MEETING IN PUBLIC OF THE BOARD OF DIRECTORS

12.30pm to 2.45pm on Tuesday, 28th March 2023
at Prospero House, 241 Borough High Street, London SE1 1GA and via Zoom

AGENDA

Time	Item	Subject	Lead	Action	Format
1. Opening Administration					
12.30	1.1	Welcome and apologies for absence	Chair	Note	Verbal
	1.2	Declarations of interest	All	Approve	Verbal
2. General Business					
12.30	2.1	Minutes of the Public Meeting held on 31 January 2023	Chair	Approve	Report
	2.2	Action Log	Chair	Review	Report
3. Staff Story					
12.30	3.1	Staff Story: Sexual Charter	DMG	Inform	Verbal
4. Chair and Chief Executive Report					
12.45	4.1	Report from the Chair	Chair	Inform	Report
12.50	4.2	Report from the Chief Executive	CEO	Inform	Report
12.55	4.3	Report from the Deputy Chief Executives	Deputy CEOs	Inform	Report
1.05	4.4	Report from the LAS Public and Patient Council	RD	Inform	Report
5. Strategy Update					
1.10	5.1	Feedback from patients, public and other stakeholders on the strategy development process	RD	Inform	Report
6. Director and Board Committee Reports					
1.40	6.1	Quality and Clinical Care 6.1.1 Director's Report (Quality) 6.1.2 Director's Report (Clinical Care) 6.1.3 Quality Assurance Committee	JM FW MS	Assure	Report
1.55	6.2	People and Culture 6.2.1 Director's Report 6.2.2 People and Culture Committee	DMG AR	Assure	Report
2.05	6.3	Finance 6.3.1 Director's Report 6.3.2 Finance and Investment Committee	RPa BA	Assure	Report

2.10	6.4	Corporate 6.4.1 Directors Report	ME	Assure	Report
7 Quality					
2.15	7.1	Quality Report	JL	Assure	Report
2.25	7.2	Quality Priorities 2023/24	JL	Approve	Report
2.30	7.3	Patient Safety Incident Response Plan	JL	Approve	Report
2.35	7.4	Risk Management Strategy and Policy	JL	Approve	Report
8 **Board Assurance Framework**					
2.40	8.1	Board Assurance Framework	ME	Inform	Report
9. Concluding Matters					
2.45	9.1	Any Other Business	All	Note	Verbal
	9.2	Date of Next Meeting	Chair	Note	
	9.3	Questions from Members of the Public	Chair	Note	

NB: The full and summary IPR is on the website and in the library in Convene

Public Meeting
LONDON AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS
held at 10.45am. Tuesday, 31 January 2023
Avonmouth House, 6 Avonmouth Street, London SE1 6NX and via Zoom

Present		
Andy Trotter	AT	Chairman
Rommel Pereira	RPe	Deputy Chair
Bob Alexander	BA	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Karim Brohi	KB	Non-Executive Director
Amit Khutti	AK	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Anne Rainsberry	AR	Non-Executive Director
Daniel Elkeles	DE	Chief Executive Officer
John Martin	JM	Joint Deputy Chief Executive and Chief Paramedic & Quality Officer
Fenella Wrigley	FW	Joint Deputy Chief Executive and Chief Medical Officer
Rakesh Patel	RPa	Chief Finance Officer
Damian McGuinness	DMG	Director of People and Culture
In Attendance		
Jaqueline Lindridge	JL	Director of Quality
Mark Easton	ME	Interim Director of Corporate Affairs
Roger Davidson	RD	Director of Strategy and Transformation
Barry Thurston	BT	Director of IT
Alison Blakely	AB	Director of Clinical Pathways and Clinical Transformation (item 3.1 only)
Victoria Moore	VM	Deputy Head of Corporate Affairs (Minutes)
Apologies		

1.OPENNG ADMINISTRATION		
1. a.	**Welcome and Apologies** The Chairman welcomed those present to the meeting.	
2. a.	**Declarations of Interest** There were no declarations of interest made	

2. GENERAL BUSINESS		
2.1	**Minutes of the Previous Public Board Meeting**	
a.	The Minutes of the previous public meeting of the Board held on 29th November 2022 were approved as an accurate record	
2.2.	**Action Log**	
a.	The action log and updates were noted and accepted as accurate.	
3. PATIENT STORY		
3.1	**Urgent Community Response** *Presented by Alison Blakely (AB), Director of Clinical Pathways and Clinical Transformation*	
a.	The Board received a presentation in respect of Urgent Community Response Cars which is a partnership project between the five community providers of South West London and LAS covering South West London.	
b.	The project operates 3 cars between 8am and 8pm 7 days a week and aims to increase urgent community response (UCR) to 999 calls, ensure ongoing care at place and reduce conveyances to emergency departments through appropriate care at home or onward referral.	
c.	In the period 3 October 2022 to 22 January 2023, 911 patients had been seen and conveyance rate to emergency departments in the previous week excluding category 1's had been 31%. This compares to the previous conveyance rate of 70% for the same cohort of patients.	
d.	In addition to discussion performance data the Board received information pertaining to two individual patient experiences. A 75 year old patient who had fallen at home a 78 year old patient with a blocked ascetic drain. In both cases conveyance had not been necessary with both patients being able to be safely left at home due to the assessments and interventions that the team was able to implement.	
e.	The Board noted the intention to further develop and expand the cars into both North East and north Central London with the delivery of 8 cars across 14 Boroughs by end February 2023.	
f.	Members thanked AB for a clear and valuable presentation and noted the benefits of reduced incidents of conveyance on both the patients and the systems. The Board recognised the positive impact of the team.	
4. CHAIR AND CHIEF EXECUTIVE REPORT		
4.1	**Report from the Chair**	
a.	The Chair presented his report to the Board noting that along with the Chief Executive and other members of the Executive team he had met with the London Assembly Health Committee. The Committee were given a tour of the Education Centre and the EOC before meeting our team for a presentation followed by a Q and A session on our strategy. The Health Committee will write to us in due course with their views on our strategy.	

b.	The report recognised the Trust's current challenges including responding to periods of Industrial action and noted that staff across the Trust had worked hard to provide an adequate service on the strike days and thanked all partners who had helped to ensure the Trust was able to maintain a service.	
c.	The derogations negotiated with our union representatives had ensured that staff would attend from picket lines if required and that life and limb calls have been dealt with promptly and that when union concerns have been raised, they have been dealt with swiftly.	
4.2	**Report from the Chief Executive**	
a.	The CEO presented his report that reflected on events happening between December 2022 and January 2023, noting the achievements of teams across the Trust and reiterating his thanks to our members of staff and volunteers for their work over the festive and New Year period. Christmas Day was business as usual for our teams and the sacrifices they make when working shifts during this time is greatly appreciated.	
b.	Further to this the CEO recognised that since the previous report there had been three rounds of industrial action affecting ambulance services across the country, which took place on 21 December 2022, 11 January 2023 and 23 January 2022.	
c.	The Board recognised that due to robust planning and a strong working relationship with staff-side colleagues, on all occasions the Trust was able to respond to our sickest patients in life and limb-threatening emergencies.	
d.	During periods of industrial action the Trust had received support from health and social care partners as well as the military, who volunteered to drive ambulances while our expert clinicians provided care to patients.	
e.	Additionally to help ensure our ambulance crews on the road were available for those who needed them, we worked with our partners in NHS trusts to ensure patient handover delays at emergency departments were kept to a minimum.	
f.	The Chief Executive extended his and the Trusts thanks to everyone who had been part of the response and recognised that these were challenging days for and the impact on patients was significant. The Trust continues to evaluate our performance across both periods and are focussing on whether the positive changes that were achieved can be sustained. .	
g.	The Chief Executive also updated demand and performance recognising that he months of November and December had been extraordinarily busy and that January has seen a reduction in demand and the initiatives that had been implemented to address system pressures.	
4.3	**Report from the Deputy Chief Executives**	
a.	The Deputy Chief Executives presented a summary of their report recognising the revised reporting and assurance structure that had been implemented to ensure continued, safe service delivery throughout the winter.	

b.	Performance data demonstrated that a decline in response times had occurred during December and was, in part, attributable to the system pressures seen across healthcare.	
c.	Nationally, all ambulance services saw a worsening in their response time delivery. LAS response times were better than the national average and in comparison with other services delivered the 4th best response for Category 1 patients.	
d.	Further to the updates provided by both the Chief Executive and the Chair the Deputy Chief Executives recognised the impact of industrial action and reported that a full operational and clinical plan had been in place to maintain safety for patients and a rapid response to life and limb threatened patients.	
e.	Delays at hospital remain a challenge in maximising availability of ambulances to attend other patients. During quarter 3 the Trust lost 46,040 operational hours (time calculated over the 15 minute handover window) this was an increase of 10,576 hours over quarter 2, where 35,464 hours were lost.	
f.	The Trust has continued to work collaboratively with hospitals to reduce handover delays and introduce a system of proactive cohorting of patients to release staff and vehicles as quickly as possible. This is also balanced with a continued focus on reducing the number of patients conveyed to Emergency Departments through the use of alternative care pathways which better meet patient needs.	
g.	In 999 Emergency operations members recognised the reported performance and that the of contacts into Emergency Operations Centre reduced on 21st December 2022 and subsequently which was likely to be attributable to the high level of publicity around the first national ambulance strike, Christmas holidays beginning and gradual reduction in the cases of viral illness. We also recognise that when ambulances are available to respond in a timely way the number of contacts to 999 reduces as patients do not call back asking when their ambulance will arrive.	
h.	Integrated Urgent and Emergency Care update recognised that the Trust continued to provide a pan London integrated 111 call answering service. Delivering all or part of 111 services across all 5 ICSs with a direct contract in place with all 5 ICBs.	
i.	Finally the Board noted that the Trust had received formal notification from NHS England's Emergency Preparedness, Resilience and Response (EPRR) London regional team of our confirmed compliance ratings against the 2022 EPRR core standards, the interoperable capabilities standards and the deep dive topic of Shelter and Evacuation. All of the core standards were compliant, therefore the overall assessed level was fully complaint.	
5. DIRECTOR AND BOARD COMMITTEE REPORTS		
5.1	**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.	
5.2	**Quality and Clinical Care** 5.2.1 **Report of the Chief Paramedic and Quality Officer**	

a.	The Chief Paramedic and Quality Officer presented his report noting that the Care Quality Commission (CQC) launched a new framework for the care systems in January 2023. A regulatory action plan has been formulated by the Quality directorate to ensure all key elements of the new framework have been actioned or are in the process of being embedded.	
b.	The Trust remained in regular contact with the CQC and had received no further regulatory visits since the system inspection in December 2021. Improvement action plans relating to inspection feedback remain on track, with Integrated Urgent and Emergency Care (IUEC) and Emergency Operation Centres (EOC) plans being reviewed every six months.	
c.	2022/23 Quality Priorities continue on track and that a timeline for completion of the 2023/24 priorities has been developed and engagement meetings commenced in January 2023. A presentation to the Patient and Public Council (PPC) in November generated interest within the group to be included in the design and on-going management of the new priorities.	
d.	The Quality Report (November 2022 data unless otherwise stated) continues to demonstrate the impact of a prolonged period of high 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 delays.	
e.	Members recognised that the Trust was participating in the National Guardian Office (NGO) Ambulance Speaking-Up review. The Trust was one of five ambulance services selected to participate in a second stage of the review, with staff participating in focus groups and Freedom to Speak Up (FtSU) leads being interviewed directly. The review is expected to be published later this year.	
	5.2.2. **Report of the Chief Medical Officer**	
f.	The Chief Medical Officer presented her report noting that the Trust continued respond to high levels of demand across all areas of the Trust which were reflective of national pressures and well reported challenges that exist within the Urgent and Emergency Care and Health and Social Care system. In December the pressure was further increased by the period of extremely cold weather and rising numbers of patients with viral illnesses and the outbreak of Streptococcus A in children. This impacted on our ability to reach patients within nationally set Ambulance Response Standards.	
g.	The Trust continues to work with system partners to reduce the impact the wider pressures have on our patients. Members recognised that they are reflective of national pressures and well reported challenges that exist within the Health and Social Care. In response to winter pressures a number of priorities to protect patient safety and ensure we are able to provide a timely response to our sickest patients have been agreed.	
h.	Further to the updates provided previously the periods of Industrial Action in December were recognised. Members noted that in order to maintain safety during the period of the Industrial Action, and either side of it, the Trust had implemented a clinical safety cell which saw LAS clinicians working alongside senior clinicians from across the NHS. This multi-disciplinary cell provided an expanded clinical skillset and range of specialties and enabled an increased amount of early remote clinical	

	assessment for patients and navigation to alternative care pathways where an emergency ambulance was not required.	
i.	The number of patient safety incidents reported across the service remains within the expected numbers when compared against the number of EOC contacts and face to face incidents.	
j.	Whilst there is some variation in each month, this is consistent with historic trends and indicates a positive reporting culture exists within the LAS. We continue to review all reported incidents to ensure continuous observation for emerging trends, appropriate investigations are conducted in line with the Patient Safety Incident Response Framework and that we share this learning across all areas of the organisation effectively.	
k.	It was reported that the Trust had successfully renewed the Controlled Drugs Licence following a full Home Office inspection of the Medicines Packing Unit in November 2022. The previous inspection was carried out in 2018 when the medicines function was co-located with logistics in Deptford. This was the first inspection at the new unit. All LAS sites that store controlled drugs are now included on the licence and as such there will be an annual Home Office inspection of one LAS site each year.	
l.	The Trust continues to work closely with the hospitals to address handover delays with a number of initiatives and patient cohorting now possible at all London Emergency Departments. We have a collaborative agreement between LAS and all 5 ICSs to handover patients at a maximum of 45 minutes where patient cohorting is not in place. This ensures ambulances can be freed up to attend the next 999 emergency patient in the community.	
	5.2.3. **Report from the Quality Assurance Committee**	
m.	The Chair of the Quality Assurance Committee presented the assurance report noting that the Committee had received an update on progress against the Trust's 12 Quality priorities noting that 6 were RAG rated as Amber and 6 as Green. Each priority had associated objectives and KPIs aligned with different action owners across the Trust.	
n.	The Committee noted that work was underway to set the Quality Priorities for 2023/24. A Quality Priorities Task and Finish Group had been established, meeting every fortnight with key stakeholder representation from across the Trust.	
o.	The Committee received an update on progress against the category 2 improvement programme, in particular the work on Hear and Treat which was demonstrating that having very senior clinicians providing support enabled higher numbers to be treated and managed. As a result, part of the work going forwards would focus on how to develop LAS staff to enhance their skills to enable them to operate at a standard similar to GPs.	
p.	The Committee also noted the large amount of work undertaken around cohorting to mitigate against handover delays at hospitals. The Committee also noted that there had been a significant improvement in handover delays since introduction of the new 45 minute handover standard across London. A review of the impact of the new standard would be undertaken to ensure the impact was fully understood.	

5.3	**People and Culture** 5.3.1 **Director's Report**	
a.	The Director of People and Culture provided a summary of the presented report noting the external recognition received in the period.	
b.	In December, the Wellbeing Team won the HPMA/NHS Employers Wellbeing Award, a category with over 100 NHS Trust entries. Our well-being team was shortlisted for the award based on the inclusive nature of the LAS Well-being Hub, including the employment of colleagues on restricted duties, and the outreach of the service via our tea trucks and wellbeing cafes. The judges felt that the LAS entry was the winner based on the sustainability of the Wellbeing Hub model and the evidence of enormous use and quality of feedback from colleagues.	
c.	The main focus of activity for the directorate had been the preparation and participation in the UNISON led Industrial action which took place on 21st December 2022, 11th & 23rd January 2023.	
d.	The People and Culture Committee met in November to discuss mitigation plans with respect to potential industrial action (national pay dispute). A new Trust risk was agreed at this committee. The directorate subsequently lead on derogation negotiations and supported operations on the days of industrial action. The resource demand to fulfil these tasks has been extremely challenging, significantly impacting on core People and Culture activity, and thus this month's board report reflects such disruption.	
e.	To date 850 frontline staff had been recruited and started and circa 750 conditional employment offers had been made across Ambulance Services (330 paramedics and 247 AAPs), 111 (61 call handlers) and 999 (61 call handlers). This is against a plan to offer 1400 positions in 2022/23.	
f.	Leavers remained consistent at 13%, a trend similar to that of all ambulances Trusts. The number of frontline leavers had also remained positively below plan (-71FTE) and there had also been a lower level of International Paramedic leavers.	
g.	Staff Absence has continued to decline since the introduction of first day absence reporting. Absence had reduced to 6.9% in November. 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.	
	5.3.2 **Report from the People and Culture Committee**	
h.	The Chair of the People and Culture Committee presented the assurance report extending congratulations to the Trusts well-being team who had won the HPMA award for well-being at the event hosted by NHS Employers. The judges were hugely impressed by what had been achieved and described it as "phenomenal'. They noted the approach was forward thinking and innovative.	
i.	The Committee had recognised the establishment of the Trust Workforce Group. This would bring together people & culture with ambulance operations. The group would oversee resourcing and deployment plans and will provide for greater integration between resourcing plans and activity plans.	

j.	The committee received a presentation on recruitment recognising that the recruitment pipeline remained strong with current projections suggesting the Trust would be 81 wte behind plan which was an improvement since the last report. AAP recruitment remained strong with 300 wte completing employment checks together with strong recruitment pipelines for both 111 and EOC. One challenge was recognised as the capacity of clinical education. Additional capacity originally envisaged has been delayed meaning there is some delay in staff becoming operational	
k.	The committee also noted the improved position on the retention of frontline staff. Whilst overall turnover has remained constant at 13% there has been a significant drop in those leaving front line roles.	
l.	The committee received a briefing on the impact of industrial action. The most recent strike had been well handled and relationships between staff and managers on the front line remain very productive in a very challenging climate. There had been much learning both for day-to-day practice and in planning for the next strike. The committee noted that there were additional challenges given the seasonal pressures and NHS organisations may find it more challenging to release staff. Support will be received once again from the army and the committee noted that there would be some continuity of personnel whilst others would need to be trained.	
5.4	**Finance** 5.4.1 **Director's Report**	
a.	The Trust had posted year to date surplus of £5.2m as at the end of December 2022 against a plan of £0.8m, a favourable variance of £4.4m. The Trust is on track to deliver the year end plan to breakeven.	
b.	The Trust is forecast to invest £26.7m on capital programmes for the year. By the end of December the Trust had spent £13.4m. This £2.4m behind plan, however this is concentrated in a few schemes with plans to bring back on track by year end.	
c.	The Trust has been successful in obtaining a derogation to purchase a further 44 DCAs – 20 Ford lightweight diesels, 20 MAN lightweight diesels and 4 fully electric DCAs. Production has now commenced and the Trust has signed off the first of fully converted DCAs and is expecting delivery in mid-February.	
d.	Members noted that the Estates Strategy been drafted and the first phase of engagement with the 5 ICSs and London Estates and Infrastructure Board had been completed. The strategy has also been discussed with Extended Leadership Group. A detailed communication plan was being developed to engage with the wider the Trust and external stakeholders. The 2023/24 capital plan is being developed and will incorporate funding for elements of the estates strategy.	
	5.4.2 **Report from the Finance and Investment Committee**	
e.	The Chair of the Finance and Investment Committee noted that the Committee had considered the development of a new risk 8C relating to a deliverable financial plan for 2023/24. Members considered the risk as presented and recommend it for approval and inclusion on the Board Assurance Framework	

f.	The Committee received two business cases relating to Cleaning Services and South London 111 Premises. Both Cases have been supported by the committee for approval and they will be presented to the Trust Board in its private meeting.	
g	The Committee received a paper which outlined the financial benefits accruing from restructuring of the trust's workshops and purchase of 86 DCAs to be delivered next financial year (for which a pre-commitment has been made in the current financial year). Savings from these two investments will form part of the Trust's 2023/24 CIP programme. The benefits for 2023/24 are as follows: • Workshop savings - £173k • DCA replacement - £397k	
h.	The committee received the first draft of the 2023/24 capital programme and members noted that the Trust as planning for capital expenditure of £29.6m. The Committee recognised that capital allocation (CRL) had not yet been agreed with NWL ICS and the paper assumed the resource expected based on current discussions.	
i.	The final capital plan would be an integral part of the Trust's 2023/24 financial plan submission to NHSE. The current timetable is to submit a draft Trust plan on 23 February and a final plan at the end of March	
j.	Finally it was reported that the Committee received a briefing each month on the financial position of the Trust and the Capital positon. The meeting had considered the Month 9 (December) and was assured on the actual financial performance as reported.	
5.6	**Corporate Affairs – Director's Report**	
a.	The Director of Corporate Affairs reported that the Patient Experiences team continued to manage a higher number of complaints in comparison to previous years. Between October and December 2021, the Trust received 317 complaints compared to 363 in the same period this year. However, 165 complaint investigations had been completed between October and December 2021, in comparison to 423 in the same period this year.	
b.	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.	
c.	The increase in completed complaint investigations was due to the complaint backlog project which had significantly reduced the number of overdue complaints. The continued reduction in the complaints backlog was being closely monitored with the support of the Director of Corporate Affairs and Head of Resolution.	
d.	Delay was the theme involving the highest number of complaints in November), followed by conduct and behavior, 111 call handling and non-conveyance (which includes referrals to NHS 111). Complaint themes are fed through to the Quality and Outcomes Group.	
e.	The Data Security and Protection Toolkit (DSPT) allows Health Care organisations to measure their performance against the National Data Guardian's 10 data security	

	standards. 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.	
f.	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.	
g.	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.	
6. QUALITY		
6.1	**Quality Report**	
a.	The Director of Quality presented the Quality report which related to November 2022 data. The report 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.	
b.	The Trust continues to see a positive incident reporting culture, particularly in no and low harm incidents. There remains a focus on overdue incidents with an ongoing review underway of overdue incidents in all stages of the incident workflow.	
c.	Infection Prevention and Control compliance across the Trust remains positive, with high compliance rates amongst the indicators assessed.	
d.	Quality indicators relating to training, including Clinical Performance Indicators (71%) and Operational Workplace Review (53.39%) continue to be impacted by levels of demand. Personal Development Review (PDR) completion has increased to 59.5%.	
7. BOARD ASSURANCE FRAMEWORK		
7.1	**Board Assurance Framework**	
a.	The Director of Corporate Affairs presented an updated version of the Board Assurance Framework that incorporated comments and feedback from Board Assurance Committees. In particular, it was noted that three new risks had been added to the BAF: • Rrisk (2A) relating to handover delays. This risk was presented to the Quality Assurance Committee on 31 January, where it was agreed with a current risk score of 4 x 4 (16). • Risk (7D) relating to data reporting. This risk was presented to the Quality Assurance Committee on 31 January, where it was agreed with a current risk score of 3 x 5 (15). • Risk (8C) relating to a deliverable financial plan for 2023 – 2024. This risk was presented to the Finance and Investment Committee on 19 January, where it was approved with a current risk score of 4 x 4 (16).	

b. c.	Members also noted the following risk was in development and would be presented to the Board once it had undergone appropriate governance review and approval through the appropriate committees. • A risk relating to equipping the operational fleet with Mobile Date Terminal's is being drafted. The Board noted the changes to current risk ratings • Increase in current risk score of - risk (1C) relating to industrial action, from 4 x 5 (20) to 5 x 5 (25). • Decrease in current risk score of risk 8(A) relating to a deliverable financial plan for 2022/23, from 3 x 4 (12) to 2 x 4 (8).	
8. CONCLUDING MATTERS		
8.1 a.	**Any Other Business** There were no items of other business raised	
8.2. a.	**Date of Next Meeting** The next public meeting of the Board would be held on 28 March 2023	
8.3 a.	**Questions from the Public** There were no questions presented from members of the public.	

ACTION LOG – 28 March 2023 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 actions: • That a review of all the metrics should be undertaken after the conclusion of Q1 in terms of developing more clearly defined targets.	RD	September	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 28 March 2023

Report from the Chair

Since my last Board report in January I have had the need to use NHS services myself and whilst the treatment I received was excellent, unfortunately the recovery has taken a little longer than I would have liked. As a result, the Deputy Chair, Rommel Pereira, will chair the March 2023 Trust Board on my behalf.

Operational Visits

During the period since the last Board meeting I have not been able to get out and about and visit as many of our operational sites as usual. However, I did attend an introductory meeting with Mike Cooke, who has been appointed as the senior health and care chair to lead NCLs emerging integrated care system. I also attended an LAS Operational Managers Sounding Board to listen to feedback about a range of issues.

The deputy chair, Rommel Pereira, went to the LAS offices in Cody Road to visit our Emergency Preparedness, Resilience and Response (EPRR) team together with John Martin and Natasha Wills, Director of Resilience. Rommel was very impressed with what he saw, particularly the work being undertaken at a national level. The team demonstrated a strong ethos of learning from incidents and the need to continually refresh business continuity planning.

Industrial Action

I was very pleased that after a period of industrial action resulting in further discussions with the government on pay, further strike days have been suspended whilst Unions consider the latest offer made by the Government.

As colleagues are aware, the Trust has been responding to multiple periods of industrial action. We have held Extraordinary Board Meetings prior to each strike day to keep the Board appraised of developments.

Staff across the Trust have worked very hard to provide an adequate service on the strike days. We have had much appreciated assistance from the military, and I reported in January that I had visited Knightsbridge Barracks to view the training that we provide and to visit the military operations room. We also received help from all ICSs in London to provide clinical expertise during the industrial action and their assistance proved to be vital in maintaining a service. We also received help from HMRCS staff in EOC and when I visited them, they seemed to have adapted very quickly to their role.

Reflection

Whilst I have been ‘out of action’ I have had time to reflect on the first six months of my tenure as Chair of the London Ambulance Service NHS Trust

I have thoroughly enjoyed my first six months as Chair of LAS. I have visited some great teams and seen some of the challenges that our staff encounter on a daily basis. What shines through is the desire

to provide a really good service, be that in the 111s, the EOCs, support services or on the frontline. Staff have been friendly and welcoming while always being very frank and direct which I welcome.

I am looking forward to returning to full fitness and resuming my programme of visits to operational teams as soon as possible.

And Finally…

Our Chief Executive, Daniel, challenged himself earlier this year to take up running and raise some money for the London Ambulance Charity at the same time. The charity supports our staff by improving rest break areas and amenities, providing financial hardship support and wellbeing initiatives, and saves more lives by training communities in life saving skills and improving defibrillators access across London.

Daniel will be taking part in the London Landmarks Half Marathon on 2nd April 2023 with #TeamLAS runners. I am sure you will join me in wishing him and all the other runners' good luck. If you want to support the Charity and sponsor Daniel or any of the other runners representing the charity you can do so via the Charities JustGiving page. https://www.justgiving.com/londonambulanceservice

Andy Trotter

Chair, London Ambulance Service NHS Trust.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board 28 March 2023

Report from the Chief Executive

I would like to begin my report with the excellent news that London Ambulance Service is now an accredited Living Wage employer, meaning every member of our staff earns more than the Government's recommended minimum wage and will receive a minimum hourly rate of £11.95. Our staff are our biggest asset, so it is only right that we pay everyone the Living Wage

We are now one of almost 11,000 organisations to have voluntarily raised salaries as part of this scheme and amongst only a few NHS Trusts in London who have achieved this accreditation.

We achieved this after we bought 90 members of cleaning staff in-house to join the Service family, just as we did with our Make Ready team in April 2022.

An investment of almost one million pounds will be spread over the next three years to bring the cleaning team's pay levels onto Agenda for Change terms and conditions. This means these members of staff will all see an increase in their salary as they transition over to us and start to receive the London Living Wage. I know all of us at the Service will welcome our new colleagues warmly when they join us in April.

Industrial action update

You will be aware that since my last report, there was a further round of industrial action for ambulance services across the country on 11 February.

This was a challenging day for us, with even more of our teams joining the picket lines. However, the hard work done by everyone across the Service and our strong relationship with staff-side colleagues meant we were again able to ensure we could respond to our sickest patients in life and limb-threatening emergencies. On the day, I visited picket lines at Croydon 111 and New Addington Station and felt first-hand the support from the public.

Despite our mutually respectful agreements with union colleagues, the impact of industrial action on patient care is obvious and significant. We all want to get back to business as usual and focus on delivering the best health outcomes for our patients. I wrote an article on these challenges in the *Health Service Journal*, with my comments also covered in *The Times*. I also spoke to Channel 4 news about the situation at the Service as part of their feature on industrial action across the NHS strikes.

I was pleased unions representing ambulance staff across the country announced at the end of February that they were pausing further industrial action while they entered into fresh pay talks with the Government. This meant the planned industrial action on 8 March did not take place. I am delighted that these talks have resulted in a potential resolution, with Unison and GMB recommending their members accept the latest pay deal put forward by the Government. I would again like to thank everyone at the Service for conducting themselves so professionally during these periods of industrial action.

Demand and performance update

In recent weeks we have seen a reduction in the number of 999 calls we are receiving, which has led to an improvement in our response times to patients. Thanks to this, at the start of February we made the decision to lower to REAP (Resource Escalation Action Plan) level 2 indicating 'moderate pressure' on our services. This was a welcome change as it came after a period of sustained significant pressure on health services across the country.

As part of the national response to recover urgent and emergency care services, the Department of Health and Social Care and NHS England published their two-year recovery plan in January. I welcome many of the measures designed to help deal with the issues we and others face, including a commitment to funding more ambulances and the ambition to reduce average Category 2 response times to below 30 minutes. I am pleased to say that we have been able to drive down our response times, although fully recognise we have further to go – for February, our mean response time to Category 1 calls was 7:49 minutes and to Category 2 calls was 33:41 minutes.

We have already introduced a number of measures to help us meet the demand we face and I was pleased to see the Service's community joint response car pilot project singled out in the national plan and featured in media coverage. The success of this innovative approach – which sees our paramedics team up with community nurses to care for elderly and frail patients in their homes – has meant we are expanding the approach to cover 11 London boroughs.

Our teams have also benefited from the Service being an early adopter of NHS England's Category 2 segmentation pilot, which sees our clinicians assessing these calls to ensure patients who are most in need receive the fastest response. The success of this pilot meant the measure has now been introduced to ambulance trusts across England. In February, our Chief Medical Officer, Dr Fenella Wrigley, and paramedic, Dave Godden, were interviewed by BBC News as part of coverage of the expansion. Fenella's comments were included in BBC Radio 4's Today Programme and BBC Radio London.

It is important that we make everyone aware of the excellent work our teams are doing, so I was delighted to read coverage in the Evening Standard about what a day in the life of our ambulance crews is really like. I would like to thank emergency medical technician Llamar and paramedic Omar for supporting the reporter to

accompany them on a shift and our Chief Paramedic, Dr John Martin, for answering questions about our work.

As part of wider coverage on the state of the NHS in the capital, in February BBC London joined paramedics James Reynolds and Brittany Matthews on a 12-hour shift on an ambulance. You can watch the coverage online. Thank you to Brittany and James, who were both a credit to the organisation with their professional manner throughout.

Thinking about the state of the health sector more widely, I was pleased to join Matthew Taylor, the Chief Executive Officer of NHS Confederation, as a guest on his Health on the Line podcast where we discussed improvements to the urgent and emergency care pathway and why there needs to be a culture change in ambulance services.

It is always important for us to engage with our stakeholders to explain the situation in the capital and share the innovative approaches we are taking to meet demand. I was therefore very pleased to welcome members of the Greater London Authority Health Committee to our emergency operations centre in Newham and Dockside Education Centre in January.

After the tour, our executive team sat down with the committee members to discuss the development of our new five-year Trust strategy. The committee is keen to be involved in this work and has supported our public engagement by issuing a 'call for evidence' - asking Londoners for their views on the Service and our emerging strategic themes.

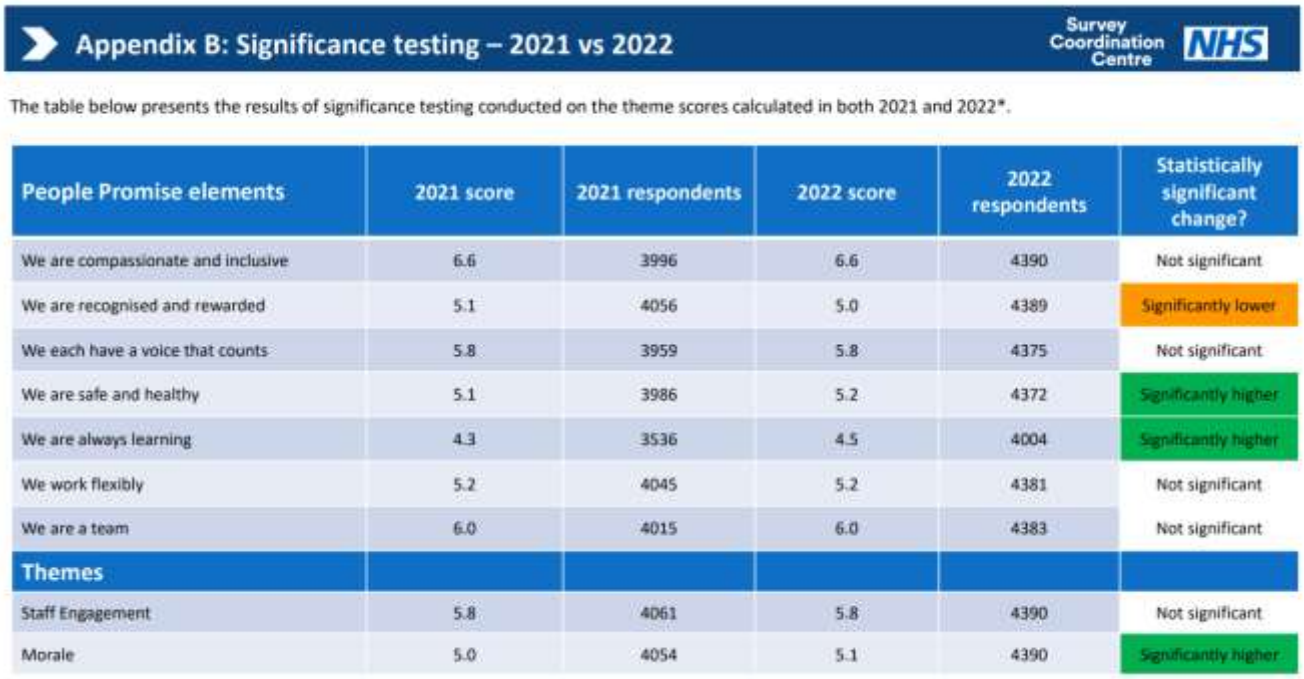
In February, the Urgent Community Response leader for London, Dr Christopher Hilton visited our Waterloo HQ to learn more about our community joint response car pilot and how we successfully connect with urgent community services to ensure our patients get the care they need.

Supporting our colleagues

I wanted to take this opportunity to highlight the bravery of our paramedic Charlotte Miller. Charlotte was sexually assaulted by a patient, and after reporting him and using our CCTV evidence in court to help secure a conviction, he was jailed in November for nine months. Charlotte waived her right to anonymity in the hope it will encourage others to come forward and report similar crimes, while making it clear that there are serious consequences to people's actions. Our teams should be able to work without fear of violence, sexual violence or threats, and expect the Service to do all it can to support and protect staff. One of my top priorities remains the reduction in violence and abuse by the public against our staff and volunteers, and I am proud that we have invested significant amounts of money in improving staff safety.

The National Guardian's Office review of Freedom to Speak Up services across ambulance trusts in England made for challenging reading when it was published in February. We were one of the five services visited. The report found considerable variation in the implementation and practice of the Freedom to Speak Up Guardian role nationwide. We have been taking a proactive approach to speaking up, resetting our values and improving the culture at the Service. I know we still have work to do to create a culture where everyone feels able to share their concerns safely and we are taking steps to address this.

As part of our efforts to help our staff get the skills they need to progress in their careers, we recently announced the launch of Our LAS, Our Leaders 100 programme. This focuses on giving our band 6 and 7 line managers a chance to



Appendix B: Significance testing – 2021 vs 2022

Survey Coordination Centre NHS

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	6.6	3996	6.6	4390	Not significant
We are recognised and rewarded	5.1	4056	5.0	4389	Significantly lower
We each have a voice that counts	5.8	3959	5.8	4375	Not significant
We are safe and healthy	5.1	3986	5.2	4372	Significantly higher
We are always learning	4.3	3536	4.5	4004	Significantly higher
We work flexibly	5.2	4045	5.2	4381	Not significant
We are a team	6.0	4015	6.0	4383	Not significant
Themes					
Staff Engagement	5.8	4061	5.8	4390	Not significant
Morale	5.0	4054	5.1	4390	Significantly higher

develop their leadership skills. Our Organisational Development and Talent team will work in partnership with Middlesex University to deliver the programme.

The national NHS Staff Survey results were published in March, allowing us to look at what we do well compared to other NHS workplaces and where we need to improve. I was pleased that 62% of us at the Service completed the survey and shared our thoughts on subjects like workload, morale, health and safety, and leadership. This is the highest return rate of any ambulance service and represents the highest ever number of responses for our organisation. In comparison to our results last year against the seven NHS People Promise topics and the themes of engagement and morale, we significantly improved in three areas – being a learning organisation, health and wellbeing and morale - and only deteriorated in the question relating to pay and rewards.

Marking International Women's Day and LGBTQ+ History Month

It was International Women's Day on 8 March, and I was proud that we came together to recognise the incredible contributions made by women across the Service and beyond. While I'm really pleased to say the Service is an open and inviting place for women to work – with 50% of our workforce identifying as female – I know there is more we can do to support women to achieve their goals and ensure the career ladder is an equitable space for all.

Following a targeted recruitment drive, we have doubled the number of women now working in the Hazardous Area Response Team (HART) to 22 out of 98 members of staff. This is testament to the hard work done by Natasha Wills, our Director of Resilience and Specialist Assets, to improve diversity. Our approach to recruiting women to HART has been so successful, we are now sharing our methods with other ambulance trusts across the country. The Association of Ambulance Chief Executives celebrated International Women's Day by spotlighting the experiences of women of colour in the ambulance sector. I was delighted their article featured one of our clinical team navigators in our Clinical Hub, Alycia Johnson-Weekes.

It was LGBT+ History Month in February and I was pleased to meet with our LGBT+ Network co-chairs Daniel Phillips and Kieran Mulligan to hear more about their work to engage with colleagues over the month. The Service has a proud history of supporting the rights of our LGBT+ staff and our network is essential in helping to create a safe and supportive working environment for all our staff, as well as for the patients we care for.

Celebrating our colleagues

I am very proud of our staff and volunteers and am always delighted to see how many thank you messages we receive from members of the public for the exemplary care they have received from our teams.

Since my last report, we have received 177 new thank you messages for more than 523 members of staff and volunteers. When information provided by patients makes it possible, we share these messages directly with the colleagues mentioned.

Year	Month	Total number of letters and emails received	Financial YTD	Staff and volunteers recognised	Financial YTD
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	116	606	277	1602
2022	September	96	702	246	1848
2022	October	143	845	335	2187
2022	November	114	959	297	2484
2022	December	127	1086	321	2808
2023	January	125	1211	344	3152
2023	February	52	1263	179	3331

10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

26 January 2023

Dear Christopher, Joshua, Stephen, Victor and David,

Thank you for attending a call today when a member of the No10 staff fell ill. I wasn't in the building at the time, but my team have told me about the professionalism and sensitivity of your response.

I know this would have been one call of many, and that this is a particularly challenging time. Thank you for everything you do every day to save the lives of Londoners and thank you in particular for coming to our help today.

Yours sincerely,

Among these many thank you letters is correspondence from the Prime Minister, who in January wrote to us to thank colleagues who attended a patient at No 10 Downing Street. In his letter, Mr Sunak noted the professionalism shown after a member of their staff fell ill.

I was delighted to see Richard Webb-Stevens, one of our clinical team managers in our Motorcycle Response Unit, presented with his Queen's Ambulance Medal by King Charles III at a ceremony at Windsor Castle in February.

To mark Restart a Heart Month in February, our London Lifesavers team took to Kings Cross Station on Valentine's Day to teach cardiopulmonary resuscitation skills to members of the public. I was delighted to join the team and support their efforts. It was great to see so many people of all ages learning life-saving skills, including Feyi, who stopped by to learn these vital skills.

It was excellent to read about patient Louise Higgs who was recently reunited with our ambulance crews, who helped save her life after her heart stopped for at least 28 minutes. The story of the incredible work done by our medics was covered in a number of London news outlets including the *Evening Standard*.

In February, I was delighted to present Emily Piggin with her certificate at the North West Operational Placement Centre, where she became the 3,000th paramedic to complete our induction course. This award-winning programme pairs a mentor with two new starters, who provide support with all aspects of the role. Emily told me how much she has enjoyed the mentee experience and that the support she was given has help to build her confidence in her role.

Daniel Elkeles

Chief Executive, London Ambulance Service NHS Trust.

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting
28 March 2023
Report from the Deputy Chief Executives

1. Industrial Action

National industrial action has continued during January and February 2023. Unison, who achieved a strike mandate at the LAS, called on staff to strike on three separate dates; 11th and 23rd January and 10th February 2023.

There has been an escalation of the staff groups called upon by Unison to strike. The 11th January saw Emergency Operations Centre (EOC) staff in addition to ambulance crews called upon to strike for 12 hours from 11am to 11pm. This was repeated on the 23rd January. On the 10th February 2023 all members were requested to take action.

Close partnership working with unions has continued with derogations agreed to ensure maintenance of life and limb provision during industrial action periods. These have been negotiated for each period of action. With the escalation in the groups called to take action increased planning and agreement on derogations was required.

Up to 90% of staff took part in industrial action across the period.

As previously reported, we saw a reduction in demand on strike day in December 2022. Subsequent industrial action days however have seen an increase in numbers of incidents on each occasion.

Senior clinicians from a variety of disciplines including GPs, ED consultants and nurse specialists across the region provided support to the LAS in a Clinical Safety Cell (CSC) during the periods of industrial action. The CSC was led and overseen by senior LAS staff who provided support and guidance to all clinicians for the safe and effective clinical telephone assessment of all calls that were not pre-defined to require an immediate response

To support ambulance operations members of the military where utilised to drive ambulances alongside LAS and other clinicians. These were operated from Wellington Barracks and provided around an additional 35 ambulances each strike day.

During the period of industrial action patients who required a face to face response were clinically assessed and assigned to an EMR 1 (meeting 'life or limb' derogation or a call clinically reviewed as immediately life threatening, requiring the nearest suitable responding vehicle including a striking crew providing life and limb cover from a picket line) or EMR 2 (a call clinically reviewed as requiring a face to face response outside of derogations). As this included of all categories of patients they could not be reported against usual ARP response times. Patients with conditions that did not require immediate attendance by an ambulance were either referred to alternative care pathways, transported by alternative means or given self-care advice.

In total we were supported by up to 22 external clinicians in the clinical safety cell, 15 external clinicians on ambulances and 65 military personnel who were available for the period of each strike.

Whilst IA has undoubtedly had an impact on the care delivered to patients and their experience, the real time and retrospective reviews have concluded the multitude of contingency plans, such as the Clinical Safety Cell, NHS partner clinician ambulances, newly developed processes and the enhanced level of senior clinical support and oversight implemented across all operational areas was sufficient enough to keep patients from serious harm in very challenging circumstances.

We would like to acknowledge and thank all of our partners who continued to provide support to us over this period.

2. Ambulance Services

A marked improvement in response times was achieved in this reporting period. There was circa 3 minutes improvement in category 1 performance and circa 50 minutes improvement in category 2; compared with December 2022.

These performance gains have resulted from a combination of reduction in call volumes, system pressures and continuation of other improvement work.

	Category 1			**Category 2**			**Category 3**		**Category 4**		Total Incidents (Including Cat 5 & HCP incidents)
	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	Incidents	Mean	Incidents	
January 2023	00:07:43	00:12:56	10,679	00:29:30	01:05:13	49,769	00:53:24	14,535	01:49:18	557	79,340
England National Average	00:08:30	0015:11		00:32:06	01:08:01		01:26:09		01:48:46		
February 2023	00:07:49	00:12:57	10,229	00:33:41	01:14:46	46,302	01:08:03	14,401	02:16:05	534	75,224
England National Average	00:08:30	00:15:06		00:32:20	01:08:45		01:42:39		2:12:24		

Figure 1. January and February 2023 response times measured against Ambulance Quality Indicators

Nationally all Ambulance Trusts had improvements in performance during this period. LAS category 1 performance remained better than the national average and was the second best performance in the country in both months. Category 2 performance improved significantly and was in-line with the England average.

Patient facing operational hours have been increasing across the financial year in order to meet performance challenges and as a result of ongoing recruitment throughout the year.

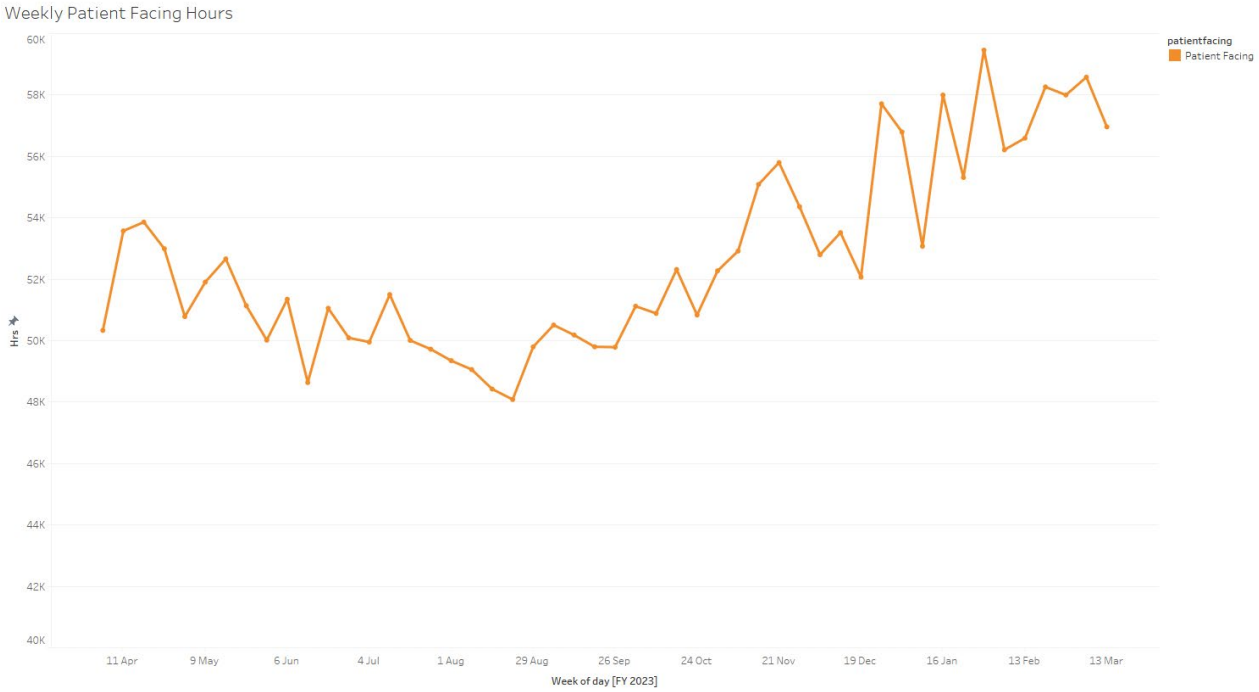


Figure 2. Patient Facing Hours Financial Year 22/23

Maximising resources and capacity has been one workstream of the winter plan alongside reducing demand and the time taken per patient.

Hospital handover times have improved during January and February 2023 from the peak in lost hours in December 2022. However, 24,151 operational hours were still lost across the two months (31,493 hours in November & December 2022) based on handover time greater than 15 minutes. This equates to a loss of 2,012 ambulance shifts.

Figure 3 shows the percentage of conveyances which took more than 30 minutes for the ambulance crew to handover the patient at hospital in January and February 2023.

Hospital site	Percentage of handovers over 30 mins
Barnet	44%
Charing Cross	3%
Chelsea & Westminster	2%
Croydon University Hospital (Mayday)	25%
Ealing	28%
Hillingdon	21%
Homerton	6%
King Georges, Ilford	67%
Kings College	25%
Kingston	16%
Lewisham	31%
Newham	54%
North Middlesex	68%
Northwick Park	41%
Princess Royal, Farnborough	32%
Queen Elizabeth II, Woolwich	12%
Queens, Romford	73%
Royal Free	24%

Royal London (Whitechapel)	35%
St Georges, Tooting	30%
St Helier	32%
St Marys, W2	14%
St Thomas'	18%
University College	12%
West Middlesex	8%
Whipps Cross	51%
Whittington	27%

Figure 3. Proportion of handovers over 30 minutes January/February 2023 (unvalidated data)

We have continued to support the early release of crews through **cohorting arrangements at hospitals**. The majority of hospitals have now agreed to LAS cohorting and patient flow initiatives.

The decrease in the number of lost hours has seen a corresponding reduction in the number of times cohorting has been required at some hospitals. This has resulted in a corresponding reduction in the number of saved hours as a result of cohorting, and is a positive step. Where initiated we continue to see operational hours released to attend to other patients and is shown in Figure 4.

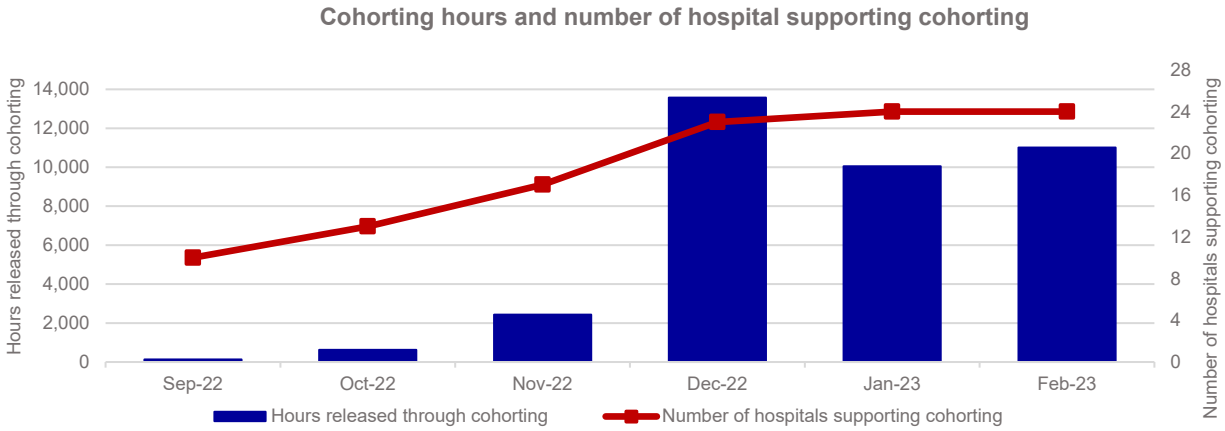


Figure 4. Hours released through LAS led cohorting at hospital

The early success reported in the last report in respect of **Metropolitan Police Service (MPS) demand reduction** has continued with reductions in both the number of contacts via 999 and resulting incidents.

We have continued to provide briefing sessions across both MPS and LAS control rooms based on the following principles:

- Where patients have capacity, police are now advising patients to contact 111 directly, where a full assessment is made.
- Where patients lack ability or capacity police will continue to use the direct CAD link.

The result of this work has seen a reduction in demand from the MPS and has decreased from a mean average of 488 per day to 300 as demonstrated in figure 5.

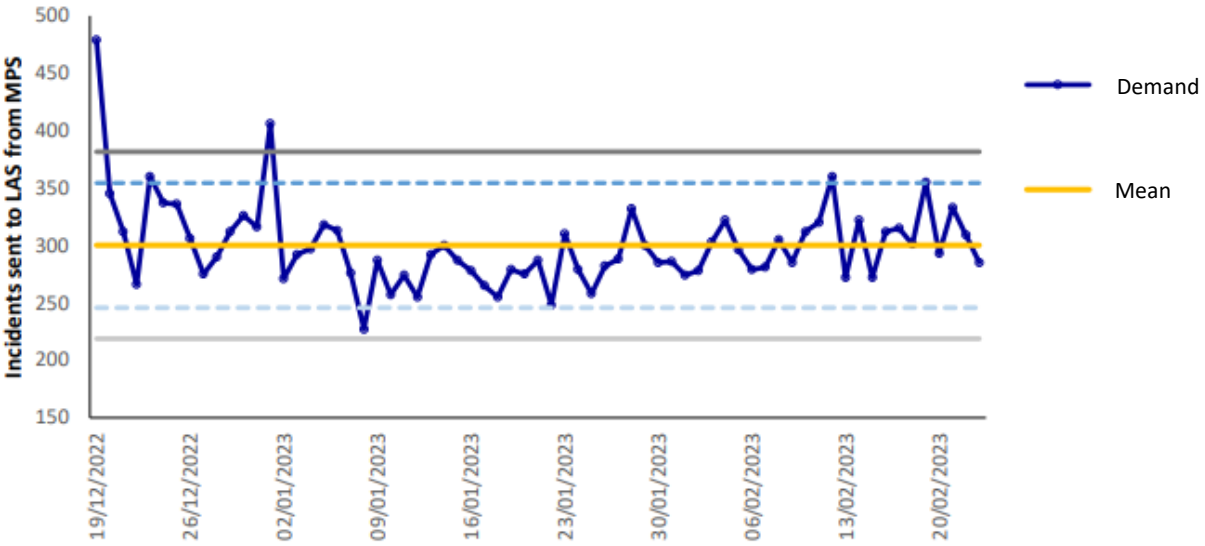


Figure 5. Reduction in MPS Daily Demand

Non-Emergency Transfer Service (NETS) recruitment has continued with courses commenced on the 9th January and 6th February respectively.

In total a further 29 staff have become operational as of the closure of the February course on the 3rd March 2023. The aim was to achieve 60 staff which is delayed, but will be addressed through a further course arranged for April with 18 students, and 19 further candidates awaiting interview for a subsequent course.

The additional staff has seen an increase in deployed NETS vehicles to between 20 and 25 vehicles per day; up from 15 in December 2022. The additional 2 courses should increase WTE to 66 and as a consequence see deployment of circa 36 NETS vehicles per day.

Teams based working commenced at Oval Ambulance Station on the 9th January 2023. It has been recognised that many operational staff:

- Do not feel part of a cohesive team,
- Do not have consistent and ongoing access to a manager,
- Do not have adequate access to training and professional development,
- If working on relief are uncertain of where or whom they will be working with consistently.

The team based approach will see managers and staff within a cohesive team which work the same rota and provides dedicated time for team development and growth. The relief system is eliminated with all staff forming part of the team.

In moving to a team based system staff, trades union representatives and managers have worked through and engaged on a local process to agree the teams and rosters.

Oval is the first station to launch this new way of working and will be followed by other stations spread across the year.

3. 999 Emergency Operations

Performance of the Emergency Operations Centres since the last report is shown in figure 6.

Month, Year	Contacts	Calls Answered	Call Answer Mean	Max. Call Answer	See & Treat	See & Convey	Hear & Treat
Jan 23	139,814	108,738	00:00:14	00:07:49	28.9%	54.88%	16.22%
Feb 23	135,122	110,059	00:00:27	00:09:07	29.08%	55.14%	15.79%

Figure 6. EOC Performance for November and December 2022

There has been a substantive improvement in the call answering mean in January 2023 and February 2023 from the previous reporting period. With an improvement from 2 minutes 30 seconds in December to just 14 seconds in January.

The number of contacts into our Emergency Operations Centres fell by 26% in January 2023 from December 2022 and was 20% lower than January 2022. This is expected to be as a result of changing public behaviour following the national industrial action but also our improved performance resulted in a reduced number of held calls and patients re-contacting 999 to enquire about the ambulance they were expecting. Calls answered as a percentage of contacts rose from 73% to 78% over this period and as a consequence is expected to represent a fall in the number of calls from the public asking for updates on previous calls to the service.

February 2023 saw a further drop in overall contacts from January of 3.36%. This is consistent with usual seasonal variation. However there was a marginal increase in calls answered (1.2%) and the percentage of contacts to calls answered rose to 81%. With the average number of calls answered per day rising from 3508 in January to 3931 in February and an associated effect on call answering mean.

The national average for hear and treat rates in January and February 2023 were 11.53% and 11.45% respectively. The LAS exceeded this average and was best performing nationally for both months, by finding alternative pathways to manage calls other than sending an ambulance.

Recruitment into EOC has continued throughout January and February 2023 with an additional 37 call handlers joining. During the same period there have been 24 leavers and therefore the net gain has been 13 whole time equivalents.

Rolling recruitment continues and is planned throughout the next financial year. Work is underway to understand the optimum number of EOC staff as part of the transformation programme.

The transformation programme commenced in December 2022 and a small team has now been appointed to support this crucial work. The programme board is now in place and operational and will report back to the Deputy Chief Executives and Executive Committee on a weekly and monthly basis respectively.

4. Integrated Urgent and Emergency Care

This report provides the Trust Board with an update regarding the 111 Call Answering and Clinical Assessment Service (CAS) performance, key issues, events and activities since the last formal meeting.

We continue to deliver part or all of 111 call answering and CAS across the five London Integrated Care Board (ICB) as outlined below

LAS continue to run a combined 111 call answering and CAS model across all ICBs, aimed at improving performance and efficiency. The Single Virtual Contact Centre (SVCC) has been inactive since December as we continue to operate with a variety of separate contract arrangement, payments, and performance metrics across areas.

LAS continue to be one of the strongest providers in the UK and work collaboratively with our sub-contractors within London to ensure consistent performance.

As of end February, LAS has 145% of the required 316 WTE requirement for 111 call answering and the Clinical Assessment Service has 93% of the required 142 WTE, staffed through a combination of substantive and sessional / overtime staff. Despite being above our required contracted WTE for 111 call answering, performance has been challenged due to continued pressures:

- Increased activity against contract – overall in January LAS call volumes were 8% above contract compared to 60% in December
- High sickness absence, due to resurgence of COVID related illness / winter respiratory illness / Strep A
- Increased shrinkage relating to Industrial Action in January & February (time off phones for briefings etc.)
- Increased training requirements with NHS Pathways updates scheduled every six weeks vs twice a year

To support industrial action steps were taken by the NHSE regional team and integrated care systems to amend messaging when patients called 111, minimising activity to allow all UCAS and ECAS capacity to support the clinical capacity to the clinical safety cell.

5. Resilience and Specialist Assets (R&SA)

To date the Trust has responded to two declared significant incidents in 2023. On the evening of Sunday 19th February 2023 the Trust received a 999 call to a road traffic collision between a motorbike and several pedestrians in SE18. There were initial concerns as to whether the incident was accidental or deliberate, however it later transpired that the motorbike accidently lost control causing the incident. The incident was managed by the Special Operations Centre (SOC) at EOC South, with a command team, the Hazardous Area Response Team (HART), Advanced Paramedic

Practitioners Critical Care (APP-CC) and numerous ambulance resources deployed to scene. Additionally mutual aid was provided by Kent, Surrey and Sussex air ambulance. In total two adult and two paediatric patients were treated, three of whom were conveyed with critical injuries by the LAS. Sadly, one patient was declared dead at the scene of the accident.

In the early hours of Tuesday 7th March 2023 the Trust received a 999 call to a fire in a four storey block of flats in Barking. The incident was managed by the Special Operations Centre at EOC North, with a command team, HART, APP-CC and numerous ambulance resources deployed to scene. In total seven patients were treated; two with critical injuries, two with serious injuries and two with minor injuries. One patient was sadly declared dead at the scene. Five patients were conveyed to hospital by the LAS.

Following all declared significant and major incidents it is vital to capture the experiences and feedback of all individuals involved, both on scene and in the EOC. A feedback form is disseminated to those staff and where required a face to face cold debrief is conducted, led by one of the Trust's Emergency Planning and Resilience Officers (EPRO). Feedback is collated, themes are identified and recommendations made to each of the relevant departments. The August 2022 release of the Emergency Preparedness, Resilience and Response (EPRR) magazine was based on learning from incidents and featured several major incidents, including the Fishmongers' Hall terrorist attack of 2019 and the accidental chemical release at the Olympic Park swimming pool in 2022. The magazine details the timeline, resource attendance, lessons identified and the implementation of the learning.

The February 2023 release of the EPRR magazine is centred on events and stadia and includes information about the collaboration with Safety Advisory Groups and the variety of responders and assets utilised at events. The magazine concludes with a case study on Notting Hill Carnival.

Exercise Spring Resolve was a national exercise focusing on the emergency response to a terrorist attack which the Trust's EPRR department spent several months planning for. On the 14th March 2023 the London Ambulance Service was a central player in the London element of the two day exercise, which included both live play and table top elements, with the exercise moving to the North Yorkshire area on the 15th March. Partner agencies included the London Fire Brigade, the Metropolitan Police Service, British Transport Police and Government departments.

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
NHS Trust

Report to:	Trust Board			
Date of meeting:	28 March 2023			
Report title:	London Ambulance Service Public and Patient Council (LASPPC) update			
Agenda item:	4.4			
Report Author(s):	Jai Patel, Head of Stakeholder Engagement			
Presented by:	Roger Davidson, Director of Strategy and Transformation			
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 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 (March 2023)

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

The Trust 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 15 March 2023 (agenda attached, appendix 1).

2. Jessica Howe, Learning Disabilities and Vulnerabilities Specialist, updated members on the learning disabilities and autism subgroup and the resources they have created to help people to understand what happens when they call an ambulance. Jessica said that the subgroup had met several times, with face-to-face and online meetings and included people with different diagnoses, either of a learning disability or as an autistic person. She then shared three resources (an easy read document, a social story and a film) which were co-created with subgroup members to ensure the content reflected their needs. Finally, Jessica thanked the Council for their help in setting up the subgroup. Members were pleased with the resources and said they would like to see additional materials suitable for people with severe learning disabilities.

3. The Council received a short briefing from Daniel Elkeles on industrial action, performance, hospital handovers, the National Freedom to Speak up Guardians report and achieving accreditation as a London Living Wage employer. He also spoke about the results from the NHS staff survey mentioning that the Service had seen an improvement in staff morale and had the highest survey response rate of any ambulance trust. Daniel said that the introduction of teams based working had helped contribute to an improvement in morale. Members were keen to understand more about teams based working and asked for it to be included on the agenda for the next LASPPC meeting.

4. Chief Financial Officer Rakesh Patel updated members on the emerging estate vision. He mentioned that the vision includes all LAS sites and will be implemented gradually, as the changes will be subject to engagement and funding over five years. Members were keen to understand what would happen to plans if funding was not secured and whether the Service was working with other blue light partners.

5. The meeting received updates on implementing the Ambulance Data Set from Barbara Pitruzzella, Senior Policy Lead Emergency and Elective Care NHS England Urgent and Barry Thurston. Members asked questions on data sharing arrangements and data security. They also discussed the importance of frontline clinicians having access to feedback on their care. Members commented on the proposed privacy notice and recommended that it be simplified and rewritten in plain English.

6. Roger Davidson, Director of Strategy and Transformation and Beata Malinowska, Deputy Director of Strategy and Transformation, updated members on their work to capture patient, public and staff feedback to help shape the trust's new five year strategy. The organisation had offered all 33 Healthwatches in London funding to conduct bespoke engagement, and 26 had taken up the offer, helping to reach over 2,100 people living and working in London. Beata shared the key insights from the 26 London Healthwatches and feedback from staff. She also explained that they were currently conducting an engagement audit to ensure they had not missed any specific stakeholder groups. Members were pleased with engagement to date and were keen to hear about plans for the delivery and implementation of the strategy.

7. Jaqualine Lindridge, Director of Quality, updated members on the shortlist of Quality Priorities for 23/24, which she is taking to the LAS trust board for final approval. She

explained that the shortlist was produced after engagement with various groups, including the LASPPC. In addition, she mentioned several other good quality improvement ideas that did not make the list, and she is currently looking at how to take those forward.

London Ambulance Service NHS
NHS Trust

Meeting of the London Ambulance Service Public and Patients Council on Wednesday 15 March 2023 1.45pm – 3.45pm via Microsoft Teams

Agenda

Item		Owner		Time
1.	**Welcome** **Observers: TBC** **Apologies: TBC**	**Dame Christine Beasley**	Verbal	1.45pm
2.	**Notes and actions of the last meeting**	**Dame Christine Beasley**	Papers attached Notes (001) Actions (002)	1.50pm
3.	**Declarations of Interest – not previously declared or pertinent to the agenda**	**Dame Christine Beasley**	Verbal	1.55pm
4.	**Sub-group update: Learning disability public education materials**	**Jessica Howe** Learning Disabilities and Vulnerabilities Specialist	Verbal	2:00pm
5.	**Update from LAS CEO**	**Daniel Elkeles** LAS Chief Executive	Verbal	2:15pm
6.	**Estates vision**	**Rakesh Patel** Chief Finance Officer	Presentation (003)	2.30pm
7.	**Ambulance Data Set**	**Barbara Pitruzzella** – Senior Policy Lead Emergency and Elective Care NHSE	Paper attached (004) Ambulance Data Set	2.45pm
8.	**Update on trust strategy**	**Roger Davidson** Director of Strategy and Transformation **Beata Malinowska** Deputy Director of Strategy and Transformation	Presentation (005) Update on LAS Strategy	3.05pm
9.	**Quality account development**	**Jaqui Lindridge** Director of Quality	Presentation (006)	3.30pm
	Meeting ends			3:45pm

Next meeting: Wednesday 24 May 11:00pm – 1:00pm

London Ambulance Service
NHS Trust

Report to:	**Trust Board**			
Date of meeting:	28 march 2023			
Report title:	Strategy development - summary report of key engagement outcomes and insights			
Agenda item:	5.1			
Report Author(s):	Beata Malinowska and Victoria Ward			
Presented by:	Roger Davidson, Director of Strategy			
History:	Since June 2022, we have been proactively seeking engagement from a variety of stakeholders, to inform and shape the development of the next strategy for LAS. This paper follows previous Board updates on the development of the Trust's strategy and provides summary of key themes from the engagement process. They have been used to identify three missions that will be outlined in the LAS strategy that will be shared with the Board members in June.			
Purpose:	☒	Assurance	☒	Approval
	☒	Discussion	☐	Noting

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

This paper draws together a summary of the most important feedback from across the three reports that accompany this paper and presents key messages we have received from:

- Patients and the public
- LAS staff
- Health and care partner organisations

Having considered the feedback, our intention is now to develop the strategy that is built around the following three missions:

1. Delivering outstanding emergency and urgent care wherever and whenever needed.
2. Becoming an inclusive, well-led and increasingly skilled organisation people are proud to work for.
3. Using our unique pan-London position to contribute to improving the health of the capital.

Our intention is that the strategy will be finalised and agreed in the Trust's Board meeting in June and officially launched afterwards.

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

The Trust Board is asked to consider themes, feedback and insights from the engagement process that are outlined in the summary report and three detailed reports that accompany it. `

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

London Ambulance Service
NHS Trust

Summary of key engagement outcomes and insights

London Ambulance Service – developing our five year strategy

Introduction

Since June 2022, we have been proactively seeking engagement from a variety of stakeholders, to inform and shape the development of the next strategy for LAS.

Board members are asked to consider themes, feedback and insights from the engagement process which are presented in the three reports that are being shared today, namely:

- Findings from 500 interviews with people working on the frontline of LAS
- Feedback from patient and public representatives in 26 London boroughs
- External stakeholder organisations engagement report

Introduction - continued

This paper draws together a summary of the most important feedback from across the three reports that accompany this paper and presents key messages we have received from:

Patients and the public

Views from patient and public representatives in 26 local boroughs led by Healthwatches from across London who involved over 2,100 people in their work.

Our staff

Over 500 of frontline LAS staff who have been interviewed face to face by the Strategy team and LAS volunteers to provide feedback.

Health and care partner organisations

Over 60 partner organisations and over 300 leaders in those organisations who have been presented key themes of our developing strategy and invited to provide their feedback on the areas of development and focus for LAS over the next five years.

We have also engaged more than 360 leaders from across the organisation and ran a crowdsourcing project that engaged over 550 LAS staff who have generated over 165 ideas for the strategy development process.

All the feedback contained in this paper and three accompanying reports needs to be considered alongside other routine ways of staff engagement that takes place within the Trust. They include the NHS staff survey, work done with the LAS Public and Patient Council and led by groups such as Learning Disabilities and Vulnerabilities subgroup.

The key messages from those reports are summarised below.

What we have heard from our staff – key themes

Work closely with other NHS providers and PCNs to maximise their service provision.

Improve our emergency response by:

- Recruiting more staff in the CAS and CHub.
- - Reviewing triage - Addressing hospital handover times.

Develop a public education campaign informing citizens how to access healthcare in London.

Improve clinical and non-clinical training by offering role specific, high fidelity simulation training led/assisted by clinical experts. Improve ongoing supervision.

Review terms, conditions and integration of all LAS teams (Vehicle Preparation, Vehicle mechanics, 111, EOC, NETS etc) to ensure equity of benefits and to highlight talent.

Improve staff support by investigating different ways of working, investing in professional psychological support and making managers more accessible. Recognise and praise good practice.

Invest in recruiting and training more clinical specialists (APPUC, APPCC, Maternity, Mental Health, FCP) so that we can provide excellent appropriate care on scene and provide staff with more career development opportunities.

Recruit more staff, with a focus on recruiting locally.

Invest in fleet and equipment to ensure our staff have the tools they need to do their jobs enabling them to offer excellent patient care.

Work with system partners to finally integrate cross-organisational IT systems to easily and securely share patient data.

What we have heard from our patient and public representatives across 26 London boroughs

What is LAS getting right?

- Our clinicians are caring and professional
- Some praised the speed of response
- Delivering a service whilst facing wider system challenges

How can LAS improve emergency care?

- Increasing funding for the Ambulance Service
- Improving partnerships with hospitals
- Improving skills to treat more people at home
- Engaging patients in co-developing and improving services
- Improving communication training to meet the diverse needs of patients
- Bettering the initial call handling experience (999)
- Keeping patients informed of wait times (999)
- Increasing public education, engagement and awareness (999)

How can LAS enhance urgent care?

- Expanding and redefining the purpose of 111
- Easing the patient experience of 111
- Keeping patients informed of wait times for clinical call backs
- Making 111 more responsive to the needs of those who identify as elderly, disabled or neurodiverse
- Increasing public education, engagement and awareness (111)

How should LAS work with other parts of the healthcare system to improve care for patients?

- Experience in Emergency Departments
- Become more integrated with primary care services
- Create more integrated mental health, social care and community services
- Improving care for patients with multi-disciplinary teams

How can LAS do more to contribute to life in London?

- Ensure appropriate training or support is in place to eradicate racial biases and promote equality
- Utilising the public and volunteers as a system partner
- Using the voice of LAS in the community
- Recruitment from the local population

What we have heard from our health, care and system partners

1. LAS is a **valued and trusted partner** in emergency and urgent care part of the system.

2. **Our partners broadly support our aspirations and goals for the next five years** that we intend to develop as part of the strategy development process.

3. Our partners start having an increased awareness of LAS's key role in improving health and wellbeing of people living and working in London and **Trust's unique contribution to reducing capital's health inequalities.**

4. There is a strong will and appetite to **increase partnership working** and collaboration with the Trust at all levels of the system. They welcomed this engagement and want to continue the conversation.

5. Our partners recognise **the challenge of LAS being the only pan-London NHS provider** and in their feedback have provided the Trust with localised approaches that we need to consider when engaging with organisations that operate at that level.

6. Our partners want us to be **more flexible, and manage the balance of system-wide and local engagement.** They would like us to have a stronger voice in cross-organisational conversations with them and other partners.

7. Our partners recognise **the potential that increased sharing of data, workforce and wider resources can bring to benefit patients**, LAS and wider system it operates in.

8. There is a **need to educate our partners and wider stakeholders on services and support the Trust provides** – LAS is automatically linked to 999 and emergency response and many of our partners are not aware of our key role in providing 111 service or specialist services.

Conclusions and next steps

Having considered the feedback, our intention is now to develop the strategy that is built around the following three missions:

1. Delivering outstanding emergency and urgent care wherever and whenever needed.
2. Becoming an inclusive, well-led and increasingly highly skilled organisation people are proud to work for.
3. Using our unique pan-London position to contribute to improving the health of the capital.

Our intention is that the strategy will be finalised and agreed in the Trust's Board meeting in June and officially launched afterwards.

Strategy development: Feedback from patient and public representatives in 26 London boroughs

London Ambulance Service
NHS Trust

Summary

LAS is in the final year of its current Trust Strategy and currently engaging stakeholders on the next one, which will describe the organisation's vision and goals for the next five years. As part of this, we wanted to ensure the voices of the public and patients we serve, from all communities in London, were heard.

As part of the development of the Trust Strategy, we invited every local Healthwatch in London to provide input to shape a new organisational strategy for 2023-28 to ensure that we have heard as many of the publics' voice as possible.

To facilitate this, we offered all London Healthwatch organisations a flexible funding pot (£5,000) to enable them to carry out engagement activities that will inform their response. 26 Health watches took part, covering all 5 ICSs, and included reaching out to over 2,110 participants of the public.

The 26 Healthwatch organisations utilised their experience and knowledge amongst local communities to engage participants in feeding back on LAS. Their unique regional knowledge meant that we had the opportunity to hear back from a number of diverse communities using a number of different methods, and engage voices in the development of the strategy that may not have otherwise been heard.

The project brief to the local Healthwatch organisations was designed to be as flexible as possible to allow for them to utilise their community awareness, although a framework was provided in the form of five questions we were particularly interested in. We also requested to receive feedback on any issue patients or the public wished to raise that were not covered within this framework.

We found that there were areas of best practice highlighted consistently across the majority of Healthwatch boroughs, for example, the professionalism of our frontline paramedics. We also found areas for improvements suggesting the need for a pan-London approach to any improvements we wish to make.

This document will summarise the findings of the 26 Healthwatch reports in more detail, and make the recommendations for next steps to ensure the learning is embedded in the next trust strategy.

As a valued local health and care system partner, we are grateful for the opportunity to design improvements based on their recommendations, to create long and sustainable change within LAS, and build a shared understanding of our patient needs and the system challenges that are faced amongst the population.

"We're delighted that over three quarters of local Healthwatch in London were commissioned by the London Ambulance Service to speak to and listen to those who live and work in London about their views on the service. This shows the Service takes people's views seriously whilst acknowledging Healthwatch are best placed locally to capture people's views, leading to a direct contribution to the development of the Service's new strategy." *Louise Ansari, National Director, Healthwatch England*

Introduction

The purpose of this project was to ensure that the public and patients' views and experiences were gathered and acted on in order to shape and improve the services and culture of LAS - ensuring it is reflective of the city we serve.

Due to the complexity of being a pan-London organisation, it is was felt that in order to accurately reflect the patient view, we would need to engage with Healthwatch organisations, as a health and social care champion and independent and impartial voice for the public and patients.

We attended a regional London Healthwatch meeting in October 2022, to explain the concept of the project, and determine if this was achievable. Following positive engagement, a project brief was created and shared amongst all 33 local Healthwatch organisations. The brief offered for a member of the strategy team and Advanced Paramedic, to attend local Healthwatch organisations to answer any questions that the public may have, before completing the feedback.

26 Healthwatch organisations chose to partake in the project, and we were subsequently invited to participate in three local Healthwatch meetings, where a short presentation was delivered and a question and answer format.

We also proactively engaged with diverse groups, such as the Barts Health Interfaith network, who feedback concerns about waiting times, and reminded us that local organisations can assist with cultural competencies as well as recruitment of diverse communities. They recommended that the role of carers is included in the strategy to recognise the caring role as a valuable resource.

Method

The local Healthwatch organisations used a range of approaches to engage the public, utilising both online methods and accessible formats. The project took place from the beginning of November, to the end of January. Within this timeframe, well over 2100 participants[1] took part, with the majority completing online surveys, with one Healthwatch achieving almost 500 responses.

For a full analysis of Methods used, please refer to the individual Healthwatch reports.

The questions asked were:

1. **What is LAS getting right?**
2. **How can LAS improve emergency care?**
3. **How can LAS enhance urgent care?**
4. **How should LAS work with other parts of the healthcare system to improve care for patients?**
5. **How can LAS do more to contribute to life in London?**

The information in this report, adds to the information we gather through clinical networks and patient groups through our speciality leads, to embed examples of best practice and share learning across the organisation. This engagement make take the form of meeting healthcare professionals to discuss patient needs, for example, through our maternity team, or directly engaging the public through our Patient and Public Council.

The finalised Healthwatch reports were returned to LAS at the end of January. The reports varied in format, reflecting the diverse methodology used to engage the local public. For examples of best

[1] Not all numbers of participants were provided, and therefore the total is likely to be higher.

practice, we would recommend reading the reports from Havering, Camden, Croydon and Hillingdon.

Demographics

The project brief (appendix A) encouraged the views to be sought from all parts of the community, particularly those from a range of ethnic and socio-economic backgrounds which we know is needed in our ambition to understand and reduce health inequalities.

We were pleased to see that the majority of Healthwatch organisations actively involved local community networks that had been created to provide a voice to members of the public with protected characteristics, complex social needs and diverse cultural backgrounds. In particular, Healthwatch Camden engaged a Patient and Public Engagement Group, a local African community group, women's mental health centre and health inequalities group, highlighting the utilisation of local knowledge in order to reach as many patient voices as possible.

Additionally all Healthwatch organisations provided a clear breakdown of the demographics they reached within the project, which we recommend reading for a full analysis.

Findings

"The first thing to note was that most participants were overwhelmingly supportive and appreciative of the service. The conduct and expertise of crew members were highly regarded, and response times were generally thought of as reasonable in all the circumstances of the NHS as it currently reacts to winter and other pressures." – *Healthwatch Havering*

What is LAS getting right?

Our clinicians are caring and professional

Healthwatch organisations across London have repeatedly praised our workforce. Our frontline workforce are our biggest asset, and have been described by participants as friendly, warm, reassuring, helpful, and knowledgeable. Their technical skills were also praised in reports, particularly around clinical assessments, knowledge and good situational awareness. Examples of best practice for specialist patient groups were given; sensitivity around patients with substance misuse (Croydon), learning disabilities (Harrow) and patients in care homes (Havering).

Some reports noted that the attitudes of the workforce was were hugely important to patient experience with key factors including making the patient feel at ease, demonstrating dignity and respect, valuing privacy, and communication that clear and easy to understand. This also applied to the call handlers, who made a positive patient experience when providing clear instructions and waiting on the phone with the patient.

"Staff are found to have been caring and considerate, with a professional and hard-working approach - regardless of the pressures." – *Healthwatch Harrow*

Some praised the speed of response.

In several reports, response times for both 999 and 111 received positive feedback where the waiting time was short. However it must be noted that the majority highlighted that longer response times negatively impacted on the patient experience, and this is covered in more detail later. A few Healthwatch organisations outlined the recognition participants had for the challenges that the LAS faced in responding to calls, and the contributing factor this as for wait times.

"While 86% of the respondents indicated that they were happy with how long the ambulance took to arrive, others felt they waited too long". – *Healthwatch Barking and Dagenham*

Delivering a service whilst facing wider system challenges.

Some reports highlighted that the service is good, and recognised the impact that external challenges can have in its delivery, including how it is utilised, wider patient flow issues in hospitals, and the capacity of emergency departments. LAS were praised for balancing the operational requirement, with the patients' needs in these instances.

"We hear that staff have been supportive throughout the experience, attentive in the ambulance and remaining with patients until handover to hospital colleagues. This level of ownership and commitment is greatly valued, particularly by more vulnerable patients – who have been 'comforted and reassured' while waiting at busy emergency departments." *Healthwatch Harrow*

How can LAS improve emergency care?

Increasing funding for the Ambulance Service

Several reports referred to the need for better funding for the Ambulance Service, to enable greater capacity and resources to meet patients' needs. It was felt that with additional funding, waiting times would reduce and support for patients would increase, by allowing for more vehicles, improved equipment and more trained clinicians.

It was acknowledged in some of the reports that without increased funding, some of the recommendations made for service improvements may not be able to take place, but by expanding the funding and resources of LAS, there would be a greater capacity for innovation.

"When patients were asked how 999 and LAS emergency care could improve, patients strongly supported increasing capacity to better meet demands and improve service provision. People recognised and experienced issues in the service and the large majority feel more resources are needed." *Healthwatch Bromley*

Improving partnerships with hospitals

Participants also expressed awareness around handover delays, and insight into how this affects service delivery on a daily basis. It was suggested that handover paramedics based at hospitals could help reduce the queue of ambulances outside emergency departments, and therefore provide extra resources. With the introduction of the 'Patient Flow & Hospital Delay Escalation

Framework and Implementation of Cohorting', it is believed that patients should see marked improvements on this in the short term future.

Some Healthwatch organisations reported patients feeling like the ambulance was treated like an additional emergency care cubicle, with others expressing concern that the ambulance clinicians were unable to attend any further calls whilst held at the hospitals. Instances such as the Ambulance Receiving Centre (ARC) at Queens and REACH initiatives were highlighted as best practice.

"Many patients spoke about the length of time spent waiting at the hospital if taken there by ambulance. This would either be inside the ambulance or within the corridor, or in many cases both. A particular concern was the fact that since paramedics had to stay with patients while waiting, they were then unable to attend other calls." *Healthwatch Brent*

Improving skills to treat more patients at home

There was a desire to create more alignment with community services, and increase the use of appropriate care pathways to allow for patients to be treated at home and avoid long waiting times in emergency departments. It was recommended that this could be achieved with upskilling paramedics to be able to provide more health and care interventions at the scene, such as the ability for clinicians to administer a greater range of drugs (in particular, pain relief medications and antibiotics) and book follow up appointments with GPs or other NHS providers.

It was also felt that increasing the number of specialists within the ambulance service, for example, mental health nurses, 'emergency' and 'non-emergency' clinicians, and substance misuse specialists, could greatly benefit the organisation. Particularly for patients with complex needs that may not be covered within the standard paramedic scope of practice.

"(sic) participants felt that they could have been offered more choice in terms of next steps in their care, for instance being treated at home or making their own way to A&E rather than waiting for a taxi provided by LAS." *Healthwatch Greenwich*

Engaging patients in co-developing and improving services

There is a strong desire for regular patient feedback on LAS services, to make sure the patient is co-developing the future of the London Ambulance Service. The launch of a patient feedback system at the point of care was felt to be the most effective way to implement this.

It was also felt that the positive feedback from any initiative should be fed back to the crews as a priority, to increase trust between the paramedic and public, as well as improve service delivery.

There were a number of practical suggestions around how the patient experience could be improved, for example, information sharing between healthcare professions so that medical histories can be informed by patient records, rather than recollections of patients who may be in distressing and uncomfortable events. These suggestions need to be take on to form practical service delivery plans, to ensure that patients are involved in co-developing and improving services.

"Communicate positive feedback to paramedic teams, as gaining trust and generating a context of safety in [an] emergency is a highly skilled and valuable quality of the service" *Healthwatch Redbridge*

Improving communication training to meet the diverse needs of patients

It was suggested that frontline clinicians may benefit from better communication training in providing care for adults with additional needs, such as disabilities or neurodiversity. Participants who identified as these categories, found communicating with members of LAS especially difficult, particularly where their first language was BSL, Makaton and/or international. It was suggested that improvements in technology could assist this, and provide added support to both the patient and clinician.

It was also noted that better training on neurodiversity is required for call handlers, when talking to potential patients with learning difficulties to improve access to emergency care. It was recommended that it may be beneficial to have a flag on these calls, to allow for all members of LAS to be aware that they may need to adapt the way they communicate.

There is also a need to improve the way we work with patients who may have an unpaid or young carer, and their involvement in the patient journey. Carers requested that their knowledge and experience should be respected, and that they are included in all communications with the patient, as their primary caregiver. This was also reflected in the engagement activity that had taken place with the Barts Health Interfaith network, who reiterated that valuable resource that carers provide, and the asset they are to out of hospital emergency and urgent care.

"Service users have asked for LAS staff to have increased training on neurodiversity so that neurodivergent people have easier access to LAS services" *Healthwatch Lewisham*

Bettering the initial call handling experience (999)

Concern was expressed around the initial triage of the call, with some participants feeling that where the outcome of the call had not been as expected, they had little to no information about where they could seek onwards treatment. It was recommended that sign-posting could be improved at this point of contact, as well as clear communication about how decisions are made.

There was mixed feedback on the experience of the patient whilst being triaged, with some reports describing a somewhat negative experience. It should be noted that there appeared to be different expectations around what the caller expected, and service delivery, during this point of the process in calling 999.

"There was mixed feedback about the quality of care provided by call handlers for 999 and 111. Some of the people we spoke to had called 999 or 111 on behalf of a loved one, and needed advice or reassurance while waiting for services to arrive. When this was received it left a very positive impression and greatly added to overall satisfaction. However, in other cases the attitude of the call handlers left callers feeling that their needs weren't being listened to." *Healthwatch Brent*

Keeping patients informed of wait times (999)

The length of time waiting for an ambulance was a consistent area recommended for improvement. Several reports suggested increasing communication methods with patients to keep them updated on the status of the ambulance, and advised that this would decrease the unease felt by the patient, in not knowing when an ambulance would arrive. There was also the suggestion that it would decrease the need for the patient to call back to obtain further information.

"Communicate realistic times with service users, so that people are aware of how long they are likely to wait. This would help reduce concern and anxiety" *Healthwatch Croydon*

Increasing public education, engagement and awareness (999)

Many reports referenced the need for better public education, awareness and engagement on what constitutes an emergency, with real-life examples. Of particular note was clear and concise explanations of what is defined as an 'emergency' as opposed to 'urgent'. There was also the suggestion that greater transparency over the internal process may help the public better understand what and when to expect to dial 999.

It was suggested that any public education should also target focussed demographics, including hard to reach communities and those who may speak English as a second language, but still require a greater understanding of what constitutes an emergency. The need for information to be shared in other languages was reiterated in multiple reports. Given the diversity across London, the accessibility of information provided on how to get emergency treatment, does not reflect the communities we serve.

College age participants noted that information about emergency services, urgent care and the difference between 999 and NHS 111 is not taught in educational institutions.

"There is a clear need for informing the public what services are available to them, and when it is appropriate to access those services. This should extend to local community assets and 3rd sector services and should include more information about the delineation between urgent and emergency care." *Healthwatch Hillingdon*

How can LAS enhance urgent care?

Expanding and redefining the purpose of 111

Several of the reports fed back that participants felt the purpose of 111 needed to be redefined; the consensus being that you call 111, to avoid calling 999 or attending the emergency departments as it is not a life-threatening emergency, but often are sign-posted back there. By increasing the scope of what 111 are able to offer, for example, home or outreach visits with healthcare and specialist clinicians, and improving the triage by employing more experienced clinicians, there may be fewer instances of patients being referred unnecessarily to 999 or hospital.

Is was also suggested that a greater awareness of local health and social care provisions would allow for non-emergency demand to be spread out across the UEC pathway. In particular; community, voluntary, out-of-hours and faith services were recommended.

It was also suggested that working more closely with primary care partners, such as GPs, would allow for patients to be referred to the correct place to see medical attention for minor issues. Participants' feedback positive experiences where they were able to obtain a GP and dental appointments through the 111 service.

"Some people felt 111 was helpful for getting dentist and GP appointments. 111 can be improved by better triage, providing doctors for outreach visits, transferring 999 calls to 111, having more skilled and trained operators." *Healthwatch Haringey*

Easing the patient experience of 111

Participants highlighted the disparity between the operability of the 999 and 111 process. Attention was drawn to the inability to transfer calls and patient records between the two systems, but also within the 111 pathway. Instances were given of duplicated questions when speaking to a clinician through 111 and the desire that their patient records be made readily available to all parties.

It was noted that by sharing patient information, the 111 workforce can empower patients to determine what service they should call, and therefore reducing the demand on the service.

There were suggestions that further training could improve the quality of the call, for example, in clear communication for reasoning behind outcomes for treatments, where to seek alternative treatment, and self-care.

"[For] 111 and 999 [to] be reviewed to see how improvement in technology could support a way of transferring patients between each other, to create a possible 'Single Point of Access' model." *Healthwatch Merton*

Keeping patients informed of wait times for clinical call backs

Of concern was also the varying wait time for call backs from a clinician, particularly where the clinical reasoning for the call was felt to be urgent. Patients were quoted as having to call 999 due to the lack of response.

It was suggested that increasing the number of doctors providing the 111 call backs, could reduce the wait time, and have an indirect impact on the number of patients having to seek emergency treatment elsewhere.

"The majority of patients believed shorter waiting times at NHS111 and better communication between services would have resulted in more efficient and high quality treatment. Many respondents reported being required to wait for a long time to reach a call handler, which they found stressful and inconvenient…" *Healthwatch Richmond upon Thames*

Making 111 more responsive to the needs for those who identify as elderly, disabled or neurodiverse

It was noted in the reports, that the pre-triage automated processes is not user friendly for patients unfamiliar with the process, or neurodiverse people. It was recommended that these patients would benefit from direct access to a health advisor.

Further to this, it was suggested that the lengthy triage process for the elderly and hearing impaired can negatively impact the patient experience. Recommendations to improve this were based around suggestions of a text based service or patient advocate to help explain medical decisions.

One report noted that they found the 111 online system to be used more frequently by younger persons, and that information sharing needs to accommodate those who may not have the support in place to seek information online (Hillingdon)

"Adapted consultations for those having impairments is imperative to improve peoples' experience with the service, for example, for phone consultations with those that have

hearing impairments and translator system in place for those with English not being their first language. The use of technology could help in providing BSL live interpreter and video interpreters in every language to ease patients and enable medical professionals to explain decisions that they are making." *Healthwatch Camden*

Increasing public education, engagement and awareness (111)

There is a desire for greater information on the service patients may receive, particularly around the prevention of hospital admissions due to alternative pathways and services. More public education around when to call 999 or 111, and the possible outcomes of these calls was recommended as a way to mitigate some of the confusion. It was also recommended that any public education include the definitions of commonly used terms such as 'minor injuries' and 'life threatening', with one report highlighting that these definitions often vary depending on the person, the length of time and consequence of the injury (Croydon).

It was also noted that any public education needs to be provided in alternative formats, including plain English, easy read, short information films and translations into other languages. One Healthwatch report highlighted the opportunity to work with community groups to ensure that people coming into the country have easily accessible information provided to them. This was reinforce with our engagement meeting with the Barts Health Interfaith network, who feedback the challenges around language barriers, and the need for translation services, or training for migrant communities.

There was also a desire to understand how NHS 111 or 999 work in more detail, and particularly the scope of the role for members of the workforce at each stage of the process. It was noted that this is a gap in the current social knowledge of the NHS, when it comes to the LAS, and the scope of the ambulance service.

There was a recommendation to hold community events and feedback on any service changes resulting from engagement.

"People felt that better promotion of what 111 does and how the NHS works will put less pressure on LAS. Healthwatch Kingston's work with Migrant Advocacy Group and Kingston Refugee Action identified issues with people coming into the country not knowing how our healthcare system works." *Healthwatch Kingston upon Thames*

How should LAS work with other parts of the healthcare system to improve care for patients?

Experience in Emergency Departments

Several reports acknowledged the difficulties in the acute sector as having a factor on the wider healthcare system. It was expressed by some, that an improvement in waiting times within the hospital emergency departments would improve the care of the patient, and alleviate some of the system pressures felt in other places across the NHS.

Recommendations for waiting times to be displayed on screens visible to the patients, was felt to be a step towards enhancing the patient experience, by keeping them informed and improving the relationship with the administrative staff on scene.

A few reports highlighted that participants felt developing the social care system and providing continuing care for elderly patients would greatly support the ability for hospitals to admit patients more quickly, whilst others felt that reducing waiting times for patient transport from the hospital to home would also benefit the patient flow through the hospital.

It was also recommended that system partnership with emergency departments should extended to supporting hospitals to feedback to paramedics when they believed that ambulances had been used in appropriately as transport, and mitigate some of the unavoidable conveyances.

"Long waiting times when being transferred from the ambulance to the hospital was the biggest area of concern identified in our research." *Healthwatch Westminster and RBKC*

Become more integrated with primary care services

System integration with primary care was raised in several reports, as a way to improve the patient experience of both GP and LAS services. The ability to get a GP appointment, especially at weekends or in the evening, was seen as a contributing factor as to whether a participant would call 111 or 999. It was recommended that by increasing the capacity to book an appointment and the availability of appointments, would decrease demand on other parts of the UEC pathway. There was a desire for the 111 system to allow for direct booking into GP or other healthcare services, or an overflow service, to avoid the multiple contacts patients currently have to make or reliance on emergency care for a response.

Within this question, it was also reported that participants felt the detached processes around 111 and primary care led to in confusion in advice from healthcare professionals, clinical assessments and information sharing. It was recommended that collaborations take place between the LAS and GPs to ensure continuity of patient care, unified systems to access records and a simplified service for patients to use.

Education in primary care was also a theme that emerged from a few reports. It was proposed that collaborating with GP practices around patient information and engagement sessions may benefit the patients, as well as educating healthcare professionals on when to call 999, and when to advise the patient to do so.

To increase capacity and availability of appointments, there were recommendations to increase the number of paramedics currently supporting primary care networks, or the creating of a GP walk in service, to allow for same day care.

"The main focus of these answers reflected on how the LAS could build better communication with GP services so that service users will not need to repeat medical information that is already on record. Consequently, this will cut down waiting time for both the service user and LAS and result in the service running even more efficiently". *Healthwatch Tower Hamlets*

Create more integrated mental health, social care and community services

Parallel to the recommendation for integrated primary care, the need for LAS to integrate with other healthcare providers in the community and specialist services, was also reported. Particular attention was focussed around mental health partners, social care and community care services.

It was acknowledge in multiple reports that to do this would require a greater local knowledge from LAS of the services offered in each borough, as well as working closely with other organisations to help ensure consistent messaging across the services.

Recommendations were;

- Mental Health services
    - There was a recommendation for more training for the LAS workforce on the availability of mental health services and pathways, such as crisis lines.
    - A need for more mental health pathways was expressed, particularly those that were open 24 hours a day, 7 days a week.
    - A referral pathway into a mental health hospital, as opposed to the emergency department, for patients who require emergency mental health care.
    - Working with mental health partners to improve training within the police service, on how to appropriately treat someone having a mental health crisis.

- Community service
    - Increase communication around the range of community-based support services that can offered, for example, detox groups, wider support groups and social prescribing services.
    - It was recommended that LAS may benefit from greater local community engagement, and gathering local intelligence about specific community health and care needs, for example mobility issues and substance misuse. In doing so, there was a recommendation that the healthcare system would be in a position to scope and utilise existing and potential future services, and avoid inappropriate use of urgent and emergency services, such as alcohol recovery units for intoxicated patients.
    - It was also suggested that partnership working with community service could allow for an educational opportunity of when professionals need to call 111 or 999 on behalf of a service user.

- Maternity services
    - There was a recommendation to engage further with community maternity teams, to reduce inappropriate conveyance of maternity patients to hospital.
    - There was also the suggestion of specialised maternity teams to assist in at home childbirths.

- Social care services
    - Increasing awareness within LAS, and communicating this to patients, of other services that could inform patients about or give information, similar to social prescribing, directing them to additional local services or suggesting how to access these non-medical services, especially utilising time delays.
    - Increasing links with social services, local authorities and the voluntary sector, to allow for increased support for high intensity users, thereby reducing the number of inappropriate calls to 999, and providing the patient with information about social prescribing and other support networks that could be accessed.
    - It was suggested that dedicated facilities for older people to receive support once discharged from hospital may reduce the need for them to dial 999 for support.
    - It was also recommended that improving the pathways for LAS to access or refer to a social worker or key worker on behalf of a patient may assist a patient who is in need of support but does not require emergency health care. "

- Other specialist services
    - There were a number of recommendations from other reports, for specialist services for cancer patients, dental care, the elderly and palliative care.

"The patient journey can begin with LAS but may not end there. We need to understand where we can best work with other parts of the health and care to ensure patients to get the right care, in the right place at the right time. For example, working with mental health providers, GPs, or the voluntary sector." *Healthwatch Barking and Dagenham*

Improving care for patients with multi-disciplinary teams

It was noted that some patients require healthcare from multiple services, whether on a temporary basis for example, maternity or for complex healthcare needs. Several challenges were raised to the access of patient records in these cases, and recommendations to improve information sharing to enable appropriate clinical decision making, correct treatments, and improving onward care of the patients. There were practical suggestions around sending patient records to emergency departments whilst the patient in being conveyed, linking electronic patient records, and ensuring GP had copies of any patient care episode.

Further to this, some reports highlighted that there are system improvements to be made in care plans for complex patients, with some participants feeling that patients with complex problems should all be allocated a key worker and have a MDT care plan in place, so if they have exacerbation of chronic symptoms then the care plan can be initiated by all of the MDT.

Reports also suggested that where there is a multi-agency approach, a standard could be set for the next agency to follow-up with the patient within a set time scale.

"To streamline care and minimise patients repeating themselves, it would be useful to have a collaborative computer system with shared access to medical records and medications, and to embed an urgent access support line to send patients' medical records to emergency departments in hospitals whilst patients are being transported by the LAS". *Healthcare Camden*

How can LAS do more to contribute to life in London?

Ensure appropriate training or support is in place to eradicate racial biases and promote equality.

The Healthwatch reports highlighted that some participants felt it was important to ensure that there is appropriate training put in place for the LAS workforce, to raise awareness of health inequalities, unconscious and unconscious bias, and support staff and patients who may experience racial abuse.

It was recommended that there should be a feedback system in place for patients if they feel they are a victim of racial abuse, to escalate their concerns. It was also felt that the use of translation services would greatly benefit the accessibility of urgent and emergency care to diverse communities.

"We found that 23% of residents felt pain relief would have been helpful but were not offered. As racial biases exist in pain management strategies, we believe additional research into understanding pain management attitudes of ambulance staff could be useful" *Healthwatch Newham*

Utilising the public and volunteers as a system partner

Several reports highlighted the ability of the public to be seen as a powerful partner in the delivery or emergency and urgent care; mainly around training the public in how to respond an emergency healthcare need, and increasing volunteer opportunities to aid service delivery.

The creation of training and awareness programmes for patients, carers and residents on first aid (adult and paediatric), the use of defibrillators, and falls advice, was suggested. Participants expressed that the use of educational institutions and religious buildings, could not only facilitate the training, but also provide a venue for further information to be shared on when it is appropriate to dial 999.

It was also suggested in some reports, that the use of volunteers could be expanded, with young people volunteering as part of the Duke of Edinburgh scheme or community programmes. It was felt that current schemes could be publicised more widely, helping recruit the public to assist in the community.

"Patients suggested public are better educated about using health care services to ease the burden on emergency services. It was also suggested the service increase their community engagement by sharing information about all the work LAS does within communities and provides first aid training for children and young people in particular." *Healthwatch Hammersmith and Fulham*

Using the voice of LAS in the community

It was recommended in some reports that there is more to be done in raising awareness of what the London Ambulance Service is doing locally and how businesses can get involved, for example in partnership opportunities.

Additionally, it was felt the LAS is in a good position to focussing aspects of community or social value in targeted outreach to certain patient groups and demographics, particularly those experiencing homelessness, mental health challenges, parent carer organisations, diabetes support groups, and stroke support groups, etc.

The use of the LAS estate to help with community work was also suggested, with open days to aid in the public education of what LAS does.

"Engaging with local people generates greater confidence in LAS. Several participants suggested that LAS could be more visible in the community outside of times of emergency. This could include working more closely with Healthwatch, visiting schools and community centres, or targeting engagement with groups known to have high use of LAS" *Healthwatch Greenwich*

Recruitment from the local population

Apprenticeship schemes were seen as an attractive method to increase recruitment within the LAS. One report highlighted that studying for qualification can incur debt, which may affect young people's career decision choices.

It was also recommended that better recruitment materials were developed, to create a more attractive campaign and highlight the career opportunities available. Campaigns for the military were highlighted as examples of where this can work, as was the open days run by the London Fire Brigade.

"How can LAS do more to contribute to life in London?...Offer apprenticeships and support schemes to allow young people to gain qualifications without incurring debt." *Healthwatch Hackney*

Next steps

To improve the efficacy of our 999 and 111 service delivery, and the clinical treatment we give on scene, we will increasingly include the voices of patients and the communities we serve in LAS, with a specific focus on enhancing the voices of individuals who are affected by health inequity. To do this, we will use a variety of proactive next steps;

- To implement the recommendations for pan-London improvements within the next LAS Trust Strategy, to ensure that the publics' opinions and experiences are taken into consideration in order to shape and improve the culture and services, and that changes made our representative include a wide range of equality groups, diverse communities and considerate of all protected characteristics.
- In agreement with ICBs, and borough based partnerships, establish named participants to represent LAS at select integrated care governance meetings (both at local borough and ICS level), and to attend relevant patient forums to co-design solutions to service issues, with the public.
- To proactively seek the views of patients, service users, carers and the public, both directly and via other groups through a variety of channels and with due regard to the public sector equality duty, by engaging Healthwatch on a routine basis
- Ensure issues affecting efficient delivery of the London Ambulance Service are represented at system meetings within Integrated Care System across London, to ensure robust communication between primary, acute or community care, and LAS.
- To share the local Healthwatch organisational reports with the relevant sector based teams in LAS, to engage them with local feedback and opportunities for engagement.
- To feedback to Healthwatch London any strategy and implementation updates shared at the LAS Public and Patient council, in order for them disseminate to local Healthwatch organisations any changes or updates in performance.

"Most people have a positive view of the London Ambulance service and its staff. They are, however concerned about ambulance waiting times and about the under-resourcing of the service; as well as about the state of the NHS in general. Those who used ambulance services gave positive feedback on care received from paramedics." *NEL combined Healthwatch Report*

Acknowledgments

We would once again like to thank the local Healthwatch organisations across London for this opportunity, and would welcome their further involvement in the development of its strategies across the LAS, as part of our efforts to engage the patient voice.

Appendix

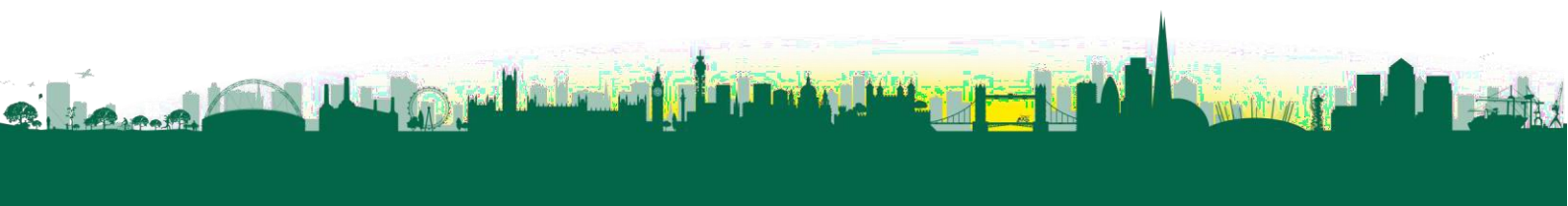
To add in hyperlinks to the 26 individual Healthwatch reports and the 1 NEL summary document.

London Ambulance Service
NHS Trust

STRATEGY DEVELOPMENT

Findings from 500 interviews with people working on the frontline of the London Ambulance Service NHS Trust

A report prepared by advanced paramedic practitioners Ed Bayly and Ken Crossley, clinical advisers to the LAS strategy and transformation function



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London Ambulance Service
NHS Trust

Summary

London Ambulance Service is in the last year of its current Trust Strategy and is now engaging stakeholders on the next one, which will describe the organisation's vision and goals for the next five years. As part of this, we wanted to ensure the voices of our staff were heard.

From November 2022 to February 2023 The LAS Strategy & Transformation team undertook a staff engagement project designed to hear from colleagues of all grades, asking them for their opinions on improving patient care delivery and how to make the trust a great place to work. The purpose was to ensure that employees at all levels actively participate in the design and delivery of key service developments, in a variety of ways while taking the public sector equality obligation into consideration.

Most staff involved in the project were interviewed by a Strategy & Transformation team member or by a volunteer; however, a few staff were given direct access to an online form to complete their answers. Over 95% of the participants were interviewed face-to-face. Over 500 staff members were asked to provide opinions on five key questions, answers were then collated and themed.

A broad range of answers were given however, many common concerns and opinions emerged and, when themed, provided excellent insight into our staff. Alongside the emerging high-level themes, there were also many specific practical suggestions offered by staff which have great value to middle managers and specific teams. These suggestions will be compiled into a repository and shared at a later date.

This document summarises the themes that emerged from the project and recommends next steps to ensure the learning is embedded in the Trust Strategy. This document is intended to be used in conjunction with other internal and external engagement activity reports, including the recent NHS staff survey, to provide an overview of stakeholder opinion.

The appendix of this reports provides the individual breakdown of the staff interviews, by Directorate, to provide more detail and greater clarity to common concerns and opinions that have emerged.

Recommendations from this engagement activity:

1) *Work closely with other NHS healthcare providers and PCNs to maximise their service provision.*
2) *Improve our emergency response by:*
   - *Recruiting more staff (including specialist clinicians) to work in the CAS and CHub.*
   - *Reviewing triage practices to reduce inappropriate ambulance dispatches.*
   - *Addressing hospital handover times - release our crews from hospital quicker.*
3) *Develop a public education campaign informing citizens how to access healthcare in London.*
4) *Improve clinical and non-clinical training by offering role specific, high fidelity simulation training led/assisted by clinical experts. Improve ongoing supervision.*

5) *Review terms, conditions and integration of all LAS teams (Vehicle Preparation, Vehicle mechanics, 111, EOC, NETS etc) to ensure equity of benefits and to highlight talent.*

6) *Improve staff support by investigating different ways of working (rotational, flexible, home working), investing in professional psychological support and making managers more accessible (team-working). Recognise and praise good practice.*

7) *Invest in recruiting and training more clinical specialists (APPUC, APPCC, Maternity, Mental Health, FCP) so that we can provide excellent appropriate care on scene and provide staff with more career development opportunities (resulting in improved retention).*

8) *Recruit more staff, with a focus on recruiting locally.*

9) *Invest in fleet and equipment to ensure our staff have the tools they need to do their jobs enabling them to offer excellent patient care.*

10) *Work with system partners to finally integrate cross-organisational IT systems to easily and securely share patient data.*

Introduction

This project aimed to ensure that our staff's views and opinions were gathered and acted upon, to shape and improve the services and culture of LAS - ensuring the organisation reflects the people who work for us.

In preparation for developing the LAS 2023-2028 Trust strategy, it was essential to understand our staff's opinions, concerns and priorities for the next five years. In conjunction with various stakeholder engagement initiatives, face-to-face interviews were considered the best method of obtaining this information.

Method

This engagement activity was conducted between November 2022 and February 2023 and was concerned with collecting qualitative data from LAS staff. Most staff involved in the project were interviewed by a Strategy & Transformation team member or by volunteers; a minimal amount of staff were given direct access to an online form to complete their answers. Over 95% of the participants were interviewed face-to-face.

There were no time or word limits imposed on answers and the average time to complete each interview was 22min 36sec.

The project was targeted to engage with staff or all grades and across all trust departments; however, there was a conscious effort to de-priorities engagement with senior managers who were instead invited to attend several Extended Leadership Group (ELG) focus group sessions to give their opinions.

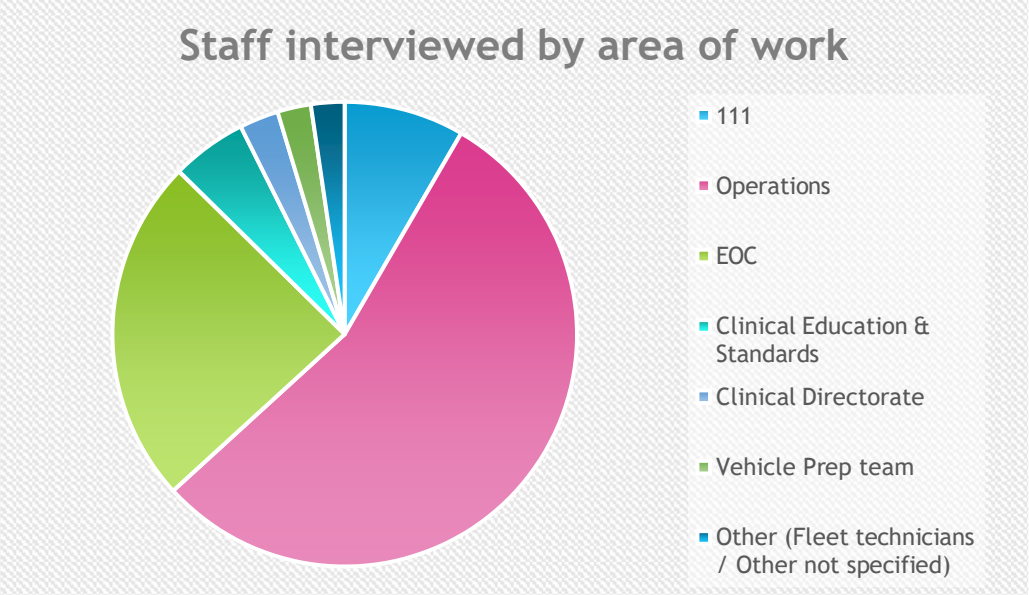
The questions asked were:

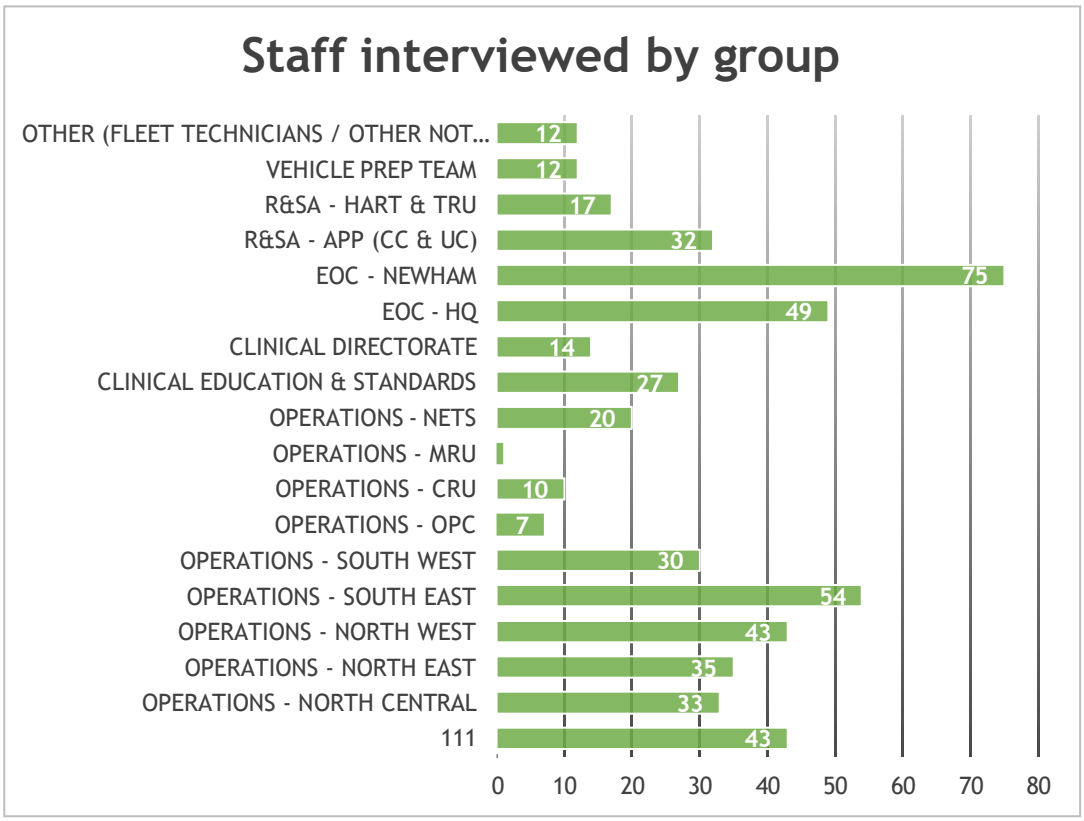
1. **What are the most important things we should do to improve patient care?** (This question aims to elicit responses about how LAS can improve patient care.)

2. **What's the most important thing others could do to improve care for LAS patients?** (This question aims to elicit responses about how other service providers, stakeholders and partners can improve the care provided by the LAS)

3. **What are the most important things we could do to make LAS a great place to work?**
4. **What do you think the purpose of the LAS is now?**
5. **How do you think the LAS purpose might change in the next five years?**
6. **Is there anything else you would like us to know?**

Over 500 staff completed an interview from all areas of the trust. The pie chart below shows the distribution by area of work and the bar chart provides more detailed results displaying staff interviewed by group.





Demographics

The process of conducting staff interviews across LAS was dynamic and involved visiting LAS control centres, ambulance stations, workshops and hospitals. A distribution graph was automatically updated after each interview and this was reviewed regularly in order to highlight geographical areas or teams who had not yet been engaged. This process was iterative and due to the nature of opportunistic interviewing at hospitals and LAS premises, some staff groups received more opportunities to have their say than others. Some underrepresented teams were contacted by email to invite them to participate, but not all replied.

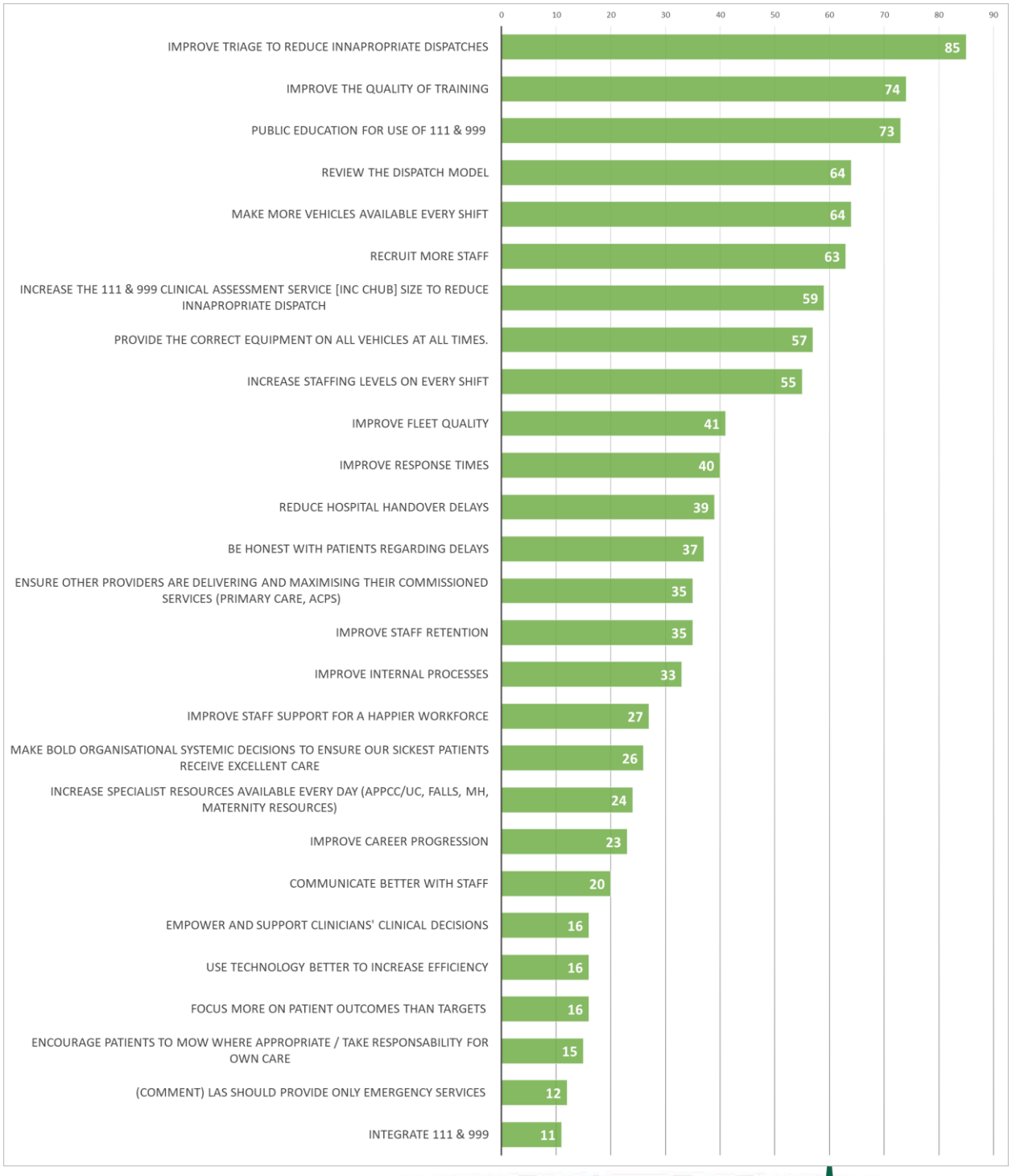
A limitation of this paper is that the ethnicity, sex and other protected characteristics of candidates were not recorded during the interview process. It is recognised that, as with all engagement activities, there is a potential for bias based on candidate selection; however, we are confident that a robust effort was made to meet with a wide range of staff performing different roles and from a cross-section of departments.

Findings

Themed results and analysis structured by interview question.

(Themes with a count <10 not included in graphs.)

Q1) What are the most important things we should do to improve patient care?



Question 1 Analysis

Reduce inappropriate ambulance dispatches.

The sentiment of this opinion was heard across many themes, with comments focussing around improving the triage systems, reviewing the dispatch model and wanting LAS to make bold organisational decisions about whom we respond to, and how.

Many staff express an opinion that we attend too many patients who do not require an emergency response and could be better dealt with by referring to another service or asking patients to make their own way (MOW) to a healthcare facility.

Staff feel that this is a priority to address because attending inappropriate patients increases DCA utilisation, increases DCA response times, and significantly reduces our capacity to respond to our sickest patients.

Staff also commented that increasing the number of clinicians (and specialist clinicians) working within Clinical Assessment Services (CAS) and the Clinical Hub (CHub) is desirable because it is perceived that Hear&Treat figures and remote referrals to other services would increase.

There were many comments asking LAS to increase the number of specialist clinicians deployable every shift in order to better meet the needs of the public (mentioned: APPUC, APPCC, Falls teams, Maternity resources, Mental Health resources).

"[We need a] Better triage system avoiding unnecessary sending of DCAs and FRUs."

"[We should] Expand the CHUB to enable more ring backs and more hear and treat, freeing up road crews."

"[We should] Enhanced the use of technology i.e. FaceTime and good Sam app to support increased hear and treat from CHUB."

"[we need] more clinicians in control room reviewing calls"

"Invest more in specialist cars - more appropriate care to patients."

Improve the quantity and quality of training.

The sentiment of this opinion was also heard through other themes, with staff commenting that improving training would result in improved patient care, increased staff retention, increased staff satisfaction and would likely lead to career progression, which was also important.

Staff expressed that the current clinical and non-clinical training offered by LAS needed to be of a better quality and needed to prepare staff for the situations they experience in their work. In addition, there was a desire for higher fidelity training (simulation), more frequent training, release from duties for training, training on station and training by clinical experts.

Some staff expressed that clinical supervision should be better for all staff and that support for new starters should be significantly improved. This tied into another theme (team-working), where staff requested closer connections with their managers – especially on nights and weekends.

"Better training for staff - CSR and e-learning is not enough - we should be building [training] into team based working rotas."

"We need non-patient facing time - where we can re-cap on certain jobs whilst it's fresh in peoples mind and review recent difficult jobs"

"[we need] More realistic training opportunities for staff."

"[Training should be] targeted to what staff want based on their patient experiences and not what the organisation is mandated to provide."

Develop a public education campaign.

With connections to other themes, for instance inappropriate ambulance attendance and misuse of the service, many staff suggest that the public urgently requires education on accessing healthcare which has changed dramatically in the last five years.

Frequently staff encounter patients who have called 999 for non-life threatening issues or even minor illnesses or injuries. This is a point of frustration for staff, not to mention the significant effect this has on increasing ambulance demand. Staff also commented that many patients knowingly or through ignorance contact 111 or 999 as their first point of contact for healthcare when contacting a GP or attending a healthcare facility would be more appropriate.

Staff hope that by educating the public about healthcare access in London, LAS can reduce inappropriate calls, inappropriate ambulance dispatches and create more capacity to attend to critically unwell patients, thereby improving patient care.

"Educate the public with better understanding of our service - so patients call when its appropriate"

"Educate the public in the use of ambulance (staff go into schools to educate children. Extend this to adults)"

Increase recruitment and daily staffing levels.

Many comments focus on staffing levels and a desire to rapidly escalate recruitment, increase the number of physical response vehicles and the number of staff working per shift. Staff feel that this will reduce pressure on them, improve response time, and improve patient care. Some staff commented that we should be recruiting locally as opposed to employing more international paramedics.

"Increase staffing levels across all patient facing directorates and in EOC and CHUB" "Recruit from London and surround, get people in young."

Equipment and Fleet

A large proportion of staff commented that they frequently start their shift with missing or faulty equipment which is highlighted as being a safety concern and an extra barrier in delivering excellent care to patients. Some staff also commented that the LAS fleet requires updating because many vehicles have ongoing faults and that there are very few surplus vehicles to change onto when one is taken out of service.

"Start of shift - make sure vehicles have [the] correct equipment on."

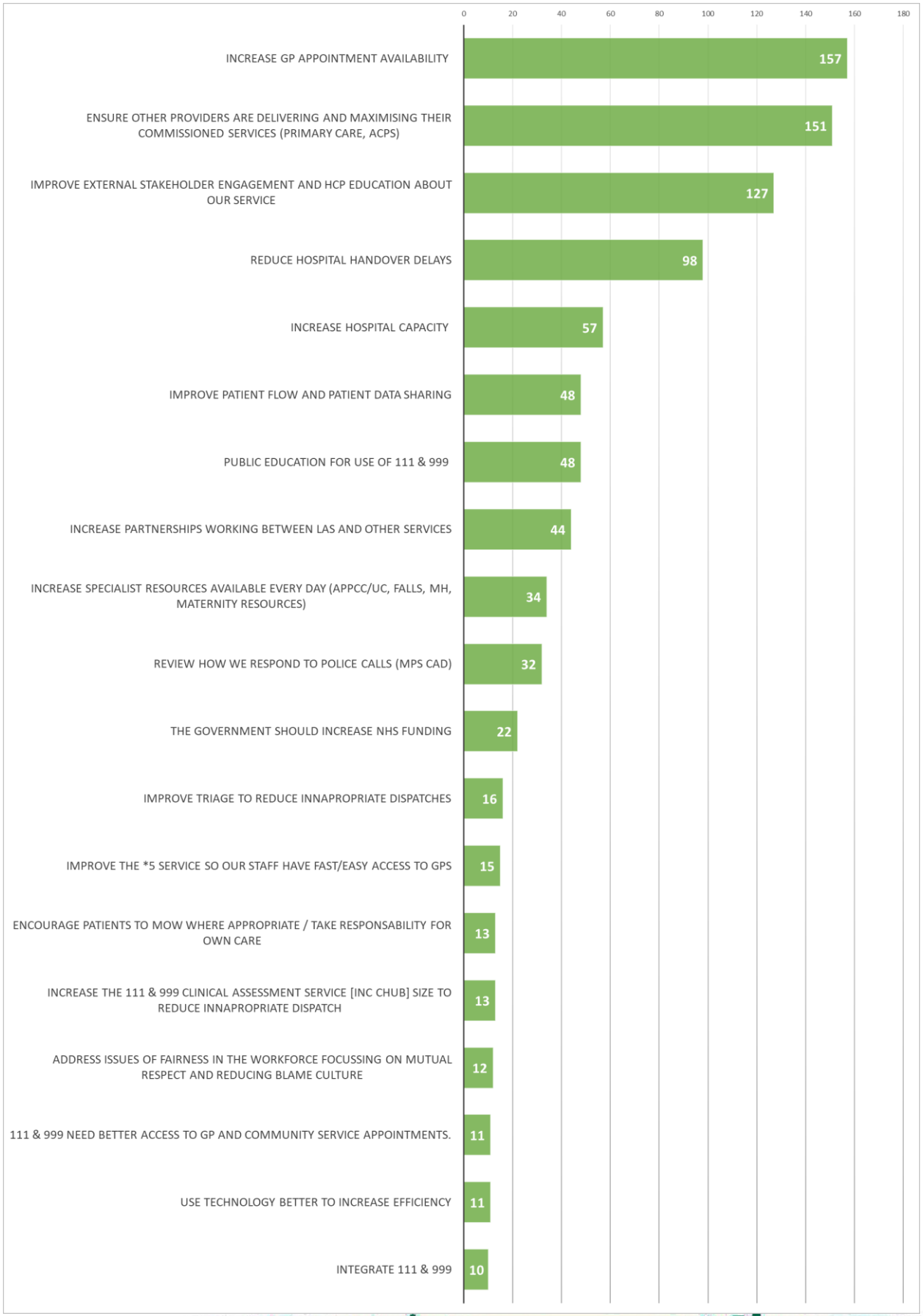
"Vehicles don't have all the equipment. We don't have good stocks of [the] equipment we need. If we had all the equipment we need and better [VP] staffing this would make it much easier for the ambulance staff and paramedics."

"Paediatric "sats" probes are really important and non-existent. We need the right equipment to do our job. This allows us to make sure our clinical decisions [are] safer.

"better condition fleet - many are broken and failing i.e. tail lift not working"

"Increase spare fleet for resilience. When vehicles are VOR sometimes [we] can't find a vehicle for them to use."

Q2) What's the most important thing others could do to improve care for LAS patients?



Question 2 Analysis

Increase other healthcare providers' capacity.

Clearly this is a complex and multifaceted issue closely tied into governmental spending and broader NHS staffing levels. Many LAS staff have commented that they feel the ambulance service fills the gaps in other primary care and community services provision. Staff would like LAS to work closely with other healthcare providers to maximise primary and community healthcare capacity. A significant number of staff commented that they often have issues utilising many NHS services and Alternative/Appropriate Care Pathways (ACPs), especially at night and at the weekend. Staff have suggested that if more routine and urgent primary care appointments were available, pressure on LAS would decrease, allowing us to improve our response times and overall patient care.

Many staff suggested that we should engage closely, and more frequently, with other healthcare providers (GPs, ACPs, Care homes/Nursing homes) to inform NHS colleagues about how LAS operates and to discuss more effective partnership working.

"Open up ACPs to accept more patients and more hours a day/overnight. REACH seems like a good idea, roll it out. [We need] Better access to district nurses."

"Care homes- some are efficient, some need better education"

"We need to work closer with GP practices to make them aware of how we prioritise calls and how they should be utilising us appropriately."

"We need better relationships in Primary care."

Increase hospital capacity and reduce ambulance handover times.

Many staff are frustrated with the current situation of long ambulance handover times, highlighting that this increases patient dissatisfaction and reduces the ability of LAS to respond to our patients. Staff believe that handover delays have a significant impact on patient care. Some specific suggestions were offered for improving the situation however, there was a more general feeling that LAS should prioritise this as an issue and work collaboratively with acute hospital trusts to resolve the problem.

"Increase capacity within hospitals, and reduce bed blocking to allow a flow of patients through the hospital and thus reduce waiting times in ED and LAS being held for hours to handover"

"Handover delays are not good for the patient i.e. dementia patients stuck in the back of an ambulance, distressed and waiting for ages."

Utilise technology more effectively between NHS organisations.

Staff commented that there are many situations where technology can improve efficiency and make their jobs easier, but the overwhelming desire in this area was for well-connected NHS IT systems. Staff commented that it should be easier to share patient information with GPs or community/specialist care teams and that much time is lost waiting to speak to GPs and HCPs on

the phone. Staff also highlighted that it can be frustrating for patients when they are passed through the system having to explain their problem multiple times to different agencies.

"[The] Biggest challenge is communication across NHS. National info needs to be shared more, especially GP notes. We need to use technology better to do this and be better informed about patients."

"Ensure systems talk to each other"

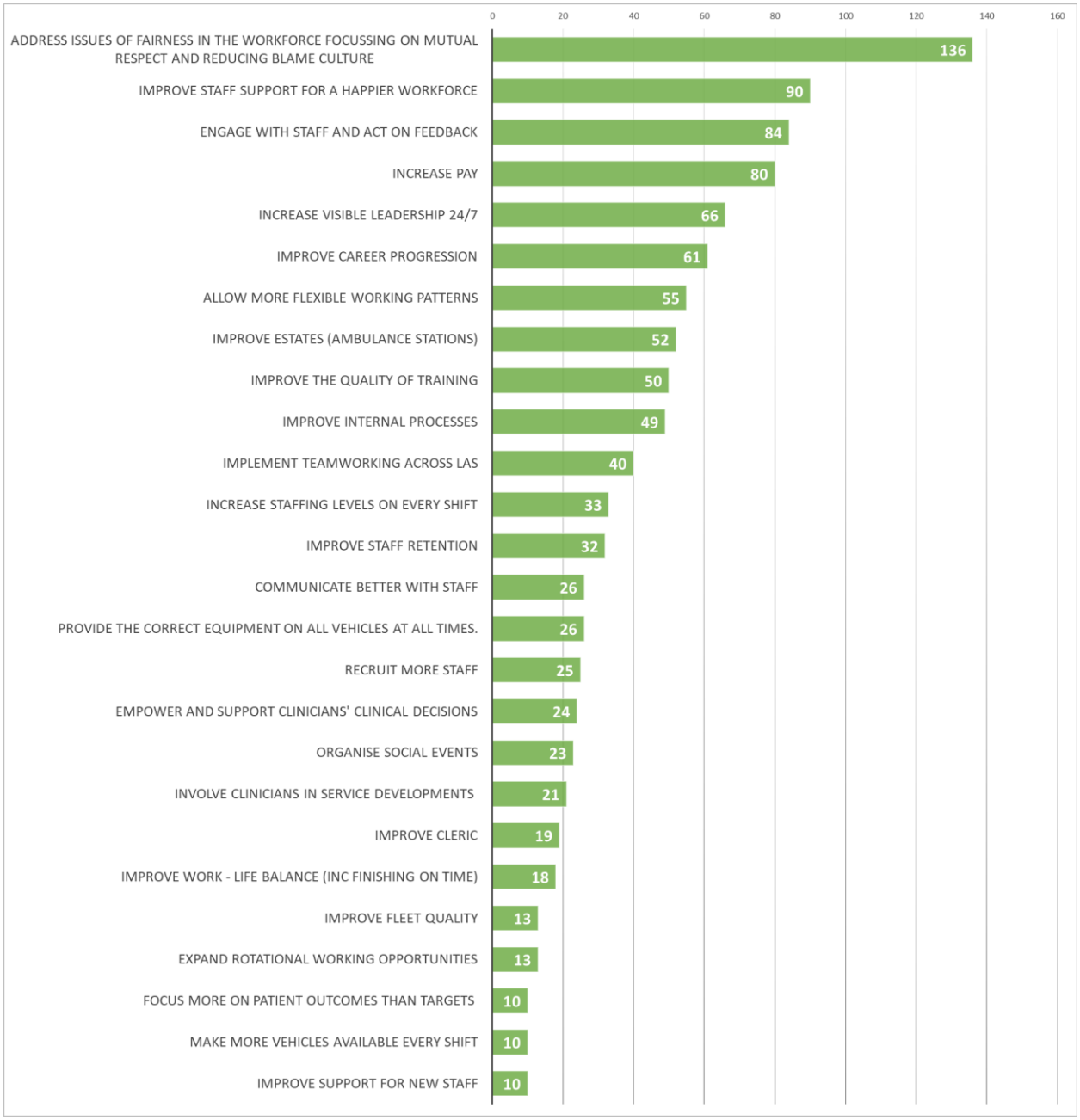
Develop more rotational working opportunities between LAS and other healthcare providers.

Some staff would like the opportunity to experience and rotate through different areas of the LAS and with partner healthcare providers to improve their knowledge and experience and this was highlighted as having the potential to help increasing capacity within partner providers.

"We're now losing staff, particularly our B6s [Band 6 Paramedics] to these roles in GP practices. We do have a small local project where our staff do 50% of their time with us and 50% with GPs and that's working and could help us with retaining [staff]"

"Accept more paramedics into Gp surgeries on secondment from LAS so that staff won't leave."

Q3 What are the most important things we could do to make LAS a great place to work?



Question 3 Analysis

Fairness and organisational culture

Two key themes emerged as the most popular responses to question three and due to the many crossovers within the answers, these two themes were combined.

Staff from across the organisation reported that they see areas of unfairness and disparity between their team and others and wish for changes to be made to rectify this including improving cross- team communication, cross-team rotational working, joint training, top down evidence of mutual respect and a review of terms/conditions. Comments were made regarding parity of terms between 111 sites, and between 111 and EOC staff:

"[There is a] Clash with 111 at Barking because policies and processes are different, which causes disagreement between both sites, complicating patient care and our roles at 111 Croydon."

Comments were made regarding the parity of Vehicle Preparation (VP) staff and the wider LAS:

"Make Ready don't feel like part of LAS – [we] have to wait 3 years until [getting] full entitlements, why? e.g. no sick pay in 1st year then increases (TUPE)".

"[we should get] Time and a half for overtime [as other LAS staff do]"

Comments were made by some NETS colleagues about their place within the organisation and the way they feel they are viewed:

"NETS feel very separate to the LAS, we need to be integrated more and not seen as a separate service and less priority"

Some staff feel that they have to operate in a defensive manner, making decisions that were safe but not always in the patient's best interest (for instance, inappropriately taking patients to ED). Staff said that one key reason they make these decisions is because they perceive a "blame culture" within LAS where errors are met with a reprimand as opposed to support and education.

"The LAS culture is to assume poor intent from employees. I operate defensively, whether that be justifying how my time is being spent or the patient care I deliver" "We

need less micromanaging and more support when it's needed"

Staff support

Very many staff from a range of departments commented that the organisation should be prioritising staff welfare in the next 5-year strategy; the common issues were late finishes, shift patterns, obtaining a better work life balance (flexible working, home working for EOC/111, rotational working), better access to psychological support when needed and more regular access to local management. There were frequent comments that the new provider "Goodshape" is not staff-focussed and is difficult for CTMs to integrate with. Some staff commented that in order to reduce Muscular Skeletal injuries, LAS could provide discounted memberships to Gyms or even provide gym equipment on ambulance stations.

"[LAS should promote] Well-being and [offer] proper support for staff, we should have a trained psychologist team to give proper help when needed"

"Better welfare support on station and on scene."

"Variety is the spice of life - shift work on a DCA is not sustainable for a long period of time, this leads to staff retention issues, being able to implement a rota of DCA, FRU, IRO etc or something of sorts I believe will retain staff for longer."

"Try to provide free gym memberships for all staff or try to strike a deal for 50% off with a gym franchise...this will help to tackle the physical and mental health of workers and reduce sick leave."

Visible leadership, improving internal communication, valuing and showing appreciation to staff

Many staff feel that if they worked closer with colleagues and their line manager this would create a healthier environment where lines of communication could be opened and where staff could raise concerns and discuss issues before they become more serious. Frequently, staff also commented that their only interactions with managers are formal or negative and that they would appreciate more regular feedback (and positive feedback) about their performance. This would help colleagues to feel more like an individual and less like a number.

"More managerial interaction day to day rather than just when needed. Managers only come to you when something has gone wrong. Would like to hear about things that have gone well as well as going wrong.

"Learn to appreciate staff and give thanks for good work - we aren't appreciated enough" "[We

need a] Staff recognition / reward system"

"Ensure we develop and care for our staff - we need to appreciate them - we lose a lot of talent because we don't look after them"

Pay

One of the most popular responses from staff was a request to increase rates of pay in order to improve staff satisfaction. It should be noted that this staff engagement process coincided with

a national pay and conditions dispute where multiple areas of healthcare and public service were taking industrial action.

Training, career progression and staff retention

Staff commented that improving the quantity and quality of training offered would result in a more enjoyable career within LAS – See Q1 analysis.

There were also many suggestions that an organisational priority should be to increase opportunity for career progression into more, and more varied, senior positions. A large proportion of staff commented that by improving training and allowing for greater staff development, LAS could greatly improve retention.

"[Provide more] Progression and career development options. Exposure [staff] to different areas.

"By giving people personal development options it will stop itchy feet."

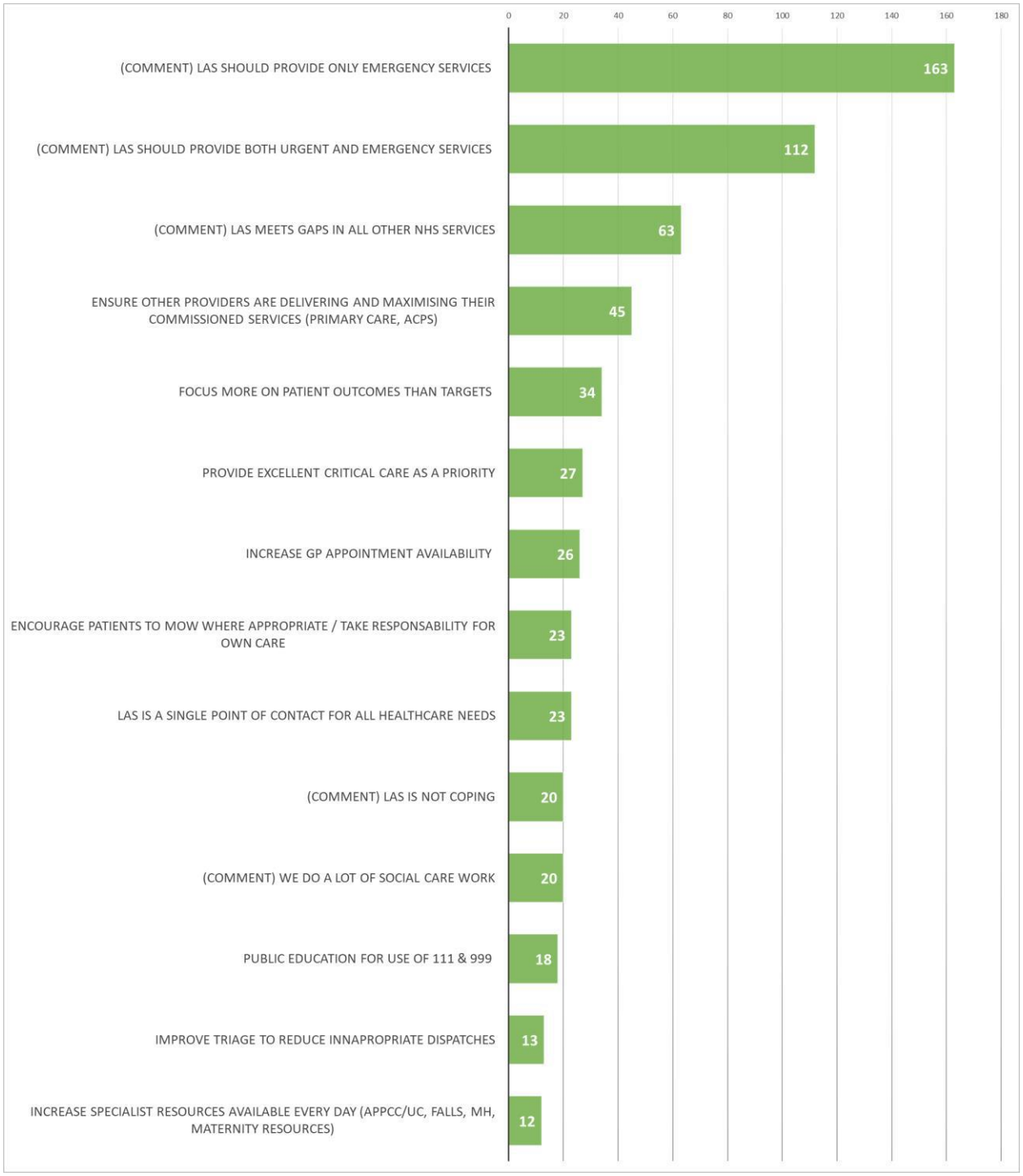
Recruitment

Staff frequently reported that increasing front line staffing would ease the burden on existing staff which would in turn reduce stress and burn out – See Q1 analysis.

Equipment and Fleet

Staff commented that having the correct equipment available every shift would make working for LAS more enjoyable – See Q1 analysis.

Q4) What do you think the purpose of the LAS is now?



Question 4 Analysis

The majority of people answering this question chose to define the LAS as either an emergency care service or as an urgent and emergency care service.

Approximately **60%** of staff believed we are (or should be) purely an emergency service and **40%** stated that we are (or should be) an urgent and emergency care service.

It is essential to recognise that this was a difficult question to theme and that responses could potentially be interpreted differently by different readers; In answer to the question, some staff simply described that the LAS *does* provide urgent care services, but *wished* for it only to provide emergency care.

Staff who supported the urgent AND emergency care approach reported that more specific training should be given on managing minor injuries and minor illnesses and that more specialist clinicians, for instance, APP-UC, would need to be recruited to meet the continuing demand for urgent care presentation.

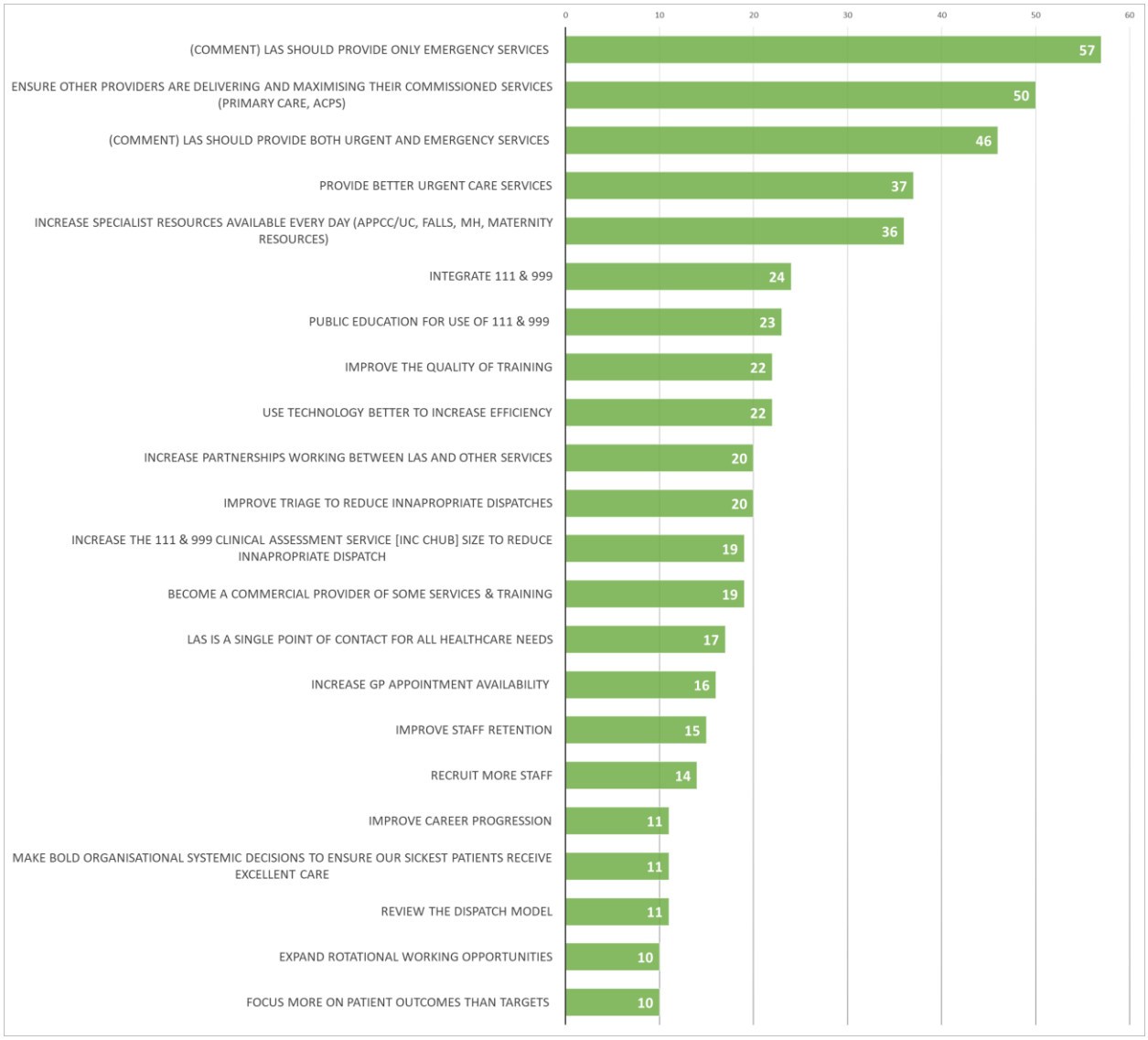
Concerns about gaps in other NHS services

Many participants answered this question by highlighting their concerns again about the wider NHS, including the availability of routine and urgent appointments and ACP opening hours and commenting that they feel LAS fills the gaps in NHS services. Staff would like LAS to create solid and mutually beneficial partnerships with other NHS services to resolve this issue. This links to staff suggestions of rotational working arrangements mentioned in other questions and bold organisational decisions.

Quality Care

Some staff commented that it is important for the organisation to focus on quality patient care including improving patient outcomes. It was suggested that some current performance indicators and targets do not accurately reflect this quality or do not acknowledge the time it takes to deliver the expected level of care. There was a concern that the Trust should continue to provide excellent critical care as a priority, which links to the staff desire for career development opportunities (APP-CC).

Q5) How do you think the LAS purpose might change in the next 5 years?



Question 5 Analysis

Improved urgent care provision

The Emergency vs Urgent & Emergency care debate continued into question five although many staff commented that they hoped the *quality* of our urgent care provision would improve in the coming five years. The overwhelming majority of staff stated that we must first provide excellent emergency care before we focus on urgent care.

"[we need] further patient assessment and decision making [training] – increase [the] scope of [our] role"

"up skill staff to support more urgent care work"

"[expand] The move to non-medical prescribing for Advanced Paramedics."

"LAS will move into Urgent treatment (expanding the APPUC programme) as a response to shortfalls in community-based healthcare."

111/999 integration

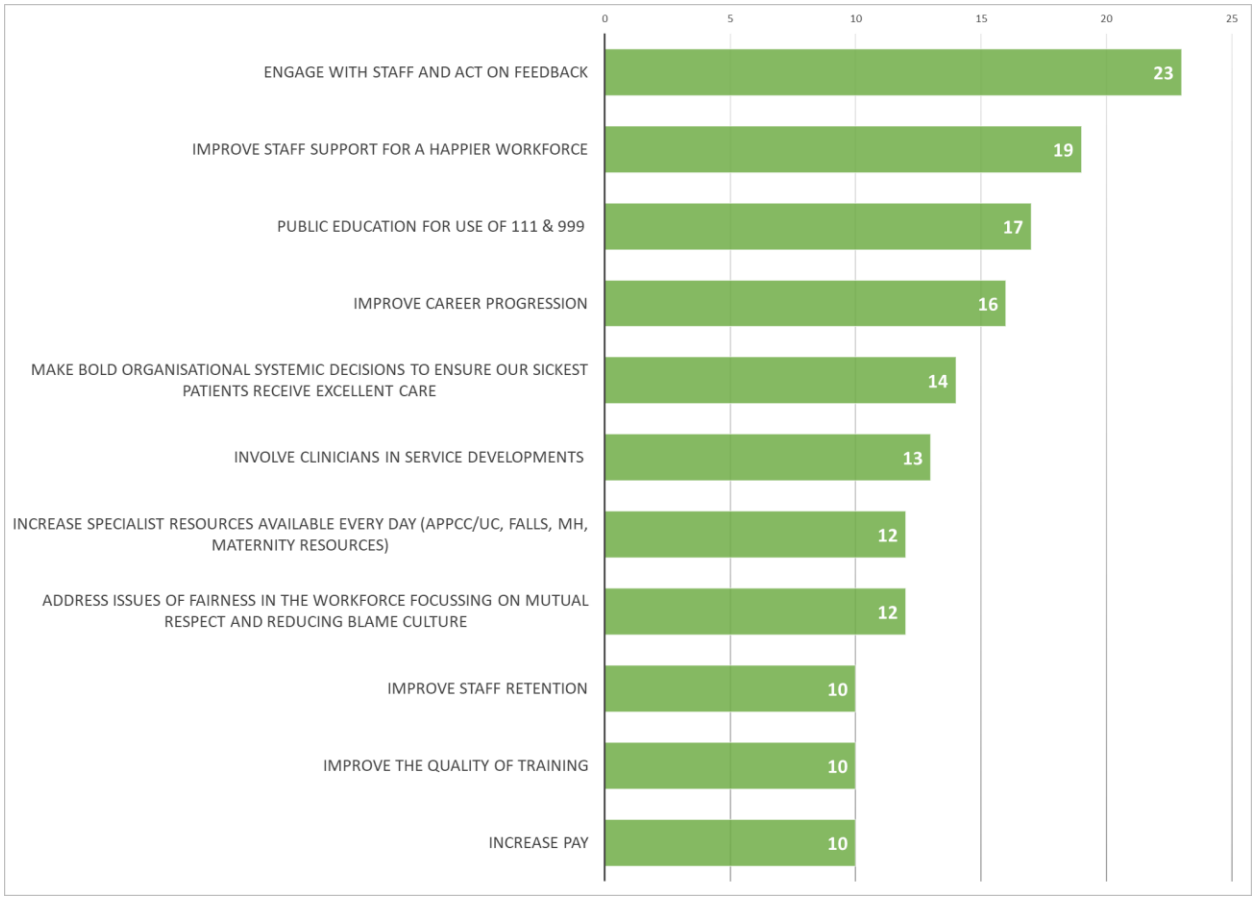
A proportion of staff suggested that 111 will become completely integrated with 999 and that LAS will become a single point of contact for healthcare within London although it must be reported that a proportion of staff strongly oppose this view and would prefer LAS to provide only emergency care.

"Integration of urgent care, 111 as an example - hopefully dual training for 999 and 111 [staff]"

"The LAS will become the remote portion of the NHS, where calls, treatment and advice is done over the phone."

Notably, fewer responses were provided for this question than previous questions and this is because some staff chose not to answer, suggested that they did not know, or predicted there would be no particular change and these responses were not themed.

Q6) Is there anything else you would like us to know?



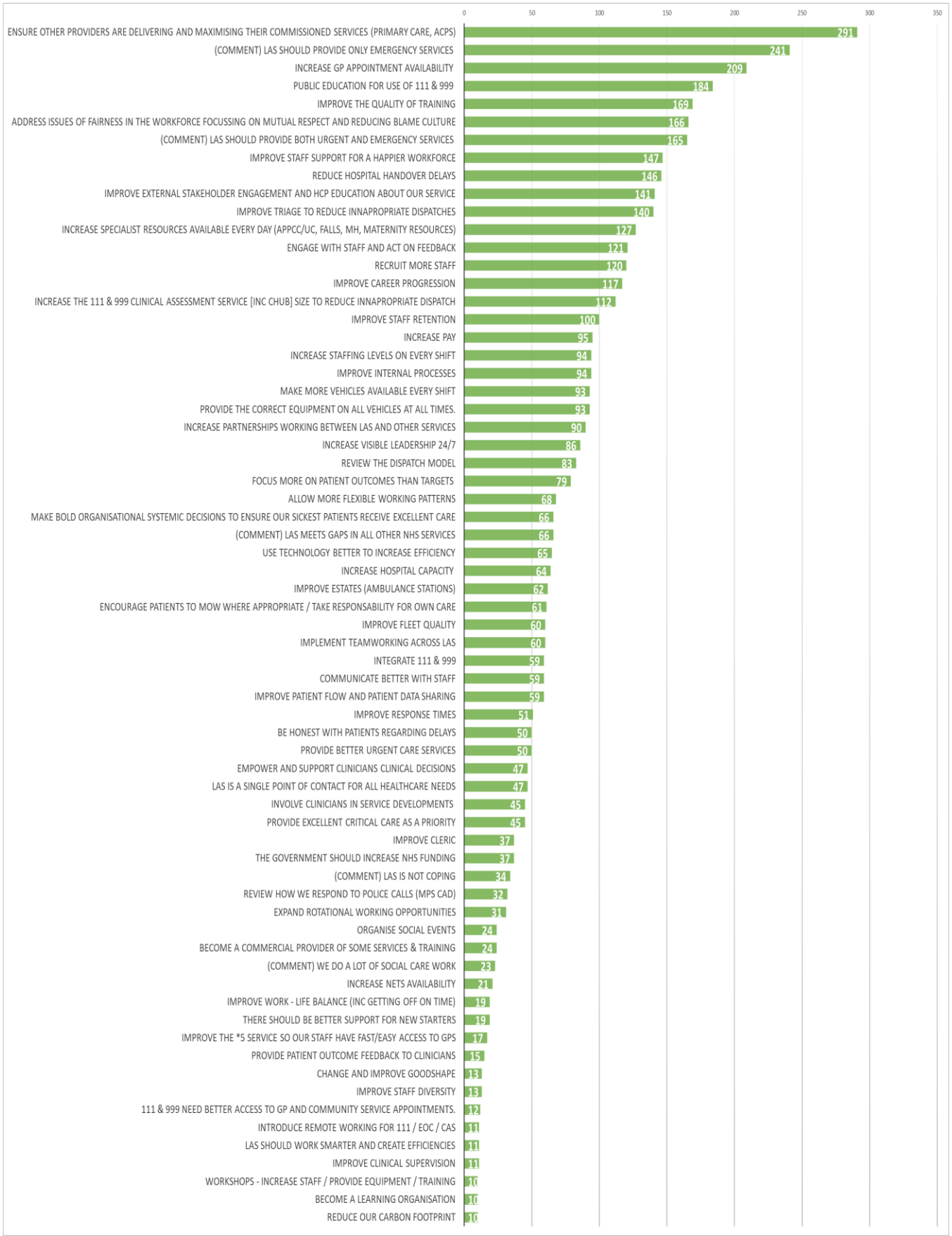
Question 6 Analysis

The majority of staff chose not to add anything further resulting in far less responses to this question.

Cautious optimism about staff engagement and the future.

There was a proportion of staff who used this answer to express their optimist about the engagement project and their hopefulness about the future. Many said that they had participated in similar exercises in the past which had not resulted in meaningful change so it is vital that feedback is actioned where possible to avoid disengagement. Information gathered through this process must be utilised to inform the five year strategy and across the organisation in all teams to ensure the organisation responds to the concerns and ideas highlighted.

Grand total of themes from all answers given to all questions (where theme count >10)



This staff engagement project has been an important exercise and has achieved its main goals:

- Collate the high level themes of staff issues and concerns across all departments,
- Gather low level specific change ideas, (Separate report to follow)
- Demonstrate the executive team's willingness to seek staff opinion and discuss change.

The graph "Grand total of themes" (above) summarises the most mentioned themes and serves as a useful summary of the major issues discussed in the document.

Recommendations and/or next steps

1) *Work closely with other NHS healthcare providers and PCNs to maximise their service provision.*
2) *Improve our emergency response by:*

   - Recruiting more staff (including specialist clinicians) to work in the CAS and Chub.

   - Reviewing triage practices to reduce inappropriate ambulance dispatches.

   - Addressing hospital handover times - release our crews from hospital quicker.
3) *Develop a public education campaign informing the public how to access healthcare in London.*
4) *Improve clinical and non-clinical training by offering role specific, high fidelity simulation training led/assisted by clinical experts. Improve ongoing clinical supervision.*
5) *Review terms, conditions and integration of all LAS teams (Vehicle Preparation, Vehicle mechanics, 111, EOC, NETS etc) to ensure equity of benefits and to highlight talent.*
6) *Improve staff support by investigating different ways of working (rotational, flexible, home working), investing in professional psychological support and making managers more accessible (team-working). Recognise and praise good practice.*
7) *Invest in recruiting and training more clinical specialists (APPUC, APPCC, Maternity, Mental Health, FCP) so that we can provide excellent appropriate care on scene and provide staff with more career development opportunities (resulting in improved retention).*
8) *Recruit more staff with a focus on recruiting locally.*
9) *Invest in fleet and equipment to ensure our staff have the tools they need to do their jobs enabling them to offer excellent patient care.*
10) *Work with system partners to finally integrate cross-organisational IT systems to easily and securely share patient data.*

We would encourage the Trust to consider repeating the Staff Interviews project on an ongoing basis, as well as seeking feedback through specific mechanisms, to supplement the annual NHS Staff Survey, with the quantitatively and qualitatively analysed data to be reported to the Trust Board.

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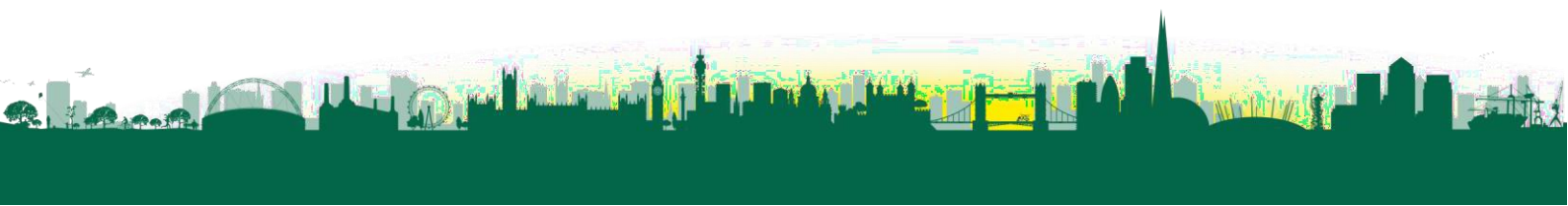
Appendix Staff Interviews 2022-23

Responses Filtered by area of work

In this appendix you will find a detailed breakdown of the interview data organised by areas/departments of LAS. Please read the full report for more information about the project, its main findings and recommendations.

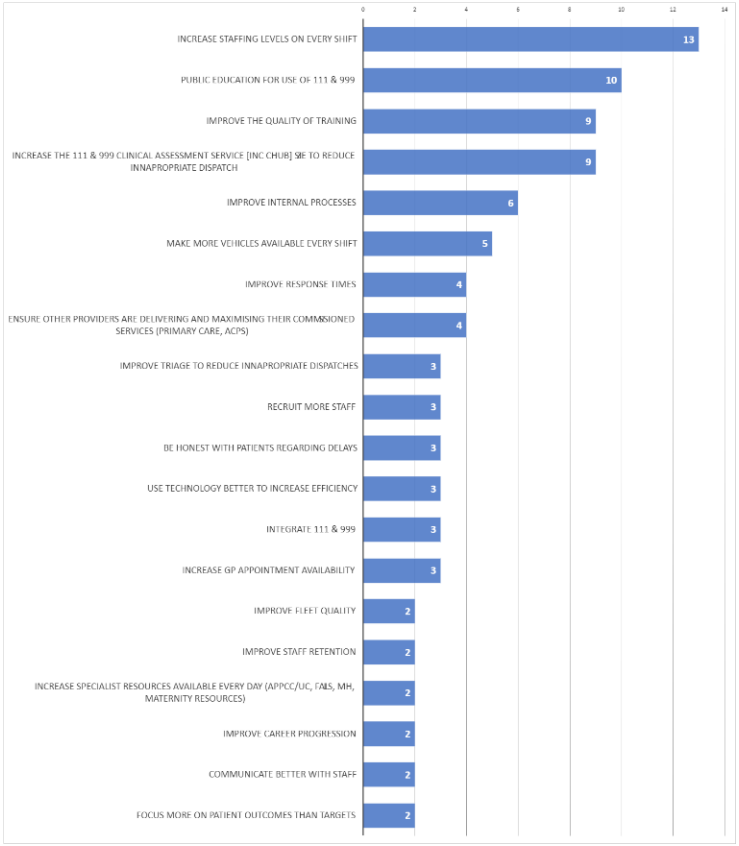


Findings

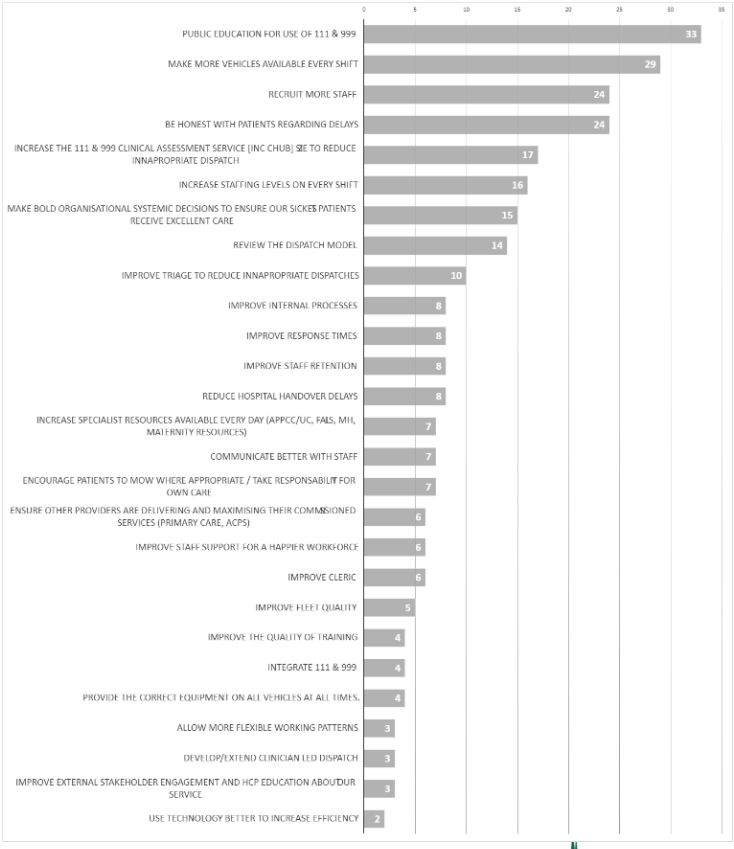
Themed results structured by department and by interview question.

Q1) What are the most important things we should do to improve patient care?

111 Staff



EOC Staff



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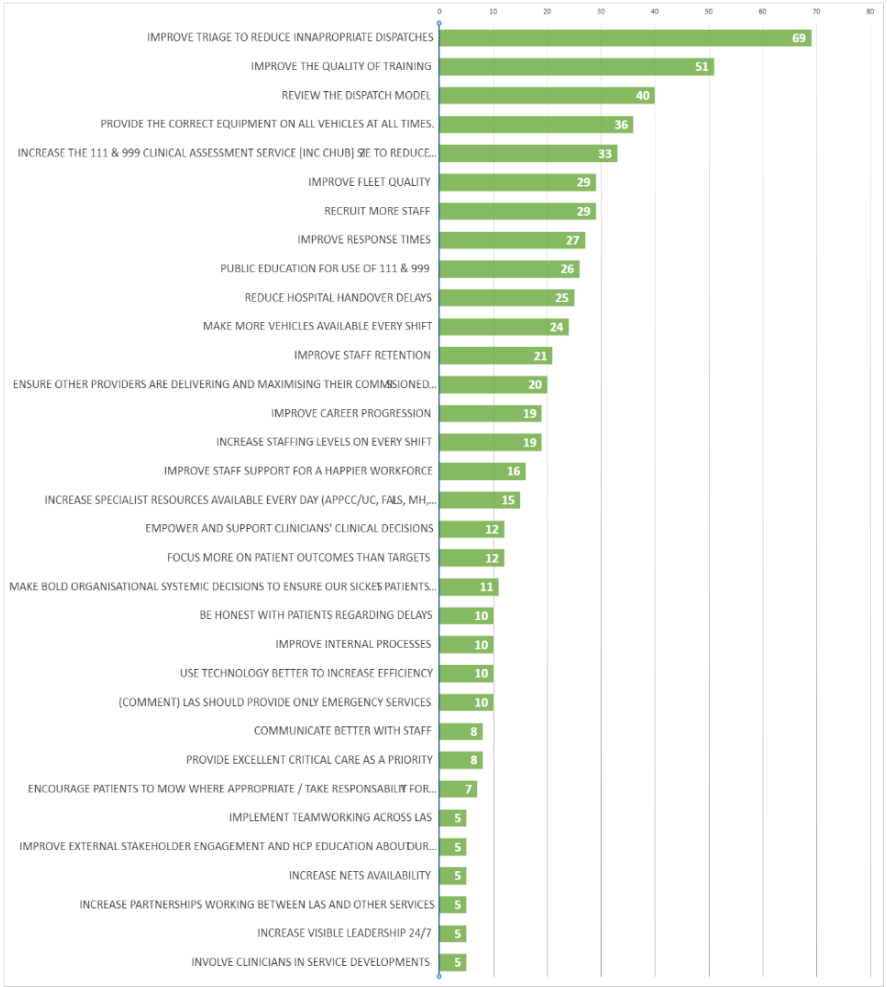
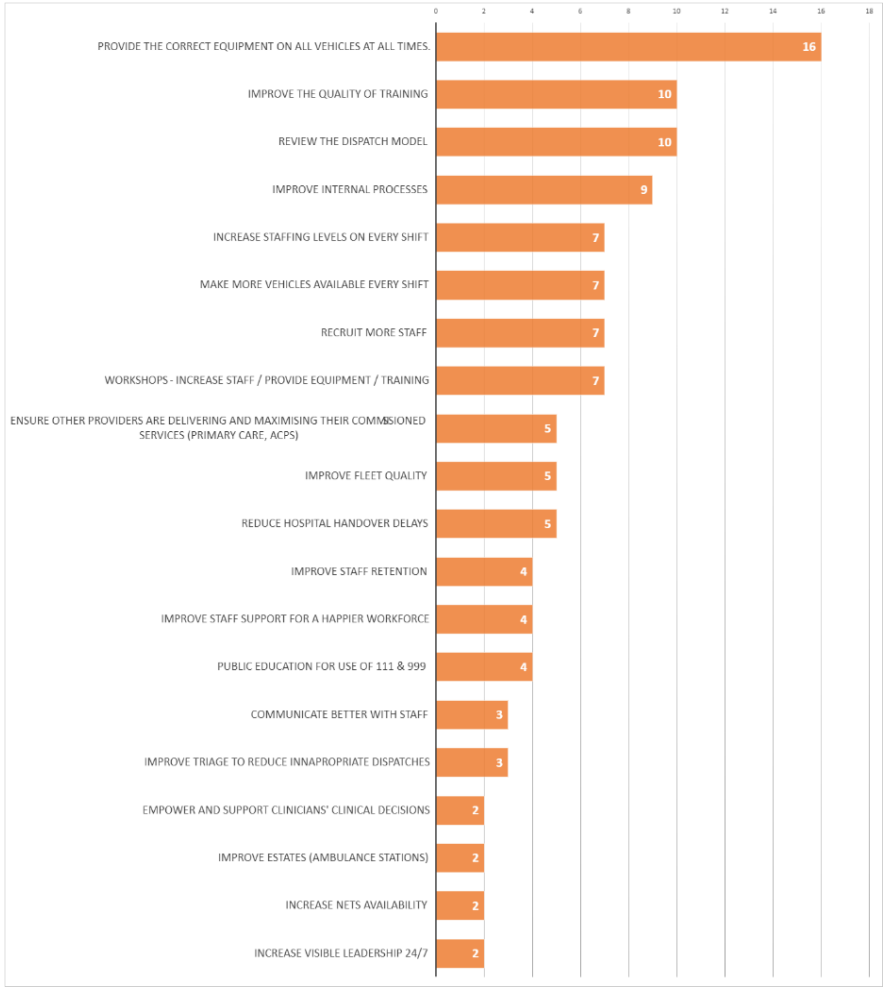
Ambulance Ops Staff

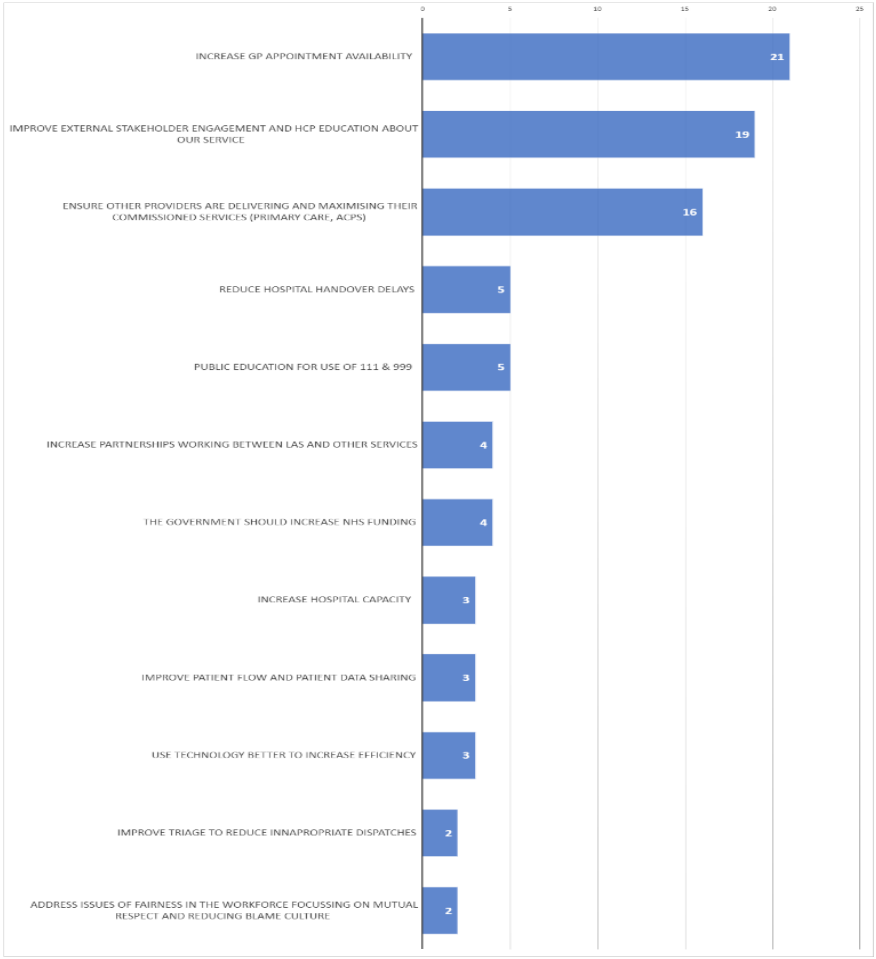


Ambulance Support Staff

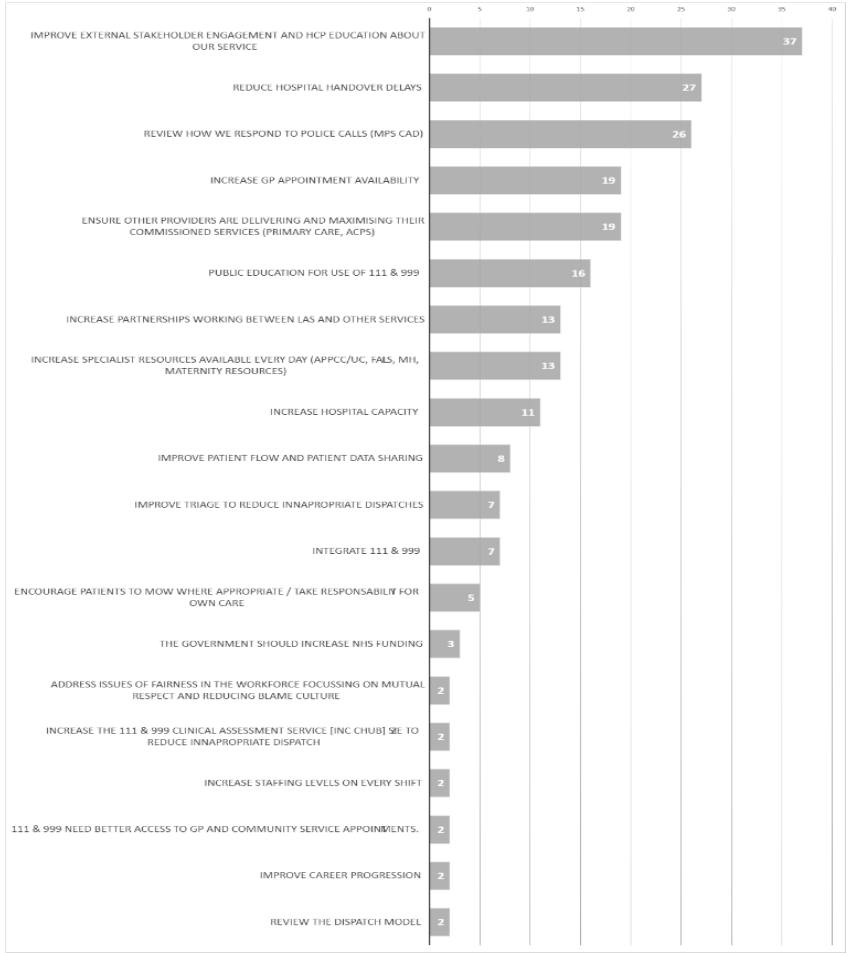


Q2) What's the most important thing others could do to improve care for LAS patients?

111 Staff



EOC Staff



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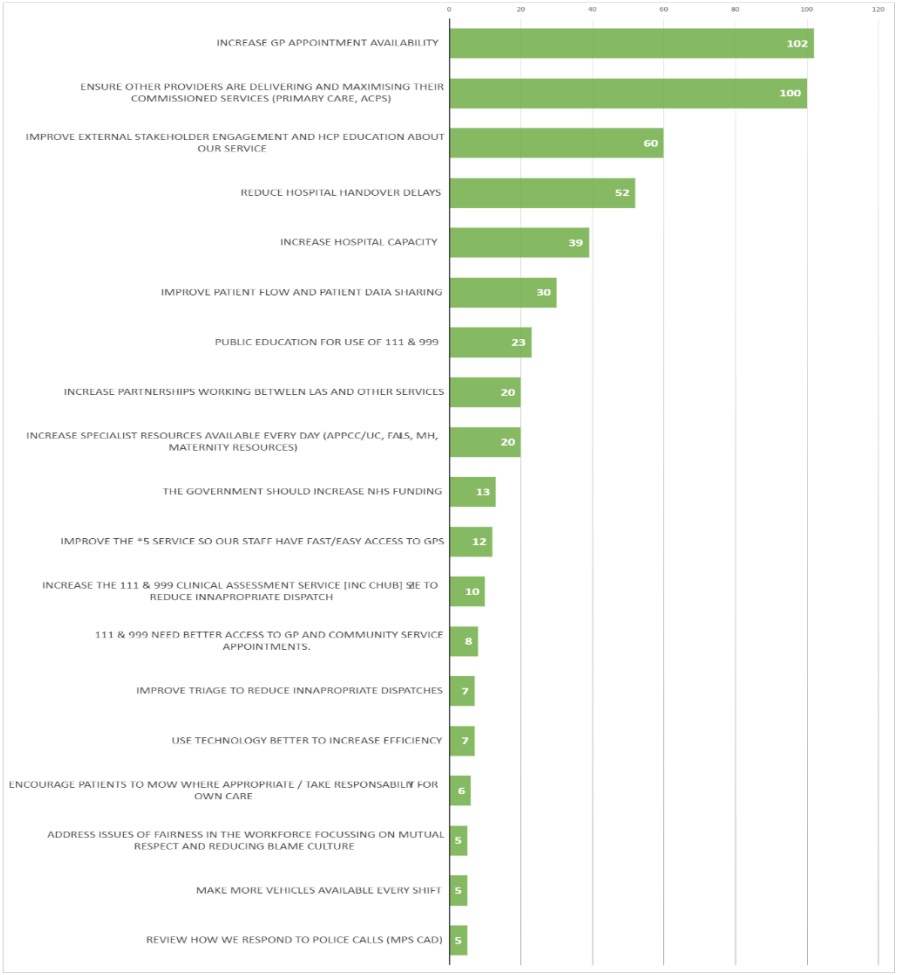

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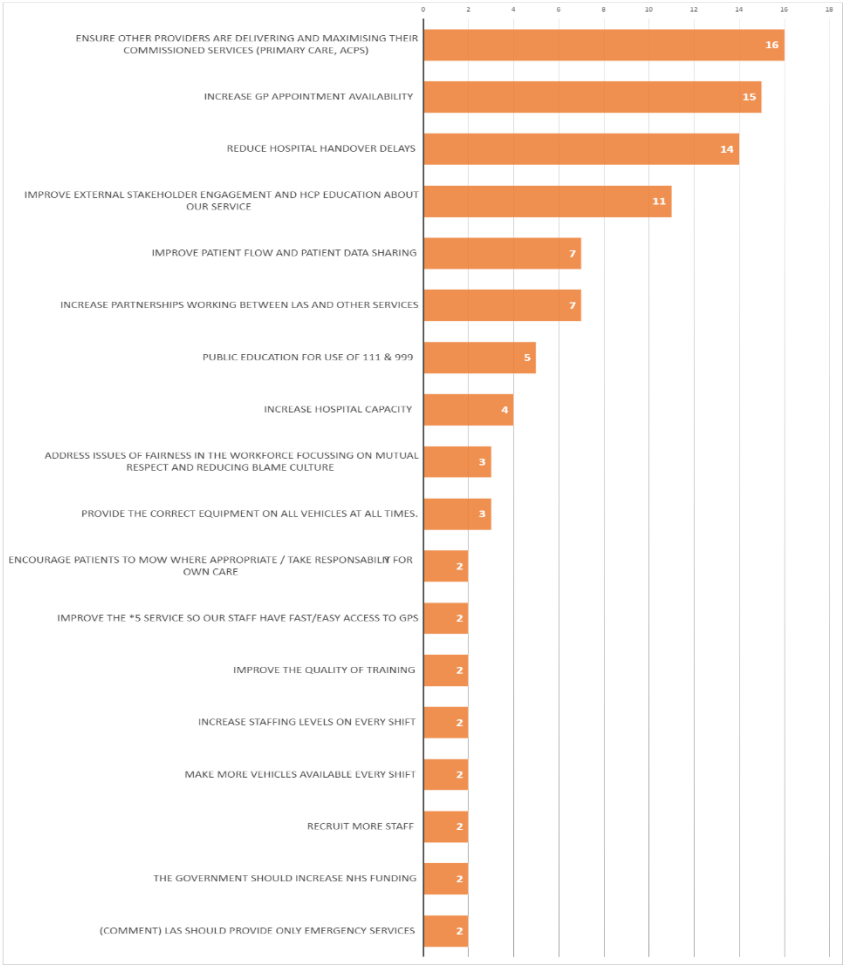

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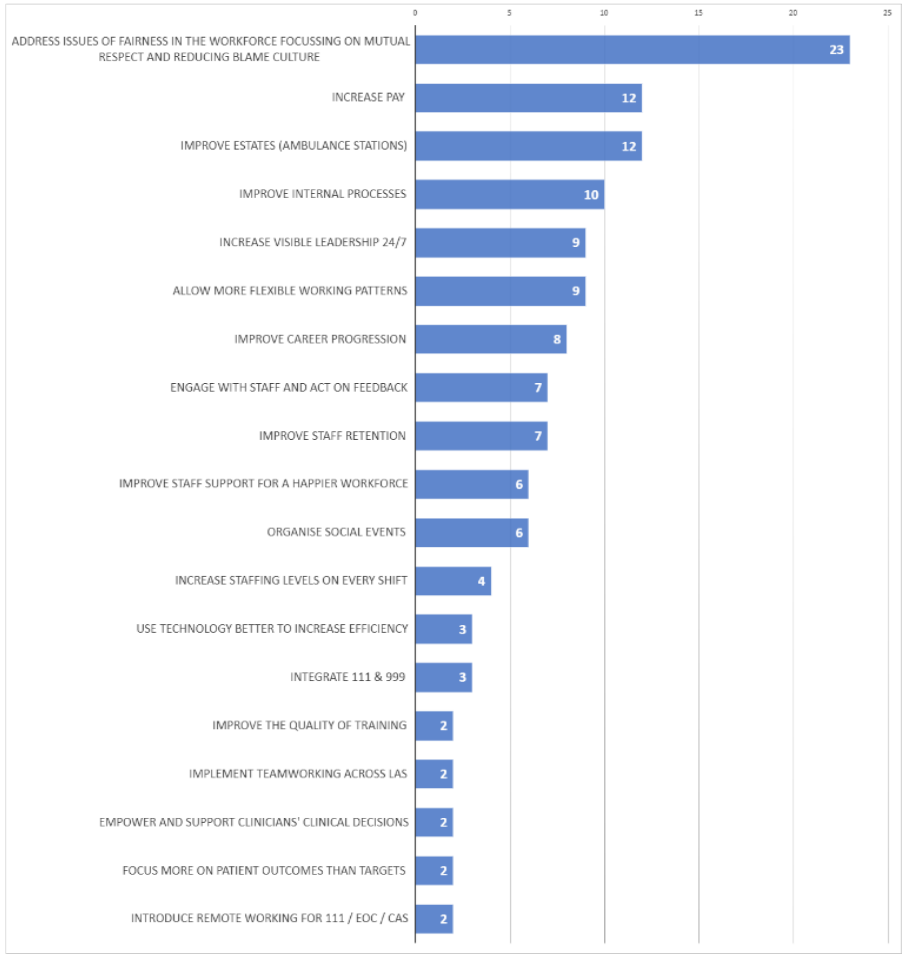
Q3 What are the most important things we could do to make LAS a great place to work?

111 Staff



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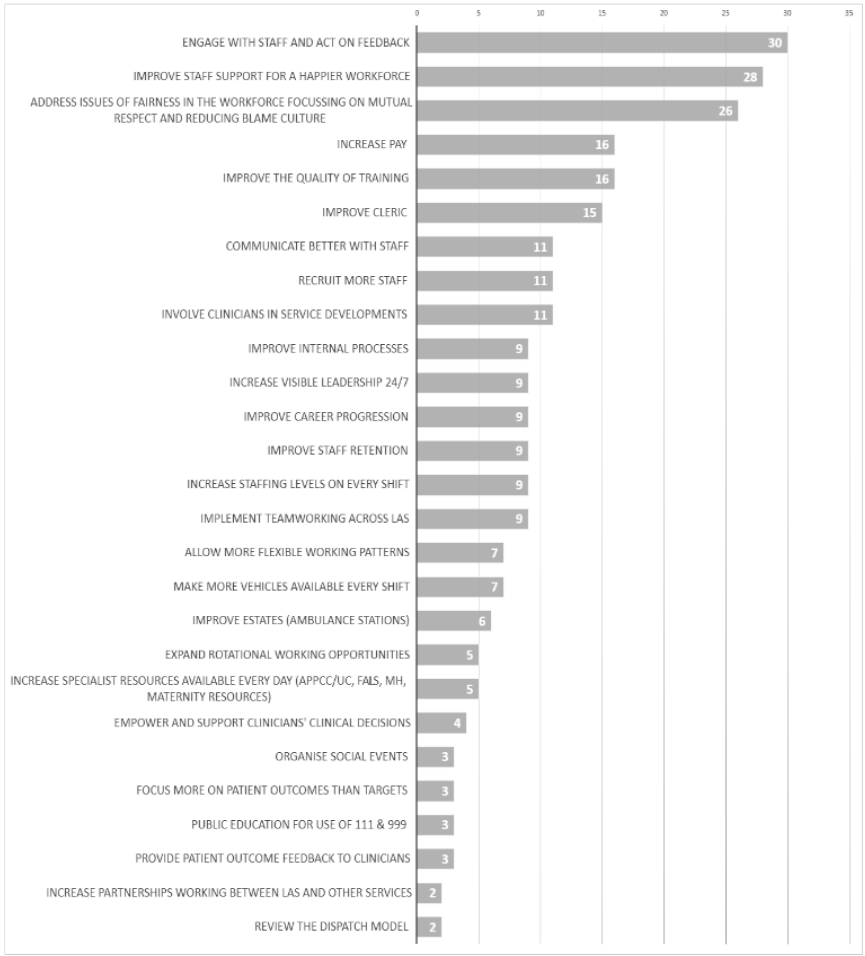

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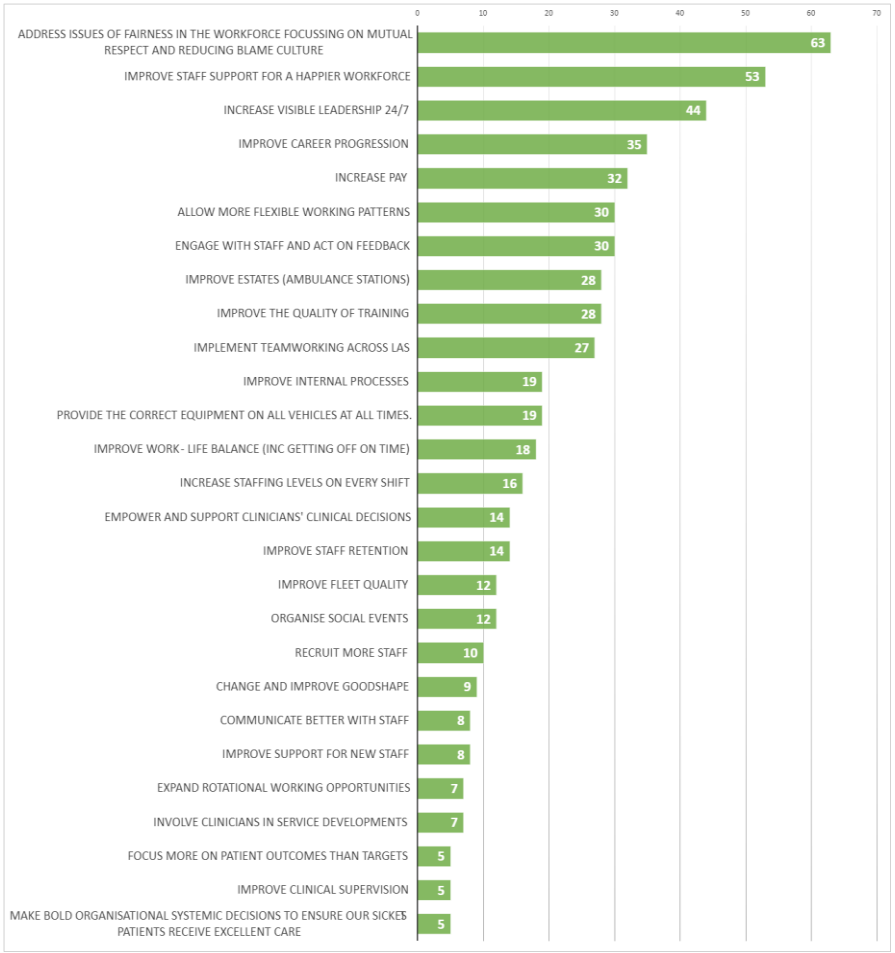

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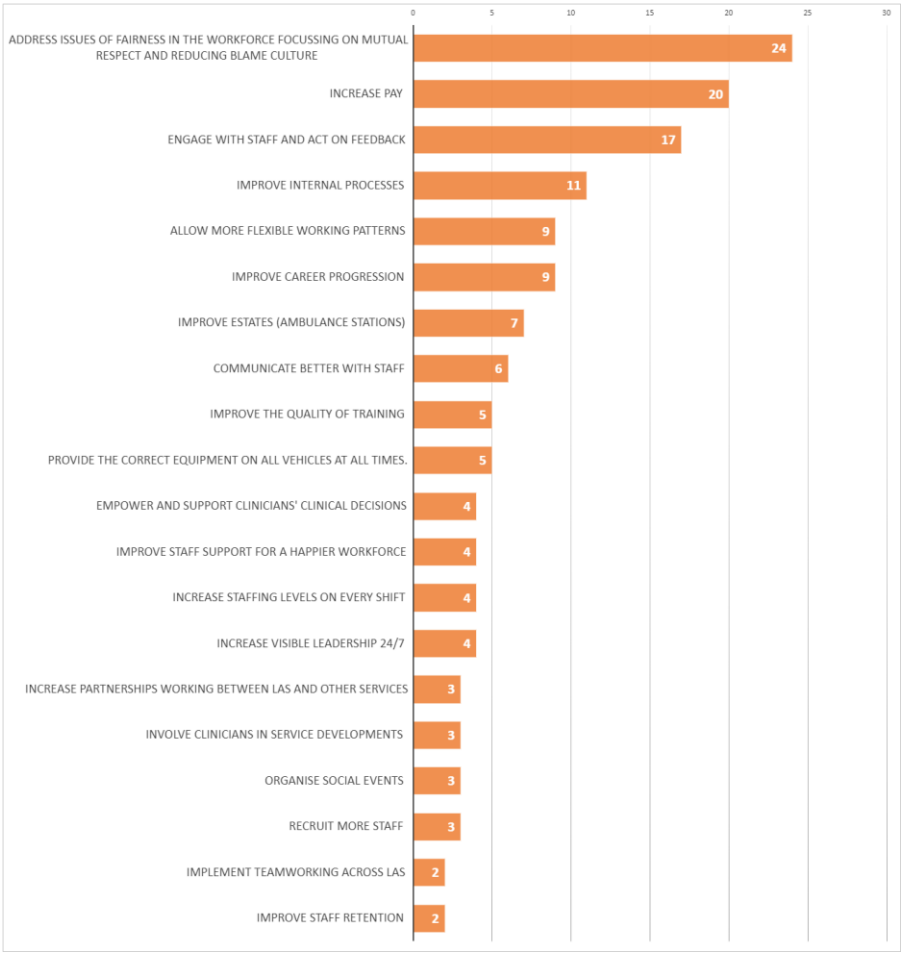

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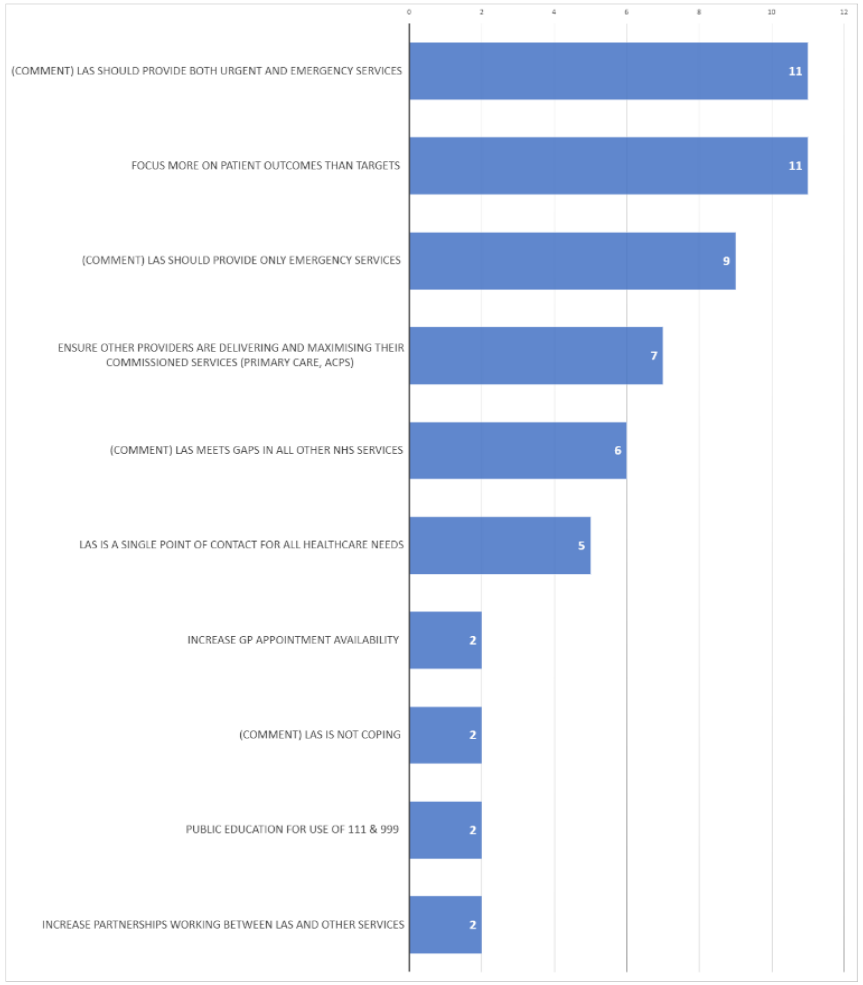
Q4) What do you think the purpose of the LAS is now?

111 Staff



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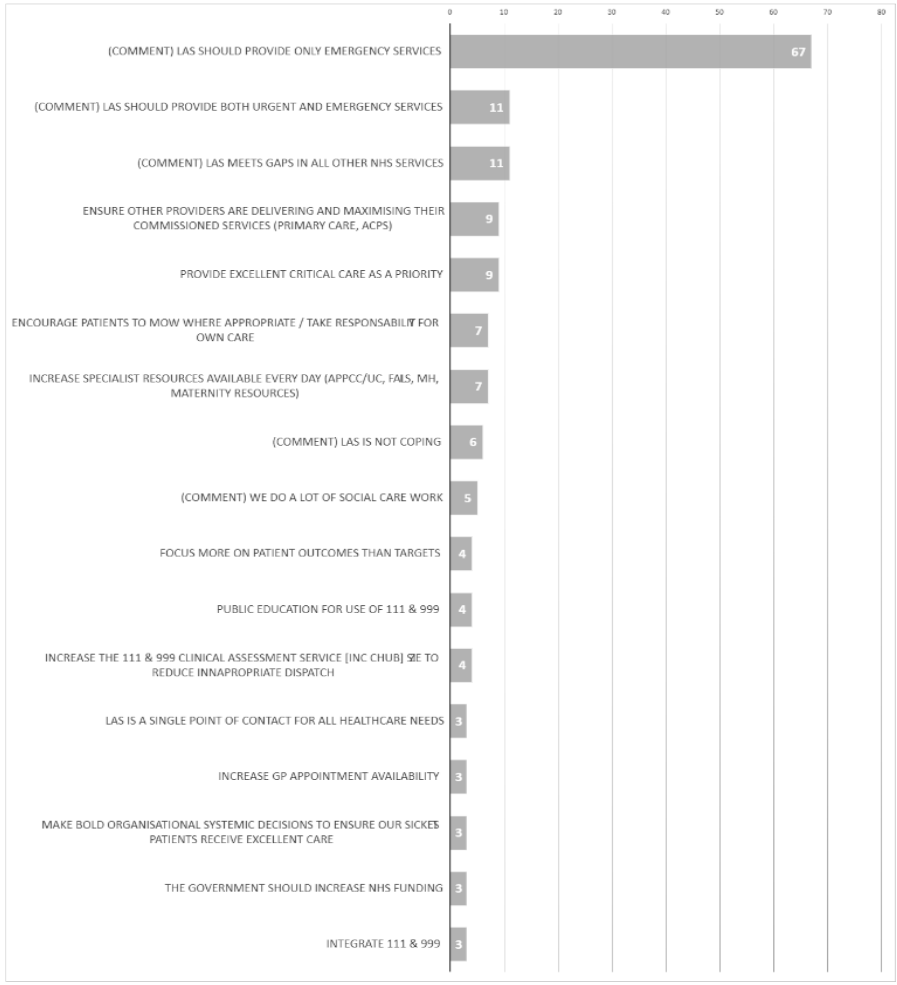

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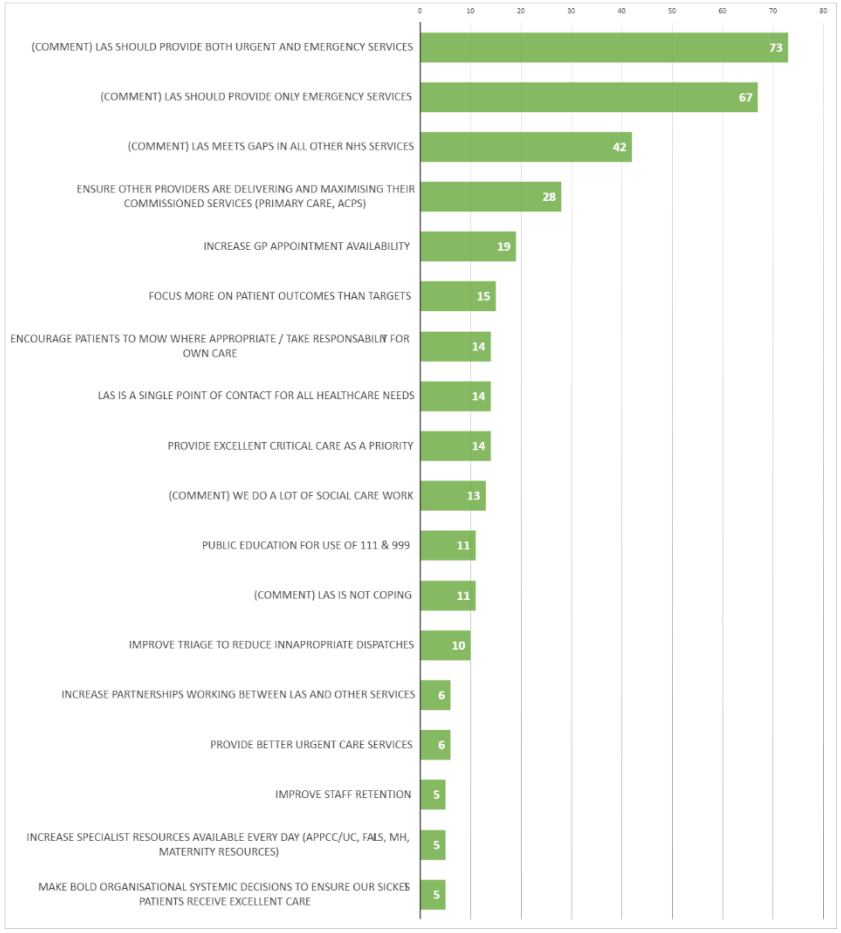

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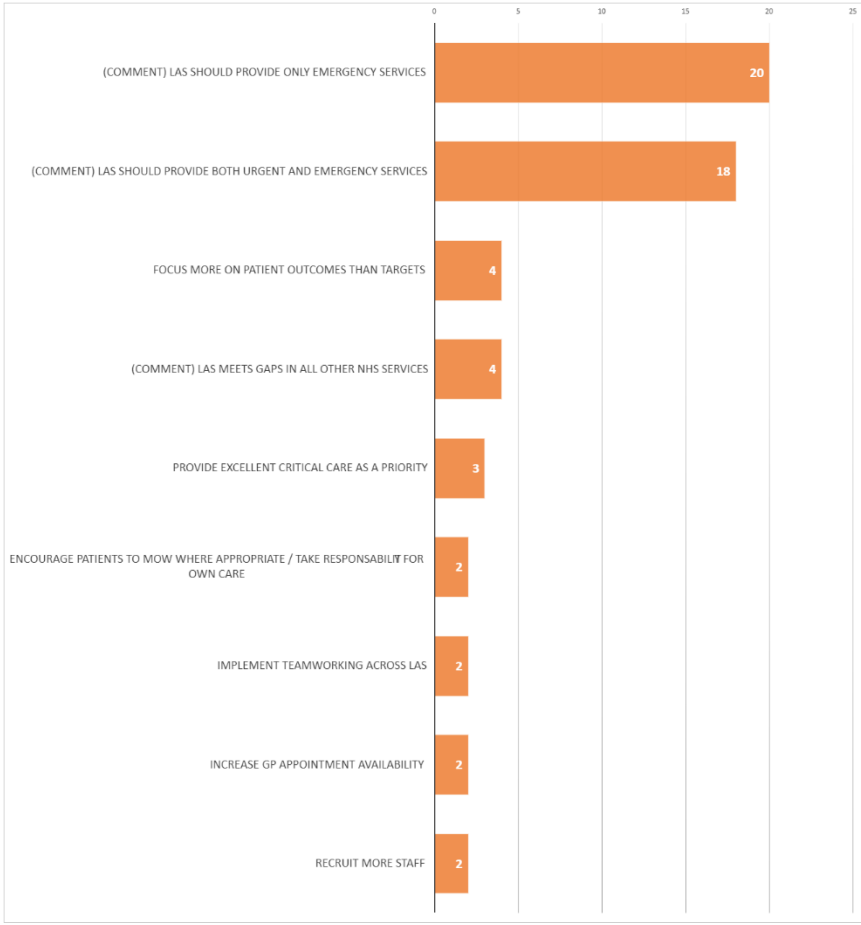

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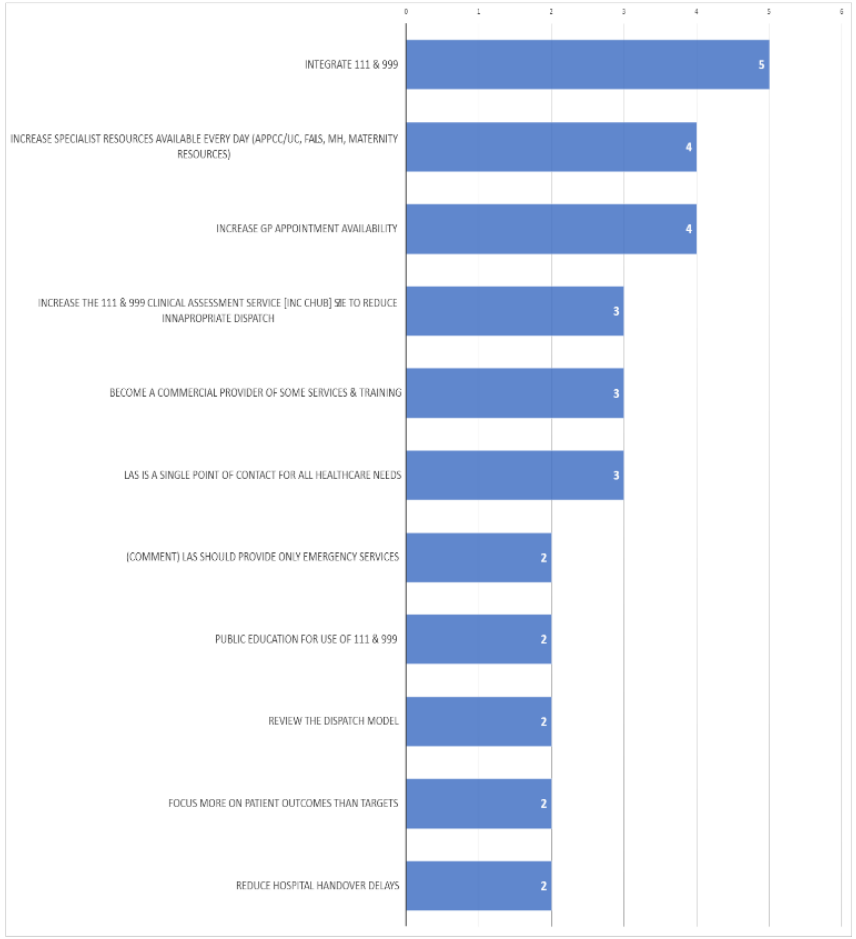
Q5) How do you think the LAS purpose might change in the next 5 years?

111 Staff



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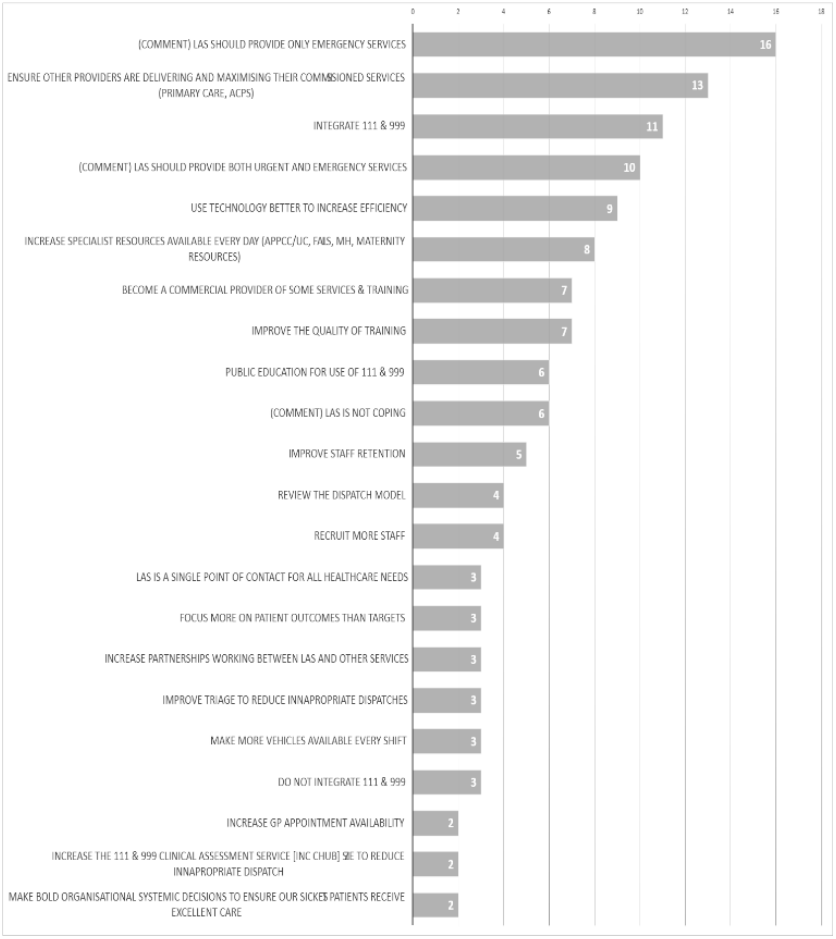

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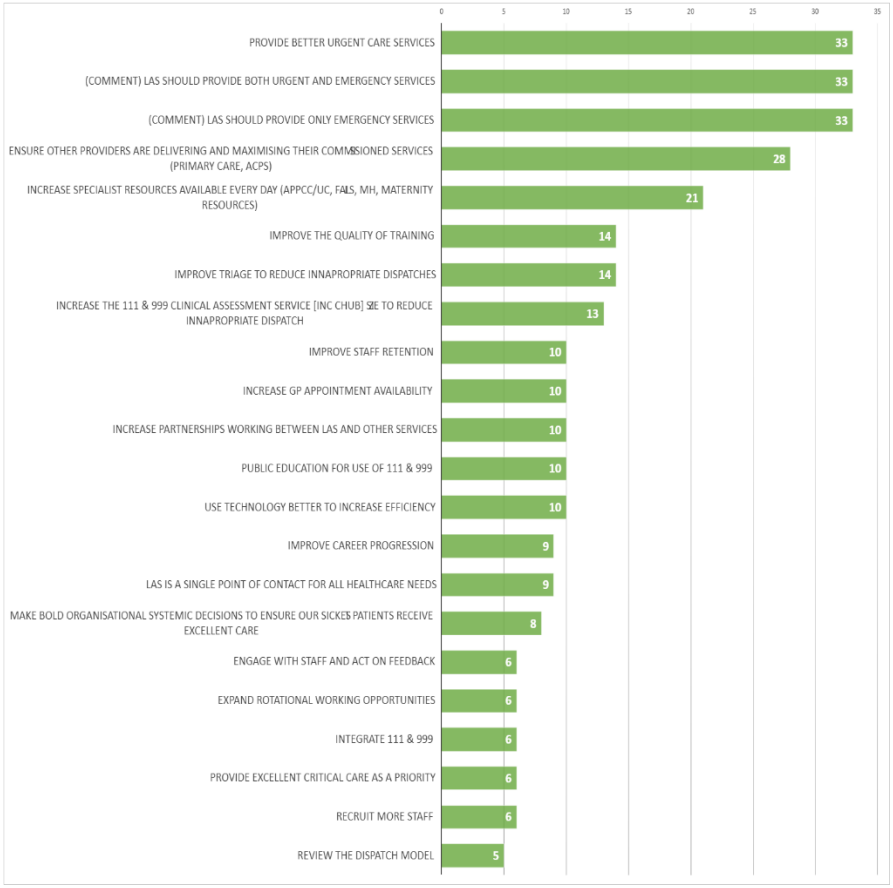

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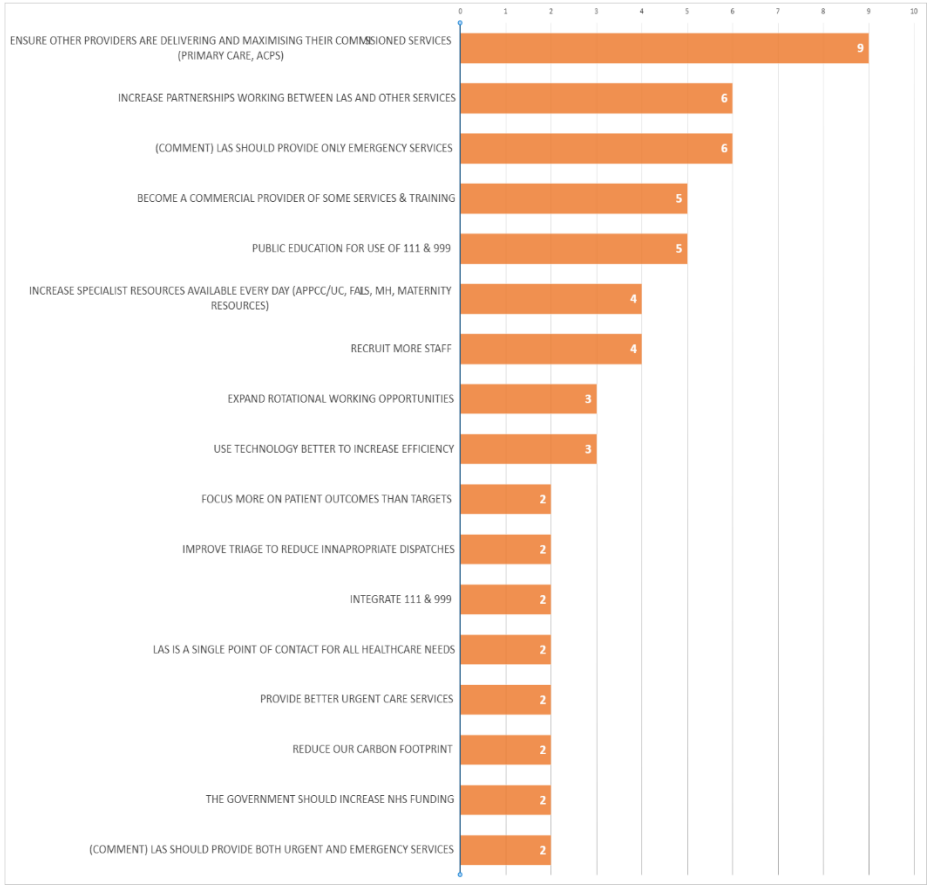
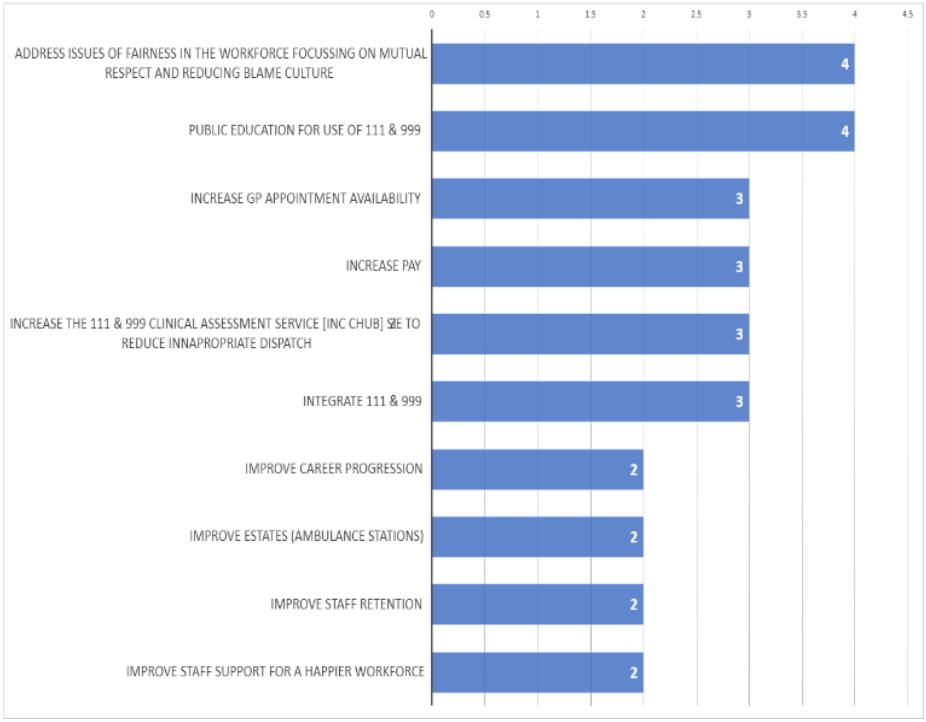


Q6) Is there anything else you would like us to know?

111 Staff



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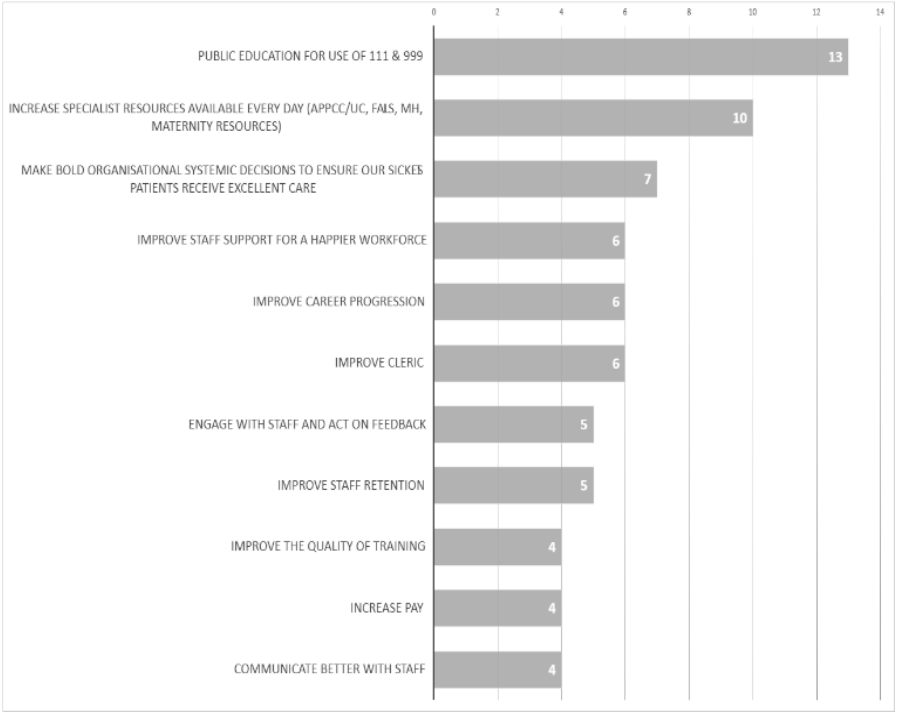

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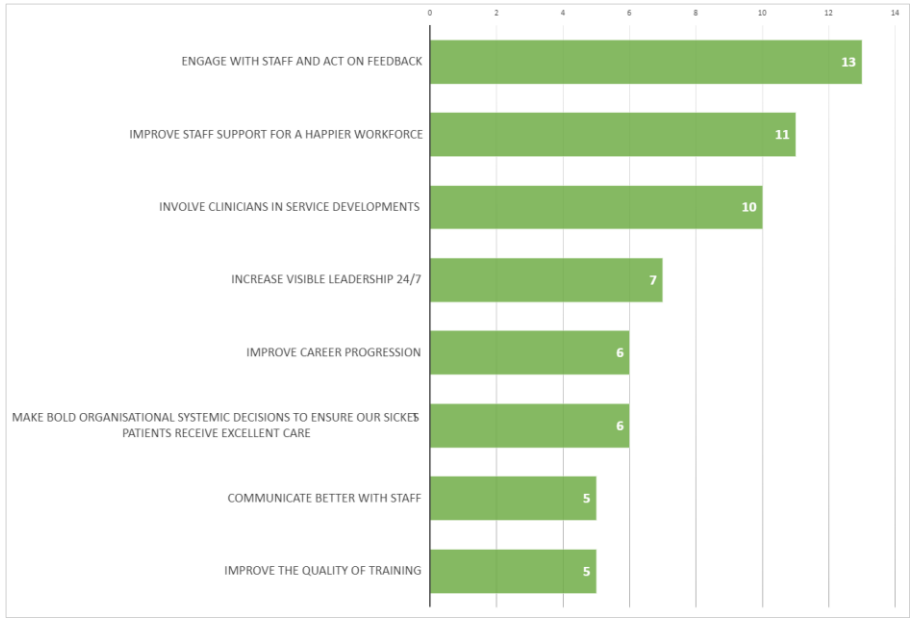

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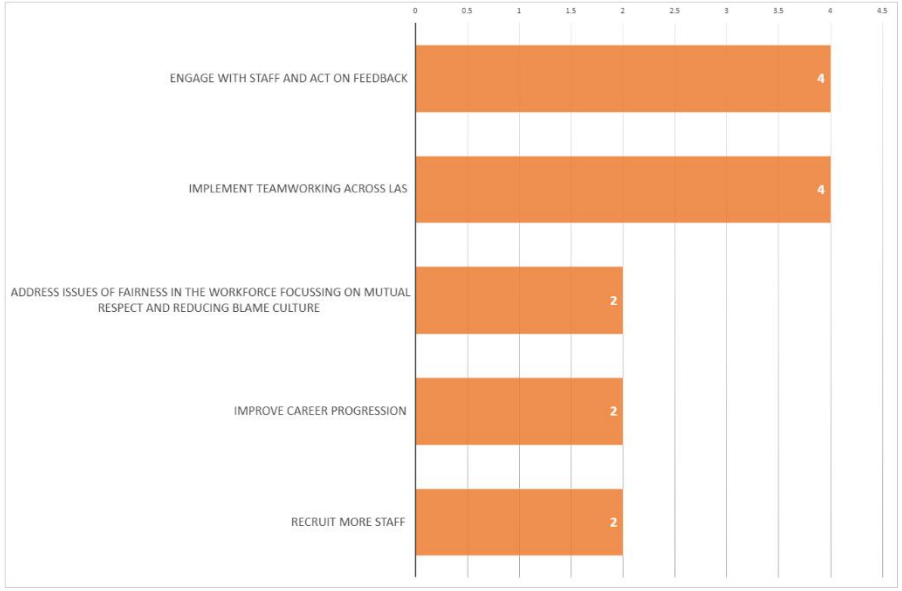
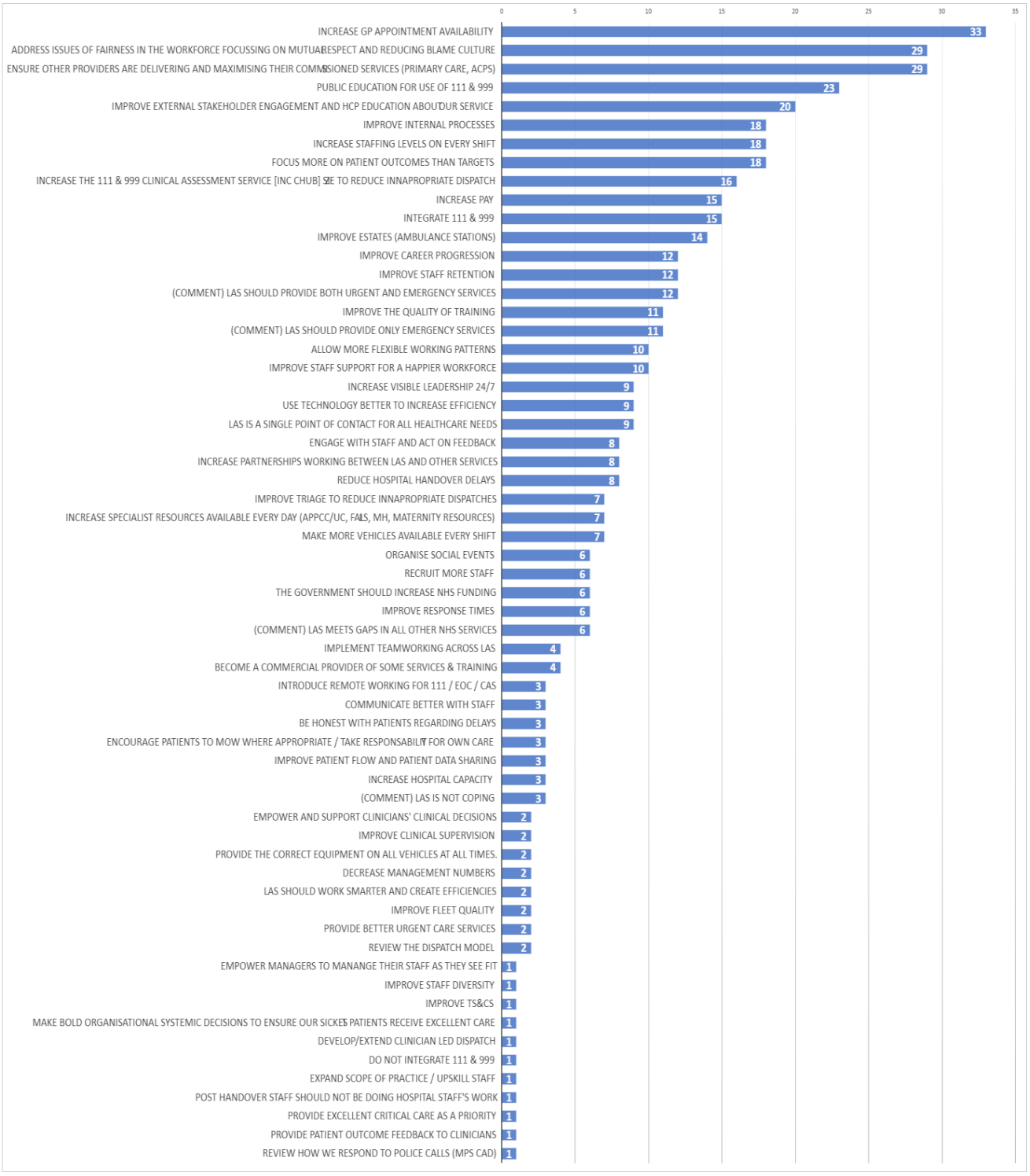


Grand total of themes from all answers given to all questions

111 Staff



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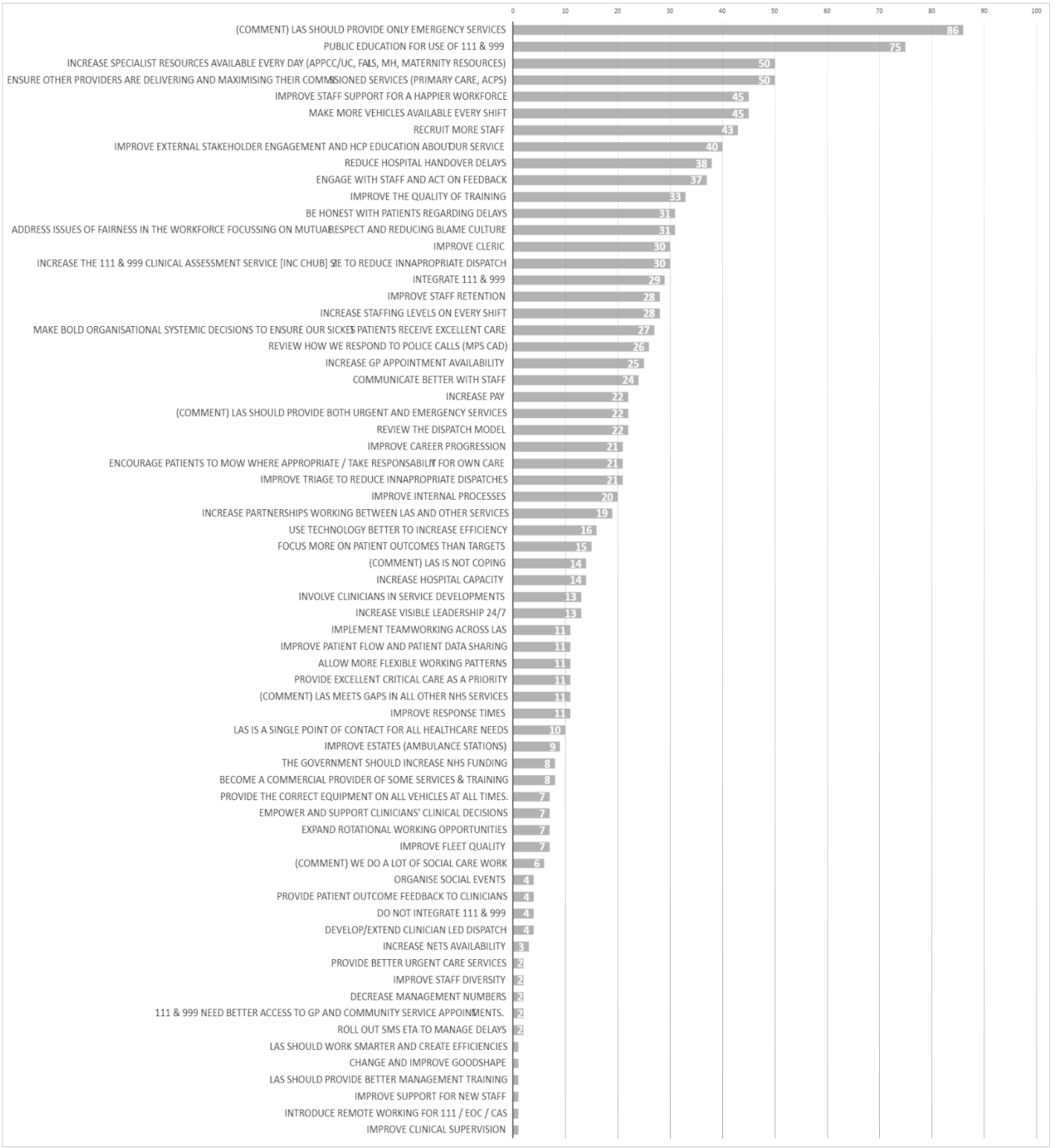

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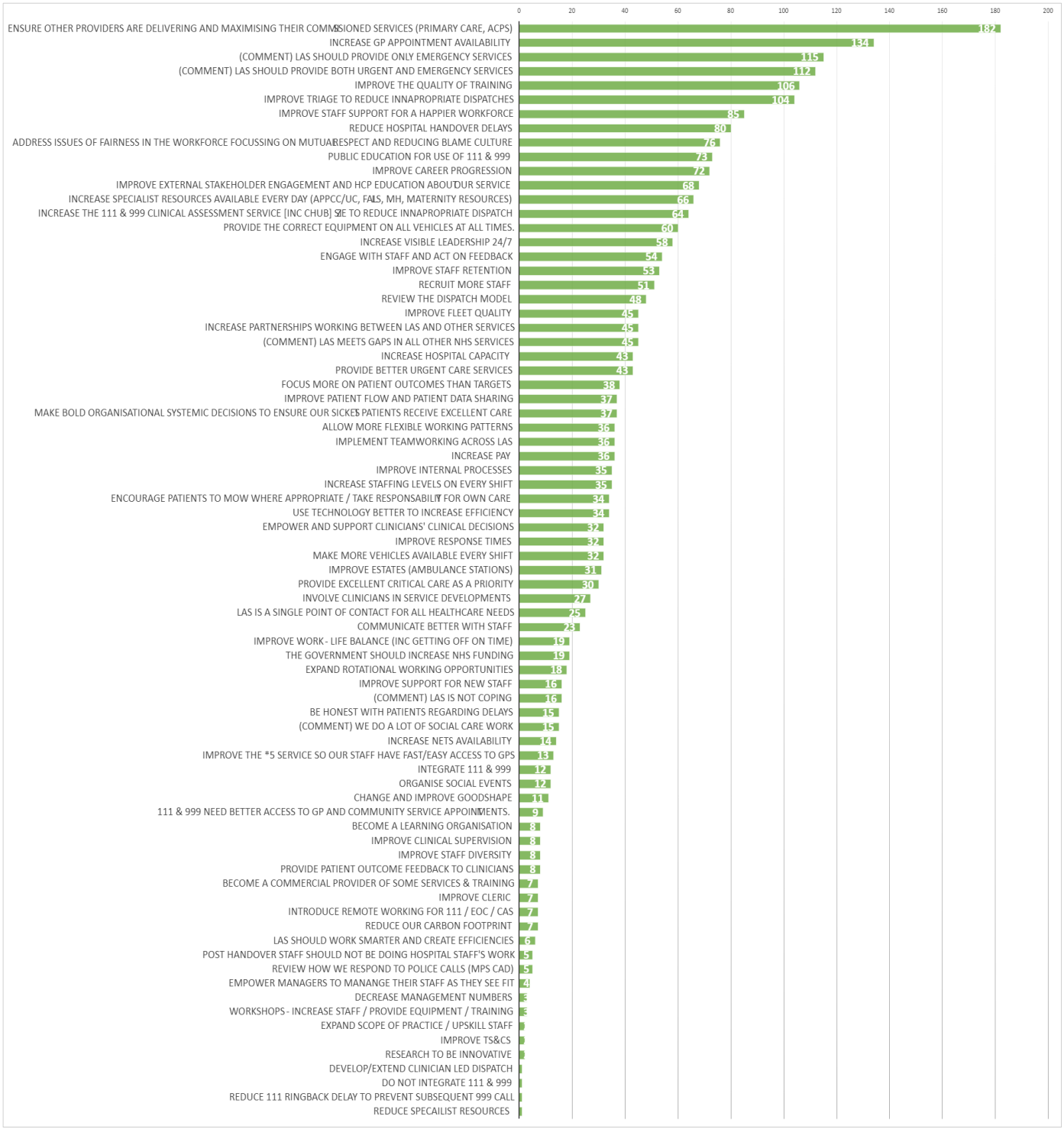

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NHS Trust

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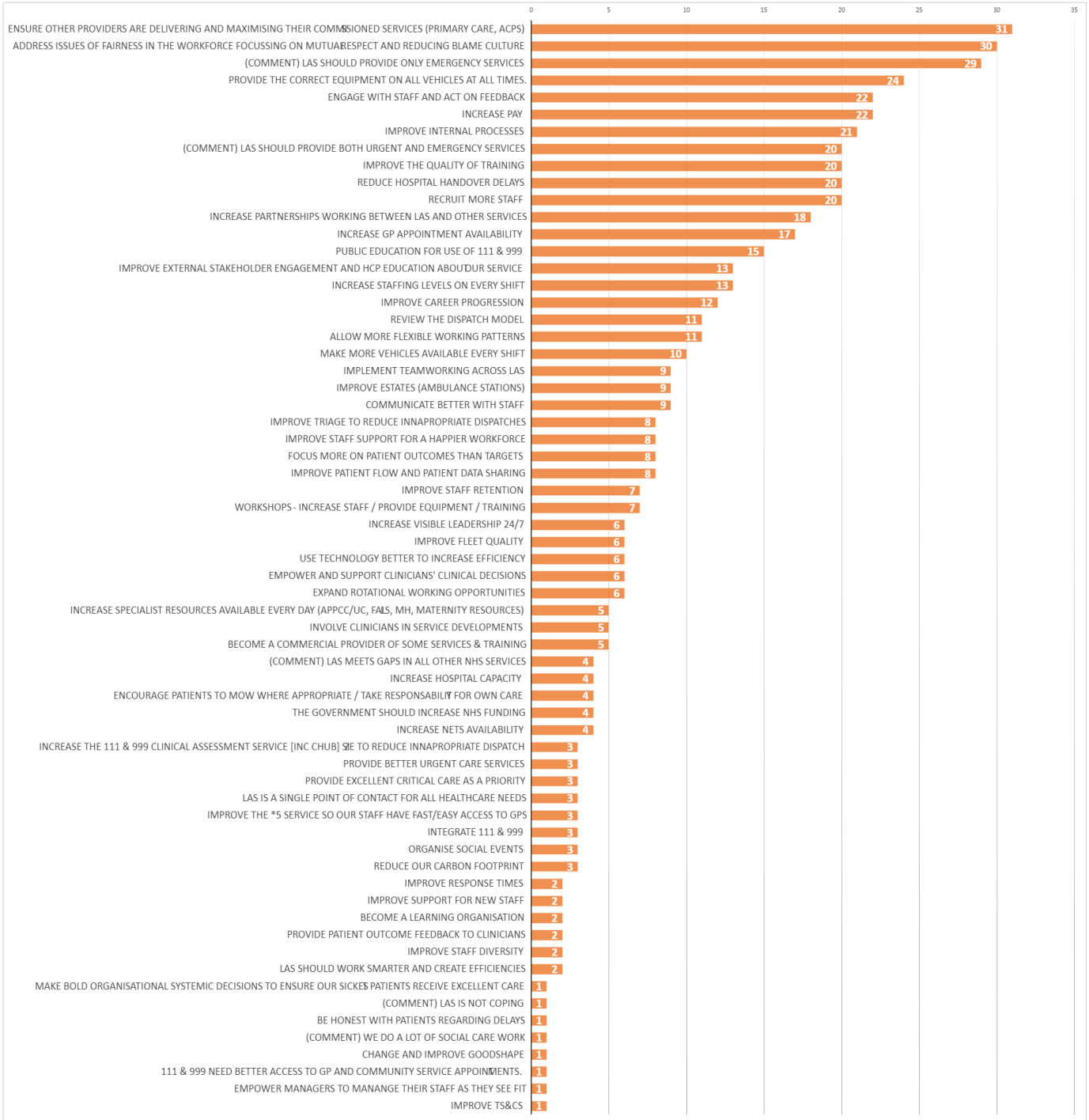
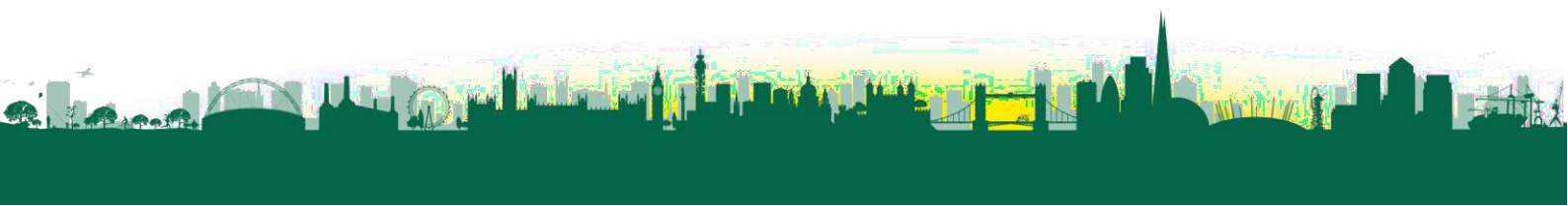




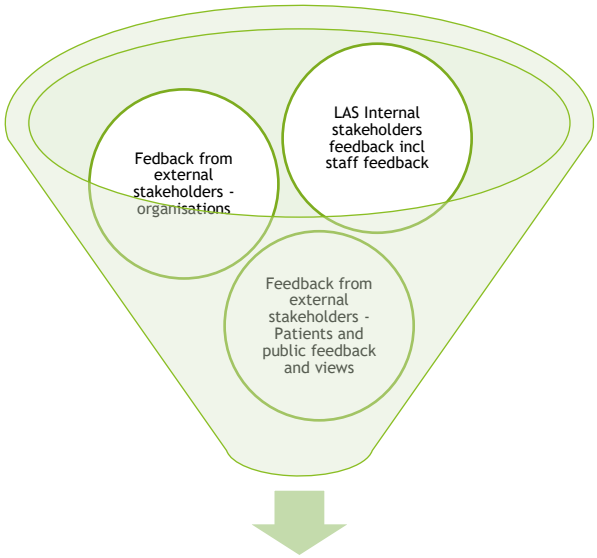
Developing the LAS five-year strategy: feedback and recommendations from health, care and emergency organisations

Contents

Executive summary

London Ambulance Service NHS Trust has been engaging with a variety of stakeholder organisations to develop and shape the organisation's vision and goals for the next five years. To achieve this, LAS has adopted a structured and inclusive approach to gaining feedback from internal and external stakeholders. This report provides a summary and key insights that LAS has gained to date from its external partners in the health and care system as well as blue light partners.

Please note that there are separate reports that focus on the feedback the Trust has gained from patients and public, and internal stakeholders which is not included in this report.



Feedback to inform the development of LAS strategy

From June 2022 LAS has undertaken a structured engagement process with its external stakeholder organisations. As LAS is the only pan London NHS provider organisation, its stakeholder map is complex and multi-layered. Therefore, the organisation adopted an approach that first categorised its many stakeholders into three distinct groups:

- Stakeholders whom LAS needs to co-produce the strategy with
- Stakeholders whom LAS needs to engage with on specific aspects of the strategy
- Stakeholders whom LAS needs to keep informed about the progress and development of the strategy content

The Trust started this process in June 2022 and it will complete it by June 2023 when the LAS five year strategy is expected to be approved by the Trust Board. We also plan to continue to build on this engagement as we implement the strategy as many of these stakeholders will be key in delivering our ambitions.

A broad range of feedback and recommendations have been shared with the Trust through this process and a summary of the key themes are captured in this report. This document is intended to be used in conjunction with other internal and external engagement activity reports to provide an overview of all stakeholders' views. A supplementary document summarising the outcomes of the engagement process between April and June 2023 will be produced later in the year.

Key recommendations from this engagement process:

1) LAS needs to establish a systematic approach to on-going engagement with external partners and stakeholders that maximises the joint impact and innovation on London's health and wellbeing and reduces health inequalities.
2) LAS should play its key role in supporting wider determinants of health by acting as an anchor institution, maximising opportunities for local employment and skills development, purchasing from local partners and achieving clean air for London.
3) LAS needs to increase its partnership working at a local, system, regional and national level on developing collaborative workforce models, data sharing to drive insight into patients' needs and estates sharing arrangements to maximise benefits to patients.
4) LAS needs to play a key role in public education on the usage of emergency services and navigation within the wider UEC system.
5) LAS should use its contacts with the public as an asset to engage, mobilise and build trust with communities – this is an important lesson from the pandemic and should be a core part of LAS strategy.
6) LAS should increase joint working with partners across all parts of the system to reach more diverse communities and encourage their members to consider careers with LAS.

Introduction

This part of the engagement process on the Trust's developing five year strategy aimed to gather feedback and views of LAS's organisational stakeholders who operate in the wider health and care system as well as blue light services area. The insights gained through this process have influenced the development and strategic thinking on how the Trust's services need to develop and align with those provided in the wider system it operates in.

By conducting the engagement in parallel to the internal strategy development work, the Trust wanted to ensure that our partners' and wider stakeholders' views and opinions have been identified and woven into the strategic development process early on.

A further phase of the engagement process will commence when the five year strategy is finalised and approved by the LAS Board to ensure that our partners are familiar with its final version and that it lays the groundwork to continue to work together to deliver the ambitions in the strategy.

LAS would like to express its gratitude to all the stakeholders who have taken part in this comprehensive engagement process. Our teams look forward to implementing new innovative ways of working in collaboration with our partners to improve care for people living and working in London.

Methodology

This engagement activity was conducted between June 2022 and March 2023 and focused on gathering views of our external stakeholder organisations at:

- Bespoke workshops and strategy sessions
- Virtual focus groups
- Individual meetings with key senior leaders in the system
- Presentations at existing governance system meetings or sessions.

The project was targeted to engage with our partners in a systematic and structured way to maximise the feedback and input into LAS strategy development. The method of engaging with various stakeholders was aligned with the category that a stakeholder had fallen into:

- Stakeholders whom LAS needs co-produce the strategy with
- Stakeholders whom LAS needs to engage with on specific aspects of the strategy
- Stakeholders whom LAS needs to keep informed about the progress and development of the strategy content

Over the last ten months LAS has engaged with **over 60 organisations** at borough, ICS, London and national levels, meeting with **over 300 leaders** from various health, care and emergency response organisations. This has included the following groups:

- **London governments**, including Greater London Authority, Mayor of London, London Association of Directors of Adult Services (ADASS), London Association of Directors of Public Health (ADPH), GLA Health Committee, chairs of Health and Wellbeing boards and London Councils.
- **Health and care system partners**, including ICBs, NHS acute provider trusts and NHSE (London region and national).
- **Primary care, community and mental health trusts**, including primary care networks (PCNs), London –wide LMC and Cavendish Square Group.
- **Other blue light and emergency response services**, including other ambulance services, Metropolitan Police Service, London Fire Brigade.

Our engagement with London governments includes a GLA-led call for evidence from across health and care system and a dedicated strategy session with the GLA's Health Committee that resulted in a letter of recommendations shared with the Trust (please see Appendix 1).

The qualitative feedback and views received from our stakeholders have been collated and a thematic analysis conducted. The key insights and recommendations that have emerged through that process are presented in this report. They are categorised into two sections:

1. Key themes that have emerged from the **feedback from all external stakeholder organisations.**
2. Key themes that have emerged from the **feedback from specific stakeholder groups**. This provides more detail on what specific stakeholder groups have fed back to us and recommended for our consideration in the LAS strategy development process.

There have been other, more practical and locally-focused ideas and feedback that the Trust has received through this process which have been acted upon already or have been used to shape the 2023/24 plan for the delivery of the strategy.

Findings

The aim of our engagement is to ensure that our strategy reflects our ambition to work together in a meaningful way with our partners across the health and care system. We will use this feedback to inform the development of our five year strategy, and as the basis for ongoing conversations and partnership working.

Key themes that have emerged from the engagement process with all key external stakeholder organisations:

1. LAS is a **valued and trusted partner** in emergency and urgent care part of the system.
2. **Our partners broadly support our aspirations and goals for the next five years** that we intend to develop as part of the strategy development process. Our engagement approach including sharing our early thinking on key strategic aspirations has been welcomed and appreciated by our partners.
3. Our partners start having an increased awareness of LAS's key role in improving health and wellbeing of people living and working in London and **Trust's unique contribution to reducing capital's health inequalities.**
4. There is a strong will and appetite to **increase partnership working** and collaboration with the Trust at all levels of the system. They welcomed this engagement and want to continue the conversation.
5. Our partners recognise **the challenge of LAS being the only pan-London NHS provider** and in their feedback have provided the Trust with localised approaches that we need to consider when engaging with organisations that operate at that level.
6. Our partners want us to be **more flexible, and manage the balance of system-wide and local engagement.** They would like us to have a stronger voice in cross-organisational conversations with them and other partners.
7. Our partners recognise **the potential that increased sharing of data, workforce and wider resources can bring to benefit patients**, LAS and wider system it operates in.
8. There is a **need to educate our partners and wider stakeholders on services and support the Trust provides** – LAS is automatically linked to 999 and emergency response and many of our partners are not aware of our key role in providing 111 service, specialist services such as HART, public education or being the top national NHS apprenticeship provider.

The next sections of this report detail high level themes of feedback and recommendations from partners in specific parts of the system.

London Ambulance Service
NHS Trust

Feedback and recommendations from London governments:

Feedback

- LAS is supported in its strategic goals of recruiting more within London and ensuring that the diversity of our workforce is increased to reflect London's diversity. LAS received positive feedback on its ambitions to increase its reach into secondary schools and colleges to make LAS roles more attractive.
- 111 service pathway is complicated and difficult for elderly people to navigate.
- Our partners highlighted the need to align with ICS priorities, particularly on workforce strategies and recruitment.
- Our partners reflected on the fact that our local services are rarely co-located with others ie social care teams etc
- Partners indicated that based on the feedback they receive there seems to be the need to strengthen the communication between LAS and GPs/Primary care
- Want to know more about LAS ambitions around sustainability. Clear measures and goals for reducing the air pollution produced by our fleet was wholeheartedly supported.
- Other blue light services face similar challenges to achieve zero emissions and Londoners would benefit from LAS working with LFB and Met Police working on this aim together.
- LAS should use its contacts with the public as an asset to engage, mobilise and build trust with communities – this is an important lesson from the pandemic and should be a core part of LAS strategy.
- Strong support for our direction of travel, in partiuclar focussing on our role as an anchor institution, diversifying our workforce, working in partnership, and our role in reducing health inequalities.

Recommendations

- Increase engagement with patients and people living and working in London to give them a greater say in how the services LAS provides are delivered.
- Increase its role in public education to ensure that the members of the public know what constitutes an emergency and when to call 999 or 111.
- Need to build and strengthen partnerships with other NHS, local government, third sector and emergency services in the London system to maximise its impact on public health, innovation, workforce sharing and public education opportunities.
- LAS was encouraged to explore how funding could be released by London Mayor to make the organisation's estate greener.
- Should extend London Living Wage to all employees across system (which LAS has achieved in March ahead of the strategy being published).
- Would like LAS to play more active role in local borough-level systems where the more granular data would be helpful to drive change, particularly around support for repeat callers.
- Actively pursue a recruitment/workforce strategy underpinned by specific meassures and goals which is anti-racist and ensures 'London is reflected' at all levels of the organisation.
- LAS role as an anchor institution needs to be prominent in the strategy – especially regarding tackling health inequalities and boosting local opportunities for employment and skills development.
- A key part of our role as an anchor institution is also related to sustainability, and we should have lear goals and targets to undeprin our plans.

London Ambulance Service
NHS Trust

Feedback and recommendations from health and care system partners, including ICBs, NHS trusts and NHSE London:

Feedback

- It's important to recognise that LAS has local, system, regional and national role to play in the UEC system.
- The scope of LAS, being a pan-London provider, is seen as an advantage although there are challenges in implementing changes across London and decreasing variation in service provisions.
- Recognition of positive local operational relationships, however there was an ask for more strategic input at a system level. There is a tension between pan-London standardisation and place based partnerships.
- Resolving hospital handover issues this winter has been challenging and LAS needs to continue on-going collaboration with Trusts across London to prevent that happening next year.
- LAS data from 111/999 calls could help with preventative care for patients.
- There is a need to develop pathways that work within place approach – LAS should offer varied services.
- Encouraging to see the pilots of paramedics rotations working in primary care and it would be helpful to explore how LAS could create other rotational programmes with emergency Departments.
- All partners across the London system need to provide better care for mental health patients, and our partners fed back on the positive role of mental health joint response cars introduced across London.
- Recognition that LAS staff and leaders are stretched but too often LAS voice or presence is missing in partnership and collaboration projects and planning across ICSs.
- There is a need for more cross-system understanding of what LAS does. Would like to see evidence driven awareness raising about our role.

Recommendations

- LAS needs to be supported in standardising its care across London without losing the ability to offer local solutions and innovation.
- To increase collaboration with ICSs and other NHS Trusts, where LAS can work in a supporting capacity for innovation within the acute and primary sector.
- Connections and collaboration with LAS should be strengthened across all the ICSs, particularly by sharing plans, data, feedback and best practice.
- LAS should be working closely with ICS partners such as acute provider collaboratives to run pilots with robust evaluation processes to ensure that 'value for money' solutions are adopted and scaled up by the systems.
- There is potential for cross-system partnering partiuclarly in regards to collaboarative workforce models across UEC partners in London and LAS should play a key role in its development.
- LAS should play a role of connecting and sharing best practice in UEC across five ICSs.
- Work linked with being an anchor institution is very important and LAS should be leading it across London communities.

London Ambulance Service
NHS Trust

Feedback and recommendations from primary care, community and mental health trusts:

Feedback

- There is a window of opportunity for LAS to work with primary and community partners around implementation of the Fuller stocktake that should be fully capitalised by the organisation.
- Our partners are keen to work together, particularly on reducing health inequalities in London's diverse communities.
- There is a need for pooling resources across the system, particularly around workforce. It has been fed back that the current paramedics rotational programme with PCNs does not always offer best value for money.
- Working with primary care at scale has been a challenge and LAS needs to adapt its approach to recognise that.
- Community trusts would welcome the opportunity to work together on hosting paramedic roles and exploring opportunities of increased collaboration on rapid response services.
- There is a need to agree some of the terminology used to avoid confusion on clinical responsibility ('referrals' vs 'sending data for information').
- The current system with 111 GP slots could be more effective, for example and could be better to reduce the number of appointments but pool them and drive the utilisation up. This would need to be done at scale.
- 111 algorithm could be improved as currently it sometimes adds to the workload rather than resolve the need and demand.

Recommendations

- There is a need for increased partnership working and closer links between 111 and 999 services, and GPs and PCNs.
- LAS needs to share the data with primary and community care in an efficient and insight-driven way to help drive the improvement of care and reducing health inequalities.
- Primary care colleagues would like to increase collaboration with LAS on frequent callers cohort of patients. There is also scope for better and more effective interventions when the third sector is involved in support for this cohort on a neighbourhood basis.
- LAS should work together with GPs on urgent care plans to streamline the response across the system and reduce conveyances to hospitals.
- Collaboration between LAS and primary care to explore how CAS could be used in the home visits system.
- Using the same language, codes and systems across primary care, LAS and secondary care could revolutionise the way we communicate and remove the inefficiencies in the system.
- LAS should explore opportunities of supporting those practices that are struggling with meeting the demand with their telephony systems. LAS could target work to those who don't have systems in place to deal with the overflow to screen the clinical need of those patients and building on the existing e-hub models.

Feedback and recommendations from other blue light and emergency response services:

Feedback

- Very positive response to the strategy and its key goals and objectives.
- Keen to strenghten and increase partnership working at the strategic development level
- Skilled workforce sharing approach a key opportunity to work together.
- There is a need to ensure language for mental health patients is inclusive.
- Potential for collaboration on pre-hospital piece.
- Working at place level is recognised as a challenge for LAS as a pan London organisation
- LAS is recognised as a key partner for other emergency services in London and a link to wider health system and its stakeholders.
- Police experience high level and growing demand from members of the public in mental health crisis.
- We must work together to share lessons and best practice in regards to diversity and inclusion as our organisations are facing similar challenges and opportunities.

Recommendations

- Increase joint working to reach more diverse communites who are less aware of how to access emergency services.
- Increase joint working on developing and implementing innovative recruitment and retention strategies to increase the diversity of workforce across London's emergency services.
- LAS needs to play a leading national role in ambulance sector in sharing best practice and approach to engagement, data-driven population health insights and collaboration in a complex London system.

Conclusions

The external stakeholder organisations engagement process has been key in understanding our partners' feedback and view on how we could develop as an organisation and maximise our positive impact on the wider system to best serve the needs of the people living and working in London.

Through this process the Trust has achieved the following goals:

- Collate the high level themes of stakeholders' feedback and ideas across the health and care system and blue light organisations,
- Gather locally-focused feedback and ideas that our local teams will be exploring and implementing with the partners
- Demonstrate the Trust's commitment to working in partnership with other organisations in the wider health and care system as well as blue light partners to improve care and outcomes for London.

Recommendations

Key recommendations from this engagement process:

1. LAS needs to establish a systematic approach to on-going engagement with external partners and stakeholders that maximises the joint impact and innovation on London's health and wellbeing and reduces health inequalities.
2. LAS should play its key role in supporting wider determinants of health by acting as an anchor institution, maximising opportunities for local employment and skills development, purchasing from local partners and achieving clean air for London.
3. LAS needs to increase its partnership working at a local, system, regional and national level on developing collaborative workforce models, data sharing to drive insight into patients' needs and estates sharing arrangements to maximise benefits to patients.
4. LAS needs to play a key role in public education on the usage of emergency services and navigation within the wider UEC system.
5. LAS should use its contacts with the public as an asset to engage, mobilise and build trust with communities – this is an important lesson from the pandemic and should be a core part of LAS strategy.
6. LAS should increase joint working with partners across all parts of the system to reach more diverse communities and encourage their members to consider careers with LAS.

Acknowledgments

The Strategy and Transformation team would like to thank all clinicians and Trust's senior managers who attended meetings, workshops and sessions with LAS stakeholders to present and answer questions on the developing the five year strategy.

LAS would like to express its gratitude to all the stakeholders who have taken part in this comprehensive engagement process. Our teams look forward to implementing new innovative ways of working in collaboration with our partners to improve care for people living and working in London.

Appendix 1: Letter from London Assembly Health Committee Chair

Krupesh Hirani AM
Chair of the Health Committee

Daniel Elkeles

Chief Executive Officer, London Ambulance Service (Sent by email)

Dear Daniel,

20 February 2023

London Ambulance Service Strategy 2023-2028

Thank you for inviting the Health Committee to the London Ambulance Service (LAS) Dockside Education Centre and Emergency Operations Centre (EOC) in Newham on 24 January 2023.

The Committee appreciated the time that LAS staff took to show us around, and it helped bring to life the work that LAS does in taking calls from the public and training paramedics. We also appreciated being able to question LAS representatives on the new LAS strategy.[1]

The Health Committee welcomes the opportunity to contribute to the new LAS organisational strategy for 2023-28. The Committee hopes to meaningfully feed into the strategy through the recommendations included in this letter.

Through our discussion with LAS representatives and a call to patient groups and members of the public for written evidence, the Health Committee set out to understand how LAS is performing, where it is delivering successfully and how it could improve. We also looked at the emerging themes of the new LAS strategy, and explored whether these are the right priorities for LAS. The Committee was interested in what further objectives should be included in LAS'

[1] The LAS panel for the strategy session included: Andy Trotter, Chair; Daniel Elkeles, Chief Executive; Dr John Martin, Deputy Chief Executive and Chief Paramedic and Quality Officer; Dr Fenella Wrigley, Deputy Chief Executive and Chief Medical Officer; Cathy-Anne Burchett, Assistant Director of Operations South East London; and Roger Davidson, Director of Strategy and Transformation.

strategy for 2023-28 in order to drive up performance for Londoners, and what action the Mayor can take to support LAS and improve performance.

Involving patient voice in LAS decision-making

Evidence presented to the Committee through our call for evidence suggests that the LAS could do more to involve patient groups in policy development and decision-making processes. In particular, responses mentioned the desire for patient groups to have greater access to LAS performance data.[2] High levels of engagement and transparency should be the norm, in order to allow patients to constructively feed into decisions on how services are delivered.

Patient groups can provide insights into patient needs. Healthwatch Kingston carried out community engagement from November 2022 to January 2023 on the subject of LAS performance in the local area and where improvements could be made.[3] One of its findings was around how LAS could improve service provision for those who are neurodiverse or have a learning disability. This kind of insight is invaluable in supporting the organisation to adapt to the diverse needs of Londoners, and LAS must ensure that there are processes in place for patients, particularly those with specific needs or from disadvantaged backgrounds, to provide this kind of feedback.

One of the development principles of the LAS Strategy 2023-2028 is that it should be co- developed and co-produced with partners including patients and the public. The Health Committee believes that this should be an overarching principle for the LAS and should guide their operations throughout the lifespan of the strategy, not just in its development. By better involving the patient voice, in particular those experiencing health inequalities, the LAS can become a more responsive organisation better placed to serve London's diverse communities. Roger Davidson, Director of Strategy and Transformation, told the Committee that LAS has "a patient and public council… in the organisation now and we also have ways of understanding what the experience of our patients is. However, we do recognise that we want to get better at this and in particular we want to understand well things like health inequality." The Committee believes that the 2023-2028 strategy should set out how this will be achieved.

***Recommendation 1**: The LAS should include in its new strategy commitments to increase levels of patient engagement, in order to give patients a greater say in how services are delivered.*

Public Awareness and Education

Londoners have a key role to play in supporting LAS to manage demand on ambulance services. This was evident during the most recent period of industrial action, when Londoners were urged to only use 999 for the most serious cases. The Committee heard that this was successful in reducing the number of 999 calls during the strike period. Healthwatch Kingston, as part of its community engagement work, found that there was an issue with the "public's lack of understanding about when to use the service and when to use alternatives", in particular whether someone should call 999, call 111, or contact their GP.[4] The Healthwatch Kingston consultation also found that "people wanted more education for the community on how to

[2] Patients' Forum for the London Ambulance Service, Evidence Regarding Performance of the London Ambulance Service – Submission to the London Assembly Health Committee, 11/1/23

[3] Healthwatch Kingston, Community Engagement – London Ambulance Service Strategy 2023-2028, Submission to the London Assembly Health Committee, 13/1/23. Local Healthwatch groups are independent organisations whose purpose is to make recommendations to healthcare providers on behalf of patients

[4] Ibid

support themselves before emergency intervention is required."[5] LAS representatives at the meeting explained that public knowledge of how to make 999 calls and what to expect when making the call is highly valued by LAS staff.

LAS representatives told the Committee that they do take action in this area, highlighting a recent campaign advising people celebrating New Years' Eve to drink sensibly and behave appropriately to ease demand on ambulance crews. These initiatives and campaigns are welcome. However, during the meeting, LAS representatives noted that there was a challenge in measuring the effectiveness of these public awareness campaigns. Specific and measurable targets should be included in the new strategy to make sure that LAS is making progress in this area, and that the public in London know how to most appropriately utilise ambulance services.

***Recommendation 2**: The LAS should include in its new strategy specific commitments and targets around public awareness and education initiatives. These should relate to issues such as when the public should call 999, how they should do so, and actions they can take to prevent emergency care being required in the first place.*

LAS Workforce Diversity

Theme 5 of LAS' new 2023-2028 strategy includes the commitment "to improving our diversity so we better represent the people of this city".[6] According to LAS data, 20 per cent of the LAS workforce is from a BAME background.[7] Although this proportion is increasing, the level of BAME representation varies at different levels in the organisation with 40.9 per cent in the lowest 4 employment bands, compared to 15.9 per cent in the highest.[8] LAS conceded to the Committee that this was an area in which it wanted to improve. As you told the Committee at the strategy session on 24 January, LAS is "at only 20 per cent diverse workforce. In a city where 50 per cent of people are not white British, that feels totally wrong."

One specific area of focus that LAS highlighted is creating different pathways into paramedicine beyond the traditional route through university. LAS representatives suggested to the Committee that by increasing take-up of different routes into paramedicine such as the entry- level ambulance practitioner programme, and by training and upskilling LAS call-handlers, the LAS workforce will become more ethnically representative of London.

The Committee welcomes LAS' desire to better represent the population that it serves, and create pathways for people of diverse backgrounds to achieve fulfilling careers in the organisation. The 2023-2028 strategy should include a detailed action plan with specific targets for how it will improve diversity in paramedicine and in the organisation as a whole.

***Recommendation 3**: The LAS strategy should include targets and an action plan for how it will improve workforce diversity, in particular for paramedics.*

LAS outreach with schools and colleges

The Committee heard the LAS has a recruitment team that carries out engagement work with schools and colleges, in order to encourage more people to pursue a career in the organisation. Given that it takes several years to train as a paramedic, this work is important in attracting

[5] Ibid

[6] Information provided to the Health Committee by LAS

[7] Integrated Performance Report, May 2022, London-Ambulance-Service-Integrated-Performance-Report-May-2022.pdf (londonambulance.nhs.uk)

[8] Ibid

people to the profession from a young age. It is also essential that young people are made aware of the various routes into the profession, including through apprenticeships. In relation to outreach work with schools and colleges, Roger Davidson noted that 'we do not think we have cracked it in any way, shape or form, but it is going to be a focus in terms of ambition'.

Recommendation 4: *The LAS strategy should include commitments and targets in its strategy to increase its outreach work in schools and colleges, in order to encourage more people into the profession.*

LAS and Public Health in London

LAS has a significant public health function and a role as an anchor institution to improve the health of Londoners. One of the new strategy's themes, 'Contribution to life in capital' incudes a focus on public education, where LAS says that it has "dedicated public education teams" and that it runs "public health campaigns that are aimed at improving public health, tackling inequities and contributing to developing thriving local community".[9]

The Committee heard that LAS is carrying out hundreds of thousands of blood glucose and blood pressure checks across London when treating patients at the scene. Through these health checks, LAS is gathering information that could provide valuable insights into the health of particular communities across London. However, Roger Davidson, Director of Strategy and Transformation told the Committee that "there is not necessarily a natural flow of information about what we are seeing".

It is essential that LAS develops these links into the wider public health system to facilitate information sharing, and collaboration on public health initiatives. The Committee found that there had been minimal contact between LAS and the new GLA Group Public Health Unit (PHU). The PHU was established in April 2022 to provide independent public health advice and support across the GLA Group.[10] LAS should set out how it will work together with bodies such as the GLA Group PHU and others to create a collaborative environment of information-sharing and joint working to improve the health of Londoners.

Recommendation 5*: The LAS should include in its strategy plans for how it will work collaboratively with London's wider public health system, including the new GLA Group Public Health Unit.*

LAS and Sustainability

LAS has identified climate change as "one of the most significant public health emergencies" and has committed to working towards targets for all NHS organisations to be net zero for directly controlled emissions by 2040, and net zero for wider emissions that they influence by 2045.[11] The Committee welcomes this focus. A response to our call for evidence from NHS South East London Integrated Care Board (ICB) said that it was "essential" that the new strategy linked in with the LAS Estates Strategy and its sustainability plans, arguing that these plans "cannot work in isolation".[12] The Committee heard that LAS has made good progress

towards making its fleet more sustainable, but there remains the significant challenge of 'greening' the service's estate. According to LAS' Carbon Neutral Plan, making the existing estate more energy efficient, and replacing gas boilers with renewable sources of heating by 2032, is required for LAS to achieve its net zero targets.

LAS told the Committee that financing is the biggest obstacle to the organisation achieving this. The LAS Carbon Neutral Plan sets out how this "scale of transformation will require multi- year financial commitment to prioritise sustainability improvements across the next decade" and that external funding will be required as "internally generated capital funding will not be sufficient"[13]. At the meeting, LAS representatives noted that the Mayor of London could potentially offer support in securing this funding, and that this should be explored further.

***Recommendation 6**: The LAS should include in its strategy how it will explore working with the Mayor to release funding for greening the LAS' estate.*

The Committee would welcome a response to this letter by Friday 31 March 2023. Please send your response by email to the Committee's Clerk, Diane Richards (diane.richards@london.gov.uk).

We would also welcome an update from LAS in 12 months on actions taken in response these recommendations and progress in implementing the new strategy.

Yours sincerely,

Krupesh Hirani AM

Chair of the Health Committee

Appendix 2- Engagement overview with health and care and system partners (a full list of all the meetings is available)

London Governments	
Greater London Authority (GLA)	Including a strategy session with GLA Health Committee and meetings with Dr Tom Coffey, Health Advisor to the Mayor of London. Fiona Twycross, Deputy Mayor, Fire and Resilience Jazz Bhogal, Assistant Director, Health, Children and Young Londoners
London Association of Directors of Adult Services (ADASS)	
London Association of Directors of Public Health (ADPH)	
Chairs of Health and Wellbeing Boards (HWBBs)	
London Councils	
Meeting with Professor Kevin Fenton, Regional Director for London in the Office for Health Improvement and Disparities (OHID)	
Health and care system partners	
Integrated Care Boards (ICBs)	Including forum with ICS Strategy and Transformation Directors Group, and meetings with UEC leads and other key representatives.
NHS acute provider trusts	
NHS acute provider collaboratives	
NHS England London region	
NHS Confederation	
Pan London UEC Board	
College of Paramedics	
Royal College of Emergency Medicine	
Primary care, community and mental health trusts	
Primary Care Networks	Bespoke two focus group sessions with PCN Clinical Directors from across London
Community trusts	
London-wide LMC	
Cavendish Square Group	
GP Federations	
Health, care and emergency organisations	
National Ambulance Strategy and Transformation Directors Group	
Association of Ambulance Chief Executives	
Metropolitan Police Service	
London Fire Brigade	
London Air Ambulance	
St John's Ambulance	

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 28 March 2023

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

1.0 Regulatory Update

A revised Care Quality Commission (CQC) framework is currently being developed, with a launch date for wider care systems planned for late 2023. Preparatory work is on-going within the Trust to ensure that the proposed changes are reflected in evidence and self-assessment, this includes the development of a new oversight system. The head of Quality and Assurance Systems and the Quality Compliance Manager have undertaken gap analyses of recent Ambulance Trust inspections in order to identify areas of good practice as well as those requiring additional focus. A 'Well Led' support review will be undertaken in April in conjunction with NHSE which will further support a comprehensive preparation programme.

The Trust remains in regular contact with the CQC, and has received no further regulatory visits since the system inspection in December 2021.

2.0 Quality Account & Quality Priorities

The Quality Account for 2022/23 has been drafted and is currently undergoing review. It will then come to Board for approval, prior to publication in June 2023.

As previously noted progress on the 2022/23 quality priorities, has been impacted by the implementation of Cleric CAD, the Adastra outage, Industrial Action and high demand. All areas have however made progress and priorities where work is still to be completed will be considered in the 2023/24 planning.

3.0 Quality Assurance - Trust Wide (see Quality Report agenda 7.1)

4.0 Clinical Education & Standards (CE&S)

Following a successful recruitment campaign, the CE&S team have appointed a further seven trainee tutors who are due to commence their training during March. A tutor recruitment and development lead has also been appointed to embed and develop tutors within the department.

Between January and February 2023, a total of 232 learners successfully completed their respective courses and joined their operational teams.

In order to meet demand for staff training, the lease on the completed 4th floor expansion at Dockside Education Centre has been extended until June 2024 whilst the expansion of the Brentside Centre is now also complete.

During March, a transition to the new level 3 driving award was completed. This qualification will focus on meeting the new legal Section 19 driving requirements and, through a revised course programme utilising CCTV footage of incidents as well as additional Emergency Response Driving (ERD) coaching, aims to improve the overall driving standards amongst staff.

The CE&S team were proud to be recognised as runners-up for the 'Learning Team of the Year' Award at the 2023 Learning Awards.

5.0 Safeguarding

A recovery plan for compliance with safeguarding training was shared with commissioners in December and a target compliance with level 2 & level 3 safeguarding training was set at 85%. Following focussed work, level 3 compliance is now above 87% whilst level 2 compliance stands at 79% within 111 (improved from 29%) and 50% in EOC.

Safeguarding referrals continue at historically high volumes: 6,071 referrals were received in January and February 2023 compared with 4,850 within the same months of 2022 (increase of 25%), showing a rise in reporting from 3.4% of all patient contacts to 5.2%.

Since the introduction of the Trust's Sexual Safety Charter in February 2022, there has been an increased awareness and subsequent doubling in the number of sexual safety allegations than the previous year (36 compared to 18). A drive to improve education and communications on sexual safety amongst the Trust and within the education team has been implemented along with updated and strengthened guidance relating to professional standards.

The Safeguarding annual report is in development and will be available to the board in July, whilst a full report on Sexual Safety will be provided in May.

6.0 Quality Improvement & Learning

The quarter 3 patient safety thematic has been completed which identified a total of 2,476 patient safety incidents reported on the Trust's risk management system. This is an increase of (8%) when compared to 2,279 patient safety incidents reported in quarter 2. The top five categories in were:

1. Dispatch and Call
2. Communication, Care and Consent
3. 111/IUC – Call Handling

4. Medical Equipment
5. Clinical treatment (excluding medication related)

Of the 2,476 patient safety incidents reported a total of 456 incidents were identified as requiring further investigation under the Patient Safety Incident Response Framework (PSIRF) and the Trust's Patient Safety Incident Response Plan (PSIRP). This is a 35.3% increase when compared to the 337 incidents identified in quarter 2 and is likely to be a reflection to the increased incident reporting, hospital hand over delays and decline in response times. Of these 456, 346 were identified as requiring an enhanced level of investigation.

The quarter 2 delays thematic has been completed which identified a total of 309 patient safety incidents reported as an incident on Datix using 'delayed response' as a sub category. This is an 82% increase when compared to quarter 1 (n.170). Of these, 190 incidents were identified as meeting the structure judgement review (SJR) criteria. This is 61.5% of all delayed response incidents during quarter 2. Duty of Candour was indicated in 17.9% of cases.

In quarter 3 a number of improvements have been made in response to enhanced patient safety investigation findings. These included:

- Guidance released to clarify processes regarding the use of CAD link between the LAS and Metropolitan Police Service.
- The Trust position has been clarified regarding the dispatch of solo responders to specific determinants. This has been reflected in shared bulletins and updated in the relevant policy and is with a view to assist dispatchers in making challenging decisions during periods of high demand.
- A Neonatal Life Support checklist has been created.
- Cardiac Care Circular 007a and JRCALC guidance has been aligned.
- Guidance has been shared regarding the management of patients who sustain a head injury whilst taking anticoagulants.

Further improvement pieces of work are currently underway, specifically focused on the clinical management of patients who have fallen. A thematic review is in progress examining 26 incidents involving patients who have fallen in order to implement a system improvement plan. Thematic reviews are also reviewing incidents related to the implementation of Cleric CAD and the management of patients in ventricular fibrillation (VF).

The Quality Improvement and Learning team have been assisting the Trust with the timely review of patient safety incidents occurring during periods of Industrial Action. A specific Patient Safety Investigation Group was established and has reviewed a number of incidents identified from quality intelligence. This has resulted in the completion of two after action reviews examining specific processes.

The Quality Improvement and Learning team have been focusing on delivering lead

investigator training, upskilling current lead investigators in Systems Engineering Initiative for Patient Safety (SEIPS) methodology and also increasing the cohort of lead investigators able to undertake patient safety investigations. Further training has also been delivered in relation to Datix incident management which has aided in a 43% reduction in overdue incidents, from 1,322 overdue incidents in January to a current figure of 753.

Actions resulting from enhanced patient safety investigation are being assessed in terms of 'barrier strengths', which rates the likelihood of eliminating similar adverse events. These barrier strengths range from elimination, where the potential for a repeat incident has been removed entirely, to those considered as controls. 8% of open actions are graded as 'moderately strong' or 'strong' and 63% are graded as 'very weak' or 'weak'. The team will continue to work with lead Investigators to improve the strength of actions where possible. Overdue completion of actions continue to be focussed on with two months of consecutive reduction.

Further focus is also underway on timely Duty of Candour across the Trust to encourage prompt conversations with patients and/or their families following the reporting of an incident.

7.0 Freedom to Speak Up (FtSU)

The quarter 3 FtSU report was presented to the People & Culture committee detailing the 93 concerns that were raised to the Guardian. A high volume of concerns raised related to the national announcement of industrial action for ambulance workers as well as the systems & processes utilised during the industrial action period.

The Guardian is currently supporting the Director of Education with the development of an 'Understanding Bias' programme, due to go live Trust wide during April 2023.

The Guardian has proactively shown visibility and engagement across the Trust, promoting the speaking up culture, holding confidential conversations and encouraging staff to speak up.

The Guardian continues to have 1:1 engagement with the Chief Executive, FtSU Executive and non-Executive Leads, alongside support from colleagues nationally.

8.0 Health, Safety and Security (HS&S)

The Trust's new Stress Assessment Toolkit training launched in February 2023 with favourable feedback and will now run on a monthly basis following an initial three sessions targeted at line managers. The HS&S team continue to provide key information through the internal communications as well as delivering corporate induction training and Managing Safety courses to promote health, safety & security issues within the Trust.

A further 24 RIDDOR incidents were reported to the HSE since the previous report, bringing the total during 2022/23 to 118. Six manual handling incidents were reported (a minor improvement from 62% to 56% of reports) whilst 11 were related to slip, trips and falls (rising from 24% to 30% of reports). Year to date RIDDOR reporting compliance (within 15 days) stands at 82%.

A total of 502 Physical Assaults on Staff have been reported during 2022/23. The greatest number of reported physical assaults (59%) occurring, at least in part, due to the clinical condition of the patient. Police attended 59% of physical assault incidents, whilst 23 successful prosecutions for assault have been recorded up to end of February 2023, an increase of seven since the previous report.

A series of hate crime drop in sessions led by the Violence Reduction Manager, in conjunction with hate crime Officers from the Police, has seen incidents of verbal abuse reporting from amongst NHS 111 staff rise ten-fold, with 55 Datix reports completed during the first three months of 2023 compared to 12 reports over the final six months of 2022. Local managers are pro-actively supporting staff subjected to these incidents and are working to replicate this increased reporting within 999 sites.

A Body Worn Video (BWV) staff suggestion competition was completed to raise awareness of the benefits of BWV and to increase take-up amongst staff. This resulted in the team receiving valuable insight, feedback and ideas that will be taken for further consideration. To date, 1760 staff have completed the training to utilise these cameras and an average of 1,100 camera withdrawals per calendar month is noted.

John Martin

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

London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust Board meeting 28 March 2023

Report of the Chief Medical Officer

Maintaining Patient Safety

During January 2023 we saw a slight decrease in calls per day throughout the month and face-to-face incidents when compared to December 2022, however we continued to see pressures across the whole Urgent and Emergency Care and Health and Social Care system.

This pressure was further increased by the periods of National Ambulance Service Industrial Action when we needed a different operating model in order to ensure our sickest and most seriously injured patients were receiving a timely response. In order to maintain safety during the periods of the Industrial Action, we implemented a clinical safety cell which saw LAS clinicians working alongside senior clinicians from across the NHS. This multi-disciplinary cell provided an expanded clinical skillset and range of specialties and enabled an increased amount of early remote clinical assessment for patients and navigation to alternative care pathways where an emergency ambulance was not required. We are very sorry to those people who waited longer than they should for an ambulance during this very challenging period.

As reported in the Integrated Performance Report our response to our sickest patients improved in January to a mean of 7 minutes and 43 seconds, which although outside of the national standard of 7 minutes, saw LAS ranked 2nd in the country. We responded to 90% of our category 1 patients in 12 minutes and 56 seconds against a target of 15 minutes. The combination of demand and loss of available hours due to hospital handover delays impacted on our ability to reach patients within nationally set Ambulance Response Standards. Our Category 2 response remains outside of the national standard but saw a significant improvement when compared to December. We are continuing with a detailed improvement programme to reduce our response times including:

- Working with hospitals and NHS partners to minimise delays as we handover patient care to Emergency Departments
- Working with the wider London Health system to develop clinical pathways 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);

The number of patient safety incidents reported across the service continues to be monitored to identify and learn from themes. The number of reported no harm incidents in January 2023

had returned to the normal range – the top 3 'no harm' categories were medical equipment, clinical treatment and dispatch and call although this latter category reduced from 179 in December to 65 in January, reflecting the better overall performance. The number of reported moderate and severe harm incidents have increased reflecting the demand levels and handover delays recorded over this period. A small number of incidents continue to be reported as death which can, in part, be attributed to delays occurring at times of high demand. These incidents undergo a Learning from Deaths (LfD) review and, where they meet the criteria, an enhanced investigation is undertaken using the Patient Safety Incident Framework.

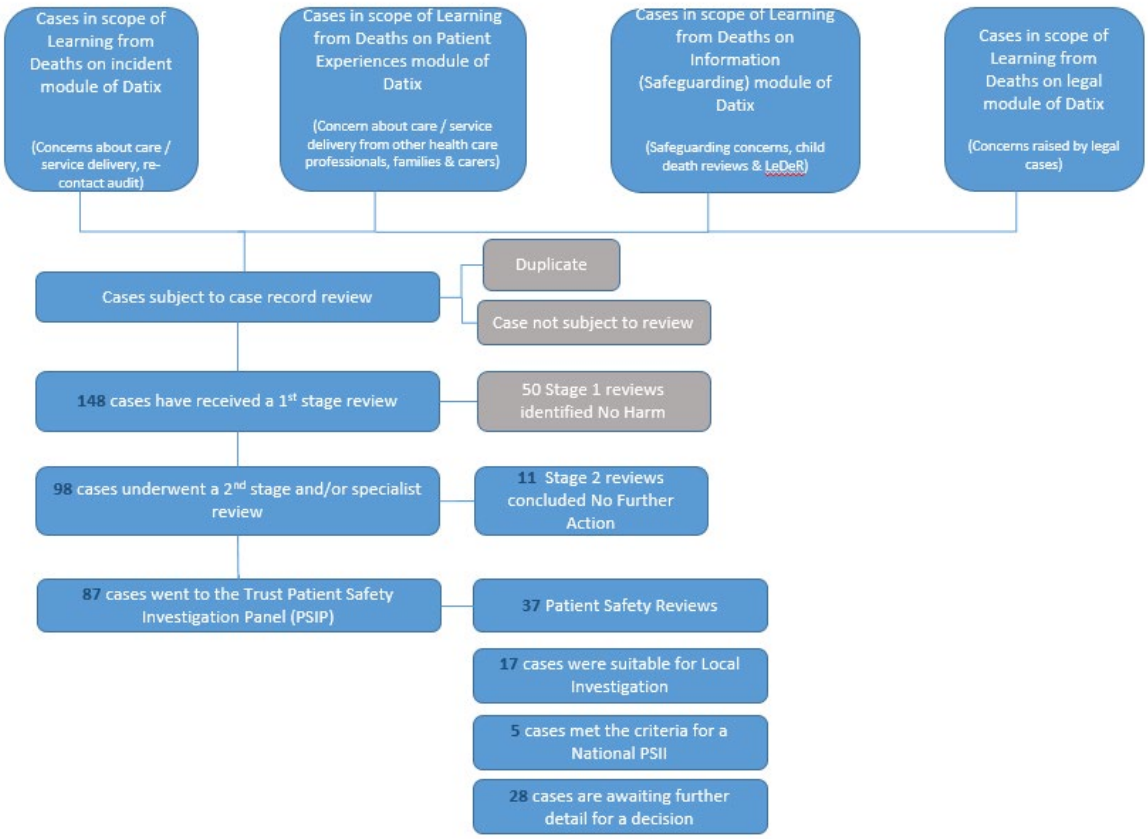
Learning from Deaths

The London Ambulance Service NHS Trust (LAS) is committed to continuously improving the quality and safety of the care we provide to our patients. This includes reviewing and learning from deaths that occur in our care in order to improve the quality of care we provide patients and their families.

The LAS Learning from Deaths policy is currently under review and the new LfD Lead is working with various directorates to further develop how the LAS learn and develop from deaths.

The Learning from Deaths (LfD) report was previously part of the quarterly thematic review presented to the Quality Assurance Committee. From Quarter 1 2023 /24 the LfD report will be incorporated into the Quality Report.

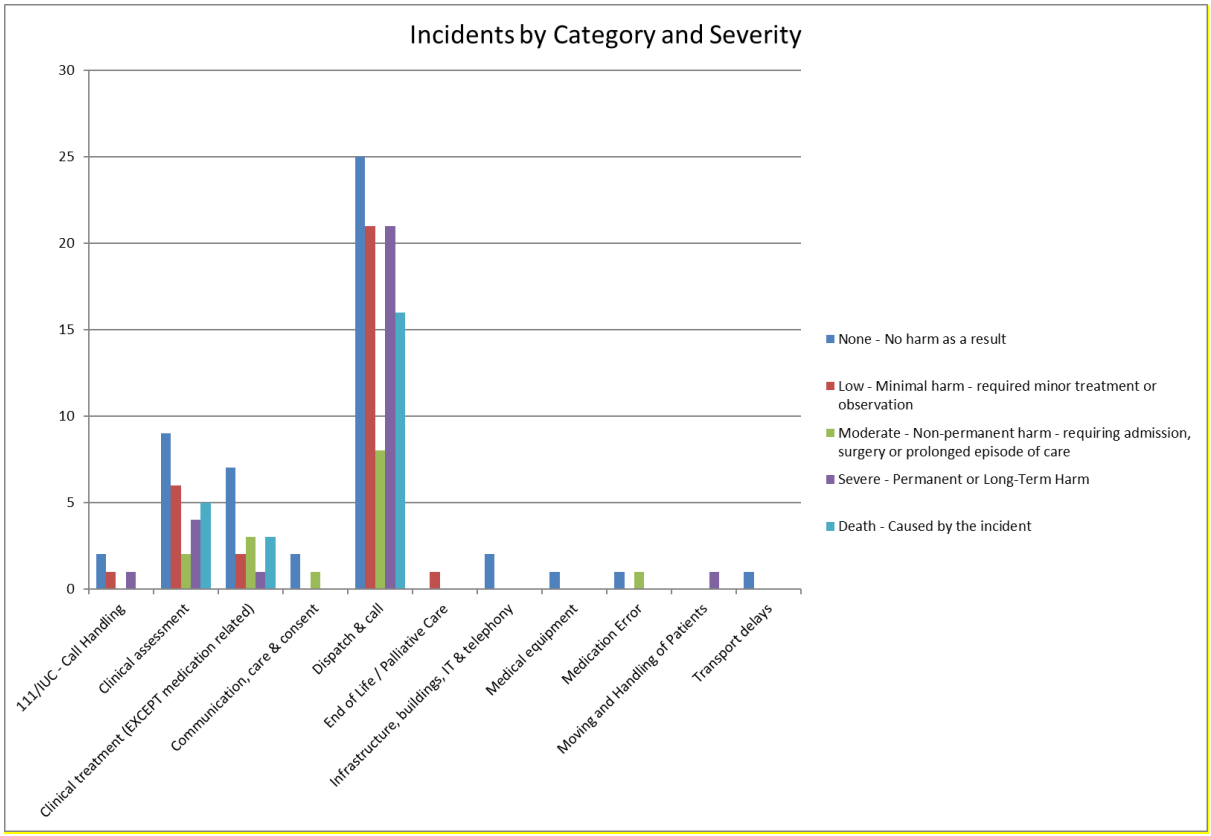
In 2022/23 Q3 data is as below. 148 cases were reviewed in line with the LAS Learning from Deaths policy.



The LfD reviews identify the contributory factors (or causes) that may have led to a patient's death. It is very rare that there is a single cause, in most cases there are several factors.

During the review process often the initial categorisation and severity will be assessed and amended as the review progresses.

The graph below shows the initial categorisation and harm level for the LfD reviews in Q3.



Strategic development

National Category 2 Segmentation Pilot

LAS was one of the two early adopter Ambulance Trusts for the Category 2 segregation pilot which began in late November 2022.

In January, 1114 calls did not require a Category 2 ambulance response equating to 3.7% of all patients whose 999 call resulted in a Category 2 triage outcome being referred to an alternative care pathway (ACP), being given self-care advice or alternative transport which saved us about 515 double crewed ambulance hours a week for higher acuity patients.

In February, 42% of cases receiving clinical validation did not require a Category 2 ambulance response (1800 calls). This equates to about 4% of all patients whose 999 call received a Category 2 triage outcome being referred to an alternative care pathway (ACP), being given self-care advice or alternative transport which saved us around 1,000 double crewed ambulance hours a week for higher acuity calls such as stroke, chest pain and maternity emergencies. The number of patients we can clinically assess will increase overtime as we build up the team of senior clinicians able to undertake this work.

There is continuous oversight of the safety and outcomes of the patients referred to alternative pathways using an end-to-end review of cases. Whilst some patients who still received an ambulance face to face response none of the patients who had undergone an enhanced assessment required emergency transport to hospital.

Using our learning both from the early stages of the pilot and working with a wider range of clinicians during the periods of operational pressure the Trust has collaborated with ICB leaders from NCL and SEL, supported by NHSE, to develop a pilot whereby a Senior Clinician is present in the Clinical Hub to ensure that our patients are being referred into the right service, at the right time and into the right clinician and are not sent an emergency ambulance when alternatives provide more individualised care for the patients. Although in its early stages this is already demonstrating advantages as the LAS clinicians gain further patient assessment and referral skills and relationships are built between LAS, ICSs and alternative pathway teams.

Developing improved models of care

Since 2020, the overall number of patients accessing Urgent and Emergency Care through 999 has increased and in many cases, an emergency ambulance is not the right clinical response for the patient. Despite reduced conveyance rates (now at 49% compared to 58% 3 years ago), hospital handovers remain a challenge. This impacts our ability to respond to the sickest patients and there is national evidence of avoidable harm as a result. Delays to patients at either call handling or dispatching an ambulance resource are reviewed as part of the thematic structured judgment review which is reviewed at the Trust Board Quality Assurance Committee.

Reducing the number of patients who are conveyed to the Emergency Department who could have been cared for closer to home is key to improving the flow through the Urgent and Emergency Care system. The number and variety of community and alternative care pathways has increased over the past 12 months, however, they remain underutilised. We are continuing to work with Commissioners to map the available healthcare pathways, clarify and streamline options available for ambulance clinicians and the referral rates to each one. MiDoS, the system which our clinical staff access to identify pathways and referral options has been updated. Existing pathways have also been mapped to ‘conditions’ meaning that a clinician can search within MiDoS for both a type of pathway but also any pathway which accepts ‘catheter’ (for example). A film has been made by the Clinical and MiDoS teams which will be used in an upcoming Core Skills Refresher (CSR) relating to accessing and using MiDoS. This will form part of the CSR session about pathways and decision making for non-acute patients.

The Senior Sector Clinical leads have now moved under the portfolio of Director of Clinical Pathways and Transformation. This means that there will be, moving forward, a specific link for each sector with regards to the development of pathways, linked directly to the director’s portfolio. It will also enable a portfolio focused approach to work streams, to avoid duplication and to improve and increase capacity.

The expansion of the mental health joint response cars remains positive. The last interviews have taken place in March, and if all offers accepted, the team will be at full capacity. This will see six cars operating each day across London, and mental health clinicians within our 999 operations centre providing remote assessment and support to patients. Outcomes remain excellent, with only 12% of patients needing conveyance via ambulance and all others being supported to remain at home with an onward referral to a specialist team where needed. Additional mental health training for staff has been provided to LAS clinicians across London and has been very well attended, and received very positively. We continue to work closely with mental health leads across London to ensure that all patients are able to be conveyed to the right place of care without delay.

Same Day Emergency Care pathways are live pan-London and referrals have begun to increase. There is ongoing review and of the acceptance criteria. LAS have however had some positive feedback from staff about cases they have accepted. Croydon continue to lead the way, and have a direct referral route with no phone-call required before conveyance.

Urgent Community Response (UCR) cars are now live within south west, north east and north central London, with paramedics and external clinicians working together. The NC model sees a therapist in some cases, whereas the NE and SW models are staffed by nurses. Onward referrals to community teams remain consistently high, with a reduced conveyance rate to emergency departments (about 35-40%) when compared with a ambulance attendance for a comparator patient group (about 70%).

Our advanced paramedic urgent care team (APP-UC) continue to provide a bespoke pathway for patients who require a face to face assessment and treatment beyond the standard paramedic skill set. The average conveyance to ED rate for APP-UC is 25% with a re-contact rate of <1%. A further 25 APP-UC clinicians will be recruited this year to expand the bespoke care provision for patients and support the career development for paramedics.

Health inequalities

Our focus on maternity care, as part of our work to better understand health inequalities, continues. In February 220 clinicians attended maternity training in February. This included the first teams based training pilot site, joint training with Newham maternity and CPD webinars offered to all LAS teams. Updated maternity action cards have been approved and are available to all clinicians via the JRCALC+ app on their iPads.

Clinical Informatics

A significant amount of work continues as we move from being a paper based organisation to a digital organisation which links LAS patient data to the wider NHS.

In December 2022, the LAS began publishing our ePCR Case Summaries to the London Care Record for all conveyed patients. This means that healthcare professionals providing direct care for our patients are able to view and access information relating to our attendance - even if we did not directly hand over or refer to them, helping to provide better continuity of care.

The London Care Record Mobile Viewer application development continues, and testing is now underway amongst a cohort of clinicians. This application is designed by LAS clinicians for LAS clinicians and allows our clinicians to view clinical information previously only accessible from within our Clinical Hub and 111 centres. This includes (but not limited to) discharge summaries, previous vital signs, test results, and more. It is anticipated this will roll out more widely over the coming months.

This month, a pilot is going live in the South East Sector trialling electronic GP notifications for a range of incidental findings. The aim is to not only improve crew experience and reduce on-scene time due to telephone referrals, but to also help improve health inequality. This will initially be mediated by the EBS team, but will also help the Trust understand sentiment amongst GPs as we aim to progress towards fully digital solutions

Patient outcomes:

There is always a time lag in receiving end-to-end patient data. The most recent national data published is October 2022. The outcomes and performance at this time are reflective of the significant operational pressure being experienced at that time.

Stroke Care – January 2023

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 patient refers to FAST positive patients whose 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 1071 suspected stroke patients
- 1043 were FAST positive and 738 of these were identified as time critical
- 100% of patients were conveyed to destination Hyperacute Stroke Unit directly after an average on scene time of 38 minutes.

ST-Elevation Myocardial Infarction (STEMI or Heart Attack) Data – January 2023

A heart attack 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. Our most recent data indicates;

- In January 171 patients were attended by LAS and had a confirmed STEMI, a similar number to the last report.
- 86% of patients subsequently confirmed as having an ST elevation myocardial infarction were categorised at the point of 999 call triage as a category 2
- 98% of the patients were conveyed to the correct destination and 75 % of patients had received the complete care bundle.
- The average clock start to on scene time was 24 minutes

Cardiac Arrest Data – January 2023

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, in some cases, be achieved through immediate and effective treatment at the scene. The 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. Our January cardiac arrest data indicates;

- 1238 patients in cardiac arrest were attended by LAS
- 445 patients had resuscitation commenced
- 79 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 31% of patients (up from 29% in November 2022).

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

EOC call handlers and dispatchers.

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.

	December 2022	January 2022	February 2023
London Lifesaver Numbers	4140	4294	4613
Public access defibrillators (PADs)	7746	7763	7800
PAD activations	15	10	14
Return of spontaneous circulation	7	3	8

Clinical audit

The re-audit of Transient Loss of Consciousness (TLoC) has been published. TLoC, or 'blackout', is defined as a spontaneous loss of consciousness with complete recovery (NICE, 2014). Complete recovery involves regaining consciousness without any residual neurological deficit. TLoC is very common, with half of the UK population estimated to experience a TLoC at some point in their lives (NICE, 2014). A total of 15,884 incidents the LAS attended between April 2020 and March 2021 were given the condition code TLoC (100). As a TLoC can be recorded in many ways, other than via the condition code, the actual frequency of patients presenting with a TLoC that the London Ambulance Service NHS Trust (LAS) attend is unknown.

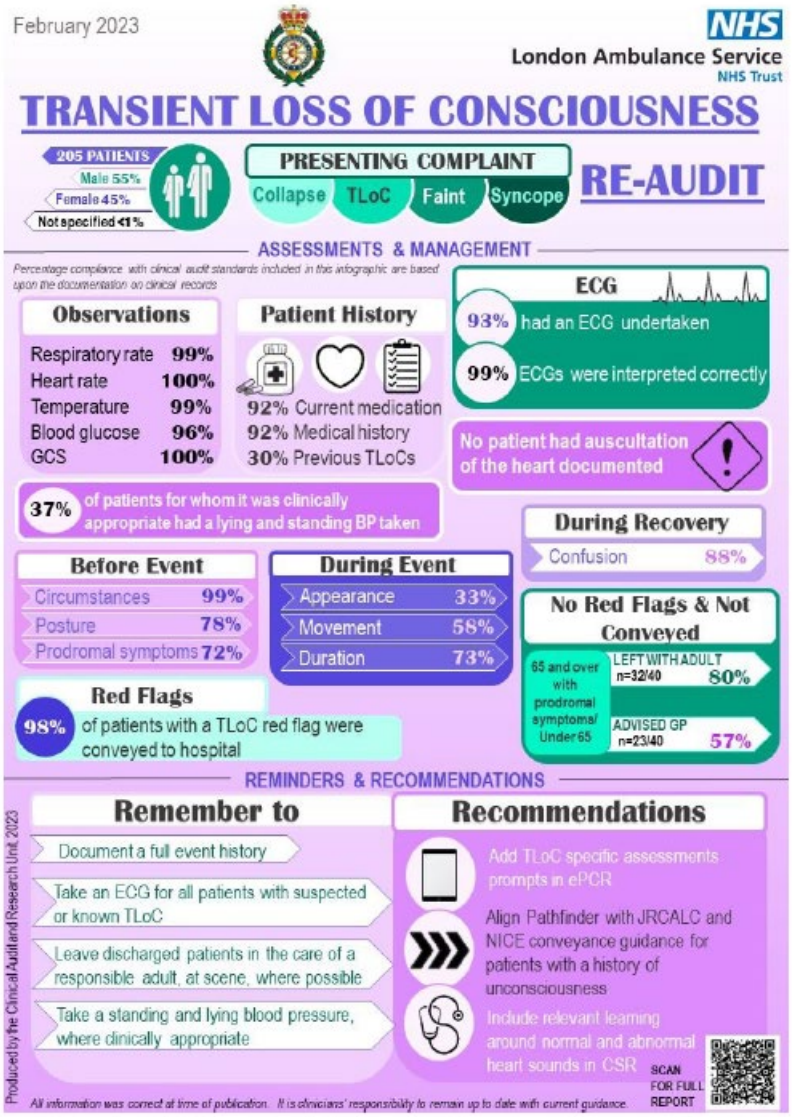
The most common causes of TLoC are cardiovascular disorders, however there are various other causes, including neurological conditions and psychological factors (JRCALC, 2020). While the mechanism and underlying pathophysiology may vary, the assessment and management of patients presenting to the ambulance service with a suspected TLoC is standardised (LAS, 2013).

This clinical audit aimed to:

- Determine whether patients presenting with TLoC are being assessed and managed in line with JRCALC Clinical Practice Guidelines for use in UK Ambulance Services and NICE Clinical Guidelines
- Assess whether documentation of care has improved for patients presenting to the LAS with a TLoC since the 2013 and 2018 clinical audits
- Understand how TLoC is reported in the Service when the condition code 'Transient loss of consciousness (100)' is not used

The audit demonstrated some areas of excellent practice, particularly documentation of clinical observations and ECG interpretation. Opportunities for learning and improvement have been identified and are being implemented around the documentation of TLoC specific history and assessments.

An infographic has been produced to share the learning from the re-audit.



Fenella Wrigley

Chief Medical Officer, London Ambulance Service NHS Trust.

London Ambulance Service NHS Trust

Assurance report:	Quality Assurance Committee	Date:	28/03/2023

Summary report to:	**Trust Board**	**Date of meeting:**	**28/03/2023**
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 considered:

Quality Account

QAC reviewed two documents:

- **Update on Quality Priorities 2022/23**
  It was noted that there had been challenges in terms of delivery of the 2022/23 quality priorities related to an extended period at REAP 4, the impact of industrial action, implementation of Cleric CAD and changes to staffing responsible for delivery. All of these factors had impacted on the delivery of some of the work streams and it was therefore proposed that some of the priorities should be carried over into the 2023/24 year.

- **Quality Priorities 2023/24**
  QAC approved the proposed quality priorities for 2023/24 for submission to Trust Board for formal approval, noting that they had been developing with the following considerations in mind:

  - Progress against the 2022/23 quality priorities
  - Quality intelligence, including learning from patient safety incidents, clinical audit and complaints
  - Trust business plans

Industrial Action – Review of Impact on Patients and Staff

QAC had received a review of the impact of IA on patients and staff that had been developed following a discussion at Board about assurance around the quality of care provided to patients on days of industrial action. The review had concluded that whilst IA had undoubtedly had an impact on the care delivered to patients and their experience, the range of contingency plans, newly developed processes and enhanced levels of senior clinical support and oversight across all operational issues was sufficient to keep patients from serious harm against a backdrop of very challenging circumstances.

Patient Safety Incident Sub-Committee

QAC had received the draft terms of reference for a new sub-committee that would:

- Receive and review the executive summaries of patient safety investigations and/ or patient safety reviews
- Scrutinise the quality of patient safety investigations and the actions which arise from them
- Undertake in-depth examinations of specific incidents as determined by the Chair of the sub-committee

Patient Safety Incident Response Plan

QAC had received the Patient Safety Incident Response Plan, noting that LAS had been an early adopter of the PSIRF in 2021. In discussion, it was agreed that future reports should be focussed towards the identification of learning to ensure the report was useful in terms of making change happen.

QAC had approved the PSIRP for submission to Trust Board for formal approval.

Risks:

Board Assurance Framework

The Committee reviewed the latest version of the Board Assurance Framework (BAF), noting the following changes since the previous meeting in January:

- *Risk 1B relating to the development of UEC*
  Based on feedback from the last Board meeting, this risk had been lowered to a score of 2 x 3 (6) from 4 x 3 (12) in light of recent government policy which provides greater assurance that the focus of non-elective care and investment in ambulance services will continue to be a high priority
- *Risk 1C – Industrial Action*
  The increased scope of the action had been described in the risk wording.
- *Risk 3A – Single Clinical Assessment Model*
  Following feedback from the last Board, the risk description had been re-drafted to make a clearer distinction between the conditions LAS operates under and the risks.

Assurance:	
	Right Care Right Place QAC had received a presentation on the range of transformation work streams currently underway in LAS noting that they had been brought together under the banner of 'Right Care Right Place' (RCRP). It was noted that RCRP involved developing completely different ways of working and would need to be progressed at the right pace. QAC had underlined the importance of developing metrics for each of the individual programmes and also of developing an understanding of what success looks like to enable a move from RCRP into standard operations. **Clinical Education - Apprenticeships** QAC had reviewed the 2021/22 Apprenticeship Self-Assessment Report used by Ofsted inspectors to assess risk, monitor standards and to plan for inspections. The report included details on workforce demographics and career pathways, noting that in 2021/22 there had been a total of 497 apprentice starts.

London Ambulance Service NHS Trust Board meeting
28 March 2023

Report from the Director of People and Culture

1. Executive Summary

External Recognition

AAC Apprentice Employer of the Year

We are very pleased to announce that the LAS won the Apprentice Employer of the Year award at the 2023 Annual Apprenticeship Conference Apprenticeship Awards held in Birmingham – the award celebrates our frontline ambulance apprenticeship pathway.

Living Wage Foundation Accreditation

The Service has now become accredited with the Living Wage Foundation. We are one of few Living Wage Employers amongst London NHS Trusts.

Staff Survey

The results for the 2022 NHS Staff Survey were released on 9 March 2023. We achieved a 62% response rate in the survey, the highest response rate for an ambulance service – the table below summaries our progress against the Staff Survey themes which will be explored in greater detail at the next People & Culture Committee.

Element/Theme	LAS 2021 score	LAS 2022 score	Difference	Statistically Significant Change?
We are compassionate and inclusive	6.6	6.6	-	-
We are recognised and rewarded	5.1	5.0	-0.1	Significantly Lower
We each have a voice that counts	5.8	5.8	-	-
We are safe and healthy	5.1	5.2	+0.1	Significantly Higher
We are always learning	4.3	4.5	+0.2	Significantly Higher
We work flexibly	5.2	5.2	-	-
We are a team	6.0	6.0	-	-
Staff Engagement	5.8	5.8	-	-
Morale	5.0	5.1	+0.1	Significantly Higher

Recruitment & Retention

To date over 1,000 frontline staff have been recruited and pipelines remain strong with over 700 candidates at conditional offer stage. Fill rates for frontline recruitment remain positive with 100% of AAP and over 90% of Paramedic places filled in January. Turnover continues on a downward trend (circa 13%) and the number of frontline leavers has remained positively below plan (-110FTE).

Wellbeing

The Wellbeing Team have been heavily focused on a number of new and proactive initiatives that are aimed to assist colleagues with their recovery from the pressures of the pandemic. This includes running live cooking workshops hosted by a nutritionist, the re-introduction of yoga and exercise classes and basic mental health training for staff and managers.

The team have also been developing training sessions for both staff and managers, in conjunction with experts from The Ambulance Staff Charity, Keeping Well NWL and the Centre for Anxiety, Stress and Trauma. These training sessions will support managers to have wellbeing conversations with their teams and provide staff with techniques to help cope with stress, process trauma and support each other.

Along with the current covid vaccination programme, the flu programme has now come to an end. The Trust finished at approximately 50% vaccinated and 5th place in London

Supporting Attendance

Our first day absence reporting service continues to embed with over 17,000 calls made to the service from September to date. Attendance levels overall have improved since the introduction of the service.

Our LAS Culture Transformation Programme

In March we have introduced a new management training programme, Our LAS Our Leaders 100, focussing initially at 100 of our band 6 and 7 line managers. This leadership development programme will provide the opportunity for our managers to learn new skills needed to help progress their career / enhance their leadership portfolios.

EDI training

A number of key EDI training events have taken place since our last public board meeting. Noting in particular partnering with an external provider to create a more inclusive work environment (see detail in paper). In addition forty colleagues have now attended the Disability Confidence workshop provided by the Business Disability Forum and specially designed to support HR, Recruitment, EDI and Wellbeing teams and our Staff Network Group chairs, to better respond to the needs of our colleagues and applicants who have a disability. We have also continued to provide De-bias Training for colleagues sitting on recruitment panels.

Industrial Action

The People and Culture Committee met in March to discuss mitigation plans with respect to potential industrial action in March (national pay dispute). This activity has been superseded by governments offer in principle for staff on Agenda for Change contacts for 2022/23 and 2023/24 – outcome of which is that the industrial action planned in March has been paused.

P&C Operations

Recruitment

The IUC and 999 call handling pipelines continue to remain strong with over 100 candidates at pre-employment stage. Call handling fill rates are very positive with 93% of places filled in January for both 111 and 999.

Paramedic Recruitment - Year to date we have filled 425 of the 494 training places which is 69 behind plan. UK Grad fill rates are at 95%. Fill rates for internationals have reduced from 95% to 65% in February and March due to a delay in medical clearance (28 paramedics have been deferred). This is expected to be resolved by the end of this month (March).

AAP Recruitment - Year to date we have filled 288 of the 354 training places which is 66 behind plan. 60 AAP places have been converted to NETS places with courses of 15 running from December 22 to March 2023. 100% fill rate achieved from October has ensured that the -66FTE gap has not increased.

Trust wide - in total there were 198 joiners in January with 33% of joiners from a BAME background.

Retention

Turnover continues on a downward trend and the number of frontline leavers has remained positively below plan (-110FTE). The stability rate which measures the % of staff in post for more than one year averages 85% for the year. In total there were 52 leavers in January with 30% from a BAME background.

The Workforce Retention Group has been established to provide oversight, direction and support regarding all aspects of improving staff retention within the Trust with specific objectives to improve our morale and engagement scores, oversight of all retention development plans and ensuring the right support and resources are in place for managers to improve staff retention. Deep dives are underway in the EOC and Band 6 Paramedic areas.

The group are using the NHS Employers Staff Retention Guide as a framework, which is aligned to the NHS People Promise and highlights areas where attention may be needed. The group has begun to assess each of these areas and assigned leads from the P&C senior Leadership Team. Once the assessment has been completed, this can be shared more widely with key stakeholders against the Trust.

Supporting Attendance

The work of the supporting attendance group continues to focus on two broad areas; firstly, the introduction and embedding of the first day reporting service; secondly, the devising and deployment of directorate focussed improving attendance plans that focus on health promotion, management training and development and employee experience and engagement. They also include some innovative pilots, such as the B-Watch Pilot in EOC.

Attendance details: In January 23 the monthly Trust wide sickness decreased from 7.6% to 6.9%. COVID accounts for 9% of all episodes and episodes decreased by 37% from December. We have seen a decrease of 43% in episodes of coughs/colds and flu (accounting for 18% of all sickness) and chest / respiratory cases decreased by 27%. We saw a decrease of 3% in episodes of stress, anxiety and depression which accounts for 11% of all sickness. Our First Day Absence Reporting Service continues to embed with over 17,000 calls made to the service from September to date.

There have been important wellbeing developments and interventions that will also be impacting on this improvement, evidencing the benefits of our holistic approach. We are also reviewing the Directorate improvement plans, which will be asked to focus on understanding the drivers of stress in the organisation and a local, nuanced response to addressing.

Employee Relations

HR Advisory Teams continue to manage large workloads, especially related to sickness absence. This reflects the focus we have put on improving attendance at work. All case management domains (conduct, capability, grievance and performance) are busy. No new particular trends or hotspots have been identified.

Alongside the raw cases numbers, we will develop and present at next People & Culture Committee, a set of accompanying metrics that highlight the employee experience of the resolution hub and the employee relations processes.

Digital Workforce Programme

Phase 2 of ESR Manager Self-Service went live on 1st December 2022, granting access to over 600 managers to make staff assignment, pay and leavers changes directly in ESR, replacing the 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 third party e-forms system costs and efficiencies in corporate processes. A user survey has recently been completed which has returned positive feedback with the end employment functionality receiving a rating of 4.44 (out of 5), the assignment functionality receiving a rating of 3.25 and the supervisor functionality receiving a rating of 4.43.

All of the project tasks are now complete and will be handed over to business as usual and a project closure report will be completed by the end of the financial year.

Performance and Talent Management System – The project team have engaged widely with key stakeholders from across the Trust to leverage their views and experience. One to one meetings were held with stakeholders from Frontline Operations (ADO Group, LGM Group, CTM Group), 111 Services, 999 Services, Clinical Education & Standards, Clinical CIO, IM&T, and Finance and they also participated in the second demonstrations. This approach offered an opportunity for key stakeholders to contribute directly to the project, building confidence and improving access to the decision making process.

On 2nd March 2023, there was a second round of demonstrations for the stakeholder group. Questionnaires were also sent to both suppliers and the OD and Talent Business Partner met with each supplier to review their capability for Talent functionality following the rollout of appraisals. A recommendation report has been developed and is awaiting approval prior to contract award to the preferred supplier by the end of March.

Recruitment Technology – this project commenced in December 2022 and will be completed by June 2023. This project will replace the authority to recruit e-forms with in-built TRAC functionality and an internally developed e-form, which is due to switchover on the 22nd March 2023. Key benefits include streamlining processes, removing duplication for the Recruitment Team and removing dependency on third party external suppler for changes and enhancements. A revised IR35 process will be included in the non-payroll e-form which will improve governance and provide greater assurance. The third strand of this project is the

implementation of the ESR applicant dashboard which will enhance the on-boarding experience for new starters by enabling them to complete e-learning and online corporate induction, be provided with key information about the Trust (CEO welcome video, maps, policies, etc.) and update personal information prior to starting with the Trust.

4. Health and Wellbeing

Occupational Health

Work is underway to ensure there are clinic-standard rooms across the Trust in order to begin on-site occupational vaccinations for all staff. Additionally, our physiotherapy provider has introduced a “Desk Clinic” option for managers to refer staff, allowing them full access to a range of exercise videos that are targeted to their injury as well as face to face physiotherapy treatment.

Mental Health Provision

The Trust has a wide range of mental health resources and options to support colleagues over winter. The LAS Wellbeing Hub remains the central point of contact, open seven days a week via both phone and email and able to provide signposting to appropriate services. Our peer support network LINC has more than 100 highly trained members and 30 in the senior team who are able to conduct TRiM assessments.

Colleagues are able to directly access counselling, CBT and EMDR via Optima’s 24/7 EAP line. Further advanced therapy, for conditions such as complex or historic PTSD is provided by the LAS Psychotherapist, who is also able to refer into two additional psychotherapists who specialise in trauma. We have also benefitted from the advice of KeepingWell NWL who are able to refer colleagues for fast track IAPT services.

Over winter, the wellbeing team also promoted the new 24/7 crisis line from TASC (The Ambulance Staff Charity) that has been established with the support of AACE, not only to stabilise callers who are displaying suicidal thoughts, but also to provide a series of follow up sessions for ongoing support and to ensure the caller is safe.

Vaccination

The Trust runs an internal seasonal flu vaccination programme every winter which has now come to an end, beginning as soon as vaccines become available. Since October 2022, there have been more than 800 flu clinics pan-London, staffed by our 170 trained paramedic peer vaccinators. The clinics have been held on stations or contact centres and on dedicated flu ambulances to provide safe, private spaces for colleagues to get vaccinated at hospital. There has been a noted level of vaccine fatigue at a regional level, so whilst the uptake by LAS staff has been lower than previous years at 50%, this reflects 5th place for London Trusts – an achievement given the additional logistical challenges.

Wellbeing Activities

The team have been developing a number of courses and workshops for staff and managers that will enhance team and individual wellbeing. The first of these is Wellbeing Conversation training run by the team at Keeping Well NWL. Delivered from March to October 2023, with one face to face training session per week, all ambulance operations and emergency operations centre managers will have the opportinity to attend and gain a greater understanding of how they can sensitively and appropriately support their teams, whilst

safeguarding their own boundaries and wellbeing. In conjunction with The Ambulance Staff Charity, the wellbeing team have been developing a bespoke “Coping with stress and supporting each other” course for all staff and managers in our contact centres. This is aimed at helping colleagues understand their own stress, that of their peers and when they may need to ask for help. Finally, the Centre for Anxiety, Stress and Trauma will be running a series of workshops colleagues in Resilience and Specialist Assets that focus on processing trauma.

In line with the AACE suicide prevention work, a new Wellbeing Impact Assessment is being introduced that will sit alongside the current Equality Impact Assessment, and ask the responsible colleague who is overseeing any new policy or procedural changes to reflect on how the changes will affect colleague wellbeing.

In December, we introduced the new monthly wellbeing award and have now had more than 40 colleagues nominated. The award aims to recognise any colleagues who positively impact on the wellbeing of others – whether they are peers or managers. We have also held six themed live nutrition workshops delivered by the Lunchbox Doctor on subjects such as how food can positively impact stress, sleep and menopause amongst others. The Wellbeing team have also planned in a number of holistic sessions that all colleagues will be able to access at various locations 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:

Our LAS, Our Leaders 100 programme: In March we have introduced a new management training programme, Our LAS Our Leaders 100, focussing initially at 100 of our band 6 and 7 line managers. This leadership development programme will provide the opportunity for our managers to learn new skills needed to help progress their career / enhance their leadership portfolios.

The modules will include the fundamentals of management, and will include:

- Leadership and management in organisations
- Managing individuals and effective performance
- Building high performance teams
- Recruitment and selection
- Managing budgets
- Resilience and self-care

Along with the above, the following will also form part of the programme:

- Work-based learning and action learning set
- Work-based project
- Reflective logs

The programme will be delivered by our own Organisational Development and Talent team in collaboration with Middlesex University London.

Partnership with NHSE - The Future of HR & OD Project: We have been working closely with the NHSE's People Services Transformation Team to work on a specific recommendation within *The Future of NHS human resources and organisational development* report*,* namely: *create a clear view on the expectations of line managers in the service in relation to people practice and the implications for provision of people services (by 2023).* To support this work, NHS England is collating a suite of resources to support line managers and People Services colleagues to develop and thrive in their roles. This includes a collection of professionally produced videos, one of which was filmed at Dockside Education Centre on 2 March, bringing together a group of LAS clinical and non-clinical managers and People & Culture colleagues to share their experiences and expertise on camera.

Learning and Development: We have been facilitating bespoke training sessions for teams across LAS – including our CTM colleagues, Scheduling, Clinical Tutors, Watch Managers and our Urgent Care APPs in core learning and development workshops focusing on developing essential values-based management skills. Further OD interventions are planned with the End of Life Care Team, The Strategy Team, and Operational colleagues in the coming weeks.

6. Equality, Diversity & Inclusion

2022 NHS Staff Survey Results

The results for the 2022 NHS Staff Survey were released on 9 March 2023. We achieved a 62% response rate in the survey, the highest response rate for an ambulance service. A deep dive into these results will be presented at the next People & Culture Committee. Key highlights are as follows;

Our results show the biggest improvements in how colleagues feel in issues such as:

- Having enough supplies, materials and equipment to do their jobs;
- Receiving pressure from manager to come to work when not feeling well enough;
- Received an appraisal and the quality of appraisals;
- Career development opportunities.

Our most declined scores:

- Satisfied with level of pay;
- Being happy with the standard of care provided by the organisation if a friend or relative needed treatment;
- Feeling secure in raising concerns about unsafe clinical practice and being confident the organisation would act on those concerns

The significant improvements to experiences of physical violence and harassment, bullying and abuse from patients and the public seen in our 2021 survey results have been maintained, with a modest improvement this year.

Our results show impact of the work done as part of the "Our LAS" Cultural Transformation Programme, especially with regard to appraisals and career development. For example, 61% of respondents agreed or strongly agreed that there are opportunities to develop their career in this organisation (11% above the ambulance service average). In our local questions developed to ask about the programme, the results show 89% of respondents said they are familiar with our new LAS values and behaviours.

Since 2021 the NHS Staff Survey results have been aligned to the seven elements of the NHS People Promise, along with the two themes of "Morale" and "Staff Engagement". Each element and theme is given a score between 0-10, depending on the positivity of the responses to the questions making up each area. Our 2022 results show improvements in *We are Safe and Healthy*, *We are Always Learning* and *Morale*, however our score decreased for *We are Recognised and Rewarded*.

Element/Theme	LAS 2021 score	LAS 2022 score	Difference	Statistically Significant Change?
We are compassionate and inclusive	6.6	6.6	-	-
We are recognised and rewarded	5.1	5.0	-0.1	Significantly Lower
We each have a voice that counts	5.8	5.8	-	-
We are safe and healthy	5.1	5.2	+0.1	Significantly Higher
We are always learning	4.3	4.5	+0.2	Significantly Higher
We work flexibly	5.2	5.2	-	-
We are a team	6.0	6.0	-	-
Staff Engagement	5.8	5.8	-	-
Morale	5.0	5.1	+0.1	Significantly Higher

EDI training

We have been working with teams across the Service to improve the support we can offer to neurodiverse colleagues. We have partnered with an external provider to create a more inclusive work environment which aims to reduce the barriers faced by neurodiverse colleagues in accessing the reasonable adjustments they need.

This support will be in two parts, firstly awareness training sessions, available to all colleagues. We will also be able to offer an online assessment for colleagues who identify themselves as requiring support, which will provide their manager with a report detailing what adjustments are needed to enable them to perform to the best of their ability. We have trialled the assessment with some colleagues and the feedback from the colleagues and their managers has been positive.

In addition forty colleagues have now attended the Disability Confidence workshop provided by the Business Disability Forum and specially designed to support HR, Recruitment, EDI and Wellbeing teams and our Staff Network Group chairs, to better respond to the needs of our colleagues and applicants who have a disability.

We have also continued to provide De-bias Training for colleagues sitting on recruitment panels. Attendees are asked to examine the biases that we all have and to work on recognising these biases and prevent them from influencing decisions. Over 200 colleagues have now attended these sessions.

And finally we provided EDI training to 35 new Clinical Team Managers last month. The session lasted for one day and aimed to help them lead and support diverse teams. This included role play of difficult conversations that might arise.

Living Wage Foundation Accreditation

The Service has now become accredited with the Living Wage Foundation. We worked with the Finance, Procurement, Workforce Intelligence and Payroll teams to make this happen. The accreditation is recognition that all of our staff earn the London Living Wage, a minimum of £11.95 per hour, above the government's recommended minimum. We are one of few Living Wage Employers amongst London NHS Trusts. Paying the higher minimum wage is linked to improved motivation and retention amongst employees.

Damian McGuinness

Director People and Culture, London Ambulance Service NHS Trust.

London Ambulance Service NHS Trust

Assurance report:	**People and Culture Committee**	**Date:**	**28/03/2023**

Summary report to:	**Trust Board**	**Date of meeting:**	**09/03/2023**
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:

This was a shorter meeting of the committee in recognition of the seasonal pressures combined with industrial action. This is therefore a shorter report.

INDUSTRIAL ACTION

The committee discussed the significant escalation of industrial action that had been proposed by UNISON. This included notification to take action short of a strike as well as a work to rule over a six-day period commencing on 18th March. The initial assessment is that this proposed action, if it occurs as indicated, would have a material impact on LAS ability to provide safe services to its patients. Talks are underway to secure further derogations to mitigate this impact. If these prove unsuccessful the Trust Board will be asked to consider what further action it should take to ensure the safe delivery of care to patients.

Other matters considered:

WORKFORCE PLANNING AND RECRUITMENT

The committee received a presentation on recruitment. The current projection is that of the 1,387 wte required there will be a gap of 152 wte against plan. The expectation is that the full plan will be delivered in Q2 of 23/24. The shortfall is almost exclusively in paramedic and AAP recruitment and is as a result of lower fill rates in Q1 and Q2 of this year. Fill rates at the current time are much improved and are now at 94% for paramedics and 99% for AAPs. 111 and 999 call handlers also remain strong with a fill rate of 97%.

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. The DVLA has consulted on changes to the regulations which would, if agreed, allow those with a B license to drive ambulances. The decision was due in January but as yet there is no news.

There are risks emerging in respect of retention. There is some early evidence of international recruits considering a return to their home countries as a result of a higher cost of living in the UK and improvements in their home country. The strategy remains to reduce over reliance on international recruitment in the medium term. However, in the short-term action is now underway to consider what further incentives might be needed to bolster retention for this group of staff.

The committee also noted the improved position on the retention of frontline staff. Turnover remains on a downward trajectory (-110 wte against plan) but variably by staff group. Notably 111 and IUC experiencing significantly higher turnover at 29.9%. The committee received assurance that work in underway to address this including looking at new career pathways. At its last meeting the committee had asked that the stability index be considered as a better measure of retention. At this meeting the first data on this was presented with an overall stability at one year at 85% overall. The committee has asked for this to be broken down by staff group and to be tracked at one and two years as a more accurate measure of achieving continuity in the workforce.

ATTENDANCE AT WORK AND WELLBEING

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. since Goodshape was introduced, overall absence has dropped from 11.1% to 6.7%.

The committee was also briefed on the outcome of the EOC Wellbeing pilot. This has been completed and as a result a number of initiatives are now being pursued including the introduction of wellbeing spaces, wellbeing training and the recruitment of a wellbeing support officer dedicated to EOC. The committee will continue to monitor the effect of these initiatives.

EMPLOYEE RELATIONS

The committee received an update on employee relations cases. The number of cases overall remains high. The HR team have conducted a review to consider how resolution can be more efficient and in particular how to reduce triage times. The committee noted the continued high level of ET's and asked that there be a deep dive on this at a subsequent meeting.

FREEDOM TO SPEAK UP REPORT

The committee received the reports for quarters 2 and 3. Systems and process were highlighted in both as the most frequent cause for concern. The most common reason for concern were internal LAS

	processes. However, the committee also noted that racism, bullying and harassment still remain a significant cause for concern and asked that the new ED&I committee review this in some detail. **STAFF SURVEY** The staff survey results were noted but due to a shorter than normal meeting were not discussed. The committee asked that sufficient time at its next meeting be made available to facilitate a full discussion.
Key decisions made / actions identified:	See other commentary.
Risks:	**Board Assurance Framework** This was reviewed. The committee discussed the burnout risk score and whether in the light of improving attendance it should be reviewed. The Director of People and Culture asked to consider this and come back to the board.
Assurance:	Assurance was not received on plans to mitigate action short of industrial action and it was agreed that if further derogations were not secured the matter should be immediately escalated to the board. Assurance was received on identified risks to recruitment plans but concerns exist on whether these can be sufficiently mitigated. Assurance was received on sickness absence and well being of staff

London Ambulance Service NHS Trust

London Ambulance Service NHS Trust Board meeting 28 March 2023

Report from the Chief Finance Officer

Financial Position at the end of February 2023

Income and Expenditure Plan

The Trust posted a year to date surplus of £1.1m as at the end of February 2023 against a deficit plan of £0.4m, a favourable variance of £1.5m. The Trust is on track to deliver the year end plan to breakeven.

Capital Programme

The Trust is forecast to invest £31.2m on capital programmes for the year. By the end of February the Trust had spent £21.2m. This £1.8m behind plan, however this is concentrated in a few schemes with plans to bring back on track by year end.

Cash Balance

The Trust had a closing cash balance of £60.6m at end of February.

2023/23 Financial Plan

The Trust has been developing the 2023/24 financial plan. The plan is due to be submitted to NHSE on 30 March 2023.

Fleet

The roll out of new vehicles has continued at pace since the last report. The Fleet department has made 152 vehicles for operational use during 2022/23. A further ten are planned during March. In addition, the Trust has placed orders for 54 Fast Response Vehicles in March. These will be operational in April 23.

Estates

The Trust has commenced work on the relocation of the 111 call centre from Southern House to Bernard Weatherill House located in the centre of Croydon. The new call centre is due to be operational by August 2023.

In January, the Board made the decision to in-house the Trust's cleaning service and we are track to have a fully in-house service by end of March. Engagement with staff coming to LAS has been overwhelming positive.

Rakesh Patel

Chief Finance Officer, London Ambulance service NHS Trust.

London Ambulance Service
NHS Trust

Assurance report:	Finance and Investment Committee	Date:	16/03/2023

Summary report to:	**Trust Board**	**Date of meeting:**	**28/03/2023**
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**

Matters for escalation:

Board Assurance Framework

A new risk was presented for review relating to equipping the operational fleet with a mobile data vehicle system (MDVS). Whilst members recognised and discussed the risk, given the number of interdependencies involved, not least those relating to timescale, technology and financing, the Committee felt it would benefit from a broader Board discussion to better frame the risks and necessary actions..

2023/24 Financial Plan

The Chief Finance Officer presented a paper which established the financial plan for 2023/24 for submission to NWL ICS on 21st March to NHSE on 30th March.

The key components of the plan were reported as follows:

- Income and Expenditure plan delivering a breakeven position;
- CIP Programme of £25m (4.0%) contributing to delivery of the breakeven plan;
- Capital Programme of £27.6m.

Members considered the risks associated with the plan and the developed state of both the capital and cost improvement programme elements. The Committee recognised the clear coherency of the plan and, notwithstanding its identified risks, supported submission to NWL ICS and recommending that the Board approve submission to NHSE on 30 March 2023.

Members reflected that given the scale of the financial challenge in 2023/24 and the risks to delivery identified during 2023/24 Plan development, there would be merit in continuing with FIC-lite arrangements in addition to the standard business cycle of FIC to ensure appropriate oversight and assurance during 2023/24. It was also recognised that service performance was more regularly being discussed in conjunction with financial performance and investment decisions and that needed to be reflected in the information the Committee received. It

	was suggested that the developing Integrated Performance report would assist in this area. This is not to question performance being in Quality Committee's remit but an increasing recognition of the inherent relationship between finance and performance capability.

FIC

Other matters considered:	**Finance Report** The Committee received a briefing on the month 11 (February 2023) financial position at the meeting and was assured on the actual financial performance noting key information • The in-month Income and Expenditure (I&E) position for month 11 was a £3.9m deficit; £4.m favourable to plan. • The year to date I&E surplus is £1.1.m at 28 February 2023 against the NHS performance target of £0.4m deficit, a favourable variance of £1.5m. • The Trust had delivered £21.7m of efficiency reductions to the end of February 2023, of which £8.2m are non-recurrent. • The Trust had a closing cash balance of £60.6m. **Capital Programme** The Committee has received an update on the month 11 (February 2023) capital programme position recognising confidence in full delivery of the programme **EOC Transformation** The Committee received a presentation from the Emergency Operations Centre transformation programme recognising the progress against the plan, the recruitment intentions and the importance of ensuring that alongside financial investment, cultural change was embedded to ensure that best practice improvements are implemented effectively. The Committee reflected that EOC transformation being such a key development, the Board would benefit from a similar presentation and discussion at a future development session.
Key decisions made / actions identified:	Support for the approval and submission of the 2023/24 financial plan. Further discuss MDV options ensuring appropriate Officers are in attendance.
Risks:	**Board Assurance Framework**

	The Committee received 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. Members discussed the risks as presented noting that the risk relating to the achievement of the year end position would have its score reduced as confidence in delivery had increased and requested that narratives explaining actions/mitigations be reviewed and updated as necessary.
Assurance:	The Committee were assured of the delivery of the revenue and capital forecasts for 2022/23 and of the robustness and rigour of the revenue and capital plans for 2023/24.

London Ambulance Service NHS Trust Board 28 March 2023

Report of the Director of Corporate Affairs

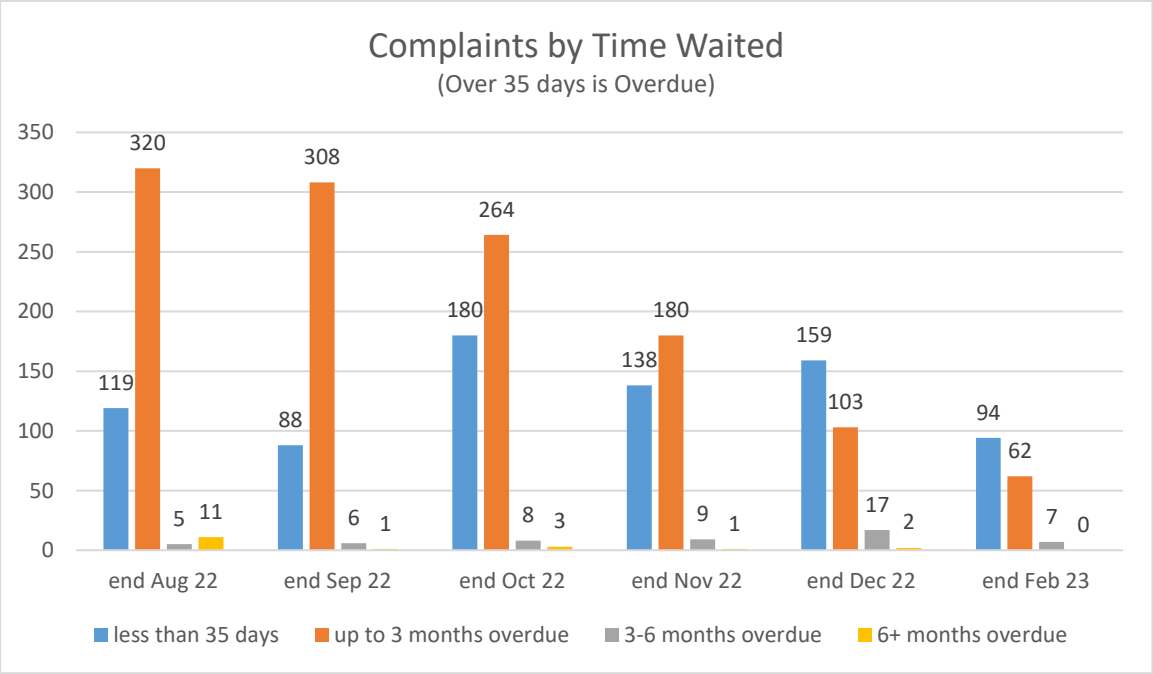
The Corporate Affairs Directorate incorporates Patient Experience, Legal Services, Information Governance, and Corporate Governance.

This report summarises the Directorate activity from January 2023 to March 2023.

PATIENT EXPERIENCE

Complaints

Between November 2022 – February 2023, 383 formal complaints were received (compared to 392 in November 2021 – February 2022). In the same period, 564 complaint investigations were completed (compared to 323 in November 2021 – February 2022) as part of the complaints backlog project. There has continued to be a significant reduction in the number of overdue complaints, as shown in the graph below.



Delay was the theme involving the highest number of complaints between November 2022 – February 2023 (including delay in an ambulance attending and delay in 111 call backs), followed by conduct and behavior, 111 call handling and non-conveyance (which includes referrals to NHS 111). This is consistent with the previous reporting period. Complaint themes are fed through to the Safety Incident and Assurance Learning Group (SIALG).

The team are continuing to follow the guidance from the NHS complaints standards designed by the Parliamentary and Health Service Ombudsman (PHSO) by attempting to provide 'early resolution' on specific complaints that meet the criteria.

The revised Complaints and Feedback Policy (TP004) has been reviewed and further checks completed in order to make it a live Trust policy. The Standard Operating Procedure for complaints management has been in operation for 3 months. An audit and review is taking place in March 2023 with a view to make any amendments required.

The Patient Experiences team have received further training from the PHSO regarding the investigation stage of the complaint. There are two more training sessions booked in March and April.

LEGAL SERVICES

Inquests opened since January 2023

Level 1 Inquests – 424 (411 in same period 2022)
Level 2 Inquests – 15 (22 in same period last year)

Level 1 Inquests are less complex inquests (with no issues identified for the Trust) which can be dealt as a documentary hearing. Live witnesses not usually required but sometimes LAS witness are called to give live factual evidence.

Level 2 Inquests are more **c**omplex where the Trust is an Interested Party, live witness evidence from attending crew and often senior management is required, and SI report or PSII reports are involved. There may be PFD and reputational risks for the Trusts.

Based on information from Coroners and inquests yet to be opened the Legal Team anticipates a significant increase in workload over the next period. This is due to the large backlog of inquests that Coroners are holding and which they attempting to clear. The backlog tends to include more level 2 Inquests as their complexity leads to longer delays. This means that an increase in workload is likely to involve more Level 2 cases which are the most resource intensive in terms of time and cost.

The team currently has two band 7 vacancies and a recruitment process is underway to fill these. If required the team will use additional resources from panel firms to assist with any increase in workload.

The team are now working with the estates and commercial teams to identify all their legal activity to ensure this is managed appropriately and where possible advice is provided in house in the first instance.

The Legal Services Manager has arranged for an LAS/NHS Resolution Training day on 05 May 2023. The technical and Operational NHSR Team Leads will provide an overview on claims and inquests funding, the new team structure and their aims and objectives for

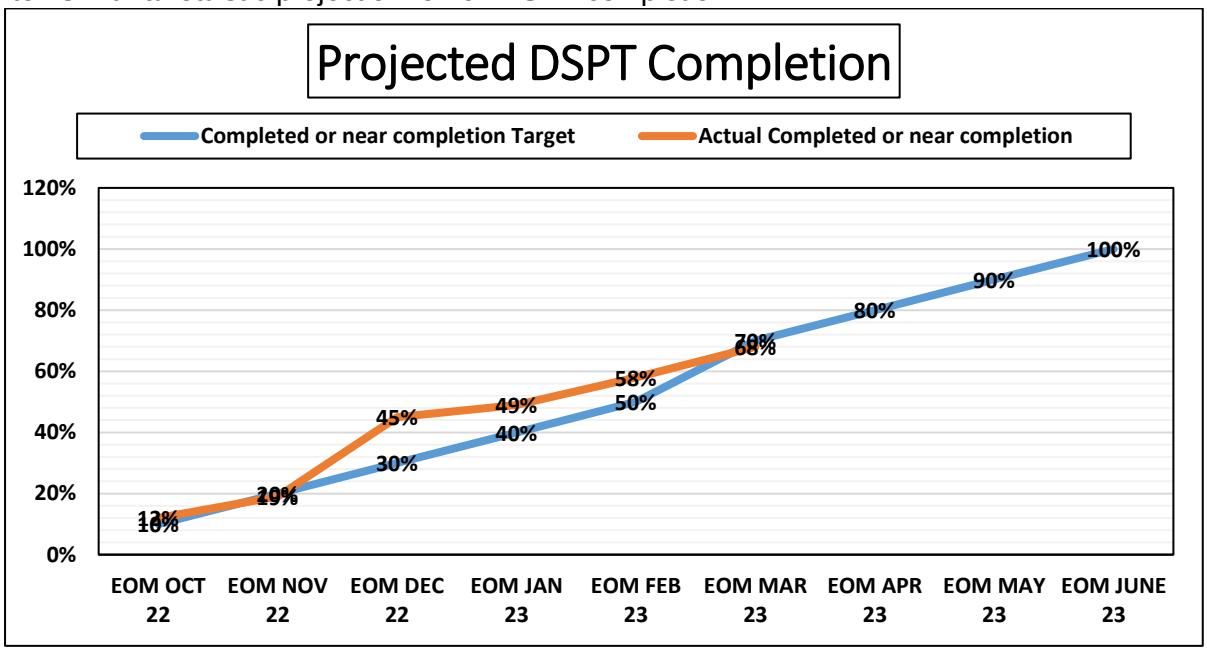
managing claims and inquests going forward. The NHSR Safety and Learning Lead will also provide training on the following topic: *Insights into ambulance claims: a national perspective and current frequent issues*

The Head of Quality Improvement and Learning will now meet with the Legal Services Manager and Senior Clinical Lead for Mental Health Capacity and Legal Services on a fortnightly basis. The purpose of this meeting will be to discuss the progress of investigations and PSIIs and identify learning from individual cases. Consideration is being given to combining this meeting with the same process used for Patient Experience cases.

INFORMATION GOVERNANCE

The trust has an annual programme to ensure compliance with the Data Security and Protection Toolkit (DSPT), which 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 requirement that any organisation that has access to NHS patient data and systems completes the DSPT to provide assurance that they are practising good data security and that personal information is handled correctly. The DSPT must be completed between 1st July and the 30th of June each year.

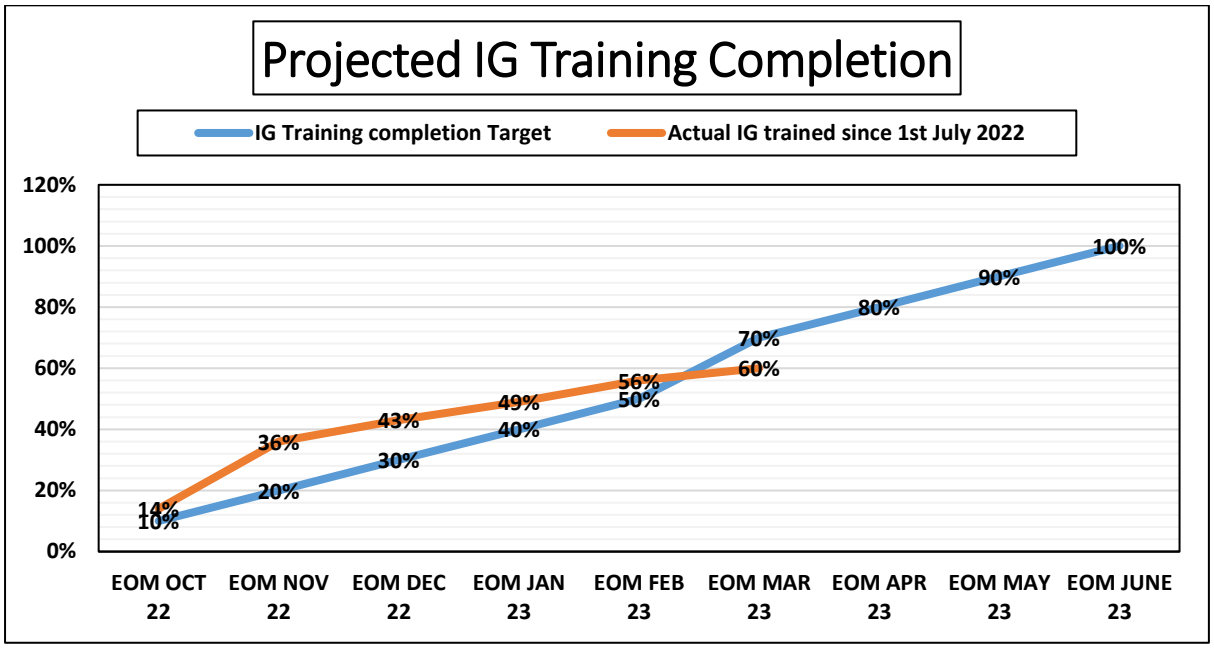
The below table charts the progress made completing the mandatory assertions evidence items with a realistic projection for full DSPT completion:



Of the 113 mandatory assertion evidence items included in the DSPT, 68% have either been completed or are near completion, which is a 23% increase since the previous report. The percentage total for March 2023 was correct at the time this report was written [20th March 2023] and all reporting totals are calculated at the end of each month.

The DSPT requires that 95% of all staff are compliant with mandatory Data Security and Awareness Training. It is also required that the Trust only count staff who have been trained within the last twelve months towards the 95% compliance target.

The below table charts the progress made in reaching the mandatory 95% compliance target with a realistic projection for full compliance:



The IG training completion target projection line has been calculated utilising staff training expiry data. The percentage total for March 2023 was correct at the time this report was written and all reporting totals are calculated at the end of each month.

The Trust is currently reporting a 60% training compliance level which is an increase of 13% since the previous report. Although the current percentage is below the target trajectory, the IG team are confident this will increase and reach target by the end of the month. This will be facilitated by an increase in reporting supplied by the workforce team and increased reminders to all staff.

As previously reported the Trust must complete an audit as part of the criteria for completion of the DSPT. The purpose of this audit is to provide an independent high-level review of the assertions and evidence items in the DSPT and to identify how compliance could be improved. The audit is being completed by BDO and commenced on 6th March 2023. The audit consists of 49 mandatory evidence assertion items included within the DSPT. Of the 49 mandatory assertion evidence items included in the audit, all evidence has been sourced and sent to the auditor for approval.

The DSPT is a high priority project and the Information Governance Team are confident the DSPT will be completed in advance of the deadline of 30th June 2023.

There are currently two open cases with the Information Commissioners Office. The first relates to the Advanced System Outage in August 2022. The ICO requested additional information regarding the incident, which was sent by the SIRO on 21 December 2022. On 27th February 2023, the ICO requested further information regarding the Advanced Ransomware Incident, which was sent on 13th March 2023. There has been no further response from the ICO to date. The second relates to unauthorised records access by a staff member. The case is being reviewed by an external investigator that we have commissioned,

and the ICO has been made aware of the steps taken by the Trust, and asked us to report back to them when our investigations are complete.

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 and Executive Committee and is part of the Quality Report reviewed at QAC; this review and challenge helps to support awareness and to ensure that internal stakeholders are aware of their responsibilities.

During the 2021/22 year, the Trust received 483 requests under the Freedom of Information Act 2000. In the period April 2022 to February 2023, the Trust has received 483 requests, equivalent to a monthly average of 44 requests. January 2023 saw a peak of 67 requests received in month. These requests relate to a broad spectrum of questions including response times, hospital handover delays, the impact of industrial action, fleet and Trust spend and procurement.

Of the 483 requests received in the period April 2022 to February 2023, 69% have been completed within the statutory deadline.

There are currently 26 open FOI requests received in the period April 2022 to end of February 2023 that are in breach of statutory deadlines and 23 open FOI requests from the same period whose responses remain within statutory deadlines. Response rates have been impacted by, periods of industrial action and operational pressures. The FOI team meet with the Director of Corporate Affairs fortnightly to monitor the position and to identify process improvements.

In order to reduce the burden on subject matter experts and manage the impact on operational duties, the team actively review previous FOI requests and extract data/responses, which may be appropriate to the current request.

Mark Easton

Director Corporate Affairs, London Ambulance Service NHS Trust.

London Ambulance Service
NHS Trust

Report Title	Quality Report			
Meeting:	Trust Board			
Agenda item:	7.1	**Meeting Date:**	28th March 2023	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	Various			
Purpose:	**X**	Assurance	**X**	Approval
	X	Discussion		Information

Report Summary

The Trust Quality Report, containing January 2023 data, is presented for discussion. This report provides an overview of the quality performance through relevant quality Key Performance Indicators (KPIs) and information including the quality improvement agenda across the organisation. The report continues to demonstrate the impact of prolonged escalation on the quality of care provided as well as other KPIs across the quality agenda.

- Following a rise in no harm incidents, it was noted in January to return to normal variation. The top 3 no harm categories in January 2023 remain the same with Medical Equipment, Dispatch & Call (although significantly decreased) and Clinical Treatment.
- Infection Prevention & Control compliance across the Trust remains positive with high compliance rates (=>95%) across a variety of KPIs. The report highlights that vehicle prep deep clean compliance has fallen below the Trust's expected target of 95% and requires monitoring.
- Security-Violence, aggression and abuse was the highest reported incident category in January with 141 reported incidents. Medical equipment incidents have reduced.
- January saw a significant increase in the number of incidents open for more than 35 days, this is now reducing with Trust wide improvement work underway.
- Safeguarding level 3 training is at 87%, level 2 training compliance is at 59% with improvement activity underway in both IUEC and EOC. MCA training is now at 92%.
- Statutory and mandatory training more broadly is at 84%. PDR compliance has improved, and is at 61.9%
- The backlog of overdue complaints has been reduced significantly from 307 in October to 86 in January. The level of complaints regarding conduct and behaviour also reduced (by approx. a third) from January 2022 to January 2023
- The number of overdue policies remains at 27 (38%) with 64 (62%) in date.

Recommendation/Request to the Board/Committee:
The Trust Board is asked to discuss and approve the Quality Report
Routing of Paper i.e. previously considered by:
QOG (23/02/23) ExCo (01/03/23) QAC (07/03/23)
Corporate Objectives and Risks that this paper addresses:
This paper addresses the agreed reporting metrics for quality, in the safe, effective, caring responsive and well led domains.

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London Ambulance Service – Quality Report

Report for discussion at the Trust Board

Analysis based on January 2023 data, unless otherwise stated

Quality Report Summary

NHS London Ambulance Service NHS Trust

	KPI	Latest Month	Measure	Variation	Assurance	Comment
SAFE	Number of No Harm Incidents	Jan'23	423			**Incidents:** The number of no harm incidents has been significantly increasing over the last few months. However, in January 2023 the number of no harm incidents reported has returned the to normal range. The top 3 no harm categories in January 2023 remain the same with Medical Equipment, Dispatch & Call (although significantly decreased) and Clinical Treatment. The higher levels of death incidents can be attributed to delays related to periods of high demand.
	OWR Hand Hygiene Compliance	Jan'23	95%		P	**Hand Hygiene**: The compliance rate for January 2023 remained at 95% and this score continues to exceed the Trust performance target (90%). Four stations did not submit data this reporting period (Homerton, Edmonton, Brent and Wimbledon). Overall submissions for January was 135. The IPC element of CSR re-opened in December which showed a slow increase in level 2 compliance.
	Premises Cleaning Audit	Jan'23	97%	H		**Premises cleaning:** Overall Trust compliance for January remained at 97%, continuing to exceed the Trust performance target of 90%. However, whereas 17/19 Group Stations submitted data, 0/4 IUC/EOC services continued with no data submitted for analysis in January.
	VP Deep Clean A&E Vehicles	Jan'23	90%		?	**Vehicle prep deep clean:** Overall Trust compliance for January was 90%, which is under the Trust performance target of 95%. (Ranges from 81% to 100%). 7/24 sites achieved or exceeded the 95% target which showed an improvement since the last reporting period.
	Patient Safety - Medical Equipment Incidents	Jan'23	124	L		**Medical equipment incidents:** The top 3 incident categories in January 2023 were Security – violence, aggression and abuse (141), Medicines Management (125) and Medical Equipment (124). The number of medical equipment incidents has been decreasing over the last few months.
	Overdue 999 Incidents	Jan-23	1322			**Overdue Incidents:** There were 1322 overdue incidents open on the system longer than 35 days (this excludes SIs, PSIIs & PSRs) in January. During this month, the number of incidents reported was higher than average and the number of incidents moved to Quality Check was higher than the average. A Trust wide improvement plan is in development for recovery of these incidents, including drop-in sessions and focused work sessions. The number of overdue incidents reduced to 973 in February.
	Percentage of Safeguarding Training - Level 3	Jan-23	87%	H	F	**Safeguarding Level 2 & 3 Training:** Compliance on Safeguarding Level 2 & Level 3 has been set at 85% in agreement with commissioners. The IUEC recovery plan has led to improvement in compliance with level 2 training. Compliance with level 2 training in EOC is below the required level, and requires focused recover work.
	Statutory & Mandatory Training Compliance	Jan-23	84%		?	**Statutory & Mandatory Training:** Although this has slightly increased form the last reporting period, stat/man still remains below the 85% target at 84%. Core skills refresher training courses remain ongoing throughout Q4.

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	Sep-22	32%			In September 2022, the LAS ranked 2nd for the overall ROSC on arrival at hospital with 32% and above the National average of 27.4%. An increase in Utstein from 51.1% to 52.5% was achieved which is above the National average of 48.7% and placed us 4th in the national ranking.
Stroke - Call to Arrival at Hospital mean (hh:mm) Reported 4 Months in Arrears	Sep-22	01:40:00			In September 2022, the LAS achieved a time of 01:40 (down from 01.48) for the call to arrival at hospital, compared with the national average of 01:47. This is outside the target of 01:10 and the LAS was 4th when ranked against other ambulance services
MCA Level 1 Training	Jan'23	92%			**MCA Level 1 & 2 Training:** is 92% with the current eLearning fulfilling both level 1 & 2. Level 3 MCA training is covered within the Trust's safeguarding level 3 training, which is delivered face to face. The trust risk regarding this has been closed.
Personal Development Review (PDR) Compliance	Jan-23	61.9%			In January, the PDR compliance was at 61.9% with an increase of 1.4% from November. **Actions**: Operational trajectories have been produced and are monitored via the compliance report.
CPI - Completion Rate (% of CPI audits undertaken)	Dec-22	77%			**CPI Completion rates:** Completion rates for December were at 77% and still remain below the target of 95%. All aspects of documented care were above the 95% target except elderly fallers which was at 94%.
Operational Workplace Review (OWR) compliance:	Jan-23	54.76%			OWR: This is currently at 54.76%. This remains below the Trust target of 85% and further action is required.

RESPONSIVE

KPI	Latest Month	Measure	Variation	Assurance	Comment
Number of Complaints	Jan'23	85			**Complaints:** The number of complaints received in month has dropped over the last 2 months with the total for January at 85 (the same as the previous year). The Patient Experiences team have continued to significantly reduce the total number of overdue complaints (307 were overdue at the end of October, compared to 86 at the end of January).

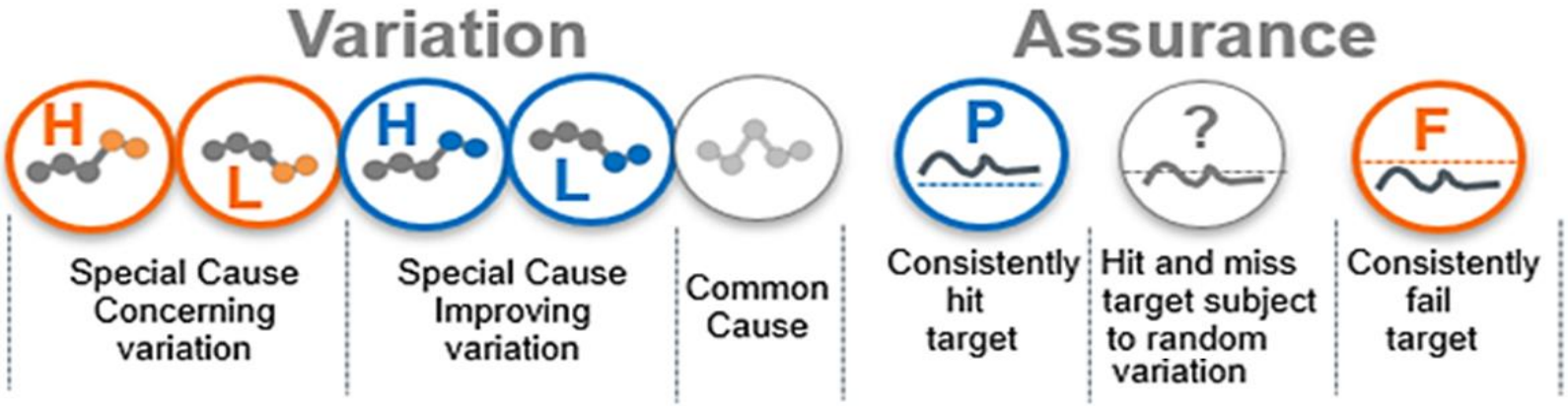
WELL - LED

KPI	Latest Month	Measure	Variation	Assurance	Comment
Percentage of all risks reviewed within 3 months	Jan'23	74.2%			The Trust's compliance in November was 74.2% for risks reviewed within the last 3 months which was below the 90% target. 100% of risks approved within 1 month (target 90%)
Percentage of policies in date	Jan-23	70%			There are 64 policies in date across the Trust which remains the same from the last reporting period. A target for 75% compliance by end September 2022 was set by the Executive Leadership Group but the current value sits at 62% against that target. 27 (38%) of policies remain overdue.

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.



London Ambulance Service NHS Trust

Report Title	Quality Priorities – 2023/24			
Meeting:	Trust Board			
Agenda item:	7.2	**Meeting Date:**	28th March 2023	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	Jaqui Lindridge, Director of Quality April Wrangles, Head of Quality Improvement and Learning Lee Hyett-Powell, Head of Quality and Assurance Systems			
Purpose:		Assurance	**X**	Approval
	X	Discussion		Information

Report Summary

Quality Priorities for 2023/24

Looking ahead, we have identified a number of proposed quality priorities for 2023/24. In order to shape the priorities for this year we have considered the following:

- Progress against the 2021/22 quality priorities
- Quality intelligence, in particularly learning from patient safety incidents, clinical audit and complaints
- Trust business plans and our emerging 5 year strategic intentions

The proposed priorities arise from a shortlist of eight priorities which were prepared by the Quality Priorities Task and Finish Group, which were then discussed with the Patient and Public Council.

The final shortlist of five priorities is recommended for final approval following a series of developmental discussions with the forums outlined below.

Recommendation/Request to the Board/Committee:

The Trust Board is asked to consider and approve the proposed quality priorities for 2023/24

Routing of Paper i.e. previously considered by:

Clinical Quality Reference Group (21/2/23)
Quality Oversight Group (23/2/23)
Executive Committee (1/3/23)
Quality Assurance Committee (7/3/23)

Corporate Objectives and Risks that this paper addresses:

This paper addresses the requirements for the Trust to have quality priorities in accordance with statutory requirements.

Proposed Quality Priorities for 2023/24

Looking ahead, we have identified a number of potential quality priorities for 2023/24. In order to shape the priorities for this year we have considered the following:

- Progress against the 2022/23 quality priorities
- Quality intelligence, in particularly learning from patient safety incidents, clinical audit and complaints
- Trust business plans and our emerging 5 year strategic intentions

A final proposal of the following five priorities are recommended for final approval at Trust Board.

Quality Priority	Source	KPI(s)
Cardiac arrest management	• **Patient safety incidents** • **National Benchmarking**	Improve return of spontaneous circulation rates
		Deliver resuscitation update training
Care after a fall	• **Patient safety incidents** • **Clinical Performance Indicators**	↑ Urgent Community Response provision
		Deliver spinal immobilisation training
Hear and treat consultations	• **Trust Risk Register** • **Licensing requirements**	Implement Clinical Guardian across 999 and 111
		Implement Category 2 Segmentation Programme
Reduce delays	• **Patient Safety Incidents** • **Ambulance Quality Indicators**	Achieve a ≤30 minute C2 mean in line with trajectory
		Achieve a ≤10 second call answering mean in line with trajectory
Infection Prevention and Control	• **Quality visits** • **IPC Audit Validation**	↑ Audit data submissions
		Implement audit software replacement

London Ambulance Service NHS Trust

Report Title	Draft Patient Safety incident Response Plan 2023/24			
Meeting:	Trust Board			
Agenda item:	7.3	**Meeting Date:**	28th March 2023	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	Jaqui Lindridge, Director of Quality April Wrangles, Head of Quality Improvement and Learning			
Purpose:		Assurance	**X**	Approval
	X	Discussion		Information

Report Summary

The Trust PSIRP for 2023/24 is presented for approval.

The LAS became an early adopter of the PSIRF in 2021, the PSIRP presented here today has been reviewed based on triangulated quality intelligence and a number of changes to the local priorities are therefore proposed. This includes increasing the focus on the care of people aged 65 years or older who have fallen as well as other incidents relating to patients at the extremes of age, and a focus on cardiac arrest management to include unrecognised oesophageal intubation and recognition of cardiac arrest, alongside our existing priority of delayed defibrillation.

One of the priorities which were present in the 2021/23 plan was identified for removal from the PSIRP.

- Clinical assessment which led to a patient being managed down an incorrect pathway was removed having had no PSIIs commissioned during 2022.

The PSIRP should be considered a 'living document' and it is recognised that local priorities may change in response to patient needs. It is proposed that the plan is formally reviewed after a period of 18 months.

The document presented uses the new template recommended by NHS England.

Recommendation/Request to the Board/Committee:

The Trust Board is asked to discuss and approve the draft PSIRP for 2023/24

Routing of Paper i.e. previously considered by:

CQRG (21/02/23), QOG (23/02/23), ExCo (01/03/23), QAC 07/03/23)

Corporate Objectives and Risks that this paper addresses:

This paper addresses the requirements for the Trust to have a PSIRP informed by quality intelligence. The PSIRP seeks to respond to risks to patient safety and supports the development of a just learning culture.

London Ambulance Service
NHS Trust

Patient safety incident response plan

Document Control

Version	2.11
Approved by	LAS Clinical Quality Reference Group (February 2023) Trust Board TBC
Lead Director/ Manager	Jaqui Lindridge, Director of Quality
Author(s)	Jaqui Lindridge, Director of Quality April Wrangles, Head of Quality Improvement and Learning Helen Woolford, Head of Quality Improvement and Learning
Issue Date	April 2023 TBC
Review Date	September 2024 TBC

Change History

Date	Version	Change	Approved by/ Comments
07/03/2023	V2.11	Updated following Quality Assurance Committee Feedback (context)	Approved by QAC
23/02/2023	V2.10	Updated following Quality Oversight Group Feedback (amendment of priorities)	Approved by QOG
21/0220/23	V2.9	Annual review and update in line with full national role of PSIRF	DoQ/ HofQIL Approved by LAS CQRG 21/02/23
06/02/2023	V2.8	Local priority review	DoQ/ HofQIL
March 2022	V2.7	Annual review (early PSIRF adopter framework)	Trust Board
February 2021	V2.6	Live document (early PSIRF adopter framework)	Trust Board
October 2020	V0.1-V2.5	Document Development	Quality Improvement and Learning Team

Contents

1. Introduction

This patient safety incident response plan sets out how the London Ambulance Service NHS Trust intends to respond to patient safety incidents over a period of 12 to 18 months. The plan is not a permanent rule that cannot be changed. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected.

This document should be read in conjunction with the Trust's Patient Safety Incident Response Policy.

2. Our services

Emergency and urgent healthcare access

Our main service is to answer request for help of an emergency or urgent medical nature, including 999 calls and calls transferred by a dedicated computer link from the Metropolitan Police Service, collectively known as "calls".

We run two emergency call centres which are split between two sites, HQ (Waterloo) and Newham known as our emergency operations centres (EOC) which deal predominately with patients who are seriously ill or life-threatened, as well as dealing with patients whose conditions are less serious. Within these centres, we employ emergency call handlers, emergency response dispatchers, clinical advisors, clinical team navigators and emergency operations centre managers.

111/Integrated Urgent Care

Our 24-hour 111 integrated urgent care services in north east and south east London answer around 2.2 million calls a year. This deals predominantly with patients needing advice or access to urgent care services. We employ non-clinical service and health advisors to perform an assessment and a multi-disciplinary team of General Practitioners, Advanced Clinical Practitioners, Nurses and Paramedics to assess and manage patients using their specialist clinical knowledge and skills such as prescribing.

Emergency and Urgent Health care response

We have a number of ways to respond to the clinical needs of callers to our 999 service. The options include:

Hear and treat: the patient is given clinical advice over the telephone, which may include referring to an alternative care pathway.

See and treat: frontline response sent to treat the patient at the scene and either discharge them or refer them for follow up at an appropriate care pathway.

See, treat and convey: frontline sent to treat patients at the scene and transport them to the most appropriate setting of care, which may be an emergency department, specialist centre or an appropriate care pathway.

Our front line response staff include: paramedics, advanced paramedic practitioners, registered mental health nurses, emergency medical technicians, assistant ambulance practitioners and non-emergency transport staff. Some of our response vehicles are staffed in collaboration with other providers and may be staffed by a combination of our paramedics and registered general nurses or therapists employed by community providers.

Specialist operational response

We provide an emergency clinical response to incidents of a chemical, biological, radioactive and nuclear (CBRN) or other exceptionally hazardous nature within London and surrounding area deploying staff with specialist training and equipment.

Health professionals' information provision and case management

We manage the Emergency Bed Service (EBS), a 24-hour referral support team which provides a range of services to health care professionals within and external to the Trust.

Non-Emergency Transport Service (NETS)

NETS are deployed as a frontline resource to some Cat 3, Cat 4, HCP 3&4 and IFT 3&4 calls, where the call has been deemed suitable for their skill set by the clinical hub or following a see and treat assessment by a clinician.

3. Defining our patient safety incident profile

The patient safety incident risks for the Trust has been profiled using organisational data from patient safety incident reports, complaints, freedom to speak up reports, mortality reviews, case note reviews, staff survey results, claims and risk assessments.

Consultation on the Trust's prioritisation plan has been undertaken internally via the Trusts Safety Investigation Assurance and Learning Group, the Quality Oversight Group, the Quality Assurance Committee, Trust Board and externally with Trust's Commissioners.

The following local priorities have been identified by review of the data:

	Incident type	Area/ Service
1	Delays	Trust wide
2	Call handling and dispatch	EOC/IUC
3	Civility (behaviour and attitude)	Trust wide
4	Clinical assessment	Trust wide
5	Medicines management	Trust wide
6	Cardiac arrest management, including delayed defibrillation	Ambulance Services
7	IT Infrastructure	Trust Wide
8	Medical equipment	Ambulance Services/Logistics
9	Management of patients 65 years old and older who have fallen	Trust wide
10	Discharge of care	Trust wide

These priorities were compared to local priorities outlined in the 2021/23 Trust PSIRP (appendix 1).

New priorities were discussed and have been included in this plan based on quality intelligence. This was specifically reviewing patient safety incidents in 2022 and identifying the opportunity to being more specific when articulating priority criteria. This includes a specific focus on the care of people aged 65 years or older who have fallen as well as other incidents relating to patients at the extremes of age, and a focus on cardiac arrest management to include unrecognised oesophageal intubation and recognition of cardiac arrest, alongside our existing priority of delayed defibrillation.

Harm in relation to delays in call-answering and ambulance attendance were recognized as part of this review to continue to represent an area of concern, with between 14 and 190 incidents per quarter being subject to a 50 criterion delays structured judgement review (SJR) which has formed part of incident investigation since early in the COVID-19 pandemic. The delays SJR process is no longer yielding new learning and in line with the Patient Safety Incident Response Framework our future focus will be on improvement in this area as part of our Quality Priorities for 2023/24.

One of the priorities which were present in the 2021/23 plan were identified for removal from the PSIRP. Clinical assessment which led to a patient being managed down an incorrect pathway was removed having had no PSIIs commissioned during 2022.

4. Defining our patient safety improvement profile

The findings from incident reviews, PSIIs or other related activities must be translated into effective and sustainable action that reduces the risk to patients. For this to happen, organisations must be able to apply knowledge of the science of patient safety and improvement to identify:

- Where improvements are needed
- What changes need to be made
- How changes will be implemented
- How to determine if those changes have the desired impact (and if they do not, how they could be adapted).

The Trust uses the standardised approach to improvement via the Quality, Service Improvement Re-design (QSIR) programme to ensure staff have the tools they need to sustain improvement.

A number of strategic programmes and projects as well as locally designed patient safety improvement plans are underway across the Trust. These relate to full plans, rather than individual actions, designed and prescribed to address known issues with all of them incorporating previous PSIIs, review, audit or risk assessment findings (e.g. national suicide prevention plan).

The below is an overview of these Trust's programmes, projects and current quality improvement plans:

	Strategic Programmes and Projects improvement plan	Specialty	Monitoring Committee/Group
1	IT Infrastructure	Integrated Patient Care Services/IM&T/Ambulance Services	IMT Delivery Board
2	Category 2 Improvement Plan	Ambulance Services/ Emergency Operations Centre	Executive Committee
3	Emergency Operations Centre Transformation Programme	Emergency Operations Centre	Executive Committee
4	Estates Modernisation Programme	Emergency Operations Centre/ /Integrated Patient Care Services/Ambulance Services	Executive Committee

5	Right care, right place	Integrated Patient Care Services/Ambulance Services	Executive Committee

	***Local* patient safety incident improvement plans titles**	**Specialty**	**Monitoring Committee/Group**
1	Patients who have fallen	Ambulance Services	SIALG/QOG/QAC
2	Timely Defibrillation	Ambulance Services	SIALG/QOG/QAC
3	Cleric Implementation	EOC/IUC	SIALG/QOG/QAC
4	Medicines Management	Ambulance Services	SIALG/QOG/QAC

5. Our patient safety incident response plan: national requirements

Nationally-defined incidents requiring local PSII

Patient safety incident type	**Required response**	**Anticipated improvement route**
Incidents that meet the criteria set in the Never Events list 2018	PSII	Create local organisational actions and feed these into quality planning.
Incidents that meet the 'Learning from Deaths' criteria; that is, deaths clinically assessed as more likely than not due to problems in care.	PSII	Create local organisational actions and feed these into quality planning.

Nationally-defined priorities for referral to other bodies or teams for review and/ or PSII

Maternity and neonatal incidents:

- incidents which meet the 'Each Baby Counts' and maternal deaths criteria detailed in Appendix 4 of the PSIRF must be referred to the Healthcare Safety Investigation Branch (HSIB) for investigation (https://www.hsib.org.uk/maternity/)
- all cases of severe brain injury (in line with the criteria used by the Each Baby Counts programme) must also be referred to NHS Resolution's Early Notification Scheme

- all perinatal and maternal deaths must be referred to MBRRACE

Mental health related homicides by persons in receipt of mental health services or within 6 months of their discharge

- Cases must be discussed with the relevant NHS England and NHS Improvement regional independent investigation team (RIIT)

Child deaths

- Incidents must be referred to child death panels for investigation

Deaths of persons with learning disabilities:

- Incidents must be reported and reviewed in line with the Learning Disabilities Mortality Review (LeDeR) programme

Safeguarding incidents:

- Incidents must be reported to the local organisation's named professional/safeguarding lead manager and director of nursing for review/multi-professional investigation.

Incidents in screening programmes:

- Incidents must be reported to Public Health England (PHE) in the first instance for advice on reporting and investigation (PHE's regional Screening Quality Assurance Service (SQAS) and commissioners of the service)

Deaths of patients in custody, in prison or on probation where healthcare is/was NHS funded and delivered through an NHS contract:

- Incidents must be reported to the Prison and Probation Ombudsman (PPO), and services required to be registered by the Care Quality Commission (CQC) must also notify CQC of the death. Organisations should contribute to PPO investigations when approached.

6. Our patient safety incident response plan: local focus

Locally-defined incidents requiring local PSII

Based on the local situational analysis and review of the local incident reporting profile, local priorities for PSII have been agreed by the Trust for the next 12 to 18 months:

Locally-defined emergent patient safety incidents requiring PSII.

An unexpected patient safety incident which signifies an extreme level of risk for patients, families and carers, staff or organisations, and where the potential for new learning and improvement is so great (within or across a healthcare service/pathway) that it warrants the use of extra resources to mount a comprehensive PSII response.

Locally-predefined patient safety incidents requiring investigation.

Key patient safety incidents for PSII have been identified through analysis of local data and intelligence from the past three years, and agreed as a local priority. This is noting that incidents which do not meet the Trusts PSIRP will be investigated using appropriate and proportionate techniques. The investigation methods for this category of investigation will be agreed by the Patient Safety Investigation Panel using the following planned responses:

- Patient safety incident investigation
- Swarm huddle
- After action review
- MDT review

Theme	Patient safety incident type or issue	Anticipated improvement route
Medicine management	Medication error	Local safety actions to feed into a wider piece of work.
	Errors occurring during the preparation or administration of medicines with or without the presence of patient harm	
Call handling	Errors in 999 call handling which has led to a patient receiving a delayed response attributed to probable harm	Local safety actions to feed into a wider piece of work.
	Errors in 111/IUC call handling which has led to a patient receiving a delayed response attributed to probable harm	Local safety actions to feed into a wider piece of work.

Face to face clinical assessment	Clinical assessment and management of patients at the extremes of age.	Inform ongoing improvement efforts linking with fallers thematic review and Quality Priorities.
	Clinical assessment which led to a patient not receiving immobilisation where it was clinically indicated	Local safety actions to feed into a wider piece of work.
	Face to face assessment which resulted in the conveyance to hospital but not to definitive care; where there was clear indication for the patient to have been conveyed to a specialist centre.	Inform ongoing improvement efforts ascertained from findings from previously completed thematics.
Discharge of care	Enhanced telephone clinical assessment (999/111) incorrectly resulting in home management advice. The management of the patient down this pathway resulted in probably harm.	Local safety actions to feed into a wider piece of work.
	Face to face assessment which resulted in an incorrect decision to not convey the patient. The non-conveyance is attributed to probable harm.	Local safety actions to feed into a wider piece of work in collaboration with CARU.
Cardiac arrest management	Airway management including unrecognised oesophageal intubation	Inform ongoing improvement efforts linking with thematic review and Quality Priorities.
	Timely Defibrillation	
	Recognition of Cardiac Arrest	

These local priorities will be reviewed on an ongoing basis via the Safety Investigation Assurance and Learning Group with a formal review of the PSIRP no later than 18 months from the date of issue.

Appendix 1 – 2021/23 PSIRP

(Acknowledging that numbers of pre planned PSIIs were removed in spring 2022)

	Incident type Specific risk (or incident subtype) identified through risk assessment process and described with the support of patient safety teams, executive team, patient groups and clinical commissioning groups		Number of PSIIs	Planned response for specific incident type - selected based on risk assessment and particularly on potential for new learning or insight
1	Call handling	Errors in 999 call handling which has led to a patient receiving a delayed response attributed to probable harm	**6**	3 PSIIs will be undertaken into each specific incident type to identify key common interlined causal factors
		Errors in 111/IUC call handling which has led to a patient receiving a delayed response attributed to probable harm		
2	Face to Face Clinical Assessment	Clinical assessment which led to a patient being managed down an incorrect pathway	**9**	3 PSIIs will be undertaken into each specific incident type to identify key common interlinked causal factors.
		Face to face assessment which resulted in an incorrect decision to not convey the patient. The non-conveyance is attributed to probable harm.		
		Face to face assessment which resulted in the conveyance to hospital but not to definitive care; where there was clear indication for the patient to have been conveyed to a specialist centre.		
3	Enhanced Telephone Clinical Assessment	Enhanced telephone clinical assessment incorrectly resulting in home management advice. The management of the patient down this pathway resulted in probably harm.	**3**	3 PSIIs will be undertaken to identify key common interlinked causal factors.
4	Clinical Assessment of Spinal Injuries	Clinical assessment which led to a patient not receiving immobilisation where it was clinically indicated	**3**	3 PSIIs will be undertaken to identify key common interlinked causal factors.
5	Medicine management	Medication error	**4**	4 PSIIs will be undertaken to identify key common interlinked causal factors.
		Errors occurring during the preparation or administration of medicines with or without the presence of patient harm		

London Ambulance Service
NHS Trust

Report Title	Policy for approval - TP005 Risk Management and Policy			
Meeting:	Trust Board			
Agenda item:	7.4	**Meeting Date:**	28/03/2013	
Lead Executive:	Dr John Martin, Chief Paramedic and Quality Officer			
Report Author:	J Lindridge, Director of Quality			
Purpose:		Assurance	**X**	Approval
		Discussion		Information

Report Summary

The following policy is presented to the Board for approval: TP005 Risk Management and Policy.

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. Following feedback from Audit Committee and Trust Board, the roles and responsibilities have been reviewed and updated.

Approval for the policy is now sought from the Board.

Recommendation/Request to the Board:

The Trust Board is asked to approve the policy for publication.

Routing of Paper i.e. previously considered by:

TP005 Risk Management and Policy
Risk Compliance and Assurance Group
Executive Committee
Audit Committee

London Ambulance Service NHS Trust

Risk Management Strategy and Policy

Document Control

Document Reference	TP005
Version	10.7
Approved by	RCAG, ExCo, Audit Committee, Trust Board TBC
Lead Director/Manager	John Martin, Chief Paramedic and Quality Officer
Author(s)	Carolyn Slater, Trust Risk Manager Helen Woolford, Head of Quality Improvement and Learning
Distribution list	Trust Board Executive Committee Senior Managers All staff (via intranet)
Issue Date	TBC
Review Date	TBC

Change History

Date	Change	Approved by/Comments
14/02/2023	Feedback from Audit Committee	Director of Quality
02/02/2023	Updates in relation to roles and responsibilities	Director of Quality
01/12/2022	Updates in relation to roles and responsibilities	Director of Quality
23/11/2022	Updates in relation to role of the Audit Committee and Information Governance Group	Director of Corporate Affairs

06/2022	Minor Updates and changes to the role of the senior management team – Yearly review	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 Affairs
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 support 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 are 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 (RCAG) 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 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 objectives8 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. **Audit Committee**

The Audit Committee is the principal Board committee responsible for the oversight of risk, taking a view of the BAF as a whole before its submission to the Board. It is also responsible for the audit programme, based on a risk-based approach to the organisation's main priorities. It receives the Corporate Risk Register once a year for review and to ensure alignment with the BAF.

3.3. **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.

3.4. **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.

3.5. **Executive Directors**

Each executive director has delegated responsibility for managing the strategic development and implementation of risk management pertaining to their remit.

3.5.1 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.

3.5.2 Director of Quality

The Director of Quality has a devolved responsibility for supporting the responsibilities of the Chief Paramedic and Quality Officer/Deputy CEO. The Director of Quality has responsibility for continuously monitoring of patient safety and risk activity against quality standards; supporting the Chief Paramedic and Quality Officer/Deputy CEO and Chief Medical Officer to implement clinical and organisational risk management actions; ensuring that structures and processes are

in place for safe and effective compliance with all risk management standards; ensuring the directorate Risk Register is up to date and maintained, and identify, plan and monitor risk mitigation strategies to ensure effective risk management is integrated into all Quality directorate plans.

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.

The Director of Quality has delegated responsibility for strategic development and implementation of risk management relating to the Emergency Bed Service, Health, Safety and Security.

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 monitoring

3.5.4. Chief Finance Officer

The Chief Finance Officer (CFO) 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.

The CFO is the designated Executive Director with overall responsibility for strategic development and implementation of risk management relating to Estates, Fleet, Supply and Distribution and Capital Projects.

3.5.5. 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; medical and clinical advice, Emergency Responders and Community First Responders. 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.

3.5.6. Director of People and Culture

The Director of People and Culture is the designated Executive Director with 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.

3.6. **Executive Responsibilities**

3.6.4. 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 four operational directorates including; Integrated Urgent & Emergency Care, Ambulance Operations, 999 Operations, and Resilience and Specialist Assets.

3.6.4.1. **Director of Ambulance Operations**

The Director of Ambulance Operations is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to frontline service delivery and workforce, including voluntary and private ambulance service and taxi provision, motorcycle and cycle response units, scheduling and Non-Emergency Transport Service (NETS).

3.6.4.2. **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 and Emergency Care (IUC), emergency and urgent clinical assessment services

3.6.4.3. **Director of 999 Operations**

The Director of 999 Operations is the designated delegated Director with overall responsibility for strategic development and implementation of risk management relating to the Emergency Operations Centres, Incident and Delivery.

3.6.4.4. **The Director of Resilience and Specialist Assets**

The Director of Resilience and Specialist Assets has delegated responsibility for strategic development and implementation of risk management relating to all aspects resilience and specialist assets.

3.7. **Delegated Executive Responsibilities**

3.7.4. Director of Strategy and Communications

The Director of Strategy and Communications has delegated responsibility for strategic development and implementation of risk management relating to strategy and the sponsorship of major projects and programmes, reputation management, stakeholder management, staff engagement, and media relations.

3.7.5. Chief Information Officer

The Chief Information Officer 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.

3.7.6. 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.

3.7.7. Director of Clinical Pathways and Transformation

The Director of Clinical Pathways and Transformation has delegated responsibility for strategic development and implementation of risk management relating to the Mental Health Joint Response and Urgent Crisis Response services.

3.8. **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

3.9. **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.

3.10. **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 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:

4.5.4. 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.

4.5.5. 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.

4.5.6. 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 the 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 Committee has delegated authority from the Trust Board to consider the medium-term financial strategy and performance and this includes strategic financial risks.

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.

4.2.5 Executive Committee (ExCo)

ExCo manages strategic and operational risk on behalf of the Trust Board. ExCo ensures that systems, structures and management processes are in place for monitoring and reviewing all forms of risk throughout the Trust. ExCo 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 1.

4.3.1 The Risk Compliance and Assurance Group

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, Safety and Security Committee

The Corporate Health, Safety and Security 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.

4.3.4 Information Governance Group

The Information Governance Group is chaired by the Director of Corporate Affairs as SIRO and considers risks associated with data quality and information governance including the DSPT. The SIRO reports to each meeting of the Audit Committee. For data quality the group reports to the Quality Assurance Committee.

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.

5.5. **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.

6.5. **Risk appetite statement**

The 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 England 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. This reporting is undertaken by Board Assurance Committees via review of the BAF.

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 Risk Compliance and Assurance Group 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 BAF risks will be discussed and escalated/communicated to the Board, as appropriate. The Audit Committee will review the Trust-Wide Corporate Risk Register once a year

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 year 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 policy 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 6) the Trust aspire to achieve maturity level 4 'Embedded & Working'. The Maturity of Risk management within the Trust will be reviewed on an annual 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

Building the Assurance Framework: A Practical Guide for NHS Boards (DOH March 2003)

Dower E & Bullivant J (2014) Building a Framework for Board/Governing Body Assurance

Bullivant J & Corbett-Nolan A (2012) Risk Appetite for NHS Organisations: A matrix to support better risk sensitivity in decision taking

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.

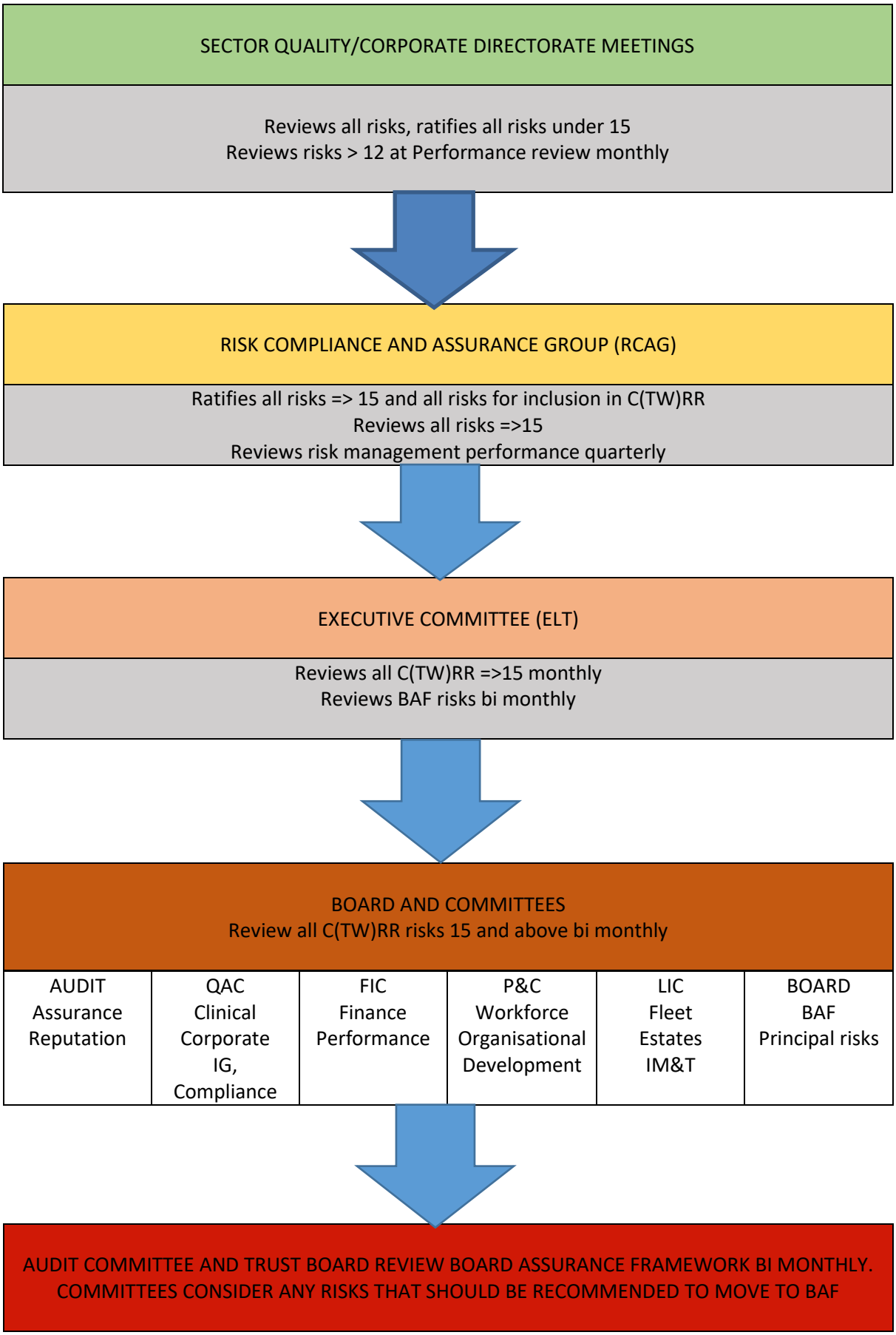
LAS will actively utilise the Risk Appetite Statement during any decision making process.

Key Risk Categories and Risk Tolerances

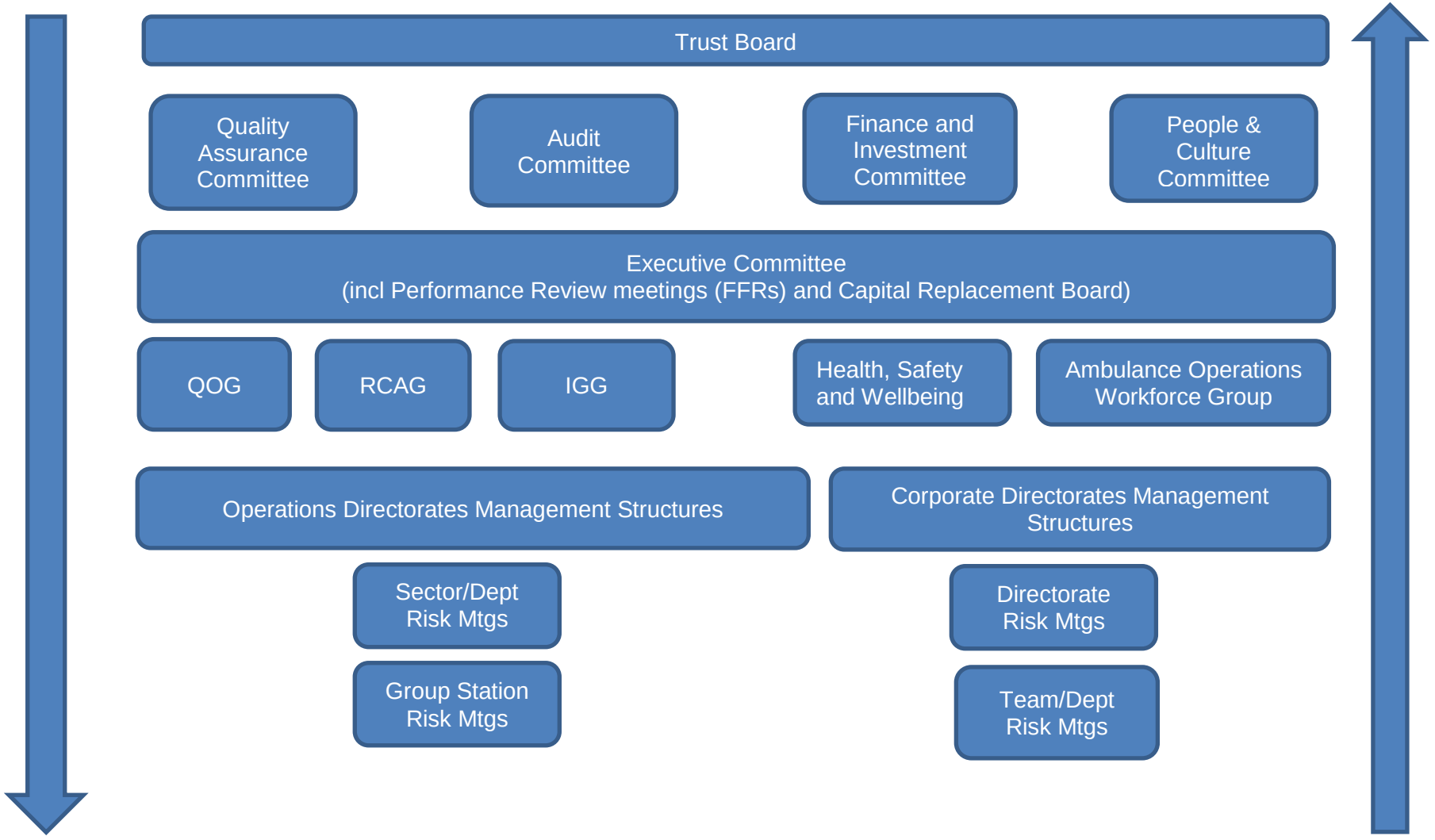
Risk Category	Risk Appetite Level	Risk Appetite Statement	Example
Quality Outcomes	Low	LAS has a low appetite for risks that may compromise the delivery of outcomes for patients. LAS may take measured and considered risks to improve and deliver quality outcomes where there is a potential for long term 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

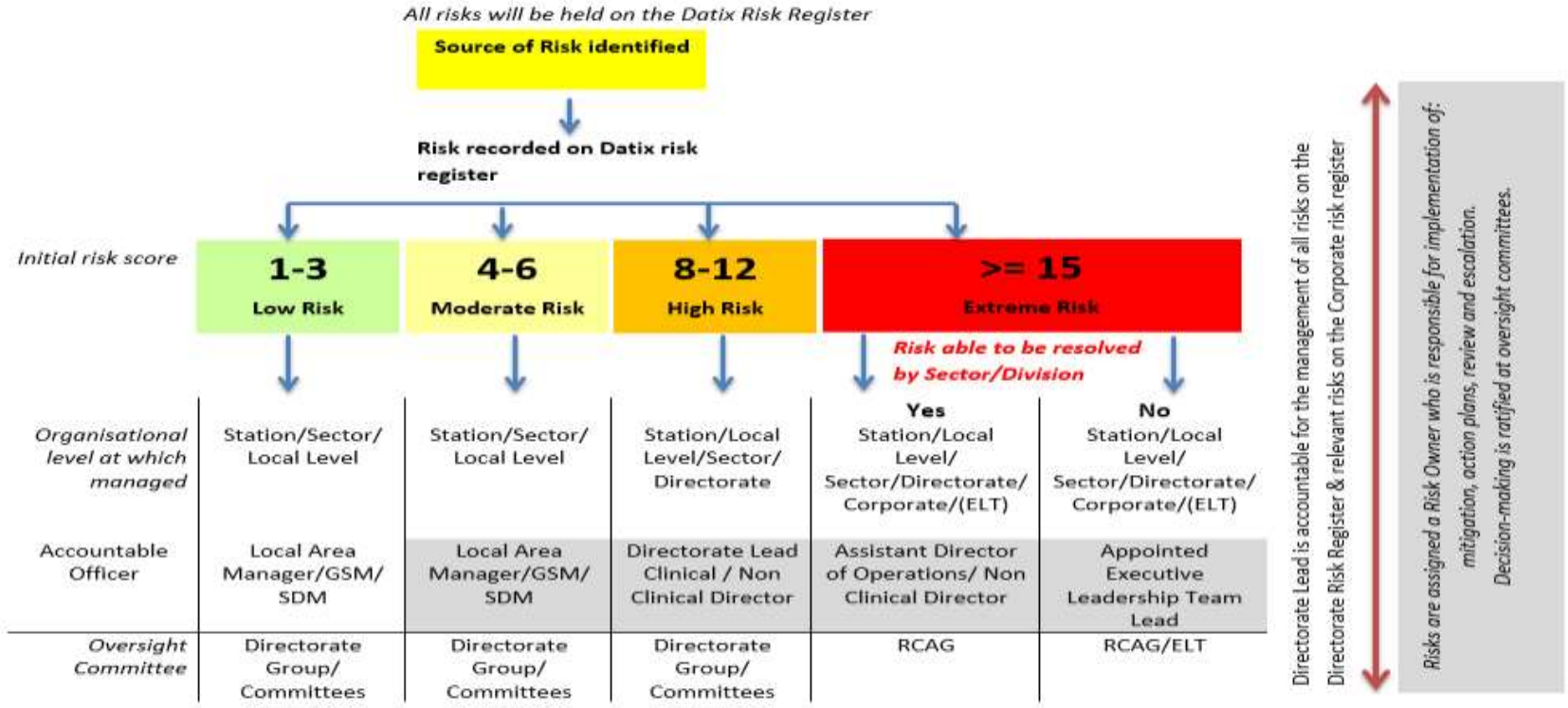


Appendix 4: Risk Management Training Matrix

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 Risk Structure and Escalation/De-escalation

Structure for risk reporting, accountability and escalation/de-escalation



Appendix 6 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

London Ambulance Service
NHS Trust

Report Title	Board Assurance Framework			
Meeting:	Trust Board			
Agenda item:	8.1	**Meeting Date:**	28 March 2023	
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 has been 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.

Changes to current risk ratings since the BAF was last reviewed by the Board are as follows:

- Risk 1B – Relating to the development of UEC: based on feedback from the last Board meeting the risk score has been lowered to 2 x 3 (6) from 4 x 3 (12) in light of recent government policy which provides greater assurance that the focus of non-elective care, and investment in ambulance services will continue to be a high priority.
- Risk 1C – Relating to Industrial Action: The extended scope of the last IA has been reflected in updated wording. The current risk rating has been reduced by ExCo, after the Board committees met to 3 x 5 (15) in light of the new pay offer.
- Risk 3A – Relating to a Single Clinical Assessment Model: following feedback from the last Board, the risk description has been re-drafted to make a clearer distinction between issues (the conditions we operate under) and the risks.

The following new risk has been added to the BAF:

- A new risk has been articulated following discussions at ExCo on 7 December 2022, relating to equipping the operational fleet with MDT's. This risk was presented to the Finance and Investment Committee on 16 March, where it was agreed with a current score of 4 x 5 (20).

The following risks are in development and will be presented to the Board when they have gone through the appropriate committees.

- A risk was identified relating to the ability to recruit sufficient staff and acquire assets in time to realise the target improvement of Category 2 and call answering performance, utilising the indicative £25M central investment allocation.

- A risk has been identified relating to 'getting the basics right' - staff having access to the full range of equipment that is in full working order to meet the 2023/24 expectation that there would be zero tolerance in terms of crew not having the medical equipment that they need.

There are some areas Proposed changes to risk scores for Q4 which will be taken to ExCo and Board committees next time:

- Risk 1A – Relating to the impact of Covid and other infections on demand; reduction of current risk score due the reduced impact on demand with decreasing infection rates.
- Risk 2A – Relating to operational demand exceeding capacity; reduction of current risk score due to an overall reduction in demand and an improvement in category 2 performance.

Next steps

The next meeting of the Board will receive the 2022-23 year-end BAF position and an update on the 2023/24 BAF.

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 Trust 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 new proposed risk to the BAF.

Routing of Paper i.e. previously considered by:

Executive Committee and Board Assurance Committees.

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
February 2023

Introduction

The Board Assurance Framework (BAF) for 2022/23 has been designed so that 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	20	12	16	16	QAC	FW	5
			1B	Development of UEC	12	12	12	6	QAC	FW	6
			1C	Industrial action	20	N/A	20	15	QAC/P&C	FW	7
	2	Improve our emergency response	2A	Operational demand exceeding capacity	25	20	20	20	QAC	JM	10
			2B	Hospital handover delays	20	N/A	N/A	16	QAC	JM	11
	3	Create more integrated and resilient 111 services	3A	Single clinical assessment model	16	12	12	12	QAC	JN	13
			3B	Multidisciplinary workforce integration	16	12	12	12	QAC	JN	14
	4	Strengthen our specialists' teams response to incidents, threats and risks	4A	Major incident capacity	15	12	12	12	AC	JM	17
Build our Organisation	5	Support our workforce	5A	Recruitment and retention	20	12	12	12	P&C	DM	20
			5B	Diversity of staffing profile	16	16	16	16	P&C	DM	21
			5C	Staff wellness	20	16	16	16	P&C	DM	22
			5D	Staff burnout	16	16	16	16	P&C	DM	23
	6	Develop a positive working culture	6A	Culture	16	12	12	12	P&C	DM	25
	7	Strengthen our digital and telephony capability	7A	Cyber attack	25	15	15	15	AC	BT	28
			7B	Critical systems failure	20	15	15	15	FIC	BT	30
			7C	CAD/Newham implementation	16	12	4	4	D999/FIC	BT	31
			7D	Data reporting	20	N/A	N/A	15	QAC	BT	32
			7E	Mobile Data Terminals (MDT's)	N/A	N/A	N/A	20	FIC	BT	33
Develop Our Future	8	Use of resources more efficiently and productively	8A	Deliverable financial plan 2022/23	16	12	12	8	FIC	RP	36
			8B	ULEZ Compliance	16	12	8	8	FIC	RP	37
			8C	Deliverable financial plan 2023/24	16	N/A	N/A	16	FIC	RP	38
	9	Build our role as an anchor institution		*(No BAF level risks identified)*					AC	RD	
	10	Build a new five-year strategy	10A	Alignment with strategic partners	16	12	12	12	FIC	RD	43

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 ☐
There has been a reduction in overall demand associated with a continued increased deployment of double crewed ambulances saw an improvement in category 2 performance. We continue to monitor and review any delays. The EOC Transformation programme has appointed to the key improvement roles with the successful candidates about to commence in post. The Category 1 dispatch desk has gone live During Q3, following the implementation of the new Cleric CAD our Category 1 response has begun to stabilise towards the nationally agreed ambulance response standards. The Category 2 Performance Improvement Plan including the national Category 2 segmentation pilot continues to ensure patients are receiving the right care in the right place and supports dispatch to our sickest and most seriously injured patients as quickly as possible. An increase in clinical advisors has improved the number of patients that are receiving a remote assessment from a validation clinician. Learning from industrial action has been used to implement a pilot of senior clinical decision making within ICBs utilising senior decision makers from within each ICB We continue to implement an improved hospital handover process that compliments other measures to ensure the timely release of ambulance crews awaiting handover at Emergency Departments. Deploying rapid release for Cat 1 and a number of Category 2 incidents when a DCA is not available to respond.	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 RAG	**ROSC** to hospital 28% Individual **STEMI** bundle components 79% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 36 mins RAG	**ROSC** to hospital 30% Individual **STEMI** bundle components 80% **Stroke** on scene time for patients conveyed direct to a HASU (crew decision) 35 mins

Strategic Goal 1 – Provide Outstanding Care for our Patients

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		Deliver the commitments for the action plan		Deliver the commitments for the action plan		Deliver the commitments for the action plan
		RAG		RAG		RAG		
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		Deliver the proposed action plan to share outcome data between providers		Start using the data for improving patient care		Link with the ADS Process
		RAG		RAG		RAG		

BAF Risk 1A	**Objective 1**
IF cases of Covid, or other infection e.g. 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
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

Controls	**Assurances**
Personal Protective Equipment issued to staff	FIT testing programme for disposable masks
Infection Control measures in place – infection control audits and support from IPC champions	Infection numbers reported monthly and included in Board reports.
Vaccination to help protect staff from Covid and influenza	See Staff wellbeing entry and indicators
Demand controls set out in objective 1.	Adequate spacing in call taking areas and screens between desks where this is challenging
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 e.g. influenza, and 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	Completed 31/12/22
Internal influenza vaccination programme to encourage uptake	Completed
Regular briefings through bulletins and TV live reminding on IPC procedures	Completed
IPC study day	Completed

BAF Risk 1B	**Objective 1**
There is a risk that the increasing backlog of elective care may result in the national focus on elective care leading to de-prioritisation 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
2	x	3	=	6

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

Controls	**Assurances**
Recent government policy has given greater assurance that the focus on non-elective care, and investment in ambulance services, will continue to be a high priority.	The LAS continues to work with executives at regional and national meetings to ensure urgent and emergency care is prioritised and our development plans are approved.

Further actions

Action	**Date by which it will be completed**
Influence regional and national bodies to maintain focus on the delivery of UEC	This has been achieved – a significant focus on UEC pan London. Work continues on delivery of plans
Agree and implement influencing plan for all five ICSs that strengthens partnerships with new ICB leadership teams and ICS members (trusts, local authorities, PCNs)	This has been achieved – a significant focus on UEC pan London. Work continues on delivery of plans
Support the co-design of new pathways to enable patients to be managed closer to home and reduce avoidable conveyance to ED	This has been achieved – a significant focus on UEC pan London. Work continues on delivery of plans
Continue conversations at a national level tariff and funding streams for 2022/23 through active participation on national bodies	ongoing
Ambulance performance is a key focus for winter delivery across the wider healthcare system to address hospital handover challenges	Pan London agreement achieved for cohorting and maximum 45 minute handover

BAF Risk 1C Objective 1
Following the ballots on industrial action a series of strikes are planned which will affect the LAS with a widened scope to include all staff including 111, EOC and front line vehicles. We expect significant staff participation in the strike leading to a reduction in workforce availability to respond to calls, provide health advice, dispatch ambulances and crew ambulances including specialist responders; resulting in a reduction in our ability to provide services resulting in prolonged and/or substantial failure to meet operational performance targets, which will lead to worse patient outcomes, including patient harm up to loss of life.
Causes: National pay dispute – with all unions taking industrial action

Uncontrolled				
L	x	C	=	Score
4	x	5	=	25

Current				
L	x	C	=	Score
3	x	5	=	15

Target				
L	x	C	=	Score
4	x	4	=	16

Controls	**Assurances**
Local engagement with the Trade Unions to mitigate risk	NHS Employers
Partnership Agreement - Engagement with the Trade Unions to mitigate risk	Staff Council
Business Continuity Plans and operational management arrangements	EPRSG
Sector level NASPF for sector wide engagement	NASPF
Legislation governing conduct of industrial action	NHS Employers
Command structure on the day of the strike	NHS Employers

Further actions

Action	**Date by which it will be completed**
Continue with action planning to mitigate strike effects including derogation negotiation with unions, deployment of military and other external resources, deployment of clinical volunteers sourced from across London, re-deployment of corporate and other staff, command arrangements on strike days.	ongoing
Support to wider NHS for the Junior Doctors IA	Completed

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 Implement the Clinical Safety Cell to monitor and prioritise held calls 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. RAG	Achieve a call answering mean of 20s RAG Achieve an improving C2 mean performance RAG RAG	Achieve a call answering mean of 10s RAG Improved C2 mean performance to be one of the top 5 performing ambulance trusts. RAG
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	Implementation of revised clinical model and dispatch	Reduction in longest held call no longer than 1 times the 90th centile.

			scoped trajectory calculated against baseline and best in class.		
		RAG	RAG	RAG Unknown	
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	Agree action plan and improvement trajectory in each ICS	Implement action plans on track. Outcomes are not	Implement action plans
		RAG	RAG	RAG	RAG
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	**UCR** – implemented at SWL ICS **SDEC** – 3 patients to each SDEC/ICS from both 111/999	**UCR** – NEL and NCL go live end Jan 23 **SDEC** – pan London exclusion criteria agreed. MHJRC agreed for all 5 ICS	**SDEC** – 5 patients to each SDEC/ICS from both 111/999.
		RAG	RAG	RAG	

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) Development of Delays Thematic Reports for each quarter.
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	Established
Establish a clinical safety hub within EOC separate from ECAS	Established

BAF Risk 2 B	**Objective 2**
If hospital handover delays continue at their current levels there is a potential that we will be unable to provide an emergency ambulance response to critically unwell patients within the community which may affect clinical outcomes.	

Uncontrolled				
L	x	C	=	Score
5	x	4	=	20

Current				
L	x	C	=	Score
4	x	4	=	16

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

Controls	**Assurances**
Ongoing communication with acute hospitals on handovers understanding current system pressures and instigating timely divert processes.	Monitored at weekly North West London Gold System call
Senior and clinical oversight of delays and incidents identify risk and harm through pre-set processes	Twice weekly regional hand over meeting with ICS handover improvement plans designed collaboratively with LAS
LAS input to national solutions to reduce handover delays	Development of Delays Thematic Reports for each quarter produced using Patient Safety Incident Response Framework
Weekly NHSE London / Commissioner performance meeting	Senior attendance at NASMED and QiGARD and Ambulance Capacity Meeting
Ongoing development of alternative pathways for patients to receive care either remotely or closer to home	Appointment of Pathways Programme lead reporting to CEO and Deputy CEO to develop and embed pathways including urgent care response
Real time balancing of patient transport destinations recognising live system pressures at individual ED sites co-ordinated via the Intelligent Conveyance Desk.	Tactical Operations Centre grip report produced bi-daily
Placing of hospital ambulance liaison officers (HALO) at certain challenged ED sites to improve the handover process between triage nurses and ambulance staff.	
Cohorting process in place to release crews, handing over patients care to ambulance colleagues.	
Rapid release procedure to release crews covering a CAT 1 call in the community, handing over patient care to hospital staff.	
Utilisation of alternative means of conveyance using St John Ambulance volunteers to convey patients not requiring ambulance transportation	

Further actions

Action	**Date by which it will be completed**
Enforce new 45 minute handover protocol with appropriate escalation when required.	End January
Reduce ambulance conveyance to Emergency Department to under 50% in all ICSs	31/03/2023
Continual review of triage and dispatch processes to identify high acuity calls requiring immediate ambulance response	Ongoing
Continuous engagement with local acute trusts to identify improvements in the hospital handover procedures	Ongoing
Maximise use of same day emergency care (SDEC) to reduce unnecessary conveyance of patients to ED's	31/03/2023

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

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
We have rolled out our LAS values and Leadership and we have introduced 50/50 roles. Initial introduction of Rotamaster and Clinical Guardian have been introduced and this will be ongoing development as we configure the systems to meet our needs and roll it out across the directorate. Workforce expansion being developed through cross directorate working, i.e. 50/50 role, and introduction of new skillsets and flexible working arrangements across IUEC.	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.	Provide the structured support for Managers (Our LAS, Values and Leadership)	Implement RotaMaster and Clinical Guardian software to improve rostering and clinical Audit - in progress	
		RAG	RAG	RAG	
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	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
		RAG	RAG	RAG	

BAF Risk 3A	Objective 3
Our 111 service operates under five different contracts which are governed by different regulators, contracts, funding, performance, and quality metrics. Calls are distributed across contract boundaries depending on response times leading to a potential mismatch between contacts and activity leading to a risk of reputational damage, quality issues and financial loss.	

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.	February 2023
Project Resource to be identified to support specific work streams	February 2023
Organisational commitment to resourcing and funding service development including backfill key roles to release expertise to needed to deliver objectives	February 2023

Objective 4	Strengthen our specialists' teams response to incidents, threats and risks
Lead Executive	John Martin, Chief Paramedic & Quality Officer
Lead Assurance Scrutiny	Audit 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 following a recent recruitment campaign New eSORT training centre established at Beckenham	In view of recent positive external reviews the committee is reasonably assured.		

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) RAG	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 Moved to Beckenham (temporary solution) RAG	Beckenham has been identified and repurposed for SORT training. Move has been completed RAG	
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 RAG	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	Development of collaborative working practices at large scale events such as the funeral of HM Queen Elizabeth.
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	

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 ☐
• Establishment has increased by over 400 WTE year to date • We have managed to increase existing workforce availability through various work streams (retention / absence / etc.) • Improving 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 400 whole-time equivalents.	Director of People & Culture	2022/23 recruitment plans to be agreed by ExCo and budgeted accordingly. Recruitment drive in Australia to be commissioned	Review success of Australian recruitment drive & national NHSP advert for call handling strategy	Review of all recruitment campaigns and agree revised methodologies for remaining posts	Review of all recruitment campaigns and agree revised methodologies for remaining posts
		RAG	RAG	RAG	
Improve further our compliance with the NHS's workforce race equality standards and workforce disability equality standards.	Director of People & Culture	Renewed CEO commitment to delivery of the WRES Action Plan via annual objectives. Formal re-launch and funding of staff networks. B-ME Network Executive Lead is our CEO.	Embed new recruitment practice following Our LAS masterclasses training	Review implementation of Resolution Framework and impact on BAME staff; Demographic data of those involved in cases to be reported by the Resolution Hub on a quarterly basis.	Launch anti-racism campaign/pledge and See Me Campaign.
		RAG	RAG	RAG	
Review all our structures so that every member of staff has a line manager who has sufficient time and skills to be an effective leader	Chief Executive / Director of People & Culture	Exploration of current team model, desired outcome and funding available	Socialise desired team model	Embed new team model with associated Our LAS leadership behaviour framework	Review current team model and address any shortfalls
		RAG	RAG	RAG	

Strategic Goal 2 – Build our Organisation

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 RAG	Complete the move into new capacity at Brentside Education Centre RAG	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 RAG	Implement the commitments of the Reduce Violence and Aggression action plan RAG	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 RAG	Embedding of first day reporting and performance management of contract; On-going performance review RAG	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 RAG	Contract management RAG	

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	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	March 2023
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 31/03/23				
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	BME recruitment and retention metrics reported to EXCO, PCC and Trust Board
Development of a new Cultural Intelligence programme.	BME recruitment and retention metrics reported to EXCO, PCC and Trust Board
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	Complete
Recruitment EDI KPIs	31/03/2023
Commissioning of specialist recruitment campaign	31/03/2023

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 31/03/23				
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	Complete
Immunisation records to be validated and outstanding vaccinations to be addressed	Ongoing – March 2023 desired end point

BAF Risk 5D	**Objective 5**
If staff report high levels of burnout and / or experience moral distress 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. Moral distress is defined as the psychological unease generated where professionals identify an ethically correct action to take but are constrained in their ability to take that action.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
4	x	4	=	16

Tolerance by 31/03/23				
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
Actions from reviewing wellbeing offerings	Ongoing
Complete stress risk training (risk:1048)	Ongoing
OH new provider	Complete

Strategic Goal 2 – Build our Organisation

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		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.
		RAG		RAG		RAG		
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.		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
		RAG		RAG		RAG		

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.		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.
		RAG		RAG		RAG		
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.		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.
		RAG		RAG		RAG		

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	31 March 2023
Our LAS Leadership Framework	Complete
Our Behavioural and Competencies Frameworks	Complete
Suite of EDI Training tools	31 March 2023
Comprehensive review of all Policies EQIA	31 March 2023

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

Lead Executive's Assurance statement	Assured ☐	Partially Assured ☒	Not Assured ☐
The 999 and 111 control rooms are on a manufacture supported telephony platform (CM8) with a move to CM10 due for completion in June 2023 Cleric is now the Trusts computer-aided dispatch system and with successful fail-over tested, we are now about to begin replacing legacy radio and mobile data systems. Business processes are now being reviewed with a view to increasing the governance and oversight on data collection and data storage.	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	Staff Training MDT Development and Deployment Go Live **Infrastructure modernisation** RAG	Action complete Cleric CAD in operational use 23/09	
		Cleric CAD: RAG	**Cleric CAD** RAG		
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 RAG	CM10 Go Live RAG	Commence the removal of the legacy IT / telephony

Strategic Goal 2 – Build our Organisation

Migrate the emergency operation centre in Bow to Newham.	Brian Jordan Dir of 999 EOC Barry Thurston - Chief Info Officer		Migration Completed RAG	N/A delivered	
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 RAG	Completion of the mobile (iPad) access to 'OneLondon' Clinical records. Publication of the ePCR photography policy LAA onboarded to LAS ePCR Publication of the recommendations to link up London's maternity data. RAG	Completion of the Transfer of Care (ToC) to see data flow from ePCR into the native Cerner EPR. Publication of ePCR records (St Georges patients only) to the London Care Record	Publication of ePCR records for all ePCR submissions 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.
Implementation of Artificial Intelligence threat detection software – single device in Bow. Another device is due to be delivered to Corsham, as a resilient service.	
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**
Cyber security monitoring and assurance - Tenable vulnerability monitoring - weekly scanning of all active windows devices and actioning alerts - Lansweeper – daily check of windows domain and high priority device alerts	Ongoing

- Windows Defender – automated alerting in place for virus protection on windows devices and actioning where necessary - Zscaler – daily checks of browsing activity - Robust procedure for the acknowledgment and mitigation of NHSD Cyber alerts	
Hardening of internet facing systems	March 2023
Infrastructure refresh completion	June 2023
Compliance with DSPT 2023	June 2023
Recruitment process for cyber SME in place – interviews on 24 February 2023	February 2023
Recruitment process and change of job description for cyber gatekeeper	Complete

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 CM8 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	Complete
Relocate Bow hardware	Complete
Completion of Corsham migration	End of March 2023
Completion of Farnborough migration	June 2023
Relocation of radio systems	Complete
Relocation of North Control function to Newham	Complete
Move IP Office (Fall-back telephony) on to new MPLS network	February 2023 – on track
999 and 111 on supported CM10 telephony platform	August 2023

BAF Risk 7C	**Objective 7**
We previously showed two 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 **or** **Risk 2** - The CAD system is implemented on time but system functionality or stability problems result in an unsuccessful implementation. Cleric was successfully implemented in September with only minor issues arising. The risk score has therefore significantly reduced. Two actions need to be completed before the risk can be closed: 1) Conduct an after action review of the project and; 2) Conduct an assessment of the quality and integrity of the system data and business rules including any changes made to the system post go live. These actions will be overseen by the Audit Committee, following which the risk will be removed from the BAF and become business as usual.	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
1	x	4	=	4

Tolerance by 30/9/22				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
ExCo continues to receive a fortnightly assurance report from the Programme Team	Lessons learnt report to Audit Committee
QAC clinical review	

Further Actions

Action	**Date by which it will be completed**
Conduct an after action review of the project with stakeholders	TBD
Internal audit and Verita review of data quality to be submitted to Audit Committee and any lessons learnt to be identified.	April 2023

BAF Risk 7D	**Objective 7**
There is a risk which has been highlighted following the go live of Cleric CAD that systems, practice and processes in place may have led to the incorrect reporting of response times leading to organisational disruption, threats to service delivery and reputational damage. **Cause**: Incorrect processes and use of functionality to meet the Operational needs of the Trust, that do not support correct categorisation of patients both resulting in inaccurate reporting of response times and potential patient risk	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
3	x	5	=	15

Tolerance by 30 May 2023				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Cleric CAD cell meeting established to log and resolve issues	Cleric CAD cell team established to remediate the situation
Process in place to highlight and review Category 1 CADs where response times may be incorrectly recorded and reported	Directors meeting daily to review progress
Engagement with AACE subject matter experts to support understanding and implementation of correct processes	External review to assess any incorrect reporting
CAD transformation team established under Stuart Crichton's leadership	Received BDO Audit report on selected key performance indicators

Further Actions

Action	**Date by which it will be completed**
Internal audit and Verita review of data quality to be submitted to Audit Committee	April 2023
Lessons learnt identified from Verita report to be delivered	TBD
Lessons learnt from BDO Audit to be delivered	End September 2023
Establishment of Digital Strategy and Data Quality Committee	Q1 23/24
Commissioned an audit of documentation for ETL process	End April 2023

BAF Risk 7E	**Objective 7**
The Trust are looking to establish a new solution to replace the existing Mobile Data Terminals (MDTs) in trust emergency vehicles (to provide information between CAD and Ambulances) to follow the national rollout of radio and mobile data systems to all Trusts. However, that programme of work has been considerably delayed and the Trust finds itself with legacy system still in operation that is no longer available to purchase, and devices are rapidly reaching the end of their economic life. It is unlikely that the full national system will be available in time for this situation not to become a major issue for the Trust and therefore an interim system to bridge the period is a necessity. Without an appropriate solution LAS will not be able to fit new vehicles with MDTs or replace those that break in service, potentially resulting in vehicles being withdrawn from service. The national Mobile Data Vehicle Solution (MDVS), which will replace MDTs is currently due to start 01/12/2023	

Uncontrolled				
L	x	C	=	Score
4	x	5	=	20

Current				
L	x	C	=	Score
4	x	5	=	20

Target				
L	x	C	=	Score
1	x	5	=	5

Controls	**Assurances**
Purchased all available MDT stocks from incumbent supplier (for delivery 20/01/2022)	Completed. All 14 devices delivered to Telent (22/02/2023)
Manage and monitor the existing MDT spares stock with our installer (Telent), and assist in expediting repairs with incumbent supplier (Attobus)	Active engagement with Telent and Attobus Current stock numbers being provided on an ongoing weekly basis
Lobby national ARP Project Team to bring forward MDVS rollout in LAS	Weekly meeting established alongside Project Board and Working Group
Pilot Cleric MDT and NMA Lite to identify interim MDT solution	Cleric and ARP actively engaged and pilots are moving forwards. Cleric MDT installed 06/03/23. Testing began 07/03/23 and continues. NMA Lite available; meetings underway with National Programme to agree config updates prior to pilot

ePCR system in place that will receive patient demographics with some interface adjustments	Alternative means of receiving data in the cab

Further actions

Action	Date by which it will be completed
Options paper submitted to ExCo with recommended solution	Complete
Purchase Android Tablets	Complete
Enabling works for Cleric MDT Pilot	17/03/2023 – Ongoing
Implement agreed recommendation from ExCo Paper	31/03/2023 – Pending Business Case Approval
Enabling works for NMA Lite Pilot	31/03/2023 – On Track
Pilot replacement interim solution (Cleric MDT) on 2 Apple Devices at Oval	31/03/2023
Pilot replacement interim solution (NMA Lite) on 2 Android Devices at Oval	31/05/2023
Review plans for vehicles with no MDT capability (using Cleric MDT)	31/05/2023
Review LAS vehicles with MDTs that haven't been used for 1+ months	31/03/2023

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. RAG	Monitor delivery of CIP plan through Governance framework. Monitor I&E delivery and identify mitigations if required. RAG	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 RAG	Monitor delivery as part of CIP programme RAG	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 RAG	Monitor capital plan. Develop plan for schemes within "over-programme" pot Access any in-year allocation RAG	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
2	x	4	=	8

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.	FIC assured at January meeting, that on review of finance report the risk had reduced and the score could be brought down
CIP Programme Management Office also established	Regularly oversight by CIP Programme Board and assurance reports to FIC
	Gaps in assurances A small number of CIP schemes require further development

Further actions

Action	**Date by which it will be completed**
QIAs to be completed. PIDs have been developed	End of Q3

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. Update: The November FIC approved a plan to procure compliant vehicles and the risk has now significantly reduced	

Uncontrolled				
L	x	C	=	Score
4	x	4	=	16

Current				
L	x	C	=	Score
2	x	4	=	8

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
FIC approval for purchase of complaint vehicles	completed

Strategic Goal 3: Develop our Future

BAF Risk 8 C Objective 8
IF the Trust does not receive approval of a deliverable financial plan for 2023/2024, 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				
L	x	C	=	Score
2	x	4	=	8

Controls	**Assurances**
Draft 2023/20224 financial plan for submission to NHSE as per national timetable (yet to be published)	Delivery against the financial plan is scrutinised through: ExCo, FIC, Trust Board
	Regularly oversight by ExCo during development of plan and assurance reports to FIC

Further actions

Action	**Date by which it will be completed**
Issue business and financial planning guidance and timescale for 22/23.	Complete
Develop financial plan (including I&E, Cost Improvement and efficiency plan, capital and cash)	Planning to be completed by March 2023
Continue working with NWL ISC (as host commissioner) and London regional office during contracting process. discussions with commissioners and regulators over 22/23 budget	Planning to be completed by March 2023

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 ☐
We have made good progress across the various projects under this heading which encompass many parts of the organisations. Some have been affected by changing priorities in response to operational pressures in particular the research on diversity. We have however made good progress on defining our role as an anchor institution which will be a key feature of our strategy. This will focus on delivering our green strategy, being a good employer, spending our money to benefit communities where possible and expanding and targeting our public education.	The committee notes the variable state of development of the various actions under this domain, and mixed RAG rating of the milestones. It looks forward to the identification of key risks by the time it next meets and an understanding of the drivers of the RAG ratings and how they might be put back on track.		

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 RAG	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, Director of Strategy and Transformation, Chief Paramedic & Quality Officer	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 RAG	Develop and implement Public Education Strategy that encourages diverse local communities to work at LAS, including children and young people RAG	Delivery of Public Education Strategy (on-going) 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, Director of Strategy and Transformation, Chief Paramedic & Quality Officer	Initiate research to define the specific issues and challenges with respect to diversity in para medicine. Join with other partners including AACE support collective view	Discuss findings of research with HEE and LAS education partners including universities Agree action plan with partners and Health education team	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities Postponed until 23/24	Implement action plan to support more diverse recruitment including working more closely with targeted London Communities Postponed until 23/24
		RAG	RAG	RAG	
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.	Start on developing charging infrastructure Start receiving electric FRUs and mental health cars	Receive the remainder of the 220 vehicles	
		RAG	RAG	RAG	
Recruit 7000 London Lifesavers and deliver 8000 public access defibrillators across London.	Dir of Comms & Engagement	Host London Lifesavers Awards - raises awareness and recognition.	Launch a dedicated comms & engagement plan to raise awareness and increase recruits.	Hosting a number 'restart a heart event' (where high numbers of people are trained at high profile)	
		RAG	RAG	RAG	
Deliver sessions on health and prevention of harm for children and young people across the capital.	Dir of Comms & Engagement	Visual planner to measure each staff member / volunteer activities and the topics covered (to monitor progress)	Promotion of team commenced to raise profile & key messages. Recruit Public Education Lead	Expanding volunteer database – objective is to have 100 additional volunteers by December. Develop and Launch Public and Education Strategy.	Updating our Education / PPI resources – including enhancing the accessibility of our resources. Delivery of Education Strategy (on-going)
		RAG	RAG		

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 ☐
We have made good progress on engagement; engaged 350 more leaders in events across LAS, completed a major crowdsourcing project in which some 500 participated, completed 375 interviews with front line staff, on track to achieve our target of 600, commissioned 23 Health watches to carry out public engagement, reached out to key stakeholders ICSs, health/wellbeing boards, social care leaders and GPs, developed plans for engagement with acute hospitals, primary care, the GLA and London UEC board, engaged with ICBS and London Estates Board on estates strategy and we are preparing socialise this more widely. On content, our workstreams have produced a first cut of their strategic priorities. The key task for the LAS leadership in January is refine this content, ensuring alignment with 23/24 business planning. To support operational pressures, the target for completion of the strategy project has been put back to the end of Q1 23/34.	The committee is pleased with the progress 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	Engage with partners of the challenges priorities and ambition for LAS RAG	Continuing engagement and policy development Final publication moved back to June 2023 to free management time to address service pressures RAG	Engage partners to finalise strategy document for LAS Board review
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 RAG	Formally engage with stakeholders to obtain feedback on the options	Publish an agreed strategy Start implementation of agreed strategy

Strategic Goal 3 – Develop our Future

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 RAG	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
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 RAG	Complete review on the feasibility of joint response community cars RAG	Agree priorities areas where new models / innovation is required. RAG	Scoped, defined and agreed new models with partners, ready for implementation.

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