MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

2.30pm to 5pm on Tuesday, 27th September 2022

Brentford Education Centre, Unit 4 Brentside Executive Park, Great West Road, London, TW8 9DR

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
2.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
2.35	2.1	Minutes of the Public Meeting held on 31st May 2022	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
2.40	2.3	Report from the Chair	Chair	Inform	Report
2.45	2.4	Report from the Chief Executive	CEO	Inform	Report
2.50	2.5	Report from the Deputy Chief Executives	Deputy CEO's	Inform	Report
3.00	2.6	Report from the Public and Patient Council	ATe / CB	Inform	Report
3. Director and Board Committee Reports					
3.05	3.1	Summary Integrated Performance Report	CEO	Assure	Report
3.10	3.2	Quality and Clinical Care 3.2.1 Director's Report (Quality) 3.2.2 Director's Report (Clinical Care) 3.2.3 Quality Assurance Committee	JM FW MS	Assure	Report
3.25	3.3	People and Culture 3.3.1 Director's Report 3.3.2 People and Culture Committee	DMG AR	Assure	Report
3.40	3.4	Finance 3.4.1 Director's Report 3.4.2 Finance and Investment Committee 3.4.3 Charitable Funds Committee	CMc BA BA	Assure	Report
4.00	3.5	Audit 3.5.1 Audit Committee	RPe	Assure	Report
4.05	3.6	Corporate 3.6.1 Director's Report	ME	Assure	Report

4.10	3.7	Assurance 3.7.1 PAG Assurance Group	SD	Assure	Verbal
4 Quality					
4.20	4.1	Quality Report	JL	Assure	Report
5. Board Assurance Framework					
4.40	5.1	Board Assurance Framework	ME	Inform	Report
6. Policies					
4.50	6.1	Approval of the Health and Safety Policy and the Risk Management Policy	JL	Approve	Report
7. Concluding Matters					
5.00	7.1	Any Other Business	All	Note	Verbal
	7.2	Date of Next Meeting – 29th November 2022	Chair	Note	
	7.3	Questions from Members of the Public	Chair	Note	

Public Meeting
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
held at 12.30pm on Tuesday, 31st May 2022 at Avonmouth House

Present		
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
Anne Rainsberry	AR	Non-Executive Director
Karim Brohi	KB	Non-Executive Director (attended by Zoom)
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
Agatha Nortley-Meshe	ANM	Medical Director (Urgent Care)
In Attendance		
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)
Apologies		
Amit Khutti	AK	Non-Executive Director

1.OPENNG ADMINISTRATION		
1. a.	**Welcome and Apologies** The Chairman welcomed those present to the meeting. It was noted that an apology for absence had been received from Amit Khutti, Non-Executive Director.	
2. a.	**Declarations of Interest** LD declared her current interests to be: • GlaxoSmithKline, Head, Transformation Office, from 1/03/2008 until 31/3/2022 • Albert House, Managing Director, from 1/04/2022 until present	

	• Aliaxis, Chief People and Sustainability Officer, from 1/04/2022 until present • Agfa Gevaert, Non Executive Director, from 10/05/2022 until present	
b.	LD also confirmed that this was her last meeting and the Board wished her well for the future.	
2. PATIENT STORY		
2.1	**Patient Story - 111**	
a.	ANM presented a patient story about an interaction with LAS 111 services. Following submission of a blood form to their GP, the patient was advised by her GP practice to call 111 immediately. The 111 call handler undertook an assessment to review symptoms and rule out life threatening illness. Following the assessment, the call handler spoke to the Clinical Navigator who made a direct referral into ED and arranged for urgent transfer of the patient's medical notes.	
b.	ANM summarised that the patient had called 111 at 10.15am and by 10.52am she had an arrival time booked at ED.	
c.	ANM said the story was an example of what happens when everything worked as it should do. The CEO added that the story illustrated how the 111 service had changed from an out of hours primary care service to an in hours GP service.	
3. GENERAL BUSINESS		
3.1	**Minutes of the Previous Public Board Meeting**	
a.	The Minutes of the previous public meeting of the Board held on 29th March 2022 were approved as an accurate record.	
3.2.	**Action Log**	
a.	The action log was noted, with particular attention paid to the action around concerns about the slow start to the internal audit programme. RPa confirmed that internal audit had addressed underlying issues affecting their performance and a new team was now in place with a refocussed work plan.	
3.3	**Report from the Chair**	
a.	The Chair presented her report to the Board, noting that this would be her last meeting before handing over to the incoming Chair, Andy Trotter.	
b.	The report detailed the progress that LAS had made over the past six years, including the staff wellness programme, the green agenda and the IT infrastructure.	
3.4	**Report from the Chief Executive**	
a.	The CEO presented his report that reflected on events happening in April and May. In particular, the CEO noted that on 21st April LAS had been able to de-escalate to REAP level 3, despite experiencing ongoing high levels of demand.	

b.	The CEO also updated on work undertaken to support staff, including development of the LAS transformation programme 'Our LAS'.	
3.5	**Report from the Deputy Chief Executives**	
a.	JM said that during the reporting period, LAS had continued to face significant service pressures, including over the Easter period, with the overall total number of contacts in the Emergency Operations Centre being 26% higher in March and April than the same time in the previous year.	
b.	Work was continuing in terms of collaboration with partner providers to minimise hospital handover delays and the average handover time had reduced to 23 minutes from 28 minutes in January and February. However, 72% of all handovers took more than 15 minutes, resulting in a loss of 1,996 ambulance shifts. JM stressed that it was an increasing priority to reduce handover delays and LAS was working closely with partners to find ways to minimise these.	
c.	The number of calls to 111 continued to see substantial pressure with c.50% increased volume above contracted demand. The Single Virtual Contact Centre (SVCC), which utilises call handling resource across multiple providers in the London region to meet call demand from patients, had gone live on 1st April 2022. A full review of the impact would take place to ensure that the new system was providing benefits to patients across London.	
d.	ANM confirmed that the intention of the SVCC was to ensure that 111 calls were answered by the first available agent regardless of the provider. Patients calling 111 who waited more than three minutes would be diverted to another service provider meaning that calls would be answered quickly.	
e.	The CEO said that there were three 111 providers in London. The SVCC was 24/7 and ensured that providers helped each other out at times of pressure. It also encouraged more joint pathways and ways of working.	
f.	Turning to ambulance services, LAS had been the only Trust to meet the national category 1 standard in April 2022. Category 2 performance continued to be impacted by high levels of demand and was a key focus for the Trust. To ensure an improved category 2 response, an action plan had been agreed which focusses not only on the management of high demand, reduced staffing capacity as a result of sickness and ongoing hospital handover delays, but also how to maximise referrals to alternative health care providers and reduce avoidable conveyance and, where clinically appropriate, reduce time on scene.	
g.	FW said that maintenance of safety for patients remained the top priority for LAS and it was recognised that the sustained pressure the urgent and emergency care system was facing resulted in some patients waiting longer than the national standard for an ambulance. LAS continued to undertake regular clinical safety reviews in line with the Clinical Safety Plan to ensure that patients waiting for an ambulance were monitored and that opportunities for referral to alternative care pathways for patients where an ambulance response was not required were maximised. This protected LAS response capacity for patients who required a physical attendance. FW provided assurance that increased clinical oversight was continually applied to calls awaiting the despatch of an ambulance and vulnerable patients to ensure they were supported and received care in the right care setting.	

h.	FW said that in April 2022, nine Medical Priority Despatch System codes had been re-categorised at a national level as part of an evaluation approved by the NHSEA Emergency Call Prioritisation Advisory Group. This required the patient to receive an urgent clinical telephone assessment prior to despatch of an emergency ambulance. FW confirmed that regular reporting was undertaken via the Medical Directors to ensure there were no critical incidents as a result of the change and there wold be a formal review at four and six months at which points recommendations would be made about permanently re-categorising.	
i.	In response to a query about the reference to regional and national 'call balancing' whereby providers support other NHS 111 providers, the CEO confirmed the volumes were relatively. There was, however, a national discussion taking place about whether 111 should be a national service.	
4. DIRECTOR AND BOARD COMMITTEE REPORTS		
4.1	**Summary Integrated Performance Report**	
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.	
4.2	**Quality and Clinical Care** 4.2.1 **Report of the Chief Paramedic and Quality Officer**	
a.	JM said that that following a visit from OFSTED to the Clinical Education Centre in March, LAS had been awarded a rating of 'Good' across all categories assessed.	
b.	The Safeguarding Annual Report for 2021/22 had been reviewed at the Quality Assurance Committee where positive progress had been noted, including development of an electronic falls referral pathway which was significantly reducing the time spent on completing referrals. In relation to compliance with level 3 safeguarding training, this had fallen significantly during the period at REAP 4 but a drive to improve uptake had resulted in an improved level of compliance with 85% of operational staff now compliant. In relation to level 2 training, there was a backlog but an improvement trajectory was in place and the issue was expected to be resolved by the Summer.	
c.	Referring to Freedom to Speak Up, JM said the National Guardian's Office had recently announced the commissioning of national 'Speaking Up' review of ambulance Trusts. The aim of the review was to identify learning, recognise innovation and support improvement.	
d.	Turning to health and safety, JM said that during April, 56 instances of physical assault had been recorded by body worn cameras which had been installed for use at 34 stations as part of the national trial funded by NHS England. JM said that the staff response to body worn cameras and their use was being monitored on a daily basis. Whilst there was some initial scepticism, this was reduced once it was understood that the cameras were there purely for recording interactions and were not on all the time.	
	4.2.2. **Report of the Chief Medical Officer**	
e.	FW updated on the implementation of process to ensure the safety and oversight of patients at a time of increased demand. During periods of high demand, safety was maintained through continuous review of patients subject to a delay in call answering, telephone assessment or ambulance despatch. This was done in real time to ensure	

	the patient's condition had not changed and when required the Clinical safety Escalation Plan was invoked in both 999 and 111.	
f.	In addition, retrospective reviews were undertaken to ensure implementation of safer systems. It was a firm tenet that sharing learning was very important.	
g.	In response to a query about the pre-hospital stroke video assessment service in North Central London, FW confirmed that in May 2020 this had been expanded into North East London. The aim of the service was to optimise the transfer of stroke patients directly to the closest hyper-acute stroke unit and to redirect medical patients who do not require the specialist services of a HASU to the nearest ED for their initial assessment. FW confirmed that there was interest from the other three ICSs to access the service and a collaborative was being formed to provide on-call support.	
h.	FW responded to a query about the reasons behind the variation in Category 2 performance across London by suggesting that there were a number of factors including level of demand and access to alternative pathways. She noted that meetings were taking place at a Regional level with each ICS to help them to think about different ways of meeting the level of patient demand. RD confirmed that LAS was working with the ICSs in London to prepare for their statutory launch on 1st July to ensure that the right working arrangements were in place.	
	4.2.3. **Report from the Quality Assurance Committee**	
i.	MS said that Committee had received an update on the Quality Account 2021/22 and had supported its presentation to Board for approval.	
j.	The Committee had also reviewed and commented on the Trust Complaints Policy, received a presentation on the impact of delayed response times, reviewed the annual Safeguarding Report, reviewed an audit of controlled drugs and received a report on sexual safety.	
4.3	**People and Culture**	
	Director's Report	
a.	DMG said that against the plan to recruit to over 1.400 front line staff, 350 offers had been made to date. The recruitment to hire KPIs had been compromised due to a number of external factors including delays with HCPC registration, C1 Theory and Test capacity, and the absence of the visa fast track process for recruits from some countries.	
b.	Overall, the Trust had continued to experience a leaving rate that was higher than the same period 12 months ago and this was in common with other ambulance trusts. The number of frontline leavers had, however, remained positively below plan and there was a continued slowdown in the level of international paramedic leavers.	
c.	In response to a query about what pressure could be applied to speed up HCPC registrations, DMG said that assurances had been given that the Trust's backlog would be cleared in June. In terms of delays with the DVLA, the CEO said it was hoped to unblock the delays by establishing LAS as a driving test centre.	
d.	AR said that at its May meeting, the People and Culture Committee had expressed significant concern about the delays in recruitment and the impact on operational performance and had agreed to keep this risk under careful review. The Committee had also agreed the need for assurance of progress in terms of recruitment and had requested that reporting on recruitment be broken down by KPI.	

e.	**Report from the People and Culture Committee** AR said that in addition to reviewing recruitment, the Committee had received an update on the appointment of a new occupational health provider and had sought assurance in terms of the transition period, in particular to the care of staff who had suffered some form of trauma and required ongoing support.	
f.	The Committee had also discussed sickness absence and had noted that whilst Covid related sickness was in decline there had been an increase in other sickness absences – in particular in increase in stress related absence, and had noted that in order to deliver on sickness absence reduction there would need to be a material reduction in long term sickness absence which was going up.	
g.	The Committee had also discussed development of the People Strategy and its alignment with other strategy documentation. It had been agreed to bring a paper on how the People Strategy would be developed to the next meeting.	
4.4	**Finance**	
	Director's Report	
a.	The Trust had posted a £0.7m surplus as measured against the NHS performance target but when adjusted for technical items relating to impairments, the income and expenditure was a £4.1m deficit.	
b.	RPa updated that the 2021/22 financial statements and annual report were currently being audited by EY.	
	Report from the Finance and Investment Committee	
c.	BA confirmed that the Committee had been briefed on the financial position as at 31st March 2022 and had particularly noted that the Trust had delivered £8.9m of efficiency reductions in year.	
d.	The Committee had also received an update on development of the 2022/23 annual financial plan, in particular relating to risks. The Committee had been assured by the approach taken to management of income risk and level of risk attached to each aspect of income.	
e.	BA noted that it had been agreed that the Finance Committee would meet more regularly going forwards, but said that remained assured by the governance framework in place.	
	Report from the Charitable Funds Committee	
f.	The Committee had received a report on progress against the Charity Strategy and on the finances. BA said that the LAS charity was benefitting from a wide range of fundraising activities.	
	Month 12 Finance Report	
g.	The Board noted that as at month 12, the Trust was reporting a year end surplus of £729k against its performance target. The year accounting deficit position of £4.1m was due to impairments made following revaluation of land and buildings. This position incorporated £7.1m of costs in relation to the Trust's response to Covid-19.	
	Approval of the Financial Plan 2022/23	
h.	RP presented the draft financial plan for 2022/23 which was scheduled for submission to NHSEI on 20th June. He noted that the draft plan had previously been discussed at	

	the April Board seminar, since which time there had been a further allocation of £24m which was incorporate in the plan before Board.	
i.	The key components of the plan were: • The plan would deliver a breakeven position (£15.8m increase in income base over last year) • CIP Programme of £24m (3.9%) contributing to delivery of the breakeven plan • Capital Programme of £18.3m	
j.	Key risks included: • Planning risks on income; whilst that Trust had received an additional £24m this included winter pressure monies and costs associated with hyper-inflation • Delivery of the CIP programme, which was significantly higher than in previous years • Operational pressures; the plan assumed that there would not be another COVID wave nor prolonged period of REAP 4 • In-year cost pressures assumptions relating to unavoidable pressures that arise in year.	
k.	RPa stressed that delivery of the plan was dependent on not exceeding the expenditure budget and that this was against a backdrop of an increased cost base; the 2021/22 expenditure outturn was £575.4m and the 2022/23 expenditure budget had an opening budget of £593.9m giving a net increase of £18.5m.	
l.	In terms of cost pressures and service developments, the plan incorporated a full year spend of £28m, £5.8m of which was for service development that the Trust had chosen to undertake.	
m.	RPa said that successful delivery of the plan depended on achieving £24m of cash-releasing CIP plans. He stressed, however, that a key principle of the CIP programme was to ensure that approved schemes do not reduce patient outcomes, experience or safety.	
n.	The capital plan was for spend of £18.3m and prioritised capital requests that would enable the Trust to target its finite capital resources at the most important challenges.	
o.	The Board approved the Financial Plan for 2022/23 including a breakeven I&E plan and a capital programme of £18.3m.	
4.5	**Report from the Audit Committee**	
a.	RPe said that at its April meeting the Audit Committee had reviewed an updated version of the Risk Appetite Statement and also a draft assurance map, both of which had been subject to considerable scrutiny and comment.	
b.	The Committee had also noted progress in developing and moving forwards with the Board Assurance Framework and had undertaken a 'deep dive' into objective 12 relating to LAS's response to the new NHS governance structures in a way that enables emergency care to be improved.	

4.6	**Corporate Affairs – Director's Report**	
a.	ME reported that the increase in the number of complaints received showed no evidence of abating. The three key issues raised in complaints related to communication and conduct/behaviour, non-conveyance and delayed response.	
b.	A paper was being prepared for the Trust Executive Committee in June on how to improve learning from complaints and the Trust was engaging with the National Ambulance Service Patient Experiences Group (NASPEG) to share benchmarking data and examine the impact of the Ombudsman's NHS Complaint Standards on ambulance trusts.	
c.	Responding to a suggestion that it would be helpful for the Quality Committee to review trend data on complaints broken down by service line, ME confirmed that a new reporting format would be launched in the near future which would provide greater clarity.	
4.7	**Report from the D999 PAG Assurance Group**	
a.	SD summarised that the project remained on track for a September go-live but there remained a significant amount of work to be completed in the interim. There had been a sustained focus on training with plans peer reviewed and signed off by the Director of Clinical Education and a total of nearly 70 courses scheduled to run in June and August. Progress was also being made on testing of the new CAD system with detailed planning underway and likely to include a combination of manual and system generated tests.	
b.	SD noted that PAG had received an independent assurance report from PWC on the effectiveness of the governance arrangements and that the CEO and CIO would be reviewing the recommendations and providing an update at the June PAG.	
c.	Given the critical stage that the project was at, a decision had been taken that PAG would meet monthly over the next four months.	
d.	In response to a question about whether the project had the right level of resources and capabilities to 'get over the line', BT confirmed that whilst some key individuals were being redirected to work on other projects new resources were being brought in and it was known where areas of pressure were. The CEO confirmed that the project plan was 'overlaid' with detail of all the major events happening in London that would require additional resources in terms of ability to respond.	
e.	In summary, the Board concluded that there was lots of assurance but still some associated risks to be worked through.	
5. QUALITY		
5.1	**Approval of the Quality Account 2021/2022 and 2022/23 Quality Priorities**	
a.	JL presented the Quality Account 2021/22 to the Board for approval. The Quality Account included a report on progress against the previously agreed quality priorities for 2021/22 and the new priorities for 2022/23. It was noted that the content had been shared with the chairs of the LAS Patient and Public Council as well as local commissioners, Healthwatch and overview and scrutiny committees.	

b.	JL summarised that significant progress had been made against all ten priorities agreed for 2021/22, although two of the ten relating to the storage of medicines and the integration of 999 and 111 integrated urgent care clinical assessment services would be taken forwards during 2022/23.	
c.	In response to a question, JL confirmed that it had been Healthwatch Lambeth that had been consulted about the content of the Quality Account.	
d.	The Board approved the Quality Account 2021/2022 and 2022/23 Quality Priorities.	
6. STRATEGY AND PLANNING		
6.1	**Approval of the Trust Values**	
a.	DMG presented the outcome of a review of existing values and behavioural frameworks, the purpose of which was to ensure that they were aligned with outcomes form the cultural transformation programme workshops and masterclasses that had taken place in late 2021/early 2022.	
b.	The proposed new values and behaviours resulting from review were encapsulated in the proposed banner – *Together we put Caring, Respect and Teamwork at the heart of everything we do for Londoners*.	
c.	The Board reviewed a booklet and leaflet that would be given to all staff and leaflet that set out the new values and associated expected behaviours.	
d.	The Board welcomed the new documentation, but also noted the importance of not losing sight of the previous values and behaviours that included 'professional', 'innovative' and 'collaborative'.	
e.	The importance of NED engagement in embedding the new values and behaviours was acknowledged, given that this represented a big change to ways of working.	
f.	The Board approved the new Trust values and associated behaviour framework that underpins the new values.	
6.2	**Approval of the Business Plan 2022/23**	
a.	RD presented a proposed Business Plan for 2022/23 which set out areas of focus for LAS over the coming year. The plan detailed ten key priorities and forty commitments that set out how LAS intended to improve services, strengthen the organisation and build a strategy for the future. The Business Plan also set out how it was intended to support and manage successful delivery of the plan throughout the year.	
b.	The Board agreed the importance of ensuring that the Plan was factually consistent with other key LAS documents, such as the Financial Plan, and agreed the need for a 'read across' exercise to be completed.	**RD**
c.	In response to a query about the intended audience, RD confirmed that the plan was intended for all staff and noted that a briefing had recently been held with the Extended Leadership Group and a 'launch plan' was being developed with Communications.	
d.	The plan was also intended for key stakeholders.	

e.	In response to a comment about a lack of reference in the plan to category 2 responses, the CEO confirmed the Trust had an aspiration to improve C2 response times and noted that one of the key Q3 deliverables was to 'achieve an improving C2 mean performance'.	
f.	After discussion, the Board agreed that the entirety of the metrics should be reviewed after the conclusion of Q1 in terms of developing more clearly defined targets.	**RD**
g.	The Board approved the Business Plan 2022/23.	
6.3	**LAS Green Plan Progress Update**	
a.	RPa presented a progress update on implementation of the LAS Carbon Neutral Plan which had been approved by the Board in December 2021.	
7. GOVERNANCE		
7.1	**Approval of Q4 Board Assurance Framework and Risk Appetite Statement**	
a.	ME presented an updated version of the Board Assurance Framework that incorporated comments and feedback from Board Assurance Committees. In particular, it was noted that four new risks had been proposed for inclusion: • The People and Culture Committee had proposed two new BAF risks relating to staff burnout and equality, diversity and inclusion • The Finance and Investment Committee had proposed a new BAF relating to the financial gap for the coming year • The D999 PAG Committee had proposed a new risk relating to implementation of the new computer aided despatch system in terms of both implementation and potential delays	
b.	Going forwards, the next iteration of the BAF presented to Board would be based around the ten key objectives as set out in the LAS Business Plan.	
c.	Turning to the Risk Appetite statement, ME said that the version before Board had been reviewed by the Audit Committee who had asked for examples of the Trust's approach to the different categories of risk to be included.	
d.	The Board approved the four new risks for inclusion in the BAF and the refreshed Risk Appetite Statement.	
7.2	**Approval of Terms of Reference of Board Assurance Committees**	
a.	ME presented updated terms of reference for four Board Assurance Committees: • Audit Committee • Finance and Investment Committee • People and Culture Committee • Quality Committee	
b.	The Board noted that minor amendments only had been made and approved the revised terms of reference.	

7.3	**Approval of Policies**	
a.	ME presented two policies for approval by the Board: • Complaints Handling Policy • Anti-Fraud Bribery and Corruption Policy	
b.	ME confirmed that both policies had been approved by the Executive Committee and the relevant Board Assurance Committee.	
c.	The Board noted that a programme of work was underway to ensure that all policies were up to date.	
8. CONCLUDING MATTERS		
8.1	**Any Other Business**	
a.	**Thank You to the Chair** The Board noted this was the Chair's last meeting and that a new Chair, Andy Trotter, would be commencing in the role from July.	
b.	RPe thanked the Chair for being such a huge asset to LAS, the ambulance sector and the NHS as a whole. In pushing for the highest possible standards of patient care, she had demonstrated a deep commitment, engagement and authenticity and clearly understood the issues facing the 'front line'.	
8.2.	**Date of Next Meeting**	
a.	The next public meeting of the Board would be held on 26th July 2022.	
8.3	**Questions from the Public**	
a.	In response to a question about the use of ANP cameras as opposed to bollards in low traffic neighbourhoods, JM said that LAS's preference was for ANP cameras but the Trust supported local Council's ambitions to reduce pollution and LAS was kept updated about the location of bollards enabling routes to be adapted as necessary.	

ACTION LOG – 27th September 2022 PUBLIC BOARD

Meeting	Action	Lead	Due	Update
31st May 2022	**6.2.b Approval of the Business Plan 2022/23** The Board approved the Business Plan 2022/23 but in doing so agreed the following two actions: • The Board agreed the importance of ensuring that the Plan was factually consistent with other key LAS documents, such as the Financial Plan, and agreed the need for a 'read across' exercise to be completed. • That a review of all the metrics should be undertaken after the conclusion of Q1 in terms of developing more clearly defined targets.	RD RD	September	Publication process followed and it is believed that the plan as published is consistent with other documents Q2 stocktake about to be undertaken and this will look at any adjustments to metrics as part of this exercise

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 27 September 2022

Report from the Chair

This is my first report to the Board since my appointment as Chair on 1 July 2022. I would like to pay tribute to my predecessor Heather Lawrence OBE for her service to the London Ambulance Service NHS Trust for the last six years. In particular I would like to thank her for the guidance and advice she gave me as the new Chair.

Since my appointment I have visited many units of the Trust including Bromley, Croydon and Mill Hill Ambulance Stations, HART Cody Road, 111 Croydon and Barking, Motorcycle and Cycle Response Units, Mental Health Car, London Air Ambulance, Emergency Ops Centre, Tactical Ops Centre and the Clinical Hub. During my visits I have been to Emergency Departments at the Princess Royal Hospital Bromley, Queen Elizabeth Woolwich, Queen's Romford, and Barnet. I've had many frank and lively conversations with Trust and hospital staff about the challenges that we face, and I've been grateful for their open and positive approach.

I have had meetings with the (former) Secretary of State for Health, the London Mayor, the Director of NHS London, the incoming Chair of Guy's, St Thomas' and King's, the Chair of South Central Ambulance Service NHS Foundation Trust (SCAS), the Chair of Association Ambulance Chief Executives (AACE), and the Chair of the LAS Public and Patients Council. These meetings all included discussions on demand on ambulance services, pressures on Emergency Departments, handover delays, and the impact on staff.

I would like to pay tribute to the way that our staff dealt with the recent Adastra 111 outage, I saw at first hand the skill, professionalism and sheer hard work that kept our services going and brought about the eventual return to normal service.

I attended the recent Ambulance Leadership Forum in Leicestershire which was an opportunity to meet colleagues from other services. It was clear that the pressures on staff are affecting every service in the country with response times presenting a universal challenge. LAS Non-Executive Directors and Executive colleagues met recently to discuss our operational performance with particular focus on our Cat 2 response times. Performance will be monitored through our Quality Assurance Committee and reported to the Board. Our performance will also be monitored through NHS England (NHSE) and Integrated Care Boards (ICBs) with Category 2 response times, 999 answering times and 111 call abandonment rates amongst the metrics to be reported through the Board Assurance Framework.

The new Secretary of State for Health has identified ambulance delays as one of her top priorities and we look forward to contributing to efforts to improve our service to the public.

During my early exploration of the Trust I have been very impressed with the staff that I have met; I have found them to be direct, professional and proud to be part of the London Ambulance Service NHS Trust. As would be expected there are always issues and concerns and suggestions for improvement from our staff but their desire to provide the best possible service has been made very clear to me. They have told me that a major challenge to delivering that best service relates to hand over delays at Emergency Departments with ambulance crews waiting in car parks and corridors with patients and thus unable to respond to outstanding calls from the public.

We are working with colleagues across London to see how we can improve patient flow and release our crews to respond to calls. I look forward to working with NHS London and the five London integrated care systems (ICSs) to ensure that the LAS is fully represented in the new NHS governance.

Most importantly, I look forward to meeting more colleagues and getting to know more about LAS in the forthcoming months.

Andy Trotter

Chair, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 27 September 2022

Report from the Chief Executive Officer

September 2022 - Report from the chief executive

I would like to begin my report by sharing how saddened we were across the Service to hear that Her Majesty The Queen had died. We joined the rest of the country and people across the world in sending our condolences to the Royal Family at what was a time of immense and profound grief for our nation. At the time of writing, we are heavily involved in planning for both the Lying-in-State and State Funeral.

Demand and performance update

Between June and September, we have continued to see significant demand across our 111 and 999 services. I would like to thank colleagues across the Service for all they have done during this busy period to ensure we continued to deliver the best possible care for our patients.

In response to anticipated pressures from the extreme warm weather, we escalated to REAP (Resource Escalation Action Plan) level 4 on 15 June, before de-escalating to REAP level 3 on 30 June. We then escalated to REAP level 4 again on 11 July.

Over the two days of extreme hot weather in July, we received 13,400 calls to 999 with 6,600 received on Monday 18 July and 6,800 on Tuesday 19 July. This equates to one call every 13 seconds.

Over this period, we worked closely with our emergency service partners and the Mayor of London to make sure the public knew how to stay safe and when they should be calling 999 or 111. This included posting advice across our social media channels and giving interviews with national broadcasters to share this important information. Thanks to reduced pressures as a result of falling temperatures and the hard work of our staff and volunteers, we were able to de-escalate to REAP level 3 again on 11 August.

This period came amid a number of high profile events across the capital this summer, all of which saw us closely collaborating with our emergency service and local authority partners.

Across the Platinum Jubilee weekend and Pride in London parade in July, our teams worked hard to ensure a smooth response to these exciting events as hundreds of thousands of visitors came to the capital. I was also immensely grateful to our staff and volunteers who dedicated their August bank holiday weekends to supporting organisers and attendees at Notting Hill Carnival.

As this period of ongoing pressure and demand on our Service continues, it is important for us to explain the challenges we are facing to our senior stakeholders and showcase the pieces of work we are most proud of.

In July, I was pleased to welcome the then Secretary of State for Health and Social Care, Stephen Barclay MP, on a visit to the Service in what was his first official visit in his new role.

In August, the London Director of NHS England, Andrew Ridley, joined a senior paramedic and a mental health nurse for a shift in one of our mental health joint response cars to see first-hand some of the pioneering work they do.

And in September, our staff and volunteers at our Waterloo HQ were paid a visit by the Chief Executive of NHS England, Amanda Prichard. Amanda took the time to hear about the experiences of our teams, sat with a call handler to listen in on some 999 calls and joined an ambulance crew on a shift.

Periods of reflection

In recent months, the Service has joined a number of remembrance events alongside our emergency service partners. In June, I was humbled to attend the Grenfell memorial service at Westminster Abbey to mark the fifth anniversary of this tragedy in which 72 people sadly died and more than 70 were injured.

On the 17th anniversary of the 7 July terrorist attack in London, I lay a wreath on behalf of our staff and volunteers at the Hyde Park memorial to those who lost their lives and those who were injured.

Our thoughts continue to be with those who lost their lives, were injured or who responded to both of these tragic incidents.

Celebrating our people

I am always pleased to see so many members of the public and patients sending us thank you messages about the outstanding care they have received. Since my last report, we have received 490 new thank you messages to more than 1,300 members of staff and volunteers. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Figure 1.

Year	Month	Total number of letters and emails received	Financial YTD	Staff 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	115	115	293	293
2022	May	126	241	327	620
2022	June	131	372	370	990
2022	July	118	490	335	1325
2022	August	115	605	276	1601

Over the last four months, we have had many opportunities to celebrate the exceptional work done by our colleagues.

We marked the first ever International Paramedic's Day in July to show our pride in our paramedics across the Service. It was a real pleasure to hear our colleagues share what makes them #ProudToBeAParamedic throughout the celebrations. The

day was also a good opportunity to promote this truly unique career to the public as part of our overall recruitment drive.

In June, I was delighted to congratulate our Clinical Team Manager Richard Webb Stevens from our motorcycle response team who was awarded the prestigious Queen's Ambulance Service Medal for Distinguished Service. Richard has worked in the Service for 23 years and was the first deaf paramedic to work for London's Air Ambulance.

In May, we celebrated our Assistant Ambulance Practitioner Tania Makwana, who was awarded The Prince's Trust's National Marvel Rising Star Award. This prestigious prize celebrates young people who overcome barriers and find sustainable employment.

In further acknowledgment of the incredible work done by our colleagues, our team of 26 dedicated volunteers who drove 1,100 miles to donate 10 reconditioned ambulances to a charity working in Ukraine have been nominated in *The Sun's* Who Cares Wins Awards. The nomination was made by Caroline Pidgeon AM and we are all immensely proud of these dedicated colleagues and very pleased that they have received this national recognition.

In June, our Frequent Caller team and our Advanced Paramedic Practitioners in Urgent Care programme were shortlisted as finalists in the *HSJ* Patient Safety Awards. To have these teams shortlisted in these prestigious national awards is testament to the incredible work all our staff and volunteers do on a daily basis for Londoners.

More than 200 of our volunteers who work alongside paramedics and other staff were presented with the ‘Team of the Year’ award by the Association of Ambulance Chief Executives at the Ambulance Leadership Forum in September. Our volunteers gifted more than 46,000 hours of their time to support the Service last year and I am delighted that they have received this recognition.

I am also very proud of our communications teams who have been shortlisted for three prizes at the prestigious NHS Communicate Awards 2022. Our colleagues were recognised in the Internal Communications and Staff Engagement, Working in Partnership and Best NHS Charity Campaign categories for their remarkable work to support staff, volunteers and patient families.

In August, the Service was again named the top NHS employer for apprenticeships in the country in the Department for Education’s Top 100 Apprenticeship Employers 2022. This recognition is a credit to the work done across our education teams and recognises our commitment to becoming the employer of choice in London.

I would also like to say a huge congratulations to our fantastic wellbeing team for being shortlisted for the NHS Employers Award for wellbeing. Well over 100 colleagues have worked in our wellbeing hub throughout the pandemic and everyone who works there, as well as on our tea trucks and in our wellbeing cafes, continues to make a huge difference to improve the health of all staff and volunteers across the Service.

I have also been pleased to celebrate the work done by members of the public and our partners. It was an honour to join the London Lifesavers Awards at a star-studded ceremony held in Parliament to recognise the life-saving actions of volunteers trained by our medics. TV’s Dr Hilary Jones MBE and broadcaster Chris Tarrant OBE presented trophies to volunteers who have stepped in to save a life. It was a fantastic evening and I would like to say a huge congratulations to the 10 winners, as well as all of those who were nominated.

In recent months, I have been delighted to join our colleagues in wider celebrations across the capital. As a proud ally to members of the LGBTQ+ community, I joined 50 members of our staff and volunteers in July's Pride in London parade. I hope that seeing members of our 'green family' marching alongside our customised Pride flag ambulance reminded people that LAS is an inclusive and welcoming employer, where a person's gender identity or sexuality should never stand in the way of the their career development or the care we provide to our patients.

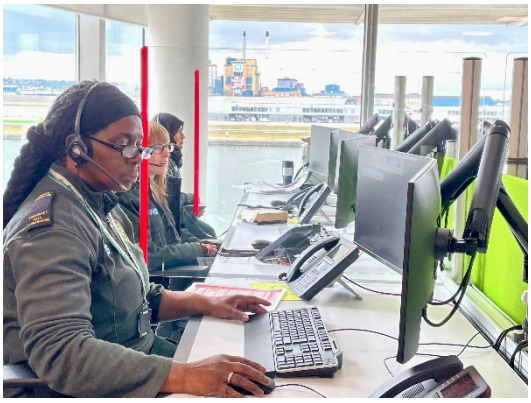
Supporting our colleagues

The Board and I are acutely aware that times have been tough in recent months, with prices climbing and households experiencing steep rises in fuel costs and energy bills. The London Ambulance Charity has committed £25,000 to support staff and volunteers who find themselves in financial hardship (with the fund being administered by UNISON's charity, There for You. The London Ambulance Charity intends this sum to be an annual allocation subject to continued support of the charity to raise sufficient charitable funds.

Looking forward

Over the last four months we have progressed our ongoing work to shape the Service for the future. In June, we published our aspirations for the coming year in our new business plan. This sets out how we are planning for coming years, 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 those who want to work in our great capital city.

A significant focus for the Service will continue to be the further modernisation of our estate. It was therefore a pleasure to welcome the Mayor of London Sadiq Khan to open our state-of-the-art Brentside Education Centre in July. Following an investment of £7 million, this incredible new facility will help us to increase recruitment and boost the training of frontline medics and control room staff. As well as meeting our talented team, including newly-qualified paramedics and recent graduates, the Mayor got to see our new 'simbulance' - a specially designed ambulance where we can simulate for trainees what it is like working in a vehicle.



In June our brand new, purpose-built control room in Newham, east London, opened following a £9.6 million investment. The site will handle half of the 999 calls that come into LAS from across the capital. The new EOC has also been set up to handle the brand new computer aided dispatch system due shortly, which will allow for faster dispatch of ambulances and means patients will get a quicker response.

We were delighted to welcome the then Minister of State for Health, Maria Caulfield MP, on a tour of EOC in Newham and our Dockside Education Centre in September. The Minister was able to sit with a call handler in the EOC to listen in on 999 calls and meet students who were undertaking training in our simulation suite and 'simbulance'.

Modernising our fleet forms a central part of our plans for the future, so I was pleased to help launch our brand new, greener fleet at a special ribbon cutting ceremony at the Olympic Park on the NHS Sustainability Day of Action in June. In my last report I wrote about our £16.6 million investment to purchase 225 brand new, greener vehicles, making us the NHS trust with the largest electric response fleet in the country. These new vehicles will help us to bring down our emissions, protect the

environment and provide better care for our patients. We were delighted to have the Director of Community Care, Mental Health and Ambulance Improvement at NHS England and NHS Improvement, James Cook, join us at the launch to hear more about these high-spec vehicles.

Please join us at our Annual Public Meeting

I would like to invite you to join us for the London Ambulance Service's Annual Public Meeting, which will take place at 5:30pm on Tuesday 27 September from our Brentside Education Centre. The evening will look back on a record-breaking 12 months for the Service and give you the opportunity to hear first-hand from colleagues from across our teams. If you would like to attend in person, please visit our Eventbrite page to register your interest. Please note that places are limited and will be allocated on a first come, first served basis. The event will also be live streamed via our YouTube channel.

Daniel Elkeles

Chief Executive, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting
27 September 2022

Report from the Deputy Chief Executives

1. 999 and IUEC Operational Performance

Ambulance Services

Figure 1 sets out our ambulance services operational performance against the national response times and number of incidents for Category 1 to 4.

Month	Cat 1			Cat 2			Cat 3		Cat 4		Total Incidents
	Mean 07:00 Mins	90th Centile 15:00 Mins	Incidents	Mean 18:00 Mins	90th Centile 40:00 Mins	Incidents	Mean 2:00:00 Hours	Incidents	Mean 3:00:00 Hours	Incidents	
June 2022	00:07:33	00:12:41	11,730	00:55:46	02:03:27	52,640	02:09:03	15,567	04:11:02	922	84,795
July 2022	00:08:03	00:13:50	12,052	01:01:14	02:15:18	53,683	02:08:28	14,018	04:29:54	965	84,588
Aug 2022	00:07:38	00:13:13	10,256	00:42:16	01:36:16	49,649	01:46:22	17,628	03:45:46	668	82,907

Figure 1: Ambulance Response Programme key performance metrics and incidents by Category

We continue to focus on getting to our sickest patients as quickly as possible. Nationally, in comparison with other Ambulance Trusts, the LAS has continued to provide the fastest response to category 1 patients during June to August. Our category 2 response has been more challenged where we were in the lower quartile.

There is a renewed focus on category 2 performance improvement, with Deputy Chief Executives working collectively with all areas of the Trust in the development and implementation of an improvement plan.

Performance has been affected by numerous factors in June to August which has included effects of staffing through higher levels of Covid-19 sickness and increased levels of annual leave.

A number of large events in London including the HM Queen's Platinum Jubilee, transport strikes and periods of unusually hot weather which has affected the health of Londoner's, has also represented challenges. These events have been managed through continued use of specific delivery groups, bringing all areas of the Trust together, to develop response plans with direct executive oversight.

Pressure from high demand for Urgent and Emergency Care has continued across the wider healthcare system in London and we continue to work with the Integrated Care Systems (ICS) to develop alternative pathways to assess and treat patients closer to home.

Delays of more than 15 minutes in the handover of patients at hospital remains a constraining factor in availability of ambulances. Hospital handover delays remain significantly above the previous year as shown in figure 2. Collaborative, working continues with hospitals across London with the aim of ensuring quicker turnaround of ambulances, so that we can get to those patients waiting for help.

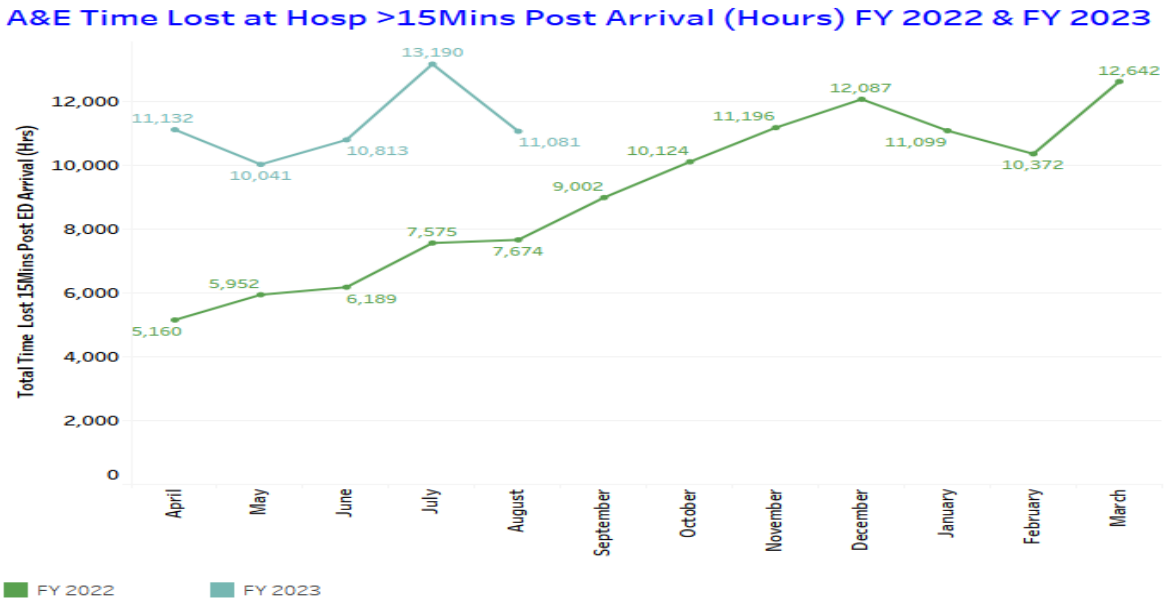


Figure 2: Monthly handover delays comparison between 2021 and 2022

Handovers at hospital are expected to be completed within 15 minutes. Figure 3 shows the percentage of conveyances which took more than 30 minutes to handover by hospital in quarter 1. The total operational hours lost, greater than 15 minutes, at hospitals in quarter 1 was 35,438. This would equate to 2,953 ambulance shifts across the period.

Hospital site	Percentage of handovers over 30min (Total)
Barnet	43%
Charing Cross	2%
Chelsea & Westminster	3%
Croydon University Hospital (Mayday)	18%
Ealing	25%
Hillingdon	23%
Homerton	10%
King Georges, Ilford	71%
Kings College	26%
Kingston	14%
Lewisham	27%
Newham	50%
North Middlesex	54%
Northwick Park	31%
Princess Royal, Farnborough	28%
Queen Elizabeth II, Woolwich	7%
Queens, Romford	80%
Royal Free	29%
Royal London (Whitechapel)	41%
St Georges, Tooting	32%
St Helier	25%
St Marys, W2	18%
St Thomas'	13%
University College	21%
West Middlesex	6%
Whipps Cross	45%
Whittington	23%
Grand Total	**28%**

Figure 3: Proportion of handovers over 30 minutes Quarter 1 2022/23 (unvalidated data and excludes "blue calls")

999 Operations

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.
Jun-22	191,831	0.61%	6394	148,214	4940	00:01:02	00:11:56
Jul-22	194,267	-4.51%	6267	146,082	4712	00:01:56	00:18:38
Aug-22	172,865	-9.78%	5576	138,947	4482	00:01:03	00:29:42

Figure 4: Emergency Operations Centre performance

August 2022 was the first month this year where Emergency Operations Centre (EOC) saw a decrease in the number of contacts both on the previous month and in comparison with the previous year. The previous 2 months had seen higher numbers of contacts. Performance has been affected by both high numbers of sickness and high rates of abstraction for training on the new Computer Aided Dispatch (CAD) system.

The LAS continues to look to maximise its hear and treat rates, finding alternatives to sending an ambulance where appropriate. Hear and treat rates were 15.8% (June), 16.3% (July) and 13.3% (August) and were within the upper quartile nationally with the average being 12.9%, 12.5% and 11.1% respectively. There continues to be a focus on whether more patients could

benefit from an assessment via the Clinical Assessment Service (CAS) providing alternatives of care closer to home and avoiding hospital admittance. These measures all support the maximising of our ambulance resources and to improve our responsiveness in meeting patient need.

There was a CAD failure encountered on 17th August 2022. This saw EOC move to paper operations from 10:40 hours as part of the business continuity plan and the system was operational again from 14:42 hours. The technical issue was identified and resolved by the CAD supplier with future maintenance schedules introduced to stop further incidents occurring.

New entrant training has been temporarily paused to enable training of existing staff on the new CAD system in readiness for going live in September 2022. Courses for new Emergency Call Handlers will resume in October 2022 with two courses being run in October and November. This is to ensure that additional staffing are in post to meet the winter period. The recruitment process is well advanced and we have a strong pipeline of candidates following the national advertising campaign for call handlers.

The new EOC at Newham has opened and is fully operational with all call takers, dispatch teams and Clinical Hub (CHUB) staff moving in by the 11th August 2022. This was a particular success and involved multiple areas of the Trust, and external partners working together to ensure the project plan was executed on time. This new modern facility is a vast improvement on the previous facility at Bow and has been well received by our staff.

The need to undertake the new Cleric CAD during the Autumn and move to Newham has understandably placed considerable pressure on existing EOC staff and managers at a time when they are undergoing a significant period of change. Enhanced welfare support has been put in at both EOCs.

The CAD replacement programme remains on track. The timelines have had to be extended by a couple of weeks following the death of the Queen. The rehearsal of the system is now due to take place on 22nd September 2022 with a decision on the final go live date to follow this event. All other aspects, including technical solutions, staff training and premises have been completed.

Further “go/no go” decision points are planned throughout September with external assurance gateways with NHSE London Region.

Integrated Urgent & Emergency Care

This report provides the Trust Board with an update regarding our 111 / CAS performance, key issues, events and activities since its last formal meeting.

Indicator (KPI name)	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Trend
NEL - Calls Answered in 60 seconds	>95%	86.8%	74.6%	54.8%	73.2%	52.6%	78.8%	85.2%	66.2%	65.5%	71.3%	50.9%	44.6%	35.1%	
NEL - Calls Abanoned within 30 seconds	<3%	5.6%	9.1%	15.0%	13.3%	6.6%	1.60%	1.4%	5.0%	4.5%	3.5%	11.9%	15.6%	25.7%	
SEL - Calls Answered in 60 seconds	>95%	86.3%	78.2%	60.1%	74.5%	54.7%	78.1%	83.9%	64.6%	62.7%	66.3%	44.8%	42.7%	33.0%	
SEL - Calls Abanoned within 30 seconds	<3%	15.8%	18.4%	17.0%	12.9%	6.2%	2.8%	2.8%	5.6%	5.2%	4.7%	14.4%	16.0%	27.9%	
NWL - Calls Answered in 60 seconds	>95%	68.6%	58.7%	52.5%	65.9%	56.6%	71.1%	76.0%	63.4%	58.6%	59.5%	56.7%	70.0%	24.2%	
NWL - Calls Abanoned within 30 seconds	<3%	6.6%	8.3%	8.9%	6.3%	1.9%	2.12%	2.20%	4.3%	5.1%	4.7%	3.9%	4.6%	21.1%	

Indicator (KPI name)	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Trend
NEL - Transferred to 999	<10%	7.5%	7.8%	7.6%	8.0%	7.8%	8.0%	7.7%	6.5%	6.0%	5.5%	5.2%	5.5%		
NEL - Referred to ED	<10%	8.5%	8.0%	8.5%	8.4%	7.6%	10.0%	10.4%	10.9%	10.0%	11.3%	10.5%	9.4%		
SEL - Transferred to 999	<10%	7.4%	7.2%	7.0%	7.1%	7.5%	8.4%	7.8%	8.2%	7.2%	7.3%	6.5%	5.9%		
SEL - Referred to ED	<10%	9.2%	9.3%	9.0%	8.5%	7.9%	10.5%	11.0%	11.8%	10.5%	11.4%	10.6%	9.8%		
NWL - Transferred to 999	<10%	8.4%	8.7%	8.7%	8.8%	8.6%	8.7%	8.3%	7.8%	7.6%	8.1%	8.8%	8.9%		
NWL - Referred to ED	<10%	11.5%	12.6%	12.2%	13.0%	10.5%	11.5%	12.5%	12.2%	11.2%	11.8%	10.9%	10.9%		

Demand continues to be higher than contracted for June / July. In April and May we saw 8% & 10% calls offered above contract, for June and July this has increased to 26.5% and 21.5% increase in calls offered respectively above contract. Just over 500k 111 calls were received to LAS services in May & June – representing 78.5% of London and 13.3% of National NHS 111 activity.

Performance has been impacted in June and July with call abandonment being higher and call answering in 60 seconds being lower than previous months and at similar levels to winter 2021. The root cause for these performance challenges is a combination of increased call volumes and continued higher than expected sickness (c18-20%).

There was a national outage of the 111 Adastra system (supplied by Advanced) on the 4th August 2022 following a cyber-attack. Although this did not affect the telephony system, it did mean that assessments had to be undertaken using the standalone triage platform (Solo) and paper. Calls transferred to both 999 and other healthcare providers, following assessment, were done so manually with a resultant effect on call times.

There were national and regional meetings involving NHSE, Advanced and system users with the LAS being the 2nd provider to be reinstated onto the system on the 21st August 2022.

The elongated period saw a tremendous effort made by all members of the team who saw the continuation of service provision throughout and are commended for their hard work and dedication.

As a consequence data for August performance is still to be validated.

The Single Virtual Contact Centre (SVCC) London pilot, which balances NHS 111 calls to other providers in the region, has been live since April 2022 and continues to impact on performance. We are in an interim position where existing contracts and performance indicators have been stood down and await a commissioner decision regarding a move to a "one London" contract, which will ensure individual provider performance can be understood and enable fair payment for activity taken by individual providers.

Despite the challenged performance NHS 111 call answering, LAS IUC has continued to protect 999 services by ensuring consistent, high levels (>95%) of validation of NHS 111 Cat 3&4. This excellent performance is demonstrated by LAS's continued low referral rates to 999 - an average of 7.2% vs 10.6% National average for June & July 2022. If LAS were referring the National Average, 206 additional ambulances would be dispatched daily. LAS referral rates to 999 are consistently the lowest in the country.

Additionally LAS IUC continues to support our Acute services in London by maintaining high levels of 111 Emergency Department outcome validation (>65%). This is demonstrated by our low referral rates to EDs - an average of 10.7% vs 111.3% National average for June & July 2022. If LAS were referring the National Average, the result would be an additional 36 ED attendances daily in London.

We are pleased to announce that LAS have been awarded North West London Integrated Care Contract, following a competitive tender process. LAS have been successfully providing this service since November 2020 with LAS as the Lead Provider, sub-contracting elements of call handling and clinical assessment to Practice Plus Group and London Central Westminster and this arrangement will continue into the new contract.

2. Events

Since the last public Trust Board meeting there have been a number of major events in London as well as significant and major incidents which LAS has responded to

1. **HM Queens Diamond Jubilee (2 – 5 June 2022)** – LAS provided support to the events in central London.

2. **Wimbledon Tennis Championships (27 June – 10 July 2022**) – on site provision of ambulance, controller and event tactical commander

3. **Commonwealth Games – Velodrome** . LAS team members supported the track cycle racing at the **Lee Valley Velodrome** as part of the Birmingham 2022 Commonwealth Games, from 28th July to 8th August. LAS provided on site provision of ambulances and venue support.

Summer events – Triathlon, concerts, festivals, half marathons

Incidents of note

Heatwaves – July and August 2022

Two periods of unusually hot weather were experienced – the most severe being 17 – 20 July 2022. Planning took place to mitigate any safety issues for patients and ensure the welfare of our staff working outside including workshops. The LAS operated at the highest clinical safety level and remained at REAP 4 for the duration of the Heatwaves with Gold team sitting for the July to provide strategic oversight to the whole service delivery across 999 and IUEC. National ambulance clinical guidance was written and shared following a meeting convened to understand the lessons learnt from the British Columbia Heat Dome of 2021 which highlighted specifier at risk groups. Proactive media messaging was undertaken with LAS leading the advice and guidance being offered to the public. Wild fires placed significant demand on the London Fire Brigade on 19 July 2022 and LAS HART and tactical response teams supported patient and firefighter welfare and care at these sites.

Rail strikes

Significant planning has been place for the rail strikes, underground and bus strikes to ensure that staff could attend work. No increase in absence was seen and training was also able to be continued**.**

3. Resilience and Specialist Assets

On the 9th September 2022 we submitted our annual assurance RAG rated self-assessment and associated plans, policies and procedures to NHS England on the 50 Emergency Preparedness, Resilience & Response (EPRR) core standards. Our self-assessment rating against each of the 50 standards was fully compliant. The self-assessment RAG ratings will be reviewed and agreed or amended as required at our assurance review meeting with NHS England's EPRR network team on the 15th November 2022 and will determine our overall level of compliance.

August saw the return of the first Notting Hill Carnival since 2019, due to the COVID pandemic. The two day event over the August Bank Holiday weekend attracts up to 1.5 million visitors to the carnival footprint. The Trust successfully planned for the event and provided a full command team, an event control from our Specialist Operations Centre (SOC) at the new EOC North Newham, a deployment centre, and a variety of assets including Medical Response Teams (MRT), Casualty Retrieval Teams (CRT) and Enhanced Care Teams. In partnership with our colleagues from the St. John Ambulance we treated a total of 274 patients over the two days (compared to 254 patients in 2019), 62 of whom were conveyed to hospital.

Our HART West attended a Significant Incident on Saturday 27th August at the David Lloyd leisure centre in West London for an accidental chemical release in the swimming pool. An early scene report was provided by the team and alongside several IROs, CTMs, an APP, a Tactical Advisor and ambulance crews we treated 14 patients in total, 3 of whom were conveyed to hospital.

Our ESORT and HART supported the Metropolitan Police on Operation Oleshko for 9 days in August and September in North West London, with the decommissioning of an illicit drugs lab. On day 3 the LAS took over rescue, recovery and full decontamination duties from the London Fire Brigade, in addition to providing medical aid. The operation was complex due to emerging hidden rooms and confirmation from Metropolitan Police scientists that the drugs within the lab were of a highly lethal concentration should contact with skin or inhalation occur.

The Trust's response for the mourning period of Her Majesty Queen Elizabeth II with Operation London Bridge was both extensive and multi-faceted. Alongside partners we had worked on a comprehensive plan over many years. From the announcement of the Queen's death on Thursday 8th September until the day following her funeral on Monday 19th September the Trust provided the following provision, in some cases for a 24/7 period:

- Operational Commanders and event control;
- liaison at a strategic level with the NHS England EPRR team, the other Emergency Services, the Greater London Authority, the Mayor's Office, the St. John Ambulance and the London region ICBs;
- collaborative working at an operational level with the Metropolitan Police's Specialist Operations Unit (SO15) and, Royalty and Security Protection officers;
- an LAS officer in both the Metropolitan Police control room and the Transport for London control room.

Operation London Bridge was supported with mutual aid from NEAS, NWAS, YAS, EMAS, SECAMB, WMAS and the Welsh Ambulance Service.

John Martin

Chief Paramedic and Quality Officer and Deputy Chief Executive Officer, London Ambulance service NHS Trust.

Fenella Wrigley

Chief Medical Officer and Deputy Chief Executive Officer, London Ambulance service NHS Trust.

London Ambulance Service
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Report to:	Trust Board			
Date of meeting:	27 September 2022			
Report title:	London Ambulance Service Public and Patient Council (LASPPC) update			
Agenda item:	3.6			
Report Author(s):	Antony Tiernan, Director - Communications and Engagement			
Presented by:	Antony Tiernan, Director of Communications and Engagement			
History:	N/A			
Purpose:	☐	Assurance	☐	Approval
	☐	Discussion	☒	Noting

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

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

In line with the LASPPC's terms of reference, this paper provides an update from the latest meeting (August 2022), as well as other LASPPC related activity.

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

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

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

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

1. The latest London Ambulance Service Public and Patients Council (LASPPC) meeting took place on 24 August 2022 (agenda attached, appendix 1).

2. Recognising the ongoing pressures on the Service, including as a result of the July heatwave, the Council received a briefing from Darren Farmer, Director of Ambulance Operations, on how we were responding to the additional demand for our 999/111 services. Darren also presented our category 2 recovery plan.

3. LASPPC members received an update from Dr Agatha Nortley-Meshe, Medical Director – Urgent Care and Lucy Botting, Director of Sutton Health and Care, on the south west London community car pilot, with members acknowledging the significant benefits the scheme will hopefully offer to patients (subject to the success of the pilot, and hopefully, extended roll-out).

4. Brian Jordan, Director of 999 Operations gave a detailed update on the launch of the new Computer Aided Dispatch (CAD) and the benefit it offers for our patients, staff and partners. He also outlined the risks and how they were being mitigated.

5. The meeting received updates on the development of the Service's new five year strategy and emerging estates 'vision'. Members were pleased with progress so far and requested to be further involved as both develop, including 'signing off' the related public and patient engagement strategies.

6. The Council received an overview of the way it is shaping and influencing the care provided by the Service. This included:

    a. Five active sub-groups: station accreditation programme; visits programme; frequent callers group; learning disabilities group; and, estates
    b. Committees – members sit on five Service committees: audit and research; estates; violence reduction; infection prevention and control; and, charity operations group.

7. Other recent LASPPC activity includes:

    - Members gave feedback on a survey which was launched to capture the views of patients using NHS111 services (developed with commissioners)
    - Members helped shortlist and choose the winners of the Service's annual VIP awards, which recognise staff and volunteers who have excelled over the last year.

London Ambulance Service NHS Trust

Meeting of the London Ambulance Service Public and Patients Council on Wednesday 24 August 2022, 12.30pm – 2.30pm via Microsoft Teams

Agenda

Item		Owner		Time
1.	**Welcome** **Observer: TBC** **Apologies: TBC**	Dame Christine Beasley/Michael Bryan, Co-Chair	Verbal	12.30
2.	**Notes and actions of the last meeting**	Dame Christine/Michael Bryan	Papers – attached Notes (001) Actions (002)	12.33
3.	**Declarations of Interest – not previously declared or pertinent to the agenda**	Dame Christine/Michael Bryan	Verbal	12.38
4.	**Community car pilot**	Agatha Nortley-Meshe, Medical Director for Urgent Care and Katie Lansdell, Director for People and Purpose, PPL	Presentation (003)	12.40
5.	**COVID-19/demand update and Category 2 recovery plan**	Darren Farmer, Director of Ambulance Operations	Verbal and paper (004)	12.50
6.	**New Computer Aided Dispatch (CAD) – implications for patients**	TBC	Presentation (005)	1.05
7.	**Five year strategy – including approach to engagement**	Victoria Ward, Head of Strategy and Transformation	Presentation (006)	1.20
8.	**Estates vision – including approach to engagement**	Rakesh Patel, Chief Financial Officer	Presentation (007)	1.40

Item		Owner		Time
9.	**Mental health strategy**	Carly Lynch, Consultant Nurse for Mental health	Presentation (008)	2.05
10.	**LASPPC update** • **Sub-group update**	Antony Tiernan, Director of Communications	Paper (009)	2.20
	Meeting ends			2.30

Next meeting: 24 November, 11:00am – 1.00pm

London Ambulance Service
NHS Trust

Report to:	**Trust Board**			
Date of meeting:	27 September 2022			
Report title:	Integrated Performance Report			
Agenda item:	4.1			
Report Author(s):	Key Leads from Quality, Finance, Workforce and Operations			
Presented by:	Rakesh Patel, Chief Finance Officer			
History:	N/A			
Purpose:	☒	Assurance	☒	Approval
	☒	Discussion	☐	Noting

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

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

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

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

Key messages from all areas are outlined in the two page summary report.

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

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

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

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

NHS
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London Ambulance Service – Integrated Performance Report

Report for discussion with Trust Board members

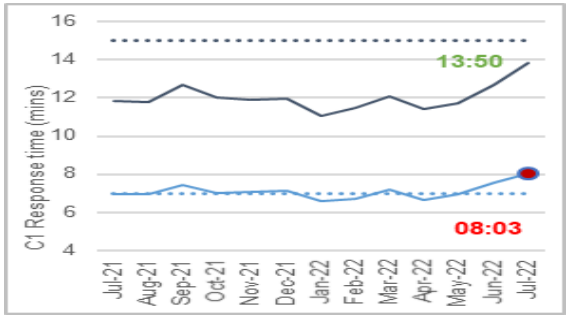
Analysis based on Year to **July 2022** data, unless otherwise stated **(please see page 2 for data reporting periods)**

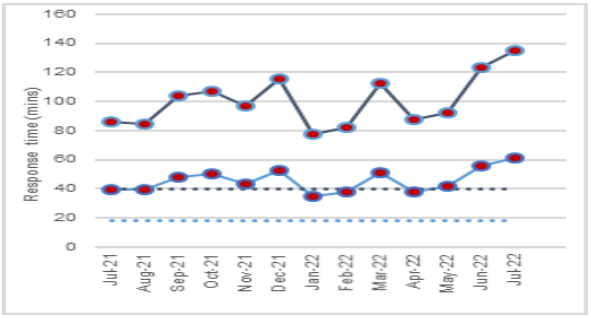
Overview

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

Provide outstanding care for **our patients**

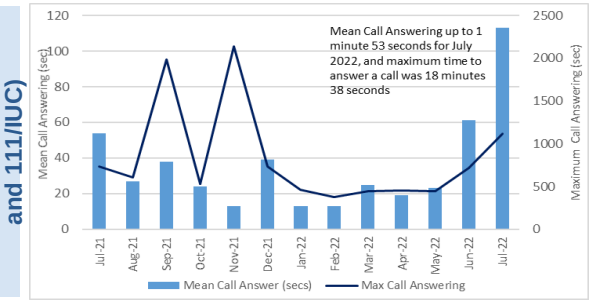
Category 1 and 2 Performance

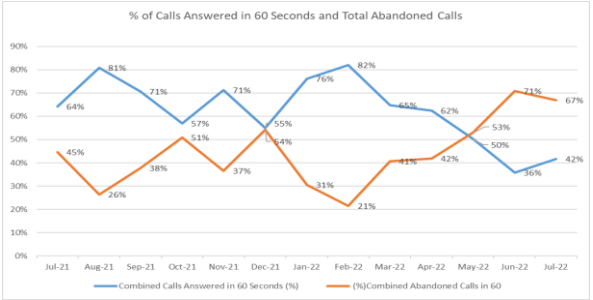




- *Category 1 performance has not been meet in July. Despite being outside of the target LAS ranked first nationally for Category 1.*
- *Category 2 mean and 90th centile performance continue to be challenged. No provider is currently delivering category 2 performance and LAS is 8th out of 11 ambulance services for Category 2 mean.*

Call Answering (999 and 111/IUC)

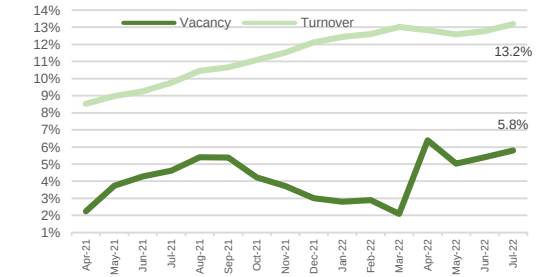




- *The Mean 999 call answering time increased in July 2022 to 113 seconds compared to 61 seconds in June 2022. The maximum call answering time also increase in June 2022 to 18 minutes 38 seconds compared to 11 minutes 56 seconds in June 2022.*
- *IUC call answering in July returned 37.5% of calls answered in 60 seconds. Though this remains below the 95% standard, it remains ahead of other London IUC providers who achieved 25.5% and 18.6%.*

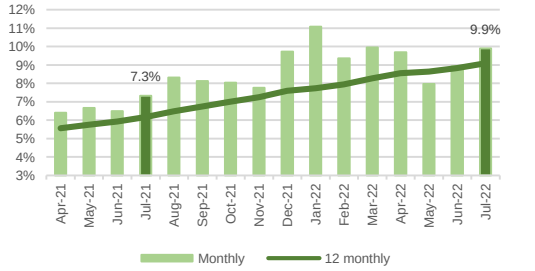
Be a first class employer, valuing and developing the skills, diversity and quality of life of **our people**

Vacancy Rate (Ambulance Operations)



- *The IUC and 999 call handling pipelines continue to remain strong with over 180 candidates at pre-employment stage.*
- *The paramedic recruitment pipeline is positive with over 500 candidates at conditional offer stage to fill the remaining 406 course places from August 2022 to March 2023.*
- *For AAPs there are 200 candidates in the pipeline to fill the 140 course places in August, September and October.*
- *Positive progress has been made with HCPC registration and the backlog has been resolved.*
- *Challenges remain with C1 Theory and Test capacity (AAPs) and visa checks for international paramedics from countries other than Australia and New Zealand.*
- *The number of frontline leavers has remained positively below plan (-16FTE) and we have seen a lower level of International Paramedic leavers.*

Turnover



- *In July the monthly Trust wide sickness increased to 9.9%.*
- *Sickness episodes have increased by 10% (2,012 to 2,222) with COVID accounting for 34% of all episodes.*
- *COVID sickness episodes have further increased from May (240), June (486) to 746 in July.*
- *The First Day Absence Reporting service that will be run by GoodShape is planned to go live on the 17th August for corporate staff and for all staff from the 1st September. They will work closely with our new OH provider Optima on fast-track referrals and with our Employee Assistance Programme and Wellbeing Teams*

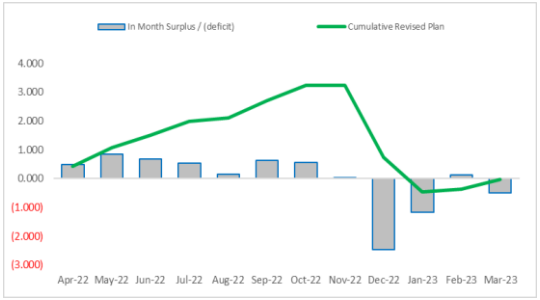
Overview

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

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

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

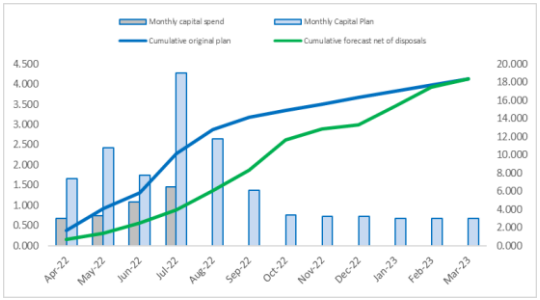
Cumulative Surplus / (Deficit) position



Financial Performance

- *YTD position: Surplus £2.570m which is £0.580m above plan. Block Income is assumed in line with plan.*
- *Full Year Forecast Position: Breakeven position, which is in line with the plan. However there are potential risks of circa £6.1m to £8.7m.*

Capital Expenditure Run Rate



Capital

- *Capital spend net of disposals and excluding donated assets is £3.951m YTD against a plan of £10.104m, which is £6.153m below plan due to slippage on several projects: Telephony Infra Mod To Cm8 (IM&T), Phase 4a Secure Drugs Rooms and Replacement vehicles. However these schemes remain on plan overall and the capital programme forecast remains to spend the full £18.3m Core programme.*

Efficiencies

- *YTD efficiency savings of £4.511m have been delivered. The Trust is still forecasting to deliver the full year plan of £24m, however there are potential risks of £8m to delivering this. The Trust is currently working on mitigations that will be a combination of additional recurrent savings plans and non recurrent benefits.*

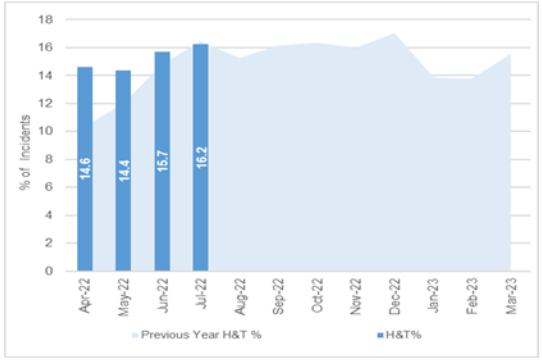
Cash

- *The month end cash position was £48.6m*

	May-22	Jun-22	Jul-22	Year-end Target
Arrive at Hospital to Patient Handover (mins)	28.0	27.7	34.3	18.0

- *The arrive at hospital to patient handover metric increased from 27.7 in June to 34.3. The handover to green metric was also outside the target of 15.5 minutes at 16.9 minutes, with little variation when compared to the month of June. Some emergency departments still face challenges which have an impact on these metrics.*

Hear & Treat



- *Hear & Treat performance saw us achieve 16.2% during July, which is slightly lower than the same month last year when we attained 16.5%. This is in line with a slight reduction in the number of incidents. LAS ranked joint 1st nationally out of 11 ambulance trusts. In 2022/23 year to date, the performance in the metric has been strongly within the 2020/21 target (15.2%) and continues to outperform last year's benchmark of 8%. Hear & Treat remains a key focus for the Trust, allowing robust delivery on our conveyance rates and keeping frontline resources available for our most critically ill patients.*
- *July saw a continued positive conveyancing measure of 47.4 %. This saw LAS ranked 5th for ED conveyance rate*

Hospital Handovers over 30 minutes

Proportion of handovers over 30 minutes across Quarter 1 2022/23. Unvalidated data.

Hospital site	Percentage of handovers over 30min (Total)
Barnet	43%
Charing Cross	2%
Chelsea & Westminster	3%
Croydon University Hospital (Mayday)	18%
Ealing	25%
Hillingdon	23%
Homerton	10%
King Georges, Ilford	71%
Kings College	26%
Kingston	14%
Lewisham	27%
Newham	50%
North Middlesex	54%
Northwick Park	31%
Princess Royal, Farnborough	28%
Queen Elizabeth II, Woolwich	7%
Queens, Romford	80%
Royal Free	29%
Royal London (Whitechapel)	41%
St Georges, Tooting	32%
St Helier	25%
St Marys, W2	18%
St Thomas'	13%
University College	21%
West Middlesex	6%
Whipps Cross	45%
Whittington	23%
Grand Total	**28%**

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting
27 September 2022

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 system inspection in December 2022. A positive relationship with the regulators has been maintained through regular engagement meetings and responding to requests for information.

2.0 Quality Account & Quality Priorities

The 2022/23 Quality Priorities are on track with monthly assurance in place. Planning is underway to develop the 2023/24 quality priorities later this year. Station and site quality visits for quarter 2 are currently in progress and will be used to identify and focus improvement activity.

3.0 Quality Assurance - Trust Wide (see Quality Report)

The Trust's Integrated Quality Report (July 2022 data unless otherwise stated), continues to demonstrate the impact of prolonged periods of high demand on quality of care, especially ability to achieve timely responses to patients. 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 risen above the mean.

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 (79%) and Operational Workplace Review (51.12%) remain steady following the recent reduction seen during Resource Escalation Action Plan (REAP) 4 actions. Personal Development Review (PDR) completion is now at 41%, whilst statutory and mandatory training compliance exceeds the 85% target level.

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.

4.0 Clinical Education & Standards

Following a successful recruitment campaign, 11 new clinical tutors have now commenced working with the clinical education team. To support Trust plans, initial training courses for Assistant Ambulance Practitioner (AAP) and Emergency Ambulance Crew (EAC) have continued throughout the summer period whilst the Emergency Operations Centre (EOC) education team have focused on delivering the requisite training for staff ahead of a transition to the Cleric Computer Aided Despatch (CAD) system. The volume of training required to complete this task has led to a pause in new call handler training which will recommence shortly. Work to ensure that the Trust is compliant with the incoming Section 19 driving regulations (due in 2023) continues and the Trust is in a strong position to be able to demonstrate compliance in implementing this training.

5.0 Safeguarding

Compliance for level 3 safeguarding training currently stands at 81.5%. The safeguarding team have now commenced the next three year cycle of training content, which includes level 3 mental capacity act (MCA) training. The team continue to engage with all areas across the Trust to raise awareness of good safeguarding practice and have recently provided development sessions on self-neglect and maternity safeguarding.

6.0 Quality Improvement & Learning

A total of 1,898 patient safety incidents were reported on the Trust's risk management system during quarter 1. The top four report patient safety incident categories were:

- Communication, Care and Consent
- Dispatch and Call
- Medical Equipment
- Integrated Urgent Care - Call Handling

Of the 1,898 patient safety incidents reported, a total of 225 reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and against the Trust's Patient Safety Incident Response Plan (PSIRP). Of these 128 were identified as requiring an enhanced level of investigation.

The Trust recently saw an increase in incidents regarding missing equipment within diagnostic pouches such as thermometers, blood glucose testing kits, oxygen saturation probes and the pouches themselves. These incidents are being shared with the project team to support further improvement work.

Demand on the Trust has impacted on various reporting timescales, including the completion of investigations, 45% of which are currently being completed outside of the normal timescales. The Trust achieved 41% compliance for Stage 1 Duty of Candour (DoC) and 80%

compliance for Stage 2 DOC in quarter 1, an increase from the previous quarter but reflecting challenges that have been encountered in assigning lead investigators to patient safety investigations.

A delays thematic report was developed by the Quality team during the first Covid-19 wave of March 2020. The incident and risk hub now review patient safety incidents and Business Intelligence (BI) data on a daily basis to identify incidents where the London Ambulance Service (LAS) were unable to meet Ambulance Response Programme (ARP) response times, including delays in call answering. Identified patient safety incidents undergo a Structured Judgement Review (SJR) to ensure consistent and robust oversight of calls where a delay was experienced that may have led to harm. During quarter 1, 78 incidents were identified and investigated using the SJR approach, the outcome of which has assisted in identifying specific high risk determinants which may benefit from a more timely assessment by a solo clinician.

7.0 Freedom to Speak Up (FtSU)

32 concerns were raised within the first quarter of the current year, the majority of concerns relating to staff behaviour and workplace culture.

The Trust is participating in the National Guardian Office (NGO) ambulance 'Speaking Up' review. A comprehensive document bundle was released to the NGO earlier this year and the Trust was one of five ambulance services selected to participate in stage two of the review. This will involve staff focus groups and one to one interviews with FtSU Guardians, executive and non-executive FtSU leads. The outcome of this review is expected to be published later this year.

8.0 Health, Safety and Security

A total of 64 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents were reported to the Health and Safety Executive (HSE) from April to August. 43 (67%) of the reported incidents related to manual handling whilst 12 (19%) related to slip, trips and fall incidents, totalling 86% of completed RIDDOR reports. A new health and safety audit system has been developed and a roll out programme is currently in the planning stages.

The team have now appointed a fulltime Violence Reduction Manager, who will focus on reducing incidences of violence against Trust staff. A total of 231 physical assaults on staff were reported for the current year, the majority of assaults (59%) occurring, at least in part, due to the clinical condition of the patient. Police attended 61% of physical assault incidents and five successful prosecutions for assault have been recorded.

John Martin

Chief Paramedic and Quality Officer, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting
27 September 2022

Report from the Chief Medical Officer

Clinical Safety

The Trust continues to see sustained increase in patient demand, compared to pre-COVID levels, for 111/Integrated Urgent Care, 999 Operations and Ambulance services. For much of July and August 2022 the Trust operated at REAP level 4 (Extreme Pressure) of the Trust Resource Escalation Action Plan (REAP) reducing to REAP level 3 (Severe Pressure) on 11 August 2022. In order to manage the ongoing high level of demand accessing the urgent and emergency care system we have maintained the provision of additional senior clinical support to oversee safety and to maximise reducing the conveyance to hospital where clinically safe. Actions which have been implemented to ensure safety and oversight of patients include: working with the wider London Health system to ensure patients are able to access care nearer home and do not default to NHS111 or 999; supporting all healthcare professionals to access alternative pathways; maximising the number of patients who are able to receive an enhanced telephone clinical assessment (with video consultation); working across the Integrated care and 999 systems to deliver seamless transfer of care and working to develop new alternative pathways for ambulance clinicians to refer or take patients to in order to reduce the demand on the busy emergency departments. We have continued to review our care to patients where there is a delay to call answering, clinical telephone assessment or ambulance dispatch. This is undertaken both in real time, in the form of clinical safety reviews to ensure the patient's condition has not changed and retrospectively to look at the end to end care and experience for the patients through continuous re-contact audits, incident reports, quality alerts and patient and staff / volunteer feedback.

During the unusually high temperatures which affected London over two periods in July and August we were supported by the Communications team to provide clinical messages to Londoners, and wider, advising patients on how to keep themselves safe, where best to access care for their health need to ensure those with emergency needs eg signs of a stroke can access a 999 response without delay.

The on-going infectious disease outbreaks in London, COVID and Monkey Pox, continue to be overseen by our Head of Infection Prevention Control ensuring that we support staff with up to date Infection Prevention and Control clinical guidance, and collaboratively with the Wellbeing team are able to provide consistent advice to staff and volunteers with concerns for their own welfare.

Response to our sickest patients:

The LAS Clinical Audit and Research Unit (CARU) has continued to review the care provision for cardiac arrest, ST- Elevation Myocardial Infarction and stroke patients on a monthly basis. These Care Packs are shared with Sector Senior Clinical leads and Clinical

Team Managers to facilitate clinical feedback and learning within their teams.

Cardiac Arrest data - July 2022

Following a cardiac arrest, the Return of Spontaneous Circulation (ROSC) which includes signs of breathing, coughing or movement or a palpable pulse or measurable blood pressure is the main objective for all out of hospital cardiac arrests, and can be achieved through immediate and effective treatment at the scene. Key to increasing the chances of ROSC are the speed of starting basic life support and defibrillation where the patient is in a shockable rhythm.

- 1048 patients in cardiac arrest were attended by LAS
- 363 patients had resuscitation commenced
- 64 patients were in a 'shockable rhythm' on arrival of LAS and defibrillation occurred within 2 minutes of arrival with the patient
- For all patients in cardiac arrest return of spontaneous circulation was achieved in 29% of patients

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.

	February 2022	**March 2022**	**April 2022**	**May 2022**	**June 2022**	**July 2022**
London Lifesaver numbers	689	1089	1197	1291	1702	2282
Public Access Defibrillators (PAD)	6858	7070	7162	7260	7369	7626
PADs activations	10	16	15	10	12	10
Return of Spontaneous Circulation	4	6	10	3	7	7

Cardiac arrest survival cases are fed back not only to clinical staff and volunteers but also to EOC call handlers and dispatchers

ST elevation myocardial infarction (heart attack) - July 2022

ST-segment elevation myocardial infarction (STEMI) is caused by a sudden blockage of the blood supply to the heart muscle. It is therefore vital that blood flow is quickly restored through clinical interventions such as primary percutaneous coronary angiography and intervention such as stenting. This procedure is time critical and the target time from call to angiography target is 150 minutes.

- 177 patients were attended by LAS and identified as suffering with an ST elevation myocardial infarction (heart attack)
- 88% of patients subsequently confirmed as having an ST elevation myocardial infarction were categorised at the point of 999 call triage as a category 2
- For July the time to arrival at hospital was 106 minutes.
- 100% of the patients were conveyed to the correct destination

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. 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.

Stroke Care - July 2022

The health outcomes of patients who suffer an acute stroke can be improved by recognising the symptoms of a stroke of transient ischaemic attack (TIA), making a diagnosis quickly, and by early transport of a patient to a stroke centre capable of providing further tests, treatment and care, including an early CT scan of the brain and 'clot-busting' drugs (thrombolysis) for those who are eligible. A time critical patients refer to FAST positive patients who symptoms were less than 10 hours old when leaving the scene of the incident, where a stroke consultant deemed the patients to be time critical (as part of a video consultation) or where the onset time of symptoms was not recorded.

- LAS attended 1089 suspected stroke patients
- 1023 were FAST positive and 652 of these were identified as time critical
- The mean call to arrival on scene for all FAST positive patients was 18 minutes and for time critical patients was 16 minutes. The mean call to hospital time for all FAST positive patients 107 minutes and for the time critical FAST positive patients was 97 minutes.
- 99.5% of patients were conveyed to the correct destination.

Work continues to reduce the on scene time to ensure there are no delays to the response and conveyance. This is being led by the Senior Sector Clinical Leads and monitored through the Sector quality meetings.

National data (Ambulance Quality Indicators):

There is always a time lag in receiving end-to-end patient data. The most recent data published is April 2022 which was published in August 2022. The August quality report has the March 2022 data which was published in July 2022.

The LAS' time for the Call to Balloon measure for April 2022 was 02 hours 28 minutes (4th in England) against a national average of 02 hours and 26 minutes and is still within the national target of 02:30.

In March 2022, the LAS ranked 2nd for the overall ROSC on arrival at hospital group with 27.1% (up from 4th, 30.7%), above the national average of 24.5%, and 8th for the Utstein group with 34.9% (up from 10th, 35.0%), but below the national average of 46.8%. In April 2022 the LAS achieved ROSC on arrival at hospital in 26.9% of patients (ranking 4th in England), which is above the national average of 25.9%. We also achieved a higher than national average ROSC on arrival at hospital for the Utstein group (54.2% vs 48.2% national average), ranking 3rd place. Survival at 30 days post out of hospital cardiac arrest for all patients is 7.6% against the national average of 7.5% and 29.8% for the Utstein Group against a national average of 26.4%.

LAS continues to be performing very well in terms of mean Stroke Call to Door time (1 hour 33 minutes), well above the national average of 1 hour 54 minutes. In March 2022, the LAS had achieved a time of 01:44 for the call to arrival at hospital, compared with the national average of 02:01.

Whilst this data demonstrates on-going improvement despite the continued high demand further work continues to ensure the best possible outcomes for our patients.

Clinical audit Annual Report 2021 -22

Clinical audit is a fundamental tool that has been utilised by all National Health Service (NHS) Trusts for over 20 years to monitor and improve patient care. Within the London Ambulance Service NHS Trust (LAS) all clinical audit activity is undertaken, or facilitated, by the Clinical Audit and Research Unit (CARU).

Throughout 2021-22, despite many clinicians from CARU being redeployed to provide frontline care for periods of time, the team delivered a comprehensive clinical audit agenda. The Clinical Performance Indicator (CPI) and continuous re-contact clinical audit programmes continued to provide assurance and facilitate clinical improvement within the Service across a range of different patient groups. These continuous clinical audit programmes provide an established feedback mechanism for clinical staff to receive individualised feedback on their performance; a practice that has been associated with improved healthcare delivery. The audit team also continued to monitor patient care through our clinical quality monitoring registries. Data from these registries provide internal assurance and are used nationally to benchmark the delivery of the Service's clinical care against other ambulance services in England.

In addition to the CPIs and other areas of continuous clinical audit, CARU undertook a number of specific clinical audit projects during 2021-22. Re-audits and new clinical audits were carried out, prompted by recommendations from previous audits, changes to clinical guidelines and areas requiring improvement as identified by reviewing near misses and potential incidents reported via Datix (the Trust's incident reporting system). This year's projects have covered a range of clinical areas, including cardiac and respiratory arrest, sickle cell crisis, the Mental Health Joint Response Car (MHJRC) and the quality of care provided by LAS staff at events – these have been presented to the Patient Safety Clinical Effectiveness Group and Quality oversight Group.

To ensure that learning was taken forward, findings continue to be communicated Trustwide through infographics and Clinical Update articles and into our clinical education team for incorporation into teaching material. Quick response (QR) codes are now included on all of the infographics so that staff can easily and directly access outcomes and recommendations of clinical audit projects via Trust issued iPads.

Research

We continue to participate in the Paramedic 3 research trial which is looking at the most effective way to treat someone when their heart suddenly stops working out of hospital by giving drugs through a vein or into the bone. Answering this question will help to improve future treatment of people who have a cardiac arrest. Currently we are the only ambulance service recruiting to target.

Karina Catley, Macmillan Paramedic Lead, presented the findings of the End of Life team pilot at the Ambulance Leadership Forum in September. The End of Life team explored whether a specialist End of Life Care Response Model and better meet the needs of patients and staff. The conclusion was additional support was beneficial to the clinicians on scene but a dedicated resource was not the best option. The presentation was voted the best research and evaluation relevant to service provision.

Clinical Pathways

The North Central London Silver Triage has been approved to continue. This pathway was collaboratively designed to improve outcomes for older people living with frailty in NCL who have urgent/emergency care needs (being seen by LAS) by providing the most appropriate care in the right place and at the right time.

A direct link for London Ambulance Service Paramedics working in North Central London to contact a Consultant Geriatrician was created and enabled the ambulance clinicians to discuss the onward care of patients in care homes and explore the best options available. The initial outcomes show that 75% of patients enrolled stayed at their community location and 25% were transferred to acute settings. Our thanks to Senior Sector Clinical Lead Patrick Hunter for his leading role in this innovative pathway.

Funding has been approved for the continuation and expansion of the Mental Health Joint Response Cars – recruitment is now underway for the mental health nurses. Once fully established this will see a dedicated mental health resource in each ICS and additional support in the Clinical Hub led by Consultant mental health nurse Carly Lynch.

Career Development

The new Sector Clinical Lead post (one per ICS sector) have been recruited – this role will provide additional support in Sector focused particularly on the clinical development and support to the Clinical Team Managers so they feel confident to support their clinical teams. This additional capacity will allow the Senior Sector Clinical Leads to engage with the newly forming ICS clinical groups and support the co-design of new pathways which will then be agreed through the LAS Clinical Advisory Group and monitored through the Patient Clinical Safety and Effectiveness Group.

Pharmacy

NHSE Controlled Drugs Accountable Officer and Medicines Safety Officer and NHSE Patient Safety Pharmacist visited the new Medicines Packing Unit in July and were assured about the processes and gave very positive feedback.

Health Education England have approved the LAS pharmacy team to deliver cross-sector pre-registration pharmacy technician programme in partnership with Bart Health NHS Foundation Trust - St Bart's Hospital site. This is funding for one student tech as it is new for the ambulance sector (and the LAS) and the bidding was competitive. In 2 years the individual would become a pharmacy technician (GPhC healthcare professional) via the LAS/Barts partnership.

New colleagues in the Clinical Directorate team

Over the summer we have seen several new colleagues arrive into the Clinical Directorate

Dr Chrissie Hymers joins us as an Assistant Medical Director working 2 days a week. Chrissie is an Emergency Medicine Consultant and HEMs consultant with a significant amount of pre-hospital care experience.

Alison Blakely returned to London Ambulance Service following a secondment to South West Ambulance Service. Previously a Consultant Paramedic Alison was successfully appointed to the new role of Director of Clinical Pathways and Transformation – a role which will be key to our co-design and collaboration of pathways with the new ICS clinical teams.

Mina Tawfik, Pharmaceutical Quality Assurance Lead, started with us on 1st August 2022. Mina joins us from the Royal Marsden NHS Foundation Trust and comes with a wealth of experience, working in pharmaceutical QA, in the NHS and the pharmaceutical industry (in the UK and internationally). Mina, will mostly be based, leading the Pharmacy team, at the MPU Lewisham.

Fenella Wrigley

Chief Medical Officer, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

Assurance report:	Quality Assurance Committee	Date:	06/09/2022

Summary report to:	Trust Board	Date of meeting:	27/09/2022
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 aspect of Computer Aided Dispatch implementation

The Chief Medical officer was joined by the Chief Clinical Information Officer to provide an update in respect of the Quality aspects of the CAD implementation noting that the Digital 999 Programme Assurance board had received papers which related to the technical delivery and financial impacts and benefits and that the committee had sought assurance in respect of the clinical and quality issues.

A comprehensive verbal update was provided noting that people had been at the centre of the actions and activities and that there would be increased resourcing in place for approximately 1 month post 'go live'.

Further update recognised that the staff training programme had been successfully delivered exceeding the plan and work was ongoing with maintenance training, ensuring that those watches who would be on shift first were in a strong position ready to 'go live.'

Finally the Committee were reassured that project leads would not be put in a position at point of 'go live' whereby they have to make any decision to stop and revert to the current systems.

The Committee noted the provided reassurance and thanked the team for the work and ensuring that patient and staff benefits are included and core to the project.

Other matters considered:

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.

6 Monthly update on Quality Priorities

The Committee received an update on progress against the Trust Quality priorities noting that the position was RAG rated amber noting that it was a month 5 report and agreeing that a 6 month update would be presented to the November committee

Patients Safety Incident Response Framework (PSIRF)

The Committee received an update on Patient Safety Incident Investigations closed between June and July 2022.

Members discussed those cases presented and recognised that the themes and learning points from those investigations would be taken forward through the various learning channels across the Trust.

CQC Enquiries

The Committee received an update on CQC related enquiries received by the Trust. The report recognised that the Trust received adhoc enquiries from the CQC and outlined those responses provided.

Members noted the report and recognised its value concluding that it should continue to be reported to the committee on a 6 monthly basis.

NEAS Coroner Concern Review

The committee received presentation of the processes and protections in place within the Trust in relation to the key issues raised by the NEAS investigation. The presentation recognised that there are a number of processes in place which mitigate the risk of these issues occurring. The culture of the organisation is open in respect of incident management, and it is considered unlikely given the structures and interactions between those involved that a situation would be permitted to develop where wilful non-disclosure or inappropriate modifications of documents could take place.

Key decisions made / actions identified:

See other commentary

Risks:

Board Assurance Framework

The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to the delivery of the Trust's strategic objectives. The extract relating to quality objectives 1, 2, 3 and

	4 was presented noting that the risks had been updated by Lead Executives. 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 Priorities. Assurance was also provided that quality remained an area of focus for the Trust and that activities undertaken were sufficient to provide the assurances.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting
27 September 2022

Report from the Director of People and Culture

1. Executive Summary

Recruitment & Retention – To date 350 staff have been recruited and started and circa 800 conditional employment offers have been made across Ambulance Services (494 paramedics and 120 AAPs), 111 (104 call handlers) and 999 (67 offers). This is against a plan to offer 1400 positions in 2022/23.

Leavers remain consistent at 13%, a trend similar to that of all ambulances Trusts. The number of frontline leavers has remained positively below plan (-16FTE) and we have also positively seen a lower level of International Paramedic leavers.

Wellbeing – The core introduction of our new occupational health provider (which started on 1st July 2022) is now complete. The next phase of this transition is targeted pro-active occupational health initiatives. OH clinics have been established via a heat map of staff home postcodes, management reports that better reflect an understanding of the job roles in the Trust. Colleagues will also be able to access counselling, CBT and EMDR therapies directly via the new Employee Assistance Programme (EAP) service from our new provider without the need for a management referral.

Recognising service pressures - additional mental health support has been commissioned from Keeping Well North West London. Keeping Well is a partnership service between the Improving Access to Psychological Therapies Services provided by Central and North West London NHS Foundation Trust and West London NHS Trust. The services enables our staff to assess and refer on colleagues who require mental health support, including priority access to IAPT services

Supporting colleagues back to work - The First Day Absence Reporting service soft launched on the 17/8/2022 for corporate staff and was rolled out the rest of the Trust on the 1/9/2022. As with any major change, there have been many questions and feedback from staff and managers, that we are managing through a weekly Trust wide user group and dedicated email address for feedback. A number of modifications to the absence system have been introduced post roll-out and will continue to be introduced based on staff feedback. Whilst it is very early in terms of implementation, the initial introduction has appears to have been positive in terms of supporting colleagues back to work.

Staff Absences

Non-covid absence has remained relatively stable during the summer months and in line with the ambulance sector. Covid absence however continues to fluctuate, with a notable increase in July to c3% of all absence.

The multi-disciplinary supporting attendance group have been revisiting directorate performance, deep diving hot areas of high absence and setting improvement targets for 2022/2023. The First Day Absence Reporting service is a core enabler to facilitate colleagues back to work, this service will work closely with our new OH provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing.

Our LAS Culture Transformation Programme: Work over the summer has been the introduction of a new *Our LAS* appraisal process is underway to empower better, efficient conversations between leaders and their team members throughout the year, not just a one-off appraisal session.

In addition we have mobilised and trained approximately 50 well-networked (Freedom to Speak Up champions, HR Business Partners, HR Managers, Resolution Framework advocates etc.) colleagues to work with us to embed the Our LAS Culture Change Programme and to improve NHS Staff Survey engagement. The role of a Culture Change Champion will be to share information on You Said, We Did – demonstrating actions taken since the last staff survey - and to obtain feedback from colleagues on the Our LAS culture.

Preparations are underway for the 2022 Staff Survey, which is due to launch in September.

People & Culture Committee Workshop on Race

A bespoke session of the People and Culture committee was held on 5th September in which race in the LAS was discussed, which included powerful personal testimonies from three members of staff about their experience whilst working in the LAS.

The outputs from the meeting is the design of a roadmap to build a workforce more reflective of the communities we serve in London, and to improve the working experiences of colleagues from Black, Asian and Minority Ethnic backgrounds.

External Recognition

Healthcare People Management Association/NHS Employers Wellbeing Award

The Wellbeing Team are very proud to have been one of three Trusts shortlisted for the HPMA/NHS Employers Wellbeing Award, a category with over 40 entries. The Trust has been shortlisted based on the inclusive nature of the LAS Wellbeing Hub, including the employment of colleagues on restricted duties, and the outreach of the service via our tea trucks and wellbeing cafes. The winner was to be announced on 8th September but this was delayed due to the passing of Her Majesty the Queen.

Top 100 Apprenticeship Employers 2022

The team celebrated the announcement that the LAS had made the list of the Top 100 Apprenticeship Employers 2022 – ranking at number 25! We were one of only three NHS

trusts in the country to make the rankings and the only London trust – we also maintained our status as the top NHS Apprenticeship Employer in the country.

2. P&C Operations

Recruitment

The IUC and 999 call handling pipelines continue to remain strong with over 180 candidates at pre-employment stage. For IUC, call handling fill rates are very positive and we are very close to meeting the recruitment target and expect to do so in August. For EOC, we have so far filled 40 of the 44 places for the next intake (October 2022) and we expect a similar fill rate for November's courses. In total there were 83 joiners in July 2022. 41% were from a BAME background covering roles in 111, 999 and Ambulance Services.

The Trust agreed a 2022/2023 recruitment programme for over 1400 staff which included circa 500 Paramedics and 500 AAPs. The paramedic recruitment pipeline is positive with over 500 candidates at conditional offer stage to fill the remaining 406 course places from August 2022 to March 2023. For AAPs there are 200 candidates in the pipeline to fill the 140 course places in August, September and October. The total frontline plan is currently running at circa 80FTE behind plan and Clinical Education have revised their course capacity to increase training places to help recover this position but this is conditional on additional resources being provided.

Our recruitment to hire KPIs have been compromised however due to external factors, although this is now limited to C1 Theory and Test capacity (AAPs) and visa checks for international paramedics from countries other than Australia and New Zealand. Positive progress has been made with HCPC registration and the backlog has been resolved. To mitigate the C1 Theory and Test capacity, this has been removed as a requirement at application stage and it is expected that this will further increase the pipeline.

Retention

Post lockdown 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 (circa 13%). The number of frontline leavers has remained positively below plan (-16FTE) and we have seen a lower level of International Paramedic leavers. The Workforce Retention Group has met 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. In total there were 84 leavers in July 2022 with 15% from a BAME background.

Staff Absences – The profile of sickness absence for 2022 is detailed below (source ESR dashboard).

	Jan	Feb	Mar	Apr	May	Jun	Jul
	2022	2022	2022	2022	2022	2022	2022
Trust wide sickness rate	11.0%	9.4%	9.9%	9.6%	8.0%	8.8%	9.9%
Covid sickness	4.5%	2.8%	3.2%	2.9%	1.3%	1.4%	2.8%
Non-Covid sickness	6.5%	6.6%	6.7%	6.7%	6.7%	7.4%	7.1%

In July the monthly Trust wide sickness increased to 9.9%. Sickness episodes have increased by 10% (2,012 to 2,222) with COVID accounting for 34% of all episodes. COVID sickness episodes have further increased from May (240), June (486) to 746 in July. The First Day Absence Reporting went live on the 17th August for corporate staff and for all staff from the 1st September. When staff report a medical absence, they will get access to a nurse lead team that will provide our staff with help, advice and signposting. They will work closely with our new OH provider on fast-track referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing. Management capacity will be created through configuring the system to provide alerts to managers and other triggers and actions contained within our Supporting Attendance Policy.

The Improving Attendance Group has agreed a terms of reference and throughout the month of September 2022 will be agreeing its improvement activities. Deep dives are currently being undertaken into main drivers of sickness absence across the directorates that will identify top reasons, mitigating actions, governance mechanisms, improvement targets for 2022/2023 and resources required to achieve these.

Employee Relations

In July 2022, the Resolution Hub received 33 referrals, 25 of which were referred from managers (76%). 8 requests for resolution were submitted by employees compared to an average over the last 12 months of 4.5 requests. There is an upward trend of employees using the hub which indicates that employees are more aware and gaining confidence in the hub for resolution.

Digital Workforce Programme

The first phase of **ESR Manager Self-Service** went live in August 2021 which enabled managers to have greater autonomy to view, report and manage information about their teams covering a wide range of intelligence including appraisal, absence, turnover, training, competencies and other compliance data. The creation of a management hierarchy and the further development of this hierarchy has meant for the first time that the organisation has visibility on all of its managers and this has helped to support improved communication and engagement with managers as well as supporting the implementation of other Trust systems including the new Pulse Intranet, Occupational Health, and Sickness Absence Reporting.

Phase 2 of ESR Manager Self-Service will provide managers additional access and functionality that will enable users to make staff assignment, pay and leavers changes directly

in ESR, replacing the current e-forms system and associated cost. The streamlining of this process will deliver multiple benefits including; the removal of duplication of entry, a reduction in the number of approval stages, improved data quality, accuracy and timeliness, the removal of the annual 3rd party e-forms system costs and efficiencies in corporate processes

The project team have completed the system set up, developed supporting user documentation, identified users, developed a communications and engagement plan in preparation for a pilot in the North West Sector. The Pilot commenced on 12th September for 4 weeks, where 23 managers and administrators, the HR Hub and Payroll will test the functionality against over 900 employees.

Talent and Performance Management System – The project team have met with six suppliers (who were identified via the G-Cloud 12 framework), where they demonstrated their products and system functionality. The suppliers have now provided implementation and annual license costs and from this group, three were a positive cultural fit and met the functional requirements. Two of these three suppliers were the best value for money and will move to the next stage of the process. The next steps are to engage with a wider group of key stakeholders who will be invited to further demonstrations with the two preferred suppliers. Following this stage, the preferred supplier will be chosen and the business case developed.

4. Health and Wellbeing

Occupational Health

Focus in recent weeks has been on improving issues raised with the outgoing provision, resulting in the identification of locations for OH clinics by using a heat map of staff home postcodes, management reports that better reflect an understanding of the job roles in the Trust and an online appointment booking system. Colleagues will also be able to access counselling, CBT and EMDR therapies directly via the new Employee Assistance Programme (EAP) service from our OH provider without the need for a management referral. There have also been a number of Trust-wide communications explaining the transition and what to expect from the new provider as well as training sessions for managers in the new online OH portal.

Mental Health Provision

Additional mental health support from KeepingWell NWL has been commissioned. KeepingWell NWL are able to assess and refer on colleagues who require mental health support, including priority access to IAPT services. Keeping Well NWL have also provided additional support to the People and Culture Directorate via wellbeing webinars, training and our recent away day. The Trust is also continuing to provide a psychotherapy service to colleagues who may need more intensive treatment for conditions such as complex PTSD.
New LINC courses were ongoing into the August, with the aim to double the number of our peer support workers. Additionally another twenty colleagues have completed their Mental Health First Aid training, with courses ongoing.

Vaccination

The Autumn Covid-19 booster became available to NHS workers from 12th September 2022. In order to prepare for this, and for the forthcoming flu season, the post of Vaccine Manager was advertised and appointed in June. This is an 8-month secondment to cover the preparation and execution of the internal flu vaccination programme. The wellbeing team have been in contact with other London and Ambulance Trusts who had higher uptake of the flu vaccine in order to understand what best practice can be bought back into the LAS for

22/23. Communications relating to both the flu and Covid vaccines have been circulated since the beginning of September, emphasising the importance of receiving and recording any vaccinations as well as the introduction of the “Vaccine Advocate” scheme in EOC and 111.

Wellbeing Activities

The Wellbeing Team are very proud to have been one of three Trusts shortlisted for the HPMA/NHS Employers Wellbeing Award, a category with over 40 entries. The judges were impressed with the inclusive nature of the LAS Wellbeing Hub, including the employment of colleagues on restricted duties, and the outreach of the service via our tea trucks and wellbeing cafes. The winner was due to be announced on September 8th, but was delayed due to the passing of Her Majesty the Queen.

In order to ensure the Trust aligned with both the AACE suicide prevention guidance and the NHSE wellbeing framework, the wellbeing team have introduced a number of new initiatives to support our staff and volunteers. This includes a “new starters” letter welcoming colleagues into the Trust, a monthly newsletter highlighting special days and events available via a wellbeing icon on iPads, and additional support for colleagues involved in the resolution process.

The wellbeing team have also gained the support of operational managers and the retention group to develop a buddy scheme for international paramedics – this was launched on 8th July, the first ever International Paramedics Day. Also in development are plans to introduce the role of Wellbeing Volunteers to the Trust. Working with the Communication and Engagement team and Head of Volunteering, the scheme will aim to recruit twenty wellbeing volunteers to help out in our wellbeing cafes and on our tea trucks.

14 colleagues have also received training to become “Menopause Champions” and can now provide informed support to colleagues across the Trust. There are additional menopause webinars available on the Pulse for the next month.

Throughout July and August, the Tea Trucks were equipped for the hot weather and carry ice pops and reusable water bottles during periods of high temperature.

In order to support additional events relating to Operation London Bridge, the wellbeing team have deployed members of the team to the main event hubs and control rooms over the key dates, as well as providing additional tea trucks and deliveries of refreshment. Additional communications relating to how colleagues can access immediate mental health support should they be affected by the period of national mourning were also circulated across the Trust.

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:

Apprenticeship success: The team celebrated the announcement that the LAS had made the list of the Top 100 Apprenticeship Employers 2022 – ranking at number 25! We were one of only three NHS trusts in the country to make the rankings and the only London trust – we also maintained our status as the top NHS Apprenticeship Employer in the country. Our ranking was also higher than some big name employers including PwC, Tesco, Amazon, KPMG, NatWest, McDonald’s and BP.

Holistic conversations underway: A new *Our LAS* appraisal process is underway to empower better, efficient conversations between leaders and their team members throughout the year, not just a one-off appraisal session. Launched and tested by colleagues throughout the organisation, the process and form has been received warmly for its simplicity and a means to talk about performance and development as well as health and safety and wellbeing. The new 4Ss form – aiding discussion around an employees' successes, struggle, set goals and support requirements – is available on the intranet and colleagues are invited to 90-minute training sessions to convert their learning into practice.

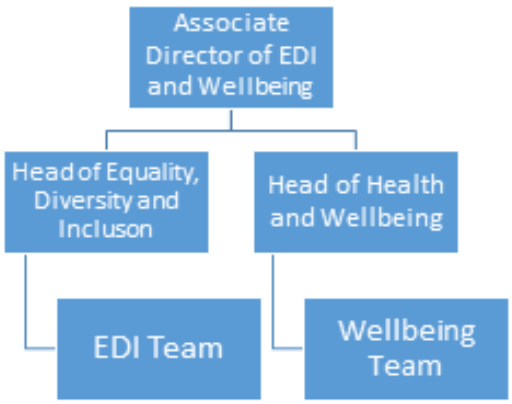
Culture Champions Training Day: We have mobilised and trained approximately 50 well-networked (Freedom to Speak Up champions, HR Business Partners, HR Managers, Resolution Framework advocates etc.) colleagues to work with us to embed the Our LAS Culture Change Programme and to improve NHS Staff Survey engagement. The role of a Culture Change Champion will be to share information on You Said, We Did – demonstrating actions taken since the last staff survey - and to obtain feedback from colleagues on the Our LAS culture.

6. Culture, Diversity & Inclusion

Team Changes:

A number of changes to the team have been made:

- The title of the Associate Director of Culture, Diversity and Inclusion has been updated to Associate Director of Equality, Diversity and Inclusion (EDI) and Wellbeing.
- The Culture, Diversity and Inclusion Team has been renamed the Equality, Diversity and Inclusion Team
- The Head of Health and Wellbeing and the Wellbeing Team have come together with the EDI Team under the leadership of the Associate Director of EDI and Wellbeing.
- We are currently in the recruitment process for a Head of Equality, Diversity and Inclusion to lead the team and drive change in our organisation.



Healthcare People Management Association/NHS Employers Wellbeing Award

The Wellbeing Team are very proud to have been one of three Trusts shortlisted for the HPMA/NHS Employers Wellbeing Award, a category with over 40 entries. The judges were impressed with the inclusive nature of the LAS Wellbeing Hub, including the employment of colleagues on restricted duties, and the outreach of the service via our tea trucks and

wellbeing cafes. The ceremony to announce the winner has will take place on 29 September 2022.

Workshop on Race

A bespoke session of the People and Culture committee was held on 5th September in which race in the LAS was discussed. The meeting was shown data relating to demographics of our workforce and our 2022 Workforce Race Equality Standard (WRES) indicators, and how the Trust compares with other organisations in the North West London ICS. The meeting then heard powerful personal testimony from three members of staff about their experiences of working in the LAS as a member of an ethnic minority, and as a white ally. In the final section, the meeting reviewed some examples of best practice in the NHS and discussed what actions need to be taken in the LAS.

The outputs from the meeting have been used to present a roadmap for where the LAS need to go to make the changes needed to both build a workforce more reflective of the communities we serve in London, and to improve the working experiences of colleagues from Black, Asian and Minority Ethnic backgrounds. We have decided to design this around the six stages of the employee life cycle.

1. Attraction
2. Recruitment
3. On-boarding
4. Development
5. Retention
6. Separation

We will then seek feedback from colleagues in the Trust, including our B-ME Staff Network Group, before producing a more detailed Action Plan, which will also form our WRES Action Plan.

NHS Staff Survey:

The team is working with Internal Communications and colleagues across People and Culture to prepare for the launch of the 2022 NHS Staff Survey. The survey questions are aligned to the NHS People Promise and is a fantastic opportunity for the organisation to find out how colleagues are feeling about working for the Trust. We will also be able to use the survey to track the effect of the Our LAS Cultural Transformation Programme. The survey will run for 10 weeks, from Tuesday 20th September, until Friday 25th November.

All substantive staff (and those on fixed term contracts) in post on 1st September will be eligible to complete the survey. For the first time, colleagues working on bank only contracts will be invited to complete a separate survey, designed with the experiences of bank staff in mind. The results and response rates for the bank survey will be reported separately from the main survey so as to not affect trend data.

Damian McGuinness

Director People and Culture, London Ambulance service NHS Trust.

London Ambulance Service NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**18/09/2022**

Summary report to:	**Trust Board**	**Date of meeting:**	**27/09/2022**
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:

Workforce planning and recruitment

The committee received a presentation on the revised workforce plan. This set out the assumptions underpinning the model and how these relate to performance. The committee noted the good progress in understanding in this area but also noted the shortfall in funded establishment to deliver CAT 2. The committee also received a presentation on those actions being taken to improve resource availability within current funded establishment with the aim of delivering CAT 2 at 25 minutes. The committee welcomed this plan and will receive regular updates on its delivery.

The committee received a presentation on recruitment. There are currently 500 people in the paramedic pipeline against an overall requirement of 532. At this point in the year 100 have started against a plan of 50. The delays caused by the length of time taken for paramedics to become registered has improved significantly although the committee noted the length of time was notably longer than other professions such as medics and asked what further improvements could be made.

Recruitment continues to be impacted the C1 DVLA driving qualification with existing qualifications changes. This has required additional training and has added 5-6 weeks delay. Despite escalation nationally this has not improved. The committee requested that discussions happen within the London resilience forum to explore any further capacity there may be to train drivers. The impact of these delays will have the effect of increasing overtime which will negatively impact the Trust's CIP plan. The Board is asked to formally note this risk.

Other matters considered:

Wellbeing

The committee received assurance that the rollout of the new OH contract continued to go well. There have been a few teething problems but generally the service is improved.

The committee discussed the impact of the recent 111 outage and the impact on staff given the protracted nature of the incident. The committee commended the tremendous effort that all staff had made to respond to the unprecedented pressures. A range of initiatives are in place to support staff including learning from the event, staff well-being, ensuring staff receive much needed time off and expediting overtime payments.

The committee also received a presentation on the progress absence management plan which was focused on supporting staff who are unwell and when ready back to work. Goodshape is now in place and is believed to be having impact – although this is yet to show through into the monthly figures. This service will support those staff with short term sickness absence.

Sickness absence remains 2.6% higher than last year. In particular the committee asked for assurance on plans to support staff with longer term sickness absence – which continues to increase.

The committee also received a presentation on the work underway to support staff who may be impacted by the cost-of-living crisis.

Our LAS

The committee received an update on the Our LAS programme. *Embedding our values* has begun in earnest with a range of engagement events led by the CEO. These have been well received by staff.

Operational pressures have challenged engagement with the programme with line managers being deployed operationally. This has also impacted appraisals. The committee discussed the plan to improve this and will receive a report at its next meeting.

Development of people strategy

The committee received a presentation from the Director of People and Culture on progress so far and the plans to commence engagement across the Trust based around the pillars of the national people strategy. Discussion took place on the alignment of the people strategy and the wider clinical strategy with the committee requesting further detail on the plans for the next meeting.

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. The committee recommended a new risk be added relating to industrial action Note the recruitment risk in this paper under escalation to the Board
Assurance:	Assurance was provided on the workforce modelling. Assurance was received on identified risks to recruitment plans but concerns exist on whether these can be sufficiently mitigated.

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 27 September 2022

Report from the Chief Finance Officer

Financial Position at the end of August 2022

Income and Expenditure Plan

The Trust posted a year to date surplus of £2.7m as at the end of August against a plan of £2.1m, a favourable variance of £0.6m. There are risks to delivering a breakeven plan at year end of £3m to £5m. The primary reason is the forecast under-delivery of the Cost Improvement Programme (CIP) of £3.8m against a plan of £24m. The Executive Team through the CIP Programme Board will work with the relevant leads to develop further mitigation plans.

Capital Programme

The Trust spent £5.3m on capital projects by the end of August against the planned expenditure of £12.7m. This underspend is concentrated in a few schemes and the year-end forecast remains to fully spend the capital allocation.

Cash Balance

The Trust had a closing cash balance of £59m at end of August.

Finance and Procurement System

A cyber incident at the supplier of the Trust's financial and procurement system resulted in loss of access to the system from 4th August for the remainder of the month. The finance department's Business Continuity Plan enabled the Trust to continue to place orders, make supplier payments and to report on the financial position for August. The return of the Procurement and finance systems at the start of September has allowed users to revert to using the system and for the Trust to process and reconcile the transactions undertaken during business continuity.

Fleet

The Fleet department placed orders for 220 electric/hybrid and ULEZ compliant vehicles in quarter 4 of 2021/22. Although there have been a number of delays due to supply chain and manufacturer capacity, the Trust has to date taken delivery of over 60 vehicles which are in operational use. Due to start arriving from late September are 57 NETS vehicles, and arriving from October are 43 full electric Fast Response Unit (FRU) vehicles and mental health cars. There are also 19 new lightweight Double Crew Ambulances (DCAs) due for delivery later this year.

The Trust was successful in obtaining a derogation to purchase a further 44 DCAs – 20 Ford lightweight diesels, 20 MAN lightweight diesels and 4 fully electric DCAs. These are planned to arrive in March 2023. Orders for these vehicles have now been placed.

Estates

The first draft of Estates Strategy has been completed. As part of engagement plan it has been shared with ICB Accountable Officers and London Finance and Estates leads. Meetings to brief the ICBs have been taking place in September.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

Assurance report:	Finance and Investment Committee	Date:	14/09/2022

Summary report to:	**Trust Board**	**Date of meeting:**	**27/09/2022**
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**

The Finance and Investment Committee has met four times since the last Board report was provided in May 2022.

Formal Finance and Investment Committees were held in July 2022 and September 2022, an interim meeting was held in August 2022 and an extraordinary meeting was held in August 2022.

Matters for escalation:

Telephony Infrastructure Business case

The Telephony Modernisation Business Case (CM10) was presented. Members recognised that is a key element of the Digital Strategy roadmap, which establishes a plan of initial strengthening of core services, followed by a long-term programme of digital change.

The conscious decision to increase telephony resilience which aligned to the Trusts strategic approach was recognised and Members requested that the Board were reminded of this alignment.

Newham Emergency Operations Centre

Having completed a desktop review the project team provided a high-level view of lessons learnt.

The report provided a high-level snapshot at the end of the delivery stage and excluded lessons learnt from two additional Newham EOC business cases related to technology modernisation and Airwave (Radio). The project team recommends a lessons-learnt workshop be carried out after project closedown using the structured approach. Recognising the Project Lifecycle, Successes and Areas for improvement.

Members welcomed the update and recognised the importance of ensuring that it moves from a lessons-learnt document into a lessons implemented process and recommended that the final report was presented to the Audit Committee for their consideration and information

Other matters considered:	**NWL 111 Bid** The Committee received presentation of a paper which provided update on NWL 111 bid submission. The quality of the bid was recognised noting the lessons had been implemented from previous bid submissions The Committee received a recommendation that should approval be required it might be appropriate to hold a joint finance and Investment and Quality Assurance Committee to ensure full oversight. Due to the bid value, in line with the SFIs the Trust Board would be required to provide final sign off. Members considered this proposal and accepted the approach if proved necessary... **Finance Report** The Committee has received a briefing each month through the Summer on the financial position of the Trust and considered the Month5 (August) position at the September meeting.. The September meeting also considered a verbal update in respect of the anticipated cost implications of the Queens Funeral and the additional Bank Holiday costs. **Capital Programme** The Committee received an update on the capital programme position for the Trust. **Cost Improvement Programme** The Committee received an update on the cost improvement programme of the Trust. This provided an analysis on the recurrent and non-recurrent savings achieved against the target for 2022/23. It provided an update on individual project theme status including activities completed to date and risk profile.
Key decisions made / actions identified:	**Finance Ledger** The Committee received a briefing which provided update in respect of the Advanced Outage incident causing London Ambulance Service NHS Trust (LAS) (Integrated Urgent Care and finance) services to operate an electronic Business Continuity (BC). Members noted the updates and requested that a lessons-learnt paper be developed and presented to the Audit Committee following the receipt of any external reviews into the issues to ensure all learning is addressed and implemented

The Committee had previously received and approved a recommendation to reconnect the Finance Systems on Friday 19 August that it supported and approved.

FIAT Contract Novation

The Committee received a paper which sought approval to novate FIAT Double Crewed Ambulances (DCAs) contract to North West England Ambulance Service (NWAS)

The Trust has been in discussion with NWAS about transferring these vehicles to NWAS. NWAS have written to LAS expressing their support for this transfer. It was confirmed that the contract with Fiat allows the contract to be novated from LAS to NWAS.

The Trust has secured informal approval for this transfer from the chair of the Ambulance Implementation and Improvement Board (AIIB). This was the committee that approved the derogation in November 2021 and most recently in August 2022.

Confirmation was provided that LAS had not engaged conversion contracts at this point so NWAS would appoint their own through the national contract.

The Finance and Investment Committee were asked to approve this transfer which it supported and approved.

Telephony Infrastructure Business case

The Telephony Modernisation Business Case (CM10) was presented by the Chief Information Officer, and Members were asked to recognise it represents a key element of the Digital Strategy roadmap, which establishes a plan of initial strengthening of core services, followed by a long-term programme of digital change.

The Committee was asked to consider the business case as presented and approve it for allocation of funding that it supported and approved.

Risks:

Board Assurance Framework

The Director of Corporate Affairs provided the Committee with an update on the current position relating to the Board Assurance Framework (BAF) for finance and investment associated risks, against Trust objectives 7, 8 and 10.

The Committee had requested that a risk relating to the link between new vehicle purchase and ULEZ compliance be developed following discussions at the Finance and Investment Committee at their meeting in July 2022.

	This has been drafted and considered by the Committee and is presented to the Board within the current BAF.
Assurance:	Assurance was received that decisions in respect of telephony resilience were aligned with the Trusts strategic intent. The necessary measures were in place mitigate risks and to allow the finance ledger system to be returned to use and that the auditors would be engaged early to provide further assurance. The Finance reports, Cost Improvement Plan reports and Capital reports provided assurance that systems to provide robust reporting and oversight are in place.

London Ambulance Service
NHS Trust

Assurance report:	**Charitable Funds Committee**	**Date:**	**01/09/2022**

Summary report to:	**Trust Board**	**Date of meeting:**	**27/09/2022**
Presented by:	**Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee**	**Prepared by:**	**Bob Alexander, Non-Executive Director, Chair of Charitable Funds Committee**

Matters for escalation:

Charity Annual Report and Accounts

The Board are asked to note that following inclusion of final comments and any amendments, the next steps for approval and submission if the Charity Annual Report and Accounts would be:

- The Audit Committee to review and recommend to the Trust Board on 15 November 2022.
- The Charities Annual Report & Financial Statements will be distributed to the Trust Board 29 November 2022.
- The Charities Annual Report & Financial Statements will be submitted to the Charity Commission before the 31 January 2023.

Consolidation of London Ambulance Service Charity Accounts Assessment

Between 2010/11, when adoption of International Financial Reporting Standards (IFRS) was adopted by the NHS, and 2013/14, there was considerable debate about whether NHS charities should be consolidated into the accounts of the NHS body where the requirements of IAS 27 applied.

The Committee received a paper which provided assurance that the correct accounting treatment is applied to prepare the Charity's accounts noting that London Ambulance Service NHS Trust (LAS) has the power to direct charity's activities and controls the charity, however has not got rights to the returns of LAS charity.

It was concluded that LAS Charity accounts are not material to the Trust's accounts and should not be consolidated.

Terms of Reference

The Charitable Funds Committee Terms of Reference were approved by the Committee at its February 2022 meeting. Since their approval they have been reviewed by the incoming Head of Charity Development who has noted that the included detail relating to frequency of meetings did not match with current practice.

The Charitable Funds Committee Terms of Reference were approved by the Committee at its February 2022 meeting. Since their approval they have been reviewed by the incoming Head of Charity Development who has noted that the included detail relating to frequency of meetings did not match with current practice.

Following discussion. it was concluded that the terms of reference should be updated as follows:

Meetings will be held four times a year, generally February, May, September and November 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.

Other matters considered:

Charitable Activities Update

The Committee received overview of charitable activities, noting that work had been undertaken to ensure smooth leadership transition, with meetings focussed on updating charity development plan.

It was confirmed that the Charity CRM system was now live. Purchasing and implementing a database is key to charity development and the infrastructure necessary to run a professional, efficient, personable charity. The next steps would be to create a microsite. The Committee recognised the volume of work that had been delivered to implement CRM and the future value of the tool to the Charity.

An update was provided in respect of the “Outrun an Ambulance’” Challenge which involved 46 fundraisers. It was the first successful pro-active campaign launched by the London Ambulance Charity and raised over £10k. The ambition is to launch the campaign annually

Progress against Charity Strategy

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

Members recognised the income challenges and risks. It was also recognised that the first year of the strategy had planned to set and establish the foundations on which to build with the intent of launching a big campaign in years 2 and 3.

Members welcomed the approach and considered that it would be beneficial for the Committee to consider any future plans through a formal item which included income projections and expenditure plans.

Charity Annual Report and Accounts

As the corporate trustees of the London Ambulance Charity, there is a statutory requirement to publish an annual report and financial statements.

The report and accounts have been produced having reviewed best practice examples supplied by HFMA on writing annual reports for charities. The minimum content for the annual report is set out in the Charities SORP (FRS 102) and the financial statements are in accordance with the Charities Act 2011.

The Trust is required to submit the Charities annual report and financial statements to the Charity Commission on or before 31st January 2023.

Members considered that annual report and accounts as presented and would provide any further feedback by 13 September 2022.

Finance Report

The Committee received the Charities Finance report noting the current funds balance and expenditure to date.

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

Members noted the work to develop the document with the inclusion of counter fraud review recognising the necessity to ensure that the decision making processes of the Charity are sound.

As Committee member and Audit Committee Chair, Rommel Pereira, Non-Executive Director requested that the London Ambulance Service NHS Trust received the LCFS report into the grant guidance document for information on the 16 September 2022 Audit Committee agenda.

LAS Charity Privacy Statement

The Head of Charity Development presented the proposed Charity privacy statement noting that as the charity implements the Charity CRM system it is necessary to ensure the safety and security of the personal information of our supporters held within it.

This Statement will be publicly available so supporters know how we look after their data in accordance with best practice and the law.

	Members considered the statement as presented and requested that it included a reference to note that it would be reviewed at least annually and modified in line with any changes to statutory regulations. It was also requested that an annual review was added to the Committee forward plan. Following this, the statement was approved. **LAS Charity Complaints procedure** The Charity seeks to deliver a high level of customer service in resolving any complaint, and ensures to carry out its responsibilities in accordance with the law, the Code of Fundraising Practice and its registration with the Fundraising Regulator. The Committee received presentation of a document which described the Charity Complaints Procedure to ensure that if a complaint is received, it is recorded and investigated promptly. Members noted that it was a requirement of the membership of the Fundraising Regulator that once approved the Complaints Procedure would be publicly available on the Charity website. The proposed statement was approved for publication and a formal complaints report would be received at each future committee.
Key decisions made / actions identified:	See other commentary
Risks:	Risks and mitigations against the Charity strategy were presented and considered.
Assurance:	The Committee received assurance on the Charities activities, financial position and progress against the strategy.

London Ambulance Service
NHS Trust

Assurance report:	**Audit Committee**	**Date:**	**17/06/2022**

Summary report to:	**Trust Board**	**Date of meeting:**	**27/09/2022**
Presented by:	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**	**Prepared by:**	**Rommel Pereira, Non-Executive Director, Chair of Audit Committee**

Matters for escalation:

Annual Report and Accounts

All NHS Trusts are required by law to prepare and submit an annual report and accounts for parliamentary and public scrutiny. The Committee received the final draft of the London Ambulance Service NHS Trust Annual Report and Accounts which incorporated comments and corrections made by NEDs, ExCo, and those agreed with external auditors during the audit.

External Audit Auditors Annual Report

The purpose of the auditor's annual report was to bring together all of the auditor's work over the year. A core element of the report is the commentary on value for money (VFM) arrangements, which aimed to draw to the attention of the Trust or the wider public relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

It was confirmed that the Auditor had undertaken the audit work in accordance with the Audit plan dated 28 January 2022 and outcomes have been complied in accordance with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

The committee recognised the challenging process and again thanked the teams for working together to deliver the required objectives.

Head of Internal Audit Opinion

The Committee received a report which detailed the work undertaken by internal audit for London Ambulance Service NHS Trust and provided an overview of the effectiveness of the controls in place for the full year.

Based upon the work completed for London Ambulance Service NHS Trust, overall moderate assurance (the second highest level of assurance) was provided that there is a sound system of internal control, designed to meet the London Ambulance Service NHS Trust's objectives and that controls are being applied consistently.

The Committee recognised that moderate assurance was positive given the constraints relating to the delivery of the audit plan.

Going Concern Statement

To validate audit opinion, the Trust is required to stress test the financial plan for 2022/23 to assess its ability to remain as a going concern, reflected by cash resources available to meet liabilities as they fall due. The period of review is 12 months after the signing date of the accounts and opinion.

The result returned an unmitigated downside in cash resources do not fall below £nil in the required period and concluded that mitigated downside is sufficient to validate a going concern assumption.

Members noted the outcome and conclusion of the going concern statement.

Other matters considered:

EPRR Update

The Chief Paramedic and Quality Officer introduced the Emergency Planning, Resilience and Response (EPRR) update as accountable officer for the Trust.

Further to the introductions members we asked to note that the Internal Audit on Business Continuity would be presented to the committee in due course and that the Trust had recently successfully managed a Major Incident on the Olympic Park and proactively managed the Jubilee weekend activities.

NHSE EPRR Review

On the 4 November 2021 NHS England and NHS Improvement Emergency Planning, Resilience and Response (EPRR) North West London Team had conducted the annual assurance of the Trust's compliance against the 32 Core Standards. Following the assurance review The London Ambulance Service NHS Trust has received a final rating of substantially compliant for the core standards.

NARU interoperability review

As part of the annual assurance process NHSE/I commissioned the National Ambulance Resilience Unit (NARU) to undertake the annual review of the 163 national Interoperable Capabilities standards set for all NHS Ambulance Services.

Overall the Trust has achieved a high level of compliance with the national contract standards for interoperable capabilities. The Trust has managed to carefully balance the state of readiness of its interoperable capabilities whilst also maintaining frontline services during a period of unprecedented demand and the challenges of COVID19. This is commendable.

Lord Harris Review

Lord Toby Harris conducted an independent review of London's preparedness to respond to a major terrorist incident. The review contained 294 recommendations in the report, 236 of which are not directly applicable to the LAS.

Of the remaining 58 recommendations 12 directly relate to the LAS and the remainder are to be reviewed alongside blue light partners. There are a number of recommendations which require further discussions with NHS England and the Department of Health and Social Care regarding the feasibility of implementation.

Some of the recommendations have already been implemented and the Trust continue to work in collaboration with blue light partners in relation to multi-agency training and exercising.

Following a comprehensive update members recognised the robust arrangements in place and offered congratulations to the team.

Key decisions made / actions identified:

Annual Report including Annual Governance Statement

Following presentation the Audit Committee were asked to approve the Annual Report and Accounts and recommend approval and signing by the Trust Board.

Members considered the Annual Report including Annual Governance Statement as presented noting the robust process in place to produce the document.

The Committee recommended that the Trusts Annual Report were approved and signed by the Trust Board.

Annual Accounts

Following presentation of the Financial Statements 2021/22 the Audit Committee were asked to approve the Annual Accounts and recommend approval and signing by the Trust Board.

Members considered the Financial Statements 2021/22 as presented noting the robust process in place to produce the document and noted that any learning relating to control weaknesses would be taken through to the next year.

The Committee recommended that the Trusts Annual Accounts were approved and signed by the Trust Board.

Management Letter of Representation

The management letter of representation was presented noting that it

was a standard letter with nothing to draw member's attention to.

The Committee approved the management letter of representation for signing.

Self-Certificate of Provider Licence

Both NHS trusts and NHS Foundation Trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution).

A detailed response to the requirements of Conditions G6 and FT4 of the NHS provider licence were provided and the Audit Committee was asked to agree that the Trust is compliant with Conditions G6 and FT4 of the NHS provider licence and recommend to the Trust Board for signing by the Chair and Chief Executive on behalf of the Board.

The Audit Committee agreed that the Trust was compliant with Conditions G6 and FT4 of the NHS provider licence and recommend to the Trust Board for signing by the Chair and Chief Executive on behalf of the Board.

Internal Audit

The Committee received 4 internal audit reports

- Draft Annual Report 2021/22 this summarised the results of internal audit work for 2021/22. An overall moderate assurance (BDO's second highest level of assurance) had been provided that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently.
- Progress Report this summarised the status of internal work in respect of the 2021/22 and 2022/23 plans
- Final Audit Report – Risk Maturity. It was reported that the Trust scores above average against the key indicators included within the report when compared to other Trusts.
- Status Report – internal Audit Recommendations follow up BDO's second independent verification on the implementation of all previous internal audit [legacy] recommendations, with reference to evidence, had been completed. Members discussed the reports as presented recognising their comprehensive nature.

Local Counter Fraud update

The LCFS annual report provided an overview of the counter fraud work undertaken since during 2021/22, including both proactive and reactive work streams, in accordance with the approved LCFS Work Plan. The annual report covered the whole year, although RSM took over the provision of counter fraud services from 1 October 2022 with any work

	conducted by the previous counter fraud provider indicated.

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Risks:	The Committee considered risks and mitigations in place and related to those items on the committees agenda.
Assurance:	The Committee had received assurance that the annual reporting requirements had been completed with a robust approach and that those reports which required sign off by the Board were appropriate to do so.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting
27 September 2022

Report of the Director Corporate Affairs

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

This report summarises the Directorate activity since the last Board meeting.

PATIENT EXPERIENCE

Complaints

The Patient Experiences team have continued to manage a higher number of complaints in comparison to previous years during the same period (Between April 2022 – August 2022, we received 555 complaints, in comparison to 504 the previous year). This continues the trend we saw last year where complaints in 2021/22 was 1,249 compared to 862 in 2020/21.

Complaints relating to communication and conduct and behavior continue to be the highest theme of complaints, followed by delay in an ambulance attending and non-conveyance.

The increase in workload, coupled with gaps in patient experience staffing and the operational pressures of the last two years has created a backlog of overdue complaints. We have devised a plan, which is being monitored at ExCo to address the backlog by the end of this calendar year. Part of it involves taking on some additional short-term staff to assist with drafting response letters, as well as project management support on a temporary basis. All this will be achieved within the existing Corporate Affairs budget.

We continue to make improvements to our case management system, Datix, to assist us in processing complaints from receipt to response. These include updates to the subject codes, in order to reflect the complaint themes more accurately and updating the case management section to better evidence information requested and those due for a response. Senior clinicians reviewing complaints are also routinely completing the new Learning from Deaths Structured Judgement Review tab, where applicable.

As a pilot site, we are continuing to work closely with the Parliamentary and Health Service Ombudsman regarding the new NHS Complaints Standards. We have received training from the PHSO Liaison team regarding implementing the new standards. We are also in the process of arranging further bespoke training with them, specifically for our 111 services, regarding early resolution to complaints. This will mean that complainants will be able to have certain complaints (that meet the early resolution criteria) resolved over the telephone before being provided with a short format written complaint response. The Standards are still in the

process of being refined and introduced across pilot sites and early adopters during 2022 before a wider roll out will commence.

LEGAL SERVICES

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

The Legal Team visited the 111 call centre on 03 September 2022. This was an insightful visit – the Legal Services Manager will work with Dr Agatha Nortley-Meshe to put together a process for obtaining documents for hearings. The LSM is also arranging for training for staff to give evidence at hearings.

3 x Band 5s have been recruited (filling existing vacancies) and they are due to start during October. 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.

The LSM meets with Dr Fenella Wrigley and Mark Faulkner monthly to discuss high profile inquests and claims. The Patient Safety Investigations (PSIP) minutes are shared weekly with the legal team.

The LSM will be meeting with the new Operational Team Leader at NHSR to discuss the recent scorecards shared with the Trust.

We have arranged as a training event a briefing with a Coroner, Mr Graeme Irvine, to give senior staff a better understanding of the inquest process.

INFORMATION GOVERNANCE

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows Health Care organisations to measure their performance against the National Data Guardian's 10 data security standards. It is a legal requirement that any organisation that has access to NHS patient data and systems complete the DSPT to provide assurance that they are practising good data security and that personal information is handled correctly. The Trust was awarded '**Standards Met'** for the 2021 - 2022 DSPT**.** This standard demonstrates the Trust can be trusted to manage personal information in a secure, ethical and legal manner. The current DSPT 2022 – 2023 was released on the 25th August 2022, releasing details of the assertion evidence items required for this year's submission. All relevant divisions and departments have been notified and offered support regarding any applicable assertion evidence items related to their roles.

Each year the Trust must complete an audit as part of the criteria for the completion of the DSPT. The purpose of this audit is to provide an independent high-level review of the assertions and evidence items within the DSPT and to identify how compliance could be improved. For the 2021 – 2022 DSPT this annual audit was completed by Binder Dijker Otte (BDO LLP) on 17th March 2022. As a result of the audit there are eight remaining recommendations to be completed. All are in progress and scheduled to be completed by the end of 2022. The audit for the 2022 – 2023 DSPT will be scheduled for early 2023.

There are currently no active ICO complaints and all historic complaints have been resolved.

The Trust continues to embed data privacy by design into new projects by undertaking a data protection impact assessment (DPIA), a well-practiced custom that demonstrates how the Trust continues to strengthen its data protection, information governance and security framework.

FREEDOM OF INFORMATION

Interest in the work of the Trust remains high and this is reflected in the number of information requests received. As part of the Trust's governance processes, Freedom of information compliance is reported to the information governance group, this review and challenge helps to support awareness and to ensure that internal stakeholders are aware of their responsibilities. Further to this the Trust's Quality Report now includes a slide detailing the Trust's compliance position.

During 2021/22 the Trust received 483 requests under the Freedom of Information Act 2000.

In the period Apr 2022 – end August 2022 the Trust has received 206 requests. Of these 68% requests have been completed within the statutory deadline which is a 27% improvement on the same period in 2021/22. Response times continue to be impacted by periods of increased operational pressure.

To assist with this and to streamline the required action, the team actively review previous FOI requests and extract data/responses which may be appropriate to the current request.

CORPORATE GOVERNANCE

Governance Review

Work has progressed on implementing the recommendations coming out of the Good Governance Institute review of governance arrangements within the Trust and all actions have now been actioned and closed down, or been absorbed into 'business as usual'.

Board Assurance Framework

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

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

Mark Easton

Director of Corporate Affairs, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

Report Title	Quality Report			
Meeting:	Trust Board			
Agenda item:	4.1	**Meeting Date:**	27 September 2022	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	Jaquline Lindridge, Director of Quality			
Purpose:	**X**	Assurance		Approval
		Discussion	**X**	Information

Report Summary

The Quality Report (July 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 risen above the mean recently.

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 (79%) and Operational Workplace Review (51.12%) remain steady following the recent reduction in Resource Escalation Action Plan (REAP) level. Personal Development Review (PDR) completion is now at 41%, whilst statutory and mandatory training compliance is at the 85% target level. 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.

Recommendation/Request to the Board:

The Trust Board is asked to note the contents of the Quality Report.

Routing of Paper i.e. previously considered by:

Quality Oversight Group
Quality Assurance Committee

NHS
London Ambulance Service
NHS Trust

London Ambulance Service – Quality Report

Report for discussion at the Trust Board

Analysis based on July 2022 data, unless otherwise stated

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Quality Report Summary

London Ambulance Service NHS Trust

	KPI	Latest Month	Measure	Variation	Assurance	Comment
SAFE	Rate of Low/No Harm Incidents per 1000 Contacts - 999	Jul-22	2.7			**Incidents:** The number of reported no and low harm incidents has increased slightly over the past month which is being attributed to an increase in medical equipment and delay incidents being reported. Overall reporting of incidents remains within normal variation.
	OWR Hand Hygiene Compliance	Jul-22	96%			**Hand Hygiene:** The compliance rate for July 2022 was 96% and this score continues to exceed the Trust performance target (90%). Two stations did not submit data this reporting period (Westminster & Wimbledon). **Actions**: Reinforcing the importance of exemplary hand hygiene practice is communicated to colleagues as part of the IPC annual work programme.
	Premises Cleaning Audit	Jul-22	97%			**Premises cleaning:** Overall Trust compliance for July was 97%, continuing to exceed the Trust performance target of 90%. 18/19 Group Stations and 0/4 IUC/EOC services submitted data for analysis in July 2022.
	VP Deep Clean A&E Vehicles	Jul-22	96%			**Vehicle prep deep clean:** Overall Trust compliance for July is 96%, exceeding the Trust performance target of 90%. **Actions**: The VP team advise that there continues to be staffing complications with escalated sickness absence and slow recruitment affecting service provision. **Assurance Note**: The target exceeded for July, however there is variation in the extent to which this target has been consistently met over the year.
	Patient Safety - Medical Equipment Incidents	Jul-22	74			**Medical Equipment:** This remains a top reported incidents for patient safety and work is underway to ensure that diagnostic equipment is available. Diagnostic pouches have been rolled out across the Trust which is seeing an increase in incidents being reported. Any incidents reported regarding this are reviewed by the supply and distribution team to support the ongoing improvement of the system.
	Overdue 999 Incidents	Jul-22	1040			**Overdue Incidents:** There are 1040 overdue incidents which have been open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs). The high levels of demand throughout June and July can be attributed to the rise in these overdue incidents. **Actions**: There is an ongoing system wide review underway of overdue incidents in all stages of the incident workflow. This is being undertaken by the Quality teams in conjunction with key stakeholders across the Trust.
	Percentage of Safeguarding Training - Level 3	Jul-22	82.%			**Safeguarding Level 2 & 3 Training:** Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Discussions remain ongoing with IUC & EOC on how they can improve their compliance rates. Level 3 remains near end of year target with sufficient courses being run to achieve compliance if staff book on the courses. At present, there is low take up by clinical staff which has resulted in several courses being cancelled. **Actions:** In order to minimize cancellation for a short period, the number of courses between July-Sept have been reduced. Safeguarding Specialist's continue to raise compliance at local governance meetings.
	Statutory & Mandatory Training Compliance	Jul-22	85%			**Statutory & Mandatory Training:** has remained at 85% which is positive but will require ongoing monitoring. **Assurance Note**: There is variation in the extent to which this target has been consistently met.

Quality Report Summary

NHS London Ambulance Service NHS Trust

EFFECTIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
ROSC to Hospital (AQI) - Reported 4 Months in Arrears ROSC At Hospital	Mar-22	27.1%			In March 2022, the LAS ranked 2nd for the overall ROSC on arrival at hospital group with 27.1% (up from 4th, 30.7%), above the national average of 24.5%, and 8th for the Utstein group with 34.9% (up from 10th, 35.0%), but below the national average of 46.8%.
Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	Mar-22	01:44:00			In March 2022, the LAS achieved a time of 01:44 for the call to arrival at hospital, compared with the national average of 02:01. While this is 3 minutes longer than the time achieved in February, the LAS has improved from 5th to 3rd when ranked against other ambulance services.
MCA Level 1 Training	Jul-22	94.5%			**MCA Level 1 & 2 Training:** is 94.5% with the current eLearning provides both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The trust risk regarding this has been closed.
Personal Development Review (PDR) Compliance	Jul-22	41%			In July, the PDR compliance is at 41% (up from 34% in May 22). Actions: a recovery plan is being developed to get the appraisal process back on track with the expectation that PDRs will be completed by all Corporate colleagues by 30th August 2022 and operational & clinical colleagues by 31st March 2023.
CPI - Completion Rate (% of CPI audits undertaken)	Jul-22	79%			**CPI Completion rates:** Completion rates have been increasing over the past few months but remain below the target of 95%. Additionally, it is noted that the percentage of staff receiving 2 feedback sessions YTD is 0% **Actions:** In June and July, CPI training was delivered to 12 paramedics on restricted duties, 3 OPC Mentors, 6 Team Coordinators, 1 Clinical Team Manager and 1 operational paramedic. In addition, Urgent Care APP CPI training was provided to 14 newly appointed Urgent Care APPs.
Operational Workplace Review (OWR) compliance:	Jul-22	51.12%			**OWR:** This is currently at 51.12% which is a increase from 48.33% reported in May. This remains below the Trust target of 85% and further action is required.

RESPONSIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of Complaints	Jul-22	111			**Complaints:** The number of complaints received in month continues to be high. **Actions:** The team are planning to dynamically review the older complaints with a view to closure as soon as is practical. A trajectory has been set up to ensure that 45 of the older cases are closed each month.

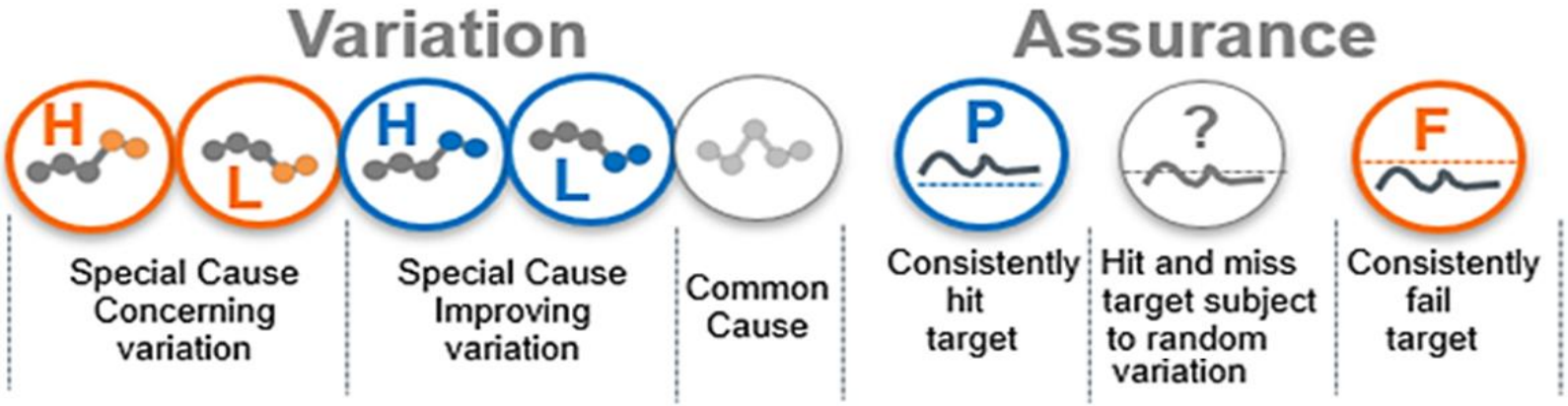
WELL - LED

KPI	Latest Month	Measure	Variation	Assurance	Comment
Percentage of all risks reviewed within 3 months	Jul-22	97%			The Trust's compliance in July was 97% for risks reviewed within the last 3 months The team continues to work with key stakeholders to ensure risk are regularly reviewed.
Percentage of policies in date	Jul-22	62%			There are 56 policies in date across the Trust which is an increase against the 49 reported in May 22. **Actions**: The Corporate Governance team has created a comprehensive Policy Register that is used to keep track of the status of current policies and capture any new and recently reviewed policies. A target for 75% compliance by end September 2022 has been set by the Executive Leadership Group. It is anticipated that this target will be achieved.

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.

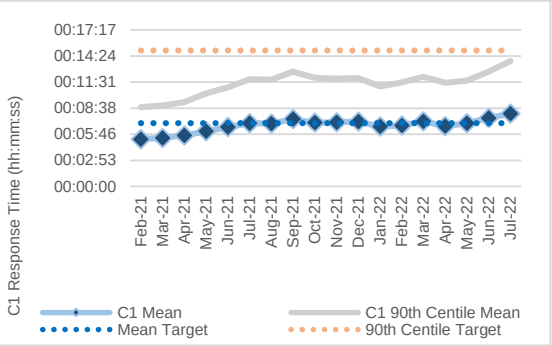
SPC is widely used in the NHS to understand whether change results in improvement. This tool provides an easy way for people to track the impact of improvement projects.

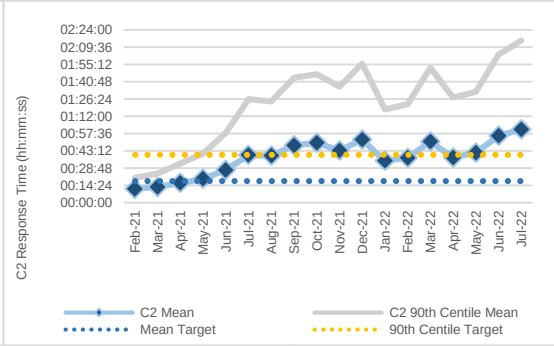


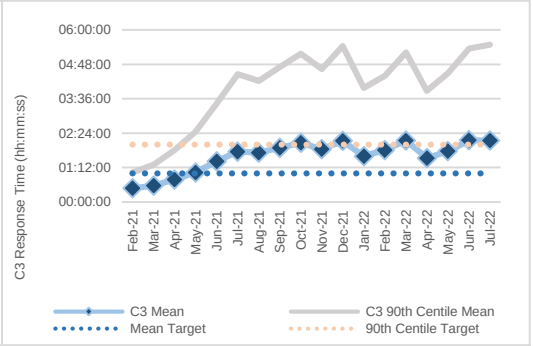
999 Operational Context

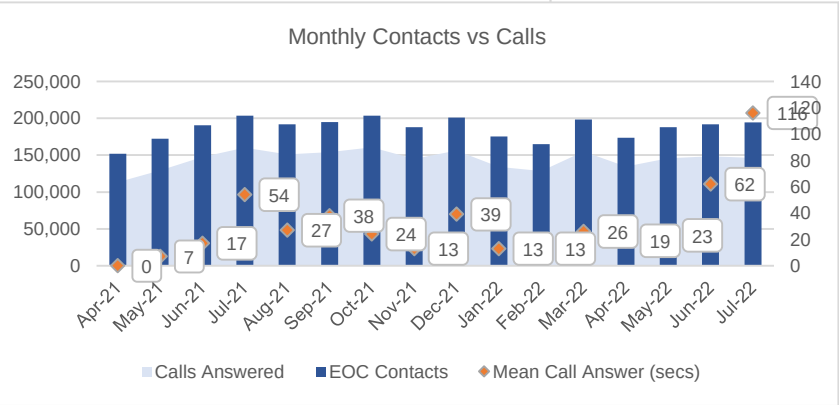
London Ambulance Service NHS Trust

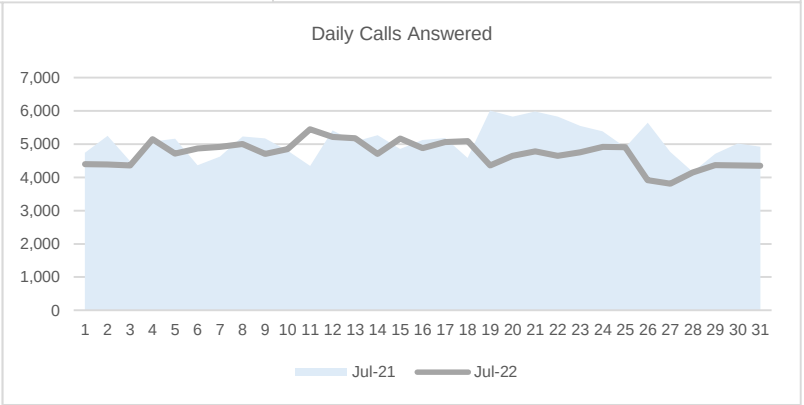
The service did not meet operational delivery KPIs in July for C1, C2 & C3. The focus remains on recovering performance KPIs.

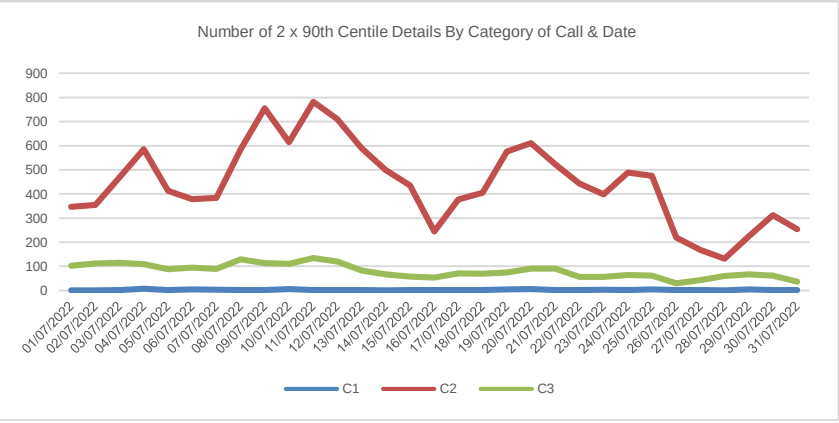


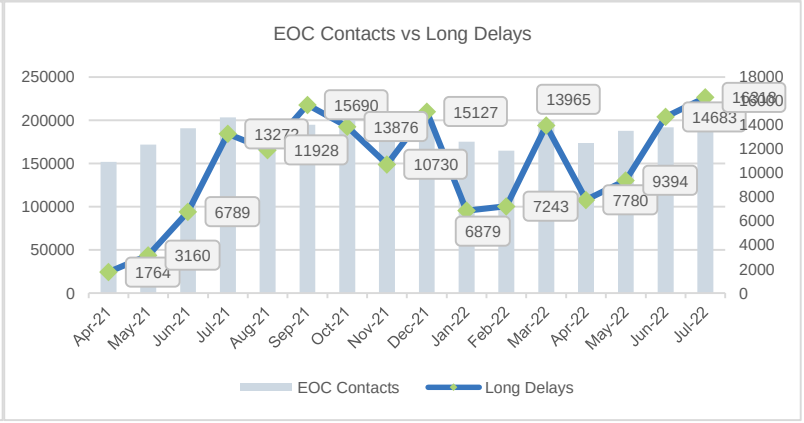












In July 2022, we did not meet our targets for C1, C2 and C3. We have also seen an increase in the mean call answering time the last few months, in July this has increased substantially to 116 seconds.

We can see the number of EOC contacts has also remained high and increased from previous month.

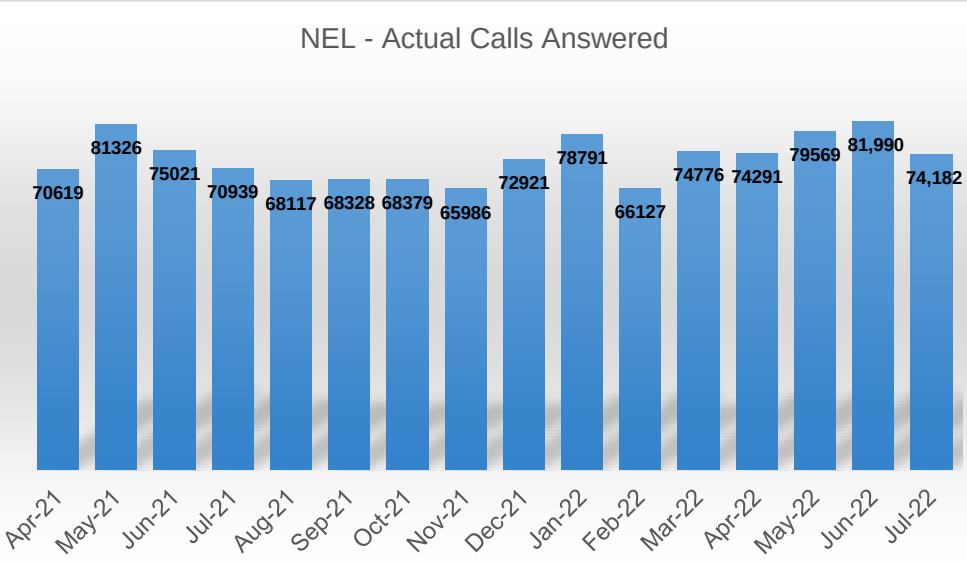
In July 2022 there were 16,318 long delays, 10% of these incidents resulted in a blue call. The number of long delays in July 2022 increased by 11% from previous month.

From the graph we can see from Apr'21 – Jul'21, each month the number of long delays doubled from the previous month and remained high until January 2022 where we saw a significant decrease in long delays. This rose again in March 2022 which correlated with the increase in EOC contacts and has continued to increase every month.

111 Operational Context

London Ambulance Service NHS Trust

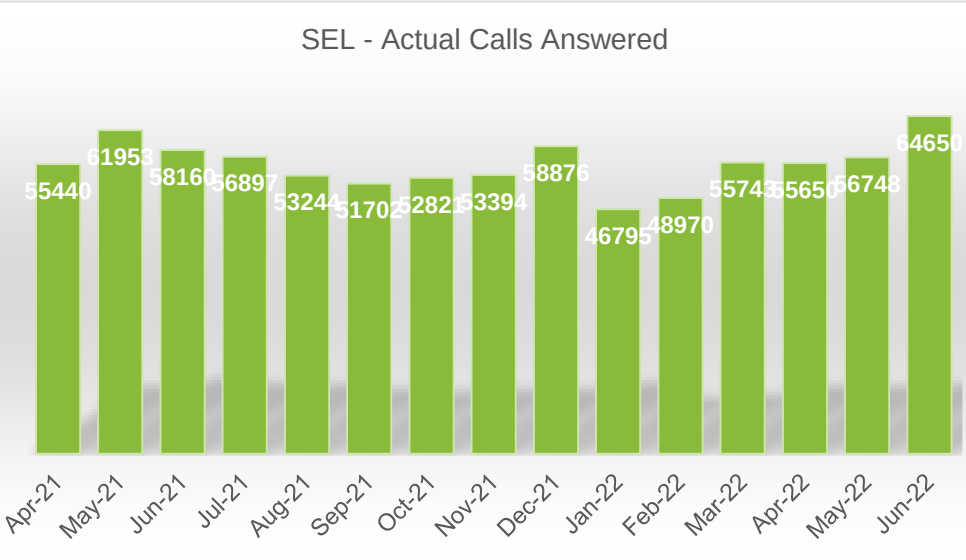
The services continue to receive a high number of calls



In July, NEL received 92,522 calls and answered 74,182 calls which was approximately 50% over predicted volumes. NEL finished on 45% against 60 second call answering performance with an abandonment rate of 15.6%.

Performance was particularly challenged on the first and second Monday of July as well as the 2nd and 3rd weekends in July, and in general for the remainder of the month entire month with the slight decrease in call volume. NEL did not meet 95% target for the entire month of June. Performance was above 90% for only 1 day in July (28th). Performance was above 80% for 3 days (26th, 27th and 31st). All other days SLA was below 80%.
There has been a continued increase in calls offered, continued vaccination queries is suggested as well as two new Covid-19 variants in community transmission along with an increase on Primary Care demand during in hours and the July heat wave may be some of the reasons for this increase. 34.5% of all calls were transferred to the clinical queue for clinical input, over 50% target. Consult and complete cases slight increase in July achieving 25%.

Rate of ambulance re-triage finished at 80% of which 91.63% ambulance avoided as a result of re-triage. 55.18% of ED dispositions were re-triaged in June of which 25.10% ED avoided as a result of re-triage.



In June, SEL saw a rise in the 'contract calls offered' to **80,505** compared with 61,567 the previous month, an increase of 18,938 calls. At **80,505** this figure is the highest number of calls offered over the past 12 months and in June traditionally a quieter month. The number of calls Offered is only exceeded by March 2020 with 96,435 calls offered. Calls Offered at **80,505** in June 2022 is 22.9% higher than June 2021 (65,523) and 82.8% greater than June 2020 (44,047). Calls Answered in June 2022 also hit a new high at **64,650**, which is the highest number of calls answered in a month since the SEL contract began.

The increase in call volumes has impacted the Key Performance measures, which all deteriorated this month:

- 'Proportion of calls abandoned' to **19.1%**
- 'Average speed to answer calls' to **311** seconds this month
- '95th percentile' to **652.0** seconds.

Measures that improved or stayed green in their RAG status:

- 'Proportion of calls where the caller was booked into a GP practice or GP access hub'. This KPI improved and met its target achieving **80.1%** this month.
- 'Proportion of calls assessed by a clinician or Clinical Advisor' at **65.2%** met its KPI. .

1. Safe

We must ensure we protect our patients and staff from abuse and avoidable harm. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Patient Safety
- Infection Control
- Medicine Management
- Safeguarding
- Health and Safety
- Clinical & Non Clinical Claims and Legal Inquests
- Outcome of Quality Visits (Environmental & Equipment)
- Statutory and Mandatory Training

Outstanding Characteristic: *People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.*

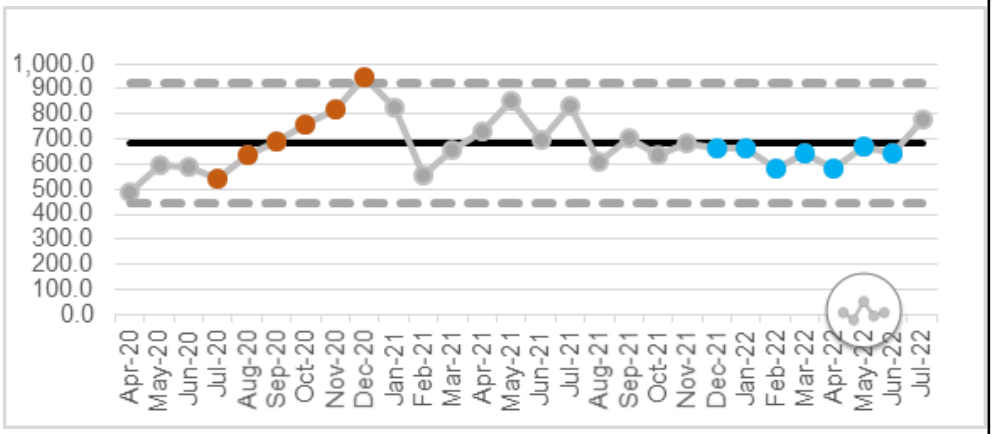
1. Safe - Patient Safety Incident Reporting Context

London Ambulance Service NHS Trust

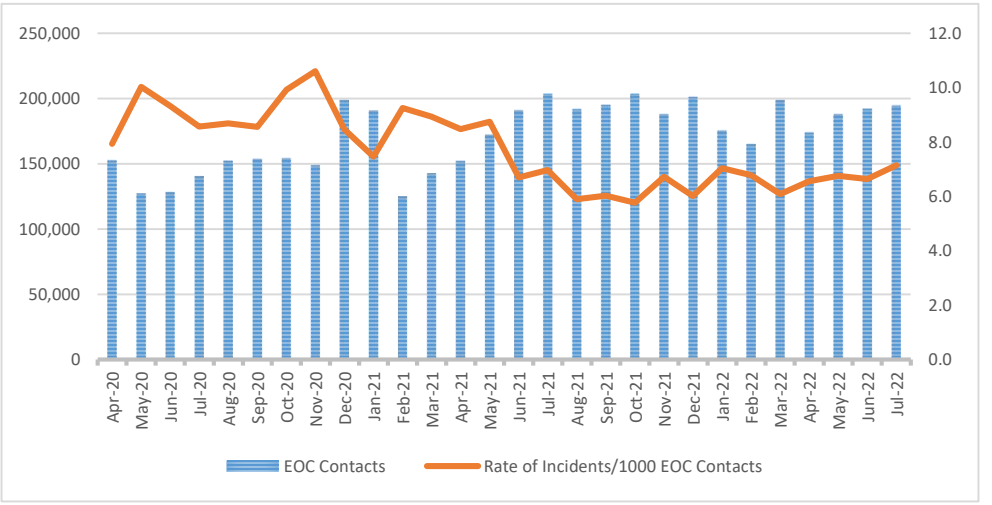
The number of patient safety incidents reported across the service remains steady when compared against the number of EOC contacts and face to face incidents.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

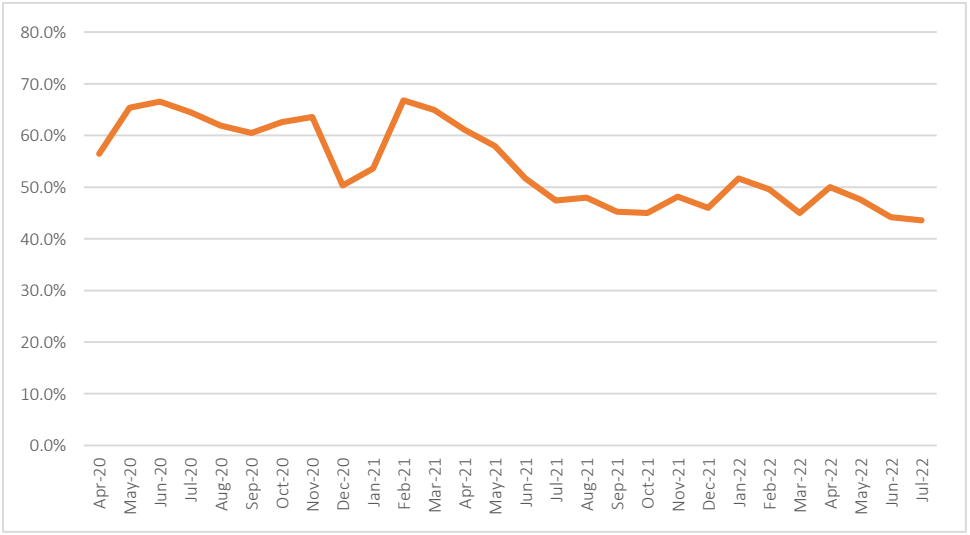
Patient Safety Incidents — Jul'22: 776



Rate of Incidents Reported / 1000 EOC Contacts — Jul'22: 7.1



% of EOC Contacts which resulted in a F2F Incident — Jul'22: 44%



Analysis

The number of patient safety incidents reported per month has varied between April 2020 – present. The number of reported patient safety incidents increased significantly in winter 2020 correlating to the second COVID-19 wave on the service.

In the last few months, the overall number of patient safety incidents reported had been below the mean and in July this has significantly increased to 776 which can be attributed to recent demand levels and an increase in medical equipment issues being reported.

The rate of incidents reported per 1000 EOC contacts appears lower over the last few months, this is because the number of EOC contacts has remained high, hence the rate of incidents is lower.

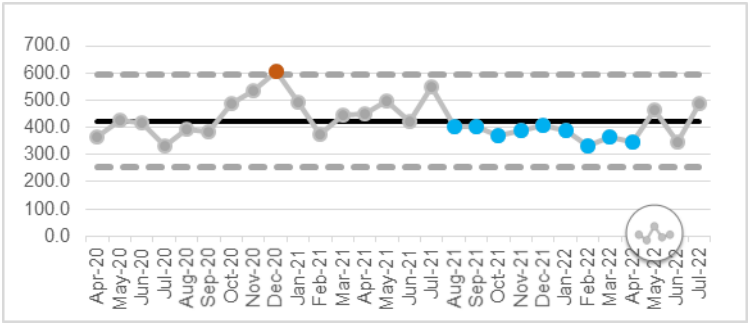
Likewise, the graph on the left shows a decrease in the proportion of EOC contacts which resulted in a face to face incident, as a result of the overall increase in EOC contacts. In July 2022 there were 194,267 EOC contacts, of which 44% resulted in a face to face incident.

1. Safe – 999 Patient Safety Incident Management

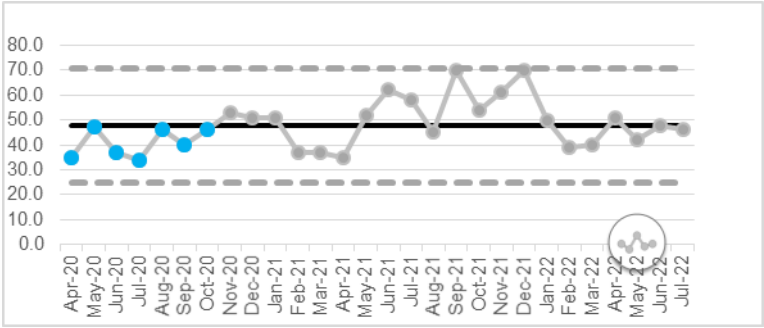
The number of reported patient safety incidents indicates a good reporting culture, particularly with the number of no and low harm incidents. All incidents are reviewed to ensure enhanced investigations are undertaken, in line with the Patient Safety Incident Response Framework, for improvement.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

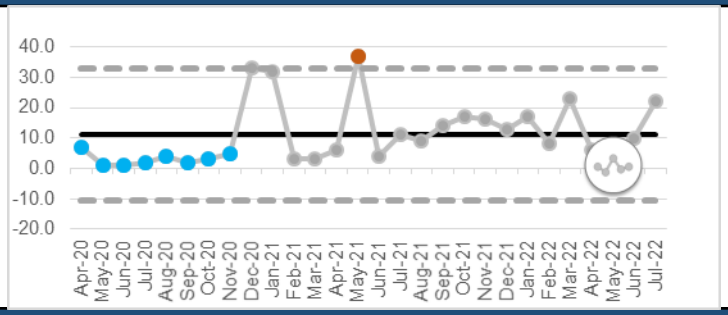
No Harm Incidents — Jul'22: 488



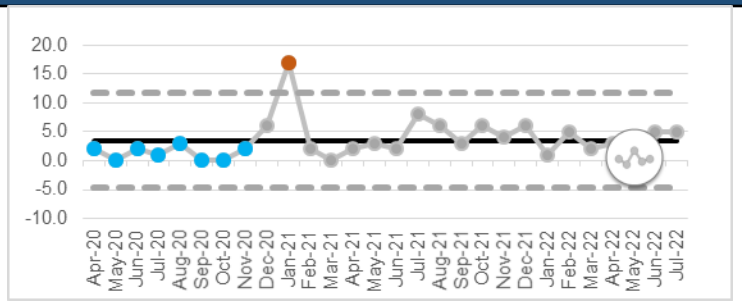
Low Harm Incidents — Jul'22: 46



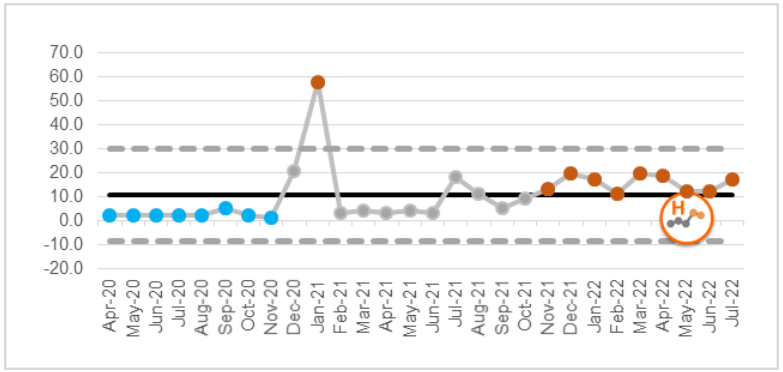
Moderate Harm Incidents — Jul'22: 22



Severe Harm Incidents — Jul'22: 5



Death Harm Incidents — Jul'22: 17



Analysis of SPC Charts

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

The number of no harm incidents has return to normal variation over the last few months. Analysis indicates that the low trend had been due to mainly less medical equipment incidents being reported as a result of improvement work underway across the Trust. However, medical equipment incidents has increased over the last 3 months explaining which variation has returned to normal. Of note, July analysis has also revealed that delays incidents have doubled from the previous month. The top 3 no harm categories in July 2022 were Dispatch & Call (141), Medical Equipment (69) and Clinical Treatment (59).

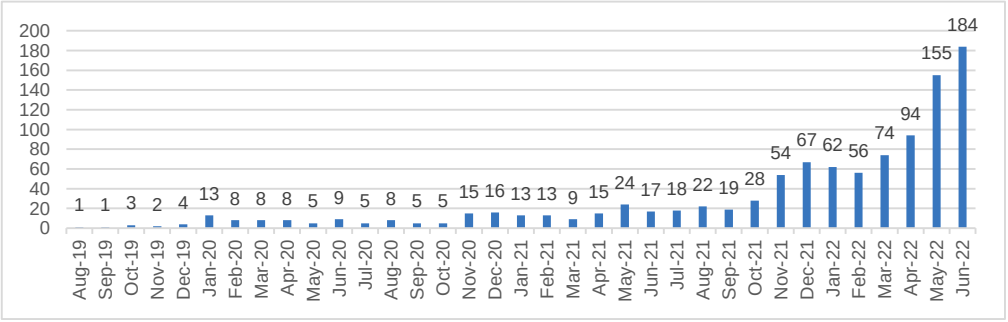
There continues to be a high number of incidents reported as death which can be attributed to delays occurring due to the high levels of demand. It should also be noted that a small proportion of these incidents also relate to the re-have contact audit. These incident undergo an Learning from Death Review, and where appropriate these can be referred on for enhanced investigations under the PSIRF.

1. Safe – 999 Overdue Incidents

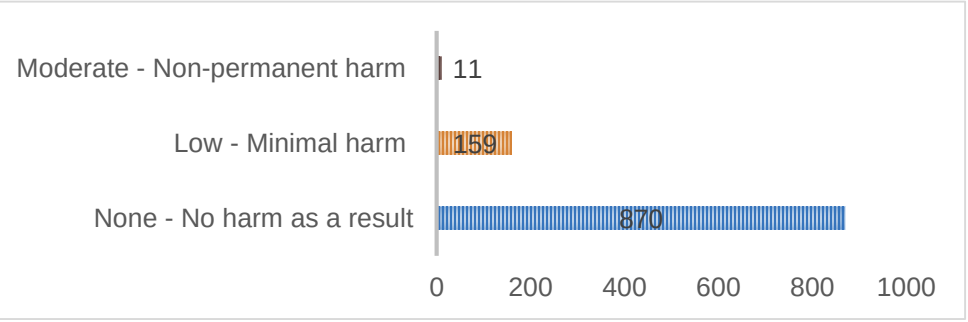
The number of overdue incidents on the Trust's risk management system, Datix, continues to be monitored centrally with action being taken within sectors/directorates to ensure investigations are completed and action are moved to closure.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

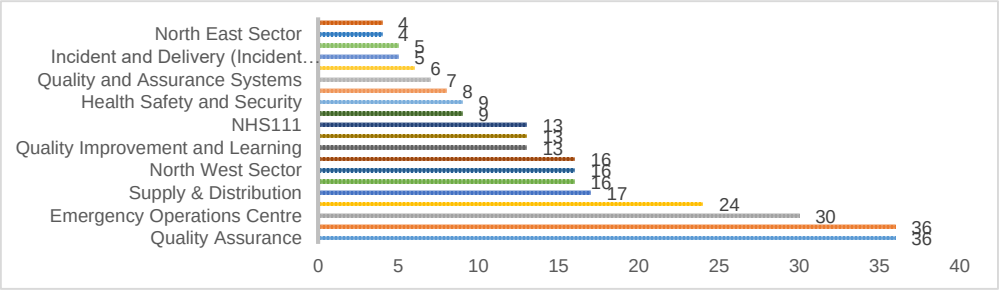
Overdue Incidents by Reported Date



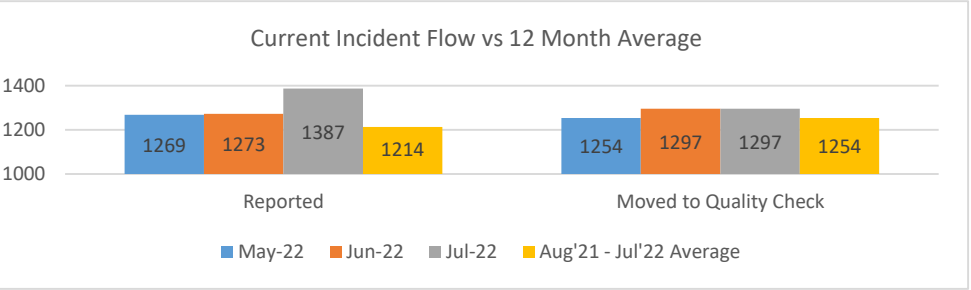
Overdue Incidents by Level of Harm



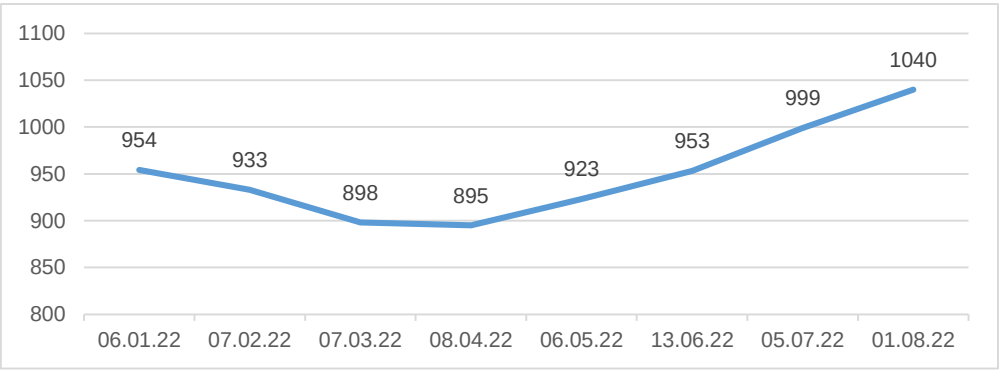
Top 20 Away for Review Overdue Incidents by Investigation Department



Current Incident Flow vs 12 Month Average



Snapshot of Number of Overdue Incidents



Analysis

There are 1040 incidents (as of 01/08//2022) which have been opened on the system longer than 35 working days (this excludes SIs, PSIIs and COVID-19 reviews), this is a 4% increase compared to last month. This breaks down to:

- 518 patient incidents
- 241 staff incidents (All of the overdue moderate harm incidents are staff related)
- 267 Trust related incidents
- 14 visitor incidents

On average between Aug'21 – Jul'22, 1214 incidents were reported monthly on the system and 1254 incidents were investigated and moved to Quality check for final closure. During July 2022 the number of incidents reported was higher than average and the number of incidents moved to Quality Check was higher than the average.

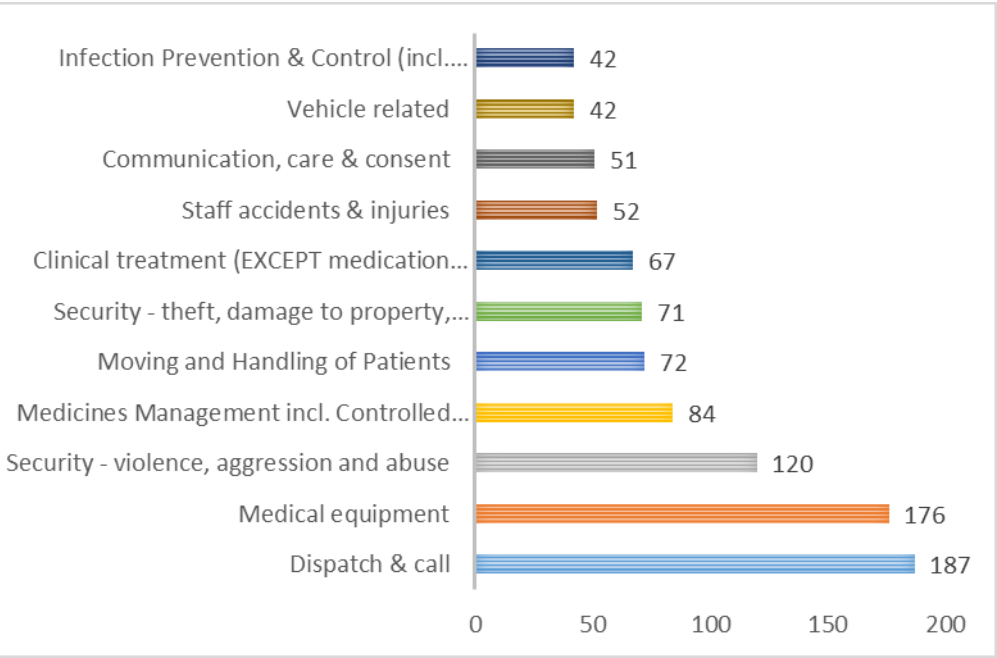
The Quality Governance and Assurance Managers (QGAMs) also work with the sectors/depts. to ensure incidents are investigated in a timely manner. The Quality Improvement and Learning team are currently working on a project to review and close non Sector/IUC/EOC incidents that are significantly overdue. Starting with those that were reported prior to 1st April 2021, relevant teams will be contacted for updates, then any incidents that are unable to be investigated due to time lapsed will be centrally closed.

1. Safe – 999 Incident Category Analysis

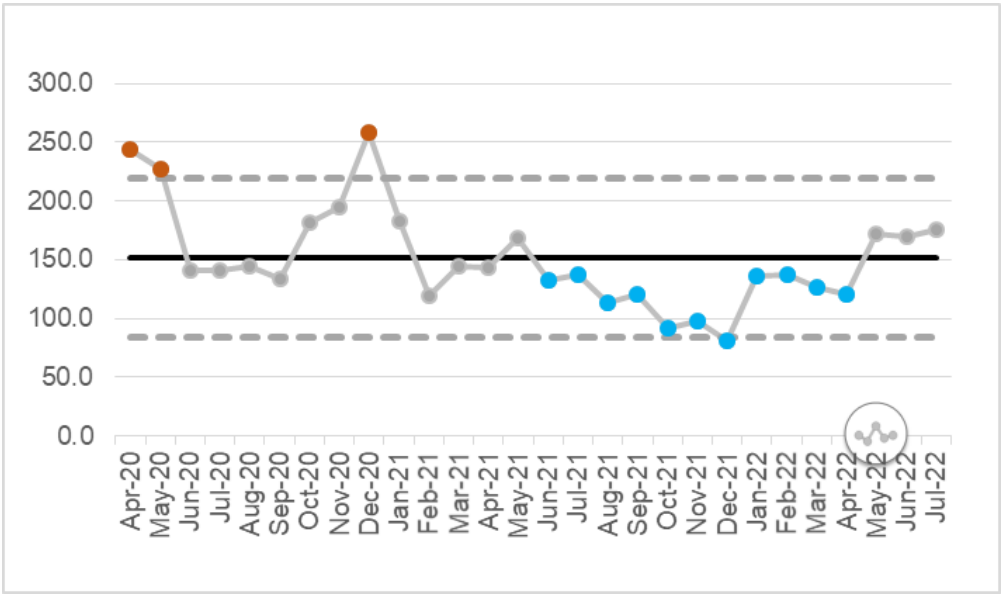
Incident trends and themes are monitored by the Trust's Safety Investigations Assurance and Learning Group to ensure improvement and actions are being taken to address recurrent incidents.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

Top 10 Incident Categories July 2022



Medical Equipment Incidents Jul'22:176



Analysis

The top 3 incident categories in July 2022 were Dispatch & Call, Medical Equipment and Security – Violence, Aggression and Abuse. Further information into incidents relating to violence and aggression is covered in pages 23-24 of this report. Additionally, Medicine Management incidents are covered further on page 17 of this report.

In the last 3 months medical equipment incidents have increased significantly with lack of unavailability of device/equipment being the highest. Upon investigation it has been found the majority of these incidents are related to missing equipment within the diagnostic pouches such as tympanic, BM kits, Sats probes and missing pouches themselves. These incidents are shared with the supply and distribution team to ensure improvements are made to the diagnostic pouch project.

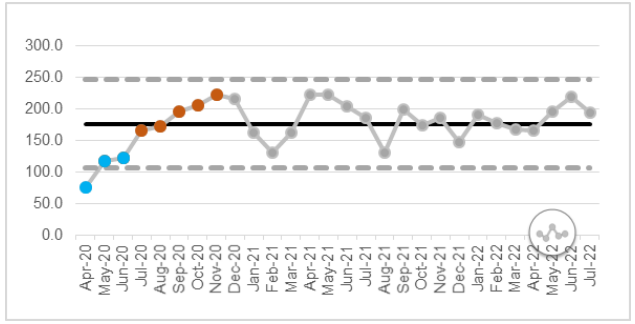
The Asset tagging is now approaching a critical mass allowing equipment to be processed and order through this system and enable the next activity of scanning ambulances as part of the make Ready process to begin.

1. Safe – IUC Incident Management

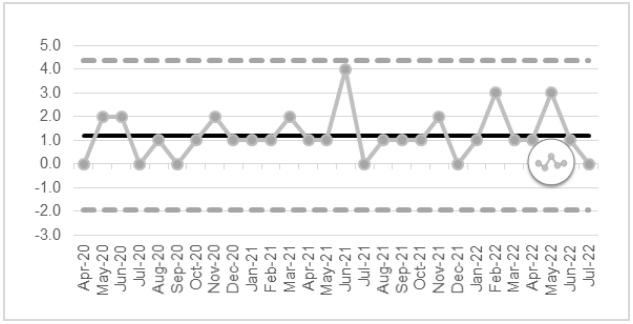
The severity of harm of patient safety incidents indicates a good reporting culture of no and low harm incidents. Moderate harm and above incidents are reviewed for an enhanced investigation in line with the Patient Safety Incident Response Framework.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

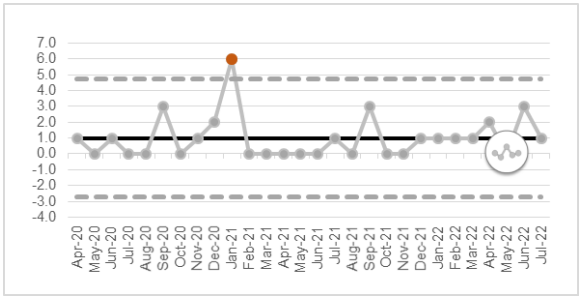
No Harm Incidents — Jul'22: 194



Low Harm Incidents — Jul'22: 0



Moderate, Severe & Death Harm Incidents — Jul'22: 1



Analysis of SPC Charts

IUC have increased incident reporting for language line issues, and a new category has been added on Datix for this purpose. Supervisors and team managers are working hard to ensure they report all incidents to help provide improved learning and promote a good reporting culture within LAS.

The number of incidents reported within IUC has been increasing last few months, call volumes remain high. Staff were reminded over the last few weeks on the importance of incident reporting. The service has been continuing to encourage staff to report all incidents onto Datix, especially when the service is experiencing high demand.

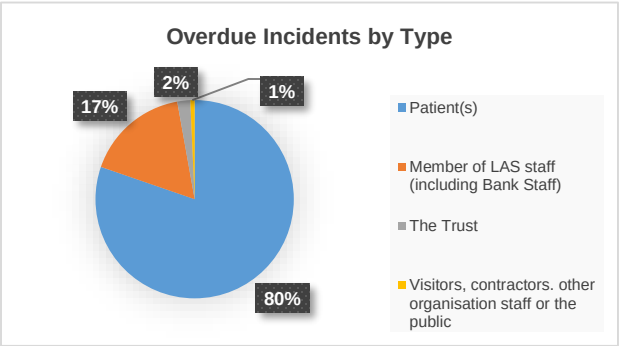
Incident Management

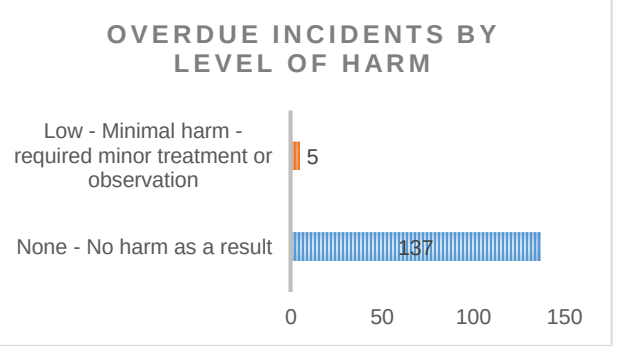
There are 142 incidents (as of 01/08/2022) which have been open on the system longer than 35 working days, (this excludes SIs & COVID-19 reviews)

This breaks down to:
- 114 Patient incidents
- 24 Staff incidents
- 1 Visitor incidents
- 3 Trust related incidents.

67% of incidents are in the Local Review stage
33% of incidents are in the Away for Review stage
96% of incidents have been classified as No Harm

Analysis of SPC Charts



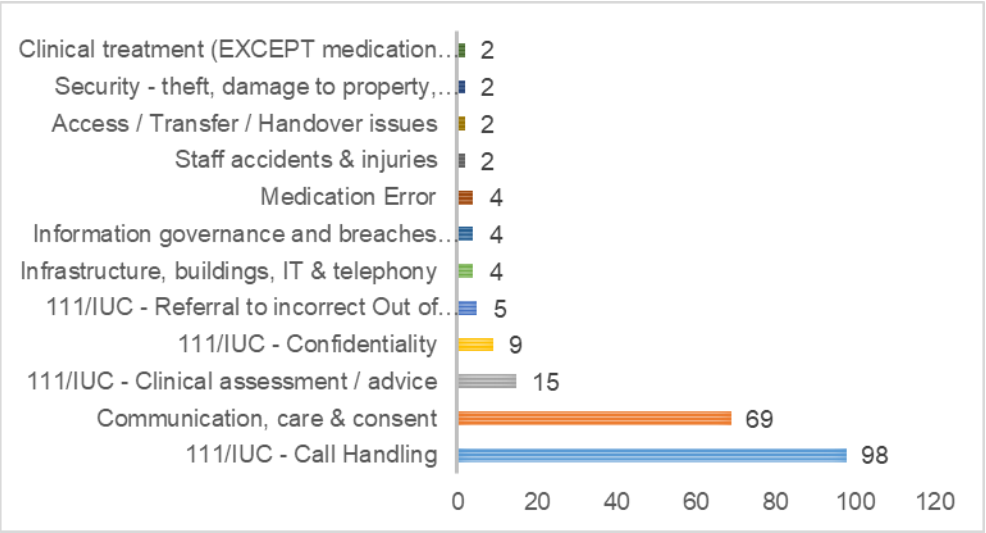


1. Safe – IUC Incident Management

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

Owner: Helen Woolford | Exec Lead: Dr. John Martin

Top 10 Incident Categories July 2022



Analysis

The top 3 incident categories in July 2022 were Call Handling, Communication, Care & Consent and Clinical Assessment/Advice, similar to previous months.

The number of Communication, Care and Consent incidents has increased substantially. This is because Confidentiality incidents have now been reclassified as Communication, Care and Consent and recorded under this category, hence there has been an increase. There has also been a new sub category introduced in Datix under Communication, Care & Consent which identifies the reporting of the language line queries.

Theme Management

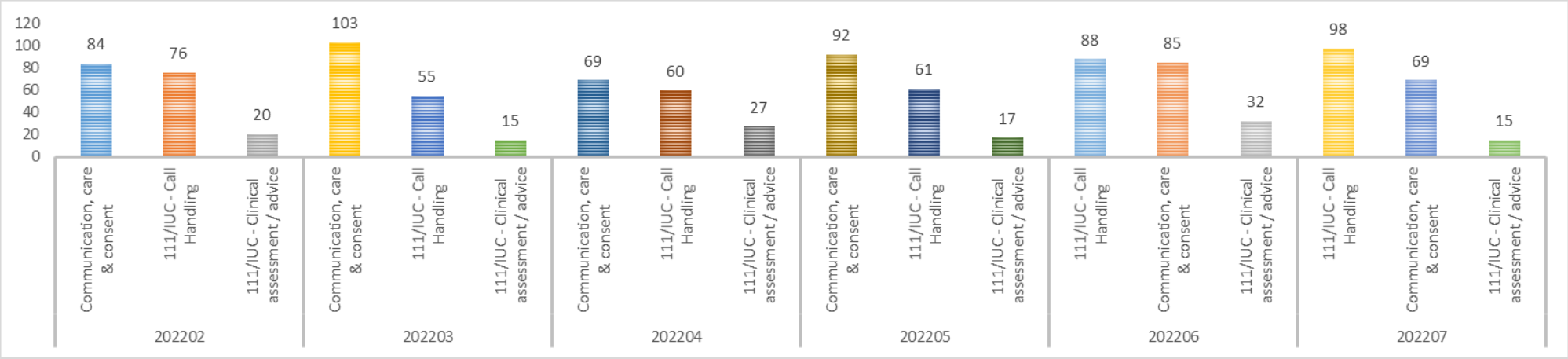
Communication Care & Consent

There is a continued reminder to all staff circulated to remind the staff of the need to follow the Directory Of Service instructions and advising patients if there is a need to attend or to wait for a call back. In addition to this, delays for patients seeking the support of Language Line are also reported within this category and staff are being encouraged to record these as incidents to enable continued monitoring of this service.

Call Handling

Call Handling issues are fed back independently via line managers and we are working on reviewing the last 3 months of case split by staffing profile, to identify the proportion of errors relating to the new staff or experienced staff. This will inform our strategy for either developing refresher training or a review of the existing training modules.

Feb'22 – Jul'22 Top 3 Categories by Month



1. Safe – Patient Safety Incident Response Framework (PSIRF)

The Trust continues to develop and embed the Framework within supporting processes and governance structures. The Early Adopter programme has now ended and the final revised framework is due to be published imminently.

Owner: Helen Woolford | Exec Lead: Dr. John Martin

During July 2022, a total of 108 (including NHS 111) reported incidents were assessed under the Patient Safety Incident Response Framework (PSIRF) and the Trusts Patient Safety Incident Response Plan (PSIRP).

Of these 108, 86 were identified as requiring an enhanced level of investigation. The breakdown of the 86 is as follows:

National Priority – Patient Safety Incident Investigations (PSII)

0 incidents met the Trust Patient Safety Incident Response Plan requiring an internal investigation.

Local Priority – Patient Safety Incident Investigations (PSII)

0 incidents met the Trust Patient Safety Incident Response Plan requiring an internal investigation.

Patient Safety Review (Non PSII) including Thematic Review

- 1 incident did not meet the Trust's PSIRP and are being investigated as a PSR - case review. These incidents cross *clinical assessment and or treatment, access/transfer and handover issues as well as dispatch and call handling.*
- 85 further incidents did not meet the Trust's PSIRP and are being investigated as a PSR via Structured Judgement Reviews. The incidents involve a delayed response with the possibility of harm caused as a result.

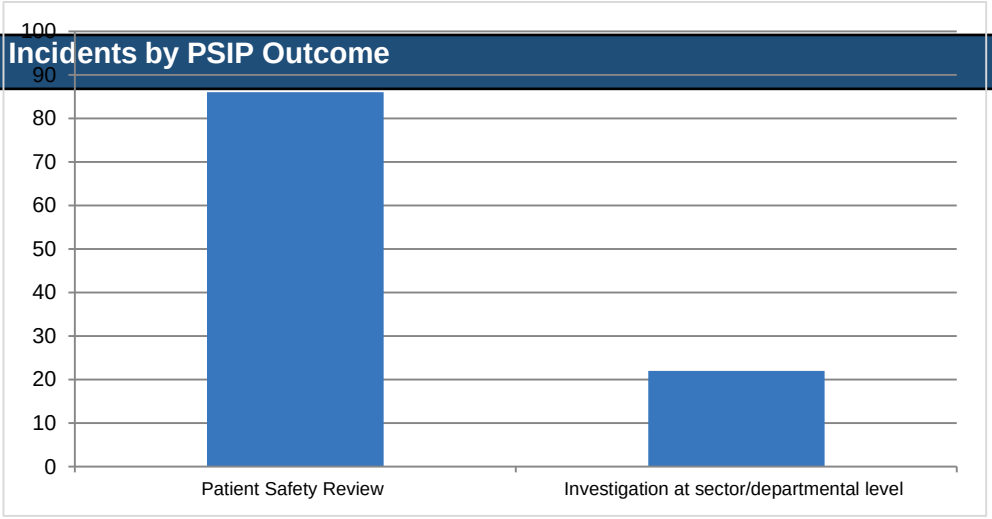
Local Review

The remaining 22 incidents were referred to Sector/Department management teams to continue with a local investigation.

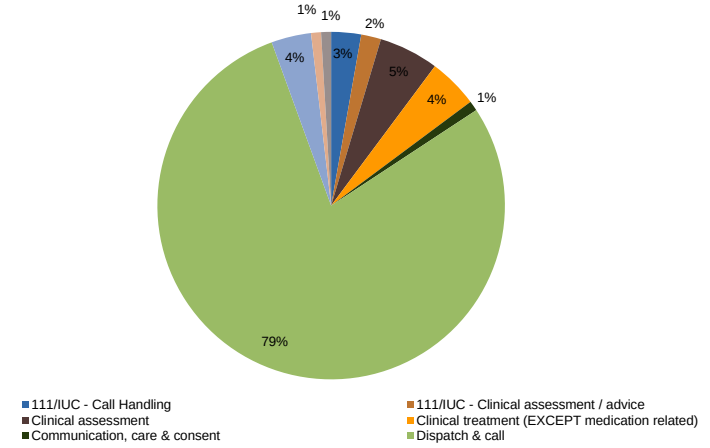
The following mitigating actions have taken place:

- Continual monitoring of 10D2 and 10D4 determinants, with weekly email bulletin communicated referencing the use of FRU's for these determinants.
- Themes from patient safety incident have been shared with managers via the Monthly Managers Incident and Learning meeting which is hosted by the Quality Improvement and Learning Team.

Incidents by PSIP Outcome



Themes of incident discuss under PSIRF



1. Safe – Safety Investigation Actions

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

Owner: Helen Woolford | Exec Lead: Dr. John Martin

Overdue Actions Update: July 2022

There continues to be a focus on SI, PSII and PSR actions, at the end of June there were 108 open actions, of these 62 were overdue. There are certain processes in place to monitor and encourage prompt completion of actions including:

- Action owners are made aware of the overdue action by the Datix system which sends a reminder every 2 days.
- The team makes contact with the owners by various correspondence to get updates on the action, provide support where possible and ensure that actions are being addressed.
- Overdue actions are also monitored at the Safety Investigation Assurance and Learning Group (SIALG) where escalations to departments are communication, if required.

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

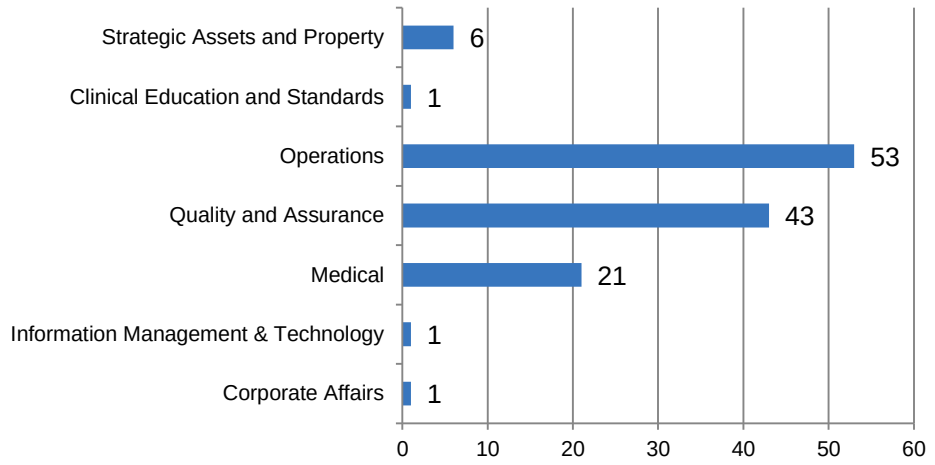
- **Action: Tracking of equipment**

Update: Original due date – 31st March 2019, pushed back to 15th July 2022. Current progress stands at 40,000 pieces of equipment have be tagged. The app which will support these new processes is being incorporated and Make Ready will be the next department to be completed so this project can push forward.

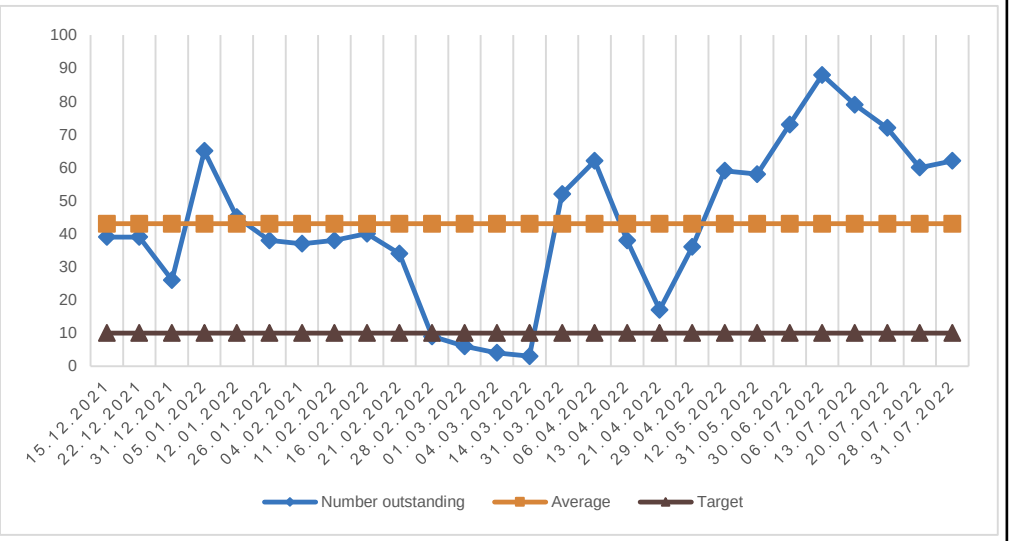
- **Action: The service should work with stakeholders including pathways, Adastra, education and IT to make the patient electronic referral system more compliant with human factors principles.**

Update: Original due date – 30th October 2019, pushed back to 31st March 2022. These are national systems difficult for the LAS to feed into, await update as new QGAM has taken over role and will investigate the feasibility.

Open Actions by Directorate



6 Month Rolling Overdue Actions

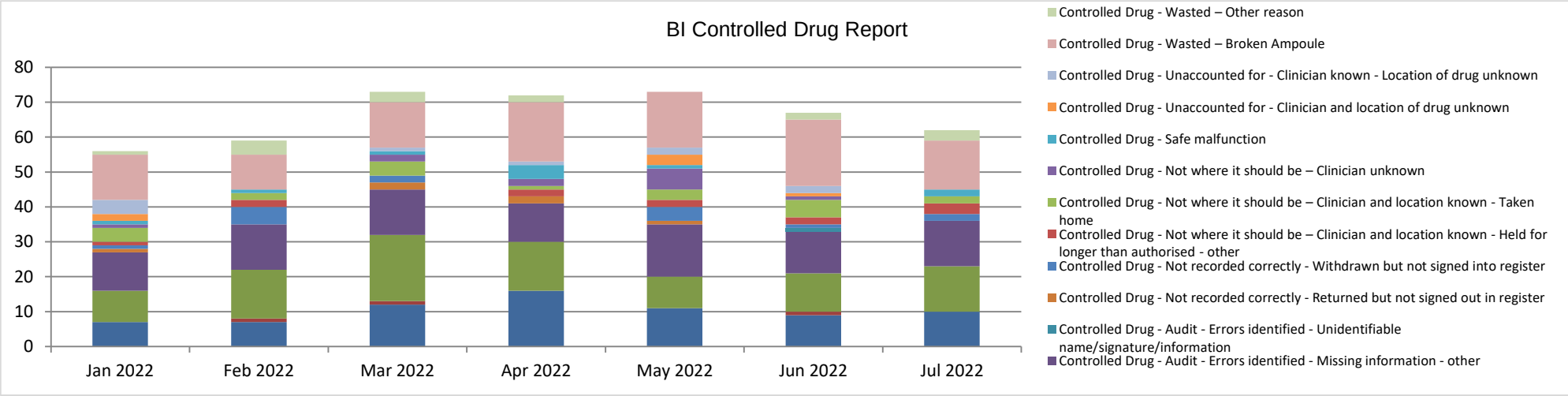


1. Safe - Medicine Management

London Ambulance Service NHS Trust

Owner: Timothy Edwards | Exec Lead: Dr. Fenella Wrigley

BI Controlled Drug Report



Analysis

- No unaccounted for loss of schedule 2 drugs
- Total of other controlled drug (CD) incidents including
  - Documentation errors (n=38)
  - Morphine retained off-duty (n=6)
  - Drugs room or CD safe unsecured (n=2)
  - Breakages, wastage or damage (n=17)

- Non-schedule 2 CD incidents
  - Breakages or wastage (n=13) and out of date medicines (n=4)
  - Documentation error (n=1)
  - Kitprep discrepancy (n=1), supply issue (n=1) or Abloy key malfunction (n=1)
  - Non LAS prescriber error (n=10)
  - Loss or theft of medicines (n=5) and drugs left unsecured (n=3)
  - Inappropriate administration of TXA (n=2), hydrocortisone (n=1), paracetamol (n=2), ondansetron (n=1), diazepam (n=2), adrenaline (n=3), ipratropium (n=2), glucose (n=1), dexamethasone (n=1), salbutamol (n=1), clindamycin (n=1), saline (n=1), ibuprofen (n=1)

Assurance & Actions

Assurance

- No losses of schedule 2 drugs
- Reduction in morphine retained off duty
- Further reduction in kitprep discrepancies

Actions

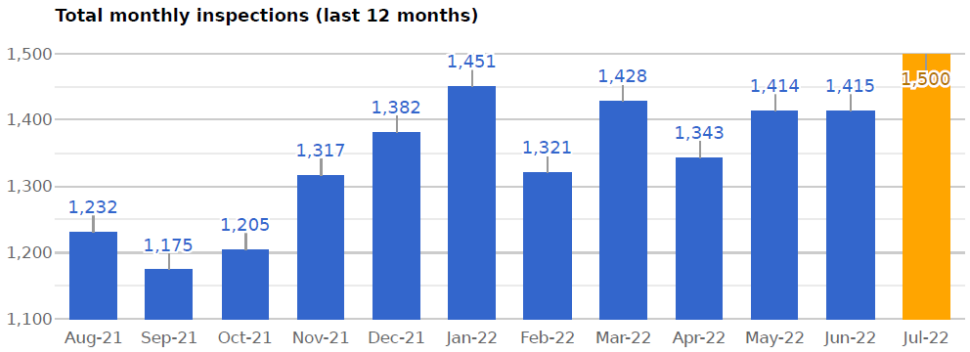
- Posters reissued regarding adrenaline dosage errors
- Training for new APP PGDs to commence

1. Safe - Medicine Management Audits

London Ambulance Service NHS Trust

Owner: Gavin Mooney | Exec Lead: Dr. Fenella Wrigley

Number of Inspections — Jul'22: 1500



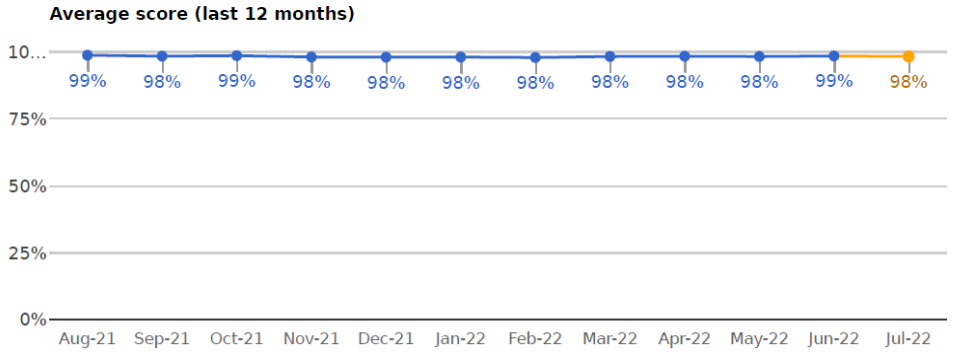
Assurance & Actions

The PW inspection results are based on the numbers of inspections which take place only. Year on year comparison shows .notable difference since station consolidation; inspection trends on the rise since reduction of REAP and reinstating daily management tasks for CTM/IROs/APPs. Likely to remain steady in lieu of REAP4 currently.

Action plans for lowest scoring stations / areas sit with respective SMT / QGAMs

Average Inspection Score — Jul'22: 98%

The average score across the organisation this month was 98.0%.



Ranking of Clinical Areas

Highest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
1	APP Barnehurst	100% (1)	100% (4)
2	APP Croydon	100% (1)	97% (18)
3	APP Friern Barnet	100% (3)	100% (19)
4	APP Westminster	100% (3)	100% (48)
5	Battersea	100% (27)	100% (36)

Lowest Scoring Clinical Areas

Rank	Area	Score this month	Score last 12
59	Waterloo	95% (24)	97% (184)
60	APP Ilford	94% (2)	96% (23)
61	Shoreditch	94% (31)	96% (338)
62	St Johns Wood	93% (14)	98% (175)
63	St Paul's Cray	91% (29)	93% (278)

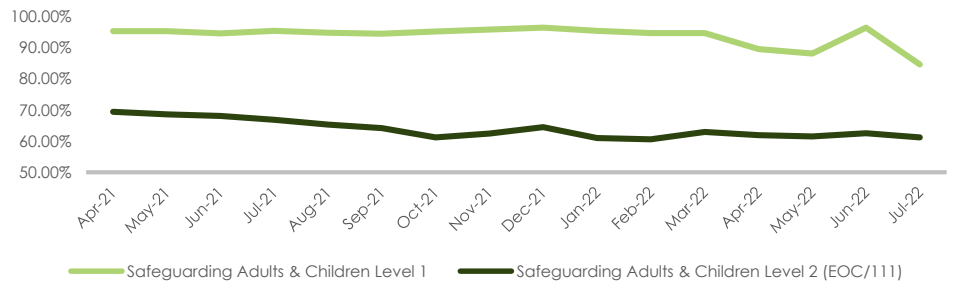
Numbers in brackets show number of inspections score is calculated from.

1. Safe - Safeguarding

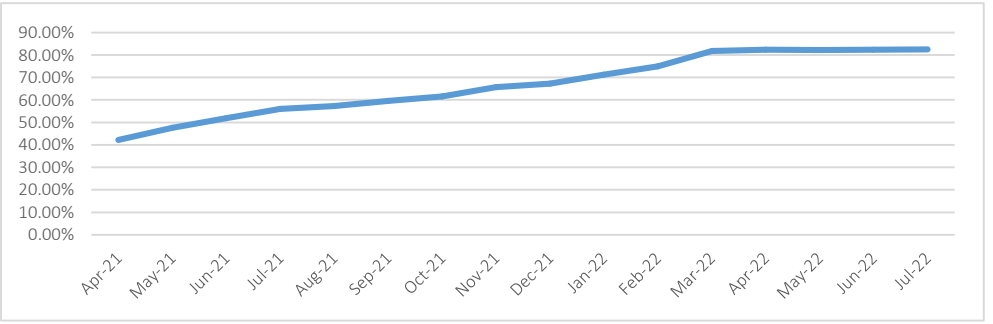
London Ambulance Service NHS Trust

Owner: Alan Taylor | Exec Lead: Dr. John Martin

Safeguarding Adults and Children Level 1 & 2

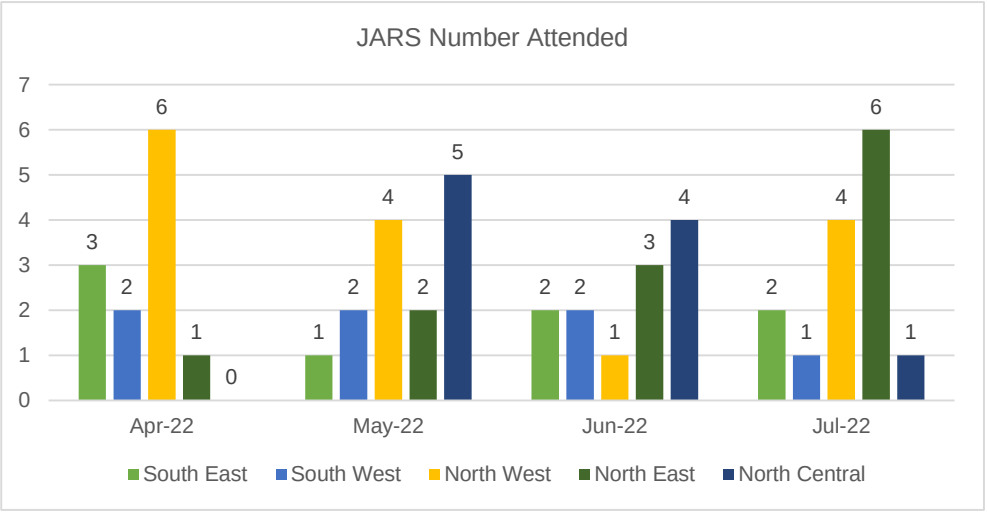


Safeguarding Adults & Children Level 3 Jul'22: 82%



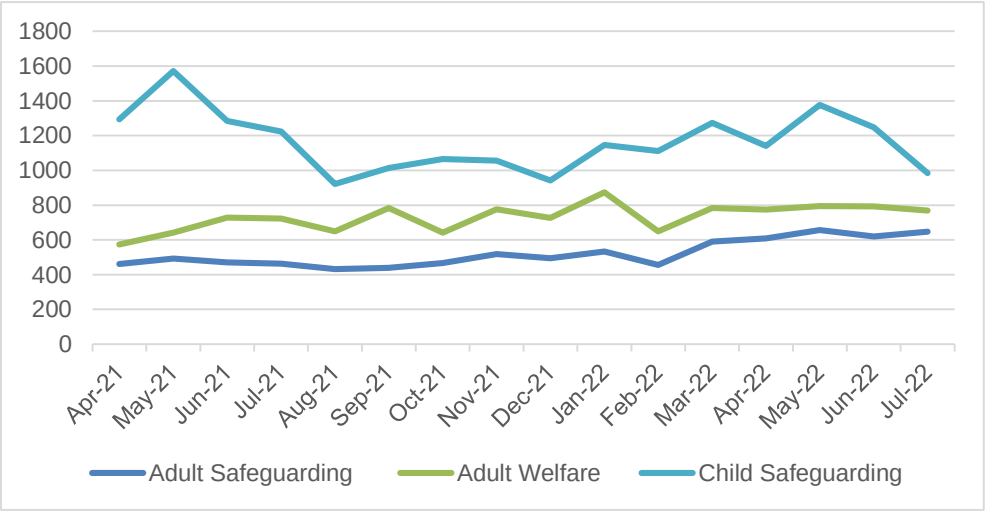
Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. Discussions remain ongoing with IUC & EOC on how they can improve their compliance rates. Level 3 remains near end of year target with sufficient courses being run to achieve compliance if staff book on the courses. We continue to see low take up by clinical staff at present that has resulted in several courses being cancelled. In order to minimize cancellation for a short period we have reduced the number of course between July-Sept. Safeguarding Specialist's continue to raise compliance at local governance meetings.

Joint Agency Response Service



The Joint Agency response meetings are now managed directly by the Safeguarding Team. These are currently undertaken virtually and as a result we have been able to attend the majority of these Multi agency meetings.

Safeguarding Referrals



Adult Safeguarding and Welfare referrals are similar to last month. There has been a drop in July in child referrals. Members of the Safeguarding Team are working with EOC managers to understand this.

1. Safe – Safeguarding DBS Checks

London Ambulance Service NHS Trust

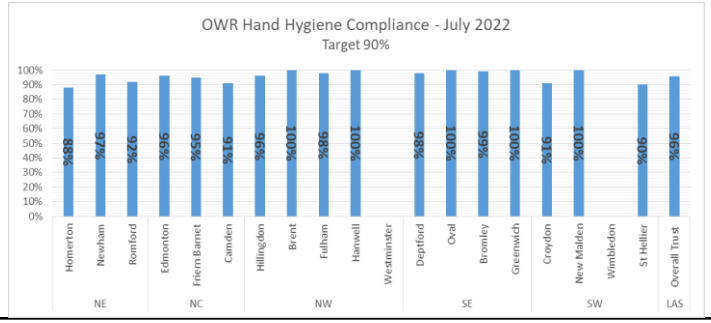
Owner: Alan Taylor | Exec Lead: Dr. John Martin

DBS Checks Assurance Template - As at 30th July 2022								
	Total number requiring DBS checks	Total number of recorded DBS checks	Percentage	Starters	DBS Rechecking - Non compliant	June 2022 position	Change from previous month	
Ambulance Services	4162	4127	99.2%	35	0	1	-1	(1) Bank staff will not be booked for shifts without a DBS check (2) The non-clinical checks include 2 Executive, 6 Non-Executive Directors and 69 classroom trainees
Integrated Patient Care	1368	1360	99.4%	8	0	0	0	
Non-Clinical (Corporate Teams)	430	399	92.8%	31	0	0	0	
Emergency Responders	93	87	93.5%	6	0	0	0	
Ambulance Services (Bank)	333	330	99.1%	3	0	0	0	
Total	6386	6303	98.7%	83	0	1	-1	

1. Safe - Infection Prevention and Control

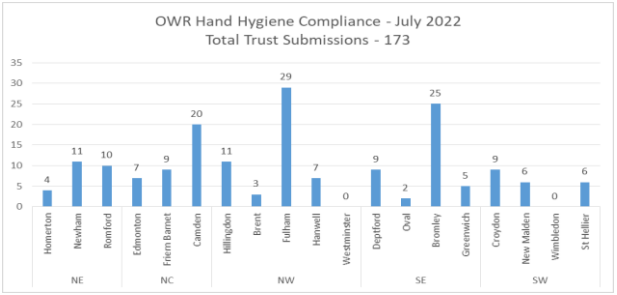
Owner: Claire Brown | Exec Lead: Dr. Fenella Wrigley

OWR Hand Hygiene Compliance — Jul'22: 96%



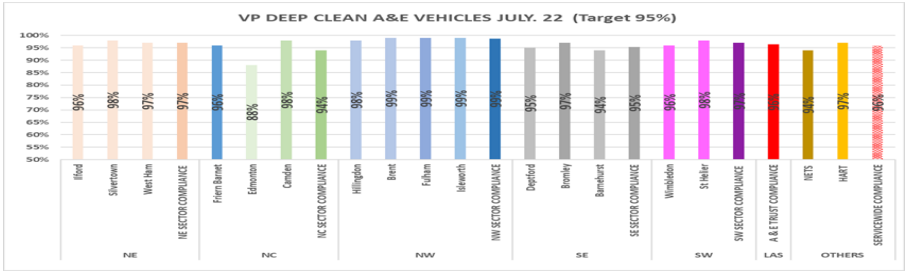
Trust OWR hand hygiene compliance for July is reported at 96%, exceeding the Trust target of 90%.Two stations did not submit data this reporting period (Westminster & Wimbledon). General OWR processes have now resumed across the trust therefore, this data is no longer received as a stand-alone audit. **Actions**: Reinforcing the importance of exemplary hand hygiene practice is communicated to colleagues as part of the IPC annual work programme.

OWR Hand Hygiene Submissions — Jul'22: 89%



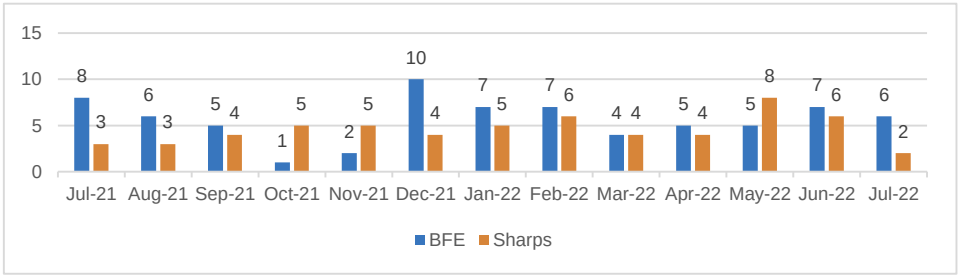
17/19 (89%) group stations submitted OWR data for July 2022. Overall submissions totalled 173 despite REAP 4 service escalation. **Actions**: Highlighted at IPCC and QOG the importance of continued audit for preparedness and prevention. Submission data shared and discussed monthly by colleagues within the Quality Team.

VP Deep Clean A&E — Jul'22: 96%



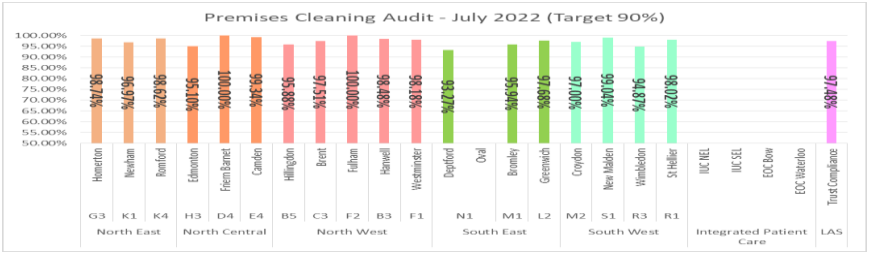
Overall Trust compliance for July is 96%, exceeding the Trust performance target of 90%. **Actions**: The VP team advise that there continues to be staffing complications with escalated sickness absence and slow recruitment affecting service provision.

Body Fluid Exposure & Contaminated Sharps Incidents — Jul'22: 9



A total of 9 incidents were reported via datix for contaminated sharps injuries and exposure to Bodily Fluids (BFE) in July 2022. 6 of the 7 reported BFE incidents reported this month were as a result of true exposure to body fluids. Both Sharps incidents reported this month were a result of a true contaminated sharps injury.

Premises Cleaning Audit — Jul'22: 97%



Overall Trust compliance for July is 97%, continuing to exceed the Trust performance target of 90%. 18/19 Group Stations and 0/4 IUC/EOC services submitted data for analysis in July 2022.

Infection, Prevention & Control Training

IPC training compliance for Level 1 and Level 2 is monitored via ESR .
Performance achieved in July 2022:

- Level 1 – 85% compliance for July compared to 86% reported in June, remaining below the Trust compliance target.
- Level 2 – 85% compliance for July, no change from June and remains below the Trust compliance target.

Actions:

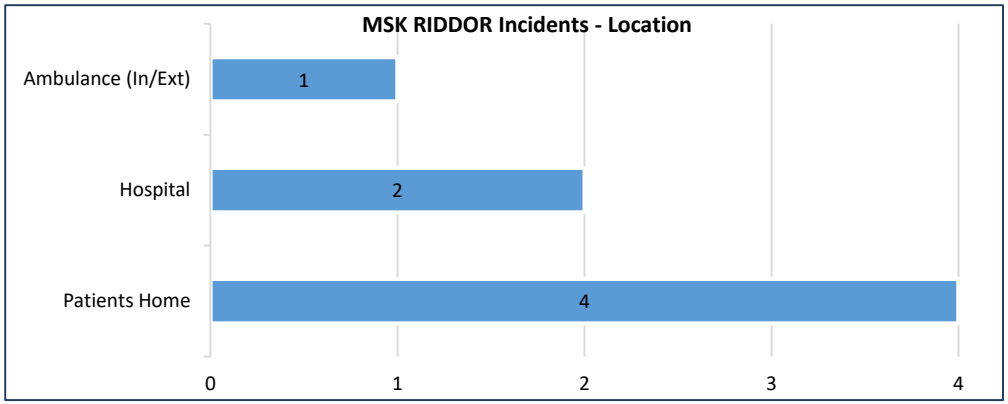
- Level 1 compliance training noted largely affected by the transition of VP Team in-house and a delay in translating staff competencies onto ESR. Management Team are undertaking immediate actions to address the issue.
- Education Team Leads in process of reopening CSR 2021.1 so that staff can complete any L2 training that was missed during this training package,

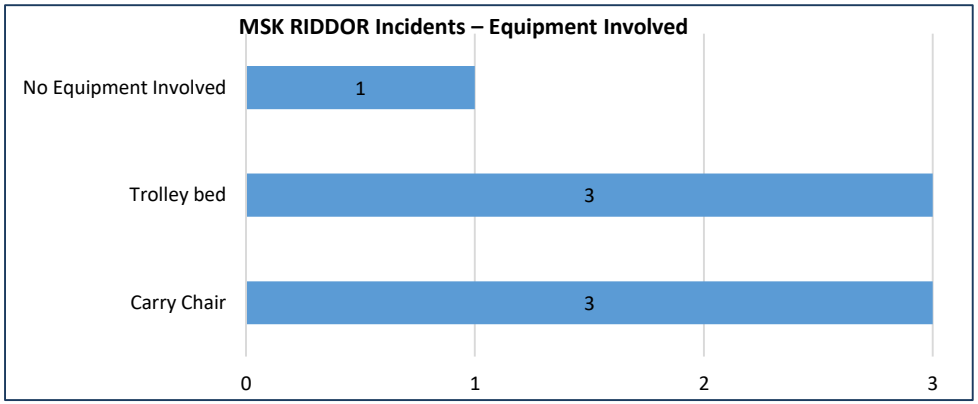
1. Safe – Health and Safety

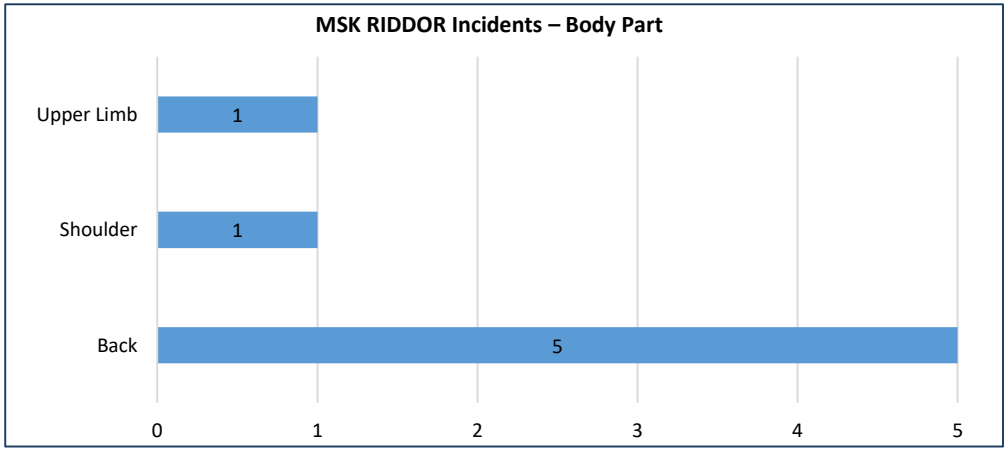
London Ambulance Service NHS Trust

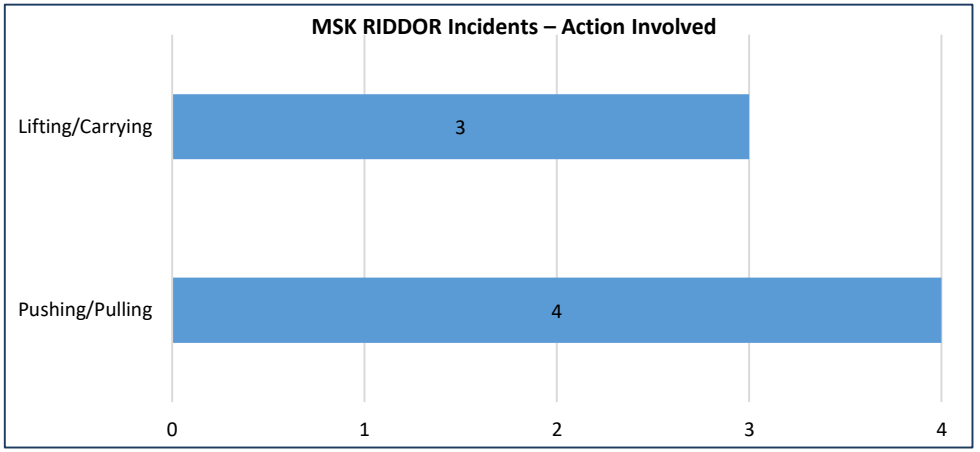
Owner: Edmund Jacobs | Exec Lead: Jaqualine Lindridge

Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – July 2022









The above graphs provide details from the thematic analysis of 7 reported RIDDOR incidents in July'22 (2 incidents were occurred in June'22 and 5 incidents were occurred in July'22). These relate to Manual Handling (MSK):

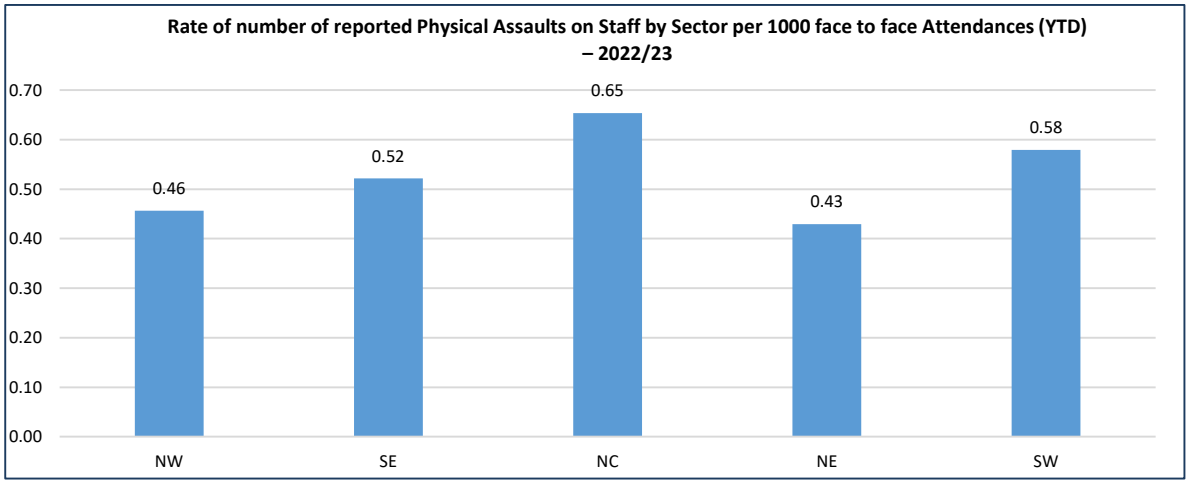
1. 4 reported RIDDOR incidents occurred in Patients Home (n=4), 2 incident were occurred in Hospital (n=2) and 1 incident was occurred in Ambulance (In/Ext) (n=1).
2. 3 reported RIDDOR incidents involved Trolley Bed (n=3), 3 incidents involved Carry Chair (n=3) and 1 other incident involved no equipment (n=1).
3. 5 reported RIDDOR incidents resulted in Back injury (n=5), 1 incident resulted in Shoulder Injury (n=1) and 1 incident resulted in Upper Limb injury (n=1).
4. 4 reported RIDDOR incidents occurred during Pushing & Pulling (n=4) and 3 incidents were occurred during Lifting & Carrying (n=3).

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

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

1. Safe – Health and Safety Security

London Ambulance Service NHS Trust



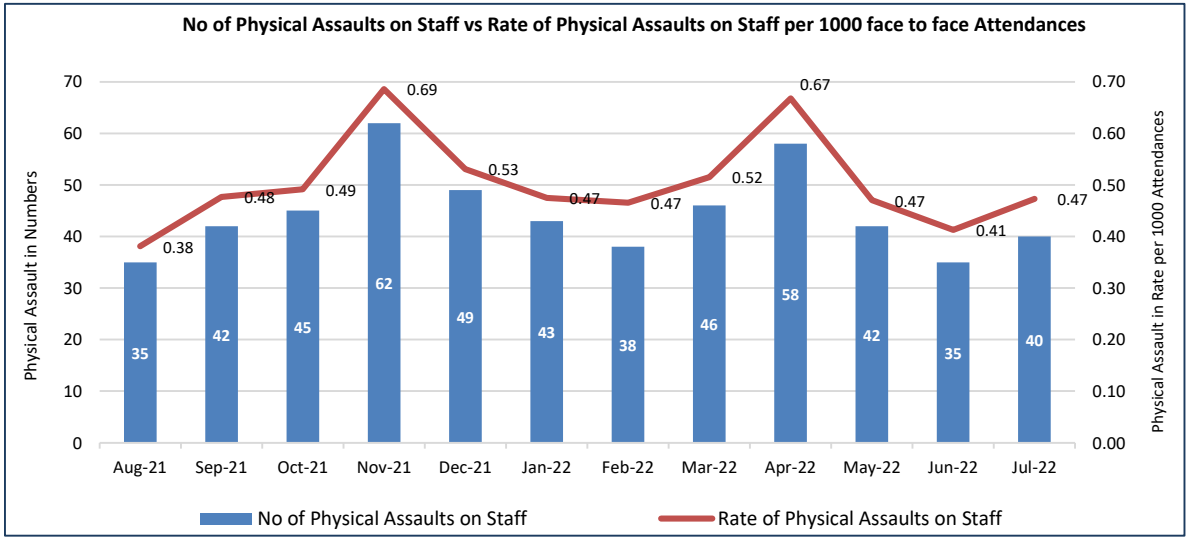
Sector	Rate of Physical Assaults on Staff
NW	0.46
SE	0.52
NC	0.65
NE	0.43
SW	0.58

Notes:

- **The graph and dash board (left side) provides the Rate of reported Physical Assault on Staff by Sector per 1000 face to face Attendances.**
- **According to the number of reported incidents: In all 5 sectors, approximately one physical assault incident occurred per every 2000 face to face attendances.**

Key Update:

- **No RIDDOR reportable Violence & Aggression related incidents were recorded during 2022/23 (up to end July'22) .**



Month	No of Physical Assault on Staff	Rate of Physical Assault on Staff
Aug-21	35	0.38
Sep-21	42	0.48
Oct-21	45	0.49
Nov-21	62	0.69
Dec-21	49	0.53
Jan-22	43	0.47
Feb-22	38	0.47
Mar-22	46	0.52
Apr-22	58	0.67
May-22	42	0.47
June-22	35	0.41
July-22	40	0.47

Notes:

- **The graph and dash board (above) provides the Number of reported Physical Assault on Staff & the Rate of reported Physical Assault on per 1000 face to face Attendances over the last 12 months (July'21 to July'22).**

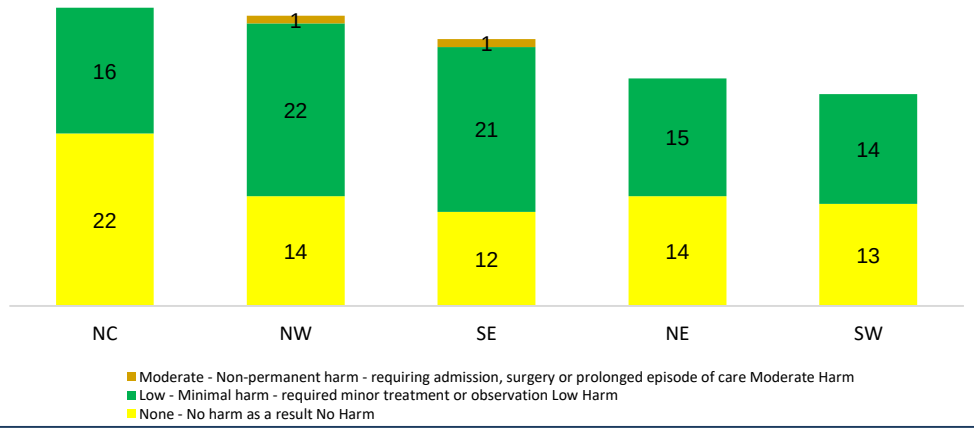
NHS definitions of assault:
Physical assault – *"the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort"* (NHS Protect / NHS Employers).

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

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

1. Safe – Health and Safety Physical Assaults

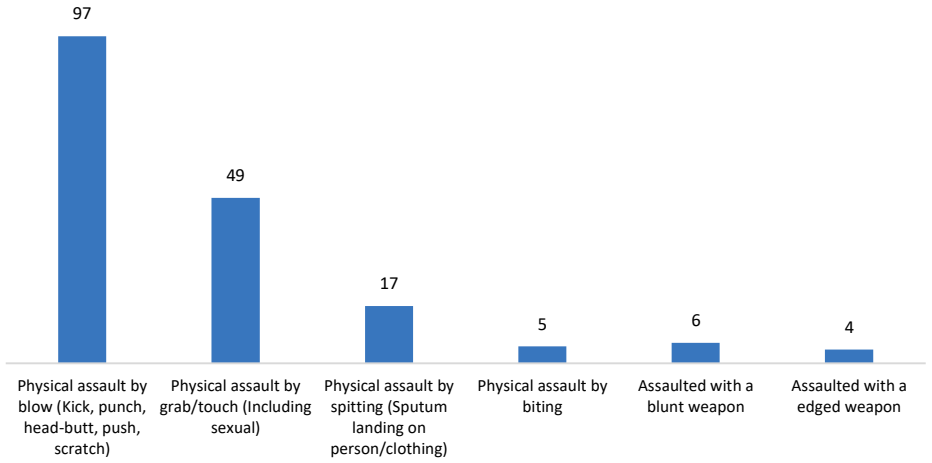
Number of reported Physical Assaults on Staff by Top 5 Sectors & Severity (YTD) – 2022/23



Notes:

- A total of 178 Physical Assaults on Staff were reported during 2022/23 (up to end July'22).
- 83 (47%) of the incidents were reported as 'No Harm/Near Miss incidents, 93 (52%) incidents were resulted in Low Harm and 2 (1%) incidents were reported as 'Moderate Harm'.
- 15 out of the 178 Physical Assaults on Staff were caused by others (ex: family member of the patient / by standers etc).

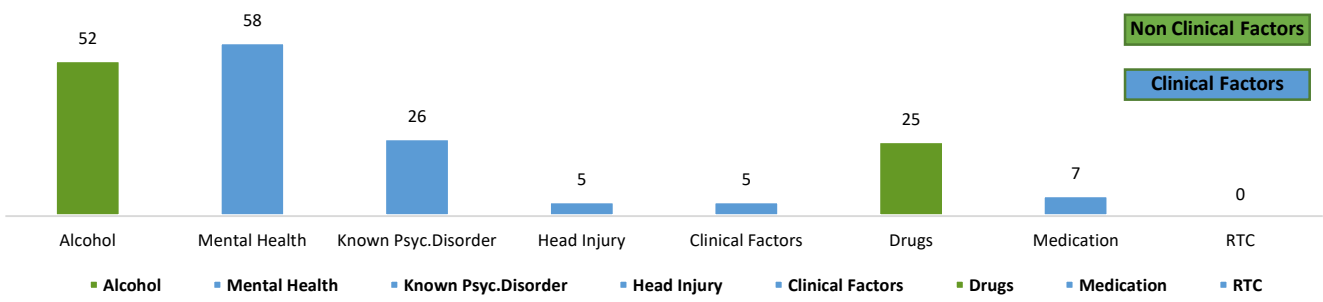
Number of reported Physical Assaults on Staff by Type (YTD) – 2022/23



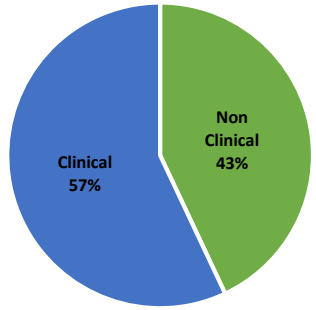
Notes:

- Physical Assault – by blows, kicks/ assault to staff (55% , n=97) accounted for the highest number of incidents reported during 2022/23 (up to end July'22).

Number of reported Physical Assaults on Staff by Influencing Factors (YTD) 2022/23



Percentage Breakdown of Factors (YTD) 2022/23



Notes:

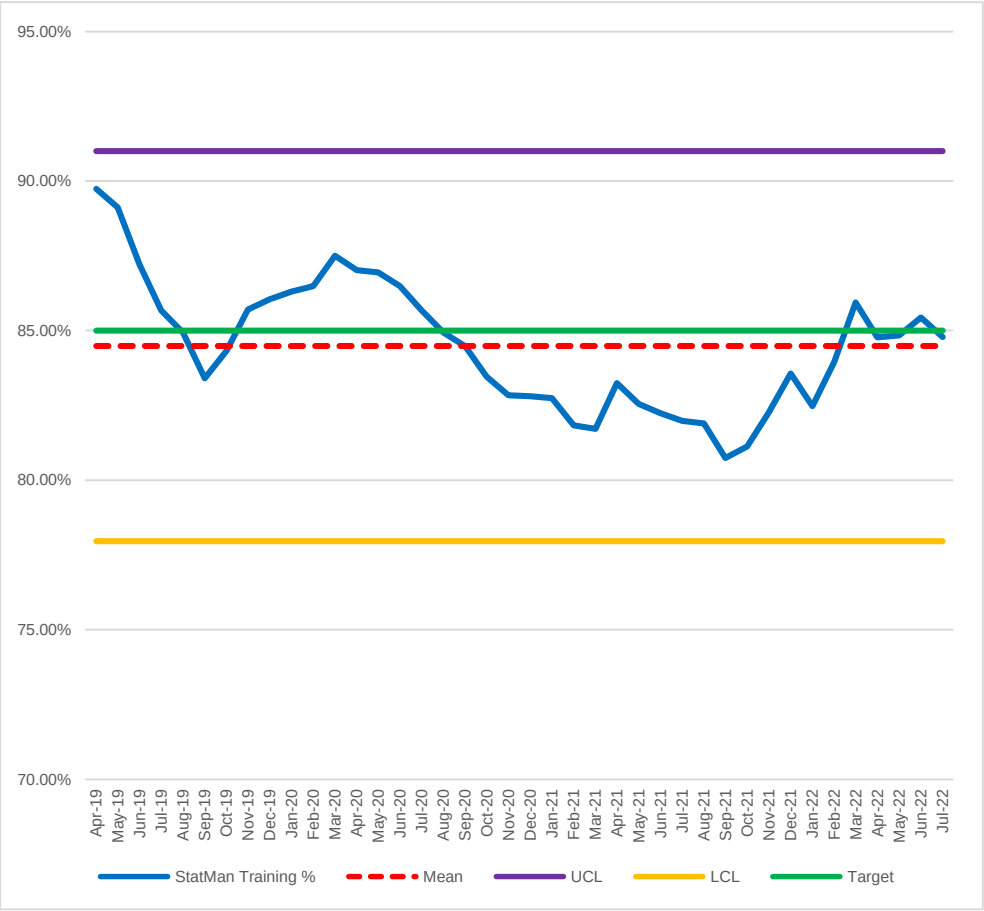
- Cilinical Factor: 101 (57%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=58), Known Psyc.Disorder (n=26), Head Injury (n=5), Clinical Factors (n=5), Medication (n=7).
- Non Clinical Factor: 77 (43%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=52), Drugs (n=25) and RTC (n=0).

1. Safe - Statutory & Mandatory Training

London Ambulance Service NHS Trust

Owner: Chris Randall | Exec Lead: Damian McGuinness

Statutory & Mandatory Training Compliance — Jul'22: 85%



As at 31st July we are currently tracking on target at 85%.

Training Overview July 2022

Jul-22	%
Display Screen Equipment (3 Years)	71.55%
Duty of Candour (3 Years)	89.84%
EPRR Incident Response (Clinical) (1 Year)	79.94%
EPRR Incident Response (EOC) (1 Year)	64.87%
EPRR JESIP Awareness E-Learning (1 Year)	81.44%
EPRR JESIP Commander Classroom (3 Years)	61.15%
EPRR LAS Operational Commander Foundation (3 Years)	71.19%
EPRR LAS Tactical Commander Foundation Course (3 Years)	28.00%
Equality, Diversity & Human Rights (3 Years)	88.04%
Fire Safety (2 Years)	87.79%
Fraud Awareness (No Renewal)	77.97%
Health & Safety Trust Board (1 Year)	56.00%
Health, Safety & Welfare (3 Years)	89.82%
Infection Prevention & Control Level 1 (3 Years)	84.59%
Infection Prevention & Control Level 2 (1 Year)	84.85%
Information Governance (1 Year)	89.96%
Medicines Management (1 Year)	64.44%
Medicines Management (NETS) (1 Year)	0.00%
Mental Capacity Act Level 1 (3 Years)	94.50%
Moving & Handling Level 1 (3 Years)	88.87%
Moving & Handling Level 2 (Load Handling) (3 Years)	11.11%
Moving & Handling Level 2 (People Handling) (2 Years)	90.84%
NHS Conflict Resolution (3 Years)	85.94%
Prevent Level 1 (3 Years)	85.74%
Prevent Level 2 (3 Years)	84.64%
Resuscitation Level 1 (1 Year)	84.96%
Resuscitation Level 2 Adults (1 Year)	69.61%
Resuscitation Level 2 Paediatrics (1 Year)	69.61%
Resuscitation Level 3 Adults (1 Year)	92.17%
Resuscitation Level 3 Newborn (1 Year)	83.80%
Resuscitation Level 3 Paediatrics (1 Year)	83.70%

2. Effective

To be effective we must ensure that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Clinical Ambulance Quality Indicators
- NICE and JRCALC Guidance Updates
- Clinical Audit Performance
- Handover to Green
- PDR & MCA Training

Outstanding Characteristic: *Outcomes for people who use services are consistently better than expected when compared with other similar services.*

Owner: Timothy Edwards ! Exec Lead: Dr. Fenella Wrigley

National Institute for Health and Care Excellence (NICE) Guidance – Update Report

At the time of writing, there are actions in progress for 12 articles of guidance. This includes activity from the June and July summaries. There is six articles of guidance which are overdue detailed review, and 6 actions with delayed implementation due to service pressures.

June 2022

The summary of NICE Guidance for April 2022 has undergone review. Of the guidance released, three items required further review; one piece of guidance is still outstanding a specialist review, and actions have been identified for 2 pieces of guidance as follows:

NG219 – Gout: diagnosis and management

Awaiting review from APPUC Clinical Practice Development Manager

NG222 – Depression in adults: treatment and management

Clinical Update Article planned for September 2022

NG25 – Preterm labour and birth

Actions identified by the maternity team, with work ongoing.

July 2022

The summary of NICE Guidance for May 2022 has undergone review. Of the guidance released, four items required further review, two pieces of guidance underwent further review with no actions require, one piece of guidance is still awaiting specialist review, and actions have been identified for another piece of guidance, as follows:

CG191 – Pneumonia in adults: diagnosis and management

Awaiting review by Consultant Paramedic

QS64 – Fever in under 5s

Actions Identified by Trust Paediatric Lead.

2. Effective - Clinical Ambulance Quality Indicators

London Ambulance Service NHS Trust

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Measures	Target / Range	RAG	YTD 21/22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	31%	R	27%	31%	27%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	R	42%	35%	35%					↔			LQ1b		
STEMI Care Bundle (AQI) (Reported every 4 months)	74%	G	68%	-	-					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%	R	95%	-	-					↔			LQ3b		
Stroke on scene duration (CARU continual audit)	00:30	R	36	37	37	37	35	37		↑					
Survival to 30 days (AQI)			9%	9%	10%					↓					
Survival to 30 days UTSTEIN (AQI)			85%	21%	24%					↓					
STEMI On scene duration (CARU continual audit)			42	42	42	40	41	42		↓					
Call to Angiography - Mean (hh:mm)	02:10	R	02:29	02:24	02:42					↓					
Stroke - Call to Arrival at Hospital - Mean (hh:mm)	01:10	R	01:34	01:41	01:44					↓					
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	-	78%	80%	83%	83%	79%		↓		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			-	10%	12%	0%	0%	0%		↔			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	-	99%	99%	99%	99%	99%		↔		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	-	96%	96%	96%	96%	97%		↑		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	G	-	94%	-	95%	-	96%		↓		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	-	97%	96%	96%	97%	97%		↔		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	-	96%	-	96%	-	96%		↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)	95%	G	-	94%	94%	94%	95%	96%		↑					

2. Effective - Clinical Ambulance Quality Indicators

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

AQI: Narrative

Cardiac Arrest:

In March 2022, the LAS ranked 2nd for the overall ROSC on arrival at hospital group with 27.1% (up from 4th, 30.7%), above the national average of 24.5%, and 8th for the Utstein group with 34.9% (up from 10th, 35.0%), but below the national average of 46.8%.

The LAS ranked 3rd for 30 day survival in the overall group (10.1%; up from 7th, 9.3%), above the national average of 7.2% and 6th for the Utstein group with 23.8% (up from 8th, 23.8%), below the national average of 24.6%.

STEMI:

For March 2022, the LAS achieved an average call to angiography time of 02:42, which ranks in 6th place against other ambulance services. Although this time represents an increase of 18 minutes since February, it is still 4 minutes shorter than the national average of 02:46.

NHS England did not publish STEMI Care Bundle data for March, the next data due to be published will be for April (in September).

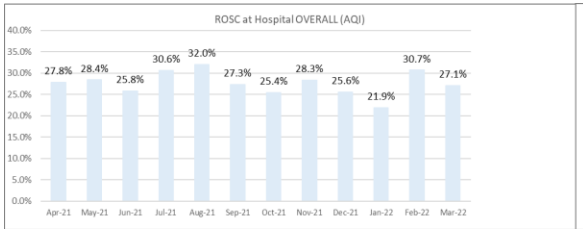
Stroke:

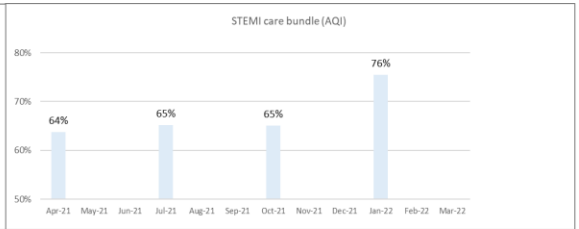
In March 2022, the LAS achieved a time of 01:44 for the call to arrival at hospital, compared with the national average of 02:01. While this is 3 minutes longer than the time achieved in February, the LAS has improved from 5th to 3rd when ranked against other ambulance services.

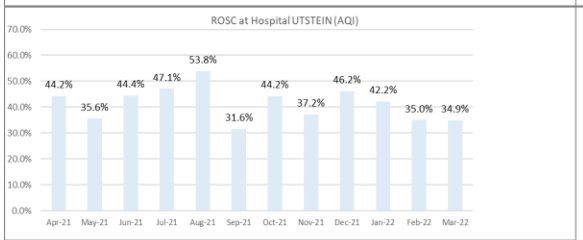
NHS England did not publish Stroke Diagnostic Bundle data for March, the next data due to be published will be for May 2022 (in October).

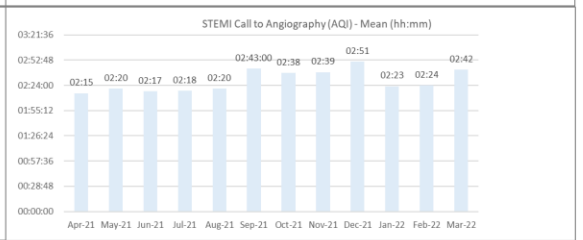
Sepsis:

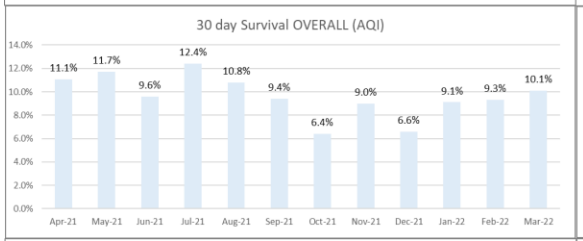
The LAS continued to rank in 1st place for delivery of the Sepsis Care Bundle in March 2022 achieving this for 92.9% of patients compared with a national average of 83.8%.

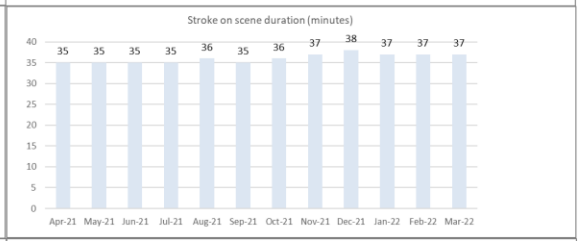


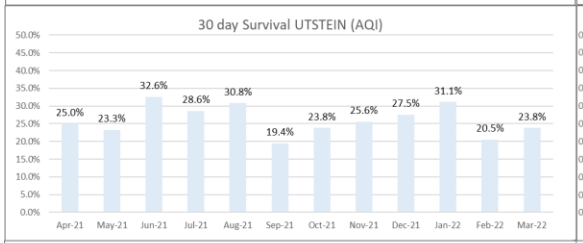


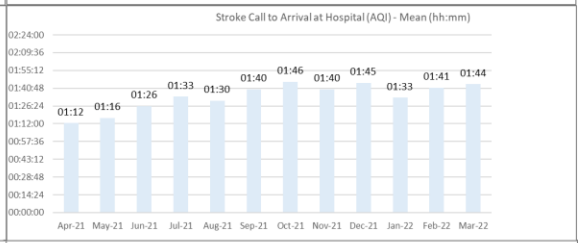


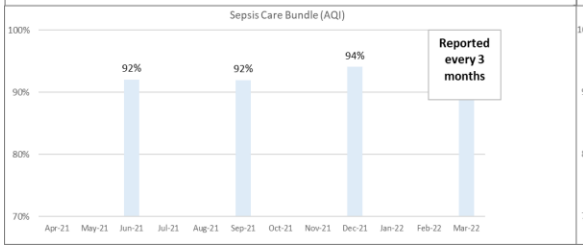


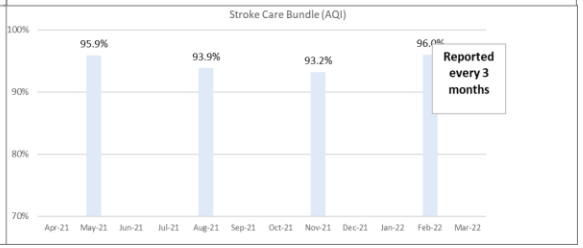












2. Effective - Clinical Audit Performance & Research

Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

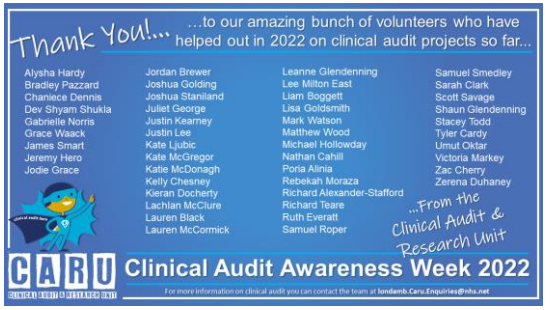
Clinical Audit & Research Update

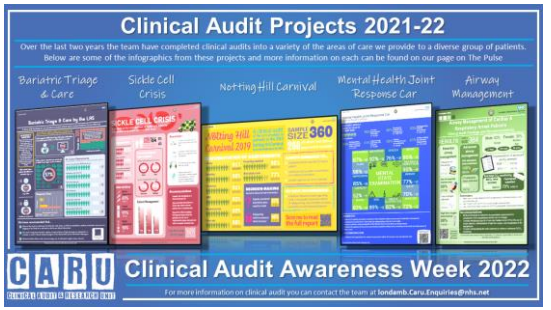
Research

- In July, we recruited 53 patients into PARAMEDIC-3, 16 patients into ARREST and 1 patient into CRASH-4– this equates to 70 recruitments into Randomised Controlled Trials during the month.
- PARAMEDIC-3 expanded in to the North East sector, and we recruited 53 patients in July, our busiest month for recruitments so far
- We successfully transitioned our medicines supply chain for clinical trials into the Medicines Packing Unit in July, meaning drugs for the CRASH-4 study now pass through the unit providing additional assurance.
- We undertook the first patient and relative interviews for the PROTECTeD study which is aiming to develop an evidence based guideline for termination of resuscitation in ambulance services.
- Work continued to open the RAPID-MIRACLE study, a prospective validation of the MIRACLE2 score in OHCA patients. This study will open to recruitment in LAS in August 2022.

Clinical Audit

- 13-17 June was Clinical Audit Awareness Week which is a national campaign to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare. In the LAS we took the opportunity to thank all of the staff that have helped with clinical audit projects so far in 2022 via LiA and the RIB and shared a summary of completed clinical audit projects published over the last 12 months.
- Three members of CARU were recognised by the Clinical Audit Support Centre for their contribution to clinical audit over the last ten years and were presented with long service awards, as well as their profiles being shared to help other staff who are new to clinical audit. In addition, two members of staff passed their clinical audit accreditation.
- We have granted clinical audit approval for a facilitated project focussing on smoke inhalation and have started a pre-pilot of a new NHS E Ambulance Quality Indicator (AQI) focussing on patient 65 years and older who have fallen.
- In June and July, CPI training was delivered to 12 paramedics on restricted duties, 3 OPC Mentors, 6 Team Coordinators, 1 Clinical Team Manager and 1 operational paramedic. In addition, Urgent Care APP CPI training was provided to 14 newly appointed Urgent Care APPs.
- CPI auditors report 18 potential incidents via Datix in June and July and called EBS to discuss the potential for 8 retrospective safeguarding referrals.
- Unfortunately we had to reschedule our Difficulty in Breathing Clinical Performance Indicator (CPI) Review Workshop due to REAP 4.



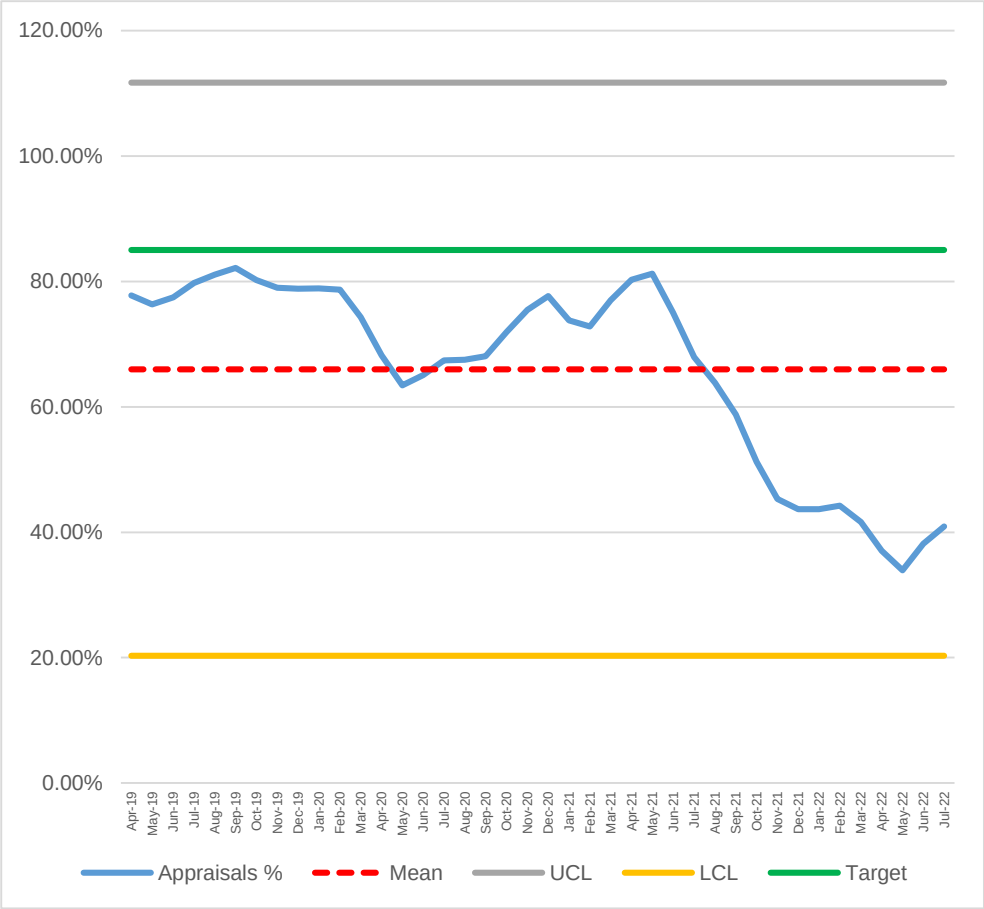


2. Effective – PDR & MCA Training

London Ambulance Service NHS Trust

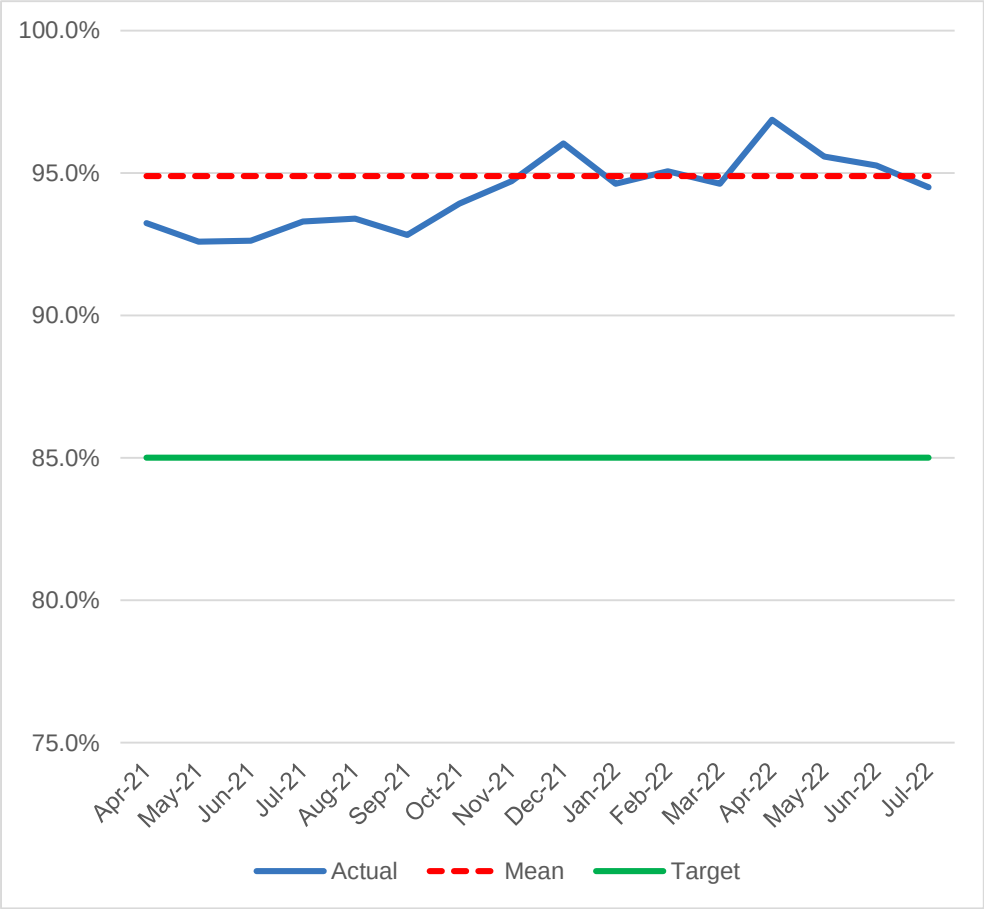
Owner: Various| Exec Lead: Dr. John Martin & Damian McGuinness

Appraisals — Jul'22: 41%



In July, our PDR compliance is at 41% - a recovery plan is being developed to get the appraisal process back on track with the expectation that PDRs will be completed by all Corporate colleagues by 30th August 2022 and operational & clinical colleagues by 31st March 2023.

Mental Capacity Act Level 1 & 2 — Jul'22: 94.5%



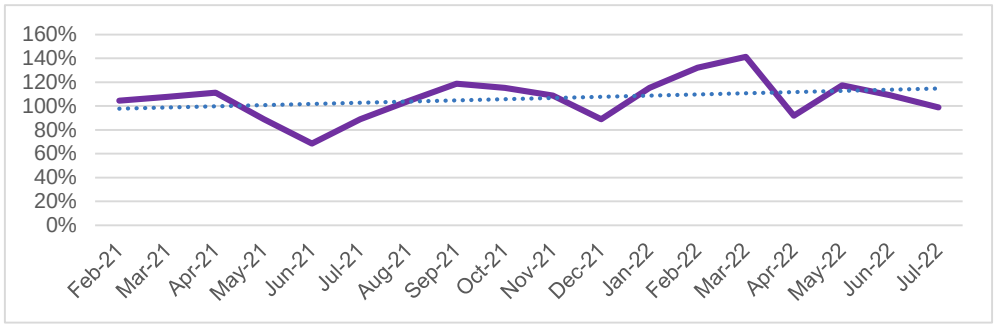
The current compliance from MCA level 1 & 2 training is 94.5%. The eLearning provides both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training face to face. The Trust risk regarding this has been closed.

2. Effective – EOC Call Handling Quality Assurance

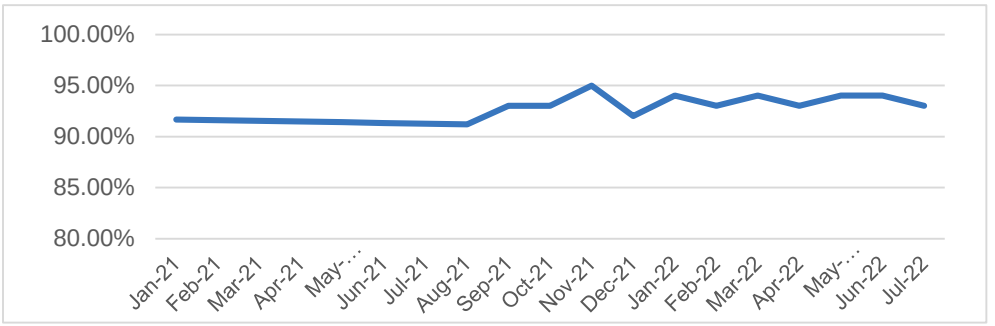
London Ambulance Service NHS Trust

Owner: Sue Watkins | Exec Lead: Dr. John Martin

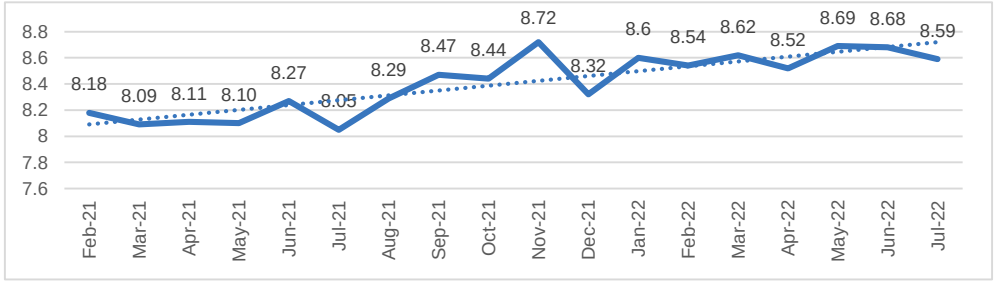
% of Emergency (MPDS) calls reviewed against requirements Jul'22: 99%



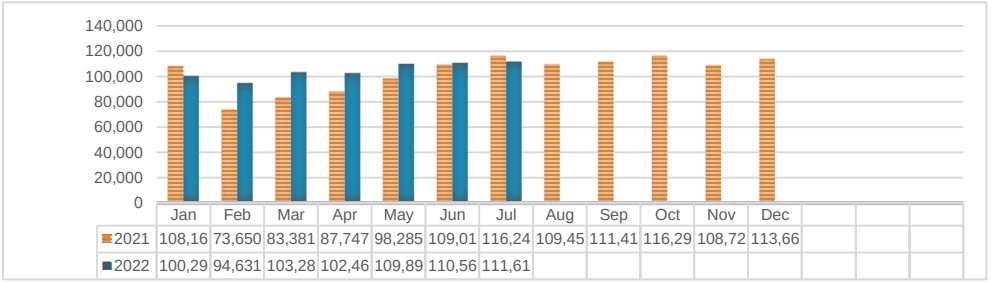
Overall Compliance with MPDS (Call Handling) protocols Jul'22: 93%



Average Call Handler (scored from 0 (poor) to 10 (excellent)) Jul'22: 22

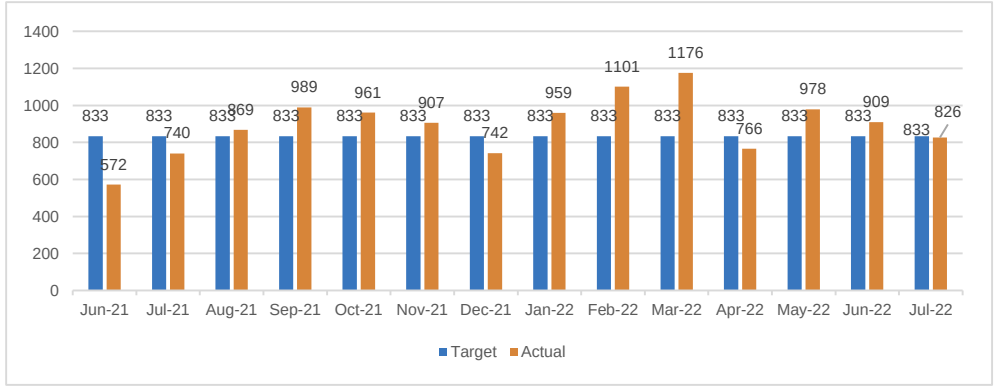


Monthly Call Volumes Triaged MPDS



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	108,16	73,650	83,381	87,747	98,285	109,01	116,24	109,45	111,41	116,29	108,72	113,66
2022	100,29	94,631	103,28	102,46	109,89	110,56	111,61					

IAED Agreed C-19 Target 833 Calls audited (Focussed and Random)



Analysis

The Quality Assurance Managers (QAM) continue to support EOC colleagues with call handling activities during periods of high demand. This has impacted on completing the required number of audits in July but an increased number in June was achieved.

The IAED have recognised the LAS challenges amid the COVID19 activity measures for all ACE accredited sites, as they understand and fully appreciate the huge challenges being faced in undertaking audit in such challenging times. The revised metrics actually indicate that we obtained 106% for June and 99% for July 2022 against this revised target. (The chart shows against the core 1% of all calls triaged in MPDS. June saw a rise in volumes of calls triaged in the EOCs compared with the 2021 volume. June sitting at 110, 565 compared to 109,910 and July 2022 saw a reduction, 111,618 compared to 116, 247 for the same month in 2021.

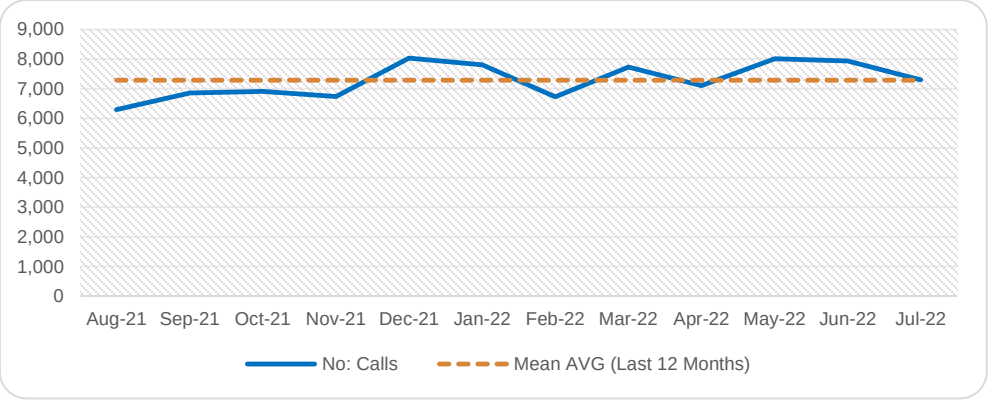
The Trust continues to operate within Centre of Excellence standards with high levels of compliance, resulting in appropriate triage and in turn patient care. The trend line shows a rise in "average call handler" score, and is above the expected range. This measure allows for significant outliers to be supported and monitored moving forward.

2. Effective – Trust Wide Language Line

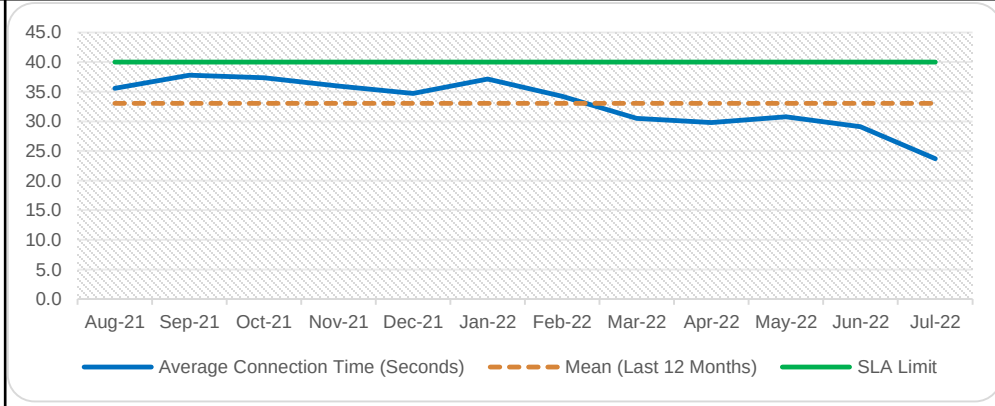
London Ambulance Service NHS Trust

Owner: John Light Exec Lead: Dr. John Martin & Dr. Fenella Wrigley

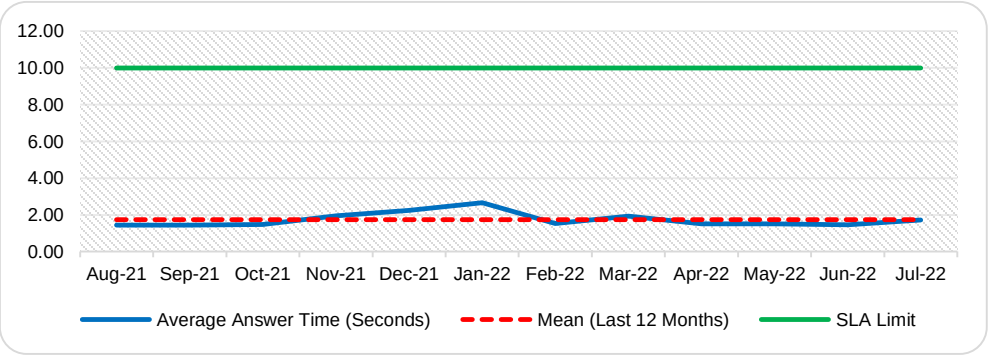
Total Number of Calls — Jul'22: 7290



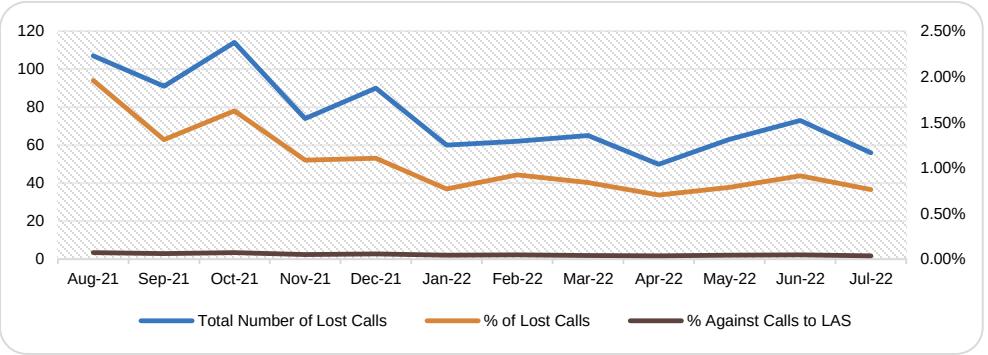
Average Connection Time — Jul'22: 23.7



Average Answer Time — Jul'22: 1.73



% Lost Calls Against Calls to LAS — Jul'22: 0.04%



Language Line Update

- Language Line (LL) are receiving increased demand for their services, in line with the rising demand across our 999 / 111 services
- Work underway with LL to report on above new KPIs
- Monthly contract meetings stood up to review performance / activity
- Process in place to flag any issues directly with language line via VOC (Voice of the Customer) forms
- Owing to REAP 4 challenges, this has not changed or been progressed at this time. Still awaiting an update from the Responsible Owner
- Purchase Orders were complete for the previous calendar year, with a review of the contract occurring March 2022.

2. Effective – NEL Quality Audit Data

London Ambulance Service NHS Trust

Owner: Jacqui Niner | Exec Lead: Dr. John Martin & Dr. Fenella Wrigley

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	311	311	100%	285	92%	• New/Worsening symptoms not asked • Local policy not followed • Questions missed
Health Advisors	926	926	100%	838	90%	• New/Worsening symptoms not asked • Unsafe disposition • Wrong pathway selected • Local policy not followed • Patient not present/asleep during assessment • Inappropriate disposition reached • Working outside of remit • No assessment carried out

We have completed 100% of staff audits for July.
There was an initial low uptake of auditing hours for July by the Auditors, due to incentivised payments for Health Advising shifts. This however did pick up within the last 2 weeks and has been closely managed by the auditing Team and support has been allocated .
There has been additional Coaching due to the number of new staff in the call centre, so auditors who normally would carry out auditing shifts were utilised for Coaching new staff in addition to maintain their support for auditing .
Any Call Handling staff who have audit issues identified, are provided with a high level of support and managed under the appropriate policy if needed.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	53	53	100%	50	96	• All clinicians communicate clearly and professionally & supportive of new staff ensuring they are using SBAR & declaring main reason for the call. • Overall the call length is shorter • All CAT 2 refusals / Toxic Ingestions refusals dealt with appropriately 99% calls not appropriate for Clinical Advice Line (5 calls) 2 x HA's unsure of LAS processes - Under 1's & Contact 2 hour disposition (4 hour window) 2 x HA need to Trust the NHSP system 1 x call not appropriate for clinical advice due to DoS question
Pathways Clinician	67	67	100%	57	85	Consistent issues seen with conveying DoS instruction to patient - 18% of audits did not convey information correcting (17% last month) Consistent issues seen with call length - 18% (last month 15%) of audits (both pass and fail) received comments regarding call length being over NHSP expectation of 12/13 minutes. Mitigation - 2 new staff members where call length will be longer due to exposure & experience Actions Trends and Themes from Audits communication sent to all Senior Clinical Advisors & Managers Feedback using NHSP audit tool / 2nd audit if Clinician or Line Manager requests Staff & Agency now receive 5 months of audit & performance scores on a monthly basis for reflection Pathways Clinicians are invited for Clinical Supervision following ALL audits both Pass / Fail Information is shared with the local Governance Team to see if identified trend is apparent elsewhere within LAS

2. Effective – SEL Quality Audit Data

London Ambulance Service NHS Trust

Owner: Jacqui Niner | Exec Lead: Dr. John Martin & Dr. Fenella Wrigley

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Service Advisors	51	43	84	40	93	• 4 SA audits fell below the 85% pass rate • Themes identified from the failed audits were; failing to control the flow and pace of the call and failing to provide adequate worsening.
Health Advisors	500	336	67	298	89	• 38 HA audits fell below the 85% pass rate. • Themes identifies from the failed audits were; failing to manage the clinical situation safely, failing to provide clear documentation and failing to operate within the boundaries of their role

Any Call Handling staff who have audit issues identified are being provided a high level of support and managed under the appropriate policy if needed.

Role	Required	Completed	% Completed	Number Passed	% Passed	Learning / Findings / Action
Clinical Navigator	36	36	100%	34	94.4%	Areas of Excellence: • Excellent communication and rapport demonstrated • Concise call lengths • Recognition of complex calls • Excellent clinical dynamic decision making with elderly faller • Sepsis awareness • High standard of professionalism and respect demonstrated Learning points: • Urgent Community Response Team utilisation • Ambulance Crew handover for safety on declaration of patient aggression • Probing into mechanisms of injury post HA concern • Category 2 Ambulance warm transfer • Audit results and individual feedback will be given and learning plans implemented where/if appropriate
Pathways Clinician	82	23	28%	23	100%	• All calls achieved above the 85% pass rate. • Due to REAP4 auditors management days were cancelled to assist with service delivery. This impacted the ability to undertake audits.

3. Caring

We must ensure that the service involves and treats people with compassion, kindness, dignity and respect. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Mental Health
- Maternity
- End of Life

Outstanding Characteristic: *People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.*

3. Caring – End of Life Care

London Ambulance Service NHS Trust

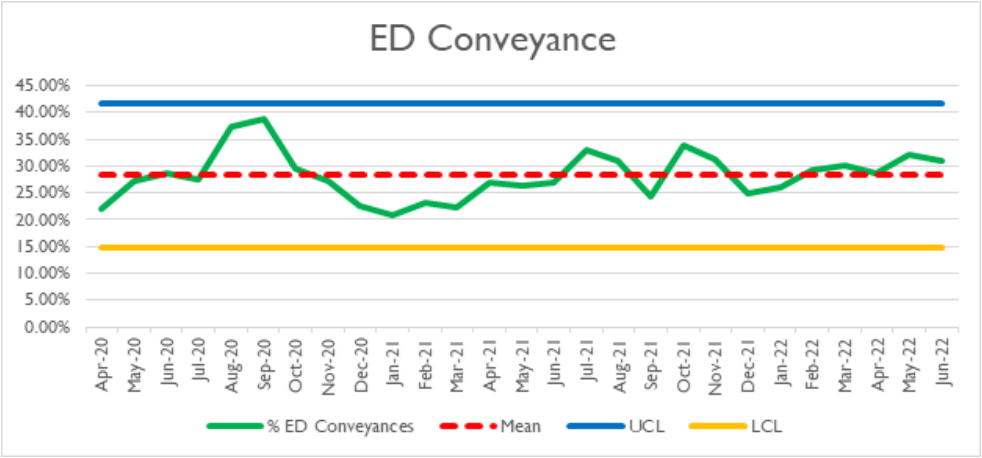
Owner: Diane Laverty | Exec Lead: Dr. Fenella Wrigley

Education Feedback

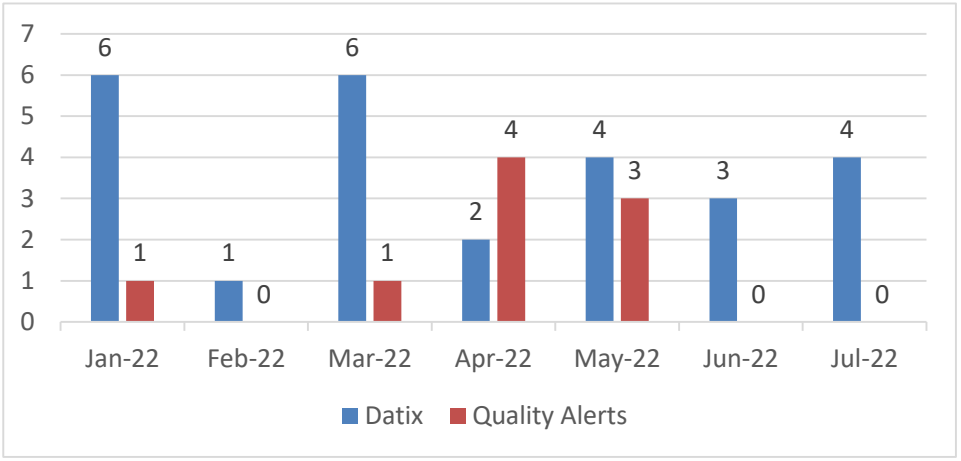
"Thank you so much, once again these sessions are brilliant. I even set my alarm to wake up mid night shift sleep to attend today as they really are very valuable…excellent at conveying information with the right mix of videos, PowerPoint & discussion"

B6 Paramedic

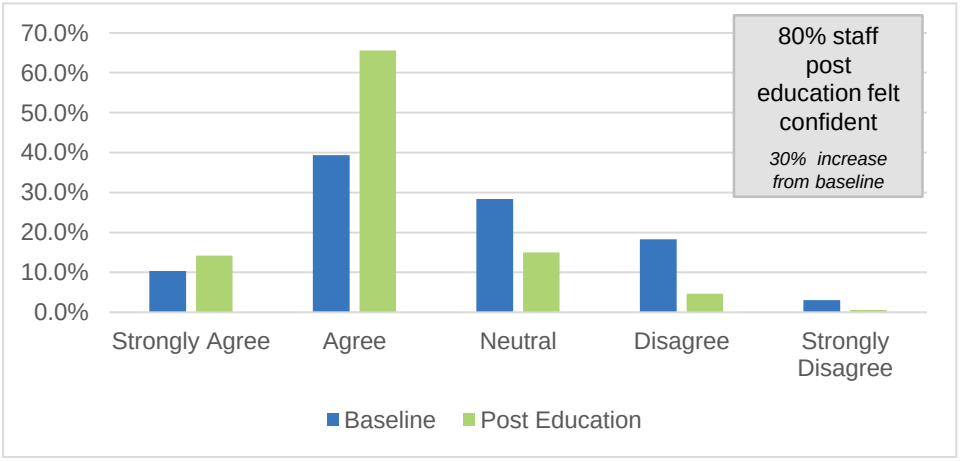
ED Conveyance — Jun'22: 31%



Incidents — Jul'22: 4



Staff Confidence — Jul'22: 80%



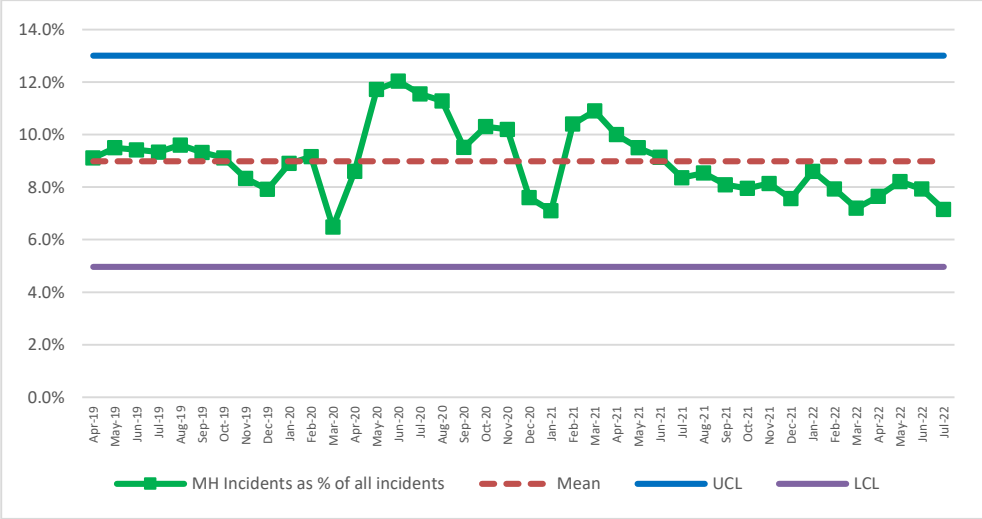
- Monthly CPD events continue
- Urgent Care Plan (UCP) launched
- EoLC Coordinators appointed pan London and induction held
- New ECHO training being planned for ambulance clinicians

3. Caring – Mental Health

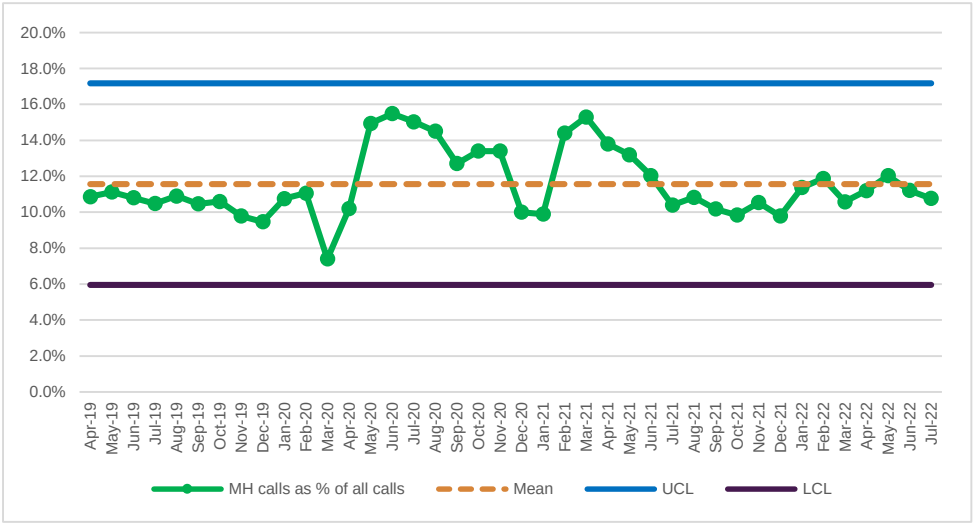
London Ambulance Service NHS Trust

Owner: Carly Lynch | Exec Lead: Dr. Fenella Wrigley

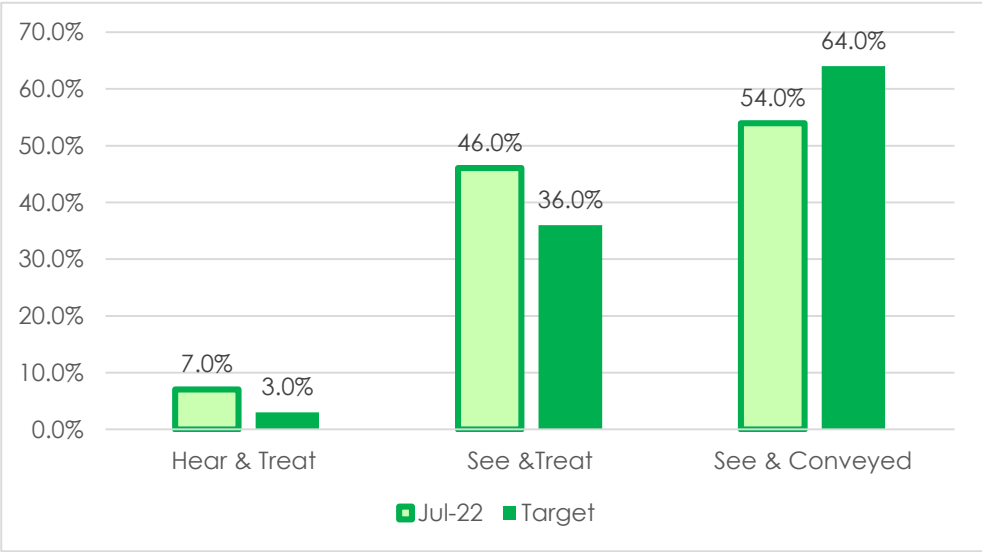
Mental Health Incidents as % of all incidents — Jul'22: 7%



Mental Health calls as % of all calls — Jul'22: 11%



Hear & Treat and Face to Face Incidents



Training & Education

- Our 12 month rolling CPD programme continues and we are working on the Fourteen Fish Educational Videos for 111 Call Handlers
- Mental Health Joint Response Cars:
- We are working on our recruitment plan for the four mental health cars in the South East, North Central. North West and North East ICB footprints.
- The team are continuing to support operations during REAP 4.

3. Caring - Maternity

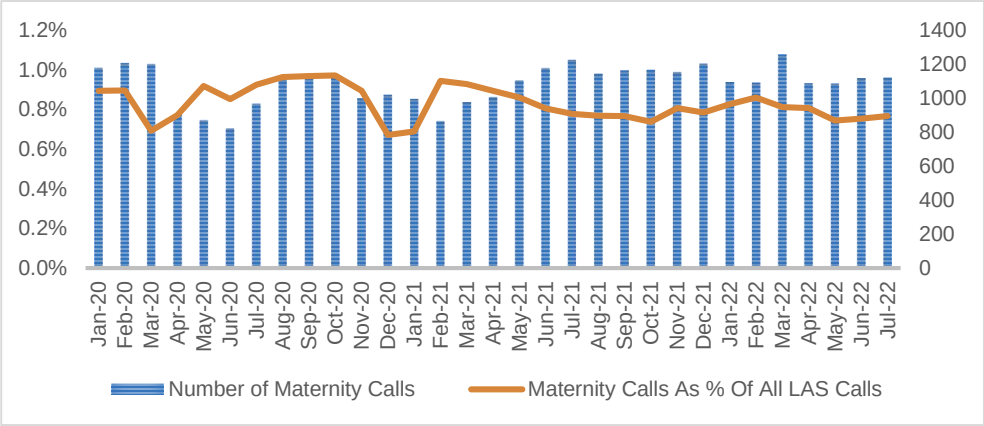
London Ambulance Service NHS Trust

Owner: Stacey Robinson | Exec Lead: Dr. Fenella Wrigley

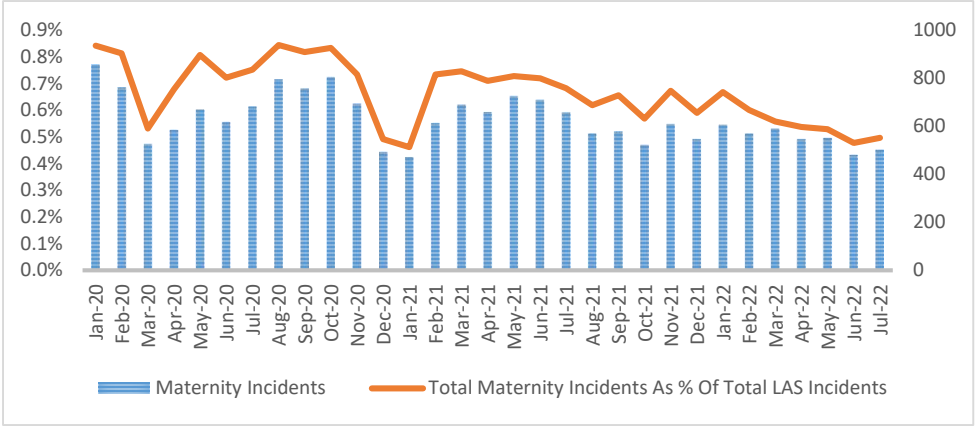
Maternity Performance Review Dataset:

Dataset to be reviewed with maternity team now reporting to new Director of clinical pathways and transformation. Question to be asked – are we capturing and presenting the right data to reflect the best care for our maternity patients in the right place at the right time?

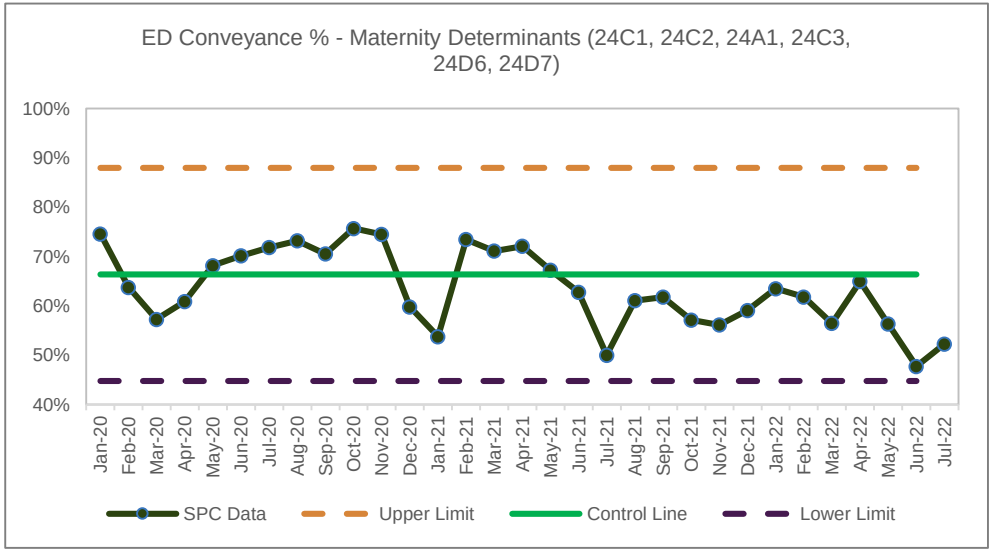
Maternity Calls as % of all calls — Jul'22: 0.8%



Maternity Incidents as % of all incidents — Jul'22: 0.8%



ED Conveyance



Highlights & Our Service Values

Respectful - Maternity team facilitating debriefs with crews within 10 days following a challenging incident or case that has been referred to HSIB

Innovative - Relaunch of new maternity action tool coming Sept 2022.

Professional - Maternity team now reporting into new Director for Clinical Pathways and Transformation. Very positive move and progression for maternity in LAS.

Collaborative - Working closely with London wide community midwives to prepare for emergencies at home births. Ensuring women and families are provided with correct information to make informed choice about their birth plans.

Exceptions (Improvement required): - Communication with HSIB continues to require improvement. Particularly around actions following a safety recommendation.

Outstanding - Joint training continues to roll out across London. Ambulance clinicians training alongside community midwives from their local maternity unit.

4. Responsive

As an organisation we must ensure we are responsive and that services meet people's needs. Our overall performance in this area over the past month is summarised by our Trust-wide Scorecard.

For further assurance we then provide additional data and analysis on:

- Frequent Callers
- Complaints

Outstanding Characteristic: *Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.*

4. Responsive – Frequent Callers

Owner: John O'Keefe/ Juliette Smyth | Exec Lead: Dr. John Martin

National definition of a **frequent caller** is anyone aged 18+ years who:

- Calls 5+ times in one month from a private dwelling; or
- Calls 12+ times over a three month period from a private dwelling

New & existing callers	744
NHS numbers matched	100%
Stakeholder meetings online	64

Sector	Patients	Aug-22	Calls last quarter	Calls last12 months	12 month cost	Patients with care plan
North Central	129	1620	4481	12859	£1,270,775	35
North East	102	836	2590	6963	£806,267	15
North West	99	1221	3401	9670	£1,110,883	37
South East	119	1535	4633	13572	£1,476,604	21
South West	87	902	2583	6742	£752,995	11

Highlights & Lowlights

- Restricted Send Policy draft out for comments
- New UCP system integrated into FC practice
- CPF cancelled due to heatwave / REAP4
- Team nominated for HSJ Patient Safety Award
- Draft TOR for new criminal justice group completed
- SWL Calling From Care Homes project continues, focus on e-red bag and FCs transitioning into care

- **Current focus**
- Calling From Care Homes project
- Monitor UCP changes
- Reschedule CPF
- Finalise Restricted Send procedure
- Work with Violence Reduction etc. to re-institute Criminal Justice Group
- Continue to work on reporting with Mike Damiani

4. Responsive – EBS

London Ambulance Service NHS Trust

Owner: Alan Hay | Exec Lead: Dr. John Martin

EBS works to deliver the trust's safeguarding referral process, as well as arranging falls and diabetes referrals, and coordinating and facilitating of ex-utero transfer in London, Kent, Surrey and Sussex and in-utero transfers in London.

Referrals

- Total adult safeguarding referrals: 1415
- Total child safeguarding referrals: 985
- Perinatal referrals: 193
- Falls and diabetes referrals: 1110

	Safeguarding		Perinatal			Falls & Hypo		
	Adult SG	Child SG	London NTS	KSS NTS	IUT	Falls	Hypo	Total referrals
August	1220	1007	115	34	27	1037	80	3520
September	1163	1072	99	29	26	961	61	3411
October	1244	1129	151	32	40	1050	68	3714
November	1328	1125	115	30	40	1062	67	3767
December	1355	1010	95	36	59	1178	81	3814
January	1459	1191	93	30	60	1280	79	4192
February	1181	1107	94	35	45	1051	59	3572
March	1355	1221	99	26	37	1129	60	3927
April	1384	1140	107	32	46	1201	72	3982
May	1452	1378	101	33	48	1042	75	4129
June	1412	1247	97	51	53	1082	63	4005
July	1415	985	106	40	47	1055	55	3703

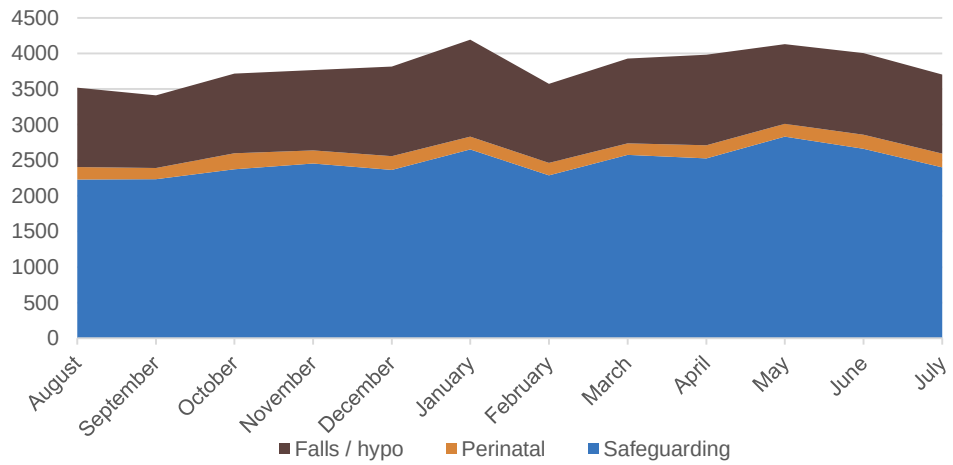
Highlights / Lowlights & Current Focus

- Safeguarding referral volumes stable for adults; a significant drop for child referrals in July which the SG team and EBS are investigating due to surge plans in EOC.
- Falls volumes remain seasonally normal
- New IUT transfer guidelines introduced
- Frailty Score audit of Falls Referrals confirms data is collected and could be shared with GPs if quality confirmed.

Current focus:

- Monitor new IUT guidelines
- Staffing / recruitment
- Frailty CQUIN
- PDR recovery

EBS Activity YTD July 2022



4. Responsive - Complaints

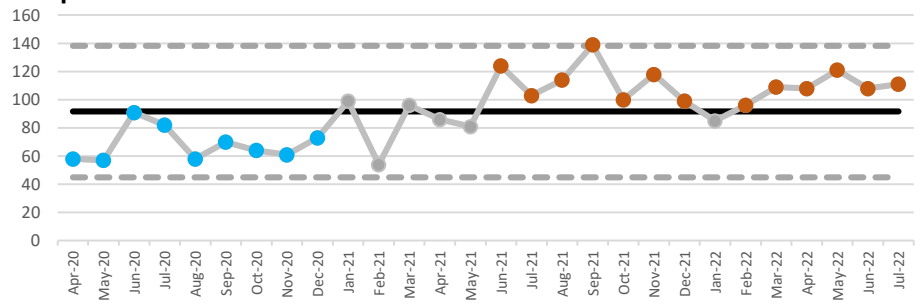
London Ambulance Service NHS Trust

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

Owner: Jonathan Elwood | Exec Lead: Mark Easton

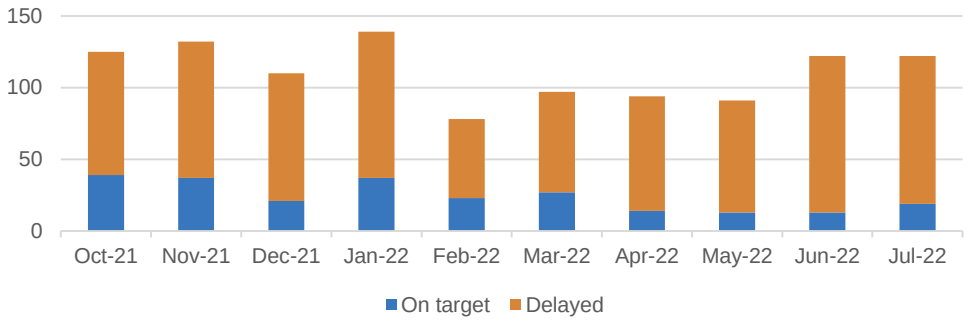
Complaints

Complaint Numbers



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	104	56	89	86	81	124	103	114	139	100	118	99
2022	85	96	109	108	121	108	111					

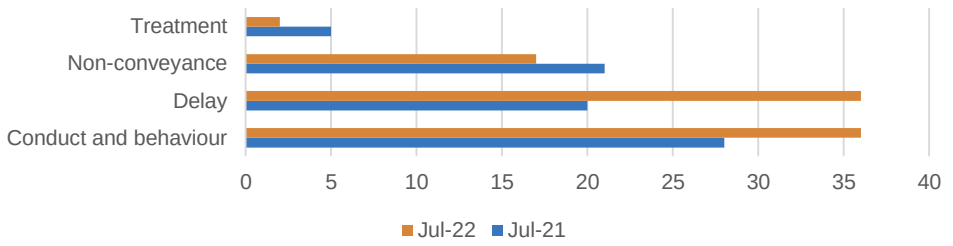
Complaint summary
Responded within target and delayed.



Month	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
In time	39	37	21	37	23	27	14	13	13	19
Delayed	86	95	89	102	55	70	80	78	109	103
% in time	31%	28%	19%	27%	29%	28%	15%	14%	11%	16%

Themes & Caseload

Top four complaint subjects July 2021 v July 2022



Open Complaints by month and those remaining open

Month	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Opened complaints	123	98	83	94	109	109	121	108	111
Due for response in this month	132	110	139	78	97	94	91	122	122
Remaining open where due in each month as at 08 August 2022 *	0	0	0	8	15	47	65	94	99

Update

Demand to the department continues to be high. The current focus is on the closure of the oldest complaints that remain open. A trajectory has been set up to ensure that 45 of the older cases are closed each month.

The table above evidences the impact of the team increasing the focus on older complaints and the regular monitoring of those. All officers have been undertaking a variety of tasks involved in the case management process including actioning new cases, reviewing the older ones and consideration of cases for other mechanisms, e.g. PSI review.

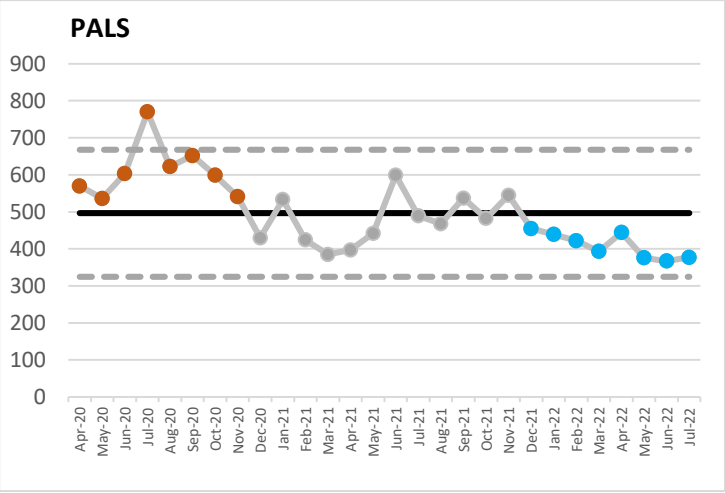
Staff absences due to annual leave and sickness will impact on throughput during the summer period which is also affected by the extremely high demand to the Trust and the issues associated with that.

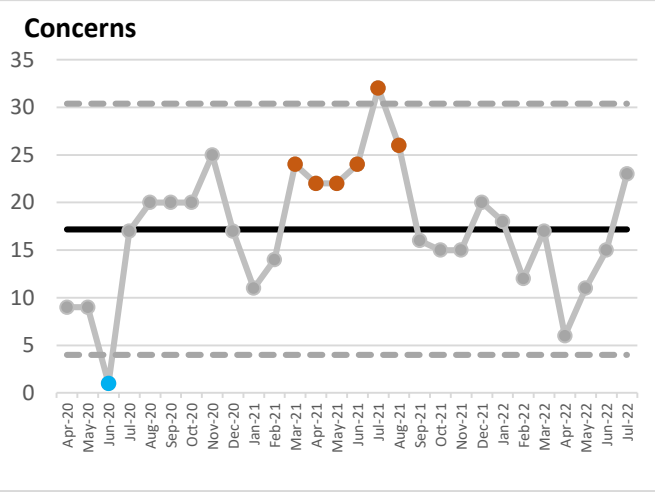
4. Responsive - Complaints

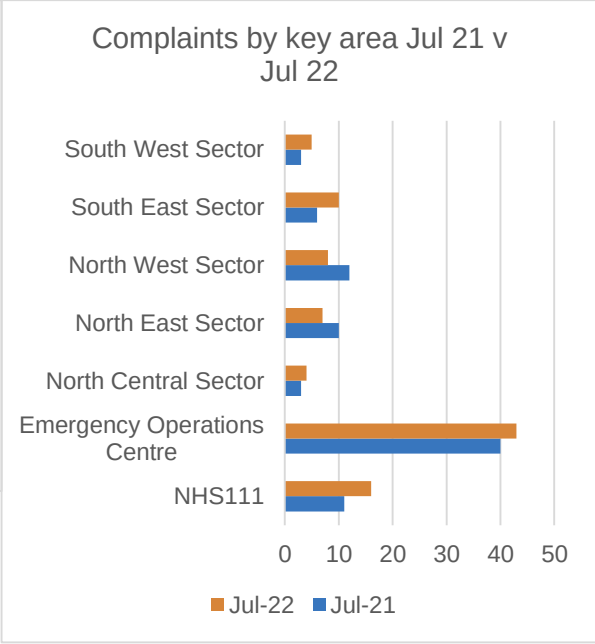
London Ambulance Service NHS Trust

Owner: Jonathan Elwood | Exec Lead: Mark Easton

PALS & Concerns

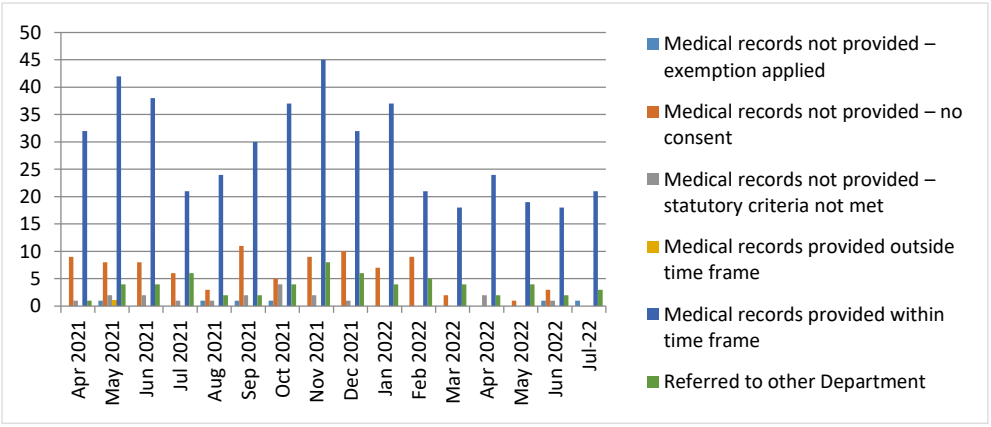






Method	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
PALS	599	489	468	537	482	545	455	439	422	393	444	376	367	377
Concerns	23	33	26	15	16	15	19	19	11	17	6	11	15	23

Subject Access Requests (patient) April 21 to July 22



Case Example & Learning July 2022

A complaint received from the patient's family about the delay in ambulance attending and incorrect information given by the call taker that Police would be attending sooner than they did.

The review concluded that based on the information provided, there was sufficient cause for concern in not being able to contact the patient and a higher category of response should have been selected by the clinician who reviewed the case.

One of the reasons for this error was the unclear wording in an operational procedure about when contact cannot be made with a patient. In addition the clinician mistakenly assumed and then reassured the caller that the Police had been informed. However, any contact with the police would have been recorded in the call log.

The clinician will meet with a senior clinical manager to receive feedback and talk through the correct procedures. The standard operating procedure has also been revised to clarify decision making for situations where any information held indicates a concern but contact cannot be made with the patient.

4. Responsive – Patient & Public Engagement

NHS London Ambulance Service NHS Trust

Owner: Public Education Team | Exec Lead: Antony Tiernan

The work we do through attending public engagement events supports the development of our reputation with patients and members of the public as well as the long term future development of our organisation through raising awareness of career opportunities available as part of the London Ambulance Service.

Public Engagement Events

During July 2022 we covered a variety of events mainly in a face to face format. Virtual format was adopted under one circumstance only for a careers event.

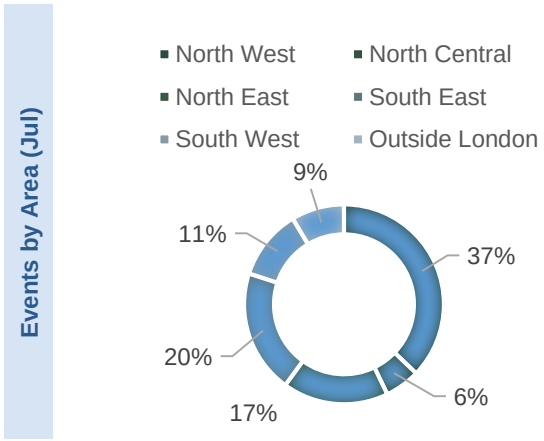
Our number of events is considerably lower than June (79 events). Total number for this month is 35. This is largely due to schools approaching exams and summer break.

Events covered in July include one **Junior Citizens Scheme** in Harrow, **Your Life You Choose** in the West London sector and **Safety First** in South West, North East and North West London.

The team actively supported staff to take part to a number of **Summer Faires** and **School Festivals** across London. as well

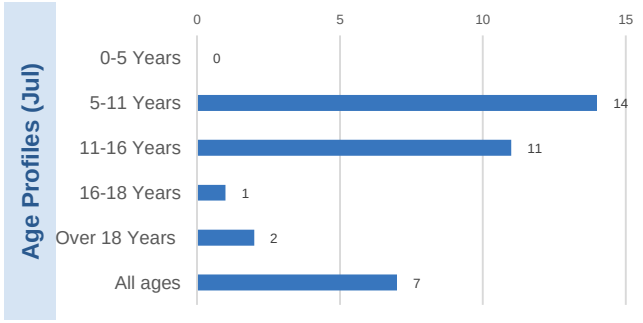
The team supported a visit to Kingston Fire Station Open Day with more than 500 attendees in cooperation with the Community Resuscitation team.

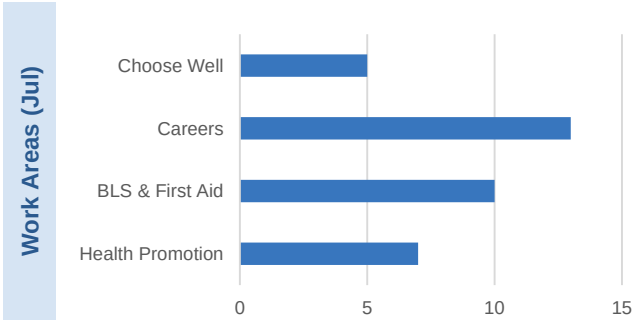
In addition the team supported staff from a variety of roles across the service to visit nurseries and primary school.



Public Engagement Activities

Supplementary information	
No. of public engagement events: Jul 22	35
Approximate audience numbers: Jul 22	6664
Public engagement hours: Jul 22	171
No. of events: April 22 to Jul 22	176
Approx. audience numbers: April 22 to Jul 22	25,230
Public engagement hours: April 22 to Jul 22	998.5





Headlines from July 2022

Staff supporting Operations:

Throughout July, as well as in previous months, the Public Education Team have been completing shifts to support the operational response during this period of high demand. During REAP 4 clinically trained staff have supported patient care with the majority of their working hours.

Junior Citizenship Scheme Summer Term Ends:

JCS Summer Term totalled 69 dates over 7 weeks. Volunteers attended 42 sessions. PEOs supported new volunteers on scene and through virtual training. Throughout the 7 schemes pan London we engaged with 116 schools and 6689 pupils.

Feedback from Volunteer:

"Thank you so much for your support with the presentations and the freebies. The pupils loved it and the teacher has emailed me saying they were playing Paramedics in the playground after and they then asked for the presentation to be re-read at the end of the day" – David Gordedo

Children's Hospice Community Event:

The Public Education team facilitated a Children's Hospice Summer Fair, collaboratively with other agencies directed to all ages audience in the community.

5. Well Led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

In this section we examine whether the actions we are taking to support the Quality of the organisation are having the necessary impact.

Outstanding Characteristic: *The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.*

5. Well Led – Learning From Our Actions

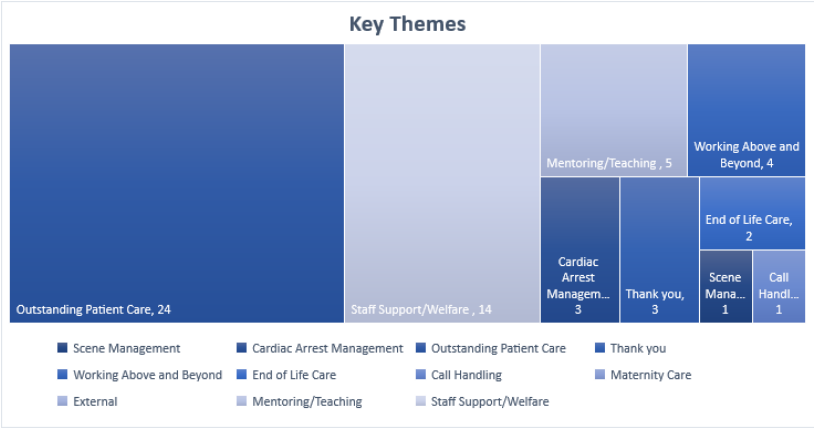
Owner: Helen Woolford | Exec Lead: Dr. John Martin

ER Excellence Reporting
Excellence is everywhere

In July 2022, 58 ***Excellence Reports*** were submitted.

Key themes identified from July reports include:

- ❑Outstanding Patient Care
- ❑Staff Support/Welfare
- ❑Mentoring/Teaching



Mentoring/Teaching

This individual has shown excellence in supporting university students through their placements. She has further assisted students by flagging concerns early with the management team, which has enabled additional support for the students. The management team have also received positive feedback from students who have always highlighted her patience, kindness, and concern for welfare, as well as her mentoring techniques. Thank you for all you do for our patients, staff and students!

Excellence report submitted on behalf of PPED Lead team. This person has recently been noticed to go above and beyond to assist students at New Malden Complex. She has recently overcome a huge challenge where she was met with a student who needed a lot of work to get their PAD document complete in order to complete their placement. This person went above and beyond what was expected of her in order to help the student. Considering that this was her first student, this is even more impressive. Thanks you!

I would like to thank the SORT training team for an excellent 3 day course. The information was imparted in a structured way that went at the right pace for the staff involved, with a good mix of classroom based and practical learning. The instructors were very supportive and made it an enjoyable process, but their deep subject matter knowledge really shone through.

Outstanding Patient Care

The call was for a male patient experiencing chest pain with associated cardiac symptoms. As no ambulance was available, the dispatcher arranged an FRU (fast response unit). On their arrival it was reported that the patient had gone into cardiac arrest. Additional resources were immediately sent, including a team leader. Return of spontaneous circulation was gained and patient was conveyed to the heart attack centre suffering with an inferior MI. Had Emma not dispatched the FRU, treatment would have been delayed and the outcome may have been less favourable for the patient.

First response vehicle on scene with an extremely distraught young female who had just experienced a miscarriage. The crew arrived and the genuine care, compassion and understanding they showed was exactly what the LAS needs more of. They allowed the patient to grieve, they spoke to her for as long as it took to calm her and made sure she was comfortable and well looked after from the minute they arrived. I hope to do more jobs with this crew in the future! Absolute credit to the service!

Staff Support/Welfare

I have received nothing less my 100% support from my clinical team manager. He has gone above and beyond for me on many occasions but the particular incident that I rave about is; I was unfortunate enough to experience a heavy depression in my mental health causing me to have emergency appointments with my GP and crisis line. Both of his departments referred me to the mental health team of my Borough. The mental health team scheduled an appointment for 2 months after the referral date, this obviously triggered more stress and upset, I explained to my team leader the situation and he personally contacted the organisation and managed to bring my appointment forward to the following week. Without this being done my recovery and stability would've been delayed or jeopardised. Throughout my employment that this individual has been my team leader he has always supported me in every way he can. I wouldn't of been confident enough to apply for secondments or better myself within LAS if it wasn't for his leadership. His support encourages me to takes leaps and break boundaries. I know I can turn to him for any help and guidance I may require. There has been many times that I have emailed him when he isn't at work or is on planned annual leave but he takes the time to address the issue and reply to my email. I guess this excellence report is one of the only ways I can show my appreciation and let him be recognised for him commitment to his role and colleagues. Thank you

5. Well Led – Learning From Our Actions

Owner: Helen Woolford | Exec Lead: Dr. John Martin

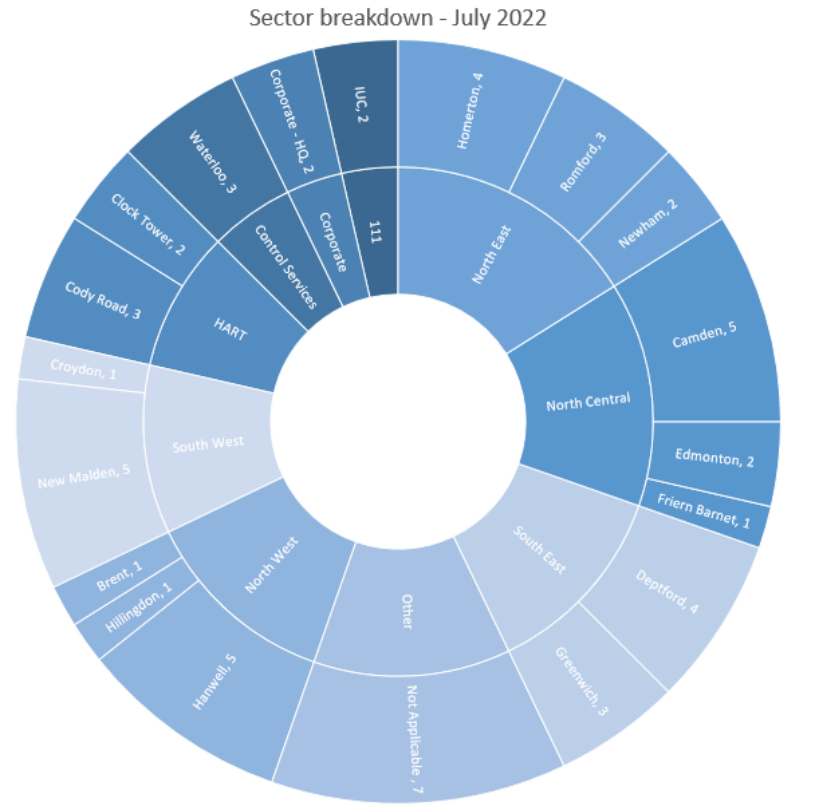
ER Excellence Reporting
Excellence is everywhere

Some further examples of excellence reports from July:

End of Life Care - This person was really helpful on a complicated End of Life case with red flag sepsis. There were a lot of unknowns and I was struggling to make a decision on whether to take the patient to hospital or not. I rang CHUB and spoke to this person, she had a calming and friendly manner and voice which made me feel like we were a team, she stayed on the phone for an extended amount of time to make sure we were comfortable with the decision made in a diverse situation. She went above and beyond and even emailed the end of life care team for me to get clarity on this job.

Cardiac arrest management – I attended a cardiac arrest in a public place. It was a highly emotive cardiac arrest due bystanders. The standard of care provided by my colleagues can only be described as exceptional. The person who arrived first started immediate BLS and delivered a number of shock before the arrival of the other crews before ALS was commenced. Another paramedic, who wasn't due to be on the car that shift, brought the LUCAS to scene. They achieved ROSC and identified the patient was having a STEMI and requested an APP. The patient was very unstable and despite maximum therapy went back into cardiac arrest and was transported to hospital Despite a prolonged resuscitation attempt the patient unfortunately died. I however have no doubt that this patient received the best possible care from the LAS and I am proud to call these people my colleagues! I would like to formally thank them for their compassionate patient care and professionalism.

Thank you - Attended a HART incident whilst observing with a crew. One incident involved 2 casualties. This person assisted the team with a traumatic fractured femur and had a positive input to patient outcome. As acting TL it was excellent to see a no argument, self motivated staff observer who was able to pre think items needed and extrication requirements. This allowed me extra hands allowing the remainder of the team to deal with a second patient. Furthermore it was nice to see a good working relationship with hems once they attended.



5. Well Led - Risk Management

London Ambulance Service NHS Trust

Owner: Helen Woolford | Exec Lead: Dr. John Martin

Risk Management
The Trust has Risk Management KPIs which are used to monitor compliance against the Trust's Risk Management Strategy and Policy as well as the Risk Management Procedure.
The team have continued to focus on this area and compliance has been maintained within the required Target levels from
June 2021 to July 2022.

The Trust's compliance in July 2022 was:

- **97.2% of risks reviewed within the last 3 months (target 90%)**
- **100% of all risks approved within 1 month in May (target 90%)**

Actions and assurance:
The risk team are liaising with all areas of the Trust to ensure regular risks review meetings take place. In December 2021,
due to REAP 4 pressures, the regularity of these meetings was reduced from Monthly to every two Months. The team have continued to maintain KPI Compliance.

All risks with a risk score of 15 and above are managed via the Trust's Risk Compliance and Assurance Group (RCAG) monthly to ensure actions are being taken to mitigate against the risk and bring the risk score down to its target level.

In the last month, there were 7 red risks on the Corporate (Trust Wide) Risk Register, Risk ID 1329 has recently been Finally Approved and requires review at RCAG. Since the May report risk IDs 1102 and 1311 have been escalated by ExCo to 25.

The movement of the red risks on the Corporate (Trust Wide) Risk Register are demonstrated in the table below:

Corporate (Trust wide) Risk Register

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost certain	0	0	1	2	2	5
Likely	0	0	0	1	1	2
Possible	0	0	7	11	0	18
Unlikely	0	0	1	12	1	4
Rare	0	0	0	0	0	0
Total	0	0	9	16	4	29

ID	Sector / Department	Description	Initial Risk Score	March Risk Score	April Risk Score	May Risk Score	June Risk Score	July Risk Score	Change in Risk Score:	Progress Notes:
775	Estates	There is a risk that the current UPS which has been upgraded to meet building supply demand will go into safe mode and switch off due to having no isolation transformers to prevent neutral from being lost during a network power outage. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services independently at Bow and HQ.	15	20	20	20	20	20	→	26/07/2022 Estates risk review SF GB MCB - Risk remains, situation unchanged. 14/07/2022 RCAG - Risk reviewed at RCAG. MCB confirmed he would discuss the progress of this risk and Action 'RCAG/22/18 ID 775' with GB and JB and feedback any updates before the next RCAG meeting on 11/08/2022. The risk level was agreed to remain at 20.
1081	Fleet and Logistics	There is a risk of the inability for the Trust to store, pack and supply medicines to frontline clinicians due to the legal requirement for organisations that supply medicines to staff, to have a Whole Sale Dealers Licence; which may lead to the inability for LAS staff to treat patients if not properly managed.	16	16	16	16	16	16	→	14/07/2022 RCAG Risk review: No further update available at this time. The risk level was agreed to remain at 16.
1271	Office of the Director of Operations	There is a risk of reduced availability of Ambulances caused by patient handover delays at receiving hospitals which may lead to increased Ambulance response times in turn causing poor patient experience and potential harm as well as reputational damage if not properly managed.	20	20	20	20	20	20	→	10/08/22 BAF Alignment review - BAF Risk 2 A Objective 2 "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." Both scored at 20.
1102	Quality Improvement and Learning	There is a risk of delays in answering 999 calls and the dispatching of resources due to the increase in demand created (directly and indirectly) by the Covid-19 pandemic which may result in an increase in Patient Safety Incidents, Complaints, Inquests, Claims and damage to Trust reputation if not properly managed.	16	16	16	20	20	25	↑	10/08/22 BAF alignment review - BAF risk current Level is 12. BAF Risk 1A is "IF cases of Covid, or other infection eg influenza, 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."
1311	Corporate Affairs	There is a risk that the Trust will be unable to achieve the required compliance standards for operational excellence due to ongoing and potential increases in demand which may lead to staff welfare issues, patient care/safety concerns and reputational damage if not properly managed.				12	20	25	↑	27/07/2022 - Email received from JL (attached) requesting that the feedback from Exco was that this risk rating has increased since the last RCAG and the group require the risk to be raised to 25 to reflect the increase Risk raised to 25. Risk escalation will be discussed at the next full RCAG.
1320	Incident and Delivery (Incident Response)	There is a risk of timely identification and management of complex incidents including; a failure to apply the complex incident dispatch pre-determined attendance plans (OP61 Appendix A – IRO,CTM,HART and TRU) for respective incidents; insufficient scene management; failure to apply JESIP principles; establishment of safe systems of work, reduction in efficiency resulting in Multiple Attending Resources (MAR) and dynamic risk assessments at scene; due to a lack of EOC ERD staffing availability necessitating closure of the Incident Management Desk Function (based in TOC). Operating without IMD within the TOC may lead to delayed escalation of complex incidents and decreased shared awareness for the duty and on-call teams impacting on Patient Care, Staff Safety and Reputational damage if not properly managed.						20	↑	10/08/2022 Meeting with staffside representatives on the 9th August to discuss the updated draft version of OP61 Appendix A v3.0 - minor adjustments agreed and will now progress for rollout 14/07/22 RCAG Risk review: AB confirmed 51 incidents were being reviewed from two shifts so the linked incidents may increase. The risk was proposed with a likelihood of Likely but with the evidence provided the group agreed to increase the likelihood to Almost Certain. NH raised a concern that the resourcing decision to close IMD would be to ensure resourcing was available for other critical functions. CS confirmed a discussion with NH would take place to investigate if an additional risk would also be required around resourcing in other key areas of EOC. The group approved the risk at 20.
1329	Office of the Director of Operations	There is a risk that patients are being 'cohorted' in the back of ambulances post verbal handover at A&E due to the Hospital not having the capacity within the ED, which may lead to poor patient experience, patient harm and reputational damage if not properly managed.						15	→	04/08/22 Risk reviewed by QI&L and finally approved. Email sent to DFF to confirm if he is comfortable that the risk sits with Operations and the Owner and coordinator are correct. Review of the rating also requires confirmation at RCAG. For note: Hospital delays risk ID 1271 is Almost certain 5 x Major 4. Due to patients having continued clinical care the consequence was identified as lower at Moderate.

5. Well Led - Legal Clinical & Non Clinical Claims

Owner: Jonathon Elwood | Exec Lead: Mark Easton

This report provides a brief update on legal activity where this is relevant to the quality agenda within the Trust.

The Legal (and Complaints) Team(s) are working to ensure consistency in data capture, investigation and shared learning with relevant teams within the Trust, including quality and patient safety.

Inquests

The number of inquests notified to the Trust remains high but not outside the expected range. We will be communicating with London Coroners about our return to REAP 4 and again asking that requests for live witnesses or lengthy statements be limited where possible.
We are now analysing data from inquests to identify issues, which can be used to promote learning across the Trust. This will be provided in future reports.

Inquest numbers are set out in the table below:

	In Month May	Year to date 01/04/2022 – 31/05/2022
Inquests opened (L1)	147	278
Inquests closed (L1)	**	**
Inquests opened (L2)	2	7
Inquests closed (L2)	7	22
PFDs received	0	0

** Due to a Datix issue the number of closed inquests was not available for this period.

Claims

Claims numbers continue to remain consistent with previous periods (based on notification of potential claims), however none were officially received during the period. This is due to solicitors taking advantage of extended timescales for registering a claim. Comparison with previous years is difficult due to the 3 year limitation on making a claim in most cases and the additional time given to potential claimants as a result of changes to reporting rules during the pandemic.
It continues to be the case that as a result of the pandemic we anticipate that we will see a significant rise in clinical and employers liability cases during the next 12 to 24 months. These might be either directly related to exposure to the Covid 19 virus or in relation to delays in responding to calls as a result of pressures on the service. Our panel firms (Solicitors appointed by NHS Resolution) are advising that they are beginning to see significant rises in claims relating to Covid 19 in other Trusts.

Claims numbers are set out in the table below (Please note that the current lack of activity noted here does not reflect a drop in actual numbers):

	In Month May	Year to date 01/04/2022 – 31/05/2022
Claims (Clinical) Opened	0	0
Claims (EL) Opened	0	0
Claims (PL) Opened	0	0
Claims (any)closed	0	0

5. Well Led - Trust Policies

Owner: Victoria Moore | Exec Lead: Mark Easton

Policies are a key component of the Trust's control framework. The Trusts compliance is on an improving trajectory but requires further action to obtain a compliant position.

Continued operational pressures have impacted upon the capacity of teams to review and update policies. To assist with this an updated version of Trust Policy TP001 "Policy for the Development and Implementation of Procedural Documents" was agreed by the Trust Board at its meeting on 23 September 2021 which supported a more streamlined approach to policies.

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Policy Compliance

The Corporate Governance team has created a comprehensive Policy Register that is used to keep track of the status of current policies and capture any new and recently reviewed policies..

A target for 75% compliance by end September 2022 has been set by the Executive Leadership Group. It is anticipated that this target will be achieved.

	In Date		Overdue	
July 2022	56	62%	35	38%

Policy Position by Directorate

	Policies in date		Policies overdue		Total
Director Corporate Affairs	10	72%	4	28%	14
Chief Finance Officer	2	50%	2	50%	4
Director of Communications and Engagement	2	100%	0	0%	2
Chief Medical Officer	15	88%	2	12%	17
Chief Paramedic and Quality Officer	9	50%	9	50%	18
Director of People and Culture	10	50%	10	50%	20
Director Ambulance Services	3	100%	0	0%	3
Chief Information Officer	3	75%	1	25%	4
Director Integrated patient Care	0	0%	2	100%	2
Director Strategic Assets and Property	2	29%	5	71%	7
Total	56	62%	35	38%	91

- The area with the largest compliance shortfall the Director of Integrated Patient care with 2 policies outstanding (100%).
- The people and culture directorate have the largest number of policies (20) and have proactively engaged with the Policies team to improve the position. In May 2022 14% of policies were in date, against the current 50% compliance position The Director of People and Culture has allocated resource to continue to progress and improve the position and has discussed the required next steps with the policies team.
- The chief medical officer has identified and confirmed 5 policies which have been incorporated within the new patient care handbook this has reduced the number of Trust policies and combined with other activity increased compliance from 64% in May 2022 to an 88% current compliance rate.
- The director of ambulance services has responsibility for 3 policies and has achieved 100% compliance since reported in May 2022. The Director of Communication and Engagement maintains 100% compliance.

5. Well Led – Freedom of Information

London Ambulance Service NHS Trust

Owner: Meg Stevens | Exec Lead: Mark Easton

The Freedom of Information Act 2000 provides public access to information held by public authorities. It does this in two ways:

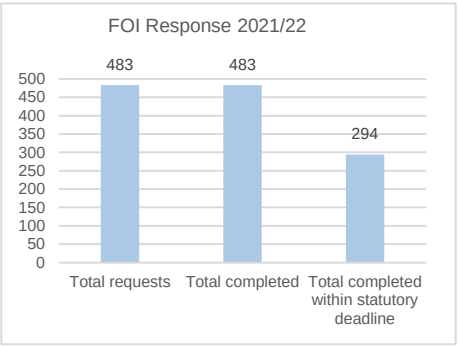
- public authorities are obliged to have a publication scheme and respond to requests for information under the act within 20 working days; and
- members of the public are entitled to request information from public authorities.

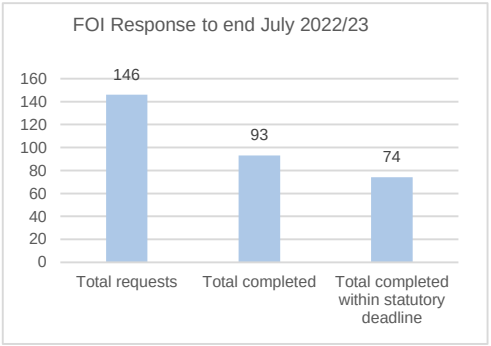
The Act covers any recorded information that is held by a public authority. The Act does not give people access to their own personal data such as their health records or HR files.

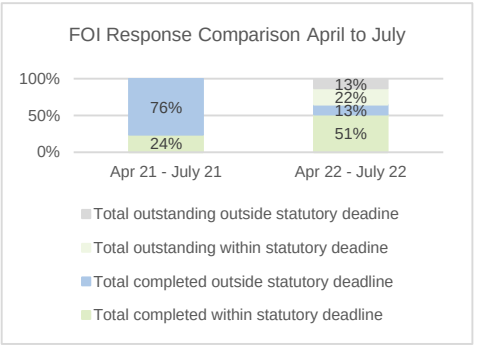
Freedom of Information Response & Requests

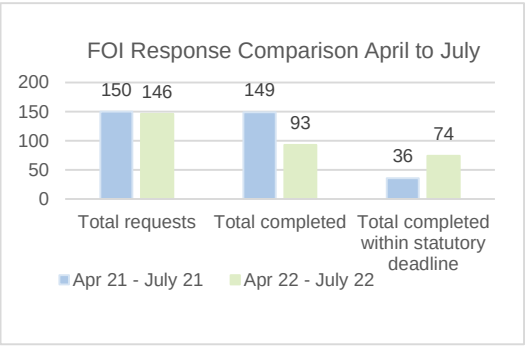
Total Requests Received

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021	30	43	44	33	36	35	35	67	32	51	39	38
2022	30	39	29	48								









21/22 & 22/23 FOI Response Overview

- During 2021/22 the Trust received 483 requests, (approximately 20 per week) under the Freedom of Information Act 2000.
- In the period Apr 2022 – end July 2022 the Trust has received 146 requests. Of these 64% requests have been completed within the statutory deadline which is a 27% improvement on the same period in 2021/22. Response times continue to be impacted by periods of increased operational pressure.
- The oldest outstanding FOI request was received on 25 April 2022 and is 50 days overdue. It is a complex request that requires input from multiple teams. The requestor has been kept informed of the reason for delays and the team continue to progress outstanding requests to closure.
- Continued REAP 4 escalation presents an additional risk in terms of prioritisation and the capacity of teams to respond to FOI queries. To assist with this and to streamline the required action the team actively review previous FOI requests and extract data/responses which may be appropriate to the current request and supply to Subject Matter Experts (SME) at point of initial contact.

Thematic Overview

- The Trust continues to receive FOI requests relating to a variety of regularly requested topics including spend, contract information, performance and response times.
- The Trust has received a number of requests (10) relating to Serious incidents, Ambulance delays and deaths. There also continues to be a number of requests relating to Low Traffic Neighbourhoods, cycle lanes and their associated impacts (6) as well as equipment carried by or treatments provided by paramedics (10).
- Other requests have related to cost of participation in Pride March, cost and impact of Insulate Britain activities and locations of defibrillators.

Policy Compliance

- The FOI Team owns one policy. The Freedom of Information and Environmental Information Regulation policy. This was reviewed in July 2023 and is scheduled for next review July 2023

ICO Referrals 2021/22 and 2022/23 to date

The Trust received 10 ICO referrals, 7 in 2021/22 and 3 to July 2022:

- 7 relating to the Trust's delay in providing a response (responses were provided and no further action was required)
- 2 relating to an appeal against Internal review responses
- 1 is being progressed via Legal

Of the 10 referrals, 2 resulted in the issuance of ICO decision notices with no further action required

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There are 0 open ICO referrals.

London Ambulance Service
NHS Trust

Report Title	Board Assurance Framework				
Meeting:	Trust Board				
Agenda item:	5.1		**Meeting Date:**	27 September 2022	
Lead Executive:	Mark Easton, Director of Corporate Affairs				
Report Author:	Frances Field, Corporate Governance Manager				
Purpose:	**x**	Assurance	**x**	Approval	
	x	Discussion		Information	

Report Summary

The BAF is now aligned with the 2022/23 Business Plan's strategic objectives and key priorities.

The BAF 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 discussions the following new risks were proposed for addition to the BAF (the full details of the risks are included within the attached document:

- BAF risk 3A: relating to the delivery of 111 and 999 service call answering, initial assessment and clinical consultations operating under different contracts which are governed by different regulators, contracts, funding, performance, and quality metrics. This risk was approved with an uncontrolled score of 4 x 4 (16) and a current score of 3 x 4 (12).

- BAF risk 3B: relating to delivering a programme of change within LAS to support delivery of a fully integrated system. This risk was approved with an uncontrolled score of 4 x 4 (16) and a current score of 3 x 4 (12).

- BAF risk 7C: articulates two linked risks associated to the delivery of the new Cleric CAD system:
    - Risk 1 – relates to the Trust failing to implement the new CAD system by September 2022. This risk was approved with an uncontrolled score of 4 x 4 (16) and a current score of 3 x 4 (12).

    - Risk 2 - relates to the CAD system being implemented on time but system functionality or stability problems result in an unsuccessful implementation. This risk was approved with an uncontrolled score of 4 x 4 (16) and a current score of 2 x 4 (8).

- BAF risk 8B: relating to the Trust not having the required number of ULEZ compliant vehicles to achieve compliance with ULEZ regulations by October 2023. This risk was approved with an uncontrolled score of 4 x 4 (16) and a current score of 3 x 4 (12).

- BAF risk 10A: relating to the failure of achieving alignment with a complex range of external partners which may result in not achieving our strategic objectives. This risk was approved with an uncontrolled score of 4 x 4 (16) and a current score of 3 x 4 (12).

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.

Recommendation/Request to 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 five new proposed risks to the BAF.

Routing of Paper i.e. previously considered by:

Executive Committee 21 September 2022

Corporate Objectives and Risks that this paper addresses:

The Board Assurance Framework (BAF) forms a part of the overall risk management and assurance process of the Trust and allows the Board to maintain oversight of the principal risks to the delivery of the Trust's strategic objectives.

London Ambulance Service NHS Trust
Board Assurance Framework

Introduction

The Board Assurance Framework (BAF) for 2022/23 and has been updated so it is aligned with the three strategic themes and the 10 objectives in the Trust business plan. These objectives feed into objectives for the executive and thereafter to staff.

The Trust's 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. The full risk management statement is included within the Trust's Risk Management and Strategy which is available on The Pulse and should be used to inform the tolerance of risk areas. In summary:

The 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

Strategic Goal		Objective		Risks	Risk scores						
					uncon[d]	Q1	Q2	Q3	Committee	Owner	Pge
Provide Outstanding Care for our Patients	1	Continuously improve the safe delivery and quality of care for our patients	1A	Impact of Covid and other infections on demand	12	12			QAC	FW	4
			1B	Development of UEC	12	12			QAC	FW	5
	2	Improve our emergency response	2A	Operational demand exceeding capacity	25	20			QAC	JM	8
	3	Create more integrated and resilient 111 services	3A	Single clinical assessment model	16	12			QAC	JN	11
			3B	Multidisciplinary workforce integration	16	12			QAC	JN	12
	4	Strengthen our specialists' teams response to incidents, threats and risks	4A	Major incident capacity	15	12			QAC	JM	15
Build our Organisation	5	Support our workforce	5A	Recruitment and retention	20	12			P&C	DM	18
			5B	Diversity of staffing profile	16	16			P&C	DM	19
			5C	Staff wellness	20	16			P&C	DM	20
			5D	Staff burnout	16	16			P&C	DM	21
	6	Develop a positive working culture	6A	Culture	16	12			P&C	DM	24
	7	Strengthen our digital and telephony capability	7A	Cyber attack	25	15			FIC	BT	26
			7B	Critical systems failure	20	15			AC	BT	27
			7C	CAD/Newham implementation	16	12			D999/FIC	BT	28
Develop Our Future	8	Use of resources more efficiently and productively	8A	Deliverable financial plan 2022/23	16	12			FIC	RP	31
			8B	ULEZ Compliance	16	12			FIC	RP	32
	9	Build our role as an anchor institution	9A	Health inequalities and public good elements to be developed.	12	12			AC	RD	
	10	Build a new five-year strategy	10A	Alignment with strategic partners	16	12			FIC	RD	35

Objective 1	Continuously improve the safe delivery and quality of care for our patients
Lead Executive	Fenella Wrigley, Chief Medical Officer
Lead Assurance Scrutiny	Quality Assurance Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
We have remained in the top 1/3rd in England for AQIs for CAT 1 but CAT 2 has remained challenged. The category 2 recovery plan has been further developed to support a sustained improvement in category 2 delivery - focusing on all phases of the response from accurate categorisation, sufficient resource levels, efficient job cycle components and reducing handover delays at hospital. Performance for the sickest patients (STEMI and Stroke) in category 2 remains a key focus to maximise outcomes. On a daily basis processes are in place to reduce the number of long waits for patients in category 3 and 4.	In view of current performance, and current pressures on the service, the committee can only be partially assured until there is evidence of further delivery against the improvement plan.		

Indicators/milestones

Priorities	Oversight	Q1	Q2	Q3	Q4
Continue to improve clinical outcomes across the organisation, including for patients who have had a stroke and heart attacks	Chief Medical Officer	**ROSC** to hospital 27% Individual **STEMI** bundle components 75% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 43 mins	**ROSC** to hospital 28% Individual **STEMI** bundle components 78% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 38 mins	**ROSC** to hospital 28% Individual **STEMI** bundle components 79% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 36 mins	**ROSC** to hospital 30% Individual **STEMI** bundle components 80% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 35 mins
Deliver the quality objectives relating to patient care, patient and family experience and staff engagement, published in the annual report	Director of Quality	Develop the delivery plan for the quality account RAG	Deliver the commitments for the action plan	Deliver the commitments for the action plan	Deliver the commitments for the action plan
Pilot the production of clinical outcome data for a range of conditions linking 111/999/ambulance data with hospital data sets	Director of Strategy	Refine the project to clinical outcome data RAG	Deliver the proposed action plan to share outcome data between providers	Start using the data for improving patient care	Link with the ADS Process

BAF Risk 1A	**Objective 1**
IF cases of Covid, or other infection eg influenza, 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
4	x	3	=	12

Current				
L	x	C	=	Score
4	x	3	=	12

Tolerance by 31/3/23				
L	x	C	=	Score
3	x	3	=	9

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, or other infection egg influenza, an through attendance at national and regional meetings	Ongoing
Ensure workforce plan is delivered to provide resilience	31/3/23
Ensure lessons from each COVID wave are reviewed and embedded into future planning and actions taken	Ongoing

BAF Risk 1B	**Objective 1**
There is a risk that after the increasing backlog of elective care may result in the national focus on elective care leading to deprioritisation of focus to transform emergency care at a time when UEC demand is increasing.	

Uncontrolled				
L	x	C	=	Score
4	x	3	=	12

Current				
L	x	C	=	Score
4	x	3	=	12

Tolerance by 31/3/23				
L	x	C	=	Score
3	x	3	=	9

Controls	**Assurances**
Continue to influence national agenda around the UEC strategy development and funding	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**
Influence regional and national bodies to maintain focus on the delivery of UEC	ongoing
Agree and implement influencing plan for all five ICSs that strengthens partnerships with new ICB leadership teams and ICS members (trusts, local authorities, PCNs)	ongoing
Support the co-design of new pathways to enable patients to be managed closer to home and reduce avoidable conveyance to ED	ongoing
Continue conversations at a national level tariff and funding streams for 2022/23 through active participation on national bodies	ongoing

Objective 2	Improve our emergency response
Lead Executive	John Martin, Chief Paramedic and Quality Officer
Lead Assurance Scrutiny	Quality Assurance Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
Continuous patient safety review processes in place Maintained Category 1 performance Category 2 recovery work stream developed Workforce plan established and recruitment underway Embed an integrated clinical operational governance structure, including revised performance management (Feedback, Focus, Review meetings) External support to identify areas for improvement	In view of current performance, and current pressures on the service, the committee can only be partially assured until there is evidence of further delivery against the improvement plan.		

Indicators/milestones

Description	Oversight	Q1	Q2	Q3	Q4
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	Director of EOC/Director of Ambulance Services	Confirm the workforce plans to increase the resource available including call handling and ambulance crews Confirm plan from the 'improving our response to patients' Q1 project Undertake Waste walks and interviews with best practice RAG	Implement the workforce plan actions including recruitment. Deliver learnings, recommendations and action plan from Q1 projects and waste walks.	Achieve a call answering mean of 20s Achieve an improving C2 mean performance	Achieve a call answering mean of 10s Improved C2 mean performance to be one of the top 5 performing ambulance trusts.
Review and update clinical model for ambulance dispatch to ensure patients get the right response at the right time.	Chief Medical Officer	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	Reduction in clinical incidents based on levels of harm (death, severe, moderate, low, no) Reduction of complaints relating to longest waits linked with scoped trajectory	Implementation of revised clinical model and dispatch	Reduction in longest held call no longer than 1 times the 90th centile.

		RAG	calculated against baseline and best in class.		
Work with our partners to reduce hospital handover delays to achieve standards and improve quality and safety for patients	Director of Ambulance Services	Agree stakeholder forums in each ICS area with representation from Acute trusts and incident delivery function RAG	Agree action plan and improvement trajectory in each ICS	Implement action plans	Implement action plans
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.	Chief Medical Officer	**UCR** – Scope and develop the role out of the ICS paramedic/UCR clinician collaborative **SDEC** – Implement exclusion criteria for crews to take patients directly to SDEC RAG	**UCR** – implemented at SWL ICS **SDEC** – 3 patients to each SDEC/ICS from both 111/999	**UCR** – implemented within a further ICS **SDEC** – 4 patients to each SDEC/ICS from both 111/999	**SDEC** – 5 patients to each SDEC/ICS from both 111/999.

BAF Risk 2 A	**Objective 2**
IF operational demand increases above capacity due to more patients accessing urgent and emergency care, THEN resources will be over-stretched LEADING TO poorer clinical outcomes and inequitable access to services.	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
4	x	5	=	20

Tolerance by 31/3/23				
L	x	C	=	Score
2	x	5	=	10

Controls	**Assurances**
Workforce plan in place	Monitored at People and Culture Committee
The use of volunteers is maximised	
Flexible approach to use of staff including roles and hours/rotas.	Quality directorate have established risk and incident hub to interrogate and learn.
Ongoing communication 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 identify risk and harm through pre-set processes	Early adopter of Patient safety Incident Response Framework (April 2021)
Redeployment scheme for corporate staff 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
Ongoing 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
Continual Review of dispatch process to assess the safe management of higher acuity patients at times of high demand	Ongoing
Launch Category 2 recovery programme	Complete and ongoing
Establish a clinical safety hub within EOC separate from ECAS	1/9/2022

Strategic Goal 1 – Provide Outstanding Care for our Patients

Objective 3	Create more integrated and resilient 111 services
Lead Executive	Jacqui Niner, Director of IUEC
Lead Assurance Scrutiny	Quality Assurance Committee

	Assured ☐	Partially Assured ☒	Not Assured ☐
LAS is at the forefront 111/999 integration and collaborative working with partners to develop care delivery models to improve patient outcomes. We need to continued focus on joint service development and utilisation of alternative care pathways has shown that high quality initial assessment and clinical telephone consultation improves patient experience and outcomes and protects urgent and emergency resource for the most acute service users. LAS have rich data to support and influence change to improve response and quality of care and continue integration of our teams and wider health and social care teams.	In view of current performance, and current pressures on the service, the committee can only be partially assured until there is evidence of further delivery against the improvement plan.		

Indicators/milestones

Description	Oversight	Q1	Q2	Q3	Q4
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	Launch recruitment campaign for new frontline staff to respond to increased demand. RAG	Provide the structured support for Managers (Our LAS, Values and Leadership)	Implement RotaMaster and Clinical Guardian software to improve rostering and clinical Audit	
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	Agree the 50:50 Role (Clinical assessment / Ambulance crew) with HR and Finance RAG	Agree the 50:50 roles (CAS / Road). Commence Recruitment	Expand recruitment – targeting joint, part-time and flexible clinical assessment roles	Agree and implement job share / rotational roles with partner providers

BAF Risk 3A	**Objective 3**
There is a risk that the delivery of 111 and 999 service call answering, initial assessment and clinical consultations operating under different contracts which are governed by different regulators, contracts, funding, performance, and quality metrics, will limit our ability to move to a totally integrated CAS and equality of management of patients based on clinical need rather than the number they telephone. LAS are required to adhere to a variety of National, Regional, and local ICS requirements.	

LAS will continue to work with commissioner's contract negotiation to influence future 111CAS commissioning and use learning/ data to influence change and improvement to allow best management of patients based on their presentation not the number they chose to call.

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: 31/03/23				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Ongoing collaborative working with regions and commissioners to design contracts for IUC, to include new quality metrics, KPIs and patient flow pathway.	Weekly regional meetings with regional IUC leads and commissioners
Ongoing internal review of performance and finance to ensure contracts remain viable.	Formal confirmation on how funding will be applied during development
	Fortnightly meetings with CFO and FFR

Further Actions

Action	**Date by which it will be completed**
Work with commissioners to move to Pan London 111 Contract held by LAS	March 2023
Representation as National/ Regional/ ICB 111 and 999 forums to contribute & drive case for change.	Ongoing
Escalation of areas of risk/ improvement required to influence case for change	Ongoing
Work with Region/ Commissioners for local change/ improvement for London patients	Ongoing
Work with wider system Primary Care/ Community Teams to improve integration	Ongoing

BAF Risk 3B	**Objective 3**
There is a risk that if we don't deliver a programme of change within LAS to support delivery of a fully integrated system due to capacity causing delay to completing key deliverables caused by IUC expertise and management capacity within LAS being limited	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by: 31/03/23				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Continual review of work stream being introduced	Work with ExCo to highlight any challenges and gain support as required

Further actions

Action	**Date by which it will be completed**
Operational/ training/ clinical/ workforce/ finance/ BI and each area will require a work stream with project support.	January 2023
Project Resource to be identified to support specific work streams	January 2023
Organisational commitment to resourcing and funding service development including backfill key roles to release expertise to needed to deliver objectives	January 2023

Objective 4	Strengthen our specialists' teams response to incidents, threats and risks
Lead Executive	John Martin, Chief Paramedic & Quality Officer
Lead Assurance Scrutiny	Quality Assurance Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
Positive results from 2 external reviews, discussed at audit committee Full recruitment to teams eSORT training underway for completion by end of September Review of premises commenced	In view of current performance, and current pressures on the service, the committee can only be partially assured until there is evidence of further delivery against the improvement plan.		

Indicators/milestones					
Description	Oversight	Q1	Q2	Q3	Q4
Identify an alternative site and agree re-location of the hazardous area response team serving the east of the city	Chief Paramedic & Quality Officer		Develop a business case with options for a new location for HART (East)	Find site that meets the criteria of the preferred option Update business case with known financial information	Confirm new location Develop detailed plan for moving to new site including service continuity through transition
Confirm a new venue for eSORT training which meets the service criteria, including the increased capacity requirements.	Chief Paramedic & Quality Officer	Develop a detailed specification for the alternative training location required by the SORT team RAG	Identify options for the training location Develop detailed plans to move	Re-locate SORT from Streatham Ambulance Service	
Maintain the team's high quality delivery and responsiveness, evidenced by compliance with national standards and specific feedback from previous inspections	Chief Paramedic & Quality Officer	Receive the final formal feedback from NARU on compliance with National Standards RAG	Develop a comprehensive action plan to address the issues and recommendation made in the feedback	Deliver the commitments made in the action plan including staff training	Deliver the commitments in the action plan Prepare and oversee the next annual inspection

BAF Risk 4A Objective 4
IF we do not have sufficient capacity to enact the Business Continuity Plan in the event of a protracted Major Incident (i.e. 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
3	x	5	=	15

Current				
L	x	C	=	Score
3	x	4	=	12

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

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**
As set out in milestone table above	N/A

Objective 5	Support our workforce
Lead Executive	Damian McGuinness, Director of People and Culture
Lead Assurance Scrutiny	People and Culture Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
• Establish a net 300+ WTE increase in our frontline workforce • Increase our existing workforce availability through various work streams (retention / absence / etc.) • Improve our employment offer to existing and new staff through education, learning and development and diversity	Given current and persistent pressures on the workforce the committee can only be partially assured until there is evidence of further delivery against the workforce plan		

Indicators/milestones					
Description	Oversight	Q1	Q2	Q3	Q4
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 RAG	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
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. RAG	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.
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 RAG	Socialise desired team model	Embed new team model with associated Our LAS leadership behaviour framework	Review current team model and address any shortfalls

Expand our educational capacity, both estate and courses.	Director of Education	Secure lease for expansion at Brentside Clinical Education Centre. **RAG** **Develop the operational plan** for the blended learning / digital education plans. **Develop workforce plan** for establishing Driving Education Academy. **RAG**	ExCo paper scoping paper for third Clinical Education Centre in South London	Complete the move into new capacity at Brentside Education Centre	Complete the business case for a Third Clinical Education Centre.
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 RAG	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
Make significant reductions in unplanned and sickness absence, achieving lowest unplanned absence rates compared to other ambulance services.	Director of People & Culture	Initial meeting of the improving sickness absence group following May PCC Signing of contract and implementation period of first day absence reporting service run by Goodshape; Transition to new OH provider. Agree recovery plan and revised 6% KPI RAG	Management of 6% trajectory OPMs to review progress in each service. OPMs to review progress in each service Contact monitoring Review feedback of service	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
Offer improved occupational health provision, increasing staff health and wellbeing support.	Director of People & Culture	Re-tender and appointment of Occupational Health provider RAG	Start to implement Royal Foundation Mental Health Commitment at work. Prepare for 2022/23 Flu season, review. Improve mobile wellbeing provision		

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
5	x	4	=	20

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/03/23				
L	x	C	=	Score
2	x	4	=	8

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
Working with NHS England and Ambulance Sector on joint campaigns	Recruitment workforce group bi weekly meeting

Further actions

Action	**Date by which it will be completed**
Review team structures and operational roles to improve support for staff and provide progression opportunities for a more diverse workforce	March 2023
Recruit 477 additional paramedics	March 2023
Recruit 500+ Assistant Ambulance Practitioners (AAP) from our local population	March 2023
Develop the operational plan for the blended learning / digital education plans.	Ongoing
Develop workforce plan for establishing Driving Education Academy	Ongoing
Identify sites for expanding our education provision both short and long term	Ongoing
Develop guidance for use across the Trust for inclusion objectives, reasonable adjustments and a commitment to anti-racism	December 2022
Outreach Programmes to support with Recruitment and address EDI objectives e.g. Princes Trust, Job Centres, Local community centres, Football Academies	Ongoing
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	Complete

BAF Risk 5B	**Objectives 5 and 9**
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. **Cause**: 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 31/01/23				
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.	Ongoing
Alignment of the outputs from our cultural transformation programme, e.g. policies, EQIa and training programmes.	Complete
Introduction of Inclusion Ambassadors to sit on Trust wide interview panels	31/03/2023
Our LAS - behavioural framework	Complete
Our LAS – recruitment toolkit	30/09/22
Recruitment EDI KPIs	31/03/2023
Commissioning of specialist recruitment campaign	31/08/2022

BAF Risk 5C	**Objective 5**
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 – reflected across the ambulance sector	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/01/23				
L	x	C	=	Score
3	x	4	=	12

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	March 2023
Procurement and implementation of first day absence reporting system	Sept 2023
Review of teams and associated scheduling	March 2023
Embed OH contract	Commenced July 22 - new OH contract
Immunisation records to be validated and outstanding vaccinations to be addressed	Commenced July 22 - new OH contract

BAF Risk 5D	**Objective 5**
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. **Cause**: Longevity of high service demand and increase in operational pressures exceeding available capacity.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/01/23				
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	Complete for corporate staff, operations staff Oct 2022
Actions from reviewing wellbeing offerings	Ongoing
Complete stress risk training (risk:1048)	Ongoing
OH new provider	Complete

Objective 6	Develop a positive working culture
Lead Executive	Damian McGuinness, Director of People and Culture
Lead Assurance Scrutiny	People and Culture Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
• Maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development • Ensuring a workforce that is engaged with what the Trust is seeking to achieve – embedded within our revised Trust values • Ensure staff are being supported in their career development and to maintain competencies and training ensuring a positive "well-led" CQC domain & staff engagement score.	Given current and persistent pressures on the workforce the committee can only be partially assured until there is evidence of further delivery against the workforce plan		

Indicators/milestones

Description	Oversight	Q1	Q2	Q3	Q4
Co-design, launch and embed a new set of Trust values and behaviours	Director of People and Culture	Trust Values and Behaviours will be socialised at the Leadership Masterclasses in May and Launched across the Trust in June 22 RAG	Embed new Values and Behaviours in the 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.
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 and 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. RAG	Re-engage with Staff Survey Champions and work with LGMS to agree top three priorities. EDI/OD tea to provide local support and training.	Introduction of local staff survey engagement tool – monitor and address and shortfalls	Review 2022 staff survey results

Strategic Goal 2 – Build our Organisation

Improve the quality and effectiveness of our appraisals, recruitment process and managing inappropriate behaviours in colleagues	Director of People and 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. RAG	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.
Create pathways to enable career progression for staff in every part of the organisation	Director of People and Culture	Engage with key stakeholders including Networks and Unions to Scope Career Pathways. RAG	The new Culture working group will oversee a Talent programme, which will include Career Pathways.	Launch Pilot Career Pathway Programme.	Roll our Career Pathways more widely across LAS. Use staff survey, questionnaire and focus groups to measures effectiveness of the career pathways.

BAF Risk 6A	**Objective 6**
Current Risk 6A: IF we do not improve our staff culture and survey engagement scores THEN staff will be arguably feel less engaged, potentially LEADING TO poorer patient care. Caused in the main by operational pressures & associated burnout	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by 31/03/23				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Protected time to support Leadership Development (24 hours a month)	ESR tracking – and local reporting
Post Our LAS Programme Review.	P&C Director's update to the Board and PCC
Dashboard reporting: • EDI/CDI • LEAP • WRES and WDES data • Retention • Staff survey engagement scores	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**
Develop 2023-2026 People and Culture Strategy	31 March 2023
Aligned EDI/CDI Strategy	September 2022
Our LAS Leadership Framework	Complete
Our Behavioural and Competencies Frameworks	Complete
Suite of EDI Training tools	December 2022
Comprehensive review of all Policies EQIA	September 2022

Objective 7	Strengthen & Optimise our Digital and Data Assets
Lead Executive	Barry Thurston, Chief Information Officer
Lead Assurance Scrutiny	Finance and Investment Committee and Audit Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
IP home office installed as a failover system All telephone systems at each of the control room locations tested in survivability mode Review of control room processes being undertaken	The recent cyber-attacks on the 111 and 999 systems and the finance systems shows the continuing vulnerability of our key digital systems. Therefore notwithstanding the excellent work on recovery, the committee looks forward to the reports coming to the Board on lessons learnt, so that further strengthen measures can be considered.		

Indicators/milestones

Priorities	Oversight	Q1	Q2	Q3	Q4
Deliver a new integrated and standardised computer-aided ambulance dispatch system	Chief Information Officer	UAT, TTT, Security Testing Farnborough and Corsham Build Server Testing. **Infrastructure modernisation** RAG **Cleric CAD:** RAG	Staff Training MDT Development and Deployment Go Live		
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 software update to allow Newham to connect to LAS Telephony network CM8 Go Live RAG	Infrastructure Build and configuration for CM10	CM10 Go Live	Commence the removal of the legacy IT / telephony
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 'OneLondon' Clinical records.	Completion of the Transfer of Care (ToC) to see data flow from ePCR into the native Cerner EPR.	Publication of ePCR records for all ePCR submissions to the London Care Record.

		RAG		Publication of the recommendations to link up Londoners' maternity data.	Publication of ePCR records (St Georges patients only) to the London Care Record	Adoption of the Ambulance Data Set into the Trust

BAF Risk 7A	Objective 7
New risk description: There is a risk that the current infrastructure within the Trusts technical architecture is not robust enough to withstand a cyber attack	

Uncontrolled				
L	x	C	=	Score
5	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 31/3/23				
L	x	C	=	Score
2	x	5	=	10

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	Complete
Recruitment process for cyber SME in place	December 2022
Recruitment process and change of job description for cyber gatekeeper	December 2022

BAF Risk 7B	**Objective 7**
New risk description: There is a risk that our critical systems could fail resulting in the Trusts inability to either answer calls from patients or to be able to dispatch resources to patients	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 31/3/23				
L	x	C	=	Score
2	x	5	=	10

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
Go live testing for 4 four period the week before go live date	

Further actions

Action	**Date by which it will be completed**
CAD replacement strategy	30 September 2022
Relocate Bow hardware	30 May 2022 – mostly complete
Completion of Corsham migration	June 2022 (CAD already there)
Completion of Farnborough migration	March 2023
Relocation of radio systems	Complete
Relocation of North Control function to Newham	Complete

BAF Risk 7C	**Objective 7**

There are two linked risks associated to the delivery of the new Cleric CAD system:

Risk 1 - The Trust fails to implement the new CAD system by September 2022, resulting in reputational damage, increased costs (above and beyond the approved Business Case and financial envelope), going into winter with aged systems, limited support from other trusts including existing limitations with transferring calls via ITK and loss of key project personnel **or**

Risk 2 - The CAD system is implemented on time but system functionality or stability problems result in an unsuccessful implementation leading to organisational disruption, threats to service delivery, potential for patient harm (delayed responses) and reputational damage.

Cause: Incorrect functionality to meet the Operational needs of the Trust, completion of appropriate testing, delays in training staff, availability of system documentation, additional effort required to provide 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
risk 1 3	x	4	=	12
risk 2 2	x	4	=	8

Tolerance by 30/9/22				
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	External assurance from PWC (deep dive in core areas)
Structured Technical system test scripts	External scrutiny from NHSE, NHSE are invited to Programme and Assurance Groups.
Retention incentive paid to control staff to minimise staff turnover	**Gaps in assurance**
Recruiting sufficient staff for go live	Impact of absenteeism during the training period

Communications plan in place to engage with internal and external stakeholders	Timeline for roll out of updated MDT software (across the fleet) prior to Cleric go live.
6 Week countdown tracking plan for key activities. Includes progress checkpoints at the end of each week.	
Go/ no go checkpoints for both the rehearsal and main go live events	
QAC clinical review	
Completion of Stage Gate 3A and 3B prior to service launch	

Further Actions

Action	Date by which it will be completed
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 progress	Complete
MDT functional testing to be completed end of June	On-going (MDT SW updates)
Technical integration testing sign off (includes NFT)	September 2022
Load and performance testing in July, to test its capability in the live environment (Newham)	Complete
Infrastructure change freeze from August 2022	September 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
Engagement with external colleagues London EPR and NHSE to detail go live arrangements	Ongoing

Objective 8	Use of resources more efficiently and productively
Lead Executive	Rakesh Patel, Chief Financial Officer
Lead Assurance Scrutiny	Finance and Investment Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
• The Trust has YTD surplus of £2.46m as at 31 July 2022 against the NHS performance target of £2.0m surplus, a favourable variance of £0.6m • The Trust has delivered £4.5m of efficiency reductions to the end of July 2022, of which £3.3m non-recurrent. • The Trust had a closing cash balance of £48.6m.	The committee can only be partially assured until the CIP programme recovers to plan and wishes to undertake a deep dive in under-performing areas at its next meeting.		

Indicators/milestones

Priorities	Oversight	Q1	Q2	Q3	Q4
Deliver our agreed control total for 2022/23 including the successful delivery of our cost improvement programme.	Chief Financial Officer	Resolve outstanding income issues with ICSs. Develop detailed CIP plans and governance framework RAG	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required.	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required.	Monitor I&E delivery and identify mitigations if required. Prepare for yearend close down
Return to pre-pandemic levels of operational productivity.	Chief Financial Officer	Develop efficiency metrics as part of CIP Programme RAG	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme	Monitor delivery as part of CIP programme
Deliver the capital programme for 2022/23 and secure any available additional funding.	Chief Financial Officer	Develop detailed plans for the "core" programme RAG	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

BAF Risk 8A	**Objective 8**
IF the Trust does not deliver the 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
4	x	4	=	16

Tolerance by End of Q4				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
2022/2023 financial plan submitted to NHS England on 20 June 2022	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
CIP governance framework in place.	Regularly oversight by CIP Programme Board and assurance reports to FIC
CIP Programme Management Office also established	
	Gaps in assurances A small number of CIP schemes require further development

Further actions

Action	**Date by which it will be completed**
Continue to develop CIP Project initiation documents (PIDS)	End August 2022

BAF Risk 8 B	Objective 8
There is a risk that the Trust will not have the required number of ULEZ compliant vehicles to achieve compliance with ULEZ regulations by October 2023, resulting in possible daily fines for each non-compliant vehicle entering the ULEZ zone. Cause: Commissioning contract stipulates the Trust needs to draw from the national procurement of vehicles which is a single supplier who have currently closed their order books. National specification of ambulance vehicles are not aligned to LAS requirements. We have one derogation allowing us to build 19 ambulances which are delayed and are about to submit a further derogation. Limited amount of capital to purchase sufficient vehicles in the required timeframe to replace non-compliant vehicles (currently 130 ambulances).	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
3	x	4	=	12

Tolerance by End of Q4				
L	x	C	=	Score
2	x	4	=	8

Controls	Assurances
Memorandum of understanding in place with the Mayor's office to provide a dispensation from any ULEZ fines until October 2023.	Signed MOU
Approval by NHS England for a procurement contract for 19 ambulances with another provider (currently being fulfilled)	Derogation approval letter from Director for Community Care, Mental Health and Ambulance Improvement Support (NHSE) Inspection of first vehicle on 2nd August
	Gaps in assurance 130 vehicles are currently non-compliant Delay on delivery of the 19 ambulances on order Sufficient funding to replace remaining non-compliant vehicles

Further actions

Action	Date by which it will be completed
Applying for further derogation for 39 diesel ambulances and 4 electric ambulances	Completed
Exploring additional funding streams for replacement ambulances (Green Bonds)	31 March 2023

Strategic Goal 3: Develop our Future

Objective 9	Build our role as an anchor institution that contributes to life in London
Lead Executive	Roger Davidson, Director of Strategy and Transformation
Lead Assurance Scrutiny	Audit Committee

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☐	Not Assured ☐
This is a multi-facetted piece of work and different elements are at different stages of development. Make Ready, sustainability and fleet areas are well developed, while our work on the health inequalities and public good elements are yet to be fully developed.	*Further assurance provided by Committee where required*		

Indicators/milestones					
Priorities	Oversight	Q1	Q2	Q3	Q4
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 RAG	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
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 RAG	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
Actively promote paramedicine as a career pathway to diverse student communities in London	Director of People & Culture /	Initiate research to define the specific issues and challenges with respect to diversity in para medicine.	Discuss findings of research with HEE and LAS education partners including universities	Implement action plan to support more diverse recruitment including working more closely with	Implement action plan to support more diverse recruitment including working more closely with

Strategic Goal 3: Develop our Future

	Director of Education	Join with other partners including AACE support collective view RAG	Agree action plan with partners and Health education team	targeted London Communities	targeted London Communities
Ensure at least 10 per cent of our 1,000-plus vehicles are electric or plug-in hybrid electric	Rakesh Patel – Chief Financial Officer	38 new hybrid vehicles brought into use. RAG	Delivery of new hybrid vehicles.		
Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.	Antony Tiernan –Dir of Comms & Engagement	Host London Lifesavers Awards - raises awareness and recognition. RAG	Develop and agree a comms & engagement plan to raise awareness and increase recruits.		
Deliver sessions on health and prevention of harm for children and young people across the capital.	Antony Tiernan –Dir of Comms & Engagement	Visual planner to measure each staff member / volunteer activities and the topics covered (to monitor progress) RAG	Promotion of team commenced to raise profile & key messages. Recruitment of Interim Lead (Public Education Lead) commenced, but permanent delayed because of outstanding restructure.		

Strategic Goal 3: Develop our Future

Objective 10	Develop a new five-year strategy to improve services for the communities we serve
Lead Executive	Roger Davidson, Director of Strategy and Transformation
Lead Assurance Scrutiny	Finance and Investment Committee

Lead Executive's Assurance statement	Assured ☒	Partially Assured ☐	Not Assured ☐
ExCo and the Board have received regular updates to the development of our new strategy and been instrumental in shaping it. There is a timeline and process laid out for agreement by the Board and currently there is reasonable confidence it will completed to schedule, with the relevant input from stakeholders and ownership by the organisation.	The committee notes its responsibility for overseeing the process and at this early stage is assured that the development of the strategy is on track.		

Indicators/milestones					
Priorities	Oversight	Q1	Q2	Q3	Q4
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	Scoping strategic with our internal and external leaders including all ICS's. Board development session with major focus on health inequality. RAG	Extend our engagement to leaders across the organisation, ICB leaders, UEC boards and others, focusing on the challenge, priorities & ambition for LAS.	Publish a strategic intent document for formal engagement with partners	Engage with partners Publish final version of strategy document
Co-produce an estates strategy with incremental implementation from 2022/23 onwards.	Chief Financial Officer	Set up programme RAG	Publish Estates options paper following agreement with Trust Board	Formally engage with stakeholders to obtain feedback on the options	Publish an agreed strategy Start implementation of agreed strategy
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

Strategic Goal 3: Develop our Future

		RAG	TBC			
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 review on the feasibility of joint response community cars	Agreed priorities areas where new models / innovation is required	Scoped, defined and agreed new models with partners, ready for implementation
		RAG				

Strategic Goal 3: Develop our Future

BAF Risk 10 A	**Objective 10**
Risk description: There is a risk that if we fail to achieve alignment with a complex range of external partners we may not subsequently achieve our strategic objectives	

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	4	=	8

Controls	**Assurances**
Internal and external engagement plan in progress and being developed to build the consensus for the strategy	Reviewed by Executive Committee (ExCo)
	Specific topics reviewed by Board sub committees as appropriate e.g. P&C, FIC
	Approach to be reviewed at planned Board Development days

Further actions

Action	**Date by which it will be completed**
Develop a health inequalities action plan alongside commissioners	31 March 2023
Develop a shared, rotational PCN model with the primary care networks in London	31 March 2023
Develop an updated estates modernisation strategy in collaboration with staff and partners	31 March 2023
Define and agree new models (for ways of working) with partners	31 March 2023
Developing links to external partners	Ongoing

London Ambulance Service
NHS Trust

Report Title	Policies for approval (HS001 Health and Safety Policy and TP005 Risk Management and Policy)			
Meeting:	Trust Board			
Agenda item:	6.1	**Meeting Date:**	27 September 2022	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	Jaquline Lindridge, Director of Quality			
Purpose:		Assurance	**X**	Approval
		Discussion		Information

Report Summary

The following policies are presented to the Board for approval: HS001 Health and Safety Policy and TP005 Risk Management and Policy.

HS001 Health and Safety Policy

The key amendments to the this version of document deal with updates to roles, job titles and other nomenclature reflecting current structures and processes and a revised section which deals with occupational health, following our transition to a new provider. The policy has been approved by the Corporate Health, Safety and Wellbeing Committee and the Executive Committee.

TP005 Risk Management and Policy

The main changes to this version of the policy include: a Risk Management statement (at the beginning of the document), updates to reflect changes in management structure and the inclusion of a risk management maturity and effectiveness process to be used as indicators for success. The policy has been approved by the Risk Compliance and Assurance Group and the Executive Committee.

Approval for both core Trust policies is now sought from Trust Board.

Recommendation/Request to the Board:

The Board is asked to approve the policies for publication.

Routing of Paper i.e. previously considered by:

HS001 Health and Safety Policy
Corporate Health Safety and Wellbeing Committee
Executive Committee

TP005 Risk Management and Policy
Risk Compliance and Assurance Group
Executive Committee

London Ambulance Service
NHS Trust

Health and Safety Policy

Document Control

Document Reference	HS001
Version	v3.6
Approved by	
Lead Director/Manager	Edmund Jacobs, Head of Health, Safety and Security
Author	Edmund Jacobs, Head of Health, Safety and Security
Distribution list	Corporate Health, Safety & Well-Being Committee
Issue Date	August 2022
Review Date	July 2022

Change History

Date	Change	Approved by/Comments
29/07/22	Minor title changes and amendment to section 3.10 Occupational Health Service, and 4.9 health Surveillance	Head of Health, Safety & Security
27/10/20	Title changes and update in responsibilities	Head of Health, Safety & Security
13/04/19	Updates to formatting etc.	Health & Safety Manager
27/10/17	Document Profile and Control update	IG Manager
29/09/17	Minor changes following PMAG	Snr QAM EOC
25/09/17	Document Profile and Control update	IG Manager
01/08/17	Clarity/amendment to Section 9 – H&S Union representation; minor amendments to working of document	Head of Health, Safety & Security
13/12/16	Document Profile and Control update	IG Manager
21/11/16	Updated Implementation Plan, and minor amendments to include CAS alerts	Health & Safety Manager
11/11/09	Revised format, added scope	Snr. Health and Safety Advisor
15/09/08	Added monitoring	Snr. Health and Safety Advisor

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Statement of intent

The London Ambulance Service (LAS) ('the Trust') has a duty under the Health & Safety at Work etc. Act (1974) and associated legislation, to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, and those persons who are not employees, but might be directly or indirectly affected by the activities of the Trust.

The Trust Board and Executive Committee of the Board (ExCo) fully recognise the importance of health and safety, and are committed to ensuring that the Trust meets its moral and legal obligations. We will demonstrate this by providing the Senior Management support required ensuring the implementation and monitoring of the arrangements detailed in the Health and Safety Policy, as well as ensure that health and safety is represented as an agenda item at every Board and ExCo meeting.

The Trust Board and ExCo acknowledge that the development of a positive health and safety culture is vital to the continued success of the LAS. We are committed to ensuring that a robust strategy is implemented to safeguard the delivery of the Trust's health and safety responsibilities, and will actively engage with staff and relevant stakeholders in our effort to continually promote and improve on our safety performance.

The Health and Safety Policy has been developed to highlight the Trust's strategy supported by the health and safety strategic plan for ensuring that:

- High standards of health and safety are maintained for our staff, our patients and others affected by the activities of the Trust;
- Working practices that meet the relevant standards of health and safety are established including arrangements to enable the assessment and mitigation of any health and safety risks;
- Sufficient health and safety information, instruction, training and supervision is provided to staff;
- Staff are provided with the necessary resources (e.g., equipment, PPE) required to safely undertake their roles;
- Health and safety standards and practices are regularly monitored and reviewed, and where deficiencies are identified, these are promptly rectified;
- Staff are consulted with, and encouraged to identify and report issues, as well as suggest innovative solutions so that we can all contribute to creating and maintaining a safe and healthy work environment.

Health and Safety is a key value and we are determined that this permeates through everything we do in every aspect of the organisation, but acknowledge that we need the co-operation of staff to do this. We invite all staff and all those affected to commit with us to making the LAS a safe organisation.

……
Chief Executive
Daniel Elkeles

Date: ……..

……
Director of Quality
Jaqualine Lindridge

Date: ……..

1. Introduction

This Policy provides the structure for and sets out the London Ambulance Service's arrangements for:

a) Ensuring so far as is reasonably practicable, the health, safety and welfare of all staff, patients, visitors and others who might be affected by the activities of the Trust,

b) Satisfying the requirements of the Health and Safety at Work etc. Act (HASWA) 1974, and all relevant health and safety regulations.

This policy will be regularly monitored to ensure the effective management of health and safety. It will be reviewed and, if necessary, revised in the light of legislative or organisational changes.

2. Scope and Definitions

This policy applies to all employees (including temporary and bank staff), contractors and volunteers working on Trust premises or on behalf of the Trust. It also applies to patients, visitors and others who use the Trust's services and/or have access to the Trust's premises.

2.1 Hazard

This refers to any object/behaviour/circumstance/condition that may cause harm. Examples include chemicals, electricity, working from ladders, trailing cables, aggressive animal behaviour, weather conditions, etc.

2.2 Risk

It is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be.

2.3 Work-related violence

Any incident, in which an employee is abused, threatened or assaulted in circumstances relating to their work. This includes verbal abuse or threats as well as physical attacks.

2.4 Threat

This is a declaration of the intention to inflict harm, pain, damage or misery. It could be considered as an indication of imminent harm or danger.

2.5 Physical Assault

This is the intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort.

2.6 Non-Physical Assault

This can be defined as the use of inappropriate words or behaviour causing distress and/or constituting harassment. Note that this can either be in person, by telephone, letter or e-mail or other form of communication for example graffiti on LAS property.

2.7 Aggressive behaviour

This refers to behaviour that causes physical or emotional harm to others, or threatens to. It can range from verbal abuse to the destruction of a victim's personal/employer's property.

2.8 Manual Handling operations

This refers to any transporting or supporting of a load (including the lifting, pushing, pulling, carrying or moving thereof) by hand or by bodily force.

3. Accountabilities and Responsibilities (Organisation)

3.1 Chief Executive

The Chief Executive is ultimately accountable for ensuring that the Trust fulfils its legal responsibilities and that the arrangements of this policy are effectively implemented in accordance with the Health and Safety at Work etc. Act 1974.

The Chief Executive has delegated the responsibility for the day-to-day management of health and safety to the Director of Quality who will oversee the co-ordination and implementation of the health and safety policy.

3.2 Director of Quality

The Director of Quality is responsible on behalf of the Chief Executive for:

- Ensuring the effective implementation of health and safety policies; including the monitoring and review of health and safety arrangements, activities and performance.
- Maintaining and chairing the Corporate Health, Safety and Well-Being Committee.
- Ensuring that the Trust has arrangements in place to assess the health and safety impact on staff, patients and visitors during periods of organisational change.
- Ensuring that adequate resources for effectively managing health and safety are provided.
- Providing assurance to the ExCo and Trust Board with regards to health and safety performance.
- Ensuring that health and safety risks can be mitigated so far as is reasonably practicable to achieve and maintain the standards set out within this policy.

3.3 Non-Executive Director of Health and Safety

The Non-Executive Director appointed with the responsibility for health and safety will be expected to:

- Promote health and safety at the Board and Committee meetings
- Scrutinise health and safety performance, provide assurance to the Trust Board and ensure the processes to support the Trust Board where significant health and safety risks are identified are robust.
- Liaise with the Director of Quality and Head of Health, Safety and Security regarding safety priorities and development actions, and provide positive support and constructive challenge.
- Support the Director of Quality and Head of Health, Safety and Security with championing health and safety at Board level.

3.4 Executive Directors

All Executive Directors are responsible for the effective implementation of health and safety policies within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

3.5 Director of People and Culture

The Director of People and Culture is responsible for ensuring that:

- The Trust has a rigorous staff selection process which includes an assessment of the suitability of the candidates based on their skills, experience, previous training and fitness for the role.
- All staff have access to and receive the relevant health and safety related training appropriate to their role.
- A system for monitoring training compliance as well as addressing non-compliance is in place.
- Records are maintained of health and safety training (including training relating to the use of equipment) and can be accessed where required.
- The Trust has a robust occupational health and well-being service to support staff.
- Arrangements are in place to protect new and expectant mothers, including arrangements for risk assessments, which should be carried out in accordance with occupational health procedures.
- Where persons under the age of 18 are employed, or accepted on work experience placements, a specific risk assessment is undertaken before the person begins work or takes part in a work placement.
- Provides advice on developments and facilities for promoting the physical and mental well-being of staff at work.
- Supports the quality and diversity of individuals who have a disability within our workforce.

3.6 Directors of Operations

The Directors of Operations are responsible for ensuring that:

- The health and safety arrangements in this policy as well as other health and safety related policies are appropriately implemented and complied with across operational delivery including all sector operations.
- All Operational staff receive health and safety training commensurate to their role and the level of risks they are exposed to.
- Ensure so far as is reasonably practicable, that resources are in place to enable staff to undertake their work in a safe and healthy way.

3.7 Head of Health, Safety and Security

The Head of Health, Safety and Security is responsible for:

- Leading the implementation of the Trust's health and safety policies.
- Providing advice to ExCo, Managers and staff on matters relating to health and safety.

- Developing and implementing auditing systems to monitor compliance with Health and Safety legislation, escalating identified gaps appropriately and supporting the mitigation of risks.
- Liaising with external agencies, stakeholders, and consultancies with regards to Trust-wide health and safety compliance.
- Monitoring and analysing reported incidents, level of industrial injury absence, near misses and reporting on trends.
- Promoting a positive health and safety culture across the organisation.

3.8 Health, Safety and Security Department

The Health, Safety and Security Department are required to:

- Provide advice, guidance and instruction on health and safety matters including risk assessments to assist the Trust in meeting its statutory obligations and high safety standards.
- Carry out safety audits, checks and analyses of health and safety policies and procedures to ensure safety management standards are achieved and maintained.
- Develop systems for monitoring the Trust's health and safety performance and addressing any areas requiring improvement.
- Raise awareness of health and safety obligations and responsibilities amongst all staff and managers.
- Provide managers with the tools and skills to assist them in managing health and safety within their areas of control.
- Assist managers to update staff, as appropriate, on general and specific matters affecting health and safety.
- Maintain liaison with other departments, external agencies/regulators with regards to health and safety.
- Coordinate and administer Corporate Health, Safety and Well-Being Committee meetings.

3.9 All Managers

Line Managers and Department Heads have a responsibility for:

- Implementing health and safety policies relevant to their areas of management and ensuring that staff are made aware of these policies.
- Undertaking suitable and sufficient risk assessments (in conjunction with the Health, Safety and Security Department), and take appropriate action to reduce any identified risks, as far as is reasonably practicable.
- Ensuring that staff receive health and safety training that is commensurate to their area of work, and the level of risk they are exposed to.
- Ensuring that staff have available to them any necessary safety equipment and that they have received appropriate training or instruction in its use.
- Ensuring that all machinery and equipment (including personal protective equipment (PPE)) are properly maintained, fit for purpose, safe to use and

regularly inspected.

- Ensuring that all accidents and incidents are reported and documented, ensuring that any appropriate investigation and remedial action is taken in accordance with the Incident reporting policy.
- Ensuring regular health and safety inspections are conducted and action plans implemented to reduce incidents and to ensure compliance with policy.
- Ensuring that safety procedures are observed, and that appropriate personal protective equipment (PPE) is available and appropriately used by staff.
- Monitoring and review of health and safety performance.
- Co-operating with Trade Union Representatives in jointly carrying out periodic management health and safety inspections.
- Ensuring that all visitors and contractors are aware of and conform to relevant health and safety policies and procedures e.g., Control of Contractors policy.

3.10 Occupational Health Service

- Provide pre-employment and pre-placement assessment to advise on fitness to work and recommended adjustments
- Provide management referrals to asses and advise on:
  - Fitness for work
  - Return to work / rehabilitation advice
  - Fitness following an incident or accident at work
- Provide immunisation and blood assessment services as agreed, to meet the requirements of current legislation and best practice
- Provide post exposure advice and assessment for employees and volunteers exposed to body fluids and/or contagious diseases
- Where necessary provide Health Surveillance as required by the Management of Health and Safety at Work Regulations (MHSWR 1999)
- As agreed provide health monitoring where there is practice based evidence that monitoring will benefit employer and employee.
- Investigate, report and advise on occupational health related incidents.
- Advise on workplace ergonomics and practice, including Display Screen Equipment.
- Provide advisory services on health and safety matters, including attendance (as appropriate) at the Corporate Health, Safety and Well-Being Committee, and any other relevant committees or meetings upon request.
- Work closely with psychological and physiotherapy support providers to achieve best outcomes for employer and employees
- Provide health promotion activities via an online platform as well as bespoke interventions as required.

3.11 Quality, Governance and Assurance Managers (QGAMs)

In addition to the responsibilities highlighted above for 'All Managers', QGAMs will be responsible for:

- Ensuring the Trust's health and safety policy, NHS national/regional risk management agendas are fully complied with within their Sector.

- Leading on local health and safety engagement forums.
- Ensuring the review and investigation of all incidents.
- Ensuring the collation, monitoring, grading, and investigation, as required, for all incident reports.
- Ensuring the Health, Safety and Security Department is notified of all RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents.
- Undertaking and adopting a lead role, as required, on all sector related health and safety issues
- Monitoring the health and safety performance of their sector and promote a positive safety culture amongst staff.

3.12 Local Group Managers (LGMs)

In addition to the responsibilities highlighted above for 'All Managers', LGMs will be responsible for:

- Ensuring that site-specific risk assessments are completed at least annually and reviewed on a quarterly basis in conjunction with the local Trade Union Representative and the Health, Safety and Security Department.
- Ensuring that site specific health and safety inspections are completed on a quarterly basis in liaison with the local Trade Union Representative.
- Ensuring that Fire drills and alarm tests are undertaken and recorded in accordance with Trust Policy.

3.13 Clinical Team Managers (CTMs)

In addition to the responsibilities highlighted above for 'All Managers', CTMs will be responsible for:

- Assisting the Group Station Manager (LGM) with the implementation of the Trust's health and safety policies.
- Undertaking the review and investigation of incidents including the assessment of physical hazards.
- Undertaking site-specific and general health and safety risk assessments where this responsibility has been delegated.
- Promoting a positive safety culture amongst teams / staff.

3.14 Head of Estates & Facilities

The Head of Estates & Facilities is responsible for:

- Ensuring, so far as is reasonably practicable, that the fabric and facilities of all premises are in a satisfactory condition and meet operational and health and safety requirements.
- Identifying, reviewing and managing the maintenance requirements of the Trust's estate.
- Acquiring and co-ordinating the services of contractors on behalf of the Trust – ensuring that contractors are familiar with the Trust's health and safety requirements.
- Ensuring that suitable and sufficient arrangements are in place to meet the environmental management objectives related to the Trust's Estates.

- Advising ExCo, and Head of Health, Safety and Security on risks associated with the Trust's Estate.
- Ensuring that relevant statutory inspections/assessments/maintenance (e.g., legionella, fixed wire testing etc.) are undertaken and gaps in compliance addressed.

3.15 Head of Fleet and Head of Supply & Distribution

The Head of Fleet and Head of Supply & Distribution are responsible for ensuring that:

- The health and safety arrangements in this policy as well as other health and safety related policies are appropriately implemented and complied with across Fleet and Supply & Distribution.
- All Fleet and Supply & Distribution staff receive health and safety training commensurate to their role and the level of risks they are exposed to.
- That appropriate risk assessments are completed, kept up to date, communicated and actioned for activities undertaken within the service.
- That equipment (including vehicles and/or medical devices) are appropriately maintained, and records of maintenance kept and easily retrievable.
- So far as is reasonably practicable, that resources are in place to enable staff to undertake their work in a safe and healthy way.

3.16 Workshop Managers

In addition to the responsibilities highlighted above for 'All Managers', Workshop Managers are responsible for health and safety in the workshop environment as well as for ensuring that:

- Workshop risk assessments and inspections are completed, and appropriate arrangements are in place to manage any risks/issues identified.
- Communication takes place with other site managers to ensure the safety of all staff working within the site.
- All workshop staff are trained, have access to and use the appropriate PPE.
- Adequate First Aid provision/arrangements are in place within the workshop environment.
- Workshop activities do not pose a risk to other people who may use the site or be affected by the acts/omissions/activities of the Workshop.

3.17 Clinical Education – Training Managers

In addition to the responsibilities highlighted above for 'All Managers', Training Managers will be responsible for health and safety at their respective training facilities as well as for ensuring that:

- The required risk assessments and inspections are completed, and appropriate arrangements are made to manage any risks/issues identified.
- Training related activities do not pose a risk to other people who may use/have access to the site or may be affected by the acts/omissions training staff.
- Communication takes place with other site managers to ensure the safety of all staff working within the site.

3.18 All Staff

All staff must:

- Take reasonable care for the health and safety of themselves and any other persons who may be affected by their acts or omissions at work. This duty not only relates to avoiding obvious reckless behaviour, but also includes taking positive steps to understand the hazards in the workplace, to comply with safety rules and procedures and to ensure that nothing they do or fail to do places others at risk.
- Co-operate so far as is necessary, with their employer, to ensure that all relevant statutory regulations, policies, codes of practice and departmental procedures are adhered to.
- Use any machinery, equipment, substance, transport, and means of production or safety device provided by the Trust in accordance with the guidance, information, instruction, and training provided to them.
- Inform the Trust, through the Trust's Incident reporting system, Datix, of:
  a. Any work situation which represents a serious and immediate danger to health and safety.
  b. Any matter which represents a shortcoming in the arrangements in place to ensure staff/patient health and safety.
  c. Any adverse/near miss incidents (including violence/aggression/abuse incidents) affecting staff, patients, visitors, or the Trust.

Particular regard will be paid to:

- Wearing the appropriate protective clothing and safety equipment and the use of appropriate safety devices where applicable.
- Complying with all safe-working procedures, including vehicles and equipment safety checks.
- Reporting all incidents, faults, hazards, accidents, dangerous occurrences, or damage, regardless of whether persons are injured in accordance with relevant Trust policies.
- Compliance with the Driving Standards Policy and all other associated Policies and Procedures introduced to ensure safety.

3.19 Contractors and Visitors

- Contractors engaged by London Ambulance Service shall comply with any policy, statute and code of practice applicable to the work they have been contracted to undertake for the Trust; and will co-operate with officers of the Trust by ensuring compliance.
- Officers of the Trust who engage Contractors will be responsible for providing information/details of any specific hazards in the place of work so that the contractor may implement safe systems to minimise risk to the Trust, staff/patients.
- All work carried out by Contractors must be in accordance with relevant Health and Safety Legislation and Approved Codes of Practice and must be supervised by the officer/department who has engaged the contractor.
- Where contractors are required to visit the Trust's sites to undertake work, information relating to the contractor's visit must be sent to the relevant Manager(s)/Staff at the site well in advance of the contractor arriving.

- Contractors are required to carry their identity cards with them at all times when visiting LAS property.
- Visitors should only visit LAS property if they will be meeting with a member of LAS staff.
- All visitors to the Trust will be met at the reception or entrances to Trust premises and, where applicable, will be asked to sign in and out when entering and exiting these premises. Visitors will be accompanied around Trust buildings by the person they are visiting/meeting at all times, or someone delegated this responsibility.
- If visitors are on Trust premises and a fire evacuation/emergency evacuation takes place, the visitors will be escorted from the premises to the fire assembly point by the persons they are visiting/meeting at the Trust, or the person delegated the responsibility of accompanying them.
- Visitors who undertake ride outs, must ensure that they have appropriate immunity to protect both LAS staff and patients ahead of undertaking this activity. If necessary advice from Occupational Health may be sought and evidence may be required

3.20 Trade Union Health and Safety Representatives

The Safety Representatives and Safety Committees Regulations 1977 define a legal framework within which Trade Unions may appoint Safety Representatives who have the following statutory rights:

- To investigate workplace hazards, dangerous occurrences, accidents and complaints relating to health and safety.
- To make representation to the Trust about such matters.
- To carry out periodic workplace safety checks and inspections in liaison with local managers.
- To participate in consultation with the Trust via the Health and Safety Operational Partnership Forum and the Corporate Health, Safety and Well-Being Committee.
- Undergo, within available resources, any training necessary to enable them to carry out their functions effectively.
- Contribute to health and safety initiatives and developments within the Trust.
- Keep up to date with health and safety matters, helping managers to update staff, as necessary, in changes to legislation or safe systems of work.
- To participate in consultation with the Health and Safety Executive (HSE) Inspectors.

3.21 Corporate Health, Safety and Well-Being Committee

The Corporate Health, Safety & Well-Being Committee will:

- Provide leadership and commitment for the management of health and safety across the organisation.
- Review the Health & Safety Strategy and Plan, as a standing item at each meeting of the Corporate Health, Safety & Well-Being Committee.
- Develop, consult and approve organisational health and safety policies, procedures and standards.
- Monitor the effectiveness of health and safety policies through quarterly health and safety reports.

- Monitor reported incidents relating to the health and safety of staff and visitors and where necessary make recommendations for a course of action to be taken by senior management.
- Monitor the adequacy of health and safety training, communication and awareness in the workplace.
- Analyse information and reports provided by enforcing authority inspectors e.g., HSE and local authority inspectors, and approve action plans where necessary.
- Provide a forum for staff and Trade Union representatives to raise health and safety concerns, and to act accordingly.
- Union representatives to raise health and safety concerns, and to act accordingly.

4. Arrangements

The following arrangements describe the Trust's approach to planning, implementing and managing health and safety.

4.1 Communication

Health and safety information is communicated across the Trust using:

- Team Briefings
- Monthly Health and Safety Performance Reports
- Bulletins
- Regular Update training
- Health and Safety Meetings
- Notice Boards
- Email Communications
- Trust Intranet – including the Health and Safety Pulse Page(s).

The Health, Safety and Security Department will ensure that relevant health and safety information is available for Managers and all staff to access. Managers are to ensure that they can access health and safety information that is relevant to their areas of work and ensure that these are made available to staff, contractors, volunteers and users of Trust premises.

This policy will be made available on the PULSE and communicated to all staff via induction and other mandatory training programmes. Where required, the policy will also be provided in alternative formats such as Braille, large print or audio.

Communication about health and safety will also be provided to the Trust Board as well as staff and Management from the Corporate Health, Safety and Well-Being Committee in accordance with the Trust's Committee Governance Structure. Trade Union Representatives will be responsible for cascading relevant health and safety information to their relevant Trade Unions.

4.2 Training

The Trust acknowledges its duty to provide appropriate information, training and instruction to all staff to allow them to safely carry out their duties. Training in Health and Safety is a mandatory requirement for all staff however, the extent of training will vary according to the function each staff performs as well as the potential severity of the hazards associated with the activity/(ies) they are required to undertake. A breakdown

of the core health and safety training delivered to staff is provided in the matrix below:

Level of Management	Required Training	Mode of Delivery	Frequency
All Staff	Health and Safety induction	Classroom	Corporate induction
All Staff	Health, Safety and Welfare	E-learning	Every 3 years
Managers of people (below ExCo Level)	Managing Health and Safety	Classroom	Every 3 years
Executive/Board Directors	Directing Safely - recommended by IoD/HSE.	Classroom (external provider)	Annually

Additional health and safety related training may be required for staff. Guidance about this will be provided in the relevant health and safety policies. The Health, Safety and Security Department will provide additional/ad hoc training for staff where required.

All training courses will be evaluated as part of the Training Needs Analysis and revised on a regular basis.

4.3 Risk Assessment

Regulation 3 of the Management of Health and Safety at Work Regulations (MHSWR) 1999 imposes a specific duty upon the Trust as an employer to carry out suitable and sufficient assessments of all risks to the health and safety of its employees and others, arising at or from a work activity and to record all significant findings. This is necessary as a preventative step for identifying, eliminating/controlling hazards in the workplace.

Identified health and safety risks are to be managed in accordance with the Trust's risk management process and will be subject to the procedure described in the Risk Management Strategy and Policy.

The following risk assessments should be completed:

Site specific risk assessments

A programme is in place across the Trust for ensuring that risk assessments are conducted at each of the Trust's sites. The risk assessments will be conducted by the relevant local management in conjunction with the site or station Trade Union Representative, and a representative of the Health, Safety and Security Department. Progress against any actions identified from the risk assessments will be monitored by the local management and local Trade Union Representative and reviewed with the Health and Safety Department on an annual basis.

Quarterly updates on progress with the site-specific risk assessments as well as any risks assessed as 'High' or 'Extreme' will be provided to the Corporate Health, Safety and Well-Being Committee.

New or expectant mothers risk assessment
A new or expectant mother's risk assessment must be completed when a member of staff informs her manager in writing that she is pregnant, breast feeding or returning to work after 6 weeks of having a baby. The risk assessment should take the factors below into consideration and should be completed by the relevant line manager with the member of staff involved using the risk assessment template.

In determining what risks there are, the following factors must be taken into account:

- Physical risks: Movements and Postures, Manual handling, (Slip/Trip/Falls), Noise, Radiation (ionising and non-ionising) and Violence,
- Biological agents: Infectious diseases,
- Chemical agents, including hazardous substances/chemicals, cytotoxic drugs,
- Working Conditions: Long working hours, Stress (including postnatal depression), Temperature, Working with Display Screen Equipment (DSE), Lone Working, Work at Heights, Violence etc.

Pregnancy is not a static condition, and the nature and degree of risk will change as the pregnancy develops. The physiological changes must be taken into account when assessing the risks.

If the risk cannot be avoided, the following steps should be taken to remove the affected staff from the risk:

- adjust the working conditions and /or hours of work,
- offer suitable alternative work,
- where none of the above is reasonably practicable, paid leave should be given for as long as is necessary to protect the health and safety of the staff and her child.

These actions are only necessary where, as a result of risk assessment, there is genuine concern. Any alternative work offered must also be subject to a risk assessment.

A copy of the completed risk assessment should be kept in the personnel file of the staff member. More information can be found in the Maternity Leave and Pay Policy – HR017.

Young Person's Risk Assessment
The LAS does not employ anyone under the age 18. Where young persons are taken on for the purpose of work experience, an appropriate risk assessment must be undertaken in compliance with regulation 19 of the Management of Health and Safety at Work Regulations 1999 before the young person starts. The Health, Safety and Security Department can be contacted for advice and support.

Noise Risk Assessments
Relevant noise risk assessments should be undertaken wherever the risk of exposure to staff has been identified. Noise risk assessments should:

- Identify where there may be a risk from noise and who is likely to be affected
- Measure or include a reliable estimate of staff exposure (taking exposure action and limit values into consideration)

- Identify what is required to ensure the health and safety of staff, and to comply with relevant legislation, e.g., whether noise-control measures or hearing protection are needed, and, if so, where and what type
- Identify any employees who need to be provided with health surveillance and whether any are at particular risk.

Within the LAS, two areas where noise risks have been identified include:

- Exposure to loud noise from the siren on vehicles.
- Workplace activities within the workshops.

Noise risk assessments are completed and taken into account during the build of vehicles installed with sirens that are used across the Trust. Where issues relating to noise arise, staff should report these on the Datix system and the Health, Safety and Security Department will arrange for the appropriate noise risk assessment to be undertaken.

Noise risk assessments for workshops will be undertaken by the Health, Safety and Security Department in conjunction with workshop staff.

Fire Risk Assessments

Fire risk assessments are completed in compliance with the Regulatory Reform (Fire Safety) Order 2005 for all sites across the Trust. The LAS contracts the service for completing fire risk assessments to a specialist external company who undertake the risk assessments on a regular basis. The Corporate Health, Safety and Well-Being Committee monitors progress of completed fire risk assessments.

Other Risk Assessments

Other risk assessments conducted within the Trust are listed below. The process for conducting the risk assessments is described in the relevant listed policies.

Risk Assessment	Relevant Policy
Hazardous substances	Control of Substances Hazardous to Health Policy
Lone Working	Lone Working Policy
Stress	Stress Management Policy
Display Screen Equipment	Display Screen Equipment Policy
Medical Equipment	Medical Equipment Policy
Moving and Handling	Moving & Handling Policy

4.4 Premises Inspections

Site specific premises inspections will be conducted by the relevant local management in conjunction with the local Trade Union health and safety representative every 3 months and following:

- Re-design/moves/significant changes to facilities/fabric of the site.
- Adverse incidents or accidents arising from or in relation to the premises.
- Introduction of a new service(s) at the site.
- Introduction of new equipment/change in technology at the site.
- Changes in legislation which may impact on the health and safety of LAS patients, staff, or visitors, in the provision of services and or employment.

Premises inspections are designed to examine the work environment, work activities and work equipment, with the purpose of identifying hazards or conditions that can lead to harm and ensuring that appropriate controls are put in place to mitigate risks. Actions from the inspections should be managed by the relevant manager, ensuring that any identified gaps can be addressed.

4.5 Incident Reporting

All work-related incidents, accidents, near misses or ill-health must be reported using the Datix System which is accessible to all staff. Staff who do not have immediate access to a computer may also report incidents via the Emergency Bed Service (EBS). All incidents should be reported as soon as they occur.

Incidents are to be managed and investigated in accordance with the Trust's Incident Reporting Procedure accessible via the PULSE.

In the event of failure of a medical device, the equipment must be immediately withdrawn from service, tagged and sent to the Supply and Distribution Department. All adverse incidents relating to or arising out of the use of medical equipment must be reported on the Datix System.

Incidents relating to non-medical equipment such as IT equipment should be reported to the IM&T Department via the IM&T Service Desk.

All faults relating to buildings/facilities or estates must be reported to the Estates Department through/using the Invida system which is the Trust's estates/facilities related fault reporting system.

4.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

The RIDDOR 2013 regulations place a statutory duty on employers to report any injuries, diseases and dangerous occurrences which arise out of or in connection with work activities to the Health and Safety Executive. The requirements under RIDDOR and the procedure for reporting are described below:

What to report:

- **Over seven-day injuries:** work related injuries resulting in the over seven-day incapacitation of a staff member.

- **Major injuries:** such as fractures (other than to fingers, thumbs and toes), serious burns or loss of consciousness as a result of head injury.
- **Non-fatal accident affecting non-employee:** such as:
  - Accidents resulting in a member of the public being taken to hospital for treatment of that injury.
  - Injury to service user caused by failure of equipment, use of wrong equipment to move patient, lack of training. (e.g., fall from a trolley bed resulting in harm).
- **Occupational diseases:** such as carpal tunnel syndrome, hand-arm vibration syndrome and occupational dermatitis.
- **Dangerous occurrences:** such as injury from a contaminated sharp with BBV (e.g., Hep C, HIV) and contact with a harmful biological agent that has been accidentally released.
- **Physical Violence:** Incident resulting in death, major injury or over 7-day incapacitation of staff.
- **Death:** Death of a service user/staff arising out of or in connection with work

How to report:

- All incidents must be reported and investigated using Datix. Staff may also report incidents via the Emergency Bed Service (EBS).
- Managers, Clinical Team Managers and Supervisors must complete the LA473 form – accessible on The Pulse (type in LA473 in the Keywords section the form will open), and submit the completed form to the Health, Safety and Security Department.
- The Health, Safety and Security Department will check the form for completeness, submit it to the HSE and attach a copy of the HSE report to Datix.

When to report:

- All incidents should be reported on the Trust's Datix system as soon as they occur.

4.7 Personal Protective Equipment (PPE)

PPE is defined by the Personal Protective Equipment Regulations 2002 as 'all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects them against one or more risks to their health or safety'. Examples include safety helmets, aprons, gloves, eye protection, high-visibility clothing, safety footwear, helmets and harnesses, respirators, body armour etc.

The Personal Protective Equipment Policy provides guidance on the Trust's arrangements for purchasing, issuing, maintaining and use of Personal Protective Equipment.

4.8 Driving Standards Policy and Procedure

The Trust recognises the risk of injury to staff, patients and others through vehicle accidents involving Trust vehicles and employees. The Policy and Procedure for Driving Standards – TP065, whilst outside the remit of normal health and safety legislation, defines the Trust's procedure for ensuring safety and reduction of accidents associated with vehicles.

4.9 Staff Health Surveillance

In accordance with The Management of Health and Safety at Work Regulations 1999, (Regulation 6), the Trust will provide health surveillance for employees who are exposed to residual risks such as noise or vibration, fumes, dusts, biological agents and other substances hazardous to health in the work environment following a risk assessment and the application of control measures.

Health monitoring may be required to assess fitness and identify early indicators of disease which may limit work in certain conditions or with certain equipment e.g. the use of breathing apparatus, work in confined spaces

The Trust provides, through contractual arrangements, a free Occupational Health Service which is available to all employees and volunteers. This service provides pre-employment assessment, management referrals, vaccination/prophylactic treatment, and confidential psychological support services. See section 3.10.

4.10 Health and Safety Consultation

The Trust recognises that an effective safety culture requires partnership between management and staff, working together to identify risks and to improve safety standards and working practices.

Formal consultation on health and safety matters will be through the Corporate Health, Safety and Well-Being Committee which comprises of Trade Union and management representatives. The Corporate Health, Safety and Well-Being Committee will be chaired by the Director of Quality and will meet at least 4 times per year. The Committee will report to the Trust Board via the Quality Oversight Group.

In accordance with the Safety Representative and Safety Committee Regulations 1977, Trade Unions may appoint Safety Representatives from among employees of the Trust, who are members of a particular Trade Union. Health and Safety representatives must be appointed by a recognised Trade Union and should have worked for a minimum of 2 years in the Trust or a similar organisation. They should possess the relevant accredited qualification. Only Trade Union registered Health and Safety representatives are able to represent staff.

It is a legal requirement for Safety Representatives to be allocated time during the employee's working hours to discharge their duties. The amount of allocated time required should be agreed between the relevant Trade Unions and the Trust's Management and formally noted through the Corporate Health, Safety and Well-Being Committee. The amount of time allocated should be subject to regular review and communicated through the Corporate Health, Safety and Well-Being Committee.

Representation at the Corporate Health, Safety and Well-Being Committee:
In accordance with the Approved Code of Practice and guidance document for the Safety Representatives and Safety Committees Regulations 1977, the number of management representatives will be equal to the number of employee representatives selected to sit on the Corporate Health, Safety and Well-Being Committee.

50 percent (%) of the seats on the Corporate Health, Safety and Well-Being Committee

will be allocated to the two recognised Trade Unions as indicated above. The seats will be shared between both the Trade Unions based on the proportion of staff they represent across the Trust. The number of allocated seats per Trade Union will be recorded in the Terms of Reference for the Corporate Health, Safety and Well-Being Committee, and will be subject to annual review in line with the review of the Committee Terms of Reference.

Trade Unions will be responsible for ensuring that they appropriately represent the various staff groups that make up their respective Unions, and that accredited representatives have received the necessary training to support them in discharging their responsibilities.

Health and Safety Operational Partnership Forum (H&SOPF):
Corporate Health, Safety and Well-Being Committee will be supported by the Health and Safety Operational Partnership Forum which brings together the senior managers, representatives of Ambulance crew and trade union staff side representatives to address any issues escalated from station/site level as well as facilitate the delivery of the health and safety agenda of the organisation. This forum reports to the Corporate Health, Safety and Well-Being Committee on a quarterly basis.

Other Health and Safety Groups:
Health and Safety is discussed at other groups and forums where staff are consulted for their views. Some of these groups include Sector Quality and Governance Meetings, Station Health and Safety Groups, and the respective Fleet and Supply and Distribution Department Fleet and Logistics Health and Safety Groups. The meeting and reporting structure for health and safety groups/committees across the LAS is described below:

Type	Meeting	Reports to	Frequency
Board Level Meetings	Quality Oversight Group	Trust Board	Quarterly
Corporate Level Meetings	Corporate Health, Safety and Well-Being Committee	Quality Oversight Group	Quarterly
	Health and Safety Operational Partnership Forum	Corporate Health, Safety & Wellbeing Committee	Quarterly
Local (Station/Sector) Level Meetings	Sector Quality and Governance Meeting	Operational Sector Quality and Governance meeting.	Monthly
	EOC Health and Safety Meeting	Operational Sector Quality and Governance meeting.	Monthly
		Health and Safety Operational Partnership Forum	Quarterly
	Sector/Station Health and Safety Meetings	Health and Safety Operational Partnership Forum	Monthly

4.11 Performance Monitoring

A successful and effective health and safety management as defined in HSG 65 (Plan / Do / Check / (study) Act) requires both active and reactive monitoring.

Reactive monitoring identifies failures in risk control resulting in adverse outcomes such as injuries, ill health, loss and accidents, and highlights a deficiency in health and safety performance. Monitoring reactive health and safety performance provides an opportunity for organisations to assess performance, learn from failures and improve their health and safety management system.

Active monitoring allows organisations to regularly assess the effectiveness of any systems/activities implemented to promote a positive health and safety culture, as well as reduce harm in the workplace. Active monitoring systems provide feedback on performance before an accident, incident or ill-health occurs. Active monitoring can be carried out in the following ways: -

- Inspections of premises, vehicles and equipment,
- Risk assessments
- Evaluation of performance of safety arrangements
- Audit of activities through independent evaluation

The Health, Safety and Security Department will:

- Ensure that annual Trust-wide internal audits are carried out and issues identified assessed and reported to the relevant department for action.
- Facilitate an annual Trust-wide external audit to provide assurance to the ExCo and Trust Board regarding the status of the Trust's compliance with health and safety regulations.
- Carry out ad hoc / random safety checks of sites, workplaces or processes.
- Review all injuries to staff and patients and ensure they are fully investigated
- Develop a regular report for various groups including:
  - Number of injuries
  - Number of security incidents
  - Number of RIDDORS
  - Number of staff completing mandatory health and safety training
  - Number of Health and Safety Inspections, Fire Risk Assessment
  - Number of Display Screen Assessment completed
  - Lost Time Incidents/Sickness Absence data

Any exceptions identified will be highlighted and included in the quarterly report to the Corporate Health, Safety and Well-Being Committee.

4.12 Management of Safety Alerts

Safety alerts are received through the Central Alerting System (CAS) – a web-based system, as well as directly from the Medicines and Healthcare Products Regulatory Agency (MHRA) and equipment manufacturers/suppliers.

The Health, Safety and Security Department regularly monitor and manage the alerts received across the Trust ensuring that they are disseminated to the appropriate

departments/specialists, and any recommended actions completed. Regular assurance reports are presented to the Clinical Equipment Working Group as well as to the Corporate Health, Safety and Well-Being Committee.

The Health, Safety and Security Department are responsible for reporting safety related medical equipment incidents to the MHRA under the 'Yellow Card Scheme'. All incidents must be reported on the Datix system where they will be reviewed and reported if they meet the MHRA reporting criteria.

4.13 Other Health and Safety Related Policies

In addition to those mentioned previously, the Trust has a number of other Health and Safety policies and procedures which support this policy and are part of the arrangements for health and safety. These include:

- Fire Policy and Procedures
- Control of Substances Hazardous to Health (COSHH) Policy
- Display Screen Equipment Policy
- First Aid Policy
- Moving & Handling Policy
- Security Management Policy
- Violence Reduction Policy
- Stress Management Policy
- Management of Medical Devices Policy & CAS Procedure
- Lone Working Policy
- Sharps Policy
- Personal Protective Equipment Policy
- Lockdown Procedure
- Alcohol, Drugs and Work Policy

5. Monitoring Arrangements

The effectiveness of this policy as well as the Trust's health and safety performance will be monitored and regularly reviewed through the Corporate Health, Safety and Well-Being Committee and its Sub-Groups. Monitoring will be through the production of regular health and safety reports highlighting performance against the arrangements identified in section 5 of this policy.

The monitoring of health and safety performance will include:

- The review of the Health and Safety Strategy and Plan.
- Periodic review of reports highlighting progress/gaps against stated objectives, particularly in risk reduction.
- Periodic review of completed workplace inspections by line managers and safety representatives.
- Periodic review of site-specific risk assessments completed.
- The review of Health and Safety related group/committee meeting reports/minutes.
- The periodic auditing of activities to establish the effectiveness of control measures,
- The regular monitoring of accident, adverse incident and near-miss reporting statistics.

- The regular monitoring of accident and adverse incident investigations
- Sickness and absence monitoring.
- The review of staff training compliance rates
- Regular reporting and assurance of completed statutory inspections

All trend analysis of incidents, including those related to Health, Safety and Welfare will be reported to the Quality Oversight Group at quarterly intervals via the approved minutes of the Corporate Health, Safety and Well-Being Committee.

6. Monitoring and Implementation Plan

Aspect to be monitored	Responsibility	Frequency	Evidence	Committee/ group responsible for monitoring outcomes/ recommendations	Change in practice and lessons to be shared
Corporate Health and Safety Policy	The policy is the responsibility of the Trust Board assisted by the Corporate Health, Safety and Well-Being Committee which is chaired by the Director of Quality who is the nominated Director for Health and Safety in the Trust.	Annually	Written/Approved policy	Corporate Health, Safety and Well-Being Committee	Where changes are required, they will be communicated to all staff via the Corporate Health, Safety and Well-Being Committee. Policy will be updated and accessible via the PULSE.
Corporate Health, Safety and Well-Being Committee Meetings.	Director of Quality	Quarterly	Corporate Health, Safety and Well-Being Committee minutes.	Corporate Health, Safety and Well-Being Committee	Minutes of the committee will be circulated through the members of the committee. Meeting feedback reports will be provided on a quarterly basis to the Quality Oversight Group.
Communication of health and safety information	Health, Safety and Security Department	Monthly Ad hoc	Monthly H&S Scorecards Health and Safety information bulletins	Corporate Health, Safety and Well-Being Committee	Discussion at Corporate Health, Safety and Well-Being Committee and through local H&S groups.
Health and Safety Training: Corporate	Training and	Corporate	Induction Training	Corporate Health, Safety	Discussion at Corporate H&S

6. Monitoring and Implementation Plan

Aspect to be monitored	Responsibility	Frequency	Evidence	Committee/ group responsible for monitoring outcomes/ recommendations	Change in practice and lessons to be shared
Induction	Education Department	Induction	Records	and Well-Being Committee	Committee and Training and Education Group.
Health, Safety and Welfare (e-learning)	All staff	Every 3 years	ESR Training Records	Corporate Health, Safety and Well-Being Committee	Any required changes to practice will be identified and actioned within a specified time frame. A lead member of the team will be identified to take each change forward as appropriate. Lessons learned will be shared with all relevant stakeholders.
Managing Health and Safety – for Managers	Managers (below ExCo Level)	Every 3 years	ESR Training Records	Corporate Health, Safety and Well-Being Committee	
Directing Safely - recommended by IoD/HSE.	Executive/Board Directors	Annually	ESR Training Records	Corporate Health, Safety and Well-Being Committee	
Site Specific Risk assessments	Local Management Team	Annually	Site Specific Risk Assessment Report	Corporate Health, Safety and Well-Being Committee Sector H&S Meetings	Risk assessments are to be communicated to all affected staff by LGMs. High or extreme risks to be escalated to the Corporate Health and Safety Risk Register.
New or expectant mothers risk assessments	Line Manager	When staff member informs the manager in writing of pregnancy.	Completed risk assessment.	HR Corporate Health, Safety and Well-Being Committee	Risk assessment, changes to work arrangements should be discussed with relevant member of staff.
Young Person's Risk Assessments	Line Manager	Before the start of their work experience with	Completed risk assessment.	Corporate Health, Safety and Well-Being Committee	Risk assessment, changes to work arrangements should be discussed with relevant member of staff.

6. Monitoring and Implementation Plan					
Aspect to be monitored	**Responsibility**	**Frequency**	**Evidence**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**Change in practice and lessons to be shared**
		London Ambulance Service.			
Noise Risk Assessments	Relevant Line Managers	When the risk to noise has been identified.	Completion of risk assessment.	Corporate Health, Safety and Well-Being Committee	Risk assessment, changes to work arrangements should be discussed with relevant member of staff. Any issues that cannot be addressed locally should be escalated to the Health, Safety and Security Department/Corporate Health and Safety Committee.
Fire Risk Assessments	Health, Safety and Security Department	Annually	Completed risk assessments for each LAS Site.	Corporate Health, Safety and Well-Being Committee	Discussion at Corporate Health, Safety and Well-Being Committee and through local H&S groups.
Premises Inspection	Local Management	Every 3 months	Premises inspection report	Corporate Health, Safety and Well-Being Committee	Actions from the inspections should be managed by the relevant Manager, ensuring that any identified gaps can be addressed. Any issues that cannot be addressed locally should be escalated to the ADO / Corporate Health, Safety and Well-Being Committee
Near miss/Adverse Incident Reporting	All staff	As and when incident occurs	Datix Record. Invida record for estates/facilities faults.	Corporate Health, Safety and Well-Being Committee Logistics and Infrastructure Committee	Discussion at Corporate Health, Safety and Well-Being Committee and through local H&S groups.
Reporting of Injuries Diseases and	Managers/Clinical Team Leaders	As and when incident occurs	Updated Datix record and completion of LA473.	Corporate Health, Safety and Well-Being Committee	All incidents should be reported on the Trust's Datix system as soon as they occur.

6. Monitoring and Implementation Plan					
Aspect to be monitored	**Responsibility**	**Frequency**	**Evidence**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**Change in practice and lessons to be shared**
Dangerous Occurrences Regulations (RIDDOR) 2013	Health, Safety and Security Department	In cases of a reportable death, specified injury, or dangerous occurrence, the Health, Safety and Security Department must notify the enforcing authority without delay. Over-seven-day injuries must be reported within 15 days of the incident.	HSE RIDDOR Report with updated RIDDOR Tracker.		

7. Policy Review

This Policy will be reviewed annually by the Corporate Health, Safety and Well-Being Committee or earlier if prompted by changes in legislation or organisational changes.

8. Equality Impact Assessment Statement

See appended.

9. References

- The Health and Safety at Work etc. Act 1974
- Approved Codes of Practice and guidance - Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)
- The Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Control of Noise at Work Regulations 2005

London Ambulance Service NHS Trust

Risk Management Strategy and Policy

Document Control

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Version	10.2
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Lead Director/Manager	Chief Paramedic and Quality Officer
Author(s)	Trust Risk Manager Head of Quality Improvement and Learning
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Change History

Date	Change	Approved by/Comments
30/06/2022	Minor updates and changes to the role of the senior management team – Yearly review and inclusion of a Strategy and Policy Statement	Head of Quality Improvement and Learning
06/04/2021	Minor Updates and changes to the role of the senior management team – Yearly review	Head of Quality Improvement and Learning

03/12/2019	New version. Propose change title of Corporate risk register to Corporate (Trust wide) risk register. Updated responsibilities for new roles in the Trust. Changes to RCAG chair and approval of all risks to be incorporated in C(TW)RR regardless of rating.	Quality Oversight Group
15/03/2017	Updated to reflect changes in ELT structure	Director of Corporate Governance
18/01/17	Update to reflect changes in management structure and the use of Datix to record risks.	Risk and Audit Manager
28/04/16	Document Profile and Control update and formatting changes.	IG Manager
02/2016	Major review and revision including updated committee/group terms of reference.	Director of Corporate Affairs
09/2015/& 01/2016	Update including changes to groups.	Risk and Audit Manager
19/11/14	Document Profile and Control update, formatting and minor change to S.7.	IG Manager
08/09/14	Added SMT Terms of Reference.	Risk and Audit Manager
13/05/14	Review and revision with changes to the executive team and the role of the senior management team	Director of Corporate Affairs
24/03/14	Major review and revision including updated committee/group terms of reference.	Risk and Audit Manager
23/01/13	Update to include changes to groups and committees and update risk reporting process	Audit and Compliance Manager
24/09/12	Updated committee/group terms of reference (Appendix 2)	Governance and Compliance Manager
27/07/12	Reformat	Governance and Compliance Manager
19/06/12	Updated monitoring table. Minor amendments to S.4.12.6, S.6.7 & S.9.2	Audit and Compliance Manager
24/01/12	Approved by SMG and Trust Board subject to the updates within this version	Director of Corporate Services
29/12/11	Review and update for RCAG and the SMG approval in January 2012	Director of Corporate Services
20/12/11	Major review and revision	Director of Corporate Services and Audit and Compliance Manager
	Addition of monitoring table	Audit & Compliance Manager
20/09/10	Reformat and updated related documents	Governance and Compliance Manager
03/06/10	Revised Appendix 2: CQSE & LfE ToR	Head of RM & BC
02/06/10	New Gov Committee chart added	Head of RM & BC
20/05/10	Updated to include the final terms of reference for key committees	Director of Corporate Services
02/02/10	Updated to reflect changes to risk committee structure and responsibilities of committees.	Director of Corporate Services

01/10/09	Updated to reflect role changes. Interim policy pending major revision by March 2010.	Head of Governance
21/10/08	Amendments to Risk Management Structure and Details of Committee Membership	Head of Governance
20/10/08	Amendments to ToR for SMG.	Head of Governance
18/09/08	Amendments to ToR for both	Chair of CGC, Chair of SBH group
11/09/08	Amendments from RCAG & new ToR details	Head of RM & BC
28/08/08	Include new ToR for Liability Claims Group. Amendments to Audit Committee entries	Head of Governance(MB)
13/08/08	Revision incl. addition of ToR.	Head of RM & BC
05//08	Revision	Head of Governance & Head of RM & BC
03/07	Major revision	Head of Governance & Head of RM & BC
12/06	Replaced Risk Management Strategy	Head of Governance

1. Introduction – Strategy and Policy Statement

The Trust Board (the Board) recognises risk management as a vital activity that underpins and forms part of our vision, values and strategic objectives, including operating effectively and efficiently, as well as providing confidence to communities we serve across London. The Trust strategy: a world class ambulance service for a world class city, is the means by which the London Ambulance Service NHS Trust (LAS) will ensure its vision, aims, goals and organisational objectives are continually assessed and managed to ensure appropriate risk taking and effective performance management are in place and part of the organisational culture.

Risk is present in everything that we do and it is our policy to identify, assess and treat risks as part of a continuous process aimed at identifying threats and driving change on a proactive basis. Risk Management is most effective as an enabling tool, so we need a consistent, communicated and formalised process across the Trust.

It is important to define the level of risk exposure the board considers acceptable for the Trust. This creates a clear picture of which risks will threaten the ability of the Trust to achieve its objectives. This results in our risk appetite.

This risk management statement and supporting documentation form an integrated framework that supports a development and improvement approach to risk management which will be achieved by building and sustaining an organisational risk culture which encourages risk taking, effective performance management, and accountability for organisational learning.

We will involve, empower and give ownership to all staff to identify and manage risk. The Trust acknowledges that the provision of appropriate training is central to the achievement of this aim. Risk Management activity will be regularly supported through discussion and appropriate action by senior management. This will include a thorough review and confirmation of significant risks, evaluating mitigation strategies and establishing supporting actions to reduce them to an acceptable level. Managing risks is a fundamental part of both the operational and strategic thinking of every part of the Trust's business including operational planning and the day-to-day running, monitoring, development and maintaining of the Trust.

The key objectives of this Strategy and Policy is to provide a framework that ensures:

- The implementation and ongoing management of a comprehensive, integrated Trust-wide approach to the management of risk based upon the support and leadership offered by the Trust Board.
- The integration of risk management with the Trust's planning processes, aims and objectives, at all levels to adopt an integrated approach to risk management which includes risks related to clinical care, health and safety, financial and business planning, workforce planning, corporate and information governance, performance management, project/programme management, education and research.
- To clearly define roles and responsibilities and reporting lines within the Trust for risk management.
- Create an environment which is safe as is reasonably practicable by ensuring that risks are continuously identified, assessed and appropriately managed and monitored i.e. where possible eliminate, transfer or introduce controls to reduce risks to an acceptable level.
- That all staff are made aware of and accept their personal responsibility to manage risk and communicate with the Trust using the appropriate reporting mechanism in

the event they become aware of new risks or changes to existing risks; and in the event of changes in the control of existing risks.

- To establish clear and effective communication that enables a comprehensive understanding of risks at all levels of the organisation by maintaining a comprehensive risk register of both clinical and non-clinical risks and reviewing the same on a periodical basis.
- The Risk Compliance and Assurance Group will ensure robust systems and processes are in place to effectively monitor the application of risk management across Directorates and providing assurance to the Board through the Audit Committee on an effective system of risk management.
- To maintain continued compliance with national standards, regulatory requirements and legislation.

2. Scope and Definitions

This strategy and policy and risk management activities applies to all Trust staff and individuals employed by the Trust including; contractors, volunteers, students, locum, agency and staff employed with honorary contracts.

Managers at all levels are expected to make risk management a fundamental part of their approach to clinical and corporate governance.

2.1. **Definitions**

Risk is the effect of uncertainty on objectives. Risk is usually expressed in terms of causes, potential events, and their consequences:

• A **cause** is an element which alone or in combination has the potential to give rise to risk;

• An **event** is an occurrence or change of a set of circumstances and can be something that is expected which does not happen or something that is not expected which does happen. Events can have multiple causes and consequences and can affect multiple objectives;

• The **consequences** should the event happen – consequences are the outcome of an event affecting objectives, which can be certain or uncertain, can have positive or negative direct or indirect effects on objectives, can be expressed qualitatively or quantitatively, and can escalate through cascading and cumulative effects.

Acceptable/Tolerable Risk is the mitigated risk remaining after all reasonable controls have been applied to associated hazards that have been identified, quantified, analysed, communicated to the appropriate level of management and accepted after proper evaluation. Acceptability is defined in accordance with the Trust's defined risk appetite.

Risk Management is the co-ordinated activities designed and operated to manage risk and exercise internal control within an organisation.

Risk Assessment is a systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).

Strategic risks (Principal risks) are those that represent a threat to achieving the Trust's strategic objectives or to its continued existence. They also include risks that are widespread beyond the local area and risks for which the cost of control is significantly beyond the scope of the local budget holder. Strategic risks must be

reported to the Board of the Directors and should be managed at executive level, directly or by close supervision.

Operational risks are by-products of the day-to-day running of the Trust and include broad spectrum of risks including clinical risk, financial risk (including fraud), legal risks (arising from employment law or health and safety regulation), regulatory risk, risk of loss or damage to assets or system failures etc. Operational risks can be managed by the department or directorate which is responsible for delivering services.

Risk Register – is a management tool that allows the Trust to understand its comprehensive risk profile. It is simply a repository of risk information, held on the Datix risk management system, linking risks and controls for the whole organisation. Risk Registers are available at different organisational levels across the Trust.

Risk Appetite - at the organisational level, is the amount of risk exposure, or potential adverse impact from an event, that the organisation is willing to accept/retain. Once the risk appetite threshold has been breached, risk management treatments and business controls are implemented to bring the exposure level back within the accepted range. The risk appetite may vary according to risk type.

Governance is the system by which organisations are directed and controlled. It defines accountabilities, relationships and the distribution of rights and responsibilities among those who work with and in the organisation, determines the rules and procedures through which the organisation's objectives are set, and provides the means of attaining those objectives and monitoring performance. This includes establishing, supporting and overseeing the risk management framework.

Internal Control is the dynamic and iterative framework of processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risk. Internal controls permeate and are inherent in the way the organisation operates and are affected by cultural and behavioural factors.

Risk management maturity refers to the level, understanding and effectiveness of the Trust's management of risk.

Assurance is a general term for the confidence that can be derived from objective information over the successful conduct of activities, the efficient and effective design and operation of internal control, compliance with internal and external requirements, and the production of insightful and credible information to support decision-making. Confidence diminishes when there are uncertainties around the integrity of information or of underlying processes.

Board Assurance Framework provides the Trust with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives.

3. Accountabilities and Responsibilities

Responsibilities and accountability for risk management is the responsibility of all staff and formal governance processes map out the escalation route of risks. To support the governance and escalation process the specific risk management responsibilities' are set out below:

3.1. **Trust Board**

The Trust Board has corporate responsibility for reviewing the effectiveness of its internal control systems through its assurance framework. The Board is required to seek assurance that it is doing its reasonable best to ensure the Trust meets its objectives and protects patients, staff, the public, and other stakeholders against risk of all kinds. The Board is responsible for setting the strategic direction and corporate objectives for the Trust. It discharges its functions through a delegated structure (Appendix 2) designed to ensure effective risk management.

3.2. **Chief Executive**

The Chief Executive, as Accountable Officer, has overall accountability for having a robust risk management system in place to cover all the Trust's activities and an effective system of internal control, which is embedded within the Trust.

3.3. **Non-Executive Board Members**

Non-executive directors will attend the Trust Board and Trust Board seminars. Non-executive directors will also chair or attend Trust Committees as required where risks aligned to their remit are reviewed.

3.4. **Executive Directors**

Each executive director has delegated responsibility for managing the strategic development and implementation of risk management pertaining to their remit.

3.4.1 Chief Paramedic and Quality Officer/Deputy Chief Executive Officer (CEO)

The Chief Paramedic and Quality Officer/Deputy CEO is the designated Executive Director with overall responsibility for strategic development and implementation of risk management relating to Quality Governance; Safeguarding; Patient Safety Incident Investigations (PSIIs) Freedom to Speak Up. The Chief Paramedic and Quality Officer/Deputy CEO has overall responsibility for promoting and ensuring the implementation of Trust wide systems and processes to enable the Trust to meet its requirements in relation to risk, up to and including the Corporate (Trust Wide) Risk Register.

3.4.2 Chief Medical Officer/Deputy Chief Executive Officer

The Chief Medical Officer is the designated Executive Director with overall responsibility for strategic development and implementation of risk management relating to clinical safety; Clinical Audit & Research Unit (CARU); clinical education and development; and medical and clinical advice. The Chief Medical Officer leads on medical equipment and medical devices, medicines management, clinical audit and research and risk responsibilities relating to the role and remit of the Trust's Caldicott Guardian.

3.4.3 Chief Finance Officer

The Chief Finance Officer is the designated Executive Director with overall responsibility for risk management pertaining to finance and/or performance (any element of risk containing financial implications in whole or in part), Business Intelligence, Procurement; and Contracts and Commissioning, and implementation of risk management relating to Estates, Fleet, Supply and Distribution and Capital

Projects.

3.4.4 Director of People and Culture

The Director of People and Culture has delegated responsibility for strategic development and implementation of risk management relating to Human Resources; recruitment; health and wellbeing; organisational and personal development; and equality and inclusion.

3.5. **Delegated Executive Responsibilities**

3.5.1. The Deputy Chief Executive Officers

The Deputy Chief Executive Officers are the designated Executive Directors with overall responsibility for risk management relating to aspects of the operational service delivery and will oversee five directorates including; Director of Integrated Urgent & Emergency Care, Director of Ambulance Operations, Director of 999 Emergency Operation Centers, IT Programme Director and Director of Strategy and Transformation who have delegated executive responsibilities.

3.5.1.1. Director of Ambulance Operations

The Director of Ambulance Services is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to Frontline service delivery; frontline workforce and Non-Emergency Transport Service (NETS).

3.5.1.2. Director of 999 Emergency Operations Centre

The Director of 999 Emergency Operation Centre is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to Emergency Operations Centre (EOC) and Scheduling.

3.5.1.3. Director of Integrated Urgent & Emergency Care

The Director of Integrated Patient Care is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to NHS111/Integrated Urgent Care (IUC).

3.5.2. Director of Quality

The Director of Quality has a delegated responsibility for the strategic development and implementation of risk management across the Trust up to and including the Corporate (Trust Wide) Risk Register. The Director of Quality will advise senior Trust managers on strategies to achieve corporate risk objectives including responsibility for the development, communication and implementation of strategies and policies for safety and risk across the LAS.

3.5.3. Director of Corporate Affairs

The Director of Corporate Affairs is the designated Executive Director with overall responsibility for strategic development and implementation of risk management relating to Corporate Governance, Information Governance, Complaints & Patient

Advice & Liaison Service (PALS), Legal and Claims. The Director of Corporate Affairs takes the lead, on behalf of the Board of Directors, for maintaining the Board Assurance Framework and ensuring that risks are communicated to the Board, and that the Board receives appropriate training in Risk Management.

3.5.4. Director of Resilience and Specialist Assets

The Director of Resilience and Specialist Assets is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to Resilience and Specialist Assets and Hazardous Area Response Team (HART).

3.5.5. Director of Communications and Engagement

The Director of Communications and Engagement has delegated responsibility for strategic development and implementation of risk management relating to Reputation management; Stakeholder management; Staff engagement; and Media relations.

3.5.6. Director of Strategy and Transformation

The Director of Strategy, Technology and Development has delegated responsibility for the development and sponsorship of major projects and programmes, including IT, Clinical, Fleet, Supply and Distribution, Estates, Organisational Transformation and implementation of risk management relating to the project sponsorship function.

3.5.7. Chief Information Officer/ IT Programme Director

The Chief Information Officer and IT Programme Director has delegated responsibility for strategic development and implementation of risk management initiatives relating to Information Management & Technology, Data Quality; and Information Security. Ensures that the Board are appraised of all relevant risks, potential impact on the service and mitigation.

3.5.8. Chief Clinical Information Officer

The Chief Clinical Information Officer has delegated responsibility for strategic development and implementation of risk management initiatives relating to Clinical Information Systems and Clinical Data.

3.6. **Risk Management Specialists**

Other roles which have a specific risk management element include the following: Head of Quality Improvement and Learning, Head of Quality and Assurance Systems, Head of Health, Safety and Security, the Trust Risk Manager and the Risk and Audit Manager. These managers and heads of service are responsible for the development, implementation and management of the policy and processes for ensuring compliance with the Risk Management Procedure. Working with relevant directors and senior managers the risk manager is responsible for ensuring that risks are added onto the relevant risk registers and in collaboration with sector/corporate managers ensure that each service has an active risk register, which is reviewed and updated regularly

3.7. **All Managers**

All managers are responsible for the management of risk locally and for day to day

implementation of the Risk Management Procedure within their own area and must ensure that:

- Patient safety is given the highest priority.
- Staff are working within their level of competence.
- Staff are able to attend training appropriate to their role particularly mandatory training.
- Sufficient staff are available to carry out formal risk assessments where appropriate to identify and assess risk. Also to determine adequate control measures within the working environment and escalate where risks are not controlled.
- Risks are incorporated into an appropriate level on the risk register and the risk register is maintained.
- Risks are communicated to staff.

3.8. **All Employees**

Staff (including contractors and agency staff) must ensure they are familiar and comply with the Trust's risk-related policies and relevant professional guidelines and standards. It is the duty of all employees to familiarise themselves, and comply, with the Trust Risk Management Procedure to ensure that identified risks are reported to their line manager.

4. Governance Structure Relating to Risk Management

The Trust is committed to implementing the principles of good governance, defined as:

The system by which the organisation is directed and controlled to achieve its objectives and meet the necessary standards of accountability, integrity and openness.

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 quality of care as well as the safety of its staff and visitors.

The Trust's governance structure which identifies all the Trust's committees and their relationship to the Board is shown in Appendix 3. The Board through the relevant committees, will ensure that a framework is in place that identifies risks associated with all its activities. This will be an ongoing process in the achievement of its strategic and operational objectives. Specific responsibilities in relation to this strategy and policy, for the management of risk and assurance on its effectiveness are monitored by the following committees:

4.1 **The Trust Board and Chief Executive**

The Trust Board and Chief Executive require that consideration of risk and systems of internal control are fully embedded within the culture of the Trust, whilst ensuring a coordinated and holistic approach and maintaining clear lines of accountability. The Trust's organisational structure has been designed to reflect this and is detailed at Appendix 2.

The Board reviews the Assurance Framework (BAF) and principal risks six times a year. The Trust Board receives routine reports throughout the year which identify how risks are being managed. Examples include regular financial reports, complaints and incident reports, reports on performance, reviews of the corporate risk register, updates on national guidance and minutes of all the Board Committees.

Risk Management by the Board is underpinned by a number of interlocking systems of

control: The Board reviews risk principally through the following three related mechanisms:

4.1.1. Corporate (Trust Wide) Risk Register

The Corporate (Trust Wide) Risk Register is at the center of the risk management process and changes continually to reflect the dynamic nature of risk and the Trust's management of it. The Corporate (Trust Wide) Risk Register is a high level operational risk register that contains all risks that have been identified as affecting multiple Sector/Department/Directorate or is unable to be mitigated by the Sector/Department/Directorate and requires a Trust wide approach.

They are generally owned by the executive team who delegate their management to either a nominated individual, designated committee or a time limited project group who will monitor actions and plans against them. A risk may also arise as a result of external factors over which the Trust may have limited control.

The Corporate (Trust Wide) Risk Register will be reviewed by the Risk Compliance and Assurance Group on behalf of the Executive Committee and the Trust Board. Used correctly it demonstrates that an effective risk management approach is in operation within the Trust.

4.1.2. Board Assurance Framework

The Board Assurance Framework identifies key strategic risks (those that could prevent achievement of strategic "mission critical" objectives), existing and planned controls to mitigate the risks, and the assurances relied on which demonstrate that risk is being managed and objectives achieved.

It is the "main tool that the [Board] uses in discharging its overall responsibility for internal control" and a key source of evidence for the Annual Governance Statement (NHS Audit Committee Handbook, HFMA, Fourth edition).

The Board Assurance Framework focuses solely on strategic risks whilst risk registers contain operational risks which arise from how the Trust operates day-to-day. Operational risks do not feature in the Board Assurance Framework unless they are of such significance as to impact on the delivery of strategic objectives.

4.1.3. The Annual Governance Statement

The Annual Governance Statement (AGS) is signed by the Chief Executive as the Accountable Officer certifying the effectiveness of the Trust's risk management processes and sets out the organisational approach to internal control. This is produced at the year-end (following regular reviews of the internal control environment during the year) and scrutinised as part of the Annual Accounts process and brought to the Board with the Accounts. The AGS includes an outline of the actions taken, or proposed to deal with any significant internal control issues or gaps in control.

4.2 The Committees

4.2.1. The Quality Assurance Committee

The Quality Assurance Committee provides assurance to the Trust Board on clinical, corporate, information governance and compliance matters ensuring high quality care

to patients. Key agenda items would include seeking assurance on clinical safety and standards, professional education and development, and effectiveness and experience, as well as compliance with the CQC regulatory outcomes and other regulatory or mandated standards such as NHS Improvement's Well-led Framework; seeking assurance from within the organisation that patient safety is being managed effectively; and that effective processes are in place to manage and monitor hygiene/infection control and safeguarding.

4.2.2 The Audit Committee

The Audit Committee reviews the corporate risk register and the Board Assurance Framework and is responsible for providing assurance to the Trust Board that there are sufficient controls in place to manage the significant risks to achieving its strategic objectives and that these controls are operating effectively

4.2.3 The Finance Investment Committee

The Finance, Investment and Performance Committee has delegated authority from the Trust Board to consider the medium-term financial strategy and this includes strategic financial risks and capital investment including in IM&T.

4.2.4 People and Culture Committee

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.

4.2.6 Executive Committee (ExCo)

ExCo manages strategic and operational risk on behalf of the Trust Board and ensures that systems, structures and management processes are in place for monitoring and reviewing all forms of risk throughout the Trust. The committee has responsibility for identifying risks to the delivery of the strategic objectives and priorities and for top-down risk identification, management and mitigation.

4.3 Reporting Groups Relating to Risk Management

Reporting groups will include the review, monitoring and oversight of risks within specific work streams. Details of reporting groups are shown in Appendix 2.

4.3.1 The Risk Compliance and Assurance Group (RCAG)

The Risk Compliance and Assurance Group is chaired by the Director of Quality and the Director of Corporate Affairs and manages and monitors all risk management processes and activities within the Trust monthly, ensuring that the objectives of the Risk Management Strategy and Policy are achieved; the group is responsible for the delivery of a systematic and action-oriented approach to the management of all known and foreseeable risks within the Trust to enable the Executive Committee to provide assurance to the Audit Committee and the Trust Board with regard to:

- The appropriate implementation of the Trust's Risk Management Framework;
- The Trust's assessment processes and systems (making recommendations for change where necessary);

- The management of key risks on the Corporate (Trust wide) and local risk registers;
- The grading and articulation of all risks rated 15 and greater and the appropriateness of actions in place to mitigate and reduce the likelihood and impact of those risks (holding risk owners to account for non-delivery of actions);
- The appropriate escalation of risks to the Executive Committee and the Audit Committee, if there is insufficient progress with mitigating actions; and
- The effectiveness of training courses and management arrangements relating to risk management.

4.3.2 Quality Oversight Group

The Quality Oversight Group is chaired by the Chief Paramedic and Quality Officer/Deputy CEO and Chief Medical Officer/Deputy CEO and is established to oversee and co-ordinate the work of several subgroups. In the context of oversight and co-ordination of the Clinical and Quality Agenda, QOG will ensure that the subgroups align their work plans to the organisational objectives, escalating any operational concerns to the Executive Leadership Team. The QOG will add value by challenging the work programmes of sub groups and will validate the content of work plans

4.3.3 Corporate Health and Safety Committee

The Corporate Health and Safety Committee is chaired by the Director of Quality and the Committee's prime purpose is to assist the Trust in safeguarding the health, safety and wellbeing of employees and others who may be affected by the Trust's work activities. The Committee will review Trust-wide risk assessments pertaining to health and safety and to ensure that mitigating actions are identified, implemented and monitored for effectiveness in the prevention of or to minimize future risk.

Each Group Station, Sector, Department and Corporate Directorate area will have a management forum where risk is discussed, including reviewing the risk register, actions and any required escalation.

5. The Risk Management Process

The Trust adopts a structured approach to risk management, whereby risks are identified, assessed and controlled and if appropriate escalated or de-escalated through the governance mechanisms of the Trust.

Risks are clarified and managed in the following key stages:

- Clarifying objectives
- Identifying risks that relate to objectives
- Defining and recording risks
- Completion of the risk register
- Identifying mitigating actions
- Recording the likelihood and consequences of risks
- Escalation, de-escalation and archiving of risk as appropriate

The LAS will achieve its aims by implementing the risk management process as detailed in the Risk Management Procedure.

5.1. **Principles of successful Risk Management**

It is the role of the Trust Board to lead and support risk management across the organisation. The principles of successful risk management are:

- To embrace an open, objective and supportive culture
- To acknowledge that there are risks in all areas of work
- It is the role of the Trust Board, and in particular the Chief Executive, to lead and support risk management
- It is the role of all managers at all levels to identify and reduce risks
- For all staff to be actively involved in recognising and reducing risk
- To communicate risks across the Trust through escalation and de-escalation processes

5.2 **Risk Register**

Core to this Risk Management Strategy and Policy will be the provision and maintenance of a well-founded risk register, for all activities of the Trust. The risk register will be maintained on the Trust's risk reporting and management system in

accordance with the Trust's Risk Management Procedure.

A Risk Register is one of the basic building blocks of risk management and provides a unified repository for the recording and monitoring of risks at both the local and corporate level within the Trust.

The business planning process will be used to identify key risks to the organisation and individual objectives will be set for all levels of staff to reflect this.

The Risk Management Strategy and Policy will ensure a process (Risk Management Procedure) that follows accepted good risk management practice which involves identification, assessment and control of risk.

There are different level of risk registers in the Trust:

- Board Assurance Framework risk registers
- Corporate (Trust wide) risk registers
- Corporate Directorate/divisional risk registers
- Programme risk registers
- Sector and Departmental risk registers
- Local (Station level/site) risk registers

6. Risk Appetite and Risk Tolerance

The resources available for managing risk are finite and so the aim is to achieve an optimum response to risk, prioritised in accordance with an initial evaluation. Risk is unavoidable, and every organisation needs to take action to manage risk in a way that it can justify to a level which is tolerable. The amount of risk that is judged to be tolerable and justifiable is the "risk appetite".

Risk appetite is therefore 'the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time in pursuance of its objectives'.

Risks need to be considered in terms of both opportunities and threats and are not usually confined to money - they will invariably also impact on the capability of our organisation, its performance and its reputation.

It is important for the Trust to know about its risk appetite because if the organisation's collective appetite for risk is set at a certain level and the reasons for it is not known, then this may lead to erratic or inopportune risk taking, thereby exposing the organisation to a risk it cannot tolerate. Conversely an overly cautious approach can be taken which may stifle growth and development. If the leaders of the organisation do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient outcomes affected.

The Trust will periodically review its appetite for and attitude to risk, updating these where appropriate. This includes the setting of risk tolerances at the different levels of the organisation, thresholds for escalation and authority to act, and evaluating the organisational capacity to handle risk. The periodic review and arising actions will be informed by an assessment of risk maturity, which in turn enables the board to determine the organisational capacity to control risk.

6.1. **Risk appetite statement**

he risk appetite of the Trust is the decision on the appropriate exposure to risk it will accept in order to deliver its strategy over a given time frame. In practice, an organisation's risk appetite should address several dimensions:

- The nature of the risks to be assumed;
- The amount of risk to be taken on;
- The desired balance of risk versus reward;

On an annual basis the Trust will publish its risk appetite statement as a separate document covering the overarching areas of:

- Quality/Outcomes
- Reputation
- Innovation
- Financial/VFM
- Compliance/Regulatory

The statement will also define the Board's appetite for each risk identified for the achievement of strategic objectives for the financial year in question. These categories of risks are more fully explained in Appendix 1.

The Trust's risk appetite will be used to support the assessment of risks across the Trust and identify those which need escalation for mitigation.

7. Horizon Scanning

Horizon scanning focusses on identifying, evaluating and managing changes in the risk environment, preferably before they manifest as a risk or become a threat to the business.

Horizon scanning helps identify positive areas for the Trust to develop its business and services and provides a steer toward taking opportunities where these arise. The Trust will work collaboratively with partner organisations and statutory bodies to horizon scan and be attentive and responsive to change.

By implementing formal mechanisms to horizon scan the Trust will be better able to respond to changes or emerging issues in a planned, structured and co-ordinated way. Issues identified through horizon scanning should link into and inform the business planning process. As an approach it should consider ongoing risks to services.

The outputs from horizon scanning should be reviewed and used in the development of the Trust's strategic priorities, policy objectives and development. The scope of horizon scanning covers, but is not limited to:

- Legislation
- Government white papers
- Government consultations
- Socio-economic trends
- Trends in public attitude towards health
- International developments
- NHS Improvement publications
- Local demographics
- Seeking stakeholders' view
- Risk Assessments

All staff have a responsibility to bring to the attention of their managers potential issues

identified in their areas which may impact on the Trust delivering on its objectives.

Board members have the responsibility to horizon scan and formerly communicate matters in an appropriate forum relating to their area of responsibility.

8. Learning Lessons from Risk Management

The Risk Management Policy will be used as a platform to drive organisational learning and feedback on the lessons learned through risk management and mitigation. Board and Executive Committees will review lessons learnt and emerging trends as appropriate and will use the opportunities these present for organisational learning from the management of risk. These committees will also seek action and/or assurance on progress with embedding risk management across the organisation.

The Trust must actively review risk occurrences and ensure that where appropriate these are adequately reported and recorded. The following may be considered during the review:

1. What happened
2. How and why the risk occurred
3. What action has been taken (if any) since the risk occurred
4. The likelihood of the risk occurring again
5. Any additional responses or steps taken; and
6. Key learning points and who and how these are to be communicated.

9. Implementation Plan

The Trust recognises the value of the whole systems approach in preventing, analysing and learning from errors and will continually aim to implement the management of risk in a structured way. Risk registers are used to record and monitor risks from both a local and corporate level within the Trust. Interaction with the risk register occurs at all stages of the risk management process from risk identification, assessment, through to risk response development and monitoring.

10. Competence (Education and Training)

Knowledge of how to manage risk is essential to the successful embedding and maintenance of effective risk management (Appendix 4).

An introductory session is provided to all staff on incident reporting and risk assessment training on induction.

Risk management training is provided to executive and non-executive directors in respect to high level awareness of risk management.

All managers that have the authority to enter risks onto Datix should receive appropriate training to both describe and enter risks. Local training is provided by the Risk Manager relevant to suit the responsibilities and risks associated with their role.

All staff are able to undertake the Risk Awareness training that is available on ESR as an e-learning package. This training can also be provided by the Risk Manager.

11. Monitoring Compliance

The Trust Board will receive reports at each Board meeting in respect of all actions of risk considered high and significant until such actions reduce the level of risk below these levels.

The Audit Committee will also receive reports from Internal Audit at each of its meetings and the Quality Assurance Committee will receive reports on a timely basis covering:

- risk register / assessment reporting systems, including analysis and feedback
- risk management training initiatives

The RCAG will help to provide central support and encourage the uptake of good practice. As the central point for the receipt of risk register information, RCAG will compare the data and approaches being taken by individual groups for consistency across the organisation. RCAG will keep the main risks under strategic review and share information on how to address these risks, as well as maintaining and disseminating up-to-date risk management guidance for managers and policy makers.

Trust board committees will have a standing agenda item on risk, where the top risks from the Corporate (Trust wide) risk register and BAF risks will be discussed, reviewed for assurance and then escalated/communicated to the Board, as appropriate via the BAF.

Changes in the Trust and the environment in which it operates will be identified and appropriate changes made to systems. Regular audits of policy and standards compliance will be carried out and standards of performance will be reviewed to identify opportunities for improvement. Any changes in guidance, best practice and legislation will be considered as the need arises and incorporated appropriately into the Risk Management Policy, which will be reviewed every two years as a minimum and approved by the Trust Board.

12. Effectiveness and Reporting including Policy Review

This policy will be reviewed on an annual basis. A copy of the approved procedure will be posted on the Pulse and staff will be made aware of its existence via the Routine Information Bulletin (RIB)

Continual improvement is a core component of the Trust's risk management framework. The Trust's overall risk management maturity and effectiveness of the risk management process will be used as indicators for success. Using the ALARM National Performance Model for Risk Management in Public Services (Appendix 5) the Trust aspire to achieve maturity level 4 'Embedded & Working'. The Maturity of Risk management within the Trust will be reviewed on a bi-yearly basis to identify key levels of attainment in the following areas:

- Leadership and Management
- Strategy and Policy
- People
- Partnership, shared risk & resource processes
- Processes
- Risk handling and Assurance
- Outcomes and deliveries.

13. Equality Impact Assessment Statement:

This policy has been reviewed in line with the Equality Act 2010 which places a duty on the Trust to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The specific needs of protected characteristic groups have been considered throughout the development of this policy. Special attention should be made to ensure the policies are understood by staff, who are new to the NHS, those whose first language is not English, staff whose literacy skills may be weak, those with special educational needs or those who have little experience of working life.

14. References

ALARM (2021) Risk Management Toolkit.

Bullivant J & Corbett-Nolan A (2012) Risk Appetite for NHS Organisations: A matrix to support better risk sensitivity in decision taking.

Department of Health (2003) Building the Assurance Framework: A Practical Guide for NHS Boards.

Dower E & Bullivant J (2014) Building a Framework for Board/Governing Body Assurance

HM Treasury (2013) The Orange Book: Management of Risk - Principles and Concepts.

Appendix 1

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 mat 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.

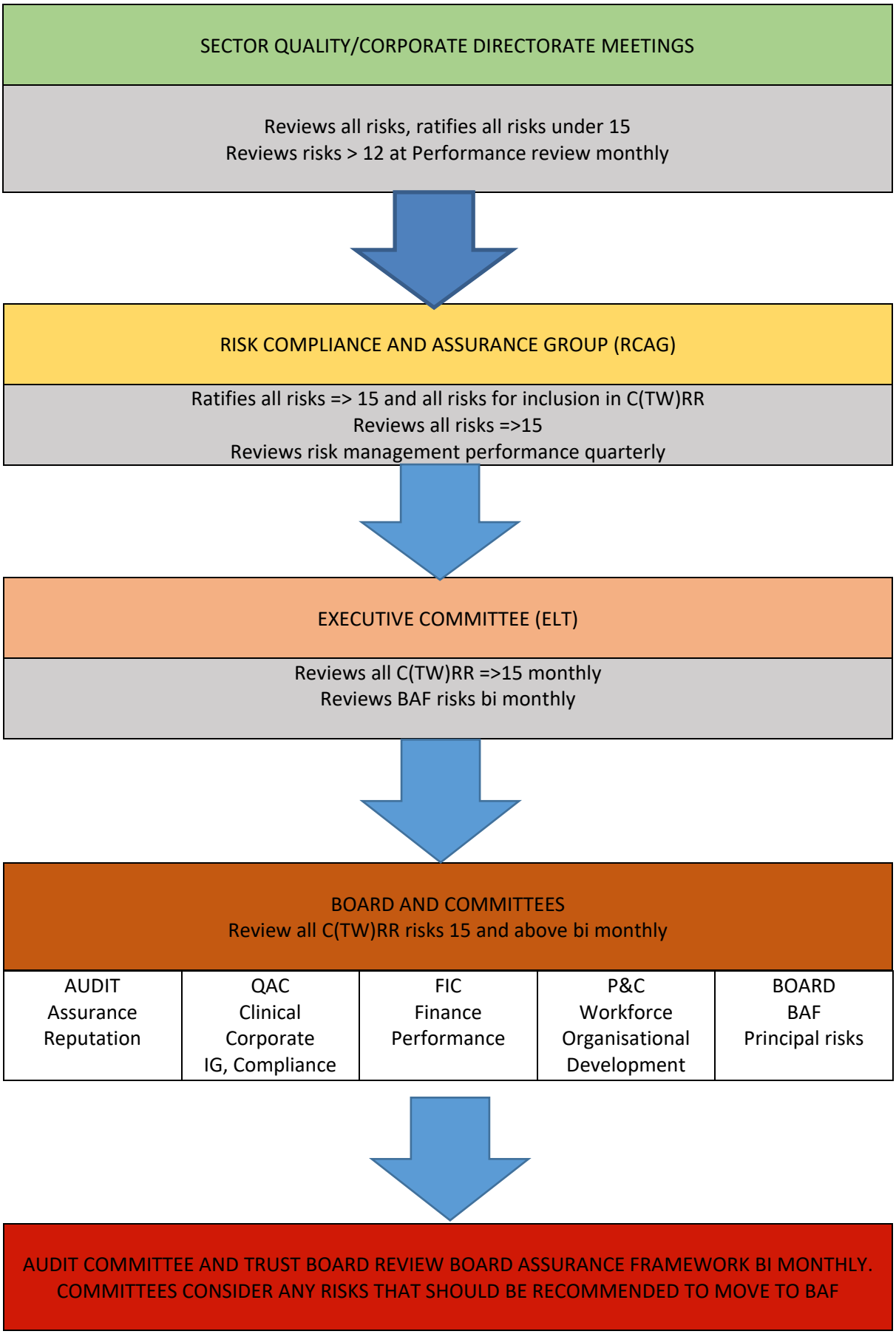
LAS will actively utilise the Risk Appetite Statement during any decision making process.

Key Risk Categories and Risk Tolerances

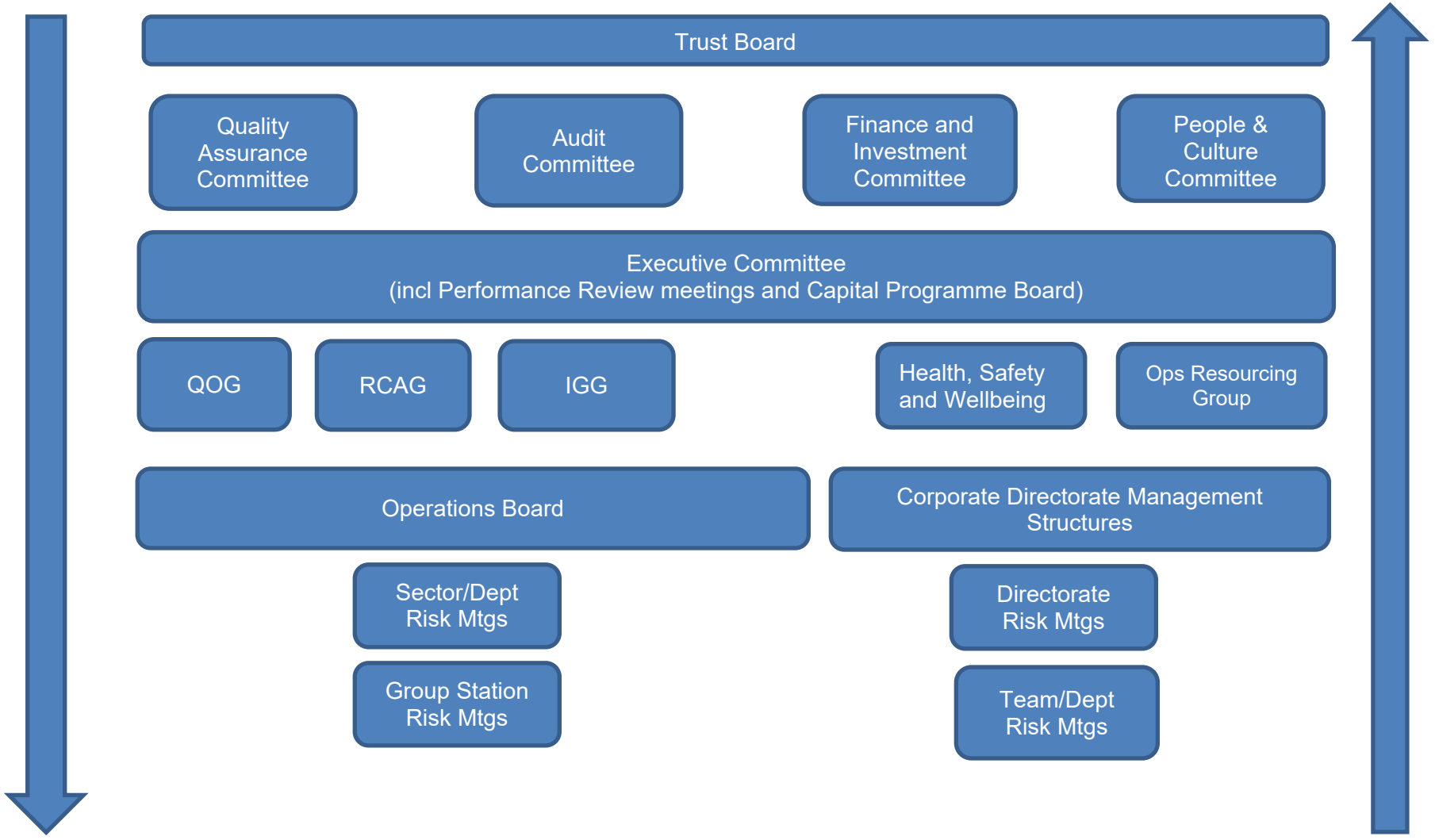
Risk Category	Risk Appetite Level	Risk Appetite Statement	Example
Quality Outcomes	Low	LAS has a low appetite for risks that may compromise the delivery of outcomes for patients. LAS may take measured and considered risks to improve and deliver quality outcomes where there is a potential for long term 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

Appendix 2 The Trust Organisational Delegation Structure



Appendix 3: LAS Assurance Framework



Appendix 4: Risk Management Training Matrix

Risk Management	Key stages of the patient pathway	Level of Training	Agenda for Change Grades	Aims of Training	
Risk Management Process	***Identification, Assessment and Escalation***	***Level 1*** ***Foundation Training***	***All Trust staff***	***Personal and Professional Development Plans*** ***Positive Performance Management*** ***Further training and development as life-long learning***	• For all Trust employees to understand what a risk is, • To undertake the relevant risk assessment (without formal form completion) • Identify any immediate risks to patient safety and correct them. • Appropriate escalation to senior staff to formalise risk assessment and undertake mitigations
	Risk Management and Escalation	***Level 2*** ***Intermediate Training***	***Band 6/7/8*** ***Senior Management Teams*** ***(Identified through PDPR and Job Description)***		• For all staff with responsibility for departments/ clinical areas to be able to identify and assess associated risks. • To undertake formal risk assessments and utilise risk management software (Datix) • To be able to action and document mitigations against risks, and evidence future actions required. • To be able to escalate risks when unable to control risks within own resources (including escalation to Corporate (Trust Wide) Risk Register via RCAG • To understand the process of risk de-escalation in line with Trust policy.
	Strategic and Emerging Risk Management and Control	***Level 3*** ***Advanced Training***	***Executive Team*** ***(in line with Trust Policy and Licence Requirements)***		• To be able to lead on the management of all Corporate (Trust Wide) and Strategic Risks • To undertake scrutiny of the Board Assurance Framework, ensuring appropriate mitigation is in place. • To ensure that any external and longer term risks are identified and managed in line with best practice. • To direct Trust staff in the management of de-escalated risks to Directorate level and below • To provide senior guidance to Trust staff in the identification and management of risk.

Appendix 5 ALARM National Performance Model for Risk Management in Public Services

Existing Scale	Proposed Scale	Leadership and Management	Strategy and Policy	People	"Partnership, Shared Risk & Resources Processes"	Processes	Risk Handling and Assurance	Outcomes and Delivery
Driving	Excellent 5	"Leadership uses consideration of risk to drive excellence through the organisation, with strong support and reward for well managed risk-taking"	Strategy and Policy are closely aligned to risk management and the threat of failing to achieving objectives	"All staff are empowered to be responsible for risk management. The organisation has a good record of innovation and well-managed risk-taking. Absence of a blame culture."	"Clear evidence of improved partnership delivery through risk management and that key risks to the community are being effectively managed"	"Management of risk and uncertainty is well-integrated with all key business processes and shown to be a key driver in business success"	"Clear evidence that risks are being effectively managed throughout the organisation. Considered risk-taking part of the organisational culture."	"Risk management arrangements clearly acting as a driver for change and linked to plans and planning cycles"
Embedded and Working	Good 4	Leadership is supportive of the risk management process, engages actively and ensures it is embedded throughout the organisation	"Risk management principles are reflected in the organisation's strategies and policies. Risk framework is reviewed, developed, refined and communicated"	"A core group of people have the skills and knowledge to manage risk effectively and implement the risk management framework. Staff are aware of key risks and their responsibilities"	"Sound governance arrangements are established. Partners adequately support one another's risk management capability and capacity."	"A framework of risk management processes in place and used to support service delivery. Robust business continuity management system in place."	"Evidence that risk management is being effective and useful for the organisation and producing clear benefits. Evidence of innovative risk-taking."	"Very clear evidence of very significantly improved delivery of all relevant outcomes and showing positive and sustained improvement"
Working	Moderate 3	Leadership take part sporadically in the risk management process and provide some resources.	A basic risk strategy and related policies exist and are partially implemented	An individual with Risk Management responsibilities is in place with the correct skills and experience.	"Risk with partners and suppliers is managed across organisational boundaries but inconsistently."	"Risk management processes used to support key business processes. Early warning indicators and lessons learned are reported. Critical services supported through continuity plans."	"Clear evidence that risk management is being effective in all key areas. Capability assessed within a formal assurance framework and against best practice standards"	"Clear evidence that risk management is supporting delivery of key outcomes in all relevant areas"
Happening	Poor 2	Leadership are aware of risk management process but do not actively participate	"The need for a risk strategy and risk-related policies has been identified and accepted but not implemented"	Risk management is an informal part of a single persons role within the organisation.	"Approaches for addressing risk with partners are being developed and implemented."	"Some stand-alone risk processes have been identified and are being developed. The need for service continuity arrangements has been identified."	"Some evidence that risk management is being effective. Performance monitoring and assurance reporting being developed"	"Limited evidence that risk management is being effective in, at least, the most relevant areas"
Engaging	Not in Place 1	Leadership are not providing guidance with regards to risk management objectives, culture or practices	"The need for a risk strategy and risk-related policies has not been identified. The risk management system is undocumented with few formal processes present"	No risk management roles or associated skills are in place within the organisation and there is little desire to implement this.	No risk management considerations are given to partnerships	"No stand-alone risk processes have been developed."	"No clear evidence that risk management is being effective"	No clear evidence of improved outcomes