465	465	465	465	465
<b>Total Payments</b>	<b>71,609</b>	<b>57,554</b>	<b>51,018</b>	<b>50,436</b>	<b>47,246</b>	<b>48,121</b>	<b>53,907</b>	<b>47,078</b>	<b>50,008</b>	<b>53,435</b>	<b>49,037</b>	<b>47,755</b>	<b>51,214</b>	<b>49,244</b>
<b>Net Cash inflow\ (Outflow)</b>	<b>-8,411</b>	<b>-7,933</b>	<b>-1,544</b>	<b>-1,042</b>	<b>2,365</b>	<b>1,569</b>	<b>-3,762</b>	<b>2,842</b>	<b>-95</b>	<b>-2,895</b>	<b>1,392</b>	<b>1,943</b>	<b>-1,480</b>	<b>-3,619</b>
<b>Cash Balance Forecast</b>	<b>47,890</b>	<b>39,957</b>	<b>38,414</b>	<b>37,372</b>	<b>39,738</b>	<b>41,307</b>	<b>37,545</b>	<b>40,387</b>	<b>40,293</b>	<b>37,398</b>	<b>38,791</b>	<b>40,734</b>	<b>39,254</b>	<b>35,635</b>

## Summary

The Trust's cleared cash balance at the end of March 2022 was £48.0m

Net cash outflow of £8.4m mainly driven by higher capital expenditure, £19m worth of capital orders were processed in March.

## Key Forecast Assumptions

- Capital expenditure in the financial year 22/23 is £18.3m.
- Income from CCG's and NHS England is £577.8m
- I&E deficit is £4.5m

# Statement of Financial Position

	Mar-21 Act £000	Apr-21 Act £000	May-21 Act £000	Jun-21 Act £000	Jul-21 Act £000	Aug-21 Act £000	Sep-21 Act £000	Oct-21 Act £000	Nov-21 Act £000	Dec-21 Act £000	Jan-22 Act £000	Feb-22 Act £000	Mar-22 Act £000
<b>Non Current Assets</b>													
Property, Plant & Equip	194,052	194,059	195,460	195,294	196,651	198,361	199,247	199,497	199,668	199,560	201,584	200,600	211,946
Intangible Assets	13,090	13,135	13,161	12,593	12,292	12,162	12,361	12,330	12,364	12,227	11,997	11,818	13,151
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	0	0	0	54
<b>Total Non Current Assets</b>	<b>207,142</b>	<b>207,194</b>	<b>208,621</b>	<b>207,887</b>	<b>208,943</b>	<b>210,523</b>	<b>211,608</b>	<b>211,827</b>	<b>212,032</b>	<b>211,787</b>	<b>213,581</b>	<b>212,418</b>	<b>225,151</b>
<b>Current Assets</b>													
Inventories	6,440	6,469	6,818	6,756	7,180	6,678	6,483	6,495	6,849	6,659	6,849	6,849	6,869
Trade & Other Receivables	29,305	29,184	29,736	30,561	33,288	32,497	34,866	32,736	30,036	35,787	22,535	19,036	20,984
Cash & cash equivalents	39,787	38,267	39,262	37,537	31,374	29,513	23,112	28,869	31,125	32,075	31,857	31,728	47,875
Non-Current Assets Held for Sale	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Current Assets</b>	<b>75,532</b>	<b>73,920</b>	<b>75,816</b>	<b>74,854</b>	<b>71,842</b>	<b>68,688</b>	<b>64,461</b>	<b>68,100</b>	<b>68,010</b>	<b>74,521</b>	<b>61,241</b>	<b>57,613</b>	<b>75,728</b>
<b>Total Assets</b>	<b>282,674</b>	<b>281,114</b>	<b>284,437</b>	<b>282,741</b>	<b>280,785</b>	<b>279,211</b>	<b>276,069</b>	<b>279,927</b>	<b>280,042</b>	<b>286,308</b>	<b>274,822</b>	<b>270,031</b>	<b>300,879</b>
<b>Current Liabilities</b>													
Trade and Other Payables	(81,253)	(79,745)	(82,624)	(81,921)	(80,634)	(80,342)	(74,482)	(78,880)	(78,492)	(84,978)	(74,233)	(67,291)	(88,414)
Provisions	(7,557)	(7,958)	(7,966)	(8,041)	(7,540)	(7,289)	(7,600)	(7,178)	(7,661)	(7,505)	(5,854)	(6,233)	(3,485)
Borrowings	0	0	0	0	0	0	0	0	0	0	0	0	0
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Current Liabilities</b>	<b>(88,810)</b>	<b>(87,703)</b>	<b>(90,590)</b>	<b>(89,962)</b>	<b>(88,174)</b>	<b>(87,631)</b>	<b>(82,082)</b>	<b>(86,058)</b>	<b>(86,153)</b>	<b>(92,483)</b>	<b>(80,087)</b>	<b>(73,524)</b>	<b>(91,899)</b>
<b>Total Assets Less Current Liabilities</b>	<b>193,864</b>	<b>193,411</b>	<b>193,847</b>	<b>192,779</b>	<b>192,611</b>	<b>191,580</b>	<b>193,987</b>	<b>193,869</b>	<b>193,889</b>	<b>193,825</b>	<b>194,736</b>	<b>196,507</b>	<b>208,980</b>
<b>Non Current Liabilities</b>													
Trade and Other Payables	0	0	0	0	0	0	0	0	0	0	0	0	0
Provisions	(8,381)	(7,840)	(7,780)	(7,692)	(8,309)	(8,270)	(8,529)	(8,414)	(8,437)	(8,310)	(8,861)	(8,877)	(20,224)
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Non Current Liabilities</b>	<b>(8,488)</b>	<b>(7,947)</b>	<b>(7,887)</b>	<b>(7,799)</b>	<b>(8,416)</b>	<b>(8,377)</b>	<b>(8,636)</b>	<b>(8,521)</b>	<b>(8,544)</b>	<b>(8,417)</b>	<b>(8,968)</b>	<b>(8,984)</b>	<b>(20,331)</b>
<b>Total Assets Employed</b>	<b>185,376</b>	<b>185,464</b>	<b>185,960</b>	<b>184,980</b>	<b>184,195</b>	<b>183,203</b>	<b>185,351</b>	<b>185,348</b>	<b>185,345</b>	<b>185,408</b>	<b>185,768</b>	<b>187,523</b>	<b>188,649</b>
<b>Financed by Taxpayers Equity</b>													
Public Dividend Capital	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	77,840	79,602	85,097
Retained Earnings	60,048	60,136	60,632	59,652	58,867	57,875	60,023	60,020	60,017	60,080	60,440	60,433	57,171
Revaluation Reserve	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	47,907	46,254
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)
<b>Total Taxpayers Equity</b>	<b>185,376</b>	<b>185,464</b>	<b>185,960</b>	<b>184,980</b>	<b>184,195</b>	<b>183,203</b>	<b>185,351</b>	<b>185,348</b>	<b>185,345</b>	<b>185,408</b>	<b>185,768</b>	<b>187,523</b>	<b>188,649</b>

## Significant Movements in Year:

- Increase in non-current assets (£18m) driven by £44.3m capital expenditure offset by £23m depreciation charge and £3.3m impairment on revaluation
- The impairment largely is for newly signed leases in 21/22:
  - Rainham Logistics Support Unit (£0.5m)
  - Newham Training Centre (£0.7m)
  - Brentside Training Centre (£1m)
  - Lewisham Medicines Packing Unit (£1.1m)
  - This is offset by an increase on land valuation (£0.3m)
- Increase in current assets (£0.2m) driven by increased cash balance (£8.1m) generated by reduction in receivables (£8.3m), offset by increase in stock (£0.4m).
- Increase in current liabilities (£3.1m) driven by increase in capital payables (£2.7m), trade payables (£1.9m) offset by decrease in current provisions (£4.1m), redundancy payments (£0.3m), employment tribunal payments (£0.6m), reclassification of other provisions to non-current (£3.2m)
- Increase in non-current liabilities of £12m due to additional lease dilapidations, additional other provisions and movement from current liabilities.



<b>Report Title</b>	<b>Final Financial Plan 2022/23</b>		
<b>Meeting:</b>	Trust Board		
<b>Agenda item:</b>	4.4.5.	<b>Meeting Date:</b>	Tuesday 31 <sup>st</sup> May 2022
<b>Lead Executive:</b>	Rakesh Patel, Chief Financial Officer		
<b>Report Author:</b>	Rakesh Patel, Chief Finance Officer Carol McLaughlin, Deputy Financial Officer		
<b>Purpose:</b>		Assurance	X Approval
		Discussion	Information

**Report Summary**

The paper sets out the financial plan for 2022/23 for submission to NHSEI on 20<sup>th</sup> June. The key components of the plan are as follows:

- Income and Expenditure plan delivering a breakeven position;
- CIP Programme of £24m (3.9%) contributing to delivery of the breakeven plan;
- Inflation, local cost pressures and new developments for 2022/23 of £26.4m funded within the plan;
- Capital Programme of £18.3m.

There are a number of key risks within this position, including:

- Planning risks on Income- ongoing funding discussion relating to 111 services in North East London and South East London ICSs;
- Delivery of the CIP programme- the level of the programme is a significant increase on prior years;
- Operational pressures – the plan assumes that there will not be another COVID wave nor prolonged period of REAP 4;
- In-year cost pressures assumed in the plan- a robust process was followed to prioritise pressures however there remains a risk that further unavoidable cost pressures may arise in-year.

### **Recommendation/Request to the Board/Committee:**

The Board is asked to approve the Financial Plan for 2022/23 as set out in the paper, including:

- 1.1. Breakeven I&E plan;
- 1.2. Capital Programme of £18.3m.

### **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?

Objectives 8 (achieve the control total ie deliver breakeven plan); objective 9 (strengthen and modernise the infrastructure) and objective 10 (to derive financial benefits through improved operational efficiency and improved clinical outcomes)

## Financial Plan 2022/23

### 1. Introduction

1.1. A plan was submitted to NHSEI on 28<sup>th</sup> April 2022 but following additional funding allocations, the Trust is required to re-submit the plan on 20<sup>th</sup> June 2022. The Board is required to approve this plan for submission.

1.2. This paper give details in the following areas:

- Income and Expenditure plan
- Cost Improvement plan (CIP)
- Capital Programme
- Cashflow
- Balance Sheet

### 2. Income

2.1. The table below shows a summary of the Trust's income plan.

**Table 1 –Trust income plan**

	2021/22 Recurrent Outturn £'000s	2022/23 Financial Plan £'000s	Var £'000s
<b>NHSE &amp; CCG TOTAL</b>			
NHS England	7,709	7,337	-372
Clinical commissioning groups	561,319	576,788	15,469
<b>Total NHSE &amp; CCG TOTAL</b>	<b>569,028</b>	<b>584,125</b>	<b>15,097</b>
<b>Other Patient Care Income</b>			
Injury cost recovery scheme	906	886	-20
Other Patient Care Income	3,816	4,517	701
<b>Total Other Patient Care Income</b>	<b>4,722</b>	<b>5,402</b>	<b>680</b>
<b>Total Patient Care Income</b>	<b>573,750</b>	<b>589,527</b>	<b>15,777</b>
Other Operating Income	6,758	6,758	0
<b>Total Income</b>	<b>580,508</b>	<b>596,285</b>	<b>15,777</b>

2.2. The funding envelope includes the following:

- Based on 2019/20 activity levels;
- Uplifted for inflation (2.8%) netted off with an efficiency requirement of 1.1%;
- Assumes COVID related expenditure will decrease resulting in COVID funding reducing by 62% for the Trust compared to 21/22;
- Increasing funding for 111 contracts for North East London ICS (NEL) and South East London ICS (SEL) to cover the cost of delivering the service (previously funded from COVID funding over the last two years);

- Additional funding recently announced to cover hyper-inflation and support delivery of increased service pressures. This is funded via the ICSs.

### 3. Expenditure

3.1. The Trust's 2021/22 expenditure outturn was £608.8m. After adjusting for non-recurrent items, the recurrent outturn was £575.4m.

3.2. The table below compares the recurrent outturn (£575.4m) with the opening 2022/23 budget (593.9m). This shows an increase of £27.7m for Pay and a reduction of £9.2m for Total Non-Pay, giving a net increase of £18.5m.

**Table 2 –Opening Expenditure**

Opening Budget - Trust Wide Expenditure	2022/23 Opening Establishment	2021/22 Recurrent Outturn	2022/23 Opening Budget 2022/23	Change
	WTE	£'000s	£'000s	£'000s
<b>Pay Expenditure</b>				
Pay	7,901	396,255	423,934	27,680
<b>Non-Pay Expenditure</b>				
Non-Pay Expenditure		151,354	134,989	-16,365
Financing & Depreciation		27,807	34,964	7,156
<b>Total Non-Pay Expenditure</b>		<b>179,161</b>	<b>169,952</b>	<b>-9,209</b>
<b>Total Opening Budget</b>		<b>575,416</b>	<b>593,887</b>	<b>18,471</b>

3.3. **Pay-** The increase of £27.7m arises from full year effects of posts recruited to during 2021/22 and reinstating budget for posts that were vacant during 2021/22 but are deemed to be essential and therefore will be recruited during 2022/23. In addition insourcing of the Make Ready team has moved £8.4m from Non-Pay to Pay.

3.4. **Non Pay Expenditure-** The most significant element of the decrease is the reduction in lease expenditure (£4.2m), which has been re-classified as depreciation and interest under IFRS 16 implemented for 2022/23.

3.5. **Financing & Depreciation-** £4.3m of this increase relates to increasing depreciation and interest following re-classification of leases. The remainder of the increase is increased depreciation and dividend reflecting the impact of the 2021/22 capital programme.

#### 3.6. Expenditure by Directorate

3.6.1. The table below analyses the Trust's expenditure by directorate.

**Table 3 - Opening Divisional Expenditure**

Opening Budget - Divisional Expenditure	2022/23 Opening Establishment	2021/22 Recurrent Outturn	2022/23 Opening Budget 2022/23	Change
	WTE	£'000s	£'000s	£'000s
<b>Frontline</b>				
Ambulance Services	4,602	263,242	266,186	2,944
Integrated Patient Care	1,423	107,908	111,419	3,511
Clinical Education & Standards	299	14,456	16,487	2,031
Resilience & Specialist Assets	307	22,831	23,768	937
<b>Total Frontline services</b>	<b>6,631</b>	<b>408,437</b>	<b>417,860</b>	<b>9,423</b>
<b>Strategic Assets &amp; Property</b>	554	<b>61,005</b>	56,641	-4,364
<b>Corporate Services</b>	716	<b>105,974</b>	119,385	13,411
<b>Grand Total</b>	<b>7,901</b>	<b>575,416</b>	<b>593,887</b>	<b>18,471</b>

3.6.2. **Ambulance Services** – The £2.9m increase reflects the expenditure associated with the recruitment plan. The plan is to recruit significant numbers of new frontline staff. After netting off for turnover, the net increase by March 2023 is planned to be an increase of 317 WTE, with an average of 186 WTEs throughout 2022/23.

3.6.3. **Integrated Patient Care** – The increase of £3.5m relates to full year effect of staff recruited in 2021/22.

3.6.4. **Clinical Education and Standards** – The cost relates to the increase in the number of clinical tutors and cost of courses to support recruitment.

3.6.5. **Strategic Assets & Property** – this reflects the transfer of lease rental costs to Depreciation (Corporate Service).

3.6.6. **Corporate Services** – The increase of £13.4m is:

- £4.3m increase in depreciation and interest re IFRS 16 (see above);
- £2.9m increase in depreciation and dividend to reflect the impact of the capital programme;
- £2.3m increase in the People & Culture Directorate to support recruitment (non-pay recruitment costs);
- £3.9m increase reflecting full year effects of posts recruited during 2021/22 and reinstating vacancies to be recruited in 2022/23.

### 3.7. Cost Pressures and Service Developments 2022/23

3.7.1. The table below shows a summary of the inflationary cost pressures, local cost pressures and funded service developments.

**Table 4 – Cost Pressures & Service Developments**

		Impact in 2022/23 WTE	Impact in 2022/23 £'000s	Impact in 2023/24 £'000s
A	Inflation cost pressures	0	16,968	16,968
B	Cost pressures	0	3,599	3,599
C	Service Developments	104	5,831	7,448
	<b>Total Cost Pressures</b>	<b>104</b>	<b>26,398</b>	<b>28,015</b>

**3.7.2. Inflationary cost pressures** – Increases in costs related specifically to non-pay inflationary pressures (this includes hyper-inflation forecast for specific non-pay items e.g. utilities, fuel), assumed pay awards and increase in pay costs including Employers' NI uplift. These pressures are generally common to all providers and the Trust has used uplifts provided by the planning guidance.

**3.7.3. Cost Pressures** – These are increases in expenditure unique to the Trust including insourcing Make Ready team and increases in insurance premiums.

**3.7.4. Service Developments** – Although the Trust is operating in a financially challenging environment, it still aims to develop services to improve patient outcomes and value for money. Costs in this category meet this criteria. There was a robust prioritisation process where directorates put forward bids which were assessed and ultimately prioritised by Executive Committee.

### **3.8. Cost Improvement Plan (CIP)**

**3.8.1.** The Trust is planning for £24m cash releasing CIP plans. This represents 3.9% of the cost base. The Trust Executive acknowledge that this a challenging plan but recognise that over the recent years, in common with other providers, the Trust's focus has been on operational delivery in extremely difficult circumstances and productivity and efficiency has subsequently been affected. The programme focusses on areas where this has happened.

**3.8.2.** In developing the programme, the Trust has reviewed:

- Areas of expenditure increases;
- New models of care and roles that deliver better patient outcomes and offer better value more money;
- Areas where productivity and efficiency has reduced;
- Benchmarks to identify opportunities particularly in corporate areas;
- Capital investments that maximise benefits.

**3.8.3.** A key principle of the programme is to ensure that approved schemes do not reduce patient outcome, experience and safety.

3.8.4. The CIP tables below show a summary of the plan by theme and category.

**Table 5 – Cost Improvement Plan by Theme**

Themes	2022/23
Frontline workforce	15,900
Corporate Services	4,400
Strategic Assets and Property (Fleet and Estates)	2,220
Information Management and Technology	630
Urgent and Emergency Care	850
<b>Total Plan</b>	<b>24,000</b>

**Table 6 – Cost Improvement Programme by category**

Category	2022/23
Pay	18,750
Non-Pay	5,250
<b>Total Plan</b>	<b>24,000</b>

3.8.5. **Frontline Workforce** – The programme focusses on improving efficiencies and reducing costs through the following:

- Improvement in hospital handover time and job cycle time;
- Improvement in managing sickness and staff retention;
- Recruiting permanent staff to reduce reliance on high cost sessional work;
- Introduction of new clinical roles to reduce conveyancing.

3.8.6. **Corporate**

- **Staffing** - The Trust has undertaken benchmarking to identify potential opportunities in corporate functions. The process of re-structuring (and consequent cost reduction) has already commenced. In addition, there is scope to reduce number of interim roles building on the progress made during 21/22.
- **Procurement** - Although influenceable non-pay is relatively small, the procurement department has commenced the process of identifying further savings.

3.8.7. **Strategic Assets and Property**

- **Estates** – The Trust has commenced consolidating corporate estate. There will be further opportunities as the Estate strategy is developed.
- **Fleet** – The Directorate is due to enhance technicians’ roles by offering a structured training programme, reviewing job roles and banding and improve quality of equipment in the workshops. This will result in improved recruitment and retention and reduce use of agency and interims. There are also fuel savings following purchase of the new electric/hybrid vehicles.

3.8.8. **Information Management and Technology** – This reviews non-pay procurement of infrastructure and IT equipment.

3.8.9. **Urgent and Emergency Care** – This includes productivity in call handling by benchmarking against other call centres.

#### 4. Summary Trust Income & Expenditure Plan

- 4.1. The table below summarises the Trust’s Income and Expenditure Plan, showing a breakeven position.
- 4.2. The recurrent expenditure is £596.3m increasing from £575.4m (an increase of £20.9m) and the workforce has planned to increase to 7,856 from 7,102 (an increase of 754).

**Table 7 – Income and Expenditure Plan 2022/23**

Trust Income & Expenditure Plan	2022/23	2022/23
	Establishment Plan	Financial Plan
	WTE	£'000s
<b>Income</b>		-596,285
<b>Expenditure</b>		
Frontline & Support services	6,631	417,860
Strategic Assets	554	56,641
Corporate Services	716	119,385
	<b>7,901</b>	<b>593,887</b>
Inflation cost pressures	0	16,968
Trust Specific Cost pressures	0	3,599
Service Developments	104	5,831
<b>Subtotal before CIP</b>	<b>104</b>	<b>26,398</b>
<b>Cost Improvement Programme</b>	-149	-24,000
<b>Total Expenditure</b>	<b>7,856</b>	<b>596,285</b>
<b>Surplus/(Deficit) NHS Performance</b>		<b>0</b>

#### 5. Risks to delivering the plan

5.1. There are a number of risks to delivering the plan outlined above. These fall into two categories – assumptions made during planning that are too ambiguous or based on incorrect data or analysis and implementation risks that arise during the year due to unforeseen, often external, factors.

5.2. **Planning risks on income** – The Trust has planned for £596.3m income. The Trust receives income from a number of sources as listed below:

- Provision of 999 services;

- Delivery of 111 service for the five ICSs in London; differing levels of service are commissioned;
- National Ambulance Resilience Unit- commissioned by NHSE;
- Commercial Income e.g. provision of service at events;
- Education Income.

Although formal contracts have not been signed for the provision of 999 services, agreement in principle has been reached with the five ICSs. For 111 services provided to North East London (NEL) and South East London (SEL), discussions are still ongoing to agree a baseline.

5.3. **Cost Improvement Programme** – The Trust has made significant progress in identifying CIP themes, developing detailed implementation plans and setting up a governance framework for the CIP plan. However, the requirement (3.9%), is materially greater than CIPs delivered in the past and significantly higher than the national efficiency requirement of 1.1%. Other risks to delivery would include:

- External factors such as inflationary pressures that may result in non-pay savings not being delivered;
- Reliance on external bodies relating to recruitment (both UK based and international recruitment);
- As highlighted in s.5.4 below, key staff having to prioritise operational pressures.

5.4. **Operational Pressures** – The plan implicitly assumes that there will not be a major COVID wave to the levels experienced previously or that there are not prolonged periods of REAP 4. Both sets of circumstances would divert key staff from delivering the CIP programme and potentially from recruitment activities.

5.5. **In-year cost pressures not assumed in the plan** – Executive Committee has undertaken a robust prioritisation process to assess cost pressures and service developments to fund. However, there may be further inflationary pressures or costs arising from operational pressures not assumed in the plan.

## 6. Capital Plan 2022/23

6.1. The Trust has developed the 2022/23 Capital Plan as part of the Trust's broader business planning. The Capital Plan prioritises capital requests to enable the Trust to target its finite capital resources at the most important challenges it faces.

6.2. The 2022/23 capital plan follows on directly from, and is informed by, the 2021/22 capital programme where LAS finished the year with a capital resource limit of £46m.

6.3. The demands on capital resource have, however, not decreased as the Trust looks to continue the work done over recent years to replace aged vehicles in line with its Fleet Strategy, modernise its IM&T and telephony infrastructure, improve our Estate and ensure that our clinical services meet the required standards. The capital planning exercise for the Trust has identified some £48.6m of capital requests from around the Trust. The initial 2022/23 CRL

allocation is only sufficient to fund 35% of these capital requests. As a result, capital requests have been prioritised to reach an affordable 2022/23 Capital Plan

6.4. Four principles have informed the approach to the 2022/23 capital plan, namely: -

6.4.1. Capital items are categorised into one of three priority groups, with priority group 1 having the highest priority and priority group 3 having the lowest priority: -

- **Priority Group 1 – Committed.** These largely consist of in-flight multi-year projects that commenced prior to 1<sup>st</sup> April 2022 and are contractually committed. This group also include some projects where The Board have made a commitment to internal or external stakeholders that the Trust will invest in these items in 2022/23.
- **Priority 2 – Essential.** These are capital requests where there is no contractual or other commitment made, but are considered essential to the running of LAS; and
- **Priority 3 – Not Business Critical.** These are capital requests where no contractual or other commitment exists. Whilst LAS would like to invest in these capital items, they are not essential or critical to the running of LAS.

6.4.2. The plan needs to be flexible, and able to respond to changing priorities and developments. Effective capital planning is an iterative process and the plan will be updated regularly. The plan has unallocated budget to allow for this flexibility.

6.4.3. It is important to ensure the funding is utilised in-year and any slippage in planned projects may need to be covered by bringing forward future years projects. This will ensure availability of internally generated capital in future years to complete projects and maintain the Trust's asset base; and

6.4.4. Where external funding is received for a specific capital project (e.g. PDC funding to deliver national priorities, or a restricted grant, etc.) a capital project that would otherwise be considered low priority may move upwards in terms of priority.

**Table 8 – Capital Programme by category 2022/23**

Capital Plan	£'000s
IM&T	6,557
Fleet	5,718
Estates	4,344
Other	1,712
<b>Total</b>	<b>18,331</b>

6.5. The capital plan of £18.3m consists of capital items that will utilise the Trust's CRL. Priority 1 (committed) requests totalling £16m make up the majority of this, with a further £2.3m of Estates projects that are essential. The table below shows the breakdown of the core plan by area and priority.

**Table 9 – Capital Programme by priority grouping 2022/23**

Priority Group	£'000	Area	£'000
Priority 1 Requests - Contractually Committed	16,020	IM&T	6,557
		Fleet	5,718
		Estates	3,033
		Other	712
Priority 2 Requests - Essential	2,311	IM&T	-
		Fleet	-
		Estates	1,311
		Other	1,000
<b>Total Core Capital Plan</b>	<b>18,331</b>	IM&T	6,557
		Fleet	5,718
		Estates	4,344
		Other	1,712

## 7. Cash and Balance Sheet

- 7.1. **Cashflow** - The table below shows the cash movement during 2022/23 detailing a reduction in cash of £4.7m.
- 7.2. The table also shows the impact from an improvement in working capital by changing process of debtor and creditor management.

**Table 10 – Cashflow**

	Mar-23 Plan £'000
<b>Opening Cash Balance</b>	<b>47,875</b>
Operating Surplus/(Deficit)	6,295
Depreciation and amortisation	24,592
Depreciation Right of Use Assets (IFRS 16)	4,146
(Increase)/decrease in current assets	4,095
Increase/(decrease) in current liabilities	(3,972)
Increase/(decrease) in provisions	(6,010)
<b>Cashflow inflow/(outflow) from operating activities</b>	<b>29,146</b>
Interest paid	(254)
21/22 Capital creditor payment	(12,412)
Capital Expenditure	(15,581)
Capital element of finance lease rental payments (IFRS 16)	(4,038)
Dividend paid	(5,374)
Working Capital Loan	0
<b>Cashflow inflow/(outflow) from financing</b>	<b>(37,659)</b>
Movement	(8,513)
<b>Closing Cash Balance</b>	<b>43,204</b>

- 7.3. **Balance Sheet** – The table below shows the opening and closing balance sheet.

**Table 11 – Balance Sheet**

	Mar 22 Forecast £'000	Mar-23 Plan £'000	Mov-nt £'000
<b>Non Current Assets</b>			
Property, Plant & Equip	212,597	205,987	(6,610)
Right of use Assets (IFRS 16)	0	20,420	20,420
Intangible Assets	12,501	12,850	349
<b>Total Non Current Assets</b>	<b>225,098</b>	<b>239,257</b>	<b>14,159</b>
<b>Current Assets</b>			
Inventories	6,870	6,389	(481)
Trade & Other Receivables	19,271	14,990	(4,281)
Cash & cash equivalents	47,875	39,362	(8,513)
<b>Total Current Assets</b>	<b>74,016</b>	<b>60,741</b>	<b>(13,275)</b>
<b>Total Assets</b>	<b>299,114</b>	<b>299,998</b>	<b>884</b>
<b>Current Liabilities</b>			
Trade and Other Payables	(74,246)	(70,274)	3,972
Capital Payables	(12,412)	(2,750)	9,662
Provisions	(12,109)	(6,669)	5,440
Finance Leases (IFRS 16)	0	(4,234)	(4,234)
<b>Total Current Liabilities</b>	<b>(98,767)</b>	<b>(83,927)</b>	<b>14,840</b>
<b>Total Assets Less Current Liabilities</b>	<b>200,347</b>	<b>216,071</b>	<b>15,724</b>
<b>Non Current Liabilities</b>			
Provisions	(11,597)	(11,027)	570
Finance Leases (IFRS 16)	0	(16,294)	(16,294)
Borrowings	(107)	(107)	0
Working Capital Loan - DH	0	0	0
<b>Total Non Current Liabilities</b>	<b>(11,704)</b>	<b>(27,428)</b>	<b>(15,724)</b>
<b>Total Assets Employed</b>	<b>188,643</b>	<b>188,643</b>	<b>(0)</b>
<b>Financed by Taxpayers Equity</b>			
Public Dividend Capital	85,097	85,097	0
Retained Earnings	57,714	57,714	0
Revaluation Reserve	46,251	46,251	0
Other Reserves	(419)	(419)	0
<b>Total Taxpayers Equity</b>	<b>188,643</b>	<b>188,643</b>	<b>0</b>

7.4. The key changes in the balance sheet are:

- Introduction of Right of Use Assets of £20.4m which represents the capital value of the capital leases under IFRS 16.
- Reduction in Property, Plant & Equipment of £6.6m as the depreciation is higher than capital investment.
- Finance lease (IFRS 16) – balances shown under both current and non-current liabilities.
- Reduction in capital payables – reflects the significant capital expenditure in the latter part of 2021/22 to be settled in Quarter 1 of 2022/23. Balance sheet assumes closing capital creditors of 15% of the 2022/23 programme.



# London Ambulance Service

NHS Trust

**Assurance Audit Committee**  
report:

**Date: 31/05/2022**

**Summary Trust Board**  
report to:

**Date of meeting: 19/04/2022**

## Key decisions made / actions identified:

### Local Counter Fraud Work Plan 2022/23

The Committee approved the counter fraud work plan focused on those areas considered to be at risk from fraud and bribery, including gifts and hospitality, agency staff, salary overpayments and conflicts of interest. The Committee noted that the work plan was flexible and would be adapted to reflect any in-year changes and trends.

### Internal Audit Plan 2022/23

Internal Audit had presented the audit plan for 2022/23 noting that it would remain flexible throughout the year depending on emerging risks. The Committee approved the plan subject to a number of suggestions for inclusion later in the year, including a review of ICS arrangements, "Our LAS" culture embedding, and post implementation/benefit realisation reviews of Make Ready in-sourcing, CAD go-live and the new immunisation service.

### Audit Committee Terms of Reference

The Committee approved updated terms of reference subject to inclusion of its specific remit on EPRR arrangements and ensuring no duplication with People & Culture Committee on whistleblowing.

### Antifraud & Bribery Policy

The Committee approved the policy.

## Risks:

### Risk Appetite Statement

The Committee recommended an updated version of the Risk Appetite statement to the Board with a number of worked examples. For example, whilst the Trust has a moderate risk appetite for financial/value for money risks, the Trust would always prioritise patient and staff safety over finances.

### Assurance Map

The Committee welcomed a draft assurance map based on the 'three lines of defence' model. The next iteration would focus on functional areas of high risk (eg Clinical, Finance, IT) and detail the lines of accountability for each line of defence.

### Board Assurance Framework

Audit Committee reviewed the latest iteration of the BAF noting that since review at March Public Board, supply chain and funding risks have increased, welcomed the recommendation that lead assurance committees provide a

written assessment for their risks and that two new risks had been identified for inclusion:

- FIC had asked that a risk around the financial gap for the 2022/23 year be articulated
- PAG had asked that a risk relating to CAD/Newham implementation be scoped out by the CIO

## Assurance:

### **Deep Dive – New NHS Governance Structures**

The Committee undertook a 'deep dive' into objective 12 in the Board Assurance Framework – *'to respond to the new NHS governance structures in a way that enables emergency care to be improved'*. The Committee noted the importance of LAS strengthening its cross-cutting role in the 'reshaped' London health care system and of building strategic relationships with all of its partners, including the five ICSs. Much work remained to clarify accountabilities, assurance coordination, aligning our risk appetite with those of the ICSs and NHSL, how regulatory oversight will operate between ICBs, NHSE, CQC and mitigating conflicts of interest eg. system wide projects that impact us as a statutory organisation.

### **Internal Audit Progress Report**

In respect of several audits still in progress or outstanding, the Internal Auditors (BDO) confirmed that they would be in a position to provide a Head of Internal Audit opinion by year end. The Committee received two completed audit reports:

- Data Security and Protection Toolkit – “moderate” opinion and “medium” confidence, with a number of areas where it was felt there was insufficient evidence to support an assertion but clear actions to be completed by management before the June submission date.
- Key Financial Controls: Contract Costing - the overall level of assurance was “moderate” and the audit had not identified any issues of significant concern. The audit had raised some issues about the inadequacy of funding in a number of contracts, which come with our responsibilities in London and are complex to run. The Committee requested the establishment of Value for Money principles and that they be subject to regular review.

### **Counter Fraud, Single Tender Waivers, Losses & Special Payments and Contract management**

The Committee received updates and assurance on these matters.



## PUBLIC BOARD OF DIRECTORS MEETING

### Report of the Interim Director of Corporate Affairs

The Corporate Affairs Directorate incorporates Patient Experience, Legal Services, Information Governance, and Corporate Governance. This report summarises Directorate activity since the previous meeting in March 2022.

#### **Patient Experience – Complaints**

The monthly increase in complaints has shown no evidence of abating. We received 108 complaints and 6 concerns during April 2022. The final total for 2021/22 was 1,249 complaints and 239 concerns (totalling 1,488), compared to 862 complaints and 187 concerns in 2020/21.

The three key issues raised in complaints relate to:

- communication and conduct/behaviour
- non-conveyance
- delayed response

As a pilot site for the Ombudsman's NHS Complaint Standards we are seeking to progress key areas, including ensuring that we learn and improve using feedback from complaints.

The Trust Executive Committee will be receiving a joint paper in June from the Director of Quality and the Head of Resolution on how we can improve learning from the complaints and legal process.

The community of learning and good practices are so important and we are engaging with National Ambulance Service Patient Experiences Group (NASPEG) to share benchmarking data and examine the impact of the Ombudsman's NHS Complaint Standards on all Ambulance Trusts.

We are also planning on undertaking the bespoke training offered by the Liaison Team in the coming months. Advance training will be identified and at the end of the pilot the process will be evaluated and subjected to a reporting process.

#### **Legal Services**

The Legal Services Department is looking to consolidate access to all external Legal Services and working towards a central legal budget, with the aim of achieving better management of legal advice across the organisation. A centralised system within the Legal Department for all instructions to external firms will improve the quality of instructions with a consequential impact on advice received and achieving value for money. We are working with Procurement to establish the right frameworks with a view to reducing legal expenditure on external lawyers.

Substantive recruitment of the 3 vacant band 5 jobs is progressing. 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 huge backlog at some Coroner's Courts following the Covid-19 pandemic and therefore the volume of work varies weekly. The department is working on streamlining processes to work efficiently and collaboratively with other departments.

The weekly briefing on Inquests and Claims to Executive is being reviewed. Senior Management will continue to be routinely notified of high profile/high risk matters which also attract reputational and financial concerns for the Trust.

LSM is arranging for a Senior Coroner to deliver a training session regarding inquests and regulation 28 issues (PFD – Prevention of Future Deaths) for the senior management team. Clinicians who routinely give evidence at inquests and hearings will also be invited to share their experience.

### **Information Governance**

The Information Governance Team is focusing on submission of the Trust's Data Security and Protection Toolkit (DSPT) for the 2021-22 period ending 30 June 2022. As a minimum, the Trust is aiming for a 'Standards Met' outcome for this submission. This will give assurance to our stakeholders that LAS can be trusted with the confidentiality and security of personal information.

There are no serious information governance incidents currently being dealt with. The Trust has adopted an information governance accountability framework set out by the Information Commissioner's Office in 2021 and is assessing its position against ten themes on a regular basis, addressing any risks or gaps to compliance. The Trust continues to embed data privacy by design into new projects by undertaking data protection impact assessments (DPIAs) for all high risk data processing. This is a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information security and governance framework. There are currently 15 projects for which DPIAs are being processed.

The department currently has three staff of which one is permanent and two interims. When the current team restructure is complete, it is planned for there to be two permanent staff with the Head of Corporate and Information Governance supporting Information Governance.

### **Corporate Governance**

The Trust has returned to meetings 'in person' for its Board following a period of virtual meetings in line with Government advice.

The Good Governance Institute has submitted Phase two of their review of governance arrangements within the Trust. An action plan has been developed in response to the recommendations contained within the phase two report that will be monitored by Board. The 'new style' Board Assurance Framework continues to be bedded in, with Board Assurance Committees reviewing as part of their routine cycle of business.

The Trust has received an internal audit report on declarations of interest and gifts and hospital that makes a number of recommendations for improvement. These will be addressed rapidly to ensure compliance.

The Corporate Governance team is also working on a review of all Trust policies to ensure they are relevant and up to date.

## **Freedom of Information**

During April 2022, the Trust received thirty requests for information under the Freedom of Information Act, 60% of which were responded to within the statutory timeline. The response rate has been impacted by the Trust's operational pressures and the need to prioritise front line activities in terms of providing a safe and timely service to patients. The Information Commissioners Office supported this approach.

Now that the Trust has returned to REAP 3, there will be a renewed focus on providing timely responses to FOI requests, with the intention of achieving the specifics that a public authority must comply promptly and no later than 20 working days after the date of receipt of the request.

Mark Easton  
Interim Director of Corporate Affairs



**Assurance report: D999 Programme Assurance Group**

**Date: 20/05/2022**

**Summary report to: Trust Board**

**Date of meeting: 31/05/2022**

**Presented by: Sheila Doyle, Non-executive Director and Programme Assurance Group Chair**

**Prepared by: Sheila Doyle, Non-executive Director and Programme Assurance Group Chair**

**Matters for escalation:**

**CAD project status**

The PAG received a briefing on the project status and noted that the project remains on track for a September go-live. A number of significant technical dependencies still exist including the Telephony upgrade & the Bow-Newham move which are being carefully managed and tracked by the Executive team.

User Acceptance Testing remains on track to commence on June 6<sup>th</sup>. Staff Training plans have been peer-reviewed and signed off by the Director of Clinical Education and will go for formal sign off at the CAD Programme Board in June. All Training Materials have received clinical sign off with the exception of CHUB. A total of 70 courses are currently planned between June 20 and August 13. These courses are a mix of 1,2 and 3-day courses for Call Handling, Dispatch and Management/NETS/VRC.

**Load & Performance Testing**

Testing of the new CAD to simulate how well the system performs under peak load conditions (for example, over 600 calls per hour) remains a key risk and focus area for the project. Detailed planning is underway to determine the most effective way to 'stress test' the system, which will likely include a combination of manual and system generated tests. The testing process has limitations and will need to be risk assessed to ensure these limitations are understood and that mitigating controls such as staging of cutover to the live system, additional contingency plans and fall-back conditions are in place. The PAG will receive a further update in June.

**CAD Cutover and Transition to Live Operations**

PAG discussed the significant amount of delivery required over the next 4 months, including technical, staff training and readiness, cutover and transition and preparation for the new CAD business as usual support arrangements. NHSE&I assurance and sign off will also be required prior to go-live. The PAG recommends a review of the project stage gate governance process and RACI (Responsible, Accountable Consulted, Informed) matrix to ensure that all stakeholders and teams

are fully engaged and understand their roles in supporting & enabling a successful cutover and transition to live operations.

#### **PWC review of CAD Governance Effectiveness**

PAG received an independent PWC assurance report on the effectiveness of CAD governance. The report acknowledged that the significant increased senior sponsorship is having a markedly positive effect on engagement in key operational areas and enabling progress. The report examined five areas (1. Overall approach to governance, 2. Project level governance, 3. Stakeholder engagement, 4. Reporting, and 5. managing risks and issues) and provided a number of recommendations for management consideration. The CEO and CIO will review the recommendations and provide an update on actions and interventions at the June PAG.

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

#### **NHSE&I Stakeholder Engagement and Sign Off process**

PAG discussed the plans for receiving NHSE&I sign off of the CAD go-live plan. Work is underway to ensure that sign off requirements are clarified and agreed upon, both at a technical and operational level. The process is still under construction and will adopt and adapt the existing and proven CAD takedown and sign off procedures.

#### **Cutover process**

Work has commenced to determine the approach to cutting over from the existing Command Point to the new Cleric CAD. The current plan assumes a phased go-live will be adopted with a potential of HQ and Newham EOC's being taken live separately. The plan will need careful consideration and risk assessment to ensure that operational services are maintained and any risks to delivery of patient care are mitigated.

#### **Finance Update**

A finance update was not discussed. The project continues to forecast an underspend in both capital and revenue. PAG requested a review of project forecast position including clarification on provisions for Training Backfill before the next meeting.

A review of the benefits plan is behind schedule due to other pressures. PAG proposed that the benefits update is included in a wider benefits discussion requested by the Finance & Investment Committee.

#### **Key decisions made / actions identified:**

The Trust carried out an annual review of PAF effectiveness. Members were asked to assess the effectiveness of D999 PAG over the past year. Overall ratings were positive in all areas surveyed. Respondents supported the creation of a specific CAD deployment risk for inclusion in the BAF.

Members discussed whether PAG should meet more frequently now that the project is entering its final and critical stages and agreed to hold monthly meetings until the project is closed.

## Risks:

### Program Risk Register

Members reviewed the program risk register and recommended the creation / re articulation of 2 project level risks: Cutover and Transition planning and NHSE&I engagement and signoff.

Members reviewed the new BAF risk and requested that the risk is broadened to include the impact on patients and operational services and that the current score of 12 should be revisited. The CMO and CIO will review and update the risk including adjustments to the controls and actions.

## Assurance:

- Strong engagement from operational leaders and Exec team continues to build momentum and confidence.
- A robust training plan is in place and has been peer reviewed and signed off by the Director of Clinical Education.
- User Acceptance Testing (UAT) is on track to commence June 6.
- PWC independent review of CAD governance effectiveness highlights positive improvements and recommends a number of opportunities for consideration.
- More work is required to build the detailed non-technical aspects of the plan ( for example, cutover, transition to live operations, external stakeholder engagement & sign-off).
- Performance & load testing, cutover planning and early stakeholder engagement / assurance remain critical.
- Critical technical dependencies and complex infrastructure changes add to the complexity of the project.



<b>Report Title</b>	<b>Quality Account Content 2021/22</b>		
<b>Meeting:</b>	Trust Board in Public		
<b>Agenda item:</b>	5.1	<b>Meeting Date:</b>	31 <sup>st</sup> May 2022
<b>Lead Executive:</b>	Dr John Martin, Chief Paramedic and Quality Officer		
<b>Report Author:</b>	Various Authors		
<b>Purpose:</b>		Assurance	<input checked="" type="checkbox"/> Approval
		Discussion	<input type="checkbox"/> Information

**Report Summary**

Our Quality Account for 2021/22 is presented here for approval, subject to final data checks and the inclusion of stakeholder statements.

The Account includes a report on our progress against our Quality Account Priorities for 2021/22, presents our priorities for 2022/23, reports on key performance metrics and provides statements of assurance.

The draft content has been shared with the chairs of the LAS Patient and Public Council, as well the following stakeholders, in accordance with statutory requirements:

- Commissioners
- Healthwatch
- Overview and scrutiny committee

Statements from stakeholders have been requested, and will be included in the final account.

Key points to highlight:

- Significant progress has been made against all 10 priorities.
- 8 of the 10 quality priorities for 2021/22 are have been completed as planned.
- 2 of the 10 quality priorities have not been completed as planned and will be taken forward as follows:
  - The remaining activity in relation to priority 4, our improvement priority relating to the storage of medicines will continue in quarter one 2022/23 and will be monitored by the medicines management group.
  - The remaining activity in relation to priority 7, our improvement priority relating to the integration of 999 and 111 integrated urgent care clinical assessment services will continue in 2022/23 as part of the Right Care, Right Place Programme.

Following approval of the content, the Quality Account will be formatted for publication and published on the Trust website with 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 account content for 2021/22 for publication.

### 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 principal 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.*



## **The Trust's Vision**

The London Ambulance Service is proud to provide life-saving care for people across the capital, as well as playing a vital role within the London health economy. Our ambition is to become a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care on scene, on the phone and online.

This vision will be delivered through the achievement of the Trust's strategic objectives, which are:

- Acting as a multi-channel single point of access and triage to the urgent and emergency care system across London.
- Providing a high quality and efficient differentiated clinical service that better matches care to patient urgent and emergency needs.
- Using our influence and working with our partners to ensure a consistent approach to urgent and emergency care.

## **Our Purpose**

We exist to:

- Provide outstanding care for all of our patients
- Be a first class employer, valuing and developing the skills, diversity and quality of life of our people
- Provide the best possible value for the tax paying public, who pay for what we do
- Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London.

## **Foreword**

### **A message from Dr John Martin, Chief Paramedic and Quality Officer**

Welcome to the London Ambulance Service (LAS) Quality Account for 2021/2022 which documents our progress against the quality priorities we set last year and outlines our priorities for this coming year.

Our ambition is to provide patients with the highest quality of care by striving to ensure they receive the right care, in the right place, and at the right time.

During the second year of the pandemic, we have continued to focus our efforts on providing a high quality and safe service. We have continued to work with national and regional partners in responding to evolving guidance in relation to COVID-19. Throughout times of heightened demand, we have continued to work collaboratively to ensure our patients received the best and safest care possible.

Throughout the year, we have delivered on a number of quality initiatives and priorities alongside our on-going response to the pandemic. For example, to improve patient and community engagement and involvement, we have appointed a co-chair for the LAS Public and Patients Council (LASPPC) as well as establishing two new working groups to focus on patient safety and infection control. A programme of visiting ambulance stations with LASPPC members, Healthwatch representatives and LAS staff has been established.

On 1 April 2021, the Trust became an early adopter of the new Patient Safety Investigation Response Framework (PSIRF), which replaces the Serious Incident Framework. The new framework has been developed by NHS England and NHS Improvement to respond more effectively to patient safety incidents in the spirit of reflection and learning rather than as part of a framework of accountability. The Trust is currently the only ambulance service involved in the pilot scheme ahead of the launch across the wider NHS (as health and social care organisations respond to ongoing challenges associated with COVID-19, and those associated with the restoration of services, the full implementation of the new approach is set to resume in 2022).

To gauge public opinion and perception towards the London Ambulance Service, the Trust continued using tracking research introduced in April 2020. The audit showed that the majority of respondent felt favourably towards the service (83%) and satisfaction levels for users of our 999 and 111 services are at 78% and 77% respectively.

This year also saw the appointment of a new Chief Executive, with Daniel Elkeles joining us from Epsom and St Helier University Hospitals NHS Trust. Daniel has extensive experience in the NHS, and in his previous role oversaw significant improvements in patient care, quality, finance and leadership, culminating in the organisation being rated as 'Good' by the Care Quality Commission.

Daniel has introduced a new leadership model, appointing Dr Fenella Wrigley and Dr John Martin as Joint Deputy Chief Executive Officers. They retain their existing portfolios as our Chief Medical Officer and Chief Paramedic and Quality Officer respectively and

now additionally oversee operational delivery for the Trust, bringing clinical, quality and service delivery functions together.

During the year, we launched a comprehensive programme known as 'Our LAS' that aims to improve the working lives of our staff, reset our values and transform our culture.. Over 1,500 staff subscribed to the initial workshops, which covered speaking up safely, how we recruit and how we appraise, with practical tips and tools that staff could take away with them..

In 2020/21 the Care Quality Commission (CQC) identified a national issue in relation to sexual safety across UK ambulance services, which applied to both patients and colleagues. As a result, we have launched a Sexual Safety Charter that sets out our commitment to people behaving in a way that ensures the sexual safety of others. We ran a sexual safety conference for managers in May 2022 and launched further tools to help staff recognise and report concerns.

Last year, we set ten quality priorities. These priorities were identified from the previous CQC inspection, feedback from our stakeholders and internal sources of quality intelligence. Although we were faced with unprecedented demand as a result of the pandemic, we focussed our efforts and remained committed to delivering on these priorities as we believe they remained fundamental to delivering good quality care.

By the end of the year, we have made significant progress against all priorities, which is detailed in the 'looking back section' of the Quality Account.

Looking forward to 2022/23 we have developed three priorities on which we will focus our improvement efforts:

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

In recognising the progress we have made during the last financial year, we would like to take this opportunity to publicly thank all our staff, volunteers, partner agencies and system wide partners, who have and continue to work incredibly hard in delivering high quality emergency and urgent care to the people of London during the pandemic.

We are incredibly proud of everyone for their commitment, resilience and collaboration during a very difficult year. Overall, we are very proud of what we have achieved across the year during the continued response to the pandemic and we will continue in our commitment to continuously improve our quality of care.

**Part 1:**  
**Quality priorities – 2022/2023**

Looking ahead, we have identified three quality priorities for 2022/23. In order to shape the priorities around the needs of our patients and staff and volunteers, we undertook engagement sessions with members of the Public and Patients Council (which provides a voice for patients in the design, development and delivery of services), operational staff and managers, and held an open survey for our staff.

In identifying these priorities, we have taken into account:

- Our progress against the 2021/22 quality priorities
- Learning from the pandemic and service recovery
- The new CQC strategy
- Sources of quality intelligence and performance metrics, business plans and our clinical strategy
- What matters to our staff, patients and the communities we serve.

Our three priorities for 2022/23 are:

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

To deliver improvements 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.

Our progress against these priorities will be monitored and reported on a monthly basis throughout the year to ensure we deliver meaningful improvement on each objective. A full report will be included in the annual Quality Account for 2022/23.

Patient care		
Objective	Key performance indicator (KPI)	Source
Improve care for patients presenting with out-of-hospital cardiac arrest and/ or ST-elevation myocardial infarction (STEMI).	Improve against the ‘return of spontaneous circulation’ (ROSC) ambulance quality indicators (AQI) with a target of 30% or higher	Internal quality intelligence
	Improve time until cardiopulmonary circulation (CPR) started AQI	
	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 (the national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level)	Develop a guideline and process for recognising unrecognised hypertension and referring/ signposting patients accordingly, linking with the NHS England Core20plus5 approach to reducing health inequalities	Core20plus5 Approach
	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 Strategy
	Recruit a public health specialist clinician	
	Improve the recording of ethnicity and gender identity on our clinical records	
Improve our compliance with infection prevention and control measures	Achieve and maintain personal protective equipment (PPE) targets	Internal quality intelligence
	Achieve and maintain hand hygiene audits	

### Patient, family and carer experience

Objective	KPI	Source
Deliver the Right Care, Right Now Programme	Achieve 2022/23 programme deliverables for all constituent projects.	Business plan
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.	Internal quality intelligence
	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	Improve achievement of Category 2 response standards	Internal quality intelligence
	Improve achievement of 999 call answering indicators	
	Improve achievement of 111 call answering and call-back indicators	

experience due to delays	Improve and maintain high levels of hear and treat/ consult and complete Work with emergency departments to reduce hospital handover delays by undertaking focused quality improvement (QI) activity	
<b>Staff engagement and support</b>		
<b>Objective</b>	<b>KPI</b>	<b>Source</b>
Improve access to clinical supervision for all clinicians to improve access to clinical development and progression	Implementation of the clinical supervision strategy	Internal quality intelligence
Improve access to specialist/ advanced practice opportunities and rotational working	Achieve trajectories within the workforce plan	Clinical Strategy
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 Strategy
QI projects responding to patient's needs by sector	Implement Quality Advocates in each sector	Quality Strategy
	Complete a bespoke quality improvement project per sector/ service based on identified patient needs.	
Back to basics: kit and equipment	Make ready key performance indicators	Internal quality intelligence
	Reduction in missing equipment incidents	

**Part B:**  
**The Look Back: 2021/2022 Quality Priorities**

We strive to provide outstanding care to all our patients and to be a first-class employer. Our commitment is underpinned by a focus on quality of care and staff wellbeing. Whilst there have been a number of challenges during 2021/22 due to COVID-19, we have evaluated our services and processes with the aim of working smarter and more efficiently.

The Trust identified 10 quality priorities for the 2021-2022 financial year. These priorities were developed based on our business plan, feedback from our stakeholders and internal sources of quality intelligence. We made significant progress against all ten priorities, as outlined in detail in the following section.

	Quality Priority - Overview	Status
1.	Implementation of the Patient Safety Incident Response Framework (PSIRF) as a pioneer in the new process for other Ambulance Trusts.	●
2.	Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services – (front end, CAS and management – including CHUB/ ECAS).	●
3.	Improving the management of clinical equipment by ensuring a robust and transparent governance process for medical devices and clinical equipment which is enshrined in policy.	●
4.	The Trust must ensure medicines are correctly stored, in line with recommendations made from the CQC and current legislation.	●
5.	Patient & Communities engagement & involvement.	●
6.	Continued delivery of the Clinical Strategy (2016/17-2022/23 2019 Refresh)	●
7.	Integrating the 999 and 111/ IUC CAS systems to provide seamless care for patients regardless of access point.	●
8.	Implementing the station/service quality accreditation programme	●
9.	Development of the Trust’s Culture Diversity and Inclusion (CDI) Strategy.	●
10.	Continue to invest in health and wellbeing of staff, to ensure that they feel supported and are able to do their job and deliver the service.	●

**1. Implementation of the Patient Safety Incident Response Framework (PSIRF) as a pioneer in the new process for other Ambulance Trusts.**

The Patient Safety Incident Response Framework (PSIRF), being developed by NHS England and NHS Improvement, guides the NHS on how to develop the cultures, systems and behaviours necessary to respond to patient safety incidents in a way that ensures we learn and improve from them.

The PSIRF is a key part of the NHS Patient Safety Strategy published in July 2019. It supports the strategy’s aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents. The PSIRF allows and supports organisations to examine incidents openly, to better support our staff and those affected and improve services; it takes a systems approach to safety investigation.

Healthcare staff operate in complex systems, with many factors influencing the likelihood of incidents. These factors include medical device design, volume of tasks, clarity of guidelines and policies, task design and so on. A ‘systems’ approach to incidents

considers all relevant factors and means our pursuit of safety focuses on strategies that maximise the frequency of things going right.

As an early adopter, the London Ambulance Service moved over to the PSRIF on the 1<sup>st</sup> April 2021 implementing an introductory version of the framework. We developed a Patient Safety Incident Response Plan (PSIRP) which sets out how we prepare for and respond to patient safety incidents, investigations and other types of patient safety responses around the areas and types of incidents we identify as the greatest risk and offer the best opportunity for learning. This leads to patient safety investigations focusing on areas where the resulting improvement can have the greatest impact on the safety of our patients.

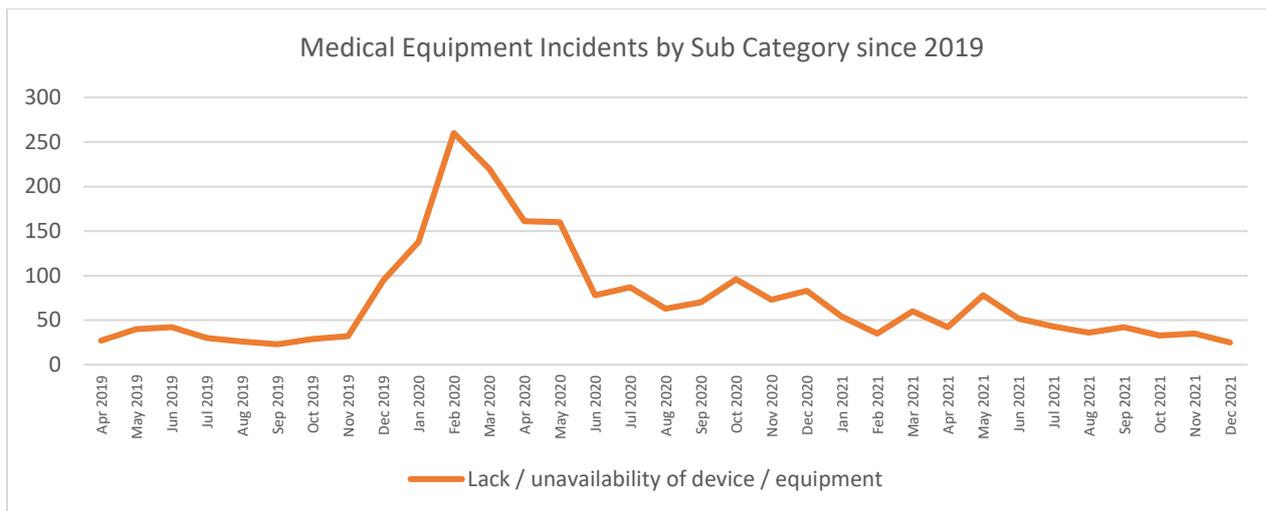
The LAS PSIRP also identified the need for improvement work in the following identified risk areas:

	<b>Local patient safety incident improvement plans</b>	<b>Specialty</b>
1	Delayed defibrillation	Ambulance Services
2	Medical equipment	Ambulance Service/Fleet and Logistics
3	Nature of call (NoC)	Ambulance Services
4	Delays in high demand	Trust wide
5	Civility – a proactive approach to understand this theme via patient safety issues as well as complaints and patient feedback.	Trust wide

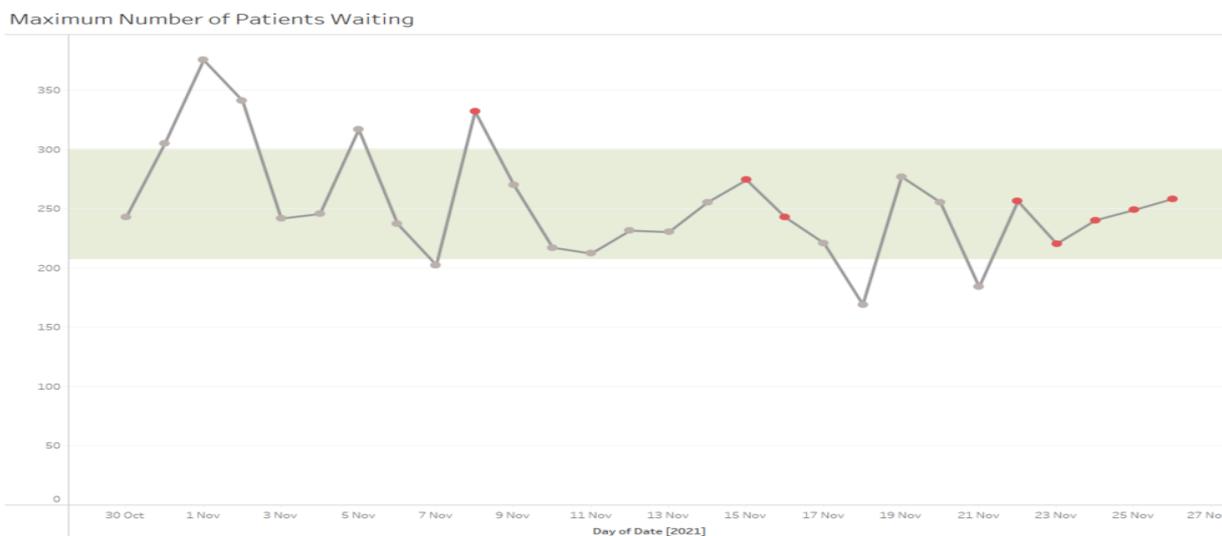
The Trust went to our highest level of escalation in early June 2021, and again in March 2022, which has impacted on our ability to progress some of the improvement projects in some areas, such as delayed defibrillation. Other projects have progressed, for example, addressing missing medical equipment which has also been a top reported theme.

Despite these challenges, we delivered advanced life support training as part of our Core Skills Refresher programme during 2021/22, continued working with clinical teams to improve data downloads from defibrillators, with teams at Westminster Group Station achieving 100% of defibrillator downloads in February 2022. We are continuing a procurement process to ensure future defibrillators have functionality to minimise human error, and plan to undertake an annual review of 2021/22 cases to identify any new or emerging themes relating to this issue.

Diagnostic Pouches with RFID (Radio Frequency Identification) tags have been rolled-out containing blood glucose testing kits, thermometers and blood pressure cuffs. This improves our inventory control and will reduce the incidence of equipment loss. These pouches are now signed in and out and there is a reduction in missing equipment incident reports. This roll-out continues to be monitored using Quality, Service Improvement and Redesign (QSIR) methodology and using the Plan, Do, Study, Act (PDSA) framework for improvement.



Last year was the busiest ever year for the service, and as a result of increased demand, delayed response was also a key theme identified through incident reporting. A patient flow model was tested during winter to help reduce ambulance handover delays and provide the best possible care for our patients. This model replaced our previous approach to ‘intelligent conveyance’ that we implemented in 2013. We now have a patient flow team based in our Tactical Operations Centre (TOC) who operate 24 hours a day and provide support to crews with coordination for hospital conveyances. The TOC team worked collaboratively with emergency departments (EDs) across London and the five ICSs (integrated care systems) to test the new model before full implementation. The model now enables us to plan patient conveyances to EDs in a more balanced way, taking individual patient’s needs into account. The chart below shows the reduction in the number of patients waiting for an ambulance before and after testing this approach.



The Quality Improvement and Learning Team maintains Trust-wide oversight of all incidents reported on our risk management system, Datix, to look for themes and trends in regards to patient safety. These are reviewed and discussed at the Trust’s Safety Investigations Assurance and Learning Group and triangulated with trends and themes from other intelligence, such as complaints and claims. The current PSIRP will be

extended into 2022/23 to allow progress against the various QI work and required thematic work to be undertaken.

**2. Improving the management of clinical equipment by ensuring a robust and transparent governance process for medical devices and clinical equipment which is enshrined in policy.**

It was identified in 2020/21 that the Trust could improve our governance process for medical devices and clinical equipment. The Policy for the Management of Medical Devices was revised and approved by the Quality Oversight Group in July 2021 and is now being followed within the Trust. The purpose of this Medical Devices Management Policy is to provide a systematic approach to:

- Selection, trial, acquisition and deployment
- Training and implementation
- Maintenance and repair
- Decommissioning and disposal
- Cleaning and decontamination.

The Trust has received support from a team from the Medical Physics Department at Guys and St Thomas' NHS Foundation Trust (GSTT). They are experienced medical device specialists who initially assisted us on a voluntary basis. They established five core themes for improvement:

- Asset management and documentation
- Quality system and development of the operating model
- Policy development
- Procurement, contract management and administration services
- Equipment repair and maintenance.

Work streams included an assessment of the volume of equipment within the Trust, rates of repair and quantifying equipment requirements, and development of a medical devices improvement plan which is being progressed with GSTT as part of a partnership arrangement. This project continues to be undertaken in phases, with plans to develop a maintenance and servicing schedule that will significantly increase our level of compliance, the safety profile of our devices and consequently a reduction in risk.

The Quality Improvement and Learning Team undertook an improvement project across the Trust encouraging the return of items for repair, which could be replaced with no cost to the department, in a timely manner. The KPI (Key Performance Indicator) for this quality priority was to see a reduction in incidents relating to clinical equipment from based on a baseline from Quarter four of 2020. When reporting a clinical equipment incident, they are logged under four categories:

- Failure of device/equipment
- Lack/ unavailability of device/equipment
- User error
- Wrong device/equipment used

We have seen a reduction in all four incident themes throughout 2021/22, when compared with quarter four baseline.

### **3. *The Trust must ensure medicines are correctly stored, in line with recommendations made from the CQC and current legislation.***

On Monday 15 November 2021 we officially opened our new modern and fit for purpose Medicines Packing Unit (MPU). We now have a bespoke facility where we can securely receive, store and distribute the approximately 5,000 drug packs that we carry to help our patients every day across London.

Our former MPU was located in Deptford and was not fit for purpose, with an overall poor structural condition, lack of adequate space for storage and packing, and poor staff facilities.

The new bespoke MPU has been specially designed to meet our needs. As well as providing far better facilities for our Pharmacy Team it allows us to store medicines securely, at the right temperatures and in accordance with the Medicines and Healthcare products Regulatory Agency's statutory Good Distribution Practice requirements. This means the Trust is in a good position to apply for a Wholesale Dealers License and a Manufactured Specials licence. A Wholesale Dealers License would also allow us to sell and supply medicines to other organisations, giving us a potential method to generate income for the Trust.

*\*photos of site to be included\**

Work was extended to achieve a complete roll out of the inventory management system. The original deadline was July 2021, however due to a review of the interface with our finance system the deadline was revised to May 2022.

We have successfully achieved 70% automated temperature monitoring system roll out, however further work is required for stations that are re-opening. As ambulance stations re-open, new secure drugs rooms are being considered, which will include the equipment for temperature monitoring.

Recruitment of pharmacy technicians remains ongoing as we have experienced delays due to competing demands within the pharmacy job sector during COVID-19. In the interim, the Trust has bolstered the workforce with redeployed staff and by using agency pharmacy technicians.

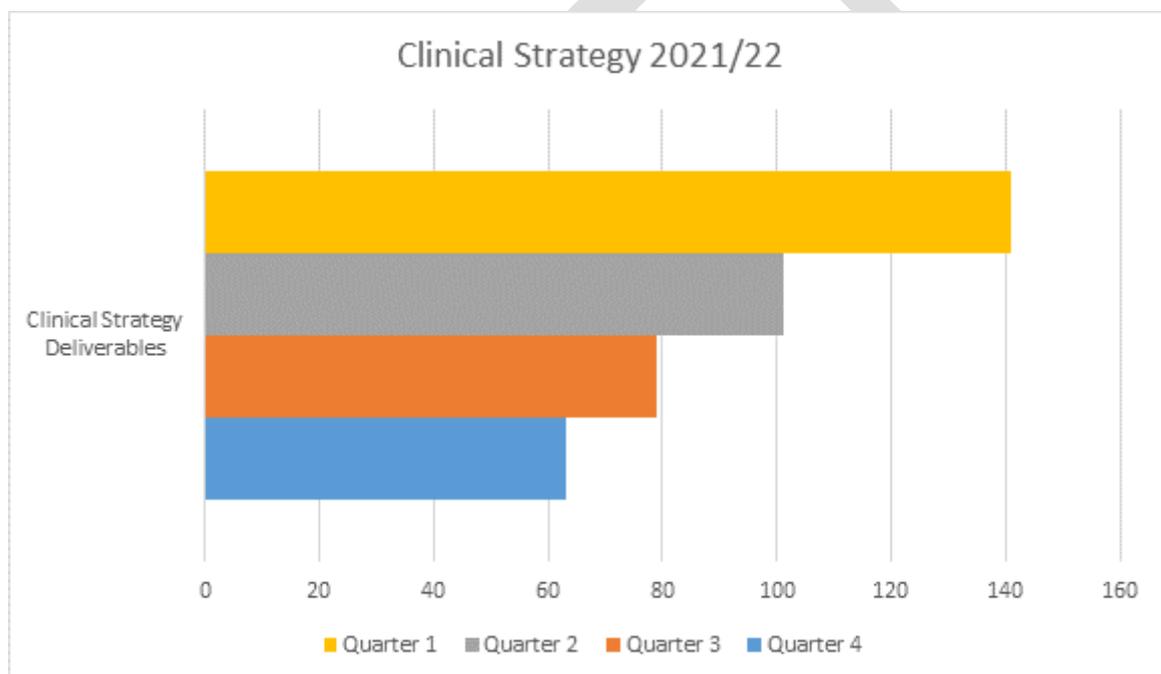
### **4. *Continued delivery of the Clinical Strategy (2016/17-2022/23 2019 Refresh)***

Our Clinical Strategy continues to progress, with a target date for completion in March 2023. However, patient needs and expectations at a national level continue to change, increasing the demand for services. In addition, a range of strategic drivers has emerged at a Trust level due to COVID-19 creating new ways of working across healthcare sectors. Therefore, our clinical strategy must reflect and respond to the changes we are seeing.

The population is growing, and people live longer. A collaborative approach where health and social care professionals work together in an integrated way is required to provide the support that helps people live well and independently at home for longer.

And at the same time, gaps are emerging in the workforce where additional staff and skills are required. We must ensure that we have enough people with the right skills to help care for patients now and in the future. As well as strengthening and supporting clinical leadership at all levels. Opportunities are emerging from a changing system.

The NHS long-term plan outlines further and significant changes to the healthcare sector. For example, the evolution of Sustainability and Transformation Partnerships into Integrated Care Systems (ICSs) will provide challenges and opportunities for how we operate. As providers of 999 and 111/ Integrated Urgent Care (IUC) services, we need to refresh how we provide this care in an integrated way, providing remote clinical assessment and treatment. This will be the focus of our new Clinical Strategy due in March 2023.



5. ***Analysis of staffing levels, productivity and efficiency across Integrated Patient Care services – (front end, Clinical Assessment Service (CAS) and management – including Clinical Hub (CHUB)/ Emergency CAS (eCAS).***

Staffing levels for our call handling and clinical assessment services are calculated based upon our recent demand, ratios of clinicians to health advisors and account for the percentage of workload shared. Our contract requires this to be more than 50% of call demand, and we take individual productivity into account when designed our staffing plans. Our rotas are reviewed continuously to match capacity with demand. An uplift was made to contract requirements in August 2021, which was filled and has been uplifted again with recruitment at risk due to further additional demand. Recruitment remains ongoing to fill the second uplifted version of our original rota, as per our contract requirements. Alongside this there is a requirement for greater management capacity,

with recruitment of additional Clinical Navigators as required to manage clinical assessment demand appropriately.

Due to the sustained pressure of the pandemic, there has been a continued focus on recruitment to fill the increasing rota requirements. In addition to this our Clinical Safety Plan has been reviewed and further actions have been developed to ensure clinical safety and oversight of patients waiting, as well as ensuring patients receive the right care in the right place, for example by increased use of community pharmacy, self-care, and urgent care services, supported by electronic prescribing where appropriate.

It has been challenging at times to achieve full staffing due to competition in the system for clinicians to support the COVID-19 vaccination programme, which has stretched clinician availability across London. We have worked with resilience partners nationally, to improve staffing levels without adverse impact on regional system capacity. We have also undertaken staffing balancing measures to reduce over-staffing 'in hours' in favour of increasing clinician available at busier 'out of hours' times, this continues to be a planning priority, with emerging improvement.

## **6. Patient & Communities engagement & involvement**

During 2021 we have:

- Appointed a co-chair for the London Ambulance Service Public and Patients Council (LASPPC)
- Appointed public and patient representatives to key committees including infection control and prevention, frequent callers, research and development, and charity operations
- Provided regular briefings to the LASPPC and Healthwatch branches across London about our response to COVID-19 and the impact it has had on our patients
- Involved public and patient representatives in key events including
  - the appointment of our new Chief Executive
  - a design workshop for a new ambulance vehicle
  - a programme of accrediting quality at ambulance stations
  - how we improve the care we provide to people with learning disabilities.
- Established public and patient working groups to focus on key initiatives including our estates redevelopment programme and how we improve care for pregnant women.

## **7. Integrating the 999 and 111/ IUC CAS systems to provide seamless care for patients regardless of access point.**

We began integrating the 999/111 patient journey in 2019, and the vision and planning was accelerated by the pandemic in 2020. Through collaborative working across the London Region, ICSs and other providers within the Urgent and Emergency system, a range of new pathways were introduced to improve parity of access for patients and improve outcomes for our patients seeking care via 111 or 999. We have done this by

ensuring that all services are profiled in the Directory of Services (DOS) to receive referrals from both 999 and 111.

Responding to demand across the system, the clinical workforce has been increased and developed to support the development of an Emergency Clinical Assessment Service (ECAS), while building the Urgent Clinical Assessment Service (UCAS), which included the introduction of specialist clinicians. The ECAS includes experienced paramedics providing clinical consultations for patients triaged with a category 3, 4, or 5 ambulance outcomes from their initial 111 assessment, or where dispatch has been delayed regardless of priority.

Through COVID-19 the number of 999 category 3 and 4 cases referred to an alternative care pathway reached 17%, and over 90% of category 3 and 4 cases referred to us by 111 providers were clinically validated to allow redirection to an alternative care pathway where this was more appropriate than dispatching an ambulance.

We have now agreed for the validation of category 3 and 4 ambulance dispositions for each ICS to be transferred to us to ensure all referrals for dispatch have been clinically validated by our paramedics and nurses, whose expertise and understanding of the ambulance setting allows more appropriate utilisation of ambulance resources. Clinicians in the ECAS are supported by Clinical Team Navigators who provide clinical oversight of calls within the 999 and validation queues, provide clinical advice and support to other clinicians in the ECAS as well as ambulance clinicians on scene via the clinical support desk.

Throughout 2021/22 we have found a number of ambulance referrals can be managed through telephone or video consultation. This has been incorporated in our business planning for 2022/23 to introduce a multi-disciplinary workforce to include senior clinician capacity which is able to offer prescribing and specialty expertise to support delivery of the most appropriate pathways for patients.

In addition to the Pan-London expansion of our validation service we have also secured contracts across London for the '\*5' clinical support service to crews on-scene, which enables ambulance clinicians to rapidly access remote clinical support from a senior IUC clinician. Our GPs have a role-specific induction when joining the Trust to provide insight to clinical roles and skill-sets within the ambulance service to allow them to offer appropriate support and guidance to reach the best outcomes for patients, avoiding conveyance where it is possible to care for the patient in their place of residence. Our UCAS prioritises '\*5' calls, to ensure we release ambulance clinicians to attend to other patients.

We have developed an effective Urgent Clinical Assessment Service (UCAS) that has evolved in response to increased urgent and emergency demand, while also experiencing surge and increased demand during general practice hours.

Our new UCAS consists of a multidisciplinary team of General Practitioners, Advanced Practitioners, Nurses, Paramedics and Pharmacists, and is supported by Clinical Team Navigators whose role is to maintain oversight of the clinical queue and provide advice and support to the clinical and non-clinical patient facing workforce.

Working with national and regional regulators in collaboration with ICS leads and local providers, we have been integral to the innovation, design and implementation of a number of transformational developments to improve patient experience and outcomes across London. An example of this is the North East London, Remote Emergency Access Care Hub (REACH), which was created in partnership with Barts Health NHS Trust. This model allows secondary care telephone consultation access which improves the planning of attendance and treatment for patients, including utilising next day clinics and avoiding lengthy waits in the ED.

Building on the learning from the National Paediatric Pilot, we have introduced paediatric nurses within our UCAS to increase expertise improved care for children and to support learning within the Trust. Recruitment of specialist clinicians with a focus on Mental Health, End of Life and Maternity is being planned to create a Specialist CAS, providing enhanced care for patients across both our 111 and 999 services.

In addition to this our South East London IUC CAS Service has co-delivered an ICS-wide accelerator pilot to increase referrals from 111 and 999 into Urgent Community Response Services, working collaboratively with commissioners and UCR providers across the patch.

We also continue to deliver training to GP registrars as an accredited training site. We have consolidated and expanded our operational administration team who manage the on-boarding and compliance process for all of our sessional clinicians.

## **8. Implementing the station/ service quality accreditation programme**

The Station Accreditation programme established in 2020 set out to:

- bring together key measures of quality standards to enable a structured approach to assessing the quality of care at station/ service level.
- set specific standards that have to be met by a station/ service for it to achieve accreditation status.
- be underpinned by staff engagement to ensure sustained improvement.
- be owned, led and driven by local management teams.

In 2021 the programme was made a quality priority for the Trust. The following stations were identified and started to participate in the programme: Brixton, Oval, Edmonton/ Friern Barnet, Brent and Croydon. Due to sustained operational pressures, the Trust went to our highest level of escalation in June 2021 and remained in escalation for a prolonged period. As a result, Station Accreditation was paused. The programme restarted in November 2021 in a “hybrid” model reflecting the changing needs of the service.

The “hybrid” model looked at all 18 group stations. The benefits of conducting a hybrid version were:

- Full assurance for the organisation, with all groups assessed
- Personalised operational assessment
- Best practice and improvements identified
- Results informed Trust recovery plans
- Comprehensive programme
- Achievement of the 2021/22 Quality Priority

- Links with Health Assure ratings

Although the hybrid model would not achieve full accreditation status, indicative ratings was identified.

- 9 stations have an indicative status of 'bronze'
- 9 stations have an indicative status of 'silver'

		Overall Score
1	Edmonton	72%
2	Camden	77%
3	Friern Barnet	68%
4	Newham	67%
5	Homerton	61%
6	Romford	65%
7	Bromley	74%
8	Greenwich	66%
9	Deptford	76%
10	St Helier	71%
11	Wimbledon	73%
12	New Malden	73%
13	Croydon	66%
14	Fulham	68%
15	Hillingdon	76%
16	Westminster	68%
17	Hanwell	78%
18	Brent	64%

#### **Recommendations from the programme include:**

- Increase Operational Workplace Review, Personal Development Review and Clinical Information and Support Overview compliance
- Increase Safeguarding Level 3 training compliance
- Utilise Infection Prevention Control links to complete hand hygiene audits
- Ensure more robust challenge and address of substandard care - review of quality of actions plans
- Improve Clinical Performance Indicator feedback sessions across all groups
- Category 2 recovery plans
- Reduce percentage of complaints closed outside of timeframe
- Improve and maintain Ambulance Response Programme performance across all measures
- Focus on station/ compliance auditing
- Share identified best practices
- Review best practice initiatives within report to see if they can be replicated in individual areas

#### **9. Development of the Trust's Culture Diversity and Inclusion (CDI) Agenda**

The Trust is pro-active in its work towards making diversity an integral part of its core business. It incorporates the principles of Equality, Diversity and Inclusion (EDI) in employment; encouraging, valuing and actively promoting diversity and recognising the talent and potential across the population. Promoting equality of opportunity is in the best interest of the Trust, including recruitment and development of the best people for our jobs, and providing appropriate services meeting the diverse needs of our community.

The Trust's aim is that our workforce will be truly representative of all sections of society and the patients we serve, and each employee feels respected, supported and able to give their best. This will enable the Trust to be more sensitive to the needs of the community which it serves.

Our Equality, Diversity and Inclusion Policy has been created and agreed with Staff Side Representatives. It will soon be presented for ratification by the Executive Committee and Trust Board.

In addition to this policy the following have also been developed:

- Reasonable adjustment guidance for managers
- Disability guidance for managers
- Menopause and Andropause guidelines for managers
- Menopause and Cancer Support Groups
- Anti-racism statement
- EDI Statement for procurement of new Occupational Health provider
- Launch of EnAble and Women's Staff Network Groups.

The key components of the culture, diversity and inclusion (CDI) agenda include:

- Developing a CDI Strategy around the outputs from our Staff Survey results and the 'Our LAS' Cultural Transformation programme
- Recruiting to a full substantive CDI team to deliver our strategy
- A full review of the EDI training provided across the Trust, from induction through to the Visible Leaders Programme.
- Work to improve the processes for making reasonable adjustments for colleagues with disabilities, to support full participation in the workplace.
- Continue focus on improving the metrics we report on for the Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap reports.

***10. Continue to invest in health and wellbeing of staff, to ensure that they feel supported and are able to do their job and deliver the service.***

One of the most significant developments in LAS Wellbeing in 2021/22 has been the recruitment of a larger substantive team. In addition to the Head of Health and Wellbeing and existing team members, the Trust Psychotherapist, LINC (Listening, Informal Non-judgemental and Confidential) Manager and a Staff Support Manager, there is now a Health and Wellbeing Manager, four Wellbeing Support Officer roles and a Wellbeing Administrator. This team will be able to build on the successes of 2021/22 and take a more proactive approach to wellbeing in the coming year. There are also a number of seconded colleagues working as part of the team on the COVID-19 and flu vaccinations.

The Wellbeing Support Officers oversee the running of the 7 day a week LAS Wellbeing Hub, where colleagues can receive advice and signposting to numerous internal and external services relating to wellbeing. These include COVID-19 isolation advice, mental and physical health support, and information relating to issues such as financial problems, domestic abuse and bereavement. The Hub has seen a huge increase in the number of contacts over the last year, with over 2000 calls in December 2021 alone. The feedback from users of the wellbeing hub remains extremely positive, with 99% of the 4000 ratings received saying the service is good or excellent.

The 7 LAS Wellbeing 'Tea Trucks' continue to operate across London, with further generous funding from NHS Charities Together, NHS England and North West London ICS. In addition, the wellbeing team has been able to sponsor tea trollies in our four contact centres, and provide sandwiches whilst at times of escalation. At our Headquarters, we were very fortunate to host "Project Wingman" until December 2021, and are now replicating this model of a place with a cup of coffee and a listening ear at our four control centres via our "Wellbeing Cafes". The Wellbeing Hub, tea trucks and cafes also provide opportunities for colleagues who are on restricted duties to work in a safe environment that suits their recovery needs until they are able to return to their substantive roles.

The funding from NHS England and NWL has also been utilised for improvements in other areas. We have been able to increase our in-house peer support network LINC, with more senior members of the network trained in TRiM (Trauma Risk Management) assessments. We have also been able to support the improvement of wellbeing spaces across the Trust and fund some activities of our sports teams. In addition, there has been the opportunity to purchase several training packages on subjects including menopause awareness, supervision facilitation training, mental health first aid and Schwartz Rounds, a type of group reflective forum.

The Wellbeing Department has played an important part in supporting colleagues and managers with absences this year – not only by providing up to date isolation guidance information via the Wellbeing Hub, but also in providing and encouraging vaccinations. Whilst the flu vaccination rate has been lower than previous years the COVID-19 vaccination rate across the Trust sits at 90% and is more than 95% for the "frontline" workforce.

## Statements of Assurance

### Ambulance Quality Indicators

During 2021/22 we met both the mean and 90<sup>th</sup> centile response standards for attending incidents in our highest triage category, Category 1. However, we did not meet mean or 90<sup>th</sup> centile response standards for categories 2, 3 or 4 and our position was worse overall than the previous financial year.

Metric	Standard	Financial Year	
		2020-21	2021-22
C1 Mean	7 minutes	00:05:57	00:06:50
C1 90th Centile	15 minutes	00:10:06	00:11:35
C2 Mean	18 minutes	00:19:44	00:38:18
C2 90th Centile	40 minutes	00:38:40	01:27:20
C3 Mean		00:42:52	01:37:12
C3 90th Centile	120 minutes	01:33:59	04:08:10
C4 Mean		01:17:53	03:24:41
C4 90th Centile	180 minutes	02:53:20	07:22:25

The London Ambulance Service considers that this data is as described for the following reasons: this data is captured from a number of sources, such as the computer aided dispatch system, electronic and paper care records, and our vehicles' Mobile Data Terminals. A variety of Data Quality process are then undertaken in order to provide assurances over the data's accuracy.

The London Ambulance Service has taken the following actions to improve this, and so the quality of our service, by focussing on recruitment and retention, developing partnership working with our blue light partners, implementing an improved Clinical Safety Plan, developing and implementing Ambulance Receiving Centres in partnership with acute trusts, and implementing new approaches to escalation and flow, including greater oversight and management of conveyance decisions.

We have designated improving response times as an objective within the Patient, family and carer experience quality priority for 2022/23, and are planning a number of improvement activities aimed at releasing time, improving productivity and management of escalation.

## **Patient safety incidents**

The number and rate of patient safety incidents reports during 2021/22 and 2020/21 are as follows:

	Total EOC Contacts	Total Patient Safety Incidents Reported	Rate of Patient Safety Incidents/1000 EOC Contacts (average)
2020/21	1,812,737	6,081	3.37
2021/22	2,234,800	5,968	2.68

	Total 111 Number of Calls Offered	Total Patient Safety Incidents Reported	Rate of Patient Safety Incidents/1000 111 Calls (average)
2020/21	1,588,388	2,019	1.33
2021/22	2,476,211	2,303	0.93

The number and rate of patient safety incidents reports resulting in severe harm or death during 2021/22 and 2020/21 are as follows<sup>1</sup>:

	Total Patient Safety Incidents Reported (EOC Contacts)	Total Patient Safety Incidents - Severe or Death	Rate of Patient Safety Severe or Death Incidents/100 Patient Safety Incidents (average)
2020/21	6081	49	0.80
2021/22	5968	78	1.3

	Total Patient Safety Incidents Reported (111)	Total Patient Safety Incidents - Severe or Death	Rate of Patient Safety Severe or Death Incidents/100 Patient Safety Incidents (average)
2020/21	2019	5	0.28
2021/22	2303	3	0.16

The London Ambulance Service considers that this data is as described for the following reasons: this data is captured on the Trust Risk Management system, Datix, and rates indicate a good reporting culture. The number of patient safety incidents reported per month has remained steady throughout the last 2 years with increases in reporting correlating to times of higher demand on the service. The main theme through incident reporting (over the past 2 years) is delayed response. All incidents are reviewed to ensure enhanced investigations are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

The London Ambulance Service has taken the following actions to improve this and so the quality of our service by reviewing patient safety incidents relating to delays via a Structured Judgement Review (SJR) process to ensure consistent and robust oversight of delays and identify any system-wide learning. This led to improvement work in clarifying welfare ring backs for patients, as well as working with nursing homes on when to call for an ambulance. There is an ongoing improvement project to review the dispatch of FRUs to high risk determinants.

## **Care Quality Commission**

Throughout 2021/22, we have continued to participate in CQC inspection engagement meetings and responded to routine enquiries. All enquiries have been responded to appropriately with no outstanding queries requiring action. In December 2021, there was an unannounced inspection of our call centre in North East London 111 and the

<sup>1</sup> Some incidents reported in 2021/22 remain subject to internal review, this includes determining the correct level of harm. Figures correct as of 12<sup>th</sup> April 2022.

Emergency Operations Centre at our Headquarters at Waterloo, as part of a system level inspection in North East London.

Although an inspection was undertaken, our rating was not reviewed and we retain 'Good' overall and 'Requires Improvement' for EOC. Our visits formed part of coordinated inspections of urgent and emergency care services in North East London to identify how well services work together to ensure patients receive safe, effective and timely care. Following the inspections, seven 'should do' recommendations were made, which the Trust are responding to in the form of an improvement plan.

## **Safeguarding**

Safeguarding provides assurance through the Safeguarding Assurance Group to the Quality Oversight Group. We report on our activity for 999 services via the Safeguarding Health Outcomes Framework Template and via quarterly reports for our IUC services. The Trust attends the Brent Safeguarding boards for children and adults and provides further assurance through those boards.

We have a range of policy and procedure in place in respect of safeguarding, and keep these up to date and well communicated to our staff.

Safeguarding referrals and concerns being raised by staff remains within expected range, demonstrating staff awareness of safeguarding issues and the importance of reporting these.

We have seen an increase in the reporting of safeguarding allegations against staff, including in relation to sexual assault. As a result the Trust has launched a sexual safety charter signed by Chair and Chief Executive with a range of materials being distributed across the trust on this issue and People in Positions of Trust. In addition we ran a Sexual Safety Conference for managers in May 2022, where the Care Quality Commission, Disclosure and Barring Service, College of Paramedics and other professionals will be talking about sexual assault.

Safeguarding training is part of our statutory and mandatory training programme and in line with the intercollegiate document. Safeguarding training is delivered using a combination of e-learning and face-to-face (including virtual) education. Training is provided to a high standard by Trust Safeguarding Specialists. We achieved 94% for level 1, 63% for level 2 and 81.58% for level 3, which was below our compliance targets, which were 95% for level 2 and 100% for level 3. The Trust provides information to Multi Agency Risk assessment conferences and participates in safeguarding adult reviews and domestic homicide reviews when required.

## **Patient Experience**

Patient experience and feedback is an excellent learning opportunity that allows us to understand whether our services are meeting the standards we set ourselves and addressing patients' expectations.

Our approach is to use all patient feedback as a learning opportunity. Trends and emerging themes are regularly reported through the Trust's governance processes and

to widen the learning, we publish anonymised case examples on the Trust website and contribute anonymised case examples to our 'Insight' publication which is disseminated across the Trust. We similarly report cases of significance to the National Ambulance Service Patient Experiences Group, comprising all UK ambulance services. We work closely with advocacy providers, especially POhWER, the largest provider in London.

With these objectives very much in mind, we take all patient and stakeholder feedback very seriously and do our best to offer a comprehensive response, clearly identifying any lessons and using these to improve our service, where appropriate.

Where a complaint is *upheld* or *partially upheld*, the learning identified is actioned accordingly. This can involve a range of measures including feedback, reflective practice and bespoke training held locally, with emerging themes reported through the governance structure.

Engagement with patients is at the heart of the NHS complaints procedure, we publish information about communicating with us in other languages and in easy read format on our website. An on-line complaints form has also recently been added and every complainant receives a cached link to an on-line feedback form to tell us how we have managed their complaint.

We have an exemplary record with the Health Service Ombudsman and are currently the pilot site representing all UK Ambulance Trusts to design the forthcoming NHS Complaint Standards. We are hopeful that these will make the complaints process more user friendly for both complainants and our staff once they are embedded.

### **Information Governance**

The Trust continues to strengthen its arrangements for Information Governance (IG). We have a robust programme of IG improvements and awareness and a governance framework to monitor and assure the security of our information. An executive-led Information Governance Group is in place, as well as an Information Governance Policy framework. These ensure the execution of the Trust IG agenda.

IG incidents are reported via Datix which is the Trust risk management system. The Information Governance Manager is notified and reviews the IG incidents and, where necessary by the Quality Governance and Assurance team. Where there has been an incident resulting in the compromise to patient or staff identifiable data, and depending on the seriousness of such incident, a report is made on the Data Security and Protection Toolkit (DSPT) within 72 hours of the notification of the incident reaching the IG Manager in line with the General Data Protection Regulations (GDPR) requirements.

Dependent on the nature of the incident, the information provided on the DSPT is sent to the Information Commissioner's Office, the Department of Health and Social Care, NHS England and/or the National Cyber Security Centre. During 2021-22, five incidents were notified via the data security incident reporting portal. Of these, three were reported to the Information Commissioners Office (ICO). No action was taken by the ICO against the

Trust as a result of these incidents. There were zero serious incidents reportable to the Department of Health and Social Care.

On or before 30 June 2022, the Trust will be expected to submit a self-assessment of its Data Security and Protection status via the NHS Digital's Data Security and Protection Toolkit (DSPT). This is a mandatory submission by all organisations that have access to NHS patient data and it provides assurance that they are practising good data security and that personal information is handled correctly. Based on progress so far, the Trust is on course to provide a "Standards Met" DSPT submission as a minimum.

### **Data Quality Assurance**

The Trust is required to have ongoing data processing capabilities under the GDPR regulation of the Data Protection Act 2018. The Trust has an independent Data Quality Assurance (DQA) team who provides Trust wide oversight of data quality. This is to ensure data and Information used by the Trust to inform performance, operations and strategic decisions are of good quality and meet the legislative requirements.

The DQA Team Objectives and Aims

- Carries out Data Quality Reviews to assess all the Trust's data sources and reporting arrangements
- Drives improvement by reporting any issues, monitoring any actions, as well as providing guidance and training
- Acts as a key contact for receiving escalation from other staff and teams for data quality issues identified outside of the formal review process
- Raises profile of data quality with everyone understanding the importance for day to day activities as well as future strategies

### **Key focus during 2021/22**

- Following the reviews of all key systems and reporting arrangements in 2019/20, clear actions have been developed to implement the recommendations. Out of 83 actions, 78 were implemented successfully. Five require wider system change and are being dealt separately. In order to ensure that data quality processes are continued to be followed as business as usual, a set of selected actions will now be periodically reviewed by the Data Quality Assurance Team.
- A Data Quality Impact Assessment (DQIA) for the new Computer Aided Dispatch platform has been completed to provide data quality insight into the development of new digitalised solutions.
- Work has been carried out to promote and raise the awareness of DQA via different channels
- Further Data Quality Reviews based on escalation received, and/ or additional requirements have been carried out.

### **Clinical Audit & Research**

## 1. Ambulance Quality Indicator performance – STEMI, Stroke & Cardiac Arrest care bundles

The Trust submitted the following information to NHS England for the reporting period 2021/22 and 2020/21 regarding the provision of an appropriate care bundle to STEMI (ST elevation myocardial infarction) patients and those resuscitated after cardiac arrest, as well as a diagnostic bundle for stroke patients.

	2021-22*		2020-21	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	65.2%	76.2% (74.2-77.4)	65.3%	76.1% (74.1-78.1)
Stroke patients	95.0%	97.9% (97.8-98.0)	96.5%	98.0% (97.8-98.3)
Cardiac arrest patients**	84.5%	77.0% (77.2 - 77.5)	82.9%	76.0% (74.4.0 - 77.4)

\*At the point of preparation of this Quality Account, NHS England reported data for April to October 2021 was submitted during 2021/22.

\*\* Post – resuscitation patients only

### Clinical effectiveness and audit

The Trust has a robust and diverse clinical audit and research programme focusing on a range of clinical areas of both local and national importance. During 2021/22, we examined the care provided to a wide range of conditions including cardiac arrest, acute coronary syndromes, stroke and severe sepsis, as well as mental health, sickle cell crisis, and clinical documentation at events. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Despite the ongoing challenges as a result of the COVID-19 pandemic, our research program continued to perform strongly, with new clinical trials starting, and six publications in peer-reviewed scientific journals, We also continued our participation in research designated 'Urgent Public Health' status by the Government due to importance to the COVID-19 pandemic (see Appendix 1).

We continued to support the development of the NHS England Ambulance Quality Indicators, working with NHS England on behalf of the National Ambulance Service Clinical Quality Group. Our Head of Clinical Audit & Research continues to Chair the National Ambulance Research Steering Group, helping to develop prehospital research nationally, encourage collaboration across ambulance services and influence changes to national policy and practices.

### Clinical audit

During 2021/22, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the Trust participated in 100% of national clinical audits in which it was eligible to participate. The national clinical audit and national confidential enquiries that the Trust was eligible to participate in during 2021/22 are as follows:-

**1. National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)**

**2. NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:**

- Outcome from cardiac arrest:
  - Number of patients
  - Return of Spontaneous Circulation (ROSC)
  - Survival
  - Post-resuscitation care bundle
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke
- Outcome from sepsis

The national clinical audits that the Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

<b>National Clinical Audit</b>	<b>Number of cases submitted*</b>	<b>Percentage of cases submitted as eligible for inclusion</b>
<b>National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)</b>	4,610	100%
NHS England Ambulance Quality Indicator (AQI): Outcome from cardiac arrest a) Total number of cardiac arrests	a) 12,933	100%
NHS England AQI: Outcome from cardiac arrest – ROSC at hospital a) Overall group b) Utstein comparator group	a) 4,610 b) 547	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge (November – December 2020 <sup>†</sup> ) a) Overall group b) Utstein comparator group	a) 827 b) 77	100%

NHS England AQI: Outcome from cardiac arrest – 30 day survival (January – October 2021†) a) Overall group b) Utstein comparator group	a) 3,658 b) 443	100%
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care a) Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	a) 687	100%
NHS England AQI: Outcome from acute STEMI a) Time from call to angiography for confirmed STEMI patients: Mean and 90 <sup>th</sup> centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 1,321 b) 913	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for suspected stroke patients: Mean and 90 <sup>th</sup> centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 3,965 b) 4,559	100%
NHS England AQI: Outcome from sepsis – Sepsis care bundle a) Care bundle delivered to adult suspected sepsis patients with a National Early Warning score of 7 and above (includes a set of clinical observations, provision of oxygen, fluids and pre-alert)	a) 50,95	100%

† From January 2021, the measure of survival to discharge was replaced with 30 day survival.

\* At the point of preparation of this Quality Account, OHCAO and NHS England reported data was available for November 2020 to October 2021.

The Trust considers that the data in the table above is as described for the following

reasons: this data is captured by the LAS from clinical records completed by ambulance clinicians attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported to NHS England.

The reports of the above national clinical audits were reviewed by the provider in 2021/22 and the Trust has taken actions to improve the quality of healthcare provided (see Appendix 2).

## **Research**

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service from 1<sup>st</sup> April 2021 to 30<sup>th</sup> March 2022 that were recruited during that period to participate in research approved by a research ethics committee was 178. Due to a number of research projects being suspended during the COVID-19 period, the first patient was not recruited during this period until July 2021. In addition, 202 staff participated in National Institute for Health and Care Research portfolio studies as participants.

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## **Appendix 1: Research Activity**

Ongoing research projects from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022:

**PRINCIPLE**: is a designated Urgent Public Health study that is testing interventions suitable for use in the community, to treat older people with suspected or confirmed SARS-CoV-2 infection.

**STRETCHED**: is evaluating the case management approaches to the care of patients who frequently call the emergency ambulance service.

**ARREST**: a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest. Due to the COVID-19 pandemic, the trial was suspended until September 2021.

**CRASH-4**: a placebo controlled, randomised-controlled trial investigating the role of tranexamic acid in the management of older patients with mild, symptomatic, traumatic brain injury. This study opened to recruitment in LAS in July 2021.

**PARAMEDIC-3**: a randomised-controlled trial which aims to identify the best route for drug administration (intravenous or intraosseous) in out of hospital cardiac arrest. This study opened to recruitment in March 2022.

**PROTECTeD**: a study which aims to develop evidence based and ethically grounded guidelines for termination of resuscitation by ambulance service staff in the UK. This study opened to recruitment in March 2022.

**OPTIMAL-CARE**: a study involving both a survey and qualitative interviews with LAS staff, which aims to identify the perceived value and impact of electronic palliative care coordination systems.

**t-CPR Experiences**: a study which aims to explore emergency call handlers perspectives of providing telephone CPR (t-CPR) instructions, and to identify barriers to callers following these instructions.

**CESSATION**: A survey of female ambulance service staff which aims to understand the menopause experiences of staff; the impacts of symptoms; and the needs and preferences for interventions to support staff experiencing the menopause transition.

**SUB-30**: A feasibility study which aims to assess if prehospital extra-corporeal membrane oxygenation (ECMO) can be established within 30 minutes of collapse following out of hospital cardiac arrest in London. This study has been passed due to the COVID-19 pandemic.

## **Appendix 2: Clinical audit activity and learning outcomes**

### **National clinical audits**

The reports of the national clinical audits were reviewed by the provider in 2021/22 and the Trust has taken actions to improve the quality of healthcare provided:

- Released monthly and annual reports and infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Published an article in the Trust's internal clinical newsletter, the Clinical Update, focusing on the importance of each element of the STEMI Care Bundle and time to definitive treatment
- Led bespoke ECG Continuous Professional Development sessions titled: 'STEMI Bundle – why it matters'
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended response times

### **Clinical audit projects**

The reports of **7 local clinical audits** were reviewed by the provider in 2021/22 and the Trust plans to take/has already undertaken the following actions to improve the quality of healthcare provided against each audit as detailed below:

#### ***Patients who severely deteriorated or died unexpectedly within 24 hours of being discharged of LAS care***

- Cases identified via this clinical audit continue to provide evidence for the national framework on Learning from Deaths
- Nine potential safety reviews, three thematic reviews, two nationally defined incidents requiring patient safety incident investigations and four still awaiting decisions, in addition to 84 potential incidents investigated locally, were identified through this audit
- Constructive and positive feedback was provided to individual clinicians and Emergency Call Handlers
- Case studies were shared for ad hoc staff educational purposes
- Details of all expected deaths have been provided to the LAS End of Life Care Team to promote shared learning

#### ***Advanced Paramedic Practitioners in Urgent Care management of headaches***

- Introduce a Clinical Performance Indicator focusing on APP-UC management of headaches to allow for continuous monitoring and feedback based on the learning from this clinical audit

#### ***Mental Health Joint Response Car***

- The findings have been shared with key stakeholders in the Mental Health Joint Response Car (MHJRC) and the team
- The expectation of a clinical decision outcome being made within 30 minutes is being removed from the MHJRC Standard Operating Procedure
- The Mental Health Clinical Performance Indicator has been reviewed to ensure it incorporates the relevant aspects of care to allow for continuous audit of documentation by the MHJRC

### ***Management of sickle cell crisis***

- The key findings were distributed via a Trust-wide clinical newsletter, together with an infographic shared on the staff Facebook group
- A regular clinical audit of the management of sickle cell crisis is being developed
- Sickle Cell Centres in London were asked to ensure that, where relevant, patients have accessible treatment plans
- The Joint Royal Colleges Ambulance Liaison Committee Guideline Development Group have clarified the preferred route of morphine administration

### ***Care provided to patients at the 2019 Notting Hill Carnival***

- The key findings were displayed in an infographic which will be included in future event briefings
- Future event briefings will also contain reminders about the need to undertake capacity assessments in line with LAS guidance and have the appropriate clinical paperwork available
- A new process will be developed using tablets to allow event crews to undertake safeguarding referrals

### ***Airway management of cardiac and respiratory arrest patients***

- Clarification will be sought as to whether there is a requirement to document inspection of the hypopharynx prior to insertion of an Supra Glottic Airway and the use of a bougie, and whether a photograph of the code summary should be attached to the clinical record
- Discussions will be held as to the best way to monitor the care provided to patients with tracheostomies and laryngectomies

### ***Partnership working with the London Fire Brigade during COVID-19***

- Ideas for the COVID-19 Support Crews training programme will be fed back to the programme leads
- The key findings will be distributed via a Trust-wide clinical newsletter, together with an infographic shared on the staff Facebook group

In addition, a further **13 local clinical audits** have been started by the provider in 2021/22, as well as a programme of continuous clinical audit:

### ***Hip fracture re-audit***

Suspected hip fractures in patients aged 65 and older represent a large volume of calls attended by the LAS. Clinical assessment and management of this patient group can be complex due to co-morbidities, polypharmacy and complex social situations. To ensure best practice, we conducted a clinical audit of hip fractures in 2012. This re-audit will assess for improvements in care and to determine if current care delivered by LAS clinicians is congruent with local and national standards.

### ***Code Red***

The “Code Red” priority call for massive transfusion pathway was introduced in 2016 and approved by the leads in the four London Major Trauma Centres (MTCs) for use by Advanced Paramedic Practitioners in Critical Care (APP-CC). Careful monitoring of the activation of the pathway was recommended as part of the Advanced Clinical Operating Procedure, as calling a “Code Red” has a significant impact on a MTC including: pausing

routine and urgent surgery; clearing radiology and theatre space, and loss of precious blood products in priming rapid transfusion devices. This clinical audit aims to determine compliance to the current “Code Red” ACOP principles.

### ***Alteplase***

Early administration of fibrinolytics (drugs that break up or dissolve blood clots) in cardiac arrest caused by pulmonary embolism has been shown to improve survival. Thrombolysis in cardiac arrest from other causes (e.g. haemorrhage) may worsen outcome, and evidence has shown that administration in undifferentiated cardiac arrest does not improve survival. The LAS is the first ambulance service to introduce alteplase, a fibrinolytic, for use by the Advanced Paramedic Practitioners in Critical Care (APP-CC) under a Patient Group Direction (PGD). Therefore this clinical audit will assess whether alteplase is being used in the LAS appropriately according to the PGD and Advanced Clinical Operating Procedure (ACOP).

### ***Cardiac arrest complicated by hyperthermia***

Ambulance clinicians routinely measure temperature when managing patients in cardiac arrest as abnormally low (hypothermia) or high (hyperthermia) temperatures may represent treatable causes. This clinical audit aims to measure care provided to and clinical outcomes of patients presenting in cardiac arrest complicated by hyperthermia.

### ***Chronic Obstructive Pulmonary Disease (COPD)***

This re-audit aims to determine if the recommended actions from the 2019 COPD clinical audit led to improvements in care, specifically: ipratropium bromide administration and recording of oxygen saturation levels after treatment.

### ***Paediatric Pain Management***

Assessment and management of paediatric fractures has been a focus for the LAS for over 15 years. Previous audit cycles resulted in the introduction of the Wong-Baker faces pain rating method and led to a review of age appropriate analgesics and immobilisation methods. This re-audit aims to examine current practice and determine whether recommended actions have led to improvements.

### ***Recognition of stroke***

Every month ambulance services in England match their clinical records with those held by the Sentinel Stroke National Audit Programme to allow benchmarking across the country. Currently just over half of the records provided to the LAS by SSNAP are matched. Therefore this clinical audit aims to examine the potential clinical and administrative factors which could be contributing to the numbers of unmatched records. The audit also aims to provide reassurance that the clinical care these patients receive from the Trust was appropriate to their presentation at the time.

### ***Sepsis, diarrhoea and vomiting***

Sepsis has been audited previously and continuously via the Clinical Performance Indicators and Ambulance Quality Indicators. Working collaboratively with Whipps Cross Hospital, this clinical audit will examine the assessment and management of patients identified as having sepsis or with diarrhea and vomiting in more detail and consider their diagnosis upon arrival at hospital.

### ***Transient loss of consciousness (TLOC)***

The ambulance service are often present during or just after a patient has experienced a TLOC. Ambulance clinicians are required to gather information to ensure the patient is directed towards the appropriate pathway. Previous clinical audits examining the management of TLOC have identified areas for improvement, therefore this clinical audit aims to assess current practice.

### ***Paediatric pyrexia***

This re-audit aims to determine whether improvements have been made since the previous clinical audits which examined the assessment and management of patients with pyrexia who were not conveyed to hospital, specifically whether observations upon discharge were within normal parameters and whether a referral was made to another healthcare professional.

### ***Dexamethasone***

As a result of the LAS 2018 dexamethasone clinical audit, the Joint Royal Colleges Ambulance Liaison Committee expanded the list of indications to include mild croup. This re-audit aims to examine compliance to the updated guidance.

### ***End of life care***

Following previous end of life care clinical audits it was agreed that a continuous clinical audit of the assessment and management of end of life care patients should be introduced. This clinical audit aims to pilot the methods that will be used for the continuous audit to ensure a consistent approach to auditing across the Service.

### ***Ketamine***

Ketamine administration carries considerable clinical risk and is done so under tight criteria within Patient Group Directives (PGDs). This clinical audit aims to provide assurance that administration of ketamine by Advanced Paramedic Practitioners in Critical Care is compliant with the PGDs.

### ***Continuous quality monitoring***

We also continuously audit the care provided to patients who suffer either a cardiac arrest, acute coronary syndromes (including STEMI, new onset Left Bundle Branch Block and high risk Acute Coronary Syndrome), suspected stroke (including 'FAST' positive stroke), or were discharged of our care but re-contacted the Service within 24 hours having severely deteriorated or died unexpectedly. Findings from these four continuous audits are shared internally and staff receive feedback to support learning where indicated.

In addition, the Trust also regularly monitors compliance with clinical guidelines in relation to oramorph, antimicrobials, repeat medication, medication of potential misuse, medication safety indicators and high risk medication prescribing.

### ***Clinical Performance Indicators (CPIs)***

London Ambulance Service undertakes a programme of local Clinical Performance Indicators which, during 2021-22, monitored the care provided to 14 patient groups: cardiac arrest; difficulty in breathing; mental health - both diagnosed and undiagnosed; severe sepsis; elderly fallers; patients discharged on-scene; adult (non-traumatic) cardiac arrest, acute behavioural disturbance and major trauma attended by an APP-CC, and

naproxen, prednisolone, prochlorperazine and salbutamol inhalers administered by an APP-UC). We also quality assured the documentation of 2.5% of all clinical records completed by ambulance clinicians. Staff receive individual clinical feedback from these audits, highlighting areas of good practice and those in need of improvement.

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## **Statements from stakeholders**

### **London Ambulance Service Patient and Public Council**

Thank you for sharing the London Ambulance NHS Trust Quality Account for 2021/22.

The London Ambulance Service Public and Patients' Council (LASPPC) recognises that this account has been produced at a time where the London Ambulance Service continues to experience extremely high levels of demand and pressure, and has done so for a sustained period. The Council would like to acknowledge and thank staff and volunteers from across the Service for their outstanding commitment and dedication to patients across London during this very challenging time.

In light of this sustained pressure and demand, the Council has been impressed by the progress made in the quality priorities set last year (2021/22) and are pleased to have worked collaboratively with the Trust on a number of these priorities.

The Council has worked closely with the Trust on their priority to 'enhance patient and communities engagement and involvement', and are proud that council member representatives have provided a voice for patients and the public in a number of the Trust's committees and working groups. We have supported a number of key initiatives across the organisation, as well as providing input on the delivery and implementation of the service through our regular Council meetings.

The Council has also worked collaboratively with the Trust as they continued to make improvements in a number of other quality priorities for 2021/22. For example, council members were invited to virtually tour ambulance stations as part of the Trust's Station Accreditation programme, where we were involved in assessing the scoring of the programme, asked questions about the wider programme and its benefits to patients and were involved in agreeing the level of accreditation awarded to the stations.

We have been impressed with the level of engagement the Trust has done to involve the Council in the year's quality priorities and we would like to express our appreciation and thanks to your staff who have made progress whilst continuing to manage a huge increase in demand during this pandemic and for their determined commitment to delivering high quality services to patients. We look forward to seeing this relationship go from strength to strength as we look to next year and beyond.

In looking forward to the quality priorities of 2022/23, the Council can confirm that our members were involved in the development of these priorities, and during these development sessions members welcomed, but also fed into, the three priority areas set out for the year. These three priorities demonstrate that patients are truly at the heart of the Service and we are looking forward to another year of working together closely as the Trust sets out to achieve them.

Christine Beasley  
Co-Chair

Michael Bryan  
Co-Chair

## North West London Integrated Care System (Lead Commissioner for 999 Services)



NWL LAS QA  
statement final 1905



NWL LAS QA  
statement final 1905

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**Commissioners' Statements: NEL (Commissioner for 111 and Integrated Urgent Care Services in North East London)**

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**South East London Clinical Commissioning Group (Commissioner for 111 and Integrated Urgent Care Services in South East London)**



Ltr CCG.pdf

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## South West London Health and Care Partnership



LAS Quality account  
2021-2022 CCG resp

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## **Statement of Directors Responsibilities**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHSE/I has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the Quality Accounts requirements 2020/21 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2021 to March 2022
  - Papers relating to quality reported to the board over the period April 2021 – March 2022
  - Feedback from commissioners dated 16<sup>th</sup>, 23<sup>rd</sup> and XX May 2022
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XXXX
  - The national staff survey
- The quality report presents a balanced picture of the NHS trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

**Chair and Chief Executive Officer**

## **Glossary**

APP-CC	Advanced Paramedic Practitioner (Critical Care)
AQI	Ambulance Quality Indicator
CAS	Clinical Assessment Service
CDI	Culture, Diversity and Inclusion
CHUB	Clinical HUB
COPD	Chronic Obstructive Pulmonary Disorder
CORE20PLUS5	Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.
COVID-19	Coronavirus disease caused by the SARS-CoV-2 virus
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
DOS	Directory of Services
DQA	Data Quality Assurance
DSPT	Data security and protection toolkit
ECAS	Emergency Clinical Advisory Service
ECG	Electrocardiogram
ECMO	extracorporeal membrane oxygenation
ED	Emergency Department
ePCR	Electronic Patient Care Record
GDPR	General Data Protection Regulation
GP	General Practitioner
GSTT	Guy's and St Thomas' NHS Foundation Trust
GTN	Glyceryl trinitrate
ICO	Information Commissioners Office
ICS	Integrated Care System
IG	Information Governance
IUC	Integrated Urgent Care
KPI	Key Performance Indicator
LAS	London Ambulance Service
LASPPC	London Ambulance Service Patient and Public Council
MHJRC	Mental Health Joint Response Car
MHRA	Medicines and Healthcare products Regulatory Agency
MPU	Medicines Packing Unit
MTC	Major Trauma Centre
NHS	National Health Service
OHCAO	Out-of-Hospital Cardiac Arrest Outcomes

PGD	Patient Group Direction
PPE	Personal Protective Equipment
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
QI	Quality Improvement
REACH	Remote Access Emergency Coordination Hub
ROSC	Return of spontaneous circulation
SSNAP	Sentinel Stroke National Audit Programme
STEMI	ST Segment elevation myocardial infarction
TLOC	Transient loss of consciousness
TOC	Tactical operations centre
UCAS	Urgent Clinical Advisory Service

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<b>Report Title</b>		<b>Executive Director Report: People and Culture – Proposed New Values</b>			
<b>Meeting:</b>	Trust Public Board				
<b>Agenda item:</b>	6.1	<b>Meeting Date:</b>	31 <sup>st</sup> May 2022		
<b>Lead Executive:</b>	Damian McGuinness				
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance		Approval	
		Discussion	<input checked="" type="checkbox"/>	Information	
<b>Report Summary</b>					
<p>As part of our cultural transformation programme and commitment to making The London Ambulance Service a great place to work, the executive management team, in collaboration with 2000 Trust colleagues have been reviewing our existing values and behavioural framework(s).</p> <p>A result of which, is the proposal to change to the current Trust values and associated behaviour framework(s).</p>					
<b>Recommendation/Request to the Board/Committee:</b>					
<p>The board are asked to approve</p> <ol style="list-style-type: none"> <li>1. The proposed new Trust values – <i>Together we put <b>Caring, Respect and Teamwork</b> at the heart of everything we do for Londoners.</i></li> <li>2. Associated behaviour frameworks that underpin the new values.</li> </ol>					
<b>Routing of Paper i.e. previously considered by:</b>					
.Board Development day (April 22)					
<b>Corporate Objectives and Risks that this paper addresses:</b>					
<ul style="list-style-type: none"> <li>• How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations? <i>Addresses the culture BAF risk</i></li> <li>• How does the paper contribute to LAS’s work to improve and create a more compassionate and positive culture? <i>Directly relevant</i></li> <li>• How does the paper contribute to work to improve equality and inclusion in the workplace? <i>Significant focus on EDI interventions detailed within the paper</i></li> </ul>					



## Proposal to re-launch the Trusts Values & Behaviours

### Executive Summary

As part of our cultural transformation programme and commitment to making The London Ambulance Service a great place to work, the executive management team, in collaboration with 2000 Trust colleagues, have been reviewing our existing values and behavioural framework(s).

The purpose of the review was to ensure our Trust values and behaviour framework(s) are aligned with outcomes from our cultural transformation programme workshops and masterclasses that took place in late 2021 and early 2022.

To recap, our current Trust Values and Behaviours are as follows

<b>Our Current Values and Behaviours</b>	
<b>Respectful</b>	Caring for our patients and each other with compassion and empathy
	Championing equality and diversity
	Acting fairly
<b>Professional</b>	Acting with honesty and integrity
	Aspiring to clinical, technical and managerial excellence
	Leading by example
<b>Innovative</b>	Thinking creatively
	Driving value and sustainable change
	Harnessing technology and new ways of working
	Taking courageous decisions
<b>Collaborative</b>	Listening and learning from each other
	Working with partners
	Being open and transparent
	Building trust

Over the course of the Our LAS culture transformation workshops and masterclasses, as well as wider networking forums which include multiple extended leadership groups, and staff networks (including trade unions) colleagues have collaborated together on re-designing our model of behaviours. These behaviours are to be expected of all staff whilst ensuring that everyone who works at the Trust feels part of a team.

The behaviours form under the banner of three new proposed values

1. Caring
2. Respect
3. Teamwork

To form under the banner – *Caring, Respectful and Teamwork – at the heart of everything we do for Londoners.*

## The Journey so far...

### Phase 1 – Our LAS Programme

The engagement journey started with a number of facilitated workshops with staff and volunteers - with the core objective being laying the foundations of culture change for all working at the London Ambulance Service.

Core data was shared to develop a basic structure and understanding of core issues, which in the main was secondary data (historical staff survey etc.)

### Phase 2 – Our LAS workshops

The 'Our LAS' workshops formed the second phase of the culture transformation programme, with the key outcome objective hearing directly from our staff and volunteers as what constitutes a *good* and *bad* day for them whilst working at the London Ambulance Service.

1498 colleagues signed up to 1 of 15 workshops held between December 21 and January 22. Over 2,000 hours of commitment was shown by those staff attending the workshops, with 82% of staff rated the Workshops "Very Good" or "Good."

Colleagues described what a good day at work meant to them

#### **A good day at work at LAS**

Colleagues' descriptions of a good day at work.

Analysis of free text comments. Box size in proportion to number of people for whom this theme is main driver of good day at work, when they can best meet aim of doing great work



Behaviour citations dominated the feedback, with colleagues citing appreciation, positivity and team working being the main drivers of what constituted a good day at the London Ambulance Service.

The workshops also explored what colleagues felt constituted a bad day at work.

### A bad day at work at LAS

Colleagues' descriptions of a bad day at work.

Analysis of free text comments. Box size in proportion to number of people for whom this is key driver of bad day at work, when they cannot contribute as they would like to.



Colleague workshops, Interim analysis, N = 783

Again behaviour citations dominated the feedback, with bullying and harassment, feeling undervalued and poor team working contributing what constituted a bad day for all our staff and volunteers working at the London Ambulance Service. Obviously important to stress that perceptions of lack of resources and poor patient outcomes featured in the feedback – these areas of work are being addressed outside the culture transformation programme.

### Phase 3 – Our LAS Masterclasses

Based on feedback from phase one and two of the programme, supported by internal KPIs and the release of the 2021 staff survey data, the following work streams (below) were formed to develop the masterclasses.

1. **Team working.** Colleagues wanted more support from their teams – more kindness, respect and understanding. Colleagues felt a strong, supportive team could help them achieve greater patient outcomes, leading them to feel more resilient and able to adapt to change.
2. **Inappropriate behaviour.** Rude and negative behaviour from our own colleagues dominated the bad day citations, and the desire to address this was evident throughout the workshops.
3. **Appraisals.** The appraisal process at the London Ambulance Service left staff feeling de-valued (staff survey data), and these citations were present throughout these workshops.
4. **Talent development.** Our staff survey also referenced that a significant number of our colleagues did not feel they operated in a fair system. Again these citations were presented at the workshops. .

The Masterclasses that take place throughout May 2022, the key objectives of these classes was to provide our leaders with tools to cover:

- How to improve our team working.
- How to have values-led appraisal conversations and 1:1s.
- How to deal with issues of disrespectful behaviour and bullying.
- How to undertake value based recruitment
- How to resolve conflict through appreciation
- How to develop our people
- How to improve team engagement
- How to develop a safer culture

#### Phase 4 – Embed “Our Las”

Phase 4 of the programme is embedding the tools learned into everyday people practices and processes. See page 12 for further detail.

#### *Caring, Respectful and Teamwork – at the heart of everything we do for Londoners.*

In addition to the “Our LAS” Culture workshops and masterclasses, a number of key engagement events also took place with teams throughout the Trust. Presentations were made at multiple Extended Leadership Groups, Staff Networks and Staff Side Partnership forums.

Colleagues from these engagements events collaborated together on re-designing our model of behaviours, explicitly detailing what is expected of all staff groups – which are to be underpinned by our Trust values. This resulted in colleagues proposing a change to the existing values & behaviour framework(s) citing the new values aligned more closely with the behaviours sought.

The new proposed values are

1. Caring
2. Respect
3. Teamwork

To form under the banner – *Together we put **Caring, Respect and Teamwork** at the heart of everything we do for Londoners*

Behaviours that we strive for and avoid when interacting with our patients, communities, colleagues and other partners are presented on pages 6 – 11.

# Our Values & Behaviours

We seek to live up to Our LAS Values and behaviours **with all of our patients, communities, colleagues and other partners** across London.

## Behaviours we strive for

### Caring

Kindness	be caring and compassionate, polite, welcoming, approachable
Positive	embrace change, be enthusiastic and optimistic, proactive
Empathetic	put myself in other people's shoes, consider other perspectives
Listening	hear others, be open, approachable, give others space to speak

### Respect

Equity	be fair, embrace diversity, accept others for who they are
Inclusive	advocate for others, ask for input, seek out alternative views
Understanding	be interested in others' feelings, stories and backgrounds
Appreciative	offer descriptive praise, seek out feedback, value others

### Teamwork

Supportive	offer help when you notice others need it, check in regularly
Collaborative	seek opportunities to work together, communicate, clarify
Professional	be accountable, responsible for my attitude, calm and reassuring
Integrity	be honest, share learnings, act in others' and LAS' best interests

# Our Values & Behaviours

We seek to live up to Our LAS Values and behaviours **with all of our patients, communities, colleagues and other partners** across London.

## Behaviours we avoid

### Caring

Kindness	be abrupt, rude, dismissive, intimidating, gossip, bully or harass
Positive	be cynical, be overly negative, be resistant to change
Empathetic	a lack of interest or concern for others' feelings or experiences
Listening	talk over or undermine people, make assumptions, argumentative

### Respect

Equity	judge, discriminate, show favouritism, stereotype others
Inclusive	exclude or ignore others, fail to acknowledge others
Understanding	be dismissive of others' views, feelings, stories or backgrounds
Appreciative	fail to appreciate, only offer criticism, take the credit

### Teamwork

Supportive	avoid others, have a "not my problem" mentality
Collaborative	work in silos, show an "us and them" mentality
Professional	blame, pass my stress on to others, unduly rushing, impatience
Integrity	cover up mistakes, withhold information, be evasive

As part of this process colleagues have also focused expected behaviours when addressing sexual safety, reducing violence and aggression and for promoting equality and diversity and inclusion – with specific reference to recruitment.

Therefore our expected behaviours have explicitly set out for our different staff groups  
1. All Staff 2. People Managers, and 3. Senior Leadership

**We expect of all staff the following**

# Our shared expectations

## All of us who work at London Ambulance Service

Choosing to work at London Ambulance Service means I also sign up to Our LAS Values, behaviours and expectations.

### Caring



Always behave with colleagues in line with Our LAS Values, and treat patients with care, respect and as partners in our service



Develop myself to be a great role model of Our LAS Values

### Respect



Treat everyone – colleagues and patients – fairly, whoever they are regardless of protected characteristics, profession, role or job level



Speak up whenever I have a concern, give feedback respectfully, receive feedback gracefully, admit mistakes, resolve issues together

### Teamwork



Be accountable for doing a good job, meeting my objectives, and working together with colleagues to help them meet theirs



Understand what I need to be able to bring my best to the team, value myself, looking after my own health and wellbeing

We expect of all staff the following



London Ambulance Service  
NHS Trust

# SEXUAL SAFETY CHARTER

**Equality statement**

This charter equally applies to all colleagues, volunteers, apprentices, service users, contractors and anyone else engaging with the London Ambulance Service in any way, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

**You have the right to feel safe from sexual harm**

**You should never feel uncomfortable, frightened or intimidated in a sexual way by our patients or other colleagues. It is essential that we all adopt a zero tolerance approach to any behaviours that negatively affect the sexual safety of our colleagues or patients.**

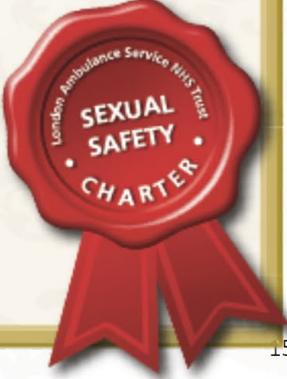
**Our Trust commits to everyone behaving in a way that ensures sexual safety**

We will always take your concerns seriously and with empathy and understanding, because we know how difficult it may be for you to speak up. We will also provide appropriate support, work with you and link you to relevant support services.

We want all colleagues, volunteers and apprentices to commit to these sexual safety standards and keep everyone safe from harm:

- I understand sexual activity with another person should only be through mutual consent and never through coercion or used for punishment.
- I will not try to talk someone else into engaging in sexual activity or harass another person sexually.
- I will always be conscious of how my behaviour makes others feel and I will change my behaviour if someone tells me it makes them uncomfortable. I will ask for help with this if I need to.
- I will speak up on behalf of others if I see or hear about someone else being hurt, harassed or assaulted either verbally or physically.

If you are worried about your safety, or that of a colleague, please speak to a manager, a Freedom to Speak Up Guardian via [Londamb.speakup@nhs.net](mailto:Londamb.speakup@nhs.net) or our Safeguarding Team via [Safeguarding.las@nhs.net](mailto:Safeguarding.las@nhs.net)



15

# Our shared expectations

## Our people managers

As direct line managers of LAS teams we recognise our role in building engaged teams to deliver a great service.

### Caring



Build a values-led environment free from disrespectful behaviour, where we hear and act on staff and patient views and experiences



Help our people grow and develop to their fullest potential

### Respect



Build a culture where staff and patients are all treated fairly regardless of protected characteristics, profession, role or job level



Build a culture where people can give and receive feedback safely

### Teamwork



Set reasonable objectives with our teams and regularly and respectfully let people know how they are doing in meeting them



Get to know the individuals in our teams, their strengths, aims and issues, and involve them with regular meetings, 1:1s and feedback

# Our shared expectations

## Senior leadership

We will create an environment that builds Our LAS Values into everything we do and everything we ask our teams to do.

### Caring



Role model the highest standards of behaviour; make decisions that value and respect our patients and colleagues; and create a safe environment for staff free of patient aggression



Ensure all our talented staff can progress into roles they love

### Respect



Create an environment where everyone can flourish regardless of protected characteristics, profession, role or job level



Make it safe for people to express concerns and to be heard fairly, ensure people are supported to resolve disrespectful behaviour

### Teamwork



Set clear and achievable strategic aims for the organisation and give people adequate tools and resources to meet their objectives

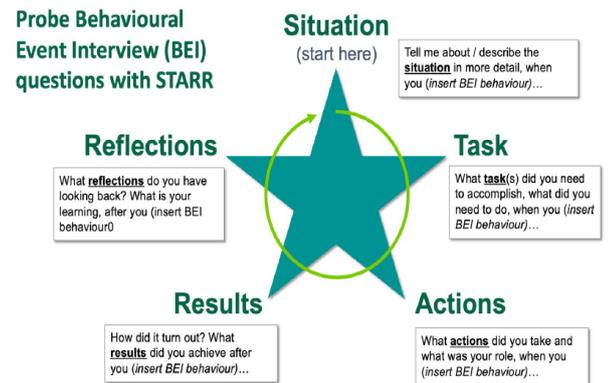


Create 'time for teams' to enable all our diverse employees, teams, and managers to have regular meetings and 1:1s

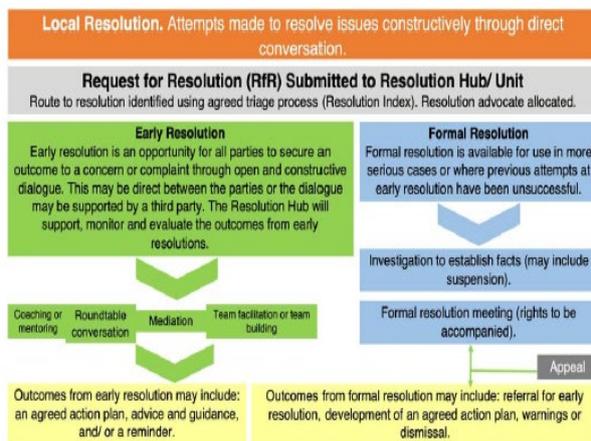
## Caring, Respectful and Teamwork – embedding into our core people practices.

As highlighted in phase 4, embedding our revised value based people practices into everything we do is key to the success of the programme. Work has already started to revise the following practices and processes

- Appraisal documentation – using the ABC of appreciation
- Recruitment selection practices – using the STARR technique
- Early resolution using BUILD constructive feedback
- Conflict resolution (through our existing resolution hub)



# Our Values & Behaviours





<b>Report Title</b>	<b>Business Plan 2022/23</b>		
<b>Meeting:</b>	Trust Board		
<b>Agenda item:</b>	6.2	<b>Meeting Date:</b>	31 May 2022
<b>Lead Executive:</b>	Roger Davidson		
<b>Report Author:</b>	Robert Bowen		
<b>Purpose:</b>		Assurance	X Approval
		Discussion	Information

**Report Summary**

Over the last few years we have seen increasing demand for our services and have responded to the challenges of Covid-19 collaboratively with our partner organisations across London.

The pressures we have faced have had impacts on the public, our patients, and our staff. While we continue to recover and respond, it is essential that we look forward and put in place robust plans for our future.

The Business Plan 2022/23 sets out London Ambulance Service's for the upcoming year.

We will focus on priorities that will deliver improvements quickly for our patients and staff, alongside changes that will enable longer term transformations in how we work.

Our ten priorities and forty commitments set out how we will

- Improve our services
- Strengthen our organisation
- Build our strategy for the future.

Every team across the LAS plays a part in the delivery of high quality care for our patients. This document describes the activity required across the whole of our organisation to deliver our ambition.

Lastly, the Business Plan 2022/23 sets out an approach for supporting and managing successful delivery throughout the year.

**Recommendation/Request to the Board/Committee:**

The Board is asked to **Review and Agree** the Business Plan 2022/23

**Routing of Paper i.e. previously considered by:**

- Executive Committee 18<sup>th</sup> May
- Trust Board Development session 26<sup>th</sup> May
- Individual executives for contribution and comment
- Executive Committee 25<sup>th</sup> May

**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?*

- Supports delivery of the Trust objectives and strategy – setting clear ambition with deliverables and timescales
- Risks are detailed with mitigation in the paper (section 5.2)

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

- Paper sets our specific ambitions for our staff including; 3.5 Supporting our workforce, and 3.6 Developing a more positive working environment

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

Specific ambitions are included to improve equality and diversity at LAS in Business Plan 2022/23 sections;

- 3.5.1 Increasing the size of our workforce,
- 3.5.3 Encourage and promote diversity across our teams, and
- 3.9.2 Supporting local recruitment and create rewarding careers for Londoners



# London Ambulance Service NHS Trust

*“For the patients and communities we serve, we will improve our services, strengthen our organisation and build our strategy for the future”*

## Business Plan 2022/23

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# Contents

1	Foreword from our Chief Executive .....	3
<b>Part A</b>		
2	Introduction to our plans for 2022/23 .....	5
2.1	What we do .....	5
2.2	Delivering the commitments of our 2018-2023 Strategy .....	5
2.3	Responding to our changing operating environment .....	6
<b>Part B</b>		
3	Our priorities for 2022/23 .....	9
Our services for patients .....		10
3.1	Continuously improve the safe delivery and quality of care for our patients .....	10
3.2	Improving our emergency response .....	12
3.3	Create more integrated and resilient 111/999 services .....	15
3.4	Strengthen our specialist teams' response to incidents, risks and threats .....	17
Our organisation .....		19
3.5	Support our workforce .....	19
3.6	Develop a more positive working culture .....	23
3.7	Strengthen, join-up and exploit the power of digital and data .....	25
3.8	Use resources more efficiently and effectively .....	28
Our future .....		30
3.9	Build our role as an "anchor institution" that contributes to life in London .....	30
3.10	Develop a new five-year strategy to improve services for the communities we serve .....	35
<b>Part C</b>		
4	How we will monitor our plan .....	39
4.1	Monthly Organisational Performance Meetings OPM .....	39
4.2	Integrated Performance Report .....	39
4.3	Executive Committee ("ExCo") .....	39
5	Strategic risk and mitigation .....	40
5.1	Board Assurance Framework (BAF) .....	40
5.2	Delivery Risks .....	40
6	Governance and assurance .....	42
6.1	Governance and Assurance Forums .....	42

# 1 Foreword from our Chief Executive

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## *Introduction*

It is my pleasure to introduce the London Ambulance Service business plan for the financial year 2022/23.

It's no secret that the NHS has faced a particularly difficult couple of years, during which our sharp focus has remained on providing life-saving care during a global pandemic, while also keeping our staff and volunteers as safe and as well supported as possible. But now the time has come to look to the year ahead and plan for the future, including how we can further improve patient care, the role we can play in bringing urgent and emergency care services more closely together, and the responsibilities we have in making sure our services and career development opportunities are the best they can be for Londoners and those who want to work in our great capital city. And that's exactly what this business plan sets out.

Any organisation – large or small – would benefit from a robust plan that looks to the 12 months ahead, but for us, it is vital. The London Ambulance Service, which holds the key to ensuring 9 million people living and working in London can access the emergency and urgent care they need quickly, has significant responsibilities.

We are a complex operation that serves a diverse and heavily populated capital city – to deliver life-saving care, we rely on 10,000 staff and volunteers who manage services night and day, we run and maintain hundreds of ambulances and emergency response vehicles, we operate busy and bustling control rooms, and play a vital role in responding to major incidents and significant events.

As demand on our services remains high, we know that we have a lot of work to do in the coming year to achieve all that we want to,

and to make real progress against the priorities we have set. But, our mission is clear and our plans are ambitious, and so we are delighted to share details with you on the following pages. I hope you enjoy reading our Business Plan 2022/23.

**Daniel Elkeles,  
CEO**

## Part A

# Our operating environment

## 2 Introduction to our plans for 2022/23

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We are the busiest ambulance service in the country, serving a diverse capital city of more than 9 million people. Every 999 call in London comes to us, and we are proud to provide life-saving care to people in their hour of need. We also provide some local NHS 111 services for Londoners who need urgent care or advice about a health condition, and play a key role in responding to major incidents should they occur in London.

Our 24/7 service is powered by more than 10,000 members of staff and volunteers.

### 2.1 What we do

The London Ambulance Service (LAS) is the only NHS provider to cover the whole of London. We provide all 999 services across the city, and work with each of the capital's five integrated care systems (ICSs) to provide 111 services locally for Londoners. Due to the COVID-19 pandemic, 2021 was our busiest year ever. We answered more than 2.1 million 999 calls (15% more than the previous year) and 2.1 million 111 calls.

We play an important role in making it easier for people to access the right emergency and urgent care in the capital and are striving to ensure patients receive the right response, in the right place, at the right time. Our fundamental aim is to get help to patients who have serious or life-threatening injuries or illnesses as quickly as possible.

As an emergency service in the capital city we also need to be prepared to deal with large-scale events, incidents and terrorism threats. Working closely with other emergency services and organisations in London, we respond to and, where necessary, provide lifesaving care at these incidents, which are known as 'major incidents'. A major incident is defined by the NHS as any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Our specialist teams test our plans for major incidents on a regular basis, often working in partnership with other agencies to ensure we can respond as effectively and as efficiently as possible.

Across LAS we have numerous teams that work together in clinical, operational and corporate functions that collectively contribute to the high quality and equitable care we provide for patients in need across London.

Our plans for how we will improve and invest in these services are set out in the remainder of this document.

### 2.2 Delivering the commitments of our 2018-2023 Strategy



Our 2018-2023 strategy describes how we will move towards our vision to become a world class ambulance service at the heart of urgent and emergency care provision in London.

We are now in the final year of that strategy, and our vision remains at the heart of what we do. We continue to strive to improve the way we provide care to our patients, and have committed to supporting our health and social care partners as we restore services following the impact of the pandemic.

The strategy sets out our aspiration of facilitating urgent and emergency care pathways, delivering more care on scene, and avoiding taking patients to hospital when that is not the most appropriate place for the patient to receive care.

The strategy was published before COVID-19 developed and a global pandemic declared. From March 2020, the NHS in London, and across the country, has been under immense pressure and in each COVID wave, the ambulance service has been at the forefront of that response. Despite this, our teams have continued to make excellent progress delivering the goals and ambition set out in the organisational strategy.

This strategic ambition remains central to our planning for 2022/23 and underpins our core work. However, 2022/23 will also include reflection and learning from the last five years as we look to develop and agree a new organisational strategy for the next five years.

### 2.3 Responding to our changing operating environment

Over the last few years we have seen increasing demand for our 111 and 999 services. This has led to changes in how we work in some parts of our organisation and we continue to learn and adapt to ensure ongoing high quality care for our patients.

For 2022/23 we need to consider:

- London has been hit hard by the COVID-19 pandemic. The tragic loss of life, and the effects of long COVID have put unrelenting pressures on our staff. It has affected how patients access healthcare and how our healthcare professionals are able to respond.
- Since 2019/20, we have worked collaboratively with partners to care for more patients without taking them to hospitals. 'Hear and Treat' (where our clinicians provide care for patients over the phone, or remotely) has increased since 2019/20. 'See and-Treat' (providing the right care for patients on-scene, without taking them to hospital) has increased by five per cent, reflecting the increasing specialisation of our paramedics and increase in the use of alternative pathways co-designed with partners.
- Demand for 111 services has also increased significantly since 2019/20. The number of calls we receive has almost doubled, with an increase of 44% in south east London and 48% in north east London. .
- In other parts of the health and care systems across London there are pressures that directly and indirectly impact the demand for our services. The impact and lasting effects of the global pandemic has caused significant disruption to the NHS, and as people have delayed getting the care they need or have waited longer than usual for diagnostic tests, we have seen an increase in the number of people who become very unwell and Contacted LAS for their required support. Finally, pressures in hospitals across London means that the time our crews wait to hand patients over to the care of the hospital has increased significantly.

- We have seen higher than usual levels of staff sickness, reflecting the pressures our staff have been under for a sustained period, as well as the transmission rates of the Omicron variant. Our expanded wellbeing services continue to be well used by LAS staff.
- We are a key part of London's five emerging integrated care systems (ICSs) – North West London, North Central London, North East London, South East London and South West London. LAS has a key contribution to make in all of these areas at system and local levels as long term plans are developed in coming months.

In spite of these changes and pressures, the LAS continues to provide high quality care to people across London. In the last 12 months we have:

- Successfully responded to the public in their time of need, working through national and major incidents, as well as sustained escalation levels for a large part of the year.
- Expanded our 111 service to manage calls from patients across most of London.
- Employed more specialist clinicians in our control rooms to support frontline crews, which in turn, has allowed us to treat more patients over the phone and take fewer patients to hospital.
- Invested £14.2 million to bring in-house the team responsible for cleaning and restocking ambulances, and successfully completed the transition, both increasing our resilience and improving staff terms and conditions.
- Secured £16.6 million to buy new greener vehicles, which will make us the NHS trust with the largest electric response fleet in the country.
- Launched a culture programme aimed at helping our staff and volunteers be happier at work while equipping them with the knowledge, skills and experience to thrive in their careers.
- Officially opened our new Logistics Supply Unit in Rainham, built to the highest standards of environmental sustainability replacing the old logistics stores at Deptford.
- Opened our new Medicines Packing Unit (MPU) which provides bespoke facilities for our Pharmacy Team, ensuring statutory requirements are met.

Even with all the progress and development described above, we know there is still more we can do to ensure the LAS improves care and outcomes for our patients and communities we serve and, along with London NHS, can address the inequity of healthcare for some parts of our community. We need to ensure excellence as we adapt and improve to the changing internal and external requirements.

**Part B**

**Our Ambition for 2022/23**

## 3 Our priorities for 2022/23

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*In response to the changing environment and impact of Covid-19, we will focus on a blend of operational priorities that will deliver improvements quickly for our patients and staff, alongside changes that will enable longer term transformations in how we work.*

For the patients and communities we serve, our priorities set out how we will improve our services, strengthen our organisation and build our strategy for the future:

### **Our services for patients**

1. Continuously improve the safe delivery and quality of care for our patients
2. Improving our emergency response
3. Creating more integrated and resilient 111 services
4. Strengthen our specialist teams' response to incidents, risks and threats

### **Our organisation**

5. Support our workforce
6. Develop a positive working culture
7. Strengthen and exploit our digital and data assets
8. Use resources more efficiently and productively

### **Our future**

9. Build our role as an "anchor institution" that contributes to life in London
10. Develop a new five-year strategy to improve services for the communities we serve

These priorities are outlined in more detail on the following pages, including information on the expected impact and specific deliverables expected for each of these themes.

Our priorities for 2022/23 are all focused on improving the care we provide to our patients. All teams across the organisation play a part in this, directly or indirectly. The priorities described in the section reflect changes, improvement and investments required across the whole of our organisation.

## Our services for patients

The quality of care we provide to our patients is the central focus of everyone in the LAS. We strive to deliver consistent, high quality care every day. Our staff and volunteers are the people who make this happen, through collaboration across the whole organisation.

At LAS we are committed to delivering a better patient experience and to improving our patient outcomes by encouraging a culture of learning, commonly shared between staff groups. The following sections set out how we will achieve these ambitions..

### 3.1 Continuously improve the safe delivery and quality of care for our patients

Our directors must prepare quality accounts under the *Health Act 2009* and the *National Health Service (Quality Accounts) Regulation*. These accounts review progress against several quality priorities throughout the year and confirm priorities for the coming year.

Additionally, with the increased use of health informatics, there are more opportunities to use clinical data better, and more opportunities to help improve the safe delivery and quality of care for our patients.

#### 3.1.1 Deliver our annual quality objectives

In 2022/23, we will focus our improvement efforts on three priority areas:

1. patient care;
2. patient, family and carer experience;
3. staff engagement and support.

While the continued effort in managing COVID-19 has presented challenges, opportunities are emerging that will improve how we can work and how we plan our future services.

#### How will this be achieved?

We will see the improvements reflected in our national performance reports, electronic record keeping and in the development of our targeted action plans. To deliver this, the clinical and quality directorates of LAS will focus on:

- Improving care for higher acuity patients including patients who have had a stroke or heart attack, identifying and referring specific patient conditions, improving health inequalities, and improving infection control measures.
- Sharing information to aid organisational learning, the delivery of a programme of clinical innovation, and improving the timeliness of our response to patients in need.
- Improving clinical development through supervision and rotational working and supporting the quality improvement process to enable staff to enhance services in their area.
- Realising benefits formally through the workforce plan, surveys, implementation of strategies, increased local communications, decreased hospital handover delays, and enhanced data metrics.

Full quality account documentation is published separately from this document but can be found on our website ([www.londonambulance.nhs.uk/our-publications](http://www.londonambulance.nhs.uk/our-publications)).

### 3.1.2 Develop and use clinical outcome data more effectively

In the first 12 months of the electronic patient care record (ePCR) project, the amount of paper documents moved and scanned by LAS colleagues has fallen from more than three million per year to less than 500,000. The ePCR brings a lot of positives, including improved clinical decision making (as our medics have more information available to them) and patient experience as the people we care for don't need to repeat details of injuries or conditions to different NHS staff. However, we recognise that there is more we can do to fully harness clinical data (such as recognising trends and assessing clinical standards).

#### How will this be achieved?

- A clinical data workgroup has been created with key stakeholders from across the Business Intelligence, Data Science, and Clinical Directorates. This workgroup will be tasked with understanding the ambitions of using clinical data and helping refine the medium and long-term goals. The working group will also help understand the gaps and limitations of the datasets.
- The Trust will be able to generate reports and visualisations utilising multiple data sources, including clinical data. These reports will help answer broader questions about clinical standards and consistency, resourcing and forecasting, and linking patient outcomes to performance.
- We will also ensure that any new health IT systems are aligned to other data sources to allow the swift analysis of information and statistics, in turn supporting the transition of the LAS to being a true learning organisation, where data and evidence are central.
- It is imperative that our datasets are standardised and linked to allow analysis across a large span of available data. This involves progressing important national priorities such as implementing the ambulance data set and correlating data from key systems together, including our Computer Aided Dispatch (CAD) system, ePCR and our Clinical Audit and Research Unit.

The Trust will also use other platforms including PowerBI (a business intelligence tool) to allow trained clinical personnel to analyse clinical data sources directly. As a result, with the LAS Business Intelligent team's support, we will increase understanding about our patients conditions and care and provide a more informed environment for critical clinical and business decision making.

#### Our 2022/23 commitments:

- ✓ Continue to improve clinical outcomes across the organisation, including for patients who have had a stroke and heart attacks
- ✓ Deliver the quality objectives relating to patient care, patient and family experience and staff engagement published in the quality delivery plan.
- ✓ Pilot the production of clinical outcome data for a range of conditions, linking 111/999/ambulance data with hospital data sets.

## 3.2 Improving our emergency response

The London Ambulance Service has accelerated the transition from a traditional ambulance service provider to a being an active system partner delivering integrated urgent and emergency care across London. By improving our resilience, reducing hospital handover times, utilising alternative pathways and providing high-quality clinical assessments through telephone clinical assessment services, we maximise our response capacity for patients who need it most.

We will continue to deliver this through our Right Care, Right Place (RCRP) Programme, working collaboratively with urgent and emergency care colleagues in other organisations across London.

### 3.2.1 Improve the resilience and performance of our call handling and dispatch functions

Ensuring that our emergency control rooms can answer 999 calls in a timely way, with enough resilience in the team to deal with further surges in demand, has been a challenge in recent years. The pressures of Covid-19 has resulted in a sustained increase in the number of calls we have received, and higher levels of staff absence at critical periods. However achieving an average time of 10 seconds to answer a 999 call remains a top priority for the Trust and will be a major focus throughout 2022/23.

#### How will we achieve this?

Achieving consistent staffing levels is a fundamental requirement and will be the main emphasis. The following actions will be delivered.

- We will increase the number of emergency call handlers working across our Emergency Operations Centre (EOC) function. The roles will form part of the major recruitment campaign the Trust has embarked on. Due to CAD implementation (see 3.7.1) the majority of this activity will be late in quarter three and into quarter four.
- We will introduce retention payments to encourage our staff to stay with the LAS and the EOC team.
- We will look into the option of sourcing more support from other ambulance trusts in the first half of the year.
- We will launch an EOC 22/23 improvement programme which will include a number of productivity, efficiency and workforce improvement initiatives commencing in Q1.
- Additionally we will continue to invest in the clinical quality of our dispatch function. A review will be undertaken in Q1 to understand how we can safely manage the number of higher acuity patients at times of high demand.

### 3.2.2 Work with partners to ensure the best care for our patients, including hospital handovers and utilisation of alternative pathways

Hospital handover delays remain one of the biggest challenges to performance in the ambulance sector. Sharing learning across regions, ambulance services, and healthcare partners, will be crucial in developing solutions and delivering improvements. Additionally, the utilisation of alternative pathways can be one of the most effective methods to reduce pressure on hospitals, and ensure our patients receive the most appropriate clinical care for their needs.

### **How will this be achieved?**

- We are co-developing action plans with our integrated care system (ICSs) to address hospital handover delays across London. This will ensure that we convey to hospital only those patients who need care within a hospital emergency department and that information sharing between ambulance services and trust boards is prioritised.
- Where appropriate, a 'Fit to Sit' process will be used by our clinicians, enabling a progressive approach to patient mobility using wheelchairs, or by allowing the patient to walk on arrival to the emergency department if clinically appropriate.
- Vulnerable patients (i.e. elderly fallers and mental health concerns) must receive better access to care, including through better use of alternative care pathways. We are investing in specific patient cohorts, implementing multi-disciplinary teams to ensure we will provide the most personalised care possible for our patients.
- We will collaboratively develop and expand appropriate same day emergency care (SDEC) pathways for these patients, ensuring that their patient journey is as effective as possible.

### **3.2.3 Reduce dispatch and hospital conveyance rates by developing appropriate local alternatives**

Since our Right Care, Right Place programmes (RCRP) was established, the external environment has changed significantly, driven primarily by the long-term health, social and economic consequences of the COVID-19 pandemic. The scope of the RCRP has therefore been updated to reflect a new post-COVID healthcare environment. The focus will remain on ensuring the patients receive the right resource at the right time, reducing avoidable conveyances to emergency departments and developing alternative solutions to treat patients closer to home.

Our ambition is that 50 per cent of patients are not conveyed to the hospital, but instead treated safely at home or through local alternatives, reducing the pressures on hospital emergency departments and ensuring our patients receive the right care, in the right place.

### **How will we achieve this?**

- A review of the dispatch model will be undertaken to enable a more targeted and clinically supported dispatch process to patients in need. Longer-term, emerging technologies will provide greater options for dispatching resources to patients.
- Our clinical teams will work with local and regional health providers to define and use alternative responses through our telephone-based Urgent Clinical Assessment Service (UCAS) in our 111 services. The UCAS is supported by GPs, health advisors and other multi-disciplinary clinicians, offering a remote clinical assessment or alternative pathways to the patient, including through SDECs.
- We will increase the utilisation of our UCAS pathway to manage our lower acuity patients through the transfer of patients between the 999 Emergency Care Assessment Service (ECAS) and 111 UCAS system, where there has been clinical determination that the patient is likely to be managed more effectively through 111 provision.

**Our 2022/23 commitments:**

- ✓ Deliver sustainable improvement on national performance indicators compared with 2021/22, particularly for call handling and category two ambulance response times, so we are one of the top five in England.
- ✓ Review and update clinical model for ambulance dispatch to ensure patients get the right response at the right time
- ✓ Work with partners to reduce hospital handover delays to achieve standards and improve quality and safety for patients.
- ✓ Work with our partners to increase the proportion of 999 patients that access alternative care pathways, particularly frail patients and those with mental health conditions.

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### 3.3 Create more integrated and resilient 111/999 services

Our Integrated urgent and emergency care (IUEC) team have embraced the opportunity to introduce an IUEC model into the London Ambulance Service. The team are leading with the development of innovative roles for staff and partners across the health system. As a 111 service in an NHS Trust, we have a clear understanding of patient, stakeholder and system requirements. This informs our service response and quality improvement activity, allowing us to strengthen our existing infrastructure and clinical governance and develop an IUEC workforce with rotational working and portfolio career opportunities.

#### 3.3.1 Create a single clinical assessment function for 111 and 999

As an ambulance service provider, delivering both 999 and 111 services across London, we are the first point of call for patients seeking urgent or emergency care.

Our aim is for every patient requiring urgent healthcare support or advice to undergo an initial telephone clinical assessment and, where appropriate, a full clinical consultation. This is to ensure they receive the right care, at the right time, in the right place regardless of whether they dial 999 or 111.

Our clinical assessment service allows us to do this by maximising the value of having a multi-disciplinary, highly skilled clinical team working flexibly across urgent and emergency care.

We are creating more career development opportunities for our highly trained call answering teams to not only add variety to traditional ambulance career paths, but also improve our future resilience.

#### How will this be achieved?

Our ambitions are:

- To review the initial assessment tool and validate the option to have one system across both 999 and 111 services, and allow for patients calling 999 to be routed to the most appropriate place of care, in a similar way to how 111 operates currently.
- To introduce Cleric (a computer-aided dispatch system) which will allow improved interoperability with Adastra (the urgent care clinical system) which already has embedded interoperability with other London healthcare systems including GP practices, urgent treatment centres and emergency departments. This will enable direct booking into other services, including seamless referrals for patients, the electronic transfer of clinical information and access to other patient information to support clinical decision making.
- To safely reduce the ambulance conveyance rates through more effective use of the ECAS and UCAS including collaboration between our clinical assessment and dispatch teams to avoid delay and maintaining safe clinical oversight of patients waiting for dispatch.
- To improve our response to 111 and 999 service users and support access to specialist care, we will introduce a CAS urgent community response (UCR) role to work directly with local UCR services across London to discuss suitability of patients who may benefit from direct referral.
- To develop specialist clinical teams (mental health, end of life care) to work with the wider system to support more complex patients where appropriate.
- To deliver targeted recruitment to strengthen the specialist clinical skill set within LAS, expanding our multi-disciplinary team to meet the needs of London.

- To provide a seamless experience for patients, carers and families through collaboration between LAS staff and system partners.

### **3.3.2 Develop a resilient workforce so that we can help patients more effectively at first point of contact.**

In 22/23 we will be looking to expand the resilience of the workforce of our incident management and service delivery team, 111/999 control centres and clinical assessment services. We will also strengthen our leadership structures to improve efficiency, productivity and staff welfare.

#### **How will this be achieved?**

- A 24/7 real time connection is being created, with a silver commander, incident delivery manager (supported by operational delivery managers) and a senior clinical navigator to support the integration of 111 and 999 clinical queues.
- The duty LAS team will work with the pan-London surge team to support the navigation of patients during periods of pressure
- We will develop rotas for the multi-disciplinary team (MDT) so their knowledge is used across both clinical queues; enabling clinician support, learning and prescribing.
- The development of rotational roles throughout the service will expand the skill set available for the clinical assessment of patients, and enable greater variety in the ways our staff work, and greater resilience in escalation periods.
- Our business continuity plans will set out how we will share resources and work collaboratively with other healthcare providers
- We will continue to work with the Single Virtual Contact Centre (SVCC), recently implemented nationally (March 2022), allowing for calls to be routed to the local provider and redirected if they are experiencing long waits.
- We will continue to embed clinical oversight to ensure the right decisions are being made for each patient - to minimise delays and ensure that patients get the right response over the telephone or face to face.
- Our expert teams will work in conjunction with regional ICS and healthcare providers to take forward service improvement and development through shared learning and innovation.

#### **Our 2022/23 commitments:**

- ✓ Continue to be one of the top national 111 providers, as measured by call-answering performance, patient outcomes and the number of referrals to alternative pathways
- ✓ Establish the resilient integration of our multi-disciplinary emergency care and urgent care assessment services to enable improved hear-and-treat and consult-and-complete rates for patients.

### 3.4 Strengthen our specialist teams' response to incidents, risks and threats

The Resilience and Specialist Assets directorate (R&SA) ensures we can be ready to respond to any future major incidents and serious events, as well as service recovery. It must meet a series of interoperable capabilities set by the National Ambulance Resilience Unit (NARU), which form part of the Government's mitigation of events articulated in the National Risk Assessment and National Risk Register of Civil Emergencies.

#### 3.4.1 Update facilities and improve the locations of our teams.

Over recent years and as a direct result of changing and developing requirements, we have invested in our Resilience and Specialist Assets directorate

The staffing numbers have nearly doubled in recent years as a result of changing and developing requirements. The R&SA directorate is required to meet NHS England and NARU standards for specialist equipment and vehicles, putting additional strain on the current estate and infrastructure. The current facilities are no longer of sufficient size to meet the requirements of the teams within the R&SA directorate. Additional capacity is required.

##### How will this be achieved?

The R&SA team have reconfigured their available space and utilised other LAS estates for storage of vehicles and equipment. To deliver larger and more modern estates we will:

- Bring together necessary equipment, vehicles and staff across London. This will support greater efficiency, reduce storage costs, allow for better asset tracking and maintenance, improve access to training, capacity for increasing staff numbers, and provide more opportunities for collaboration between the R&SA teams.
- Ensure the requirements of NARU are understood for briefing and training during incidents, and room for specialist vehicles can be accommodated on site.
- Define the requirements for specialist training equipment to enable more accessible training for our staff, reducing the reliance on costly external training providers, and increasing the assurance of the quality and delivery of education standards.
- Consider the opportunity to provide high quality, modern training facilities for other professionals working in high-risk environments, increasing our collaboration with external partner organisations.
- Continue to refine the requirements of the service, working closely with estates colleagues and seek appropriate new accommodation for the team.
- Develop a robust business case for the identified location that quantifies the benefits of the move for patients and for the LAS.
- Prepare for the safe transfer of the function to a new site early in 2022/23.

#### 3.4.1 Ensure ongoing readiness for future incidents and events

The Department of Health and Social Care (DHSC) and NHS England's contribution to central government counter-terrorism strategies form part of the R&SA workload. Consequently, LAS must demonstrate that they meet the Interoperable Capabilities.

As part of the Interoperable Capabilities standards delivery, our emergency planning team are required to deliver an extensive and thorough training and education schedule. This includes training sessions for frontline staff groups as well as specialist courses such as Commander training and

Public Order training. This is significant undertaken that requires detailed planning for effective delivery.

**How will this be achieved?**

The Trust-wide 2022-23 Workforce Plan aims to increase the number of frontline clinical staff significantly. Consequently, the number of training sessions will need to rise to accommodate this. Additional training sessions are required to ensure the LAS continues to be compliant:

- The approximate sessions required for 2022/23 Training Plan are listed below.

	Training Course	Training Sessions delivered 2021/22	Anticipated Training Sessions 2022/23
<b>Frontline Staff Groups</b>	New Entrants/AAP/TEAC	51	70
	EOC staff	8	3
<b>Specialist Courses</b>	JESIP & Commander training	34	45
	Medical Response training	0	5
	Public Order training	2	5
	Enhanced SORT	15	40

- To deliver this ambitious plan, a command and resilience training team must also be recruited, to ensure capacity and greater assurance over the consistency and delivery of training modules.
- Additionally, an essential aspect of our future readiness is the ability to learn from our past experiences of incidents and emergencies. This is reflected in the NHS England Command and Control Framework. As we expand as an organisation, the remit of the RS&A directorate will develop too, ensuring we aim for compliance with all national standards for incidents and emergencies.

**Our 2022/23 commitments:**

- ✓ Identify an alternative site and agree re-location of the hazardous area response team serving the east of the city
- ✓ Confirm a new venue for eSORT training which meets the service criteria, including the increased capacity requirements
- ✓ Maintain the team’s high quality delivery and responsiveness, evidenced by compliance with national standards and specific feedback from previous inspections

## Our organisation

Working in the world's busiest ambulance service, where staff and volunteers can be sure that they are making a difference to people's lives, can be incredibly rewarding. But, it is not always an easy job – in recent years our staff have faced the challenges of increasing demand for our services, worked through the fear and uncertainty of caring for people with Covid-19, and at the same time, have seen increasing levels of abuse from the public and high levels of unplanned absences as a result of the pandemic. This has put enormous pressure on our teams and individuals for a prolonged period.

We are committed to doing more to support our staff and volunteers and improve the working environment in which our teams work every day.

### 3.5 Support our workforce

#### 3.5.1 Increase the size of our permanent workforce.

We have an ambitious recruitment plan in place, and aim to recruit an additional 1,700 people in the coming year. Recruiting more staff will increase the numbers of frontline clinicians and operational managers to support new systems of working across the Trust.

##### How will this be achieved?

- Recruiting 477 additional paramedics with over 250 joining us from our partner universities, 44 internal students who will complete the Cumbria University paramedic apprenticeship and over 200 colleagues recruited internationally (including newly qualified paramedics from Australia).
- Recruiting over 500 Assistant Ambulance Practitioners (AAPs) from our local population. This is a popular role we launched in 2020 and can be an excellent 'stepping stone' for colleagues who want to progress to being trainee emergency ambulance crew (TEACs), to emergency ambulance crew (EACs) and paramedics.
- We will continue to support over 300 internal staff registered on the University of Cumbria apprentice paramedic programme, with plans to recruit 180 more people in 2022/2023.
- We will also be recruiting 45 people to join our non-emergency transport (NETs) team.
- Our advanced paramedic practitioners (APPs) – both urgent and emergency care – are a vital part of our clinical team and we will recruit an extra 34 APP colleagues over the year.
- To support our crews, we will be creating and recruiting to 80 new team leader band six roles, which will line manage our 'non-registrant' workforce.
- We will complete a significant recruitment phase in our 999 and 111 operations centres with plans for over 300 call handlers, dispatchers, health advisers, and clinical team navigators and clinical advisors to support our clinical hub and clinical assessment centres.

Additionally we will:

- Improve support for people working in our ambulance stations, by ensuring station managers have a maximum of 15 people reporting to them directly.
- Introduce a non-registrant leadership role to provide progression opportunities for a more diverse workforce.

- Introduce a greater variety of operational roles that will lead to potential savings through more efficient management models.

Providing appropriate staffing levels will not only benefit patients but also support our paramedics, nurses and doctors. We anticipate:

- A reduction in delays to patient care, whether an on-scene attendance or clinical assessment over the phone.
- A reduction in staff sickness and gaps in our rotas. This will reduce the need for overtime and extended hours, helping reduce the risk of ‘burnout’ and staff dissatisfaction.
- By increasing our workforce and reducing our reliance on incentives (such as overtime) to produce necessary operational hours, we will be able to stabilise our workforce pay expenditure and rostering to meet patient demand
- By increasing the capacity we can be more innovative with partners, for example through the mental health joint response cars and urgent crisis response cars, we can improve the patient flow and potentially increase non-conveyance across London.

### **3.5.2 Expand our educational capacity**

With a focus on staff development and a commitment to upskilling our staff and volunteers, our clinical education team has already utilised the space available to them and will not be able to accommodate the full training requirements of the new staff cohorts.

As a result, we will need to invest in additional capacity with the necessary flexibility and digital capabilities to ensure training can successfully be provided to on-board the new staff we need.

#### **How will this be achieved?**

By expanding the space, we will enhance the educational experience of new joiners.. Creating a modern learning environment will also enable students and staff to continue to thrive and develop their skills and knowledge for the benefit of patients. We will:

- Identify sites for expanding the education centre provision both in the short term and an appropriate medium term solution.
- Develop the use of digital technology to deliver first-class distance learning to staff.
- Deliver the continuous professional development to the Clinical Education and Standards Directorate with an aim to develop and deliver more specialist training locally.
- Extend our capacity to support staff as they progress into new roles, allowing us to appropriately equip our future leaders with the skills and knowledge to lead their teams.
- Recruit sufficient numbers of tutors (both clinical and driving) to meet the expanding workforce demand.
- Replace the driver training units, to ensure driving education remains compliant with the legislation.
- Finally, we will work with Higher Education Institutes (HEIs), to develop opportunities for dedicated bespoke education programmes externally.

### **3.5.3 Encourage and promote diversity across our teams**

London is the most diverse city in the UK, and we want our workforce to reflect the communities we serve, providing equitable opportunities to all.

We will develop strategies that help attract, recruit, promote and retain colleagues who represent the patients we serve. Studies show that a motivated, included and valued workforce will help deliver high-quality patient care, increased patient satisfaction and better patient safety.

### **How will this be achieved?**

We will:

- Develop guidance for use across the Trust for inclusion objectives, reasonable adjustments and a commitment to anti-racism.
- Continue the use of more diverse selection panels for recruitment and promotions.
- Design bespoke workshops for local managers and a new module in the Engaging Leader programme. In addition, the Culture, Diversity and Inclusion team will continue to identify and remove structural or behavioural barriers within the Trust that prevent colleagues from reaching their true potential.
- Coordinate and report on Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the gender pay gap analysis.
- Demonstrate ongoing commitment for all demographic groups, through support to the Staff Network Groups (LGBTQ+, EnAbleD, B-ME, Women's and Christian Fellowship).

#### **3.5.4 Reduce violence and aggression experienced by staff**

We recently signed up to a new national campaign to highlight the profound impact of physical and verbal abuse on ambulance staff and volunteers, as figures show that cases of violence against staff and volunteers reached a record high last year.

As part of the national #WorkWithoutFear campaign, London Ambulance staff and volunteers were invited to meet with Chief Executive Daniel Elkeles to share their personal experiences of abuse while on duty and their suggestions for what could be done differently, helping to create and shape a brand new action plan to bring down the number of incidents and secure the toughest possible convictions for those who commit them.

### **How will we achieve this?**

A Trust violence prevention and reduction standard (VPRS) action plan has been developed. The plan provides a framework that supports a safe and secure working environment.

- The approach is subject to ongoing strengthening and development, with stakeholder review at regular staff groups and formal committees.
- A VPRS team will concentrate on educating, preparing and supporting our staff when violence is experienced. With specialist knowledge, it will sift through approximately 300 incident reports a month and identify the 50 per cent that have a criminal element.
- CCTV will continue to be a powerful tool in our reduction of violence. We are rolling out body worn cameras to all frontline staff, and the CCTV footage from ambulances generates 43,000 hours of footage a day. Where an incident of violence takes place, the team supports the police investigation and analysis of the CCTV footage.
- As the legislation expands around the use of CCTV in prosecution, LAS will need to keep up to date.
- We commit to regular training for our staff, additional resources and growing corporate oversight. This is outlined in the VPRS Maturity Model Road Map, and we aim to meet significant milestones in 2022/23.

### 3.5.5 Offer enhanced well-being provision

LAS should be a place that enables our staff to be healthy and prioritise their wellbeing, especially in the wake of the pandemic and the busiest period in London's healthcare history. Although we have already increased the well-being offering to staff and volunteers, further enhancements are needed to combat the burnout and fatigue felt across the whole of the NHS.

#### What will be achieved?

Using an evidence-based approach that maximises our internal expertise, shapes the provision of our occupational health service and utilises the offers from external partners, we are enhancing our wellbeing offerings in several ways.

- We will increase wellbeing training for both staff and managers to include:
  - Doubling the size of our bespoke in-house peer support network
  - Additional mental health first aid training,
  - Courses to benefit teams and individuals,
  - Supervision training for managers.
- In July 2022, our new occupational health contract will begin, presenting us with the opportunity to refocus the service in the context of the pandemic and increased utilisation. Including offering;
  - more options for colleagues with specific mental health needs,
  - post-Covid syndrome support
  - self-help exercises for musculoskeletal injuries,All the above will help prevent unnecessary sickness or reduce absence rates across LAS
- The mobile nature of much of the workforce has meant that our Wellbeing Tea Trucks continue to provide much-needed respite and refreshment for colleagues during a busy shift. Our tea truck provision will be continued.

#### Our 2022/23 commitments:

- ✓ Deliver an ambitious recruitment programme, leading to a net increase of frontline staff of more than 400 whole-time equivalents.
- ✓ Improve further our compliance with the NHS's workforce race equality standards and workforce disability equality standards.
- ✓ Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader
- ✓ Expand our educational capacity, both estate and courses.
- ✓ Publish and implement an action plan to reduce violence and aggression towards our staff.
- ✓ Make significant reductions in unplanned and sickness absence, achieving the lowest unplanned absence rates compared to other ambulance services.
- ✓ Offer improved occupational health provision, increasing staff health and wellbeing support

## 3.6 Develop a more positive working culture

As we look to the future, it is vital we can create and foster a working culture where people feel they are involved, are kept informed and belong to a team. It is about developing a stronger sense of collaboration across departments in response to the operational deployment of our clinical resources. Supporting this will be the creation of positive and meaningful LAS Trust values. These principles will guide the culture, structure and systems of the organisation. We will support every staff member to have more regular and holistic conversations that cover learning, development, well-being and performance.

### 3.6.1 Co-create and embed new values and behaviours

COVID-19 has placed significant demands on everyone in the NHS. It has highlighted our strengths, our flexibility, and our adaptability to a challenging increase in demand. But, it has also had a lasting impact on us – whether we have lost a loved one or colleague, or feel fatigued by the sheer hard work of the past two years.

Our new values and behaviours framework needs to reflect those positive characteristics and protect our staff from the negative, as well as the NHS constitution and what it means to be a public healthcare body. Values embody the human factors in healthcare and are fundamental to the practice of compassionate, ethical and safe clinical care.

#### How will this be achieved?

We have developed a new set of draft values and behaviours in our culture transformation programme; *Our LAS*. More than 1,000 staff took part in our initial workshops, which looked at what each individual had to say about what makes a good day, a bad day, what we should value, and what behaviours we would like to see more and less of from each other. Consequently, we're becoming more and more confident about what's important to our people.

As a direct result of what our staff and volunteers said, our new values are

- **Caring**
- **Respect**
- **Teamwork**

Following validation by the Trust board, we will seek to embed these values including at our leadership 'masterclasses' in Q1 and Q2 and other training where appropriate.

### 3.6.2 Strengthen local team working.

More unified and collaborative working across all our teams will contribute to better patient care, enable us to get to patients sooner, provide access to integrated resources and pathways most appropriate to the patient's needs and deliver a sustainable, consistent service across London resilient to variations in demand and maintaining equality of access.

#### How will this be achieved?

Our LAS programme has helped us explore both the positive and negative behaviours of effective and ineffective teamwork. We also looked at potential models that would enable colleagues to have regular catch ups/one to one meetings with their managers. Current working patterns (rosters) can constrain the active demonstration of consistent good leadership. Examples of this can be seen in our staff survey, which has seen a downward trend in the last few years, on the theme 'Teamworking'. This highlights the need for us to concentrate on:

- Face to face communication
- Consistent management and leadership
- Flexible working arrangements
- Development of strong relationships between people
- The establishment of 'real'<sup>1</sup> teams.

Improved local team working could be achieved through changes to working patterns, including the potential introduction of a watch system. This will be scoped and considered in 2022/23.

### **3.6.3 Design and launch a new appraisal process to ensure greater support to people.**

Favourable employee reactions to formal appraisals are imperative if appraisals are to affect performance and create positive employee attitudes. However, all too often, the essential elements of setting performance standards, personal development plans and delivering frequent feedback during the appraisal cycle are not done well. Research supports the notion that frequent and positive feedback is important to staff, and this is supported by the NHS Staff Survey results for 2021/22.

#### **How will this be achieved?**

We will encourage regular, informal discussions to occur throughout the year, rather than appraisers and staff members only meeting once or twice a year to have a formal dialogue.

Our aspiration is that;

- A new appraisal system that will support staff development, differentiate between performance and succession, and include a new behavioural framework that can guide appraisers, enabling us to achieve 100 per cent of eligible colleagues being appraised.
- Qualitatively, through the new appraisal system we will promote the value of self-awareness and taking time to recognise individual contributions and strengths, and where we can develop personally to achieve more.
- For managers, a good appraisal system will allow team leaders to get to know their teams in a meaningful way and provides everyone with a fair opportunity to develop.
- For the organisation, an appraisal system can create a happier and more engaged team in an organisation that's more likely to achieve its goals.

#### **Our 2022/23 commitments:**

- ✓ Co-design, launch and embed a new set of Trust values and behaviours.
- ✓ Improve our performance in the NHS staff survey, including the percentage of staff who recommend our Trust as a place to work.
- ✓ Improve the quality and effectiveness of our appraisals, recruitment process, and managing inappropriate behaviours in colleagues
- ✓ Create pathways to enable career progression for staff in every part of the organisation.

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<sup>1</sup> Real Teams or Pseudo Teams? The changing landscape need a better map (2012) Industrial and Organisational Psychology. M West and J Lyubovnikova

### 3.7 Strengthen, join-up and exploit the power of digital and data

The digital strategy refresh identified changes that are needed to modernise; initially calling for a strengthening of our core services, a replacement of outdated technology and followed by a long-term digital change programme to consolidate and join up our systems and data. Benefits include long-term stability, improved usability, flexibility, security, standardisation and digital interoperation.

In 2022/23 this will be achieved in the following ways:

#### 3.7.1 Replace computer-assisted dispatch, telephony and LAS data centres.

The implementation of a new computer aided dispatch system is underway. The 111/ 999 telephone system has maximised all available support resources and the mobile data system is becoming difficult to maintain safely. Investment and action are needed to improve these services and lay the foundation for the future use of data.

##### How will this be achieved?

We will replace and modernise core systems needed to respond to patients and help staff deliver care and utilise the power of modern technologies to transform our organisation and patients' services. We will do this by:

- Replacing the ageing CommandPoint CAD with Cleric CAD; a modern robust solution that better supports staff in their daily work. It will be more reliable, compliant with interoperability and reporting standards, have lower maintenance and development overheads and less reliance on auxiliary systems.
- Upgrading the 111/999 telephone system by upgrading twice; firstly with software to connect Newham EOC mid-2022, and then with entirely new hardware so the system is maintained beyond 2022/23.
- Commencing work to modernise LAS's radio system. The 2022/23 EOC system refresh enables the future replacement of our bespoke mobile data terminals with centrally funded national solutions for staff on vehicles and handheld devices for other responders.
- Moving the majority of our in-house systems and data away from aging LAS equipment rooms into off-site datacentres will provide Trust-wide benefits of improved security, stability and access to systems. It will help us join-up data and start the journey to migrate more services to the cloud and agility.

We open our Newham EOC this financial year. The above are incorporated into the architecture so the new EOC is founded on modern infrastructure interconnected with 111/999 and corporate centres. Please refer to the section on Newham for more information.

#### 3.7.2 Join up data internally and externally.

A programme of consolidation and integration will be established to drive improvements. Clinical and corporate workflows will be streamlined based on the new joined-up architecture and capabilities. Data will start to be amalgamated to better inform decisions.

##### How will this be achieved?

- We will link the ePCR and CAD systems, which will mean less requirement for manual input of data into ePCRs, reducing errors and saving time - using NHS numbers the patient records will

be linked to other digital care information. This will build a current clinical LAS record, linked other London and system-wide records, including information from 111.

- The new CAD and telephony will support patient workflow consolidation and redesign. The new Cleric CAD can use both our current triage tool (MPDS) and Pathways for triage and better integrates with care partners. It also provides enhanced electronic patient transfer between 999 and 111, improving coordination across settings and reducing manual transfer risks.
- Standardised Cleric CAD integrations will ease national 999 interoperability, enabling clinical resource dispatch regardless of where the call is taken, and causing fewer delays and errors from manually transferred calls. We will be able to use and provide mutual-aid and business continuity arrangements more effectively.
- We continue to develop process for electronic transfer of care so ePCR data is made available to emergency department (ED) staff digitally. A pilot will be implemented this year to inform a London-wide blueprint. Emergency departments will access details of pre-hospital treatment whilst patients are transported, with less system-wide re-keying/duplication of effort, improved resource efficiency, and inbound visibility of acuity to prepare for clinical handover.

Through this work, we will start to better link operational and corporate information for the management of all resources in the care pathways and corporate decision making.

### **3.7.3 Develop an agile and data-driven ambulance service.**

The Trust will embrace modern digital approaches to improve the care. The vision is to become an agile, cloud-based and data-driven organisation. This will be delivered through a modernisation programme, which must be co-designed with staff and developed with the necessary investment case. This scoping will be the priority for 2022/23.

#### **How will this be achieved?**

There are three areas of improvement needed to set a course to modernise our digital infrastructure:

- Move as many digital services as practical to modern flexible cloud environments
- Develop the digital leadership, digital team and workforce of the future to manage and exploit digital cloud services and transformation
- Enable a data-driven culture using a trust-wide, joined up, modern data management, and analysis and insight capability.

This year, building on initial business case work and using the NHS's cloud migration framework, a programme will be established and full business cases will be developed to set out the levels and source of investment needed, intended benefits and a plans for delivery.

Some early, low-cost improvements will be managed and implemented alongside the development of the business cases and aligning to the overall vision.

### **3.7.4 Transition Bow emergency operations centre to Newham**

The Trust has operated its 999 services from two emergency operations centres for many years to provide resilience. EOC North services have been delivered from our building in Bow, however, in recent years the building has not been able to comfortably accommodate either the technological or space requirements of EOC.

#### **How will this be achieved?**

The objective of this programme has been to deliver an estate for services currently provided at Bow that is safe, effective, efficient, and enables more people to consistently access better care. Consequently, the first floor of the Dockside building, which formerly housed our clinical education facility, has been leased to convert it into a high-quality home for our EOC operations. Within the organisation this is known as the Newham EOC.

The Newham EOC is an ongoing programme from 2020/21 and is expected to go live in Q2 of 2022/23.

The transition for the Newham site will realise benefits for patients and staff. Primarily there will be;

- The implementation of a new IT Infrastructure at the acquired Newham building, will support the EOC service and training, allowing for better scrutiny of long held calls through improved technology
- We will increase productivity through improved on site facilities. More visible leadership will improve staff safety and wellbeing, leading to a more engaged workforce.
- The improved facilities will also reduce running costs, as well as an ecological benefit.
- Improved specialist operations facility allowing greater partnership working with other agencies (e.g. St. John Ambulance during events)

**Our 2022/23 commitments:**

- ✓ Deliver a new integrated and standardised computer-aided ambulance dispatch system.
- ✓ Upgrade emergency operations and integrated care telephony to allow flexible working across sites and lay ground for further modernisation.
- ✓ Migrate the emergency operation centre in Bow to Newham.
- ✓ Improve care by enhancing the sharing of our patients' electronic records, joining up data and linking it with our partners' records.

## 3.8 Use resources more efficiently and effectively

### 3.8.1 Define and deliver a cost improvement plan for 2022/23 and beyond, getting maximum value for every pound invested.

The financial framework for 2022/23 requires the Trust's plans to be fully aligned and agreed with the host ICS, North West London ICS. The financial environment has become increasingly challenging. It is within this context that the Trust has developed a financial plan with North West London ICS for a £4.5m Income and Expenditure deficit and a capital programme of £18.3m.

#### Income and Expenditure

The Trust is planning income of £589.9m and expenditure of £594.4m. Although the Trust is operating within a challenging financial framework it has invested £24.5m to account for inflationary cost pressures and service developments to improve operational and clinical services. This investment also supports increasing our workforce over the year.

In order to deliver the income and expenditure plan, the Trust has planned an ambitious efficiency programme of £24m.

The efficiency programme is categorised in the following broad themes:

- **Workforce efficiency**- reducing the unit cost of delivering services by increasing frontline staff, reducing sickness levels and developing new roles to reduce reliance on more expensive sessional costs.
- **Reduce infrastructure costs** - the Trust is developing an estates strategy, which will reduce costs across the Trust's estates portfolio. In addition, the Trust continues to invest in its IT infrastructure which will drive efficiencies and reduce costs. The Trust's ongoing replacement of its ageing fleet with electric, hybrid and ULEZ compliant vehicles will not only support the Green agenda but will reduce running costs.
- **Reduce corporate overheads** - The Trust aims to maximise investment in frontline operational and clinical staff. It will do this by reviewing how corporate services are delivered and reducing their costs.
- **Procurement** – The Trust will review non-pay expenditure and where appropriate, collaborate with other ambulance trusts and trusts within North West London, to deliver cost reductions. It will also improve its capacity and capability to manage contracts.

#### Capital Programme

The Trust's aim is to continue to improve its enabling infrastructure to provide an environment that supports working in the most optimal way in modern facilities. The 2022/23 plan is to invest £18.3m. The areas of investment are:

- **Estates infrastructure (£4.3m)** - Continue to improve estates, particularly ambulance stations, invest in increasing capacity in education centres and complete the relocation of EOC into purpose built facilities at Newham Dockside. These investments will support the Estates Strategy, which will be finalised in Summer 2022.
- **IT investments (£6.6m)** – the Trust will continue to modernise systems to reduce legacy and ageing infrastructure risks. The investment will also deliver telephony services in line with national standards.

- **Fleet (£5.7m)** – In line with the Fleet Strategy, the Trust will modernise the fleet to provide greater operational resilience and reduce costs.
- **Other (£1.7m)** – There will be ongoing replacement of ageing medical equipment and investment in crew safety systems.

**Our 2022/23 commitments:**

- ✓ Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme.
- ✓ Return to pre-pandemic levels of operational productivity.
- ✓ Deliver the capital programme for 2022/23 and secure any available additional funding.

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## Our future

The London Ambulance Services is continually changing and evolving to adapt to the changing needs of our patients, partners and staff. It is critical that we continue to dedicate time and resources to look longer term, to consider the type of organisation we want to be and to agree long term ambitions and plans to achieve these goals.

As we enter the final year of our current strategy we will take the opportunity to bring together the different plans and initiatives to ensure we are aligned as a single organisation agreed on our joint long-term future plans.

### 3.9 Build our role as an “anchor institution” that contributes to life in London

As a large NHS organisation serving the whole of London, we have a significant responsibility to the capital we serve, and not just because of the emergency care we provide. We aim to be a strong “anchor institution” that contributes to the wellbeing of the population.

As a major employer with 10,000 staff, we want to offer Londoners meaningful jobs with clear routes for career progression; we are also committed to improving our diversity so we better represent the people of this city. In addition, we have dedicated public education teams and run public health campaigns that are aimed at improving public health, tackling inequities, and contributing to developing thriving local community

The importance of being an anchor institution is published in the “NHS Long Term Plan” (2019) and the “Building Healthier Communities: the role of the NHS as an anchor institution” (2019).

#### 3.9.1 Strengthen the in-house make-ready function

In January, we announced a £14.2 million investment in its Make Ready service – the team of staff who work around the clock to re-stock, re-fuel and deep clean ambulances at the end of a busy shift – in a move that improves pay and benefits for these vital staff members and allow for significant investment in new equipment and technology.

Starting on the 1 April 2022, the Make Ready teams who work across the capital to get the ambulance fleet ready and stationed in the right places for the next shift became NHS employees within the LAS, as the existing contracts (which were held by providers MITIE and Churchill Group) come to a planned end.

The move brings 400 members into the NHS family, with an average hourly pay increase of eight per cent for most of these teams in line with the London Living Wage and providing access to other NHS benefits such as the pension scheme. It will also encourage even stronger team working, enable better support for the individuals, and allow us to bolster the number of people working in the team.

#### How will this be achieved?

Bringing the teams in house was just the beginning. A 12-18 month transition project has been established to embed the new service, to make efficiencies and deliver operational changes that will fully realise the benefits described within the business case. Some of the key areas of development over the next 12 months are:

- The introduction of an electronic make ready system to reduce the need for paper systems

- A fuller integration of the make ready teams with the current Operational, Logistics and Fleet teams
- A reduction in out of service relating to missing and broken equipment and the improved working conditions of all our staff
- A detailed and bespoke culture programme is being developed and will be delivered in Q1 & 2 to bring the teams from very different diverse backgrounds together
- Trust-wide, there will be support required from multiple directorates to establish the improved processes and developments set out within the business case and to support the teams with these new changes.

By addressing these priorities, the consistency of care provided to our patients can be improved. There will be fewer instances of missing equipment and consumables, which can cause challenges for our crews. Quality assurance processes will be established to ensure consistency across the board.

### **3.9.2 Support local recruitment and create rewarding careers for Londoners**

As part of the NHS People Plan, the LAS aims to support local recruitment and create rewarding careers for Londoners, including recruiting additional clinical staff in 2022/23 as outlined in 3.5.1. This will support the workforce goals of the Trust.

#### **How will this be achieved?**

As part of the learning from COVID-19, NHS trusts will focus on upskilling staff to create more flexibility, boost morale, expand multi-disciplinary teams and support career progression. We will reflect this in our role as a socially responsible employer in London. To ensure we remain aligned with the NHS People Plan, we have made the following commitments:

- Our public education team will participate in career fairs across London, and attend high-footfall events at least once a month to promote LAS as a place for rewarding careers.
- The public education team will champion the apprenticeship scheme, which provides opportunities for the public who are seeking formal training in a post and want to learn core transferable skills.
- The public education team will revise our digital content with our communications department, to ensure the public can access relevant and timely career information whenever they want.
- In the last year, several additional roles that do not require any clinical registration and have few entry requirements have been created, providing accessible entry points for marginalised communities.
- The coming year will focus on creating a rewarding career paths for these communities, ensuring that our managers are as diverse as our population. We will see more roles for non-registrant managerial and leadership positions
- The 'Armed Forces Covenant' has been signed, to create a bridge between the armed forces and LAS, providing career opportunities for veteran medics within LAS.

### **3.9.3 Achieve our 2022/23 carbon neutral plans**

All NHS organisations, including the LAS, have environmental responsibilities. This social responsibility is embedded in legislation (including the Public Services (Social Value) Act 2012), in the terms of the new NHS standard contract, and in NHSE/I national guidance.

The London Ambulance Service (LAS) published its Green Plan in December 2021 outlining its carbon reduction ambitions to reduce emissions it directly controls by 2040 and emissions it can influence by 2045.

#### **How will this be achieved?**

The LAS Green Plan sets out several priority areas across multiple directorates with bespoke and ambitious targets to be achieved across a 23-year timeline.

- We announced a £16.6 million investment into purchasing new, greener vehicles, which will help us to drive down our carbon emission.
- A sustainability programme board, chaired by the Chief Finance Officer as the Senior Responsible Officer will oversee the delivery plans.
- A sustainability manager has been appointed to coordinate the delivery of the plan and ensure the Trust has access to a subject matter expertise.
- Delivering the Green Plan will directly impact patients, staff and partners as we shape and change the way we respond to emergencies differently. This includes driving zero-emission ambulances and cars, changing the way our buildings look and feel and using new and innovative technologies to reduce transportation where appropriate.
- WE will investigate external funding opportunities - The Trust's commitment to the Green Plan came with no guaranteed capital investment and all initiatives would need to be financed via business cases or via external grants and bursaries. Investing in new infrastructure and innovations within fleet will be costly and require investment over a number of years.
- Closely coordinate the internal interdependencies and action plans that will be delivered across multiple directorates. An example will be the introduction of a zero emission fleet requiring EV infrastructure to be installed across our estate. The introduction of such technology will require training and policies and procedures to be written put into place.

#### **3.9.4 Deliver the London Lifesavers project, increasing volunteer and defibrillator availability.**

We aim to expand our innovative volunteering scheme to further increase the survival rates for people who have a cardiac arrest while not in hospitals. To do that, we are calling on Londoners to join a life-saving movement that will create 100,000 every day heroes, who – with some simple training – would be able to save a life.

The London Lifesavers campaign aims to recruit and train 100,000 life savers who are able to perform chest compressions and use a defibrillator – the device that uses an electric shock to help revive someone should their heart suddenly stop pumping blood around their body, which is known as cardiac arrest.

Across the capital last year, London Ambulance Service responded to almost 14,000 cardiac arrests, and in the few minutes it takes for an ambulance crew to arrive at the scene, the actions of passers-by can make the difference between life and death. Without lifesaving intervention like CPR (cardio-pulmonary resuscitation) and defibrillators, the chances of survival decrease by about 10% with every passing minute.

#### **How will this be achieved?**

We operate a successful volunteering scheme that benefits not only patients and volunteers but also the organisation and is aligned with the NHS long term plan. We aim to:

- Recruit and train more than one percent of London's population to deliver high quality CPR and to confidently use any public access defibrillator, allowing members of the public to perform chest compressions in the vital first few minutes before our crews arrive.
- We will optimise the effectiveness of increased numbers of public access defibrillators by continuing to work with external organisations across London encouraging them to participate in the LAS Defibrillator Accreditation Scheme.
- We will target residential communities with a scheme that is self-sustaining and will empower people to take control and manage their own health and wellbeing. We will do this by providing advice on purchasing a defibrillator, training volunteer trainers and providing access to the GoodSAM app.
- The use of technology will play a vital role in saving lives and we will continue to work closely with partners such as GoodSAM. Alongside this, doubling the number of our volunteer Emergency Responders and Community First Responders will ensure faster response times and, in turn, improved survival rates and patient care, while our crews are on their way. The operation of this scheme will significantly improve cardiac arrest survival rates in the capital.

### **3.9.5 Work collaboratively to deliver public health messaging.**

Our medics, call handlers and dispatchers, are always on hand for the people who need us, but it's also part of our role to help share information and knowledge that would help people to stay well and to access the care and support they need when they need it.

We will work with our partners across London to take opportunities to develop and share strong public health messaging with patients and the public. We already work effectively with many schools and patient groups to educate on the impact of different life choices. We attend schools and events regularly and use these platforms to discuss how interventions can significantly impact different and healthier lifestyles.

Developing this activity and doing so in a more coordinated way with other partners is a priority for us in 2022/23.

#### **How will we achieve this?**

By working closely with stakeholders and others in the health and social care system, we need to confirm the LAS role in public health promotion and messaging. We want to utilise our role and position as an ambulance service to share how people can make healthier choices. Our aim is to particularly focus this proactive work with children and young people - to be part of the ongoing conversations that influence the changing shape of public health in London. We will do this by:

- Developing a plans for the various aspects of public health including prevention, focussing on our activities in schools.
- Making our approach more resilient to escalations in demand so the public education team can continue activities consistently.
- Understanding the role of the paramedic and ambulance services in accessing social prescribing and opportunities where we can improve health outcomes, for example, establishing non-clinical care pathways.

**Our 2022/23 commitments:**

- ✓ Ensure the transition in house of the Make Ready service delivers the benefits to the staff and our service set out in the business case.
- ✓ Ensure entry level recruitment is representative of the communities and populations we serve across London.
- ✓ Actively promote paramedicine as a career pathway to diverse student communities in London.
- ✓ Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric.
- ✓ Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.
- ✓ Deliver sessions on health and prevention of harm for children and young people across the capital.

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### **3.10 Develop a new five-year strategy to improve services for the communities we serve**

It is essential that we prioritise planning for the long term as well as responding to the short term needs of Londoners. As we enter the final year of the current LAS strategy there is a need to formalise plans and ambition for the next period. Uniquely, the timing of this requirement coincides with the formal launch of integrated Care Systems. As such we will be working closely with our ICS partners to determine the best opportunities for collaboration as part of this long term planning.

#### **3.10.1 Take a collaborative approach with partners to tackle health inequalities**

We require a joined-up approach across all of urgent and emergency care, to deliver a whole systems approach to tackling health inequalities. We believe this will reduce demand on frontline services. As regional providers, ambulance services have wide access to patients, as well as a wealth of knowledge and information to help systems understand their populations and gain insight and a broader understanding of inequalities in the context of access, experience and outcomes.

##### **How will we achieve this?**

Developing a health inequalities action plan is a key priority in our quality account for 2022/23. For this scheme, we propose that:

- We jointly develop the action plan alongside commissioners
- We recruit a public health specialist to support the organisations understanding of the differences required in each case – supported by local authorities and ICS teams who have responsibilities for joint strategic needs Assessments via the health and wellbeing boards
- Carrying out a health needs assessment; mapping London demographic data against our own data to identify health inequalities, illness hotspots and where preventative initiatives might have greater impact
- Following identification of key patient groups, focus on improving care for these groups, such as our 'Sickle Cell Learning' event that took place in April 2022 to share learning from serious incidents and all-party parliamentary committee report.

We will be keen to work alongside commissioners to ensure that actions from their ICS plans are considered in the development of LAS's plan to support the wider system working and benefits realisation.

#### **3.10.2 Build partnerships with others to design new and innovative models of care, including in primary care**

Local NHS organisations are increasingly focusing on population health and local partnerships with local authority-funded services through their integrated care systems (ICSs). We are currently working collaboratively to develop a shared, rotational model with the 164 primary care networks (PCN) in London; with a dedicated team of staff working across both PCN and LAS. We continue to look for other opportunities to develop other new innovative ways of working with our partners.

##### **How will we achieve this?**

With respect to the PCN activity, the programme is overseen by the PCN Programme Group, which comprises of representatives from people and culture, commissioning, operational and clinical teams.

- We will aim to increase the number of PCNs we are working with. We expect to commence a partnership with an additional 3 PCNs with whom we have established contracts for the coming year, and preliminary discussions continue with a number of others.
- In considering the potential scale of future delivery across London and the project and contractual work involved, we expect a further expansion of supporting roles will be required.

With respect to other innovative partnership models:

- The COVID pandemic increased collaborative working across regional partnerships, through locality based clinical networks. The learning from these networks has continued, and the alternative care pathways that were established now form business as usual. For the last year, on average we referred 2.86% of our patients to urgent ACPs and 2.09% to acute ACPs. This will have prevented 54,909 initial presentations at an Emergency Department. We are currently exploring the possibility of accessing these ACPs through the 111 service.
- We will also continue feasibility studies into other possible collaborations and ways of working including joint working with community providers and the possibly of a joint response vehicles for certain patient cohorts.
- Review the Fuller Stocktake on primary care and take account of recommendations for how ambulance services might work with all our partners in primary care to support the integration of service provision.

### **3.10.3 Confirm priorities for the next five years, including estates modernisation**

Our approach for developing an updated strategy will be through close collaboration with our staff and partners. We will co-design our approach so the strategic ambition, and proposed role for LAS, is shared. This process will include consideration of other enabling planning that is required to ensure successful delivery.

For example, across London LAS has more than 80 properties for use by operational teams and our support services. There is significant variation in the size, location, age and use of these properties. Not all the buildings we work from provide the working environment we aspire for our staff, and they have been shown to promote inefficiencies in how we work. We are committed to undertaking a full review of our estate in 2022/23 to inform longer term decisions about how we use our assets and where we make investments in the future.

#### **How will we achieve this?**

Through 2022/23 we will work with staff and our external stakeholders to develop for proposals the future through the following activities:

- We will develop and test proposed strategic themes, developed from analysis of LAS data, conversations with staff on priorities and formal sessions with ICS teams on local ambition
- Publish a strategic intent document for sharing our ambition with staff, partners and the general public and encouraging dialogue and contribution to help us shape our future
- Understand how all of our assets are currently used and the future ambition for each of the categories of assets identified, including their opinions about the characteristics of a good ambulance station and how our existing assets are used.
- Develop long terms proposals to improve the operational and working environments for our staff, with a corresponding understanding of the investments required to make these a reality
- Publish a formal strategy document that sets out a clear long term intention for the LAS across London

**Our 2022/23 commitments:**

- ✓ Co-produce, with our partners and patients, a five-year strategy focused on health inequality, to commence in April 2023.
- ✓ Co-produce an estates strategy with incremental implementation from 2022/23 onwards.
- ✓ Increase collaboration with primary care, working with Primary Care Networks and contributing to implementation of the Fuller Stocktake recommendations.
- ✓ Continue to develop new and innovative ways of working with our partner organisations and across the Trust.

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**Part C**

**Governance**

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## 4 How we will monitor our plan

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*Formal governance arrangements will be essential to ensure our priorities and commitments are achieved. These arrangements are documented below and, where not already in active operation, will be introduced early in 2022/23.*

The approach for monitoring delivery of the business plan will align with existing mechanism for teams to report on performance. The business plan objectives will be included within these structures to avoid additional meetings and reporting.

### 4.1 Monthly Organisational Performance Meetings OPM

Each directorate and operational sector team has a bi-monthly performance meeting, held with a subset of the LAS Executive Committee. The Operational Performance Meeting (OPM) is held to provide an up to date view of organisational performance to the executive focusing on operational delivery, financial performance and clinical excellence underpinned by safety and quality.

The most recent iteration of the OPMs has allowed the presenting team to shape the agenda for the meeting, including under performance where necessary.

Following the publication of the business plan, 'Progress with Business Plan Commitments' will be introduced as a routine agenda item and form part of the OPM discussion. Each directorate will report progress against a set of agreed deliverables or outcomes that will progress overall delivery of the business plan.

This process will allow the relevant team to track progress against a delivery plan and propose changes to plans where necessary. The process will also provide an opportunity for scrutiny from executive colleagues.

### 4.2 Integrated Performance Report

Following the OPM, the relevant delivery team will provide a summary of progress for inclusion in the Integrated Performance Report (IPR). The IPR is a monthly report, used by ExCo and then the wider Trust Board to understand overall trust performance position. A section will be included in the IPR that updates on delivery progress against the Business Plan.

The report will allow trust teams to confirm progress and identify where there are changes or delays against the original delivery plan, aligning these and formalising them with other priorities the departments or Trust has committed to.

This reporting mechanism will then allow formal scrutiny and reporting when discussed at Executive Committee (ExCo) and at Trust Board or relevant sub-committees.

### 4.3 Executive Committee ("ExCo")

ExCo is the meeting of Trust directors. On a monthly basis the Trust's integrated performance report is presented for discussion, updating on delivery against statutory and strategic performance metrics.

The Trust business plan will be included as a section within the IPR documentation, reporting progress against the agreed deliverables and milestones. Following agreement the IPR will be submitted to Trust Board sub-committees.

## 5 Strategic risk and mitigation

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*The Trust has adopted a rigorous approach to identifying and mitigating risks, managed in line with the Trust's Risk Management and Strategy Policy.*

*"The Trust recognises that the principles of governance must be supported by an effective risk management system that is designed to deliver improvements in patient safety and care as well as the safety of its staff, patients and visitors."*

Trust's Risk Management and Strategy Policy

The Trust is committed to having a risk management culture that underpins and supports the business of the Trust.

Ensuring we have identified the right risks and considered the necessary actions to mitigate the impacts of the risk, is an essential part of the business planning process. Each Directorate will be expected to consider their own specific delivery risks and manage these according to likelihood and impact.

At Trust level relevant risks are identified and captured formally in the board assurance framework (BAF) which are then reviewed regularly by the Trust Board. There are also other risks which will be monitored by ExCo that form part of the delivery planning.

### 5.1 Board Assurance Framework (BAF)

The Board has overall responsibility for ensuring systems and controls are in place sufficient to mitigate any significant risks which may threaten the achievement of the Trust's strategic objectives. Assurance may be gained from a wide range of sources, but wherever possible it should be systematic, supported by evidence, independently verified, and incorporated within a robust governance process. The Board achieves this, primarily through the work of its assurance committees, through use of audit and other independent inspection and by systematic collection and scrutiny of performance data to evidence the achievement of the corporate objectives.

### 5.2 Delivery Risks

Additionally, other risks to the delivery of the business plan have been identified. These have been considered and mitigated through the process as explained below.

Delivery Risks	Mitigation
Operational pressures (covid related or other pressures) limits focus on the business plan outcomes and slows delivery of the proposed commitments.	The importance of resilience has been raised and features heavily in our aspirations to recruit more operational staff to LAS. This will relieve pressure on individuals but also provide more management capacity to help shape and lead the initiatives proposed as priorities in the business plan.
Delays in CIP delivery or reduction in CIP value means reduced investment available to make changes described in business plan	Some of the changes proposed in the plan are dependent on new or additional funding. In part this will rely on the LAS teams successfully

	<p>delivering on the proposals in the CIP. A formal programme to monitor the CIP will be set up in early 2022/23. The CFO will be accountable for the Trust delivery plans and will chair a regular delivery group. Progress against CIP delivery will be reported regularly to FIC, with proposed impacts and mitigations where delays identified.</p>
<p>Insufficient capacity or capability to deliver Business plan deliverables and outcomes as agreed</p>	<p>The business planning process has aligned closely with the workforce requirements identified by LAS teams to deliver their proposed plans. These workforce plans will be monitored through the regular OPM discussions with senior executives and any delays in recruitment or workforce changes identified.</p>
<p>Cost of the proposed changes and investment have been underestimated and grow to be unaffordable</p>	<p>The Service Developments proposed in the Business Plan have been subject to financial review through the financial planning process. Significant investment decisions will be expected to be taken through a business case process to ensure both value for money, affordability and deliverability issues are all fully considered.</p>

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## 6 Governance and assurance

*An effective healthcare organisation requires clear lines of governance that cascades responsibility for delivering quality performance from the Trust Board to frontline and corporate teams.*

### 6.1 Governance and Assurance Forums

The business plan will be overseen and managed through the Trust's existing governance arrangements as outlined below:

Mechanism	How they will assure the business plan
<b>Trust Board</b>	<p>The Trust Board leads the organisation by setting the strategy, vision, mission, values and culture. They are ultimately responsible for the delivery of the business plan. The Trust Board will:</p> <ul style="list-style-type: none"> <li>• Approve spending on large programmes and capital expenditure</li> <li>• Review progress of the business plan deliverables</li> <li>• Receive updates on the delivery of strategic priorities</li> </ul>
<b>Board Assurance Committees</b>	<p>The Trust Board has established the following Committees (all chaired by a non-executive director) to provide it with assurance in relation to the effectiveness of the controls in place to identify, manage and mitigate the risks to the successful operation of the Trust:</p> <ul style="list-style-type: none"> <li>• <b>Quality Assurance Committee</b> - provides the Trust Board with assurance on the provision of a high quality, safe, and effective service</li> <li>• <b>Finance and Investment Committee</b> – focusses on the Trust's financial and investments policies, management and reporting, as well as overseeing its performance reporting framework.</li> <li>• <b>Audit Committee</b> – focuses primarily on the risks, controls and related assurances that underpin the achievement of the Trust's objectives.</li> <li>• <b>People and Culture Committee</b> – considers all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks</li> <li>• <b>Remuneration and Nominations Committee</b> - appoints and, if necessary, dismisses the executive directors, establishes and monitors the level and structure of total reward for executive directors, ensuring transparency, fairness and consistency.</li> </ul> <p>After every meeting, each of these Committees provide the Trust Board with a report on how it has fulfilled its duties.</p>
<b>Executive Committee (ExCo)</b>	<p>The Executive Committee (ExCo) meeting, chaired by the Chief Executive, consists of the executive directors who are on the Trust Board and other directors. The ExCo leads and manages the performance of the Trust</p>

Mechanism	How they will assure the business plan
	<p>within the strategic framework established by the Trust Board. In doing so, they are responsible for:</p> <ul style="list-style-type: none"> <li>• the development and implementation of strategy, operational plans, policies, procedures and budgets</li> <li>• the monitoring of operational and financial performance</li> <li>• the assessment and control of risk</li> <li>• the prioritisation and allocation of resources.</li> </ul> <p>ExCo members individually and collectively have responsibility for providing assurance to the Trust Board on the controls in place to identify, manage and mitigate risks to successful operation of the Trust.</p>
<b>Corporate Committees</b>	<p>Corporate Committees exist to ensure that cross-directorate risks and issues are being managed and mitigated appropriately. Where appropriate these committees will also be used to monitor performance and progress with delivery plans and update</p>
<b>Portfolio Management Board (PMB)</b>	<p>The PMB is responsible for prioritising the Trust's portfolio of programmes and projects, including the delivery of CIPs and business cases. The PMB will receive reports on key programmes, resolve issues, mitigate risks and escalate where required to ExCo.</p>
<b>Operational Performance Meeting (OPM)</b>	<p>The Operational Performance Meetings will monitor the performance of the organisation, focussing on operational delivery and financial performance. The OPMs will be chaired by the CEO and attended by and CFO and Deputy Chief executives.</p>

# Appendices

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# Improving services for patients – priorities and commitments

## Our priorities and commitments

## How we will deliver

 <p><b>Continuously improve the safe delivery and quality of care for our patients</b></p>	<ul style="list-style-type: none"> <li>• Deliver our annual quality objectives.</li> <li>• Develop and use clinical outcome data more effectively.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Continue to improve clinical outcomes across the organisation, including for stroke and heart attacks.</li> <li>✓ Deliver the quality objectives relating to patient care, patient and family experience and staff engagement published in the annual quality plan.</li> <li>✓ Pilot the production of clinical outcome data for a range of conditions, linking 111/999/ambulance data with hospital data sets.</li> </ul>
 <p><b>Improve our emergency response</b></p>	<ul style="list-style-type: none"> <li>• Improve the resilience and performance of our call handling and dispatch functions.</li> <li>• Work with partners to ensure the best care for our patients, including hospital handovers and utilisation of alternative pathways.</li> <li>• Reduce dispatch and conveyance rates by developing appropriate local alternatives.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Deliver sustainable improvement on national performance indicators compared with 2021/22, particularly on call handling and category two ambulance response so we are one of the top five in England.</li> <li>✓ Review and update clinical model for ambulance dispatch to ensure patients get the right response at the right time.</li> <li>✓ Work with partners to reduce hospital handover delays to achieve standards and improve quality and safety for patients.</li> <li>✓ Work with our partners to increase the proportion of 999 patients that access alternative care pathways, particularly frail patients and those with mental health conditions.</li> </ul>
 <p><b>Create more integrated and resilient 111/999 services</b></p>	<ul style="list-style-type: none"> <li>• Create a single clinical assessment function for 111 and 999.</li> <li>• Develop a resilient workforce so that we can help patients more effectively at first point of contact.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Continue to be one of the top national 111 providers, as measured by call-answering performance, patient outcomes and the number of referrals to alternative pathways .</li> <li>✓ Establish the resilient integration of our multi-disciplinary emergency care and urgent care assessment services to enable improved hear-and-treat and consult-and-complete rates for patients</li> </ul>
 <p><b>Strengthen our specialist teams' response to incidents, risks and threats</b></p>	<ul style="list-style-type: none"> <li>• Update facilities and improve the locations of our teams.</li> <li>• Ensure ongoing readiness for future incidents and events.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Identify an alternative site and agree re-location of the hazardous area response team serving the east of the city</li> <li>✓ Confirm a new venue for eSORT training which meets the service criteria, including the increased capacity requirements</li> <li>✓ Maintain the team's high quality delivery and responsiveness, evidenced by compliance with national standards and specific feedback from previous inspections</li> </ul>

# Strengthening our organisation – priorities and commitments

## Our priorities and commitments

## How we will deliver

 <p><b>Support our workforce</b></p> <ul style="list-style-type: none"> <li>• Increase the size of our permanent workforce.</li> <li>• Expand our educational capacity.</li> <li>• Encourage and promote diversity across our teams.</li> <li>• Reduce violence and aggression experienced by staff.</li> <li>• Offer enhanced wellbeing provision.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Deliver an ambitious recruitment programme, leading to a net increase of frontline staff of more than 400 whole-time equivalents.</li> <li>✓ Improve further our compliance with the NHS’s workforce race equality standards and workforce disability equality standards.</li> <li>✓ Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader</li> <li>✓ Expand our educational capacity, both estate and courses.</li> <li>✓ Publish and implement an action plan to reduce violence and aggression towards our staff and support them more effectively.</li> <li>✓ Make significant reductions in unplanned and sickness absence, achieving the lowest unplanned absence rates compared to other ambulance services.</li> <li>✓ Offer improved occupational health provision, increasing staff health and wellbeing support.</li> </ul>
 <p><b>Develop a more positive working culture</b></p> <ul style="list-style-type: none"> <li>• Co-create a new values and behaviours framework.</li> <li>• Strengthen local team working.</li> <li>• Design and launch a new appraisal process to ensure greater support to people.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Launch and embed a new set of Trust values and behaviours.</li> <li>✓ Improve our performance in the NHS staff survey, including the percentage of staff who recommend our Trust as a place to work.</li> <li>✓ Improve the quality and effectiveness of our processes for appraisal, recruitment and managing inappropriate behaviours.</li> <li>✓ Create pathways to enable career progression for staff in every part of the organisation.</li> </ul>
 <p><b>Strengthen and optimise our digital and data assets</b></p> <ul style="list-style-type: none"> <li>• Replace CAD, telephony and datacentres.</li> <li>• Join up data internally &amp; externally.</li> <li>• Develop an agile and data-driven ambulance service.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Deliver a new integrated and standardised computer-aided ambulance dispatch system.</li> <li>✓ Upgrade emergency operations and integrated care telephony to allow flexible working across sites and lay ground for further modernisation.</li> <li>✓ Migrate the emergency operation centre in Bow to Newham.</li> <li>✓ Improve care by enhancing the sharing of our patients' electronic records, joining up data and linking it with our partners' records.</li> </ul>
 <p><b>Use resources more efficiently and effectively</b></p> <ul style="list-style-type: none"> <li>• Define and deliver a cost improvement plan for 2022/23 and beyond, getting maximum value for every pound invested.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme</li> <li>✓ Return to pre-pandemic levels of operational productivity.</li> <li>✓ Deliver the capital programme for 2022/23 and secure any available additional funding.</li> </ul>

# Building our strategy for the future – priorities and commitments

## Our priorities and commitments

## How we will deliver

 <p><b>Build our role as an “anchor institution” that contributes to life in London</b></p> <ul style="list-style-type: none"> <li>• Strengthen the in-house make-ready function.</li> <li>• Support local recruitment and create rewarding careers for Londoners.</li> <li>• Achieve our 2022/23 carbon neutral plans.</li> <li>• Deliver the London Lifesavers project, increasing volunteer and defibrillator availability.</li> <li>• Work collaboratively to deliver public health messaging.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Ensure the transition in house of the make ready service delivers the benefits to the staff and our service set out in the business case.</li> <li>✓ Ensure entry level recruitment is representative of the communities and populations we serve across London.</li> <li>✓ Actively promote paramedicine as a career pathway to diverse student communities in London.</li> <li>✓ Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric.</li> <li>✓ Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.</li> <li>✓ Deliver sessions on health and prevention of harm for children and young people across the capital.</li> </ul>
 <p><b>Develop a new five-year strategy to improve services for the communities we serve</b></p> <ul style="list-style-type: none"> <li>• Take a collaborative approach with partners to tackle health inequalities</li> <li>• Build partnerships with others to design new and innovative models of care, including in primary care.</li> <li>• Confirm priorities for the next five years, including estates modernisation.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Co produce, with our partners and patients, a five-year strategy focused on health inequality, to commence in April 2023.</li> <li>✓ Co-produce an estates strategy with incremental implementation from 2022/23 onwards.</li> <li>✓ Increase collaboration with primary care, working with primary care networks and contributing to implementation of the Fuller Stocktake recommendations.</li> <li>✓ Continue to develop new and innovative ways of working with our partner organisations and across the Trust.</li> </ul>

## Improving services for patients, priority 1

		OVERSIGHT	Description of the delivery			
			Q1	Q2	Q3	Q4
Continuously improve the safe delivery and quality of care for our patients	1	Chief Medical Officer	<p><b>ROSC to hospital 27%</b></p> <p>Individual <b>STEMI</b> bundle components <b>75%</b></p> <p><b>Stroke</b> on scene time for patients conveyed direct to a HASU (crew decision) <b>43 mins</b></p>	<p><b>ROSC to hospital 28%</b></p> <p>Individual <b>STEMI</b> bundle components <b>78%</b></p> <p><b>Stroke</b> on scene time for patients conveyed direct to a HASU (crew decision) <b>38 mins</b></p>	<p><b>ROSC to hospital Rosc 28%</b></p> <p>Individual <b>STEMI</b> bundle components <b>79%</b></p> <p><b>Stroke</b> on scene time for patients conveyed direct to a HASU (crew decision) <b>36 mins</b></p>	<p><b>ROSC to hospital 30%</b></p> <p>Individual <b>STEMI</b> bundle components <b>80%</b></p> <p><b>Stroke</b> on scene time for patients conveyed direct to a HASU (crew decision) <b>35 mins</b></p>
	2	Director of Quality	Develop the delivery plan for the quality account	Deliver the commitments for the action plan	Deliver the commitments for the action plan	Deliver the commitments for the action plan
	3	Director of Strategy	Refine the project to clinical outcome data	Deliver the proposed action plan to share outcome data between providers	Start using the data for improving patient care	Link with the ADS Process

## Improving services for patients, priority 2

		OVERSIGHT	Description of the delivery			
			Q1	Q2	Q3	Q4
Improve our emergency response	4	Director of 999 EOC / Director of Ambulance Services	<p>Confirm the workforce plans to increase the resource available including call handling and ambulance crews</p> <p>Confirm plan from the 'improving our response to patients' QI project</p> <p>Undertake Waste walks and interviews with best practice</p>	<p>Implement the workforce plan actions including recruitment.</p> <p>Deliver learnings, recommendations and action plan from QI projects and waste walks</p>	<p>Achieve a call answering mean of 20s</p> <p>Achieve an improving C2 mean performance</p>	<p>Achieve a call answering mean of 10s.</p> <p>Improved C2 mean performance to be one of the top 5 performing ambulance trusts.</p>
	5	Chief Medical Officer	<p><b>Scope clinical dispatch oversight.</b> Scope clinical safety metrics to ensure that no patient is left without a clinical assessment and plan for longer than 2 times the 90th centile</p>	<p><b>Reduction in clinical incidents</b> based on levels of harm (deaths, severe, moderate, low, no) linked with scoped trajectory calculated against baseline and best in class.</p> <p><b>Reduction of complaints</b> relating to longest waits linked with scoped trajectory calculated against baseline and best in class.</p>	<p>Implementation of <b>revised clinical model and dispatch.</b></p>	<p><b>Reduction in longest held call</b> no longer than 1 times the 90th centile</p>
	6	Director of Ambulance Services	<p>Agree stakeholder forums in each ICS area with representation from Acute trusts and incident delivery function</p>	<p>Agree action plan and improvement trajectory in each ICS</p>	<p>Implement action plans</p>	<p>Implement action plans</p>
	7	Chief Medical Officer	<p><b>UCR</b>- Scope and develop the role out of the ICS paramedic/UCR clinician collaborative</p> <p><b>SDEC</b>- Implement exclusion criteria for crews to take patients directly to SDEC</p>	<p><b>UCR</b> implemented at SWL ICS</p> <p><b>SDEC - 3 patients</b> to each SDEC/ICS from both 111/999</p>	<p><b>UCR</b> implemented within a further ICS</p> <p><b>SDEC - 4 patients</b> to each SDEC/ICS from both 111/999</p>	<p><b>SDEC - 5 patients</b> to each SDEC/ICS from both 111/999</p>

### Improving services for patients, priority 3

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Create more integrated and resilient 111/999 services	8	Continue to be one of the top three national 111 providers, as measured by call-answering performance, patient outcomes and the number of referrals to alternative pathways	Director of IUEC	<b>Launch recruitment campaign</b> for new frontline staff to respond to increased demand	Provide <b>structured support for Managers</b> (Our LAS, Values and Leadership)	<b>Implement RotaMaster and Clinical Guardian</b> software to improve rostering and clinical Audit	
	9	Establish full digital and a resilient workforce integration of our multi-disciplinary emergency care and urgent care assessment services to enable improved hear-and-treat and consult-and-complete rates for patients	Director of IUEC	<b>Agree the 50:50 Role</b> (Clinical assessment / Ambulance crew) <b>with HR &amp; Finance</b>	<b>Introduce the 50:50 roles</b> (CAS / Road). <b>Commence recruitment</b>	<b>Expand recruitment</b> - targeting joint, part-time and flexible clinical assessment roles	<b>Agree and implement job share / rotational roles with partner providers.</b>

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### Strengthening our organisation, priority 5

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Support our workforce	13	Deliver an ambitious recruitment programme, leading to a net increase of frontline staff of more than 300 whole-time equivalents.	Director of People & Culture	2022/23 recruitment plans to be agreed by Exco and budgeted accordingly. Recruitment drive in Australia to be commissioned	Review success of Australian recruitment drive & national NHSP advert for call handling strategy	Review of all recruitment campaigns and agree revised methodologies for remaining posts	Review of all recruitment campaigns and agree revised methodologies for remaining posts
	14	Improve further our compliance with the NHS's workforce race equality standards and workforce disability equality standards.	Director of People & Culture	Renewed CEO commitment to delivery of the WRES Action Plan via annual objectives. Formal re-launch and funding of staff networks. B-ME Network Executive Lead is our CEO.	Embed new recruitment practice following Our LAS masterclasses training	Review implementation of Resolution Framework and impact on BAME staff; Demographic data of those involved in cases to be reported by the Resolution Hub on a quarterly basis.	Launch anti-racism campaign/pledge and See Me Campaign.
	15	Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader	Chief Executive / Director of People & Culture	Exploration of current team model, desired outcome and funding available	Socialise desired team model	Embed new team model with associated Our LAS leadership behaviour framework	Review current team model and address any shortfalls

Strengthening our organisation, priority 5 (cont.)

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Support our workforce	16	Expand our educational capacity, both estate and courses.	Director of Education	<p><b>Secure lease for expansion</b> at Brentside Clinical Education Centre.</p> <p><b>Develop the operational plan</b> for the blended learning / digital education plans.</p> <p><b>Develop workforce plan</b> for establishing Driving Education Academy.</p>	ExCo paper <b>scoping paper for third Clinical Education Centre</b> in South London	Complete the move into new capacity at Brentside Education Centre	<b>Complete the business case for a Third Clinical Education Centre.</b>
	17	Publish and implement an action plan to reduce violence and aggression towards our staff and support them more effectively.	Director of Quality	Publish the Reduce violence and aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan	Implement the commitments of the Reduce Violence and Aggression action plan
	18	Make significant reductions in unplanned and sickness absence, achieving lowest unplanned absence rates compared to other ambulance services.	Director of People & Culture	<p>Initial meeting of the improving sickness absence group following May PCC</p> <p>Signing of contract and implementation period of first day absence reporting service run by Goodshape;</p> <p>Transition to new OH provider. Agree recovery plan and revised 6% KPI</p>	<p>Go live of first day absence reporting tool</p> <p>HR Business Partners take up post in operational and support areas;</p> <p>monthly reviews of performance and improvement plans commence;</p> <p>Scrutiny and oversight a feature of OPM meetings.</p>	Embedding of first day reporting and performance management of contract; On-going performance review	Review of actions taken in previous quarters - with aim of maintaining 6% KPI
	19	Offer improved occupational health provision, increasing staff health and wellbeing support.	Director of People & Culture				

## Strengthening our organisation, priority 6

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Develop a more positive working culture	20	Co-design, launch and embed a new set of Trust values and behaviours	Director of People & Culture	Trust Values and Behaviours will be socialised at the Leadership Masterclasses in May and launched across the Trust in June 22.	Embed new Values and Behaviours in Trust documents, emails, promotional materials and Trust Inductions.	Monitor changes in behaviour as a result of new values.	Use staff survey, questionnaires and focus groups to measure effectiveness of new values and behaviours.
	21	Improve our performance in the NHS staff survey, including the percentage of staff who recommend our Trust as a place to work	Director of People & Culture	Key themes from 2021/22 Staff Survey have been captured in our Cultural Transformation Programme. 600 line managers to undergo training to reset Trust values and model expected behaviours.	Re-engage with Staff Survey Champions and work with LGMs to agree top three priorities. EDI/OD team to provide local support and training.	Introduction of local staff survey engagement tool - monitor and address any shortfalls	Review 2022 staff survey results
	22	Improve the quality and effectiveness of our appraisals, recruitment process, and managing inappropriate behaviours in colleagues	Director of People & Culture	Revised process for appraisals, recruitment and expected behaviour will be socialised at the Leadership Masterclasses in May and launched across the Trust in June 22.	Embed new tools in Trust policies and training materials	Monitor changes in behaviour as a result of new processes / behaviours	Use staff survey, resolution hub, and questionnaires with focus groups to measure effectiveness
	23	Create pathways to enable career progression for staff in every part of the organisation	Director of People & Culture	Engage with key stakeholders including Networks and Unions to Scope Career Pathways	The new Culture working group will oversee a Talent programme, which will include Career Pathways.	Launch Pilot Career Pathway Programme.	Roll out Career Pathways more widely across LAS. Use staff survey, questionnaires and focus groups to measure effectiveness of the career pathways.

## Strengthening our organisation, priority 7

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Strengthen and optimise our digital and data assets	24	Deliver a new integrated and standardised computer-aided ambulance dispatch system.	Chief Information Officer	UAT, TTT, <b>Security Testing</b> Farnborough and Corsham Build <b>Server Testing</b>	<b>Staff Training</b> MDT Development and Deployment <b>Go Live</b>		
	25	Upgrade emergency operations and integrated care telephony to allow flexible working across sites and lay ground for further modernisation.	Director of 999 EOC Chief Information Officer	Complete <b>software update</b> to allow Newham to connect to LAS Telephony network <b>CM8 Go Live</b>	<b>Infrastructure Build</b> and configuration for CM10	<b>CM10 Go Live</b>	Commence the removal of the legacy IT / telephony
	26	Migrate the emergency operation centre in Bow to Newham.	Director of 999 EOC Chief Information Officer	Technical Installation UAT / Load Testing <b>Migration starts</b>	<b>Migration Completed</b>		
	27	Improve care by enhancing the sharing of our patients' electronic records, joining up data and linking it with our partners' records.	Chief Clinical Information Officer	Complete a comprehensive plan for piloting the practical sharing of patient care records	Completion of the mobile (iPad) access to <b>'OneLondon' Clinical records.</b>  Publication of the recommendations to link up Londoners' maternity data.	Completion of the <b>Transfer of Care (ToC)</b> to see data flow from ePCR into the native Cerner EPR.  Publication of ePCR records (St Georges patients only) to the <b>London Care Record.</b>	Publication of ePCR records <b>for all ePCR</b> submissions to the <b>London Care Record.</b>  Adoption of the <b>Ambulance Data Set</b> into the Trust

## Strengthening our organisation, priority 8

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Use resources more efficiently and effectively	28	Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme.	Chief Financial Officer	Resolve outstanding <b>income issues with ICSs</b> .  Develop detailed <b>CIP plans</b> and governance framework	Monitor delivery of CIP plan through Governance framework.  Monitor <b>I&amp;E delivery</b> and identify mitigations if required.	Monitor delivery of CIP plan through Governance framework.  Monitor <b>I&amp;E delivery</b> and identify mitigations if required.	Monitor I&E delivery and identify mitigations if required.  Prepare for year end close down
	29	Return to pre-pandemic levels of operational productivity.	Chief Financial Officer	Develop efficiency metrics as prt of CIP Programme	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme
	30	Deliver the capital programme for 2022/23 and secure any available additional funding.	Chief Financial Officer	Develop detailed plans for the "core" programme	Monitor capital plan.  Develop plan for schemes within "over-programme" pot  Access any in-year allocation	Monitor capital plan.  Develop plan for schemes within "over-programme" pot  Access any in-year allocation	Monitor capital plan  Prepare for year end  If appropriate deliver schemes from "over-programme" budget  Develop capital plan for 23/24

## Building our strategy for the future, priority 9

		OVERSIGHT		Description of the delivery			
		Q1	Q2	Q3	Q4		
Build our role as an “anchor institution” that contributes to life in London	31	Ensure the transition in house of the Make Ready service delivers the benefits to the staff and our service set out in the business case	Chief Financial Officer	Embed insourced team to feel part of LAS	Continual review of business case to identify and deliver efficiencies	Review the options to expand the scope of the Make Ready service to include more LAS vehicle cohort	Deliver the benefits expressed in the Business Case
	32	Ensure entry level recruitment is representative of the communities and populations we serve across London	Director of People & Culture	Recruit to newly established EDI team - particular focus on EDI specialist recruitment knowledge.  Collaborate with NHE/I on anchor network	Recruitment strategies to be commissioned.  Recruit public education lead to support – through educational activity – the recruitment of staff and volunteers from diverse communities	Develop and implement public education strategy that encourages diverse local communities to work at LAS, including children and young people	Delivery of public education strategy (ongoing).  Review of all recruitment campaigns and agree revised methodologies for failed campaigns
	33	Actively promote paramedicine as a career pathway to diverse student communities in London	Director of People & Culture / Director of Education	Initiate research to define the specific issues and challenges with respect to diversity in para medicine.  Join with other partners including AACE support collective view	Discuss findings of research with HEE and LAS education partners including universities  Agree action plan with partners and Health education team	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities

Building our strategy for the future, priority 9 (2/2)

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Build our role as an “anchor institution” that contributes to life in London	34	Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric.	Chief Financial Officer	<b>38 new hybrid vehicles</b> brought into use.	Start on developing <b>charging infrastructure</b> Start receiving <b>electric FRUs and mental health cars</b>	Receive the remainder of the <b>220 vehicles</b>	Start developing plans for <b>23/24 fleet</b> procurement
	35	Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.	Director of Communications and Engagement	<b>Host london Lifesavers Awards</b> - raises awareness and recognition.	<b>Launch a dedicated comms</b> and engagement plan to raise awareness and increase recruits.	Hosting a number of <b>'restart a heart' events</b> (where high numbers of people are trained at high-profile	
	36	Deliver sessions on health and prevention of harm for children and young people across the capital.	Director of Communications and Engagement	<b>Visual planner</b> to measure each staff member / volunteer activities and the topics covered (to monitor progress)	Promoting the work of the teams (via our website and social media channels) to <b>raise profile and use digital content</b> to share key messages - helping us to reach a larger audience  Recruit public education lead	Expanding volunteer database - objective is to have 100 additional volunteers by December  Develop and launch public education strategy	Updating our education/PPI resources – including enhancing the accessibility of our resources  Delivery of education strategy (ongoing)

## Building our strategy for the future, priority 10

		OVERSIGHT	Description of the delivery				
			Q1	Q2	Q3	Q4	
Develop a new five-year strategy to improve services for the communities we serve	37	Co produce, with our partners and patients, a five-year strategy focused on health inequality, to commence in April 2023.	Director of Strategy and Transformation		Engage with partners of the challenges priorities and ambition for LAS	<b>Publish a strategic intent</b> document for formal engagement with partners	Engage with partners Publish <b>final version of strategy document</b>
	38	Co-produce an estates strategy with incremental implementation from 2022/23 onwards.	Chief Financial Officer	Set up programme	<b>Publish Estates options paper</b> following agreement with Trust Board	Formally engage with stakeholders to obtain feedback on the options	<b>Publish an agreed strategy</b>  Start <b>implementation of agreed strategy</b>
	39	Increase collaboration with primary care, working with primary care networks and contributing to implementation of the Fuller Stocktake recommendations.	Chief Medical Officer / IUC Medical Director	Agree contracts of support with next cohort of PCNs  Scope LAS response to the Fuller Stocktake	Start rotational placements with three new PCNs  Identify the priorities and developed an action plan from the Fuller Stocktake	Agree additional PCNs looking for support from LAS paramedics  Plan and deliver Fuller Stocktake action plan with partners	Plan and deliver Fuller Stocktake action plan with partners
	40	Continue to develop new and innovative ways of working with our partner organisations and across the Trust.	Director of Strategy and Transformation	Collect and analyse data to guide opportunities for new ways of working	Complete <b>review on the feasibility</b> of joint response community cars	<b>Agreed priorities areas</b> where new models / innovation is required	Scoped, defined and agreed <b>new models</b> with partners, <b>ready for implementation</b>



Report Title		LAS Green Plan progress update	
Meeting:	Trust Board		
Agenda item:	6.3.	Meeting Date:	31 <sup>st</sup> May 2022
Lead Executive:	Rakesh Patel		
Report Author:	Helen Lew / Emily Ross		
Purpose:	X	Assurance	Approval
		Discussion	Information
Report Summary			
<p>It has been 5 months since Trust Board agreed the LAS Carbon Neutral Plan (April 2022 – March 2025) in December 2021.</p> <p>Since then, a variety of work has commenced to mobilise the Trusts Sustainability programme, by identifying leads across the Organisation to commence work to deliver the 2022 / 23 Green action plan.</p> <p>The attached slide pack provides the Finance &amp; Investment Committee with a progress update on the following:</p> <ul style="list-style-type: none"><li>• Sustainability Programme Progress timeline Jan-May 2022</li><li>• Sustainability Programme Objectives</li><li>• Programme Governance</li><li>• Sustainability work programme 2022 / 23</li><li>• Progress highlights</li><li>• Programme Benefits</li><li>• External engagement</li><li>• Programme risks and issues</li><li>• Next steps</li></ul>			
Recommendation/Request to the Board/Committee:			
No recommendations made – slide pack is for assurance purposes and to provide an update on progress.			
Routing of Paper i.e. previously considered by:			
<ul style="list-style-type: none"><li>• Presented at Exco on 18<sup>th</sup> May 2022</li><li>• Presented at Finance and Investment Committee 19<sup>th</sup> May 2022</li></ul>			
Corporate Objectives and Risks that this paper addresses:			
<p>The LAS published our Green Plan in December 2021 setting out our actions to reduce our carbon emissions and support our environmental sustainability ambitions to achieve NHSE / I 'net zero' targets:</p> <ul style="list-style-type: none"><li>• Net zero for the emissions that we directly control y 2040, with an interim target of an 80% reduction by 2028-32 and</li></ul>			

- Net zero for the emissions that we can influence by 2045, with an interim target on an 80% reduction by 2036 – 39.

Sustainability is one of our Trust priorities within our Trust Business Plan for 2022 / 23.



London Ambulance Service  
NHS Trust



# LAS Green Plan Trust Board progress update

31<sup>st</sup> May 2022

# Overview

It has been 5 months since Trust Board agreed the LAS Carbon Neutral Plan (April 2022 – March 2025) in December 2021.

Since then, a variety of work has commenced to mobilise the Trusts Sustainability programme, by identifying leads across the Organisation to commence work to deliver the 2022 / 23 Green action plan.

This slide pack provides Trust Board with a progress update on the following:

- Sustainability Programme Progress timeline Jan-May 2022
- Sustainability Programme Objectives
- Programme Governance
- Sustainability work programme 2022 / 23
- Progress highlights
- Programme Benefits
- External engagement
- Programme risks and issues
- Next steps

# Sustainability Programme Progress timeline

During the five months since the LAS Green Plan has been approved, significant progress has been made to establish the Sustainability Programme and drive sustainable improvements through its delivery plan...



**March 22':**  
1st Sustainability Programme Board held

**May 22':**  
1st Sustainability Delivery Group held

**May 22':**  
Successful appointment of new Sustainability Manager

**Dec 21':**  
Trust Board approves LAS Green Plan (April 2022 – March 2025)

**Feb / Mar 22':**  
Green action plans developed with Sustainability Leads across the Trust

**Apr 22':**  
LAS and NWL London Sustainability Leads meeting

**June 22':**  
Sustainability Manager In-post  
**8th June 22':**  
Celebrating NHS Sustainability Day

**Apr 22' – Mar 23':**  
On-going delivery of Green Plan actions & initiatives across the Organisation.

# Sustainability Programme objectives

Our sustainability objectives over the short, medium and long term include ....

## Short term (0-12 months):

- To commence implementation of actions and initiatives within the LAS Green Plan for 2022/ 23 (focusing on Clinical Ops, Fleet & Transport, Estates, Facilities & Utilities, Procurement & Supply Chain, Digital and People, Culture & Comms).
- To develop a process to baseline, measure and report progress on LAS sustainability performance.
- To recruit a Trust wide Sustainability Manager.
- To establish the governance arrangements for the management and control of the Sustainability Programme.
- To embed our Sustainability ambitions and actions within our Business Plan 2022 / 23.

## Medium term (12+ months):

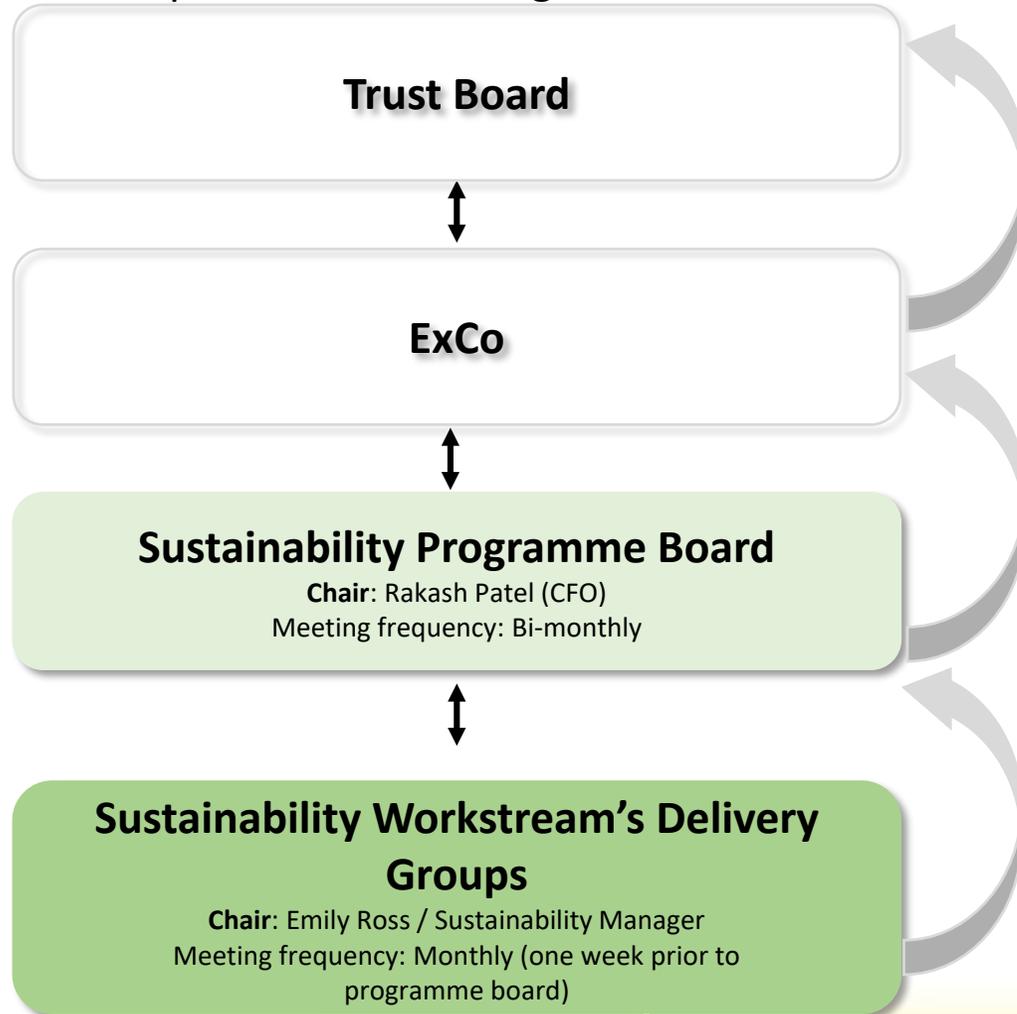
- To embed environmentally sustainable practices and an understanding of sustainability within the Trust.
- To develop a network of Sustainability Eco champions across the Trust to support sustainable behavioural change and raising awareness.
- To identify opportunities to reduce our environmental impact of our operations
- To identify opportunities for the LAS to bid for external sustainability funding
- To update the Trust Green Plan annually and ensure actions / initiatives are re-prioritised, where required, to enable continued and detailed sustainability planning on a three-year time horizon
- To work collaboratively with the NHS and the wider community to promote sustainability

## Long term:

- To achieve net zero for the emissions that we directly control by 2040, with an interim target of an 80% reduction by 2028-32
- To achieve net zero for the emissions that we can influence by 2045, with an interim target of an 80% reduction by 2036-39.

# Sustainability Programme Governance structure

The Sustainability Programme has established a Programme Board and Delivery Group with nominated leads from across the Trust to drive sustainable practices and change...



## Reporting:

**The Programme Board** will maintain continued strategic alignment & ensure the LAS are acting upon opportunities to reduce the environmental impact of our operations and deliver against our net zero targets set by NHSE / I. Bi-annual reports to ExCo & Trust Board on progress.

**The Delivery Group** will oversee and lead on the implementation and operationalisation of the Green Plan and deliver the actions / initiatives set out within it. Bi-monthly progress reports to Programme Board.

# Sustainability work programme 2022 - 2023

The Trust Green plan focuses on 6 main areas of the organisation to reduce carbon emissions:

LAS areas of focus:	Priority net zero area:
<p><b>Clinical Operations</b></p>	<ul style="list-style-type: none"> <li>• Reviewing the number of journeys to deliver care (multiple attendance ratio), where clinically appropriate.</li> <li>• Reviewing our usages of anaesthetic gases</li> <li>• Reducing volumes of clinical waste</li> <li>• Ensuring our people are equipped to respond to the challenges of a changing climate</li> </ul>
<p><b>Estates, facilities &amp; utilities</b></p>	<ul style="list-style-type: none"> <li>• Improving the sustainability of our estate</li> <li>• Switching to 100% renewable sources of energy</li> <li>• Improving our waste sustainability</li> <li>• Developing our Estates Strategy with focus on our sustainable and green credentials</li> </ul>
<p><b>Fleet &amp; transport</b></p>	<ul style="list-style-type: none"> <li>• Ensuring ULEZ compliance</li> <li>• Transitioning to, and sustaining, a zero emission fleet</li> <li>• Supporting staff to make greener commuting choices</li> </ul>
<p><b>Procurement &amp; Supply Chain</b></p>	<ul style="list-style-type: none"> <li>• Encouraging decarbonisation of suppliers</li> <li>• Supporting product or service innovation</li> <li>• More efficient distribution and use of supplies</li> <li>• Increasing our social value scoring (min 10%) in our tender processes.</li> </ul>
<p><b>Digital</b></p>	<ul style="list-style-type: none"> <li>• Using digital as a sustainability enabler</li> <li>• Improving the environmental sustainability of IM&amp;T operations</li> <li>• Collecting and using sustainability data</li> </ul>
<p><b>People, Culture &amp; Communications</b></p>	<ul style="list-style-type: none"> <li>• Raising awareness of sustainability</li> <li>• Supporting behavioural change</li> <li>• Enabling sustainability through our corporate operations and processes.</li> </ul>



# Sustainability progress highlights Jan – April 2022

## Fleet & Transport

- 10% of our fleet is now zero emission capable.
- **Project Zerro** hydrogen electric ambulance prototype due in the Autumn 2022.
- **Zero emissions vehicles:** We have over 112 zero emissions capable vehicles for use by LGMs, Logistics, Resus Training, Maternity, Mental Health, Make Ready, Operations, Well-being.
- **Zero emissions motorbikes:** We have 3 zero emissions motorbikes for use by the motorcycle response unit.
- **Electric vehicle charging infrastructure:** 35 LAS stations have been identified for installation of electric charging infrastructure\*.

\*Sites still require electrical power upgrades prior to install.

## Clinical

- **Reducing journeys to deliver care, where clinically appropriate:** There are a number of areas of work looking at Multiple Attendance Ratio (MAR) and options to reduce this (reducing emissions). Some of this is completed and some on-going however we have to be mindful that some of our most significant MAR is nationally mandated.
- **Reducing the volumes of clinical waste:** With changes to COVID guidance we are expecting to use less Level 3 Personal Protective Equipment, therefore reducing the environmental impact and volumes of PPE used.

## Estates

- **Energy efficiency:** Forming part of the estates strategy development, we have undertaken a stock take of our buildings Energy Performance Certificates to assist with identifying our least energy efficient buildings.
- **LED bulbs:** We are proactively replacing lighting with LED energy efficient bulbs across our estates.
- **Sustainable energy:** From October 2022, we will switch to a Renewable Energy Guarantee Origin (REGO) backed 'sustainable energy tariff'.
- **Supporting staff:** All new major refurbishments / construction projects include sufficient showers, lockers and bike facilities to encourage greener commuting choices.

## Procurement & Supply Chain:

- **Sustainably Procurement Policy:** This has been developed to support our sustainability ambitions and a change in buyer behaviour (currently awaiting approval).
- **Social value:** We now include a minimum of 10% social value scoring in our procurement selection criteria for tenders to improve the economic, social and environmental well-being of the people and the communities we serve.
- **Engagement with suppliers:** On-going engagement regarding our sustainability ambitions and expectations.
- **Contract awards:** Sustainability has been included in all Contract Award Recommendation Reports

# Sustainability progress highlights Jan – April 2022 continued...

## Digital

- **Using digital as a sustainability enabler: Remote working:** We now have the infrastructure and hardware to support corporate staff to work from home; reducing carbon emissions related to staff commuting and office waste.
- **Cloud migration:** We have migrated to NHS secure Office 365 which has commenced the consolidation of energy intensive LAS hosted data centres.
- **ePCR:** The roll-out of iPADS and ePCR to front-line clinicians for remote access to read and record patient data has reduced the requirements to continue using paper records.

## Communications & Engagement and People & Culture

- **Raising awareness of sustainability – new starters and e-learning:** We are developing short induction comms for new staff to share our sustainability ambitions and raise awareness of sustainable behaviours. We aim to include sustainability e-learning training as a core competency for all roles.
- **NHS Sustainability day:** Comms and engagement activities planned for the 8<sup>th</sup> June 2022 to share our sustainability ambitions and progress we are making
- **Comms & Engagement plan:** Has been developed with our new Sustainability Manager in post from June 2022. We will commence mobilisation of a network of eco-champions across the Trust to encourage staff to get involved in sustainability.

# External engagement activities

Over the last 5 months, the Sustainability Team have engaged with the following external organisations to progress our Sustainability agenda:

- **NWL ICS Sustainability and Green Working Group** monthly meeting
- **AACE and other Ambulance Trusts** on sustainability initiatives and data capture
- **Greener NHS** – engagement with specific projects including Project Zerro and National Ambulance Specification
- **UN Climate Change Conference (COP 26)** – Presentation of Project Zerro
- **Project Siren** – Development of Ford Venari lightweight ambulance



Project  
Zerro at  
COP 26



Lightweight  
diesel  
ambulance

# Programme benefits

Through implementing the Sustainability programme and its associated business changes, the following anticipated high-level benefits / positive outcomes will be achieved:

## Clinical Operations:

- **Reducing** the environmental impact of anaesthetic gases.
- **Reducing** clinical waste and lowering carbon emissions.
- **Reducing** journeys to deliver care, where clinically appropriate to reduce carbon emissions.

## Estates, Utilities & facilities:

- **Reducing** the use and reliance on fossil fuels to reduce carbon emissions.
- **Increased** energy efficiency of our estates.
- **Increased** use of 100% renewable sources of energy.
- **Reduced** carbon emissions related to waste and reduction of waste to landfill.
- **Improved** water conservation.
- **Decreased** light pollution.

## Fleet & transport:

- **Reducing** our usage of fossil fuels to reduce our carbon emissions.
- **Improving** air quality in London
- **Reduced** financial impact of ULEZ fines (non-compliance).
- **Greater innovation and technological** improvements for our fleet.
- **More** staff making greener commuting choices

## Procurement & Supply Chain:

- **More** efficient distribution and use of supplies & deliveries to reduce waste and emissions.
- **Improved** procurement practice to encourage decarbonisation of suppliers / sustainable suppliers.
- **Reduction** in single use plastic to reduce landfill and incineration.
- **Greater** social value within our contracts to improve the economic, social and environmental well-being of the people and communities we serve.

## Digital:

- **Improved** environmental sustainability of IM&T operations
- **Reducing** emissions as a result of reducing staff journeys (remote working)
- **Improved** re-purposing of end of life IM&T hardware

## People, Culture & Communications:

- **Increased** awareness amongst staff of sustainability and adopting sustainable behaviours
- **Reduced** environmental impact of our corporate operations i.e. emissions, waste, energy with remote working and digitising processes.
- **Greater** options for staff to make greener commuting choices (electric lease cars)

**\*Each benefit will have its own benefit measure (for baseline and monitoring purposes) and Key Performance Indicators will be developed**

# Sustainability programme risks and issues

The following programme level risks and issues have been identified which may impact on our Sustainability Objectives and deliverables:

ID	Date raised	Risk / Issue	Title	Description	Impact	Mitigation / Action	Lead
1	25/04/22	<b><u>Risk</u></b>	National Ambulance Specification	There is a risk that the national ambulance specification will not meet the weight spec for a light weight ambulance.	This will increase fuel usage and emissions.	On-going discussions with National Team on specification and requirements.	Rob Macintosh / Chris Rutherford
2	25/04/22	<b><u>Risk</u></b>	Electric Charging Infrastructure	The rollout of electric charging infrastructure across LAS stations is happening at pace, however, there is a risk to timescales as upgrades to local power supplies can take months and until assessed, it is difficult to quantify exact upgrade costs.	This may impact on timescales to roll-out the required infrastructure to support electric fleet and funding will need to be identified.	Site survey being undertaken to prioritise initial roll-out.	Mark Anderson / Rob Macintosh
3	25/04/22	<b><u>Risk</u></b>	Lack of capital funding to deliver the Green Plan	The sustainability programme does not have a dedicated budget.	This may impact on the delivery of actions / initiatives set out within the Green Plan for 2022 / 23.	Funding requirements to be scoped for individual green plan actions	Rakesh Patel
4	25/04/22	<b><u>Issue</u></b>	ULEZ Compliance	There are insufficient capital funds in 22/23 to purchase further ULEZ compliant vehicles.	This will result in the LAS being unlikely to meet the October 2023 deadline and facing fines for the larger vehicles and ambulances that do not comply (£100 per day).	Identification of external funding sources / opportunities.	Rob Macintosh / Chris Rutherford
5	25/04/22	<b><u>Issue</u></b>	Reducing usage of anaesthetic gases	There is currently no viable alternatives to Entonox for use by the LAS across all patient groups.	This will impact on our ambition to reduce the environmental impact of anaesthetic gases.	A clinical audit is currently planned to review Entonox usage.	Mark Faulkner

# Next steps

Over the next **6 months** we will:

- Continue delivery of our 2022 / 23 Green plan initiatives and actions
- Have our Sustainability Manager in post (from June 2022)
- Develop a set of Trust wide sustainability principles / commitments and cascade these across the Trust to ensure sustainability is at the heart of our decision making and day to day business operations
- Agree performance indicators and benefit baselines to allow tracking of our carbon emissions and improvements
- Celebrate NHS Sustainability day (8<sup>th</sup> June 2022) and commence a range of staff engagement and communications activities throughout the year
- Mobilise a network of staff eco-champions to drive sustainability at a local / directorate level
- Continue to collaborate with the NHS and the wider community to promote sustainability
- Identify opportunities for the LAS to bid for external sustainability funding





<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	31 May 2022			
<b>Report title:</b>	Board Assurance Framework			
<b>Agenda item:</b>	7.1			
<b>Report Author:</b>	Frances Field, Risk and Audit Manager			
<b>Presented by:</b>	Mark Easton, Interim Director of Corporate Affairs			
<b>Purpose:</b>	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval
	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Noting

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

This paper provides the Board with an update on the latest position with the Board Assurance Framework (BAF).

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.

Following these discussion the following proposals were made:

- The Quality Assurance Committee who met on 10 May proposed to reduce two of the current risk scores; Risk 1B relating to business continuity plans from 3 x 5 (15) to 3 x 4 (12) and 4A relating to Covid increases and impact on demand from 5 x 4 (20) to 4 x 4 (16) and an increase in risk 2A relating to our delivery plan from 1 x 4 (4) (as reported to the Board 29 March) to 3 x 4 (12).
- The People and Culture Committee who met on 12 May, considered two new BAF risks relating to; Staff Burnout - with a current risk score of 4 x 4 (16) and Equality Diversity and Inclusion - with a current risk score of 4 x 4 (16) and proposed their addition to the BAF.
- The Finance and Investment Committee who met on 19 May 2022 considered a risk relating to the planning process for 22/23 and the financial gap for the coming year with a current risk score of 3 x 4 (12) and proposed its addition to the BAF. It is proposed that this risk will supersede current risk 8 A which relates to income and expenditure for 21/22. The Committee also proposed the increase in risk scores for; Risk 9 A relating to supply chain issues from 4 x 4 (16) to 3 x 4 (12) and 10 A relating to corporate governance from 3 x 4 (12) to 2 x 4 (8)
- The D999 PAG Committee considered a new risk relating to the implementation of the new computer aided dispatch system. It was agreed a new risk should be added to the BAF relating to this key project but the risk should be broadened to cover the risks of implementation as well as the risks of delay. This is being worked up as the next iteration.

This is the last review of the 2021/22 BAF. The next iteration of the BAF for 2022/2023 will be based on the 10 business objectives discussed at the Board session held in March.

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.

### Recommendations for the Board:

The Board is asked to consider the current assessment of risks, controls, assurances and actions set out in the accompanying BAF document, approve the risk scores and the addition of the four new proposed risks to the BAF.

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

Directorate	Agreed			Relevant reviewer [name]
Quality	Yes	X	No	John Martin, Chief Paramedic and Quality Officer
Finance	Yes	X	No	Rakesh Patel, Chief Finance Officer
Medical	Yes	X	No	Fenella Wrigley, Chief Medical Officer
Communications & Engagement	Yes	X	No	Antony Tiernan, Director of Communications
Strategy	Yes	X	No	Roger Davidson, Director of Strategy and Transformation
People & Culture	Yes	X	No	Damian McGuinness, Director of People and Culture
Corporate Affairs	Yes	X	No	Mark Easton, Interim Director of Corporate Affairs

## London Ambulance Service NHS Trust Board Assurance Framework: Quarter 4 2021/2022

### 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					
					uncond <sup>d</sup>	Q1	Q2	Q3	Q4	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	12	4
	2	Deliver models of care	2A	Poor prioritisation	16	16	8	4	12	6
			3	IT Infrastructure	3A	Cyber attack	20	20	15	15
	3	IT Infrastructure	3B	System unavailability	16	16	16	16	16	9
			4	Robust response to Covid	4A	Mutations and increased impact	12	12	16	20
4B	Post-Covid priorities	12	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
	6	Culture and leadership	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	12	27
	10	Good governance	10A	Lack of engagement	16	16	16	12	8	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
	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 4**

Objective 1	<b>To deliver high-quality patient care</b> (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					
<b>Lead Executive's statement 05/05/22</b>		<b>Lead Assurance Committee's statement</b>			<b>RAG Rating</b>	
We have remained in the top 1/3 <sup>rd</sup> in England for AQIs for CAT 1 but CAT 2 has remained challenged. The category 2 recovery plan was incorporated into a REAP 4 action plan focusing on all phases of the response from accurate categorisation, sufficient resource levels, efficient job cycle components and reducing handover delays at hospital. The delivery of all categories improved over the Easter period and the focus is now on sustaining this improvement.		We are pleased to see the cat 1 recovery and the plans to improve cat 2, but while ambulance handovers persist and job cycle times have increased this remains vulnerable.			Q1	red/amber
					Q2	red/amber
					Q3	red/amber
					Q4	
<b>Indicators/milestones</b>						
<b>Description</b>	<b>Plan</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Top 1/3 <sup>rd</sup> in England against AQIs	Top 1/3 <sup>rd</sup>	Yes for CAT 1 No for CAT 2	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 <sup>rd</sup> in England against CQIs	Top 1/3 <sup>rd</sup>	tbc	Nov '21 – ROSC 3 <sup>rd</sup> Stroke 3 <sup>rd</sup> , STEMI 7 <sup>th</sup>	tbc		
Compliance with EPRR standards	Compliant	-	-	Substantial assurance from NHSE audit	Interoperability assessment completed by NARU	
Ensuring are available when needed	Audit compliance, develop improvement plan, complete delivery of plan	tbc	tbc	No incidents reported	No incidents reported	
Ensuring medical devices are available when needed	Move to bespoke diagnostic pouches				Diagnostic pouches with tracking and ready for roll out in Q1.	

**BAF Risk 1A, objective 1**  
**IF operational demand increases above capacity due to more patients accessing urgent and emergency care, 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 31/3/23				
L	x	C	=	Score
3	x	5	=	15

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	Support deployment of volunteers onto ambulances under skill matrix
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	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
Senior and clinical oversight of delays and incidents to identify risk and harm	Early adopter of Patient safety Incident Response Framework (April 2021)
Develop redeployment scheme for corporate staff to be utilised in times of high demand	At REAP 4 all clinicians working operationally 50-100% of time.
LAS input to national solutions to reduce handover delays	Senior attendance at NASMED and QiGARD and Ambulance Capacity Meeting
Twice weekly staffing and resourcing meeting to review operational	Chaired by Directors – review of staffing levels by hour to identify and mitigate risks
Weekly NHSE London / Commissioner performance meeting	Executive attendance at meeting
Development of alternative pathways for patients to receive care either remotely or closer to home	Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response

**Further actions**

Action	Date by which it will be completed
Recruit to 1650 wte (UK and overseas) as per workforce plan	31/3/2023
Reduce conveyance to Emergency Department to under 50% in all ICSs	31/3/2023
Increase education directorate capacity to meet workforce plan	31/3/2023

# Goal 1: Provide outstanding care for our patients

Quarter 4

**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	4	=	12

Tolerance by 31/3/23				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Major Incident Plan and Business Continuity Plans in place	Externally assured by NHSE and March 2022 by NARU
Pager and cascade systems in place to call in extra staff	Regular testing undertaken
Pro-active planning for known increases in demands	Staffing levels increased to ensure impact on BAU minimised
Mutual aid and volunteer support	
Management of non-major incident patients	Use of CSEP and REAP to manage incoming demand Working with other providers to maximise access to alternative pathways
AAR and debriefs to learn lessons	Actions and learning are fed into EPRSG

## Further actions

Action	Date by which it will be completed
No further actions required this year - there will always be a residual risk as major incidents and BC incidents are unplanned.	N/A

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

**Quarter 4**

Objective 2	<b>To deliver the models of care in the 2018/23 Strategy</b>				
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 05/05/22	Lead Scrutiny Committee's Assurance statement				RAG rating
We have delivered 85% of the deliverables this year in addition to working with the wider system to deliver new pathways and increased digital integration. Wider public health promotion has been limited to Covid.	Excellent work has sustained delivery. Further work on having consistent pathways across London, for example in SDEC and #NoF means there are further opportunities			Q1	amber/green
				Q2	amber/green
				Q3	amber/green
				Q4	
<b>Indicators/milestones</b>					
Description	Plan	Q1	Q2	Q3	Q4
Hear and treat rates	8.39%	14.8% (June)	16.2% (Sept)	17.1% (Dec)	15.5% (March)
See and treat rates		29.4% (June)	30.0% (Sept)	31.8% (Dec)	30.5% (March)
See and Convey to ED	57%	51.5% (June)	50.2% (Sept)	48.0% (Dec)	50.7% (March)
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	Implementation of UCR

**BAF Risk 2A, objective 2**

**IF we do not prioritise the #Our LAS programme and delivery plan and deploy limited resources effectively THEN change is unlikely to stick LEADING TO inefficiencies and poor morale which will make change more difficult to make and embed.**

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
3	x	4	=	12

Controls	Assurances
Prioritisation of callers' needs and provision of clinically appropriate responses.	Use of the Clinical Safety Plan to ensure sickest and most seriously injured patients are prioritised and patients who can be treated closer to home are referred
Senior clinical team in place to support delivery	Oversight of clinical cases through the CHUB / CSD

**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 4**

Objective 3	<b>To improve the resilience of our IT infrastructure</b>				
Lead Executive	Barry Thurston, Director of IT				
Lead Scrutiny Committee	Finance and Investment Committee				
Lead Executive's Assurance statement 06/05/22	Lead Scrutiny Committee's Assurance statement				RAG rating
We are on track with upgrading our IT resilience with completion of Corsham due in June 2022. A cyber-attack remains high on the national risk register and we must remain vigilant.				Q1	amber
				Q2	amber
				Q3	amber
				Q4	
<b>Indicators/milestones</b>					
<b>Description</b>	<b>Plan</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
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 in May and Corsham in June - 1 system to be moved. Decommissioning at BOW (change of scope as Bow will remain active with a new role)

**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 to identify any threats	Included in the Cyber Committee’s report to the Board. Functional and need review.
Cyber security team in place to identify and mitigate cyber threats or incidents	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 threats 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	September 2022
Outstanding action from DSPT to be completed	Completed
Infrastructure refresh completion	March 2023
Compliance with DSPT 2022	June 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	June 2022 (CAD already there)
Completion of Farnborough migration	March 2023

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

**Quarter 4**

Objective 4	<b>To deliver safe services within the prevailing Covid guidance</b>					
Lead Executive	Fenella Wrigley, Chief Medical Officer.					
Lead Assurance Scrutiny	Quality Assurance Committee					
Lead Executive's statement 05/05/22	Lead Scrutiny Committee's Assurance statement			RAG rating		
Continued review of patient facing clinical guidance in line with national guidance and IPC guidance. 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 attention of the system is moving to recovering elective care. The stress on Primary Care, backlog in undiagnosed cancer and increase in mental health mean that LAS care standards remain challenged.					
				Q1	amber	
				Q2	amber	
				Q3	amber	
				Q4		
Indicators/milestones						
Description	Plan	Q1	Q2	Q3	Q4	
Infection control work plan	100%				>85% achieved alongside all the IPC work for COVID	

**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 and staffing vacancies LEADING TO longer response times and poorer outcomes for patients.**

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/3/23				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Personal Protective Equipment issued to staff	FIT testing programme is at >75% for disposable masks
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.	
Update to IPC and working safely guidance	Updated each time new national guidance produced and shared widely across LAS using all channels of communication

**Further actions**

Action	Date by which it will be completed
We will continue to monitor the situation and impact of living with COVID through attendance at national and regional meetings	Ongoing
Ensure workforce plan is delivered	31/3/23

**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 31/3/23				
L	x	C	=	Score
3	x	4	=	12

Controls	Assurances
Continue to influence nation agenda as set out in objective 12	Attendance by executives at regional and national meetings to ensure urgent and emergency care is discussed.

**Further actions**

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

Objective 5	<b>To increase establishment and reduce reliance on temporary staffing solutions</b>						
Lead Executive	Damian, McGuinness, Director of People and Culture						
Lead Scrutiny Committee	People and Culture Committee						
Lead Executive's Assurance statement 10/05/22		Lead Scrutiny Committee's Assurance statement				RAG rating	
The Trust has further reduced the unfilled vacancy rate from 3% to 2%, however concerns remain regarding our ability to meet a rapidly increasing demand profile – particularly given the national shortage of Paramedics. Retention has increased as expected having exited lockdown, although FYE remains on plan will need close monitoring in 22/23.		The committee received information relating to delays in recruitment caused by the length of time taken for paramedics to become registered and the challenges related to the recognition of driving qualifications. The committee explored the need for further escalation but was assured that following helpful interventions by regulators progress with the relevant bodies was now being made.				Q1	amber
						Q2	amber
						Q3	
						Q4	
<b>Indicators/milestones</b>							
Description	Forecast/Plan	Q1	Q2	Q3	Q4		
Increase Ambulance Operations workforce establishment	Q1: 3470 Q2: 3570 Q3: 3670 Q4: 3770	3444	3503	3473	3491		
Turnover of Ambulance Operations workforce to be 10%	Q1-Q3: 10% Q4: 11%	7.5%	9.2%	10.2	10.9		
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	Additional funding and resources in place to recruit international paramedics  Exploring opportunities to partner with Australian universities.		

*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
Recruitment workforce group bi weekly meeting	

**Further actions**

Action	Date by which it will be completed
5-year Workforce plan	July 2022
Revise People and Culture Strategy	March 2023
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
Submission for Silver accreditation of the Armed Forces Covenant which will support further recruitment of Ex-military staff into roles within LAS	Jan 2023
Create a recruitment workforce steering group – to review and ensure that recruitment activity is on target	May 2023

Objective 6	<b>To embark on a cultural transformation journey that celebrates diversity and compassionate leadership</b>					
Lead Executive	Damian, McGuinness, Director of People and Culture					
Lead Scrutiny Committee	People and Culture Committee					
<b>Lead Executive's Assurance statement 10/05/22</b>		<b>Lead Scrutiny Committee's Assurance statement</b>			<b>RAG rating</b>	
<p>Mixed staff survey results and insight from LAS colleagues showed that work was required to improve and transform the culture and inclusion across LAS. Phase 1 and 2 of the Our LAS Culture Transformation have been successfully completed. Over 2000 people have engaged with the cultural programme thus far. The next phase will be focused on the leadership. All LAS mangers (circa 650) have been invited to Leadership Masterclasses in May. After the Leadership Masterclasses, we will go into the implementation phase, this will require us to work closely with all our leaders, networks, unions and colleagues to embed our new culture programme.</p>		<p>The Committee reviewed the staff survey results and noted the new data on burnout and given its significance asked that it be added as a separate risk. It also reviewed progress on ED&amp;I and asked that it too should be a single risk on its own.</p> <p>The committee received an update on the Our LAS programme and noted the significant engagement that had been received. One area the committee focused on was the role of senior leaders in setting the tone of the programme and sought assurance on whether there was sufficient with the plans to support them. The CEO described his plans, and these were noted</p>			Q1	amber/green
					Q2	amber/green
					Q3	amber/green
					Q4	
<b>Indicators/milestones</b>						
<b>Description</b>	<b>Forecast/Plan</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Improve staff satisfaction scores	Q1: agree survey objectives Q2: tender cultural transformation provider Q3: Secure provider Q4: Stage 1 transformation programme complete + publish survey reslts	National Staff Survey (Picker) 2022. Objectives determined following receipt of 2021 results.	Tender published for Cultural Transformation Provider  Staff survey launched	Cultural Transformation Provider secured.  Staff survey closed	Culture transformation programme in implementation phase  Staff survey results published	
Number of staff successfully completing the leadership master classes (cumulative)	Q3: 1500 Q4: 2000	N/A	N/A	1000	Additional 640(on top of the 1000 that attended in Q3)	

**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 &amp; 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"> <li>• Staff Survey</li> <li>• Culture</li> <li>• Wellbeing</li> </ul> <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 &amp; 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"> <li>• EDI/CDI</li> <li>• LEAP</li> </ul> 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	31 March 2023
Aligned EDI/CDI Strategy	September 2022
Aligned OD & Talent Management Strategy	September 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 <sup>nd</sup> phase of Cultural Transformation Programme	April 2022
Re-tendered OH service in place	July 2022
Revise People and Culture Strategy	31 March 2023
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
Executive Leadership and Training support procured Jan to March 2022 The high level objectives for this OD (Organisational Development) Learning & Development intervention are as follow:  <ul style="list-style-type: none"> <li>• To build the new executive team into a high-functioning team with the foundations of strong trust and good working relationships</li> <li>• To build a strong Executive Committee, delivering effective joined-up leadership for the Trust</li> <li>• To develop and support individual directors through dedicated 1-1 coaching and facilitated peer learning sets</li> <li>• To build effective bi-lateral relationships where director colleagues working on shared and overlapping portfolios</li> <li>• To develop the collective leadership capacity of the team through team workshops</li> </ul>	P&C Director's update at OPMs, Board and PCC P&C Director's update at Board and PCC

**Further actions**

Action	Date by which it will be completed
Executive Training	Jan to March 2022
Our LAS Culture Programme Leadership Masterclasses	May 2022
Leadership management courses	Summer 2022

Objective 7	<b>To ensure we take a positive and proactive approach in supporting the health, safety and wellbeing of our staff.</b>				
Lead Executive	Damian, McGuinness, Director of People and Culture				
Lead Scrutiny Committee	People and Culture Committee				
<b>Lead Executive's Assurance statement 10/05/22</b>	<b>Lead Scrutiny Committee's Assurance statement</b>			<b>RAG rating</b>	
We continue to have robust interventions in place and continuously review the services provided. A new H&W strategy is being written with consideration given to the prolonged high operational pressures.	The Committee noted the appointment of the new OH provider and received assurance on both the process adopted and that the service specification will allow particular H&W challenges to be address – particularly MSK and MH.		Q1	amber/green	
			Q2	amber/green	
			Q3	amber/green	
			Q4		
<b>Indicators/milestones</b>					
<b>Description</b>	<b>Forecast/Plan</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>sickness absence</b>	6% throughout the year	7%	7%	8%	8%
<b>Covid Vaccination Compliance (to have had first and second vaccine for those not clinically exempt)</b>	Q1: no plan set Q2: no plan set Q3: 75% Q4: 100%	67%	74%	86%	93%

**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"> <li>• Menopause</li> <li>• Post COVID syndrome</li> <li>• Schwartz rounds</li> </ul> <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.** Causes: The prolonged time that staff have been working under pressure from COVID 19 and remaining on REAP 4 for long periods at a time.

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
Promotion of the Flu programme with Trust wide flu clinics	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	June 2022
Review of mental health provisions on offer	June 2022
Review of physical health provisions on offer	Sept 2022
Embed OH contract	July 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

<b>Controls</b>	<b>Assurances</b>
We have tasked our current OH provider with reviewing the immunisation records of frontline staff to ensure any potential gaps are identified and allow individuals to receive outstanding immunisations at designated clinics. This work will continue with our new OH provider to completion.	KPIs to be reporting at Well-being steering group.

**Further actions**

<b>Action</b>	<b>Date by which it will be completed</b>
OH Retender - Immunisation data will be transferred to new OH Provider/s once agreed	July 2022

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

**Quarter 4**

Objective 8	<b>To achieve our financial control total</b>				
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 has secured additional £14m from NWL to post a breakeven year-end plan. At November, the Trust was on track to achieve this. However, there are potential cost pressures relating primarily to staffing over the next months as demand increases.				Q1	red/amber
				Q2	red/amber
				Q3	
				Q4	
Indicators/milestones					
Description	Forecast/Plan	Q1	Q2	Q3	Q4
<b>Surplus/(Deficit) plan as agreed with NHSI £m</b>	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 4**

**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

<b>Controls</b>	<b>Assurances</b>
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**

<b>Action</b>	<b>Date by which it will be completed</b>
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 4**

Objective 9	<b>To strengthen and modernise our infrastructure</b>				
Lead Executive	Rakesh Patel, Chief Finance Officer				
Lead Scrutiny Committee	Finance and Investment Committee				
Lead Executive's Assurance statement 06/5/22	Lead Scrutiny Committee's Assurance statement				RAG rating
Delivered 2021/2022 Capital programme				Q1	amber
				Q2	amber
				Q3	amber
				Q4	
<b>Indicators/milestones</b>					
Description	Forecast/Plan	Q1	Q2	Q3	Q4
<b>Priority Capital Projects to support the modernisation agenda</b>	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	Acquired lease to expand Brent Ambulance station and Brentside education centre
<b>Upgrading and modernising the Fleet</b>	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.	Placed orders for 220 vehicles and delivery dates received
<b>Leadership and governance improvements</b>	Q2: appoint new directorate leadership team; revised procurement rules. Q3: Take Green Plan to Board.		Commenced appointment of new directorate leadership team. Revised procurement procedure implemented including STWs compliance.	Full leadership team in place to lead modernisation programme. Green Plan approved by the Board in Nov.	Leadership team in place

**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
3	x	4	=	12

Tolerance by End Q4				
L	x	C	=	Score
2	x	4	=	8

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 FIC 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.
	Confirmation of supply dates for vehicles ordered means risk score can be reduced

**Further actions**

Action	Date by which it will be completed
Continuing scrutiny via: Supply Chain Management Board; Asset Replacement Committee; Executive Committee and FIC	N/A

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

**Quarter 4**

Objective 10	<b>Getting the basics right and instilling good governance</b>				
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 06/5/22	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. The second stage report from the GGI has now been received. Risk in this area is declining due to action taken, assurance received from the GGI and progress on the action plan.				Q1	amber
				Q2	amber/green
				Q3	amber/green
				Q4	
<b>Indicators/milestones</b>					
Description	Forecast/Plan	Q1	Q2	Q3	Q4
<b>CQC continue to rate us as 'well-led'</b>	Rated 'well-led' throughout the year				
<b>Governance improvement plan</b>	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 4**

**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
2	x	4	=	8

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

<b>Controls</b>	<b>Assurances</b>
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**

<b>Action</b>	<b>Date by which it will be completed</b>
Phase 2 GGI governance review	Completed

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

**Quarter 4**

Objective 11	<b>To derive financial benefits though improved operational efficiency and improved clinical outcomes</b>					
Lead Executive	Rakesh Patel, Chief Finance Officer					
Lead Scrutiny Committee	Finance and Investment Committee					
Lead Executive's Assurance statement 06/5/22			Lead Scrutiny Committee's Assurance statement		RAG	
We achieved £8.9m of CIPS which contributed to the delivery of the NHS financial performance targets					rating	
					Q1	amber/green
					Q2	amber/green
					Q3	amber/green
			Q4			
Indicators/milestones						
Description	Forecast/Plan	Q1	Q2	Q3	Q4	
<b>CIP delivery</b>	Q1: £1.45m Q2: £2.6m Q3: £2.73m Q4: £2.92	£1.3m	£2.15m	£2.4m	£3.0m	
<b>General milestones</b>	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 4**

**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	<b>To respond to the new NHS governance structures in a way that enables emergency care to be improved</b>				
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				Q1	amber
				Q2	amber
				Q3	
				Q4	
Indicators/milestones					
Description	Forecast/Plan	Q1	Q2	Q3	Q4
<b>Influencing direction of travel of NHS White Paper related to emergency care</b>	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	<b>To strengthen our reputation and increase trust in what we do</b>				
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				Q1	amber/green
				Q2	amber/green
				Q3	
				Q4	
Indicators/milestones					
Description	Forecast/Plan	Q1	Q2	Q3	Q4
<b>Be seen as a strong partner in the NHS in London</b>	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.				
<b>Working constructively with emergency service partner, and on emergency care across London</b>	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	
<b>Work with each ICS on urgent care</b>	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
<b>LAS reps on national bodies</b>		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**

<b>LAS strategy 23-28 to be coproduced with partners</b>		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	<b>To develop fundraising capacity and increase charitable donations</b>				
Lead Executive	Antony Tiernan, Director of Communications and Engagement				
Lead Scrutiny Committee	Charitable Funds Committee				
Lead Executive's Assurance statement 04/05/22	Lead Scrutiny Committee's Assurance statement			RAG rating	
<p>The Charity is embarking on Year 1 of its 5 Year Strategy that focuses on 5 workstreams:</p> <ul style="list-style-type: none"> <li>• Income Generation</li> <li>• Internal Engagement</li> <li>• Raise External Profile</li> <li>• Donor Stewardship</li> <li>• Evaluation and Impact</li> <li>• System, Process and Governance</li> </ul> <p>With a target of raising £427k in 22/23 against a predicted expenditure of £387k on its objects, the Charity will focus on promoting and diversifying its income streams and growing support internally and externally, and building better systems and processes to manage and value the support.</p>	To be reviewed by the next Charitable Funds Committee in May 2022.			Q1	amber/green
				Q2	amber/green
				Q3	amber/green
				Q4	
<b>Indicators/milestones</b>					
Description	Forecast/Plan	Q1	Q2	Q3	Q4
<b>Infrastructure</b>	Q2: agree plan Q3: recruit Q4: commence plan		Fundraising development plan agreed.	Senior fundraiser recruited.	<i>Charity 5 Year Strategy approved and 2022/23 budget signed off</i>

**Risks to achieving this objective**

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

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

**Quarter 3**

**Further actions**

Take strategy to CF Committee	Completed
Set financial fundraising targets for 2022/23	Completed
Deliver the Year 1 plan	March 2023
Apply for NHSCT S3 Recover Grant (£132k)	April 2022 - completed
Recruit Fundraising Assistant	September - 2022
Apply for NHSCT Development Grant (£30k)	September - 2022

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

**Quarter 3**

Objective 15	<b>To develop and grow our volunteer base and work constructively with patient and community representatives</b>				
Lead Executive	Antony Tiernan, Director of Communications and Engagement				
Lead Scrutiny Committee	Quality Assurance Committee				
Lead Executive's Assurance statement 04/05/22	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.	Excellent progress is being made, after earlier delays. Further funding needs to be clarified.			Q1	amber
				Q2	amber
				Q3	amber
				Q4	
Indicators/milestones					
Description	Forecast/Plan	Q1	Q2	Q3	Q4
<b>Work constructively with patients and community representatives to increased involvement</b>	Q3: restructure team Q4: commence delivery of P&P engagement strategy			Restructuring of stakeholder communications team underway	full strategy implementation to commence
<b>Number of active volunteers</b>	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: 220  London Lifesavers: 148	Volunteers: 225  London Lifesavers: 1197
<b>Number of public access defibrillators</b>	Q1: 0 Q2: 6000 Q3: 6500 Q4: 7000	PADS:	PADS: 6453	PADS: 6789	PADS: 7162
<b>Volunteer delivery plan</b>	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	Commence implementation of volunteer delivery plan

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

**Quarter 3**

				secure additional funding.	and explore options for additional funding
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**Risks to achieving this objective:** REAP 4 presents as a risk and will delay delivery on the plan in the allotted time frame. Assurance could be sort by agreeing that our operational staff will be allowed to continue with activities that are deemed necessary to achieve the target for that quarter.

**Further actions**

<b>Action</b>	<b>Date by which it will be completed</b>
Start recruitment process for Emergency Responders	Ongoing through to 2024
Undertake London Lifesavers campaign	June/July 2022/23
Deliver on the agreed elements of the volunteering strategy.	From May 2022 onwards

BAF Risk	Objective
<p><b>If staff report high levels of burnout and / or lack resilience our ability to maintain a healthy skilled workforce to provide care will be compromised.</b></p> <p><b>Cause:</b> Longevity of high service demand and increase in operational pressures exceeding available capacity.</p>	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/01/22				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Safer staffing guidance and escalation pathway to ensure operational oversight and appropriate mitigation in safe deployment of staff. This includes the out of hours, assessment, assurance and escalation for safe staffing guidance.	Daily performance reviews / meetings / reports
Paramedic agenda embedded both acute and primary care setting to allow more efficient resource utilisation	Daily performance reviews / meetings / reports
The Trust Board will have direct oversight in relation to managing this risk with Assurance provided by PCC / QAC.	Daily performance reviews / meetings / reports
2022/23 workforce plan – establishment growth	Recruitment and Retention Steering Groups
Continuing to regularly review and increase the staff wellbeing offerings	Wellbeing team working to NHSE wellbeing framework – regular meetings with NHSE
Continuing to use temporary staff and offer staff overtime to ensure no disruption to delivery of services	Continuous monitoring of staff sickness/absence - GRS
Absence management recovery plan	Daily monitoring of sickness levels with particular focus on frontline staff
Wellbeing team working to NHSE People plan and suicide prevention rules	Well-being Steering Group
Established Health and Wellbeing hub for all staff to call for general advice and signposting of services.	Wellbeing team working to AACE suicide prevention rules – Regular meetings with NHSE

### Further actions

Action	Date by which it will be completed
Introduction of a first day sickness management service Trust wide	July 2022
Actions from reviewing wellbeing offerings	Ongoing
Complete stress risk training (risk:1048)	Ongoing
OH new provider	July 2022

BAF Risk	Objective
<b>If the diversity of our staffing profile is not representative of London, our ability to deliver a more inclusive service and therefore improve patient care will be compromised.</b>	
<b>Cause:</b> Recruitment campaigns not attracting diverse applicants, caused in the main by the fact the paramedic profession lacks diversity	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/01/22				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Established process and reporting for WRES	BME recruitment and retention metrics reported to EXCO, PCC and Trust Board
Recent demographic reporting of recruitment of CTM and CTN	Improvement on Staff Survey Results with BME indicators reported Trust wide.
Our Trust Anti-Racism document is to be agreed at ExCo	Introduction of de-bias recruitment tool kit and interview panel training for all staff.
Re-design and facilitation of new EDI training package for Engaging Leader Programme	
Development of a new Cultural Intelligence programme.	
Recruitment campaigns that attract diversity	Recruitment KPIS

## Further actions

Action	Date by which it will be completed
Proactive approach to encourage all staff to improve and record their protected characteristics, on ESR thereby reducing the difference seen in staff survey.	31/03/2023
Alignment of the outputs from our cultural transformation programme, e.g. policies, EQIa and training programmes.	31/10/2022
Formalisation of Inclusion board	16/12/2022
Introduction of Inclusion Ambassadors to sit on Trust wide interview panels	31/03/2023
Our LAS - behavioural framework	31/03/2023
Our LAS – recruitment toolkit	31/03/2023
Recruitment EDI KPIS	31/03/2023

DRAFT

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

**BAF Risk 8 (A) Objective 8**

**IF the Trust does not receive approval of a deliverable financial plan for 2022/2023, there is a risk that expenditure might exceed 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 End of Q1				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
<p>2022/2023 financial plan submitted to NHS England on 28 April 2022</p> <p>Discussions continue through the ICS directors of finance group to finalise income assumed in the plan under the guidance of London regional office</p> <p>Continue to develop detailed CIP plans and CIP delivery governance framework</p>	<p>Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board</p> <p><b>Gaps in assurances</b> Detailed CIP plans not yet developed Total income assumed in plan not yet secured. Current gap £32M.</p>

**Further actions**

Action	Date by which it will be completed
Further discussions with ICS finance directors and NHSE	End of Q1
Updated CIP plans to be submitted to the next Trust Board	31 May 2022

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

BAF Risk	Objective
	Risk that the Trust fails to implement the new CAD system by September 2022, resulting in increased costs, going into winter with aged system and no support from other trusts, loss of capability to communicate with other Ambulance Trusts (via ITK) and loss of key project personnel <b>Cause:</b> delays in training staff, availability of system documentation, completing appropriate testing, providing assurance to NHSE, readiness of Trust to switch the new system, support from external Stakeholders (Hospitals)

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

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

Controls	Assurances
Extended timeline from July to September based on a detailed plan to deliver	Budget to complete project has been secured and is being tracked on a monthly basis
Senior Managers have been assigned to working on the implementation of the project	ExCo are reviewing progress on a bi-weekly basis
Software change freeze agreed at the end of March, supplier reviewing and resolving any issues that have been identified as quickly as possible.	Programme Assurance Group reviews plans and progress bi-monthly and provides assurance directly to the Trust Board
Daily stand ups in place to review progress, clear timeline and agreement from project leads to deliver as per the plan.	CAD Programme Board meets monthly to provide assurance to the Senior Management Team that the project is on track, then reporting to PAG and ExCo
Training plan agreed to enable staff to be in place for go live	CAD Delivery Board oversee the implementation of the activity
User Acceptance Test plan agreed to document testing of system	
Retention incentive paid to control staff to minimise staff turnover	<b>Gaps in assurance</b>
Recruiting sufficient staff for go live	Impact of absenteeism during the training period
Communications plan in place to engage with internal and external stakeholders	Some function of CAD functionality incomplete (MDT)

### Further actions

Action	Date by which it will be completed
Infrastructure change freeze from August 2022	August 2022
Countdown to go live check point meetings commencing 3 months before implementation deadline, to provide assurance against sign off testing.	Ongoing from June to completion
Load and performance testing in May, to test its capability in the live environment (Newham)	May 2022
Engagement with external colleagues London EPR and NHSE to detail go live arrangements	Ongoing
MDT functional testing to be completed end of May	May 2022
Staff training dates planned in from end April, 2 week 'mop-up' allowed from end of August for any staff that have not been able to complete training. 2 x Admins tracking staff training progress	





<b>Report Title</b>	<b>Refresh of the LAS Risk Appetite Statement</b>		
<b>Meeting:</b>	Trust Board in Public		
<b>Agenda item:</b>	7.1.3.	<b>Meeting Date:</b>	31 <sup>st</sup> May 2022
<b>Lead Executive:</b>	Mark Easton, Interim Director of Corporate Affairs		
<b>Purpose:</b>		Assurance	x Approval
	x	Discussion	Information

**Report Summary**

**Introduction**

Articulating the Trust’s risk appetite is intended to ensure that the Board is taking the appropriate balance between being over-cautious when some level of risk is necessary, and prioritising safety where risk-taking behaviour is inappropriate. The risk appetite statement is aimed at helping the Trust achieve its strategic objectives and to facilitate informed decision making that is aligned with Trust strategy and business planning.

The Risk Appetite Statement sets out a range of appetites for different risks and these appetites may vary over time depending on changing circumstances. For example, whilst LAS has a low risk appetite for compliance/regulatory risks, during the height of the pandemic the Trust took a decision to go ‘governance light’ to free up staff for front line operations. During this period, it was also accepted that the statutory time line for responding to requests for information under the Freedom of Information Act might be compromised due to the need for staff to prioritise supporting front line activities. For this reason, the Risk Appetite Statement should be reviewed on an annual basis, or sooner if circumstances dictate.

The attached draft Risk Appetite Statement is a refresh of the existing version that was approved by the Board in September 2021 and is in line with that in place in other ambulance trusts.

**Risk Tolerances within LAS**

As a general principle, the Trust has a low tolerance for risks that negatively impact on the safety and wellbeing of its patients and staff and/or ability to deliver operational services.

The Trust also has a low risk appetite for risks that might have severe financial consequences which may impact on the Trust’s future viability. However, whilst the Trust will always seek to deliver services within levels agreed in the financial plan and to maximise the use of resources and deliver cost effectiveness, it will consider taking financial risks where this is required to mitigate risks to patient safety.

The Trust has a high appetite to take considered risks in areas that provide potential benefits for patients, including encouraging a culture that supports research and the pursuit of innovation, whilst operating within appropriate governance arrangements and regulatory constraints. This will include risks associated with new ways of working and participating in trials and pilot programmes in new ways to deliver healthcare. The Trust will not, however, compromise patient safety while innovating service delivery.

LAS will continue to comply with all legislation relevant to the organisation and will seek to avoid risks that, if realised, could result in non-compliance with legislation.

### **Conclusion**

The Trust Board is clear that LAS must take considered risks in order to achieve its strategic aims. However, any risks facing the Trust need to be considered in a controlled manner to ensure that risk taking is kept to a level deemed acceptable by the Board although this level may vary over time depending on external factors.

### **Recommendation/Request to the Board/Committee:**

The Trust Board is asked to review and approve the refreshed Risk Appetite Statement.

### **Routing of Paper i.e. previously considered by:**

The draft refreshed Risk Appetite Statement was considered by ExCo on 13<sup>th</sup> April 2022 and the Audit Committee on 19<sup>th</sup> April 2022.

### **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?

This paper seeks to address all the Trust's corporate objectives by clearly establishing, at a high level, the appetite and tolerance towards risks to delivery of these objectives.

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

Defining the level of appetite to the various categories of risk to the achievement of objectives will support clear and informed decision making.

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

Not directly linked, although the statement does set out LAS's low appetite for risks that may compromise the delivery of outcomes for patients and also for compliance/regulatory risks which may compromise LAS's compliance with its statutory duties.



## Risk Appetite Statement

As part of its work on refreshing the Board Assurance Framework, London Ambulance Service (LAS) has also reviewed its risk appetite statement.

A risk appetite statement is a written articulation of the degree of risk exposure, or potential adverse impact from an event, that the Trust is willing to accept in pursuit of its objectives.

London Ambulance Service seeks to minimise risks to its stated purpose to:

- Provide outstanding care for all our patients
- Be a first class employer, valuing and developing the skills, diversity and quality of life of our people
- Provide the best possible value for the tax paying public, who pay for what we do
- Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

LAS endeavours to establish a positive risk culture within the organisation, where unsafe practice is not tolerated and where every member of staff and volunteer feels committed and empowered to identify and correct/escalate system weaknesses. However, LAS recognises that risks will inevitably occur in the course of providing care and treatment to patients, employing staff and volunteers, maintaining premises and equipment and managing finances.

LAS is committed to ensuring that a robust infrastructure is in place to manage risks from an operational level to Board level and that where risks crystallise, demonstrable improvements/mitigations can be put in place.

LAS has a **zero risk appetite** for fraud and regulatory breaches. The Trust may, however, take considered risks where the long term benefits outweigh any short term losses. Well managed risk taking will ensure that the skills, ability and knowledge are there to support innovation and maximise opportunities to further improve services.

LAS has an overall **low risk appetite** for risks relating to all safety and compliance objectives, including public and patient harm and employee health and safety. As such, LAS has a low risk appetite:

- To accept risks that could result in a negative impact on quality including poor quality care or treatment or unacceptable clinical risk, non-compliance with standards or poor clinical or professional practice
- To risks relating to all safety and compliance objectives, including public and patient harm to staff health and safety
- To any risk that could result in staff being non-compliant with any frameworks provided by professional bodies

The Trust has a **moderate risk appetite** for the pursuit of its operational objectives including reputational risk and financial risks involving value for money. As such, budgetary constraints may be exceeded where required to mitigate risks to patient or staff safety or quality of care.

LAS has a **high risk appetite** when seeking opportunities for innovation (clinical and financial) that are within the constraints of the regulatory environment.

LAS will actively utilise the Risk Appetite Statement during any decision making process.

## Key Risk Categories and Risk Tolerances

Risk Category	Risk Appetite Level	Risk Appetite Statement	Example
Quality Outcomes	Low	LAS has a low appetite for risks that may compromise the delivery of outcomes for patients. LAS may take measured and considered risks to improve and deliver quality outcomes where there is a potential for long term benefit. However, LAS will not compromise the quality of care provided or the safety of staff or patients.	This is demonstrated by the high levels of action and concern regarding hospital handover delays, which earlier in the year were a significant problem. The LAS were part of system-wide action to remedy the problem, and the steps taken have reduced delays.
Compliance/Regulatory	Low	LAS has a low risk appetite for compliance/regulatory risks which may compromise LAS's compliance with its statutory duties and regulatory environment.	Gaps in the Trust's compliance with medicines management regulations were identified and put on the Trust-wide corporate risk register. Mitigating the risk was a high priority management concern- there was zero appetite for tolerating the risk.
Reputation	Medium	LAS has a moderate appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	There were risks involved in working with the media to share the story of the pressures we were facing during the 'winter 2021 wave' of the COVID pandemic. However, this helped make the public aware of the pressures we faced and the actions they could take to help us. It also provided reassurance to our staff and volunteers.
Financial/Value for Money	Medium	LAS has a moderate risk appetite for financial/value for money risks which ensure the achievement of the organisation's strategy whilst also ensuring that the risk of financial loss is minimised and statutory requirements are complied with.	There were financial risks associated with the taking in-house of the "make ready" team. However the transfer was in line with our strategy of the LAS as an "anchor institution" and we believed there were quality and efficiency benefits.
Innovations (clinical and financial)	High	LAS has a high risk appetite for innovation and will take measured risks to maximise technological innovation and commercial opportunities to improve patient outcomes and transform services whilst ensuring value for money and that do not compromise the quality of care.	The roll out of clinical diagnostic pouches was an innovation introduced into the Trust, which despite the difficulties and risks of implementation, was pursued because of the eventual service and safety benefit.

The Trust commits to review its risk appetite statement on an annual basis and/or following any significant changes or events.

April 2022



Report Title		Board Assurance Committee Terms of Reference 2022/23			
Meeting:	Trust Board				
Agenda item:	7.2	Meeting Date:	31 May 2022		
Lead Executive:	Mark Easton, Interim Head Corporate Affairs				
Report Author:	Board Assurance Committee Chairs				
Purpose:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval	
		Discussion		Information	
Report Summary					
<p>As part of each Board Assurance Committee's annual cycle, it is good practice to review the committee terms of reference at the beginning of each financial year.</p> <p>This ensures that the committee remains constituted in line with the Trust's Standing Orders and that the committees' objectives remain aligned to the Trust's strategy and values and provide sufficient risk assurance aligned to the Board Assurance Framework.</p> <p>As part of this process, each of the presented Terms of reference have been received, reviewed and supported by their respective committee and are presented to the Trust Board for approval and ratification.</p>					
Recommendation/Request to the Board/Committee:					
The Board is asked to receive the assurance committees' terms of reference and approve them.					
Routing of Paper i.e. previously considered by:					
Respective Board Assurance Committees <ul style="list-style-type: none"><li>• Audit Committee</li><li>• Finance and Investment Committee</li><li>• People and Culture Committee</li><li>• Quality Assurance Committee</li></ul>					
Corporate Objectives and Risks that this paper addresses:					
<p><i>How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations?</i></p> <p>The review of Board Assurance Committee terms of reference ensures that the committees are appropriately constituted in line with the Trust's standing orders and the matter included for committee oversight are appropriate and aligned to the Trust strategy and Board Assurance Framework risks.</p> <p><i>How does the paper contribute to LAS's work to improve and create a more compassionate and positive culture?</i></p>					

The paper ensures that each Board Assurance Committee operates in line with and supports the Trust's culture objectives.

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

The paper ensures that each Board Assurance Committee operates in line with and supports the Trust's equality and inclusion objectives.



## **Audit Committee**

### **Terms of Reference (effective April 2022-April 2023)**

#### **1. Purpose**

- 1.1 The Audit Committee (the Committee) has been established in order to focus primarily on the risks, controls and related assurances that underpin the achievement of the Trust's objectives.

#### **2. Constitution**

- 2.1 The Committee is a standing committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

#### **3. Authority**

- 3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the Committee.
- 3.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.3 The Committee is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

#### **4. Accountability**

- 4.1 The Committee will report directly to the Trust Board.

#### **5. Membership**

- 5.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members, all of whom shall have voting rights. The Trust Chair shall not be a member of the Committee.
- 5.2 At least one member of the Committee must have recent and relevant financial experience.

## **6. Chair**

- 6.1 One Non-Executive Director member will be the Chair of the Committee and, in their absence, another Non-Executive Director member will be nominated by the others to deputise for the Chair.

## **7. Attendance**

- 7.1 The Chief Finance Officer and the Director of Corporate Affairs should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.
- 7.2 The Non-Executive Chair of the Quality Assurance Committee should be invited to attend all Audit Committee meetings.
- 7.3 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee.
- 7.4 The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.

## **8. Quorum**

- 8.1 The meeting will be quorate provided that two Committee members are in attendance, including the Chair of the Committee, or their nominated deputy (who must also be a Non-Executive Director). In the absence of the Chair, Committee members may nominate a deputy chair for the purposes of that meeting from their midst.

## **9. Meeting administration**

- 9.1 A member of the Corporate Governance Team will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 9.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

## **10. Notice of meetings**

- 10.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.
- 10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

10.3 Late and additional papers will be tabled at the discretion of the Chair of the Committee.

## **11. Frequency of meetings**

11.1 The Committee shall meet a minimum of four times per annum. A calendar of dates will be published with the agenda setting out the dates of the meetings for the remainder of the financial year.

11.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

## **12. Duties**

### **Purpose**

12.1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities.

12.2 The Committee shall review the corporate risk register and the Board Assurance Framework and be responsible for providing assurance to the Trust Board on the identification, management and mitigation of risks to the goals and objectives of the organisation.

12.3 The Committee shall review the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, Care Quality Commission regulations, Internal and External Audit reports, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

12.4 The Committee shall review the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

12.5 The Committee shall review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.

12.6 The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.

12.7 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, within the context of the Board Assurance Framework, but will not be limited to these audit functions. It will also seek reports and assurances from the Assurance Committees of the Board and from directors and managers as appropriate, concentrating on the overarching systems of risk, controls and assurances, together with indicators of their effectiveness.

## **Internal Audit**

12.8 The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

12.8.1 approval of the appointment of internal auditors and any question of resignation and dismissal.

12.8.2 Review and approval of the Internal Audit strategy, operational plan and a more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;

12.8.3 consideration of the major findings of internal audit work (and management's response), ensuring co-ordination between the Internal and External Auditors to optimise audit resources;

12.8.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;

12.8.5 an annual review of the effectiveness of Internal Audit.

## **External Audit**

12.9 The external auditor is appointed by the Trust Board on recommendation from a Panel established through the Audit Committee.

12.10 The Committee shall act as the auditor panel in line with schedule 4, paragraph 1 of the 2014 Act. The auditor panel is a non-executive committee of the board and has no executive powers other than those specifically delegated in these terms of reference.

12.11 The auditor panel's functions are to:

12.11.1 Advise the Trust Board on the selection and appointment of the external auditor. This includes:

- agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules
- making a recommendation to the board/ governing body as to who should be appointed
- ensuring that any conflicts of interest are dealt with effectively.

12.11.2 Advise the Trust Board on the maintenance of an independent relationship with the appointed external auditor;

12.11.3 Advise (if asked) the Trust Board on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable;

- 12.11.4 Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor;
  - 12.11.5 Advise the Trust Board on any decision about the removal or resignation of the external auditor
- 12.12 The Committee shall review the work and findings of the External Auditor and consider the implications and management responses to their work. This will be achieved by:
- 12.12.1 consideration of the performance of the External Auditor;
  - 12.12.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan and ensure coordination, as appropriate, with other External Auditors in the local health economy;
  - 12.12.3 discussion with the External Auditors of their local evaluation of audit risks;
  - 12.12.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work carried outside the Annual Audit Plan, together with the appropriateness of management responses;
  - 12.12.5 discussion and agreement on the Trust's Annual Governance Statement.

### **Risk and Assurance Functions**

- 12.13 The Audit Committee shall review the risk and assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will be achieved by:
- 12.13.1 review of the work of the Quality Assurance Committee in the management of clinical risk including assurance gained from the clinical audit function;
  - 12.13.2 review of the work of the Finance and Investment Committee in the management of financial risk and the management of risk relating to IM&T, Estates, and Fleet & Logistics;
  - 12.13.3 review of the work of the People and Organisational Development Committee in the management of workforce risk;
  - 12.13.4 review of the Executive Leadership Team in the management of business risk and the systems in place to delegate responsibility for reviewing and maintaining the corporate risk register to the Risk Compliance and Assurance Group;
  - 12.13.5 review the Board Assurance Framework to ensure that it is focussed on the key strategic risks to the business and clearly identifies controls and assurances in place as well as the gaps and

corresponding mitigating actions to be taken in order to take assurance from the effectiveness of the systems in place;

12.13.6 review of the findings of any reviews by Department of Health Arms' Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc);

12.13.7 review the assurances provided by the internal auditors of the Trust's Shared Financial Services provider.

### **Counter Fraud**

12.14 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

### **Cyber and Information Governance**

12.15 The Committee shall satisfy itself that the organisation has adequate arrangements in place for cyber security and information governance.

### **Management**

12.16 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

12.17 The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

12.18 As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, the Committee shall ensure that arrangements are in place to enable the Trust to effectively respond to major, critical and business continuity incidents whilst maintaining services to patients

### **Financial Reporting**

12.19 The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the Annual Governance Statement;
- disclosures relevant to the Terms of Reference of the Audit Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- significant judgments in preparation of the financial statements;
- significant adjustments resulting from the Audit;
- letter of representation; and
- qualitative aspects of financial reporting.

12.20 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness, timeliness and accuracy of the information provided to the Board.

## **Other**

12.21 To receive any other relevant items as identified on the Committee's forward plan.

## **13. Review and reporting responsibilities**

13.1 The minutes of all meetings of the Committee shall be formally recorded and submitted to the Trust Board.

13.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.

13.3 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts.

13.4 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

## **14. Equality and diversity**

14.1 The committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.



## **Finance and Investment Committee**

### **Terms of Reference (effective May 2022-March 2023)**

#### **1. Purpose**

- 1.1 The Finance and Investment Committee has been established in order to provide assurance and make recommendations to the Trust Board on the finance and investment plans of the Executive Committee and to be assured of their consistency through discussion with other Board committees.
- 1.2 The Finance and Investment Committee also oversees and provides assurance on strategic development and investment whilst ensuring compliance with all regulatory and statutory duties and Trust strategy.
- 1.3 The Finance and Investment Committee shall conduct independent and objective review(s) of financial and investment policy and Investment.

#### **2. Constitution**

- 2.1 The Committee is a standing committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

#### **3. Authority**

- 3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the Committee.
- 3.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.3 The Committee is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

#### **4. Accountability**

- 4.1 The Committee will report directly to the Trust Board.

#### **5. Membership**

- 5.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors and Executive Committee of the Trust (including the Chief Executive, Deputy Chief Executive Officers and the Chief Finance Officer) and shall consist of not less than six members, all of whom shall have voting rights.

## **6. Chair**

- 6.1 One Non-Executive Director member will be the Chair of the Committee and, in their absence, another Non-Executive Director member will be nominated by the others to deputise for the Chair.

## **7. Attendance**

- 7.1 The Trust Chair should be invited to all Finance and Investment Committee meetings.
- 7.2 The Director of Corporate Affairs and the Chief Financial Officer should normally attend all Finance and Investment Committee meetings.
- 7.3 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee Chair.

## **8. Quorum**

- 8.1 The meeting will be quorate provided that the following are in attendance:
- 8.1.1 The Chair or nominated Chair of the Committee; and  
at least one of the two Executive Committee members, one of whom must be the Chief Executive or Chief Finance Officer or a Deputy Chief Executive.

## **9. Meeting administration**

- 9.1 A member of the Committee Secretariat will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 9.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

## **10. Notice of meetings**

- 10.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.
- 10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.
- 10.3 Late and additional papers will be tabled at the discretion of the Chair of the Committee.

## **11. Frequency of meetings**

- 11.1 Meetings will be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee. The regularity of meetings will be reviewed annually. A calendar of dates will be published with the agenda setting out the dates of the meetings for the remainder of the financial year.

## **12. Duties**

### **Financial Policy, Management and Reporting**

- 12.1 To consider the Trust's 2 – 5 year financial strategy, in relation to both revenue and capital prior to its submission to the Board.
- 12.2 To consider the Trust's annual financial targets and cash flow and to monitor progress against these.
- 12.3 To review the annual financial plan before submission to the Board.
- 12.4 The Committee will oversee the development of and progress against Trust efficiency and cost improvement programmes having due regard to the view of the Quality & Performance Committee in respect of the associated Quality Impact Assessments.
- 12.5 To review proposals and make recommendations to the Board for major business cases and their respective funding sources.
- 12.6 To monitor progress with the capital programme making any recommendations for changes or re-allocation of capital.
- 12.7 To commission and receive the results of in-depth reviews of key commercial issues affecting the Trust on behalf of the Board.
- 12.8 To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and related contractual risk.
- 12.9 To consider the Trust's tax policy and compliance.
- 12.10 To annually review the financial policies of the Trust and make appropriate recommendations to the Board.
- 12.11 To review the Trust's Board Assurance Framework and Corporate Risk Register sections relating to financial risk. To review the impact of any risks that may impact on the achievement of strategic objectives and therefore should be identified for inclusion or updating onto the Board Assurance Framework.

### **Investment Policy, Management and Reporting**

- 12.12 To approve and keep under review, on behalf of the Board, the Trust's investment strategy and policy.
- 12.13 To maintain an oversight of the Trust's investments, ensuring compliance with the Trust's policy and NHS Improvement's requirements.

## **Procurement**

12.14 To receive assurance regarding procurement development and the alignment of this with the Trust's overall commercial strategy development.

## **Capital Investment**

12.15 To consider the capital and investment plans for the Trust and to scrutinise business cases for capital investment, to ensure they are consistent with Trust strategy and within the overall trust financial plan. To inform/advise the Trust Board of recommendations from the Committee as appropriate.

## **13. Review and reporting responsibilities**

13.1 The minutes of all meetings of the Committee shall be formally recorded.

13.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.

13.3 The Committee will report annually to the Trust Board in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its Investment according to a standardised framework and process.

13.4 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

## **14. Equality and diversity**

14.1 The committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.



## **People and Culture Committee**

### **Terms of Reference (effective April 2022-March 2023)**

#### **1. Purpose**

- 1.1 The People and Culture Committee has been established in order to assure the Board on all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks.

#### **2. Constitution**

- 2.1 The Committee is a standing committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

#### **3. Authority**

- 3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff will cooperate with any request made by the Committee.
- 3.2 The Committee is authorised to obtain whatever internal information as is required to fulfil its functions.
- 3.3 The Committee is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

#### **4. Accountability**

- 4.1 The Committee will report directly to the Trust Board.

#### **5. Membership**

- 5.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors and Executive Committee of the Trust (including the Director of People and Culture, Deputy Chief Executive and Chief Paramedic and Quality Officer and the Director of Education) and shall consist of no less than eight members, all of whom shall have voting rights.

## **6. Chair**

- 6.1 One Non-Executive Director member will be the Chair of the Committee and, in their absence, another Non-Executive Director member will be nominated by the others to deputise for the Chair.

## **7. Attendance**

- 7.1 The Director of Corporate Affairs, Chief Finance Officer, Freedom to Speak up Representative and Assistant Director of Equality and Inclusion should normally attend all People and Culture Committee meetings.
- 7.2 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee.

## **8. Quorum**

- 8.1 The meeting will be quorate provided that the following are in attendance;
- 8.1.1 The Chair or nominated Chair of the Committee; and
  - 8.1.2 At least one of the two Executive Committee members, one of whom must be the Director of People and Culture or Chief Quality Officer.

## **9. Meeting administration**

- 9.1 A member of the Corporate Governance Team will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 9.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

## **10. Notice of meetings**

- 10.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.
- 10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.
- 10.3 Late and additional papers will be tabled at the discretion of the chair of the Committee.

## **11. Frequency of meetings**

- 11.1 Meetings will be held bi-monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee. The regularity of meetings will be reviewed annually. A calendar of dates will be

published with the agenda setting out the dates of the meetings for the remainder of the financial year.

## **12. Duties**

12.1 To enable the Trust Board to obtain assurance that the Trust achieves the following in a spirit of inclusion and diversity:

### **Leadership and Culture**

12.1.1 Culture – oversees the development of organisation culture to ensure the organisation performs to the right values and delivers patient-focussed outputs

12.1.2 Leadership Development – is taking appropriate steps to develop its current and future leaders

12.1.3 Training – has the systems and processes in place to ensure that its people are well equipped to undertake the tasks that are expected of them and that it can fulfil its workforce planning

12.1.4 Training – ensures the appropriate training is available to develop the organisation.

12.1.5 Statutory and Mandatory training – ensures that its people have timely access to relevant statutory mandatory training and that they are compliant at all times

### **Healthy Workplace**

12.1.6 Staff support – has appropriate systems and process in place to ensure the health and wellbeing of its people, occupational health offered and supporting them following their involvement in major incidents

12.1.7 Bullying and Harassment & Freedom to Speak up – is taking appropriate steps to prevent inappropriate behaviours in the workplace

### **Engagement**

12.1.8 Recognition – has recognition schemes in place which recognise excellent contributions that reflect the Trust's values contributes to the accomplishment of its goals

12.1.9 Employee relations – has an effective strategy for dealing with employee relations and effective partnership arrangements with recognised Trade Unions

12.1.10 Employee voice –has effective methods of staff engagement that promote the concept of 'you said we did' in support of an inclusive approach to working with its people

### **Talent**

12.1.11 Values based recruitment – has the systems and processes in place to ensure that it has the workforce it requires to deliver its goals

12.1.12 Succession planning – is able to replace people in key roles should they no longer be able (short term) or wish (longer term) to fulfil them

12.1.13 Equality, Diversity and Human Rights - has a dynamic workforce that reflects the diversity of its patients

## **Workforce**

12.1.14 Strategic workforce planning – has appropriate people-related plans and strategies in place to enable delivery of the Trust's strategy and business plans

12.1.15 To receive any other relevant items as identified on the Committee's forward plan.

## **13. Review and reporting responsibilities**

13.1 The minutes of all meetings of the Committee shall be formally recorded and submitted to the Trust Board.

13.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.

13.3 The Committee will receive each year the Responsible Officer Report.

13.4 The Committee will report annually to the Trust Board in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.

13.5 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

## **14. Equality and diversity**

14.1 The committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.



## **Quality Assurance Committee**

### **Terms of Reference (effective April 2022-March 2023)**

#### **1. Purpose**

- 1.2 The Quality Assurance Committee has been established in order to provide the Trust Board with assurance on the achievement of the London Ambulance Service NHS Trust's strategic objective in relation to the provision of a high quality, safe, and effective service.
- 1.3 The Trust's definition of quality encompasses three equally important elements:
- **Care that is safe** – working with patients and their families to reduce avoidable harm and improve outcomes.
  - **Care that is clinically effective** – not just in the eyes of clinicians but in the eyes of patients and their families.
  - **Care that provides a positive experience** – to patients and their families.

#### **2. Constitution**

- 2.1 The Committee is a standing committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

#### **3. Authority**

- 3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the Committee.
- 3.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.3 The Committee is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

#### **4. Accountability**

- 4.1 The Committee will report directly to the Trust Board.

## **5. Membership**

- 5.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors and Executive Committee of the Trust (including the Chief Medical Officer and the Chief Paramedic and Quality Officer) and shall consist of not less than five members (of whom three should be Non-Executive Directors), all of whom shall have voting rights.

## **6. Chair**

- 6.1 One Non-Executive Director member will be the Chair of the Committee and, in their absence, another Non-Executive Director member will be nominated by the others to deputise for the Chair.

## **7. Attendance**

- 7.1 The Director of Corporate Affairs should normally attend all Quality Assurance Committee meetings, with the Chief Executive invited to attend at least annually.
- 7.2 The Non-Executive Chair of the Audit Committee should be invited to attend all Quality Assurance Committee meetings.
- 7.3 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee.
- 7.4 At least twice a year the appropriate Internal Auditor representative should attend Quality Assurance Committee meetings.

## **8. Quorum**

- 8.1 The meeting will be quorate provided that the following are in attendance.
- 8.1.1 The Chair or nominated Chair of the Committee; and
  - 8.1.2 At least two Executive Committee members, one of whom must be the Chief Paramedic and Quality Officer or Chief Medical Officer, or their delegated representative.

## **9. Meeting administration**

- 9.1 A member of the Corporate Governance Team will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 9.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

## 10. Notice of meetings

- 10.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.
- 10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.
- 10.3 Late and additional papers will be tabled at the discretion of the Chair of the Committee.

## 11. Frequency of meetings

- 11.1 Meetings will be held bi-monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee. The regularity of meetings will be reviewed annually. A calendar of dates will be published with the agenda setting out the dates of the meetings for the remainder of the financial year.

## 12. Duties

- 12.1 To enable the Trust Board to obtain assurance that:

- People are protected from abuse and avoidable harm (*Safe*)
- People's care and treatment achieves good outcomes, promotes a good quality of life and is evidence-based where possible (*Effective*)
- Staff involve and treat people with compassion, kindness, dignity and respect (*Caring*)
- Services are organised so that they meet patient needs (*Responsive*)
- The leadership, management and governance of the organisation ensures the delivery of high-quality, person-centred care, supports learning and innovation, and promotes an open and fair culture (*Well-Led*).

- 12.2 To receive the following standing items:

- A summary of actions report relating to the appropriate Care Quality Commission (CQC) domain/s to include an update report from the appropriate Executive Led Group/s including exceptions, notifiable events and relevant performance metrics.
- A report on the Trust's Data Quality and information management/governance activities (frequency will be set out in the forward planner accordingly)
- The Trust's corporate risk register – section relating to the appropriate domain in relation to quality and safety. To review the impact of any corporate risks that may impact on the achievement of strategic objectives and therefore should be identified for inclusion onto the Board Assurance Framework.
- The Trust's Board Assurance Framework – section relating to the strategic objectives and associated risks delegated to the Committee or

that may impact on the quality and safety of services to patients and their families (at least quarterly).

- 12.3 To receive any other relevant items as identified on the Committee's forward plan.

### **13. Review and reporting responsibilities**

- 13.1 The minutes of all meetings of the Committee shall be formally recorded and submitted to the Trust Board.
- 13.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.
- 13.3 The Committee will report annually to the Trust Board in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
- 13.4 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

### **14. Equality and diversity**

- 14.1 The committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.



Report Title		Complaints Policy		
<b>Meeting:</b>	Trust Board			
<b>Agenda item:</b>	7.3	<b>Meeting Date:</b>	31 May 2022	
<b>Lead Executive:</b>	Mark Easton, Interim Director of Corporate Affairs			
<b>Report Author:</b>	Jonathan Elwood, Head of Resolution			
<b>Purpose:</b>		Assurance	x	Approval
		Discussion		Information
Report Summary				
<ul style="list-style-type: none"><li>• The Complaints &amp; Feedback Policy is due for full review in 2022. This has also been picked up in the recent GGI feedback. A full review, concluded that the current policy is outdated, refers to staff and teams which no longer exist and identifies procedures which prevent a speedier conclusion of complaints and concern.</li><li>• The redrafted policy brings the Trust into line with the Parliamentary and Health Service Ombudsman's (PHSO) proposed new national standards, as recommended in the GGI review.</li><li>• By adopting the relevant parts of the PHSO's model procedures now and as a result of our participation in pilot studies, LAS will also have the opportunity to help shape the new standards and any subsequent regulations which may follow.</li><li>• The redrafted procedures are designed to simplify the complaints process, to reduce the number of contacts which become formal complaints and which require a full investigation, to improve the working practices of the complaints team and liaison with other LAS teams, and improve the opportunities to learn.</li><li>• Due to the procedural changes there will be a period of crossover between the old and new procedures. An implementation period of 3 months is recommended.</li></ul>				
Recommendation/Request to the Board/Committee:				
The Trust Board is asked to note the new version of this policy and approve its adoption.				
Routing of Paper i.e. previously considered by:				
14 April 2022 Executive Committee				
10 May 2022 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?*

Having current and compliant policies enables the Trust to ensure its duties and obligations are met consistently

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

Current and complaint policies enable the duties of the Trust and Staff to be delivered in line with Trust Values and expectations

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

Current and complaint policies enable the duties of the Trust and Staff to be delivered in line with Trust Values and expectations and ensures that equality and inclusion are central to expected behaviours

# Complaint handling Policy and operational procedure for London Ambulance Service

## Contents

1. Introduction.....	1
2. Accountability, roles and responsibilities.....	1
3. Identifying a complaint .....	2
5. Timescale for making a complaint .....	4
6. Complaints and other procedures .....	4
7. Confidentiality of complaints .....	6
8. How we handle complaints.....	6
Making sure people know how to complain and where to get support.....	6
What we do when we receive a complaint .....	6
Early resolution .....	7
A closer look into the issues .....	8
Referral to the Ombudsman .....	9
9. Complaints involving multiple organisations .....	12
10. Monitoring, demonstrating learning and data recording .....	13
11. Complaints about a private provider of our NHS services.....	14
12. Complaining to the commissioner of our service .....	14
13. Misuse of the Complaints Procedure.....	14
Annex.....	165

# 1. Introduction

- 1.1 This complaints handling policy describes how the core expectations given in the NHS Complaint Standards will be put into practice by London Ambulance Service.
- 1.2 The incorporated procedure sets out how we handle complaints and the standards we will follow. This procedure follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).
- 1.3 It should be read in conjunction with the more detailed guidance modules available on the [Parliamentary and Health Service Ombudsman website](#).

# 2. Accountability, roles and responsibilities

- 2.1 Overall responsibility and accountability for the management of complaints lies with the 'Responsible person'). In our organisation, this is the Chief Executive Officer.
- 2.2 We have processes in place to ensure that our senior managers regularly review complaints alongside other forms of feedback. They will make sure action is taken on all identified learning arising from complaints so that improvements are made to our service.
- 2.3 Our senior managers demonstrate this by:
  - leading by example to improve the way we deal with compliments, feedback and complaints
  - understanding the obstacles people face when making a complaint, and taking action to improve the experience by removing them
  - knowing and complying with all relevant legal requirements regarding complaints
  - making information available in a format that people find easy to understand
  - promoting information about independent complaints advocacy and advice services
  - making sure everyone knows when a complaint is a serious incident or safeguarding or a legal issue and what must happen
  - making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong

- making sure we listen and learn from complaints and improve services when something goes wrong.

## **Complaints management**

- 2.4 Our Complaints Manager is The Head/Deputy Head of Patient Experience. They are responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive. The Complaints Manager will report to the Head of Resolution who has overall responsibility for the Patient Experience Team.

## **Roles and responsibilities**

- 2.5 The 2009 Regulations allow us to delegate the relevant functions of the Responsible Person and Complaints Manager to our staff where appropriate. We will do this, where necessary, to ensure we can provide an efficient and responsive service. The roles and responsibilities of staff within our organisation and relevant delegated functions when dealing with complaints are set out in the Annex.

# **3. Identifying a complaint**

## **Everyday conversations with our users**

- 3.1 Our staff speak to people who use our service every day. This can often raise issues that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

## **When people want to make a complaint**

- 3.2 We recognise that we cannot always resolve issues as they arise and that sometimes people want to make a complaint. A complaint is an expression of dissatisfaction, either spoken or written, that requires a response. It can be about:
- an act, omission or decision we have made
  - the standard of service we have provided.

## **Feedback and complaints**

- 3.3 People may want to provide feedback instead of making a complaint. In line with Department of Health and Social Care NHS Complaints Guidance, people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

- 3.4 People do not have to use the term ‘complaint’. We will use the language chosen by the service user, or their representative, when they describe the issues they raise (for example, ‘issue’, ‘concern’, ‘complaint’, ‘tell you about’). We will always speak to people to understand the issues they raise and how they would like us to consider them. For further explanation of what is and isn’t a complaint please see the [guidance module](#) ‘Identifying a complaint’.
- 3.5 For more information about the types of complaints that are and are not covered under the 2009 Regulations please see The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 3.6 If we consider that a complaint (or any part of it) does not fall under this procedure we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant signposting information.
- 3.7 Complaints can be made to us:
- in person
  - by phone
  - in writing, by email or online.

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

- 3.8 We will acknowledge complaints within three working days of receiving it. This can be done in writing or verbally.
- 3.9 We may receive an **anonymous or a general complaint** that would not meet the criteria for who can complain. In this case we would normally take a closer look into the matter to identify if there is any learning for our organisation unless there is a reason not to do so.

## 4. Who can make a complaint

- 4.1 Any person may make a complaint to us if they have received or are receiving care and services from our organisation. A person may also complain to us if they are affected or likely to be affected by any action, inaction or decision by our organisation.
- 4.2 If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for the representative to

raise and discuss the complaint with us and to see their personal information.

- 4.3 If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, then the complaint may be made on their behalf by a representative. There is no restriction on who may act as representative but there may be restrictions on the type of information we may be able to share with them. We will explain this when we first look at the complaint.
- 4.4 If a complaint is brought on behalf of a child we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied we will share our reasons with the representative in writing.
- 4.5 If at any time we see that a representative is not acting in the best interests of the person affected we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

## 5. Timescale for making a complaint

- 5.1 Complaints must be made to us within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.
- 5.2 If a complaint is made to us after that 12 month deadline, we will consider it if:
  - we believe there were good reasons for not making the complaint before the deadline, and
  - it is still possible to properly consider the complaint.
- 5.3 If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

## 6. Complaints and other procedures

- 6.1 We make sure our complaints staff are properly trained to identify when it may be not be possible to achieve a relevant outcome through the

complaint process on its own. Where this happens, staff will inform the person making the complaint and give them information about any other process that may help to address the issues and has the potential to provide the outcomes sought.

6.2 This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance.

6.3 When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

6.4 This will not always prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised, which includes any relevant outcomes where appropriate. Our complaints staff will engage with other staff or organisations who can provide advice and support on the best way to do this.

6.5 If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- the individual requests or agrees to a delay
- there is a formal request for a pause in the complaint process from the police, a coroner or a judge.

In such cases the complaint investigation will be put on hold until those processes conclude.

6.6 If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We will share as much information with them as we can although this may be limited to the fact that a referral has been made. Where the person raising the complaint chooses to refer the matter to a health professional regulator themselves or where they subsequently choose to, it will not affect the way that their complaint is

investigated and responded to. We will also signpost to sources of independent advice on raising health professional fitness to practise concerns.

## 7. Confidentiality of complaints

- 7.1 We commit to maintaining confidentiality and protecting privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those who are involved in the staff consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.
- 7.2 Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

## 8. How we handle complaints

### **Making sure people know how to complain and where to get support**

- 8.1 We publish clear information about our complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy service and other specialist independent advice services that operate nationally.
- 8.2 We will make sure that everybody who uses our services (and those that support them) know how they can make a complaint by having our complaints policy and/or materials that promote our procedure visible in public areas and on our website. We will provide a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to our complaints process online.
- 8.3 We will make sure that our service users' ongoing or future care and treatment will not be affected because they have made a complaint.

### **What we do when we receive a complaint**

- 8.4 We want all patients, their family members and carers to have a good experience while they use our services. If somebody feels that the service received has not met our standards, we encourage people to talk to staff, [or to our Patient Advice and Liaison Service if this is applicable] to see if we can resolve the issue promptly.

- 8.5 We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at first point of contact.
- 8.6 All of our staff who have contact with patients, service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on.

Our staff will:

- listen to you to make sure they understand the issue(s)
- ask how you have been affected
- ask what you would like to happen to put things right
- carry out these actions themselves if they can (or with the support of others)
- explain why, if they can't do this
- capture any learning if something has gone wrong, to share with colleagues and improve services for others.

### **Complaints that can be resolved quickly**

- 8.7 Our frontline staff often handle complaints that can be resolved quickly at the time they are raised, or very soon after. We encourage our staff to do this as much as possible so that people get a quick and effective answer to their issues.
- 8.8 If a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this procedure. For this to happen, we will confirm with the person making the complaint that they are satisfied that we have resolved the issues for them.
- 8.9 If we cannot resolve the complaint, we will handle it in line with the rest of this procedure.

### **Acknowledging complaints**

- 8.10 For all other complaints, our staff will acknowledge them (either verbally or in writing/email) within three working days. Staff will also discuss with the person making the complaint how we plan to respond to the complaint.

### **Early resolution**

- 8.11 When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our staff are trained to identify any complaint that may be resolved quickly. If staff consider that

the issues cannot be resolved quickly, we will take a closer look into the issues (see section 8.16 onwards).

- 8.12 When our staff believe that an early resolution may be possible, they are authorised to take action to address and resolve the issues raised, and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague who is more informed of the issues does. Our staff will resolve complaints in person or by telephone wherever possible.
- 8.13 If we think a complaint can be resolved quickly, we will aim do this in around 10 working days. However, this can take longer if the additional time means the complaint is more likely to be resolved for the individual. We will always discuss with those involved what we will do to resolve the complaint and how long that will take.

#### **If we can resolve a complaint quickly**

- 8.14 If we can answer or address the complaint, and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances.
- 8.15 We will capture a summary of the complaint and how we resolved it and we will share that with the person making a complaint. This will make sure we build up a detailed picture of how each of the services we provide is doing and what people experience when they use these services. We will use this data to help us improve our services for others.

#### **If we are not able to resolve a complaint quickly**

- 8.16 If we are unable to find an appropriate way to resolve the complaint quickly and to the satisfaction of the person making it, we will look at whether we need to take a closer look into the issues.

### **A closer look into the issues**

- 8.17 Not every complaint can be resolved quickly (due to its complexity or seriousness). In these cases, we will ensure that the complaint is allocated to a Complaint Handler, who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.
- 8.18 We will make sure staff involved in carrying out a closer look are properly trained to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation
- the right resources, support and protected time in place to carry out the investigation, according to the complexity of each case.

8.19 Where possible, complaints will be looked at by someone not involved in the events complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

### Clarifying the complaint and explaining the process

8.20 The Complaint Handler will:

- engage with the person raising the complaint (preferably in a face-to-face meeting or by telephone) to make sure they fully understand and agree:
  - the key issues to be looked at
  - how the person has been affected
  - the outcomes they seek
- signpost the person to support and advice services, including independent advocacy services, at an early stage
- make sure that any staff members subject to a complaint are made aware at the earliest opportunity (see 'Support for staff' below)
- agree a suitable timescale for how long the investigation will take with the person raising the complaint, depending on:
  - the complexity of the complaint
  - the work that is likely to be involved
- keep the person (and any staff subject to the complaint) regularly informed and engaged throughout
- **explain how they will carry out the closer look** into the complaint, including:
  - what evidence they will seek out and consider
  - who they will speak to
  - who will be responsible for the final response
  - how the response will be communicated.

## **Carrying out the investigation**

- 8.21 In order to ensure consistency in investigations across all disciplines, Complaints Investigations will be carried out in line with the Incident Reporting Management Policy and associated procedures. Staff who carry out investigations will give a clear, balanced explanation of what happened and what should have happened. They will reference relevant standards, policies and guidance to clearly identify if something has gone wrong.
- 8.22 The Complaint Handler will make sure the investigation clearly addresses all the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved in the investigation. If the complaint raises clinical issues the Complaint Handler will obtain a clinical view from someone who is suitably qualified. Ideally they should not have been directly involved in providing the care or service that has been complained about.
- 8.23 We will complete our investigation within the timescale set out at the start of the investigation. Should circumstances change we will:
- notify the person raising the complaint immediately
  - explain the reasons for the delay
  - provide a new target timescale for completion.
- 8.24 If we cannot conclude the investigation and issue a final response within 6 months (unless we have agreed a longer timescale with the person raising the complaint within the first 6 months) the Responsible Person or a Senior Manager will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed and a final written response issued.
- 8.25 Before sending a final written response to the complaint, the Complaint Handler may share and discuss (by telephone, in a meeting or in writing) the outcome of our investigation and the actions we intend to take, with all of the parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. The Complaint Handler will always consider any comments they receive before issuing a final written response.

## **Providing a remedy**

- 8.26 If, following the investigation, the Complaint Handler identifies that something has gone wrong they will seek to establish what impact the failing has had on the individual concerned. Where possible they will put

that right. If it is not possible to put the matter right they will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.

8.27 In order to put things right, the following remedies may be appropriate:

- an acknowledgement and a meaningful apology for the error
- reconsideration of a previous decision
- expediting an action
- waiving a fee or penalty
- issuing a payment or refund
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

### **The final written response**

8.28 As soon as practical after the investigation is finished, the Complaint Handler will co-ordinate a written response, signed by our Responsible Person (or their delegate). They will send this to the person raising the complaint and any other interested parties. The response will include:

- a reminder of the issues investigated and the outcome sought
- an explanation of how we investigated the complaint
- the relevant evidence we considered
- what the outcome is
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant standards, policies and guidance
- if something did go wrong, an explanation of the impact it had
- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of any wider learning we have acted on/will act on to improve our service for other users
- an explanation of how we will keep the person raising the complaint involved until all action has been carried out
- confirmation that we have reached the end of our complaint procedure
- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response
- a reminder of where to obtain independent advice or advocacy.

### **Support for staff**

- 8.29 We will make sure all staff who look at complaints have the appropriate: training, resources, support and protected time to respond to and investigate complaints effectively.
- 8.30 We will make sure staff being complained about are made aware and will give them advice on how they can get support from within our organisation, and external representation if required.
- 8.31 We will make sure staff who are complained about have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.
- 8.32 The Complaint Handler will keep any staff complained about updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

## **Referral to the Ombudsman**

- 8.33 In our response on every complaint we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman.
- 8.34 If the complaint is about detention under the Mental Health Act, or a Community Treatment Order or Guardianship we will inform the person making the complaint that if they are not happy with the outcome, they can take their complaint to the Care Quality Commission.

## **9. Complaints involving multiple organisations**

- 9.1 If we receive a complaint that involves other organisation(s) (including cases that cover health and social care issues) we will make sure that we investigate in collaboration with those organisations. Complaint Handlers for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.
- 9.2 The Complaint Handler for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that where possible the individual receives a single, joint response.

## 10. Monitoring, demonstrating learning and data recording

- 10.1 A key component in every complaint investigation is identifying what learning can be taken from complaints or feedback, regardless of whether mistakes are found or not.
- 10.2 The Trust takes an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users. Complaints investigations, outcomes and identified learning are also shared with the quality, patient safety and legal teams to ensure joined up learning across the organisation.
- 10.3 We maintain a record of:
- each complaint we receive
  - the subject matter and outcome
  - whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.
- 10.4 We measure our overall timescales for completing our consideration of all complaints against these targets:

Complexity rating	Timescale for completion (from date of receipt to issue of our final response)	
Straightforward/single issue	95 % within 3 months	100% within 6 months
Complex/multiple issue or multiple organisations	50% within 3 months	80% within 6 months

- 10.5 We will analyse data from all feedback and complaints bi-monthly, looking for trends and risks that may need to be addressed. Analysis will include learning identified and how this has been used to improve our systems and processes. The data collected and subsequent analysis will be reported to the relevant assurance committees as identified in their terms of reference.
- 10.6 In keeping with the Regulations section 18, as soon as practical after the end of the financial year, we will produce and publish a report on our

complaints handling. This will include how complaints have led to a change and improvement in our services, policies or procedures.

## **11. Complaints about a private provider of our NHS services**

- 11.1 This complaint handling procedure applies to all NHS Services we provide.
- 11.2 Where we outsource the provision of NHS Services to a private provider we will ensure that they follow these same complaint handling procedures.

## **12. Complaining to the commissioner of our service**

- 12.1 Under section 7 of the Regulations, the person raising the complaint has a choice of complaining to us, as the provider of the service, or to the commissioners of our service. If a complaint is made to our commissioner, they will determine how to handle the complaint in discussion with the person raising the complaint.
- 12.2 In some cases it may be agreed between the person raising the complaint and the commissioner that we, as the provider of the service, are best placed to deal with the complaint. If so, they will seek consent from the person raising the complaint. If that consent is given they will forward the complaint to us and we will treat the complaint as if it had been made to us in the first place.
- 12.3 In other cases, the commissioners of our services may decide that it is best placed to handle the complaint itself. It will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this procedure. We will co-operate fully in the investigation.

## **13. Misuse of the Complaints Procedure**

- 13.1 We recognise that some people who contact us may have reason to feel aggrieved, upset or distressed. However, it is not acceptable when that anger is directed towards our employees. In a small number of cases, a person's

behaviour while engaging with us may become unacceptable because it involves abuse of our employees or our service.

13.2 When this happens, we will take action to protect our employees and maintain our ability to do our work and provide a service to others. We will manage these actions or behaviours in line with our **Unacceptable Behaviour Policy**.

13.3 Examples of what we consider unacceptable behaviour include:

- Aggressive, abusive or offensive behaviour
- Unacceptable demands
- Unacceptable levels of contact
- Refusal to co-operate

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# Annex

## Roles and responsibilities

The roles and responsibilities of staff within our organisation, when dealing with complaints, are set out below. Regulations 4(2) and 4(3) of the 2009 Regulations allow us to delegate any complaints handling function to relevant staff where appropriate.

Role	Responsibility	Delegations
<p>Responsible Person</p> <p>Held by -</p> <p>Chief Executive Officer</p>	<p>The Responsible Person has overall responsibility for making sure we:</p> <ul style="list-style-type: none"> <li>• comply with the 2009 and 2014 Regulations</li> <li>• comply with the NHS Complaint Standards and this procedure</li> <li>• take any necessary remedial action.</li> </ul> <p>They are also responsible for:</p> <ul style="list-style-type: none"> <li>• reporting externally on how we learn from complaints</li> <li>• signing the final written response to the complaint (unless delegated to an authorised person).</li> </ul>	<p>In cases where an early resolution is possible, we delegate responsibility for responding to the complaint to staff who are coordinating the resolution.</p>
<p>Team Manager</p> <p>Held by -</p> <p>Head of Resolution</p>	<p>The Team Manager is responsible for:</p> <ul style="list-style-type: none"> <li>• overseeing complaints and the way we learn from them</li> <li>• deputising for the Responsible Person, if authorised.</li> </ul> <p>- will review the information gathered from complaints regularly (at least quarterly) and consider how services could be improved or internal policies and procedures updated. They will report on the outcomes of these reviews via the organisation’s governance structure.</p> <p>- responsible for ensuring that complaints are central to the overall governance of the organisation.</p>	

	- responsible for the oversight and overall management of the Patient Experience Team.	
<p>Complaints Manager and Senior Managers</p> <p>Held by -</p> <p>Head/Deputy Head of Patient Experience</p> <p>and</p> <p>Two Senior Managers</p>	<p>The Complaints Manager and Senior Managers are responsible for:</p> <ul style="list-style-type: none"> <li>• overseeing the implementation of actions required as a result of a complaint, to prevent failings occurring again</li> <li>• contributing to the investigation of complaints</li> </ul> <p>The Complaints Manager and Senior Managers retain ownership and accountability for the management and reporting of complaints. They are responsible for quality assuring the final written response. They should therefore be satisfied that the investigation has been carried out in accordance with this procedure and any guidance, and that the response addresses all aspects of the complaint.</p> <p>They will make sure that staff are supported both when handling complaints and when they may be the subject of a complaint.</p> <p>They are responsible for the overall management of the procedures for handling and considering complaints.</p> <p>They will be involved in a review of the quarterly reports and will use this review to identify areas of concern, agree remedial action and improve services.</p> <p>The Senior Managers will be responsible for the management and oversight of the complaints team.</p> <p>Senior Managers may also act as a Complaint Handler or Complaint Lead.</p>	
Complaint Handler	<p>The Complaint Handler is the person allocated to oversee and co-ordinate the investigation of the complaint and for the response to a complaint which has not been resolved at Early resolution (stage 1).</p> <p>They are responsible for making sure that there is a closer look into the issues raised,</p>	

	<p>with the support and input of others. They will make sure that the information and responses they receive from the person making the complaint, and from staff being complained about, clearly addresses all of the issues raised.</p> <p>The Complaint Handler will be trained in investigative techniques. Where possible they will also be trained in advanced dispute resolution skills. This will enable them to seek a mediated resolution to the concern or complaint at any time during the investigation of the issues.</p> <p>The Complaint Handler may also act as a Complaint Lead and may also delegate their responsibilities as set out in this procedure to the Complaint Lead.</p>	
Complaint Lead	<p>As appropriate and when required, the Complaint Handler will call for the input of a designated Complaint Lead(s) with knowledge of the care or services complained about. The Complaint Lead will carry out an investigation, as set out in this procedure, and provide the Complaint Handler with:</p> <ul style="list-style-type: none"> <li>• an objective account of what happened</li> <li>• an explanation if something has gone wrong</li> <li>• details of any action already taken or planned to resolve the matter.</li> </ul>	
All staff	<p>We expect all staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at the 'first point of contact'. We will provide training so they can do this.</p> <p>We expect all of our staff who have contact with patients, service users, or those that support them, to deal with complaints in a sensitive and empathetic way. This includes making sure that people are aware of our local independent advocacy provider and/or national sources of support and advice.</p> <p>We expect all staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified.</p>	



Report Title		Anti Fraud, Bribery and Corruption Policy		
Meeting:	Trust Board			
Agenda item:	7.3	Meeting Date:	31 May 2022	
Lead Executive:	Rakesh Patel, Chief Finance Officer			
Report Author:	Kirsty Clarke, Counter Fraud Senior Consultant			
Purpose:		Assurance	x	Approval
		Discussion		Information
Report Summary				
<p>The LCFS has reviewed the Trust's Anti-Fraud, Bribery and Corruption Policy to ensure it remains sufficiently robust from a counter fraud perspective.</p> <p>Although the policy had been subject to review by the Trust's former LCFS provider, a number of amendments were identified to ensure that the policy is legislatively accurate and compliant with NHSCFA requirements. These include, but are not limited to:</p> <ul style="list-style-type: none"><li>• Reflecting the introduction of the Government Functional Standards for Counter Fraud;</li><li>• Recording the relevant responsibilities of the Trust Board and Audit Committee;</li><li>• Ensuring the responsibilities of the Chief Finance Officer, Local Counter Fraud Specialist, People and Culture team, Line Manager and wider staff population are accurate; and</li><li>• Ensuring that the referral and investigation processes is correctly documented.</li></ul> <p>The Trusts Audit Committee received the policy at the 19 April 2022 meeting. The policy was reviewed and has been supported for implementation.</p>				
Recommendation/Request to the Board/Committee:				
The Trust Board is asked to note the revised policy and approve its implementation				
Routing of Paper i.e. previously considered by:				
Executive Committee 23 March 2022				
Audit Committee 19 April 2022				
Corporate Objectives and Risks that this paper addresses:				
<p><i>How does the paper address corporate objectives as expressed in the BAF and what are the associated risks and mitigations?</i></p> <p>Having current and compliant policies enables the Trust to ensure its duties and obligations are met consistently</p>				

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

Current and complaint policies enable the duties of the Trust and Staff to be delivered in line with Trust Values and expectations

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

Current and complaint policies enable the duties of the Trust and Staff to be delivered in line with Trust Values and expectations and ensures that equality and inclusion are central to expected behaviours



# Anti-Fraud, Bribery and Corruption Policy

## Document Control

<b>Document Reference</b>	TP007
<b>Version</b>	4
<b>Approved by</b>	Trust Board
<b>Lead Director/Manager</b>	Chief Finance Officer
<b>Author</b>	Deputy Chief Financial Accountant
<b>Distribution list</b>	Trust Board, Executive Committee, Senior Managers, All staff (via intranet)
<b>Issue Date</b>	01/02/20
<b>Review Date</b>	01/03/22

## Change History

Date	Change	Approved by/Comments
XX/XX/22	Periodic update of policy	
16/01/20	To comply with the Development and Implementation of Procedural Documents Policy	
28/10/19	Periodic update of policy	
13/12/16	Document Profile and Control update	
07/12/16	Minor amendment to Appendix 4 S.9	
28/11/16	Amended to reflect comments from PMAG	
13/09/16	Periodic update of policy	
02/10/14	Document Profile and Control update	
10/09/14	The two IT sections merged into one (4.5)	
02/09/14	Document Profile and Control page update	
02/09/14	Further changes	
29/08/14	Adapted to comply with LAS standard format	
24/07/14	First draft agreed by Finance Committee	

01/03/22	Further changes	
23/03/22	Signed off by Executive Committee	
19/04/22		

## 1 Introduction - Policy Objective

- 1.1 This policy must be read and followed in conjunction with the London Ambulance Service NHS Trust (LAS) Disciplinary Policy and Freedom to speak up; raising concerns (Whistleblowing) Policy.
- 1.2 This document identifies the LAS policy and framework for dealing with fraud, bribery and corruption. It comprises three elements:-
  - 1.2.1 Anti-Fraud, Bribery and Corruption;
  - 1.2.2 What individuals should do if they suspect fraud; and
  - 1.2.3 Details of how fraud will be investigated in accordance with the Counter Fraud Manual published by the NHS Counter Fraud Authority (NHS CFA).
- 1.3 It is a part of the corporate governance framework which governs the actions of the LAS and promotes public service values.
- 1.4 The LAS is committed to reducing the level of fraud and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The LAS has a zero tolerance policy towards fraud and bribery. The LAS will always seek the appropriate sanctions and redress and explore all opportunities available should fraud, bribery or corruption occur.
- 1.5 The overall aims of this policy are to:
  - 1.5.1 Improve the knowledge and understanding of everyone in the LAS, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability.
  - 1.5.2 Assist in promoting a climate of openness and a culture and environment where staffs feel able to raise concerns sensibly and responsibly.
  - 1.5.3 Set out the LAS' responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption.
  - 1.5.4 Ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
    - 1.5.4.1 Criminal prosecution
    - 1.5.4.2 Civil proceedings
    - 1.5.4.3 Internal/external disciplinary action (including professional/regulatory bodies)
- 1.6 The LAS as an organisation is committed to the seven principles of public life, set out in the Nolan Committee report. In essence these are:-  
  

**Selflessness:** - Decisions must be made solely in terms of public interest, not in order to gain personal financial or other benefits.

**Integrity:** - Members, Directors and staff should not place themselves under any obligation to third parties.

**Objectivity: -** In carrying out LAS business all appointments, contracts and recommendations must be made on merit.

**Accountability: -** Members, Directors and employees of the LAS are accountable for their decisions and actions.

**Openness: -** The LAS Board and Directors will be as open as possible on all decisions and action taken.

**Honesty: -** Directors and staff have a duty to declare any private interests which may impact on their LAS duties.

**Leadership: -** The LAS Board and Directors will support these principles by leadership and example.

1.7 The policy is supported by a detailed procedure as defined in the NHS Counter Fraud Manual issued by the NHS CFA.

## Demonstrating Commitment

1.8 The commitment of the LAS to probity and public service values includes

- 1.8.1 the promotion of an ethical environment.
- 1.8.2 the maintenance of an Audit Committee with clear terms of reference and unrestricted scope.
- 1.8.3 the operation of a reward and remuneration committee.
- 1.8.4 the use of clearly defined and documented policies.
- 1.8.5 compliance with statutory financial reporting requirements.
- 1.8.6 operation of an effective accounting and budgetary control system.
- 1.8.7 an adequate and effective internal audit function.
- 1.8.8 putting in place appropriate internal controls.
- 1.8.9 holding regular public meetings.
- 1.8.10 investigating all cases of alleged fraud and corruption.
- 1.8.11 nomination of a Local Counter Fraud Specialist (LCFS).
- 1.8.12 be as open as possible on all decisions and action taken.

1.9 This commitment impacts on the day to day activities of Directors, staff and contractors through the operation and regular review of the following features:-

Activity	Review by Board	Responsible officer
Maintenance of Standing Financial Instructions.	Annual	Chief Finance Officer
Maintenance of Standing Orders	Annual	Company Secretary
Audit Committee/ Remuneration Committee	At least annual	Company Secretary
Decisions Reserved for Board	Annual	Chief Finance Officer/ Company Secretary
Scheme of Delegation	Annual	Chief Finance Officer/ Company Secretary

<b>Activity</b>	<b>Review by Board</b>	<b>Responsible officer</b>
Maintenance of Register of Interests	-	Company Secretary
Maintenance of Register of Declarations of Gifts and Hospitality	-	Company Secretary
Issue of Standards of Business Conduct HSG (93)5 to all staff (within this HSG, the Bribery Act 2010 replaces the 'Prevention of Corruption Acts '1889 - 1916')	-	Chief Executive as nominated officer but may discharge their duties to an approved officer of a shared service provider.
Annual Declaration of Interests by all Board Members	-	Company Secretary
Undertaking adequate checks on the recruitment of staff (including temporary staff)	-	Director of People and Culture as nominated officer but duties may be discharged to an approved officer of a shared service provider.
Fraud Log	Quarterly via Audit Committee meetings	Chief Finance Officer

1.10 In addition the Board tries to ensure that a risk and fraud awareness culture exists in the LAS.

## **2 Scope and Definitions**

- 2.1 This policy covers the Chairman, Chief Executive, Directors, Members and all employees of the LAS (including locum, bank and agency staff). It also applies to external stakeholders and any other parties who have a business relationship with LAS e.g. contractors, consultants, vendors as well as the volunteers, visitors and patients.
- 2.2 This policy also covers all external persons with whom the LAS conducts business and all other organisations providing a service to the LAS, hereafter referred to as contractors.
- 2.3 The policy is supported by additional guidance on:
- 2.3.1 Whom to contact if fraud, bribery or corruption is suspected (Appendix 1)
  - 2.3.2 What to do if fraud, bribery or corruption is suspected (Appendix 2)
  - 2.3.3 the investigation of irregularities (available in a separate document).
- 2.4 The approach the LAS will take in addressing fraud, bribery and corruption will be inclusive, professional, comprehensive, fair, balanced, cost effective and specialised.

## **3 Accountabilities and Responsibilities**

- 3.1 The LAS anti-fraud, bribery and corruption arrangements will be overseen by the Audit Committee who will agree the work plan for counter fraud activity each year.

### **Chief Executive**

- 3.2 The Chief Executive has the overall responsibility for funds entrusted to the organisation as the accountable officer. This includes instances of fraud, bribery and corruption. The Chief Executive must ensure adequate policies and procedures are in place to protect the organisation and the public funds entrusted to it.

## **Board**

- 3.3 The board and non-executive directors should provide clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. The board will review the proactive management, control and the evaluation of counter fraud, bribery and corruption work. The board and non-executive directors will scrutinise NHS CFA assessment reports, where applicable, and ensure that the recommendations are fully actioned.

## **Audit Committee**

- 3.4 The audit committee are responsible for seeking assurance that the LAS has adequate arrangements in place for countering fraud, bribery and corruption, and for compliance with NHS CFA requirements. This will include but is not limited to reports from the LCFS, the annual self-assessment submission to NHS CFA (Counter Fraud Functional Standard Return (CFFSR)), and from NHS CFA inspection reports. Actions resulting from counter fraud activity including NHS CFA quality assessment reports will be monitored. The committee is also responsible for approving the annual counter fraud work plan and the outcomes of all anti-fraud, bribery and corruption work within the LAS. Further information on the responsibilities of the audit committee can be found in the NHS Audit Committee Handbook 2018 which can be accessed online via <https://www.hfma.org.uk/publications?Type=Guide>

## **Chief Finance Officer**

- 3.5 The Chief Finance Officer (CFO) is the responsible officer for fraud, bribery and corruption.
- 3.6 The CFO is provided with powers to approve financial transactions initiated by directorates across the organisation.
- 3.7 The CFO prepares, documents and maintains detailed financial procedures and systems and ensures that they incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.
- 3.8 The CFO will report annually to the Board on the adequacy of the internal financial control and risk management as part of the Board's overall responsibility to prepare a statement of internal control for inclusion in the NHS body's annual report.
- 3.9 The responsibility for initiating an investigation into any fraudulent or corrupt activity against the LAS rests with the CFO, who will consult with and delegate any specific case to the LCFS or the NHS CFA as appropriate.
- 3.10 Additionally, the CFO or the LCFS will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.
- 3.11 The CFO has responsibility for ensuring the following are notified, as appropriate, where

concerns of fraud are identified: -

- 3.11.1 NHS Counter Fraud Authority (NHS CFA)
- 3.11.2 Nominated Local Counter Fraud Specialist (LCFS)
- 3.11.3 Chief Executive.
- 3.11.4 Audit Committee.
- 3.11.5 Board of the LAS.
- 3.11.6 Internal Audit.
- 3.11.7 Nominated Officer of Shared Service Provider (if appropriate).
- 3.11.8 Police.
- 3.11.9 External Audit.
- 3.11.10 Pension Agency.
- 3.11.11 Department of Health and Social Security.
- 3.11.12 NHSI (NHS Improvements)

3.12 It is also the responsibility of the CFO to assess and quantify any loss arising and to instigate a process of recovery through civil proceedings, restitution or recovery via a claim on pension contributions.

3.13 In addition the CFO will have responsibility for overseeing a register of reported frauds (Fraud Log) produced by the LCFS, and ensure that details contained within it are regularly reported to Audit Committee.

## Line Managers

3.14 Managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under review. They have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the LAS from it. They are also responsible for the instigation of disciplinary action against staff who do not comply with policies and procedures.

3.15 Managers must instil and encourage a zero-tolerance culture within their team with regards to criminal wrongdoing. The LCFS will proactively assist in this endeavour by undertaking work to raise fraud awareness and create deterrence effects.

3.16 Managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively. The responsibility for the prevention and detection of fraud and corruption therefore primarily rests with managers but requires the co-operation of all employees. As part of that responsibility, managers need to::

- 3.16.1 To contact the LCFs as soon as they become aware of any concerns which may be related to suspected fraud, bribery or corruption. It is appreciated that some employees will initially raise concerns with their manager. In such cases, managers must not attempt to investigate the allegation themselves; they have a clear responsibility to refer concerns to the LCFS and / or NHS CFA instead.
- 3.16.2 Ensure that during recruitment of new staff, all appropriate pre-employment checks are carried out for all appointments, including temporary staff.
- 3.16.3 Ensure that all staff are aware of and understand the requirements of this policy, other relevant policies and of the Standards of Business Conduct for NHS Staff HSG(93)5 (as amended by the Bribery Act 2010).
- 3.16.4 Ensure all staff are aware of the need to declare gifts and hospitality that have a monetary value of £25 and over – refer to Standing Orders on The Pulse.
- 3.16.5 To be aware of and seek guidance where appropriate on the links between this policy and other associated policies (see page 2 for links with other documents).
- 3.16.6 Assess the types of risks involved in the operations for which they are responsible

and contribute to the assessment of the risks and controls within their business area, which feeds into the LAS' overall statements of accountability and internal control.

- 3.16.7 Ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of a key function is not invested in one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively.
- 3.16.8 Identify financially sensitive posts.
- 3.16.9 Ensure that controls are being complied with.

3.17 Line managers should be alert to the possibility that unusual events or transactions could be symptoms of fraud, bribery and corruption. If they have any doubts, they must seek advice from the LCFS. The following are some examples of circumstances that may indicate fraud and should therefore put people on the alert:

- 3.17.1 Altered documents (correcting fluid, different pen or handwriting)
- 3.17.2 Claim form details not readily checkable
- 3.17.3 Changes in normal patterns, of e.g. cash takings or travel claim details
- 3.17.4 Text erratic or difficult to read or with details missing
- 3.17.5 Delays in completion or submission of claim forms and the like
- 3.17.6 Lack of vouchers or receipts in support of expense etc claims
- 3.17.7 Staff seemingly living beyond their means
- 3.17.8 Staff under constant financial or other stress
- 3.17.9 Staff choosing not to take annual leave (and so preventing others becoming involved in their work), especially if solely responsible for a "risk" area
- 3.17.10 Complaints from public or staff
- 3.17.11 Always working late
- 3.17.12 Refusal of promotion
- 3.17.13 New staff not staying long
- 3.17.14 Insistence on dealing with a particular individual

## **Staff**

*For the purposes of this policy, 'Employees' includes the LAS staff, Board, Executive and Non-Executive Members (including Co-Opted Members) and Honorary Members to the Board.*

- 3.18 Employees are required to comply with the LAS policies and procedures and apply best practice to prevent fraud, bribery and corruption (for example in the areas of procurement, personal expenses and ethical business behaviour). Staff should be made aware of their own responsibilities in protecting the LAS from these crimes.
- 3.19 Employees who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.
- 3.20 Employees are expected to act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure that they are familiar with them.
- 3.21 Employees also have a duty to protect the assets of the organisation, including information, goodwill and property. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:
  - 3.21.1 avoid acting in any way that might cause others to allege or suspect them of dishonesty;
  - 3.21.2 behave in a way that would not give cause for others to doubt that the LAS employees deal fairly and impartially with official matters; and

3.21.3 be alert to the possibility that others might be attempting to deceive.

- 3.22 All employees have a duty to ensure that public funds are safeguarded, whether they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.
- 3.23 All employees should be aware that fraud and bribery (of finances of the NHS or of patients in our care) will normally, dependent upon the circumstances of the case, be regarded as gross misconduct thus warranting summary dismissal without previous warnings. However, no such action will be taken before an investigation and a disciplinary hearing have taken place. Such actions may be in addition to the possibility of criminal prosecution.
- 3.24 Employees will not request or receive a bribe from anybody, nor imply that such an act might be considered. This means that you will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to perform improperly your function or activities.
- 3.25 The Standing Orders and Standing Financial Instructions place an obligation on all staff and Non-Executive Directors to act in accordance with best practice. In addition, all LAS staff and Non-Executive Directors must declare and register any interests that might potentially conflict with those of the LAS or the wider NHS.
- 3.26 All budget holders have access to the Financial Procedures and Policy Manual to guide them in financial matters, and all Finance staff have a special responsibility to ensure that budget holders and their staff act responsibly in the use of their budgets.
- 3.27 When an employee suspects that there has been fraud, bribery or corruption, they must report the matter to the nominated LCFS and/or NHS CFA.

## **People and Culture**

- 3.28 People and Culture will liaise closely with Managers and the LCFS, from the outset, where an employee is suspected of being involved in fraud, bribery or corruption in accordance with agreed liaison protocols. Following the instigation of any investigation by the LCFS, People and Culture should be appraised by either the CFO or the LCFS to offer advice and assistance on relevant aspects of employment law and the instigation of the LAS Disciplinary Policy.
- 3.29 People and Culture are responsible for ensuring the appropriate use of the LAS's Disciplinary Procedure. The Director of People and Culture will advise those involved in the investigation in matters of employment law and in other procedural matters, such as disciplinary and complaints procedures, as requested. Close liaison between the LCFS and People and Culture will be essential to ensure that any parallel sanctions (i.e. criminal and disciplinary) are applied effectively and in a coordinated manner.
- 3.30 Where an investigation results from an allegation that has been received outside of the approved route, the Director of People and Culture will be responsible for agreeing how and when to inform the source of the 'allegation' of the outcome of the investigation. This decision and all related correspondence should be documented and retained on file for an appropriate period. The individual(s) concerned should be reminded of the importance of reporting allegations via the LAS's formal process and directed to the relevant guidance.
- 3.31 People and Culture will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees as well as the veracity of required qualifications and memberships of professional bodies in terms of their propriety and

integrity. In this regard, temporary and fixed term contract employees are treated in the same manner as permanent employees.

## Information Technology

- 3.32 The Computer Misuse Act 1990 defines computer related fraud as private gain or benefit by:
- 3.32.1 altering computer input in an unauthorised way;
  - 3.32.2 destroying, suppressing or stealing output;
  - 3.32.3 making unapproved changes to stored information; or
  - 3.32.4 amending or misusing programs (excluding virus infections).
- 3.33 This includes private gain or benefit by inappropriate Internet or e-mail use or through unapproved access to a system or data, including the use of other people's accounts.
- 3.34 Where there is actual or suspected fraudulent use of information technology, this should be reported to the Information Security Manager or equivalent and the LCFS.
- 3.35 The LCFS must be alerted in all cases where there is suspicion that IT is being used for fraudulent purposes.
- 3.36 People and Culture must be alerted if there is a suspicion that an employee is involved.

## Local Counter Fraud Specialist

- 3.37 The LAS Local Counter Fraud Specialist service is provided by RSM UK. The lead LCFS is Kirsty Clarke, who can be contacted via email at M [kirsty.clarke@rsmuk.com](mailto:kirsty.clarke@rsmuk.com) / [kirsty.clarke8@nhs.net](mailto:kirsty.clarke8@nhs.net) or via telephone on 020 3201 8054.
- 3.38 The LCFS is responsible for taking forward all anti-fraud work locally in accordance with national standards and reports directly to the CFO. Adherence to the NHS CFA counter fraud requirements is important in ensuring that the organisation has appropriate counter fraud, bribery and corruption arrangements in place.
- 3.39 The LCFS works with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud, bribery and corruption. This will include the undertaking of risk assessments to identify fraud, bribery and corruption risks at the LAS.
- 3.40 The role of the LCFS is to ensure that all cases of actual or suspected fraud and bribery are notified to the CFO and reported accordingly. Investigation of the majority of cases of alleged fraud within the LAS will be the responsibility of the LCFS. NHSCFA will only investigate cases which should not be dealt with by the LCFS. Following receipt of all referrals, NHSCFA will add any known information or intelligence and based on this case acceptance criteria determine if a case should be investigated by NHSCFA.
- 3.41 The LCFS will update the CFO at all appropriate stages of the investigation and when/ if the police is required.
- 3.42 The LCFS will:
- 3.42.1 Ensure that the CFO is kept apprised of all cases.
  - 3.42.2 In consultation with the CFO and the NHS CFA ,report any case to the Police as

- necessary.
- 3.42.3 Report the outcome of the investigation to the NHS CFA and CFO.
  - 3.42.4 Ensure appropriate liaison with People and Culture where necessary. People and Culture will be informed in all cases where a LAS employee is a suspect.
  - 3.42.5 Ensure that any system weaknesses identified as part of the investigation are followed through with management.

## **Internal and External Audit**

- 3.43 The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Internal and External auditors have a duty to pass on any suspicions of fraud, bribery or corruption to the LCFS.

## **External parties**

- 3.44 Those organisations undertaking work on behalf of the LAS are expected to maintain strong anti-fraud, bribery and corruption principles and have adequate controls in place to prevent fraud, bribery and corruption when handling public funds and dealing with customers on behalf of the LAS. Contractors and sub-contractors acting on the behalf of LAS are responsible through contractual arrangements put in in place during the tender process and through contracts, for compliance with the Bribery Act 2010.

## **External communications**

- 3.45 Individuals must not communicate with any member of the press, media or another third party about suspected fraud, bribery or corruption as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with the CFO.

## **4 Definitions**

### **NHS Counter Fraud Authority (NHSCFA)**

- 4.1 The NHS CFA has the responsibility for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and wider health service, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

A copy of the NHS CFA Organisational Strategy 2020-2023 is available at [https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA\\_Strategy\\_2020-23.pdf](https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA_Strategy_2020-23.pdf)

### **Fraud**

- 4.2 Any person who dishonestly makes a false representation to make a gain for himself or another or dishonestly fails to disclose to another person, information which he is under a legal duty to disclose, or commits fraud by abuse of position, including any offence as defined in the Fraud Act 2006.

### **Fraud by false representation**

- 4.3 A representation is defined as false if it is untrue or misleading and the person making it knows that it is, or might be, untrue or misleading. Representation can be stated by words

or communicated by conduct i.e. written, spoken or by electronic means. Examples of fraud by false representation include falsifying time sheets or expense claims.

### **Fraud by failing to disclose information**

- 4.4 A fraud will have been committed if a person fails to declare information which he/she has a legal duty to disclose. There is a requirement that the person acts dishonestly and intends to make a gain for himself/herself, cause a loss to another or expose another to a risk of loss. An offence is committed under this section of the act where a job applicant fails to disclose a criminal conviction.

### **Fraud by abuse of position**

- 4.5 Fraud by abuse of position requires a person who is in a privileged position to act dishonestly by abusing the position held.. The dishonest act must be with the intention of making a gain for himself / herself or another. Alternatively, it may be with the intention of causing a loss or risk of loss to another. The offence may be committed by omitting to make a declaration as well as by an act. An example covered by this section is where a person in a management position uses their knowledge and authority to divert approved payments into a bank account in their name.
- 4.6 The introduction of the Fraud Act 2006 does not prevent the prosecution of offences under the various Theft Acts and Forgery and Counterfeiting Act, e.g. theft, counterfeiting and falsification of documents.

### **Theft**

- 4.7 A person is guilty of theft if he dishonestly appropriates property belonging to another with the intention of permanently depriving the other of it. The LCFS does not deal with theft cases – this would be the Local Security Management Specialist (LSMS). The police will be contacted promptly as soon as theft is identified and notified in accordance with the internal security management policy.

### **Bribery and Corruption**

- 4.8 There is no specific definition within the Bribery Act 2010 of this term. The Act however does set out four offences of bribery from which a definition can be inferred as a financial or other type of advantage that is offered or requested intending to induce another person to perform improperly one of their functions in their position of trust or responsibility, or as a reward for improper performance. In essence, bribery is offering an incentive or reward to someone to do/for doing something that they would not normally do.

4.9 There are four offences of bribery within the Bribery Act 2010:

- Two general offences covering the offering, promising or giving of an advantage, and the requesting, agreeing to receive or accepting of an advantage;
- A offence of bribery of a foreign public official to obtain or retain business or an advantage in the conduct of business;
- An offence of failure by a commercial organisation to prevent a bribe being paid for or on its behalf.

## Examples of Bribery

4.10 There are however no set types of bribery and there is huge variation in the types of scenarios and circumstances where bribery could occur. A non-exhaustive list of examples of where bribery could take place is as follows:

4.11 Offering a bribe

- You offer a potential client tickets to a major sporting event, but only if they agree to do business with the LAS.

4.12 Receiving a bribe

- A supplier gives your nephew a job but makes it clear that in return they expect you to use your influence in the LAS to ensure that it continues to do business with them.
- Someone responsible for awarding an employment contract is offered gifts and/or hospitality by one of the candidates or someone linked to them to ensure that the job is offered to the candidate.
- Someone responsible for booking bank or agency staff is offered lavish gifts and/or hospitality by an agency to ensure their agency staff are booked by the LAS.
- Someone responsible for choosing suppliers (medical or non-medical) or awarding business contracts is offered gifts and/or hospitality by an existing/new supplier, contractor or business to ensure they are selected as a supplier.
- Someone associated with the purchasing of drugs and/or the selection of approved drugs to the LAS Formulary is offered gifts, hospitality and/or paid expenses by a medical representative or drugs firm to ensure their drugs are purchased and/or added to the Formulary for prescribing by the LAS.
- Someone associated with the prescribing of drugs is offered gifts and/or hospitality by a medical representative or drugs firms to ensure they prescribe their drugs.
- Someone associated with the provision of training is offered gifts and/or hospitality by an external training company to ensure they are selected to provide training at the LAS.

## Financial Irregularity

4.13 This may include any of the above descriptions.

4.14 These overview definitions are supported by more detailed narrative which can be found in the NHS Counter Fraud Manual. A copy is held by the CFO and the LCFS.

4.15 Financial irregularity also covers the alleged misuse of the resources of the LAS or any resources which the LAS manage on behalf of others.

## 5. Policy content

### Approach to Countering Fraud and Bribery

5.1 The LAS aligns counter fraud, bribery and corruption work to the NHS CFA counter fraud, bribery and corruption strategy, as outlined throughout this policy. As such, the annual

counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks.

- 5.2 The creation of an anti-fraud culture requires the commitment of staff at all levels and in all areas of activity to be vigilant and to report matters that indicate fraudulent activity.
- 5.3 The LAS will undertake risk assessments in line in line with Ministry of Justice guidance to assess how bribery may affect the organisation. This will be undertaken every three years, however this is not definitive, and circumstances may call for a risk assessment to be undertaken outside of this pattern, for example due to changes in legislation or a reported incident of bribery within the LAS. The risk assessment will be undertaken by a nominated officer such as the LCFS, who will report directly to the CFO.
- 5.4 Proportionate procedures in place to mitigate the identified risk include the following:
  - 5.4.1 all staff must disclose their business interests, prior to commencement of employment with the LAS;
  - 5.4.2 all staff must disclose any new business interests immediately to the LAS;
  - 5.4.3 all staff must declare hospitality (other than modest hospitality) received by or offered to them as LAS employees;
  - 5.4.4 all hospitality (other than extremely minor hospitality) provided by LAS staff to third parties must be declared; and
  - 5.4.5 staff must not solicit personal gifts and must declare all gifts received (more than £25 in value).
- 5.5 Guidance regarding the above requirements can be found in the Conflicts of Interest Policy. Staff must also comply with the LAS General Code of Conduct.
- 5.6 All staff must be aware of and comply with the Standing Financial Instructions, Standing Orders, Scheme of Delegation, Conflicts of Interest Policy, Secondary Employment Policy, Disciplinary Policy and Freedom to speak up; raising concerns (Whistleblowing) Policy and their related requirement to declare relevant information.
- 5.7 The LAS will refer to the Home Office's bribery and corruption assessment template to assess their response to bribery and corruption

## **Notification Requirements**

- 5.8 Where an individual suspects that a theft, financial irregularity, fraud or corrupt act has taken place, they should inform either the LCFS or CFO immediately. Contact details can be found in Appendix 1. Any unfounded or malicious allegations will be subject to a full investigation and appropriate disciplinary action.
- 5.9 Employees can also call the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or by filling in an online form at <https://cfa.nhs.uk/reportfraud>, as an alternative to internal reporting procedures. All information provided is treated in complete confidence and all calls are dealt with by experienced caller handlers.
- 5.10 If it suspected that the LCFS or a member of the management team is implicated, reports should be made to the Chair of the Audit Committee or the Chief Executive. Where the alleged irregularity concerns the Chief Executive, the approach should be made to the Chairman of the LAS. Alternatively, you can contact NHS CFA directly.
- 5.11 The CFO or the LCFS will have the matter investigated according to the procedure as set out in the NHS Counter Fraud Manual. Any information received will be treated as confidential. As soon as it appears that the matter may be dealt with under the LAS

Disciplinary Policy, appropriate information will be passed to the People and Culture Department for consideration, and an investigation will be initiated as required. At this point, if appropriate, two investigations will be run in tandem.

- 5.12 An employee may choose instead to contact the charity 'Protect' (formerly Public Concern at Work) on 020 3117 2520 who will offer the employee advice on how to proceed.
- 5.13 The LAS wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. The LAS' policy ensures there is full provision for staff to raise any concerns with others if they do not feel able to raise them with their line manager/management chain.
- 5.14 To support the reporting of fraud using the NHS CFA fraud reporting process (as outlined above) all employees should be aware of NHS Improvement and NHS England's: Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017 . These all form the minimum standards for raising of concerns in the NHS for the benefit of all patients in England

### **Outline of investigation process**

- 5.15 The LCFS will make enquiries to establish whether there is any foundation to the concern raised. If the allegations are found to be malicious, they will also be considered for further investigation as to their source. The initial investigation by the LCFS may result in one of the following outcomes:
- No case to answer no evidence of fraud found;
  - No evidence of fraud found but system controls need to be strengthened;
  - No evidence of fraud found but matter needs to be referred to People and Culture for disciplinary sanction to be considered;
  - Reasonably held suspicion/information/evidence of suspected fraud received requiring criminal investigation.

### **No case to answer**

- 5.16 The LCFS will inform the CFO that no fraudulent action has been identified.

### **No evidence of fraud found but system controls need to be strengthened**

- 5.17 The LCFS will inform the CFO.
- 5.18 A concluding report will be issued with recommendations to strengthen controls in identified areas of weakness. This report will be distributed in accordance with the requirements outlined in the NHS Counter Fraud Manual. The recommendations will be followed up by the LCFS as part of future fraud prevention work.
- 5.19 In most cases any work that is undertaken to strengthen controls in identified areas of weakness should not involve the disclosure of personal information or information relating to why policies or systems are being changed.

### **No evidence of fraud found but the referral is returned to People and**

## **Culture for potential disciplinary sanction to be considered**

- 5.20 The LCFS will inform the CFO.
- 5.21 If the LCFS does not find evidence of fraud but a breach of policy/procedures may have occurred, the LCFS will meet with a member of People and Culture to discuss the findings.
- 5.22 All information sharing between the LCFS and People and Culture will be considered on a case by case basis with no routine or blanket information exchange. Each piece of information will be considered individually before deciding whether it can be shared. The type of information that it may be appropriate for the LCFS to share with People and Culture is material which belongs to the LAS or is freely available
- 5.23 The LCFS will take no further part in any additional investigation undertaken by People and Culture regarding a suspected breach of procedures. A concluding report will be issued with recommendations to strengthen controls in identified areas of weakness. This report will be distributed in accordance with the requirements outlined in NHS Counter Fraud Manual. The recommendations will be followed up by the LCFS as part of future fraud prevention work.
- 5.24 Requests for references for employees dismissed for reasons connected with fraud, financial irregularity, bribery or corruption must be dealt with by the Director of People and Culture or a delegated People and Culture officer.

## **Reasonably held suspicion/information/evidence of suspected fraud received requiring criminal investigation**

- 5.25 The LCFS will liaise with the CFO and conduct an investigation in accordance with investigative legislation such as the Police and Criminal Evidence Act 1984 (PACE) and the Criminal Procedure and Investigations Act 1996 (CPIA). Instructions outlined in the NHS Counter Fraud Manual will be followed. Confidentiality will be respected during the course of the investigation.
- 5.26 Criminal investigations will be undertaken in a timely and professional manner.
- 5.27 Regular case meetings will be held so that the LCFS can keep the CFO and the designated People and Culture officer updated as the investigation progresses and discuss any potential sanctions that may be pursued.
- 5.28 If parallel sanctions are being undertaken, the LCFS will meet regularly with the People and Culture investigating officer to share information where necessary and lawful to avoid any duplication of effort. An investigation plan setting out the requirements for the parallel sanctions will be established and maintained throughout the investigation process.

## **Sanctions and redress**

- 5.29 In liaison with the Chief Finance Officer, People and Culture, and LCFS, the LAS will consider the following sanctions in cases where there is prima facie evidence of NHS fraud, bribery or corruption:
- Criminal – A criminal sanction is pursued where evidence of offences has been obtained so that relevant punitive sanctions and redress can be

sought. This sanction can only be pursued if agreed by the Chief Finance Officer and in their absence the Chief Executive. The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court. Outcomes can range from a criminal conviction to fines and imprisonment.

- Civil – Civil action can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs, which may involve action to freeze assets and recover losses. It is then the responsibility of the LAS to use the civil law to recover any losses.
- Disciplinary – Disciplinary procedures are designed to test whether a person should be permitted to practice or continue their employment. Recovery should be considered whenever this action is pursued and the organisation has suffered a financial loss due to inappropriate actions. The disciplinary policy will be followed in these cases. Those conducting disciplinary hearings should never make an express or implied statement that criminal proceedings will not be undertaken. Dismissal of an employee need not wait until the conclusion of any simultaneous criminal sanction that the LCFS may be undertaking.
- Action by a relevant regulatory body, if warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

5.30 Either one or a combination of these sanctions can be pursued. This will be assessed on a case-by-case basis. While multiple sanctions may be pursued at the same time in relation to the same incident, the processes involved should be run separately, to maintain their integrity and ensure that all decision making is impartial and independent. This is because the purposes, rules of evidence, standards of proof and outcomes for different types of sanction differ significantly.

5.31 Each case will be considered individually on its own facts and merits; based on applying a consistent and thorough approach in all cases to ensure:

- the most effective investigations are undertaken, including the gathering and assessment of all relevant material which may form evidence of fraud, bribery, corruption, misconduct and/or unfitness to practise;
- the most appropriate sanction or combination of sanctions is sought where fraud, bribery, corruption or related misconduct is/are identified.

5.32 The seeking of financial redress or recovery of losses will always be considered in cases of fraud or bribery that are investigated by the LCFS or NHS CFA where a loss is identified. Redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost. The decisions for redress will be taken in the light of the circumstances of each case.

5.33 Redress allows resources that are lost to fraud and bribery to be returned to the NHS for use as intended, for provision of high-quality patient care and services. Depending on the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under Proceeds of Crime Act 2002 (POCA). This means that a person's money or assets are taken away from them if it is believed that the person

benefited from the crime.

- 5.34 It could also include restraining assets during the investigation. When considering seeking redress recovery may also be sought from on-going salary payments or pensions.
- 5.35 In some cases (taking into consideration all the facts of a case), it may be that the LAS, under guidance from the LCFS and with the approval of the CFO decides that no further recovery action is taken.
- 5.36 In order to provide assurance that policies were adhered to, the CFO will maintain a record highlighting when recovery action was required and issued and when action taken. This will be reviewed and updated on a regular basis.

## 6. Implementation Plan

IMPLEMENTATION PLAN				
<b>Intended Audience</b>	This policy applies to all staff			
<b>Dissemination</b>	The policy is to be made available on The Pulse and the LAS Website			
<b>Communications</b>	Staff will be informed about this policy through an announcement on the RIB			
<b>Training</b>	Training is not considered necessary			
<b>Monitoring:</b>				
<b>Aspect to be monitored</b>	<b>Frequency of monitoring AND Tool used</b>	<b>Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported</b>	<b>Committee/ group responsible for monitoring outcomes/ recommendations</b>	<b>How learning will take place</b>
Any activation of this policy will be discussed with the LCFS	Annually Preparation of report in conjunction with LCFS	Financial Controller to report findings to Audit Committee and Finance & Investment Committee	Audit Committee	Local bulletins; Intranet pages within LAS; Discussions with LCFS Reports to Executive Committee

## 7. Competence (Education and Training)

- 7.1 The LCFS is responsible for ensuring that key members of the LAS staff are aware of this policy, its requirements and the LAS initiatives to counter fraud through on-going awareness training.
- 7.2 Staff will be advised as part of the LAS induction training programme of the contents of this policy.
- 7.3 All LAS staff, where possible, should be provided with information about this policy and the part they have to play in the LAS' efforts to counter fraud, bribery and corruption.

## 8. Monitoring Compliance

- 8.1 Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements might include reviewing system controls on an on-going basis and identifying weaknesses in processes. Where deficiencies are identified as a result of monitoring, the LAS will ensure that appropriate recommendations and action plans are developed and progress of the implementation of recommendations is tracked.
- 8.2 As a result of reactive and proactive work completed throughout the financial year, closure

reports are prepared and issued by the LCFS. System and procedural weaknesses are identified in each report and suggested recommendations for improvement are highlighted. The LAS, together with the LCFS will track the recommendations to ensure that they have been implemented.

- 8.3 In addition, the Local Counter Fraud Specialist will submit an annual Counter Fraud Functional Standard Return (CFFSR) to the NHSCFA following agreement with the CFO. The LAS must mark themselves against each standard of the requirements as either Compliant (green), Partially Compliant (Amber) or Non-Compliant (Red). A work-plan is required to address all partial and non-compliant standards requirements which will be monitored by the Audit Committee. An assessment process may be conducted by NHSCFA Quality and Compliance which will evaluate the LAS' effectiveness in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: Full, Focused, Thematic or Triggered.
- 8.4 The LAS will be monitoring the number of cases referred by managers and staff to measure the effectiveness of the policy

## **9. Effectiveness and Reporting**

- 9.1 The LCFS will prepare reports for the Audit Committee on the reactive and proactive work being done with in the LAS.

## **10. Policy Review**

- 10.1 This policy will be reviewed by the LCFS every two years or sooner depending on legislative changes.

## **11. Equality Impact Assessment Statement:**

- 11.1 London Ambulance Service (LAS) is committed to ensuring fair and accessible services for everyone who use the LAS our patients and our people who work for us. The Equality Act 2010 requires the LAS to take a proactive approach to equality and diversity.
- 11.2 The general equality duty requires LAS to: eliminate unlawful discrimination, harassment and victimisation advance equality between all people foster good relations between communities, tackling prejudice and promoting understanding.
- 11.3 This Policy has been written to deliver on this commitment and the general equality duty, by setting out how we will work towards creating a workplace where dignity and respect are the norm in the workplace. Where everything we do and say demonstrates Our Values and Behaviours, in order to actively tackle prejudice, recognise, acknowledge, accept and celebrate our differences.
- 11.4 The Equality Impact Assessment demonstrates there is no detriment to any protected characteristic group.

## **12. References**

- 12.1 This policy has drawn on guidance from the NHS Counter Fraud Guidelines <https://cfa.nhs.uk/fraud-prevention/fraud-guidance>

## **13. Additional information**

13.1 Any abuse or non-compliance with this policy or procedures will be subject to a full investigation and appropriate disciplinary action.



## Appendix 1

### Guidance to all LAS Staff (Including bank/temporary/agency) and Contractors

What It Includes;	What to do:
<p style="text-align: center;"><b>FRAUD</b></p> <p>Any deliberate intention to make a gain for themselves or anyone else, or inflicting a loss (or a risk of loss) on another i.e. the NHS. This could be through the falsification of any records or documents or obtaining any service(s) and/or failing to disclose information.</p>	<p>You must only discuss your suspicions or any information or evidence you have identified with either:</p> <p><b>Contact the Chief Finance Officer</b></p> <p><b>Rakesh Patel</b> rakesh.patel2@nhs.net or</p> <p><b>Contact your Local Counter Fraud Specialist provided by RSM UK:</b></p>
<p style="text-align: center;"><b>BRIBERY / CORRUPTION</b></p> <p>Where someone is influenced by a payment or benefit in kind to unreasonably use their position to give some advantage to another.</p>	<p><b>Kirsty Clarke</b> Landline: 020 3201 8054 Email: <a href="mailto:kirsty.clarke@rsmuk.com">kirsty.clarke@rsmuk.com</a> / <a href="mailto:kirsty.clarke8@nhs.net">kirsty.clarke8@nhs.net</a></p> <p>Alternatively, you can contact the confidential NHS Fraud and Corruption Reporting line (Powered by Crimestoppers) on 0800 028 40 60 or via <a href="http://www.reportnhsfraud.nhs.uk">www.reportnhsfraud.nhs.uk</a></p>
DO'S AND DON'TS	
<p><b>-- DO</b></p> <p>report fraud concerns to your LCFS</p>	<p><b>X DON'T</b></p> <p>be afraid to contact the LCFS for advice</p>
<p><b>-- DO</b></p> <p>report your concerns promptly</p>	<p><b>X DON'T</b></p> <p>confront an individual with your suspicions</p>
<p><b>-- DO</b></p> <p>keep any documentary evidence / notes</p>	<p><b>X DON'T</b></p> <p>investigate the matter yourself</p>
<p><b>-- DO</b></p> <p>remember that fraud and corruption can make victims of us all</p>	<p><b>X DON'T</b></p> <p>ignore it or do nothing!</p>

**All reported fraud will be investigated by the LCFS and, if appropriate, the police or other agencies may be involved.**



## Appendix 2

### Fraud and Corruption Policy Guidance on Business Conduct – Checklist for staff

#### Do:

- Make sure you understand the guidelines on standards of business conduct, and consult your line manager if you are not sure.
- Make sure you are not in a position where your private interests and NHS duties may conflict.
- Ensure that the LAS is aware of all other employment that you may undertake.
- Declare to your employer any relevant interests. If in doubt, ask yourself:
  - a. am I, or might I be, in a position where I, (or my family/friends) could gain from the connection between my private interests and my employment?
  - b. do I have access to information which could influence purchasing decisions?
  - c. could my outside interest be in any way detrimental to the NHS or to patients' interests?
  - d. do I have any other reasons to think I may be risking a conflict of interest?

#### If still unsure - **Declare it!**

- Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services.
- Seek your employer's permission before taking on outside work, if there is any question of it adversely affecting your NHS duties.
- Obtain your employer's permission before accepting any commercial sponsorship.

#### Do not:

- Accept any personal gifts, inducements or any hospitality which has a monetary value of £25 or above without consulting with your line manager – refer to Standing Orders on *The Pulse*.
- Abuse your past or present official position to obtain preferential rates for private deals.
- Unfairly advantage one competitor over another or show favouritism in awarding contracts.
- Misuse or make available official "commercial in confidence" information.



This checklist is extracted from HSG (93)5 Standards of Business Conduct for Staff (within this HSG, the Bribery Act 2010 replaces the 'Prevention of Corruption Acts '1889 - 1916'), and can be found at Appendix 4 to this document but if you have any queries please raise these with the Company Secretary, the Chief Finance Officer or your Local Counter Fraud Specialist.

### **Guidance for Declaring Other Employment**

All staff are required to consult with their line manager regarding other employment if they are considering taking on outside work or are already employed elsewhere. All such notifications and discussions will be kept confidential. The grievance procedure or preliminary interview with People and Culture is an option if you are unhappy with your manager's decision.

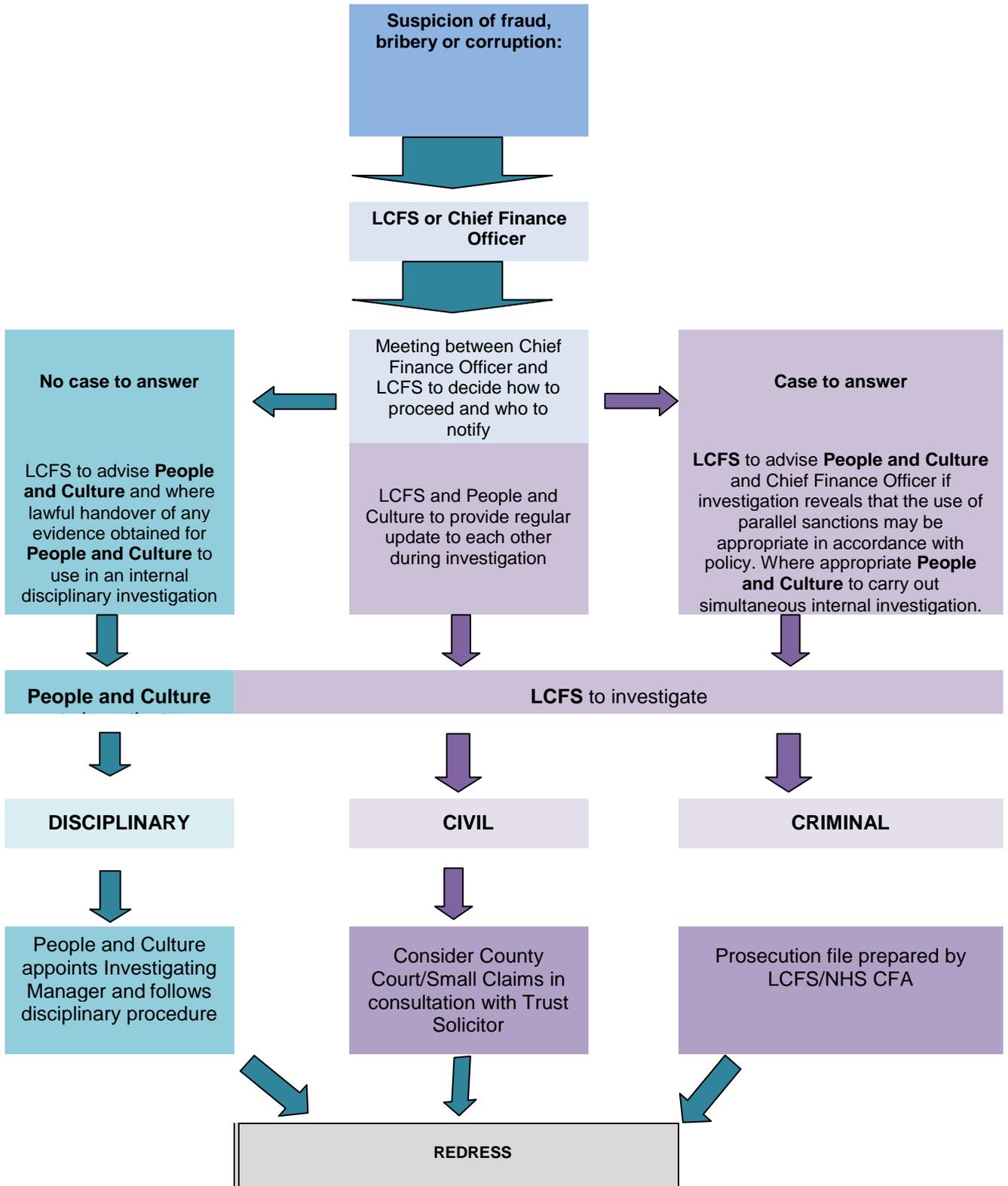
It may be appropriate to address the following questions in discussions with your manager:

1. Is there likely to be a "business" conflict of interests, e.g. working for a local organisation with which LAS has dealings?
2. Is it possible that your secondary employment will interfere with your capacity to complete to your satisfaction, or your manager's, your duties or responsibilities at LAS?
3. Will you, in the course of your secondary employment, use LAS's equipment, stationery, lease cars or any other of LAS's resources?
4. Will your secondary employment in any way be detrimental to LAS's interests?



### Appendix 3

#### Fraud, Bribery and Corruption Reporting Process





## Appendix 4

### Fraud, Bribery and Corruption Referral Form

#### REPORT FRAUD TO THE LOCAL COUNTER FRAUD SPECIALIST

(Please use a separate referral form for each individual / company reported)

Please complete this form to the best of your knowledge. The information you provide will enable the Local Counter Fraud Specialist to evaluate the allegation to determine if this relates to NHS fraud/bribery/corruption and commence initial enquiries. Where you are not able to complete any part of this form, please insert 'not known'.

**Kirsty Clarke**

Landline: 020 3201 8054

Email: [kirsty.clarke@rsmuk.com](mailto:kirsty.clarke@rsmuk.com) or [kirsty.clarke8@nhs.net](mailto:kirsty.clarke8@nhs.net)

**Any information provided will be treated in the strictest confidence.**

SECTION A			
To whom does the alleged fraud relate to? Please delete as appropriate?			
<b>Patient</b> Please complete Section B, C Part 1 & 3	Yes / No	<b>Trust Staff or Trust GP Practice staff</b> Please complete Section B and C (in Full)	Yes / No Please state which.
<b>Member of the Public</b> Please complete Section B, C Part 1 & 3	Yes / No	<b>Company or Supplier</b> Please complete Section B, C and D	Yes / No

SECTION B	
Reporting Person (s) Contact Details (This is so we can then get in touch with you to discuss your concerns, however, this is not mandatory)	
Name	
Organisation and Department	
Site address:	
How can we get in touch with you?	(Please do provide a telephone number and email address)



SECTION C	
Person the alleged fraud relates to <i>Please complete as much information as known.</i>	
<b>PART 1</b>	
Name	
Address	
Date of birth	
Telephone number and e-mail address	
Period of fraud. Is the fraud still occurring?	
<b>PART 2</b>	
For Trust staff or GP Practice staff, please complete:	
Where they work?	(Organisation, Department and Site)
Job role	
Full time / Part time	(including hours and shifts if known, and if relevant to allegation)
<b>PART 3</b>	
Please provide information and concerns of fraud	
Suspicion / allegation	
Estimated value of fraud	
Are there any witnesses or people who can provide additional details?	(Please give names and contact details and any relevant information)
Is there any evidence you have or are aware of that you believe can support the allegation?	(Please provide details)



SECTION D	
Company the alleged fraud relates to <i>Please complete as much information as known</i>	
<b>PART 1</b>	
Company name	
Company number and registered address	
Services supplied by company to the Trust	
Trust Site address services/works supplied at:	
Company telephone number and e-mail address	
Director name	(Please also complete Section C, Part 1)
Members or persons working for the company related to the allegation	(Please also complete Section C, Part 1)



<b>PART 2</b>	
<b>Please provide information of concerns of fraud</b>	
<b>Suspicion / allegation</b>	
<b>Are there any witnesses or people who can provide additional details?</b>	(Please give names and contact details and any relevant information)
<b>Is there any evidence you have, or you believe can support the allegation?</b>	(Please provide details)

Please send/attach any available information that supports your suspicion.

**The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 2 working days unless otherwise requested.**



## Appendix 5

# STANDARDS OF BUSINESS CONDUCT FOR LONDON AMBULANCE SERVICE NHS TRUST

## 1. INTRODUCTION

- 1.1. These guidelines are produced in the light of the challenges that staff face in the new and more commercially oriented environment of Trust status, and are intended by the Trust to reinforce the guiding principles set out in the Codes of Conduct and Accountability in the NHS published by the Appointments Commission April 2004 for NHS Boards. Should there be any conflict between these principles and EL(94) 40 the latter will take precedence.
- 1.2. In promoting and safeguarding the reputation and standing of the London Ambulance Service NHS Trust (the Trust) with local communities, with customers and suppliers, with patients and with the media, it is Trust policy that the professional and social conduct of staff should reflect the highest possible standard of personal integrity and that the business affairs of the Trust are conducted in a moral, honest manner and in full compliance with all the applicable laws and Trust Standing Orders.

## 2. RESPONSIBILITY OF THE TRUST BOARD

- 2.1. The Trust Board is responsible for bringing these guidelines to the attention of all LAS staff and for introducing procedures to ensure that they are implemented.

## 3. RESPONSIBILITY OF LAS DIRECTORS

- 3.1. All LAS Directors have a responsibility to uphold these guidelines and to act primarily at all times, in the interest of the Trust as a whole.

## 4. RESPONSIBILITY OF LAS STAFF

- 4.1. It is the responsibility of Trust staff to ensure that they do not place themselves in a position where their private interests and the Trust duties conflict. This primary responsibility applies to all Trust staff.

## 5. GUIDING PRINCIPLE IN CONDUCT OF PUBLIC BUSINESS

- 5.1. It is important that the Trust, along with all public sector bodies, must be seen to be impartial and honest in the conduct of its business and that its staff should remain above suspicion. It is an offence under the Bribery Act 2010 for a member of staff corruptly to accept any inducement or reward for doing, or refraining from doing, anything in his or her official capacity, or corruptly showing favour, or disfavour, in the handling of contracts.
- 5.2. Note: Staff should be aware that a breach of the provisions of the Bribery Act 2010 renders them liable to prosecution and may lead to loss of their employment and superannuation rights in the Trust. Failure to adhere to the Business Conduct Policy may result in disciplinary action if it is proved that the employee has failed to declare a relevant interest, or has abused his/her official position or knowledge, for the purpose of self-benefit or the benefit of family, friends or those others with whom the employee has a relationship as defined in paragraph 33.3 of these Standing Orders.



## **6. PRINCIPLES OF CONDUCT WITHIN THE TRUST**

- 6.1. Trust staff are expected to give the highest possible standard of service to the public and to provide appropriate advice to Directors of the Trust and to fellow employees. In particular Trust staff are required to:
- 6.1.1 ensure that the interests of patients remain paramount at all times;
  - 6.1.2 be impartial and honest in their conduct of official business; and
  - 6.1.3 use the public monies entrusted to them in a responsible and lawful manner to the best of advantage of the Trust, always ensuring value for money and avoiding legal challenge to the authority.
  - 6.1.4 It is also the responsibility of Trust staff to ensure that they do not:
    - abuse their official position for personal gain or to benefit their family or friends; and
    - seek to advantage or further their private business or other interests in the course of their official duties.
- 6.2 Wherever Trust staff have private or personal interests in any matter they have to deal with at work, they must not let these interests influence how they act on behalf of the Trust. Interest may be financial interests but non-financial interest can be just as important. Kinship; friendship; membership of an association, society or trusteeship and any other kinds of relationships can sometimes influence the judgement of Directors and employees of the Trust, or may be thought to do so. A good test is for staff to ask themselves whether others could possibly think the interest be close enough or of such a nature as to give rise to any suspicion. In such cases the member of staff must disclose the interest to the Chief Executive through his or her Director.

## **7. DECLARATION OF INTEREST**

- 7.1. The Trust Board must be advised of all cases where a member of staff or his/her close relative, partner or associate has a controlling, or significant, or financial interest in a business, or any other activity, which may compete for a contract to supply goods or services to the Trust.
- 7.2. All Trust staff are required to declare such interests either when they are appointed or on acquisition of the interest, in order that it may be known to the Trust and in no way promoted to the detriment of the Trust or to the patients served by the Trust.
- 7.3. A Register of Interests shall be maintained by the Trust Secretary to whom all declarations must be submitted in writing. This Register shall be made available for inspection by all Trust Directors, by the public, and by contractors.
- 7.4. In determining what needs to be declared all Trust staff should:
- 7.4.1. ensure that they understand these guidelines and consult their line managers if further clarification is required;
  - 7.4.2. ensure that they are not in a position where their private interest and their Trust duties conflict;



- 7.4.3. declare to the Trust Board any relevant interests; if in doubt they should ask themselves:
- 7.4.4. am I, or might I be, in a position where I or my family or associates might gain from the connection between my private interests and my employment with the Trust?
- 7.4.5. do I have access to information which could influence purchasing decisions?
- 7.4.6. could my outside interest be in any way detrimental to the Trust or to patients' interests?
- 7.4.7. do I have any reason to think that I may be risking a conflict of interest?

7.5. If still unsure - **declare it!**

## **8. PREFERENTIAL TREATMENT IN PRIVATE TRANSACTIONS**

- 8.1. Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. (This does not apply to any arrangements negotiated with companies on behalf of the Trust, or by recognised staff organisations, on behalf of all staff - for example LAS staff benefit schemes).

## **9. OTHER EMPLOYMENT**

- 9.1. It is a condition of employment that Trust staff do not undertake any other employment, paid or unpaid, which conflicts with the requirements of their Trust post or be detrimental to it. Staff wishing to take up any employment must provide full details and seek prior written authority from the Director of People and Culture. The Trust will be responsible for judging whether the interests of patients or of the Trust could be harmed e.g.:
  - 9.1.1. full-time ambulance staff who undertake driving duties outside their employment;
  - 9.1.2. employees associated with or working for private transport organisations; or
  - 9.1.3. employees undertaking alternative employment.
- 9.2. If written approval is given to a member of staff to undertake any other employment the Director of People and Culture will ensure that this is recorded in the Register of Staff Engaged on Other Employment held in his/her department.

## **10. ACCEPTANCE OF GIFTS AND HOSPITALITY**

- 10.1. All gifts, payments or any other contribution made whether in cash or in kind, shall be documented, regularly reviewed, and properly accounted for on the books of the Trust. Courtesy gifts and hospitality must not be given or received in return for services provided or to obtain or retain business but shall be handled openly and unconditionally as a gesture of esteem and goodwill only. Gifts and hospitality shall always be of symbolic value, appropriate and proportionate in the circumstances, and consistent with local customs and practices. They shall not be made in cash. Please refer to the LAS Gifts and Hospitality Policy for more information.
- 10.2. National Health Service regulations prohibit staff from soliciting gifts or hospitality from organisations, suppliers or individuals with whom they are brought into contact in the course of their work.



- 10.3. As a general rule all offers of gifts and hospitality should be refused except where such a refusal would cause offence but acceptance must be limited to items similar to those set out below:
- 10.4. Casual gifts offered by contractors and others, for example:
- 10.3.1 at Christmas time (articles of low intrinsic value (up to £25) such as pens, calendars, diaries etc.) or
  - 10.3.2 small items of low value (up to £25) such as desk furniture and tankards received at the conclusion of an official visit or conference or seminar. These items may not be connected with the performance of duties so as to constitute an offence under the Bribery Act 2010. Items of this nature do not need to be declared.
  - 10.3.3 Staff must not, however, accept any money gifts or consideration where such acceptance could be deemed to influence or to have influenced their business conduct. Any member of staff who is unsure whether or not to accept a gift must consult their line manager or the appropriate Director. The Chief Executive will consult the Chairman in respect of gifts offered to him.
  - 10.3.4 Tokens of gratitude from patients or their relatives must be politely but firmly declined. If, however, patients insist on crews accepting such gratuities, these must be reported to their line manager who will make arrangements for charity allocation.
  - 10.3.5 Registers of Gifts Offered and Accepted shall be maintained by the Trust Secretary and all details of gifts offered and accepted must be submitted to him/her on a monthly basis. This will be reported to the Audit Committee.
  - 10.3.6 Employees should only accept offers of hospitality if there is a genuine need to impart information or represent the Trust and that the Trust will benefit from such hospitality.
  - 10.3.7 Modest hospitality may be accepted provided that it is normal and reasonable in the circumstances, for example, lunches in the course of working visits. In accepting hospitality, however, staff must not place themselves in a position where acceptance might be deemed by others to have influenced them in making a business decision. Offers to attend purely social or sporting functions should be accepted only when these are part of the life of the community served by the Trust or it is in the Trust's interest to attend for the execution of its business or its operational activity or where the Trust should be seen to be represented. Attendance at such events must be approved in advance by the relevant Director or by the Chief Executive for Directors and by the Chairman for such requests made by the Chief Executive. They should be properly authorised and then recorded by the Trust Secretary.
  - 10.3.8 The frequency and type of hospitality accepted must not be significantly greater than the Trust would be likely to provide in return.
  - 10.3.9 Offers of hospitality involving the provision of transport or overnight accommodation must only be accepted after approval from the appropriate Director or Chief Executive. If in doubt about the acceptance of hospitality, staff must seek advice from their line manager or appropriate Director, or in the case of the Chief Executive, the Chairman.



10.3.10 Registers of Hospitality Offered and Accepted shall be maintained by the Trust Secretary.

10.3.11 On an annual basis the Trust Secretary will remind all staff of the Trust's policy regarding the acceptance of gifts and hospitality.

## **11. COMMERCIAL SPONSORSHIP OR ATTENDANCE AT COURSES AND CONFERENCES**

11.1 Acceptance by employees of hospitality through attendance at relevant conferences and courses is acceptable, but only where it is clear that the hospitality is corporate rather than personal and where the employee seeks permission in advance and the Trust is satisfied that acceptance will not compromise purchasing decisions in any way. On occasions where it is considered necessary for staff advising on the purchase of equipment in operation in other parts of the country, or, exceptionally, overseas, to attend courses and conferences the Trust may consider meeting the costs so as to avoid jeopardising the integrity of subsequent purchasing decisions.

## **12. COMMERCIAL SPONSORSHIP OF POSTS - LINKED DEALS**

12.1 If a company offers to sponsor a post for the Trust either wholly or partially, it should be made clear that the sponsorship can have no effect on purchasing decisions within the Trust. Where such sponsorship is accepted, purchasing decisions must be monitored by the Company Secretary to ensure that they are not being influenced by the sponsorship arrangement.

12.2 Under no circumstances should the Trust agree to Linked Deals whereby sponsorship is linked to the purchase of particular products or to supply from a particular source.

## **13. "COMMERCIAL IN-CONFIDENCE"**

13.1 Staff must not make public internal information of a "commercial in-confidence" nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned, and whether or not disclosure is prompted by the expectation of personal gain. The term "commercial in-confidence" should not be taken to include information about service delivery and activity levels, which should be publicly available. Nor should it inhibit, for example, the exchange of data for medical purposes subject to the normal rules governing patient confidentiality and data protection. In all circumstances the overriding consideration must be the best interest of patients.

## **14. COMPLAINTS ABOUT BREACHES OF THE CODE**

14.1 Any staff complaints about breaches of the guidelines on Standards of Business Conduct, maladministration or other concerns of an ethical nature should be taken up initially, through line management. Should that be inappropriate or non-productive then the matter should be referred up to Director and, if necessary, to Board level. Any report or suspicion of fraud or bribery will be referred by the Chief Finance Officer to the LCFS for further investigation, or in cases where the Chief Finance Officer is alleged to be involved a report will be made direct from the delegated responsible board member. Please refer to the Fraud Act 2006 and Bribery Act 2010.