



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD TO  
BE HELD IN PUBLIC ON TUESDAY 24 APRIL 2018 AT 12:30-17:00  
LONDON AMBULANCE SERVICE NHS TRUST HEADQUARTERS, 220  
WATERLOO ROAD LONDON SE1 8SD**

## Agenda: Public session

| Timing                         | Item | Ref.                   |   | Owner | Status<br>Assurance<br>Decision<br>Discussion<br>Information |
|--------------------------------|------|------------------------|---|-------|--|
| 12.30                          | 1.   | TB/18/01<br>Oral       | <b>Welcome and apologies</b><br>To welcome attendees and note any apologies received.   | HL    |  |
| 12.35                          | 2.   | TB/18/02<br>Oral       | <b>Patient Story</b><br>To hear about a patient's experiences of care provided by the Trust.  | TB    | Information  |
| 13.05                          | 3.   | TB/18/03<br>Oral       | <b>Declarations of interest</b><br>To request and record any notifications of declarations of interest in relation to today's agenda. | All   |  |
|                                | 4.   | TB/18/04<br>Attachment | <b>Minutes of the meeting held in public on 27 March 2018</b><br>To approve the minutes of the meeting held on 27 March 2018.         | HL    | Decision   |
|                                | 5.   | TB/18/05<br>Attachment | <b>Matters arising</b><br>To review the action schedule arising from previous meetings.   | HL    | Information  |
| 13.15                          | 6.   | TB/18/06<br>Oral       | <b>Report from the Chair</b><br>To receive a report from the Chair.   | HL    | Information  |
| 13.30                          | 7.   | TB/18/07<br>Attachment | <b>Report from Chief Executive</b><br>To receive a report from the Chief Executive (CEO).   | GE    | Information  |
| <b>STRATEGY &amp; PLANNING</b> |      |                        |   |       |  |
| 13.45                          | 8.   | TB/18/08<br>Attachment | <b>A world class ambulance service for a world class city – strategy 2018/19 – 2022-23</b><br>To approve the Trust's strategy         | GE    | Decision   |
| 14.00                          | 9.   | TB/18/09<br>Attachment | <b>Business Plan 2018 – 2019</b><br>To approve the Trust's Business Plan  | LB    | Decision   |

| Timing                                    | Item | Ref.                   |   | Owner       | Status<br>Assurance<br>Decision<br>Discussion<br>Information |
|---|------|------------------------|---|-------------|--|
| 14.15                                     | 10.  | TB/18/10<br>Attachment | <b>Financial Plan 2018 – 2019</b><br>To approve the Trust's Annual Financial Plan   | LB          | Decision   |
| <b>QUALITY, PERFORMANCE AND ASSURANCE</b> |      |                        |   |             |  |
| 14.30                                     | 11.  | TB/18/11<br>Attachment | <b>Audit Committee Assurance Report</b><br>To receive the report of the Audit Committee meeting on 16 April 2018.   | JJ          | Assurance  |
| 14.40                                     | 12.  | TB/18/12<br>To follow  | <b>People and Culture Committee Assurance Report</b><br>To receive the report of the People and Culture Committee meeting on 19 April 2018.   | JM          | Assurance  |
| 14.50                                     | 13.  | TB/18/13<br>Attachment | <b>Integrated Quality &amp; Performance Report</b><br>To receive the integrated quality & performance report.   | LB          | Discussion   |
| 15.15                                     | 14.  | TB/18/14<br>Attachment | <b>Board Assurance Framework and Corporate Risk Register</b><br>To receive the Board Assurance Framework and the Corporate Risk Register  | PH          | Assurance  |
| 15.20                                     | 15.  | TB/18/15<br>Attachment | <b>Serious Incident Update</b><br>To note declared and closed Serious Incidents.  | TB          | Discussion   |
| 15.30                                     | 16.  | TB/18/16<br>Attachment | <b>Staff Survey 2017 action plans</b><br>To receive the results and analysis of the 2017 staff survey, together with the proposed response  | PG,<br>JO'H | Decision   |
| <b>GOVERNANCE</b>                         |      |                        |   |             |  |
| 15.45                                     | 17.  | TB/18/17<br>Attachment | <b>Quality Account 2018-19</b><br>To approve the quality priorities that the Trust has consulted on to include in the 2018/20 Quality Strategy and annual account   | TB          | Decision   |
| 15.40                                     | 18.  | TB/18/18<br>Attachment | <b>Quality Improvement Plan and current status of Good to Outstanding domains</b><br>To consider the 2018-20 <i>draft</i> Quality Improvement Plan and all the activities identified from the gap analysis, for the Trust to achieve Outstanding status at the CQC inspection | TB          | Assurance  |
| 15.55                                     | 19.  | TB/18/19<br>Withdrawn  | <b>Corporate Governance Framework</b><br>To approve the articulation of the Trust's corporate governance framework  | PH          | Decision   |
| 16.00                                     | 20.  | TB/18/20               | <b>Trust Board Forward Planner</b>  | PH          | Information  |

| Timing   | Item | Ref.             |   | Owner | Status<br>Assurance<br>Decision<br>Discussion<br>Information |
|--|------|------------------|---|-------|--|
|  |      | Attachment       | To receive the Trust Board forward planner.   |       |  |
| 16.05  | 21.  | TB/18/21<br>Oral | <b>Questions from members of the public</b>   | HL    | Information  |
| 16.15  | 22.  | TB/18/22<br>Oral | <b>Any other business</b>   | HL    | Information  |
| 16.20  | 23.  | TB/18/23<br>Oral | <b>Review of the meeting</b><br>To consider: <ul style="list-style-type: none"> <li>- Behaviours at the meeting.</li> <li>- Standard of papers submitted for Board consideration.</li> <li>- Standard of debate / challenge.</li> </ul> | HL    | Information  |
| 16.30  | 24.  |                  | <b>Meeting close</b><br>The meeting of the Trust Board in public closes.  | HL    |  |
| <b>Date of next meeting:</b><br>The date of the next Trust Board meeting in public is on Tuesday 24 May 2018 at LAS Headquarters, 220 Waterloo Road, London SE1 8SD. |      |                  |   |       |  |
| <b>Additional reports, circulated for information only:</b><br><br><b>TB/18/24 Quality Report</b><br><b>TB/18/25 Gender Pay Reporting</b>                            |      |                  |   |       |  |

To be preceded by strategy/development session on digital strategy



## TRUST BOARD: Public meeting – Tuesday 24 April 2018

**DRAFT Minutes of the public meeting of the Board held on 27 March 2018 at 9.30am in Southern House, Wellesley Grove, Croydon CR0 1XG**

| <b>Present</b>       |                 |   |
|----------------------|-----------------|---|
| <b>Name</b>          | <b>Initials</b> | <b>Role</b>                                       |
| Heather Lawrence     | HL              | Chair   |
| Trisha Bain          | TB              | Chief Quality Officer                             |
| Lorraine Bewes       | LB              | Director of Finance and Performance               |
| Fergus Cass          | FC              | Non-Executive Director                            |
| Jessica Cecil        | JC              | Associate Non-Executive Director                  |
| Sheila Doyle         | SD              | Non-Executive Director                            |
| Garrett Emmerson     | GE              | Chief Executive Officer (CEO)                     |
| John Jones           | JJ              | Non-Executive Director                            |
| Amit Khutti          | AK              | Associate Non-Executive Director                  |
| Jayne Mee            | JM              | Non-Executive Director                            |
| Robert McFarland     | RM              | Non-Executive Director                            |
| Theo de Pencier      | TdP             | Non-Executive Director                            |
| Paul Woodrow         | PW              | Director of Operations (item 8 onwards)           |
| Fenella Wrigley      | FW              | Medical Director                                  |
| <b>In attendance</b> |                 |   |
| Heather Gava         | HG              | Interim Corporate Secretary                       |
| Philippa Harding     | PH              | Director of Corporate Governance                  |
| Benita Mehra         | BM              | Director of Strategic Assets and Property         |
| Jamie O'Hara         | JO'H            | Director of Strategy and Communications           |
| <b>Apologies</b>     |                 |   |
| Ross Fullerton       | RF              | Chief Information Officer                         |
| Patricia Grealish    | PG              | Director of People and Organisational Development |

### 1. Welcome and apologies (TB/17/193)

- 1.1. The Chair welcomed all to the meeting and noted the apologies that had been received.

### 2. Staff Story (TB/17/194)

- 2.1. It was noted that this item had been withdrawn from the agenda.



### **3. Declarations of interest (TB/17/195)**

3.1. There were no declarations of interest.

### **4. Minutes of the meeting held in public on 27 February 2018 (TB/17/196)**

4.1. The minutes of the Trust Board meeting held in public on 27 February 2018 were approved as a true and fair record of that meeting.

### **5. Matters arising (TB/17/197)**

5.1. The action log from previous meetings was reviewed and additional updates noted as follows:

- TB/17/152 para 9.5: The results of the training review would be reported initially to the People and Organisational Development Committee at an extraordinary meeting to be held in April 2018, and then to the Quality Assurance Committee and the Trust Board in May 2018.
- TB/17/163 para 17.2: It was noted that the CQUIN relating to STP attendance would be £3 million in 2018/19, but that there were ongoing issues around meeting invitations not being received within the Trust. It was also noted that GE had been covering three executive STP sector roles in addition to his own during 2017/18.
- TB/17/189 para 11.3: The email with the briefing on information assets and data flows had not been received.

**ACTION:** Dates of key STP meetings to be circulated to the Board, setting out those which NEDs are expected to attend.

**ACTION:** Briefings to be provided to NEDs attending STP meetings.

**ACTION:** The allocation of executive directors to STP sectors to be reviewed.

**ACTION:** The email with the briefing on information assets and data flows to be re-sent.

### **6. Report from the Chair (TB/17/198)**

6.1. The Chair summarised the key points in her report, which included an update on progress in delivering the Trust's s.106 enforcement undertakings. It was noted that significant progress had been made, with many requirements having already been met.

6.2. In relation to the meeting with key members of the Croydon health economy it was noted that it was desirable for the Trust to build on the links established there, and also to aim to meet with other organisations on a similar basis, as well as developing links directly with acute providers.

6.3. The Chair and GE had attended a workshop hosted by NHS England which looked at an analysis of the previous year's WRES results and heard from Trusts which had made more progress than others. It was noted however that these organisations still faced challenges, and that in comparison the Trust still had some way to go. A particular challenge for the Trust was to achieve a position where the make-up of its workforce more closely represented the ethnic make-up of London as a whole, which

included 43% from Black and Minority Ethnic (BME) communities. At present, 13.2% of the workforce were classified as BME.

6.4. The Board noted the report of the Chair.

## **7. Report from the Chief Executive (TB/17/199)**

7.1. GE presented his report on progress and key issues, events and activities since the Board meeting in February. The main points of note were:

- The launch on 14 March 2018 of the consultation on the restructuring of the Operations Directorate, with a full timetable being set out in the report. GE outlined the main features of the proposed new structure, which included a flatter structure and clearer lines of accountability.
- The performance results to the end of February, which saw a marginal decline compared with January, attributable to the significant adverse weather conditions that had been experienced. It was noted however that the Trust's continued good performance had been acknowledged at a recent meeting of the Regional Oversight Group.
- GE's attendance at the Global Awards earlier in March, where he had joined senior representatives from the Metropolitan Police and the London Fire Brigade to receive a national award recognising the bravery and professionalism of the emergency services during a series of major incidents in 2017.

**ACTION:** The consultation document for the restructuring of the Operations Directorate to be circulated to all Board members.

7.2. In addition to the matters detailed in the report it was noted that the results of the Care Quality Commission's (CQC's) Well-led inspection of the Trust were expected in early/mid-May.

7.3. Board members noted that Assistant Director of Operations Stuart Crichton had been named 'Manager of the Year' by the Ambulance Leadership Forum and expressed their congratulations.

7.4. The Board noted the report of the Chief Executive.

## **8. People and Organisational Development Committee Assurance Report (TB/17/201)**

8.1. JM presented this report, which set out the main points arising from the Committee's meeting on 12 March 2018. Two matters had been identified for formal escalation to the Board.

8.2. At its meeting, the Committee had received an update on the re-grading of Band 6 paramedics and had been informed that the Trust would not achieve the requirement of personal development plans (PDPs) with each staff member by 31 March 2018. Failure to meet this requirement could result in funding not being available; however, it was noted that there was now doubt as to whether PDPs were actually part of the requirement. The matter would be considered further by the Committee at its next meeting.

- 8.3. The Committee had considered workforce planning assumptions and had agreed to adopt an assumption of 60/40 paramedics to non-paramedics for the purposes of modelling, pending the results of the ARP review. PW explained that this reflected an approximate average of the different mixes of staff across the Operations Directorate.
- 8.4. There was some discussion about the Staff Survey and it was noted that staff champions were now in place across the Trust and were in the process of developing action plans in response to the results of the 2017 Survey. Their initial proposals would be considered by the Committee in April 2018. It was acknowledged that whilst the response rate in 2017 had been the best on record, there was more to be done in advance of the Survey each year to improve both the quality and number of responses.
- 8.5. The Board noted the report of the People and Organisational Development Committee.

## **9. Finance and Investment Committee Assurance Report (TB/17/202)**

- 9.1. FC and LB presented this report, which set out the main points arising from the Committee's meeting on 13 April 2018. Four matters had been identified for formal escalation to the Board, three of which related to the Trust's financial position.
- 9.2. The forecast outturn against budget for 2017/18 was now £1.8 million better than plan. The expected release of the CQUIN reserve in month 12 would provide a further £1.6 million, accompanied by match-funding of a further £1.6 million. The final forecast position was therefore a surplus of £2.6 million, which would be available on a non-recurrent basis in 2018/19.
- 9.3. Capital expenditure to the end of February was £13.8 million, against planned expenditure of £21.9 million. It was noted however that this position would improve during month 12, with the final position expected to be much closer to plan.
- 9.4. The cash position was good and was expected to remain positive over the next twelve months.
- 9.5. In addition to the points relating to the Trust's financial position, it was noted that the Committee had considered a further version of the draft financial plan for 2018/19, and that this had been submitted to NHS Improvement. The main outstanding issues were detailed in the report.
- 9.6. It was noted that the Committee had been impressed with the strength of the clinical and operational aspects of the bid to provide Integrated Urgent Care Services in South East London, and with the way in which the financial risks it had identified earlier had been mitigated. The Committee had also commented positively on the budget-setting process for 2018/19.
- 9.7. It was noted that the cost per productive hour over the Christmas and New Year period had been controlled successfully by applying lessons learned from the Winter of 2016/17 to the approach to Winter Planning for 2017/18.
- 9.8. The Board noted the report of the Finance and Investment Committee.

## **10. Quality Assurance Committee Assurance Report (TB/17/203)**

- 10.1. RM presented this report, which set out the main points arising from the Committee's meeting on 20 March 2018. No new matters had been identified for formal escalation to the Board, but the report summarised the main matters considered by the Committee. There was some discussion about performance against the 60 minute target for the conveyance of stroke patients to hyper-acute stroke units, and the reasons for this, and it was noted that a whole system approach was required in order to improve outcomes for patients rather than one which focused exclusively on ambulance times.
- 10.2. The Committee had considered BAF risk 46, which dealt with lack of compliance with Health and Safety requirements. Given the progress made against the Health and Safety action plan, the Committee had supported a proposal that the risk could be downgraded and removed from the BAF, although some estate-related issues were still in the process of being addressed.

### **RESOLVED:**

- 10.3. The Board resolved to agree to the downgrading of BAF risk 46 and its removal from the BAF.
- 10.4. The Board noted the report of the Quality Assurance Committee.

## **11. Integrated Quality and Performance Report (TB/17/204)**

- 11.1. This report related to performance during February 2018 and provided an executive summary of the Trust's performance in relation to quality, operations, workforce and finance. Key aspects of the report, other than operational performance, had been covered through the reports from the Board Assurance Committee meetings, and PW now presented the main points relating to operations.
- 11.2. PW reported that February had been a challenging month, with ongoing adverse weather, and the half-term holiday seeing a high level of annual leave. Category 1 and 2 demand had accounted for 70% of total demand on some days, and REAP level 3 had been reinstated during part of the month. The whole London-wide system had come under pressure, and average response times for Category 1 had risen slightly compared with January, to 7 minutes 28 seconds. Meeting the target for category 2 remained more challenging, with the percentage of calls in this category remaining higher nationally than had been envisaged.
- 11.3. During the last week of March however demand had settled to forecast levels, with standards for all categories 1-4 being met during the four day period 20-23 March 2018. It was noted that the Trust had therefore demonstrated its ability to meet targets at this level of demand with the current level of resources, and GE confirmed that a separate discussion about meeting ARP standards had been agreed with commissioners. It was however a complex issue, with multiple variables, and it was noted that there was a need for greater understanding of pressure points within the system as a whole. The existence of multiple variables also made it difficult to identify the level and mix of resources required to meet all four targets consistently.

- 11.4. The Board noted the Integrated Quality and Performance Report for February 2018.

## **12.Strategy 2018/19-2022/23 (TB/17/200)**

12.1. GE provided a brief update referring to the results of the engagement exercise undertaken during the Autumn, which had been reported to the Board in January, and the manner in which the draft Strategy developed the main themes that had been identified as a result of this. The final version of the Strategy would be presented to the Board for approval at its April meeting.

12.2. The Board noted the update on the development of the Trust's five-year strategy.

## **13.Board Assurance Framework and Corporate Risk Register (TB/17/205)**

13.1. PH introduced this report and drew the meeting's attention to BAF risks 46 and 50. The former had already been discussed during consideration of the report from the Quality Assurance Committee (TB/17/203) and agreed for de-escalation from the BAF. It was noted that risk 50 was likely to be recommended for de-escalation in April.

13.2. There was some discussion about risk 706 on the Corporate Risk Register (CRR), which was rated at 16. A question was asked about its not being included on the BAF, given that the rating was above 15. Clarification was provided that whilst risks rated 15 or higher were considered for inclusion on the BAF, only those which had an impact on the achievement of the Trust's strategic objectives were actually included.

13.3. In response to a question about why some risks had been on the CRR for a significant length of time, PH outlined the process for reviewing risks at the Risk Compliance and Assurance Group, and explained that in some cases the articulation of the risk made it difficult to close it down. Work was ongoing to address this as part of a full review of the CRR. It was noted that risk training now included guidance on how to articulate and rate risks more accurately, and that 120 members of staff had received this training to date. The Board requested that, once the CRR had been reviewed in full, the top risks should be included in Board-level reports.

**ACTION:** Top CRR risks to be included in reports to the Board once the full review of the register is complete.

13.4. The Board noted the BAF and the Corporate Risk Register.

## **14.Serious Incident Management (TB/17/206)**

14.1. TB presented this report, which had been considered by the Quality Assurance Committee at its meeting earlier in March. It was noted that eight Serious Incidents (SIs) had been closed during February, and of the actions set out in the report only two had not been completed within the agreed deadline, due to staff not being available. The thematic review for February had identified minor issues in call handling and dispatch, and this had been fed into the EOC Action Plan. The report also provided an overview of compliance with the Duty of Candour for quarter 3, and it was noted that the trust had achieved 100% compliance other than in cases where contact with next of kin had not proved possible, or where next of kin had declined to be involved in the investigation.

14.2. The Board noted the update on Serious Incidents for February 2018.

### **15. Rest Break Policy Implementation Review (TB/17/207)**

15.1. PW presented an interim report on the implementation of the revised rest break policy, which had been introduced in December 2017. This had introduced the option for staff to voluntarily take a flexible break at the location of their choice. However, take-up had been low, which was believed to be due to staff not being confident of finishing their shift on time if they took a rest break. A plan for a pilot scheme designed to address this had been agreed, with a proposed start date at the end of April 2018.

15.2. A second factor to be taken into account was the length of the rest break window, which appeared to be too short and was limiting the total number of rest breaks that could be allocated by the EOC. PW and PG would be entering into discussions with the trade unions with a view to extending this window.

15.3. The report asked the Board to consider reconvening the Board sub-group which had originally been set up to consider the revisions to the rest break policy prior to December 2017. The group would be tasked with reviewing the current position in more detail and agreeing a way forward before meeting with the trade unions. A final report would be presented to the Board in June 2018.

#### **RESOLVED:**

15.4. The Board resolved to agree that the Rest Break sub-group should be reconvened.

**ACTION:** The terms of reference of the Rest Break sub-group to be circulated.

15.5. The Board noted the interim report on the implementation of the revised rest break policy.

### **16. Quality Account Draft Document and Quality Improvement Plan 2018/19 (TB/17/208)**

16.1. TB presented the draft Quality Account for 2018/19, which outlined the quality priorities for the Trust in the coming year. The majority of priorities had been identified through a consultation process with Healthwatch, the Patients' Forum, and with staff. The priorities were aligned with the Trust's draft Strategy and Business Plan, and the document was compliant with all relevant regulatory requirements. The document was due to be discussed at the Clinical Quality Review Group meeting taking place after the Board meeting. A final version of the document would be presented to the Board for approval in April 2018.

16.2. The Board noted the draft Quality Account and Quality Improvement Plan for 2018/19.

### **17. Quality Improvement Plan 2017/18 (TB/17/209)**

17.1. TB reported that the Quality Improvement Plan for 2017/18 had been delivered in full and this was noted by the Board.



## **18. Approach to Annual Report and Annual Accounts 2017/18 (TB/17/211)**

- 18.1. PH presented this report, which had been tabled, and which set out the proposed approvals process and associated timetable for the production of the 2017/18 Annual Report and Accounts. The report outlined the proposed content of the Annual Report, for approval, and of the Annual Governance Statement, for information. It was noted that additional guidance had been received from NHS Improvement on the format of the Annual Governance Statement and as a result the proposed outline in the report would require some minor amendment. It was acknowledged that 16 April, the date on which the Audit Committee would review the draft accounts, was extremely early.
- 18.2. There was some discussion about the need to also provide a more user-friendly summary of the report, and it was confirmed that this would take the form of an Annual Review publication.
- 18.3. The Board noted the report and approved the proposed outline for the Annual Report.

## **19. Annual Corporate Governance Review (TB/17/211)**

- 19.1. PH presented this report, which had been tabled, and which set out the results of an internal review of the Trust's corporate governance arrangements, following an approach agreed with the Audit Committee at its meeting on 12 February 2018.
- 19.2. The review had shown that although progress had been made around risk management, there was further work required. Board approval was being sought for proposed changes to the terms of reference of the Board Assurance Committees. The changes were not significant but were to ensure consistency of approach. It was also proposed that the visibility of the register of interests and the register of gifts and hospitality should be improved by submitting them to the Board on a quarterly basis. A further piece of work was to be carried out comparing the Trust's corporate governance arrangements with the best practice requirements set out in the FRC's UK Corporate Governance Code.
- 19.3. Given that Board members had not had sufficient opportunity to digest the report, it was agreed that the Board would consider the report and provide comments via correspondence, with a view to ratifying the proposals at its next meeting.

## **20. Trust Board Forward Planner (TB/17/212)**

- 20.1. It was noted that the Forward Planner showed that business meetings would be held on alternate months in 2018/19, but that this would only occur if the Trust was released from special measures. Members were advised to keep the non-business meeting dates in their diaries for development and strategy sessions. However, there would be a short business meeting in April 2018, where the Business Plan would be presented for approval.
- 20.2. The Board noted the Forward Planner.

## **21. Questions from members of the public (TB/17/213)**

- 21.1. No questions had been received from members of the public.

## **22. Any other business (TB/17/214)**

22.1. There was no other business.

## **23. Review of the meeting (TB/17/215)**

23.1. No issues were raised.

## **24. Meeting close**

The meeting closed at 12.30pm. The next Trust Board meeting in public will take place at 12.30pm on Tuesday 24 April 2018.



## TRUST BOARD - Public Meeting: ACTION LOG

| Ref.                | Action   | Owner   | Date raised | Date due | STATUS            | Comments / updates<br>(i.e. why action is not resolved / completed)                  |
|---------------------|--|---|-------------|----------|-------------------|--|
|                     |  |   |             |          | On track          |  |
|                     |  |   |             |          | 1 month late      |  |
|                     |  |   |             |          | Over 1 month late |  |
|                     |  |   |             |          | CLOSED            |  |
| TB/17/95 para 7.2   | A full report on the impact of the new rest break policy to be brought to the Board at its meeting in July 2018, with an interim report to be brought to the Board in March 2018             | Paul Woodrow  | 31/10/17    | 31/07/18 | On track          | Further report scheduled for Board meeting on 21/07/18                               |
| TB/17/125 para 8.3  | ELT to advise the Board on proposed future performance reporting   | Lorraine Bewes                                      | 28/11/17    | 24/04/18 | CLOSED            | See item on agenda   |
| TB/17/125 para 8.10 | Recruitment plan, with a focus on the EOC, to be brought to the Board in Spring 2018   | Patricia Grealish                                   | 28/11/17    | 24/05/18 | On track          | Discussed at People and Culture Committee meeting on 19 April 2018                   |
| TB/17/149 para 6.4  | A Board session on digital strategy to be arranged.  | Ross Fullerton                                      | 30/01/18    | 27/03/18 | CLOSED            | Sheduled to take place 24/04/18  |
| TB/17/159 para 17.2 | The proposal for allocating each executive and non-executive director to a designated group station to be taken forward, taking account of existing non-executive director time commitments. | Heather Lawrence, Garrett Emmerson and Jamie O'Hara | 30/01/18    |          | CLOSED            | See action set out below   |
| TB/17/163 para 20.1 | Input to be sought for a programme of developmental/strategy sessions for the Board.   | Philippa Harding                                    | 30/01/18    | 30/03/18 | 1 month late      | Update to be provided  |
| TB/17/173 para 5.3a | Circulate dates of key STP meetings to the Board, setting out those which NEDs are expected to attend  | Jamie O'Hara  | 27/02/18    |          | CLOSED            | See action set out below   |
| TB/17/173 para 5.3b | Provide briefings to NEDs attending STP meetings   | Jamie O'Hara  | 27/02/18    |          | CLOSED            | See action set out below   |
| TB/17/181 para 13.3 | Circulate a briefing on the Trust's approach to ensuring that DBS and safeguarding checks remain appropriate.  | Patricia Grealish, Trisha Bain                      | 27/02/18    | 30/04/18 | CLOSED            | Circulated 16/04/18  |
| TB/17/185 para 17.2 | Logistics and Infrastructure Committee to consider the controls and mitigations in place with regard to BAF risk 52 and whether it needs to remain on the BAF in light of these              | Theo de Pencier, Benita Mehra                       | 27/02/18    |          | On track          | Next Logistics and Infrastructure Committee meeting scheduled to take place in June. |
| TB/17/185 para 17.3 | Presentation of the proposed Strategy and Business Plan to the Board on 27 March 2017 to take account of proposed Risk Appetite Statement and vice versa                                     | Philippa Harding, Angela Flagherty,                 | 27/02/18    |          | CLOSED            | See item on agenda   |
| TB/17/197 para 5.1a | Dates of key STP meetings to be circulated to the Board, setting out those which NEDs are expected to attend.  |   |             |          | On track          | Update to be provided  |
| TB/17/197 para 5.1b | Briefings to be provided to NEDs attending STP meetings.   |   |             |          | On track          | Update to be provided  |

| Ref.                | Action  | Owner | Date raised | Date due | STATUS            | Comments / updates<br><i>(i.e. why action is not resolved / completed)</i> |
|---------------------|---|-------|-------------|----------|-------------------|--|
|                     |   |       |             |          | On track          |  |
|                     |   |       |             |          | 1 month late      |  |
|                     |   |       |             |          | Over 1 month late |  |
|                     |   |       |             |          | CLOSED            |  |
| TB/17/197 para 5.1c | The allocation of executive directors to STP sectors to be reviewed.  |       |             |          | On track          | Update to be provided  |
| TB/17/197 para 5.1d | The email with the briefing on information assets and data flows to be re-sent.                                     |       |             |          | CLOSED            | Circulated 16/04/18  |
| TB/17/199 para 7.1  | The consultation document for the restructuring of the Operations Directorate to be circulated to all Board members |       |             |          | CLOSED            | Circulated 18/04/18  |
| TB/17/205 para 13.3 | Top CRR risks to be included in reports to the Board once the full review of the register is complete.              |       |             |          | CLOSED            | See item on agenda   |
| TB/17/207 para 15.4 | The terms of reference of the Rest Break sub-group to be circulated.  |       |             |          |                   | Update to be provided  |



|  |                                   |                  |                                     |                    |
|--|-----------------------------------|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>  | <b>Trust Board</b>                |                  |                                     |                    |
| <b>Date of meeting:</b>  | 24 April 2018                     |                  |                                     |                    |
| <b>Report Title:</b>   | Report from the Chief Executive   |                  |                                     |                    |
| <b>Agenda item</b>   | 07                                |                  |                                     |                    |
| <b>Report Author(s):</b>   | Garrett Emmerson, Chief Executive |                  |                                     |                    |
| <b>Presented by:</b>   | Garrett Emmerson, Chief Executive |                  |                                     |                    |
| <b>History:</b>  | N/A                               |                  |                                     |                    |
| <b>Status:</b>   | <input type="checkbox"/>          | <b>Assurance</b> | <input checked="" type="checkbox"/> | <b>Discussion</b>  |
|  | <input type="checkbox"/>          | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>   |                                   |                  |                                     |                    |
| <p>The Chief Executive's report gives an overview of progress and key events within the Service since the last time the Board convened.</p> <p>The report is structured in sections, covering key areas of focus of the Trust and Board.</p> |                                   |                  |                                     |                    |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>   |                                   |                  |                                     |                    |
| N/A  |                                   |                  |                                     |                    |

|  |                                     |
|--|-------------------------------------|
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b> |                                     |
| <b>Clinical and Quality</b>  | <input checked="" type="checkbox"/> |
| <b>Performance</b>   | <input checked="" type="checkbox"/> |
| <b>Financial</b>   | <input checked="" type="checkbox"/> |
| <b>Workforce</b>   | <input checked="" type="checkbox"/> |
| <b>Governance and Well-led</b>   | <input checked="" type="checkbox"/> |
| <b>Reputation</b>  | <input checked="" type="checkbox"/> |
| <b>Other</b>   | <input checked="" type="checkbox"/> |

|   |                                     |
|---|-------------------------------------|
| <b>This paper supports the achievement of the following Business Plan Work streams:</b> |                                     |
| <b>Ensure safe, timely and effective care</b>   | <input checked="" type="checkbox"/> |
| <b>Ensuring staff are valued, respected and engaged</b>                                 | <input checked="" type="checkbox"/> |
| <b>Partners are supported to deliver change in London</b>                               | <input checked="" type="checkbox"/> |
| <b>Efficiency and sustainability will drive us</b>                                      | <input checked="" type="checkbox"/> |

## Chief Executive's Report

This report provides the Trust Board with an update regarding key issues, events and activities.

### Operational Performance

1. The Trust delivered consistent performance against national targets throughout March 2018. The March Category 1 mean returned 7 minutes 26 seconds, slightly above the 7 minute national standard and an improvement on February 2018. The Category 1 90<sup>th</sup> Centile remained within the 15 minute standard at 11 minutes 59 seconds. This has remained within the standard each week since the implementation of the Ambulance Response Programme (ARP) and shows that our most critical patients are being responded to quickly. The latest nationally published Ambulance Quality Indicator (AQI) data also shows the Trust ranked 2<sup>nd</sup> in the Category 1 90<sup>th</sup> Centile measure when compared to ambulance trusts across England.
2. Operations has received positive feedback from commissioners about the detailed and regular assurance updates which have been provided to them in advance of, and during, the Easter period (which ranges from 26 March – 15 April 2018). Staffing was strong over the bank holiday weekend and was based upon the forward modelling undertaken by Forecasting and Planning ahead of Easter and in support of the tactical planning. Call volumes were also significantly lower than had been seen earlier in the month and were back to expected seasonal levels. This enabled the Trust to deliver a strong performance outturn.
3. Given that 111 call demand was 18.3% higher than predicted in March 2018, by up to circa 35% on any individual day, referrals to 999 and emergency treatment centres remained consistently low and this resulted in the Trust's 111 service achieving best performance across both these measures in London over March 2018.
4. In terms of EOC, 76% of all calls were answered within 5 seconds in March 2018, the same level as February 2018. Of all calls 50% were answered immediately while the 95<sup>th</sup> centile was 1 minute and 43 seconds. There was a steady improvement in call taking across March 2018 with 95% achieved by the end of the month.
5. Progress against EOC recruitment and retention continues to be scrutinised at weekly Operations Resourcing Group meetings. Full establishment is still on track for September 2018.
6. At the end of March 2018 Operations achieved the 85% target for appraisals and statutory/mandatory training. Focus remains on the delivery of the 2018/19 target and trajectories are in place for all departments across the directorate and are reviewed on a weekly basis. These trajectories have been designed to ensure that seasonal pressures and associated REAP escalations do not impact on the ability of the directorate to delivery upon its quality metrics in 2018/19.
7. On 12 February 2018, as previously reported, new actions were introduced to improve the number of DCA rest breaks allocated and that trend for increased rest breaks continues to move in the right direction. A record 47.2% rest breaks were allocated on Tuesday 3 April 2018.

8. Good progress is being made with the roster review which is still on track to deliver tranche one by September 2018 and tranche two by March 2019. There is positive engagement between Operations, trade union representatives and Working Time Solutions, the shift pattern design and roster management experts who are supporting Operations with this project.
9. The operational management restructure consultation ended on Sunday 15 April 2018. Every operational manager or Clinical Team Leader who has raised a question via the generic restructure inbox has received a response from the Director of Operations and every request for a 1:1 meeting (from those whose posts are potentially dis-established) with the Director of Operations and a member of the People and Organisational Development team has been accommodated. A final reorganisation paper is due to be published at the end of April 2018.
10. Operations has continued to work with the Project Management Office (PMO) and finance leads over the last month to develop its CIPs for 2018/19. Two days of workshops were held on 28 and 29 March 2018 to further scope the details of each scheme and to identify the key staff, data and actions which are required to deliver our objectives. The project teams are currently working up the detail of their projects, and the timeline for benefits realisation, with dedicated project support from the PMO.
11. The Trust's commissioners have agreed that, since the implementation of ARP, our previous metric for measuring Job Cycle Time (JCT) is no longer suitable. Operations are engaged with the Contract Management Team so that we can agree a new set of metrics which will combine elements of JCT that we can effectively be held accountable for, and which will also include a view of efficiency and productivity. Discussions are also taking place with commissioners to determine the agreed reduction in conveyance to emergency departments during 2018/19.

## **Finance & Performance**

12. As reported in detail elsewhere on the agenda the Trust ended 2017/18 with a £3.2m surplus (subject to audit) against a planned deficit of £2.4m. The Trust received £2.66m additional sustainability and transformation funding from its regulator (NHS Improvement) for exceeding its control total. Before receipt of the additional £2.66m the Trust ended the year with an underlying surplus of £0.56m achieved through underspends on pay expenditure. Incident activity ended the year 1.6% above contract baseline. Executive focus remains on acceleration of recruitment to address resilience and catch up with the pipeline required to deliver the required performance standards. Trust expenditure on capital was £23.33m against a capital resource limit of £24.96m (93%) at the end of March 2018.
13. The Trust ended the year with a use of resources score of 1, the highest possible rating and improvement of the plan score of 2.
14. Work has continued on the bespoke short-term forecasting model, which was rolled out to Operations during March. The output of this model gives a forecast for elements of demand, capacity and efficiency, and a prediction of performance, supporting operational decision making on a daily and weekly basis. Currently this model generates intelligence at an LAS level, but the team are aiming to produce similar versions at Sector / Sustainability Transformation and Partnership (STP) level in the near future. Currently, the accuracy of the performance model is around  $\pm 1$  minute (or

approximately 5% on average) but as more Ambulance Response Programme (ARP) related data becomes available, this accuracy level is expected to improve over time. The team will also continue to enhance the model iteratively, and are now working on improving the initial layer of forecasts (e.g. our ability to predict call volumes etc.) and on designing an interface to allow senior managers across the Trust to test “what-if” type scenarios regarding capacity and efficiency forecasts.

15. The Performance Directorate continue to be involved in the 2018/19 contracting round. Activity predictions with seasonality profiling have been provided with the intention of supporting both commissioners and senior management internally with planning endeavours for this new financial year. Once final agreement is reached on the contract, these activity projections will be fixed as internal trajectories, and the Forecasting & Planning team will work collaboratively with Business Intelligence to ensure these values are available for reporting purposes.
16. On the 12th February 2018 two members of staff from the National Ambulance Information Group (NAIG) carried out an audit across England, with their remit to carry out an audit against the newly agreed Ambulance System Indicators. In early March a draft summary report was received; the Business Intelligence (BI) team continue to work with IM&T colleagues to develop the necessary logic, Data Quality rules and carry out checks highlighted in the summary report. These pieces of work will allow the Trust to enhance our reporting processes against the newly introduced Ambulance Quality Indicators (AQIs). The Trust is also now in receipt of the ARP spring review paper, which is being studied to understand what further changes may be required, if any.
17. The Business Intelligence (BI) 111 analyst continues to work with colleagues from South East London (SEL) 111, primarily scoping future BI reports for development. In April the BI team deployed the first of the reports, namely “SEL Daily 111 performance”, with the aim of enhancing the level of data provided to our 111 services for managing operational activities. The report has been well received by 111 colleagues, and with the deployment of the live 111 Wallboards developed by IM&T and supported by the BI 111 analyst, our 111 colleagues now have greater access to meaningful data.
18. The Operational Performance Reviews continue to grow in attendance; ADOs have taken a proactive approach to inviting a wide range of staff from within their operational / clinical leadership team. The recent introduction of Group Station scorecards was well received, meeting the objective of greater transparency in performance at station level. There is further work around the building of logic to report on productivity at station level to conclude these scorecards.

## IM&T

19. March was a successful month for IM&T with good progress made in operational performance, project delivery and strategic engagement. We attended a pan-London IT strategy review with the MPS, LFB, TfL, and GLA where we identified potential synergies and agreed a set of collaboration priorities.
20. The first phase of our Enterprise Architecture project delivered a baseline IT architecture which is a strong foundation from which to plan future technology investments, manage change to our systems and optimise our technology footprint. The review has already highlighted opportunities to consolidate systems and deliver efficiencies in our IT infrastructure.

21. In line with much of the NHS, Cyber Security continues to be a priority and is a BAF risk. We successfully reached the target of compliance with the National Cyber Security Centre (NCSC)'s Cyber Essential programme as demonstrated through an independent assessment which should us delivering 100% against the required controls.
22. March saw the successful delivery of the Mobile Devices CQUIN with over 3,800 iPads successfully issued to patient facing staff. This is a tremendous achievement which was only possible with the support of colleagues from across the Trust, from commissioners and from NHS England. Our frontline staff can now access patient care plans on-scene, identify the most appropriate care pathway and ensure they are following best practice.
23. Substantial progress has been made across 111 and Integrated Urgent Care. New real-time contact centre reporting systems are live in our 111 centre in Croydon which allow managers to more effectively manage workload and prioritise how calls are handled. The planning for the go-live of IUC for North East London is well advanced. There is a considerable amount of work to complete in order to set up a brand new contact centre with resilient telephony and IT systems by August. Engagement with commissioners has successfully demonstrated the robust nature of our plans to deliver successfully.
24. The new navigation system for ambulances and other blue light vehicles is now being used in a small number of vehicles on operational duty. This evaluation and testing phase is crucial to understanding how the new system performs in a real-world environment ahead of a wider rollout.
25. Call recordings and transcripts have now been completed for the London Bridge and Parsons Green major incidents. This concludes a substantial and challenging piece of work following the major incidents last year that has involved many hundreds of hours of calls and radio messages being identified, reviewed and made available to the relevant investigations.

## Strategy

26. Following discussion at the Trust Board in March, further work has been undertaken to finalise our new organisational strategy which is being presented at today's Trust Board (24 April 2018). We have also developed a succinct version of the key points of our strategy, which will assist us when having conversations about our propositions with key stakeholders. Pending formal approval today, we are launching our new strategy with staff through the CEO road shows which are taking place across our organisation from this week. This will include the launch of our new organisational vision, purpose, values and behaviours.

## Quality Improvement

27. To proactively work towards achieving our quality standards for patients to outstanding we are currently carrying out a gap analysis to identify where the Trust is in relation to CQC Key Lines of Enquiry (KLOEs). This work will focus our efforts on the CQC domain/s and the actions we need to take to move from good to outstanding. For example, we know that we will only have to be rated outstanding in one other domain



and good across all others (including Use of Resources) in the next inspection to bring us to Outstanding overall.

28. The quality implementation plan will build on the current Quality Account priorities, the gap analysis and also include any feedback from our CQC report in May. This will then be taken forward by the Quality and Assurance directorate and monitored via QOG and QAC and through performance meetings.
29. We have now recruited 3 full-time mental health posts to support the Clinical Hub seven days a week within EOC. A full review of the mental health capacity form will be re-launched with a training support package and in place by June 2018. We will also ensure that these assessments are aligned to the development of ePRF.
30. Funding has been secured to run 20 joint training days with the MPS in relation to the management of mental health patients in the out of hospital setting following a successful trial last year.
31. The Quality Improvement training content and quality framework is under development and we are planning to launch the programme in Q2. The launch will include the 'newly formed' quality assurance directorate, roles and responsibilities along with other systems and process development i.e. Health Assure, Datix, Human Factors. In addition we will be working with the communications team to develop a portal, quality 'brand' and other communication mediums to ensure there is trust wide knowledge and engagement.
32. We have completed a post 3 month review of the implementation of Health Assure. We will be taking forward a gap analysis of current status across sectors and working with Quality Governance Assurance Manager's to ensure that we revise the training programme and have robust Standard Operating Procedures to ensure all staff understand the evidence that is needed against each Key Line of Enquiry and how to link to the current corporate evidence provided as part of our Performance Improvement Return for the recent CQC inspection.
33. The additional actions from the Health and Safety re-review have been included in the over-arching action plan and will continue to be monitored as previously. We have worked with the Director of Strategic Assets and Property to ensure that we have clarity over roles and responsibilities for fire, security and the governance of the estates directorate.
34. The Deputy Director of Quality Governance, Head of Quality Intelligence and Intelligence Systems Manager are now working within the directorate and already making progress on engagement and development of trust wide systems and processes.
35. The Chief Quality Officer is working closely with the new Quality Information lead for NHSI pan-London and following a recent meeting will be using expert advice in relation to : measurement for quality improvement ( working with performance team), cultural diagnostics ( working with the Director of P&OD) to support the preparation phase for the QI launch.
36. Links are also being established with the Healthy London Partnership and the NHSI to review pan-London quality strategies



## Medical Directorate

37. During the extremely cold weather at the beginning of March, the Medical Directorate provided additional strategic support to maintain patient safety during a period of very high demand. The LAS is continuing to work with NHSE, NHSI and Acute Trusts to address problematic delays in hospital handover at some sites.
38. CQC inspections and interviews took place; amongst other areas, the Trust was able to evidence the considerable changes that we have made in the management of medicines since the 2015 inspection.
39. Positive incident reporting continues to improve; this is an important way of recognising the good work that our staff do on a day-to-day basis. We
40. As part of a planned service to Lifepak 15 monitor-defibrillators, background monitoring for Ventricular Fibrillation and Ventricular Tachycardia has been enabled which will help to maintain patient safety.
41. The Clinical Audit & Research Unit (CARU) continue to undertake background monthly and quarterly audits. CARU published an audit reviewing the care of patients who had cause to recontact the service following discharge on scene by ambulance crews. This will be expanded into a review of patients who were discharged following hear and treat and who had been referred to 111.
42. Recruitment into the Arrest Trial continues; The Trust has exceeded the recruitment target for the trial.
43. Increased capacity within the Infection, Prevention and Control (IPC) team has enhanced visibility and allowed the team to engage with operational staff to facilitate improvement in hand hygiene and other IPC measures such as waste disposal.
44. The project to establish the immunisation status of all staff is progressing well; this will provide important information to develop an immunisation campaign, which will help to protect the health of our staff and our patients.
45. CSR 2017:2 and 2017:3 came to an end, and the train the trainer program for CSR 2018:1 was held. This resulted in all tutors attending a 3-day program for accreditation in Manual Handling, ready to deliver the Moving Objects and People sessions in Q1.
46. The first group of Apprentice TEACs have now commenced, and systems are now established to support all TEACs enrolling as apprentices. Concerns have been raised about the pastoral care required for today's students, and it placing additional pressure on tutors. CES will now approach OH to consider options for additional support.

## People and Culture

47. My ESR continues to be a success with over 97% of Trust staff accessing the new version of the system which became available to Trusts nationally in May 2017. We continue to have the highest % of users using the new ESR Portal in London (out of 71 Trusts) and we are the 2<sup>nd</sup> highest % of users nationally. Over 53,000 courses have been completed since go-live.

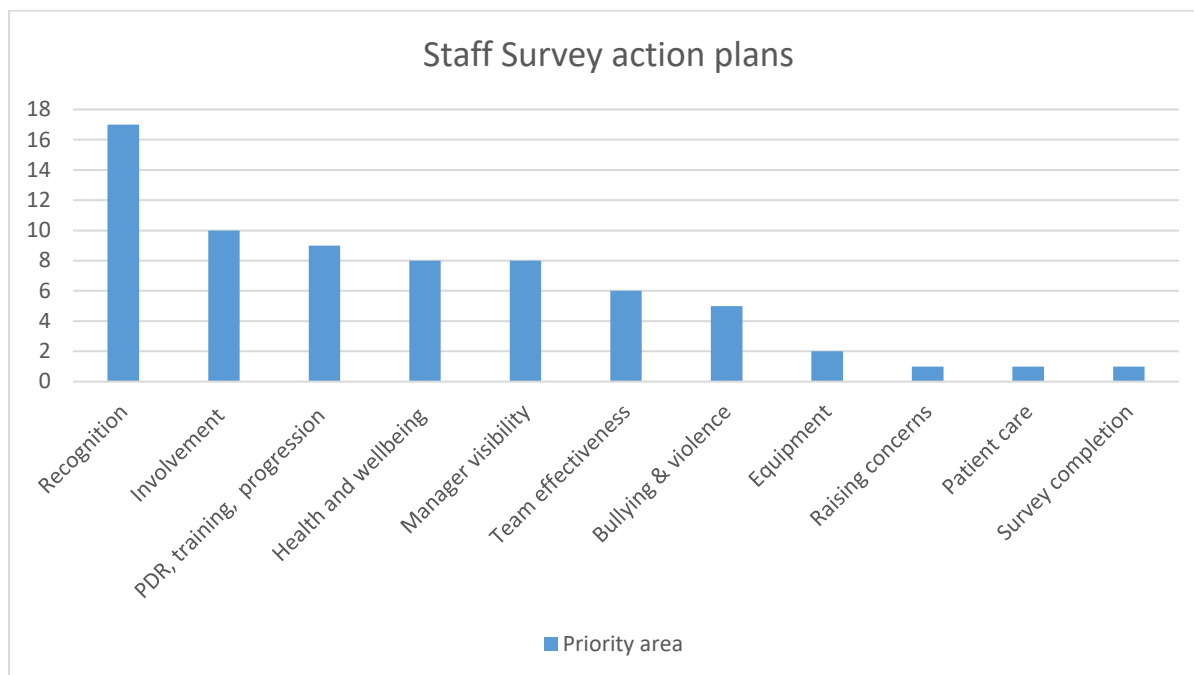
48. Our entry '*ESR Transformation at The London Ambulance Service*' has been shortlisted for the **Award for best use of Your ESR** category in this year's Healthcare People Management Association awards.
49. The MyESR Helpdesk has resolved 5,729 queries by email and phone since MyESR went live on the 18th September and the ESR Workforce Dashboard continues to be positively received and we have had over 15,000 views from 515 managers. There is an increased demand from our managers for the ability to export the data and this will be reviewed by the IG Committee to ensure consideration of data protection obligations.
50. The high level plan for 2018/19 covers the following deliverables:
- eForms solution (Q1 – Pilot, Q2 – Roll Out)
  - OLM Optimisation (Q1-Q3)
  - ESR Interfaces (GRS) (Q3-Q4)
  - ESR Restructure (right people in right place) (Q1-Q2)
  - Data quality (Q1-Q4)
  - New developments (inc Safeguarding, non-payroll staff). These will be considered by the Project Board on a case by case basis depending on priority.
51. We will be going live with the recording in ESR of the Operational Workplace Reviews (OWR) and Clinical Information Support Overview (CISO) feedback sessions. Recording the OWR and CISO review meetings in ESR allows better visibility of compliance across the Trust and will allow managers to drill down to see individual employee compliance via the ESR Workforce Dashboard. We have updated the LAS308 form to facilitate this for frontline managers.
52. At the end of March 2018 the Statutory & Mandatory training compliance is reported as 86.5% trust wide with operations reporting 86.10% compliance and corporate services 92.2%. These were achieved through a collaborative effort of ongoing reporting, monitoring and support from across the organisation. New statutory and mandatory training delivery plans will be created during a meeting on 8<sup>th</sup> May to ensure continued compliance across all requirements. Meetings will also be held with Deputy Director of Clinical Education and Quality Standards to identify and split out statutory and mandatory requirements against clinical updates so there is clear delineation for individual learning accounts and reporting requirements going forward. This will also support plans to meet the needs of pay progression as per the proposed framework agreement as well as alignment to the Core Skills Training Framework to enable Inter Authority Transfer from other NHS organisations.
53. The plan to meet the Information Governance (IG) Audit Plan of 95% compliance of the IG toolkit by end of April continues. The current position of 90.39% (10 April 2018) is good considering that a problem has been raised with the ESR Central Team highlighting that the new module supplied by NHS Digital is not compatible with Apple software rendering new content inaccessible. The ESR Central Team will raise this with NHS Digital to ensure a new version of the module is provided to meet the accessibility specifications.
54. The Trust's Leadership Development Pathway (LDP) continues to be developed and we are awaiting final discussions on content and delivery requirements in line with the Operations Restructure Consultation. Each element of the pathway will be aligned to

specific LAS management competencies derived from the NHS Leadership Academy Healthcare Leadership Model.

55. Whilst certain elements of the LDP are already underway, design and delivery of new key elements are under development (Psychological Resilience in association with internal/external SMEs), NHS Leadership Academy and by the L&OD team. All elements of the pathway are being considered for either CPD accreditation or Professional Apprenticeship Programmes. Following the launch of the Strategy, Business Plan, Purpose, Values and Behaviours the entire Leadership Development Pathway will be launched in May with the new elements promoted out as required per delivery/capacity plans.
56. Rethink are midway through the Training Review and have met with stakeholders across the Learning & Development team and have observed a corporate induction event. Through these meetings additional training providers and stakeholders were identified to best provide the complete picture of training across the organisation. It is envisaged the results of the review and the recommendations will be available in May 2018.
57. The Coach to Lead programme has launched with day two taking place in April 2018. Coach to Lead will become a module in the Management Essentials offer in the form of a half day workshop around Coaching Conversations.
58. Coaching Development is also taking place as a "Train the Trainer" pilot within EOC using the Coach to Lead Materials. In addition to this some "Time to Think" sessions are being designed and delivered for EOC during May 2018 and will also support managers develop and build their resilience.
59. The Sponsorship Mentoring and Reverse Mentoring projects (leadership development and inclusion initiatives) have progressed further with the Performance Coach commissioned to deliver this work. Expressions of interest for applicants for both programmes will be launched in May 2018.
60. Appraisal completions were at 87.38% at the end of March 2% above target and with an increase of 17.38% from the end of February. The appraisal audit questionnaire and semi-structured interviews are now complete and an exercise to diagnose the results will take place with recommendations being made. PDR Appraisal training for both managers and staff continues to be delivered and again yields valuable feedback on the current PDR Appraisal system.
61. The Corporate Induction improvement plan continues with the current weekly format to be replaced by a fortnightly induction at a central location. Learning and Development are collaborating with Clinical Education to progress this. Proposed changes include alignment to values with consideration to changing the delivery methods to make the experience more engaging, for example through using an APP-based game.
62. Discussions have also commenced on the feasibility of introducing the requirement of pre-employment StatMan training, one option for ensuring key subject areas are delivered whilst making space for other subjects.
63. A full audit is now complete of staff's immunisation status thus far 3589 require vaccines. We are now scheduling a range of vaccination programmes across Brent/ Kenton, Pinner and Wembley, as well as MRU and CRU. Further engagement is underway to

access further stations and set up clinics across as many locations as possible to minimise operational challenges in standing down front line staff to receive their vaccines. We will be utilising both CSR and Roadshows to capture as many staff as possible in the coming months. With a proposed completion date of end of September.

64. We are in discussions with PAM to revise the counselling offering to include face to face CBT and EMDR as part of our standard service, rather than a more targeted telephone and online support platform, which was not felt adequate for our staff. The last 6 months has demonstrated a need for this change, to not only release the pressure on our in-house resource, but also to improve speed of access to services for staff and to offer more equity to staff in terms treatment options. A stepped care model has been proposed and is under review. We will run the stepped care model for the next 3 months to review expenditure and look at implications of overall budget in the next contract year to see whether or not funds within the allocated budget need to be reapportioned to this service provision. A full review has been undertaken of internal communications messaging in relation to this and all other services.
65. All internal communications in relation to Occupational health have been reviewed and revised and are now with the Communications team to upload onto the system. Discussions are underway to arrange for key information on access and escalation across all services to also be uploaded to both the iPads and the App for front line staff as well as on LiA and other communication channels to ensure that staff are clear as to what is available and what to expect.
66. Following approaches from a number of staff to provide alternative therapies to their colleagues, a process map has been developed to ensure we follow rigorous processes and appropriate due diligence and that a consistent approach to all requests.
67. Following the support interventions put in place for EOC in over the last 6 weeks, we are monitoring the effectiveness actively seeking feedback to establish viability of continuation beyond the pilot period. Drop in sessions with a qualified counsellor, which could be considered more of a 'shift debrief' than a counselling session have proved extremely popular, particularly where staff have experienced a difficult or disturbing shift. Physio drop in sessions have been used to offer staff support and provide exercises to reduce symptoms and to refer for onward appointments where required.
68. Yoga sessions have commenced and staff attending are finding it very beneficial in terms of relaxing the body and the mind. Small groups of staff are taking advantage of 30min sessions over a 2hour period at both Bow and Waterloo.
69. The management team have taken the role of promoting HEADSPACE and 100 codes are available to staff to have the opportunity of practicing guided meditation. We have been approached by front line staff with regards access to HEADSPACE, so this may be something we wish to consider for other staff groups if it can be demonstrated that it is beneficial.
70. A BME staff meeting was held on the 5<sup>th</sup> April 11, 2018 during which a key work plan was agreed to rebrand and relaunch the network and to attend the Royal College of Paramedics conference to see how we can influence the diversity of their association.
71. A group of 20 BME staff from across the Trust met with the CQC on 15<sup>th</sup> March 2018 to discuss the experience at LAS from a BME perspective.
72. The analysis of the Staff Survey Action Plans is underway. Of the 24 completed action plans received so far the chart below highlights the priority areas identified across all the action plans.



73. As demonstrated in the table the main area for focus and action is in relation to staff recognition and staff involvement at local level.
74. Training, appraisals and career progression was the third top priority across the action plans. A stronger focus on planning time for the initial PDR as well as time for review and discussion on progress. A number of action plans identified the need for a local noticeboard which highlighted training events and the application process for funding/bursaries.
75. The focus of health and well-being related mainly to improvements in musculoskeletal injury rates through improved access to training, ensuring staff report injuries and access appropriate medical support if needed.
76. Visibility/awareness of senior management was a key priority. Structure charts with photographs and contact details was an action identified supported by regular communication on any changes. Some areas were considering more detail with a 'job profile' also included. One Group Station is planning for Clinical Team Leaders to attend hospital A&E departments on a regular basis as an opportunity to speak to road staff.
77. A number of stations have plans to review the teams under each Clinical Team Leader and intend to ensure each member of staff has a nominated CTL who will be more visible and enable the development of positive working relationships. This would allow for more opportunities for recognition and feedback and enable staff to feel confident in reporting any issues (e.g.; incidents, injuries). This action appeared across a range of work streams.
78. Other areas identified included better use of DATIX for reviewing incidents, reps/working group to be responsible for reviewing and monitoring equipment, understanding why survey response rates were low.
79. Corporate action plans focused on team communications through regular team meetings and better feedback from senior managers with clarity on team objectives.

This would enable better understanding of training needs and ensure funding available was spent effectively.

80. To address the outstanding action plans work is ongoing to ensure these are submitted. The 9 Staff Survey Champions are still working on the development of their action plans. A follow up communication has been sent reminding the Champions of the importance of taking action and further communication is planned during the latter part of April.
81. EOC Waterloo, 111 and IT have now identified a Champion and they have been provided with an individual briefing together with guidance and support in order for their action plans to be completed in a timely manner.

## **Strategic Assets and Property**

82. Steve Dawson joined the team as the Interim Head of Estates. Steve's focus is to standardise our planned maintenance so we are able to provide assurance relating to Health, Safety, Security and the Environment (Sustainability).
83. We were able to purchase fleet replacements for our operational colleagues and this included both motorbikes and our first set of electric vehicles – the Nissan leaf's. As this is a first venture into electric vehicles, we are working with the communications team to share this with a wide London audience. The estates team are currently surveying the sites to ensure that charging points are installed at key stations.
84. We presented at the London Estates Board (LEB) in late March, and have forged links with the NEL STP, GLA, Cabinet office, NHSI. The steer from the LEB chairs forge links with NWL STP, further meetings have been had with GLA and NHSI. GLA and TFL will be providing feedback from the MPS estate strategy and their public consultation. NHSI are aiding us in our stakeholder mapping.

## **Communications**

85. As part of coverage around a change in the law to allow advanced paramedics to prescribe medication, we facilitated a media interview with Professor Keith Willett, Director for Acute Care to NHSE, and a BBC crew joined an urgent care advanced paramedic for a shift. The Guardian also covered the story.
86. Community Defibrillation Manager Samantha Wilcox was interviewed on BBC Radio 4's Woman's Hour at the end of March about giving first aid to children. She appeared alongside a trainer from St John Ambulance to give advice to listeners about what to do in a medical emergency.
87. We are working in partnership with Macmillan Cancer Support around end of life care support for patients. The charity is funding three new posts within the Service to support staff working with terminally ill patients, ensuring their wishes are respected, and that unnecessary and distressing admissions to A&E are avoided. An article appeared in the Evening Standard about the partnership.
88. Further to the reported increase in the murder rate in London, there has been more media interest and activity around how we respond to these types of calls. This included facilitating a reporter from LBC radio to ride out with an advanced paramedic during a shift and taking part in an interview on the same station about the impact on

the NHS.

Other media stories of note include:

- Following last month's Trust Board meeting, the Evening Standard reported on a number of Serious Incidents from one of our reports, including a patient with Addison's disease who waited a long time for an ambulance.
- The Evening Standard also reported on discussions around performance and how high rise buildings in London can mean taking longer to get to patients.
- The Observer reported that ambulance services in England are short of almost 1,000 frontline staff, including paramedics, as revealed in job vacancy figures. A survey by the newspaper found that of the 10 services across the country, we had the highest number of unfilled posts, closely followed by the South East Coast Ambulance Service and the South Central Ambulance Service.
- The Telegraph and Daily Star reported on mistakes made by ambulance staff in refuelling vehicles. The articles quoted figures from a Freedom of Information request which showed that in the last six years, ambulances nationally had been put out of action 769 times because of errors and referenced 69 mistakes by our Service.

89. I will be undertaking the CEO Roadshows during the latter part of April and early May.

**Garrett Emmerson**  
**Chief Executive Officer**



| <b>Report to:</b>   | <b>Trust Board</b>  |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
|---|---|---|--|------|--------------------|----------------------|--|------------------------|---|-------------------------|--|------------------------|---|-----------------------|--|
| <b>Date of meeting:</b>   | 24 April 2018   |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>Report title:</b>  | A world class ambulance service for a world class city – strategy 2018/19 – 2022-23   |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>Agenda item:</b>   | 08  |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>Report Author(s):</b>  | Angela Flaherty, Deputy Director of Strategy  |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>Presented by:</b>  | Angela Flaherty, Deputy Director of Strategy  |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>History:</b>   | <p>There have been a number of papers and updates that have been presented to Trust Board through the development of our new strategy:</p> <table border="1"> <thead> <tr> <th>Date</th><th>Presentation/paper</th></tr> </thead> <tbody> <tr> <td><b>27 March 2018</b></td><td>Presentation of draft final strategy for consideration and comment</td></tr> <tr> <td><b>30 January 2018</b></td><td>Paper presented outlining our engagement on 'Our Strategic Intent'; including patient, staff and stakeholder feedback</td></tr> <tr> <td><b>28 November 2017</b></td><td>Update presentation on strategy development and engagement</td></tr> <tr> <td><b>31 October 2017</b></td><td>'Our Strategic Intent' presented and approved</td></tr> <tr> <td><b>3 October 2017</b></td><td>Paper to propose the timeline and methodology of strategy development presented and approved</td></tr> </tbody> </table> <p>Further to the formal papers and presentations made at Trust Board, there have also been a number of workshops with Trust Board members to develop our strategy</p> |   |  | Date | Presentation/paper | <b>27 March 2018</b> | Presentation of draft final strategy for consideration and comment | <b>30 January 2018</b> | Paper presented outlining our engagement on 'Our Strategic Intent'; including patient, staff and stakeholder feedback | <b>28 November 2017</b> | Update presentation on strategy development and engagement | <b>31 October 2017</b> | 'Our Strategic Intent' presented and approved | <b>3 October 2017</b> | Paper to propose the timeline and methodology of strategy development presented and approved |
| Date  | Presentation/paper  |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
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| <b>31 October 2017</b>  | 'Our Strategic Intent' presented and approved   |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>3 October 2017</b>   | Paper to propose the timeline and methodology of strategy development presented and approved  |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>Status:</b>  | <input type="checkbox"/> <b>Assurance</b>   | <input type="checkbox"/> <b>Discussion</b>  |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
|   | <input checked="" type="checkbox"/> <b>Decision</b>   | <input type="checkbox"/> <b>Information</b> |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <b>Background / Purpose:</b>  |   |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |
| <p>This paper seeks approval from Trust Board for our draft new five year strategy; A world class ambulance service for a world class city.</p> <p>A huge amount of work has gone in to developing this strategy from across the organisation, following best practice guidance from the NHSI strategy development toolkit, as well as following CQC Key Lines of Enquiry (KLOE) expectations. As part of the strategy development process, Trust Board have previously approved two key documents:</p> <ul style="list-style-type: none"> <li>'Our Strategic Intent' which outlined our initial strategic propositions developed through modelling, Trust Board development sessions and workshops with senior managers and subject matter experts within LAS. This document was used as the basis for our period of engagement</li> </ul> |   |   |  |      |                    |                      |  |                        |   |                         |  |                        |   |                       |  |



- ‘Summary of Engagement’ which outlined the key feedback that we received from patients, staff and stakeholders through our engagement period. This feedback was all incorporated into this final strategy

The key elements of our new strategy are:

- **Challenges and Opportunities** – we set out the challenges faced by the NHS system as a whole as well as the opportunities that we have identified to improve services and the role that the London Ambulance Service can play in meeting them.
- **A world class ambulance service for a world class city** – we outline our strategic vision and introduce the three strategic themes of our strategy
  - Strategic Theme 1 - Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients
  - Strategic Theme 2 - A world class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital
  - Strategic theme 3 - Collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable
- **The impact of our strategy** – we detail the benefits that we believe our strategy could deliver, including economic benefits and a reduction of patients requiring conveyance to emergency departments
- **Delivering our strategy** – we outline the fundamental changes that will be required across our organisation to deliver our strategy. In achieving the new blueprint for our organisation, we will need to make key changes to our organisational structure, culture, capabilities and infrastructure.

Whilst this strategy details our overall ambition for the organisation, it will be supported by a strategic framework of ‘daughter documents’ which will examine the implications for functional areas of our organisation. Each of these daughter documents will have a delivery roadmap and detailed action plans to ensure that we can deliver this overall organisational strategy. Whilst some of these strategies already exist and some are yet to be signed off, all of them will need to be refreshed following the publication of this strategy to ensure they are fully aligned. The timeline for development of these daughter documents, and the dates of their Trust Board strategy development sessions, and eventual Trust Board sign off dates will follow.

Following approval by Trust Board, a far reaching communications campaign will be developed to launch the strategy with our staff, our stakeholders and to Londoners in general.

#### Recommendation(s):

The Trust Board is asked to approve our new organisational strategy.

#### Links to Board Assurance Framework (BAF) and key risks:

N/A

#### Please indicate which Board Assurance Framework (BAF) risk it relates to:

|                                |                          |
|--------------------------------|--------------------------|
| <b>Clinical and Quality</b>    | <input type="checkbox"/> |
| <b>Performance</b>             | <input type="checkbox"/> |
| <b>Financial</b>               | <input type="checkbox"/> |
| <b>Workforce</b>               | <input type="checkbox"/> |
| <b>Governance and Well-led</b> | <input type="checkbox"/> |
| <b>Reputation</b>              | <input type="checkbox"/> |
| <b>Other</b>                   | <input type="checkbox"/> |

| This report supports the achievement of the following Business Plan Workstreams: |                                     |
|--|-------------------------------------|
| Ensure safe, timely and effective care   | <input checked="" type="checkbox"/> |
| Ensuring staff are valued, respected and engaged                                 | <input checked="" type="checkbox"/> |
| Partners are supported to deliver change in London                               | <input checked="" type="checkbox"/> |
| Efficiency and sustainability will drive us                                      | <input checked="" type="checkbox"/> |



**London Ambulance Service**  
NHS Trust

# **A world class ambulance service for a world class city**

Strategy 2018/19 – 2022/23

**Headquarters:**

London Ambulance Service NHS Trust  
220 Waterloo Road  
London SE1 8SD  
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Tel: 020 7783 2000  
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**Version no:**

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## Chair's introduction

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The London Ambulance Service (LAS) is one of the largest and busiest ambulance services in the world. Serving a growing population of over 8.6m people in one of the most socially and culturally diverse cities on earth, our distinctive vehicles are on the road 24 hours a day, 365 days a year, ready to respond to Londoners and visitors alike, whatever their medical emergency.

As an integral part of the National Health Service (NHS) in London, we play a vital part in ensuring patients get the right emergency care at the right time when things go wrong and, where necessary are conveyed quickly and effectively to the right care pathway for onward treatment.

The NHS in London is however under more pressure from growing demand than ever before. It is therefore vital that the LAS becomes even more effective at

quickly responding to and accurately triaging patients; treating people sooner whenever possible – whether on the phone in our control centres for those with more minor ailments (or, in the future, potentially online), or at the scene of incidents when we need to dispatch an ambulance, utilising the increasing capabilities of our paramedics, emergency ambulance crews and clinical support staff. We also need to work more closely than ever before with our colleagues in the wider NHS to develop and make more use of appropriate care pathways that often offer our patients better, quicker and more appropriate care and, as a consequence of this, take fewer people to general emergency departments (A&Es).

To do this, we need to work with our commissioners, NHS England, NHS Improvement and London's five sustainability and transformation partnerships (STPs), playing an increasing role at the heart of the city's healthcare system as London's primary integrator of access to urgent and emergency care 'on phone', 'on scene' and 'online'.

To achieve this, the LAS Trust Board has undertaken and commissioned extensive work, both internally and externally which has led to the development of this strategy. With the help of our partners, we are confident that we can deliver further sustainable improvements in care we provide for our patients and support the wider healthcare system to deliver ever better value for money for the services we collectively provide.

**Heather Lawrence OBE**

## CEO's foreword

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The LAS has a proud history of innovation in ambulance provision and serving the capital. Stretching back over a hundred and twenty years from the first ambulances provided by the London Asylum Board in the 1880s, through to the creation of the LAS as we know it today (in 1965), the service has always been at the heart of major developments in mobile medical care. Today, with over 5,000 people (and nearly 3,500 front-line clinical staff), we aim to be never more than a few streets away when you need us most.

Through recent advances in the treatment of major trauma, cardiac arrest, heart attack and stroke care, many more people survive these serious events than was the case even only a few years ago. However, the majority of our patients have less serious illnesses and injuries and we need to evolve our service to better serve all of the 1.8m people who call 999 every year in London, together with the increasing numbers of people who use our 111 service to seek help and advice on less urgent issues. To do this we need to

transform our organisation, not only clinically and operationally, but also making sure we invest in our people, our vehicle fleet and estates infrastructure, as well as our IT systems and project management capability, to enable us to continue to provide the outstanding patient care that the organisation is rightly renowned for.

I have been incredibly proud to lead this organisation through one of the most challenging years in its history during 2017, dealing with more 'major incidents' than at any other time in recent history, and a particularly challenging winter. We now need to build on the successes we have had recently to ensure that we can continue to provide this exceptional level of care and service going forward. Treating more people at home or at the scene of incidents, providing more effective care on the phone or online and enabling more people to access better care through appropriate care pathways will enable us to improve the quality, effectiveness and cost efficiency of the care we provide to our patients.

As a result of advances we have made in the last few years, we have already reduced the proportion of patients we take to emergency departments from over 70% in 2011/12, down to around 63% today. I believe we must now challenge ourselves to improve on this further so that, by the end of the period covered by this document, we are nearer to only 50% of our patients needing to go to an emergency department to get the care they need. This will both improve the speed and quality of the care we provide and reduce pressure on the wider system.

The outstanding patient care that we provide is only possible through the dedication and skill of our workforce. Whether our on the road, in our control rooms, in workshops or any of our corporate and support functions, our staff work tirelessly each and every day to help other people. It is therefore incumbent on us to make sure their working lives are as fulfilling and

rewarding as possible. From ensuring that our staff have high quality and safe working environments to additional career development or training opportunities, this strategy outlines a number of ways in which we will support our people and provide them with the tools to do their jobs to the world class standard that they aspire to.

This strategy, which has been the subject of one of the largest staff, public, partner and patient engagement exercises we've

ever undertaken, sets out our vision to achieve this, aiming to make the LAS the genuinely world class ambulance service that Londoner's and visitors to our great city expect and deserve.

**Garrett Emmerson**



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# 1 Executive summary

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Our new organisational strategy details how we will change and improve the way in which we provide urgent and emergency care to the people who live, work and travel in London. This strategy seeks to improve the care we provide for all of our patients and do so in the most cost effective way to generate savings for the NHS as a whole.

## 1.1 Challenges and opportunities for the urgent and emergency care system

Like the rest of the NHS, we continue to face substantial and sustained rises in the demand for urgent and emergency care. This is because of:

- a growing and ageing population
- an increase in acute and complex long-term health conditions which require coordinated care
- Patients' expectations of how they access health services is changing, particularly due to the widespread use of smartphones –85 per cent of Londoners now own a smartphone.
- Recruitment challenges

To support the NHS *Five Year Forward View* and the *Keogh Urgent and Emergency Care Review*, we need to place a clear focus on avoiding unnecessary emergency department attendances and hospital admissions. For urgent physical or mental care needs, there should be highly responsive care close to home; and for more serious or life-threatening emergencies, there should be treatment at the scene and conveyance to the most appropriate facility.

We are the only pan-London NHS provider and have a unique opportunity to play a leading role in supporting national and regional strategies to improve patient outcomes and experiences. Working with London's five sustainability and transformation partnerships (STPs), we can support local needs and contribute to joint goals such as more consistent urgent and emergency care across London, improved access to acute and community care, better use of technology and rapid crisis intervention.

## 1.2 Our vision is: to be a world class ambulance service for a world class city

We want to be London's primary integrator of access to urgent and emergency care 'on scene', 'on phone' and 'on line'. We have four goals:

- Provide outstanding care for 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

This strategy plays an essential role in delivering on the goals of coordinating urgent and emergency care pathways, delivering more care on scene and avoiding taking patients to hospital.

We will do this through three themes.

### 1.3 Theme 1: Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients

We want to manage and coordinate the flow of patients through urgent and emergency services, making it as easy as possible to access the help that they need. We want to develop an integrated clinical assessment and triage service: iCAT London, integrating access to urgent and emergency care, providing better patient care and a more cost effective service for London. Sitting behind both NHS 111 and 999, and supporting our frontline teams, iCAT London will place us as the integrated point of access to the most appropriate care, whether patients contact us by telephone or via another digital channel, and wherever in London they may be. Our integrated service features all aspects of urgent and emergency care, coordinated so that the patient's experience is one of a single health service with consistency across London.

Our South East London 111 service converts fewer NHS 111 calls to 999 emergency dispatches than any other 111 provider in London on a consistent basis. If we achieved the same low dispatch rates across London as we do in South East London, it would equate to 25,000 fewer ambulances being sent to patients per year. Implementing iCAT London as a whole could, we believe, save the health system in London up to £21m per annum.

### 1.4 Theme 2: A world class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital

We will continue to provide high quality care to everyone who contacts us, especially those most critically ill and injured. However, we will place a stronger emphasis on assessment and enhanced treatment at scene and in community settings, taking patients to alternative care settings where it's needed while accessing established pathways of care. Taking patients to hospital should only be used for those who need the assessment, treatment and equipment available only within an emergency department.

We will introduce 'ambulance pioneer services', a bespoke service for five patient groups:

- Urgent care response
- Mental health
- End of life
- Falls
- Maternity
- 

Changing how we respond to these groups will deliver significant improvements in quality of care and patient experience, reducing unnecessary trips to an emergency department.

These services will provide a more tailored response when people dial 999, and will be an alternative to taking a patient to hospital, with patients having had their needs met in a more appropriate way, either at home or in the care of a loved one. Implementing our pioneer services would allow us to increase the number of patients we deliver a differentiated service, specialised based on the specific patient illness or injury, from less than 10% to over 30% over the period of this strategy. We believe that it could also see up to 95,000 fewer patients taken to emergency departments saving London's health system between £9.5m and £12.8m per annum.

### 1.5 Theme 3: Collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners

We will work, and partner with, London's public services and will support every opportunity to improve patient outcomes and their experiences whilst improving public value. We are also committed to

working alongside the emergency services and London's wider stakeholder community and stand behind the Mayor of London's pledge, and are a co-signatory, to "making London the safest global city".

As the only pan-London NHS provider, we have unique insight into the care that patients have available to them across London. We can help NHS England and the STPs identify the services that are best able to manage demand, where there are inconsistencies and where changes to service delivery would provide benefits to patients and the urgent and emergency care sector as a whole. We believe that we could, working with system partners to ensure a more consistent, efficient and equitable service, save London's health system between £2.2m and £2.7m per annum.

## 1.6 Delivering our strategy

We will need to deliver fundamental change to our organisation's culture, capabilities and infrastructure, to deliver this strategy.

- Our culture: a strong organisational culture which supports staff is crucial. Not only do we need the buy-in from our people to bring about the changes that we need to make, but we need them to be our champions. Our staff need to advocate the changes that we are making: with each other and with other people from the wider NHS system who they work with and speak to on a regularly. This will only happen if the culture of our organisation supports this.
- Our capabilities: Having the right organisational capabilities allows us to implement our strategy and support our vision. These include:
  - Better education and training opportunities, and stronger career pathways;
  - An agile and commercially focused organisation;
  - Innovating for continuous improvement
  - Involving the public in our work and building an extensive volunteer base
- Our infrastructure: our staff need the right high-quality infrastructure to support them. Our people need reliable, well-equipped and low-emission vehicles sent from strategic locations to serve the whole of London. We also need to become a 'digital first' organisation, ensuring that decision making is supported by accurate, real-time digital patient and management data that can be shared across providers.

Delivery of this strategy will be supported by a framework of detailed and interconnected 'daughter documents' which will specify, function-by-function, the plans that we will deliver over the lifespan of this strategy.

## 1.7 The impact of our strategy

Our strategy will have direct clinical benefits for patients by providing more care remotely by 'hear and treat' and by increasing, to over a quarter, the number of our patients who receive a pioneer response, discharging them on scene where possible by 'see and treat'.

Taking fewer patients to emergency departments means hospitals will see with fewer patients: patients who can have their needs met at home or in the community, which has both operational and economic benefits. Through providing the right care to patients at the right time, and in the most cost effective way, we believe that, by 2023, our strategy will

- Improve outcomes, experiences and consistency of services for all of our patients
- See up to 122,000 fewer patients conveyed to Emergency Departments when their needs could be effectively met in a different and more appropriate way
- Deliver between £12.1m and £36.5m per year in avoided costs for the urgent and emergency care sector

## 2 Challenges and opportunities for the urgent and emergency care system

---

The NHS continues to face substantial and sustained rises in the demand for urgent and emergency care. This section sets out the challenges of the system, the opportunities to improve services and the role that the London Ambulance Service needs to play in meeting this demand.

A number of factors, explained below, have an impact on the whole health system:

- The population is growing and aging, meaning more patients and greater complexity, increasing overall demand for our services and longer treatment times
- An increasing prevalence of acute and complex long term conditions requiring coordinated care
- The need for care of critically ill patients is growing at a higher rate, which impacts upon the resources available for patients with less acute needs
- The way that patients are accessing the care system is changing fast and new technologies are becoming available that can improve the way we care for our patients
- Recruitment challenges within front-line and support functions

These pressures mean that changes to the urgent and emergency care system are essential. Working with our system partners, we will help to shape and deliver the changes required to make London's urgent and emergency care system more sustainable.

### 2.1 The national perspective

The NHS is struggling to deal with rises in demand for urgent and emergency care. Average emergency department waiting time performance in England has slipped from an average of 95.7% in four hours or less (exceeding the national target of 95% in four hours) in 2013/14 to 89.1% in 2016/17<sup>1</sup>. This has partly been due to the challenges in admitting patients due to the difficulty that hospitals sometimes face in discharging their patients when an appropriate care plan has not been put in place.

Hospitals have finite capacity, and care provided in hospitals is much more expensive than care provided in the community because of the higher level of specialism of clinicians and the more advanced range of diagnostics and treatments that can be provided. As a result, there has been for many years an overarching objective to simplify and organise urgent and emergency care services, making them easier to navigate, so that more care is provided in primary and community settings, usually closer to home, reducing unnecessary attendances at emergency departments and enabling hospitals to focus on patients who are the most ill or who have the most complex conditions.

Ambulance services have delivered significant improvements to the standard of clinical care and services to patients over recent years despite demand increasing year-on-year. Patient experiences of 999 emergency services are consistently positive with patients having a high level of trust and confidence in the clinicians who attend them. Ambulance clinicians continue to develop from their

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<sup>1</sup> Quarterly time series 2004/05 onwards, A&E Attendances & Emergency Admissions, NHS England

historical role of delivering first aid and transportation to hospitals, towards a greater emphasis on decision-making, diagnosis, treatment and referral.

The NHS *Five Year Forward View*<sup>2</sup> (2014) recognised this development in clinical capability. It built on the vision and recommendations set out in Professor Sir Bruce Keogh's review of urgent and emergency care services in England<sup>3</sup> (2013) and explained the need to redesign service for people of all ages with physical and mental health problems by improving out-of-hospital services so that we deliver more care closer to home and reduce unnecessary hospital attendances and admissions.

The national vision for urgent and emergency care is:

- For adults and children with urgent care needs, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families
- For those people with more serious or life-threatening emergency care needs, we should ensure they are treated at the scene and then in centres with the right expertise and facilities to maximise the prospects of survival and good recovery

NHS England's national strategy, *Safer, faster better: good practice in delivering urgent and emergency care*<sup>4</sup> (2015) identified six key changes which are needed in order to deliver an improved system of urgent and emergency services:

1. Providing better support for people and their families to self-care or care for their dependants
2. Helping people who need urgent care to get the right advice in the right facilities, first time
3. Providing responsive, urgent physical and mental health services outside of hospital every day of the week, so people no longer choose to queue in hospital emergency departments
4. Ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities, processes and expertise in order to maximise their chances of survival and a good recovery
5. Ensuring parity of esteem for all patients
6. Connecting all urgent and emergency care services together so the overall physical and mental health and social care system becomes more than just the sum of its parts

## 2.1.1 Integrated urgent care

NHS England's new service specification for integrated urgent care<sup>5</sup> (IUC) responds to the need for simpler, better coordinated access to urgent care. NHS England's objective is for high quality clinical advice to be provided to patients over the telephone, video call and digital messaging with the aim of reducing the number of patients advised to go to their GP or to an emergency department as a precautionary measure. Importantly, however, clinicians will be able to make appointments or direct referrals for patients across the range of local services so that patients only need to contact the NHS once. IUC sits behind the existing NHS 111 telephone number, providing specialist clinical advice, and unifying 24/7 access to local urgent care services including out of hours GP services, and face-to-face services such as general practice, community services, social care, ambulance services, urgent care centres and emergency departments.

At the core of the specification is a new 'clinical assessment service' which will provide clinical advice to patients, call handlers and mobile health professionals working in the community. The service will be staffed by GPs, with a range of specialist clinicians including, paramedics, advanced nurse

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<sup>2</sup> *NHS Five Year Forward View*, NHS England, 2014

<sup>3</sup> *Review of urgent and emergency care services in England*, NHS England, 2013

<sup>4</sup> *Safer, faster better: good practice in delivering urgent and emergency care*, NHS England, 2015

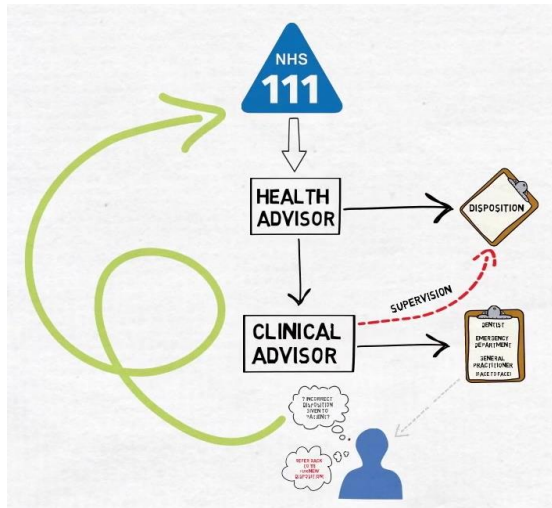
<sup>5</sup> *Integrated Urgent Care Service Specification*, NHS England, 2017



practitioners, pharmacists, dental nurses, mental health nurses, palliative care nurses according to local demand, and will have access to advice from hospital specialists.

**Figure 1: Transforming NHS 111 into integrated urgent care (Source: NHS England)**

#### Current service



#### Integrated urgent care (including clinical assessment service)



## 2.1.2 Emergency ambulance services

*Safer, faster better*<sup>4</sup> recognises that ambulance services play a central role in the provision of urgent and emergency care. It states:

**Ambulance services and their commissioners should work together to develop a mobile urgent treatment service capable of dealing with more people at scene and avoiding unnecessary journeys to hospital.**

The strategy goes on to list a number of principles of good practice for ambulance services, which are:

- **Staffing ‘clinical hubs’ in control rooms with a range of clinicians** (including pharmacists, midwives, palliative care nurses and specialist or advanced trained paramedics) to ensure the appropriateness and timeliness of responses provided to patients by offering ‘hear and treat’ care to patients and clinical support to paramedics on scene
- **Using senior clinical decision makers** (such as specialist or advanced paramedics/nurses) to care for patients through ‘see and treat’, referral to community services or other pathways, to give better clinical outcomes and reduce the need for attendance or conveyance for non-critical 999 calls
- **Developing and evaluating alternatives to conveyance to hospital** (as a local healthcare system) so that paramedics have routine access to community health and social care services and can safely manage more patients at scene, either treating and discharging or referring onward to other appropriate services
- **Enabling ambulance services to have real time access to patient care plans** to develop a whole systems approach to patient management and flow
- **Minimising handover times for patients taken to hospital by:**
  - Sending patients’ details ahead to the receiving emergency department and implementing electronic patient handovers
  - Using alternative vehicles to convey patients to the emergency department, thus keeping paramedic staffed ambulances available
  - Sharing predicted activity levels with acute trusts on an hourly and daily basis to trigger effective escalation when demand rises
  - Ensuring that delays are reviewed systematically and jointly by ambulance operations managers, hospital managers and clinicians

## 2.2 The regional perspective in London

### 2.2.1 London’s vision and specification for urgent and emergency care

#### Sustainability and transformation partnerships

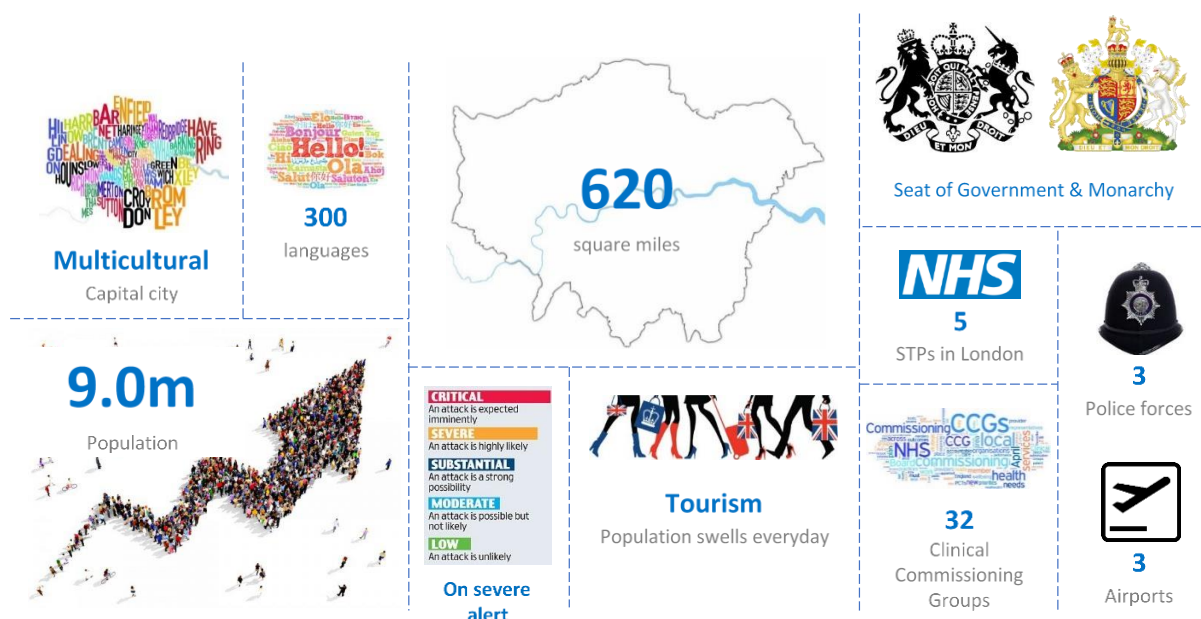
The NHS and local authorities have formed sustainability and transformation partnerships (STPs) in 44 areas covering England, enabling commissioners and providers of health and social care to work together at a larger scale to improve the health and wellbeing of the populations in their localities. Each STP has developed ‘place-based’ proposals focussed on their own population, which mean they vary according to specific local needs, demographics and geographical differences. London has five STPs: North West London, North Central London, North East London, South East London and South West London.

There are some unique factors in London that affect demand for health and social care services. London is a major centre for tourism, with the seat of national government, national landmarks and a



concentration of the UK's airports. It also has the highest rate of non-residential population in the country, with many workers commuting to or through the capital every day.

**Figure 2: London and its population**



Common goals for urgent and emergency care across all of London's STPs include:

- Investment in and promotion of healthy living initiatives, preventative care and self-management, with a particular focus on older adults, who may need greater support to remain healthy and living in their own homes
- Improved access to primary and community care – through extended hours, out of hours, and out of hospital hub services (which bring together community nurses, GPs, other NHS specialists and social care staff in the same building)
- Provision of urgent care centres as a mid-level step between community care and hospital services for patients who have urgent but not emergency or life-threatening conditions
- Enhanced 111 services to meet the national integrated urgent care specification, which will provide patients with information through a wider range of channels and enable them to receive clinical advice and assessment from a wider range of experienced clinicians– with the aim of resolving more calls without the need for follow-up appointments
- Making better use of available technology to enable patients to speak with clinicians online or via a video link from a smartphone
- Avoiding high-end need through crisis intervention, for example through rapid response teams and dedicated mental health crisis services

London has a history of being at the forefront of implementing specialist emergency care models that improve outcomes for patients, including major trauma centres, hyper acute stroke unit (HASUs) and heart attack centres. As a result, in recent years cardiac arrest survival rates have risen from 5% to 30%, nine out of 10 patients diagnosed with heart attacks by ambulance clinicians leave hospital within five days following treatment at specialist centres, and stroke patients in London are almost three times more likely to receive thrombolysis treatment.

## Healthy London Partnership

Healthy London Partnership (HLP) was established in response to the NHS *Five Year Forward View* and the London Health Commission's report *Better Health for London*<sup>6</sup>. Its aim is to improve the health of Londoners and make London the healthiest city in the world.

HLP provides an infrastructure for STPs to work with regional bodies to design consistent services across London, including urgent and emergency care. It was formed in 2015 by the 32 London Clinical Commissioning Groups, NHS England (London), Public Health England, London Councils, Health Education England, the Greater London Authority and the Mayor of London.

HLP carried out an extensive survey and interviews in 2015 which concluded that the urgent and emergency care system is confusing to navigate, especially when it comes to the availability and different types of out of hospital services.

## Coordinated, consistent and clear urgent and emergency care

In November 2017, the HLP published *Coordinated, consistent and clear urgent and emergency care*<sup>7</sup>, a vision and specification for the urgent and emergency system care in London. It seeks to formalise the relationships and interdependencies between urgent and emergency care services and the organisations that provide them. It also outlines aspects of services and facilities that should be consistent across London.

The document sets out three priorities “to improve patient outcomes and experience through high quality and consistent urgent and emergency care services that are available seven days a week”:

1. Developing **responsive, effective and personalised urgent care with 111 as the ‘front door’** of the urgent and emergency care system providing the public with access to the right advice in the right place, first time – any hour of the day and any day of the week.
2. Developing a facility **specification for consistent urgent care centres** to reduce public confusion and developing specifications for emergency centres and emergency centres with specialist services for those with more serious or life-threatening emergency needs to ensure access to the best expertise and facilities to reduce risk and maximise chances of survival and good recovery.
3. Developing **urgent and emergency care networks** to provide overarching coordination and accountability for the system around all urgent and emergency care services.

### 2.2.2 The population is growing and aging, meaning more patients and greater complexity, increasing overall demand for our services and longer treatment times

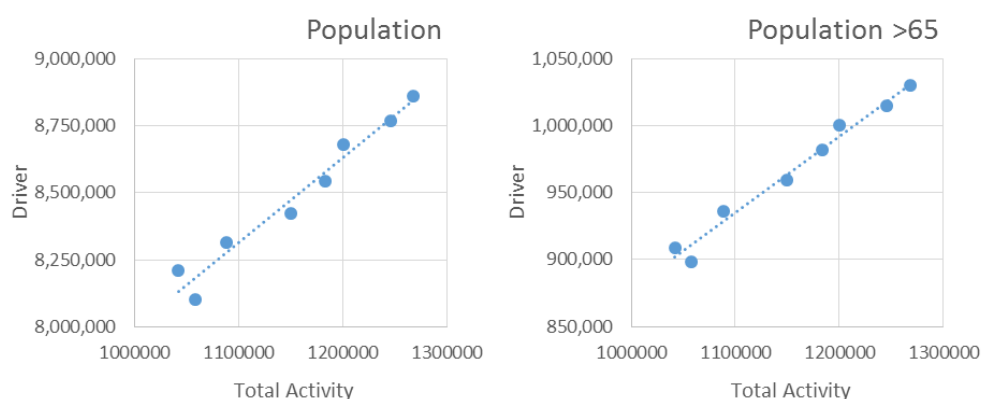
London's health system, as well as the wider NHS, is being challenged with substantial and sustained rises in the demand for urgent and emergency care, which is driven in part by increases in population and a changing demographic mix. Increases in demand for urgent care, emergency department services and emergency admissions have all been above population growth over the past three years.

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<sup>6</sup> *Better Health for London*, London Health Commission, 2014

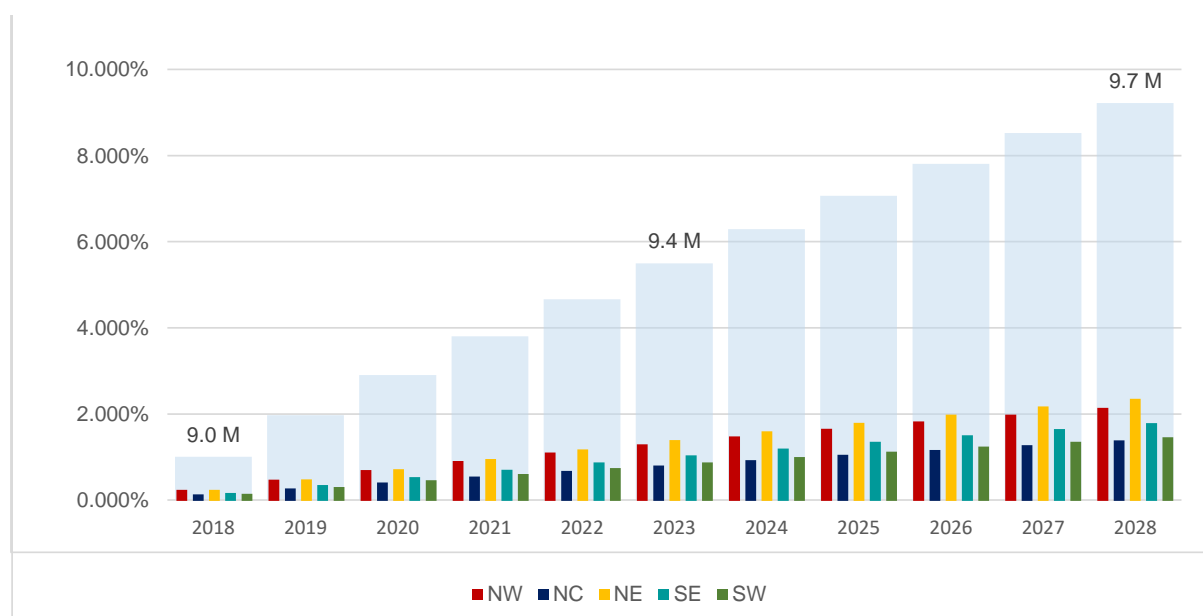
<sup>7</sup> *Coordinated, consistent and clear urgent and emergency care*, Healthy London Partnership, 2017

**Figure 3: There is a clear linear relationship between population (total and over 65) to LAS activity making it a key driver of modelling projections of LAS activity**



London's population is expected to rise from 9.0m in 2018/19 to 9.4m in 2022/23<sup>8</sup> and to 9.7m in 2028/29. With population growth being experienced across the capital, most keenly in North West and North East London, we know that demand for our services is also going to significantly increase. Figure 4 shows the projected cumulative growth of London population over the next 10 years.

**Figure 4: Shows London population growth projection, 2018/19–2028/29, most starkly seen in North West and North East London**



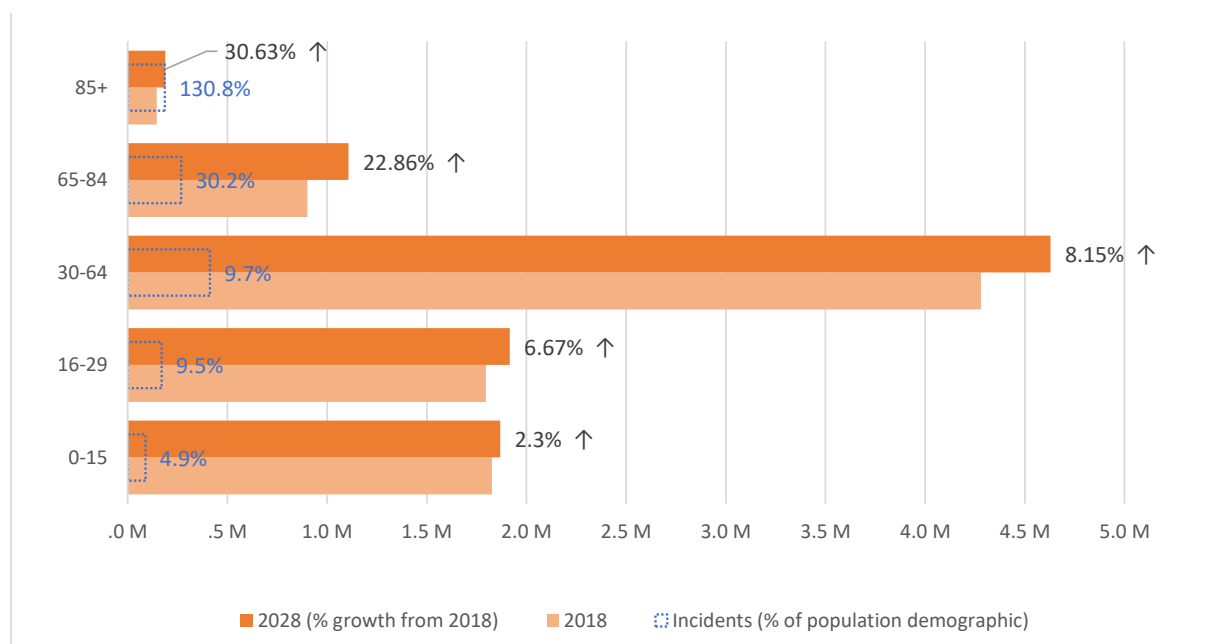
As a proportion, the largest population increases are in the 85+ age range (31%) and in the 65–84 age range (23%), who are typically the most significant users of health services and with whom we need to spend more time (on-scene time). These cohorts will grow at a faster rate than the population as a whole, resulting in a disproportionate increase in demand for our services.

Figure 5 shows population growth by age band (orange bars), and the anticipated growth in activity associated with each band (dotted blue lines). This highlights the faster growth of the older age population, which account for a disproportionate number of incidents<sup>9</sup>. In the 85+ age cohort there are over 1.3 incidents per year for every member of the population: 185,000 incidents for the 145,000 people older than 85.

<sup>8</sup> [GLA population projections](#)

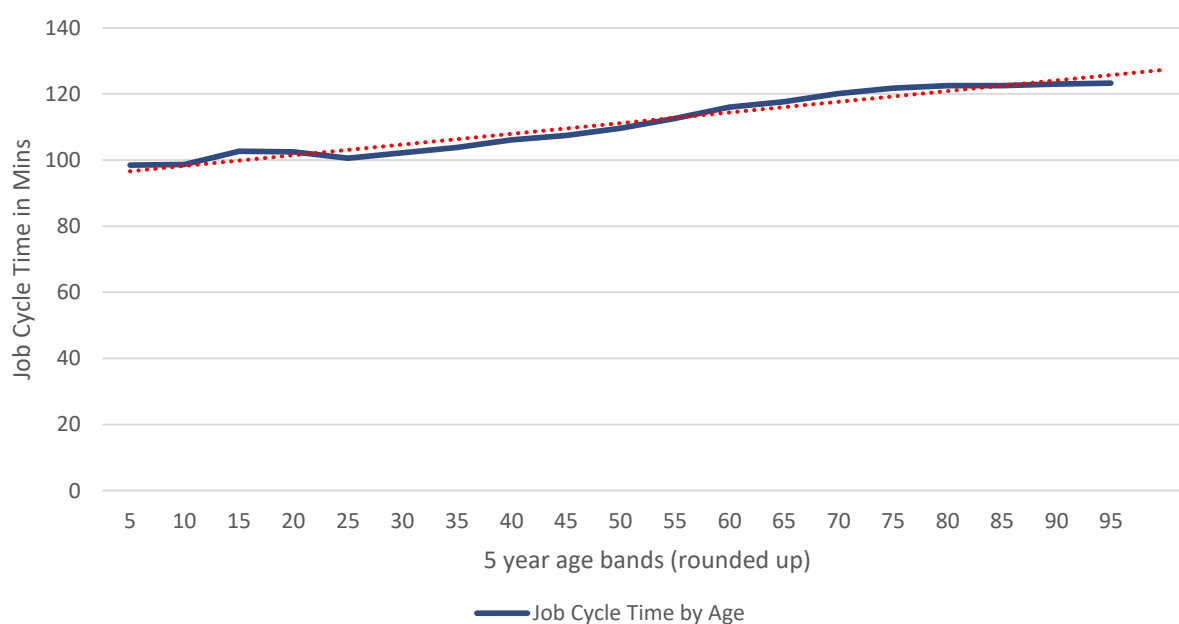
<sup>9</sup> "Incidents" are 999 calls we respond to physically by sending a clinician to the patient

**Figure 5: Shows London population growth from 2018/19–2028/29 by age band. The older age bands, which have a disproportionate volume of incidents, show a faster growth rate.**



Age is also major factor in how much time we spend on scene with patients. Figure 6 shows 'job cycle time', which is a measure for the time from the start of a 999 call until an ambulance is available to attend their next patient, increases with the age of patients. This is due to the higher likelihood of conveyance for an elderly patient, and the likelihood of dealing with more complex co-morbidities. This implies that an aging population will result in our staff attending more calls and spending more time with each patient (on average) and therefore increase staffing requirements.

**Figure 6: Shows an increasing average 'on-scene time' by patient age from LAS 2017 incidents statistics (red dotted trend line)**



The London Ambulance Service could have a greater role in proactive public health. We already share public health and prevention messages communicated by our partners and by the Association of Ambulance Chief Executives (AACE). There could be a more practical role for us through our volunteer network.

**There is an opportunity for us respond to the complexity of managing a growing and aging population by using a wider range of specialised staff and to deliver more care through our telephone services and in the community to avoid unnecessary emergency department attendances and hospital admissions.**

### **2.2.3 An increasing prevalence of acute and complex long term conditions requiring coordinated care**

Changes in the prevalence of complex physical and mental health conditions affecting the population require health and social care services to respond differently to meet the needs of Londoners. Hospital is not always the most appropriate place for many people.

A growing number of patients have complex healthcare needs. In England, more than 15 million people have at least one long-term condition. This number is set to increase over the next ten years, with a significant rise in the number of patients with three or more conditions. London's ethnic diversity means that there are significant numbers of patients with genetically-linked conditions such as sickle cell disorders.

We are also at a hugely exciting juncture in healthcare and medicine with major advances being made on a regular basis. However, this has a knock-on effect on demand for our services, as the numbers of patients with very complex care needs such as cardiac assist devices (left ventricular assist device) and children with life-limiting congenital conditions increase.

**Table 1: Landscape of complex conditions**

|                                       |  |
|---------------------------------------|--|
| Stroke                                | Nearly 40% of men and 30% of women have high blood pressure, a key risk factor for stroke  |
| Obesity                               | 63% of adults and 34% of under 11s are obese or overweight   |
| Mental health                         | 1 in 4 people in the UK will experience a mental health problem each year  |
| Dementia                              | The number of people with dementia is expected to more than double over the next 30 years  |
| Long term conditions and co-morbidity | Around 15 million people in England have one or more long term condition, with care for these conditions accounting for 55% of GP appointments, 68% of outpatient and emergency department attendances and 77% of inpatient bed days <sup>10</sup> |
| Deprivation                           | Some people in deprived areas will have multiple health problems 10–15 years earlier than people in affluent areas   |

**There is an opportunity for us to further integrate ambulance services with community health teams and social care hubs, co-located or connected virtually to enable robust, high quality and cost effective coordination of the delivery of urgent and social care.**

### **2.2.4 The need for care of critically ill patients is growing at a higher rate, which impacts upon the resources available for patients with less acute needs**

Following the largest clinical ambulance trials in the world, NHS England announced a new set of response time measures for ambulance services<sup>11</sup>. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. This includes providing call handlers with more time to assess 999 calls that are not immediately life-threatening, enabling them to identify patients' needs better and send the most appropriate response.

<sup>10</sup> [Managing the care of people with long-term conditions](#), House of Commons Health Committee, 2014

<sup>11</sup> [New ambulance standards](#), NHS England

The new Ambulance Response Programme (ARP) standards will ensure early recognition of life-threatening conditions, particularly cardiac arrest. A new set of pre-triage questions is now asked so that when you dial 999, those patients in need of the fastest response are quickly identified. New nationally set response times will free up more vehicles and staff to respond to emergencies.

There are four categories of call:

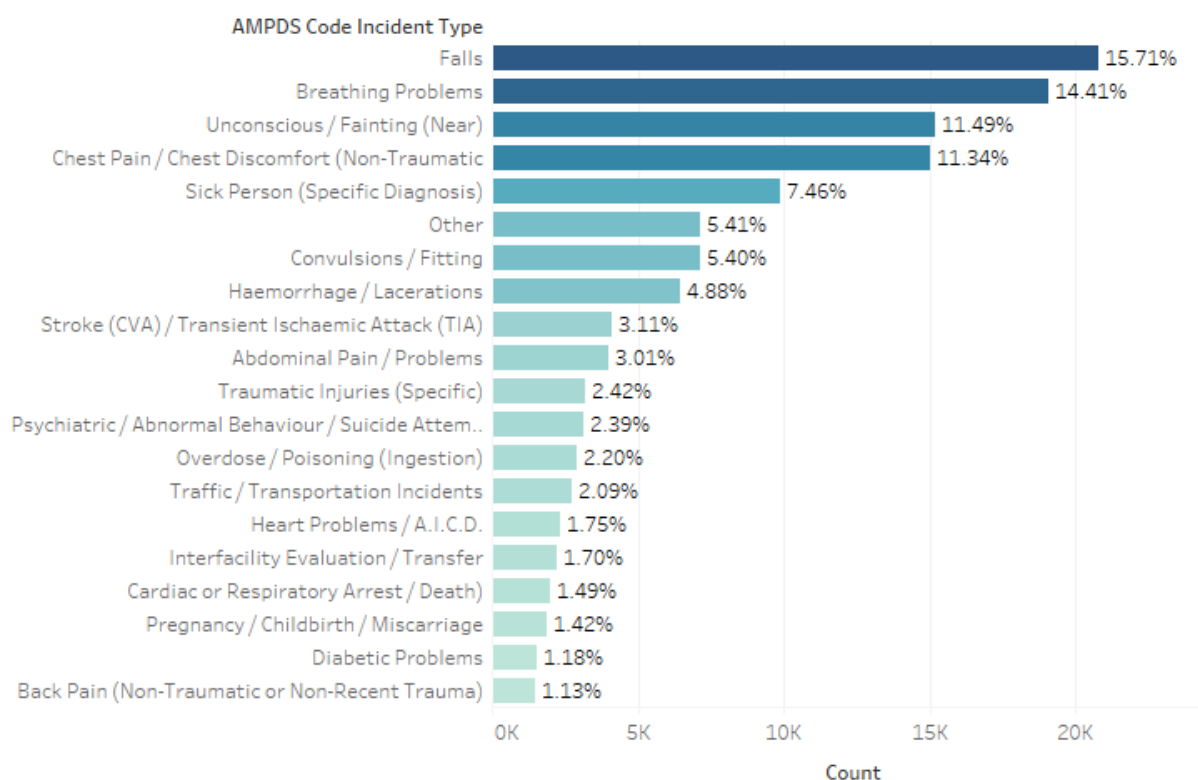
1. Calls from people with life-threatening illnesses or injuries (average response in 7 minutes)
2. Emergency calls (18 minutes response)
3. Urgent calls (120-minute response)
4. Less urgent calls (180-minute response)

We implemented these changes on 31 October 2017. As a result of the additional time allowed for less urgent calls, we have been able to get to the highest category of call more quickly.

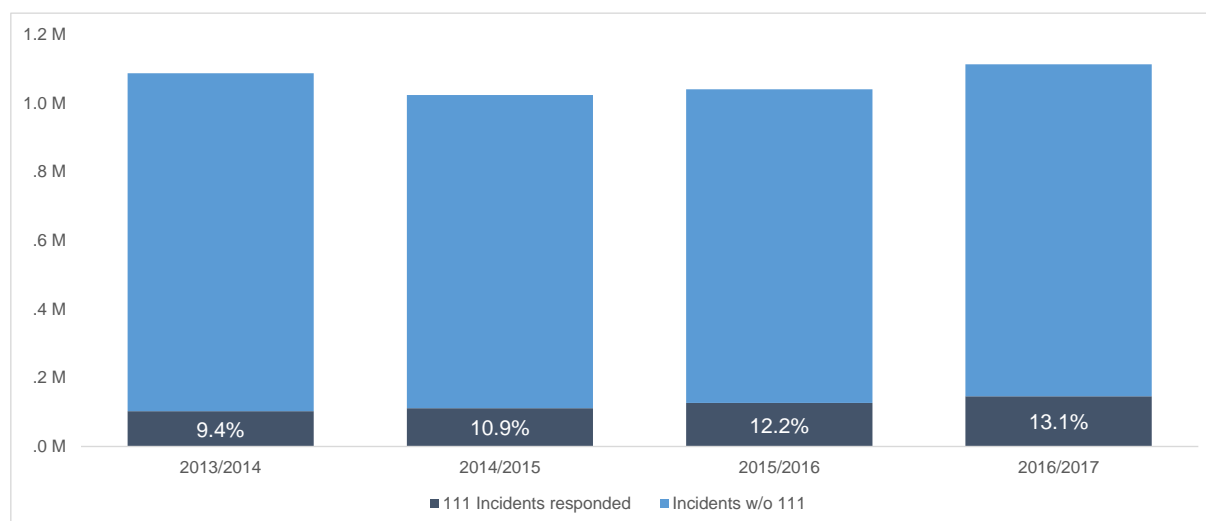
### Increase in 999 and 111 call volumes

We provide 999 emergency services across London. The volume of 999 calls we receive has been growing at a year-on-year average of 2.0% over the last three years. NHS 111 is a non-emergency number that was introduced nationally in April 2013. We provide the 111 service in South East London and will be running the service in North East London from August 2018. The volume of 111 calls we receive has been growing at a year-on-year average of 8.7% over the last three years.

**Figure 7: Case mix of 999 incidents for top 20 advanced medical priority dispatch system (AMPDS) codes**

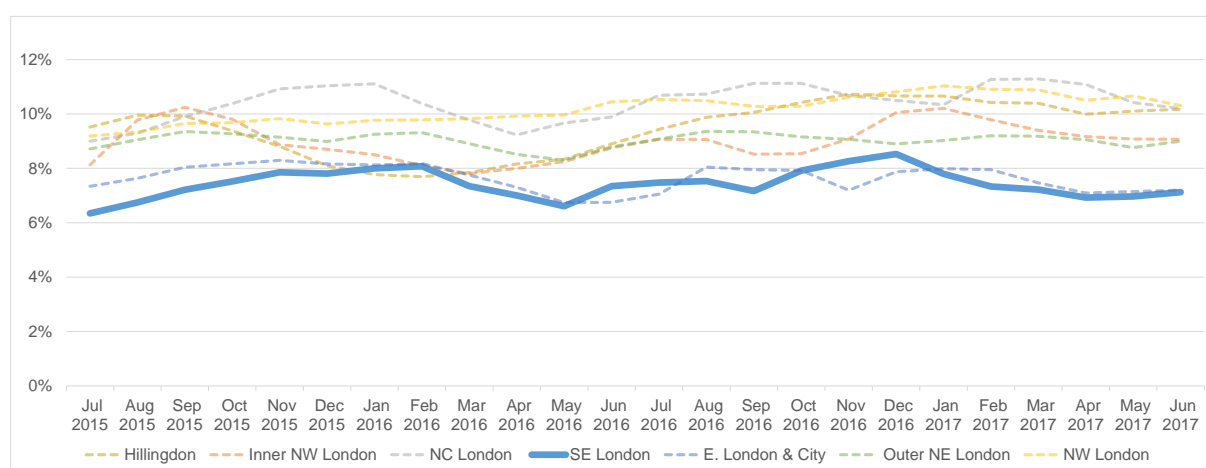


Calls escalated to 999 from all five 111 services in London, which are then responded to as emergency calls, now make up roughly 13% of our total 999 calls. The volume of escalated calls we receive is growing at a faster rate than 999 calls made directly to us. Figure 8 shows the total 999 incidents since 2013/14 with a growing proportion of incidents that come from 111 transfers. These are currently triaged outside the 999 system and sent immediately for dispatch.

**Figure 8: Shows growing percentage of 999 incidents that are 111 transfers**

Our South East London 111 service converts fewer NHS 111 calls to 999 emergency dispatches than any other 111 provider in London because our teams understand how each other work, have a better understanding of the different levels of response that we can provide and are supported by the same set of senior clinical managers. This is of particular benefit during periods of high demand such as over Christmas and the New Year. Once we establish our North East London service, we anticipate being able to achieve the same benefits that we currently achieve for South East London.

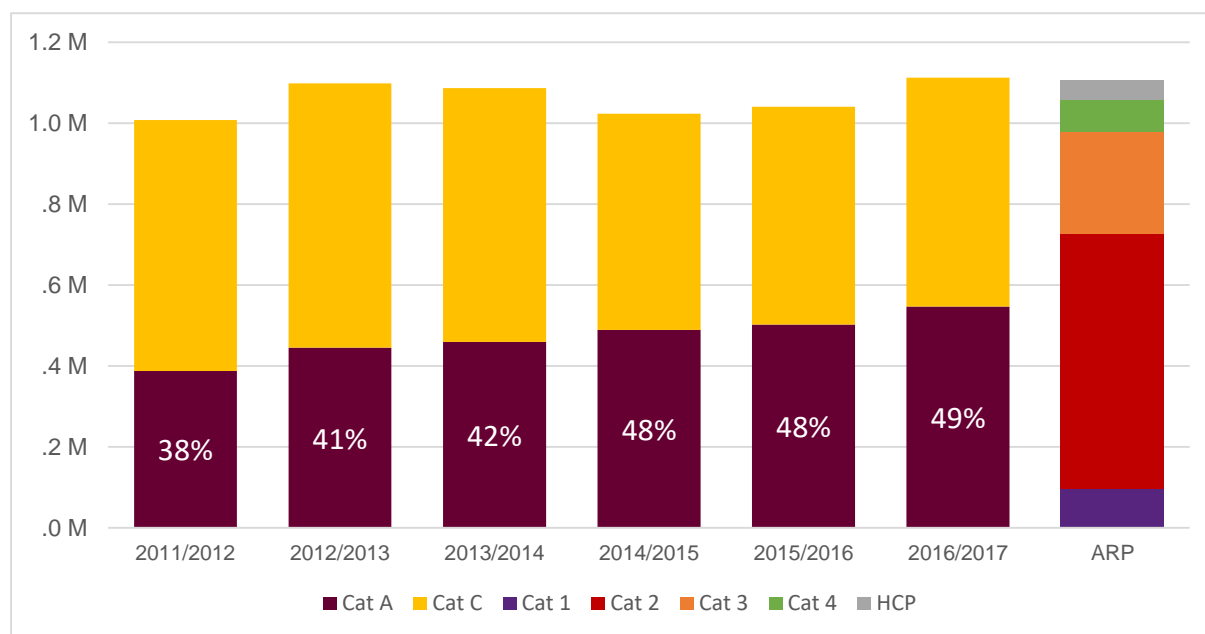
Figure 9 shows the proportion of 111 calls escalated to 999 for all 111 services in London. South East London 111, which we run, shows a consistently low level of ambulance dispatch in comparison to other London 111 services. If all 111 services had similarly low dispatch rates, this would equate to 25,000 or 2.2% fewer incidents that required a physical response to patients per year.

**Figure 9: Shows performance of LAS 111 service in minimising 999 escalation in comparison to other London 111 providers. Line charts show % of 111 calls (3 month rolling average) from London's NHS 111 minimum data set**

## Increase in acuity of 999 calls

The proportion of 999 calls prioritised into our highest category has been increasing at a year-on-year average of 6% over the last three years. Figure 10 shows the significant historical growth of Category A incidents (the highest acuity call before the ambulance measures changed in November 2017), accounting for nearly half of all incidents in 2016/17<sup>12</sup>.

**Figure 10: Shows the growing rate of Category A incidents as a proportion of total number of incidents before the transition to current ARP categories provided for comparison**



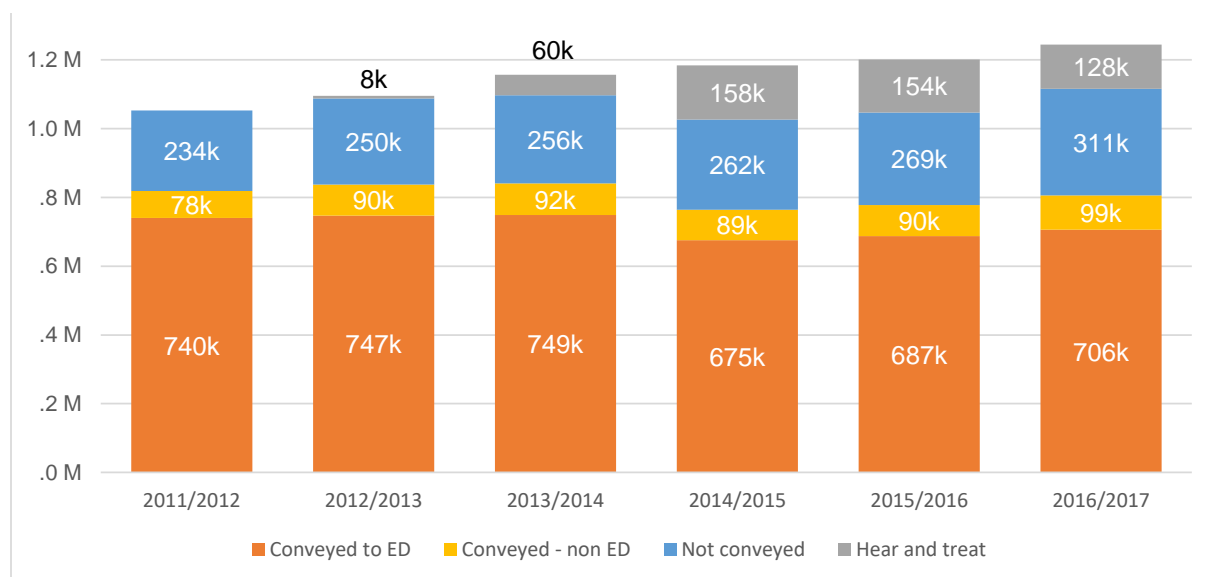
*Note to table: HCP incidents are those with a non-emergency conveyance where a 1, 2, 3 or 4 hour response has been agreed, without triage in response to a call from a healthcare professional. As these are not ARP targets and do not sit within Categories 1–4, they are counted separately.*

While the acuity of incidents has been increasing, we have become more successful at treating lower acuity patients in ways that avoid unnecessarily conveying them to hospital, including through our 'hear and treat' service where patients are discharged from our care through telephone advice provided by an experienced clinician. Figure 11 shows that, while the level of activity is rising, we have been able to reduce the number of patients who we have conveyed to hospital through utilising our 'hear and treat' service and making better use of alternative conveyance locations such as urgent care centres.

<sup>12</sup> It is not possible to compare statistics for activity before and after the ARP transition took place as the new ambulance response measures are not directly comparable



**Figure 11: Shows the outcomes of activity, incidents have increased in volume by 7.4% over the period, even with the introduction of hear and treat**

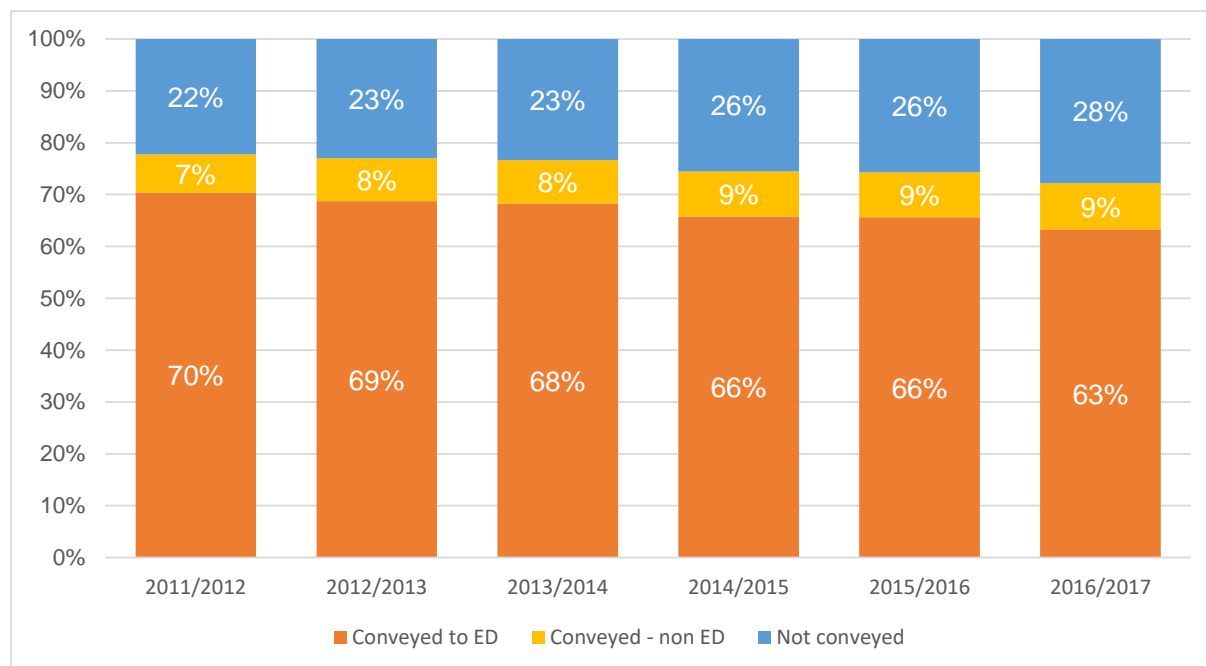


In 2016/17 we resolved approximately 10% of 999 calls without the need to send an ambulance.

### Increase in number of emergency incidents and conveyances

The overall number of true emergency incidents we attend has been increasing at a year-on-year average of 2.8% over the last three years. While this has occurred we have reduced both the proportion of people we convey to the emergency department and the absolute number by 62,000 patients, an 8% reduction.

**Figure 12: Shows a falling proportion of incidents conveyed to the emergency department by year**



Our longer term forecasting shows that if we do not take any action to manage demand on us we can expect total weekly calls to increase to c.39,000 by 2022/23 (+9% from 2016/17).

**There is an opportunity for us to increase the use of our ‘hear and treat’ and ‘see and treat’ services, and work with London’s five STPs to seek other ways to manage or mitigate demand on the urgent and emergency care system.**

### **2.2.5 The way that patients are accessing the care system is changing fast and new technologies are becoming available that can improve the way we care for our patients**

Patients’ expectations of health and social care services are changing. Patients expect services to be conveniently located and available at times that suit them rather than the clinicians. London is also one of the most connected cities in the world: more than half of our 999 calls are made from mobile devices. Patients expect services to use modern technology, to be coordinated and connected so that clinicians can share information and patients only need to have a discussion once. The convenience of taxi and takeaway apps needs to be brought into how we respond to patients requiring urgent or emergency care.

However, there are generational and demographic differences. While many people may be comfortable and confident using mobile technology to find out about and access services, those who have not yet learned how to use technology confidently – or can’t afford it – are at risk of ‘digital deprivation’. Some patients prefer to see the same clinician, with whom they have built a relationship over time; for others, convenience or timeliness is more important and they are happy to have a more transactional relationship with a number of clinicians. The larger the number of clinicians involved in a patient’s care, the more obvious it is that there must be a shared care record for continuity of care. Coordination becomes very important, which is why 111 services are being developed into ‘integrated urgent care’.

The telephone will always be a core channel for us, however the majority of our patients are only currently able to get in touch with 111 or 999 services by telephone. We provide ‘text type’ for people with hearing difficulties, however patients may not always have access to the equipment they need to access this.

**There is an opportunity for us to transform our services to take advantage of a wider range of digital technology so that patients can contact us in the way that best suits their needs and preferences**

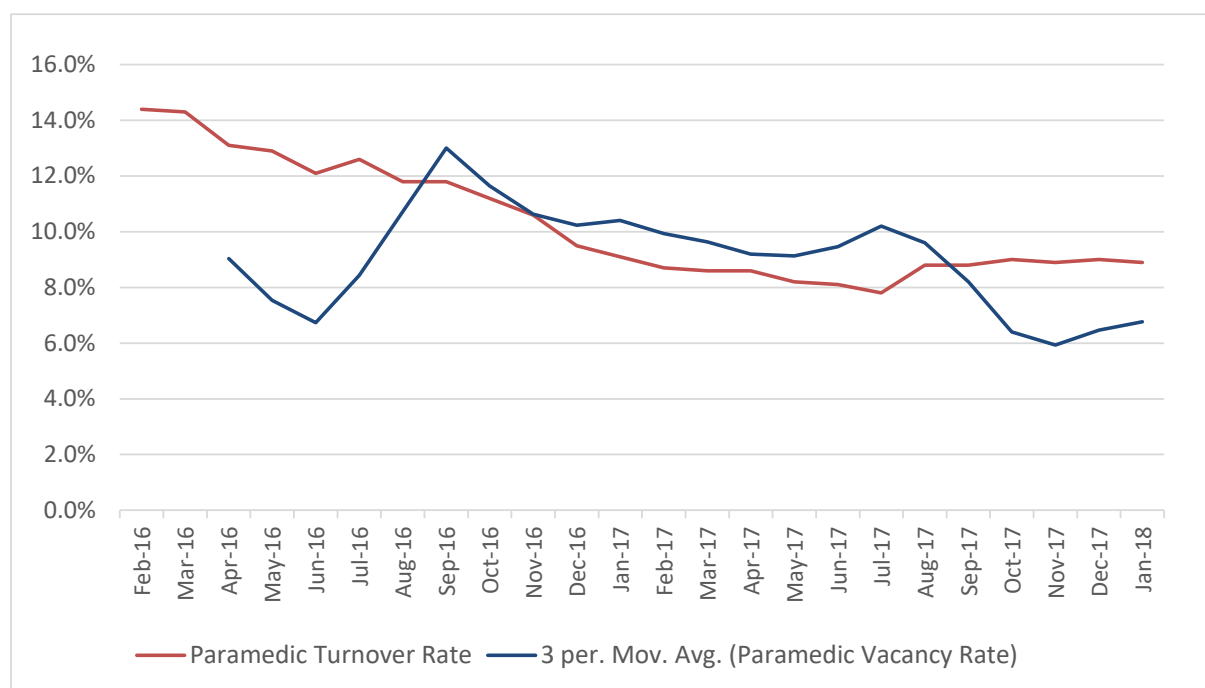
### **2.2.6 Recruitment challenges within front-line and support functions**

Like all parts of the NHS, we are constantly looking for new and innovative ways of recruiting staff and retaining the people who already work for our service. There is a national shortage of paramedics which has been a key recruitment challenge for us over the past few years, and we will continue to look creatively at how we can attract new clinicians to our organisation, or how we can ‘grow our own’. Similarly, we have a number of other areas of our organisation where we have recruitment challenges such as within IM&T and our fleet workshops. All of these areas are crucial to the delivery of our service and therefore priorities for our organisation to fix.

Front-line vacancies increase pressures on operational staff, meaning that they have higher than planned utilisation rates. This leads to higher stress and sickness levels, and lower staff satisfaction and morale resulting in greater retention problems. This can therefore become a vicious circle. Recruitment and retention problems are not confined to road staff: call-taking staff in Control Services also experience stressful working conditions leading to turnover and a constant requirement to recruit and train new staff.

Our paramedic vacancy rate has averaged around 8% over the last year<sup>13</sup>, which is below the recent national average of 10%<sup>14</sup>. In the past paramedics have only been able to find employment in ambulance trusts. However this is no longer the case as other health settings have realised the considerable skills that paramedics can bring and we are now facing competition for paramedics from other settings including GP surgeries and urgent care centres<sup>15</sup>. Figure 13 shows that, despite these challenges, we have made significant progress over the last few years in bringing down our vacancy and turnover rates.

**Figure 13: Shows a falling paramedic turnover rate (rolling 12 months) against front-line paramedic vacancy rate as a 3 month rolling average.**



**There is an opportunity for us to further improve recruitment and retention so that we can continue to attract the best staff in the country.**

## 2.3 Responding to the opportunities in London

Our ambition with this strategy is to set out how we will play a major role in delivering the objectives of core national and regional strategies to improve patient outcomes and experience. As the only pan-London NHS provider, and a member of each of London's five STPs, we are ideally placed to integrate access to urgent and emergency care, and identify variation in services across London as well as what works best.

We also have valuable data covering patients across London. We can play an important role in shaping a consistent approach to improving urgent and emergency care, offering more care in or close to patients' homes and reducing unnecessary hospital attendance and admissions.

<sup>13</sup> Source: Workforce Planning Team, London Ambulance Service

<sup>14</sup> NHS Ambulance Services, National Audit Office, 2017

<sup>15</sup> The future of primary care: Creating teams for tomorrow, Primary Care Workforce Commission, 2015

An overarching principle for urgent and emergency care is to treat patients in the most appropriate setting for the acuity of their condition. Local people told South West London's STP in a survey that "too many people use emergency departments because they can't get an appointment with their GP or they don't know where else to go", and that "very few people had heard of NHS 111"<sup>16</sup>.

There are opportunities for us to:

- Respond to the complexity of managing a growing and aging population by using a wider range of specialised staff and to deliver more care through our telephone services and in the community to avoid unnecessary emergency department attendances and hospital admissions
- Further integrate ambulance services with community health teams and social care hubs, co-located or connected virtually to enable robust, high quality and cost effective coordination of the delivery of urgent and social care
- Increase the use of our 'hear and treat' and 'see and treat' services, and work with London's five STPs to seek other ways to manage or mitigate demand on the urgent and emergency care system
- Transform our services to take advantage of a wider range of digital technology so that patients can contact us in the way that best suits their needs and preferences
- Further improve recruitment and retention so that we can continue to attract the best staff in the country

**In the next section we set out how we will respond to these opportunities.**

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<sup>16</sup> South West London Health and Care Partnership: One Year On, 2017

## 3 A world class ambulance service for a world class city

As the only London-wide healthcare provider, we are uniquely placed to become the capital's primary integrator of access to urgent and emergency care. This section sets out our vision for the future and previews the three strategic themes described in sections 4, 5 and 6 that will enable us to realise our vision by 2022/23.

### 3.1 Our vision and three strategic themes

The London Ambulance Service has four goals:

- Provide outstanding care for 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

Our vision is:

To be a world class ambulance service for a world class city: London's primary integrator of access to urgent and emergency care 'on scene', 'on phone' and 'on line'

Our strategy is an essential part of delivering on the goals of coordinating urgent and emergency care pathways, delivering more care on scene and avoiding unnecessary attendance at emergency departments. We will provide the right care at the right time, enabling rapid access to the most appropriate patient care, through three strategic themes:

1. Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients
2. A world class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital
3. Collaborate with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners

Delivering these three strategic themes will result in significantly improved patient care, a reduction in unnecessary conveyances to emergency departments and better use of our resources and best value for money for the urgent and emergency care system and the taxpayers who pay for it. The collective benefit of these initiatives will reduce the number of crew hours required to respond to increasing demand, allowing for more efficient use of our resources. Over time we will review the make-up of our fleet and estate to ensure that our resources are helping us to deliver the response required by our population.

## 3.2 Our values and behaviours

We can only realise our vision through the adaptability, determination, flexibility and engagement of our people: how our people feel about working for us; how new people feel about coming to work here and how engaged we all are in our work. These are all vital to us to achieve outstanding care to our patients. Our new values and behaviours articulate how we as an organisation and as individuals should work. Our values demonstrate the qualities that we embody and our new set of organisational behaviours detail how we demonstrate these values every day.

Figure 14: Our values and behaviours

| VALUES<br>The Qualities we embody | BEHAVIOURS<br>How we demonstrate our values in actions  |
|-----------------------------------|---|
| Respect                           | <ul style="list-style-type: none"> <li>• <b>Caring</b> for our patients &amp; each other with compassion and empathy</li> <li>• Championing <b>equality and diversity</b></li> <li>• Acting <b>fairly</b></li> </ul>  |
| Professional                      | <ul style="list-style-type: none"> <li>• Acting with <b>honesty &amp; integrity</b></li> <li>• <b>Aspiring to</b> clinical, technical and managerial <b>excellence</b></li> <li>• <b>Leading</b> by example</li> <li>• Being <b>accountable</b> and <b>outcomes orientated</b></li> </ul> |
| Innovative                        | <ul style="list-style-type: none"> <li>• <b>Thinking creatively</b></li> <li>• <b>Driving value and sustainable change</b></li> <li>• <b>Harnessing technology and new ways of working</b></li> <li>• Taking <b>courageous decisions</b></li> </ul>                                       |
| Collaborative                     | <ul style="list-style-type: none"> <li>• <b>Listening and Learning from each other</b></li> <li>• <b>Working with partners</b></li> <li>• <b>Being open &amp; transparent</b></li> <li>• <b>Building trust</b></li> </ul>   |

Our proposition to our staff through our strategy is that we will create a richer, supportive working environment with greater opportunities for learning and career development, attracting and retaining the best staff in the country from all walks of life.

## 4 Strategic theme 1: Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients

At the heart of our strategy is the idea that we want to manage and coordinate the flow of patients through urgent and emergency services, making it as easy as possible for people to access the help that they need. Our response is to develop an integrated clinical assessment and triage service: iCAT London, which will sit behind both NHS 111 and 999, providing integrated urgent and emergency care.

A world class ambulance service needs to be at the forefront of using all technology and digital innovations to provide the best possible service to London, using public money as responsibly and efficiently as possible. We not only want to use available technology, we want to lead the way in developing, piloting and utilising new technology. We are forging a strong relationship with NHS Digital and NHS England to work with them to design and pilot initiatives that can benefit the sector as a whole.

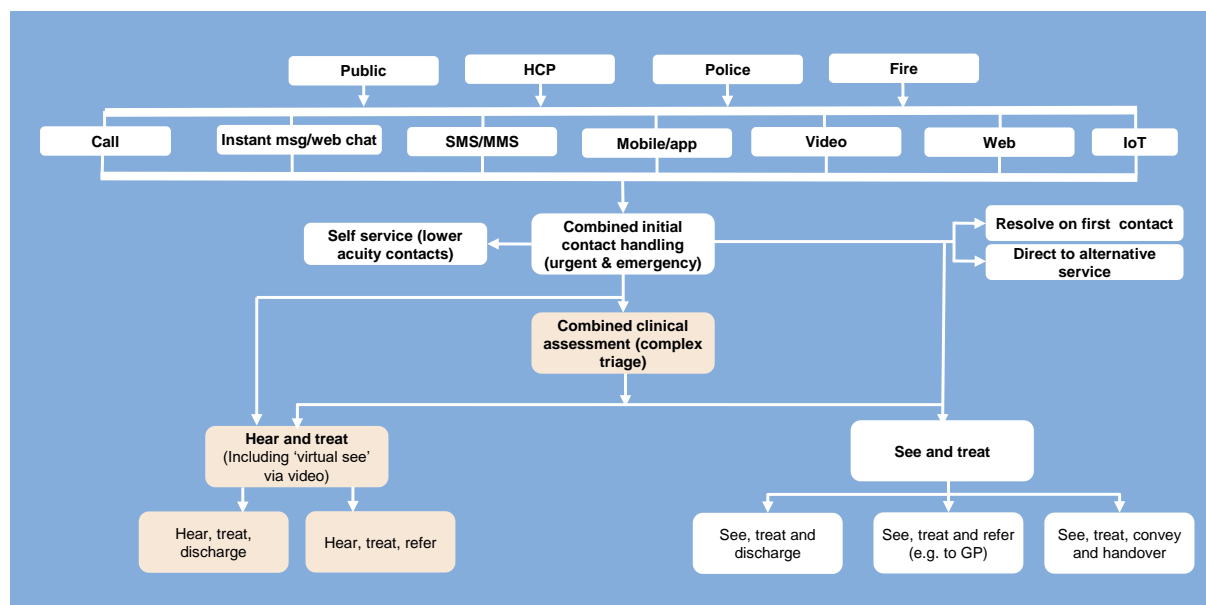
### 4.1 Service summary

iCAT London is our proposed integrated clinical assessment and triage service. It will be a fully integrated service behind 999 and 111 which delivers consistent, safe and efficient care seamlessly accessing pathways ensuring that patients receive the most appropriate care, at the earliest stage, to meet their needs whatever entry point they access. Our integrated service will encompass all aspects of urgent and emergency care, coordinated so that the patient's experience is one of a single health service and that there is consistency across London. This will mean:

**Table 2: iCAT London service summary**

| Service delivery (patient-facing)   | Service implementation (staff-facing)  |
|---|--|
| <ul style="list-style-type: none"> <li>Improving the availability of high quality clinical information available to patients through variety of digital means, utilising emerging artificial intelligence technology to assist with initial triage</li> <li>Development of online self-triage systems linking to clinical self-care information, and connecting to the clinical queue where further assessment is required</li> <li>Multidisciplinary clinical assessment service, utilising a broad range of clinicians, enabling the service to manage a high proportion of calls via 'hear and treat' using an evidence-based clinical decision support system, reducing the number of unnecessary onward referrals</li> <li>Well-governed referral pathways with smooth transfer of information between providers reducing the need for patients to repeat themselves</li> <li>Post event messaging/discharge summary to a patient's GP to provide information about the assessment and management plan as well as recommendations for follow-up</li> </ul> | <ul style="list-style-type: none"> <li>Full inter-operability between the 999 and IUC services facilitating seamless referrals and greater economic benefits of scale and scope</li> <li>Shared access to clinical records supporting safe prescribing and tailored clinical management</li> <li>A comprehensive directory of services populated with primary/secondary/community/voluntary sector services, facilitating appropriate referral</li> <li>Electronic information transfer, prescribing and appointment booking in real-time with information following the patient</li> <li>Central oversight of clinical queues with alert systems and a demand/capacity dashboard monitored to maintain patient safety</li> <li>Opportunities for clinical workforce development/sharing clinical resources across the system</li> </ul> |

**This approach of unifying access to urgent and emergency care across London can only be delivered by the London Ambulance Service.**

**Figure 15: Integrated clinical assessment and triage**

HCP Calls from healthcare professionals    MMS Multimedia (photo) message

SMS Text message    IoT Internet of things – internet-enabled devices such as wearables, monitors and detectors

iCAT London will use technology that allows us to better assess and treat patients as well as allowing patients to access our services in a variety of ways. Currently all 999 calls are received over the phone in one of our two control rooms. 111 calls are received via telephone in our 111 call centres or via 111 online. We will expand the methods of access to include video calls from home and mobile, web-chat, online self-care advice and text based messaging: iCAT London will have true multichannel access. By introducing these methods we will enhance the service that we are able to provide as well as making our service more accessible to those with hearing or communication difficulties.

## 4.2 Service model

Our current clinical hub, which provides expert clinical advice to our 999 call-takers, is staffed by experienced and skilled paramedics, alongside a small number of registered mental health nurses. We will expand the number of different professions we have working as part of our clinical hub to make it a truly multi-disciplinary team. At the core of iCAT London will be a new integrated clinical assessment service (CAS) which will provide clinical advice to patients, mobile health professionals working in the community as well as to our own staff. The service will be staffed by a range of specialist clinicians including GPs, paramedics, advanced nurse practitioners, midwives, pharmacists, dental nurses and mental health nurses, according to local demand, and will have access to advice from hospital specialists.

NHS England's specification for integrated urgent care (IUC) contains a 'clinical assessment service', which will provide advice to NHS 111/integrated urgent care call-takers. As a fully integrated service, iCAT London will be supported by a fully integrated clinical assessment service, going well beyond the national specification.

iCAT London is our unique way of joining together our 111/IUC and 999 services, including multichannel access, integrated clinical queue, integrated CAS and integrated dispatch system.



### **4.2.1 iCAT London**

We will endeavour to provide treatment to patients via a 'hear and treat' model wherever possible and clinically appropriate, via the telephone and a number of digital channels. Where referrals need to be made, these will be supported by access to the directory of services which is a live resource providing information on appropriate care pathways, suited to individual patient needs.

The CAS (described below) will provide the clinical expertise to manage complex patients with comorbidities; access to clinical notes will allow safe prescribing and referral. Through improved information sharing of patient records, we will be able to support a holistic model of care for patients with long-term conditions so that their care continues to be seamless across multiple providers within the system. We will utilise appropriate care pathways and the directory of services to refer patients to community teams such as rapid response, falls teams, district nursing teams to facilitate care closer to home and avoid unnecessary admissions.

Clinicians within the CAS will provide enhanced assessment and specialist advice to patients accessing our IUC and 999 services as well as to our call-takers and front-line staff, and other clinicians external to the service. Technology will allow clinicians to provide peer support and advice to each other (e.g. real time access to specialist consultants, mental health nurses, pharmacists or GPs for advice regarding a case).

From our 999 clinical hub, we have experience in dispatching specialist resources including advanced paramedic practitioners in urgent care and critical care. We have been recognised by the International Academies of Emergency Medical Dispatch as an 'Accredited Centre of Excellence' since 2002; and were the first NHS ambulance trust to obtain the Cabinet Office's Customer Service Excellence® accreditation, which we have held since 2010. We will continue to work with London commissioners to develop resources according to local need that can be dispatched via our CAS.

### **4.2.2 Integrated clinical assessment service**

Our integrated CAS will operate as one system across 999 and IUC, using the same clinical decision support tool (CDSS), which will add resilience to the clinical support by providing clinical decision support while allowing clinical autonomy and empowering utilisation of their knowledge and skills. The CAS will comprise GPs, advanced practitioner nurses, paramedics, and pharmacists who will be supported by a wider range of specialist clinicians including mental health nurses and midwives. Specialist 999 resources such as our air ambulance dispatch desk will sit within our CAS.

CAS clinicians will be able to work from any London Ambulance Service control room and will use the CDSS as well as their own clinical expertise to triage calls. They can also work remotely where in order to support the system in times of surge. Their training will encompass development of an understanding of the urgent care system as a whole (including how 999 and IUC services integrate with the urgent care system). They will have access to records via locally agreed shared records as well as care plans including Coordinate My Care, to aid clinical decision-making; and will have access to clinical advice from secondary care where required.

Our system will have the capability to conduct video assessment and receive photographs to support joint assessment with external clinicians for example our front-line 999 clinicians who have recently been issued with hand-held electronic devices, community nurses or nursing home staff. Longer term, the system will be able to access telehealth data in order to support decision-making when treating patients and to provide outreach assessments to patients who have triggered alerts with changes to their clinical parameters.

Clinical navigators in the CAS will ensure that patients are allocated correctly to the right clinician and that clinical prioritisation models are followed, supporting clinical decision-making, patient safety and case prioritisation. The clinical navigator will review the lower acuity calls which have not yet received a response to identify calls that might need a more urgent review. Cases will then be allocated to clinicians depending on patient need, demand and capacity. They will also advise and support health

advisors and clinicians. There will be oversight of all urgent and emergency care demand across the service

Prescribing clinicians will issue medications via electronic prescribing where clinically appropriate, allowing prescriptions to be sent to a local pharmacy. This will reduce unnecessary further referrals to other services which will improve patient experience by being able to meet all their needs in one place. Access to patient records, prescribing decision support and online resources will support clinical decision-making and prescribing. The prescribing system will be supported via medicines optimisation software that will facilitate decision-making at the point of prescribing, enhancing patient safety and efficiency of the service by incorporating prompts for staff around allergies, contraindications, interactions and compliance with the local formulary and clinical guidelines.

### 4.2.3 Governance and support

iCAT London will be supported by a senior clinical on-call structure which provides senior leadership and clinical accountability at an operational level 24/7. This meets national objectives of “no decision in isolation” while ensuring that necessary auditing and compliance monitoring is a protected aspect of the service.

We will encourage clinical staff to undertake regular face-to-face clinical shifts to continue to develop and maintain their clinical skills. We will support and facilitate this by arranging cross-organisational agreements where required and allowing portfolio contracts.

Clinical leadership and governance team within the IUC service will be supported by our medical directorate, which incorporates multiple clinical specialties including general practice, emergency medicine, general and mental health nursing, pharmacy, midwifery and consultant paramedic level clinicians.

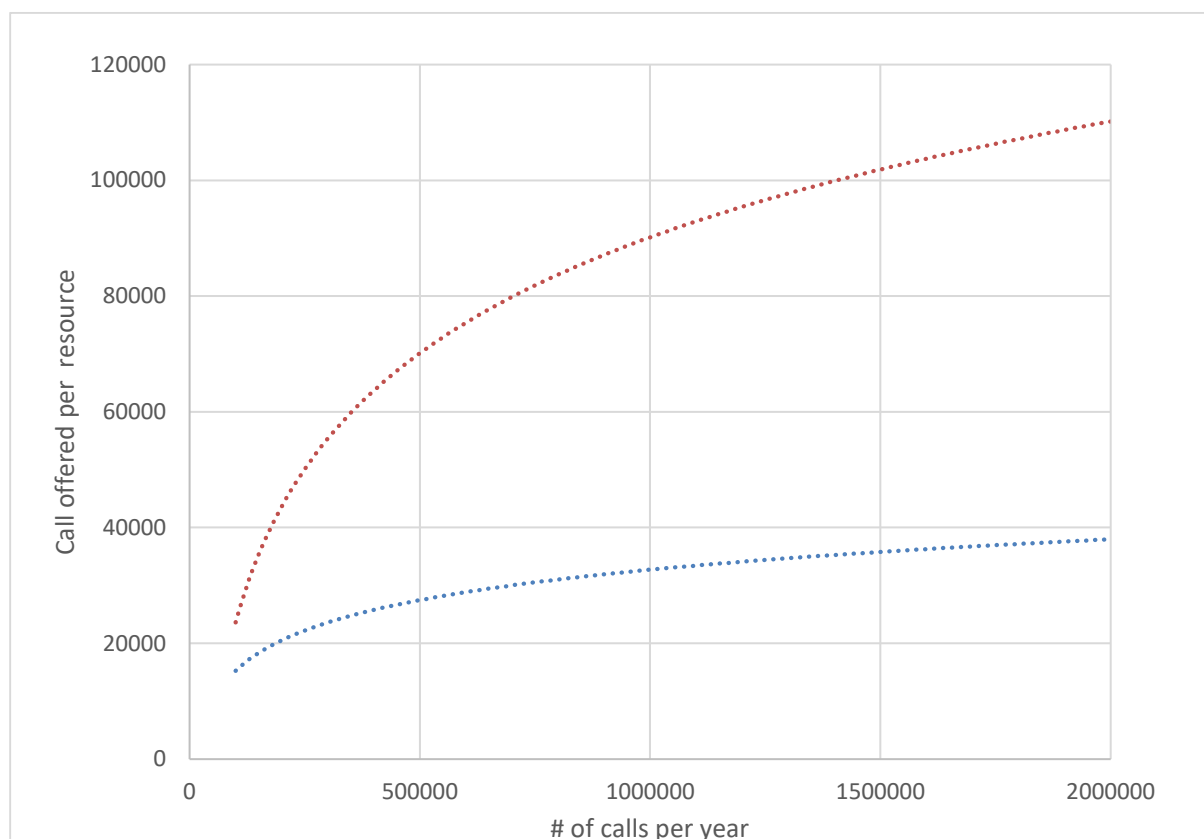
We will continue to develop and refine iCAT London to meet the needs of patients and the public, and the wider urgent and emergency care system. Using activity data, we will be able to identify trends and patterns of how patients behave and use the system, and thereby inform future service development.

## 4.3 Summary of potential benefits

The benefits of iCAT London will scale with the number of 111/IUC services we provide. The larger the scale, the greater the synergies between our 111 and 999 services and the further beyond NHS England's IUC specification we will be able to go. We show graphically in Figure 16 how utilisation of call handling would scale: one of the principal economic benefits.

**Figure 16: Shows the increasing utilisation of call handling staff with scale. A larger number of calls are covered by staff (whole time equivalent) as calls offered (total number of call received by 111**

service) increases. The blue line shows initial call handlers; the red line shows clinicians (who handle a smaller percentage of total calls); values are based on NEL 111 performance metrics.



We want to be “London’s ‘primary integrator’ of access to urgent and emergency care” but this doesn’t mean we would seek to provide everything in-house. It will be important for us to balance the benefits of scale and scope with efficiencies that come with competition. We feel that we are best placed to perform this integrating role for London, as the lead provider for urgent and emergency clinical assessment and triage. Successfully implementing iCAT London would deliver benefits as described in the following sections.

### 4.3.1 Patient Benefits

Table 3: iCAT London – summary of potential patient benefits

#### Providing multichannel access

- **Improved ease of contact for patients**

Having multiple contact channels available allows patients to contact the service via their preferred method.

- **Improved patient outcomes from better data capture**

Having all contacts being registered in one system gives the opportunity to capture and recall data to improve patient experience.

#### Expanding clinical triage

- **Optimising patient triage**

An integrated clinical assessment service will ensure that emergency triage is not used for non-urgent patients and vice-versa. This will improve patient experiences by reducing the need for transfers between systems such as the 111 transfers to 999 that occur at present or requesting patients to contact a different service.

- **Treating more patients remotely**

A larger volume and range of calls will allow for an expanded clinical assessment service. This will allow us to quickly provide advice to patients over the phone rather than them waiting for longer for a physical response which they do not require to meet their needs.

### Optimising initial contact handling

- **Artificial intelligence improving triage**

A.I. will provide a patient with an instantaneous response, making a breadth of information available without human intervention

- **Providing optimal response to contact**

Integrated call handling will allow us to determine the urgency and categorisation of calls more efficiently, accelerating the time in which a patient gets in contact with the right service.

### Supporting physical response performance

- **Improve information for physical response teams**

Delivering additional information to our on scene teams will support them in determining most appropriate clinical response and where it's best to convey patients.

## 4.3.2 System Benefits

The principal benefits of implementing iCAT London are improvements for the patients and the economic benefits that accrue to the London Ambulance Service through earlier resolution of calls. There are however, three potential sources of additional benefit to the wider system that we have not yet quantified:

- Time and resource savings from direct bookings into integrated systems
- Multichannel access opening up a range of educational benefits for communities by helping patients to inform each other about appropriate services and how to access them
- The London Ambulance Service as a provider of data analysis and insight to improve urgent and emergency care across the wider system

It is difficult to estimate the benefit to the London region from avoided emergency department attendances or admissions *over and above* those already anticipated from the implementation of integrated urgent care (IUC), which CCGs and providers will already have documented in service business cases.

## 4.3.3 Economic Benefits

There is a large range of potential economic benefits which are presented below in Table 4. These will need to be explored further as technology and optimisation opportunities are better defined to understand implementation cost and benefit. A subset of these, where more detailed data exists, have been quantified in Table 5.

**Table 4: iCAT London – summary of potential economic benefits**

### Providing multichannel access

- **Diverting contacts that only require information**

Some of these channels, such as text or e-mail, will allow for easier and quicker responses by call handlers where the contact is simply a request for information. Up to 1% of current 999 calls require information only.

- **Reduced call times from better data capture**

Understanding past contacts and medical history has the potential to reduce call times through faster initial triage.

### Expanding clinical triage

- **Optimising patient triage times**

An integrated clinical assessment service will ensure that emergency triage is not used for non-urgent patients and vice versa. This will optimise time taken for each triage by reducing the need for transfers and a triage system most appropriate to the situation.

- **Treating more patients remotely**

A larger volume and range of calls will allow for an expanded clinical assessment service. A wider range of clinicians will be able to deal with a broader range of calls and prevent the need for a physical response. For example, by utilising midwives it is expected that approximately a third of maternity calls could be initially handled remotely with up to 80% being resolved through 'hear and treat'.

- **Integration of 111 and 999 calls providing most appropriate triage**
- Our clinical leads suggest there could be a significant reduction in ambulance dispatches for Category 4 incidents through improved remote care (hear and treat). An example of this opportunity is the proportion of 111 transfers that are categorised as Category 4 is lower than the overall 999 incidents population, when you would expect calls coming from 111 to be of lower acuity. This suggests the effectiveness of dealing with lower acuity calls is improved in the 111 process. The difference in current proportions accounts for over £11m in ambulance dispatches. Utilising additional methods such as re-triaging and accessing triage systems more effectively for urgent as opposed to emergency care could target these differences

#### Using data to improve performance

- **Inform analytically driven decisions**  
Capturing further data will improve prescriptive and predictive analytical abilities to maintain performance across the service.

#### Optimising initial contact handling

- **Artificial intelligence improving triage**  
Trials across England for the NHS online app have shown the feasibility of utilising artificial intelligence to partially or fully automate initial triage. Initial trials have shown that this can reduce onward referrals on to a primary care professional by 30%, and that up to 20% of contacts can be handled automatically.
- By making best use of, and building on, automated triage systems and utilising artificial intelligence the efficiency of calls handlers will improve and ensure that their skills are being focused on the most vital calls. An example of where this might be effective would be the 6,000 calls to 999 in 2017 which were classed as 'enquiry only'.
- The potential effectiveness of these systems can be seen from NHS Digital 111 online trials, which shows ambulance dispatches reducing from 23% to 20% and primary care referrals reducing from 59% to 40%.
- **Providing optimal response to contact**  
Integrated call handling will allow us to determine the urgency and categorisation of calls more efficiently, saving resource by reducing the level of unnecessary handovers, and increasing the chance of using a non-physical response where appropriate.

#### Supporting physical response performance

- **Treating more patients remotely**  
By increasing the number of 'hear and treat' responses this would decrease the number of 'see and treat' responses required. Improving patient quality, but also improving response time performance as more vehicles become available. As described in Section 2.2.4, South East London 111, which we run, shows a consistently low level of ambulance dispatches in comparison to other London 111 services. By adopting best practise across 111 services, this would save over 25,000 ambulances per year, worth over **£2m per year**, assuming 'hear and treat' rather than 'see and treat' costs.

#### Increasing workforce utilisation

- **Call Handlers**  
Having all 111 calls handled by a single workforce would significantly improve utilisation. An example of this efficiency shows that while 550,000 calls (size of North East London 111) would require 21 call handlers, 1.44m calls (call offered across all London 111) would require only 40 call handlers. This could offer the system a conservative saving of up to £1.4m per year using North East London utilisation, but the saving could be larger as most London 111 services are smaller than North East London.
- **Clinicians**  
Similarly to call handlers (above), we have estimated there is a conservative total opportunity to improve utilisation of clinical advisors of up to £3.9m per year. This increasing utilisation with scale is highlighted above in Figure 16.

**Table 5: detailing the benefits up to where we have been able to quantify the benefits above in more detail. Some of the benefits are only possible with scale.**

| Beneficiary              | Benefit area         | Source of benefit                         | Potential costs avoided with 1 STP area (£m) | Potential costs avoided with 3 STP areas (£m) <sup>d</sup> | Pan-London potential avoided cost (£m) |
|--------------------------|----------------------|---|--|--|--|
| London Ambulance Service | Ambulance dispatches | Avoided ambulance dispatches (999)        | 0.0 <sup>c</sup>                             | 11.6 <sup>c</sup>  | 11.6 <sup>c</sup>                      |
|                          |                      | Avoided ambulance dispatches (111)        | 0.4  | 1.1  | 2.8                                    |
|                          | Utilisation          | Improved utilisation of call handlers     | 0.0  | 1.2  | 3.0                                    |
|                          |                      | Improved utilisation of clinical advisors | 0.0  | 0.9  | 3.6                                    |
| <b>Total<sup>b</sup></b> |                      |   | <b>0.4</b>                                   | <b>14.8</b>  | <b>21.0</b>                            |

Notes to table:

- To be quantified in further work as we develop the operating model for iCAT London
- Implementation costs, including the costs of new technology and change management, have not been quantified
- Dependent on how successfully, category 4 calls can be targeted using 111 triage, minimum is set at £0.0m to account for the potential unviability of fully integrating both triage services for at a single 111 service, but assumed achievable with 3 STP areas.
- 3 STPs costed are NEL values and 2 averaged values taken from the NHS 111 Minimum Dataset

## 5 Strategic theme 2: A world class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital

Meeting the challenges of improving London's urgent and emergency care requires an ambulance service which places a clear emphasis on assessment and enhanced treatment at scene and in community settings, with transport to alternative care settings where required to access established pathways of care. Transport to hospital should be used for those patients who require the assessment and treatment skills and equipment available only within an emergency department.

We will continue to provide high quality care to all patients, especially those most critically ill and injured. Providing enhanced treatment at scene will enable us to use our staff and vehicles in the most effective way, preventing escalation and helping to manage demand on the system as a whole.

### 5.1 Innovating for our most critically ill patients

We will continue to ensure that our patients with the most serious or life-threatening conditions receive appropriate pre-hospital assessment and treatment in centres with the right facilities and clinical expertise in order to maximise their chances of a good recovery. While a relatively small proportion of the patients we treat (just 8.7% of 999 incidents are Category 1), the care of patients with life-threatening and life-changing emergencies remains a core priority for us.

There are a number of principles that are consistent and key to reducing death and long-term disability that we will focus on in the coming years:

- Rapid recognition of critical illness or injury at the point of first contact with iCAT London
- Timely response by appropriately trained and skilled clinicians including continued development of the paramedic clinical team leader and advanced paramedic practitioner (critical care) roles
- Prioritisation of lifesaving interventions over non-essential activities
- Support, where needed, by clinicians with enhanced skills and additional experience, either in person or through iCAT London, utilising technology including video calls
- Minimising time spent on-scene for time-dependent clinical conditions
- Transport to definitive care, with a pre-alert call to activate an appropriate response
- Direct transfer to tertiary care centres for specific conditions, including stroke, heart attack and major trauma

As a major incident Category 1 responder, we have a statutory obligation to be prepared to deal with serious and major incidents of all types and sizes. Our incident response plan has been prepared in light of guidance from the Department of Health, Home Office and builds on the Civil Contingencies Act 2004 guidance, lessons identified by the London Ambulance Service itself, Coroner's inquests and subsequent 'prevention of future death' reports.

The start of 2017/18 was dominated by the four major incidents that we responded to:

- Westminster attack on 22 March 2017
- London Bridge attack on 3 June 2017
- Grenfell Tower fire on 14 June 2017
- Finsbury Park Mosque attack on 19 June 2017

Over 1,000 people across the organisation were involved in some way in responding to one or more of these major incidents, responding professionally and working exceptionally hard in extraordinarily challenging circumstances. Responding to these tragedies not only demonstrated the resilience of our staff, but also the resilience that we have as an organisation. While our staff, whether out on the road, in our control room or in a support function were responding to these incidents, we were still able to provide high quality services across the capital to ill or injured people who needed our care.

We are committed to continued engagement with our partner agencies and with the local and regional resilience forums to ensure joined up multi-agency emergency preparedness and resilience which ensures a rapid response, with appropriately skilled clinicians to ensure the best clinical outcomes for the patients affected.

### **5.1.1 Major trauma**

London has a world-class major trauma system that consistently now sees patients survive major trauma that would not have done 5–10 years ago. Early identification of these patients and direct transfer to major trauma centres play a very important role in both improving survival and minimising long-term disability.

Over the past five years it has become clear that the face of major trauma has changed. While sadly, penetrating injury (e.g. knife wounds) in young people is still common, the major trauma population in the UK is becoming more elderly. While major trauma makes one think of major accidents, the most common cause of major trauma is a fall of less than 2 meters. It is therefore not surprising that the current average age of major trauma cases is 60, and with an ageing population, it is predicted that within the next few years the over 75s will be the single largest cohort suffering major trauma.

Our priorities:

- Enhance the education for 999 and 111 emergency medical dispatchers to ensure that they have the underpinning knowledge to recognise mechanisms which may indicate a more serious injury
- Use video technology on the 999 clinical hub to help in the remote triage and assessment of trauma patients
- Deploy, where appropriate, advanced paramedic practitioners to support crews in managing complex scenes and patients, and ensure that the APP skillset meets the needs of this cohort of patients

### **Improving response for times for major trauma patients**

We work in collaboration with London's Air Ambulance to treat some of the most serious major traumas in London. The air ambulance service is funded through charitable donations and operates a helicopter during the day and a fast response vehicle at night.

We have a formal service level agreement with the London's Air Ambulance and second our paramedics to their service for nine month rotations, which includes shifts in the helicopter or on the car as well as dispatching the air ambulance service from our control room. This secondment includes advanced training on the additional equipment and drugs that the air ambulance service carries and enables our paramedics to learn and consolidate new skills through this partnership.

By working in partnership with the air ambulance service we are able to identify the patients most in need to receive more advanced, lifesaving, clinical interventions than they would otherwise be able to receive. For example, the London air ambulance service performed the world's first pre-hospital REBOA (resuscitative endovascular balloon occlusion of the aorta) which is a pioneering technique to prevent major trauma patients bleeding to death very quickly.

### **5.1.2 Cardiac arrest**

Ensuring that patients who suffer from a cardiac arrest get the right treatment quickly is vital for their survival and longer term clinical outcomes and quality of life. Over the last decade, we have been at



the forefront of developing care for this cohort of patients and has seen a steady rise in survival from out-of-hospital cardiac arrest, consistently reporting some of the best outcomes amongst UK ambulance services. We recognise that improving the care that patients in cardiac arrest get before the ambulance arrives is central to improving survival. Over the last year we have worked closely with the Metropolitan Police Service and the London Fire Brigade to develop co-responder schemes, and have continued our development of Community First Responder networks around London to ensure early defibrillation.

Our priorities:

- Work with the community and partner agencies to increase the number of public access defibrillators across London, targeting schools, sports clubs, transport hubs, shopping centres, large businesses and industrial complexes
- Use technology, such as the GoodSAM app and automated external defibrillator (AED) locators to improve community response to cardiac arrest
- Continue to roll-out mechanical chest compression devices to support the management of cardiac arrest on scene and en-route to hospital where appropriate, and increase the role of clinical team leaders in the management of these patients
- Ensure that effective leadership on scene of these calls is provided through key staff having regular exposure to this cohort of patients ensuring the patient is consistently managed in the optimum way every time
- Participate in further high quality pre-hospital care research, for example multi-centre randomised control trials to establish to role of adrenaline in the management of pre-hospital cardiac arrest

### **5.1.3 Heart attacks and cardiac arrhythmias**

We are committed to ensuring that patients suffering a heart attack are recognised promptly and treated with all clinically appropriate tools we have at our disposal before being transferred for assessment and specialist treatment in heart attack centres without delay.

We have agreed pathways for patients with cardiac arrhythmias which allows direct access for some conditions – this has shown improved outcome for these patients, however further collaboration is required.

Our priorities:

- Work closely with the London cardiovascular networks to continually review services and improve timely access to specialist facilities for our patients
- Continue to improve and audit the outcome for patients conveyed to specialist centres with other cardiac conditions e.g. cardiac arrhythmia and Kawasaki disease
- Through involvement in research, develop further appropriate care pathways for a wider cohort of cardiac patients to ensure they are taken the right hospital to manage their condition.

### **5.1.4 Stroke**

Stroke remains a significant cause of morbidity and mortality across the UK, accounting for 11% of all deaths and affecting 230 people per 100,000. London already has a world-class stroke service in which all patients with a new-onset stroke have direct access to hyperacute care, 24 hours a day. We convey approximately 1,000 patients directly to a hyperacute stroke unit every month.

Our priorities:

- Ensure early identification of a stroke by our 999 and 111 emergency medical dispatchers including those with atypical presentation e.g. speech deficit or loss of balance
- Work with hyper acute stroke units (HASUs) to minimise the 'door to needle' time for patients undergoing thrombolysis

- Work with the London HASUs to establish network arrangements for interventional neuroradiology and thrombectomy, and explore ways of identifying the patients that are most likely to benefit from this procedure

### **5.1.5 Sepsis**

Sepsis is a time-critical condition that can lead to organ damage, multi-organ failure, septic shock and eventually death. It is caused by the body's immune response to a bacterial or fungal infection commonly originating from the urinary tract, respiratory tract or skin. We have an important role to play in recognising the signs and symptoms of potential sepsis both at call handling (999 and 111), and during the face-to-face assessment. Early recognition of sepsis and prompt management saves lives and improves the long-term outcome for patients.

Our priorities:

- Continue to improve the recognition of potential sepsis at call-handling (999 and 111) to ensure early dispatch of an appropriate vehicle to convey the patient to definitive care
- Use screening tools to improve recognition of sepsis and identify 'red flag' sepsis, where there is a high risk of death and a requirement for urgent treatment
- Ensure that patients with red flag sepsis are rapidly treated in the pre hospital environment and transported to a hospital with the appropriate facilities to provide their onward care.
- Explore the use of point-of-care testing by appropriate clinicians to guide management of patients with specific infections, administering antibiotics where indicated, and referring the patient to appropriate community services

### **5.1.6 Vascular disease**

As with many life-threatening emergencies, timely delivery of definitive care in a specialist centre is vital in reducing mortality from vascular emergencies such as a ruptured abdominal aortic aneurysm (AAA) or vascular compromise in limbs. It is important that the services required to treat these patients are located in centres that have the skill and expertise and are accessible to the ambulance service directly. There is an evolving network of vascular centres in London, in which surgical expertise is available 24/7.

Our priorities:

- Support the transfer of patients with a suspected leaking aortic aneurysm from local hospitals to tertiary facilities, providing a high priority response for the most at-risk patients
- Work with the appropriate units to ensure that these patients are rapidly identified and that a transfer arrangement is made to the best unit that can provide care.
- Work with vascular centres to study and understand how best to recognise and triage patients with a possible leaking aneurysm, shortening the time to definitive care
- Continue to work with NHS England (London) to develop vascular network and bypass arrangements for both aortic aneurysms and other vascular emergencies e.g. acute vascular compromise in limbs

### **5.1.7 Sickle cell disorders**

Sickle cell disorders are a group of inherited conditions that affect the red blood cells. The most serious type is called sickle cell anaemia. Sickle cell disorders mainly affects people of African, Caribbean, Middle Eastern, Eastern Mediterranean and Asian origin. In the UK, they are particularly common in people with an African or Caribbean family background. Because of the diversity of its

population, London has over 70% of the UK's sickle cell hospital admissions<sup>17</sup>. Sickle cell disorders are serious and lifelong conditions, although long-term treatment can help manage many of the problems associated with it.

We have been working closely with the London Sickle Cell Community and are committed to continuing this engagement, using lived experience to shape our services and have a number of developments focussed on this area of care. We will continue to work with groups across the London community, to share developments, ensure there is meaningful and ongoing engagement between our staff and those with lived experience and that all of our staff are sickle cell competent – in the control room and on response vehicles – providing the highest quality care to any individual experiencing a sickle cell crisis.

Our main priority is the providing further training to our staff on the care and treatment required to support someone experiencing a sickle cell crisis, including:

- Handling 999 calls from patients
- Paediatric pain management and patient assessment
- The importance of care planning

## 5.2 Introduction to our pioneer services

In order to meet the challenges of increased demand for urgent and emergency care and improve outcomes for patients, we now need to go further and provide a more specialised response to a greater proportion of our patients. We have selected five patient cohorts for whom changing the way we respond will deliver a significant improvement in quality of care and patient experience and reduce unnecessary conveyance to an emergency department.

- Urgent care response
- Mental health
- End of life
- Falls
- Maternity

We have called the services we propose to provide to these cohorts our 'pioneer services'. They are intended to provide a more tailored emergency response when people dial 999, as an alternative to conveying a patient to an emergency department. They are not intended to duplicate (or replace) existing primary care, community prevention or lower acuity response services. Close working with community services will be essential if we are to send an appropriate specialist to 'see and treat' and refer without conveyance. While we would hope to do this in the majority of cases, our staff would attend in vehicles capable of conveying.

### 5.2.1 How we propose to change services

In order to improve the care we provide for all of our patients, we need to:

- **Treat more people on-scene and in the community closer to home** – by providing a tailored response, patients that are currently taken to an emergency department would have rapid access to alternative pathways of care:
  - A wider 'hear and treat' offering, via iCAT London
  - A more comprehensive on-scene 'see and treat' offering
  - Referral and potentially transfer to an urgent care centre/integrated care centre rather than an emergency department
- **Deploy a wider mix of skills and professions** – deploying paramedics and other professionals with varying skills, for example:

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<sup>17</sup> Journal of Public Health, March 2013; Trends in hospital admissions for sickle cell disease in England, Ghuda AlJuburi, Azeem Majeed

- Advanced paramedic practitioners with an enhanced scope of practice to manage patients with urgent care needs
- Paramedics with further training in assessment and management of falls
- Mental health professionals to those with mental health crises
- Midwives, when we are called to a birth or obstetric emergency and there isn't already a midwife on-scene
- **Use a wider range of response vehicles** – by better matching the vehicle to the incident, a more targeted response could be offered that improves patient outcomes and/or reduces conveyances:
  - Rebalancing between bicycles, motor bikes, fast response units and standard double-crewed ambulances (DCAs)
  - Vehicles with different staffing and equipment with a greater focus on chronic conditions, mental health and older adults, for example mobile assessment vehicles where clinicians can sit and assess patients

Greater career progression opportunities for our clinical staff will support continued improvement in staff turnover rate with opportunities to work in specialist areas, and advanced paramedic practitioner being placed at a higher pay grade.

Changing the way we deliver services will require us to change the way we work with partners. We will need access to expert clinical advice in order to triage patients and we want to work with partners to be creative in how we resource clinical staff. For example, it may be possible to offer rotations for midwives and mental health nurses onto our pioneer services rather than employing them directly.

## 5.2.2 How we have identified suitable patient cohorts

Figure 7 in Section 2.2.4 shows the case mix of 999 incidents for the top 20 advanced medical priority dispatch system (AMPDS) codes. We have used these codes to identify the cohorts of patients who may be suitable to receive a pioneer service.

**Table 6: Mapping of pioneer services to advanced medical priority dispatch system (AMPDS) codes**

| Pioneer service      | Identification by AMPDS code                     | Comment   |
|----------------------|--|---|
| Urgent care response | Various  | Advanced paramedic practitioners for urgent care response (APP-UCs) are deployed across a large range of incidents covering many AMPDS codes.   |
| Falls                | Falls  | Serious falls such as falls from heights would not be included in pioneer response.   |
| Mental health        | Psychiatric, abnormal behaviour, suicide attempt | Includes incidents where a physical trauma is registered as primary caused but described as mental health in the incident description.  |
| Maternity            | Pregnancy, childbirth, miscarriage               | Maternity incidents are sometimes flagged under other incident codes and we have adjusted for this.   |
| End of life          | Palliative care                                  | The current system does not provide comprehensive identification of end of life care and so will be identified under many AMPDS codes, such as breathing problems.<br><br>Identification of the range of incidents will take place as part of the pilot. For the purposes of modelling a cohort, we have used the 'palliative care' code and conveyances to hospices. |

We describe in the subsections below how we propose to respond differently to the patients.

This is the first tranche of pioneer services that we are proposing. Once these have been piloted, the benefits demonstrated and the clinical model finalised, we hope they will become part of our core business of responding to emergency calls, subject to alignment and agreement with STPs and

commissioners. We would then seek to develop a second tranche of pioneer services. Staff have identified children (paediatrics) and incidents involving substance abuse as areas to explore.

**We will continue to work with STPs to identify other opportunities for better managing demand that we can act upon locally or across London.**

## 5.3 Urgent care response pioneer service

**Aim: to be able to appropriately treat more patients at the scene of an incident ('see, treat and discharge') meaning that fewer patients need to be conveyed to an emergency department.**

The London Ambulance Service will always be the first port of call for people who are experiencing or witnessing potentially life threatening or life changing emergency situations. However, more and more, the public and NHS expectations are changing and our responses to 'urgent care' patients now makes up the majority of our workload. Our urgent care patients are not experiencing life threatening or changing events, but they may still be in a great deal of distress or pain.

In 2017 we launched an urgent care pilot in Croydon where advanced paramedic practitioners for urgent care (APP-UCs), who had received additional training, were dispatched to a targeted cohort of lower acuity urgent care patients. APP-UCs are able to perform enhanced clinical assessments and manage lower acuity injuries and illnesses in patients' homes. This provides a better quality of service to patients and reduces the need to convey these patients to hospital. This has system wide benefits in providing prompt treatment to patients, reducing multiple hand-offs between clinicians, and reducing unnecessary hospital admission.

The pilot has been extremely successful and has demonstrated that there are significant benefits to patients, our organisation and the sector as a whole for an expansion of this role across London. Overall, the APP-UCs managed approximately 63% of identified patients without the need to convey them to hospital. This compares favourably against an average for London of 36.6%.

### 5.3.1 Service summary

Our urgent care response service is focussed on lower acuity patients with complex needs, and manages more patients in their own home using additional tests and treatments. This service will be delivered both by urgent care advanced paramedic practitioners (APP-UC) as well as paramedic practitioners, providing another enhancement to our clinical career pathway. All clinicians delivering this service will receive a significant amount of additional specialist training to develop their skills in assessment, clinical decision-making and managing patients with urgent care needs.

### 5.3.2 Service model

Our service model was developed by our clinical experts, drawing on expertise from across the London Ambulance Service. We held a number of workshops attended by external clinical experts, who helped to shape the service model and ensure that it would be appropriate for patients in London.

The service has three components:

|                                      |   |
|--------------------------------------|---|
| <b>Hear and treat/dispatch</b>       | <ul style="list-style-type: none"> <li>An APP-UC in the control room will be specifically looking to identify the calls that would be most suitable for the operational APP-UCs to attend</li> </ul>                      |
| <b>See and treat</b>                 | <ul style="list-style-type: none"> <li>An APP-UC, with additional training, will attend patients who have been identified as requiring urgent care and may be suitable for treatment at scene</li> </ul>                  |
| <b>Referrals and additional care</b> | <ul style="list-style-type: none"> <li>Direct referral to hospital specialties, reducing delays where patients require hospital</li> <li>Direct access to tertiary facilities such as medical assessment units</li> </ul> |

The people, process and infrastructure implications are as follows:

|                       | Hear and treat/dispatch   | See and treat   |
|-----------------------|---|---|
| <b>People</b>         | <ul style="list-style-type: none"> <li>• APP-UC identifying calls</li> </ul>  | <ul style="list-style-type: none"> <li>• Advance paramedic practitioner and paramedic practitioner response</li> </ul>  |
| <b>Process</b>        | <ul style="list-style-type: none"> <li>• Process of identifying calls which should be routed straight through to the new service</li> <li>• Process of dispatching the right vehicle for a 'see and treat'</li> </ul> |   |
| <b>Infrastructure</b> |   | <ul style="list-style-type: none"> <li>• Mobile device to provide access to summary care records</li> <li>• Fast response car with standard paramedic equipment</li> <li>• Range of additional diagnostic tools such as point of care testing, ophthalmoscope and otoscope</li> <li>• Additional drugs such as pain relief, steroids, antibiotics and anti-sickness medication</li> </ul> |

### 5.3.3 Summary of potential benefits

Table 7 shows the potential benefits resulting from a single example of our modelled scenarios for the patient cohort we have identified could receive this pioneer service, based on the incident profile seen in the pilot. The table describes the maximum benefit to patients and healthcare systems in London. We describe in Section 7 our assumptions about how much of this is achievable and the associated economic benefits.

**Table 7: Urgent care response pioneer service – summary of potential benefits for a scenario balancing reduced conveyance and LAS and wider NHS economic impact**

| Quantitative benefits (projected for 2023)   | Qualitative benefits  |
|--|---|
| <p><b>213,000 patients could benefit from this service (based on incident profile seen in pilot), of which:</b></p> <ul style="list-style-type: none"> <li>• 72,600 (34.1%) would receive 'see and treat'/be referred</li> <li>• 140,400 (65.9%) would be conveyed</li> <li>• 75,500 (35.4%) would be conveyed to emergency department</li> </ul> <p><b>Performance</b></p> <p>A reduction in emergency department conveyance rate from 57.0% to 35.4% for a selected cohort</p> | <ul style="list-style-type: none"> <li>• Our urgent care paramedics are able to treat patients on scene and in their own homes, avoiding the need to convey them to hospital and potentially waiting for a significant amount of time before they are able to be treated.</li> <li>• Our staff want more options to develop their clinical practice, to become more skilled clinicians. In the past there have been very limited options for paramedics, but our two advanced paramedic practitioners (critical care and urgent care) and clinical team leader roles provide additional routes of progression for our staff.</li> </ul> |

### 5.3.4 Neil's story – an urgent care case study





## 5.4 Falls pioneer service

**Aim: to provide a quicker response to patients who have fallen, to safely help them up from the floor, assess their physical condition and identify the reason for their fall. This pioneer service will provide effective assessment and timely referrals to community services and falls prevention services to support the patient's wellbeing and reduce the risk of further falls.**

We are often called by patients, their family or carers, where a fall has occurred. Falls account for around 11% of our total calls each year. When we attend these patients, we conduct a physical assessment to see whether they have any injuries and try to identify why they might have fallen. One of the key activities that we undertake is to safely assist these patients up from the floor and then to determine whether the patient needs further treatment in hospital. While the majority of fallers are over the age of 65, we also attend patients with physical disabilities or long term conditions, such as multiple sclerosis, that mean that they are at higher risk of experiencing a fall.

Elderly patients that fall are a high risk cohort of patients and we know that they can experience particularly poor outcomes if they remain on the floor for long periods of time. People over the age of 65 have the highest risk of falling, with over 50% of people aged over 80 years falling at least once per year. The ageing population means that falls are one of the most common reasons for calls to the ambulance service and we expect this number to increase to around 133,400 by 2023 (10% increase from 2017/18).

Falls are often an indicator of underlying complex illness, general health decline or acute illness. It is recognised that falls in older people, or patients with underlying health problems, are linked to a significant increase in morbidity and mortality, but that, with careful assessment and safety-netting, many of these patients can have their needs met by care in the community. Falls are one of the most common reasons for patients becoming frequent callers. Addressing patients' needs holistically, and dealing with the reasons for falling, will be of significant benefit to both patients and the service in reducing the likelihood of them falling again.

### 5.4.1 Service summary

Currently, we send two members of staff in an ambulance to patients who have fallen as they need to assist them up from the floor and, more often than not, convey these patients into hospital. This pioneer service will target fallers who we think are less likely to need conveying to hospitals and a specialist falls paramedic, supported by an assistant practitioner, will be dispatched. By targeting this dedicated falls pioneer service we can increase the effectiveness of our response and reach fallers more quickly.

Our falls pioneer service will see a paramedic who has received additional specialist falls training, paired with an assistant practitioner, attend patients who have fallen and while not seriously injured, may not be able to get up off the floor on their own.

### 5.4.2 Service model

Our service model was developed by our clinical experts, drawing on expertise from across the London Ambulance Service. We held a number of workshops attended by external clinical experts, who helped to shape the service model and ensure that it would be appropriate for patients in London.

The service breaks into three components:

|                                      |   |
|--------------------------------------|---|
| <b>Hear and treat/dispatch</b>       | <ul style="list-style-type: none"> <li>• The control room specifically looking to identify calls that would be suitable for the falls pioneer service</li> <li>• Occupational therapy and physiotherapy specialists in iCAT London to provide telephone advice to patients and support crews</li> <li>• Specialist roles will also provide expert advice to the organisation, supporting the design of the service and building level of expertise across the organisation</li> </ul>           |
| <b>See and treat</b>                 | <ul style="list-style-type: none"> <li>• A falls specialist paramedic (band 6) will be accompanied by an assistant practitioner (band 3) who would be a non-clinical member of staff with blue-light driving training. This assistant would allow the paramedic to work as efficiently and effectively as possible</li> <li>• The assistant practitioner would receive training to assist the clinician with some tasks such as manual handling and recording observations</li> </ul>           |
| <b>Referrals and additional care</b> | <ul style="list-style-type: none"> <li>• The falls specialist paramedic will be able to make appropriate referrals to or links with further care or support networks, to enable the patient to remain in their own home. These referral options could include: <ul style="list-style-type: none"> <li>– Occupational therapy</li> <li>– Rapid response teams</li> <li>– Social care</li> <li>– Falls prevention services</li> <li>– Charity support networks e.g. Age UK</li> </ul> </li> </ul> |

The people, process and infrastructure implications are as follows:

|                       | <b>Hear and treat/dispatch</b>  | <b>See and treat</b>  |
|-----------------------|---|---|
| <b>People</b>         |   | <ul style="list-style-type: none"> <li>• Solo falls specialist paramedic (band 6) will be accompanied by a blue light driver, to allow the clinician to undertake the role more quickly and work while traveling between patients (band 3)</li> <li>• The driver could assist with other tasks such as manual handling</li> </ul> |
| <b>Process</b>        | <ul style="list-style-type: none"> <li>• Process of identifying calls which should be routed straight through to the new specialist falls service</li> <li>• Process of dispatching the right specialist with a driver for a 'see and treat'</li> <li>• Process of dispatching the right vehicle for a 'see and treat'</li> </ul> |   |
| <b>Infrastructure</b> |   | <ul style="list-style-type: none"> <li>• Mobile device to provide access to summary care records</li> <li>• Response vehicle will have the capability to convey patients, if needed, who are able to sit up for the journey</li> <li>• Suitable equipment for assisting fallers off of the floor</li> </ul>                       |

### 5.4.3 Summary of potential benefits

Table 8 shows the potential benefits resulting from a single example of our modelled scenarios for the patient cohort we have identified could receive this pioneer service, based on figures from 2017 incident data classification. The table describes the maximum benefit to patients and healthcare systems in London. We describe in Section 7 our assumptions about how much of this is achievable and the associated economic benefits.

**Table 8: Falls pioneer service – summary of potential benefits for a scenario balancing reduced conveyance and LAS and wider NHS economic impact**

| Quantitative benefits (projected for 2023)   | Qualitative benefits  |
|--|---|
| <p><b>94,700 patients could benefit from this service (based on figures from 2017 incident data classification), of which:</b></p> <ul style="list-style-type: none"> <li>• 39,800 (42%) would receive 'see and treat'/be referred</li> <li>• 54,900 (58.0%) would be conveyed</li> <li>• 44,400 (46.9%) would be conveyed to emergency department</li> </ul> <p><b>Performance</b></p> <p>A reduction in emergency department conveyance rate from 52.8% to 46.9% for a selected cohort</p> | <ul style="list-style-type: none"> <li>• A quicker response to patients who have fallen, to safely help them up from the floor, assess their physical condition and identify the reason for their fall.</li> <li>• Enhanced referrals to an expanded range of community services, occupational therapy, rapid response teams, social care, falls prevention services and provide wider health promotion to help facilitate a patient's full recovery from their fall and help them remain in their own home rather than needing to go to hospital for treatment.</li> </ul> |

### 5.4.4 Enid's story – a falls case study



## 5.5 Mental health pioneer service

**Aim: to provide an appropriate emergency response to patients who experience a mental health crisis. Our aim is for patients to receive a higher level of care from all paramedics, and appropriate triage, assessment and referral where appropriate by qualified mental health nurses.**

999 and NHS 111 are often the first point of care for patients experiencing a mental health crisis. We have a crucial role in risk assessment, and in signposting patients to the most appropriate point of care or service. These calls are often complex, and take time and specialist expertise to manage effectively. Patients experiencing a mental health crisis may also be suffering from substance misuse which compounds the challenges faced by staff in carrying out a full assessment of the patients presenting condition and needs.

We have greatly improved the quality and quantity of mental health training over the past few years and have employed mental health nurses on our clinical hub to provide telephone advice to patients. Our crews sometimes have difficulty accessing appropriate care pathways for patients experiencing a mental health crisis. This is especially true 'out of hours' and often leads to patients being conveyed to an emergency department, which is rarely the correct environment for their effective assessment, management and a positive experience of care, and is often associated with extremely long lengths of stay and escalation of their presenting condition. In 2017/18, 54.3% of our mental health patients were conveyed to an emergency department.

We ran a set of workshops with service users, who identified that they would most value being able to access a specialist mental health clinician at the point of their crisis. Patients experiencing a mental health crisis should have parity of esteem with patients experiencing physical health conditions and should therefore have access to suitable mental health crisis services twenty four hours a day, seven days a week, including appropriate places of safety.

### 5.5.1 Service summary

Our mental health pioneer service will see a registered mental health nurse (RMN), paired with another ambulance clinician respond to patients who have been identified as experiencing a mental health crisis, or requiring a specialist mental health response.

A registered mental health nurse (RMN) would be able to provide specialist care and support to patients experiencing a mental health crisis. They would also be able to navigate the appropriate mental health pathways, especially out of hours, and would have the skills and knowledge to discuss risk assessments, recommended management plans and presenting condition with approved medical practitioners and mental health units. An RMN providing specialist assessment details can effectively access a wide range of appropriate appropriate care pathways. There is the potential to increase the range of medicines available to support safer care and an enhanced patient experience. This will all mean that patients are able to be treated in the most appropriate way to meet their needs.

### 5.5.2 Service model

Our service model was developed by our clinical experts, drawing on expertise from across the London Ambulance Service. We held a number of workshops attended by external clinical experts, who helped to shape the service model and ensure that it would be appropriate for patients in London.

The service breaks into three components:

|                                      |  |
|--------------------------------------|--|
| <b>Hear and treat/dispatch</b>       | <ul style="list-style-type: none"> <li>We will continue to have mental health nurses working in our clinical hub providing telephone advice to patients as well as assisting crews but increasing their numbers and coverage to ensure we maximise hear and treat where appropriate</li> <li>This mental health nurse will also look to identify calls that would be suitable for the mental health pioneer response</li> <li>The mental health nurses will also support calls from crews on scene and support call handlers with complex 999 calls from patients experiencing a mental health crisis</li> </ul> |
| <b>See and treat</b>                 | <ul style="list-style-type: none"> <li>A registered mental health nurse (RMN) would be paired with an ambulance service clinician</li> <li>The RMN would be able to provide a specialist assessment of the patient's mental health needs</li> <li>Patients in mental health crisis may have also sustained a physical injury and the clinician would be able to provide the appropriate care for any physical injuries or illnesses</li> <li>The RMNs will also have an essential role in delivering training to front-line staff both in the control rooms and on the road</li> </ul>                           |
| <b>Referrals and additional care</b> | <ul style="list-style-type: none"> <li>We will, where possible refer patients to their local mental health trusts to ensure continuity of care</li> <li>The RMN will have knowledge of, and access to all of the local mental health crisis services in order to ensure that the patient receives the most appropriate care for their needs</li> <li>The mental health pioneer response will links with communities or charities that can provide additional ongoing support such as the Samaritans</li> </ul>   |

The people, process and infrastructure implications are as follows:

|                       | <b>Hear and treat/dispatch</b>  | <b>See and treat</b>   |
|-----------------------|---|--|
| <b>People</b>         | <ul style="list-style-type: none"> <li>New role of a mental health nurse would be added in the control room. This would be a Band 6 or 7 mental health specialist who would have contacts transferred through to them for specialist triage/assessment</li> </ul>   | <ul style="list-style-type: none"> <li>A mental health nurse in a response car accompanied by a paramedic to be able to assess and treat a range of mental and physical health needs</li> </ul>  |
| <b>Process</b>        | <ul style="list-style-type: none"> <li>Process of identifying calls which should be routed through to a mental health nurse</li> <li>Process of dispatching the right specialist or combination of specialists for a 'see and treat'</li> <li>Process of dispatching the right vehicle for a 'see and treat'</li> </ul> |  |
| <b>Infrastructure</b> | <ul style="list-style-type: none"> <li>Ability to warm transfer to a specialist triage/mental health single point of access</li> </ul>  | <ul style="list-style-type: none"> <li>Mobile device to provide access to summary care records and up to date information on which mental health pathways are open and available for their patients</li> <li>Response vehicle will have the capability to convey patients, if needed, who are able to sit up for the journey, and provide a safe and private space to safely assess a patient</li> </ul> |

A crucial element of our work to improve outcomes and experiences for our mental health patients is by working closely with mental health trusts across London to strengthen links with their crisis services, single points of access, places of safety and new services such as crisis cafes and clinical decision units as well as their local mental health and crisis teams. While we are building our mental health expertise within our organisation, wherever possible we want to ensure that those patients

already known to mental health services are linked back to their mental health trust supporting their care to ensure their ongoing needs are met.

### 5.5.3 Summary of potential benefits

Table 9 shows the potential benefits resulting from a single example of our modelled scenarios for the patient cohort we have identified could receive this pioneer service, based on figures from 2017 incident data classification. The table describes the maximum benefit to patients and healthcare systems in London. We describe in Section 7 our assumptions about how much of this is achievable and the associated economic benefits.

**Table 9: Mental health pioneer service – summary of potential benefits**

| Quantitative benefits (projected for 2023)   | Qualitative benefits  |
|--|---|
| <p><b>101,500 patients could benefit from this service (based on figures from 2017 incident data classification), of which:</b></p> <ul style="list-style-type: none"> <li>• 1,900 (2.2%) would receive 'hear and treat' discharge (over current)</li> <li>• 56,300 (66.5%) would receive 'see and treat'/be referred</li> <li>• 26,400 (31.2%) would be conveyed</li> <li>• 9,300 (11.0%) would be conveyed to emergency department</li> </ul> <p><b>Performance</b></p> <p>A reduction in emergency department conveyance rate from 54.3% to 11.0% for a selected cohort</p> | <ul style="list-style-type: none"> <li>• Specialist mental health response consistently seven days a week</li> <li>• A wider range of responses available to patients who need one such as face to face assessments, in the same way that we provide a specialist response for those with physical health needs</li> <li>• Patients less likely to be conveyed unnecessarily to an acute hospital when that is not the best place to meet their needs</li> <li>• Better referral to appropriate mental health pathways</li> </ul> |



### 5.5.4 Robert's story – a mental health case study

Robert is a 45-year-old IT specialist with a history of personality disorder. Unfortunately, he's just been fired following a long-running disciplinary and has met with his old friend Anna on Saturday evening for a drink. Anna quickly realises that Robert is struggling to cope and acting strangely. She calls 111 for advice.



## 5.6 Maternity pioneer service

**Aim: we want to provide a higher quality of care for patients by using multi professional teams with dedicated expertise to provide more specific gynaecological and maternity specific care.**

For the vast majority of women, pregnancy and birth are normal life events, however, occasionally emergencies can occur when birth occurs unexpectedly. Emergencies either before, during, or after birth need to be managed quickly and responsively to ensure the safety of both mother and her baby. We often send a large number of ambulance clinicians to maternity patients due to the complexity of the situation and the need to be able to treat a mother and her baby.

In 2017 we responded to around 2,250 birth imminent calls and delivered around 800 babies, where the mother was not able to get to an appropriate maternity facility and/or where a midwife was unable to attend. Our staff attend a range of birth emergencies including birth of twins, babies born in the “bottom first” position (breech birth), and those where the birth requires further support to enable a safe outcome.

For this pioneer service we are trialling an innovative method of service user and staff engagement: ‘Whose Shoes’. This method of engagement is designed to explore patient and staff experiences, so that we ‘walk in the shoes’ of the people we serve and those who will deliver the service<sup>18</sup>.

### 5.6.1 Service summary

A two person response in a rapid response vehicle, consisting of a registered midwife and an appropriately skilled clinician would be able to provide advanced midwifery care including new-born life support. We will have midwives in the control room to provide expert telephone advice to callers.

We are the only ambulance service in the UK that employs a consultant midwife and we are therefore in a unique position to influence the care provided to pregnant women. We are already recruiting two practice development midwives to start further building the level of skill and expertise in the organisation of providing safe and high quality care to women at this important time of their life. These practice development midwives will be crucial in setting up the maternity pioneer service.

### 5.6.2 Service model

Our service model was developed by our clinical experts, drawing on expertise from across the London Ambulance Service. We held a number of workshops attended by external clinical experts, who helped to shape the service model and ensure that it would be appropriate for patients in London.

The service breaks into three components:

|                                      |   |
|--------------------------------------|---|
| <b>Hear and treat/dispatch</b>       | <ul style="list-style-type: none"> <li>• We will have midwives in our control room to provide specialist advice over the phone</li> <li>• The midwife in the control room will be able to advise and reassure women who do not need an emergency response</li> <li>• They will also be able to guide and reassure women while an emergency response is on its way</li> </ul>  |
| <b>See and treat</b>                 | <ul style="list-style-type: none"> <li>• A registered midwife would be paired with an ambulance clinician with additional maternity specific training</li> </ul>  |
| <b>Referrals and additional care</b> | <ul style="list-style-type: none"> <li>• The maternity pioneer response will have access to local maternity care providers and community midwifery services so that, if the woman does not need to be taken into hospital, they can arrange for a community midwife to visit in an appropriate time</li> <li>• The midwife will be able to directly refer the woman to her chosen unit ensuring follow up assessment</li> </ul> |

<sup>18</sup> When we have used this method for our maternity pioneer service, we will look to roll out similar approaches for the other pioneers

The people, process and infrastructure implications are as follows:

|                       | Hear and treat/dispatch  | See and treat  |
|-----------------------|--|--|
| <b>People</b>         | <ul style="list-style-type: none"> <li>• A registered midwife</li> <li>• Call handling training</li> <li>• Potentially a gynaecology nurse also in the hub to assess bleeding</li> </ul> | <ul style="list-style-type: none"> <li>• A midwife responder consisting of a registered midwife (band 7)</li> <li>• An ambulance clinician (band 6)</li> </ul>   |
| <b>Process</b>        | <ul style="list-style-type: none"> <li>• Process of assessing categorisation of calls</li> <li>• Process of accessing the right specialist in the clinical hub</li> </ul>                | <ul style="list-style-type: none"> <li>• Process of being able to register the birth so that the trust is eligible for payment of the births which is delivers</li> <li>• Process of dispatching the right specialist for a 'see and treat'</li> </ul>   |
| <b>Infrastructure</b> | <ul style="list-style-type: none"> <li>• Access to summary care records</li> </ul>   | <ul style="list-style-type: none"> <li>• Mobile device to provide access to summary care records</li> <li>• A vehicle equipped to keep both mother and baby warm and will have the capacity to convey patients if needed</li> <li>• Enhanced maternity and new-born equipment including additional warming facilities for new-born babies</li> </ul> |

### 5.6.3 Summary of potential benefits

Table 10 shows the potential benefits resulting from a single example of our modelled scenarios for the patient cohort we have identified could receive this pioneer service, based on figures from 2017 incident data classification. The table describes the maximum benefit to patients and healthcare systems in London. We describe in Section 7 our assumptions about how much of this is achievable and the associated economic benefits.

**Table 10: Maternity pioneer service – summary of potential benefits for a scenario balancing reduced conveyance and LAS and wider NHS economic impact**

| Quantitative benefits (projected for 2023)   | Qualitative benefits  |
|--|---|
| <p><b>10,700 patients could benefit from this service (based on figures from 2017 incident data classification), of which:</b></p> <ul style="list-style-type: none"> <li>• 2,200 (20.6%) would receive 'hear and treat' discharge (over current)</li> <li>• 2,800 (26.2%) would receive 'see and treat'/be referred</li> <li>• 5,800 (54.2%) would be conveyed</li> <li>• 1,900 (17.8%) would be conveyed to emergency department</li> </ul> <p><b>Performance</b></p> <p>A reduction in emergency department conveyance rate from 21.5% to 17.8% for a selected cohort</p> | <ul style="list-style-type: none"> <li>• Specialist midwifery advice through iCAT London will enable patients to have assurance and confidence about their symptoms when it is not an emergency requiring a face to face response</li> <li>• Where a response is necessary, a skilled and experienced midwife will be able to provide more advanced care for mothers and their baby before, during or after the birth</li> <li>• A midwife on scene will reduce the need for such a large number of other staff to attend and they will also be able to provide additional assurance and confidence to the mother and the maternity team</li> </ul> |

### 5.6.4 Nylah's story – a maternity case study

Nylah is 33 and pregnant with her second child. One week from her due date she suddenly goes into labour at 4am and progresses quickly with contractions getting closer and closer. Her husband is working a night shift over an hour away and she doesn't think she can get to hospital on her own in time. She calls 999 for help.



## 5.7 End of life pioneer service

**Aim: to improve the care we are able to provide to patients in the last phase of life through enhanced skills and knowledge of staff, improved pathways to support patients with a plan of care to receive their care at home or in a community setting to avoid conveyance to hospital and to improve access to at home medications and specialist teams to help support symptom management.**

We are often called to patients in the last stages of their life, when their symptoms have become unmanageable, for example following a sudden crisis, deterioration or worsening symptoms when emergency pharmacological support is required such as pain relief. Ambulance clinicians may be presented with situations in which they have to make decisions about starting a resuscitation attempt and whether it would be appropriate and in the patient's best interests. These decisions may need to be made on the basis of limited information and in the context of a distressed friends and family.

In end of life care situations, the priority is commonly palliative symptom control, ensuring that patients are comfortable and not in any avoidable distress. Common symptoms resulting in an ambulance being called relate to pain, secretions, breathlessness and nausea. Increasingly patients coming towards the end of their life have been suffering from a chronic condition and have made a decision about where they want to die. As the very last wish for these patients, it is crucial that we help this to happen wherever possible. When we are attending end of life patients, we need to ensure that we are not only taking care of the patient, but giving consideration to their families who are saying goodbye to loved ones.

### 5.7.1 Service summary

We will enhance our education and training for all front-line staff to improve the skills, knowledge and confidence of all staff in providing end of life care to patients. We will also develop stronger links with hospices and end of life care pathways across London and review our range of pharmacology available to our clinicians. The ultimate aim of this service is to reduce unnecessary resuscitation attempts and conveyances for patients at the end of their lives and to make the final stages of life as comfortable, pain free and dignified for them and their families as possible.

We will invest in education and training around end-of-life care, ensuring that our crews have a clear understanding of trust policy and the legal and ethical basis of decisions made in these circumstances, and that crews understand how and when to use prescribed anticipatory care medications.

Additional pharmacology would allow for enhanced pain relief and treatment for excessive secretions and breathlessness which may include alterations to prescribed usage for drugs already carried by registered clinicians. Training in both the pharmacology of administration of anticipatory medicines alongside developing enhanced skills in difficult conversation management will be central to the training provided.

We will also improve integration with, and access to specific Coordinate My Care end of life plans so that ambulance clinicians have early access to these care plans as early as possible to support decision-making and ensure the patient receives the right level of care, in the right place.

The cohort for this pioneer service is not well defined, but expected to be larger than the modelling size which is based on palliative care incidents.

### 5.7.2 Service model

Our service model was developed by our clinical experts, drawing on expertise from across the London Ambulance Service. We held a number of workshops attended by external clinical experts, who helped to shape the service model and ensure that it would be appropriate for patients in London.

The service breaks into three components:

|                                      |   |
|--------------------------------------|---|
| <b>Hear and treat/dispatch</b>       | <ul style="list-style-type: none"> <li>All of our control room staff will receive additional training to improve their skills in identifying calls where crews might be attending end of life care patients</li> <li>We will have a specialist in the clinical assessment service (CAS) with advanced end of life care training who can provide advice to callers and can also assist crews</li> <li>We will have a pharmacist in the CAS who will be able to advise crews on appropriate drug use</li> </ul> |
| <b>See and treat</b>                 | <ul style="list-style-type: none"> <li>All of our front-line crews will receive additional training to improve their skills and confidence in treating patients in the last phase of their life</li> </ul>  |
| <b>Referrals and additional care</b> | <ul style="list-style-type: none"> <li>We will work to forge strong working relationships with hospices, palliative care teams and charity organisations</li> <li>We will work with these organisations to agree consistent pathways, identifying which patients could be referred to other services and at which point in the care pathway</li> </ul>  |

The people, process and infrastructure implications are as follows:

|                       | <b>Hear and treat/dispatch</b>  | <b>See and treat</b>  | <b>Referrals and additional care</b>   |
|-----------------------|---|---|--|
| <b>People</b>         | <ul style="list-style-type: none"> <li>Training for all call handlers on the signs to look for with end of life patients and the referral options available pan-London</li> </ul>   | <ul style="list-style-type: none"> <li>Training for all responders on end of life patients and the referral options available pan-London</li> <li>Further education and support will be provided to all front-line clinicians from a dedicated end of life care specialists</li> </ul>                      | <ul style="list-style-type: none"> <li>Enhanced pathway understanding across teams in contact handling and response</li> </ul>                                     |
| <b>Process</b>        | <ul style="list-style-type: none"> <li>Process of identifying contacts which should be directed to specialists in the CAS</li> <li>Process of identifying calls which should be routed to other referral points pan-London</li> </ul> | <ul style="list-style-type: none"> <li>Introduction of Schwartz Rounds® to support staff wellbeing</li> </ul>   | <ul style="list-style-type: none"> <li>Additional pathways will be further developed and audited with palliative care teams, hospices and third parties</li> </ul> |
| <b>Infrastructure</b> | <ul style="list-style-type: none"> <li>Having the right data available to ensure that all staff have the knowledge of the patient and referral points available to them when they need it</li> </ul>                                  | <ul style="list-style-type: none"> <li>Mobile device to provide access to end of life care records</li> <li>We will review the medications that our clinicians have at their disposal to treat end of life care patients and the symptoms that they can experience which cause pain and distress</li> </ul> |  |

### 5.7.3 Summary of potential benefits

Table 11 shows the potential benefits resulting from a single example of our modelled scenarios for the patient cohort we have identified could receive this pioneer service. This cohort is not well defined, and is expected to be larger than the modelling size which is based on palliative care incidents. The table describes the maximum benefit to patients and healthcare systems in London. We describe in Section 7 our assumptions about how much of this is achievable and the associated economic benefits.

**Table 11: End of life pioneer service – summary of potential benefits for a scenario balancing reduced conveyance and LAS and wider NHS economic impact**

| Quantitative benefits (projected for 2023)  | Qualitative benefits  |
|---|---|
| <p><b>5,100 patients could benefit from this service (based on palliative care incidents only), of which:</b></p> <ul style="list-style-type: none"> <li>• 4,000 (90.9%) will receive 'see and treat'/be referred</li> <li>• 500 (11.4%) will be conveyed</li> <li>• 200 (4.5%) will be conveyed to emergency department</li> </ul> <p><b>Performance</b></p> <p>A reduction in emergency department conveyance rate from 19.6% to 4.5% for a selected cohort</p> | <ul style="list-style-type: none"> <li>• We will review the range of drugs that our crews are able to administer in these situations to enable them to treat patients more effectively.</li> <li>• Specialist palliative support beyond the emergency episode through development of effective, consistent pathways that we can refer to with community and palliative care providers.</li> <li>• Improved skills and confidence for our whole front-line workforce in dealing with end of life patients, including training on resuscitation guidance and associated documentation to ensure that staff are fully aware of and confident with the relevant documents and their impact on decision-making.</li> </ul> |



### 5.7.4 Margaret's story – an end of life care case study



## 5.8 Summary of potential benefits for all pioneer services

Our five proposed pioneer services focus on delivering care closer to home through 'hear and treat' and 'see and treat', which will reduce both the number of incidents we attend and the number of people we convey to emergency departments. This will release capacity within the London Ambulance

Service and emergency departments within London to treat patients with higher acuity illnesses and injuries.

In developing each pioneer service, we have run a series of workshops attended by the clinical leads for each of our pioneer services, senior clinical staff, front-line staff, and representatives from the wider system. These workshops were used to generate assumptions about the volume and type of incidents appropriate for a pioneer dispatch and the likely change in conveyance rate. These assumptions have been further informed by historical incident data and the findings of our advanced paramedic practitioner for urgent care (APP-UC) pilot. The modelling using these assumptions highlights trade-offs between staffing for the pioneer services and reducing the conveyance rate: as we increase the number of staff, the conveyance rate falls but so does utilisation of those staff. We have modelled a number of scenarios to understand how the increase in staffing would improve the conveyance rate.

It is noted that these models will develop through running pilots to more accurately understand the impact of any pioneer service and define the correct operation model and scale at which to roll out. We present a scenario range below that optimises the overall benefit to the London region health economy. These scenarios would capture between 73% (lower incident capture) and 86% (higher incident capture) of incidents suitable for a pioneer response, which is between 25% and 29% of total incidents attended by 2023. Figures are built from the scenario maximising avoided cost for both LAS resources and avoided ED treatment and admission

### 5.8.1 Patient Benefits

Table 12: Overview of potential activity and consequent performance benefits for pioneer services (2023) for a scenario balancing reduced conveyance and LAS and wider NHS economic impact

|   | Urgent care response | Falls                | Mental health        | Maternity           | End of life <sup>a</sup> |
|---|----------------------|----------------------|----------------------|---------------------|--------------------------|
| Total incidents classed within incident group                   | 439,100 <sup>b</sup> | 133,400 <sup>c</sup> | 101,500 <sup>c</sup> | 14,400 <sup>c</sup> | 5,100                    |
| Current total conveyance rate for incident group                | 313,400<br>71.4%     | 92,000<br>69.0%      | 69,600<br>68.6%      | 13,100<br>91.0%     | 3,300<br>64.7%           |
| Current emergency department conveyance rate for incident group | 250,500<br>57.0%     | 70,400<br>52.8%      | 55,100<br>54.3%      | 3,100<br>21.5%      | 1,000<br>19.6%           |
| Estimate of suitable incidents for pioneer service, of which:   | 213,000<br>48.5%     | 94,700<br>71.0%      | 84,600<br>83.3%      | 10,700<br>74.3%     | 4,400<br>86.3%           |
| • Would receive 'hear and treat' discharge (over current)       | –                    | –                    | 1,900<br>2.2%        | 2,200<br>20.6%      | –                        |
| • Would receive 'see and treat'/be referred                     | 76,900<br>36.1%      | 39,800<br>42.0%      | 56,300<br>66.5%      | 2,800<br>26.2%      | 4,000<br>90.9%           |
| • Would be conveyed   | 136,100<br>63.9%     | 54,900<br>58.0%      | 26,400<br>31.2%      | 5,800<br>54.2%      | 500<br>11.4%             |
| • Would be conveyed to emergency department                     | 77,500<br>36.4%      | 44,400<br>46.9%      | 20,200<br>23.9%      | 1,700<br>15.9%      | 200<br>4.5%              |

Notes to table:

- This cohort is not well defined, but expected to be larger than the modelling size which is based on palliative care incidents
- Based on incident profile seen in pilot
- Based on figures from 2017 incident data classification

## 5.8.2 System Benefits

The key performance benefits of the pioneer services are:

- **84,000 to 95,000 fewer patient conveyances** to Emergency Departments in 2023 compared to current forecasts.
- **99,000 to 112,000 fewer patient conveyances** (to all destinations) in 2023 compared to current forecasts, with 33,000 to 45,000 fewer patient conveyances (to all destinations) compared to 2017 figures. As well as relieving pressure on the wider system this improves LAS productivity as job cycle times are 30% lower where a patient is not conveyed.
- Reduction in double-crewed ambulances (DCA) vehicle usage of **260,000 to 330,000 hours per year**, equivalent to an average of 35 ambulances running 24/7, replaced with a pioneer response emphasising 'see and treat'
- Assuming low-end tariffs of £91 for an emergency department, and £262 for a non-elective admission, this could help London's five STPs to avoid costs of between **£7.6m to £8.6m in attendances** and around a further **£2m in non-elective admissions**.

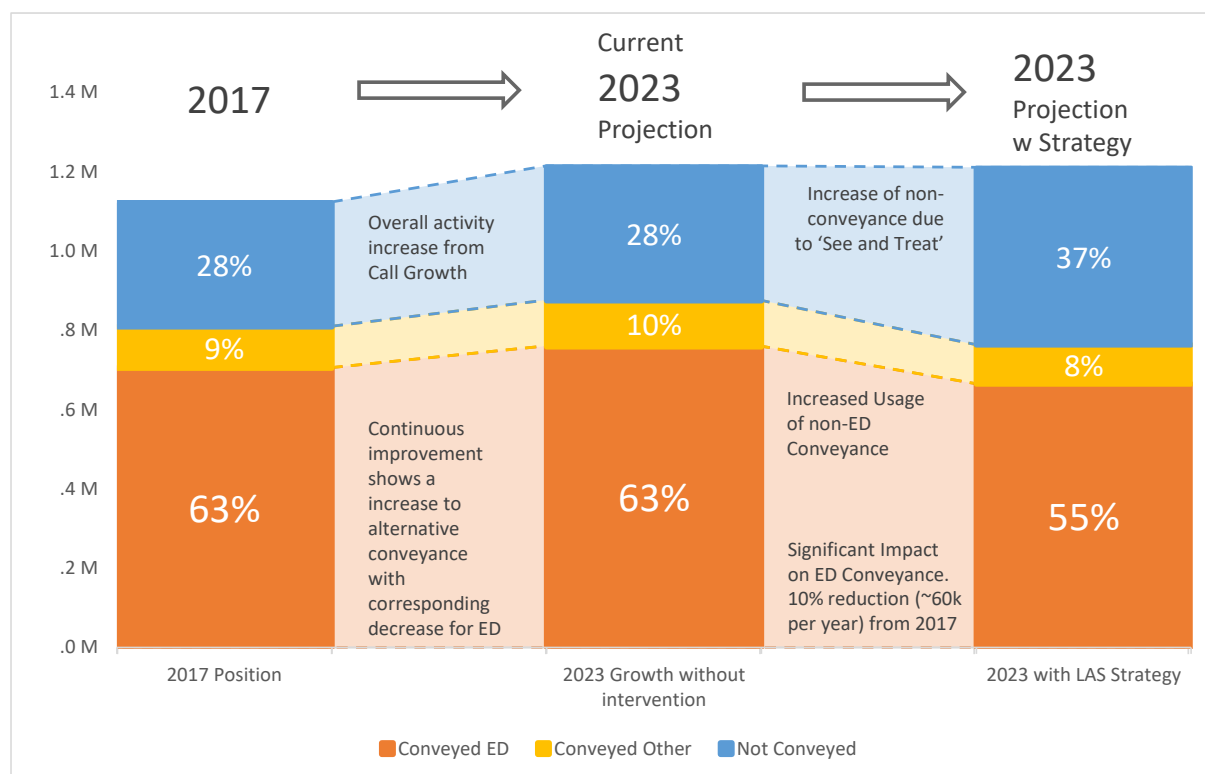
**Table 13: Pioneer services – summary of potential economic benefits (revenue) from 2023**

| Beneficiary   | Benefit area                             | Source of benefit               | Lower incident capture avoided cost up to (£m) | Upper incident capture avoided cost up to (£m) |
|---------------|--|---------------------------------|--|--|
| London region | Reduction in number of hospital contacts | Avoided ED attendances          | 7.6  | 8.6  |
|               |  | Avoided non-elective admissions | 1.8  | 2.2  |
| <b>Total</b>  |  |                                 | <b>9.4</b>                                     | <b>10.8</b>                                    |

There is potential for expansion of scope of two pioneer services as they are developed and piloted:

- Urgent care response: within our modelling we have only assigned advanced paramedic practitioners to category 3 and 4 incidents. However, we know that APP-UCs also attend category 1 and 2 incidents so this impact will need to be examined further
- End of life: current data for incidents classified as end of life is of poor quality and a minimal number of flagged incidents have been used as a baseline (palliative care only), but clinical experience indicates a significantly larger proportion of all work.

**Figure 17: Shows the profile of incidents for the optimal scenario point, highlighting the reduction in emergency department (63% to 55%) and overall conveyance (72% to 64%) attributable to the pioneer services compared to 2017 figures**



### 5.8.3 Economic Benefits

#### Productivity

Clinician productivity (the number of calls that a clinician would be able to respond to on a given shift) is a key factor in the viability of our pioneer services. There are two key drivers. One is the improved confidence and decision-making of staff to deal with incidents and discharge patients at scene rather than convey them. The second is ensuring that specialist staff would have a sufficient stream of calls to respond to (either as 'see and treat' or 'hear and treat') to ensure they are fully utilised on a shift.

We have modelled likely productivity levels to understand the impact on resource requirements. Our resource model assumes increased productivity of our clinical experts, which is supported by evidence from our advanced paramedic practitioner for urgent care (APP-UC) pilot. To understand the likely distribution of incidents for pioneer services, we have used historical incident data at an STP level and run a Monte Carlo simulation<sup>19</sup> to model the likely utilisation for different staffing levels. Our modelling partially accounts for that fact that we could (while still meeting performance targets) delay some lower acuity responses in order to provide an appropriate pioneer service, but the impact of this will be further explored in pilots.

#### Staff and Vehicle Benefits

Our modelling shows that we would need between 100 and 150 clinicians and 70 to 95 vehicles dedicated to pioneer services at any one time. This modelling will be refined as we pilot the pioneer services, and different rostering and scheduling options can be considered. The pioneer services would cost between £5.2m to £7.1m less to deploy than resources used for the current service.

<sup>19</sup> <https://www.investopedia.com/terms/m/montecarlosimulation.asp>

The pioneer services aim to change the incident outcome primarily for Category 3 and 4 incidents where there is opportunity to avoid dispatch of a vehicle, or resolve an incident without need for conveyance. Our modelling also accounts for occasions when we might send a member of staff allocated to a pioneer service to a higher acuity call in a double-crewed ambulance (DCA) when this would improve the quality of our response to a patient. A good example of this would be an emergency response to a birth complication when we might send a midwife along with the ambulance crew.

There will also be a level of investment that will be required to launch our pioneer services. These transition costs will include pioneer vehicle procurement costs and training costs

**Table 14: Pioneer services – net cost avoided by LAS from 2023 (analysis of staff and vehicle requirement)**

| Financial impact                     | Lower incident capture (£m) | Upper incident capture (£m) |
|--------------------------------------|-----------------------------|-----------------------------|
| Cost of existing services            | 36.4                        | 41.1                        |
| Cost of pioneer services             | 29.6                        | 36.3                        |
| Average investment per year          | 5.1                         | 5.1                         |
| <b>Net cost avoided by LAS up to</b> | <b>2.0</b>                  | <b>0.1</b>                  |

## 6 Strategic theme 3: Collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners

We will develop collaboration, partnership and innovation across the full range of public services in London and will support all opportunities to improve patient outcomes and experiences and improve public value.

As the only pan-London NHS provider, we have unique insight into the care that patients have available to them across London. We can help NHS England and the sustainability and transformation partnerships (STPs) identify the services that are best able to manage demand, where there are inconsistencies and where changes to service delivery would provide benefits to patients and the urgent and emergency care sector as a whole.

We are also fully committed to collaborating with the emergency services and wider London stakeholder community and have signed up to the joint intent of “making London the safest global city”.

### 6.1 Collaborating with health and social care partners

#### 6.1.1 The strategy, design and development of urgent and emergency care in London

As the only pan-London NHS provider trust, we can add demonstrable value to strategy and service development across the capital. We have not done this as effectively as we could have done in the past, but, working in conjunction with each of the London’s five STPs, our new strategy aims to change this. Alongside the STPs and acute, mental health, community, social care and other providers, we want to be an integral partner in the development of the urgent and emergency care sector in London.

Led by the STPs, the urgent and emergency care sector is continually evolving and developing and there are hugely exciting initiatives that are aiming to improve patient outcomes and experiences. However, not all care pathways and services are consistent across London. There is of course a place for local variation to meet the different needs of the different populations across London, but increased consistency would provide a better patient experience and support our staff in providing patients with the most appropriate care. The increasing volume of short operating hours or small footprint pathways and protocols, mean that patients may get different types of care in different parts of London; and our staff must spend time learning what is available and where.

We will assess urgent and emergency care pathways which we interact with, working with partners to identify whether they provide the best patient outcomes and optimise efficiency for us and for the system. We can contribute our experience and evidence base about what works best and help STPs to design local pathways that are most effective and provide best value for money.

By working with system partners, using our data and analytics, in the design and development of urgent and emergency care in London, we aim to:

- Simplify and ensure consistency between unplanned care pathways – providing consistency of experience and outcomes for patients; and reducing complexity for paramedics
- Develop and implement our pioneer services – ensuring that they work well across London

- As a provider of both 111 and 999 calls, release additional value through ensuring proper use of non-emergency care pathways, helping to ease the pressures on hospital emergency department services

### 6.1.2 A consistent approach to appropriate care pathways

While we recognise that there will always be differences in locally-commissioned services, it is our intention to work with London's five STPs to support the development of an agreed set of minimum standards for appropriate care pathways across London.

We know that by developing appropriate care pathways, that are consistent across London, we can better meet the needs of particular cohorts of patients and ensure that patients are taken to the most appropriate treatment centre for their presenting condition. Over 60% of incidents that we respond to currently result in conveyance, the majority of these to an emergency department. We are already seeing a gradual shift to appropriate care pathways as more consistent options, along with greater visibility of these, are becoming available to our staff.

In line with our clinical strategy, we are working with the London's five STPs to ensure that all appropriate care pathways have a minimum set of common conditions that they will see and that these are available consistently. We have now provided all of our front-line staff with tablets so that they can look up the appropriate setting for their patient before either taking them there or arranging suitable transport. We will work with STPs and provider organisations to make sure that this information is consistently updated for our staff to use.

It is important to realise that 'consistent' does not mean 'one size fits all' but rather means that each pathway enables a common set of patients to be seen by that facility consistently. This will therefore provide confidence for our staff that they can refer the patient to the right facility first time, every time.

Patients and our staff will have the following benefits from improved consistency and availability of pathways:

- Improved clinical outcomes for life threatening conditions, including by reducing on-scene time for time-dependent clinical conditions
- Reduction in the variability in response to both critical and non-critical patients across London
- Increase the range of specialist skills in our clinical hub to provide expert advice to staff and better care to patients
- Staff will have better access to up to date information when with a patient to enable appropriate decisions to be made about a patient's care and where that is best provided.
- Patients will receive care closer to home, for example from an advanced paramedic practitioner who can prescribe medications allowing that patients to be managed at home where appropriate.

## 6.2 Collaborating with emergency services partners

The London Ambulance Service works closely with other emergency services to keep Londoners safe and enable us to work as efficiently and effectively. With the duty to collaborate with other emergency services now established by the Policing and Crime Act 2017, we are working with the London Fire Brigade (LFB) and Metropolitan Police Service (MPS) to make London the safest global city.

As a Category 1 responder, we have a statutory obligation to be prepared to deal with serious and major incidents of all types and sizes. Our incident response plan has been prepared in light of guidance from the Department of Health, Home Office and builds on the Civil Contingencies Act 2004 guidance, lessons identified by the London Ambulance Service, Coroner's inquests and subsequent 'prevention of future death' reports.

The trust is committed to continued engagement with its partner agencies and with the local and regional resilience forums to ensure joined up multi-agency emergency preparedness and resilience



which ensures a rapid response, with appropriately skilled clinicians to ensure the best clinical outcomes for the most patients affected.

Some of the main ways in which we already collaborate with the other emergency services are:

- Joint responding with the Metropolitan Police Service
- Joint training exercises with the London Fire Brigade
- We share estates with both LFB and MPS
- Joint working on major events and incidents
- Defibrillators on police vehicles
- Joint publicity campaigns
- The Joint Emergency Services Interoperability Programme (JESIP)

## 6.2.1 A joint strategic intent between the three emergency services

The three emergency services have agreed a joint statement of strategic intent which sets out our combined vision to partnership, collaboration, innovation and co-operation.

Building on existing collaboration in a number of critical areas, the three services now want to work together to go further to provide a world-class service that ensures a lasting legacy for the people of London. Together we will:

- Share a common vision of ‘making London the safest global city’
- Deliver a world class emergency service to the people of London
- Ensure collaboration is at the heart of everything we do

There are six thematic areas of joint working between the emergency services, each with a range of options for how we can work better together:

**Figure 18: Six thematic areas of joint working between the emergency services**

|            |  |                |   |
|------------|--|----------------|---|
| Prevention | <p>Potential areas include:</p> <ul style="list-style-type: none"> <li>• Community response teams</li> <li>• Safe and well visits</li> <li>• Intervention schemes: referral and delivery</li> <li>• Education teams</li> <li>• Central prevention strategy team</li> <li>• Director of Prevention for London</li> <li>• Information sharing</li> <li>• Fire as a health asset</li> </ul> | Control rooms  | <p>Potential areas include:</p> <ul style="list-style-type: none"> <li>• Single control room service for London</li> <li>• Co-location of control rooms</li> <li>• Horizon scanning to include NHS 111, GP out of hours and 101 police non-emergency numbers</li> <li>• Signposting services for users/patients</li> <li>• Integrated technology where possible</li> <li>• Shared resilience</li> </ul> |
| Response   | <p>Potential areas include:</p> <ul style="list-style-type: none"> <li>• Co-responding (MPS/LFB)</li> <li>• Joint response units (MPS/LAS)</li> <li>• Defibrillators in public access buildings network</li> <li>• Police assistance to LAS when forced entry is required</li> <li>• Specialist assets and services</li> <li>• Joint command units</li> </ul>                            | Infrastructure | <p>Potential areas include:</p> <ul style="list-style-type: none"> <li>• Estates: a shared vision/plan of London’s 999 footprint</li> <li>• Fuel bunkers</li> <li>• IM&amp;T: software licensing for common applications, contracts</li> <li>• Shared technology where possible</li> </ul>  |

|           |   |  |
|-----------|---|--|
| Inclusion | <p>Potential areas include:</p> <ul style="list-style-type: none"> <li>• Cadets and apprenticeships</li> <li>• Volunteers</li> <li>• Recruitment</li> <li>• Career development</li> <li>• Staff associations e.g. LGBT groups</li> <li>• Development of inclusion strategies</li> <li>• Staff side representative bodies</li> </ul> | <p>Potential areas include:</p> <ul style="list-style-type: none"> <li>• Fleet</li> <li>• Procurement</li> <li>• Logistics</li> <li>• HR and payroll</li> <li>• Uniform/personal protective equipment (PPE) e.g. servicing of chemical, biological, radiological, nuclear, and explosive PPE</li> <li>• Legal services</li> <li>• Training (blue light driving)</li> <li>• Shared standards</li> </ul> |
|-----------|---|--|

## 6.2.2 Existing collaboration

While Figure 18 provides the themes and agreed areas of potential collaboration, some projects are already underway. These are explained below.

### Control rooms

We have worked with the Metropolitan Police Service and the London Fire Brigade to secure funding from the Home Office Transformation Fund to investigate the potential benefits that could be achieved through shared control room functions. We are at an important and exciting juncture in London, with the opportunity to fundamentally redesign and think boldly and creatively about the longer term ambition for how London's emergency services control rooms are delivered, configured and operate.

This exploratory work could identify a range of different options from sharing space to full integration. The effectiveness of the control rooms will be a key consideration but so will be reducing the duplication of expenditure across the emergency services. Each service spends a significant amount of telephony, computer aided dispatch software, radio and data provisions and integration or joint procurement exercises will be an aspect of this investigative work.

### Estates

We already share space with the London Fire Brigade at their headquarters in Southwark. We also continually look to for estates collaboration that will save tax payers money. For instance, we have an agreement with LFB to park certain vehicles in central London, saving the NHS £400,000 this year

### Defibrillators

We have been working with the Metropolitan Police Service to place 700 defibrillators on police vehicles across London. This has led to several successful resuscitations of patients that the police managed to reach before an ambulance. This scheme has also saved the lives of a number of police officers who have had cardiac arrests on duty.

### Prevention

We have submitted a joint business case that will see the formation of a tri-service team that will deliver preventative messages to schools in London. This service will aim to reach out to over 1,800 children in its first six months of operation

## 6.3 Analytics to drive improvement and integration

The London Ambulance Service has a unique view of the urgent and emergency system. We have been evolving our business intelligence and analytical modelling skills for a number of years, and are well practiced in gaining insights through sophisticated modelling approaches and crafting and

communicating a story from qualitative and quantitative information. This means we are well-placed to be able to share our learning and experience with other organisations.

A variety of daily decisions are already enabled by the wide availability of our data and due to the work we do with other non-technical teams to facilitate the interpretation of the wealth of this data. With automated access to more external data sources through new shared technology platforms (for example 111 activity data and hospital admission data), we will be able to understand the impact of care throughout the urgent and emergency care system and provide further evidence for interventions that would improve the effectiveness or efficiency of care.

In order to gain the maximum benefit from our data, we need to develop:

- Our analytics capability
- Relationships with other health and social care analytical teams across London
- Information technology to enable automated information sharing and analysis

### 6.3.1 Our analytics capability

As we become a primary integrator of access to urgent and emergency care we will need to strengthen our analytics capability to bring together intelligence from across London to enable us to inform system-wide policy, strategy and operations. Our ultimate goal will be to monitor the full patient pathway, supporting the needs of London's five STPs in population health management to:

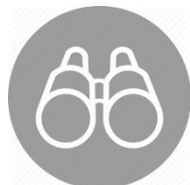
- Gain insights from data and identifying trends
- Manage care delivery in near real time
- Develop evidence-based recommendations to drive improvements in the effectiveness or efficiency of care
- Shape the design of future services

The core analytical capabilities fundamental to achieving these goals are shown in Figure 19.

**Figure 19: Core analytical capabilities fundamental to achieving our goals**



Benchmarking



Horizon scanning



Intelligence, reporting  
and predictive  
modelling



Performance  
and demand  
management

We already have a well-established and trusted analytics team, who ensure an efficient flow of data insight, and support decision makers with reliable evidence-based intelligence. Our business intelligence analysts and data scientists are able to understand the impact of interventions on the system, use statistical and mathematical modelling to make predictions, determine relationships between system elements or services, and model “what if” type scenarios. The strength of such a team is that the models built can be designed to be generic and reusable – bringing efficiencies and cost savings, compared to ad-hoc pieces of analysis being carried out across London.

We are expanding our internal capabilities to service all operational and corporate functions within the London Ambulance Service, to continue to support CCGs, and potentially to build up to a position where we can also supply partners with intelligence about their individual operational services which integrate with ours. This will reveal the interplay of services and their components, but will also provide transparent horizon scanning in terms of wider healthcare system forecasting.

### 6.3.2 Relationships with other health and social care analytical teams across London

We have not only built up partnerships with commissioners and other providers, but also have forged partnerships with academic institutions. This gives us access to cutting-edge research with a broader application than could be achieved alone in-house, extra scope and capacity for innovative projects, and appreciation of best practice analytics in other fields and industries. These benefits are applicable more widely than the London Ambulance Service, and often the appeal for universities to work with us is the quantity and richness of our data, as well as the ability to gain pan-London insight from such information. The benefits for patients would be enhanced through more integrated working across London.

There is much that can be learned from industry leaders in the analytics arena, from financial to retail sectors. Some examples of service and service-user improvements achieved from analytical insight which are applicable in a healthcare setting are shown in Figure 20.

**Figure 20: Areas where analytics could be applied to improve patient care and provide more efficient insight for staff**

|                                  |  |
|----------------------------------|--|
| <b>Demand management</b>         | Disney is a pioneer of customer satisfaction and demand management, monitoring demand in real time and dynamically deploying resources where they are needed to manage the customer experience. Disney also use this insight strategically to forecast for the future and to determine capacity. <i>The transferable learnings apply not only to our mission of being a high quality service provider, but in understanding the pathway and full system experience of our patients, incorporating real-time information (e.g. weather) and social contexts (e.g. tourism, demographics and economy).</i> |
| <b>Performance management</b>    | Many household-name supermarkets and retailers have experience in performance management and understanding the equity of their service provision. They make use of innovative analytical techniques to monitor data and recommend improvements in specific areas. <i>It is important to us that new models of care are equitable and managed effectively to provide the best care to patients across London. Intelligence and insight will be produced by our in-house business intelligence and data science teams.</i>   |
| <b>Service-user satisfaction</b> | Businesses such as British Airways and John Lewis are renowned for their customer satisfaction scores and service quality. Analytics are a pivotal part of informing business strategies in these companies. <i>As an emergency care provider, we support and serve the population of London in their greatest moment of need. We can use insight from the evaluation of patient and staff satisfaction to recommend ways to improve. This branch of analytics is essential for helping us to understand which efforts lead to positive service experiences.</i>   |
| <b>Personalised service</b>      | In the finance sector many companies generate marketing based on intelligence from customer data and target specific individuals with products and services they believe will be most useful/relevant. <i>Applied to healthcare, this means using ensuring that we: understand our patients' needs by using business intelligence and analytics to make accurate predictions; and respond to patients in the most appropriate way, referring them to the right care pathways. It can also mean creating more effective media campaigns to inform the public, and evaluating their impact.</i>            |
| <b>Centralised intelligence</b>  | The Ministry of Justice has a Data Lab that generates evidence for change. The Department of Health provides guidelines for employing analytics and making use of insight and expertise. And NHS Digital has established a centre of excellence in big data and data science. <i>We aim to enhance our own in-house capabilities, from what is already a sound base, to increase the value that we add from analytics and statistical modelling to support our staff, our commissioners, and other providers of emergency care across London to care for patients.</i>                                   |

We should all aim to use analytics and technology hand in hand to better integrate with other public services, ensuring patient care is well-coordinated, equitable and consistent. Creating sustainable, automated and near real-time links with external data sources and partner intelligence will be key to

the delivery. Partnerships with other organisations, where analytical investigations using shared data are conducted to benefit all parties, will also reduce commonly seen issues around data accessibility, transfer and interpretation.

Pan-London data sharing agreements have already been discussed and need to be progressed to completion.

### **6.3.3 Information technology to enable automated information sharing and analysis**

Developing the analytics capability we describe above depends on having joined up data and common patient records. We describe in Section 8.4.1 how we intend become a fully digital organisation. With available and planned technology to be deliver over the lifetime of our strategy, the following will become possible:

- Linking of emergency, urgent and hospital admission data will allow us to model and interpret full pathways to understand the flow of our patients and impact of response and pathway on patient outcomes for both emergency and non-emergency patients.
- Seeking to work with Transport for London to gain a real-time understanding of traffic flows in London to make better dispatch choices; additionally to help planning by understanding where demand might arise based on historic travel patterns and commuter routes.
- Deep data insights around demography, weather, transport and infrastructure required to enable us to better predict demand. It is important to also understand the equity in the services provided throughout London and perhaps the impact on patient outcome in different areas. This can be done within our existing capabilities, but requires additional capacity to fulfil the investigation.
- Tracking of the NHS workforce across London. For example, looking at trends in paramedics within the education system, those likely coming into local recruitment populations, the existing paramedic cohort, and those retiring. Such staff grouping information would allow us to model the full workforce pathway, and horizon scan for imbalances in supply and demand of specific skills across emergency and urgent care services across London.
- Automated, interactive dashboards, available to our partners for viewing and exploring data.

## **6.4 Summary of potential benefits**

### **6.4.1 Promoting best practise across London in conveyance rates**

Close collaboration with our partners will expand the benefits delivered in our strategy. One clear element of this is how partner organisations will support improvements in ED conveyance through provision of alternatives conveyance locations. Our aim is to work with health and social care, emergency services and London system partners to identify opportunities to make further improvements to the consistency, efficiency and equitability of services.

There is currently a significant difference in conveyance rates to non-emergency department locations (alternative location conveyance rate). For example, the alternative location conveyance rate in North Central London is 7.4% compared to 10.7% in South East London, This equates to 17,000 additional people going to alternative conveyance locations in SEL in comparison then would occur if NCL rates were used.

**Table 15: Additional pioneer services benefit through collaboration – summary of potential economic benefits (revenue) from 2023**

| Beneficiary   | Benefit area                             | Source of benefit               | Lower incident capture avoided cost up to (£m) | Upper incident capture avoided cost up to (£m) |
|---------------|--|---------------------------------|--|--|
| London region | Reduction in number of hospital contacts | Avoided ED attendances          | 1.7  | 2.1  |
|               |  | Avoided non-elective admissions | 0.5  | 0.6  |
| <b>Total</b>  |  |                                 | <b>2.2</b>                                     | <b>2.7</b>                                     |

In section 7, we show how theme 3 can support the further reduction of conveyance to ED from 55%, as shown in section 5, to 53% through provision of equal standards of services across London. We also hope to reduce re-contact rates through closer ties into appropriate local pathways. We will test this during the pioneer pilots.

## 7 Estimating the impact of our strategy

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Our strategy will have direct clinical benefits for patients by providing more clinical care remotely by 'hear and treat' and by increasing, to over a quarter, the proportion of our patients who receive a pioneer response, discharging them on scene where possible by 'see and treat'. A reduced conveyance rate to emergency departments will mean that hospitals will deal with fewer patients who can have their needs met at home or in the community, which has both operational and economic benefits.

We have discussed qualitatively the potential benefits that we expect our strategy to deliver by theme in sections 4, 5 and 6. In this section we discuss the impact that we hope to deliver for our own organisation and for London's five health economies/sustainability and transformation partnerships (STPs) and how these benefits might interact. This will be refined as we develop the operational model for iCAT London and pilot the falls, mental health, maternity and end of life pioneer services, incorporating the results to update projections.

### 7.1 Overall impact of strategy

We have assessed the economic benefit of each of our three strategic themes separately, highlighting areas of anticipated quantitative and qualitative benefits.

Whilst we implement our three strategic themes, we will need to be aware of and monitor any potential overlap in benefits between iCAT London and the pioneer services. Our focus is on providing definitive care to patients as soon as possible after contact, which will reduce the need for provision of care at later stages of the urgent and emergency care pathway.

We will design our pilots to understand these synergies and how they impact upon projected volumes of activity. Figure 21Figure 17 shows how the overall impact on activity and conveyance will increase when combining theme 2 and 3. The combination of theme 2 and theme 3 **reduce ED conveyances by 106,000 to 122,000** in 2023 from current forecasts

**Figure 21: Builds on Figure 17 combining the impact of strategic theme 2 and 3 to show the profile of incidents for the optimal scenario point, highlighting the reduction in emergency department (61% to 53%) and overall conveyance (72% to 64%) attributable to the pioneer services compared to 2017 figures. The decrease in ED conveyance comes from collaboration to establish further alternative conveyance locations in line with best practise of other STP areas.**

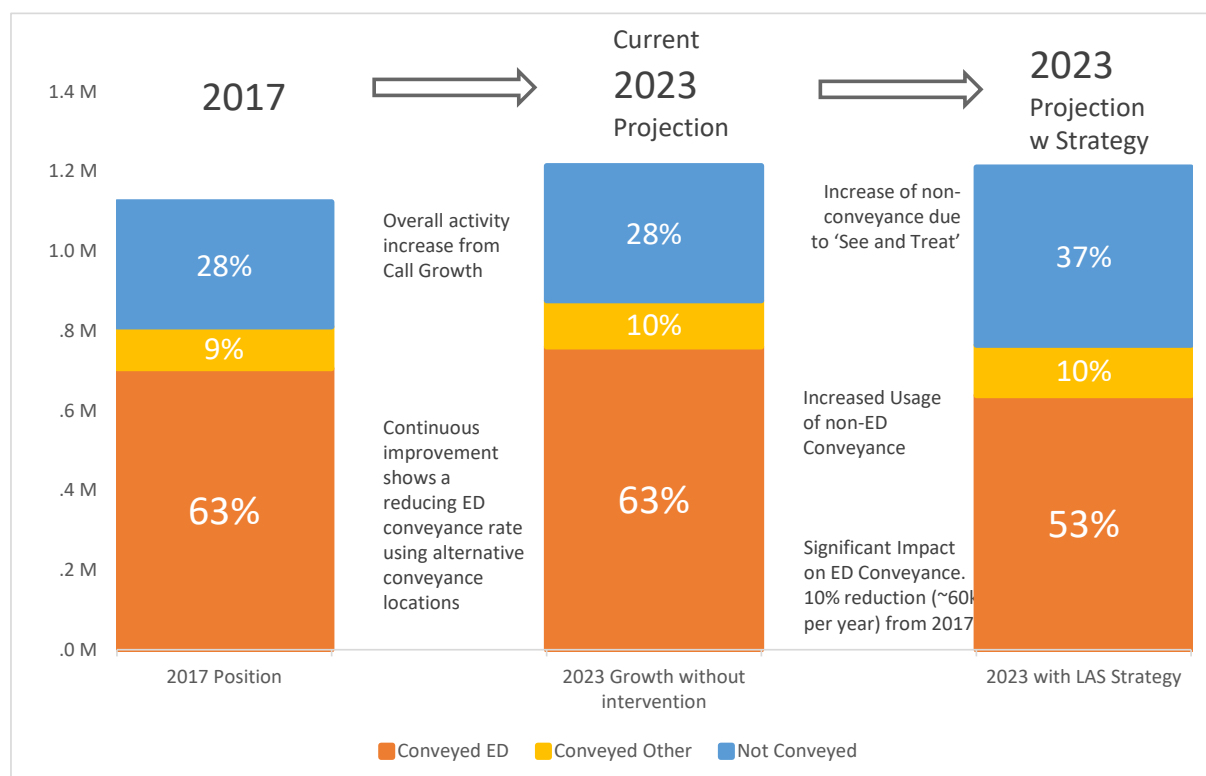


Table 16 provides the benefits that we could achieve through implementation of our strategy. The ranges ensure that we do not overstate potentially overlapping benefits. For example: iCAT London could reduce mental health calls becoming incidents that require physical resources, this would then lower the volume of mental health vehicle responses required

A detailed assessment process of the iCAT London implementation will inform the optimal resource levels for the pioneer services. Capturing further data from the lower acuity calls handled in iCAT London, where a physical response is still required, will help us to identify possible future pioneer services

There are also a number of unquantified potential benefits, as outlined in section 4.3.2 which could increase the total benefits achieved through full implementation of our strategy.



**Table 16: List of quantified benefits by priority of implementation for earliest resolution to provide greatest system benefit.**

| Strategy Theme(s)   | Benefit area                             | Source of benefit   | Cost avoided up to dependent on scenario (£m) |
|---|--|---|---|
| iCAT London   | Ambulance dispatches                     | Avoided ambulance dispatches (999)  | 0.0 – 11.6                                    |
|   |  | Avoided ambulance dispatches (111)  | 0.4 – 2.8                                     |
|   | Utilisation                              | Improved utilisation of call handlers   | 0.0 – 3.0                                     |
|   |  | Improved utilisation of clinical advisors   | 0.0 – 3.6                                     |
|   | <b>Total</b>                             |   | <b>0.4 – 21.0<sup>a</sup></b>                 |
| Pioneer Services  | Staffing and vehicles                    | Net cost avoided by pioneer staff deployment minus investment in training, vehicles and project costs | 5.2 – 7.1                                     |
|   |  |   |   |
|   | Investment cost                          | Average investment cost per year over the 5 year strategy   | (5.1)   |
|   | Reduction in number of hospital contacts | Avoided ED attendances  | 7.6 – 8.6                                     |
|   |  | Avoided Non-elective admissions   | 1.8 – 2.2                                     |
|   | <b>Total</b>                             |   | <b>9.5 – 12.8</b>                             |
| Collaboration   | Reduction in number of hospital contacts | Avoided ED attendances  | 1.7 – 2.1                                     |
|   |  | Avoided non-elective admissions   | 0.5 – 0.6                                     |
|   | <b>Total</b>                             |   | <b>2.2 – 2.7</b>                              |
| <b>Total potential savings through implementation of our three strategic themes</b> |  |   | <b>12.1 – 36.5</b>                            |

## 8 Delivering our strategy

Delivering our strategy will require us to deliver fundamental changes across our organisation to our organisational structure, culture, capabilities and infrastructure. Our blueprint will be enacted through a strategic framework of detailed and interconnected 'daughter documents' which will specify, function by function, the plans that we will deliver over the lifespan of this strategy.

This section details the changes that we need to make to achieve our new organisational blueprint, as well as how we identified what those changes are and how we will deliver them. We also set out a number of dependencies with commissioners, partners and national bodies for successful delivery of our strategy.

### 8.1 A blueprint for our future organisation

We have used a business design approach to articulate the new organisational blueprint that demonstrates how our new strategic themes come together. This approach helps us to ensure that the design for our future organisation is:

- Driven by a clearly articulated strategic vision that has been developed collaboratively by affected stakeholders
- Founded on a solid understanding of the underlying capabilities needed to be successful
- Integrated, with seamless connections between components such as people, processes, systems and data

The first stage in developing our blueprint has been to identify a set of core design principles that will guide all changes and improvements that we are going to make to enable us to achieve our vision and implement our strategy.

**Table 17: Blueprint design principles**

| Design principle<br><i>The design must...</i> |   | Rationale<br><i>... in order to...</i>   | Potential operating model improvements<br><i>... and may feature...</i>   |
|---|---|--|---|
| 1.  | Deliver a better and more consistent and equitable patient experience | <ul style="list-style-type: none"> <li>• Ensure each patient can access the service in the way that they choose and receive the most appropriate response for their needs, regardless of their point of access</li> <li>• Ensure a fair and equitable response to the patient from a quality and safety perspective</li> </ul> | <ul style="list-style-type: none"> <li>• Improving access through a broad mix of multichannel options</li> <li>• Integration of urgent and emergency care contact handling, initial triage and one clinical hub</li> </ul>  |
| 2.  | Ensure organisational flexibility and adaptability                    | <ul style="list-style-type: none"> <li>• Be able to better react to changes in patterns of demand, e.g. due to seasonality</li> </ul>  | <ul style="list-style-type: none"> <li>• Flexible approaches to sourcing the skills we need as an organisation e.g. contracted resource</li> <li>• Multiskilling staff to cover a range of clinical requirements</li> <li>• Integrating/creating flexible resource pools</li> </ul> |

| Design principle<br><i>The design must...</i> |  | Rationale<br><i>... in order to...</i>   | Potential operating model improvements<br><i>... and may feature...</i>   |
|---|--|--|---|
| 3.  | Optimise the efficiency and effectiveness of contact handling and initial triage   | <ul style="list-style-type: none"> <li>• Provide better assessment and improved resolution of patients concerns and conditions through one point of contact</li> <li>• Reduce human effort required to handle low acuity contacts in order to increase focus on developing complex triage and resolution capability</li> </ul> | <ul style="list-style-type: none"> <li>• Alternative options for delivery including better use of technology to enable self-service, lower cost locations/lower cost providers</li> </ul>   |
| 4.  | Ensure fewer patients are conveyed to hospital   | <ul style="list-style-type: none"> <li>• Get the right clinical response that is most appropriate for the patient and most cost effective for the system</li> </ul>  | <ul style="list-style-type: none"> <li>• Better complex clinical triage</li> <li>• Increasing the range of skills in the clinical hub to provide expert advice to staff and better care to patients</li> <li>• Improving links into other services outside in the wider system</li> </ul>   |
| 5.  | Exploit new technology to help make lower acuity contacts more efficient and improve the effectiveness of clinical assessments | <ul style="list-style-type: none"> <li>• To improve patient experience and efficiency of delivery across our service</li> </ul>  | <ul style="list-style-type: none"> <li>• Alternative ways to access the organisation, increased use of automation for less urgent contacts and enabling staff to use technology to work virtually e.g. 'see and treat' without needing to be on the scene</li> </ul>  |
| 6.  | Enable consistent interfaces and agreed minimum standards across London  | <ul style="list-style-type: none"> <li>• Better meet the needs of patients across London through more consistent care pathways</li> </ul>  | <ul style="list-style-type: none"> <li>• Increase the focus on pan-London care pathways and working with the wider system to ensure that a set of minimum care standards are in place and adhered to by the London Ambulance Service</li> <li>• Clear referral options from the clinical assessment service to the right place in the system</li> </ul> |
| 7.  | Ensure compliance with NHS England's integrated urgent care specification  | <ul style="list-style-type: none"> <li>• To ensure that we are compliant, while remaining in control of the design and ensuring it is aligned with the wider organisational strategy</li> </ul>  | <ul style="list-style-type: none"> <li>• Adherence to the guidelines but ensuring that our strategy is reflected in the design through areas such as the pioneer services</li> </ul>  |
| 8.  | Balance short term requirements with longer term strategic ambition  | <ul style="list-style-type: none"> <li>• To ensure design supports the short term priorities for the North East London and South East London contracts/bids as well as the strategic intent of covering the whole of London</li> </ul>   | <ul style="list-style-type: none"> <li>• Prioritisation of critical resources which are specified by contracts in the short term while building wider capability for the long term</li> </ul>   |
| 9.  | Ensure organisational scalability  | <ul style="list-style-type: none"> <li>• To be able to absorb additional demand from expansion across other geographies</li> </ul>   | <ul style="list-style-type: none"> <li>• Considering alternative sourcing options to cope with potential future demand</li> <li>• Using technology to manage demand in a more efficient and effective way</li> </ul>  |

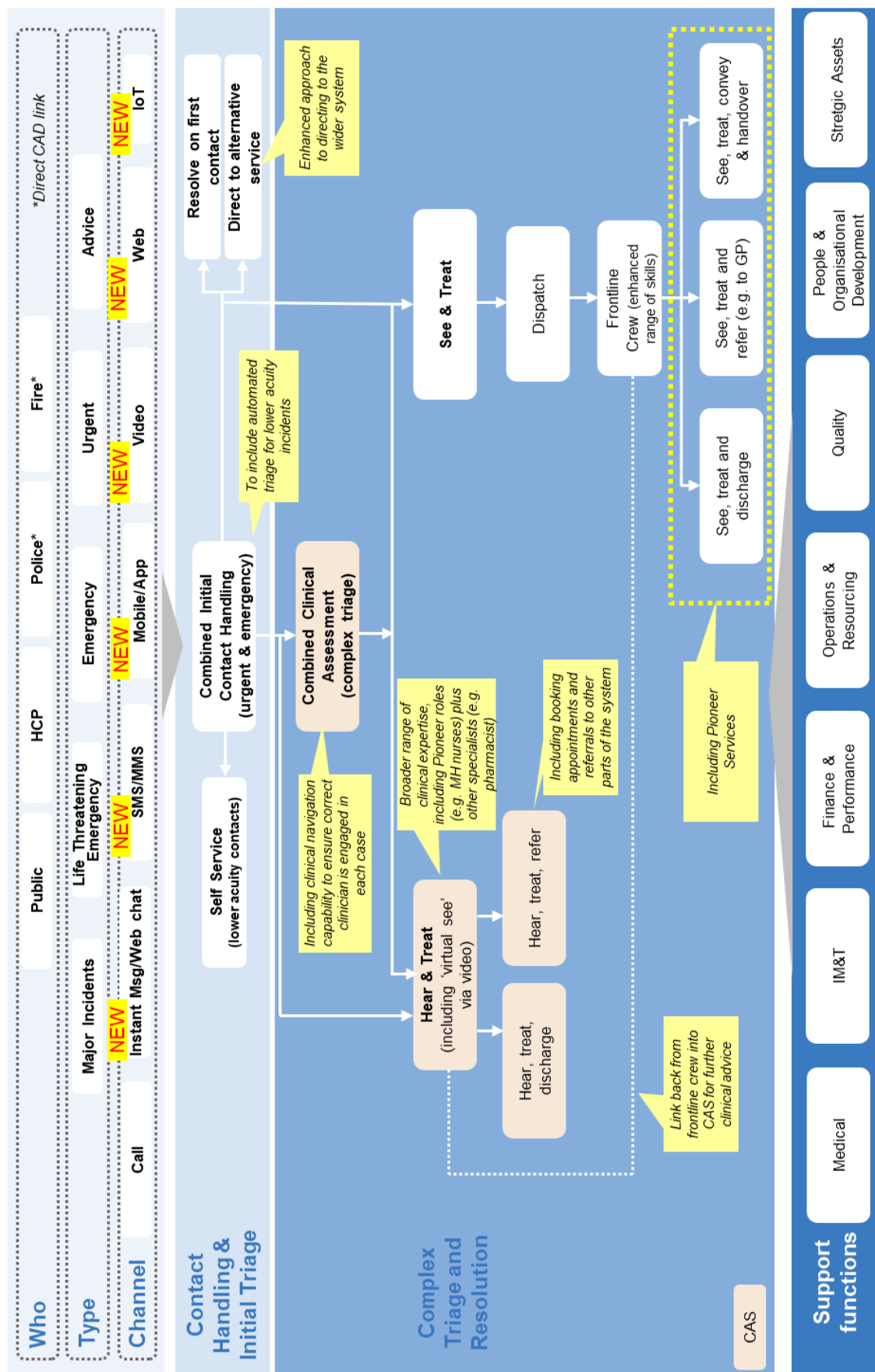
Our proposed blueprint describes the functional elements of our future organisation, which will have multichannel access to a single contact handling and initial triage team and a single clinical assessment service. It delivers a series of key enhancements which will transform delivery of our services in the future.

The blueprint includes a range of improvements to the operating model including the key changes below:

- Truly multichannel access to iCAT London
- Better information and artificial intelligence to support self-care or direct patients to appropriate services
- Combined initial contact handling across urgent and emergency contact (999 and 111)
- Automated triage for lower acuity incidents
- Combined clinical assessment with an enhanced range of clinical skills, including GPs, mental health nurses and dental nurses
- An enhanced range of skills and vehicle options for front-line crews including pioneer field operations options (e.g. falls specialists, mental health nurses, midwives)

Figure 22 below shows the key changes to our operating model that will be necessary to implement iCAT London.

**Figure 22: Key changes to our operating model (highlighted in yellow)**



### 8.1.1 New organisational structure

As our organisation evolves and develops, so must our structure. We have historically had a very hierarchical ‘command and control’ structure where decision-making was predominantly made at senior manager levels. This is neither modern nor efficient and we are proactively looking to change this structure as we modernise our organisation.

One of the key principles of our new structure is to be ‘flatter’, with fewer layers of management. The shorter the chain of command, the quicker decision-making can be and the more tendency there is to break free from working in silos<sup>20</sup>.

As we develop our new structure, there are a number of principles that we will seek to achieve:

- A ‘flatter’ structure, with fewer layers of management, empowering people at all levels of the organisation to make appropriate decisions
- Creating a more agile, flexible and joined up organisation
- Improving collaboration, developing trust and our ability to work and learn from others
- Implementing flexible ‘matrix’ management approaches
- Implementing business partner models in People & Organisational Development, Finance and IM&T to support operational deliver

Ensuring accountability from Board to front-line, while we work together across the organisation to enhance collaboration across directorates.

Our organisational structure is not simply the technical specification for how our organisation is organised and how management responsibilities are planned. Our organisational structure is a key enabler to achieving our vision and encouraging our staff to display the behaviours that we want them to demonstrate. Section 8.2 identifies our values and behaviours which will be supported by our new organisational structure.

### 8.1.2 Changes in workforce skill-mix

The future system of integrated urgent and emergency care requires an ambulance service that places a clear emphasis on assessment and enhanced treatment at scene and in community settings, with transport to alternative care settings, where required. Transport to hospital should be for those patients who require the level of assessment and management skills available only within an emergency department.

New models of care require flexible, multi-disciplinary working across organisational boundaries, supported by enhanced educational programmes and workforce development to support this. Developing a sense of a ‘single clinical team’ will require a shift in our culture and our governance. We will work with our feeder universities and Health Education England to influence the curriculum to ensure that there is a sufficient coverage specifically on urgent as well as emergency care.

Our proposed response will depend on being able to deploy professionals with different skills, for example:

- Mental health professionals to those with mental health crises
- Midwives, when we are called to a birth and there isn’t already a midwife on-scene

We need to have a broader range of skills available to help patients in order to provide the right care at the right time, first time. Multi-disciplinary working will also provide opportunities for our staff to learn new approaches to dealing with different situations and helping patients in different ways.

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<sup>20</sup> Smart Design for Performance, A new approach to organizational design, Boston Consulting Group, 2016

## 8.2 Our organisational culture

**“Culture is the way we do things around here. It is the norms, rituals, expected behaviours and unwritten rules within a work organisation. Culture is vital because it shapes our behaviour and values at work”**

Having a strong organisational culture which supports staff is crucial in our ability to implement our strategy. Not only do we need the buy in from our staff in implementing the changes that we need to make, but we need them to be our champions. We need our staff to be the advocates of the changes that we are making, with each other and with other people from the wider NHS system who they work with and speak to on a regular basis. This will only happen if the culture of our organisation supports this.

### 8.2.1 How we identified our desired future organisational culture

We have carried out a key piece of analysis to review and understand our current organisational culture, as well as determine our desired culture. This analysis was undertaken using the King's Fund<sup>21</sup> and NHS Improvement<sup>22</sup> toolkits, with the support of NHS Elect.

We worked directly with staff across the organisation in a number of ways on this piece of work:

- Tier 1 management sessions (top 60 managers meeting)
- 1-2-1 interviews facilitated by NHS Elect with our Executive Leadership Team
- An 'organisational climate check' on our intranet
- CEO roadshow feedback
- Staff engagement event
- 2017 staff survey results

Through these elements of staff engagement and the work supported by NHS Elect, we identified the elements of our desired culture which have been translated into our new organisational values and behaviours described previously in 3.2

## 8.3 Developing capabilities for delivery

As well as having the right culture, having the right organisational capabilities will enable us to implement our strategy and support our vision to be a world class ambulance service for a world class city. In this section we focus on a core number of these capabilities that we will need to strengthen over the coming years:

- Training and educating our workforce
- Operating as an agile commercial organisation
- Innovating for continuous improvement
- Involving the public in our work: our volunteer community

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<sup>21</sup> [Improving NHS culture](#), the King's Fund

<sup>22</sup> [Create a culture and leadership programme](#), NHS Improvement, 2016

### 8.3.1 Training and educating our workforce

#### Our leadership development pathway for all staff

Delivering world class training and education is not only a capability on its own, but is the tool by which we ensure our staff have the capabilities that they need in order to carry out their jobs to the highest possible standards.

We have developed a leadership development programme to offer a range of training and education opportunities for our staff across all functions of the organisation. The leadership pathway is offered across five key areas:

- **Leaders of Tomorrow** for aspiring leaders to support skills development and progression of our identified future leaders
- **Management Essentials** is for bands 4–6 and as refresher sessions for all leaders and will form part of a Management Induction programme
- **The Engaging Leader** intended for bands 6–8
- **The Visible Leader** intended for bands 8–9
- **The Transformational Leader** intended for ‘very senior manager’/executive leaders

Each of the levels have been designed to allow us to develop and map skills and knowledge alongside the trust’s values and behaviours. We will use our leadership development pathway to identify the training needs of our staff that we can support in order for them to develop their skills and competencies to lead our organisation now and in the future. The figure below identifies how our leadership pathway will be available to and targeted for all of our people, no matter whether they are apprentices or our most senior managers.

We also want to make sure that our leadership development pathway supports our desire to ensure that our workforce is more representative of the people that we serve, particularly within leadership positions. **Sponsorship Mentoring for BAME Staff** is a leadership development and inclusion programme designed to enable greater access for BAME (black, Asian and minority ethnic) staff at bands 2–7 to more senior roles across the organisation with the support of a sponsorship mentor. This will be piloted and evaluated between May 2018 and September 2019.

Similarly, we will pilot a scheme for ‘reverse mentoring’; another leadership development and inclusion initiative. Through a paired relationship of a senior member of staff with a more junior member of staff within the BAME workforce it seeks to enable opportunities to “walk in the shoes” of BAME colleagues and identify some of the barriers that may exist in the organisation which prevent BAME staff from progressing through the organisation. This model could also be rolled out more widely so that a more junior member of staff mentors a senior member of staff to support sharing mutual knowledge and experience and improving service performance and staff morale as a result.



**Figure 23: Leadership development pathway**

|   | LAS Leaders of Tomorrow   | Leadership Essentials | The Engaging Leader | The Visible Leader | The Transformational Leader |
|---|---|-----------------------|---------------------|--------------------|-----------------------------|
| Aligned to NHS Leadership Academy Healthcare Leadership Model | Talent Management Programme   | Essential             | Proficient          | Strong             | Exemplary                   |
| Banding   |   |                       |                     |                    |                             |
| VSM   |   |                       |                     |                    |                             |
| 9   |   |                       |                     |                    |                             |
| 8d  |   |                       |                     |                    |                             |
| 8c  |   |                       |                     |                    |                             |
| 8b  |   |                       |                     |                    |                             |
| 8a  |   |                       |                     |                    |                             |
| 7   |   |                       |                     |                    |                             |
| 6   |   |                       |                     |                    |                             |
| 5   |   |                       |                     |                    |                             |
| 4   |   |                       |                     |                    |                             |
| 3   |   |                       |                     |                    |                             |
| 2   |   |                       |                     |                    |                             |
| Apprentices   |   |                       |                     |                    |                             |
| General   | NHS Employers / Zeal Solutions - Supportive Leadership & Management Behaviours which could also incorporate the LAS Behaviour Model going forward to help engage and embed it across the organisation |                       |                     |                    |                             |

## World class clinical education

In order to deliver on the objectives outlined in our clinical strategy, one of the daughter documents to this strategy, it is vital that our operational staff, both in the control centres and out on the road, receive high quality training and education throughout their careers with the London Ambulance Service. We are going to improve the training and education that our staff receive by changing the construct of our education centres, improving access to electronic and mobile learning and by increasing the amount of dedicated time that our operational staff have for training and education.

As our workforce becomes more multidisciplinary, so will our training. Through our plans for our integrated clinical assessment and triage service (iCAT London) and our new pioneer services, we will have a much broader range of skills within our organisation. Our training and education will reflect this, through embedding human factors principles into our programs and bringing together different groups of staff where possible in order to generate a greater understanding of the specific challenges faced and specialist skills each role brings to our organisation.

## Training and education centres

In order to provide the highest quality education for our staff we will be consolidating our six main education sites to two new centres. These two sites will be contemporary places of learning with state of the art facilities to enable us to use the most appropriate and effective teaching methods with our staff. Some of the facilities and teaching methods that we will be able to utilise in our centres of excellence are:

- Simulation labs
- Digital enhanced spaces
- Immersive suites
- Large auditoriums
- Break out rooms
- Skills labs
- Driving simulators
- Video analysis of scenarios
- Quiet study areas
- Augmented reality

These centres of excellence will also provide a better, more inclusive environment for our staff as well as an ability to streamline all administrative processes. For example our centres of excellence will include occupational health rooms, prayer spaces, uniform fitting rooms and e-learning facilities.

Consolidating our main programs to two sites will create an opportunity for team teaching and improved peer support, which will give the teaching staff the ability to specialise in areas of interest and develop the expertise to enhance the London Ambulance Service as a learning organisation.

### **High quality mobile training: Ed-u-Pod**

Our centres of excellence will deliver all of our large group and classroom based training, however we have a mobile workforce and we therefore need mobile education and training. Our mobile classroom, the 'Ed-u-Pod' will bring training and education to staff at stations. This Ed-u-Pod will carry out small group meetings and training sessions without the need for our staff to travel to one of our centres of excellence for what would be a short session.

We know that there is no 'one-size-fits-all' for education and training. By introducing this mobile training facility, we can make sure that an element of the training we provide to our front-line staff is targeted to their locality. We can use this facility to make sure that crews know about the local innovations and different care pathways available to them when they are with patients, identifying which is the best place to take them to meet their specific needs.

### **A career with the London Ambulance Service**

It is crucial that we provide a clear career development pathway through our organisation.

For a number of our staff, the prospect of a career with the London Ambulance Service starts at University. We have been working with universities for a number of years and will continue to do so to recruit high quality graduate paramedics. However, we are now working in a more targeted way, ensuring that our university partners are helping us to recruit a more diverse workforce, with different backgrounds so that we can better reflect the population that we serve.

We note that there is a high level of interest in working in a clinical role in the London Ambulance Service, and believe in supporting different routes into the trust, and enhanced clinical career pathways for our staff. We are working with the universities to develop a degree programme that will allow people with existing relevant degrees to convert to paramedicine. This will not only provide an additional avenue for recruitment, but broaden the skill sets of the people within our organisation. We are also formalising our clinical career pathways to allow transition across clinical roles and create a career structure. Where possible this will align with formal qualifications.

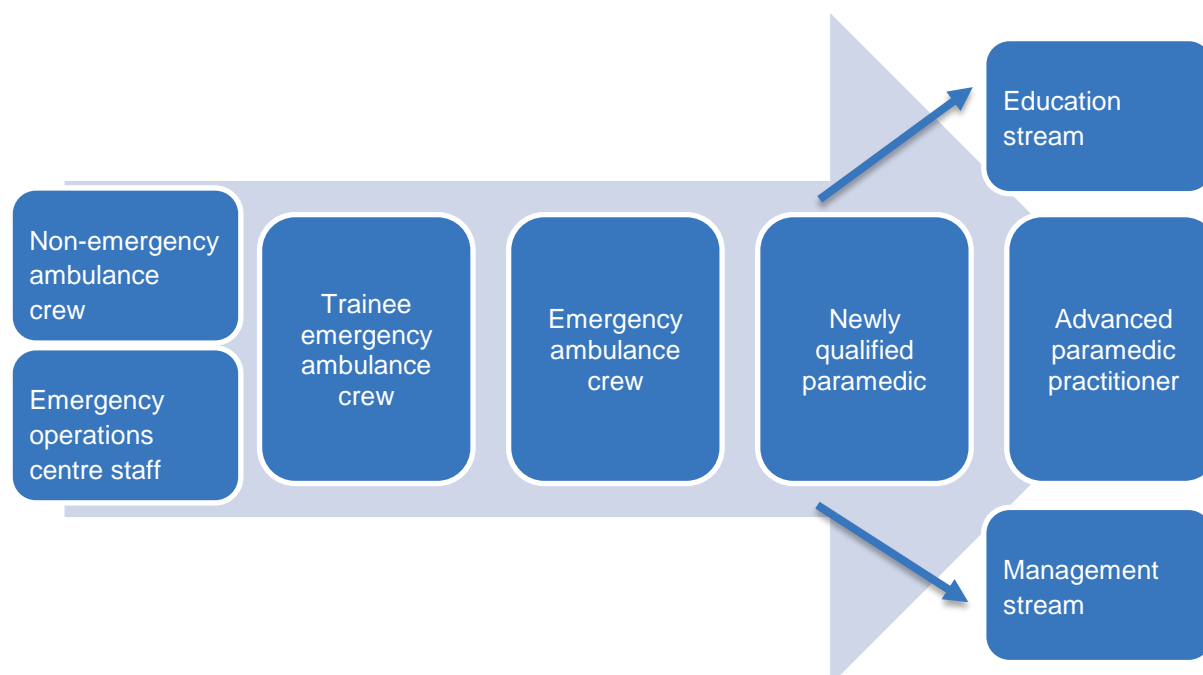
For those of our staff who are keen to progress to a more senior role, the career pathway will commence at point of entry and transition to more senior roles.

For those of our staff who are keen to progress to a more senior role, the career pathway will commence at point of entry and transition to more senior roles. Some of the key elements of our clinical career pathway are:

- Our Trainee Emergency Ambulance Crew (TEAC) program is accredited within a national framework, providing a Level 4 Associate Ambulance Practitioner course. This course is also offered as an Apprenticeship.

- The London Ambulance Service Academy has established a pathway for Emergency Ambulance Crews (EAC) and Emergency Medical Technicians (EMT) to transition to Paramedics, through a fully funded, 2 year internal course.
- The Newly Qualified Paramedic (NQP) program was rolled out across the LAS, so that every new paramedic receives direct support and guidance while they develop expertise in practice.
- Through Health Education England our staff can access bursary funding to help access further education programmes
- We have also secured additional bursary funding for BAME, EAC and EMT staff to progress to becoming paramedics

**Figure 24: Our clinical career pathway**



### 8.3.2 Operating as an agile commercial organisation

To achieve our aim of being London's primary integrator of access to urgent and emergency care, we need to develop and maintain ever more effective relationships with commissioners, partners and suppliers. While of course we already manage a broad range of relationships, we anticipate that delivery of our ambitious strategy will require a different level of capability in commercial processes.

In a thought piece entitled *Improving commercial ability helps us all*<sup>23</sup> (2017), Sir Jeremy Heywood, Cabinet Secretary and Head of the Civil Service, emphasises the importance of commercial skills in government and the public sector, noting that the best outcomes are achieved when the commercial requirements of strategic goals are understood from the outset. He recognises that good commercial outcomes result from the work of a wide range of staff but that, increasingly, some specialist skills are required. We need a more focussed capability to leverage the knowledge and skills of others in the organisation who are not commercial specialists, to ensure that we can make the most of commercial processes in delivering our strategy.

The range of commercial processes that we need to support includes responding to tenders, identifying beneficial partnership opportunities, and procurement and contracting; as well as the strategic review and planning required to identify and prioritise how these processes can best be used. We recognise that commercial processes make an important contribution to improving NHS services,

<sup>23</sup> [Improving commercial ability helps us all](#), Sir Jeremy Heywood, Civil Service Blog, 2017

for example by enabling positive service changes, emphasising and rewarding quality improvement, and supporting integration. Yet they can add complexity to arrangements and require access to a broad set of skills to manage them effectively. The National Audit Office has previously identified some of the skills required to manage more complex services, including financial and business analytical skills; evaluative and economic skills; insight and information skills; and commercial law skills.

As the King's Fund points out in *Leading across the health and care system*<sup>24</sup> (2017), "it can be tempting for organisations to look after their own interests and performance rather than to work in partnership with others, which is a major missed opportunity to transform delivery of care to meet the changing needs of the population". We want to use our unique position to act as a leader in the transformation of urgent and emergency care, and we want to make full use of opportunities to contract, partner and procure for the benefit of patients and the wider system in which we operate. We also want to do this in a way that enables the London Ambulance Service to meet the corporate and financial objectives expected by our regulators.

The London Ambulance Service has an executive leadership team with substantial commercial experience, enhanced through recent appointments. Our executive leadership team have a diverse range of experiences and backgrounds from the public and private sectors. Developing the commercial skills of the organisation will be a priority of our people and organisational development strategy.

### 8.3.3 Innovating for continuous improvement

We want to be a learning organisation, continually looking to identify risks or issues and prevent harm resulting from errors and adverse events. Increasingly, we are focusing more of our time and efforts on proactive rather than reactive learning. Learning organisations search for ever better ways of working toward and achieving results that improve the lives of patients, families, and staff.

An enormous amount of data and information is continuously generated at every level of the organisation and fed into reports that meet legal and regulatory requirements, but are often underutilised to effect real change and improvements at the point of care. Continuous learning requires feedback loops to provide data back into the various reporting systems to share information and generate insights to prompt action and learning.

Measurement and information are therefore crucial aspects of improvement, if we do not measure or use information effectively via our governance, assurance and performance monitoring systems then we will not know what impact our actions are having and also where other risks may be emerging.

#### Quality assurance framework

The overall aim of our quality assurance framework is to ensure that we provide high quality care to all patients and to develop a culture where our staff feel valued and engaged in improving that care.

The direct benefits for our patients are:

- Patients will work more closely with the trust in identifying where improvements need to be made
- Increased engagement in contributing to improvements activities
- Consistent themes that create risks to patients should be eliminated
- Improvements that affect them will be more rapid
- Variation in the care provided will be reduced
- Providing consistent and trust wide information to show the extent of improvements that the London Ambulance Service make will give them more confidence in the service.

The direct benefits for our staff are:

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<sup>24</sup> [Leading across the health and care system: lessons from experience](#), King's Fund, 2017

- Providing a place of work for our staff where they feel valued and engaged
- Staff will feel supported when things go wrong
- Staff will have input into making improvements that they identify on a day to day basis
- Improvements can be made in a more timely way
- Integrating quality and safety better into existing meetings and teams, reducing the variation in care provision and best practice
- Reducing the likelihood of incidents and reducing potential for prosecution or other legal interventions
- Empowering staff through targeted training and competence activities

We will also continue to use 'deep dive programmes' to identify areas in which more in-depth review is required based on the risks to the organisation.

### **Quality improvement and service innovation**

We use the Institute for Healthcare Improvement's (IHI) model for improvement<sup>25</sup>. The methodology is nationally and internationally accepted as best practice across NHS organisations. The model combines three questions and a plan, do, study, act (PDSA) cycle for testing changes to assess whether or not they lead to improvement:

- Plan: plan the test or observation, including a plan for collecting data
- Do: try out the test of change (using various improvement methods)
- Study: analyse the data and study the results
- Act: refine the change, based on the learning from the test

In order to apply this model, our staff need to be trained in the various techniques and have the additional capabilities to drive this system of organisational improvement, they include:

- An understanding of human factors
- Concept of safety systems
- Driver diagram development
- Change management principles and techniques
- Measurement skills and knowledge
- Flow and service re-design management (using Lean principles, creative thinking etc.)

International evidence from IHI suggests that for an organisation of our size, that a commitment to training 1% of the workforce in improvement methods is required for continuous improvement. A programme to identify and prioritise appropriate staff at all levels and utilisation of 'train the trainer' techniques will build the capacity required.

We have a 'business partner' model that aligns to the five sector teams to support the investigation of incidents and risk management. We work closely with our sector teams to share learning, increase capacity and capability and embed change through agreed sector quality improvement plans. The benefits of this model are:

- Improve and accelerate decisions making
- Implement solutions rapidly
- Deliver programmes with predictable consistency
- Provide transparent status reporting
- Improved accountability and responsibility

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<sup>25</sup> Model for Improvement, Institute for Healthcare Improvement, 2009

The support required for each project/programme will vary depending on the size and complexity of the change. At the start of any project we will clarify the conditions for change to ensure there is recognition of the costs both emotional/personal and financial to the staff and organisation. This assessment will provide a view of what is required to support the improvement to ensure success i.e. local team support or trust wide central programme and project management support.

### **Clinical audit and research**

Clinical audit is a quality improvement process that systematically reviews the delivery of care and recommends changes to practice where the need is identified. We will continue to use a programme of clinical audit to ensure that we deliver the highest standard of care, improve clinical quality and patient outcomes and minimise clinical risk. Our clinical audit programme will focus on areas of care that are important to us as a trust, our staff and our patients. It will measure quality in a number of ways including adherence to clinical guidelines; health outcomes; appropriate transfer of care to another healthcare provider; speed of response, and patient satisfaction.

We are proud to be a leading pre-hospital research organisation. The large and diverse population we serve, with a variety of health needs, affords us the ability to have a wide ranging research portfolio. By developing and hosting research studies we contribute to an evidence base that informs and improves emergency medical care and outcomes in the UK and worldwide.

### **8.3.4 Involving the public in our work: our volunteer community**

We already use volunteers effectively on the front-line to support our service. We have a well-established system of voluntary responders who are dispatched alongside our crews. This includes:

- **Community first responders (CFRs)** – we currently work in partnership with St John Ambulance on a scheme whereby volunteers respond from home in their own cars. Their role is to help provide basic interventions and provide appropriate care until the ambulance crew or first responders arrive to take over the management of the patient.
- **Emergency responders (ERs)** – the ER model is run solely by London Ambulance Service. These are uniformed volunteers (a variation on our standard uniform) and they sign on for shifts from a local ambulance station. They drive blue light vehicles and many have a background in the police force or military services.

Volunteer responders can assess the scene, administer care, calm the situation, take preliminary observations, and liaise with staff in our Emergency Operations Centre while waiting for the crew to arrive. For solo paramedics on scene, CFRs and ERs act as a second pair of hands which is particularly important when a patient has suffered a cardiac arrest. CFRs and ERs often arrive at incidents before ambulance crews which contributes us being able to meet national targets.

The ER model was recently enhanced and the team has since seen a 76% improved output from the same number of volunteers.

### **‘Life Changers’: our volunteer community**

The London Ambulance Service has identified an exciting opportunity to enhance our service by establishing a volunteering scheme. Our intention is that it will not only benefit us and our volunteers, but also contribute more widely by bringing clinical benefits for the health and social care sector and having a positive health impact for Londoners.

We know there is an appetite and enthusiasm amongst members of the public to volunteer and to give back to the community. Organisers of the London Olympics in 2012 created a highly effective volunteering scheme by signing up ‘Games Makers’ and ‘Ambassadors’. We intend to be just as ambitious and to set up a community of ‘Life Changers’. Some will have roles within the London Ambulance Service and others, such as trained first aiders, will play more of a role in the community.



In establishing our volunteer scheme, we will continue to work closely with third sector organisations, such as Age UK and Samaritans, on joint projects which use volunteers to achieve positive health outcomes. This will enable us to focus on certain patient cohorts, such as frequent fallers, by helping them get the right care in a proactive way rather than a reactive way. This should have a positive impact by reducing demand and making ambulance crews more readily available for patients with life-threatening injuries and illnesses who need a time-critical response.

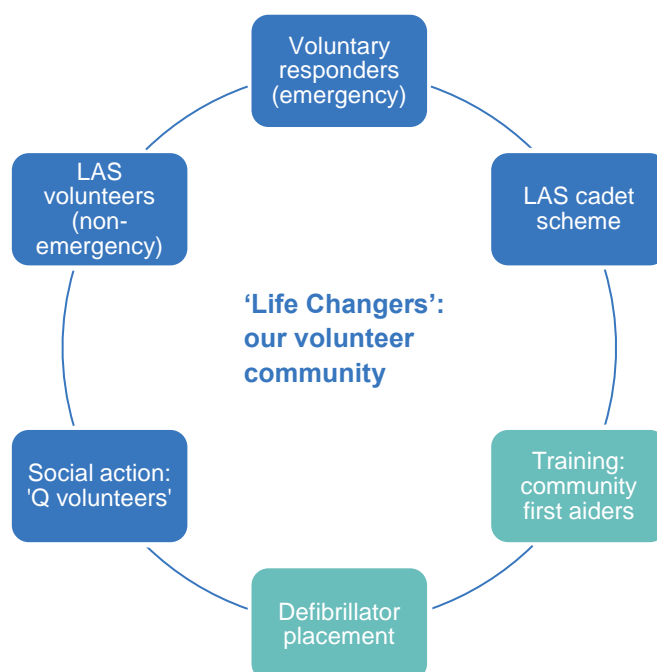
In line with our aspiration to be a world-class service, we are ambitious in our plans and intend to sign up 1% of the London population in one way or another as a 'Life Changer'. While 1% does not sound a lot, with a population of 9m, by recruiting just under 10,000 new volunteers, we can make a huge impact on people's lives across London.

We will take the following steps in establishing a 'Life Changers' volunteering scheme:

- **Produce a volunteer strategy** – this will outline our strategic intentions for volunteering in order to achieve positive health outcomes. We will co-produce the strategy with volunteers, staff and patient groups. We have a growing number of dedicated staff who give up their own time to volunteer, either on behalf of the London Ambulance Service or for other causes they are passionate about. Our volunteer strategy will reflect this.
- **Create a volunteer charter** – this will describe a mutually beneficial and fair relationship between volunteers and the trust. It will summarise how we will support volunteers in their role and describe our expectations of the individuals who volunteer.
- **Set up a volunteering scheme** – we will develop the framework for the volunteering scheme, research best practice, explore partnership and sponsorship opportunities, taking into account governance and safeguarding matters. We will then begin implementation.

There are six key areas which we intend to develop as part of our volunteering scheme. As well as volunteer opportunities, this also includes other areas of interest which we believe complement volunteering and will assist in our desire to create a community of 'Life Changers'.

**Figure 25: 'Life Changers': our volunteer community**



We have identified a number of opportunities within these areas. This involves building upon some of the excellent work that is already being carried out, but we are also keen to introduce a range of new volunteering opportunities.

## Volunteers: non-emergency

We intend to expand our pool of volunteers by introducing a range of new roles whereby members of the public can get involved in what we do, learn about the ambulance service and help us to improve patient care for Londoners.

Our new volunteer strategy will outline these opportunities, which may include assisting us with infection prevention and control audits, volunteer drivers for non-emergency calls and helping at public education events. We will explore the idea of having a role similar to Police special constables: a non-emergency responder in a public facing role. This might be to assist with intoxicated patients outside nightclubs or checking on frequent callers, allowing ambulances to be more readily available for patients with life-threatening illnesses or injuries.

We currently have two volunteer project managers; one who assists with our GoodSAM app (it alerts volunteers to a cardiac arrest and signposts to the nearest defibrillator) and the other delivers resuscitation training and is looking to develop new courses. They have particular 'life skills' which are invaluable to us. We will create similar office based roles and there will be opportunities for us to do some skill-matching.

We intend to understand best practice from other national and international ambulance services and there is also an opportunity for blue light collaboration with our fellow emergency services.

### Case study: Volunteering at South Australia Ambulance Service

South Australia Ambulance Service (SAAS) has an extensive volunteer base with more than 1500 volunteers in over 80 volunteer teams. With such a large geographical area to cover, ambulance volunteers help the ambulance service provide professional emergency ambulance and patient transfer services within their communities.

Volunteers must be over the age of 18 and have a full driver's license. They volunteer at their local station as a 'volunteer ambulance officer' and attend emergency and non-emergency ambulance calls, as well as carrying out other duties as required. SAAS ran a targeted 'skills for life' campaign to attract recruits from all walks of life.



## Cadet scheme

Our ambition is to set up a cadet scheme, giving young people an opportunity to volunteer with us. The trust will provide them with exciting learning opportunities such as spending time in the control room and receiving resuscitation training. They will also take part in community-focussed initiatives and we will look to recruit a diverse base of cadets.

The Police have volunteer cadets, for example junior cadets (13–15 year olds) and senior cadets (16–18 year olds). We will look to understand best practice from other emergency services that operate cadet schemes.

Our cadet scheme will be an ideal avenue for recruiting new staff once cadets are old enough to apply for apprenticeships or substantive roles.

## Q volunteering: health connectors and community connectors

We plan to introduce 'Q volunteering', which is a social action scheme. The concept involves recruiting volunteers who will work alongside publicly-funded health and social care providers to help promote self-care.

'Q volunteers' will be trained to work in their communities helping to promote self-care with a focus on long-term health conditions such as cardio-vascular disease (CVD), diabetes, hypertension, stroke and COPD. Working with these communities will help encourage people to attend events about these conditions. This in turn will help contribute to the use of appropriate care pathways to support frequent callers to the ambulance service, and identifying and helping people find the appropriate help for their condition.



We are already actively engaged with numerous third sector partners. We focus on specific patient groups, e.g. mental health and end of life care, delivering joint training programmes with volunteers, and developing direct referral pathways or specific service developments.

#### **Case study: The town that's found a potent cure for illness**

Frome in Somerset has seen a dramatic fall in emergency hospital admissions since it began a collective project to combat isolation.

With the help of the NHS group Health Connections Mendip and the town council, a GP practice set up a directory of agencies and community groups. This let them see where the gaps were, which they then filled with new groups for people with particular conditions. They employed "health connectors" to help people plan their care, and most interestingly trained voluntary "community connectors" to help their patients find the support they needed.

Sometimes this meant handling debt or housing problems, sometimes joining choirs or lunch clubs, participating in exercise groups or writing workshops or 'men's sheds' groups (where men make and mend things together). The point was to break a familiar cycle of misery: illness reduces people's ability to socialise, which leads in turn to isolation and loneliness, which then exacerbates illness.

Source: The Guardian, 21 February 2018



## **Defibrillators and GoodSAM**

When someone suffers from a cardiac arrest, the longer they go without defibrillation, the poorer their chances of survival become. Whereas in the past it has only been the emergency services and clinical settings that had defibrillators, we now want to have static defibrillators in as many places across London as possible.

### **Defibrillators**

The cardiac arrest survival rate in London is 9.5%. The survival rate for cardiac arrests that occur in close proximity to a static defibrillator site increases to 52%. We know from our defibrillator data that the number of out of hospital cardiac arrest survivors in London increases proportionately to the number of static defibrillators around London.

Since 2013, when we launched our 'Shockingly Easy' campaign, we have hugely increased the number of defibrillators in London from 995 to 4,486 by the end of 2016/17. This means that each year there are about 40 cardiac arrest survivors in London who would have been unlikely to have survived without a public access defibrillator. We have now reached a stage where defibrillators are commonplace across London and we believe that the right approach is to target specific types of places. The main types are:

- **Areas of high footfall**, e.g. shopping centres, community centres, train stations and night clubs
- **Areas of high risk**, e.g. GP surgeries, sports centres, gyms and care homes
- **Mobile defibrillators**, e.g. working with TfL to place defibrillators on London taxis, or with Uber to place defibrillators on their vehicles. This could also include specific training for their staff

If we were able to increase the number of defibrillators that we have across London, focussing our efforts on those three categories, we can further increase the number of people whose lives are saved by bystander defibrillator use. This will include identifying defibrillators that are already in the community, but not yet on our database.

We will launch a targeted defibrillator campaign, working with stakeholders in London to influence successful placements of defibrillators. Our Patients' Forum have been persistent in their campaign for shops in London to have defibrillators and we will work with them to campaign on this issue together.

### **GoodSAM**

We were the first ambulance service in the UK to roll out a community emergency life support app: GoodSAM. GoodSAM allows us to notify up to three registered volunteer responders to cardiac

arrests that they are nearby. Our ability to dispatch volunteers who are within 200m of the incident to the patient is crucial in improving outcomes for these patients.

Over the course of this strategy we will look into enhancing how we can use GoodSAM, including by enabling video calls which will be linked into iCAT London. This will allow our clinical hub clinicians to better provide expert guidance to those volunteers who are attending patients while they wait for an ambulance crew to arrive.

### Training: first aiders in the community

We want to greatly increase the number of Londoners trained in resuscitation skills. For many years, we have delivered basic life support training, largely through the British Heart Foundation 'Heartstart' programme. We also moved from a position where we predominantly directly trained members of the public to a 'train the trainer' programme. This was hugely effective. As an example we trained a dentist who was a member of a Mosque, who then proceeded to train around 1000 members of his Mosque through a course of structured sessions.

However more recently our training rates have fallen due to other priorities. We want to reverse this trend. As part of our 'Life Changers' scheme, we want to enhance the basic life support and defibrillator training across London. We will do this largely by returning to a 'train the trainer' programme and proactively target the sort of groups where the greatest benefits would be seen. These groups could include: religious groups, community groups, youth clubs and volunteer organisations.

We will also use our communication channels such as Twitter to target those who have already undertaken training; a 'call to action' asking for trained first aiders with resuscitation skills to contact us so that we have a large pool of volunteers in the community who can respond to our GoodSAM alerts. This will be a key contributor in helping us to sign up 1% of the London population as 'Life Changers'.

### Future

- **Community first responder model** – we intend to create a bespoke CFR model which is run solely by the London Ambulance Service and would benefit from having a structure similar to the ER model.
- **CFR and ER recruitment** – we will look to recruit more widely from across all London boroughs, using communication channels such as our website and Twitter. Our desire is for the volunteer responders to reflect the diversity of the London population and to therefore have more impact on reaching communities with known health issues.
- **Voluntary responder group charity** – we will explore options for fundraising and sponsorship to be able to fund additional responder vehicles and training.

## 8.4 Our organisational infrastructure

In order to deliver the ambitious changes identified within this strategy, we need to make sure that our staff have the right high quality infrastructure to support them.

Through our estate and fleet we want to enable the efficient and timely deployment of the right mix of well-trained medical professionals in suitable, reliable, well-equipped and low emission vehicles from strategic locations to serve the whole of London.

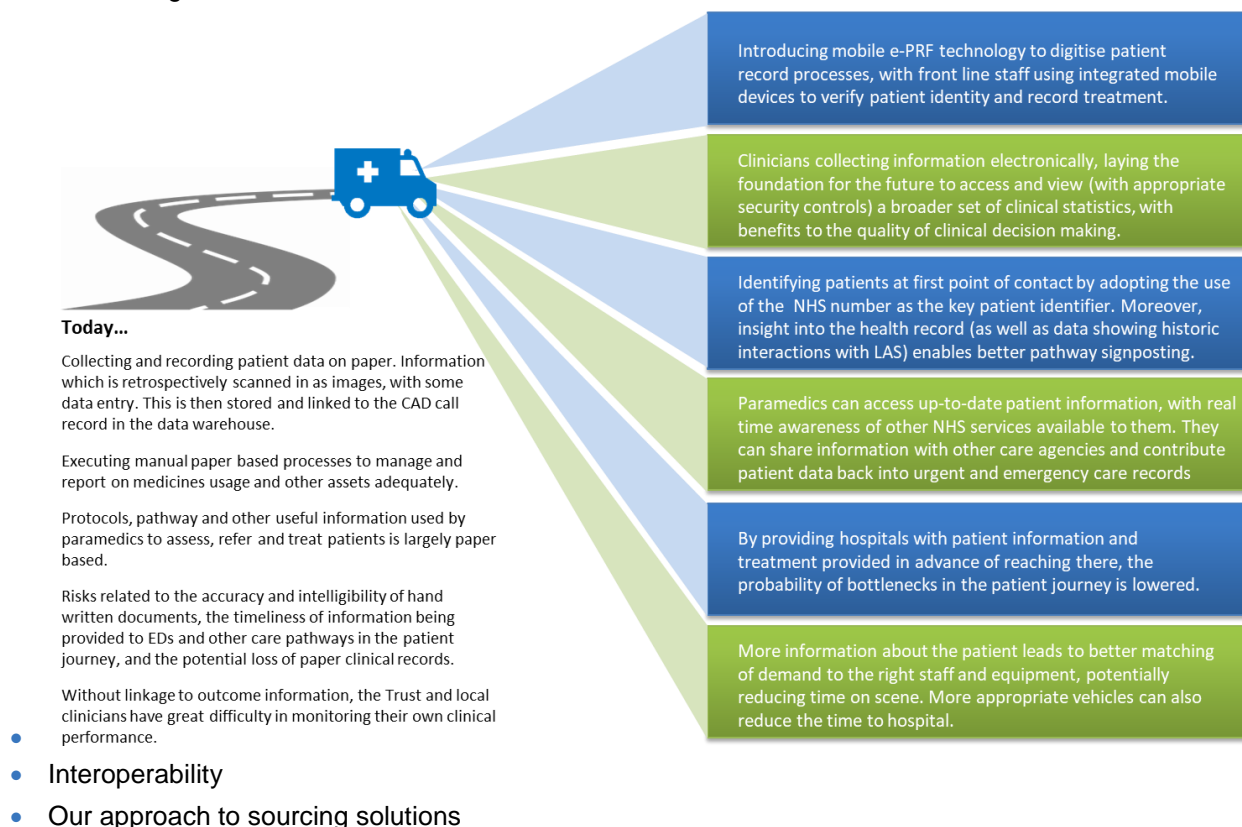
The three key elements of our infrastructure that will go through transformational changes over the lifespan of this strategy are:

- Becoming a fully digital organisation
- Developing our estate
- Specifying future fleet and equipment

### 8.4.1 Becoming a fully digital organisation

Effective emergency and urgent care services must be supported by accurate real-time digital patient and management information that can be shared across providers. We are undergoing a transformation in digital capability focussed on five key elements:

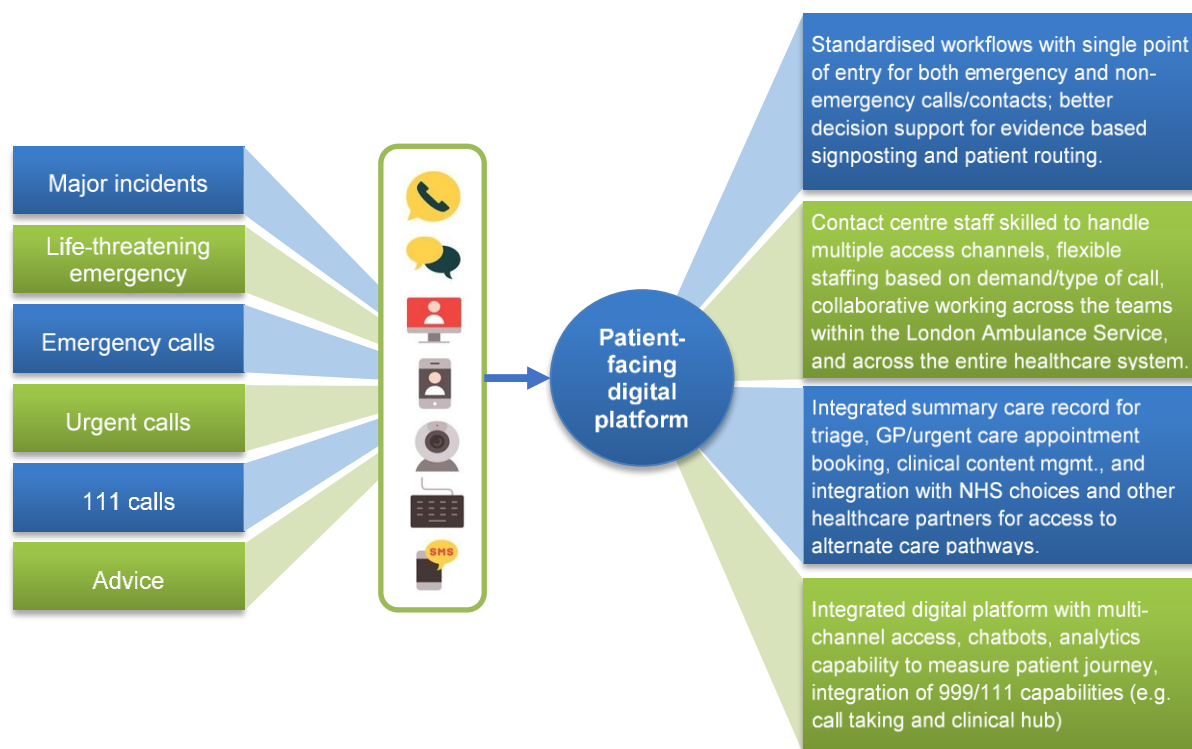
- Patient facing digital platform
- Integrated management of urgent and emergency
- Connecting clinicians



#### Patient facing digital platform

Our new patient facing digital platform is likely to be how patients will first engage with the outputs of our strategy. Patients increasingly want to communicate with us in different ways to access a range of services. Patients will be able to access our services via a unified platform across telephone, the web, apps, common text and video messaging. Putting patients at the centre of the way we design our services enables us, and the NHS providers we work with, to provide the most appropriate care to meet each individual patients' needs. By introducing these methods we will enhance the service that we are able to provide as well as making our service more accessible to those with hearing or communication difficulties.

A key component of our digital platform will be a self-triage tool powered by artificial intelligence software. A number of apps for 111 services are already available in London. As we implement integrated urgent care (IUC) through iCAT London we want to extend this to all of our services. We know that around 20% of contacts made through the 'Babylon GP at Hand' platform are for information or self-triage through an app. Artificial intelligence will be an important part of providing efficient and affective IUC services in London.

**Figure 26: A unified patient-facing digital platform will support iCAT London**

### Integrated management of urgent and emergency callers

As an integrator of access to services, we must be able to prioritise all types of contact so that we can provide the right response to patients and clinicians. Having an integrated queue across 111 and 999 services is essential for us to maximise the clinical and economic benefits of managing urgent and emergency contacts together. 111 and 999, along with other contact channels, will give an indication of priority; and our call handlers will refine the prioritisation regardless of the method of contact. As mentioned in Section 2.2, 13% of our 999 calls are escalated from 111 providers in London.

We will commission an appropriate system that supports an integrated clinical queue for iCAT London and the Clinical Assessment Service (CAS) that provides patients and clinicians with clinical advice.

### Connecting clinicians

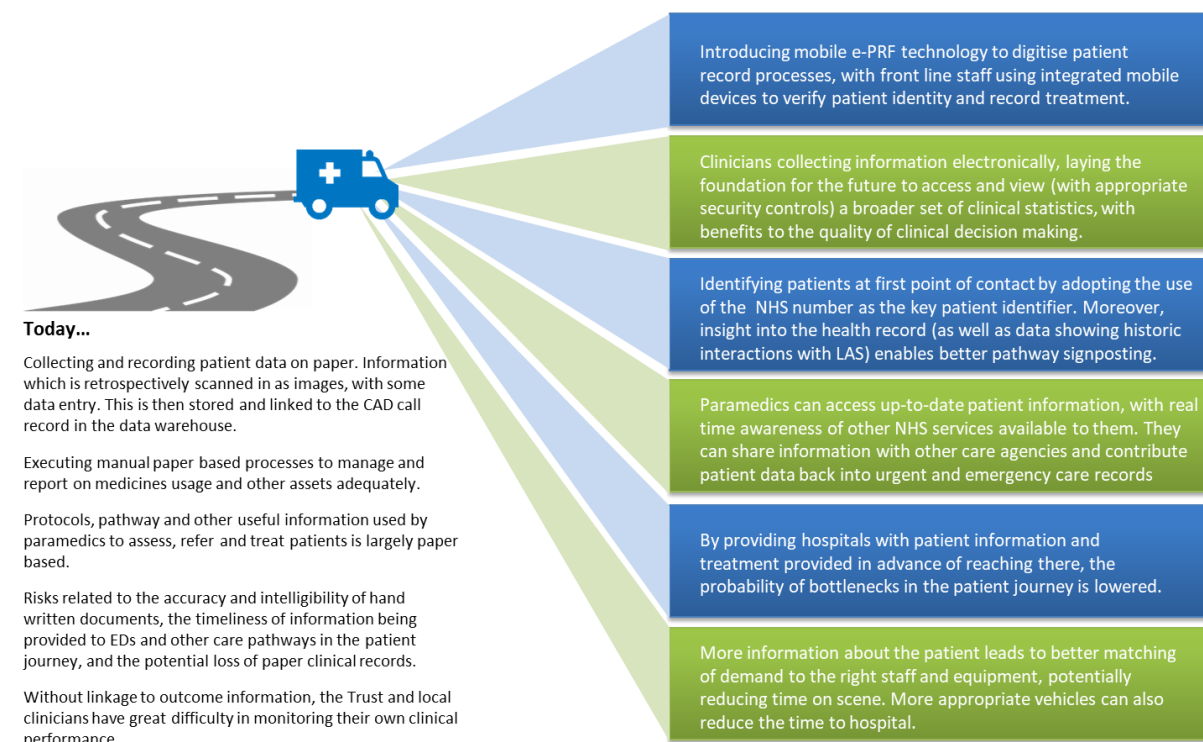
More than for any other healthcare provider in London, our work depends on effective mobile technology. We are already investing in new technology infrastructure that will support our transformation as an organisation – both within our operations centres and within our vehicles. We are currently rolling out tablet computers to our front-line clinicians that will provide digital connectivity including location-aware directories of local pathways and access to e-learning.

Our 'connecting clinicians' programme brings huge benefits for our staff, for the London healthcare system and to patients. It is a complex multiyear programme that will transform how the London Ambulance Service, providers, commissioners and other key stakeholders, manage and share clinical information.

- We are migrating from paper to a digital clinical records system that integrates with the wider London healthcare system encompassing an electronic patient report form, access to the NHS spine, summary care records, special patient notes or 'Coordinate My Care' and allow seamless interoperability with the CAS.

- Additional clinical decision-making support tools and better access to advice and support from the CAS will help our staff to provide better care at scene and prevent unnecessary conveyance to hospital
- We are also engaging with technologies that provide tools for healthcare professionals. These include the capacity to access other professionals' expertise, tools to prioritise and manage their clinical workload and tools to identify the patients at greatest risk.

**Figure 27: Connecting clinicians**



## Interoperability

There is a clear need for more effective information sharing between care settings, organisations and geographies, as well as between professionals and citizens, to optimise patient outcomes and quality of care. This is reliant on the ability of IM&T systems across health and care to be interoperable with one another, and is key to the delivery of the future vision of care in England<sup>26</sup>.

If we are to enable our clinicians to access summary care records, share information with colleagues and provide records of treatment to hospitals and GPs, our systems in London must be interoperable. It will also be essential for effective population health management – both on a STP and pan-London basis.

In London, we are collaborating with regional health and care partners to become a Local Integrated Care Record Exemplar. This means that London will be one of the first regions in the country to benefit from full interoperability. Table 18 details the potential benefits from a local integrated care record.

<sup>26</sup> [Personalised health and care 2020: a framework for action](#), National Information Board, 2014

**Table 18: Benefits of a local integrated care record**

| Clinical quality and effectiveness  | Performance and efficiency  |
|---|---|
| <ul style="list-style-type: none"> <li>• Helping providers more effectively diagnose patients, reduce medical errors, and provide safer care</li> <li>• Safer and timely medicines management and effective electronic prescribing</li> <li>• Key information transferred between teams in a structured way which survives stress/time constraints/distractions</li> <li>• Comprehensive access to local clinical pathways</li> <li>• Improved patient experience as there is a seamless transfer of information</li> <li>• Digital handover reduces adverse incidents in some settings</li> <li>• Promotes structure through checklist format – reduced reliance on memory</li> <li>• Improved linkage between the urgent and emergency care we provide and patient outcome information</li> </ul> | <ul style="list-style-type: none"> <li>• Improve ambulance turnaround times at EDs</li> <li>• Lower conveyance to EDs</li> <li>• Lower spend on paper stock, storage and transportation</li> <li>• Enabling providers to improve efficiency and meet their business goals Improving the utilisation of resources to focus on patients</li> <li>• Support the availability of response vehicles</li> </ul>   |
|   | <b>Information assurance: the right information available to the right people at the right time</b> <ul style="list-style-type: none"> <li>• Securely sharing electronic information with patients and other clinicians</li> <li>• Enabling a consistent integrated digital record of care across London</li> <li>• Storage and protection of patient data</li> <li>• Secure from non-authorised users</li> <li>• Easy access to comprehensive information</li> </ul> |

## Our approach to sourcing solutions

We have identified a number of design principles that will drive our technology and digital transformation:

1. Evidence based design around patients and users
2. Agile delivery and culture
3. Design at the health system level – end to end pathways and experience
4. Work with other organisations for mutual advantage
5. Building in resilience: design for failure
6. Automate, exploit machine learning and big data
7. Cloud first
8. Collaborate to reuse proven solutions

Through the refresh of our IM&T strategy, we will develop a detailed technology roadmap to support our organisational transformation, including both the big strategic themes and day to day IM&T services that support our stations and offices.

Our approach will be to support and influence NHS Digital's national urgent and emergency programme and to take nationally-developed solutions where they deliver the cost effective functionality that we require at the time that we will need it.

### 8.4.2 Developing our estate

Our estate is a key strategy enabler, we will transform our estate to better support our new operating model while also providing better working environments for our teams and reduced costs and improved environmental performance. The adoption of smart working principles across our different estate will aid us to use space and time efficiently, whether this be the effective deployment of ambulance crews, delivering state of the art training or in our management and leadership roles.



Our estate strategy involves:

- **A new model for our operational estate** – enabling rapid and efficient preparation and deployment of our medical teams while also providing the right facilities to support ambulance crews and others during their work
- **Innovative, state of the art, training and development facilities** – involving both dedicated training centres and mobile training provision that supports our people in locations that are right for them
- **Resilient, high quality, control centres** – providing effective environments with the necessary capacity and resilience to respond to events
- **Transformed corporate estate** – that provides a far better office environment that supports effective individual and team working while reducing costs by more efficient and better utilised office areas

Each element of our strategy is described further below, however, some of the common themes are:

- Providing the best possible working environment and reducing our running costs and environmental impact by using efficient and well managed buildings
- Effective integration with other services to support our new operating model. For example, our estate must support our IM&T strategy and also take advantage of the opportunities presented by the use of new technologies and information sharing platforms
- Use of smart working principles across the estate focusing on the more intensive use of better quality estate and providing our teams with greater flexibility about how they work
- Collaboration with partners with whom we can usefully share estate, improving its utilisation and creating benefits for all
- Focusing investment in the right locations that enable us to work efficiently and provide the best value for money
- Prioritising the provision of the best facilities for each of our distinctly different activities, recognising that they each have different requirements

We will continue to develop the detail of our new estate strategy during the first half of 2018 ensuring it reflects the new operating model and provides a sound, efficient and flexible platform for our activities.

### Future operating model for operational estate

Our operational estate is at the heart of our service delivery. Our estates and fleet teams have made great progress in implementing the 'Make Ready' process across our operating locations, but we want to push this further and secure more benefits by placing it at the heart of our stations. We will be reviewing how our stations can best be designed to maximise their ability to support our staff and to efficiently deploy vehicles that are in excellent condition and fully stocked for the requirements of the shift.

This may involve freeing up space in some stations by relocation of activities (e.g. training) that could be delivered elsewhere, often more efficiently, in other instances stations may need to be rebuilt to maximise their potential. By focusing these key operational sites on their core functions of preparing and supporting our teams to serve their community we will be able to increase the reliability and resilience of the operational fleet, and reduce the time wasted by our medical teams at the start of their work. These efficient facilities will enable us to meet growing demand and respond to changes in the pattern of service delivery.

It is important that our staff have locations where they can rest and recuperate during their shifts, we will develop a network of locations where this can happen with the nature of the provision reflecting the varying opportunities and requirements across London. Our intention is to work with a range of partners to provide a flexible network of support points in addition to our own sites.

## **Innovative learning and development facilities**

To support increased demand for training and to help maintain our enviable reputation for the quality of our development programmes, we will seek to consolidate our planned training into dedicated facilities. These include the use of shared services and training centres where our requirements are compatible with others.

As well as freeing-up valuable space in our stations, this change in delivery will help further improve our training activities by bringing together our training teams so they can work in a more co-ordinated fashion.

Much of our training activity comprises shorter refresher and update courses and onsite assessments. We will ensure that this is trainee centred and recognise that this may involve trainers visiting staff in locations that work for them. We are therefore scoping the delivery of a mobile training service where our tutors are able to rapidly visit trainees bringing with them all necessary resources. As well as enabling our training to be responsive and accessible it will ensure the availability of necessary training materials and reduce waste associated with the need to keep training resources across the estate.

## **Resilient, high quality, control centres**

To support our iCAT London strategy we aim to enhance the effectiveness of all of our control centres by investing in improving the working environment and ensuring resiliency in our capability to respond. We will be examining options to enhance the utilisation of our control centre locations without impacting their operations or their ability to respond to events.

Together with London's other blue light services we are examining varying approaches to sharing resources and investments in our centres.

## **Transformed corporate estate**

Our headquarters and other corporate estate can be much more space efficient and effective in helping us work productively, and we will implement smart working practices across our estate. This new way of working will help us to work more efficiently, with greater flexibility and in the right places thereby minimising the costs of a central London location and giving our staff greater choice.

We will begin the transformation of our corporate estate by reducing the number of headquarters annex buildings we have by relocating teams into our core buildings. This will reduce costs and improve communications. Rather than seeking to squeeze desks together to accommodate more people, we are looking to open up cellular spaces, including our executive offices, creating flexible space while also increasing access to meeting rooms and other collaboration spaces. However, this is just the start of the process and our aim is to ensure that all our staff work in a high quality and productive environment and to provide a greater choice of working environments that are consistent with our operational needs.

## **Benefit for staff and patients**

Our estate strategy will enable us to provide a firm platform for our new operational model underpinning our ability to provide the services patients need.

- All our staff will have high quality, safe and secure working environments
- Smart working will help our staff to work more effectively and flexibly improving their wellbeing and productivity
- Providing facilities that enhance our Make Ready service will reduce the waste of our medical professionals' time because vehicles are not ready for use
- Our training facilities and mobile training will help us deliver trainee focussed, state of the art training



- Our estate will provide the flexibility and capacity for our service to respond to future demand and our new response model

### 8.4.3 Specifying future fleet and equipment

Fleet and logistics functions are vital in enabling us to provide a mobile healthcare service every hour, of every day across the capital. We want our staff to be proud to work for us as a world class ambulance service and that means having a world class fleet with the right equipment to do their job. As we invest in and modernise our fleet we would expect to see increased job satisfaction as measured by the NHS staff survey or the staff 'Friends and Family' test.

Our patients will receive a better service from us, as we make sure our vehicles are well maintained and subsequently spend less time off the road, meaning that we will safeguard the number of vehicles we have available. By better matching the vehicle to the incident, a more targeted response can be offered that improves patient outcomes or reduces conveyances.

To respond to the needs of the 9 million people in London, the current fleet consists of more than 1000 vehicles comprising front-line double-crewed ambulances (DCAs), marked fast response units (FRUs), our non-emergency transport service (NETS), motorcycle response units (MRUs), hazardous area response team (HART), neonatal transport vehicles and other operational vehicles such as training, logistics, incident response vehicles.

Our fleet strategy will ensure that our staff have the right vehicles, that they are operationally and environmentally effective and efficient and that they are well maintained and provided clean and with all the necessary equipment and consumables. In so doing they will help our teams provide the best possible care for our patients; while reducing the impact of our carbon footprint on the environment.

Our fleet strategy is inextricably linked with our wider operating model which will influence the future of our vehicle mix and specification, and also our estate. Many of the benefits of our estate strategy, that further the effective implementation of the Make Ready process, are important in enabling the fleet to be effectively maintained and prepared for our medical teams.

Key components of our fleet strategy are:

- **Fleet composition and specification** – ensuring we have sufficient available capacity of the right vehicles in the right locations to meet our future operating requirements. Each will provide an effective working environment that supports staff and patient welfare while being easy to maintain and manage and reducing the environmental impact of our service
- **Fleet maintenance and management** – recognising our fleet and equipment are the key tools for delivering the service, we will use efficient processes and facilities to provide medical teams with clean, reliable, and fully equipped vehicles that can be used for a full shift without resupply or refuelling
- **Inventory specification, management and logistics** – through an enhanced Make Ready process we will be able to streamline the approach to equipment supply while also improving resilience and security. We will seek further benefits in each area by standardising specifications and layouts wherever appropriate and by using modern inventory tracking systems.

Each element of our fleet strategy is described further below, however, some of the common themes are:

- Enhancing staff and patient welfare. Beyond ensuring that vehicles are maintained to very high standards and fully supplied with the right equipment, this will also include reviewing designs to incorporate features that improve safety, infection control, comfort and usability. Introduction of in vehicle Wi-Fi and power points and enhanced space for storage of staff belongings will provide essential support to staff throughout their shift
- Standardisation of specifications and processes. Using common vehicles and equipment will deliver substantial savings in maintenance costs by introducing consistent maintenance processes, reducing equipment and parts inventory.

- Improved environmental performance, most directly through the use of lower emission vehicles, but also by ensuring the vehicles are operating efficiently and by reducing vehicle miles through increased use of 'hear and treat'.
- Minimising the time lost through unavailability of vehicles or equipment. By designing our processes around effective maintenance and preparation we will reduce lost operational hours.

### **Fleet composition and specification**

Our response model is changing and this will impact on the demands on our fleet and its composition. We will continue to invest in improving the quality of our ambulance fleet and will respond to future requirements for different vehicle types. While ambulances will remain at the core of the fleet, we envisage the introduction of a wider range of other vehicle classes that are suitable for different types of care such as physiotherapy, mental health, midwifery or other support.

As we modernise the fleet, beginning with the oldest and least efficient vehicles, we will use the opportunity to implement new standards for the design and performance of our vehicles based on assessment of their whole life cost. We will move to progressively lower emission engines with new vehicles meeting London's ultra-low emission standards, with the aim of moving to hybrid and electric vehicles. A change in vehicle type is a major step for a fleet service, and especially for one where performance and ability to respond are key, therefore we will be trialling hybrid and fully electric vehicles so that we can learn how best to integrate them into our fleet and operational activities. Retro-fitting older vehicles with electric drives could be a staging post to our future fleet.

Our crews spend long periods of time in their ambulances and just as if they spent their time in an office, these staff deserve a high quality, comfortable and safe working environment. We will incorporate improved and more flexible internal layouts together with new technologies to make ambulances more comfortable and safer for staff and patients.

Our fleet will also be specified with ease of maintenance and preparation in mind. This will extend from seeking common standards across vehicle types for frequently replaced parts to design of interiors that are easier to access, clean and resupply.

**Figure 28: Design concept for fully electric ambulance designed from the ground up around patient needs**



### **Fleet maintenance and management**

Further embedding the Make Ready process into our approach to deployment of operational vehicles will bring further savings. We will aim to refine our processes, maximising the utilisation of the space in stations, increasing the number of vehicles that can be prepared from each centre. Co-location of our workshop support with our Make Ready centres will help us deliver effective preventative maintenance and rapidly address issues with vehicles so that we increase the proportion of the fleet that is operational and reduce the downtime and consequential impact on services and costs of repairs.

We will work with our staff to design Make Ready Centres that work effectively for our people and provide a professional environment in which they can deliver a quality service. As we progressively introduce low emission vehicles to our fleet we will ensure that our stations have the capabilities to fuel, charge and maintain them effectively so that our medical teams can concentrate on their operational activities.

### Inventory specification, management and logistics

By further developing our Make Ready process we will be able to meet our immediate equipment, consumables and medicines requirements from these sites with less frequent need or replenishment from centralised stores. We will also critically examine the scope of our logistical operations ensuring it is focussed on those activities that are specific to the needs of an ambulance service.

We will implement closer control of equipment and supplies using tools such as Radio Frequency ID (RFID) tags and barcoding/QR labelling so that we can manage and secure our inventory and effectively control stock levels.

## 8.5 Dependencies

Successful delivery of our strategy will have several key dependencies relating to commissioners support, closer working with partners, and the development of national digital solutions.

**Table 19: Dependencies**

| Strategic theme(s) |   |   | Dependency                            | Description  |
|--------------------|---|---|---------------------------------------|--|
| 1                  | 2 | 3 |                                       |  |
| ●                  | ● | ● | Closer clinical working with partners | <p>We need to develop closer clinical relationships with partner providers in London, and this underpins all of our strategic themes.</p> <p>For iCAT London we will need to be able to access specialist advice from staff at other providers; and for both iCAT London and our pioneer services we will need to be able to access shared care records and refer to local community team in order to provide seamless care that avoids unnecessary attendances at emergency departments.</p> <p>We will also need to make sure that we and our partners populate shared care records</p>                |
| ●                  | ● |   | Digital interoperability              | <p>The ability to access and share digital information seamlessly with our partners is a critical enabler for both iCAT London and our pioneer services.</p> <p>Our approach will be to support and influence NHS Digital's national urgent and emergency programme and to take nationally-developed solutions where they deliver the cost effective functionality that we require at the time that we will need it.</p>   |
|                    | ● |   | Approach to commissioning             | <p>A key enabler for change will be ensuring we have the right incentives in place for the organisation through our contracts with our commissioners. The contract mechanisms and levers in place will need to be developed and agreed so that there is a tangible economic benefit to the wider system for London Ambulance Service performing against contract metrics agreed with commissioners. This is why our commissioners as well as system regulators will need to be closely involved with the implementation of our strategy and the design of the services which underpin that strategy.</p> |
|                    | ● |   | Funding from NHS commissioners        | <p>We are likely to need additional funding from commissioners to support the implementation of our pioneer services once they have been piloted and the clinical models finalised. These new emergency response services provide a net economic gain for local health economies.</p>  |

## 8.6 Daughter documents

Our strategy will be supported by a number of “daughter documents” that examine the implications for functional areas of our organisation. Each will have a delivery roadmap and will be published in due course.

- Clinical
- Clinical education and training
- Estates
- Fleet and equipment
- IM&T
- Partnerships
- People and organisational development
- Quality
- Volunteering
- Operational transformation plan

## 8.7 How we will monitor and deliver our strategy

### 8.7.1 Strategic programmes and projects

We will review our strategy on at least an annual basis. The Programme and Project Management Office (PPMO) will oversee the delivery of the strategy by ensuring that all programmes and projects are aligned and prioritised with sufficient resources to realise delivery of the desired benefits. The following programmes and projects have been identified:

**Table 20: Strategic programmes and projects**

| Strategic programmes |   | Projects  |
|----------------------|---|---|
| 1.                   | Integrated clinical assessment and triage (iCAT London) | <ul style="list-style-type: none"> <li>• SEL IT CQC requirements</li> <li>• SEL tender</li> <li>• NEL mobilisation</li> <li>• Integrated urgent care design, development and delivery</li> <li>• ELCHP/SEL 111 clinical assessment service design</li> <li>• Merge ELCHP/SEL 111 with 999 clinical hub</li> <li>• IUC/999 integrated contact handling and triage</li> <li>• Digital and technology</li> </ul> |
| 2.                   | Pioneer services  | <ul style="list-style-type: none"> <li>• Urgent care response</li> <li>• Falls</li> <li>• Mental health</li> <li>• Maternity</li> <li>• End of life</li> </ul>  |
| 3.                   | Spatial development                                     | <ul style="list-style-type: none"> <li>• Developing a blueprint – operational estate</li> <li>• Smart working – corporate estate</li> <li>• Innovative learning &amp; development – training estate</li> <li>• Building resilience – EOC/control rooms</li> <li>• EOC reconfiguration</li> </ul>  |
| 4.                   | Connecting clinicians                                   | <ul style="list-style-type: none"> <li>• Electronic patient records ePRF – end-to-end digitisation</li> </ul>   |
| 5.                   | Ready, set, go (medicine management)                    | <ul style="list-style-type: none"> <li>• Secure drugs room</li> <li>• Primary response bag</li> <li>• Vehicle based drugs pack</li> <li>• Internal order drug system</li> <li>• Kit prep/perfect ward enabling apps</li> </ul>  |
| 6.                   | Payment approaches and contractual form                 | <ul style="list-style-type: none"> <li>• Currency development</li> <li>• Tariff development</li> <li>• Service offer</li> <li>• Contractual form</li> </ul>   |

### 8.7.2 Programme and Project Management Office

The Programme and Project Management Office (PPMO) will provide advice, support and quality assurance to all programmes and projects underway throughout the trust. Specifically, the PPMO will:

- Inform senior management decision-making on prioritisation, dependencies, risk management and deployment of resources to deliver strategic/business objectives and benefits
- Support delivery of programmes and projects within time, cost, quality and other constraints
- Underpin identification and realisation of outcomes and benefits via programmes and projects

This will in turn necessitate an approach focussed upon the following:

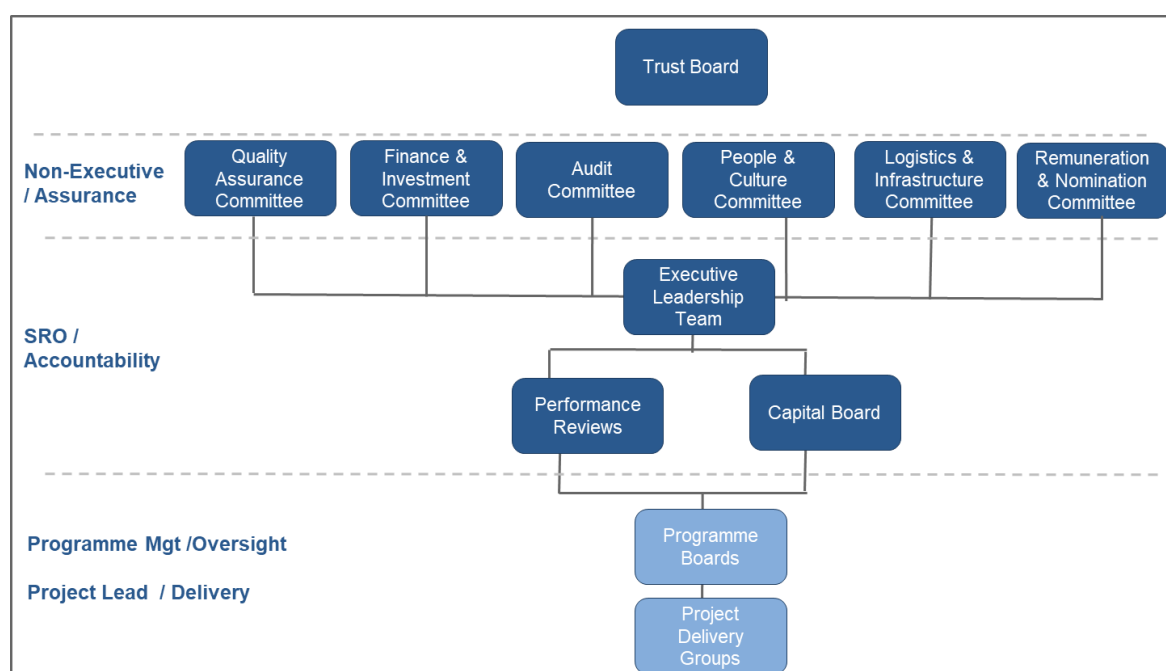
- **Portfolio management** – Provide the Executive Leadership Team with a clear line of sight about what is in the portfolio of change initiatives including what it is costing, what risks are faced, delivery status, the impact upon business as usual and contribution to the strategic objectives
- **Programme management** – Coordinated organisation, direction and implementation of a range of change initiatives to achieve outcomes and realise benefits that contribute to the strategy
- **Project management** – Delivery of one or more outputs that can be used by the organisation to support the realisation of the desired benefits that contribute towards the organisation's strategy

### 8.7.3 Programme governance

In parallel to the establishment of a PPMO the trust has initiated a governance structure to provide assurance of the management, delivery, oversight and governance arrangements in respect of all transformation. The governance structure detailed in Figure 29 below must achieve the following:

- Promote an open culture that supports transformation, and that emphasises financial awareness with focus on the development, training and knowledge of colleagues across the trust
- Understand who is responsible for the delivery of Programmes and Projects at Director and Manager level
- Be aware of the impact of any potential change upon quality, and be formally assured that all projects have been suitably assessed
- Be able to demonstrate that learning, experience and organisational memory about change delivery is suitably retained

Figure 29: Governance structure



# Appendices

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# A Glossary

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|             |  |
|-------------|--|
| 111         | See 'NHS 111'  |
| 999         | UK emergency telephone number  |
| AAA         | Abdominal aortic aneurysm  |
| AACE        | Association of Ambulance Chief Executives                                    |
| AED         | Automated external defibrillator   |
| AMPDS       | Advanced medical priority dispatch system                                    |
| AI          | Artificial intelligence  |
| APP         | Advanced paramedic practitioner  |
| APP-UC      | Advanced paramedic practitioner for urgent care                              |
| ARP         | Ambulance response programme   |
| BAME        | Black and minority ethnic  |
| Band x      | Pay band x on the NHS 'Agenda for change' pay scale                          |
| CAS         | Clinical assessment service  |
| CCG         | Clinical commissioning group   |
| CEO         | Chief executive officer  |
| CFR         | Community first responders   |
| CSU         | Clinical support unit  |
| CVD         | Cardiovascular disease   |
| DCA         | Double-crewed ambulance  |
| EAC         | Emergency ambulance crew   |
| ED          | Emergency department (A&E)   |
| ELCHP       | East London Care and Health Partnership                                      |
| ELT         | Executive leadership team  |
| EMT         | Emergency medical technician   |
| EOC         | Emergency operations centre  |
| ePRF        | Electronic patient record form   |
| ER          | Emergency responders   |
| FRU         | Fast response unit   |
| HART        | Hazardous area response team   |
| HCP         | Healthcare professional  |
| HCPC        | Health and Care Professions Council  |
| HLP         | Healthy London Partnership   |
| iCAT London | London Ambulance Service's integrated clinical assessment and triage service |
| Incident    | A 999 call we respond to physically by sending a clinician to the patient    |
| IM&T        | Information management and technology  |



|                |  |
|----------------|--|
| IoT            | Internet of things – internet-enabled devices such as wearables, monitors and detectors                          |
| IUC            | Integrated urgent care   |
| JESIP          | Joint emergency services interoperability programme  |
| Job cycle time | A measure for the time from the start of a call-out until an ambulance is available to attend their next patient |
| LAS            | London Ambulance Service   |
| LFB            | London Fire Brigade  |
| MiDoS          | The directory of services for our staff  |
| MMS            | Multimedia (photo) message   |
| MPS            | Metropolitan police service  |
| MRU            | Motorcycle response unit   |
| NCL            | North Central London STP   |
| NEL            | North East London STP  |
| NETS           | Non-emergency transport service  |
| NHS 111        | A non-emergency number for urgent healthcare in England  |
| NQP            | Newly qualified paramedic  |
| NWL            | North West London STP  |
| PDSA           | Plan, do, study, act cycle   |
| PPMO           | Programme and project management office  |
| RMN            | Registered mental health nurse   |
| SEL            | South East London STP  |
| SMS            | Short message service (text message)   |
| STP            | Sustainability and transformation partnership  |
| SWL            | South West London STP  |
| TEAC           | Trainee emergency ambulance crew   |

## B How we developed our strategy

We have followed established best practice in developing our strategy and have undertaken substantial engagement with our staff, patients and the public, partners and stakeholders throughout. This has ensured we have been able to benefit from the insight of those who deliver and those who experience our services when arriving at a view of how our organisation needs to change. It also means that these groups have invested in, and own, our strategy.

### B.1 Strategy development approach

In writing this strategy we have ensured that we have reviewed best practice guidance and developed our strategy in accordance with those guidelines as well as the Care Quality Commission (CQC) expectations for strategy development. NHS Improvement's strategy development toolkit<sup>27</sup> identifies the seven stages of strategy development.

**Figure 30: Overview of NHS Improvement strategy development toolkit**



At the point in time that this strategy is being published, we have completed five out of the seven stages:

1. Frame – we have determined the important strategic decisions that need to be made, and the criteria and constraints for making them
2. Diagnose – we have established detailed insight on the trust's baseline position and the elements that determine performance
3. Forecast – we have created a clear view of the potential future in which our organisation will operate
4. Generate options – we have developed, explored and evaluated our strategic ideas and options for change
5. Prioritise – we have made choices about the strategic ideas for change and have built them into one single strategy

The two elements that we have not yet completed will take place following the publication of this strategy:

6. Deliver – we will create a detailed programme, supported by comprehensive communications, that will deliver our strategy

<sup>27</sup> [Strategy development: a toolkit for NHS providers](#), Monitor, 2015

7. Evolve – We will continually monitor the implication and impact of our strategy and refresh or recreate where situations, either internally or externally to our organisation, necessitate

## B.2 Our strategic intent

Through the initial stages of strategy development, we produced *Our Strategic Intent*<sup>28</sup>, which outlined our strategic thinking and our emerging strategic themes. We wanted to produce a fully formed document on which to base our engagement period so that our staff, patients and stakeholders could fully understand our direction of travel and could give us their views.

## B.3 How we engaged on our strategy

In seven weeks, we conducted a wide ranging, extensive engagement exercise with our staff, patient representatives and key external stakeholders, the largest of its kind in our recent history. Our ambition was to ensure that our final strategy was co-designed with the people who use our service, the people who deliver our service and the people or organisations who commission, partner with or otherwise have an involvement in the delivery of our service. Our engagement approach was based on NHS Improvement's strategy development toolkit as well as on the Care Quality Commission's guidance.

We set out three key outcomes that we were looking to achieve:

- Understanding of our ambition and strategic intent
- Alignment with local, regional and national NHS strategy
- Co-designing our strategy, providing feedback and ideas on how we can improve our services for patients in the future

Throughout our engagement period, the different methods and forums that we used fitted into three categories:

- Informing, including CEO managers' briefings, CEO roadshows, information on our website and posters sent to all of our stations and corporate and support sites
- Seeking feedback and co-design, including engagement events with staff, union representatives, patients and stakeholders
- Detailed development, including detailed design workshops with staff and subject matter experts

### B.3.1 Our engagement with patients

We held a number of meetings with the Patients' Forum, as the main representative of patient views for our organisation, to share our emerging vision. We found the Patients' Forum advice invaluable in ensuring that the document is accessible to the public and patient-centric.

We also were pleased to discuss our strategy with a number of patient representative and community groups at our main strategy engagement day. The groups that joined us at the event were:

- |                       |                       |                      |
|-----------------------|-----------------------|----------------------|
| • The Patients' Forum | • Healthwatch Enfield | • Healthwatch Barnet |
| • Healthwatch Harrow  | • Alzheimer's Society | • Southwark Carers   |

### B.3.2 Our engagement with staff

We engaged extensively with our staff. We know that in order for our new strategy to be a success, it needs to be one that our staff have helped to develop, and has broad support across our workforce. With that in mind we worked extremely hard to engage with as many staff as possible. Across all

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<sup>28</sup> [Our Strategic Intent](#), London Ambulance Service NHS Trust, 2017

aspects of our staff engagement we have had over 1,600 separate contacts with staff. This has only been possible by proactively seeking all opportunities to engage with staff across the organisation, at whatever location is suitable for the staff groups, this included:

- CEO roadshows
- Staff strategy survey
- Strategy engagement day
- Managers' briefings
- LAS leadership event
- Strategy design workshop
- Team meetings
- Union meetings
- Directorate away days

### B.3.3 Our engagement with stakeholders

We have engaged with 25 separate organisations about our strategic intent. We initially held a sustainability and transformation partnership (STP) event on 1 November 2017 where we worked with STP leads to refine *Our Strategic Intent*. Table 21 below shows all the stakeholder organisations that we have engaged with:

**Table 21: Stakeholder organisations**

| Health and social care  | Emergency services   | London wide stakeholder community  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Barts Health NHS Trust</li> <li>• Brent CCG</li> <li>• Care Quality Commission</li> <li>• Central London Community Healthcare</li> <li>• Hammersmith and Fulham CCG</li> <li>• Healthy London Partnerships</li> <li>• London Air Ambulance</li> <li>• London North West London Community Healthcare</li> <li>• NHS Digital</li> <li>• NHS England</li> <li>• NHS Improvement</li> <li>• North Central London STP</li> <li>• North East London CSU</li> <li>• North East London STP</li> <li>• North West London STP</li> <li>• Public Health, Kingston</li> <li>• Royal College of Paramedics</li> <li>• South East London STP</li> <li>• South West London STP</li> <li>• Southwark CCG</li> <li>• St John Ambulance</li> </ul> | <ul style="list-style-type: none"> <li>• London Fire Brigade</li> <li>• Metropolitan Police Service</li> </ul> | <ul style="list-style-type: none"> <li>• Greater London Authority</li> <li>• Mayor's Office</li> <li>• Transport for London</li> </ul> |

### B.3.4 Our strategy engagement day

The most significant event of the engagement period was our strategy engagement day, which took place on 7 December 2017. This day comprised of three separate engagement events, the first with patient representatives, the second with staff and the third was with stakeholders. At each event working sessions took place, targeted to the specific audience, so that we could use the expertise in the room to help shape our strategy.

## B.4 Key themes from our engagement

This feedback that we received from our patients, staff and stakeholders through our engagement has been directly incorporated into this strategy. The key themes are discussed below.

### B.4.1 Collaborating with partners

- We can play a crucial role in identifying where there are inconsistencies and working alongside STPs and providers to improve this
- It is crucial that we engage consistently and at the appropriate levels with each of London's five STPs. Every new service offering we are developing should be done in conjunction with STPs to ensure no duplication and alignment with other services in development
- We should use our unique position as a pan-London provider and the 'helicopter view' that provides us to play a critical role in providing the evidence that is needed for pathway development. We should also be proactive in identifying and sharing best practice across London
- MiDoS (the directory of services for our staff) is crucial for our staff across London in avoiding unnecessary hospital admissions, and we should work with all providers to ensure that it is kept up to date at all times
- Mental Health pathways were consistently cited as the most problematic, in particular out of hours. This should be a key focus of our work with partners and providers
- Urgent care centres were also a key theme from feedback. There would be great value in a greater level of consistency of what they will and won't accept across the different areas of London

### B.4.2 Patient access to the urgent and emergency care system across London

- Patients often find the urgent and emergency care system confusing and we should look to make it as simple as possible
- We should bring 999 and 111 together across London as far as possible
- We should utilise technology to improve the service we can offer patients, in particular using video calls
- We should, supported by NHS England, embark on a wide ranging communication and public education campaign if we materially change the way we respond to patients, including offering more ways to get in touch
- An Integrated Clinical Assessment and Triage service needs to be linked in with the rest of the health system, so we can access patient records and inform GPs when their patients have contacted us

### B.4.3 Our clinical response to patients

- There is consensus that we should bring in more healthcare professionals and staff are excited about learning by working alongside them.
- However, staff are anxious about whether this will lead to de-skilling our current front-line workforce if only specialists are sent to these patient groups
- Some staff commented that *Our Strategic Intent* does not adequately reflect the dedication and experience of our current skilled clinical workforce
- *Our Strategic Intent* does not include reference to our advanced paramedic practitioner for urgent care (APP-UC) pilot. This has been very successful and should be rolled out more widely
- All of our pioneer services are reliant on the right pathways being available at the right time
- We need to make sure that we are working at STP level in the development of these services to ensure alignment with other initiatives and to avoid any duplication

#### **B.4.4 Clinical responses to specific patient groups**

- Any falls service should include elderly fallers as well as other physical conditions including multiple sclerosis, epilepsy and physical disabilities
- GPs need to be made aware of when their patients fall, especially when they do so repeatedly
- Staff would see any falls service as a high risk one so will need to be staffed by experienced clinicians
- We need to work with mental health trusts and tie in with their 24/7 crisis lines before recreating anything similar ourselves
- There is huge positivity about bringing in more mental health professionals, and providing a different response for patients with mental health needs
- Staff felt that they would like more mental health training, which would help them provide a parity of service to patients with physical needs
- We should use midwives to attend non-complicated births to reduce the number of women that are automatically conveyed to hospital
- More midwives in the clinical hub could provide the greatest benefit, with a service like a 'labour line' preventing the need for dispatching crews unnecessarily
- It is vital that any end of life care service ties in with local services such as district nursing, hospices and support organisations such as Macmillan and Age UK
- We should investigate whether paramedics could provide stronger pain relief than they currently do for end of life care patients, which would enable patients to remain in their chosen place of care
- Staff should have access to end of life care specialists, whether directly in our control rooms, or through dedicated lines to other organisations

## C Reference case

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Full separate technical document



[Back cover]



|   |   |                  |                          |                    |
|---|---|------------------|--------------------------|--------------------|
| <b>Report to:</b>   | <b>Trust Board</b>                                    |                  |                          |                    |
| <b>Date of meeting:</b>   | 24 April 2018   |                  |                          |                    |
| <b>Report title:</b>  | Business Plan 2018 to 2019                            |                  |                          |                    |
| <b>Agenda item:</b>   | 09  |                  |                          |                    |
| <b>Report Author(s):</b>  | Lorraine Bewes, Director of Finance and Performance   |                  |                          |                    |
| <b>Presented by:</b>  | Lorraine Bewes, Director of Finance and Performance   |                  |                          |                    |
| <b>History:</b>   | Finance and Investment Committee (February and March) |                  |                          |                    |
| <b>Status:</b>  | <input type="checkbox"/>                              | <b>Assurance</b> | <input type="checkbox"/> | <b>Discussion</b>  |
|   | <input checked="" type="checkbox"/>                   | <b>Decision</b>  | <input type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |   |                  |                          |                    |
| <p>The purpose of this paper is to present the Trust's Business Plan for approval by the Trust Board prior to publication and submission to NHS Improvement as part of our annual requirement to submit financial, workforce and activity plans and demonstrate how they are aligned. The deadline for submission to NHS Improvement is 30 April 2018.</p> <p>The process for developing the content for this Business Plan has this year involved significant engagement with our top tiers of management, both top down, in terms of establishing our culture (through our new vision, purpose and the values and behaviours we wish to promote) and our new strategy for 2018 to 2023 and also bottom up, in terms of wide engagement with staff on our opportunities for improving quality and efficiency.</p> <p>Previous drafts of this business plan have been discussed both informally with the Trust Board and the March Finance and Investment Committee has reviewed the Financial Plans contained within this document. A separate paper under agenda Item 10 (ref: TB/18/10) presents the detail of the Annual Financial Plan for approval.</p> <p>The Business Plan describes how the London Ambulance Service NHS Trust will deliver on its service to London, building on what we have achieved in 2017/18 and it sets out clear deliverables and success measures focussed on improvement outcomes for our Patients, our People, our Public Value and our Partners.</p> |   |                  |                          |                    |
| <b>Recommendation(s):</b>   |   |                  |                          |                    |
| The Board is asked to approve the Trust Business Plan for 2018/19   |   |                  |                          |                    |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>  |   |                  |                          |                    |
| The establishment of a robust Business Plan for 2018/19 is critical in ensuring the Trust's strategic objectives are met and in this respect impacts on all BAF and key risks.  |   |                  |                          |                    |

| Please indicate which Board Assurance Framework (BAF) risk it relates to:        |                                     |
|--|-------------------------------------|
| Clinical and Quality   | <input checked="" type="checkbox"/> |
| Performance  | <input checked="" type="checkbox"/> |
| Financial  | <input checked="" type="checkbox"/> |
| Workforce  | <input checked="" type="checkbox"/> |
| Governance and Well-led  | <input checked="" type="checkbox"/> |
| Reputation   | <input type="checkbox"/>            |
| Other  | <input type="checkbox"/>            |
| This report supports the achievement of the following Business Plan Workstreams: |                                     |
| Ensure safe, timely and effective care   | <input checked="" type="checkbox"/> |
| Ensuring staff are valued, respected and engaged                                 | <input checked="" type="checkbox"/> |
| Partners are supported to deliver change in London                               | <input checked="" type="checkbox"/> |
| Efficiency and sustainability will drive us                                      | <input checked="" type="checkbox"/> |

London Ambulance Service



NHS Trust

## Business Plan 2018 - 2019

**Building Sustainable &  
Continuous Improvement for  
London**

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## 1 Chair's Introduction



Welcome to our 2018/19 Business Plan, which describes how London Ambulance Service will deliver on its service to Londoners and embark on its vision to become a world-class ambulance service for a world class City.

The London Ambulance Service (LAS) is one of the largest and busiest ambulance services in the world. Serving a growing population of over 8.6m people in one of the most socially and culturally diverse cities on earth, our distinctive vehicles are on the road 24 hours a day, 365 days a year, ready to respond to Londoners and visitors alike, whatever their medical emergency.

As an integral part of the National Health Service (NHS) in London, we play a vital role in ensuring patients get the right emergency and urgent care at the right time when things go wrong and, where necessary, are conveyed quickly and appropriately to the right care pathway for onward treatment.

The NHS in London is, however, under more pressure from growing demand than ever

before. It is vital that the LAS becomes even more effective at quickly responding to and accurately triaging patients; treating people sooner whenever possible – whether on the phone in our control centres for those with less serious ailments (or, in the near future, online), or at the scene of incidents when we need to dispatch an ambulance, making better use of our experienced paramedics, emergency ambulance crews and clinical support staff. We also need to work more closely with our colleagues in the wider NHS to develop alternative care pathways that often offer our patients better, quicker and more appropriate care and, as a consequence, take fewer people to general emergency departments (A&Es).

To do this, we need to work with our commissioners, NHS England, NHS Improvement and London's five sustainability and transformation partnerships (STPs), playing an increasing role at the heart of the city's healthcare system as London's primary integrator of access to urgent and emergency care on phone, on scene and online.

Building on this we have considered our priorities in 18/19 towards achieving our strategy. This Business Plan describes how we will improve and what our deliverables are in the year ahead. With the help of our partners, we are confident that we can deliver further sustainable improvements in the care we provide and support the wider healthcare system to deliver even better value for money for the services we collectively provide.

As important is that we are an inclusive organisation and the Trust Board has considered the type of culture it wishes to promote by considering a range of values that the Chief Executive Officer (CEO) and Executive team further discussed with our top 200 staff prior to Board endorsement. These new values and behaviours are set out in section 5.

Heather Lawrence OBE  
Chair

*Heather Lawrence*



## 2 CEO Foreword



The London Ambulance Service exists to provide outstanding care for our Patients; to be a first class employer to our People; to provide excellent Public value for the taxpayer and to work with our Partners collaboratively in the wider NHS and emergency services colleagues for the benefit of London as a whole. This Business Plan sets out how we will go about doing this in 2018/19.

For our patients, it will result in better, faster and more appropriate care, leading to better clinical outcomes and a better patient experience of our service, whether on the phone (through either 999 or 111), on scene with our highly trained clinicians during transit to hospital or other care pathways.

For our people it will enable us to improve and expand our training and development pathways, recruiting more people to fill our outstanding vacancies and allow those already within the organisation to develop their careers. It will also enable us to continue to develop our values and behaviours work to make the LAS a better place to work and address key issues like bullying and harassment, diversity and equality and encouraging staff to speak up and report things they think need addressing, wherever they are in the business.

In terms of public value, it will deliver a more cost effective and efficient service, saving the taxpayer over £12m (3.2%) in terms of Cost Improvement Programme (CIP) efficiencies and enable the Trust to hit its financial control target and maintain its high NHSI 'Use of Resources' rating.

For our partners, it will enable us to work together to support the delivery of public services across London in both the NHS and blue light emergency services sectors for the wider benefit of Londoners as a whole and the millions of people who visit our city safely every year.

Our aim is to be there when Londoners need us most. This Business Plan will enable us to continue to do this in 2018/19 and beyond.

**Garrett Emmerson**  
CEO

### 3 Aim of the Business Plan

We are the busiest ambulance service in the country. Over 5,000 staff serve 8.6m people in the capital, responding to nearly two million 999 calls and over one million incidents each year. While our main role is to respond to emergency 999 calls, many of our patients have less serious conditions but need simple access to urgent care for assessment and advice. Instead of being sent to hospital by ambulance on blue lights, they often need more appropriate care somewhere other than at hospital. We also, therefore, provide a range of care in addition to our 999 call handling and conveyance service, including:

- NHS 111 and Integrated Urgent Care Service – delivering the 111 service for South East London and, from this summer, providing the integrated NHS 111 and clinical assessment service in North East London;
- Dispatching and providing clinicians for collaborative responses e.g. London's Air Ambulance, Joint Response Unit with the Metropolitan Police;
- 'Hear and Treat' clinical telephone assessment;
- Planning for, and responding to, large scale events or major incidents.
- Providing dedicated specialist responses to deal with Hazardous and Major Incidents

#### Why do we need a Business Plan?

Because of rising demand for our services and financial pressures across the NHS, we face a number of challenges to deliver the outstanding care Londoners rightly expect from us. This Business Plan helps us determine what we will prioritise our fixed budget to deliver and how this will allow us to meet our strategic objectives.

Our Regulators also require us to produce a Business Plan each year to show how we are meeting our statutory and contracting duties and that, in particular, our capacity and budget assumptions are aligned with our commissioners' intentions.

#### What is the difference between this Business Plan and our new Strategy document?

Our new five-year strategy document was recently published following one of the largest stakeholder engagement exercises we have undertaken. Summarised in section 6, it shows how we will change how we operate: improving outcomes, giving a better experience for patients and positioning us as a genuinely world-class ambulance service.

This Business Plan sets out our key deliverables and targets we intend to deliver in 2018/19, together with our Financial Plan to support their achievement. This is the first step in the delivery of our five-year strategy.

In this document we explain how we will measure our success, with the introduction of a Trust-level scorecard of outcomes for our patients, people, public and partners that will be monitored through regular performance reviews and programme milestone delivery by our Programme Management Office. It explains how the available revenue and capital budgets will be used for our activities to meet the growth in expected demand and how our planned efficiency programme of 3.2 per cent will be delivered to sustain a quality service. The

Business Plan also considers strategic risks and mitigation and explains our Board to front line governance structures will assure the key aspects of our service, namely Quality, People & Culture, Logistics & Infrastructure and Finance and Performance.

## 4 What we have achieved in 2017/18

In one of the most challenging years in the organisation's history, 2017/18 also saw unprecedented pressure from a number of major incidents in the Capital on top of the ever growing demand for our services. However, it has also been a year of consolidation, growth and achievement at all levels, seeing the arrival of our new chief executive in May and culminating with our Care Quality Commission (CQC) Well Led inspection in March, which we hope will confirm our exit from quality special measures.

We have taken swift action in responding to the CQC's key recommendations from its 2017 inspection. Across a range of critical metrics, we have demonstrated how we have improved the quality and safety of the services we deliver to our patients. For example, our statutory and mandatory training compliance has been transformed to 85 per cent; we achieved the national operational response standard of 75 per cent on incidents requiring 8 minute responses by October 2017 and since the introduction of the new national Ambulance Response Programme (ARP) standards, we have consistently found ourselves in the top 3 performing ambulance trusts in the country. Our 'no and low harm' reporting has increased, reflecting a more open culture of reporting and our infection control procedures, medicines management, staff engagement and governance, all of which were raised as concerns in the previous CQC inspection, have significantly improved.

Our chief executive has finished substantive recruitment of our Executive Leadership Team, providing stability, bringing together a group of experienced directors and brought increased clarity to the roles of Committees and the Trust Board. We have started to tackle difficult legacy issues, including the rest break policy, to achieve more protection of end of shift performance. While there is more to do, this has enabled us to remove this issue as a Board level risk for patient safety in 2017/18.

We have conducted a number of important restructures in the IM&T, Quality and People & Culture Directorates with more underway, and will continue to develop values and behaviours to create a better place to work, confronting bullying and harassment and our lack of diversity, as well as supporting our staff with Freedom to Speak Up initiatives.

We have been far more pro-active in identifying and resolving operational issues and working at pace to address things before they go wrong, as a result of our improved risk management framework. Areas which have been improved include Health and Safety, Emergency Operations Control call answering, statutory & mandatory training, and the staff survey response rate, where we achieved our highest response rate to date (53%).

We successfully delivered a number of strategically critical projects this year, including the implementation of the Ambulance Response Programme system change over, the roll-out of

iPads to frontline staff as part of our Connecting Clinicians CQUIN and successfully won a new contract to provide the integrated urgent care and NHS 111 for North East London.

We have responded strongly through a challenging winter period for the NHS as a whole and taken our role as the only Pan-London emergency provider to a new level, showing real system-wide leadership. This has been publicly acknowledged by our Commissioners, NHSE and NHSI. In particular, working with our partners in the acute sector, we have reduced the level of hospital handover delays at Emergency Departments by over 15 per cent compared with last year.

The Trust has also delivered public value by meeting all of its financial duties, in particular delivering a financial and cash outturn that was better than its Control Total and securing a Use of Resources rating of 1, the highest possible NHSI rating. In addition, the Trust made a significant improvement in delivery of its Capital Plan, delivering 93%, compared with 45% and 64% in the previous 2 years.

These achievements have had a positive impact on our patients, our partners and our staff and demonstrates we are a service that is changing: in how we organise ourselves; how we accommodate the complex health needs of those who need us and how we respond to the population challenges of a growing city.

## 5 Our Vision, Purpose, Values and Behaviours

Our vision is:

To be a world class ambulance service for a world class city: London's primary integrator of access to urgent and emergency care on scene, on phone and on line

The London Ambulance Service has four goals:

- Provide outstanding care for 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

### Our values and behaviours

We can only realise our vision through the adaptability, determination, flexibility and engagement of our people: how our people feel about working for us; how new people feel about coming to work here and how engaged we all are in our work. These are all vital to us to provide outstanding care for our patients. Our new values and behaviours articulate how we as an organisation and as individuals should work. Our values demonstrate the qualities that we embody and our new set of organisational behaviours detail how we will demonstrate these values every day.

| VALUES<br>The Qualities we embody | BEHAVIOURS<br>How we demonstrate our values in actions   |
|-----------------------------------|--|
| Respect                           | <ul style="list-style-type: none"><li>• <b>Caring</b> for our patients &amp; each other with compassion and empathy</li><li>• Championing <b>equality and diversity</b></li><li>• Acting <b>fairly</b></li></ul>   |
| Professional                      | <ul style="list-style-type: none"><li>• Acting with <b>honesty &amp; integrity</b></li><li>• <b>Aspiring to</b> clinical, technical and managerial <b>excellence</b></li><li>• <b>Leading</b> by example</li><li>• Being <b>accountable</b> and <b>outcomes orientated</b></li></ul> |
| Innovative                        | <ul style="list-style-type: none"><li>• <b>Thinking creatively</b></li><li>• <b>Driving value and sustainable change</b></li><li>• <b>Harnessing technology and new ways of working</b></li><li>• Taking <b>courageous decisions</b></li></ul>                                       |
| Collaborative                     | <ul style="list-style-type: none"><li>• <b>Listening and Learning from each other</b></li><li>• <b>Working with partners</b></li><li>• <b>Being open &amp; transparent</b></li><li>• <b>Building trust</b></li></ul>   |

## 6 Our Strategy 2018 to 2023

Our new organisational strategy; ***A world-class ambulance service for a world class city***, details how we will transform some areas of our organisation over the next five years to make sure that we meet the ever changing needs of London. Our strategy aims to improve patient care, reduce unnecessary conveyances to emergency departments and make better use of our resources to provide best value for money for the urgent and emergency care system and the taxpayers who pay for it. We will provide the right care at the right time, enabling rapid access to the most appropriate patient care, through three strategic themes:

### **1. Comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients**

At the heart of our strategy is the idea that we want to manage and coordinate the flow of patients through urgent and emergency services, making it as easy as possible to access the help that they need. Our response is to develop an integrated clinical assessment and triage service: iCAT London. This will sit behind both NHS 111 and 999, providing an enhanced urgent and emergency care clinical capability to support our frontline teams and enable us to provide access to faster and better care to improve patient outcomes. A world-class ambulance service needs to be at the forefront of using all technology and digital innovations to provide the best possible service to London, using public money as responsibly and efficiently as possible. We not only want to use available technology, we want to lead the way in developing, piloting and utilising new technology. We are forging strong relationships with NHS Digital and NHS England, working with them to design and pilot initiatives that can benefit the sector as a whole.

### **2. A world-class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital**

We will continue to provide high quality care to all patients, especially those most critically ill and injured. However, meeting the challenges of improving London's urgent and emergency care requires an ambulance service which places a clear emphasis on assessment and enhanced treatment at scene and in community settings, with transport to alternative care settings where required to access established pathways of care. Transport to hospital should be used for those patients who require the assessment and treatment skills and equipment available only within an emergency department.

Central to this is the introduction of our 'pioneer services'. We have identified five patient cohorts for whom changing the way we respond will deliver a significant improvement in quality of care and patient experience and reduce unnecessary conveyance to an emergency department.

- Urgent care response
- Mental health
- End of life
- Falls
- Maternity

These services are intended to provide a more tailored emergency response when people dial 999, and will be an alternative to conveying a patient to an emergency department. They will not duplicate (or replace) existing primary care, community prevention or lower acuity response services. Close working with community services will be essential if we are to send an appropriate specialist to 'see and treat' and refer without conveyance. While we would hope to do this in the majority of cases, our staff would attend in vehicles that could take you to hospital, if needed.

In 2018/19, this business plan allows us to fully develop the service specifications and pilot the pioneer services to prove and fully quantify their costs and benefits.

### **3. Collaborate with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners**

We will develop collaboration, partnership and innovation across the full range of public services in London and will support all opportunities to improve patient outcomes, their experiences and improve public value.

As the only Pan-London NHS provider, we have unique insight into the care that patients have available to them across London. We can help NHS England and the Sustainability and Transformation Partnerships (STPs) identify the services that are best able to manage demand, where there are inconsistencies and where changes to service delivery would provide benefits to patients and the urgent and emergency care sector as a whole.

We are also committed to working alongside the emergency services and London's wider stakeholder community and stand behind the Mayor of London's pledge, and are a co-signatory, to "making London the safest global city".

#### **Delivering our strategy**

Delivering our strategy means we will need to deliver fundamental change to our organisation's structure, culture, capabilities and infrastructure. We will produce new strategies for each of our organisation's main departments. Known as 'daughter documents', these will specify function-by-function, how each department will contribute to the delivery of our five-year strategy.

We know we need to equip our staff with the right training and the most up-to-date equipment to be able to do their jobs to the high standards they aspire to.

Our strategy looks at three important enablers to do this:

- **Our culture:** Having a strong organisational culture which supports staff is crucial. Not only do we need the buy-in from our people to bring about the changes that we need to make, but we need them to be our champions. Our staff need to be the advocates of the changes that we are making, with each other and with other people from the wider NHS system who they work with and speak to on a regular basis. This will only happen if the culture of our organisation supports this.
- **Our capabilities:** Having the right organisational capabilities will enable us to implement our strategy and support our vision. These include:
  - providing varied education and training opportunities, and better career pathways;
  - Operating as an agile and commercially focused organisation;
  - Innovating for continuous improvement
  - Involving the public in our work and building an extensive volunteer base

**Our infrastructure:** In order to make the ambitious changes that we have identified in our strategy, we need to make sure that our staff have the right high-quality infrastructure to support them. We have a high number of buildings and stations and a large fleet of vehicles. We need to send our staff



out in reliable, well-equipped and low-emission vehicles from strategic locations to serve the whole of London. We will introduce newer digital technologies to support our expanding 'see and treat' and hear and treat' services, ensuring that decision making is supported by accurate, real-time digital patient and management data that can be shared across providers.

## 7 What we will deliver in 2018/19

Linking with our vision, purpose and values we have identified what we will do to underpin and deliver across the 'four Ps' of our purpose - our patients, our people, our public value and our partners. These will be measured through the performance reviews using the Trust, Directorate and Sub-division scorecards.

### Our Patients

#### ***Deliverable No.1***

We will deliver the key deliverables in our Quality Plan for 2018/19 to improve patients' experience and quality of care for patients using our service, including:

- Establish training programmes in Quality Improvement (QI) methodology and tools to build capacity and capability in this key area
- We will launch our quality improvement programmes and communicate progress with staff, patients and carers
- Develop and implement consistent methods for quality assurance and reporting
- Consistently ensure involvement and co-design of services with patients

*We will measure our success by:*

- Reduction in conveyance rate for patients included in our 'pioneering' services programmes i.e. (mental health and end of life, fallers)
- Evidence of patients involved in >70% of service re-design projects
- Successful delivery of quality improvement programme milestones
- Over 2% of all staff trained in quality improvement methodology by April 2019

#### ***Deliverable No. 2***

We will deliver our post-ARP transformation plan to ensure we can meet national performance and quality standards, including:

- Reviewing our rostering, rest break, end-of-shift and annual leave arrangements
- Modernising our vehicle fleet, introducing more Double-Crewed Ambulances (DCA's), operating fewer Fast Response Units (FRU's) and introducing intermediate-size vehicles to increase 'see and treat levels' through the development of paramedic practitioners
- Establish a Category 1 improvement group to develop a comprehensive view of every component of the Category 1 patient episode
- Reviewing and auditing the capture and reporting of the new ARP performance and quality indicators to ensure compliance

*We will measure our success by:*

- Achievement of the new national ARP performance standards and the Ambulance Quality Indicators (AQI)

***Deliverable No. 3***

We will continue the roll-out of our urgent care Advanced Paramedic Practitioner service across all five STP areas to improve patient care and reduce the need for patients to go to hospital and develop a new paramedic practitioner role.

*We will measure our success by:*

- Lowering conveyance to hospital among appropriate patient groups
- Patient experience feedback through surveys and focus groups

***Deliverable No. 4***

We will complete our new five-year strategy document and publish new or revised 'daughter documents' containing detailed plans on how we will deliver it in the following areas:

- People and Culture
- Information Management and Technology
- Fleet and Equipment
- Estates
- Clinical
- Quality
- Clinical Education
- Partnerships
- Volunteering
- Operational Transformation Plans

*We will measure our success by:*

- Achieving delivery milestones against the five-year strategy
- Feedback from stakeholders

***Deliverable No. 5***

We will pilot the new 'Pioneer Services' set out in our new strategy. The activities that we will undertake as part of the 2018/19 business plan are:

- Developing full service specifications for each of the four new services (falls, mental health, maternity and end of life)
- Further discussions and close working with STPs and Commissioners to garner support for our pioneer services and to identify the best pilot locations
- Launching the pilots for each of the four new pioneer services within an STP footprint.
- Implementing a full project plan for the continued roll out of Advanced Paramedic Practitioners and paramedic practitioners (Urgent Care) across London (see Deliverable No. 3)

*We will measure our success by:*

- Successful delivery of projects to agreed milestones
- Feedback from stakeholders
- Successfully identifying quantifiable benefits of pioneer services through the pilots

***Deliverable No. 6***

We will implement a 'frequent caller plan' to improve the care we provide those patients to better meet their needs and reduce the impact of their calls on our wider patient response times.

*We will measure our success by:*

- Reduction in the number of frequent callers from April 2018 baseline

***Deliverable No. 7***

We will continue to improve the quality and security of our drug management through the roll-out of our Secure Drugs Room project, primary response bags, vehicle based drugs pack, internal order drug system and enabling applications.

*We will measure our success by:*

- Delivery of agreed project milestones
- Reduction of incidents relating to missing equipment and medication

***Deliverable No 8.***

We will improve the quality of care we deliver to patients and our work with partners across the system by introducing new capability that builds on the roll out of iPads to our front-line clinicians. These will provide ambulance crews with up-to-date information about patients which will inform better decision making, replacing our current paper forms with a new comprehensive electronic Patient Care Record (ePCR) that records digitally our patient interaction and shares that information with other relevant organisations such as a patient's GP and care providers that we convey patients to.

*We will measure our success by:*

- Feedback to STPs on accessibility and availability of Appropriate Care Pathways (ACPs)
- Piloting on-scene access to patient records
- Piloting ePCR as agreed with system-wide stakeholders
- Increased 'see & refer' rates, with increased referrals to ACPs and lower conveyance to EDs)

## **Our People**

### ***Deliverable No. 9***

We will complete our recruitment plan to fully establish our front-line and newly enlarged Emergency Operations Centre structures.

*We will measure our success by:*

- Staffing establishment numbers

### ***Deliverable No. 10***

We will complete the restructuring and recruitment to our main organisational directorates, changing the way we operate, in the following directorates:

- Operations
- Medical & Clinical
- Strategy & Communications
- Finance & Performance

*We will measure our success by:*

- Delivery to agreed milestones

### ***Deliverable No. 11***

We will embed our new Vision, Purpose, Values and Behaviours (set out in our new strategy document) across the organisation and fully align our competencies to the employee journey at LAS in: recruitment, promotion, training and development and appraisals.

*We will measure our success by:*

- Staff awareness measured through the staff survey, focus groups and Pulse surveys
- Demonstrating our new values and behaviours throughout everything we do

### ***Deliverable No. 12***

We will complete action plans across all functional and operational areas of the business to respond to the key issues identified in the 2017 Staff Survey and implement the planned actions in time for the 2018 Staff Survey.

*We will measure our success by:*

- 2018 Staff Survey results

### ***Deliverable No. 13***

We will continue to deliver our Workforce Race Equality Standard (WRES) Action Plan, together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation.

*We will measure our success by:*

- WRES indicators
- Staff survey outcomes
- Organisational diversity metrics

#### ***Deliverable No. 14***

We will continue to implement our Clinical Education Strategy, including:

- Implementing apprenticeship programmes for Trainee Emergency Ambulance Crew and both 111 and 999 Call Handlers
- Providing 10% increase for internal and 4-fold increase for external paramedic pathway training course places
- Providing training courses (including blue-light driver training, continuing education and out of hospital maternity) and professional accreditation sign-off to meet the supply demand for (EAC), Emergency Medical Dispatcher (EMDs) and Emergency Technician 4s (EMT 4s)
- Partnering with universities to support a transition to Advanced Paramedic Practitioner (APP) and Paramedic Practitioner roles
- Providing access to bursaries to support further education and development programmes in both clinical and professional development areas.

*We will measure our success by:*

- Meeting agreed delivery milestones including trainer recruitment plan
- Feedback from clinical staff on the quality/relevance of the training and education provided

#### ***Deliverable No. 15***

We will develop and roll-out training and development for all our people across functional and operational teams, including:

- New Leadership Development Pathway programme to ensure all managers, at all levels in the organisation, have access to high-quality and appropriate management training and development, including competencies to support new ways of working in virtual teams, use of video and online channels and remote working.
- Implementing apprenticeship programmes for functional roles
- Ensuring functional staff are given sufficient time to complete their statutory mandatory training and have access to at least one day's additional development opportunity

*We will measure our success by:*

- Meeting agreed delivery milestones
- Feedback from managers and aspiring managers on the quality and relevance of the training provided
- Feedback from staff on access to development opportunities

## **Our Partners**

### ***Deliverable No. 16***

We will continue to work with our commissioners and STP partners to lower demand, improve access to, and use of, Appropriate Care Pathways (ACPs) and lower overall conveyance to Emergency Departments, developing the use of technology to provide faster access to patient care through digital means where appropriate.

*We will measure our success by:*

- Increased 'hear & treat' rates (in both 999 and 111 services)
- Increased use of ACPs
- Feedback from partners

### ***Deliverable No. 17***

We will mobilise the North East London Integrated Urgent Care (111) contract and continue to seek a greater role in the London-wide integration of access to emergency and urgent care, including retaining the South East London 111 service.

*We will measure our success by:*

- Contract Key performance indicators
- Feedback from commissioners
- Wider stakeholder engagement and 'buy in' to our new vision and strategy document

### ***Deliverable No. 18***

We will work closely with London acute hospital trusts, NHSI and NHSE to further reduce delays to patients and our crews at hospitals, especially during times of peak pressure on the wider system (e.g. during periods of high demand such as adverse weather)

*We will measure our success by:*

- Lowering overall delays and numbers of 'black' breaches at hospitals
- Feedback from our system wide partners

### ***Deliverable No. 19***

We will work closely with other emergency services and partners (e.g. the Greater London Authority family and London's boroughs), fulfilling our statutory obligations to collaborate, innovate and maximise the efficiency of our combined public service provision through:

- Ambulance Radio Programme and Emergency Services Network (ESN) programme to replace Airwave radio and control room communications systems
- Emergency Control Centres
- A refresh of the blue light joint strategic intent and identification of 2018/19 initiatives including estate rationalisation, co-responding and combined 'prevention' activities

*We will measure our success by:*

- Meeting the deliverables outlined in the national programme of delivery for ESN



- Identification of possible opportunities for efficiencies through blue light estates collaboration
- Delivery of agreed milestones

## **Public Value**

### ***Deliverable No. 20***

We will deliver our control total and maintain our use of resources rating with NHSI.

*We will measure our success by:*

- Achieving our financial performance targets

### ***Deliverable No. 21***

We will deliver Cost Improvement Programme (CIP) efficiency savings of £12.3m in 2018/19 and develop a programme of further efficiencies to inform our business planning for 2019/20 and 2020/21.

*We will measure our success by:*

- CIP project deliverables completed on time
- Value of recurrent and non-recurrent CIP savings achieved 'in year'
- Production of a financial Medium Term Plan (MTP) containing plans for future years efficiency savings

### ***Deliverable No. 22***

We will complete the review of business resilience across the organisation and implement measures to effectively manage risk and ensure the continuity of our services during times of disruption, including GDPR compliance and Cyber risk assurance.

*We will measure our success by:*

- Completion of the review and proposed deliverables to agreed milestone dates

### ***Deliverable No. 23***

We will manage and deliver our proposed capital programme of £15.5m to support the delivery of our overall strategic objectives.

*We will measure our success by:*

- Achievement of agreed project milestones
- Achievement of at least 95% of our capital plan

### ***Deliverable No. 24***

We will ensure the delivery of our agreed CQUIN's (as agreed with our core contract commissioners) to improve the quality and value of the services we provide on their behalf, including:

- Flu vaccination rate
- Health & wellbeing – healthy food and staff well-being
- Conveyance rate reduction to ED

- STP engagement
- Co-ordinate my Care access/Digital access to improve clinical decision making

*We will measure our success by:*

- Achievement of agreed project delivery milestones
- Achievement of CQUIN income targets

The collective impact of these deliverables will enable us to deliver on our 'four P's and provide a better overall standard of care for our patients, start to transform the culture of the organisation to reflect and embody our new values and behaviours, as well as to respond to the needs of our partners, both commissioners and the wider NHS and further improve the public value we are able to provide Londoners in the delivery of our services.

## 8 How we will measure our success

### Trust Scorecard

The Trust scorecard represents the top-level Key Performance Indicators (KPI's) that we will measure our success by in the next financial year (2018/19).

Organised according to the Trust's four 'Ps' (Our Patients, Our People, Public Value and Our Partners), the Trust scorecard reflects both the national standards that all NHS Ambulance Trusts are measured against (response rates and patient outcomes) and the key outcomes that we as an organisation need to deliver to in order to achieve our aims.

Achievement of the Trust scorecard is supported by the Directorate and Sub-directorate level scorecards. The deliverables for each area have been agreed as part of the business planning process for 2018/19 and in line with the Trust's strategic plan.

The performance review meetings will focus primarily on the sub-division scorecards as a way of measuring and managing delivery of the desired business outcomes.

# Trust Corporate Scorecard

## EXECUTIVE SCORECARD

(March 2018 data)

| EXECUTIVE SCORECARD  |           |                  | Historic   |            |          | 2018/19  |
|--|-----------|------------------|------------|------------|----------|----------|
| Indicator (KPI Name)   | Frequency | Basis            | 15/16      | 16/17      | 2017/18  | Target   |
| Category 1 response - Mean                                     | Monthly   | hh:mm:ss         | N/A        | N/A        | 00:07:19 | 00:07:00 |
| Category 1 response - 90th Centile                             | Monthly   | hh:mm:ss         | N/A        | N/A        | 00:11:59 | 00:15:00 |
| Category 2 response - Mean                                     | Monthly   | hh:mm:ss         | N/A        | N/A        | 00:22:17 | 00:18:00 |
| Category 3 response - 90th centile                             | Monthly   | hh:mm:ss         | N/A        | N/A        | 02:42:18 | 02:00:00 |
| Category 4 response - 90th centile                             | Monthly   | hh:mm:ss         | N/A        | N/A        | 02:36:12 | 03:00:00 |
| ROSC at Hospital   | Monthly   | %                | 29.6%      | 29.3%      | TBA      | 30%      |
| STEMI call to angiography – Mean & 90 <sup>th</sup> percentile | Monthly   | hh:mm:ss         | N/A        | N/A        | N/A      | TBA      |
| Stroke call to door – Mean & 90 <sup>th</sup> Centile          | Monthly   | hh:mm:ss         | N/A        | N/A        | N/A      | TBA      |
| Re-contact rates in 24 hours (ONLY S&T and H&T)                | Monthly   | (n per 1000) (%) | 61<br>6.1% | 67<br>6.7% | 70<br>7% | <7%      |
| Positive compliments received                                  | Monthly   | Per 1000         | 0.93       | 1.11       | 1.57     | 2.0      |

Our Patients

SCORECARD METRICS SUBJECT TO CHANGE FROM APRIL 2018\*See P27

# Trust Corporate Scorecard

(March 2018 data)

## EXECUTIVE SCORECARD

Historic

2018/19

| Indicator (KPI Name)                                       | Frequency | Basis | 15/16 | 16/17  | 2017/18 | Target  |
|--|-----------|-------|-------|--------|---------|---------|
| Staff Survey engagement score                              | Yearly    | (n)   | 3.11  | 3.38   | 3.36    | 3.46    |
| BME Staff Survey engagement score                          | Yearly    | (n)   | 3.22  | 3.53   | 3.43    | 3.46    |
| Staff survey completion                                    | Yearly    | %     | 35.2% | 42.20% | 53.6%   | ≥ 53.6% |
| Staff Sickness levels                                      | Monthly   | %     | 5.1%  | 5.2%   | 5.2%    | <5%     |
| MSK related staff injuries (staff survey)                  | Yearly    | (n)   | 50.0% | 53.0%  | 50.0%   | < 50%   |
| MSK reduction in moderate harm (manual handling incidents) | Monthly   | (n)   | N/A   | 14     | 25      | < 25    |
| Bullying and Harassment incidents (decreasing)             | Yearly    | (n)   | 38.0% | 32.0%  | 32.0%   | 29%     |
| % of BME Staff   | Yearly    | %     | 11.9% | 12.6%  | 13.2%   | 15%     |
| Statutory & Mandatory Training (85% or above)              | Monthly   | %     | 85.0% | 85.0%  | 86.0%   | 85%     |
| Staff appraisal compliance (85% or above)                  | Monthly   | %     | 75.0% | 81.3%  | 85.0%   | 85%     |
| Flu vaccination rate (increasing - CQUIN)                  | Monthly   | %     | 53.0% | 65.7%  | 56.9%   | 65%     |

Our People

# Trust Corporate Scorecard

(March 2018 data)

## EXECUTIVE SCORECARD

Historic

2018/19

| Indicator (KPI Name)                        | Frequency | Basis   | 15/16          | 16/17          | 2017/18        | Target       |
|---|-----------|---------|----------------|----------------|----------------|--------------|
| Control Total                               | Monthly   | £m      | N/A            | (6.5)          | (2.4)          | (1.56)       |
| Actual Outturn<br>(Deficit )/ Surplus       |           | £m      | (4.4)          | 6.7            | 3.2            | N/A          |
| CIP Savings achieved<br>(recurrent 75%)     | Monthly   | £m<br>% | £8.1m<br>90.0% | £7.0m<br>66.0% | £8.7m<br>48.9% | £9.2m<br>75% |
| CIP Savings achieved<br>(non-recurrent 25%) | Monthly   | £<br>%  | £0.9m<br>10%   | £3.5m<br>34%   | £9.1m<br>51.1% | £3.1m<br>25% |
| Use of resources<br>index/indicator         | Monthly   | (n)     | 2.00           | 1.00           | 1.00           | 1.00         |
| % of Capital Programme<br>delivered         | Monthly   | %       | 45.0%          | 64.0%          | 93%            | 95%          |

Public Value

# Trust Corporate Scorecard

(March 2018 data)

\*

## EXECUTIVE SCORECARD

| Indicator (KPI Name)  | Frequency | Basis  | Historic |       | 2018/19                           |              |
|---|-----------|--------|----------|-------|-----------------------------------|--------------|
|   |           |        | 15/16    | 16/17 | 2017/18                           | Target       |
| Conveyance rate to ED (CQUIN)<br>(evidence of reduction)                          | Monthly   | %      | 65.6%    | 63.3% | 63.0%                             | 62.0%        |
| STP engagement metric (CQUIN)   | Monthly   | £m (%) | N/A      | N/A   | £1.5m (96%)                       | £3.1m (100%) |
| Digital CQUIN   | Monthly   | £m (%) | N/A      | N/A   | £3.1m (100%)                      | £3.1m (100%) |
| Call answering - 999<br>(less than 5 seconds)<br><b>*Target subject to change</b> | Monthly   | %      | 98.8%    | 94.8% | 77.16% *<br>no target<br>post ARP | 95.0%        |
| Call answering - NHS 111<br>(less than 60 seconds)                                | Monthly   | %      | 96.2%    | 94.4% | 90.4%                             | 95%          |

Our Partners



## 9 How we will fund our plan

This section shows our overall income & expenditure, cash flow and balance sheet plan, the capital plan and the operational workforce, activity and performance plans. The plan maintains the current arrangements regarding 111, and includes South East London on a pass through cost basis. The plan will be adjusted in year to reflect developments in both North East and South East London 111 when finalised. A reserve of £0.519m has been established to fund potential risk across both 111 services.

LAS financial and operating plan for 2018/19 delivers:

- The revised financial control total of £1.564m deficit in 2018/19 with an efficiency requirement of £12.3m (3.2%)
- Ensures the Trust remains within its revised allocated ceiling for agency staff £5.990m which represents a reduction of £1.047m from the current allocated ceiling of £7.037m
- Delivery of financial and operational targets ensures LAS will receive £2.728m of provider sustainability funding (previously STF) this represents an increase of £0.788m from 2017/18

Further work is required to ensure that the final plan provides assurance that LAS can deliver national performance standards introduced in November 2017 under ARP by September 2018. The national Ambulance Quality Indicators from April 2018 are still being finalized at a national level and are subject to change and delivery will be subject to agreement with commissioners on any additional funding needed to establish the revised operating model.

### Statement of Comprehensive Income

The table below sets out the agreed income and expenditure plan for 2018/19 that delivers the required control total of £1.56m assuming the delivery of £12.3m of cost improvement initiatives in 2018/19.

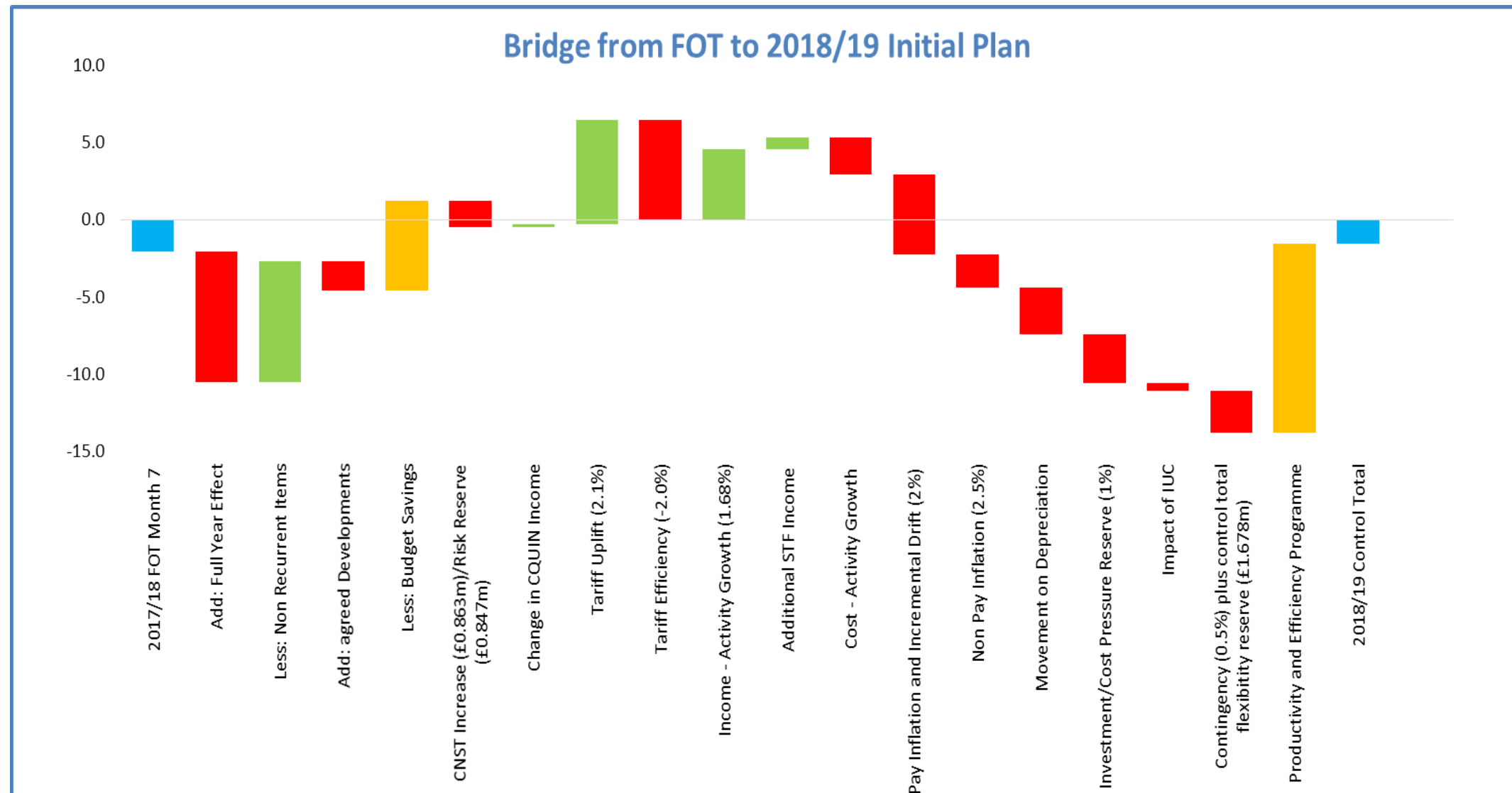
| Statement of Comprehensive Income (SOCl)                                | Plan 17/18<br>£'000 | Draft Actual Outturn 17/18**<br>£'000 | Plan 18/19<br>£'000 |
|---|---------------------|---------------------------------------|---------------------|
| Operating income from patient care activities                           | 356,310             | 355,557                               | 364,253             |
| Other operating income*   | 2,702               | 3,886                                 | 3,437               |
| Employee expenses   | (269,306)           | (259,415)                             | (266,614)           |
| Operating expenses excluding employee expenses                          | (87,952)            | (95,789)                              | (98,479)            |
| <b>OPERATING SURPLUS / (DEFICIT)</b>                                    | <b>1,754</b>        | <b>4,239</b>                          | <b>2,597</b>        |
| <b>FINANCE COSTS</b>  |                     |                                       |                     |
| Finance income  | 132                 | 114                                   | 66                  |
| Finance expense   | (132)               | (27)                                  | (27)                |
| PDC dividends payable/refundable  | (4,200)             | (3,780)                               | (4,200)             |
| <b>NET FINANCE COSTS</b>  | <b>(4,200)</b>      | <b>(3,693)</b>                        | <b>(4,161)</b>      |
| Other Gains/(losses) including disposal of assets                       | 0                   | 17                                    | 0                   |
| <b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR PER ACCOUNTS</b>               | <b>(2,446)</b>      | <b>563</b>                            | <b>(1,564)</b>      |
| Remove capital donations/grants Income & Expenditure impact             | 36                  | 0                                     | 38                  |
| Remove impact of 16/17 STF post accounts reallocation                   |                     | (419)                                 | 0                   |
| <b>Adjusted financial performance surplus/(deficit) inc 2016/17 STF</b> | <b>(2,410)</b>      | <b>144</b>                            | <b>(1,526)</b>      |
| <b>Control totals for planning years</b>                                | <b>(2,511)</b>      | <b>(2,511)</b>                        | <b>(1,564)</b>      |
| Performance against control total including 2016/17 STF                 | 101                 | 2,655                                 | 38                  |

\*2017/18 Bonus Incentive Income removed for comparability (£2.658m)

\*\* Draft actual outturn, subject to audit

## Budget setting assumptions

The starting point for setting budgets in 2018/19 was the Full Year Outturn at M7 2017/18. The following tables set out a bridge and table of key movements from the M7 v 2017/18 FOT to the 2018/19 Plan:



Assumptions included in the plan are detailed in the following table and key movements explained below.

|   | <b>Actual</b> |
|---|---------------|
| <b>Heading</b>  | <b>£'m</b>    |
| <b>2017/18 FOT Month 7</b>  | <b>(2.05)</b> |
| Add: Full Year Effect   | (8.51)        |
| Less: Non Recurrent Items   | 7.86          |
| Add: agreed Developments  | (1.89)        |
| Less: Budget Savings  | 5.78          |
| CNST Increase (£0.863m)/Risk Reserve (£0.847m)                      | (1.68)        |
| Change in CQUIN Income  | 0.19          |
| Tariff Uplift (2.1%)  | 6.77          |
| Tariff Efficiency (-2.0%)   | (6.45)        |
| Income - Activity Growth (1.68%)                                    | 4.55          |
| Additional STF Income   | 0.79          |
| Cost - Activity Growth  | (2.43)        |
| Pay Inflation and Incremental Drift (2%)                            | (5.18)        |
| Non Pay Inflation (2.5%)  | (2.16)        |
| Movement on Depreciation  | (3.00)        |
| Investment/Cost Pressure Reserve (1%)                               | (3.20)        |
| Impact of IUC   | (0.52)        |
| Contingency (0.5%) plus control total flexibility reserve (£1.678m) | (2.68)        |
| Productivity and Efficiency Programme                               | 12.26         |
| <b>2018/19 Control Total</b>  | <b>(1.56)</b> |

Key assumptions are as follows:

- The tariff has been included with a 0.1% net inflator (2.1% inflation with -2% assumed efficiency)
- The increased cost of depreciation (£3.0m) has been funded to reflect the delivery of 93% of 2017/18 capital outturn
- Income growth has been included at 1.68% (£4.55m for 2018/19) with £2.43m targeted to Fleet and Logistics and Operations to fund delivery of increased activity
- CNST increases have been funded
- Pay Award funding has been included at 1% - the impact of the recent pay settlement above 1% will be funded nationally
- Non pay inflation of 2.5% has been funded
- The Trust has established a 1% Investment reserve (£3.2m) of which £1.6m has been used to reduce the efficiency requirement on frontline operations
- The Trust has established a contingency reserve and control total flexibility reserve of £2.68m

The table below details how the corporate and operational budgets have been established and their delegation by Directorate. Income for some services is devolved to directorate level and therefore the central income in the attached table is lower than that on the face of the SOCI which shows income and expenditure on a gross basis.

| Directorate                    |        | 1. Base Budget<br>(M7 Forecast) | Recurrent Roll<br>Forward<br>Baseline<br>Budget | Income<br>Growth | Activity Cost<br>Growth | Additional STF<br>Income<br>Notified | Pay Inflation<br>and<br>Incremental<br>Drift | Non Pay<br>Inflation | Movement on<br>Dep'n | All reserves | 2018-19<br>budget<br>review<br>reduction | 2018-19<br>Budget<br>Envelope | 2018/19 CIP<br>identified | 2018/19<br>budget after<br>CIP | Prior Year<br>Budget |
|--------------------------------|--------|---------------------------------|---|------------------|-------------------------|--------------------------------------|--|----------------------|----------------------|--------------|--|-------------------------------|---------------------------|--------------------------------|----------------------|
| Central Corporate              | Budget | 22,071,703                      | 19,814,545                                      | 0                | 0                       | (788,000)                            | 21,917                                       | 2,158,000            | 3,000,000            | 8,681,000    | (2,804,197)                              | 30,083,265                    | 0                         | 30,083,265                     | 25,633,699           |
| Central Income                 | Budget | (345,888,887)                   | (346,569,867)                                   | (5,055,368)      | 0                       | 0                                    | 0  | 0                    | 0                    | 0            | 0  | (351,625,235)                 | 0                         | (351,625,235)                  | (346,667,835)        |
| Chief Executive                | Budget | 3,036,245                       | 3,285,706                                       | 0                | 0                       | 0                                    | 49,388                                       | 0                    | 0                    | 0            | (244,458)                                | 3,090,636                     | 0                         | 3,090,636                      | 3,111,513            |
| Governance and Corporate Serv  | Budget | 4,436,161                       | 4,684,364                                       | 0                | 0                       | 0                                    | 15,879                                       | 0                    | 0                    | 0            | (134,041)                                | 4,566,202                     | 0                         | 4,566,202                      | 4,812,810            |
| Strategic Assets               | Budget | 43,657,482                      | 42,759,041                                      | 0                | 323,892                 | 0                                    | 155,819                                      | 0                    | 0                    | 0            | (436,841)                                | 42,801,911                    | (1,990,000)               | 40,811,911                     | 37,587,911           |
| Finance and Performance        | Budget | 3,613,415                       | 4,372,466                                       | 0                | 0                       | 0                                    | 66,327                                       | 0                    | 0                    | 0            | (142,220)                                | 4,296,573                     | 0                         | 4,296,573                      | 4,635,987            |
| Im&T                           | Budget | 14,159,169                      | 14,807,387                                      | 0                | 0                       | 0                                    | 108,706                                      | 0                    | 0                    | 0            | (569,334)                                | 14,346,759                    | (300,000)                 | 14,046,759                     | 14,477,575           |
| Medical                        | Budget | 15,853,986                      | 16,853,132                                      | 0                | 0                       | 0                                    | 269,353                                      | 0                    | 0                    | 0            | (814,401)                                | 16,308,084                    | (400,000)                 | 15,908,084                     | 18,310,836           |
| Operations                     | Budget | 230,656,667                     | 234,397,250                                     | 0                | 2,108,950               | 0                                    | 4,336,530                                    | 0                    | 0                    | 0            | (830,475)                                | 240,012,255                   | (9,530,866)               | 230,481,389                    | 228,202,809          |
| People & Culture               | Budget | 5,898,140                       | 5,198,606                                       | 0                | 0                       | 0                                    | 73,916                                       | 0                    | 0                    | 0            | (193,155)                                | 5,079,367                     | 0                         | 5,079,367                      | 6,317,209            |
| Quality & Assurance            | Budget | 2,697,599                       | 2,964,728                                       | 0                | 0                       | 0                                    | 59,780                                       | 0                    | 0                    | 0            | (89,448)                                 | 2,935,060                     | 0                         | 2,935,060                      | 3,348,256            |
| Strategy & Communications      | Budget | 1,860,850                       | 2,025,751                                       | 0                | 0                       | 0                                    | 23,385                                       | 0                    | 0                    | 0            | (121,430)                                | 1,927,706                     | (35,000)                  | 1,892,706                      | 2,675,230            |
| London Ambulance Service Total |        | 2,049,433                       | 4,590,392                                       | (5,055,368)      | 2,432,842               | (788,000)                            | 5,181,000                                    | 2,158,000            | 3,000,000            | 8,681,000    | (6,380,000)                              | 13,819,866                    | (12,255,866)              | 1,564,000                      | 2,446,000            |

Reduced to £8.6m following  
deployment of central reserves

|                           | Investment/<br>Cost Pressure<br>Reserve | Additional CNST<br>& Risk Reserve<br>Notified | Control Total<br>Flexibility<br>Reserve Notified | IUC Reserve    | Contingency<br>Reserve | Total            |
|---------------------------|---|---|--|----------------|------------------------|------------------|
| <b>Reserves Analysis</b>  |   |   |  |                |                        |                  |
| Central Corporate         | 3,200,000                               | 1,683,000                                     | 1,679,000  | 519,000        | 1,600,000              | 8,681,000        |
| Reduce investment reserve | -1,600,000                              |   |  |                |                        | -1,600,000       |
| Risk reserve adj          |   | -800,000                                      |  |                |                        | -800,000         |
| <b>Total</b>              | <b>1,600,000</b>                        | <b>883,000</b>                                | <b>1,679,000</b>                                 | <b>519,000</b> | <b>1,600,000</b>       | <b>6,281,000</b> |

Reserves taken in budget review  
reduction

## Statement of Financial Position

The Statement of Financial Position details the assets and liabilities of the organisation and how these are financed. The most significant movements are in the cash available at the end of 2018/19 which is expected to reduce as current capital creditors and provisions are settled throughout 2018/19. The Trust is also planning to deliver a control total deficit of £1.56m in 2018/19.

| Statement of Financial Position (SOFP)                          | Plan<br>17/18<br>£'000 | Plan<br>18/19<br>£'000 |
|---|------------------------|------------------------|
| <b>Non-current assets</b>                                       |                        |                        |
| Intangible assets   | 4,162                  | 1,906                  |
| Property, plant and equipment: on-SoFP IFRIC 12 assets          | 156,812                | 162,938                |
| <b>Total non-current assets</b>                                 | <b>160,974</b>         | <b>164,844</b>         |
| <b>Current assets</b>   |                        |                        |
| Inventories   | 3,158                  | 3,158                  |
| Trade and other receivables: due from NHS and DHSC group bodies | 11,529                 | 11,776                 |
| Trade and other receivables: Due from non-NHS/DHSC group bodies | 8,321                  | 8,321                  |
| <b>Other current assets</b>                                     |                        |                        |
| Cash and cash equivalents: GBS/NLF                              | 20,446                 | 8,306                  |
| Cash and cash equivalents: commercial / in hand / other         | 7                      | 7                      |
| <b>Total current assets</b>                                     | <b>43,461</b>          | <b>31,568</b>          |
| <b>Current liabilities</b>                                      |                        |                        |
| Trade and other payables: capital                               | (41,546)               | (37,503)               |
| Provisions  | (3,416)                | (1,178)                |
| <b>Total current liabilities</b>                                | <b>(44,962)</b>        | <b>(38,681)</b>        |
| <b>Total assets less current liabilities</b>                    | <b>159,473</b>         | <b>157,731</b>         |
| <b>Non-current liabilities</b>                                  |                        |                        |
| Borrowings  | (107)                  | (107)                  |
| Provisions  | (8,506)                | (8,328)                |
| <b>Total non-current liabilities</b>                            | <b>(8,613)</b>         | <b>(8,435)</b>         |
| <b>Total net assets employed</b>                                | <b>150,860</b>         | <b>149,296</b>         |
|   |                        |                        |
| <b>Financed by</b>  |                        |                        |
| Public dividend capital   | 59,356                 | 59,356                 |
| Revaluation reserve   | 54,142                 | 54,142                 |
| Other reserves  | (419)                  | (419)                  |
| Income and expenditure reserve                                  | 37,781                 | 36,217                 |
| <b>Total taxpayers' and others' equity</b>                      | <b>150,860</b>         | <b>149,296</b>         |

## Cash Flow

The cash flow plan sets out the impact of the organisation's activities on the cash available to the Trust. Principle movements in the cash position are as follows:

- Depreciation has increased from £13.1m in 2017/18 to £15.5m due to increased capital expenditure in 2017/18
- The plan assumes a small increase in debtors in 2018/19
- The plan assumes a decrease in capital creditors of £1.7m
- The level of provisions carried forward from 2017/18 has decreased due to suspension of contractual penalties following implementation of ARP.
- The Trust has no planned property sales in 2018/19
- The Trust expects to bid for £2m external funding for capital expenditure to fund part of its capital programme but has not yet applied for this (See next section on Capital Plan).

| Statement of Cash Flow (SOCF)  | Plan<br>17/18<br>£'000 | Plan<br>18/19<br>£'000 |
|--|------------------------|------------------------|
| <b>Cash flows from operating activities</b>                                  |                        |                        |
| Operating surplus/(deficit)  | 3,859                  | 2,597                  |
| <b>Non-cash income and expense:</b>  |                        |                        |
| Depreciation and amortisation  | 13,123                 | 15,520                 |
| (Increase)/decrease in trade and other receivables                           | 15,613                 | (247)                  |
| (Increase)/decrease in inventories   | (43)                   | 0                      |
| Increase/(decrease) in trade and other payables                              | 2,080                  | (1,700)                |
| Increase/(decrease) in provisions  | (6,717)                | (2,443)                |
| <b>Net cash generated from / (used in) operations</b>                        | <b>27,915</b>          | <b>13,727</b>          |
| Interest received  | 82                     | 67                     |
| Purchase of intangible assets  | (23,542)               | (21,734)               |
| Proceeds from sales of property, plant and equipment and investment property | 170                    |                        |
| <b>Net cash generated from/(used in) investing activities</b>                | <b>(23,290)</b>        | <b>(21,667)</b>        |
| <b>Cash flows from financing activities</b>                                  |                        |                        |
| Public dividend capital received   | 1,340                  |                        |
| PDC dividend (paid)/refunded   | (4,149)                | (4,200)                |
| <b>Cash flows from (used in) other financing activities</b>                  |                        |                        |
| <b>Net cash generated from/(used in) financing activities</b>                | <b>(2,809)</b>         | <b>(4,200)</b>         |
| <b>Increase/(decrease) in cash and cash equivalents</b>                      | <b>1,816</b>           | <b>(12,140)</b>        |
|  |                        |                        |
| <b>Cash and cash equivalents at start of period</b>                          | <b>18,637</b>          | <b>20,453</b>          |
| <b>Restated cash and cash equivalents at start of period</b>                 | <b>18,637</b>          | <b>20,453</b>          |
| <b>Cash and cash equivalents at end of period</b>                            | <b>20,453</b>          | <b>8,313</b>           |
| <b>Cash balance per SOFP</b>   | <b>20,453</b>          | <b>8,313</b>           |

## Capital Plan

The capital plan sets out where the Trust will invest to maintain its current infrastructure and support delivery of its strategic goals over the next 5 years. The tables below set out where investment has been prioritized. Investment has been targeted at maintaining our existing estate, modernizing our fleet to ensure compliance with Ultra Low Emission Zone targets being introduced across the capital and investing in our digital maturity to improve patient quality and safety whilst improving efficiency and productivity. The plan assumes that national funding will be available to support elements of our programme such as digital maturity and emission reductions and implementation of the estates strategy for spatial development will be funded through land sales. Future year assumptions will be refreshed later this year in the light of further modelling to underpin our long term strategy.

| Capital Plan 2018/19                    | 2019<br>£'000 | 2020<br>£'000 | 2021<br>£'000 | 2022<br>£'000 | 2023<br>£'000 | 5 Year Plan<br>£'000 |
|---|---------------|---------------|---------------|---------------|---------------|----------------------|
| Estates - Maintenance                   | 2,777         | 1,400         | 900           | 900           | 900           | 6,877                |
| IM&T                                    | 8,900         | 8,950         | 7,000         | 7,000         | 7,000         | 38,850               |
| Fleet replacement - 2018/19             | 7,861         | 10,875        | 10,050        | 10,050        | 10,050        | 48,886               |
| Spatial Development (Building Purchase) | 0             | 5,000         | 5,000         | 5,000         | 5,000         | 20,000               |
| <b>Total Capital Expenditure</b>        | <b>19,538</b> | <b>26,225</b> | <b>22,950</b> | <b>22,950</b> | <b>22,950</b> | <b>114,613</b>       |

| Funding Plan 2018/19         | 2019<br>£'000 | 2020<br>£'000 | 2021<br>£'000 | 2022<br>£'000 | 2023<br>£'000 | 5 Year Plan<br>£'000 |
|------------------------------|---------------|---------------|---------------|---------------|---------------|----------------------|
| Carry Forward                | 1,630         | 0             | 0             | 0             | 0             | 1,630                |
| Internally Generated         | 15,500        | 16,899        | 17,100        | 17,300        | 17,500        | 84,299               |
| National Grants              | 1,204         | 2,163         | 425           | 325           | 225           | 4,342                |
| Other                        | 1,204         | 2,163         | 425           | 325           | 225           | 4,342                |
| Land Sales                   | 0             | 5,000         | 5,000         | 5,000         | 5,000         | 20,000               |
| <b>Total Capital Funding</b> | <b>19,538</b> | <b>26,225</b> | <b>22,950</b> | <b>22,950</b> | <b>22,950</b> | <b>114,613</b>       |

## Cost Improvement Programme

The Trust Cost Improvement Programme (CIP) is targeted to deliver £12.3m or 3.2% efficiency savings and will be project managed by the PMO. (See Below Table 1). Most of these efficiency savings will be delivered through more efficient deployment of operational staff alongside schemes such as the reduction in the current use of private ambulance as this is replaced by substantive workforce.

A Quality Impact Assessment policy was recently updated and approved by the Executive Leadership Team. The Programme Management Office (PMO) has been tasked with ensuring that all efficiency savings are developed and implemented without compromising quality and safety to the patient, family, friends and staff. The QIA involves the completion of a standard template which is reviewed and signed off after satisfactory assurance is provided.

Table 1: Summary of Overall Trust CIPs

| Project                     | Type of Expenditure / Income | Recurrent or Non-Recurrent | Directorate      | Status            | Efficiency Programme Area | Risk Rating | Plan £'000    | QIA Req'd | QIA Status |
|-----------------------------|------------------------------|----------------------------|------------------|-------------------|---------------------------|-------------|---------------|-----------|------------|
| Incentives                  | Pay                          | Recurrent                  | Operations       | Opportunity       | Workforce (Other)         | High        | 2,556         | Yes       | tbc        |
| Overtime                    | Pay                          | Recurrent                  | Operations       | Opportunity       | Workforce (Other)         | Medium      | 4,000         | Yes       | tbc        |
| PAS/VAS                     | Non-pay                      | Recurrent                  | Operations       | Opportunity       | Fleet                     | Medium      | 1,806         | Yes       | tbc        |
| Vehicle Make Ready          | Non-pay                      | Recurrent                  | Strategic Assets | Plans in Progress | Fleet                     | Medium      | 400           | Yes       | tbc        |
| Fleet procurement           | Non-pay                      | Recurrent                  | Strategic Assets | Opportunity       | Procurement               | Medium      | 1,400         | Yes       | tbc        |
| MFD procurement             | Non-pay                      | Recurrent                  | Strategic Assets | Plans in Progress | Procurement               | Delivered   | 40            | No        | -          |
| Trust staff uniforms        | Non-pay                      | Recurrent                  | Operations       | Plans in Progress | Other Savings             | Low         | 84            | No        | -          |
| Maternity income generation | Income (Other )              | Recurrent                  | Contracting      | Opportunity       | Other Savings             | High        | 375           | Yes       | tbc        |
| IM&T design                 | Non-pay                      | Recurrent                  | IM&T             | Opportunity       | Other Savings             | Low         | 260           | No        | -          |
| Accident Mgt (RTC)          | Non-pay                      | Recurrent                  | Strategic Assets | Opportunity       | Fleet                     | Medium      | 500           | Yes       | tbc        |
| Stadia & Events staffing    | Pay (Skill mix)              | Recurrent                  | Operations       | Opportunity       | Workforce (Other)         | Medium      | 400           | Yes       | tbc        |
| Driver training             | Non-pay                      | Recurrent                  | Training         | Opportunity       | Other Savings plans       | Medium      | 400           | Yes       | tbc        |
| Communications adjustments  | Non-pay                      | Recurrent                  | Communications   | Opportunity       | Corporate and Admin       | Low         | 35            | No        | -          |
|                             |                              |                            |                  |                   | <b>Total</b>              |             | <b>12,256</b> |           |            |



## Operational Workforce, Activity and Performance

The financial, activity and workforce plans for 2018/19 have been established based on the principle that current actual resources (financial and workforce) are delivering current ARP performance. An external review of the operating model has been commissioned which will be used to inform discussions with commissioners on how we deliver the ARP standards and the required resources.

This section explains the key changes in the Trust's overall WTE plan and then shows how frontline operational resources for our 111 and 999 services are aligned in terms of budget, people and activity plans. The WTE plan is based on the theoretical substantive WTE's required to meet the capacity plan. However, in practice, this does not necessarily translate directly to the internal workforce plan for recruitment purposes, as Operations will use a range of options for deployment e.g. overtime, use of PAS/VAS in certain circumstances.

### Whole Time Equivalent Summary

The table below shows the WTE plan submitted to NHSI for all staff, which is planned to increase by 1.4%, with a planned shift away from use of agency (3.6% reduction) and corresponding increase in substantive and bank staff.

Planned efficiencies in 2018/19 will deliver the equivalent of 84 WTE (2.6%) qualified ambulance staff. With improved recruitment and retention LAS will reduce its current vacancy rate and therefore reliance on overtime, the Trust currently covers over 400 WTE per month through overtime, a significant proportion of which is paid at premium rates. These reductions are key work streams within the Trust's CIP.

There is a planned increase of NHS infrastructure support posts, which is largely driven by an increase in posts (71 WTE) within Emergency Operations Centre for Emergency Dispatchers and Call Handling positions classified as 'Admin and Estates'. The Trust also plans to convert a number of current posts filled by agency to substantive posts increasing the WTEs further.

|  | Forecast<br>Out-turn<br>17/18 | Plan<br>18/19  | Plan<br>18/19 | Plan<br>18/19 |
|--|-------------------------------|----------------|---------------|---------------|
|  | WTE                           | WTE            | WTE<br>Change | % Change      |
| <b>ALL STAFF</b>   | <b>5,615.9</b>                | <b>5,695.1</b> | <b>79.2</b>   | <b>1.41%</b>  |
| Bank   | 45.2                          | 45.7           | 0.6           | 1.33%         |
| Agency staff (including, Agency, Contract and Locum)     | 101.7                         | 98.0           | (3.7)         | -3.64%        |
| <b>Substantive WTE</b>                                   | <b>5,469.0</b>                | <b>5,551.4</b> | <b>82.4</b>   | <b>1.80%</b>  |
| <b>Total Substantive Non-Medical -Clinical Staff</b>     | <b>4,181.5</b>                | <b>4,121.3</b> | <b>(60.3)</b> | <b>-1.44%</b> |
| <b>Total Substantive Non-Medical- Non-Clinical Staff</b> | <b>1,287.5</b>                | <b>1,430.1</b> | <b>142.6</b>  | <b>11.08%</b> |
| <b>Total Substantive Medical and Dental Staff</b>        | <b>3.1</b>                    | <b>3.1</b>     | <b>0.0</b>    | <b>0.00%</b>  |
| Registered Nursing, Midwifery and Health visiting staff  | 18.0                          | 17.7           | (0.3)         | -1.67%        |
| All Scientific, Therapeutic and Technical Staff          | 0.0                           | 0.0            | 0.0           | 0.00%         |

|   |              |             |              |               |
|---|--------------|-------------|--------------|---------------|
| Allied Health Professionals                                 | 0.0          | 0.0         | 0.0          | 0.00%         |
| Other Scientific, Therapeutic and Technical Staff           | 1.0          | 1.0         | 0.0          | 0.00%         |
| Health Care Scientists                                      | 0.0          | 0.0         | 0.0          | 0.00%         |
| Qualified Ambulance Service Staff                           | 3,071.8      | 2,987.7     | (84.1)       | -2.74%        |
| Support to clinical staff                                   | 1,090.8      | 1,114.9     | 24.1         | 2.21%         |
| NHS Infrastructure Support                                  | 1,287.5      | 1,430.1     | 142.6        | 11.08%        |
| Any others  | 0.0          | 0.0         | 0.0          | 0.00%         |
| <b>Total Medical and Dental Staff</b>                       | <b>3.2</b>   | <b>3.2</b>  | <b>0.0</b>   | <b>0.00%</b>  |
|   |              |             |              |               |
| <b>Bank</b>   | <b>45.2</b>  | <b>45.7</b> | <b>0.5</b>   | <b>1.11%</b>  |
| <b>Total Non-Medical -Clinical Staff</b>                    | <b>45.2</b>  | <b>45.7</b> | <b>0.5</b>   | <b>1.11%</b>  |
| Registered Nurses   | 0.0          | 0.0         | 0.0          | -             |
| Qualified Scientific, Therapeutic and Technical Staff       | 0.0          | 0.0         | 0.0          | -             |
| Qualified Ambulance Staff                                   | 45.2         | 45.7        | 0.5          | 1.11%         |
| Support to clinical staff                                   | 0.0          | 0.0         | 0.0          | -             |
| <b>Total Non-Medical- Non-Clinical Staff</b>                | <b>0.0</b>   | <b>0.0</b>  | <b>0.0</b>   | <b>-</b>      |
| <b>Total Medical and Dental Staff</b>                       | <b>0.0</b>   | <b>0.0</b>  | <b>0.0</b>   | <b>-</b>      |
|   |              |             |              |               |
| <b>Agency staff (including, Agency, Contract and Locum)</b> | <b>101.7</b> | <b>98.0</b> | <b>(3.7)</b> | <b>-3.64%</b> |
| <b>Total Non-Medical -Clinical Staff</b>                    | <b>11.4</b>  | <b>11.6</b> | <b>0.2</b>   | <b>1.75%</b>  |
| Registered Nurses   | 11.4         | 11.6        | 0.2          | 1.75%         |
| Qualified Scientific, Therapeutic and Technical Staff       | 0.0          | 0.0         | 0.0          | 0.00%         |
| Qualified Ambulance Staff                                   | 0.0          | 0.0         | 0.0          | -             |
| Support to clinical staff                                   | 0.0          | 0.0         | 0.0          | -             |
| <b>Total Non-Medical- Non-Clinical Staff</b>                | <b>90.3</b>  | <b>86.4</b> | <b>(3.9)</b> | <b>-4.32%</b> |
| <b>Total Medical and Dental Staff</b>                       | <b>0.0</b>   | <b>0.0</b>  | <b>0.0</b>   | <b>-</b>      |

The table below shows how budgets, people and activity have been aligned for 111, EOC and Frontline Operations. Existing 111 funding arrangements for South East London are on a pass through basis and the Trust recovers the actual cost of delivering this service. The plan includes funding for an additional 71 staff in EOC to respond to the increased call volumes and reduce reliance on overtime to cover shifts. An additional £2.1m has been targeted at Frontline operations to respond to the anticipated increased growth in incidents.

| <b>South East London 111</b> | <b>2017-18<br/>Forecast Outturn</b> | <b>2018-19 Plan Inc<br/>Inflation, CIP<br/>and growth</b> | <b>Movement</b> |
|------------------------------|-------------------------------------|---|-----------------|
| <b>Pay Costs* (£'000)</b>    | 5,018                               | 5,068   | 50              |
| <b>Staffing (WTE)</b>        | 117                                 | 117   | 0               |
| <b>Calls (Number)</b>        | 294,378                             | 294,378   | 0               |

| Frontline Operations         | 2017-18<br>Forecast<br>Outturn | 2018-19 Plan<br>(Inc Inflation 1%)<br>CIP and growth | Movement |
|------------------------------|--------------------------------|--|----------|
| Pay Costs* (£'000)           | 142,802                        | 142,625  | (177)    |
| PAS Cost (£'000)             | 5,435                          | 3,606  | (1,829)  |
| Staffing (WTE)               | 3,365                          | 3,380  | 15       |
| Productive hours (inc PAS)** | 4,472,085                      | 4,492,020  | 19,935   |
| Incidents                    | 1,132,812                      | 1,152,258  | 41,658   |

| Emergency Operations Centre | 2017-18<br>Forecast<br>Outturn | 2018-19 Plan Inc<br>Inflation, CIP<br>and growth | Movement |
|-----------------------------|--------------------------------|--|----------|
| Pay Costs* (£'000)          | 25,919                         | 27,694   | 1,775    |
| Staffing (WTE)              | 611                            | 684  | 73       |
| Productive hours            | 812,497                        | 909,528  | 97,030   |
| Calls (Number)              | 1,898,194                      | 1,930,229  | 32,035   |

\* Core Frontline (Substantive, Bank and Overtime only)

\*\* Productive hours per WTE:

|                        |         |
|------------------------|---------|
| Annual Leave           | 29 days |
| Bank Holidays          | 8 days  |
| Sick Leave             | 5.50%   |
| Other non-service time | 15.00%  |

## 10 Strategic risk and mitigation

At LAS a rigorous approach to identifying and mitigating risks has been developed and implemented across our organisation. This is summarised in the Trust's Risk Management and Strategy Policy most recently updated in March 2018 which states:

*"The Trust recognises that the principles of governance must be supported by an effective risk management system that is designed to deliver improvements in patient safety and care as well as the safety of its staff, patients and visitors. This strategy and policy describes a consistent and integrated approach to the management of all risk across the Trust. The Trust is committed to having a risk management culture that underpins and supports the business of the Trust."*

The Trust Board has set the 'risk appetite' for the organisation and remain accountable for ensuring that these thresholds are achieved and managed appropriately. These have been considered through the 2018/19 business planning process.

A central principle has been to ensure that any project associated with the mitigation of risks identified on the Corporate Risk Register and through the Board Assurance Framework (BAF), is prioritised as 'Must Do' for 2018/19. The current active risks on the BAF and the associated mitigating actions from the business planning process are below:

| BAF Risk    |   | Mitigation priority from Business Planning 2018/19   |
|-------------|---|--|
| BAF Risk 49 | The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19.           | All the previously identified CIP initiatives have been prioritised as 'must do' for each directorate. As part of the process the resources required for delivery have been defined.   |
| BAF Risk 47 | The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre at Bow and Waterloo.  | A specific project has been identified that aims to recruit staff to the EOC as a priority with an ambition to reach full establishment by autumn 2018.  |
| BAF Risk 45 | A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period.  | A specific project has been identified that strengthens the Trust cyber security capability. Additionally there are initiatives that will ensure staff are better trained to maintain business continuity when the situations arise. |
| BAF Risk 50 | The main power supply to Bow is lost as a result of UK Power Networks having a failure on their system impacting on our ability to provide a continuous service to our control room | As part of a series of projects to improve the LAS estate, one project will focus the power supply to Bow. As above, our staff are trained to ensure business continuity.  |

|                |  |  |
|----------------|--|--|
| BAF<br>Risk 51 | Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready could be vulnerable to market volatility leaving the Trust without a service provider at short notice | The policies regarding the provision of soft FM have also been identified as priority to strengthen and implement in 2018/19. This will form part of the review of our future estate strategy. |
|----------------|--|--|

Additionally, other risks to the delivery of 2018/19 business planning activity were identified. These have been considered and mitigated through the process as explained below.

| Risk   | Mitigation  |
|--|---|
| There are a number of directorate restructures underway that may limit Director and team capacity to deliver the breadth of business plan priorities identified for 2018/9   | The directorate restructures have been explicitly considered as projects in the Business Planning process. The leadership teams have been asked to identify the resourcing implications of the proposed changes to ensure the activity does not impact on other priorities and asked to consider appropriate timing for any restructure.              |
| Business as usual pressures and the threat of other major incidents continue to risk the delivery of business plan and associated projects in 2018/19  | The ELT took the decision to take account of a set number of unplanned Major incidents through the year. This will mean we are resourced appropriately should these incidents occur.  |
| The 18/19 budget may not give sufficient capacity to deliver key commitments within the People and Culture Strategy and to also support organisation development and transformation projects.  | A prioritisation process has been delivered that takes account of different pressures and requirements for 2018/19. This included a significant number of projects focussed on 'Our People', notably with an emphasis on Leadership development, skill mix reviews, clinical training and the strengthening of our organisational culture and values. |
| Our projects, closely associated with the pace of National Programmes, may be impacted if the central progress is slower than that anticipated   | We continue to work closely with national and regional bodies on to ensure we are providing the best services for our patients today and planning the best service developments for the future. We work closely with these teams to understand expected timescales for delivery and adapt appropriately where necessary.                              |
| The significant amount of programme activity (including possible restructure and major fleet and estate modernisation), desired pace for change, along with possibility of a Major Incident, will put significant strain on supporting directorates such as Performance, Corporate Governance, and Communications. | The ELT Business Planning session allowed all directors to view the draft portfolio of programmes for 18/19 in the round. This included an assessment of the impact of each programme on all directorates. Directors have been asked to consider the overall impact on  |

|  |   |
|--|---|
|  | their area and feedback before plans are finalised. |
|--|---|

## 11 Governance

### Trust Board

The Trust Board leads the organisation, by setting its strategy, vision, mission, values and culture and agreeing the framework within which operational decisions will be taken.

Our Trust Board is made up of 14 members — our Chair, six non-executive directors, two associate non-executive directors and five executive directors (including our chief executive).

### Executive Leadership Team (ELT)

Our ELT, which is led by our chief executive, consists of the executive directors who are on the Trust Board and five other directors.

The ELT leads and manages the performance of the Trust within the strategic framework established by the Trust Board, this includes:

- the development and implementation of strategy, operational plans, policies, procedures and budgets
- the monitoring of operational and financial performance
- the assessment and control of risk
- the prioritisation and allocation of resources.

The ELT achieves this through a variety of mechanisms, including Performance Review meetings and a comprehensive programme management structure.

ELT members individually and collectively have responsibility for providing assurance to the Trust Board on the controls in place to identify, manage and mitigate risks to successful operation of the Trust.

### Programme Management Office (PMO)

The PMO will provide advice, support and quality assurance to all Programmes & Projects underway throughout the Trust (cf Appendix for Strategic Programme & Project Matrix). Specifically, the PMO will:

- Inform senior management decision making on prioritisation, dependencies, risk management and deployment of resources to deliver strategic / business objectives and benefits
- Support delivery of programmes and projects within time, cost, quality and other constraints
- Underpin identification and realisation of outcomes and benefits via programmes and projects

In parallel to the establishment of a PMO the Trust has initiated a governance structure to provide assurance of the management, delivery, oversight and governance arrangements in respect of all programmes and projects. The governance structure detailed below must realise the following:

- promote an open culture that supports transformation, and that emphasises financial awareness with focus on the development, training and knowledge of colleagues across the Trust;
- understand who is responsible for the delivery of Programmes and Projects at Director and Manager level;

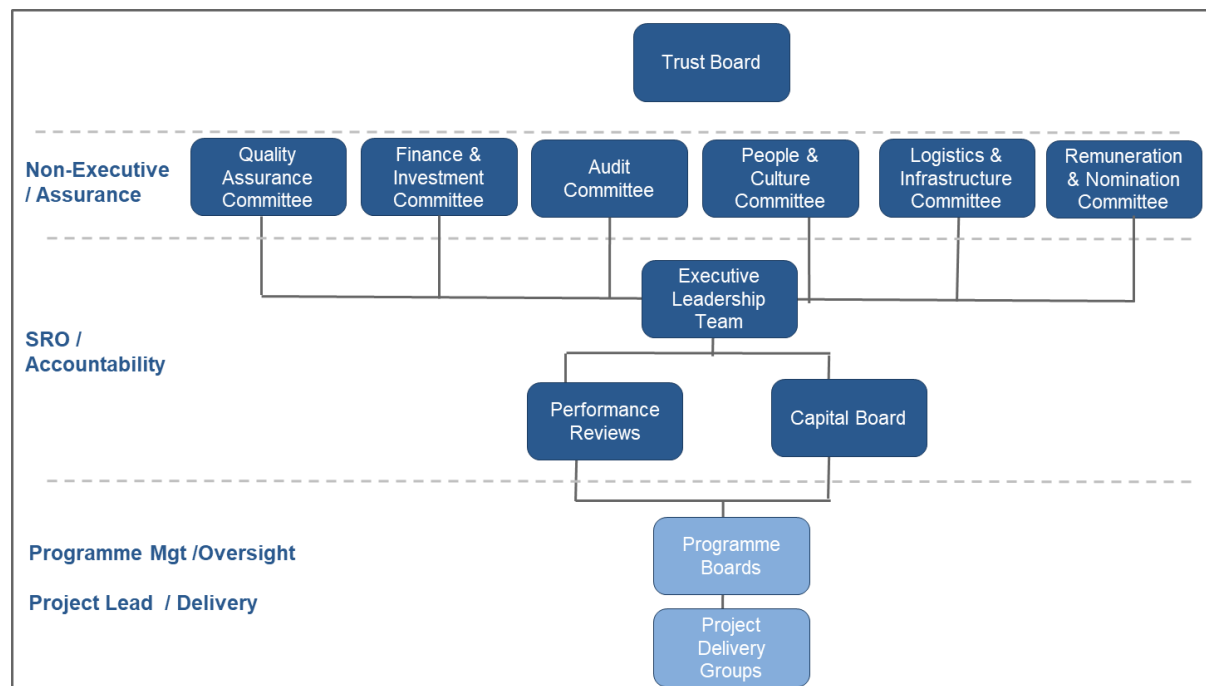
- be aware of the impact of any potential change upon quality, and be formally assured that all projects have been suitably assessed;
- be able to demonstrate that learning, experience and organisational memory about change delivery is suitably retained.

### Board Assurance Committees

The Trust Board has established the following Committees (all chaired by a non-executive director) to provide it with assurance in relation to the effectiveness of the controls in place to identify, manage and mitigate the risks to the successful operation of the Trust:

- **Quality Assurance Committee** - provides the Trust Board with assurance on the provision of a high quality, safe, and effective service
- **Finance and Investment Committee** – focusses on the Trust’s financial and investments policies, management and reporting, as well as overseeing its performance reporting framework.
- **Audit Committee** – focuses primarily on the risks, controls and related assurances that underpin the achievement of the Trust’s objectives.
- **People and Culture Committee** – considers all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks
- **Logistics and Infrastructure Committee** - provides assurance on and oversees strategic development and investment in Fleet, Logistics, Estate and IM&T
- **Remuneration and Nominations Committee** - appoints and, if necessary, dismisses the executive directors, establishes and monitors the level and structure of total reward for executive directors, ensuring transparency, fairness and consistency.

After every meeting, each of these Committees provide the Trust Board with a report on how it has fulfilled its duties.





## **Clinical Council**

The Clinical Council exists to provide assurance to the Executive Leadership Team and Trust Board that the clinical elements of the Trust Strategy and Improvement plan are being implemented effectively and in a timely manner

## **Corporate Committees**

Corporate Committees, such as the Quality Oversight Group, exist to ensure that cross-directorate risks and issues are being managed and mitigated appropriately.

## **Directorate management**

### Operations Directorate

The Operations Directorate manages its business through station level meetings, to sector level meetings, which escalate issues up to the Operations Board as necessary.

### Corporate Directorates

Corporate Directorates, which are not as large as the Operations Directorate, have team meetings and directorate-wide meetings to manage their risks and business as appropriate.

## APPENDIX

### Strategic Programmes and Improvement projects

The table below shows the key transformation and improvement programmes that will underpin delivery of the Business Plan

|   | Strategic Programmes                           | Projects   | SRO / Project Executive |
|---|--|--|-------------------------|
| 1 | Integrated Clinical Assessment & Triage (iCAT) | SEL IT CQC Requirements<br>SEL Tender<br>NEL Mobilisation<br>Integrated Urgent Care Design, Development & Delivery<br>ELCHP / SEL Clinical Assessment Service Design, Merge ELCHP / SEL with 999 CHUBB (incl. Adastra)<br>IUC /999 Integration Contact Handling & Triage<br>Digital & Technology | Fenella Wrigley, SRO    |
| 2 | Pioneering Services                            | Mental Health – Service Offering<br>End of Life – Service Offering<br>Maternity – Service Offering<br>Falls – Service Offering<br>Other conditions   | Trisha Bain, SRO        |
| 3 | Spatial Development                            | Developing new blueprint - Operational Estate<br>SMART Working - Corporate Estate<br>Innovative Learning & Development - Training Estate<br>Building Resilience - EOC / Control Rooms<br>EOC Reconfiguration   | Benita Mehra, SRO       |
| 4 | Connecting Clinicians                          | Electronic Patient Records ePRF – End to End Digitisation  | Fenella Wrigley, SRO    |
| 5 | Ready, Set Go (Medicines Management)           | Secure Drugs Room<br>Primary Response Bag<br>Vehicle Based Drugs Pack<br>Internal Order Drug System<br>Kit Prep / Perfect Ward Enabling Apps   | Benita Mehra, SRO       |
|   | Improvement Projects                           | Projects   | SRO / Project Executive |
| 6 | Fleet Reconfiguration                          | Additional Double Crewed Ambulances (DCAs)<br>Driver Safety System (Telematics)<br>Electric Vehicles Development<br>DCA Refurbishment<br>Support Fleet for Compliance ULEZ   | Benita Mehra, SRO       |
| 7 | Ambulance Radio Programme                      | Integrated Command & Control System (ICCS)<br>Prepare for National Mobile Data Network   | Paul Woodrow, SRO       |
| 8 | Computer Aided Dispatch                        | CAD action plan completion – refresh infrastructure and move to commercial hosting provider  | Ross Fullerton, SRO     |
| 9 | Compliance                                     | General Data Protection Regulation<br>Datix Cloud & Access from Mobile Devices   | Ross Fullerton, SRO     |

|           |                       |  |                        |
|-----------|-----------------------|--|------------------------|
| <b>10</b> | IM&T Essentials       | 999 Telephony Replacement<br>End of Service Life Projects<br>Vehicle communications (MDT & navigation) refresh<br>Risks mitigation<br>Cyber resilience | Ross Fullerton,<br>SRO |
| <b>11</b> | Estates Maintenance   | Backlog maintenance and essential upgrades   | Benita Mehra, SRO      |
| <b>12</b> | Logistics (Equipment) | Essential replacement items  | Benita Mehra, SRO      |
| <b>13</b> | Efficiency Savings    | CIP Projects   | Lorraine Bewes, SRO    |
| <b>14</b> | Quality               | Quality Priorities and Quality Improvement Plan  | Trisha Bain            |



|   |   |                  |                          |                    |
|---|---|------------------|--------------------------|--------------------|
| <b>Report to:</b>   | <b>Trust Board</b>                                  |                  |                          |                    |
| <b>Date of meeting:</b>   | 24 April 2018                                       |                  |                          |                    |
| <b>Report title:</b>  | Financial Plan 2018-19                              |                  |                          |                    |
| <b>Agenda item:</b>   | 10  |                  |                          |                    |
| <b>Report Author(s):</b>  | James Corrigan, Interim Deputy Director of Finance  |                  |                          |                    |
| <b>Presented by:</b>  | Lorraine Bewes, Director of Finance and Performance |                  |                          |                    |
| <b>History:</b>   | Finance and Investment Committee (March)            |                  |                          |                    |
| <b>Status:</b>  | <input checked="" type="checkbox"/>                 | <b>Assurance</b> | <input type="checkbox"/> | <b>Discussion</b>  |
|   | <input checked="" type="checkbox"/>                 | <b>Decision</b>  | <input type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |   |                  |                          |                    |
| <p>The purpose of this paper is to update the Trust Board on the development of the Trust Financial Plan for 2018/19, set out the external submission requirements with NHS Improvement and seek approval for the financial, workforce and activity plans for 2018/19.</p> <p>The draft financial plan was reviewed at the March meeting of the Finance and Investment Committee and the Committee agreed a checklist of assurances that were required to support Board approval of the final plan for submission to NHS Improvement. These assurances were:</p> <ul style="list-style-type: none"><li>• reaching agreement with Commissioners on the activity level to be funded;</li><li>• confirming that the patient-facing hours delivered under the agreed budget for frontline staff are sufficient to support planned activity growth;</li><li>• assessing via a study being conducted by ORH Consultants whether planned resources can deliver the nationally mandated goal of full achievement of Ambulance Response Programme (ARP) targets by September 2018;</li><li>• elaborating CIP projects to a point that confirms the likelihood of delivery;</li><li>• Completing capital budgets.</li></ul> <p>Since the meeting of the Finance and Investment Committee, further work has been undertaken to refine and provide assurance that the financial, workforce and activity plans included in the business plan are sufficient to safely deliver performance and allow the Trust to continue work on implementation of its strategy.</p> <p>However, it should be noted that the national Ambulance Quality Indicators are still subject to change and whilst the LAS plan is to deliver the national standards, the exact timing and delivery is subject to commissioner agreement to funding additional costs of the new operating model if required.</p> <p>The Trust is required to submit its final and approved financial, activity and workforce plans to NHS improvement by midday 30 April 2018.</p> |   |                  |                          |                    |

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|  |
| <b>Recommendation(s):</b>  |
| The Trust Board is recommended to approve the Annual Financial Plan and supporting Workforce and Activity plans for 2018/19 as set out in the Trust Business Plan 2018/19 under agenda item 09 (ref: TB/18/09) for submission to NHS Improvement by 30 April 2018 and to approve the associated revenue and capital budgets for internal delegation.   |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>   |
| The establishment of a robust Financial Plan for 2018/19 is critical in ensuring resources are deployed to ensure maintenance of effective, safe and good quality services and are sufficiently and sustainably resourced to meet the expected demand pressures. The Trust is required to deliver the Control Total agreed with NHS Improvement as part of its two-year plan (£1.564m Deficit). Key BAF risks covered are: 37,40,42,44 |

|   |                                     |
|---|-------------------------------------|
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>        |                                     |
| <b>Clinical and Quality</b>   | <input checked="" type="checkbox"/> |
| <b>Performance</b>  | <input checked="" type="checkbox"/> |
| <b>Financial</b>  | <input checked="" type="checkbox"/> |
| <b>Workforce</b>  | <input checked="" type="checkbox"/> |
| <b>Governance and Well-led</b>  | <input checked="" type="checkbox"/> |
| <b>Reputation</b>   | <input type="checkbox"/>            |
| <b>Other</b>  | <input type="checkbox"/>            |
| <b>This report supports the achievement of the following Business Plan Workstreams:</b> |                                     |
| <b>Ensure safe, timely and effective care</b>   | <input checked="" type="checkbox"/> |
| <b>Ensuring staff are valued, respected and engaged</b>                                 | <input type="checkbox"/>            |
| <b>Partners are supported to deliver change in London</b>                               | <input checked="" type="checkbox"/> |
| <b>Efficiency and sustainability will drive us</b>                                      | <input checked="" type="checkbox"/> |

## Purpose and Background

1. The purpose of this paper is to update the Board on the development of the Trust Financial Plan for 2018/19, set out the external submission requirements with NHS Improvement and seek approval for the financial, workforce and activity plans for 2018/19. The commentary here refers to the Trust Financial Plan set out in the Trust Business Plan 2018 to 2019 , Section 9 How We Will Fund Our Plan pages 27 to 37 (Agenda Item No 09, Ref: TB/18/09).
2. The draft financial plan was reviewed at the March meeting of the Finance and Investment Committee and the Committee agreed a checklist of assurances that were required to support Board approval of the final plan for submission to NHS Improvement. These assurances were:
  - reaching agreement with Commissioners on the activity level to be funded;
  - confirming that the patient-facing hours delivered under the agreed budget for frontline staff are sufficient to support planned activity growth;
  - assessing via a study being conducted by ORH Consultants whether planned resources can deliver the nationally mandated goal of full achievement of Ambulance Response Programme (ARP) targets by September 2018;
  - elaborating CIP projects to a point that confirms the likelihood of delivery;
  - completing capital budgets.
3. Since the meeting of the Finance and Investment Committee, further work has been undertaken to refine and provide assurance that the financial workforce and activity plans included in the business plan are sufficient to safely deliver performance and allow the Trust to continue work on implementation of its strategy. Updates on each of the assurances are as follows:

## Agreement with commissioners on funded activity level

4. The Trust provisionally agreed a finance and activity position on its 999 services with Brent CCG on 9 April 2018 subject to agreement by London CCG Accountable Officers. The CCG Accountable Officers agreed the revised offer on 13 April 2018.
5. The CCG contract for 999 services covers 92% of Trust total income. The settlement allows for maximum potential income of £333.1m, which is broken down as follows:

|                            |           |
|----------------------------|-----------|
| • 18/19 baseline           | - £320.5m |
| • CQUIN@ 2%                | - £ 8.0m  |
| • Maximum over performance | - £ 4.6m  |
| • Total                    | - £333.1m |
6. This is in line with the Trust's overall plan for Operating income from patient care activities set out in the Statement of Comprehensive Income on page 27 of the Business Plan.

7. The key points relating to the settlement are: -

- The 1718 baseline has been uplifted by 2% based on 1718 estimated over performance
- Marginal rate has been increased from 75% (£211) to 85% resulting in a price improvement to the baseline of £0.6m
- 1819 growth of 1.7% has been recognised in the contract and is payable as over performance @ 85% marginal rate which represents a price improvement of £0.4m.
- Payment for activity is capped @ 1.7% above the 1819 baseline or 3.7% above the 1718 baseline. If demand increases above this level, the contract provides for a complete contract renegotiation, though this is assessed as unlikely based on long term forecast demand trends and in practice, both parties will be sitting down to negotiate an entirely new contract for 2019/20.

8. The agreement represents a continuation of the risk share for the second year of the two-year contract.

### **Frontline patient facing hours are sufficient to deliver planned activity growth**

9. The financial, activity and workforce plans for 2018/19 have been established based on the principle that current actual resources (financial and workforce) are broadly delivering on the new national standards as currently defined. An external review of the operating model has been commissioned which will be used to inform discussions with commissioners on how we deliver the Ambulance Response Programme standards and the required resources.

10. This section explains the key changes in the Trust's overall WTE plan and then shows how frontline operational resources for our 111 and 999 services are aligned in terms of budget, people and activity plans. The WTE plan is based on the theoretical substantive WTE's required to meet the capacity plan. However, in practice, this does not necessarily translate directly to the internal workforce plan for recruitment purposes, as Operations will use a range of options for deployment e.g. overtime, use of PAS/VAS in certain circumstances.

11. Planned efficiencies in 2018/19 will deliver the equivalent of 84 WTE (2.6%) qualified ambulance staff. With improved recruitment and retention LAS will reduce its current vacancy rate and therefore reliance on overtime, the Trust currently covers over 400 WTE per month through overtime, a significant proportion of which is paid at premium rates. These reductions are key work streams within the Trust's CIP.

12. There is a planned increase of NHS infrastructure support posts, which is largely driven by an increase in posts (73 WTE) within Emergency Operations Centre for Emergency Dispatchers and Call Handling positions classified as 'Admin and Estates'. The Trust also plans to convert a number of current posts filled by agency to substantive posts increasing the WTEs further.

13. The table below shows how budgets, people and activity have been aligned for 111, EOC and Frontline Operations. Existing 111 funding arrangements for South East London are on a pass through basis and the Trust recovers the actual cost of delivering this service. The plan includes funding for an additional 73 staff in EOC to respond to the increased

call volumes and reduce reliance on overtime to cover shifts. An additional £2.1m has been targeted at Frontline operations to respond to the anticipated increased growth in incidents.

| South East London 111 | 2017-18<br>Forecast<br>Outturn | 2018-19 Plan<br>Inc Inflation,<br>CIP and<br>growth | Movement |
|-----------------------|--------------------------------|---|----------|
| Pay Costs* (£'000)    | 5,018                          | 5,068   | 50       |
| Staffing (WTE)        | 117                            | 117   | 0        |
| Calls (Number)        | 294,378                        | 294,378   | 0        |

| Frontline Operations         | 2017-18<br>Forecast<br>Outturn | 2018-19 Plan<br>(Inc Inflation<br>1%) CIP and<br>growth | Movement |
|------------------------------|--------------------------------|---|----------|
| Pay Costs* (£'000)           | 142,802                        | 142,625   | (177)    |
| PAS Cost (£'000)             | 5,435                          | 3,606   | (1,829)  |
| Staffing (WTE)               | 3,365                          | 3,380   | 15       |
| Productive hours (inc PAS)** | 4,472,085                      | 4,492,020   | 19,935   |
| Incidents                    | 1,132,812                      | 1,152,258   | 41,658   |

| Emergency Operations Centre | 2017-18<br>Forecast<br>Outturn | 2018-19 Plan<br>Inc Inflation,<br>CIP and<br>growth | Movement |
|-----------------------------|--------------------------------|---|----------|
| Pay Costs* (£'000)          | 25,919                         | 27,694  | 1,775    |
| Staffing (WTE)              | 611                            | 684   | 73       |
| Productive hours            | 812,497                        | 909,528   | 97,030   |
| Calls (Number)              | 1,898,194                      | 1,930,229   | 32,035   |

\* Core Frontline (Substantive, Bank and Overtime only)

\*\* Productive hours per WTE:

|                        |         |
|------------------------|---------|
| Annual Leave           | 29 days |
| Bank Holidays          | 8 days  |
| Sick Leave             | 5.50%   |
| Other non-service time | 15.00%  |

## Delivery of national standards by September 2018

- Further work is required to ensure that the final plan provides assurance that LAS can deliver national performance standards introduced in November 2017 under ARP by September 2018.



15. The national Ambulance Quality Indicators from April 2018 are still being finalized at a national level and are subject to change and delivery will be subject to agreement with commissioners on any additional funding needed to establish the revised operating model.

## Cost Improvement Plan delivery risk

16. The Trust Cost Improvement Programme (CIP) is targeted to deliver £12.3m or 3.2% efficiency savings and will be project managed by the PMO.
17. Most of these efficiency savings will be delivered through more efficient deployment of operational staff alongside schemes such as the reduction in the current use of private ambulance as this is replaced by substantive workforce.
18. A Quality Impact Assessment policy was recently updated and approved by the Executive Leadership Team. The QIA process involves the completion of a standard template which is reviewed and signed off after satisfactory assurance is provided. This is then tracked on an ongoing basis.
19. The Programme Management Office (PMO) has been tasked with ensuring that all efficiency savings are developed and implemented without compromising quality and safety to the patient, family, friends and staff.
20. Each scheme within the Cost Improvement Programme has been risk rated for delivery. The overall programme is currently rated as follows:

| Rating | Risk to delivery | Value (£'000) | %    |
|--------|------------------|---------------|------|
| Blue   | Non              | 40            | 0%   |
| Green  | Low              | 119           | 1%   |
| Amber  | Medium           | 9,166         | 75%  |
| Red    | High             | 2,931         | 24%  |
| Total  |                  | 12,256        | 100% |

## Capital Plan

21. The capital plan sets out where the Trust will invest to maintain its current infrastructure and support delivery of its strategic goals over the next 5 years. The tables below set out by directorate where investment has been prioritised. The plan was produced through drawing together bids from across the organization that were then prioritised by the executive leadership team against what was required to maintain current service delivery (i.e. backlog maintenance), contribution to delivery of our strategy and affordability
22. Investment has been targeted at maintaining our existing estate, modernizing our fleet to ensure compliance with Ultra Low Emission Zone targets being introduced across the capital and investing in our digital maturity to improve patient quality and safety whilst improving efficiency and productivity.

23. The plan assumes that national funding will be available to support elements of our programme such as digital maturity and emission reductions and implementation of the estates strategy for spatial development will be funded through land sales and that carry forward capital from 2017/18 will be available in 2018/19. These assumptions are subject to agreement with NHS Improvement and NHS England.
24. Future year assumptions will be refreshed later this year in the light of further modelling to underpin our long term strategy.

| <b>Capital Plan 2018/19</b>                | <b>2019<br/>£'000</b> | <b>2020<br/>£'000</b> | <b>2021<br/>£'000</b> | <b>2022<br/>£'000</b> | <b>2023<br/>£'000</b> | <b>5 Year<br/>Plan<br/>£'000</b> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| Estates - Maintenance                      | 2,777                 | 1,400                 | 900                   | 900                   | 900                   | <b>6,877</b>                     |
| IM&T                                       | 8,900                 | 8,950                 | 7,000                 | 7,000                 | 7,000                 | <b>38,850</b>                    |
| Fleet replacement - 2018/19                | 7,861                 | 10,875                | 10,050                | 10,050                | 10,050                | <b>48,886</b>                    |
| Spatial Development<br>(Building Purchase) | 0                     | 5,000                 | 5,000                 | 5,000                 | 5,000                 | <b>20,000</b>                    |
| <b>Total Capital Expenditure</b>           | <b>19,538</b>         | <b>26,225</b>         | <b>22,950</b>         | <b>22,950</b>         | <b>22,950</b>         | <b>114,613</b>                   |

| <b>Funding Plan 2018/19</b>  | <b>2019<br/>£'000</b> | <b>2020<br/>£'000</b> | <b>2021<br/>£'000</b> | <b>2022<br/>£'000</b> | <b>2023<br/>£'000</b> | <b>5 Year<br/>Plan<br/>£'000</b> |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| Carry Forward                | 1,630                 | 0                     | 0                     | 0                     | 0                     | 1,630                            |
| Internally Generated         | 15,500                | 16,899                | 17,100                | 17,300                | 17,500                | 84,299                           |
| National Grants              | 1,204                 | 2,163                 | 425                   | 325                   | 225                   | 4,342                            |
| Other                        | 1,204                 | 2,163                 | 425                   | 325                   | 225                   | 4,342                            |
| Land Sales                   | 0                     | 5,000                 | 5,000                 | 5,000                 | 5,000                 | 20,000                           |
| <b>Total Capital Funding</b> | <b>19,538</b>         | <b>26,225</b>         | <b>22,950</b>         | <b>22,950</b>         | <b>22,950</b>         | <b>114,613</b>                   |

## Joint planning guidance summary

25. The Trust is required to submit its final and approved financial, activity and workforce plans to NHS improvement by midday 30 April 2018. An update on each of the key areas of the joint planning guidance issued by NHS Improvement and NHS England that are relevant to the Trust is summarised in the table below

| <b>Planning Guidance</b>   | <b>Trust Financial Plan</b>  |
|--|--|
| The Sustainability and Transformation fund is to become the Provider Sustainability Fund (PSF) with total funding of £2.45bn (up currently from £1.8bn).   | The Trust Financial plan includes Provider Sustainability Funding (Ex STF) of £2.728m as notified in the revised control total letter from NHS Improvement |
| There will be no additional winter funding in 2018/19. Systems are required to produce a winter demand and capacity plan with actions and proposed outcomes. Further guidance on submitting these will be available by March 2018. | No additional winter funding has been assumed in the Financial Plan.   |

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| Trusts accept that their control totals remain exempt from the existing contractual performance fines in the NHS Standard contract.  | The financial plan delivers the notified control total £1.564m deficit   |
| If control totals are not accepted, it will trigger action under the Single Oversight Framework and providers will not qualify for any discretionary capital allocations.  | Not applicable, control total accepted   |
| Funding allocations announced include an allowance for 2.3% growth in ambulance activity in 2018/19 and the guidance calls for STPs, CCGs and Trusts to review and update the trends and assumptions underpinning their expected rates of growth and move towards a shared set of agreements regarding growth. | <p>Commissioners have agreed to fund the full cost of the CNST increase and 2.09% growth based on 2017/18 over performance.</p> <p>The contract cap for 2018/19 has been adjusted from 3% to 3.7% and the marginal rate for over performance has been increased from 75% (£211 per incident) to 85% (£239.13 per incident)</p>   |
| Plans should ensure that ARP standards are met by September 2018 and Handovers should not exceed 30 minutes.   | Further work is required to ensure that the final plan provides assurance that LAS can deliver national performance standards introduced in November 2017 under ARP by September 2018. The national Ambulance Quality Indicators from April 2018 are still being finalized at a national level and are subject to change and delivery will be subject to agreement with commissioners on any additional funding needed to establish the revised operating model. |
| The guidance emphasises that it is essential that 2018/19 pay costs in planning returns are an accurate reflection of costs of current pay assumptions as these will be used to model nation pay agreements.   | Pay costs have been budgeted to include 1% increase for national pay awards and 1% for incremental drift. The impact of the recently announced pay award is to be funded nationally.   |
| Workforce plans should be detailed and well modelled and align with both finance and service activity plans to ensure the workforce levels are affordable, efficient and sufficient to deliver safe care to patients   | See above, workforce plan including efficiency and productivity has been aligned with activity growth  |
| Providers should not assume any capital resource above internally generated capital unless NHSI or NHSE has specifically agreed additional funding.  | The financial plan currently assumes £1.6m of capital carry forward from 2017/18 and £1.2m from national funding. Both these assumptions are subject to approval and schemes will not commence until funding is approved.  |
| The 0.5% CQUIN risk reserve has been withdrawn in 2018/19 and 0.5% has been added to the STP engagement CQUIN which will now become 1%   | The Trust has reflected this within its revised contract position on CQUINs and included the assumption within the financial plan  |

|   |   |
|---|---|
| <p>The Trust is required to contain expenditure on Agency Staff to a ceiling of £5.9m in order to qualify for STF funding</p> | <p>The Trust ended 2017/18 with a spend of £6.27m and a monthly run rate of £0.505m. The Trust is implementing the following interventions to ensure the ceiling is delivered:</p> <ul style="list-style-type: none"> <li>• Reviewing existing contracts and ending these where possible</li> <li>• Converting existing interim posts to permanent or bank</li> <li>• Renegotiating existing contracts to ensure compliance with national pay caps on agency staff</li> </ul> |
|---|---|

## Conclusions and Recommendations

26. This paper sets out additional evidence to address the assurances required by the Finance and Investment Committee that there is a robust plan to deliver the required control total deficit of £1.56m, taking account of both income and expenditure risks and providing internal consistency with our workforce, activity and capacity plans, to target delivery of our Business Plan deliverables.
27. The Trust Board is recommended to approve the Annual Financial Plan set out in the Business Plan for submission to NHS Improvement by 30 April and to approve the associated revenue and capital budgets for internal delegation.

**Lorraine Bewes**

**Director of Finance and Performance**



## Assurance Audit Committee report:

Date: 16/04/2018

Summary report to: Trust Board

Date of meeting: 24/04/2018

Presented by: John Jones, Non-Executive Director, Audit Committee Chair

Prepared by: John Jones, Non-Executive Director, Audit Committee Chair

### Matters for escalation:

#### General Data Protection Regulation (GDPR)

The General Data Protection Regulation (GDPR) becomes enforceable from 25 May 2018 and an internal audit study on our progress was received. This indicated that although our plans for compliance were established insufficient progress had been made and eight recommendations were put forward. These have been agreed for implementation by 25 May but given the tight timescale monitoring by the Board and Audit Committee are required to ensure that we achieve an appropriate level of compliance by 25<sup>th</sup> May and that plans are in place to deliver further progress as soon possible.

#### Annual Accounts

A review of the draft unaudited accounts for 2017/18, the draft annual governance statement and the draft annual report was undertaken. The outcome is consistent with the expected financial position of the Trust at the year end.

### Other matters considered:

Internal Audit recommendations outstanding and overdue remain at a high level and the Committee agreed to a review of those that might be closed and a continuation of the tightening of the review process to achieve the target of no overdue recommendations.

The updated Board Assurance Framework (BAF), which shows five red risks, was reviewed. These are also subject to monitoring by respective Board Assurance Committees.

Internal Audit reports on Non- Standard Payments, Information Governance, and GDPR were received from KPMG (see assurance section). The Internal Audit Report on Data Quality has not yet been

|  |   |
|--|---|
|  | <p>finalised but an oral update was presented and the likely conclusions were discussed</p> <p>The Counter Fraud Annual Report for 2017/18 was received together with a self-review rating for 2018/19. This indicates a small improvement (from three amber and one green to two amber and two green).</p> <p>A report on the Losses and Special Payments for 2017/18 was reviewed by the Committee.</p>   |
| <p><b>Key decisions made / actions identified:</b></p> | <p>The draft unaudited accounts, the draft annual governance statement and the draft annual report be sent to NHSI by the due date of 24<sup>th</sup> April 2018.</p>   |
| <p><b>Risks:</b></p>                                   | <p>There is a risk that the General Data Protection Regulation (GDPR) is not implemented to a sufficient standard by the enforceable date of 25<sup>th</sup> May 2018.</p>  |
| <p><b>Assurance:</b></p>                               | <p>Assurance to the Committee was provided by the reports of the internal auditor and the LCFS. These reviews produced the following assurance:</p> <p>Non-Standard Payroll Payments - Partial Assurance with improvements required. The audit of these payments – defined as discretionary payments made by the Trust to staff for specific circumstances such as overtime, missed breaks and incentives to work particularly during busy periods - has indicated an urgent need to strengthen processes and controls. All recommendations (five) have been accepted.</p> <p>Information Governance– Significant Assurance with minor improvement opportunities.</p> <p>Data Quality– Oral report with indication of the need to progress the LAS Data Quality Strategy being the main theme.</p> <p>GDPR – Advisory report with no formal assurance rating.</p> |



## Assurance report: People and Culture Committee

Date: 19/04/2018

|                    |  |                  |  |
|--------------------|--|------------------|--|
| Summary report to: | Trust Board  | Date of meeting: | 24/04/2018   |
| Presented by:      | Jayne Mee, Non-Executive Director, Chair of the People and Culture Committee | Prepared by:     | Jayne Mee, Non-Executive Director, Chair of the People and Culture Committee |

### Matters for escalation:

EOC Recruitment – work continues to pilot new approaches to recruitment that will facilitate the conversion of applications into appointments. The Committee is assured of the effort that is being put into this; however it proposed that further work be undertaken to establish the key reasons for applications not being converted into appointments, in order to ensure that these are being addressed. It was also proposed that, for the online assessment pilot, a control group should be established using alternative methods to test their efficacy.

Workforce Planning – the Committee was pleased to receive detailed information about the Trust's short, medium and long term planning assumptions, which had been discussed in depth with senior members of the Operations directorate as well as aligned to the assumptions set out in the draft Business Plan for 2018/19 that was due to be considered for approval by the Board at its meeting on 24 April 2018. The planning assumption has moved from that of a 60/40% paramedic to non-paramedic split to a 55/45% split. This is following consideration of all proposed activities and how these might be carried out most efficiently and effectively to provide a consistently safe service to patients. The Committee will receive a further iteration of this work at its next meeting and will discuss its presentation to the Board at that point.

### Other matters considered:

Staff Survey 2017 – The Committee considered the report which provided a summary of the headline staff survey 2017 results, analysis of the main published report by key findings and the approach being taken to develop local action plans and address key issues from the survey results. Particular attention was paid to the work that was being undertaken by the Staff Survey Champions Group and plans to demonstrate that action was being taken as a result of the feedback received through the staff survey. It is proposed that this group be invited to present to the Board as part of a staff story at a future meeting.

**Key decisions made / actions identified:**

Staff Survey 2017 – the Committee requested further information on the organisation's plans to monitor and evaluate progress in action plans that have been implemented to respond to issues raised in the 2017 staff survey. This should include plans to test the success of the actions being taken and identification of anticipated outcomes following the 2018 staff survey. The Committee suggested that "pulse surveys" should be used to establish the likely outcome of 2018 staff survey.

EOC Recruitment – as described above, the Committee proposed that further work be undertaken to establish the key reasons for applications not being converted into appointments, in order to ensure that these are being addressed. It was also proposed that, for the online assessment pilot, a control group should be established using alternative methods to test their efficacy.

Workforce planning - Committee members noted the value of the planning tool that had been developed. The importance of taking action as soon as possible to address forecast vacancy rates was emphasised and further work is needed on the anticipated profile of turnover across each year, in order to know when there might be time of pressure as a result of unfilled vacancies. The Committee also asked for further information about the action that was being taken to mitigate the risk of vacancies at the end of the 2018/19 financial year, as identified in the planning tool. Work is being undertaken to establish the possibility of creating additional training places; however funding will be required for this.

**Risks:**

The information presented to the Committee was in response to risks identified by the Committee. The risk associated with recruitment into the Emergency Operations Centre remains a BAF risk.

**Assurance:**

The work that is being undertaken on the issues considered by the Committee enables the provision of a certain amount of assurance, but further focus is required to ensure that the risks that have been identified do not materialise.





|   |  |                  |                                     |                    |
|---|--|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>   | Trust Board  |                  |                                     |                    |
| <b>Date of meeting:</b>   | 24 April 2018  |                  |                                     |                    |
| <b>Report Title:</b>  | Integrated Quality and Performance Report                              |                  |                                     |                    |
| <b>Agenda Item:</b>   | 13   |                  |                                     |                    |
| <b>Report Author(s):</b>  | Key Leads from Quality, Finance, Workforce, Operations and Governance  |                  |                                     |                    |
| <b>Presented by:</b>  | Executive Leadership Team members and Board Assurance Committee Chairs |                  |                                     |                    |
| <b>History:</b>   | Executive Leadership Team  |                  |                                     |                    |
| <b>Status:</b>  | <input checked="" type="checkbox"/>                                    | <b>Assurance</b> | <input checked="" type="checkbox"/> | <b>Discussion</b>  |
|   | <input type="checkbox"/>   | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |  |                  |                                     |                    |
| <p>This high level Integrated Performance Report serves to provide an Executive Summary for Trust Board and give organisational oversight of all key areas across London Ambulance Service.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are escalated on the front summary pages in the report.</p> <p>It is designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.</p> |  |                  |                                     |                    |
| <b>Recommendation(s):</b>   |  |                  |                                     |                    |
| <p>The Board is asked to note the Integrated Quality and Performance Report and receive it for information, assurance and discussion.</p>   |  |                  |                                     |                    |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>  |  |                  |                                     |                    |
| <p>This report contains an overview of Trust risks directly linked to the BAF but does not itself raise any risks.</p>  |  |                  |                                     |                    |

| Please indicate which Board Assurance Framework (BAF) risk it relates to: |                          |
|---|--------------------------|
| Clinical and Quality  | <input type="checkbox"/> |
| Performance   | <input type="checkbox"/> |
| Financial   | <input type="checkbox"/> |
| Workforce   | <input type="checkbox"/> |
| Governance and Well-led   | <input type="checkbox"/> |
| Reputation  | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |

| This paper supports the achievement of the following Business Plan Workstreams: |                          |
|---|--------------------------|
| Ensure safe, timely and effective care  | <input type="checkbox"/> |
| Ensuring staff are valued, respected and engaged                                | <input type="checkbox"/> |
| Partners are supported to deliver change in London                              | <input type="checkbox"/> |
| Efficiency and sustainability will drive us                                     | <input type="checkbox"/> |



# London Ambulance Service

NHS Trust



## INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

**April 2018**

- \* All available data is correct as of the 15th of every month.
- Please note that this report relates to performance throughout March 2018 unless otherwise stated.



Delivery of care continues to be safe, but the ongoing demand pressures on the system remains challenging.

Cat 1 Mean was 7 minutes 26 seconds. LAS ranked 2<sup>nd</sup> in Cat 1 90<sup>th</sup> centile compared to other Trusts.

Trust vacancy rates have remained at 6%. Appraisal rates have improved from 69% to 87%.

The Trust ended 2017/18 £5.7m ahead of plan and re-phased budget. At month 12 the Trust has a use of resources score of 1 which is the highest available score.

## OUR PATIENTS

- ↔ Variable standards in IPC practice have been observed, including compliance with hand hygiene standards. Encouragement through regular competency checks (peer review), role modelling by key influencers e.g. mentors, senior staff is being carried out.
- ↑ RIDDOR reporting has made a significant improvement from 18 to 14 days. This is the first time the Trust has been compliant with national reporting standards (<15 days)
- ↓ Complaints responses >35 days has reduced from 21 cases to 8 in March

## OUR MONEY

- ↔ The Trust ended 2017/18 with a £3.2m surplus £5.7m ahead of plan.  
Full year 17/18 activity demand was 1.6% ahead of contract baseline. This is below the budgeted level of activity included in the Trust's plan, and as such main contract variable income is £3.4m below budget.
- ↔ The Trust delivered £8.7m recurrent CIP offset by non recurrent underspends on pay budgets.  
Cash is £30.3m, £18.6m above plan. This is made up of a number of offsetting variances. An analysis of the cash position shows that receipts from income are £6.1m above planned, central capital funding from DH is £3.8m below plan and there are higher than planned creditor payments of £10.6m. These movements are being offset by under payments of £13.1m on capital, provision of £2.8m and £11.0m on pay.
- ↔ The Trust ended 2017/18 with a Capital underspend of £1.7m with expenditure of £23.3m against a CRL of £25.0m.

## OUR PERFORMANCE

- ↓ Category 1 Mean for March was 7 minutes 26 seconds. This is 26 seconds above the national standard however this is a marginal decrease when compared to the previous month.
- ↑ 95,619 Incidents were provided with a face-to-face response. Category 1 incidents reached 8,660 incidents.
- ↔ LAS ranked 2<sup>nd</sup> for Category 1 90<sup>th</sup> centile compared to the other Trusts. The Category 1 90<sup>th</sup> centile target was met everyday in March.  
In March, total hours lost to Patient Handovers at hospital reached 7,682. March saw a considerable spike due to the adverse weather in London and the South East. However, following this, a steady reduction week on week was seen. The last time this type of spike was experienced was in the first week of January 2018.
- ↑ In March 76% of all calls received into the EOC were answered within five seconds. This has remained stable compared to last month.

## OUR PEOPLE

- ↔ Vacancy rates have remained at 6%.
- ↑ Overall turnover has increased from 10.6% to 10.7%.
- ↔ The monthly sickness position for March remains at 5.2%.
- ↔ We have identified additional core front line posts to deliver the 17/18 increased demand.

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| ↑ | Increasing concern    | ↓ | Decreasing concern    |
| ↑ | Increasing negatively | ↓ | Decreasing negatively |
| ↑ | Increasing positively | ↓ | Decreasing positively |
| ↔ | Remains steady        | ↔ | Information only      |

**Demand for 111 was exceptionally high during March however service delivery remains safe with no Serious Incidents declared. Patient Transport Service delivery was maintained against a background of continued recovery from current winter pressures and adverse weather conditions.**

## LAS 111 (SOUTH EAST LONDON)

- ↓ The percentage of calls answered in 60 seconds was 83.1% in March.
- ↔ Call demand was 18.3% higher than predicted in March and as a result, it was a challenge to achieve the target for calls answered in 60 seconds(>95%).
- ↔ Referrals to 999 remain consistently and successfully low with a reduction in referrals to emergency treatment centres.
- ↔ LAS SEL ranked 1<sup>st</sup> across London for Percentage of calls abandoned after 30 seconds.

## LAS IMPROVEMENT

### Single Oversight Framework

The purpose of the Single Oversight Framework (SOF) is to identify where providers may benefit from, or require, improvement support across a range of areas. The five themes are: Quality of care, Finance and Use of Resources, Operational Performance, Strategic Change, and Leadership and Improvement Capability.

NHSI segment the provider according to the scale of issues faced. It does not give a performance assessment in its own right.

- 1 - Providers with maximum autonomy
- 2 - Providers offered targeted support
- 3 - Providers receiving mandated support for significant concerns
- 4 - Special measures

| LAS Current Status      |                           |
|-------------------------|---------------------------|
| LAS Shadow Segmentation | 4                         |
| LAS Breach Status       | Breach & Special measures |

| CQC Overall Rating | Caring | Effective            | Responsive           | Safe       | Well-led   |
|--------------------|--------|----------------------|----------------------|------------|------------|
| Inadequate         | Good   | Requires improvement | Requires improvement | Inadequate | Inadequate |

## PATIENT TRANSPORT SERVICE

- ↓ March saw a stable level in the number of journeys with a total of 1,465 journeys being delivered as compared to the February total of 1,586 journeys.
- ↔ PTS now have two contracts operating; St Georges Community in South West London and North East London Mental Health in East London. Both of these contracts are expected to finish by March / April 2018.

## OUR RISKS

### BAF Risk 49

The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19.

### BAF Risk 47

The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre.

### BAF Risk 45

There is a risk that a cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period.

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| ↑ | Increasing concern    | ↓ | Decreasing concern    |
| ↑ | Increasing negatively | ↓ | Decreasing negatively |
| ↑ | Increasing positively | ↓ | Decreasing positively |
| ↔ | Remains steady        | ↔ | Information only      |

# Key Performance Indicator Report Summary



|         | Key Performance Indicator                         | Mar-18 | Feb-18 | Jan-18 | Chart |
|---------|---|--------|--------|--------|-------|
| QUALITY | Adverse Incidents (Patient)                       | ↑      | ↑      | ↓      |       |
|         | Adverse Incidents (Staff)                         | ↓      | ↓      | ↑      |       |
|         | Potential Serious Incidents referred to SI Group  | ↑      | ↓      | ↑      |       |
|         | Serious Incidents (LAS Declared)                  | ↑      | ↓      | ↑      |       |
|         | Serious Incidents (LAS Declared) Overdue          | ↔      | ↔      | ↔      |       |
|         | Regular Reporting of Incidents - Shared Learning  | ↔      | ↔      | ↔      |       |
|         | Total Complaints                                  | ↓      | ↑      | ↓      |       |
|         | Complaint Acknowledgement 3 days                  | ↔      | ↔      | ↔      |       |
|         | Complaints Response (Over 35 Days)                | ↓      | ↑      | ↓      |       |
|         | Controlled Drug Incidents - Not reportable to LIN | ↑      | ↓      | ↑      |       |
|         | All LIN Reportable Incidents                      | ↔      | ↔      | ↔      |       |
|         | Overall Medication Errors                         | ↑      | ↓      | ↑      |       |
|         | Missing Equipment Incidents                       | ↑      | ↑      | ↓      |       |
|         | Failure of Device/Equipment/Vehicle Incidents     | ↑      | ↑      | ↓      |       |
|         | CPI - Completion Rate*                            |        | ↔      | ↓      |       |

|     | Key Performance Indicator           | Mar-18 | Feb-18 | Jan-18 | Chart |
|-----|-------------------------------------|--------|--------|--------|-------|
| 111 | Calls answered within 60s           | ↑      | ↓      | ↑      |       |
|     | Calls abandoned after 30s           | ↓      | ↑      | ↓      |       |
|     | Percentage of calls referred to 999 | ↓      | ↑      | ↓      |       |
|     |                                     |        |        |        |       |

|           | Key Performance Indicator           | Mar-18 | Feb-18 | Jan-18 | Chart |
|-----------|-------------------------------------|--------|--------|--------|-------|
| WORKFORCE | Vacancy Rate (Frontline Paramedic)  | ↑      | ↓      | ↓      |       |
|           | Vacancy Rate (Frontline)            | ↓      | ↓      | ↓      |       |
|           | Vacancy Rate (Trust)                | ↔      | ↓      | ↑      |       |
|           | Turnover Rate (Frontline Paramedic) | ↑      | ↑      | ↔      |       |
|           | Turnover Rate (Frontline)           | ↑      | ↑      | ↑      |       |
|           | Turnover Rate (Trust)               | ↑      | ↑      | ↑      |       |
|           | Sickness (Trust)                    | ↓      | ↑      | ↔      |       |
|           | Sickness (Frontline)                | ↓      | ↑      | ↓      |       |
|           |                                     |        |        |        |       |

\*These KPIs are reported one month in arrears

The RAG status is calculated against targets/trajectories/thresholds where available. The Chart column shows the trend over the previous 3 months | The arrows indicate the direction of KPI compared to previous month

A new series of standards, indicators and measures were introduced through the Ambulance Response Programme (ARP) in November 2017. These Key PERFORMANCE measures will be included from January onwards and, continued to be monitored in this document.

|             | Key Performance Indicator  | Mar-18 | Feb-18 | Jan-18 | Chart |
|-------------|--|--------|--------|--------|-------|
| PERFORMANCE | A new series of standards, indicators and measures were introduced through the Ambulance Response Programme (ARP) in November 2017. The six key performance measures are listed below, which will be monitored in this document. |        |        |        |       |
|             | The arrows show the movement in the measures when compared to the performance from the previous month.   |        |        |        |       |
|             | Cat 1 Mean   | ↓      | ↑      | ↓      |       |
|             | Cat 1 90th Centile   | ↑      | ↑      | ↓      |       |
|             | Cat 2 Mean   | ↔      | ↑      | ↓      |       |
|             | Cat 2 90th Centile   | ↔      | ↑      | ↓      |       |
|             | Cat 3 90th Centile   | ↓      | ↑      | ↓      |       |
|             | Cat 4 90th Centile   | ↑      | ↑      | ↓      |       |

|         | Key Performance Indicator                         | Q1     | Q2     | Q3     | Q4 |
|---------|---|--------|--------|--------|----|
|         | Financial Stability Risk Rating (FSRR)            | ↔      | ↔      | ↔      | ↔  |
|         | Capital Service Capacity                          | ↔      | ↔      | ↔      | ↔  |
|         | Liquidity Days                                    | ↔      | ↔      | ↔      | ↔  |
|         |   |        |        |        |    |
|         | Key Performance Indicator                         | Mar-18 | Feb-18 | Jan-18 |    |
| FINANCE | Cash Balance - Monthly Profile - £000s            | ↓      | ↓      | ↑      |    |
|         | Income and Expenditure Deficit by Month - £000s   | ↑      | ↓      | ↓      |    |
|         | Income and Expenditure Deficit Cumulative - £000s | ↑      | ↓      | ↑      |    |
|         | Income Variance from re-phased budget - £000s     | ↑      | ↓      | ↓      |    |
|         | CIP Delivery Against Plan - £000s                 | ↑      | ↓      | ↑      |    |
|         | CIP Forecast Against Plan - £000s                 | ↑      | ↓      | ↑      |    |
|         | Forecast Capital Spend Against the CRL - £000s    | ↑      | ↑      | ↑      |    |
|         | Debtor Days                                       | ↑      | ↔      | ↓      |    |
|         | Creditor Days                                     | ↑      | ↔      | ↑      |    |
|         | Agency spend against plan - £000s                 | ↑      | ↑      | ↑      |    |
|         |   |        |        |        |    |



# Our Patients



## Safety

- Staff immunisation status project is near completion; details for the follow-up immunisation project plan to follow. To note - there may be an impact of delivery of operational service during delivery of the catch-up programme.
- Following a number of incident reports relating to a potential delayed response to patients presenting with chest pain from two specific MPDS determinants (10D2 & 10D4) the Trust has modified its response to these calls by providing a solo responder to perform an ECG and update EOC if a double crewed ambulance is not available within 7 minutes of the call being received.
- RIDDOR reporting has made a significant improvement from 18 days to 14 days. This is the first time the Trust has been compliant with national reporting standards (<15 days).

## Effectiveness

- IPC Training met compliance in March for Level 1 & 2; year-end figures were exceptional at 95.08% and 96.12% respectively; the ESR Transformation Team should be congratulated for the robust data capture system.

## Caring

- Quality Alert requests continue to rise – a Business Case has been made for an increase in establishment.
- Mental Health calls supported by the Clinical Hub has increased from 328 in February to 388 in March.
- Complaints responses >35 days has reduced to 8 in March.

## Actions & Assurance

- IPC practical session of hand hygiene was re-introduced into the non-clinical Trust Induction in January 2018. This was well received.
- UV light and disclosing cream for IPC Champions has been procured for their local hand hygiene practical training session from April 2018.
- The impact of the changes to calls 10D2 & 10D4 will be monitored and reviewed for its effectiveness.

## Actions & Assurance

- Outcomes of audit to influence.
  - Ongoing Core Skills Refresher – Maternity component.
  - Maternity Education Leads in local communication and delivery.
  - Positive feedback to staff and areas for improvement.

## Actions & Assurance

- This month, complaints relating to delays has reduced to 21 cases from 40 in February.
- CMC access has increased from 303 in February to 441 in March.

# Our Patients



## Safety

- Variable standards in IPC practice, including compliance with hand hygiene still being observed.
- Quarterly IPC station audit tool has been transformed into an e-tool (Perfect Ward) which has been trialed – results of which require further evaluation. We will also be exploring adding this audit to personal issue electronic devices.
- Continue to improve integrated working, closer engagement with Estates, Fleet and Logistics, Procurement, Operations (ensure IPC is woven like a golden thread into processes to meet the quality and safety agenda and shape the exemplar work stream, specifications and KPIs.
- Completion of Risk actions associated with Tight-fitting Respirator masks
- FFP3 fit testing/recording.
- Adrenaline 1:1000 has been administered incorrectly 4 times this month.

## Actions & Assurance

- Encourage regular competency checks (peer review), role modelling by key influencers e.g. mentors, senior staff.
- Encourage regular competency checks (peer review), role modelling by key influencers e.g. mentors, senior staff.
- Encourage personal accountability and responsibility regarding adherence to IPC standards - introduce IPC discussions at One-Ones and PDRs, team meetings, OWRs to change practice and attitudes; benchmarking for stations.
- Face to face feedback focussed on learning in order to prevent future occurrences will be facilitated.

## Effectiveness

The contract for KitPrep and Perfect Ward apps is due for renewal in November 2018 – this process will need to go tender due to the costs involved. Potential risk to disruption of audit and medicines tracking processes.

## Actions & Assurance

Medicines management group input into the tender process.

## Caring

## Actions & Assurance





# Patient Safety

Owner: Kirstie Smith | Exec Lead: Dr. Trisha Bain

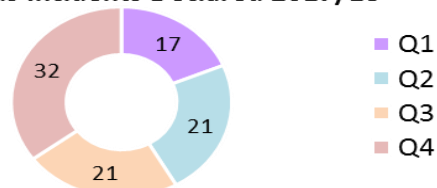
| Measures  | Target / Range | RAG | YTD 17/18 | Jan-18 | Feb-18 | Mar-18 | Movement | Trend | Business Plan | Schedule 4 LQ Ref. | Quality Account | Data Quality |
|---|----------------|-----|-----------|--------|--------|--------|----------|-------|---------------|--------------------|-----------------|--------------|
| Hand Hygiene OWR compliance   | 90%            | R   | 83%       | 85.0%  | 78.4%  | 71.7%  | ↓        |       |               | LQ16               | ✓               |              |
| Rate of Patient related Adverse Events per 1,000 Incidents  | 5              | G   | 2.8       | 2.3    | 2.7    | 2.5    | ↓        |       |               |                    |                 |              |
| Patient related Adverse Events - NO HARM  | 1200           | G   | 2433      | 175    | 168    | 165    | ↓        |       |               |                    |                 |              |
| Patient related Adverse Events - LOW  | 500            | G   | 306       | 25     | 28     | 32     | ↑        |       |               |                    |                 |              |
| Patient related Adverse Events - MODERATE   | 25             | G   | 188       | 8      | 14     | 18     | ↑        |       |               |                    |                 |              |
| Patient related Adverse Events - SEVERE   |                |     | 87        | 6      | 2      | 12     | ↑        |       |               |                    |                 |              |
| Patient related Adverse Events - DEATH  |                |     | 146       | 10     | 18     | 14     | ↓        |       |               |                    |                 |              |
| Rate of Staff related Adverse Events per 1,000 Incidents  | 3              | G   | 3.3       | 3.3    | 2.9    | 2.6    | ↓        |       |               |                    |                 |              |
| Staff related Adverse Events - NONE   |                |     | 2089      | 195    | 134    | 134    | ↔        |       |               |                    |                 |              |
| Staff related Adverse Events - LOW  |                |     | 1511      | 125    | 107    | 103    | ↓        |       |               |                    |                 |              |
| Staff related Adverse Events - MODERATE   |                |     | 84        | 5      | 7      | 9      | ↑        |       |               |                    |                 |              |
| Staff related Adverse Events - SEVERE   |                |     | 4         | 1      | 2      | 0      | ↓        |       |               |                    |                 |              |
| Controlled Drugs - Other Reportable Incidents   |                |     | 405       | 49     | 46     | 55     | ↑        |       |               |                    |                 |              |
| Controlled Drugs - Unaccountable Losses (LIN Reportable)  | 0              | G   | 3         | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Percentage of Incidents reported w ithin 4 days of incident occurring                             | 85%            | G   | 93%       | 92%    | 91%    | 96%    | ↑        |       |               |                    |                 |              |
| Percentage of Serious Incidents (SI) reported on STEIS within 48 hours of being declared in-month | 90%            | G   | 100%      | 100%   | 100%   | 100%   | ↔        |       |               | LQ20               |                 |              |
| Potential Serious Incidents referred to SI Group  |                |     | 404       | 46     | 26     | 55     | ↑        |       |               |                    |                 |              |
| Serious Incidents declared in-month   |                |     | 93        | 8      | 7      | 17     | ↑        |       |               |                    |                 |              |
| Serious Incidents breaching 60 days   | 0              | G   | 24        | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Serious Incidents breaching 40 days   | 0              | G   | 27        | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Duty of Candour % Compliance (Moderate Harm Incidents)  | 100%           | G   | 100%      | 100%   | 100%   | 100%   | ↔        |       |               |                    |                 |              |
| Medication Errors as % of Patient Adverse Events  |                |     | 6%        | 8.9%   | 6.5%   | 6.2%   | ↓        |       |               |                    |                 |              |
| Needle Stick Injuries as % of Staff Adverse Events  |                |     | 2%        | 1.5%   | 2.0%   | 1.6%   | ↓        |       |               |                    |                 |              |
| Never Events  | 0              | G   | 0         | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Local Never Event : Patient falling from trolley through transfer as % of incidents               | 0%             | G   | 0%        | 0%     | 0%     | 0%     | ↔        |       |               |                    |                 |              |
| Total Prevent Future Deaths In-Month  | 0              | G   | 3         | 0      | 0      | 0      | ↔        |       |               | LQ25               | ✓               |              |
| Safeguarding Adults & Children Level 1 (3 Years)  | 90%            | G   | 76%       | 93.5%  | 94.3%  | 96.1%  | ↑        |       |               |                    |                 |              |
| Safeguarding Adults & Children Level 2 - Clinical (1 Year)  | 90%            | G   | 79%       | 88.0%  | 91.1%  | 95.1%  | ↑        |       |               |                    |                 |              |
| Safeguarding Adults & Children Level 2 - EOC (1 Year)   |                |     | 58%       | 57.6%  | 63.9%  | 68.9%  | ↑        |       |               |                    |                 |              |
| Safeguarding Adults & Children Level 3 (3 Years)  | 90%            | R   | 77%       | 76.9%  | 88.5%  | 87.5%  | ↓        |       |               |                    |                 |              |
| Safeguarding Trust Board (3 Years)  | 90%            | G   | 100%      | 100.0% | 94.4%  | 100.0% | ↑        |       |               |                    |                 |              |
| Total Inquests w here LAS asked to give evidence - In-Month                                       |                |     | 68        | 3      | 6      | 6      | ↔        |       |               |                    |                 |              |
| Total Inquests w here LAS asked to give evidence - Year to Date                                   |                |     | 454       | 56     | 62     | 68     | ↑        |       |               |                    |                 |              |
| Missing Equipment Incidents as % of all reported incidents  |                |     | 3%        | 2%     | 3%     | 3%     | ↑        |       |               |                    |                 |              |
| Failure of Device/Equipment/Vehicle Incidents as % of all reported incidents                      |                |     | 10%       | 8%     | 11%    | 10%    | ↓        |       |               |                    |                 |              |
| Number of NRLS uploads In-Month   | 1              | G   | 12        | 1      | 1      | 1      | ↔        |       |               | LQ21               |                 |              |



# Patient Safety

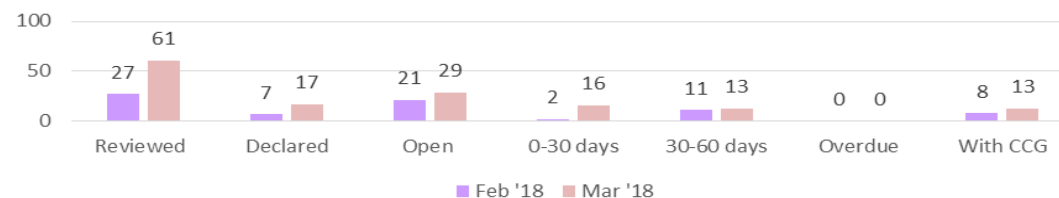
Owner: Michael Ward | Exec Lead: Dr. Trisha Bain

## Total Serious Incidents Declared 2017/18



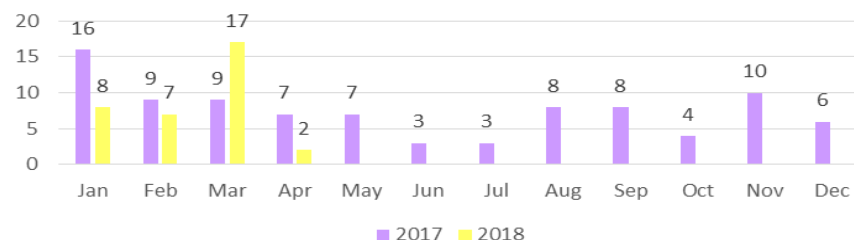
92 serious incidents were declared in 2017/2018. This is comparable to the number declared in 2016/17.

## SI Activity

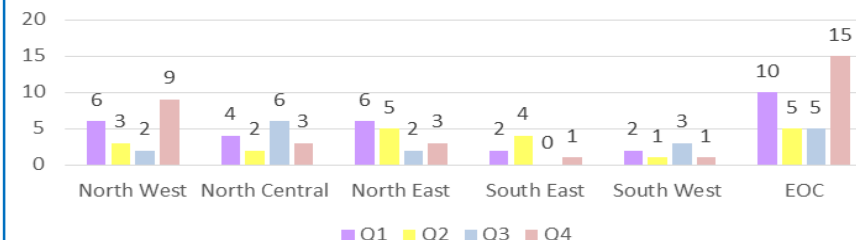


A total of 61 incidents were reviewed by SIG in March of which 17 were declared as SIs. 13 investigations have been submitted to the CCG and are awaiting closure or comments. The Trust is maintaining its contractual obligations with the CCG and currently there are no investigations that have breached the 60 working day deadline.

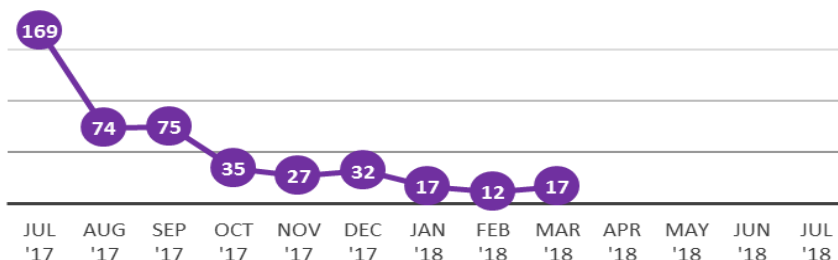
## Serious Incidents Declared by Month



## Serious Incidents by Sector STP



## Overdue Actions at Month End 2017/18



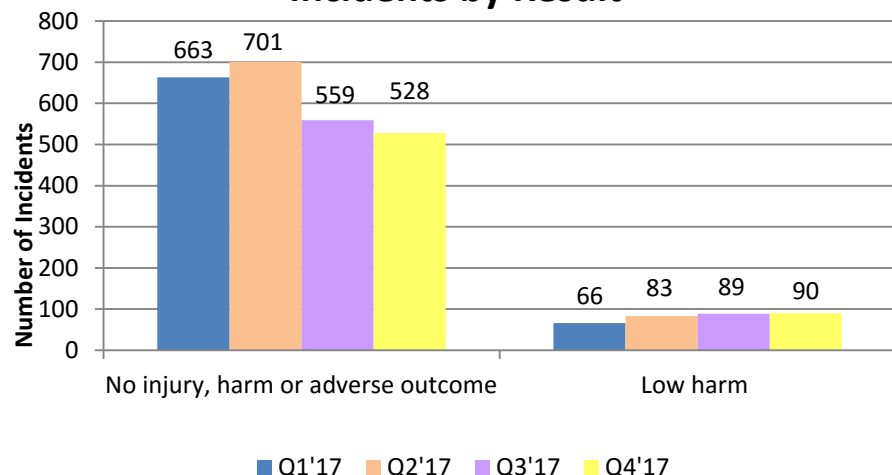
- The number of SIs declared in March 2018 is significantly higher than March 2017. This is a result of a number incidents relating to delayed defibrillation of patients in Ventricular Fibrillation.
- Following a number of incident reports and feedback from London Hear Attack Centres, the Trust has modified its response to patients presenting with chest pain (from two specific Medical Priority Dispatch System determinants) that may be cardiac but requires an ECG by ensuring the dispatch of an FRU if a double crewed ambulance is not available within 7 minutes.
- Whilst there are currently 17 actions that are in progress (an increase of 5 on the previous month) the Quality, Governance and Assurance Team maintain contact with the accountable manager on a weekly basis.
- The majority of actions that are overdue are in progress and delayed due to operational demand, adverse weather, staff absence and shift patterns which are preventing the manager from arranging feedback, training etc.



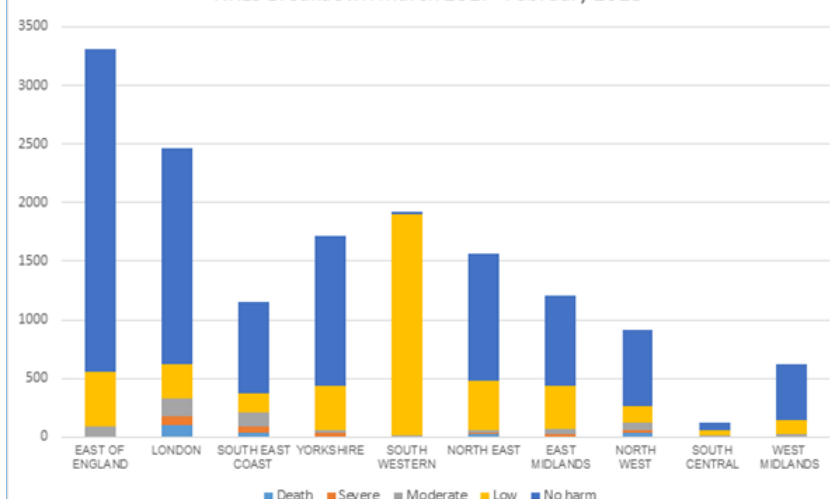
# Patient Safety

Owner: Michael Ward | Exec Lead: Dr. Trisha Bain

## Incidents by Result



## NRLS Breakdown March 2017 -February 2018



The Trust has set an annual target for the reporting of incidents that have been graded as either no harm or low harm. The target of 1200 no harm incident reports has been exceeded for 2017/18 whilst the target number of incident reports for Low harm has not been achieved.

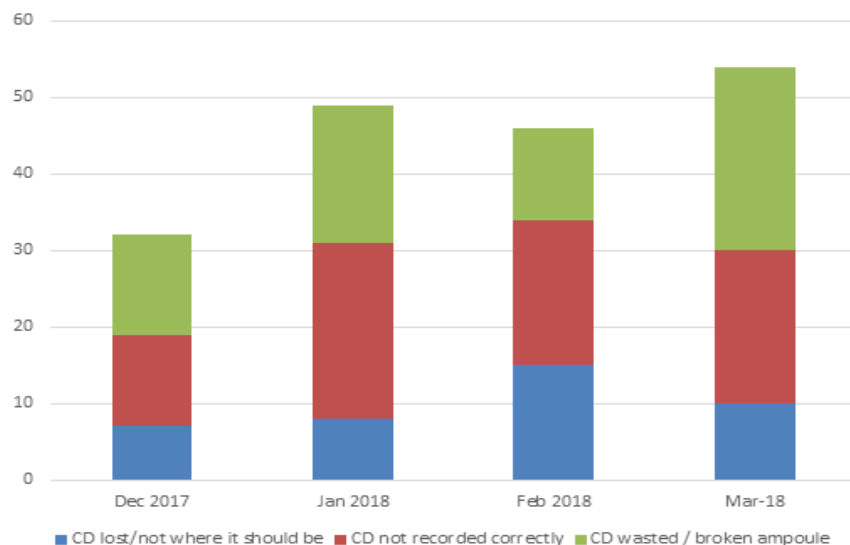
| Quality, Governance and Assurance Risk Tracker |                  |  |            |             | Initial Risk Rating | Current Risk Rating |     |     |     | Target Risk Rating | Key changes/updates since last review  |
|--|------------------|--|------------|-------------|---------------------|---------------------|-----|-----|-----|--------------------|--|
| Risk No.                                       | Risk Type        | Risk description   | Risk Owner | Exec Lead   |                     | Q3                  |     | Q4  |     |                    |  |
|  |                  |  |            |             |                     | Nov                 | Dec | Jan | Feb |                    |  |
| 21   | Operational Risk | There is a risk that the Trust does not learn from previous serious incidents and therefore does not prevent or mitigate against similar incidents from occurring in the future.                             | Mike Ward  | Trisha Bain | 12                  | 12                  | 9   | 9   | 9   | 6                  | Approval required for additional work flows to cover key findings and recommendations from thematic reviews. Recent KMPG audit demonstrated significant assurance of learning from SIs.  |
| 673  | Operational Risk | There is a risk that there will be a delay in identifying incidents that meet the SI criteria and therefore a delay in immediate risk mitigations as a result of incorrect grading or internal audit delays. | Mike Ward  | Trisha Bain | 9                   | 6                   | 6   | 6   | 6   | 3                  | There is a delay in local management reviewing incidents and ensuring the grading is correct. This is currently being mitigated by the Quality, Governance and Assurance Team undertaking daily incidents reviews whilst further training is provided to local managers. |



# Medicines Management

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

Controlled Drugs Incidents by Month



## Actions

- Ampoule trays procured to reduce incidence of morphine ampoule breakages.
- Meetings with perfect ward developers to further develop capabilities of KitPrep app and thus provide greater assurance in relation to medicines.
- Replacement of internal packing in drugs packs where appropriate to reduce incidence of ampoule breakages.

## Medicines Management Incidents

- No unaccounted for losses of injectable morphine
- Total of 58 other controlled drug incidents including:
  - Wastage or breakages (n=24)
  - Documentation errors (n=21)
  - Morphine retained off duty (n=8)
  - Undocumented oramorph use (n=3)
  - Morphine lost and recovered on duty (n=3)
- Non-controlled drugs incidents
  - Ampoule breakages (n=2)
  - Inadequate medical gas supply (n=10)
  - KitPrep app malfunction or discrepancy (n=6)
  - Out-of-date stock (n=2)
  - Incorrect administration of adrenaline (n=4), amiodarone (n=1), hydrocortisone (n=1), atropine (n=2) and diazepam (n=3).
  - Overdose of ibuprofen (n=2) and paracetamol (n=2)
  - Reaction to oramorph

## Assurance

- No unaccounted for losses of injectable morphine.
- Rapid identification and return of morphine retained off duty.



# Effectiveness (Clinical Measures)

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

| Measures  | Target / Range | RAG | YTD 17/18 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Movement | Trend | Business Plan | Schedule 4 LQ Ref. | Quality Account | Data Quality |
|---|----------------|-----|-----------|--------|--------|--------|--------|----------|-------|---------------|--------------------|-----------------|--------------|
| ROSC at Hospital (AQI)  | 29%            | G   | 31%       | 32%    | 33%    | 39%    |        | ↑        |       |               | LQ1a               |                 |              |
| ROSC at Hospital UTSTEIN (AQI)  | 55%            | G   | 53%       | 57%    | 55%    | 63%    |        | ↑        |       |               | LQ1b               |                 |              |
| STEMI to PPCI within 150 minutes (AQI)  | 93%            |     | 93%       |        |        |        |        | ↑        |       |               | LQ2b               |                 |              |
| STEMI care bundle (AQI)   | 74%            | R   | 70%       | 72%    | 73%    | 71%    |        | ↓        |       |               | LQ2c               |                 |              |
| Stroke to HASU within 60 minutes (AQI)  | 66%            | R   | 67%       | 50%    | 54%    | 54%    |        | ↔        |       |               | LQ3a               |                 |              |
| Stroke Care Bundle (AQI)  | 98%            | R   | 97%       | 96%    | 97%    | 96%    |        | ↓        |       |               | LQ3b               |                 |              |
| Stroke on scene time (CARU continual audit)   | 00:30          | R   |           | 00:31  | 00:32  | 00:32  |        | ↔        |       |               |                    |                 |              |
| Survival to Discharge (AQI)   |                |     | 10%       |        |        |        |        | ↑        |       |               |                    |                 |              |
| Survival to Discharge UTSTEIN (AQI)   |                |     | 38%       |        |        |        |        | ↑        |       |               |                    |                 |              |
| STEMI- On scene duration (CARU continual audit)   |                |     |           | 00:40  | 00:40  | 00:42  |        | ↑        |       |               |                    |                 |              |
| CPI - Completion Rate (% of CPI audits undertaken)  | 95%            | R   | 85%       | 92%    | 90%    | 90%    |        | ↔        |       | ✓             | LQ12               | ✓               |              |
| CPI - Percentage of Staff receiving two feedback sessions YTD                                       |                |     | 2%        | 16.8%  | 25.5%  | 29.1%  |        | ↑        |       |               | LQ12               |                 |              |
| Documented Care - Cardiac Arrest Compliance (CPI audit)   | 95%            | G   | 98%       | 98.0%  | 98.0%  | 98.0%  |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Discharged at Scene Compliance (CPI audit)  | 95%            | G   | 97%       | 97.0%  | 97.0%  | 97.0%  |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Mental Health Compliance (CPI audit)  | 95%            | R   | 92%       | 93.0%  | 93.0%  | 94.0%  |        | ↑        |       | ✓             | LQ12               |                 |              |
| Documented Care - Severe Sepsis Compliance (CPI audit)  | 95%            | G   | 97%       | 97.0%  | 97.0%  | 97.0%  |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Difficulty In Breathing Compliance (CPI audit)                                    | 95%            | G   | 96%       | 96%    |        | 96%    |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Glycaemic Emergencies Compliance (CPI audit)                                      | 95%            | G   | 97%       |        | 98%    |        |        | ↔        |       |               | LQ12               |                 |              |
| Cumulative Percentage of Clinical staff completing Core Clinical Skills Refresher Training (2017.1) | 85%            | G   |           | 92%    | 86%    | 86%    | 87%    | ↑        |       |               | LQ11               | ✓               |              |
| Cumulative Percentage of Clinical staff completing Core Clinical Skills Refresher Training (2017.2) |                |     |           | 30%    | 49%    | 67%    | 75%    |          |       |               |                    |                 |              |
| Cumulative Percentage of Clinical staff completing Core Clinical Skills Refresher Training (2017.3) |                |     |           | 6%     | 27%    | 56%    | 82%    | ↑        |       |               | LQ11               | ✓               |              |

## Actions

- In February, CARU trained 3 members of staff on restricted duties, 2 student paramedics and 2 Team Coordinators.
- Up to the end of February, 29% of LAS staff have received two face-to-face feedback sessions – this was raised for discussion at the Sector Services Quality Governance Meeting.

## Assurance

- In February, LAS CPI completion stabilised for the first time in three months. However, the proportion of CPI audits completed by Team Leaders dropped slightly for the first time since October.
- Care delivered to patients discharged at scene, in cardiac arrest, with difficulty in breathing or presenting with severe sepsis remained of a high standard across the LAS, along with the general standard of documentation.
- At 94%, the LAS provided the highest standard of care under the Mental Health CPI since this CPI was introduced.

## Caring

Owner: Briony Sloper | Exec Lead: Dr. Trisha Bain



| Measures   | Target / Range | RAG | YTD 17/18 | Jan-18 | Feb-18 | Mar-18 | Movement | Trend | Business Plan | Schedule 4 LQ Ref. | Data Quality |
|--|----------------|-----|-----------|--------|--------|--------|----------|-------|---------------|--------------------|--------------|
| Friends and Family Test Recommending LAS as % of total responses | 94%            | G   | 93%       | 100%   | 0%     | 100%   | ↑        |       |               | LQ27               |              |
| Friends and Family Test Response Rate                            |                |     | 1.8       | 0.0    | 0.0    | 0.0    | ↔        |       |               | LQ28               |              |
| Complaints Acknowledged within 3 working days                    | 100%           | G   | 100%      | 100%   | 100%   | 100%   | ↔        |       |               | LQ29a              |              |
| Complaints Response (35 working day breach) YTD                  | 0              | R   | 159       | 14     | 21     | 8      | ↓        |       |               | LQ29b              |              |
| Rate of Complaints per 1,000 Incidents                           |                |     | 0.8       | 0.8    | 1.2    | 0.8    | ↓        |       |               | LQ29c              |              |
| Positive Feedback Compliments                                    |                |     | 1157      | 74     | 125    | 120    | ↓        |       |               | LQ29e              |              |
| Mental Health related calls as percentage of all calls           |                |     | 8%        | 7.2%   | 7.0%   | 8.3%   | ↑        |       |               |                    |              |
| Mental Health related MPS calls as percentage of all calls       |                |     | 2%        | 1.9%   | 1.7%   | 2.1%   | ↑        |       |               |                    |              |
| Mental Health related Incidents as percentage of all calls       |                |     | 5%        | 4.4%   | 4.3%   | 5.0%   | ↑        |       |               |                    |              |
| Mental Health related HCP Incidents as percentage of all calls   |                |     | 0%        | 0.3%   | 0.3%   | 0.4%   | ↑        |       |               |                    |              |
| Rate of Frequent Callers per 1,000 Calls                         |                |     | 3.28      | 3.6    | 3.8    | 4.0    | ↑        |       |               |                    |              |
| CMC records viewed   |                |     | 4063      | 307    | 303    | 441    | ↑        |       |               | LQ30               |              |

## Assurance

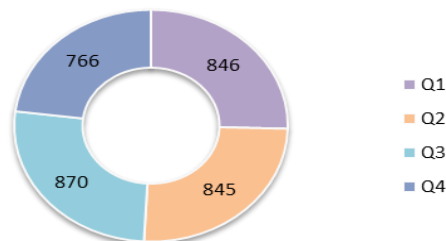
- Complaints response within 35 days continue to be regularly monitored.
- With a continued increase in MH related calls, 3 more WTE MH nurses have been recruited and will commence in June.
- In response to insufficient staffing within the Frequent Callers' team to manage demand, a business case has been submitted, recommending additional staff and is due to be presented to the Commissioners in April 2018.
- A Task & Finish group is in progress for the management and review of Frequent Callers' 'care plans', including Patient Specific Protocols, and Emergency Department plans. A redefined process is due to be piloted internally.
- LAS presented to South East London Commissioners to support ongoing partnership work with the South London and Maudsley Crisis Assessment Team. The team has now been funded for another year.
- The Serenity Integrated Mentoring (SIM) London project is due to be launched on the 19<sup>th</sup> April at New Scotland Yard. The project will focus on high intensity users of Section 136 and deliver bespoke care. LAS have been working closely with the project lead and will be represented at the launch.



# Health & Safety Scorecard

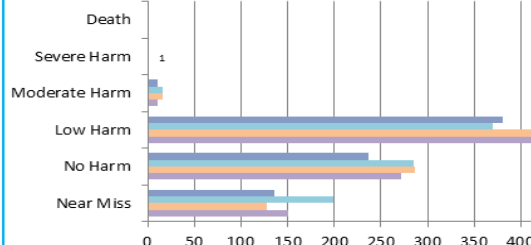
Owner: Ayodeji Adeyemi | Exec Lead: Dr. Trisha Bain

Number of H&S incidents by Quarter



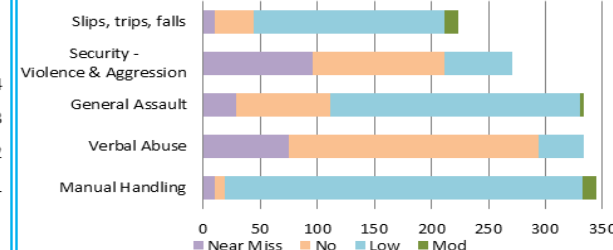
3327 health and safety related incidents have been reported during 2017/18. Four (4) additional incidents were reported retrospectively for Q1. H&S related incidents account for 39% of all incidents reported during 2017/18.

Accidents & Incidents by Severity



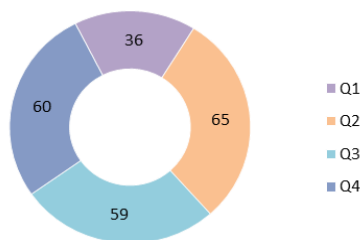
1580 (47.4%) of the H&S related incidents reported during 2017/18 resulted in low harm. 54 (1.6%) incidents resulted in Moderate and 1 severe Harm. 1538 (50.9%) of the incidents were reported as 'No Harm/Near misses'.

Top 5 Incident Sub-Categories by Severity (YTD)

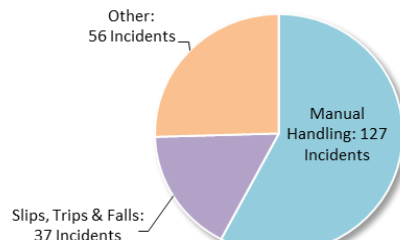


Manual Handling – lifting patients (MH), Security (violence, aggression & verbal abuse) and Slips, Trips and Falls incidents account for the highest number of incidents reported during 2017/18.

RIDDOR Reportable Incidents by Quarter



RIDDOR Reportable Incidents by Cause (YTD)



## Key Updates:

1. MH injuries accounted for the highest number of RIDDOR incidents reported to the HSE during 2017/18. 127 of the incidents reported to the HSE were due to manual handling injuries.
2. Practical MH Training to be provided to all relevant frontline and support services staff from April 2018 and will form part of the mandatory training programme going forward.
3. GRS RIDDOR Reporting/flagging process updated during February 2018 and championed by QGAMs and Sector Managers. The new process is aimed at enabling the prompt flagging of any potential RIDDOR incidents to the Health and Safety Department for reporting to the HSE. **Significant improvement in the reporting time lag (14 days) during March 2018.**
4. Fire Marshal training has commenced and is on-going for nominated representatives across the Trust.
5. H&S audit completed in March 2018 highlighted significant improvements in Trust compliance. Formal report submitted to the ELT & Trust Board.

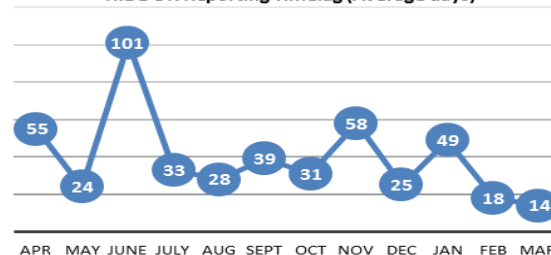
YTD H&S and RIDDOR Reports per 1,000 A&E Incidents



7. The above table highlights the average rate of H&S and RIDDOR incidents per 1000 A&E incidents attended by the Trust during 2017/18.

**NB:** No benchmark/comparable data was received from any of the other ambulance Trusts during March 2018.

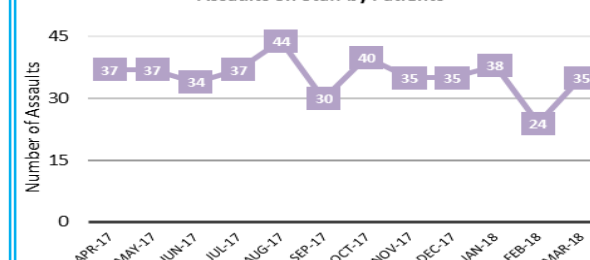
RIDDOR Reporting Timelag (Average days)



8. 220 RIDDOR incidents were reported to the HSE in 2017/18.

9. The average time lag for reporting RIDDOR incidents across the Trust in March was **14 days. 2 out of the 13 RIDDOR incidents were reported out of time in March 2018.**

Assaults on Staff by Patients



10. Assaults on staff by patients make up 28% of the violence, abuse and assault incidents reported in 2017/18. The most common underlying causes include: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

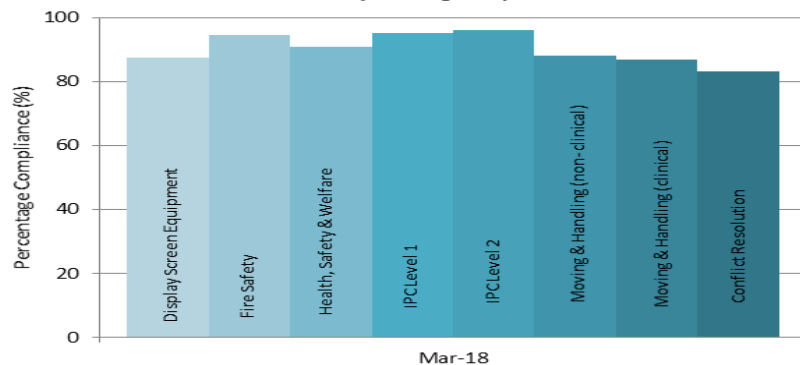




# Health & Safety Scorecard

Owner: Ayodeji Adeyemi | Exec Lead: Dr. Trisha Bain

**Mandatory Training Compliance**



**Statutory Reports & Monitoring Compliance**



| Health and Safety Risk Tracker |                       |  |                 |             | Initial Risk Rating | Current Risk Rating |     |     |     |     |     | Target Risk Rating | Key changes/updates since last review  |
|--------------------------------|-----------------------|--|-----------------|-------------|---------------------|---------------------|-----|-----|-----|-----|-----|--------------------|--|
| Risk No.                       | Risk Type             | Risk description   | Risk Owner      | Exec Lead   |                     | Q3                  |     |     | Q4  |     |     |                    |  |
|                                |                       |  |                 |             |                     | Oct                 | Nov | Dec | Jan | Feb | Mar |                    |  |
| 676                            | Health & Safety       | Lack of compliance with statutory health and safety requirements due to limited evidence and assurance that required health and safety management systems have been implemented to ensure the health, safety and welfare of staff and others who are affected by the activities of the Trust.                              | Ayodeji Adeyemi | Trisha Bain | 20                  | 20                  | 20  | 20  | 20  | 20  | 12  | 4                  | H&S independent audit completed in March 2018.<br><br>The review identified significant improvements in H&S compliance and has recommended that this risk is downgraded to a risk rating of 12 (likelihood 3, consequence 4) to reflect progress in compliance.  |
| 677                            | Manual Handling       | Risk of musculo-skeletal injuries to frontline staff due to:<br>1. The frequency of lifting and handling activities involved during the care and treatment of patients.<br>2. The need to undertake manual handling activities in uncontrolled and difficult environments.   | Ayodeji Adeyemi | Trisha Bain | 15                  | 15                  | 15  | 15  | 15  | 15  | 15  | 9                  | Practical MH Training to be provided to all relevant frontline and support services staff from April 2018 and will form part of the mandatory training programme going forward.  |
| 678                            | Violence & Aggression | Risk of physical and non-physical assault to frontline staff that come into contact with patients and members of the public during the course of their work.   | Ayodeji Adeyemi | Trisha Bain | 12                  | 12                  | 12  | 12  | 12  | 12  | 12  | 6                  | Provision of Conflict Resolution training – ongoing. Lone worker policy approved, risk assessments incorporated into the site specific risk assessment programme rolled out by the H&S Department in April 2018.   |
| 681                            | Health & Safety       | There is a risk that the Trust will be unable to meet its statutory RIDDOR reporting requirements due to:<br>1. Lack of a timely and consistent process for escalating/reporting incidents from stations to the Health, Safety & Security Team.<br>2. Delayed reporting of incidents received or reported retrospectively. | Ayodeji Adeyemi | Trisha Bain | 12                  | 12                  | 12  | 12  | 12  | 12  | 12  | 3                  | GRS RIDDOR Reporting/flagging process updated with support from QGAMs and Sector Managers during February 2018. The average RIDDOR reporting time lag reduced to 14 days in March 2018. This risk is being monitored to ensure that all new processes are properly embedded.   |
| 682                            | Health & Safety       | Lack of clearly identified process (inspection/risk assessment programme) for highlighting health and safety related risks from site level to the Health & Safety Team to enable the team provide the required assurance to the Trust Board regarding compliance with statutory Health and Safety Legislation.             | Ayodeji Adeyemi | Trisha Bain | 9                   | 9                   | 9   | 9   | 9   | 9   | 9   | 3                  | Risk register reviewed on a monthly basis. Risks approved by H&S Committee and RCAG. The roll-out of Site specific risk assessments has commenced and will continue throughout 2018/19.<br>Draft procedure for Site specific risk assessments will be tabled at the April 2018 Corporate H&S Committee for approval. |
| 679                            | Security              | Risk of theft, criminal damage and vandalism due to the lack of robust and inadequate security arrangements at LAS properties/sites.   | Ayodeji Adeyemi | Trisha Bain | 8                   | 8                   | 8   | 8   | 8   | 8   | 8   | 4                  | Programme of site inspections and risk assessments which will enable the prompt escalation of gaps in site security to Estates /Trust Management is being rolled out by the H&S Department during 2018/19. LSMS in regular liaison with staff and sites where security related incidents have been reported.         |
| 680                            | Staffing              | Lack of capacity within the Health, Safety and Security Department to effectively provide the required H&S Support (including the provision of statutory/mandatory training) to all staff and directorates across the Trust.   | Ayodeji Adeyemi | Trisha Bain | 9                   | 6                   | 6   | 6   | 6   | 6   | 6   | 3                  | Additional resources have been recruited into the H&S Team on an interim basis. Approval required from the Workforce Panel to recruit substantively.   |





# Learning from Complaints

Owner: Gary Bassett | Exec Lead: Dr. Trisha Bain

## Top 5 Themes 2017/18

| Complaints by subject 2017/18 | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-------------------------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-----|-------|
| Delay                         | 21    | 17  | 16   | 14   | 26  | 9    | 22  | 33  | 19  | 17  | 40  | 21  | 255   |
| Conduct                       | 16    | 19  | 24   | 19   | 19  | 16   | 17  | 25  | 20  | 22  | 23  | 20  | 240   |
| Road handling                 | 12    | 11  | 13   | 14   | 10  | 7    | 14  | 9   | 7   | 6   | 10  | 6   | 119   |
| Treatment                     | 1     | 2   | 5    | 1    | 7   | 5    | 16  | 8   | 9   | 8   | 14  | 4   | 80    |
| Non-conveyance                | 3     | 0   | 4    | 12   | 0   | 1    | 6   | 1   | 7   | 6   | 3   | 4   | 47    |
| Totals (above)                | 53    | 49  | 62   | 60   | 62  | 38   | 75  | 76  | 62  | 59  | 90  | 55  | 741   |
| Annual totals                 | 66    | 70  | 77   | 73   | 86  | 51   | 94  | 85  | 84  | 74  | 102 | 76  | 938   |

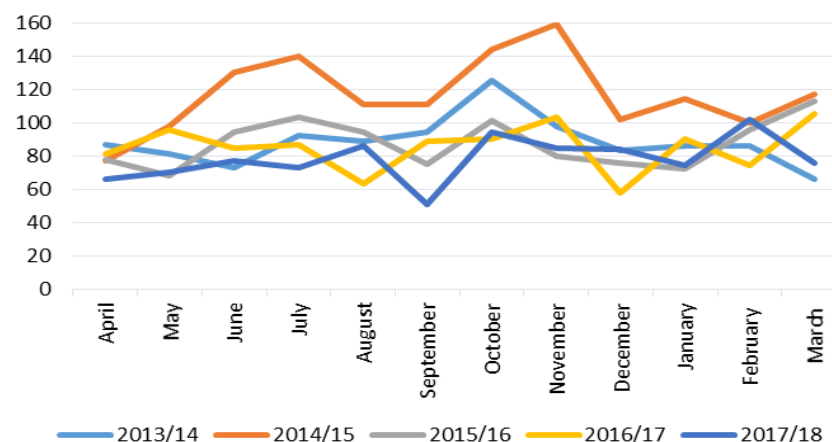
## Assurance and learning

- There are 130 open complaints as at the date of this report.
- The final year's complaint numbers (938) were in line with our predicted trajectory (950). We upheld 83 of these and 118 were partially upheld.
- Two members of the team are working on some revised areas of the new website which should be in place by May 2018.
- We will be updating the HCP information on the website regarding Quality Alerts - explaining target response times etc.
- We have revised the data template for out-of-time complaints which will be used from March 2018 onwards.

## Review of March 2018

- Complaints where 'delay' was the primary concern reduced this month (21) over February's high number (40).
- The annual percentage of complaints against calls attended by the Trust was 0.08%.
- During March there were 18 Quality Alert referrals of which 14 remain under investigation. A total of 44 have been received so far this year.
- There were 76 complaints this month which includes one from a HCP on behalf of the patient and 5 complaints relating to NHS111.
- Of the 20 complaints relating to conduct and behaviour, poor communication and inappropriate comments continue to dominate themes.
- PALS enquiries continue to rise and are more complex. In 2017/18 we received 4,271 such enquiries which includes 2,451 by telephone and 1,740 by email.

## Complaints comparison April 2013 to March 2018





# Learning from Complaints

Owner: Gary Bassett | Exec Lead: Dr. Trisha Bain

## Performance against 35 day response target (March)

**Complaints over 35 working days at the time of the report**



## Assurance and learning

- We are designing an on-line form for the public to use to approach us regarding lost property. We hope this will streamline the process and reduce telephone enquiries about this aspect of PALS.
- Since the introduction of the 'Talking with us Leaflets' in August 2016 only 9 feedback leaflets have been received.
- We will be trailing an on-line version of this form in a cached format on the website which may improve completion. The issue of these feedback leaflets will then be reviewed at the end of 2018/19.
- We will be liaising with the Datix support team to improve recording of Ombudsman outcomes and recommendations.
- The Ombudsman has re-arranged his visit to the Trust to 28<sup>th</sup> June 2018.

## Categories of Complaint Calls

| November 2017 to March 2018   | Data |
|---|------|
| ARP Category 1 - 7 minutes mean response time (Life-threatening event)                    | 16   |
| ARP Category 2 - 18 minutes mean response time (Emergency – potentially serious incident) | 112  |
| ARP Category 3 - Maximum of 120 minutes (Urgent problem)                                  | 70   |
| ARP Category 4 - Maximum of 180 minutes (Less urgent problem)                             | 54   |
| Total complaints (either previous triage or not CAD related)                              | 421  |

## Case example

Example one – failure to convey:

Complaint from patient's sister that a family member was not conveyed to hospital when suffering from chest pain and they died the following day.

In accordance with Trust guidance, any patient who is presenting with chest pain should be taken to hospital for further assessment unless they refuse conveyance and are deemed to have capacity. In this case, patient declined to go to hospital and although deemed to have capacity to make an informed decision, this was not adequately documented. The crew also omitted to record they were offered advice to call 999 again or to seek medical assistance if the symptoms persisted.



# Patient & Public Engagement

Owner: Margaret Luce | Exec Lead: Trisha Bain

## Public Engagement events

| Area             | No        | Supplementary information   |       |
|------------------|-----------|---|-------|
| North West       | 12        | Public engagement: no. of hours (March 2018)                            | 197   |
| North Central    | 8         | Approximate audience numbers (March 2018)                               | 3,756 |
| North East       | 5         | No. of public engagement events: year to date (April 2017 – March 2018) | 500   |
| South East       | 9         |   |       |
| South West       | 8         | No. of staff on LAS Public Education Facebook group                     | 664   |
| Outer London/PPI | 8         | No. of staff on contact list  | 1,275 |
| <b>Total</b>     | <b>50</b> |   |       |

## Staff Awards

Two cycle paramedics received the Assistant Commissioners Commendation for Innovation at a ceremony at Wood Street Police Station in recognition for their work with police to keep patients out of hospital during the festive party season in December. The cycle teams responded to 41 patients over three weekends and saved 28 ambulance journeys to hospital. Cycle paramedics usually only work during the day but they did extra night shifts during December to deal with the increase in demand during the party season.

## Public Engagement activities

### Topics and objectives:

- **School and college visits**  
Information on the LAS, including careers, BLS and knife crime awareness. Aim: provision of knowledge and relationship-building with young people.
- **Cubs, Brownies and Scouts**  
First aid including BLS. May sow a seed for future career choices.
- **Knife Crime events (multi-agency)**  
Awareness of the consequences of carrying a knife. Aim: to reduce knife crime/calls.
- **Special Educational needs (SEN)**  
Familiarisation of the LAS, including first aid teaching. Reduces fear of the Service.
- **Careers/recruitment events**  
Information about careers in the Service and how to apply.
- **Road safety e.g. Biker Down / Driven by Consequences (multi-agency)**  
Awareness of the consequences of dangerous driving, including speeding and not wearing a seatbelt. Aim: to reduce numbers killed or seriously injured in RTCs.

## Staff Recognition

The Service was recognised alongside colleagues from the Metropolitan Police and the London Fire Brigade at the Global Awards ceremony in March. The category, voted for by the public, was in recognition of the incredible bravery and professionalism of the blue light family in the major incidents of last year.

Our Emergency Operations Centre was successfully re-accredited as a Centre of Excellence (ACE) in the use of MPDS and is one of just three accredited centres in England. The award is made by the International Academy of Emergency Dispatch (IAED) and our EOC is one of 184 medical ACEs out of 2,976 centres across 46 countries. The accreditation is based on good levels of compliance in the use of MPDS and robust Quality Assurance and Governance systems within EOC.

# Our Performance



Since February 2015, three other ambulance services - South West, Yorkshire and West Midlands - have been involved in trials led by NHS England of the new standards. They focused on four main areas:

- Identifying the most seriously ill patients as early as possible through processes known as Pre-Triage Sieve and Nature of Call.
- Giving control room staff more time (up to 240 seconds) to assess incidents through a process known as Dispatch on Disposition.
- Developing new clinical code sets and response categories using the best available clinical evidence.
- Developing new targets, indicators and measures.

*The trials have also been independently reviewed by the University of Sheffield.*

| Category   | Percentage of calls per Category | National Standard   | How long does the ambulance service have to make a decision?   | What stops the clock?   |
|------------|----------------------------------|---|--|---|
| Category 1 | 8%                               | <ul style="list-style-type: none"> <li>• 7 minutes mean response time</li> <li>• 15 minutes 90<sup>th</sup> centile response time</li> </ul>  | The earliest of: <ul style="list-style-type: none"> <li>• The problem being identified</li> <li>• An ambulance response being dispatched</li> <li>• 30 seconds from the call being connected</li> </ul>  | The first emergency vehicle that arrives on scene stops the clock. (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)   |
| Category 2 | 48%                              | <ul style="list-style-type: none"> <li>• 18 minutes mean response time</li> <li>• 40 minutes 90<sup>th</sup> centile response time</li> </ul> | The earliest of: <ul style="list-style-type: none"> <li>• The problem being identified</li> <li>• An ambulance response being dispatched</li> <li>• 240 seconds from the call being connected</li> </ul> | If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock. |
| Category 3 | 34%                              | <ul style="list-style-type: none"> <li>• 120 minutes 90<sup>th</sup> centile response time</li> </ul>   | The earliest of: <ul style="list-style-type: none"> <li>• The problem being identified</li> <li>• An ambulance response being dispatched</li> <li>• 240 seconds from the call being connected</li> </ul> | If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock. |
| Category 4 | 10%                              | <ul style="list-style-type: none"> <li>• 180 minutes 90<sup>th</sup> centile response time</li> </ul>   | The earliest of: <ul style="list-style-type: none"> <li>• The problem being identified</li> <li>• An ambulance response being dispatched</li> <li>• 240 seconds from the call being connected</li> </ul> | Category 4T:<br>If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.  |

The new standards are intended to:

- Prioritise the sickest patients quickly to ensure they receive the fastest response
- Ensure national response targets to apply to every patient for the first time – so ending 'hidden waits' for patients in lower categories
- Ensure more equitable response for patients across the call categories
- Improve care for stroke and heart attack patients through sending the right resource first time.

Due to the nature and impact of these changes, the previous performance measures are not comparable. However, NHS England have published National Standard for a number of the key measures which are included here.



# Ambulance Response Programme

## Performance Summary

|                         | C1 Mean<br>(00:07:00) | C1 90 <sup>th</sup> Centile<br>(00:15:00) | C2 Mean<br>(00:18:00) | C2 90 <sup>th</sup> Centile<br>(00:40:00) | C3 90 <sup>th</sup> Centile<br>(02:00:00) | C4 90 <sup>th</sup> Centile<br>(03:00:00) |
|-------------------------|-----------------------|---|-----------------------|---|---|---|
| Previous month (Feb 18) | 00:07:27              | 00:11:47                                  | 00:23:21              | 00:49:20                                  | 02:58:44                                  | 02:34:16                                  |
| Last month (Mar 18)     | 00:07:26              | 00:11:59                                  | 00:23:21              | 00:49:20                                  | 02:52:21                                  | 02:35:52                                  |
| Year To Date (2017/18)  | 00:07:16              | 00:11:48                                  | 00:21:37              | 00:45:11                                  | 02:37:23                                  | 02:31:57                                  |



### Demand

- **95,619** Incidents were provided with a face-to-face response. This was 1.6% below the plan for March (98,188). (Taxis provided an additional 1,009 responses.)
- The **year to date** position for demand is **1,130,698**. This is **1.8% above** the year to date **plan** position (**1,110,600**) (This is including taxis).
- **8,660** incidents were categorised as **Category 1** and provided with a face-to-face response.



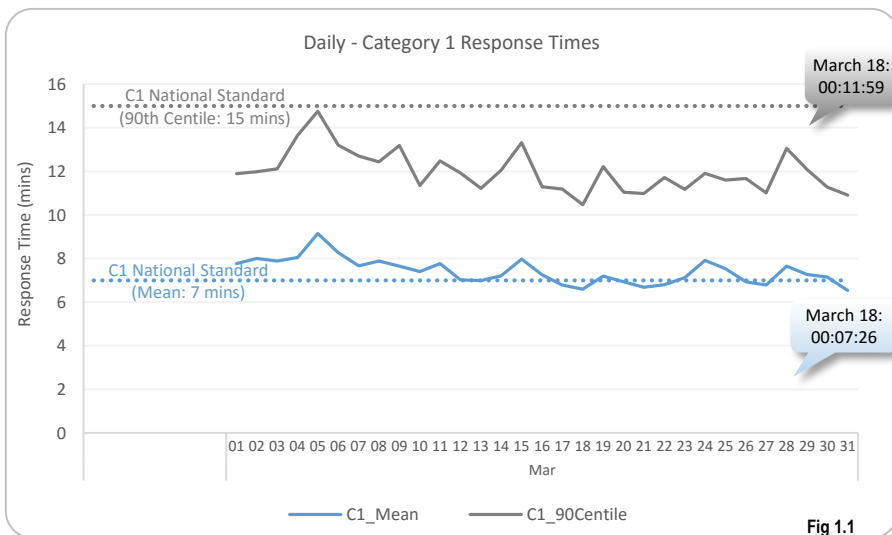
### Performance

- The Mean response time for C1 was **7 minutes 26 seconds**. This has remained steady when compared to the previous month. The C1 90<sup>th</sup> Centile increased in March, however, it remained well within the 15 minute National Standard which shows that our most critical patients are being responded to quickly.
- The C2 performance measures remained the same from February and March.
- The C4 90<sup>th</sup> Centile has performed within the 3 hour standard each month since the implementation of ARP (November 2017).



# Performance Overview

## Daily Response Times by Category



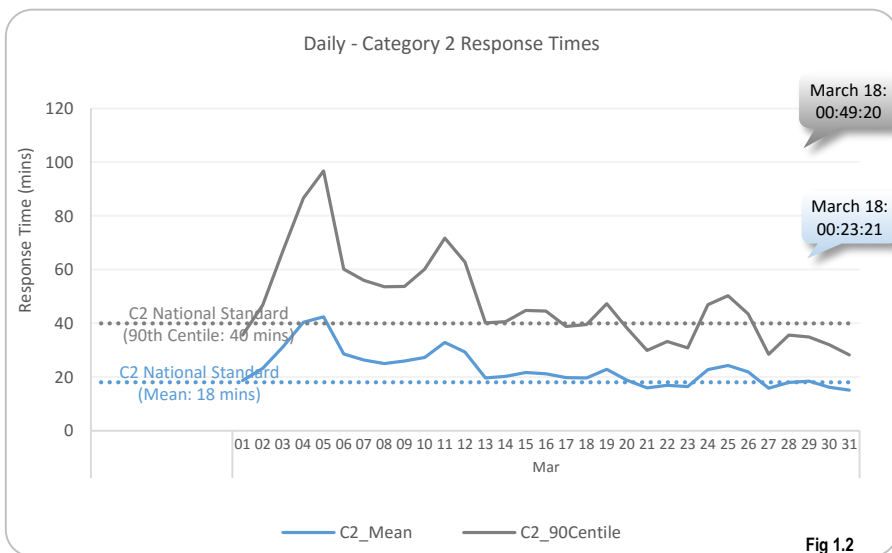
### Category 1

The NEW Category 1 (C1) measure is expected to comprise of approximately 8% of all incidents and covers a wider range of conditions than the former Red 1 category. These are to be responded to within an average time of seven minutes.

Fig 1.1 shows the time taken to respond to patients triaged as Category 1 (C1)

- The grey line shows the LAS 90<sup>th</sup> centile response time.
  - The dotted grey line shows the National Standard of 15 minutes 90<sup>th</sup> centile response time.
- The blue line shows the LAS **daily** average (mean) response time
  - The dotted blue line shows the National Standard of 7 minutes average (mean) response time.

C1 performance was fairly consistent over the month, with the mean decreasing to within the National Standard towards the end of the month. The 90<sup>th</sup> centile performed well within the target throughout the month.



### Category 2

The NEW Category 2 (C2) measure is expected to comprise of approximately 48% of all incidents. These are to be responded to within an average time of 18 minutes.

Fig 1.2 shows the response time for patients triaged as Category 2 (C2)

- The grey line shows the LAS 90<sup>th</sup> centile response time.
  - The dotted grey line shows the National Standard of 40 minutes 90<sup>th</sup> centile response time.
- The blue line shows the LAS **daily** average (mean) response time
  - The dotted blue line shows the National Standard of 18 minutes average (mean) response time.

The C2 mean and 90<sup>th</sup> centile shows a spike during the first week of March due to the adverse weather experienced by London and the South East. Both measures show a significant reduction of response times to within the National Standards by the end of the month.



# Performance Overview

## Daily Response Times by Category

Daily - Category 3 Response Times

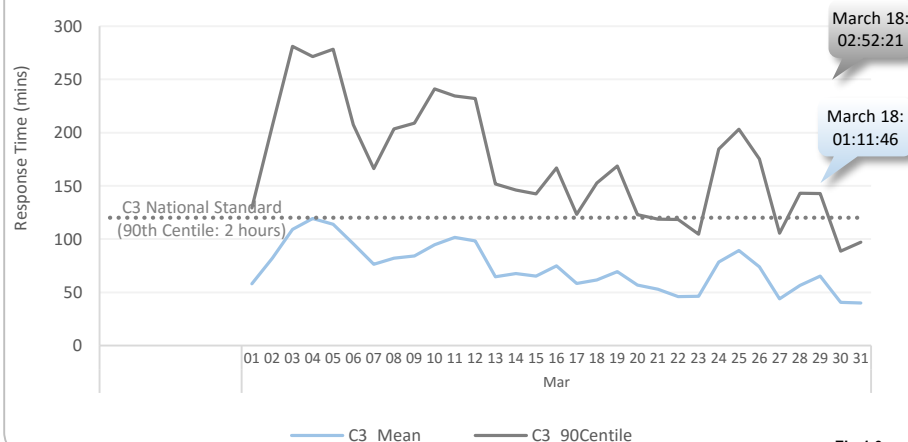


Fig 1.3

### Category 3

The NEW Category 3 (C3) measure is expected to comprise of approximately 34% of all incidents.

Fig 1.3 shows the time taken to respond to patients triaged as Category 3 (C3)

- The grey line shows the LAS 90<sup>th</sup> centile response time.
  - The dotted grey line shows the National Standard of 120 minutes (2 hours) 90<sup>th</sup> centile response time.
- The blue line shows the LAS **daily** average (mean) response time.
  - There is no National Standard for the mean response time.

The graph demonstrates the steady reduction of the C3 response times through the month. Towards the end of the month, the 90<sup>th</sup> centile falls within the 2 hour target.

Daily - Category 4 Response Times

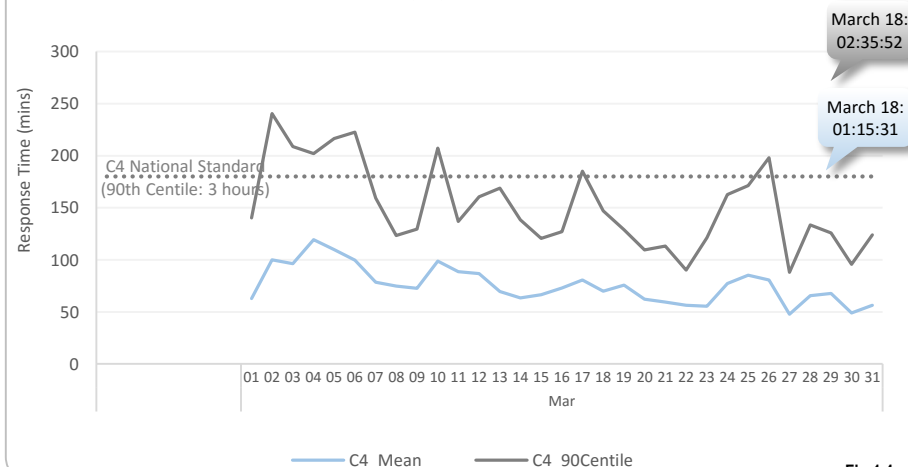


Fig 1.4

### Category 4

The NEW Category 4 (C4) measure is expected to comprise of approximately 10% of all incidents.

Fig 1.4 shows the response time for patients triaged as Category 4 (C4)

- The grey line shows the LAS 90<sup>th</sup> centile response time.
  - The dotted grey line shows the National Standard of 180 minutes (3 hours) 90<sup>th</sup> centile response time.
- The blue line shows the LAS **daily** average (mean) response time.
  - There is no National Standard for the mean response time.

The graph clearly shows the C4 90<sup>th</sup> Centile was within the 3 hour response times for the majority of the month. There is also an overall steady reduction of the C4 90<sup>th</sup> Centile response time through the month.





# Performance Overview

## Demand by Category

Category 1 Percentage of all Demand

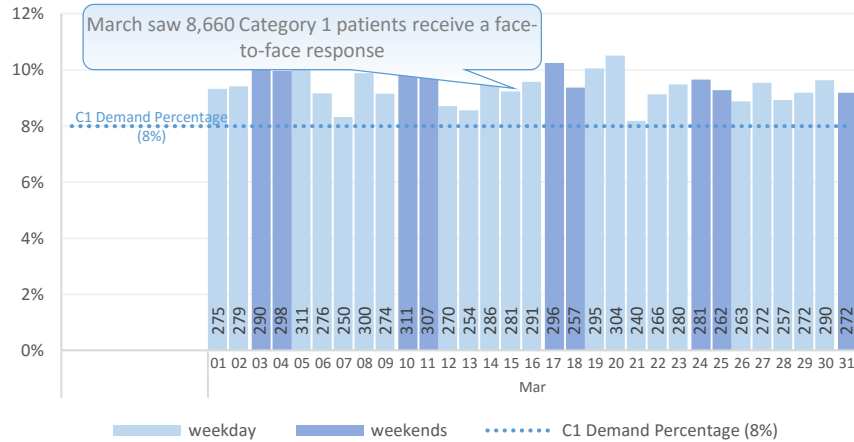


Fig 2.1

Category 2 Percentage of all Demand

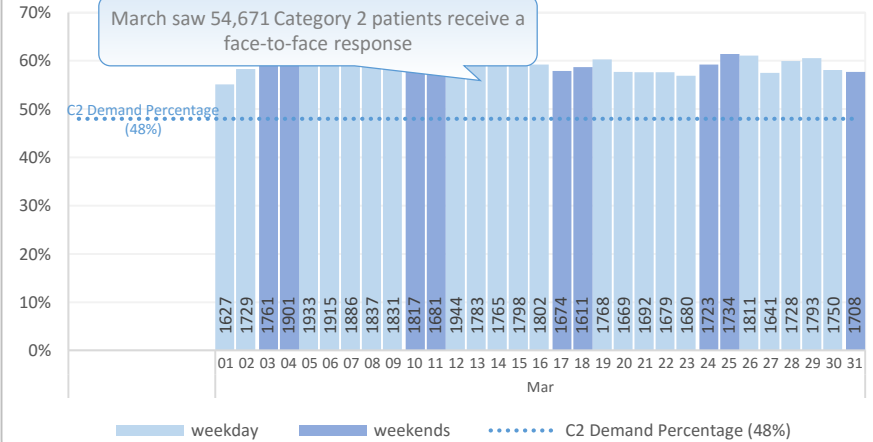


Fig 2.3

Category 3 Percentage of all Demand

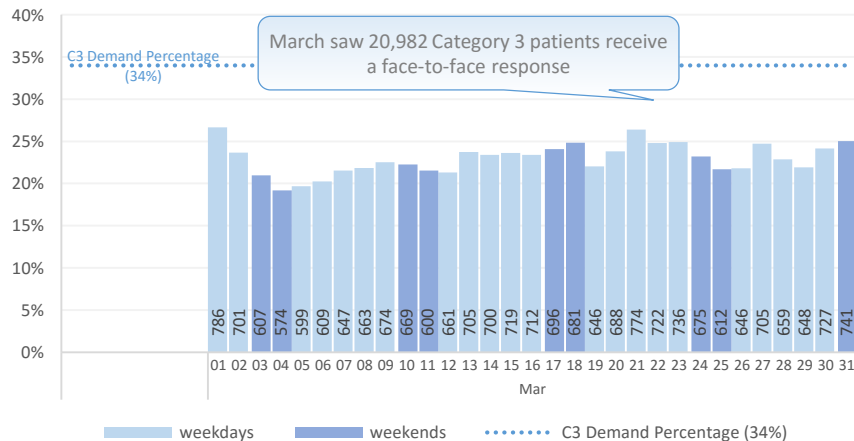


Fig 2.2

Category 4 Percentage of all Demand

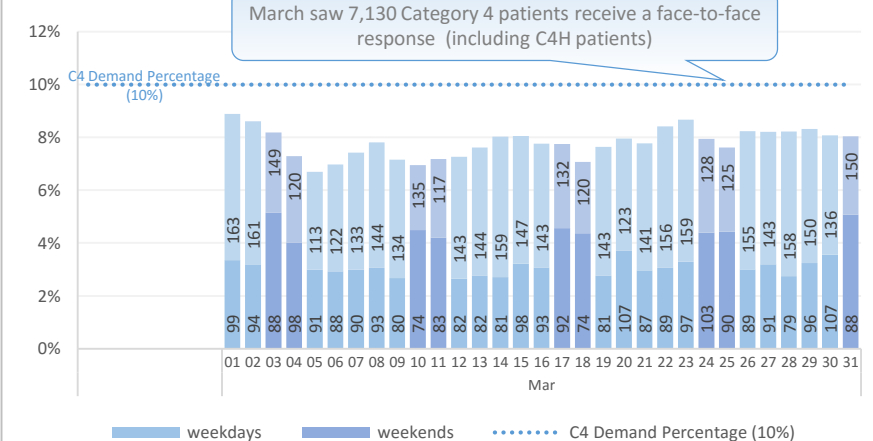


Fig 2.4





# Performance Overview

## 90<sup>th</sup> Centile Performance

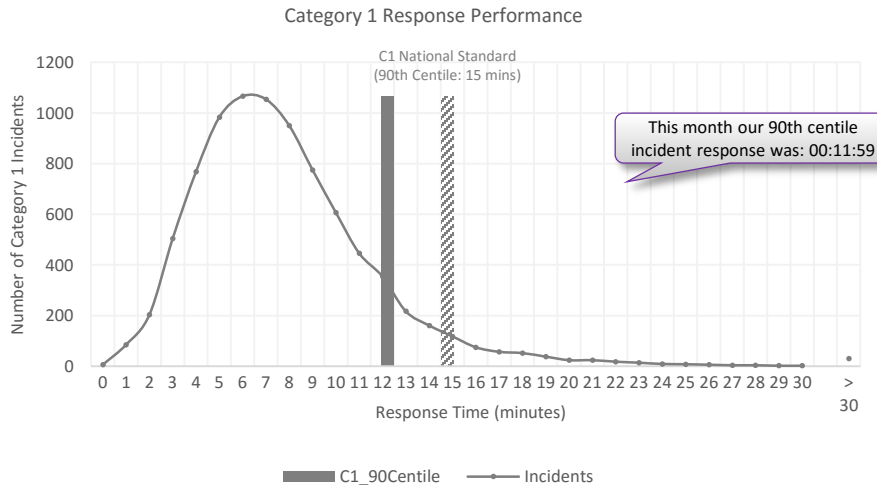


Fig 3.1

■ Fig 3.1 Demonstrates the response distribution for Category 1 incidents.

The 90<sup>th</sup> centile response time in **March** was **00:11:59** minutes, **within** the 15 minutes National Standard as set out in the guidelines by NHSI.

Of the 8,660 incidents requiring a Category 1 response, 7,794 incidents received a face to face response within 00:11:59 minutes.

The LAS 90<sup>th</sup> centile has been **consistently within the 15 minutes** standard **each week** since ARP was implemented which shows that our most critical patients are being responded to quickly.

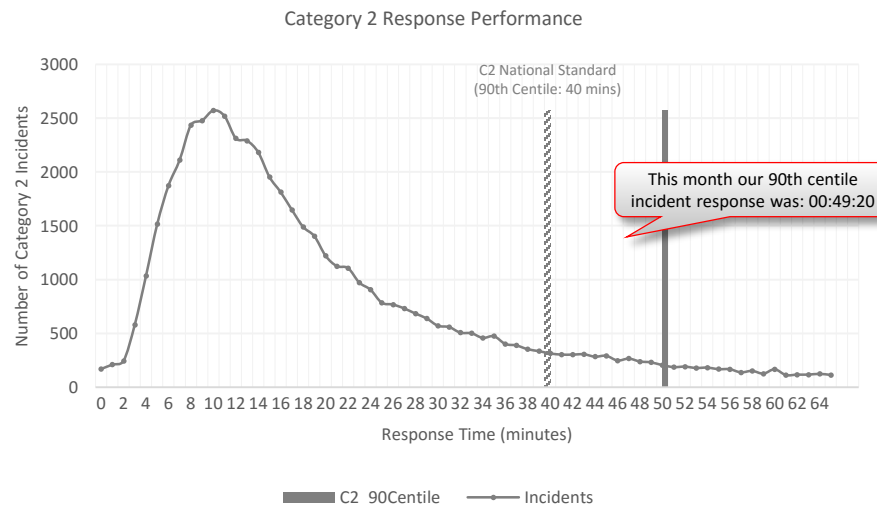


Fig 3.2

■ Fig 3.2 Demonstrates the response distribution for Category 2 incidents.

The 90<sup>th</sup> centile response time in **March** was **00:49:20** minutes, **above** the 40 minutes National Standard as set out in the guidelines by NHSI.

Of the 54,671 incidents requiring a Category 2 response, 49,194 incidents received a face to face response within 00:49:20 minutes.



# Performance Overview

## 90<sup>th</sup> Centile Performance

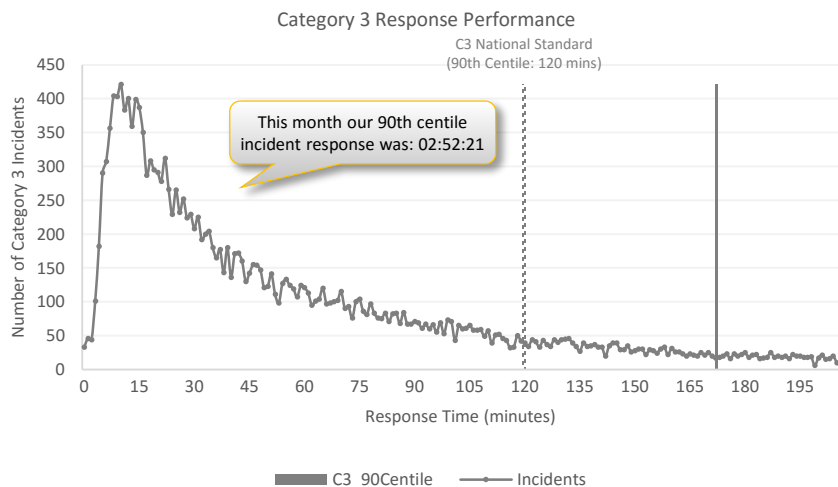


Fig 3.3

■ Fig 3.3 Demonstrates the response distribution for Category 3 incidents.

The LAS 90<sup>th</sup> centile response time in **March** was **02:52:21**. This is above the 120 minutes (2 hours) National Standard as set out in the guidelines by NHSI.

Of the 20,982 incidents requiring a Category 3 response, 18,973 incidents received a face to face response within 02:52:21 minutes.

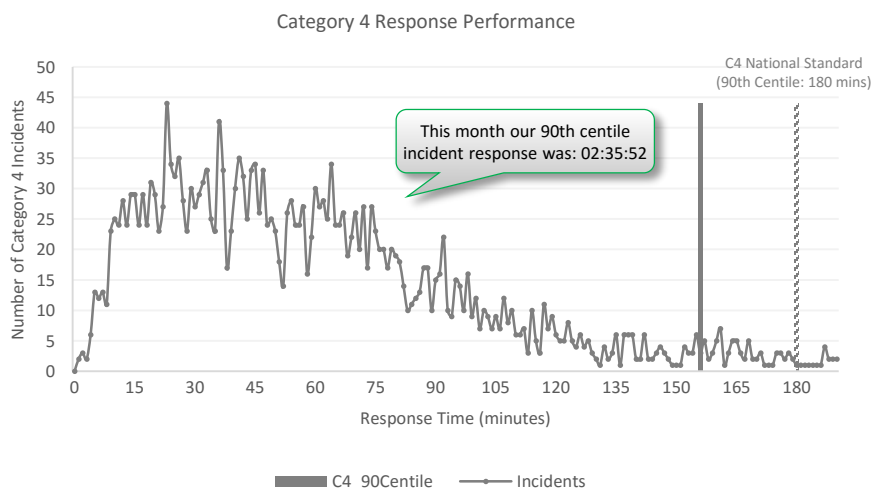


Fig 3.4

■ Fig 3.2 Demonstrates the response distribution for Category 4 incidents.

The 90<sup>th</sup> centile response time in **March** was **02:35:52** minutes, **within** the 3 hours National Standard as set out in the guidelines by NHSI.

Of the 2,784 incidents requiring a Category 4 response, 2,505 incidents received a face to face response within 02:35:52 minutes.

The LAS 90<sup>th</sup> centile has been **within** the 3 hours standard for 22 of the 23 **weeks** since ARP was implemented.



## Performance Overview

### Key Metric Variance

| Category   | Measure                  | LAS Monthly Performance<br>(Mar 18) | National Standard | Variance        |
|------------|--------------------------|-------------------------------------|-------------------|-----------------|
| Category 1 | Mean Response Time       | <b>00:07:26</b>                     | 7 minutes         | <b>00:00:26</b> |
|            | 90 <sup>th</sup> centile | <b>00:11:59</b>                     | 15 minutes        | <b>00:03:01</b> |
| Category 2 | Mean Response Time       | <b>00:23:21</b>                     | 18 minutes        | <b>00:05:21</b> |
|            | 90 <sup>th</sup> centile | <b>00:49:20</b>                     | 40 minutes        | <b>00:09:20</b> |
| Category 3 | 90 <sup>th</sup> centile | <b>02:52:21</b>                     | 120 minutes       | <b>00:52:21</b> |
| Category 4 | 90 <sup>th</sup> centile | <b>02:35:52</b>                     | 180 minutes       | <b>00:24:08</b> |



# Performance Overview

## National Picture

March 2018

Category 1 Mean Performance across England in : March 2018

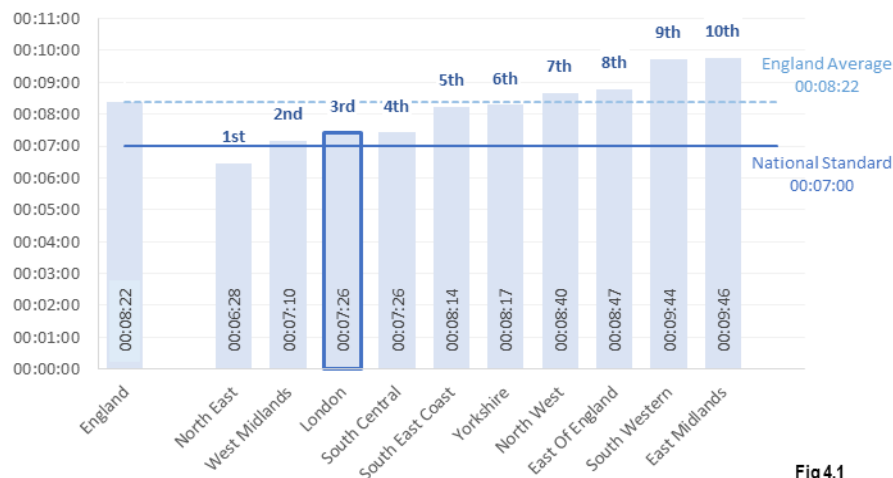


Fig 4.1

■ Fig 4.1 Illustrates the Category 1 Mean Response Performance for Ambulance Trusts across England during March 2018.

Additional information also displayed :

- The National Standard (00:07:00)
- The average for England (00:08:16)
- The ranking position for each Trust \*

- LAS achieved **7 minutes and 26 seconds** for the **mean** response time for **Category 1** patients. This is marginally above the 7 minute national standard.
- LAS ranked **third** when compared to 10 Ambulance Trusts across England. \*
- LAS also performed **within** the England average by **50 seconds**.
- One Trust performed within the National Standard.

\* Isle of Wight not ARP compliant until Spring 2018

• This data will be refreshed upon release of National ARP data in April 2018

Fig. 4.2 Displays the six key ARP performance measures for each Ambulance Trust across England during March 2018.

- LAS ranked **2<sup>nd</sup>** in the **Category 1 90<sup>th</sup> centile** performance measure, compared to the other Trusts.
- For **Category 4 90<sup>th</sup> centile**, LAS ranked **2<sup>nd</sup>** compared to the other Trusts.

| February 2018     | Category 1 | Category 1 | Category 2 | Category 2 | Category 3 | Category 4 |
|-------------------|------------|------------|------------|------------|------------|------------|
| National Standard | 00:07:00   | 00:15:00   | 00:18:00   | 00:40:00   | 02:00:00   | 03:00:00   |
| England           | 00:08:16   | 00:14:17   | 00:25:34   | 00:53:57   | 02:41:50   | 03:29:16   |
| East Midlands     | 00:09:27   | 00:16:29   | 00:41:27   | 01:30:32   | 04:04:27   | 02:27:40   |
| East of England   | 00:08:42   | 00:15:38   | 00:26:53   | 00:56:02   | 03:07:36   | 04:01:05   |
| London            | 00:07:26   | 00:11:48   | 00:23:21   | 00:49:21   | 02:59:27   | 02:34:17   |
| North East        | 00:06:34   | 00:10:55   | 00:19:57   | 00:40:26   | 02:50:44   | 03:01:26   |
| North West        | 00:08:51   | 00:14:53   | 00:31:59   | 01:12:05   | 03:02:00   | 03:10:54   |
| South Central     | 00:07:05   | 00:12:56   | 00:16:16   | 00:32:19   | 02:12:39   | 03:10:01   |
| South East Coast  | 00:08:18   | 00:14:57   | 00:17:40   | 00:33:03   | 03:19:44   | 05:41:05   |
| South Western     | 00:09:19   | 00:17:03   | 00:31:47   | 01:05:26   | 02:39:38   | 04:41:59   |
| West Midlands     | 00:07:03   | 00:12:06   | 00:13:14   | 00:24:22   | 01:36:47   | 02:42:23   |
| Yorkshire         | 00:08:07   | 00:13:57   | 00:25:08   | 00:55:13   | 02:24:28   | 03:33:15   |
| Isle of Wight     | -          | -          | -          | -          | -          | -          |

Fig 4.2



# Performance Overview

## Performance by STP

March 2018

These tables show 6 key performance measures for March and February 2018 profiled by STP.

March performance shows an **improvement in C1 mean** across **3 of the 5 STP** areas. Although C1 90<sup>th</sup> centile shows a marginal increase, all areas remained well within the 15 minute National Standard.

- C2 mean and 90<sup>th</sup> centile performance shows an improvement in March across 3 of the 5 STPs.
- The C3 90<sup>th</sup> centile has seen the most improvement in March showing a **reduction in 4 of the 5 STPs**.
- North Central improved considerably in March by reducing the C4 90<sup>th</sup> centile to 2 hours 42 seconds. This is well within the 3 hour National Standard.
- The C4 90<sup>th</sup> Centile increased in the North East to just over 3 hours.

| March 2018<br>STP Position | C1 Mean<br>(00:07:00) | C1 90 <sup>th</sup> Centile<br>(00:15:00) | C2 Mean<br>(00:18:00) | C2 90 <sup>th</sup> Centile<br>(00:40:00) | C3 90 <sup>th</sup> Centile<br>(02:00:00) | C4 90 <sup>th</sup> Centile<br>(03:00:00) |
|----------------------------|-----------------------|---|-----------------------|---|---|---|
| North Central              | 00:07:36              | 00:12:16                                  | 00:25:51              | 00:55:40                                  | 03:31:09                                  | 02:42:54                                  |
| North East                 | 00:07:31              | 00:12:21                                  | 00:25:30              | 00:53:59                                  | 03:04:55                                  | 03:06:51                                  |
| North West                 | 00:07:12              | 00:11:46                                  | 00:22:39              | 00:47:54                                  | 03:02:18                                  | 02:47:21                                  |
| South East                 | 00:07:15              | 00:11:48                                  | 00:20:45              | 00:43:52                                  | 02:19:48                                  | 02:15:21                                  |
| South West                 | 00:07:37              | 00:12:03                                  | 00:21:45              | 00:45:02                                  | 02:33:37                                  | 02:01:10                                  |

| February 2018<br>STP Position | C1 Mean<br>(00:07:00) | C1 90 <sup>th</sup> Centile<br>(00:15:00) | C2 Mean<br>(00:18:00) | C2 90 <sup>th</sup> Centile<br>(00:40:00) | C3 90 <sup>th</sup> Centile<br>(02:00:00) | C4 90 <sup>th</sup> Centile<br>(03:00:00) |
|-------------------------------|-----------------------|---|-----------------------|---|---|---|
| North Central                 | 00:07:37              | 00:12:24                                  | 00:24:32              | 00:51:26                                  | 03:41:26                                  | 03:17:45                                  |
| North East                    | 00:07:45              | 00:11:50                                  | 00:25:47              | 00:54:33                                  | 03:14:10                                  | 02:49:40                                  |
| North West                    | 00:07:33              | 00:11:44                                  | 00:23:50              | 00:51:16                                  | 03:12:43                                  | 02:42:06                                  |
| South East                    | 00:07:13              | 00:11:33                                  | 00:19:56              | 00:40:45                                  | 02:17:03                                  | 02:06:48                                  |
| South West                    | 00:06:54              | 00:11:27                                  | 00:21:56              | 00:45:05                                  | 02:36:09                                  | 02:01:38                                  |



# Performance Overview

## Call Answering Performance & BT Connections

March 2018

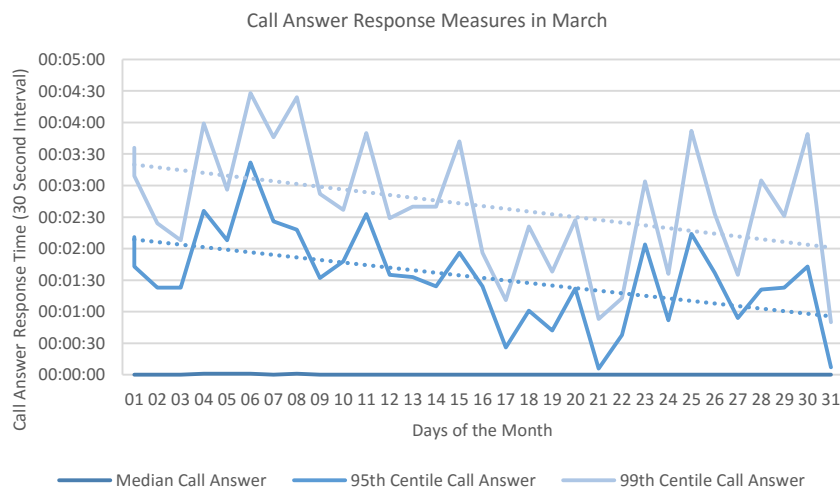


Fig 5.1

■ Figure 5.1 demonstrates **three key measures** for call answering under the Ambulance Response Programme (ARP).

- During March 2018 the median call answering was **zero seconds**.
  - This means **50% or half** of all calls received into the Emergency Operations Centre (EOC) were answered **immediately**.
- The **95<sup>th</sup> centile** was 1 minute and 43 seconds.
  - In other words 95 out of every 100 calls were answered in less than 1 minute and 43 seconds.
- To demonstrate the reduction of call answering response times the dotted lines show a linear downward trend throughout the month. This is for both the 95<sup>th</sup> and 99<sup>th</sup> centile measures.

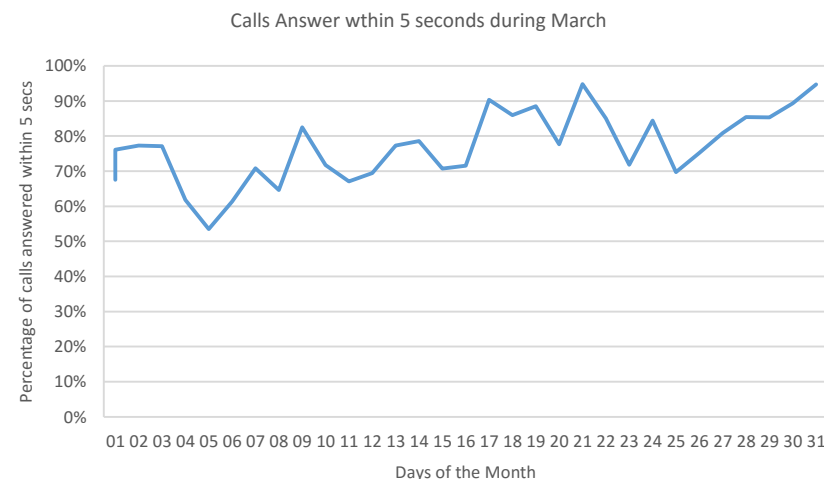


Fig 5.2

■ Figure 5.2 shows the percentage of calls answered within five seconds.

*The new ARP standards no longer use this performance measure and for that reason there is longer a requirement to report it.*

However, to illustrate the graph shows the daily call taking performance in the month.

- In March **76%** of all **calls** received into the EOC were answered **within five seconds**.
- The graph shows the steady improvement of this measure throughout the month and achieving 95% towards the end of March
- This measure has been above 75% for four consecutive weeks. Three of these weeks have achieved over 80% of calls answered within 5 seconds.



# Hospital Handover Summary

## Hospital Conveyance Lost Hours

March 2018

In March a total of **7,682** hours were lost at hospital.

- The most hours were lost at **Queens Romford** with **811** (10.6%) hours lost.
- Ranking second highest was **Northwick Park** with **741** (9.6%) hours lost.
- Hillingdon** ranked third highest in hours lost at hospital with **599** (7.8%) hours lost.
- The above three hospitals are responsible for **28% (2,151)** of hours lost at hospital, across London in March.

There was a considerable spike in March due to the adverse weather in London and the South East. However, from that point onwards, there has been a steady reduction week on week.

The last time this type of spike was experienced was in the first week of January 2018.

Non-blue calls. Arrival at hospital to patient handover, March 2018

|                    | Arrived to Handover |                 |                             |                |                           |                                    |               |
|--------------------|---------------------|-----------------|-----------------------------|----------------|---------------------------|------------------------------------|---------------|
|                    | Total Conveyances   | Total Handovers | Handovers exceeding 15 mins | % over 15 mins | Overrun per breach (mins) | Total time lost over 15 mins (hrs) | 12 Week Trend |
| Barnet             | 1682                | 1606            | 861                         | 54%            | 16                        | 223                                |               |
| North Middlesex    | 2551                | 2380            | 1656                        | 70%            | 16                        | 446                                |               |
| Royal Free         | 1582                | 1469            | 1167                        | 79%            | 22                        | 419                                |               |
| University College | 1908                | 1795            | 1307                        | 73%            | 14                        | 305                                |               |
| Whittington        | 1700                | 1582            | 930                         | 59%            | 12                        | 180                                |               |
| Homerton           | 1509                | 1441            | 485                         | 34%            | 5                         | 41                                 |               |
| King Georges       | 1293                | 1210            | 1086                        | 90%            | 14                        | 249                                |               |
| Newham             | 2116                | 1913            | 1662                        | 87%            | 13                        | 367                                |               |
| Queens Romford     | 2925                | 2784            | 2336                        | 84%            | 21                        | 811                                |               |
| Royal London       | 2284                | 2117            | 1240                        | 59%            | 8                         | 171                                |               |
| Whipps Cross       | 1977                | 1854            | 1410                        | 76%            | 14                        | 335                                |               |
| Charing Cross      | 1317                | 1244            | 811                         | 65%            | 8                         | 109                                |               |
| Chelsea & West     | 1368                | 1292            | 570                         | 44%            | 7                         | 62                                 |               |
| Ealing             | 1415                | 1339            | 713                         | 53%            | 11                        | 133                                |               |
| Hillingdon         | 1703                | 1620            | 1259                        | 78%            | 29                        | 599                                |               |
| Northwick Park     | 2978                | 2830            | 1756                        | 62%            | 25                        | 741                                |               |
| St Marys           | 2004                | 1885            | 1285                        | 68%            | 10                        | 214                                |               |
| St Thomas'         | 2303                | 2150            | 1417                        | 66%            | 7                         | 169                                |               |
| West Middlesex     | 1936                | 1871            | 809                         | 43%            | 7                         | 88                                 |               |
| Kings College      | 2250                | 2107            | 1714                        | 81%            | 11                        | 321                                |               |
| Lewisham           | 1660                | 1552            | 1052                        | 68%            | 12                        | 204                                |               |
| Princess Royal     | 1765                | 1624            | 877                         | 54%            | 39                        | 568                                |               |
| Queen Elizabeth II | 2546                | 2467            | 901                         | 37%            | 11                        | 170                                |               |
| Croydon            | 2155                | 2059            | 1480                        | 72%            | 11                        | 266                                |               |
| Kingston           | 1725                | 1641            | 1073                        | 65%            | 7                         | 127                                |               |
| St Georges         | 2136                | 2002            | 1376                        | 69%            | 10                        | 223                                |               |
| St Helier          | 1367                | 1305            | 850                         | 65%            | 10                        | 144                                |               |
| <b>LAS TOTAL</b>   |                     |                 |                             |                | <b>14</b>                 | <b>7682</b>                        |               |

Non-blue calls. Patient Handover to Green, March 2018

|                    | Handover to Green |                          |                             |              |                           |                                       |               |
|--------------------|-------------------|--------------------------|-----------------------------|--------------|---------------------------|---------------------------------------|---------------|
|                    | Total Conveyances | Total Handovers To Green | Handovers exceeding 14 mins | % Over 14min | Overrun Per Breach (Mins) | Total Time Lost Over 14 Minutes (Hrs) | 12 Week Trend |
| Barnet             | 1682              | 1606                     | 883                         | 55%          | 6                         | 92                                    |               |
| North Middlesex    | 2551              | 2380                     | 1265                        | 53%          | 7                         | 152                                   |               |
| Royal Free         | 1582              | 1469                     | 705                         | 48%          | 7                         | 85                                    |               |
| University College | 1908              | 1795                     | 1040                        | 58%          | 8                         | 138                                   |               |
| Whittington        | 1700              | 1582                     | 832                         | 53%          | 7                         | 99                                    |               |
| Homerton           | 1509              | 1441                     | 781                         | 54%          | 8                         | 105                                   |               |
| King Georges       | 1293              | 1210                     | 577                         | 48%          | 6                         | 62                                    |               |
| Newham             | 2116              | 1913                     | 887                         | 46%          | 8                         | 112                                   |               |
| Queens Romford     | 2925              | 2784                     | 1567                        | 56%          | 7                         | 188                                   |               |
| Royal London       | 2284              | 2117                     | 1205                        | 57%          | 7                         | 150                                   |               |
| Whipps Cross       | 1977              | 1854                     | 878                         | 47%          | 7                         | 96                                    |               |
| Charing Cross      | 1317              | 1244                     | 579                         | 47%          | 5                         | 50                                    |               |
| Chelsea & West     | 1368              | 1292                     | 717                         | 55%          | 6                         | 74                                    |               |
| Ealing             | 1415              | 1339                     | 600                         | 45%          | 5                         | 50                                    |               |
| Hillingdon         | 1703              | 1620                     | 731                         | 45%          | 6                         | 70                                    |               |
| Northwick Park     | 2978              | 2830                     | 1339                        | 47%          | 7                         | 159                                   |               |
| St Marys           | 2004              | 1885                     | 969                         | 51%          | 7                         | 108                                   |               |
| St Thomas'         | 2303              | 2150                     | 1120                        | 52%          | 7                         | 126                                   |               |
| West Middlesex     | 1936              | 1871                     | 833                         | 45%          | 5                         | 72                                    |               |
| Kings College      | 2250              | 2107                     | 1003                        | 48%          | 6                         | 107                                   |               |
| Lewisham           | 1660              | 1552                     | 673                         | 43%          | 6                         | 67                                    |               |
| Princess Royal     | 1765              | 1624                     | 824                         | 51%          | 6                         | 85                                    |               |
| Queen Elizabeth II | 2546              | 2467                     | 1020                        | 41%          | 4                         | 67                                    |               |
| Croydon            | 2155              | 2059                     | 1038                        | 50%          | 5                         | 83                                    |               |
| Kingston           | 1725              | 1641                     | 742                         | 45%          | 5                         | 59                                    |               |
| St Georges         | 2136              | 2002                     | 991                         | 50%          | 5                         | 85                                    |               |
| St Helier          | 1367              | 1305                     | 617                         | 47%          | 4                         | 41                                    |               |
|                    |                   |                          |                             |              | <b>6</b>                  | <b>2582</b>                           |               |



# Hospital Handover Summary

## Hospital Conveyance by Location

March 2018

This map shows the location of each ED hospital across London.

The size of the bubble relates to the comparative hours lost\* at that hospital.

The larger the bubble, the more hours lost at hospital.

For example, during the reporting week, the highest hours lost were at Queens Romford.

The fewest hours were lost at Homerton, as the bubble can barely be seen.

\* Total time accrued after 15 minutes, for arrival at hospital to patient handover.

Total number of hours lost in hospital to patient handovers in March 2018 was 7682

The total numbers of hours lost from handover to patient to green was 2582 hours.

Of the total number of hours lost, there were 2151 (28%) from the top 3 hospitals with the longest breaches. Whereas only 191 hours were lost from the 3 hospitals with the shortest breaches.

The average time lost in hospital to patient handover is 14 minutes.\*



The average time lost from patient handover to green is 6 minutes.\*

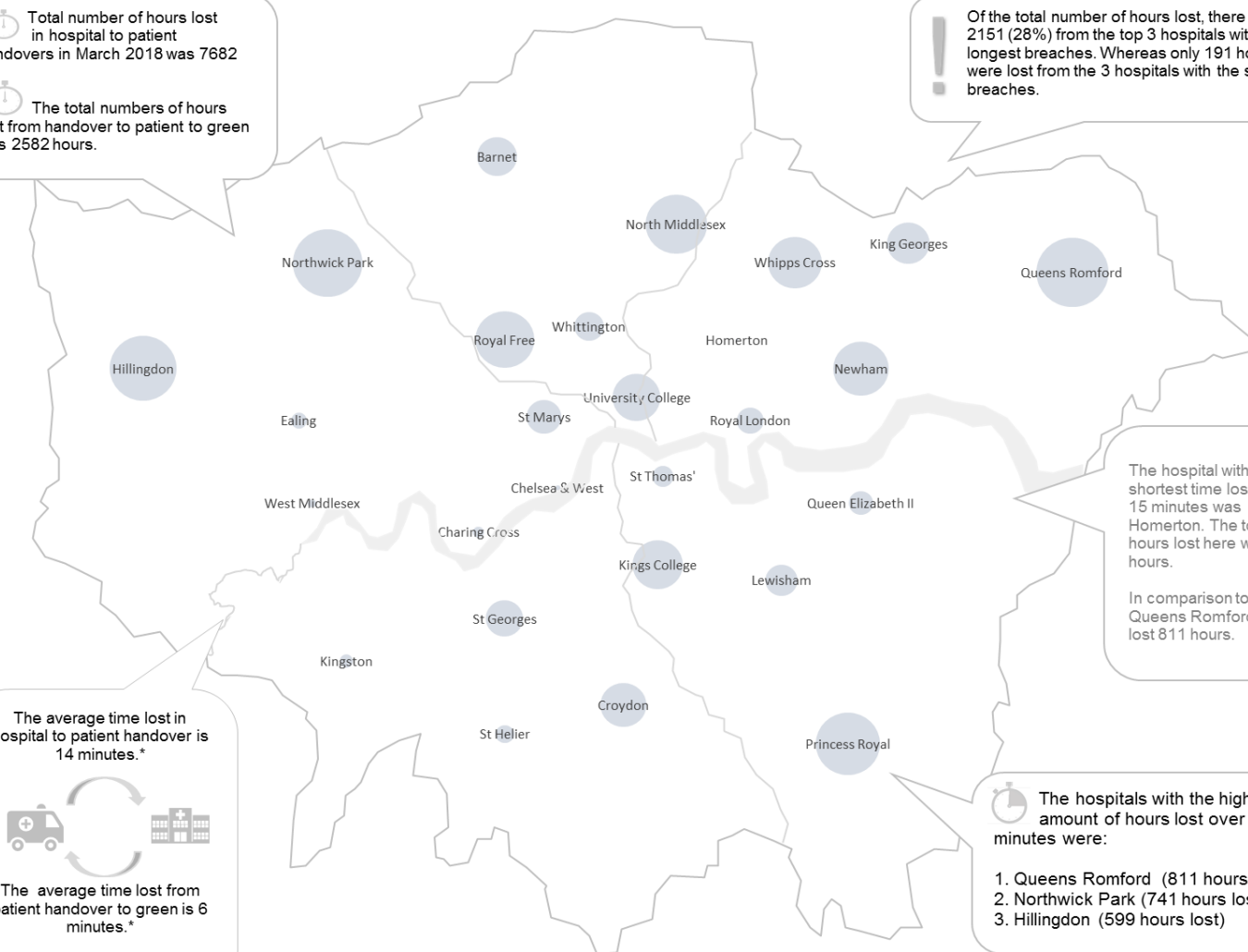
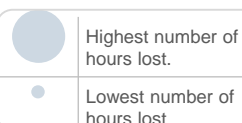
\* This is per breach

The hospital with the shortest time lost over 15 minutes was Homerton. The total hours lost here were 41 hours.

In comparison to Queens Romford which lost 811 hours.

The hospitals with the highest amount of hours lost over 15 minutes were:

1. Queens Romford (811 hours lost)
2. Northwick Park (741 hours lost)
3. Hillingdon (599 hours lost)



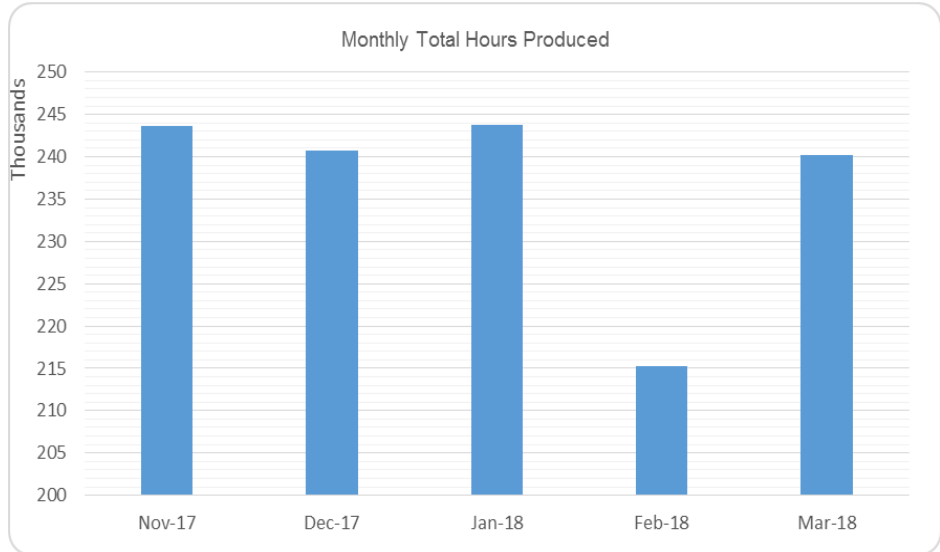
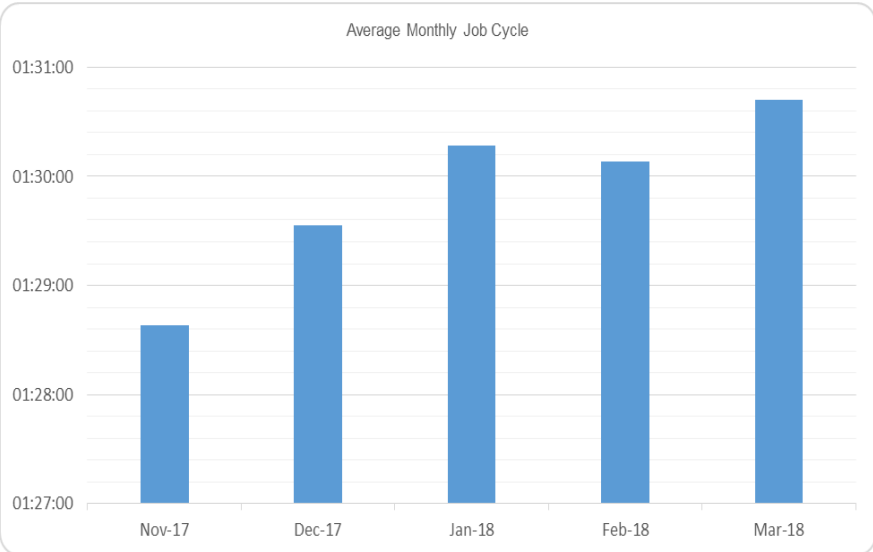
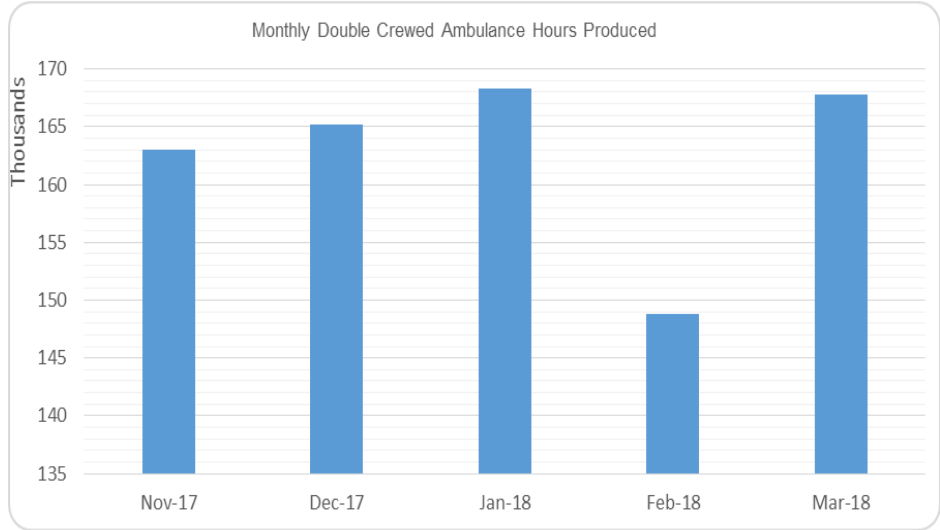
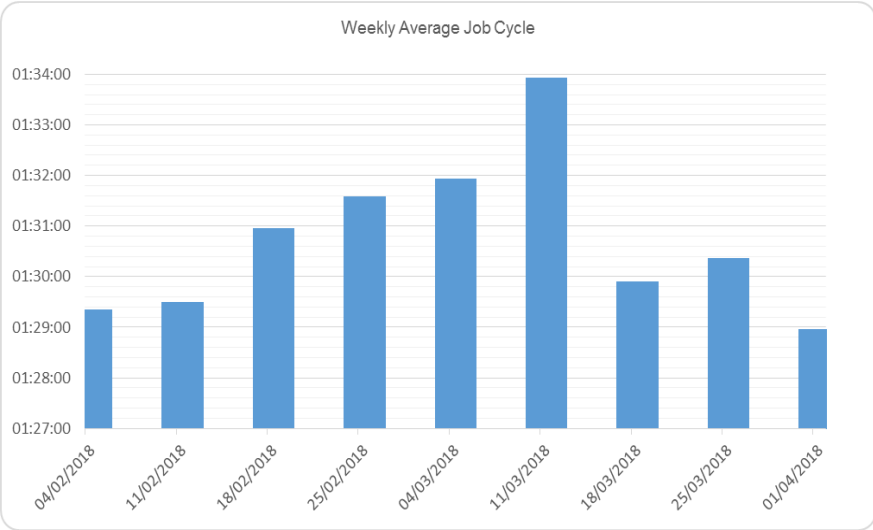




# Job Cycle & Capacity

## Ambulance Response Programme

March 2018

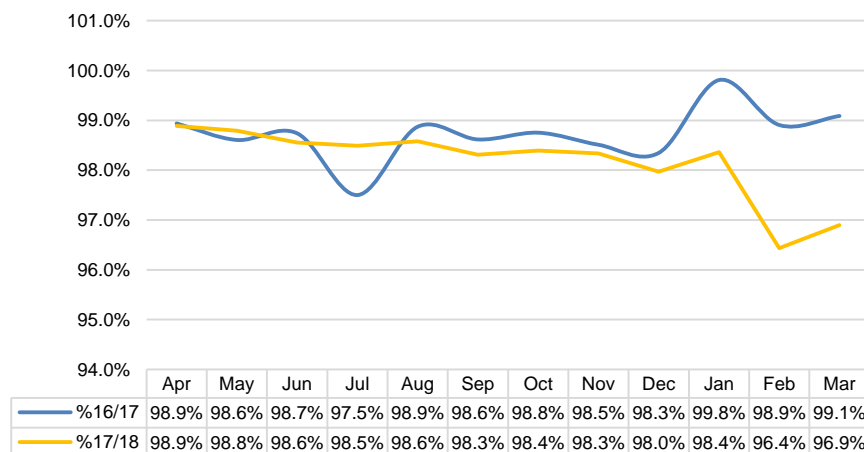




# LAS 111 (South East London)

## Demand and Capacity

KPI 02 - % Calls Answered



**Demand:** Call volume was slightly more than March 2018 and 34% higher than in March 2017.

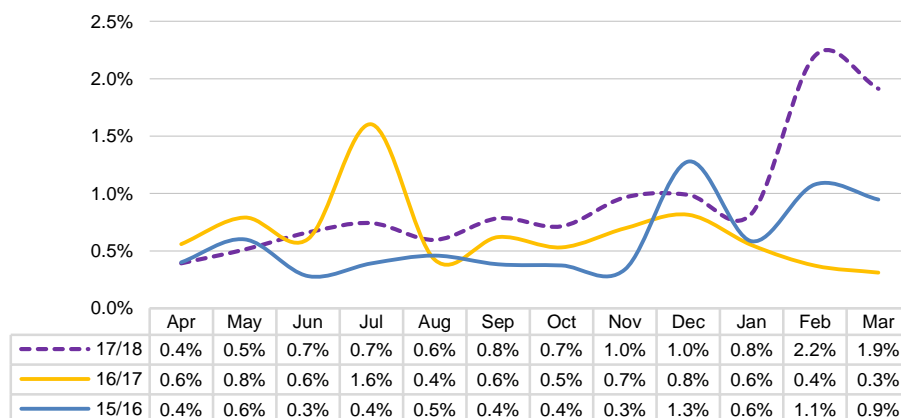
**Capacity:** Demand exceeded capacity throughout March. Additional agency Call Handler induction mapped in advance of Easter pressures in order to meet demand

**Efficiency:** The percentage of calls answered in 60 seconds was 83.1% in March, with the target achieved on only 4 days. The operational focus has been on balancing access to the service and minimizing time to clinical call back and saw an increase in call backs achieved within 10 minutes.

**Service Projects:** The service focus throughout March has been on reducing demand on EDs through introduction of enhanced assessment of Emergency Treatment Centre dispositions.

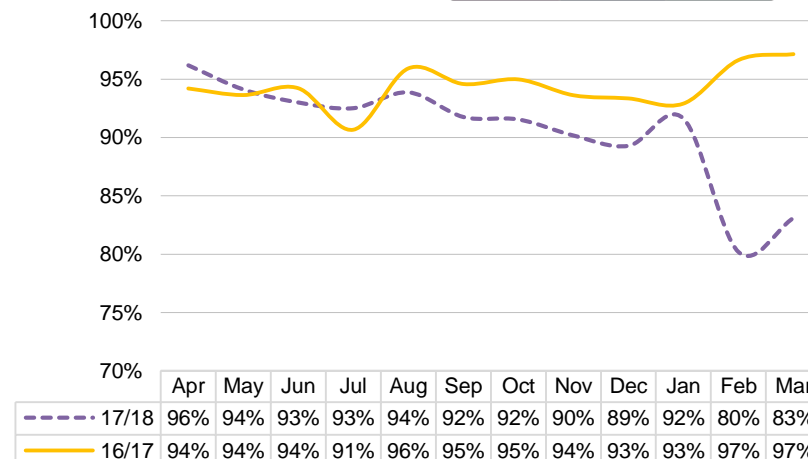
KPI 01 - Calls Abandoned after 30 Seconds

THRESHOLD (QR) <5% <=6% <=7%



KPI 03 - Calls Answered within 60 Seconds

THRESHOLD (QR) >=95% >=92% >=90%

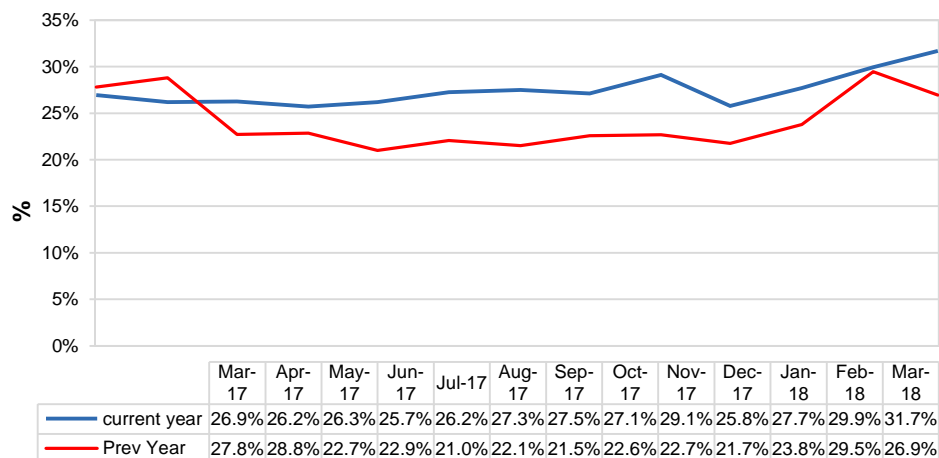




# LAS 111 (South East London)

## Call Destinations

QR12a: % of calls referred to a clinical advisor

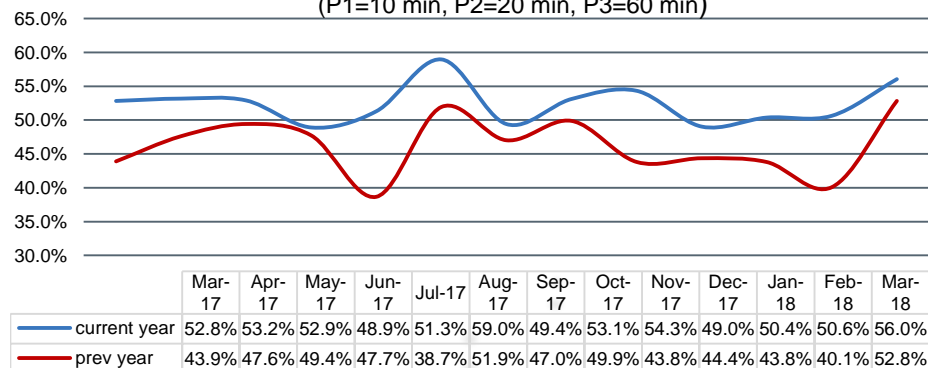


**Quality Indicators:** Calls requiring a Clinical Advisor are either transferred directly (warm transfer) or placed in a queue for call back. Factors influencing these figures include complexity of calls, enhanced clinical assessment for Green ambulance outcomes and availability of Clinical Advisors to accept a warm transfer. A prioritization system is in place to inform those decisions.

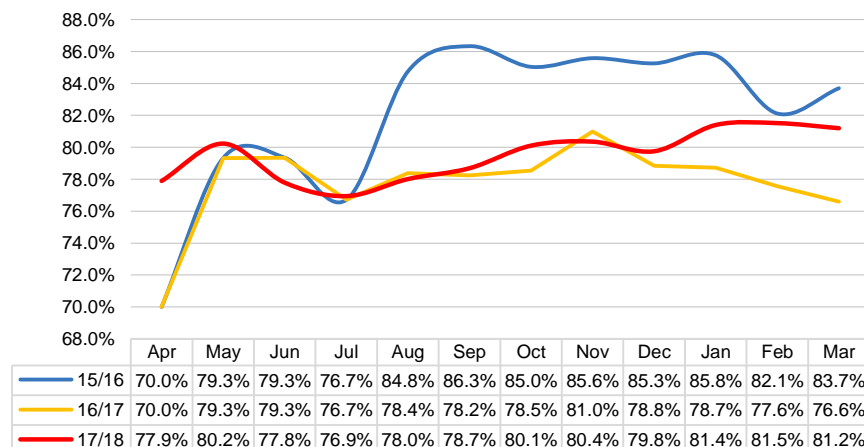
**Safety:** There were 62 Incidents in Datix with completed investigations in March. Of these 30.6% (n=19) related to authorised breaches in confidentiality including safeguarding referrals made without patient consent, 19.4% (n=12) to failure to follow procedure, 46.8% (n=29) to delay in care. The remaining 3.2% (n=2) closed with no further action required. Incidents are under investigation and feedback given to staff where appropriate.

No Serious Incidents (SIs) were identified and the service received seven complaints, no compliments and three complaints about other organisations.

KPI 05  
calls % warm transferred  
(P1=10 min, P2=20 min, P3=60 min)



KPI 04 - Percentage (%) of answered calls Triage

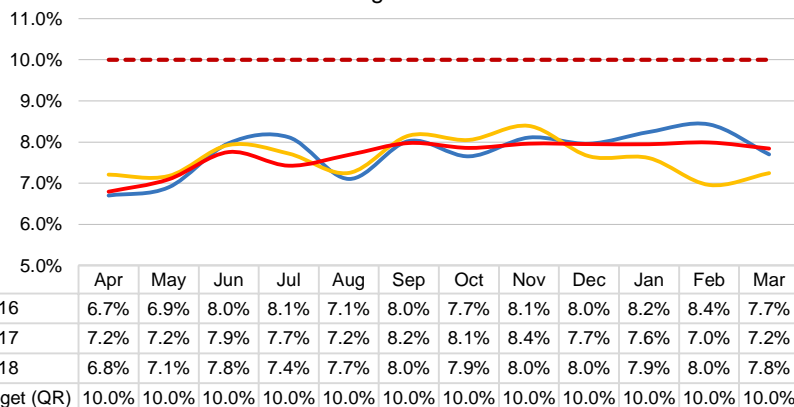




# LAS 111 (South East London)

## Triage Destinations

KPI 10 - Percentage of answered calls transferred to 999



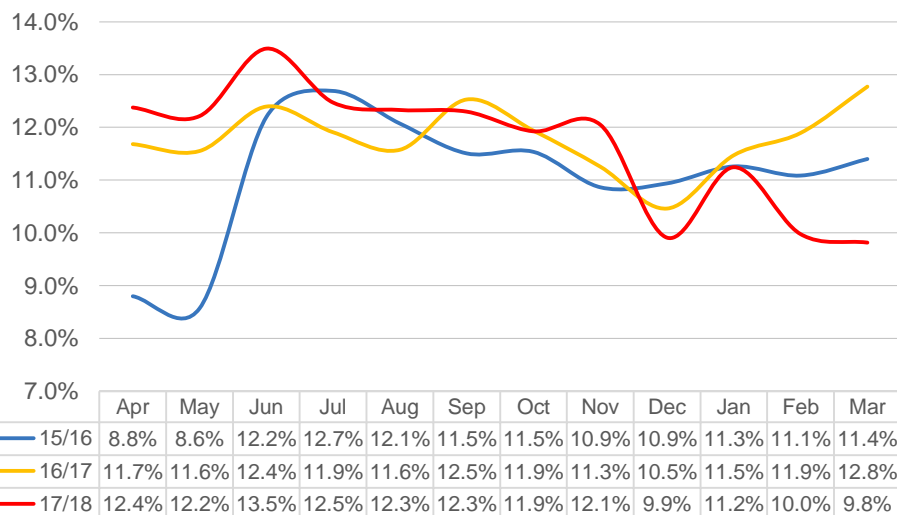
LAS 111 consistently has the lowest referral rate to 999 in London and the highest percentage of enhanced re-assessment for Green ambulance outcomes.

Enhanced reassessment of Emergency Treatment Centre dispositions was introduced on 7<sup>th</sup> February and has resulted in a reduction in onward referrals, this figure includes Urgent Care Centres and Walk-in Centres.

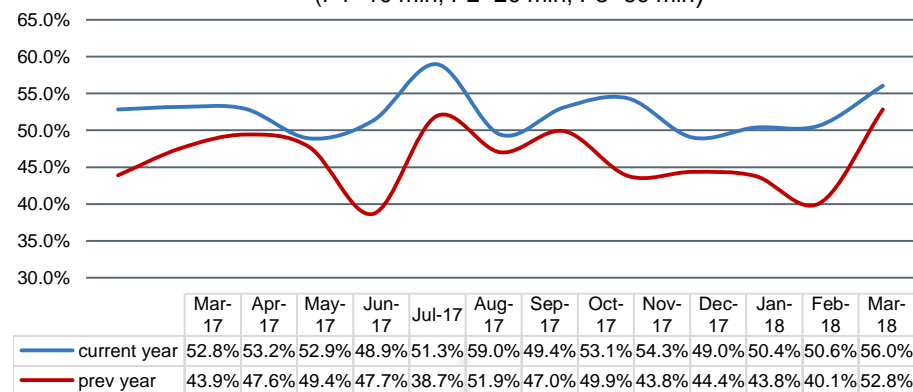
When combined, this gives an indication of the impact on Emergency and Urgent Care. LAS 111 refers the lowest number of calls overall.

Reduction in call back performance was due to increased demand and balancing access through clinicians taking call at front end and call back.

KPI 11 - Percentage of patients advised to attend Emergency Treatment Centre



KPI 7,8,9  
calls % warm transferred  
(P1=10 min, P2=20 min, P3=60 min)





## LAS 111 (South East London)

### London and National Comparison – March 2018

The table below shows LAS' performance on key Quality Requirements (QRs) agreed in Schedule 12 contract of the SEL CCGs contract for providing 111 services. It shows a comparison to that of the other four London providers and the regional and national totals. **Our ranking is out of five London providers.**

Data is taken from the weekly NHS England 111 Situation Report, and is collated for March 2018.

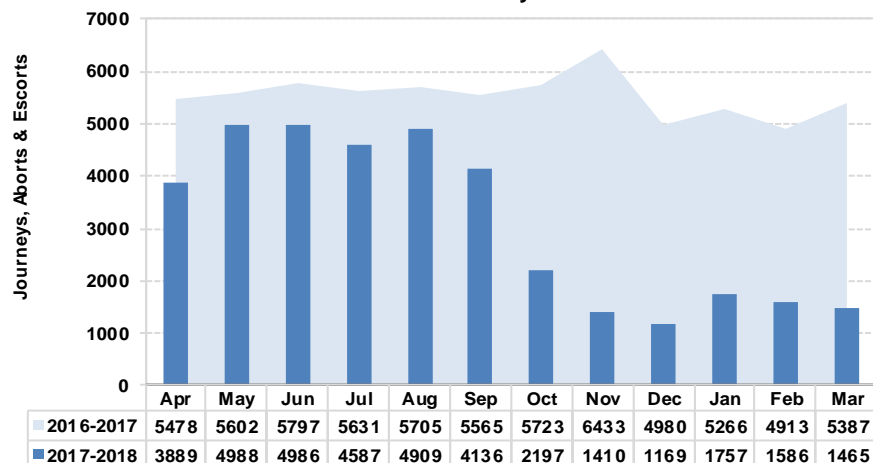
| Description  | Target | LAS    | Care UK | LCW    | PELC   | Vocare | London  | LAS ranking (pan-London) | England   |
|--|--------|--------|---------|--------|--------|--------|---------|--------------------------|-----------|
| Total calls answered   | N/A    | 36,636 | 26,654  | 36,577 | 35,841 | 30,747 | 156,655 |                          | 1,296,264 |
| % of Calls answered within 60 seconds                        | 95%    | 82.08% | 62.89%  | 69.97% | 87.03% | 64.21% | 74.07%  | 2                        | 70.01%    |
| % of Calls abandoned after 30 seconds                        | 5%     | 1.90%  | 5.89%   | 7.10%  | 5.69%  | 8.20%  | 5.95%   | 1                        | 9.49%     |
| % of Calls transferred to, or answered by a clinical advisor | N/A    | 31.58% | 23.90%  | 31.53% | 30.14% | 27.19% | 29.20%  |                          | 23.93%    |
| Of calls transferred, percentage transferred warm            | N/A    | 56.34% | 21.56%  | 83.53% | 60.74% | 35.72% | 55.66%  |                          | 33.46%    |
| Of call backs, percentage within 10 minutes                  | 100%   | 66.00% | 46.24%  | 41.39% | 47.04% | 52.37% | 49.52%  | 1                        | 39.76%    |
| % of Calls referred to 999                                   | 10%    | 7.80%  | 9.57%   | 11.62% | 10.72% | 9.50%  | 9.93%   | 1                        | 11.03%    |
| % of Calls referred to Emergency Department                  | N/A    | 9.80%  | 9.88%   | 10.85% | 10.04% | 10.00% | 10.19%  | 1                        | 8.35%     |



# Patient Transport Service

## Activity Update and Profitability Update

**PTS Total Activity - Contracted, A&EReferrals and Extra Contractual Journeys**



March saw a stable level in the number of journeys with a total of 1,465 journeys being delivered as compared to the February total of 1,586 journeys.

Delivery was maintained against a background of continued recovery from current winter pressures and adverse weather conditions.

PTS now have only two contracts operating; St Georges Community in South West London and North East London Mental Health in East London. Both of these contracts are expected to finish by March / April 2018.

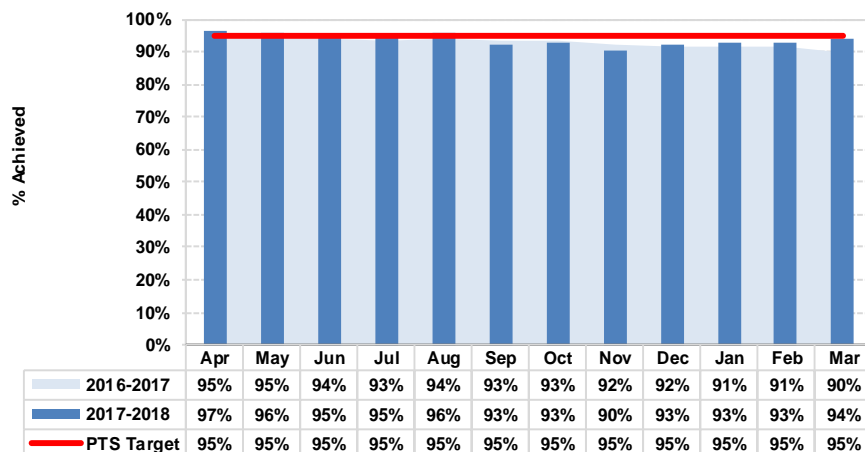
| Month | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 |
|-------|-----------|-----------|-----------|-----------|-----------|
| Apr   | 15044     | 13227     | 8495      | 5478      | 3889      |
| May   | 15987     | 13164     | 7943      | 5602      | 4988      |
| Jun   | 14852     | 10129     | 8967      | 5797      | 4986      |
| Jul   | 16481     | 10508     | 8923      | 5631      | 4587      |
| Aug   | 14401     | 9028      | 5457      | 5705      | 4909      |
| Sep   | 15002     | 9602      | 6097      | 5565      | 4136      |
| Oct   | 16739     | 10957     | 5841      | 5723      | 2197      |
| Nov   | 15981     | 10063     | 5989      | 6433      | 1410      |
| Dec   | 13986     | 9250      | 4943      | 4980      | 1169      |
| Jan   | 16409     | 9753      | 5103      | 5266      | 1757      |
| Feb   | 15232     | 9787      | 5306      | 4913      | 1586      |
| Mar   | 13978     | 10520     | 5264      | 5387      | 1465      |
| Total | 184092    | 125988    | 78328     | 66480     | 37079     |



# Patient Transport Service

## KPI Update

### Arrival at Hospital Against Appointment Time

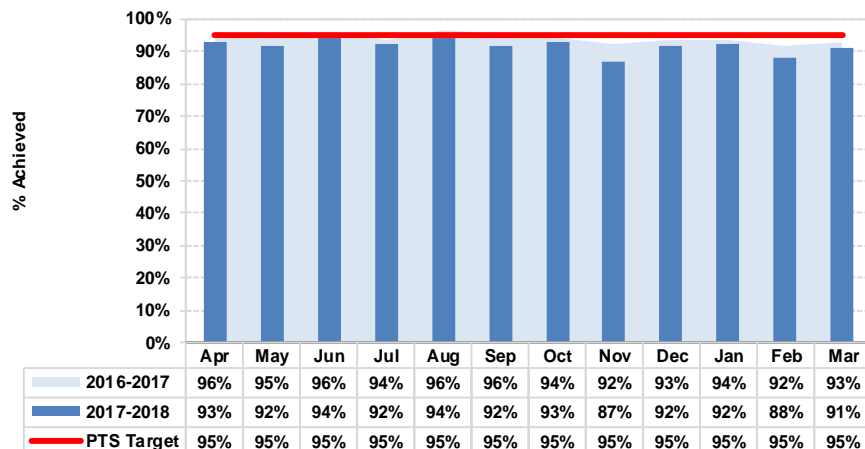


The arrival at hospital against the appointment time saw an increase to 94% in March, but was below the 95% target.

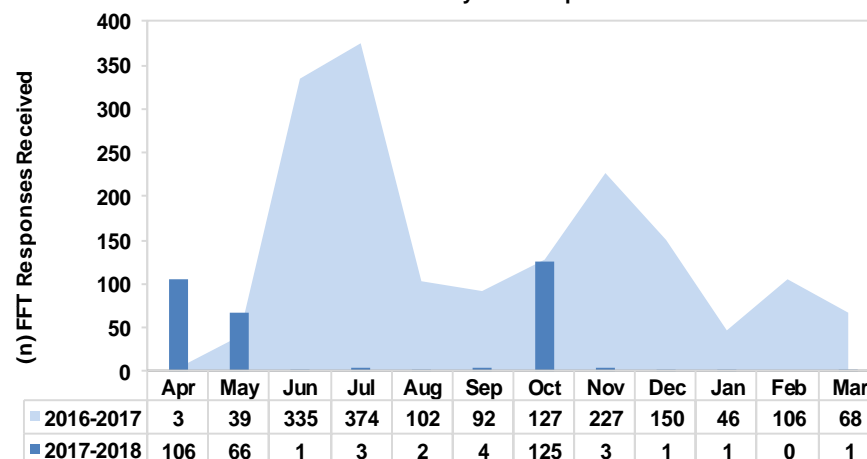
Our activity profile is linked to one of the remaining two contracts where we are providing transport in the community settings with longer distances and spread of care centres where patients are being taken to.

Departure against patient ready time saw an increase to 91% for March against the background of activity as given above. This was below the target of 95%.

### Departure Against Patient Ready Time

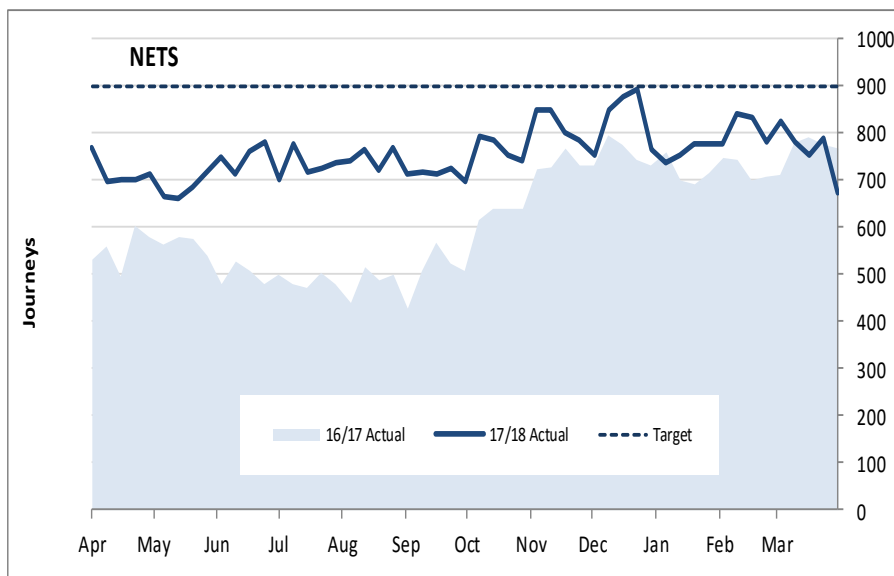


### PTS Friends & Family Test Responses Received





## Non-Emergency Transport Service



### Non-Emergency Transport Update

NETs saw a decrease in the month and delivered an average of 772 journeys per week for the month, down from the previous month average of 818.

During March we saw the NETs overall weekly performance being maintained at a level in line with the impacts of resources, activity levels and waiting times.

The team maintained its continued focus in ensuring the quality and number of calls to the NETS dispatch group was maintained. The average number of calls passed to NETS also decreased from last months 1,156 per week to 1,094 calls per week for the month.

NETS staffing/resourcing was also impacted by high rates of short term sickness over the month averaging at 4.1%.

Performance continued to suffer due to increasingly lengthy handover times at hospitals with specific issues with North West London hospitals.

From the daily conference call, plans and reporting have been put in place to continue to increase the number of calls given to NETs and completed.

| Week Commencing | Total Calls available to NETS | Calls Cancelled | Calls Returned | Calls Completed by NETS Incidents |
|-----------------|-------------------------------|-----------------|----------------|-----------------------------------|
| 05/02/2018      | 1170                          | 14              | 318            | 838                               |
| 12/02/2018      | 1066                          | 9               | 226            | 831                               |
| 19/02/2018      | 1212                          | 13              | 415            | 784                               |
| 26/02/2018      | 1177                          | 17              | 339            | 821                               |
| 05/03/2018      | 1194                          | 12              | 400            | 782                               |
| 12/03/2018      | 1071                          | 8               | 309            | 754                               |
| 19/03/2018      | 1078                          | 12              | 281            | 785                               |
| 26/03/2018      | 1036                          | 2               | 264            | 770                               |



# Our Money



| Financial Indicator                                  | Summary Performance   | Forecast Outturn | Current Month | Previous month |
|--|---|------------------|---------------|----------------|
| <b>Surplus / Deficit (Year to date and Forecast)</b> | The full year position is £5.7m ahead of plan and re-phased budget. The 17/18 outturn is £3.2m surplus, £5.7m better than plan. The Trust has received £2.657m STF bonus for achieving an outturn ahead of planned deficit.   |                  |               |                |
|  | Key issues in the position are: <ul style="list-style-type: none"> <li>Income is £1.2m favourable following receipt of £2.657m STF bonus. Once excluded the underlying income is only 1.6% above contract versus the 3% assumed in the initial plan.</li> <li>On-going vacancies in core frontline staff groups are offset by Overtime, Incentive and PAS support for Frontline Capacity to support continued demand pressure</li> </ul>                | GREEN            | GREEN         | GREEN          |
| <b>Income</b>  | Income is £1.2m favourable following receipt of £2.657m STF bonus. Once excluded the underlying income is only 1.6% above contract versus the 3% assumed in the initial plan.   | GREEN            | GREEN         | GREEN          |
| <b>Expenditure (incl. Financial Charges)</b>         | In month expenditure is £1.1m adverse to re-phased budget in month, and £4.4m favourable YTD. The key drivers for this are: <ul style="list-style-type: none"> <li>On-going vacancies in operational pay (incl. EOC) (£2m favourable in month, £24.2m favourable YTD)</li> <li>PAS overspends to compensate for vacancies (£0.2m unfavourable in month, £5.3m unfavourable YTD) are offset by various underspends in budgeted services spend</li> </ul> | GREEN            | GREEN         | GREEN          |
| <b>CIPs</b>  | The Trust delivered £8.7m recurrent CIP in 2017/18, with the balance delivered non recurrently through slippage on pay budgets. The Trust has improved governance for recurrent efficiency programme implementation and tracking in 2018/19.  | AMBER            | RED           | AMBER          |
| <b>Balance Sheet</b>                                 | Capital spend is £23.3m against a closing CRL of £24.9m, £1.6m behind plan.   | GREEN            | GREEN         | AMBER          |
| <b>Cashflow</b>                                      | Cash is £30.3m, £18.6m above plan. This is made up of a number of offsetting variances. An analysis of the cash position shows that receipts from income are £6.1m above planned, central capital funding from DH is £3.8m below plan and there are higher than planned creditor payments of £10.8m. These movements are being offset by under payments of £13.1m on capital, provision of £2.8m and £11.0m on pay.                                     | GREEN            | GREEN         | GREEN          |
| <b>BPPC</b>  | Non-NHS 87%, NHS 100% performance (volume) for this month, performance is still below 95% target. The financial computer system upgrade in December has contributed to the fall in performance, ELFS our shared service provider has implemented an action plan to restore performance back to normal levels by the end of April.   | AMBER            | AMBER         | AMBER          |



# Executive Summary – Key Financial Metrics

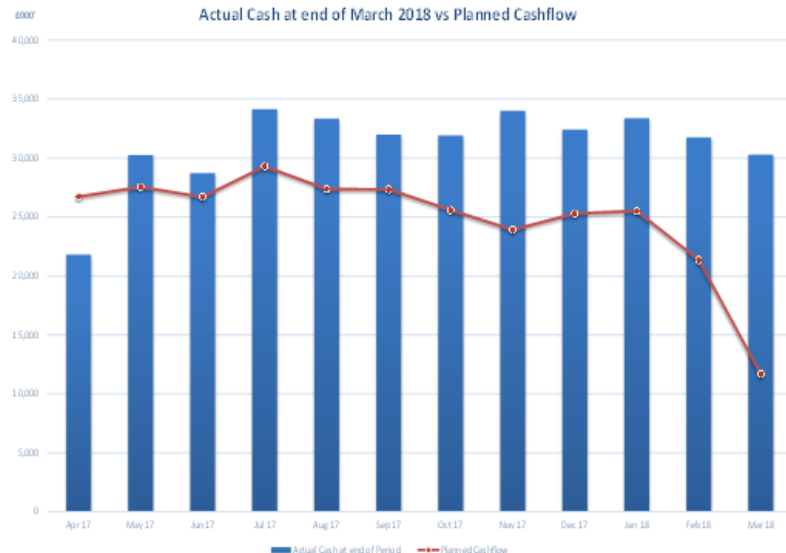
Owner: James Corrigan | Executive Lead: Lorraine Bewes

Cumulative Net Position - Budget vs Actual



|   | Month 12 2017-18 |        |                      | YTD Month 12 2017-18 |         |                      | Full Year 2017-18<br>£000 |
|---|------------------|--------|----------------------|----------------------|---------|----------------------|---------------------------|
|   | Re-phased Budget | Actual | Variance fav / (adv) | Re-phased Budget     | Actual  | Variance fav / (adv) |                           |
| Surplus / (Deficits)                    | 1,821            | 3,789  | 1,967                | (2,446)              | 3,219   | 5,665                | (2,438)                   |
| EFL                                     |                  |        |                      | 12,538               | (9,923) | 22,461               | 12,538                    |
| CRL                                     |                  |        |                      | 24,964               | 23,337  | 1,627                | 28,806                    |
| Suppliers paid within 30 days - NHS     | 95%              | 100%   | 5.0%                 | 95%                  | 80%     | (15.0%)              | 95%                       |
| Suppliers paid within 30 days - Non NHS | 95%              | 87%    | (8.0%)               | 95%                  | 85%     | (10.0%)              | 95%                       |
| EBITDA %                                | 10.7%            | 13.7%  | 3.0%                 | 4.5%                 | 5.5%    | 1.0%                 | 5.0%                      |
| EBITDA                                  | 3,450            | 4,844  | 1,393                | 16,287               | 19,954  | 3,666                | 18,185                    |
| NRAF (net return after financing)       |                  |        |                      | 1.20%                | 2.36%   | 1.2%                 | 1.2%                      |
| Liquidity Days                          |                  |        |                      | (9.90)               | (1.44)  | 8.46                 | (9.90)                    |
| Use of Resources Rating                 |                  |        |                      | 2.0                  | 1.0     | 1.0                  | 2.0                       |

Actual Cash at end of March 2018 vs Planned Cashflow



- The full year position is £5.7m ahead of plan and re-phased budget. The 17/18 outturn is £3.2m surplus, £5.7m better than plan. The Trust has received £2.657m STF bonus for achieving an outturn ahead of planned deficit.
- Income is £1.2m favourable compared to re-phased budget due to the budget including over activity at 3% and only 1.6% being achieved.
- On-going vacancies in core frontline staff groups offset by Overtime, Incentive and PAS support for Frontline Capacity to support continued high demand.
- Demand is above 2017-18 contracted baseline activity (2016-17 contract activity plus 6%) by circa 1.6% YTD, lower than the level included in the budget of 3%. This figure differs from the figures quoted in the weekly performance packs as the weekly performance data includes activity for dates outside the reporting period (i.e. week 1 includes 2016/17 activity and the YTD activity in the weekly performance packs will not align exactly to the end of each month).
- The Trust ended 2017/18 with a Capital underspend of £1.7m with expenditure of £23.3m against a CRL of £25.0m
- Cash is £30.3m, £18.6m above plan. This is made up of a number of offsetting variances. An analysis of the cash position shows that receipts from income are £6.1m above planned, central capital funding from DH is £3.8m below plan and there are higher than planned creditor payments of £10.6m. These movements are being offset by under payments of £13.1m on capital, provision of £2.8m and £11.0m on pay.
- Non-NHS 87%, NHS 100% performance (volume) for this month, performance is still below 95% target. The financial computer system upgrade in December has contributed to the fall in performance, ELFS our shared service provider has implemented an action plan to restore performance back to normal levels by the end of April.



# Forecast and CIP Outturn (I&E)

Owner: James Corrigan | Executive Lead: Lorraine Bewes

## Divisional Budget Summary 2017/18

| Division                            | Income and Expenditure |                 |                   |               |                   |                   |
|-------------------------------------|------------------------|-----------------|-------------------|---------------|-------------------|-------------------|
|                                     | YTD                    |                 |                   | Full Year     |                   |                   |
|                                     | Plan<br>£'000          | Actual<br>£'000 | Variance<br>£'000 | Plan<br>£'000 | Forecast<br>£'000 | Variance<br>£'000 |
| Central Corporate                   | 25,634                 | 17,403          | 8,231             | 0             | 0                 | 0                 |
| Central Income                      | (346,668)              | (347,510)       | 842               | (346,668)     | (347,510)         | 842               |
| Chairman & Non-Executives           | 111                    | 102             | 9                 | 111           | 102               | 9                 |
| Chief Executive                     | 3,112                  | 2,684           | 427               | 3,112         | 2,684             | 427               |
| Corporate Services                  | 4,702                  | 4,406           | 296               | 4,702         | 4,406             | 296               |
| Estates                             | 10,400                 | 10,422          | (22)              | 10,400        | 10,422            | (22)              |
| Finance                             | 3,435                  | 2,903           | 532               | 3,435         | 2,903             | 532               |
| Fleet & Logistics                   | 27,188                 | 32,585          | (5,397)           | 27,188        | 32,585            | (5,397)           |
| IM&T                                | 14,478                 | 12,981          | 1,496             | 14,478        | 12,981            | 1,496             |
| Clinical Education & Standards      | 13,336                 | 10,164          | 3,172             | 13,336        | 10,164            | 3,172             |
| Medical                             | 4,961                  | 4,290           | 671               | 4,961         | 4,290             | 671               |
| 111 Service                         | (94)                   | (180)           | 86                | (94)          | (180)             | 86                |
| Central Operations                  | 23,265                 | 21,853          | 1,412             | 23,265        | 21,853            | 1,412             |
| Control Services                    | 23,400                 | 24,222          | (822)             | 23,400        | 24,222            | (822)             |
| Core Frontline Central              | 20,388                 | 44,678          | (24,290)          | 20,388        | 44,678            | (24,290)          |
| South East Sector                   | 35,062                 | 31,775          | 3,288             | 35,062        | 31,775            | 3,288             |
| South West Sector                   | 22,589                 | 21,267          | 1,321             | 22,589        | 21,267            | 1,321             |
| North West Sector                   | 37,803                 | 33,445          | 4,358             | 37,803        | 33,445            | 4,358             |
| North Central Sector                | 25,475                 | 22,001          | 3,474             | 25,475        | 22,001            | 3,474             |
| North East Sector                   | 33,721                 | 28,628          | 5,093             | 33,721        | 28,628            | 5,093             |
| Non Emergency Transport             | 6,937                  | 6,350           | 587               | 6,937         | 6,350             | 587               |
| Patient Transport Service           | (331)                  | (703)           | 372               | (331)         | (703)             | 372               |
| Performance                         | 1,201                  | 964             | 237               | 1,201         | 964               | 237               |
| Quality & Assurance                 | 3,351                  | 2,995           | 356               | 3,351         | 2,995             | 356               |
| Special Measures                    | 0                      | 0               | 0                 | 0             | 0                 | 0                 |
| Communications                      | 1,032                  | 961             | 71                | 1,032         | 961               | 71                |
| Support Services Senior Mngmnt      | 0                      | (5)             | 5                 | 0             | (5)               | 5                 |
| Strategy                            | 1,643                  | 1,238           | 405               | 1,643         | 1,238             | 405               |
| People & Organisational Development | 6,317                  | 6,863           | (546)             | 6,317         | 6,863             | (546)             |
| <b>Total</b>                        | <b>2,446</b>           | <b>(3,219)</b>  | <b>5,665</b>      | <b>2,446</b>  | <b>(3,219)</b>    | <b>5,665</b>      |

| Division                            | Cost Improvement Plan |                 |                   |                 |                   |                   |
|-------------------------------------|-----------------------|-----------------|-------------------|-----------------|-------------------|-------------------|
|                                     | YTD                   |                 |                   | Full Year       |                   |                   |
|                                     | Plan<br>£'000         | Actual<br>£'000 | Variance<br>£'000 | Plan<br>£'000   | Forecast<br>£'000 | Variance<br>£'000 |
| Central Corporate                   | (2,899)               | (2,228)         | (671)             | (2,899)         | (2,228)           | (671)             |
| Central Income                      | (2,225)               | 0               | (2,225)           | (2,225)         | 0                 | (2,225)           |
| Chairman & Non-Executives           | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Chief Executive                     | (250)                 | (591)           | 341               | (250)           | (591)             | 341               |
| Corporate Services                  | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Estates                             | (250)                 | (228)           | (22)              | (250)           | (228)             | (22)              |
| Finance                             | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Fleet & Logistics                   | (1,257)               | (553)           | (704)             | (1,257)         | (553)             | (704)             |
| IM&T                                | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Clinical Education & Standards      | (250)                 | 0               | (250)             | (250)           | 0                 | (250)             |
| Medical                             | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| 111 Service                         | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Central Operations                  | (500)                 | (1,912)         | 1,412             | (500)           | (1,912)           | 1,412             |
| Control Services                    | (2,000)               | (1,225)         | (775)             | (2,000)         | (1,225)           | (775)             |
| Core Frontline Central              | (6,550)               | 0               | (6,550)           | (6,550)         | 0                 | (6,550)           |
| South East Sector                   | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| South West Sector                   | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| North West Sector                   | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| North Central Sector                | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| North East Sector                   | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Non Emergency Transport             | (1,000)               | (1,586)         | 586               | (1,000)         | (1,586)           | 586               |
| Patient Transport Service           | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Performance                         | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Quality & Assurance                 | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Special Measures                    | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Communications                      | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Support Services Senior Mngmnt      | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| Strategy                            | 0                     | 0               | 0                 | 0               | 0                 | 0                 |
| People & Organisational Development | (600)                 | (379)           | (221)             | (600)           | (379)             | (221)             |
| <b>Total</b>                        | <b>(17,781)</b>       | <b>(8,702)</b>  | <b>(9,079)</b>    | <b>(17,781)</b> | <b>(8,702)</b>    | <b>(9,079)</b>    |

Full Year the Trust has delivered £8.7m CIPs which is £9.1m behind plan and are currently offset by non recurrent underspends on pay budgets. The Trust has developed improved governance for CIP identification, implementation and tracking in 2018/19.



# Statement of Comprehensive Income

Owner: James Corrigan | Executive Lead: Lorraine Bewes

|   | Month 12 2017-18<br>£000 |                  |                 |                                     | YTD Month 12 2017-18<br>£000 |                  |                  |               |                                     |  | Full Year 2017-18<br>£000 |                  |                                     |
|---|--------------------------|------------------|-----------------|-------------------------------------|------------------------------|------------------|------------------|---------------|-------------------------------------|--|---------------------------|------------------|-------------------------------------|
|   | Plan                     | Re-phased Budget | Actual          | Re-phased Budget Variance fav/(adv) | Plan                         | Re-phased Budget | Actual           | Plan Variance | Re-phased Budget Variance fav/(adv) |  | Re-phased Budget          | Full Year        | Re-phased Budget Variance fav/(adv) |
| <b>Income</b>                                 |                          |                  |                 |                                     |                              |                  |                  |               |                                     |  |                           |                  |                                     |
| Income from Activities                        | 31,094                   | 31,871           | 32,221          | 350                                 | 358,435                      | 358,182          | 355,556          | (2,879)       | (2,626)                             |  | 358,182                   | 355,556          | (2,626)                             |
| Other Operating Income                        | 288                      | 288              | 3,110           | 2,822                               | 2,672                        | 2,673            | 6,544            | 3,872         | 3,870                               |  | 2,673                     | 6,544            | 3,870                               |
| <b>Total Income</b>                           | <b>31,382</b>            | <b>32,159</b>    | <b>35,331</b>   | <b>3,172</b>                        | <b>361,107</b>               | <b>360,855</b>   | <b>362,100</b>   | <b>993</b>    | <b>1,244</b>                        |  | <b>360,855</b>            | <b>362,100</b>   | <b>1,244</b>                        |
| <b>Operating Expense</b>                      |                          |                  |                 |                                     |                              |                  |                  |               |                                     |  |                           |                  |                                     |
| Pay   | (22,062)                 | (22,608)         | (23,460)        | (852)                               | (269,843)                    | (269,600)        | (259,415)        | 10,428        | 10,185                              |  | (269,600)                 | (259,415)        | 10,185                              |
| Non Pay                                       | (5,778)                  | (6,101)          | (7,028)         | (927)                               | (73,079)                     | (74,968)         | (82,731)         | (9,652)       | (7,763)                             |  | (74,968)                  | (82,731)         | (7,763)                             |
| <b>Total Operating Expenditure</b>            | <b>(27,840)</b>          | <b>(28,709)</b>  | <b>(30,488)</b> | <b>(1,778)</b>                      | <b>(342,922)</b>             | <b>(344,568)</b> | <b>(342,146)</b> | <b>776</b>    | <b>2,422</b>                        |  | <b>(344,568)</b>          | <b>(342,146)</b> | <b>2,422</b>                        |
| <b>EBITDA</b>                                 | <b>3,542</b>             | <b>3,450</b>     | <b>4,844</b>    | <b>1,393</b>                        | <b>18,185</b>                | <b>16,287</b>    | <b>19,954</b>    | <b>1,769</b>  | <b>3,666</b>                        |  | <b>16,287</b>             | <b>19,954</b>    | <b>3,666</b>                        |
| <b>EBITDA margin</b>                          | <b>11.3%</b>             | <b>10.7%</b>     | <b>13.7%</b>    | <b>3.0%</b>                         | <b>5.0%</b>                  | <b>4.5%</b>      | <b>5.5%</b>      | <b>0.5%</b>   | <b>1.0%</b>                         |  | <b>4.5%</b>               | <b>5.5%</b>      | <b>0.5%</b>                         |
| <b>Depreciation &amp; Financing</b>           |                          |                  |                 |                                     |                              |                  |                  |               |                                     |  |                           |                  |                                     |
| Depreciation & Amortisation                   | (1,497)                  | (1,275)          | (1,124)         | 151                                 | (16,387)                     | (14,487)         | (13,058)         | 3,329         | 1,430                               |  | (14,487)                  | (13,058)         | 1,430                               |
| PDC Dividend                                  | (350)                    | (350)            | 70              | 420                                 | (4,200)                      | (4,204)          | (3,780)          | 420           | 424                                 |  | (4,204)                   | (3,780)          | 424                                 |
| Finance Income                                | 8                        | 8                | 25              | 17                                  | 96                           | 95               | 114              | 18            | 19                                  |  | 95                        | 114              | 19                                  |
| Finance Costs                                 | (11)                     | (11)             | (2)             | 9                                   | (132)                        | (137)            | (27)             | 105           | 110                                 |  | (137)                     | (27)             | 110                                 |
| Gains & Losses on Disposals                   | 0                        | 0                | (24)            | (24)                                | 0                            | 0                | 17               | 17            | 17                                  |  | 0                         | 17               | 17                                  |
| <b>Total Depreciation &amp; Finance Costs</b> | <b>(1,850)</b>           | <b>(1,629)</b>   | <b>(1,055)</b>  | <b>574</b>                          | <b>(20,623)</b>              | <b>(18,733)</b>  | <b>(16,734)</b>  | <b>3,889</b>  | <b>1,999</b>                        |  | <b>(18,733)</b>           | <b>(16,734)</b>  | <b>1,999</b>                        |
| <b>Net Surplus/(Deficit)</b>                  | <b>1,692</b>             | <b>1,821</b>     | <b>3,789</b>    | <b>1,967</b>                        | <b>(2,438)</b>               | <b>(2,446)</b>   | <b>3,219</b>     | <b>5,657</b>  | <b>5,665</b>                        |  | <b>(2,446)</b>            | <b>3,219</b>     | <b>5,665</b>                        |
| <b>NHSI Adjustments to Fin Perf</b>           |                          |                  |                 |                                     |                              |                  |                  |               |                                     |  |                           |                  |                                     |
| Remove Depr on Donated assets                 | 3                        | 3                | 3               | 0                                   | 36                           | 38               | 38               | 2             | 0                                   |  | 38                        | 38               | 0                                   |
| Remove STP funding 2016/17                    | 0                        | 0                | 0               | 0                                   | 0                            | 0                | (419)            | (419)         | (419)                               |  | (420)                     | (419)            | 1                                   |
| <b>Adjusted Financial Performance</b>         | <b>1,695</b>             | <b>1,825</b>     | <b>3,792</b>    | <b>1,967</b>                        | <b>(2,402)</b>               | <b>(2,408)</b>   | <b>2,838</b>     | <b>5,240</b>  | <b>5,246</b>                        |  | <b>(2,828)</b>            | <b>2,838</b>     | <b>5,666</b>                        |
| <b>Net margin</b>                             | <b>5.4%</b>              | <b>5.7%</b>      | <b>10.7%</b>    | <b>5.1%</b>                         | <b>(0.7%)</b>                | <b>(0.7%)</b>    | <b>0.9%</b>      | <b>1.6%</b>   | <b>1.6%</b>                         |  | <b>(0.7%)</b>             | <b>0.9%</b>      | <b>1.6%</b>                         |

## Income

- Full year the Trust is forecast to achieve £7m of its annual CQUIN of £7.8m. In month 12 the provided £809k for risk of non achievement against the annual total.
- Main contract activity for the full year is 1.6% higher than the contract baseline, and the income relating to this (£3.7m) has been recognised in the Trust accounts.

## Operating Expenditure (excl. Depreciation and Financing)

- Pay expenditure is £10.2m under re-phased budget, due primarily to front line vacancies.
- The underspend on front line pay is partially offset by private ambulance expenditure (£5.2m full year) in non-pay.
- Private Ambulance expenditure is overspent by £5.2m (this is offset by vacancies as noted) and rent, leases costs and training and recruitment related expenditure are underspent due to differences in the phasing of the budget vs actual expenditure.

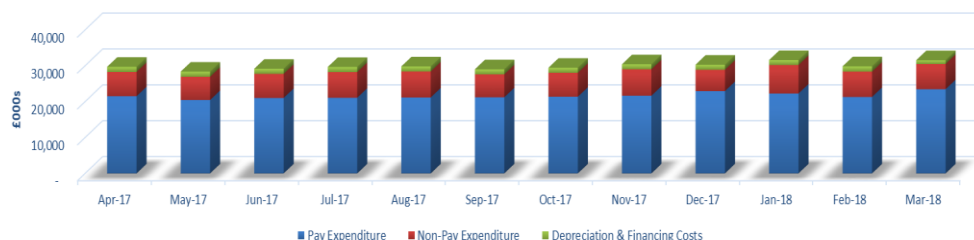
## EBITDA

- The Trust delivered an EBITDA of £4.8m in March which represents 13.7%. This was due to increased income through over performance.

## Depreciation and Financing

- Overall Financial Charges are £1.9m favourable at year end to re-phased budget due to lower than budgeted depreciation and slippage in the capital programme earlier in the year.

Actual and Forecast Expenditure by Month





# Main Contract Variable Income

Owner: James Corrigan | Executive Lead: Lorraine Bewes

| Month:              | Mar-18                               | 2017-18 Monthly Contract Base (2016-17 Plan plus 6%) |                  |                  | 2017-18 Actual Activity |                  |                  | 2017-18 Actual Activity Increase / (Decrease) vs Contract Base |                  |                 | Total Incidents Difference to Contract Base (%) | CCG Split Based on Incident Difference |
|---------------------|--------------------------------------|--|------------------|------------------|-------------------------|------------------|------------------|--|------------------|-----------------|---|--|
| Area                | CCG Names                            | Cat A  | Cat C (incl Othe | Total Incidents  | Cat A                   | Cat C (incl Othe | Total Incidents  | Cat A  | Cat C (incl Othe | Total Incidents |   |  |
| NEL                 | NHS City and Hackney CCG             | 18,388   | 18,896           | 37,284           |                         |                  | 37,710           |  |                  | 426             | 1.14%   | £ 89,886.00                            |
| NEL                 | NHS Newham CCG                       | 21,908   | 21,225           | 43,133           |                         |                  | 41,877           |  |                  | -1,256          | -2.91%  | £ 265,016.00                           |
| NEL                 | NHS Tower Hamlets CCG                | 18,452   | 16,759           | 35,211           |                         |                  | 34,867           |  |                  | -344            | -0.98%  | £ 72,584.00                            |
| NEL                 | NHS Waltham Forest CCG               | 16,924   | 16,102           | 33,026           |                         |                  | 31,787           |  |                  | -1,239          | -3.75%  | £ 261,429.00                           |
| NEL                 | NHS Barking and Dagenham CCG         | 14,806   | 15,421           | 30,227           |                         |                  | 29,374           |  |                  | -853            | -2.82%  | £ 179,983.00                           |
| NEL                 | NHS Havering CCG                     | 16,743   | 18,287           | 35,030           |                         |                  | 35,358           |  |                  | 328             | 0.94%   | £ 69,208.00                            |
| NEL                 | NHS Redbridge CCG                    | 17,929   | 17,321           | 35,250           |                         |                  | 35,164           |  |                  | -86             | -0.24%  | £ 18,146.00                            |
| NEL                 | <b>NEL Total</b>                     | <b>125,150</b>                                       | <b>124,011</b>   | <b>249,161</b>   | <b>0</b>                | <b>0</b>         | <b>246,137</b>   | <b>0</b>   | <b>0</b>         | <b>-3,024</b>   | <b>-1.21%</b>                                   | <b>£ 638,064.00</b>                    |
| NCL                 | NHS Barnet CCG                       | 22,041   | 22,508           | 44,549           |                         |                  | 44,820           |  |                  | 271             | 0.61%   | £ 57,181.00                            |
| NCL                 | NHS Camden CCG                       | 18,382   | 17,812           | 36,194           |                         |                  | 36,538           |  |                  | 344             | 0.95%   | £ 72,584.00                            |
| NCL                 | NHS Enfield CCG                      | 21,834   | 18,840           | 40,674           |                         |                  | 40,594           |  |                  | -80             | -0.20%  | £ 16,880.00                            |
| NCL                 | NHS Haringey CCG                     | 16,906   | 16,219           | 33,125           |                         |                  | 33,499           |  |                  | 374             | 1.13%   | £ 78,914.00                            |
| NCL                 | NHS Islington CCG                    | 15,459   | 16,424           | 31,883           |                         |                  | 31,841           |  |                  | -42             | -0.13%  | £ 8,862.00                             |
| NCL                 | <b>NCL Total</b>                     | <b>94,622</b>  | <b>91,803</b>    | <b>186,425</b>   | <b>0</b>                | <b>0</b>         | <b>187,292</b>   | <b>0</b>   | <b>0</b>         | <b>867</b>      | <b>0.47%</b>                                    | <b>£ 182,937.00</b>                    |
| NWL                 | NHS Brent CCG                        | 21,685   | 20,389           | 42,074           |                         |                  | 43,449           |  |                  | 1,375           | 3.27%   | £ 290,125.00                           |
| NWL                 | NHS Harrow CCG                       | 12,568   | 12,829           | 25,397           |                         |                  | 27,189           |  |                  | 1,792           | 7.06%   | £ 378,112.00                           |
| NWL                 | NHS Hillingdon CCG                   | 20,670   | 24,127           | 44,797           |                         |                  | 46,205           |  |                  | 1,408           | 3.14%   | £ 297,088.00                           |
| NWL                 | NHS Central London (Westminster) CCG | 19,091   | 17,537           | 36,628           |                         |                  | 38,808           |  |                  | 2,180           | 5.95%   | £ 459,980.00                           |
| NWL                 | NHS Ealing CCG                       | 21,222   | 20,615           | 41,837           |                         |                  | 44,812           |  |                  | 2,975           | 7.11%   | £ 627,725.00                           |
| NWL                 | NHS Hammersmith and Fulham CCG       | 11,830   | 11,290           | 23,120           |                         |                  | 25,600           |  |                  | 2,480           | 10.73%  | £ 523,280.00                           |
| NWL                 | NHS Hounslow CCG                     | 17,441   | 17,214           | 34,655           |                         |                  | 34,070           |  |                  | -585            | -1.69%  | £ 123,435.00                           |
| NWL                 | NHS West London CCG                  | 14,462   | 14,402           | 28,864           |                         |                  | 30,739           |  |                  | 1,875           | 6.50%   | £ 395,625.00                           |
| NWL                 | <b>NWL Total</b>                     | <b>138,969</b>                                       | <b>138,403</b>   | <b>277,372</b>   | <b>0</b>                | <b>0</b>         | <b>290,872</b>   | <b>0</b>   | <b>0</b>         | <b>13,500</b>   | <b>4.87%</b>                                    | <b>£ 2,848,500.00</b>                  |
| SEL                 | NHS Bexley CCG                       | 14,098   | 15,978           | 30,076           |                         |                  | 31,217           |  |                  | 1,141           | 3.79%   | £ 240,751.00                           |
| SEL                 | NHS Bromley CCG                      | 17,594   | 20,662           | 38,256           |                         |                  | 38,642           |  |                  | 386             | 1.01%   | £ 81,446.00                            |
| SEL                 | NHS Greenwich CCG                    | 16,957   | 17,877           | 34,834           |                         |                  | 35,142           |  |                  | 308             | 0.88%   | £ 64,988.00                            |
| SEL                 | NHS Lambeth CCG                      | 21,032   | 24,125           | 45,157           |                         |                  | 43,736           |  |                  | -1,421          | -3.15%  | £ 299,831.00                           |
| SEL                 | NHS Lewisham CCG                     | 17,214   | 18,351           | 35,565           |                         |                  | 36,923           |  |                  | 1,358           | 3.82%   | £ 286,538.00                           |
| SEL                 | NHS Southwark CCG                    | 20,319   | 23,650           | 43,969           |                         |                  | 43,656           |  |                  | -313            | -0.71%  | £ 66,043.00                            |
| SEL                 | <b>SEL Total</b>                     | <b>107,214</b>                                       | <b>120,643</b>   | <b>227,857</b>   | <b>0</b>                | <b>0</b>         | <b>229,316</b>   | <b>0</b>   | <b>0</b>         | <b>1,459</b>    | <b>0.64%</b>                                    | <b>£ 307,849.00</b>                    |
| SWL                 | NHS Croydon CCG                      | 23,632   | 26,323           | 49,955           |                         |                  | 52,031           |  |                  | 2,076           | 4.16%   | £ 438,036.00                           |
| SWL                 | NHS Kingston CCG                     | 8,485  | 10,612           | 19,097           |                         |                  | 19,769           |  |                  | 672             | 3.52%   | £ 141,792.00                           |
| SWL                 | NHS Merton CCG                       | 10,108   | 12,952           | 23,060           |                         |                  | 23,582           |  |                  | 522             | 2.26%   | £ 110,142.00                           |
| SWL                 | NHS Richmond CCG                     | 8,514  | 11,001           | 19,515           |                         |                  | 19,594           |  |                  | 79              | 0.40%   | £ 16,669.00                            |
| SWL                 | NHS Sutton CCG                       | 10,649   | 13,700           | 24,349           |                         |                  | 25,445           |  |                  | 1,096           | 4.50%   | £ 231,256.00                           |
| SWL                 | NHS Wandsworth CCG                   | 15,760   | 18,048           | 33,808           |                         |                  | 34,249           |  |                  | 441             | 1.30%   | £ 93,051.00                            |
| SWL                 | <b>SWL Total</b>                     | <b>77,148</b>  | <b>92,636</b>    | <b>169,784</b>   | <b>0</b>                | <b>0</b>         | <b>174,670</b>   | <b>0</b>   | <b>0</b>         | <b>4,886</b>    | <b>2.88%</b>                                    | <b>£ 1,030,946.00</b>                  |
| <b>London Total</b> |                                      | <b>543,103</b>                                       | <b>567,496</b>   | <b>1,110,599</b> | <b>0</b>                | <b>0</b>         | <b>1,128,287</b> | <b>0</b>   | <b>0</b>         | <b>17,688</b>   | <b>1.59%</b>                                    | <b>£ 3,732,168.00</b>                  |

Initial reported activity for full year is 1.6% above the contract baseline. This is 1.4% lower than the planned level of activity in the Budget (3%).

On this basis the LAS would be able to invoice £3.7m of additional variable income. This has been recognised in the accounts at month 12.

The full year activity is based on April to Jan freeze and Feb and Mar flex figures.



# Cash flow Statement YTD

Owner: James Corrigan | Executive Lead: Lorraine Bewes

|   | Oct-17  | Nov-17  | Dec-17  | Jan-18  | Feb-18  | Mar-18  | Mar-18   | Mar-18   | Mar-18  |
|---|---------|---------|---------|---------|---------|---------|----------|----------|---------|
|   | Actual  | Actual  | Actual  | Actual  | Actual  | Actual  | YTD      | YTD      | Var     |
|   | £000    | £000    | £000    | £000    | £000    | £000    | Move     | Plan     | £000    |
| Opening Balance                                     | 31,985  | 31,916  | 33,997  | 32,414  | 33,374  | 31,756  | 18,637   | 18,700   | (63)    |
| Operating Surplus                                   | 2,454   | 875     | 3,395   | 1,498   | 284     | 5,024   | 20,126   | 18,216   | 1,910   |
| (Increase)/decrease in current assets               | (1,826) | 1,999   | (1,761) | 730     | (82)    | (1,500) | 14,232   | 11,243   | 2,989   |
| Increase/(decrease) in current liabilities          | 229     | 407     | (1,899) | 1,717   | 562     | (1,193) | 1,112    | (1,910)  | 3,022   |
| Increase/(decrease) in provisions                   | (120)   | 15      | 83      | (2)     | 128     | (464)   | (802)    | (2,070)  | 1,268   |
| Net cash inflow/(outflow) from operating activities | 737     | 3,296   | (182)   | 3,943   | 892     | 1,867   | 34,668   | 25,479   | 9,189   |
| Cashflow inflow/outflow from operating activities   | 737     | 3,296   | (182)   | 3,943   | 892     | 1,867   | 34,668   | 25,479   | 9,189   |
| Returns on investments and servicing finance        | 18      | 6       | 9       | 13      | 14      | 14      | 103      | 96       | 7       |
| Capital Expenditure                                 | (824)   | (1,221) | (1,410) | (2,996) | (2,524) | (2,915) | (20,637) | (33,909) | 13,272  |
| Dividend paid                                       | 0       | 0       | 0       | 0       | 0       | (2,100) | (4,149)  | (4,204)  | 55      |
| Financing obtained                                  | 0       | 0       | 0       | 0       | 0       | 1,678   | 1,678    | 5,520    | (3,842) |
| Financing repaid                                    | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0       |
| Cashflow inflow/outflow from financing              | (806)   | (1,215) | (1,401) | (2,983) | (2,510) | (3,323) | (23,005) | (32,497) | 9,492   |
| Movement  | (69)    | 2,081   | (1,583) | 960     | (1,618) | (1,456) | 11,663   | (7,018)  | 18,681  |
| Closing Cash Balance                                | 31,916  | 33,997  | 32,414  | 33,374  | 31,756  | 30,300  | 30,300   | 11,682   | 18,618  |

There has been a net inflow of cash to the Trust of £11.7m.

Cash funds at 31 March stand at £30.3m.

## Operating Surplus

- The operating surplus at £20.1m is higher than planned.

## Current Assets

- The full year movement on current assets is £14.2m, £3.0m higher than planned movement.
- Current assets movement was higher than planned due to receivables £1.1m, accrued income £2.6m, inventories £0.4m and prepayments (£1.1m).

## Current Liabilities

- The full year movement on current liabilities is £1.1m, a £3.0m higher than planned movement.
- Current liabilities movement was higher than planned due to trade and other payables £1.3m and accruals £1.7m.

## Provisions

- The full year movement on provisions is (£0.8m), is a £1.3m increase on plan.

## Capital Expenditure

- Capital cash outflow is £13.3m behind the initial NHSI plan for the year. This is due to late delivery of the capital programme and a high level of work-in-progress at the end of March.

## Financing obtained

- DH have only approved £1.7m of the £5.5m central capital funding requested by the Trust.



## CQUINs

Owner: James Corrigan | Executive Lead: Lorraine Bewes



FIC - LAS 2017/18 ES &amp; UC Contract – Commissioning for Quality &amp; Innovation (CQUIN) SCHEDULE &amp; UPDATE – as at 4th April 2018

| #   | CQUIN Indicator title   | ELT lead          | Local lead                         | Final indicator period  | Annual value | Qtr 1 | Qtr 2 Available         | % Achieved Q2      | Qtr 3 Available         | % Achieved Q3     | Qtr 4 Available         | % Achieved Q4<br>TBC 29.05.2018 | Total Estimated Achievement for 2017/18 | Difference | Risk/ Issue/Notes   |
|---|---|-------------------|------------------------------------|-------------------------|--------------|-------|-------------------------|--------------------|-------------------------|-------------------|-------------------------|---------------------------------|---|------------|---|
| Note all CQUINs follow a two year contract period and so apply across 2017/18 – 2018/19. The below outlines commitments and funding related to 2017/18 financial year only. |   |                   |                                    |                         |              |       |                         |                    |                         |                   |                         |                                 |   |            |   |
| 1a  | National CQUIN 1a: Improvement of health and wellbeing of NHS staff                               | Patricia Grealish | Jessica Bochenek                   | Final Period – Q4 17-18 | £260,562     |       |                         |                    |                         |                   | Q4 = 100%<br>£260,562   | 25%<br>£65,141                  | 25%<br>£65,141                          | -£195,422  | Improvement on one indicator only attracts a partial payment of 25% - confirmed with NHSE.  |
| 1b  | National CQUIN 1b: Healthy food for NHS staff, visitors and patients                              | Lorraine Bewes    | Steve Dawson                       | Final Period – Q4 17-18 | £260,562     |       |                         |                    |                         |                   | Q4 = 100%<br>£260,562   | 100%<br>£260,562                | 100%<br>£260,562                        | £0         | No known risks/issues.<br>Paper required to go to Board for full achievement.   |
| 1c  | National CQUIN 1c: Improving the uptake of flu vaccinations for front line staff within Providers | Fenella Wrigley   | Neil Thomson<br>Julia Hilger-Ellis | Final Period – Q4 17-18 | £263,701     |       |                         |                    |                         |                   | Q4 = 100%<br>£263,701   | 25%<br>£65,925                  | 25%<br>£65,925                          | -£197,776  | Expected achievement of 25% payment based on achievement at deadline (end Feb).   |
| 12  | National CQUIN 12: Ambulance Conveyance   | Paul Woodrow      | Craig Harman                       | Final Period – Q4 17-18 | £784,825     |       |                         |                    | Q3 = 30%<br>£235,448    | 30%<br>£235,448   | Q4 = 70%<br>£549,378    | 40%<br>£313,930                 | 70%<br>£549,378                         | -£235,448  | Q3 achieved.<br>Delay in getting Adastra into Clinical Hub could effect Q4 achievement (risk increased from 5% to 30%).   |
| STP 1   | National CQUIN: STP Engagement  | Jamie O'Hara      | Fiona Claridge                     | Final Period – Q4 17-18 | £1,569,650   |       |                         |                    | Q3 = 50%<br>£784,825    | 96%<br>£753,432   | Q4 = 50%<br>£784,825    | 96%<br>£753,432                 | 96%<br>£1,506,864                       | -£62,786   | Q3 achieved except for 4% (based on non-attendance at NEL meeting).<br>Q4 same expectation currently, challenge is NEL.   |
| STP 2   | National CQUIN: STF Delivery (Control Total)  | Lorraine Bewes    | James Corrigan                     | Final Period – Q4 17-18 | £1,569,650   |       | Q2 = 100%<br>£1,569,650 | 100%<br>£1,569,650 |                         |                   |                         |                                 | 100%<br>£1,569,650                      | £0         | Achieved, based on 16/17 control total.   |
| L1  | Mobile Devices  | Ross Fullerton    | Ian Golding                        | Final Period – Q4 17-18 | £3,139,299   |       |                         |                    | Q3 – 50%*<br>£1,569,650 | 50%<br>£1,569,650 | Q4 – 50%*<br>£1,569,650 | 46%<br>£1,451,926               | 96%<br>£3,021,575                       | -£117,724  | Q3 fully achieved.<br>Assumption of partial payment for mobile roll-out deliverable: inherent risk around volume and awaiting confirmation 90% has been achieved. |
| Total Value Available (2.5% of contract value)  |   |                   |                                    |                         | £7,848,249   | £0    | £1,569,650              | -                  | £2,589,922              | -                 | £3,688,677              | -                               | -                                       | -          | -   |
| Total Value Achieved  |   |                   |                                    |                         | £4,128,179   | -     | -                       | £1,569,650         | -                       | £2,558,529        | -                       | -                               | -                                       | -          | -   |
| Total Value Predicted   |   |                   |                                    |                         | £7,039,095   | -     | -                       | -                  | -                       | -                 | -                       | £2,910,916                      | £7,039,095                              | -£809,154  | -   |

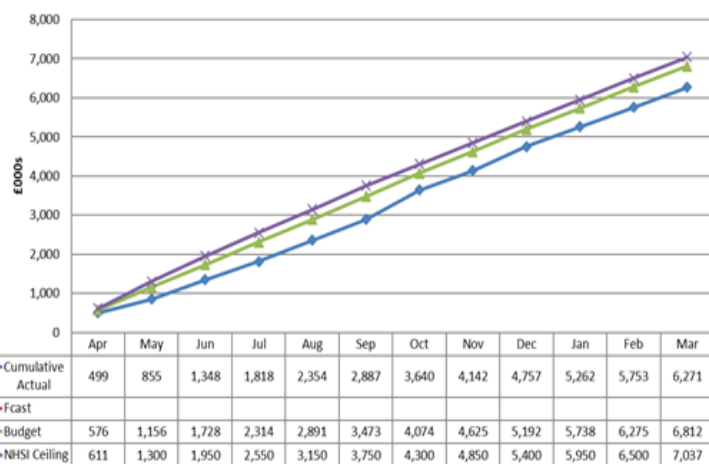
| Key - RAG status                    |  |
|-------------------------------------|--|
| INTERNAL RAG (for ELT / monitoring) |  |
| Red                                 | denotes: CQUIN not achieved              |
| Amber                               | denotes: partial achievement             |
| Green                               | denotes: CQUIN expected full achievement |
| Blue                                | denotes: Achieved in full                |



# Agency Analysis

Owner: James Corrigan | Executive Lead: Lorraine Bewes

Cumulative Agency Trend

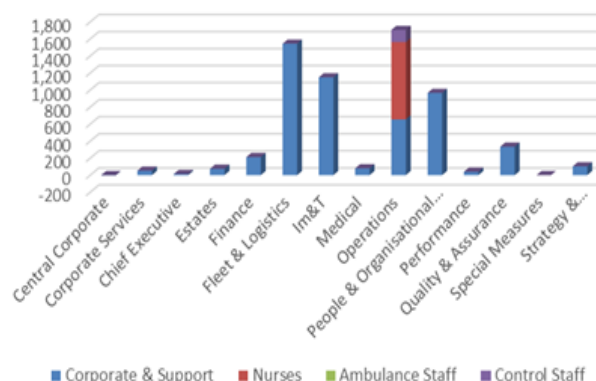


| Agency Compliance |   |   |        |          |          |
|-------------------|---|---|--------|----------|----------|
| Rule              | Measurement                                     | Description   | Target | Achieved | Variance |
| Agency Ceiling    | Forecast agency spend (£000s) vs agency ceiling | Is the Trust on Track to deliver on or below its agreed agency ceiling? | 7,037  | 6,838    | 199      |
| Framework         | % Agencies used on Framework                    | Are all agencies used on an approved framework?                         | 100%   | 91.20%   | (8.8%)   |

| Agency Summary by Type   | Month 12 2017-18 |              |                |            | YTD Month 12 2017-18 |              |                |             | Full Year 2017-18 |                 |                |               |
|--------------------------|------------------|--------------|----------------|------------|----------------------|--------------|----------------|-------------|-------------------|-----------------|----------------|---------------|
|                          | Budget £000s     | Actual £000s | Variance £000s | Actual WTE | Budget £000s         | Actual £000s | Variance £000s | Average WTE | Budget £000s      | Full Year £000s | Variance £000s | Full Year WTE |
| <b>Operational</b>       |                  |              |                |            |                      |              |                |             |                   |                 |                |               |
| Nurses                   | 101              | 45           | 56             | 7          | 1,123                | 907          | 216            | 11          | 1,123             | 0               | 1,123          | 0             |
| Ambulance Staff          | 0                | 0            | 0              | 0          | 0                    | 0            | 0              | 0           | 0                 | 0               | 0              | 0             |
| Control Staff            | 0                | 21           | -21            | 3          | 0                    | 142          | -142           | 3           | 0                 | 0               | 0              | 0             |
| <b>Subtotal</b>          | <b>101</b>       | <b>66</b>    | <b>35</b>      | <b>10</b>  | <b>1,123</b>         | <b>1,049</b> | <b>73</b>      | <b>14</b>   | <b>1,123</b>      | <b>0</b>        | <b>1,123</b>   | <b>0</b>      |
| <b>Non Clinical</b>      |                  |              |                |            |                      |              |                |             |                   |                 |                |               |
| Managers & Professionals | 252              | 272          | -20            | 37         | 2,995                | 2,918        | 77             | 24          | 2,995             | 0               | 2,995          | 0             |
| Admin & Clerical         | 171              | 141          | 29             | 52         | 2,421                | 1,770        | 651            | 48          | 2,421             | 0               | 2,421          | 0             |
| Maintenance & Works      | 23               | 26           | -3             | 11         | 274                  | 534          | -260           | 13          | 274               | 0               | 274            | 0             |
| Other                    | 0                | 0            | 0              | 0          | 0                    | -1           | 1              | 0           | 0                 | 0               | 0              | 0             |
| <b>Subtotal</b>          | <b>445</b>       | <b>439</b>   | <b>6</b>       | <b>100</b> | <b>5,690</b>         | <b>5,222</b> | <b>468</b>     | <b>86</b>   | <b>5,690</b>      | <b>0</b>        | <b>5,690</b>   | <b>0</b>      |
| <b>Total</b>             | <b>547</b>       | <b>505</b>   | <b>41</b>      | <b>110</b> | <b>6,812</b>         | <b>6,271</b> | <b>541</b>     | <b>101</b>  | <b>6,812</b>      | <b>0</b>        | <b>6,812</b>   | <b>0</b>      |

| Agency Summary by Division & Type | Full Year Forecast (£000s) |            |                 |               |
|-----------------------------------|----------------------------|------------|-----------------|---------------|
|                                   | Corporate & Support        | Nurses     | Ambulance Staff | Control Staff |
| Central Corporate                 | -2                         | 0          | 0               | 0             |
| Corporate Services                | 53                         | 0          | 0               | 0             |
| Chief Executive                   | 13                         | 0          | 0               | 0             |
| Estates                           | 75                         | 0          | 0               | 0             |
| Finance                           | 212                        | 0          | 0               | 0             |
| Fleet & Logistics                 | 1,543                      | 0          | 0               | 0             |
| Im&T                              | 1,149                      | 0          | 0               | 0             |
| Medical                           | 80                         | 0          | 0               | 0             |
| Operations                        | 655                        | 907        | 0               | 142           |
| People & Organisational Dev       | 966                        | 0          | 0               | 0             |
| Performance                       | 40                         | 0          | 0               | 0             |
| Quality & Assurance               | 334                        | 0          | 0               | 0             |
| Special Measures                  | 0                          | 0          | 0               | 0             |
| Strategy & Communications         | 104                        | 0          | 0               | 0             |
| <b>Total</b>                      | <b>5,222</b>               | <b>907</b> | <b>0</b>        | <b>142</b>    |

Full Year Forecast Agency Spend by Type (£000s)



The Trust's NHSI agency spend ceiling is £7.037m. Agency spend in excess of this level would result in the loss of planned STF income, and ineligibility for further STF funding announced.

The Trust has remained within its NHSI agency ceiling for 2017-18.

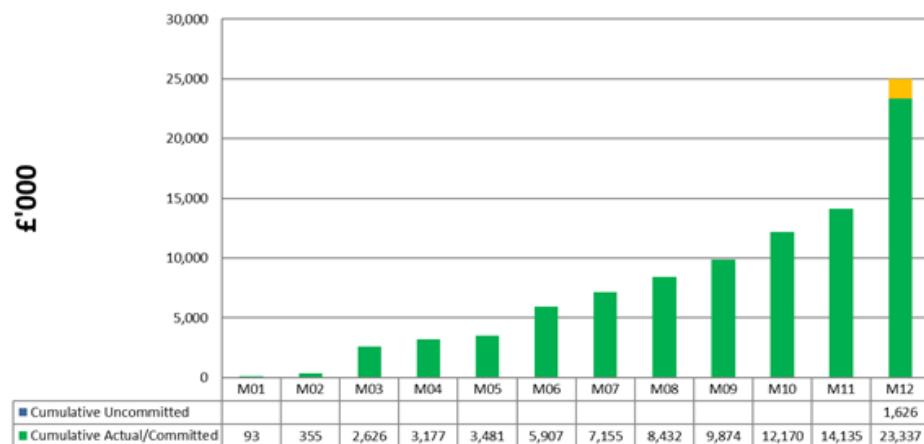




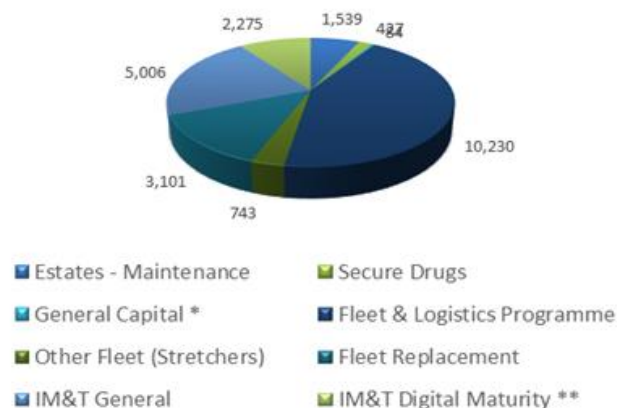
# 2017/18 Capital Plan/Spend YTD

Owner: James Corrigan | Executive Lead: Lorraine Bewes

Capital Programme Full Year 2017/18



Full Year Capital Spend



| Capital Programme               | Exec Lead   | Operational Lead | Month 12      |               |              |                  |
|---------------------------------|-------------|------------------|---------------|---------------|--------------|------------------|
|                                 |             |                  | Revised Plan  | Actual        | Variance     | Forecast Outturn |
|                                 |             |                  | £'000         | £'000         | £'000        | £'000            |
| <b>Expenditure Plan:</b>        |             |                  |               |               |              |                  |
| Estates - Maintenance           | L Bewes     | M Nelhams        | 1,604         | 1,539         | 65           | 1,539            |
| Secure Drugs                    | L Bewes     | M Nelhams        | 880           | 427           | 453          | 427              |
| General Capital *               | L Bewes     | L Bewes          | 1,476         | 84            | 1,392        | 84               |
| Fleet & Logistics Programme     | L Bewes     | J Wand           | 11,890        | 10,230        | 1,660        | 10,230           |
| Other Fleet (Stretchers)        | L Bewes     | J Wand           | 807           | 743           | 64           | 743              |
| Fleet Replacement               | L Bewes     | J Wand           | 1,229         | 3,101         | (1,872)      | 3,101            |
| IM&T General                    | R Fullerton | J Downard        | 4,701         | 5,006         | (305)        | 5,006            |
| IM&T Digital Maturity **        | R Fullerton | R Fullerton      | 2,378         | 2,275         | 103          | 2,275            |
| Disposals                       |             |                  | 0             | (67)          | 67           | (67)             |
| <b>Capital Expenditure Plan</b> |             |                  | <b>24,964</b> | <b>23,337</b> | <b>1,626</b> | <b>23,337</b>    |

- Capital spend is £23.3m against a closing CRL of £24.9m, £1.6m behind plan.
- £24.9m has been confirmed as the Trusts capital resource limit for 17/18 and is detailed below.

## Capital Resource Limit 2017/18

|                            | £'000         |
|----------------------------|---------------|
| Carried forward from 16/17 | 6,899         |
| Internally generated       | 16,387        |
| Central programme          | 999           |
| Cyber Bid No 1             | 341           |
| Cyber Bid No 2             | 338           |
| <b>Total</b>               | <b>24,964</b> |



# Debtors Analysis

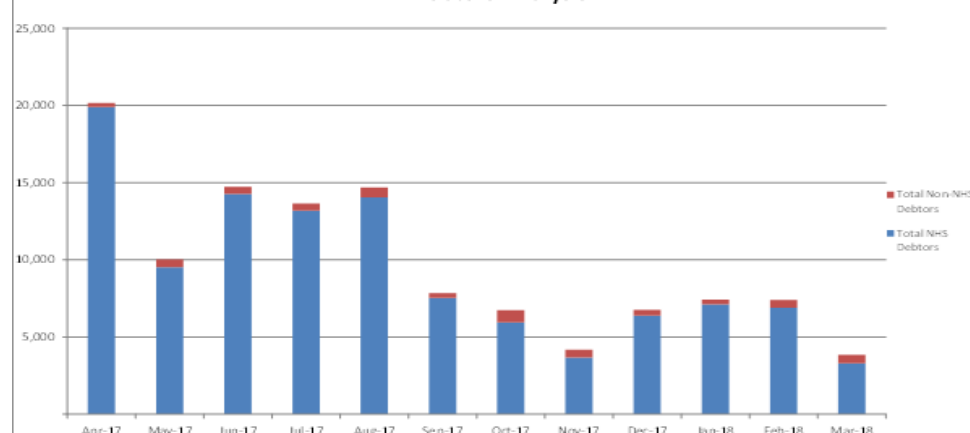
Owner: James Corrigan | Executive Lead: Lorraine Bewes

Aged debtors Summary 31st March 2018

|  |       |         | Days Overdue |         |         |          |           |       |     |
|--|-------|---------|--------------|---------|---------|----------|-----------|-------|-----|
| Note                                   | Total | Current | 1 - 30       | 31 - 60 | 61 - 90 | 91 - 180 | 181 - 365 | > 365 |     |
|  | £'000 | £'000   | £'000        | £'000   | £'000   | £'000    | £'000     | £'000 |     |
| NHS Debtors                            |       |         |              |         |         |          |           |       |     |
| NHS Central London (Westminster) CCG   | 2     | 920     | 3            | 915     | 1       |          | 1         | 0     |     |
| NHS West London (Kandc And Qpp) CCG    | 3     | 766     | 35           | 731     |         |          |           |       |     |
| St Georges University Hospitals NHS FT | 1     | 438     | 188          |         | 140     | 45       | 64        |       |     |
| NHS Trust Development Authority        | 4     | 148     |              | 148     |         |          |           |       |     |
| NHS Hammersmith And Fulham CCG         | 1     | 147     | 0            | 11      |         | 1        |           | 136   |     |
| North East London NHS FT               | 5     | 144     | 134          | 2       |         |          | 1         | 7     |     |
| <£144,000                              | 1     | 738     | 190          | 67      | 184     | 6        | 26        | 96    |     |
| Total NHS Debtors                      |       | 3,302   | 551          | 1,873   | 325     | 52       | 93        | 239   |     |
| Non-NHS Debtors                        |       |         |              |         |         |          |           |       |     |
| Heathrow Airport Ltd                   | 6     | 109     | 109          |         |         |          |           |       |     |
| Arsenal Football Club                  | 7     | 59      | 25           | 34      |         |          |           |       |     |
| Chelsea Football Club                  | 8     | 38      | 38           |         |         |          |           |       |     |
| Unison                                 | 9     | 33      | 9            | 23      |         |          |           |       |     |
| London Stadium 185                     | 10    | 30      | 30           |         |         |          |           |       |     |
| <£30,000                               | 11    | 264     | 117          | 35      | 1       | 2        | 7         | 42    |     |
| Total Non NHS Debtors                  |       | 532     | 328          | 92      | 1       | 2        | 7         | 42    |     |
| TOTAL DEBTORS 28th February 2018       |       |         | 3,834        | 878     | 1,966   | 326      | 54        | 99    | 281 |

Source: Debtors Ledger 31st March 2018

Debtors Analysis



Debtors Position: 31st March 2018

Total outstanding NHS and Non-NHS debtors as at 31st March 2018 amounted to £3.8 million. The NHS over 60 day's figure of £0.3m includes amounts due from both CCGs £0.2m and NHS Trusts £0.1m.

1. NHS Debtors over 60 days.

- PTS Non-Contract Activity - £72k – The PTS ECJ invoices have been queried by various CCG's who are disputing the charges. The LAS contracts team is liaising with the CCG's to resolve the issues. £16k has been paid in April by various CCGs.
- Out of London (A&E ECJ) Journeys - £74k – The A&E ECJ invoices have been queried by various CCG's who are disputing the charges. The LAS contracts and EOC team are liaising with the CCG's to resolve the issues. £5k has been paid in April by various CCGs.
- PTS Contract Activity - £110k – St Georges Healthcare Trust paid £108k on the 12th April 2018. We are continuously liaising with the organisations to clear the outstanding invoices.
- Neonatal Transfer Service - £83k – The NTS invoices have been queried by various CCG's who are disputing the charges. The LAS contracts team is liaising with the CCG's to resolve the issues. £5k has been paid in April by various CCGs and NHS Trusts.
- Paramedic Re-banding M1-M12 - £136k – Hammersmith and Fulham CCG fully paid the invoice on 3rd April 2018.

The Trust is actively pursuing the outstanding debts.

- NHS Central London CCG - £0.9m (March 18 SLA & CQUIN), the CCG advised they had an internal problem with the Purchase Order which is being dealt with. The CCG has confirmed payment will be processed on the payment run 13th April 2018.
  - NHS West London CCG - £0.7m (March 18 SLA & CQUIN), the CCG advised they had an internal problem with reconciling the contract amount for 2017/18. The CCG is trying to resolve the issue as soon as possible. The payment for the invoices is expected on 16th April 2018.
  - Trust Development Authority - £148k – has been paid.
  - North East London NHS FT – £144k – The Trust has paid £7k (5 invoices) in April. £134k (4 Invoices due in May 2018) were queried by the trust due to the charges being incorrect. Credit notes have been issued to the trust on the 1st April 2018. We are liaising with the Trust to obtain a payment date of the invoices.
  - Heathrow Airport Ltd - £108k (1 invoice) has been approved and will be paid on the 16th April 2018.
  - Arsenal Football Club - £59k (2 invoices) £34k invoice has been queried by the organisation as they believe they have been overcharged for a game. The Emergency Planning Support Team is reviewing the attendance logs for the games and liaising with Arsenal FC. The £25k (1 invoice) is due at the end of April.
  - Chelsea Football Club - £38k (14 invoices) have been approved for payment. The organisation has confirmed payment will be made on the 27th April 2018.
  - Unison - £33k (6 invoices) payment is being withheld as Unison are querying the secondment recharges, Human Resources & Payroll at LAS are dealing with this query.
  - London Stadium 185 - £30k (5 invoices) have been paid on the 4th April 2018.
  - Non-NHS Debtors - £264k consists of; £132k of salary overpayments made to employees, the individuals are paying us on a monthly basis based on their financial status, £40k of stadia events, the stadiums have been chased for payment on a regular basis. The remaining £92k is due from local Government bodies and other miscellaneous organisations.
- The graph to the left shows the debtors trend for the last 12 months.

# Our People

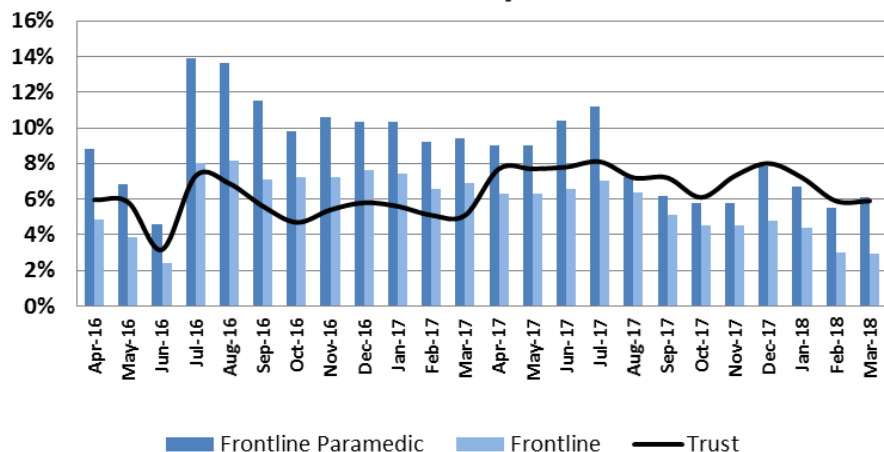


| Section                        | Key Headlines   | Mar   | Feb   | Jan   |
|--------------------------------|---|-------|-------|-------|
| <b>Vacancy and Recruitment</b> | <ul style="list-style-type: none"> <li>The overall vacancy rate has remained at 5.9% against a 5% target.</li> <li>We have identified additional core front line posts to deliver the 17/18 increased demand. Work is in progress with colleagues in Operations to determine how these posts should be allocated across the Sectors. Please note that the vacancy rates for both paramedics and the total frontline will increase as a result of these additional posts.</li> </ul> | 6%    | 6%    | 7.2%  |
| <b>Turnover</b>                | <ul style="list-style-type: none"> <li>Total Trust turnover has increased to 10.7% against a threshold of 10%.</li> <li>Frontline turnover has increased from 9.3% to 9.9%. Please note this does not include Control Room or NHS 111 leavers.</li> <li>Frontline paramedic turnover has increased from 10.5% to 10.9%.</li> </ul>  | 10.7% | 10.6% | 10.4% |
| <b>Sickness</b>                | <ul style="list-style-type: none"> <li>Sickness for March remains at 5.2% against a target of 5%.</li> <li>Sector Ops sickness has remained at 5.7%.</li> </ul>   | 5.2%  | 5.2%  | 5.2%  |



## Trust wide Vacancy

### Trust Vacancy Rate



### EOC Recruitment (Emergency Medical Dispatchers)

Against our recruitment plan of 186 for 17/18 we have to date recruited 126 EMDs.

Whilst applicant numbers remain high, conversion rates from shortlisting to appointment still remain a challenge. We are in discussions with other Trusts regarding their on-line assessment tools to determine the impact on their conversion rates and retention.

EOC are in discussion with LAS partner universities to explore options for UK Grad paras to be trained and work in EOC during summer.

We are seeking to overfill training places to allow for drop out.

EMD on-line assessment – we are proposing to start the pilot from 2<sup>nd</sup> April to 31<sup>st</sup> July assessing up to 500 candidates. The first EMD online assessments will take place on 21<sup>st</sup> April 2018

36 candidates have been invited to interview on 11<sup>th</sup> and 14<sup>th</sup> April 2018.

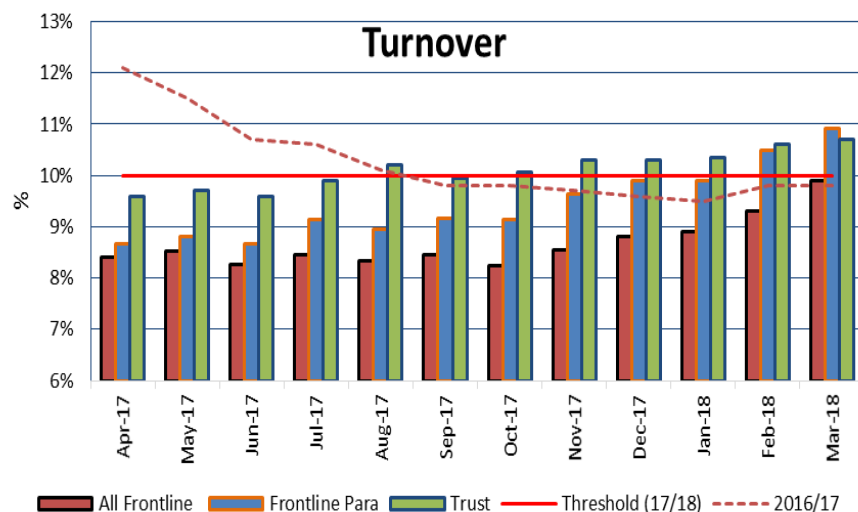
|                                   | Establishment | In post<br>(as at 31 <sup>st</sup><br>March) | Vacancy wte | Vacancy % |
|-----------------------------------|---------------|--|-------------|-----------|
| <b>Trust Total</b>                | 5,421.08      | 5,101.84                                     | 319.24      | 5.9%      |
| <b>Total Frontline (Sector)</b>   | 3,111.00      | 3,019.25                                     | 91.75       | 2.9%      |
| Frontline (Sector) Paramedics     | 1,821.24      | 1,710.03                                     | 111.21      | 6.1%      |
| Frontline (Sector) Non-Paras      | 1,289.76      | 1,309.23                                     | -19.47      | -1.5%     |
| EOC                               | 502.00        | 442.23                                       | 59.77       | 11.9%     |
| Other staff (including Corporate) | 1,808.08      | 1,640.35                                     | 167.73      | 9.3%      |

**Trainee Emergency Ambulance Crew recruitment** - against our 17/18 plan of 375, we have filled 286 TEAC training places to date and we have 61 candidates in the pipeline. In order to unblock our pipeline, we have agreed to fund C1 licence costs for our TEAC recruits. From the group of all eligible candidates who have interested in the C1 incentive, 27 have already started their C1 Practical training. We have invited 96 candidates for assessment on 6<sup>th</sup> April and 24<sup>th</sup> April 2018. We have invited 33 candidates to be interviewed on 21<sup>st</sup> April 2018.

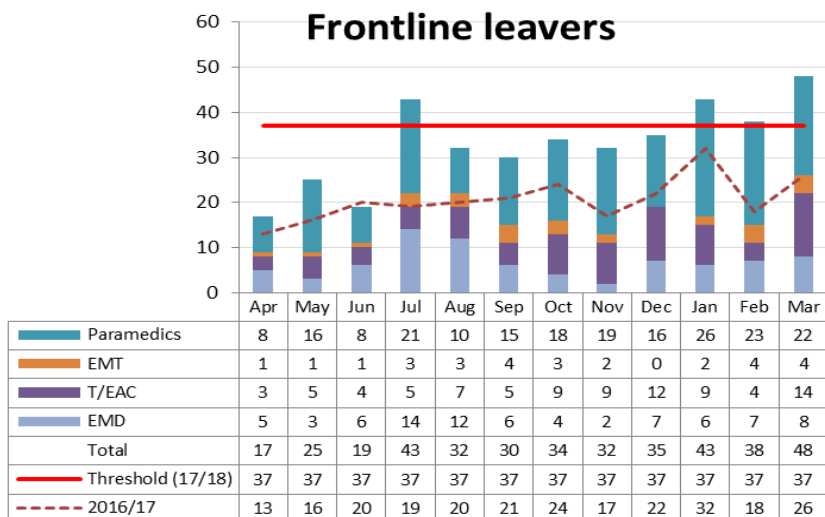
**Paramedic recruitment** – against our 17/18 plan of 294, we have filled 234 training places to date. We have recruited 106 UK Graduate and Qualified Paramedics against our target of 90, all of whom have started / are due to start by end of 17/18. For 18/19 we have offered to 61 UK Graduates and there are a number of assessments / interviews planned for UK Paramedics (Partner, Non-Partner and Qualified) between 14<sup>th</sup> April 2018 to 7<sup>th</sup> July 2018. We have an 89% confidence level for the iParas starting in 30<sup>th</sup> April. Of the original cohort of iParas recruited October 2017, 59 have withdrawn (36% attrition rate).



## Trust wide Turnover/Leavers



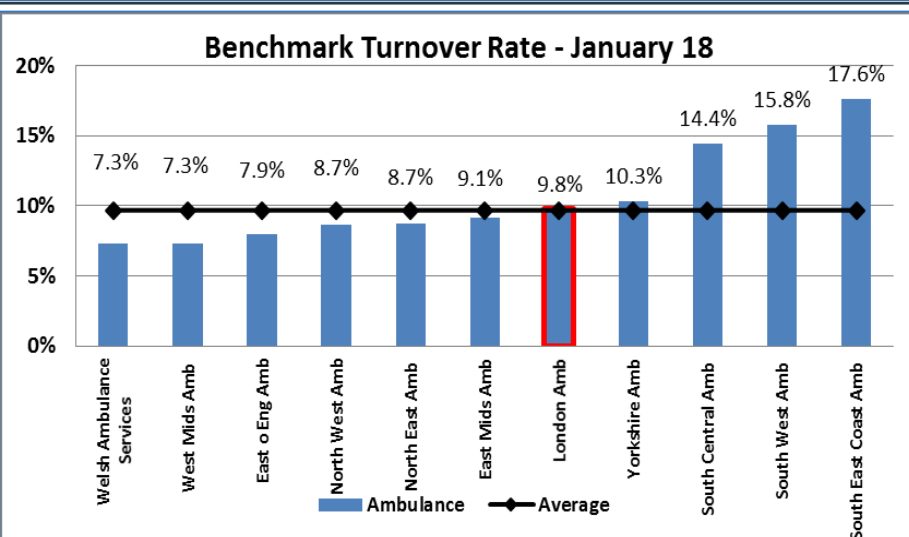
- The total Trust turnover has increased from 10.6% to 10.7% (12 month rolling figure).
- Frontline turnover (Sector Ops) has increased from 9.3% to 9.9%.
- Frontline paramedic turnover has increased from 10.5% to 10.9%.
- EOC turnover has remained at 17.6%.
- NHS 111 turnover has increased from 16.3% to 17.8%.
- Corporate Directorates turnover has decreased from 15% to 14%.



- There were 48 frontline leavers in March (see table opposite).
- 86% of the frontline leavers (41 staff) were resignations i.e. unplanned.
- 55% (12) of paramedics left for reasons of relocation.
- 41% of paramedics had two year's or less service.
- In 17/18 there were 202 paramedic and 114 EAC leavers (316 total). This is slightly below the total of 324 FTE that we had built into the planning model for 17/18.

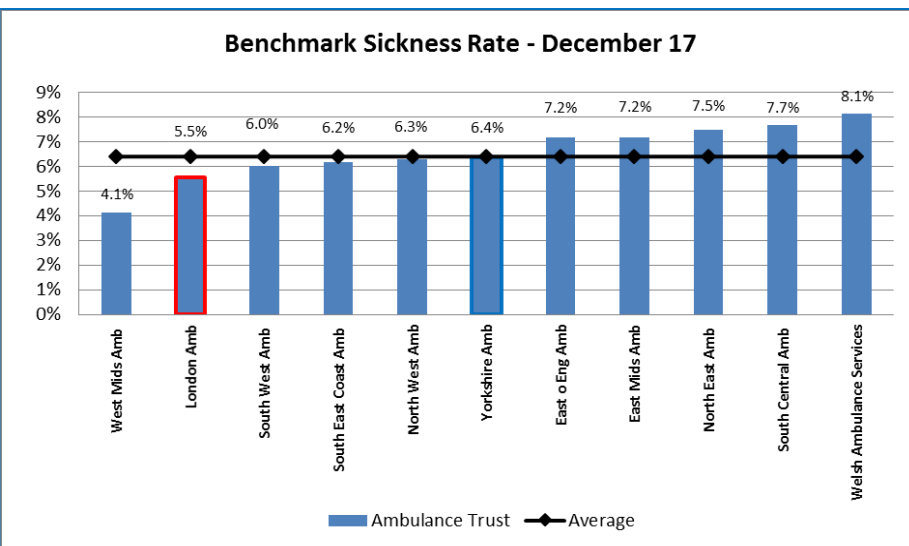


## Trust wide Benchmarking Turnover/Sickness



- This graph shows the 12 month rolling turnover rate for all 11 Ambulance Trusts.
- The London Ambulance Trust has moved from 6<sup>th</sup> to 7<sup>th</sup> place.
- The LAS is below the national average of 9.7%.

Source of data: NHS Health and Social Care Information Centre – data as at 31<sup>st</sup> January 2018. Data is available two months in arrears.

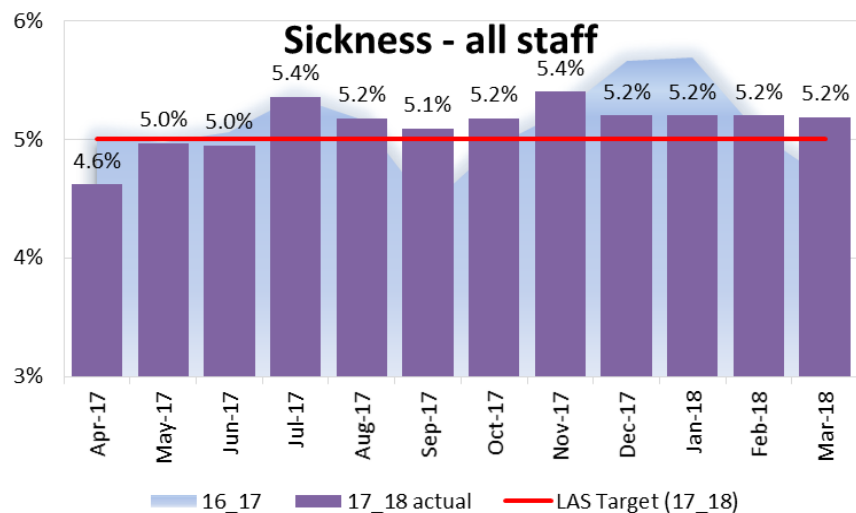


- This graph shows the sickness rate for all 11 Ambulance Trusts.
- The London Ambulance Service has moved from 4<sup>th</sup> to 2<sup>nd</sup> place.
- The LAS is below the national average of 6.4%.

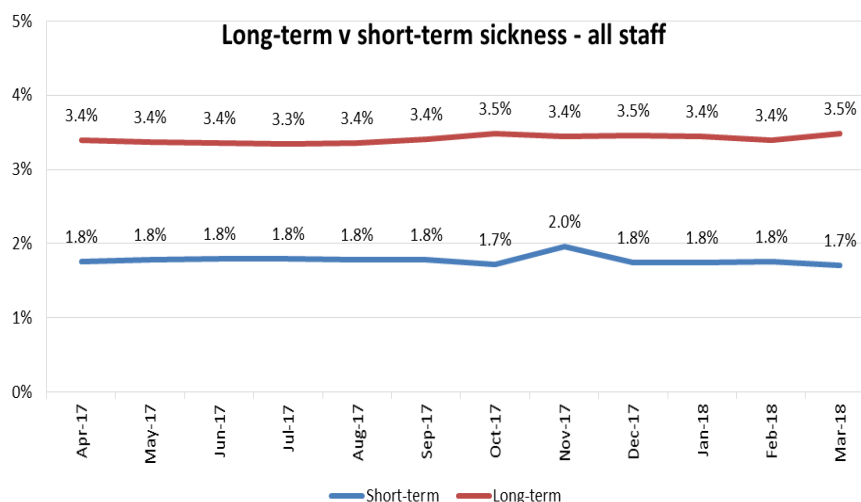
Source of data: NHS Health and Social Care Information Centre – data as at 31<sup>st</sup> December. Data is available three months in arrears.



## Trust/Sector level Sickness Absence



- Trust wide sickness for February remains at 5.2%.
- Frontline sickness (non-corporate) has remained at 5.7%.
- Corporate sickness has remained at 3%.

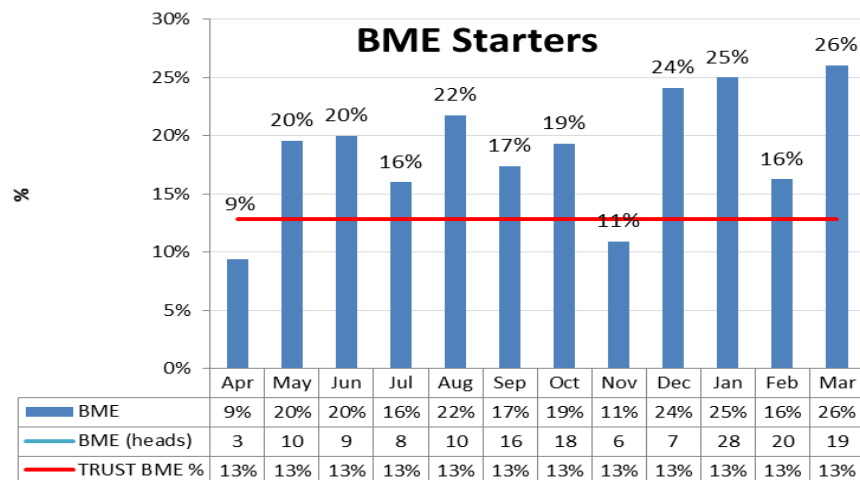


- This graph shows the sickness rate for all staff split by short-term and long-term sickness.
- The LAS 17/18 target for sickness is 5% (2% short-term, 3% long-term), a reduction of 0.5% from 16/17.
- In March, the short-term sickness has remained at 1.7% and the long-term sickness has increased to 3.5%.
- Long-term sickness accounts for 67% of all sickness.

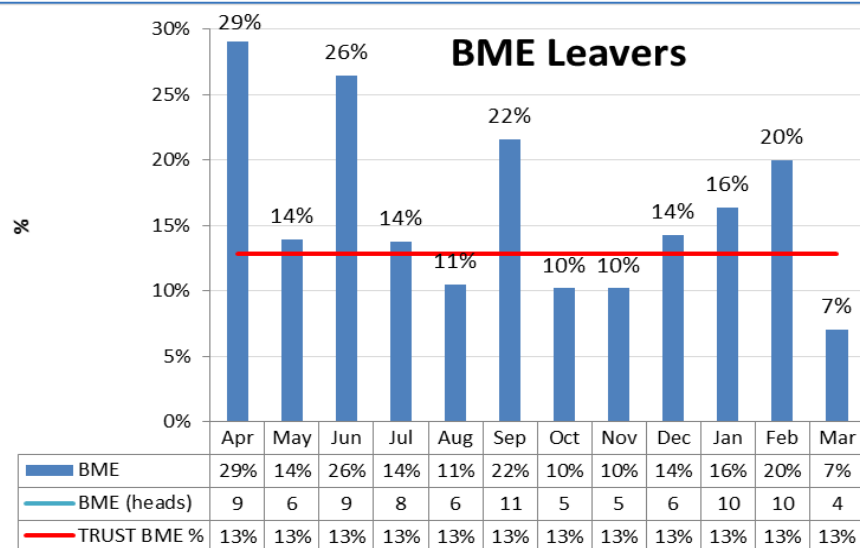
NB. Long-term sickness is any continuous episode of sickness lasting for 28 days or longer.



## Workforce Race Equality Standard (WRES)



- As part of the WRES action plan and the People & OD Strategy, we are required to report on our monthly starters and leavers and quarterly on our recruitment and disciplinary data. These show the numbers of BME starters and leavers from April 2017 to March 2018 compared to the current Trust BME profile.
- In March we had 19 BME starters in EOC (53%), Corporate (26%) and Operations (21%).
- In March we had 4 BME leavers (2 in 111 and 2 in EOC).
- Year to date we have had 154 BME starters (19% of all starters).
- Year to date we have had 89 BME leavers (15% of all leavers).



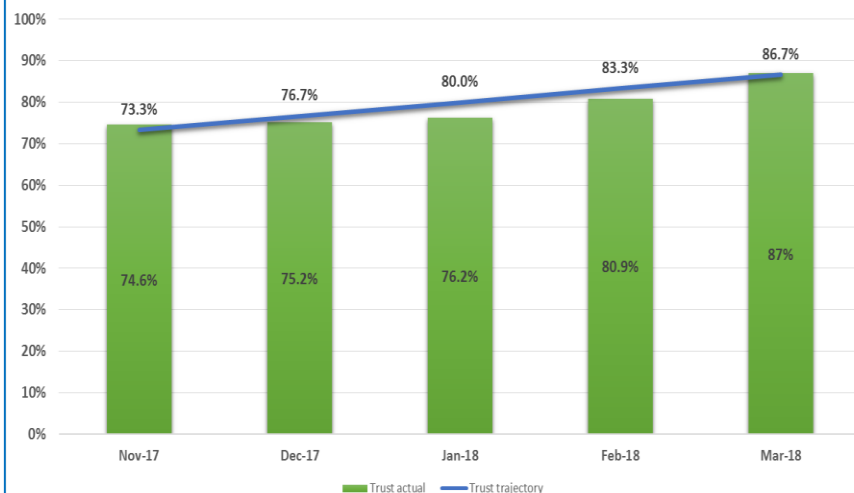
- A BME staff meeting was held on the 5<sup>th</sup> April 2018 during which a key work plan agreed was to rebrand and relaunch the network and to attend the Royal College of Paramedics conference to see how we can influence the diversity of their association.
- A group of 20 BME staff from across the Trust met with the CQC on 15<sup>th</sup> March 2018 to discuss the experience at LAS from a BME perspective. Overall this was a positive session which was fed-back to the Director of People & O.D.
- March saw the LAS represented at a range of recruitment / engagement events including a Community Engagement Event at the Whitgift Centre, Croydon w/c 12<sup>th</sup> March, which was well supported by the 111 Service and Paramedics.
- 17<sup>th</sup> March British Science Week Ambulance Service (Gun & Knife Crime) event in Croydon attended by Assistant Medical Director, Paramedic and recruitment rep. Focus was around knife crime and basic first aid.
- We attended a Job Centreplus Engagement Event at Hoxton Job Centre.





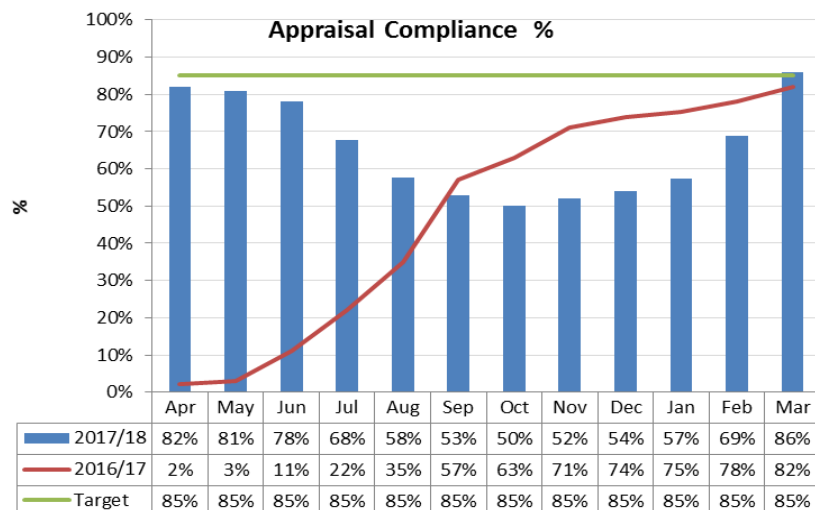
## Statutory and Mandatory Training

Stat and mand training - Trust level (as at 31st March 2018)



- My ESR continues to be a success with over 97% of Trust staff accessing the new version of the system which became available to Trusts nationally in May 2017. We continue to have the highest % of users using the new ESR Portal in London (out of 71 Trusts) and we are the 2<sup>nd</sup> highest % of users nationally. Over 53,000 courses have been completed since go-live.
- Our entry '*ESR Transformation at The London Ambulance Service*' has been shortlisted for the 'Award for best use of Your ESR' category in this year's Healthcare People Management Association awards.
- Corporate compliance is 92% and Operations at 86.2%.
- CSR.2017.2 stands at 83.7%, an improvement from February (66.89%).
- CSR.2017.3 is at 82%, an improvement from February 55.04%.
- The ESR Project Team are continuing their optimisation phase of ESR Oracle Learning Management with teams across the organisation.

Appraisal Compliance %



The appraisal rate has improved from 69% in February to 86% in March. Our target has been achieved through a collaborative effort from across the organisation covering inputting, reporting, monitoring and support.

From 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 there have been 4,085 appraisals completed out of 4,675 eligible staff (we exclude those on long-term sick leave, career break, maternity leave and those who have worked for less than 9 months at LAS).

The appraisal audit questionnaire and semi-structured interviews are now complete and an exercise to diagnose the results will take place with recommendations being made. PDR Appraisal training for both managers and staff continues to be delivered and again yields valuable feedback on the current PDR Appraisal system.

# OUR RISKS



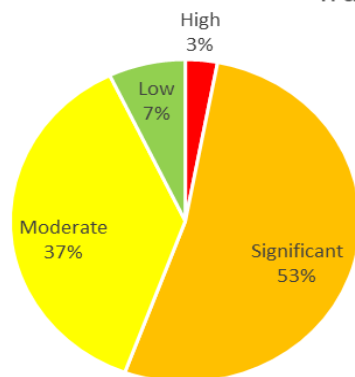
There are 5 risks on the Board Assurance Framework (BAF) and 2 other highly rated risk which are included on the Corporate Risk Register (CRR); Finance and Performance (1), People and Organisational Development (1) IM&T (1), Operational (1), Logistics & Infrastructure (2) and Quality Directorate (1) . The highest risk scores at 16, with the others at 15, 12 and 10. These risks are:

| Section                                    | Risks  |
|--|--|
| <b>Finance</b>                             | BAF 49 – CRR 713 -The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19 – current rating 15.  |
| <b>People and Organisation Development</b> | BAF 47 – CRR 704 -The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre at Bow and Waterloo – current rating 16.   |
| <b>IM&amp;T</b>                            | BAF 45 – CRR 734 - A cyber-attack will materially disrupt the Trust's ability to operate for a prolonged period – current rating 15.   |
| <b>Logistics &amp; Infrastructure</b>      | BAF 51 – CRR 767 – Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready, could be vulnerable to market volatility leaving the Trust without a service provider at short notice – current rating 12.<br>BAF 51 – CRR 768 - Current UPS capacity is insufficient to meet building supply demand and equipment condition is deteriorating; requiring upgrade and repair. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services at Bow until repairs are undertaken.– current rating 10. |
| <b>Quality</b>                             | CRR 677 –Risk of musculo-skeletal injuries to front line staff – current rating 15.  |
| <b>Operations</b>                          | CRR 706 – Lack of capacity to deliver training through reliability, space and insufficient facilities – current rating 16.   |



# Our Risks

Trust Risks by Risk Level

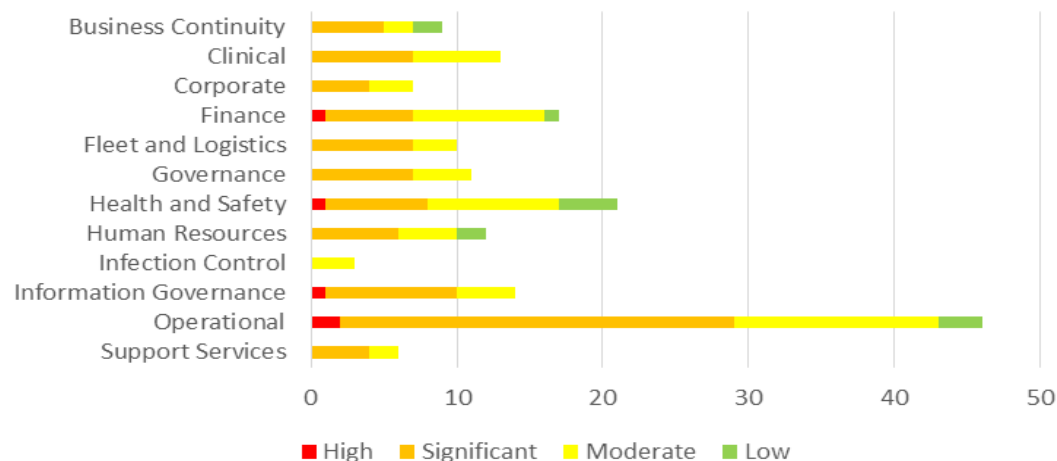


| Risk Rating | Risk Level  | Risks |     |
|-------------|-------------|-------|-----|
| 15-25       | High        | 5     | 3%  |
| 8-12        | Significant | 89    | 53% |
| 4-6         | Moderate    | 63    | 37% |
| 1-3         | Low         | 12    | 7%  |
| Total       |             | 169   |     |

The register of risks approved showed the following at 6<sup>th</sup> April 2018:

56% of the Trusts risk register has a risk level of High or Significant.  
 27% of the Trust's risks are operational, Health and Safety risks accounting for 12%, Information Governance risks accounting for 8%, Finance risks accounting for 10%, Clinical risks accounting for 8% and Human Resources risks accounting for 7%.

Risks by Subtype



## Top 3 Risks:

### BAF Risk 49

The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19.

### BAF Risk 47

The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre.

### BAF Risk 45

There is a risk that a cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period.



# London Ambulance Service

NHS Trust



## INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

### Abbreviations & Glossary





# Integrated Performance Report – Abbreviations & Glossary

| Acronym    | Meaning / Description   | Acronym   | Meaning / Description   |
|------------|---|-----------|---|
| ADO        | Assistant Directors of Operations   | HAC       | Heart Attack Centres  |
| ARP        | Ambulance Response Program  | HART      | Hazardous Area Response Teams   |
| APP        | Advanced Paramedic Practitioners  | HASU      | Hyper Acute Stroke Unit   |
| AQI        | Ambulance Quality Indicator   | HCP       | Health Care Professional  |
| BME        | Black and Minority Ethnic   | iPara     | International Paramedic   |
| CARU       | Clinical Audit and Research Unit  | JCT       | Job Cycle Time  |
| MHRA / CAS | Medicines & Healthcare products Regulatory Agency / Central Alerting System | KPI       | Key Performance Indicator   |
| CCG        | Clinical Commissioning Group  | LIN       | Local Intelligence Network  |
| CD         | Controlled Drugs  | LINC      | Listening Informal Non-Judgemental Confidential                       |
| CDLO       | Controlled Drugs Liaison Officers   | MAR       | Multiple Attendance Ratio   |
| CISO       | Clinical Information & Support Overview                                     | MRU       | Motorcycle Response Unit  |
| CPI        | Clinical Performance Indicator  | MTC       | Major Trauma Centre   |
| CPD        | Continuing Professional Development   | NETs      | Non-Emergency Transport   |
| CQUIN      | Commissioning for Quality and Innovation                                    | NRLS      | National Reporting and Learning System                                |
| CRL        | Capital Resource Limit  | OOH       | Out Of Hours  |
| CRU        | Cycle Response Unit   | OWR       | Operation Workplace Review  |
| CSR        | Core Skills Refresher (Training)  | PAS / VAS | Private / Voluntary Ambulance Services                                |
| DBS        | Disclosure & Barring Scheme   | PED       | Patient Experiences Department  |
| DOC        | Duty of Candour   | PGD       | Patient Group Directions  |
| EAC        | Emergency Ambulance Crew  | PFVH      | Patient Facing Vehicle Hours  |
| ED         | Emergency Department  | PRF       | Patient Record Form   |
| ELT        | Executive Leadership Team   | PSP       | Patient Specific Protocol   |
| EMD        | Emergency Medical Dispatcher  | PTS       | Patient Transport Service   |
| EMT        | Emergency Medical Technician  | QGAM      | Quality, Governance and Assurance Manager                             |
| EOC        | Emergency Operations Centre   | QR        | Quality Requirement   |
| ESR        | Employee Service Record   | RIDDOR    | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |
| FAST       | Face, Arm, Speech, Time (Indicators of a Stroke)                            | ROSC      | Return of Spontaneous Circulation                                     |
| FFT        | Friends and Family Test   | SI        | Serious Incident  |
| FLACC      | Face, Legs, Activity, Cry, Consolable - paediatric pain scale               | SIG       | Serious Incident Group  |
| FRU        | Fast Response Unit  | STEMI     | ST-Segment Elevation Myocardial Infarction                            |
| GCS        | Glasgow Coma Scale  | TEAC      | Trainee Emergency Ambulance Crew                                      |
| GTN        | Glyceryl Trinitrate   | TRU       | Tactical Response Unit  |
|            |   | YTD       | Year to Date  |
|            |   | WTE       | Whole Time Equivalent   |



# Integrated Performance Report – Glossary

| Other Terminology        | Meaning                         |
|--------------------------|---------------------------------|
| Green ambulance outcomes | Lower acuity ambulance outcomes |

| LAS 111 (South East London) |   |        |  |
|-----------------------------|---|--------|--|
| QR                          | Measure   | Target | Description  |
|                             | Total calls answered                              |        | Number of calls made to 111 and answered by an LAS call handler.   |
| 05                          | Calls answered within 60 seconds                  | 95%    | Of the total answered calls, how many were answered within 60 seconds of being queued for an advisor?  |
| 04                          | Calls abandoned after 30 seconds                  | 1%     | Of the total calls offered and reaching 30 seconds following being queued for an advisor, how many did the caller hang up before they were answered?                           |
|                             | Calls referred to a clinical advisor              |        | Of the total answered calls, what percentage were directly triaged by a clinician during their 111 episode?  |
|                             | Of calls transferred, percentage transferred warm |        | Of the total answered calls that were transferred to a trained 111 clinical advisor, how many were transferred while the caller was on hold?                                   |
| 13                          | Of call backs, percentage within 10 minutes       | 100%   | Of the total calls where person was offered a call back by a 111 clinician, for how many was the person actually called back within 10 minutes of the end of their first call? |
| 10                          | Calls referred to 999                             | 10%    | Of the total number of calls answered, what were the number of final dispositions that result in an ambulance being dispatched?  |
| 11                          | Calls referred to Emergency Department            | 5%     | Of the total calls received and triaged by a 111 call handler or clinician, how many were referred to a type 1 or 2 A&E department?  |

| Other London 111 service provider               | Areas Covered   |
|---|---|
| London Ambulance Service (LAS)                  | 1. South East London  |
| Care UK   | 1. Hillingdon, 2. North West London                                   |
| Partnership of East London Co-operatives (PELC) | 1. East London & City. 2. Outer North East London                     |
| London Central & West (LCW)                     | 1. Inner North West London, 2. North Central London                   |
| Vocare  | 1. Croydon, 2. Wandsworth, 3. Sutton & Merton, 4. Kingston & Richmond |





|  |   |                  |                                     |                    |
|--|---|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>  | <b>Trust Board</b>  |                  |                                     |                    |
| <b>Date of meeting:</b>  | 24 April 2018   |                  |                                     |                    |
| <b>Report title:</b>   | Board Assurance Framework and Corporate Risk Register                     |                  |                                     |                    |
| <b>Agenda item:</b>  | 07  |                  |                                     |                    |
| <b>Report Author(s):</b>   | Frances Field, Risk and Audit Manager                                     |                  |                                     |                    |
| <b>Presented by:</b>   | Philippa Harding, Director of Corporate Governance                        |                  |                                     |                    |
| <b>History:</b>  | Consideration by Executive Leadership Team and Board Assurance Committees |                  |                                     |                    |
| <b>Status:</b>   | <input type="checkbox"/>  | <b>Assurance</b> | <input type="checkbox"/>            | <b>Discussion</b>  |
|  | <input type="checkbox"/>  | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>   |   |                  |                                     |                    |
| This paper provides the Board with an updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR). |   |                  |                                     |                    |
| <b>Recommendation:</b>   |   |                  |                                     |                    |
| The Board is asked to note this report.  |   |                  |                                     |                    |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>   |   |                  |                                     |                    |
| This paper sets out the content of the BAF and the CRR.  |   |                  |                                     |                    |

|  |                                     |
|--|-------------------------------------|
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b> |                                     |
| <b>Clinical and Quality</b>  | <input checked="" type="checkbox"/> |
| <b>Performance</b>   | <input checked="" type="checkbox"/> |
| <b>Financial</b>   | <input checked="" type="checkbox"/> |
| <b>Workforce</b>   | <input checked="" type="checkbox"/> |
| <b>Governance and Well-led</b>   | <input checked="" type="checkbox"/> |
| <b>Reputation</b>  | <input checked="" type="checkbox"/> |
| <b>Other</b>   | <input checked="" type="checkbox"/> |

|  |                                     |
|--|-------------------------------------|
| <b>This paper supports the achievement of the following Business Plan Workstreams:</b> |                                     |
| <b>Ensure safe, timely and effective care</b>  | <input checked="" type="checkbox"/> |
| <b>Ensuring staff are valued, respected and engaged</b>                                | <input checked="" type="checkbox"/> |
| <b>Partners are supported to deliver change in London</b>                              | <input checked="" type="checkbox"/> |
| <b>Efficiency and sustainability will drive us</b>                                     | <input checked="" type="checkbox"/> |

# Board Assurance Framework (BAF)

## Current BAF Risks

1. There are currently five risks on the BAF three of which have a net rating of 15 or above, they are set out below in descending order of severity.

| Severity | Risk   | Risk Owner  | Scrutinising Committee                          | Comments |
|----------|--|---|---|----------|
| 1        | <b>BAF Risk 49</b><br>The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 2018/19.  | Lorraine Bewes,<br>Director of Finance and Performance                  | Finance and Investment Committee                |          |
| 2        | <b>BAF Risk 47</b><br>The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre (EOC).   | Patricia Grealish,<br>Director of People and Organisational Development | People and Organisational Development Committee |          |
| 3        | <b>BAF Risk 45</b><br>A cyber-attack could materially disrupt the trust's ability to operate for a prolonged period.   | Ross Fullerton,<br>Chief Information Officer                            | Logistics and Infrastructure Committee          |          |
| 4        | <b>BAF Risk 51</b><br>Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready could be vulnerable to market volatility leaving the Trust without a service provider at short notice | Benita Mehra,<br>Director of Assets and Property                        | Logistics and Infrastructure Committee          |          |
| 5        | <b>BAF Risk 50</b><br>The main power supply to Bow is lost as a result of UK Power Networks having a failure on their system impacting on our ability to provide a continuous service to our control room  | Benita Mehra,<br>Director of Assets and Property                        | Logistics and Infrastructure Committee          |          |



## **Risk discussions in April**

### **Board Assurance Committees**

2. At its meeting on 16 April 2018, the Audit Committee reviewed the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). No proposed amendments were raised.

### **Executive Leadership Team**

3. The Executive Leadership Team (ELT) reviewed the BAF and CRR at its meeting on 12 April 2018. At this meeting it was agreed that no further changes to the BAF should be proposed at the current time.
4. As reported to the Board at its meeting on 27 March 2018, it is anticipated that BAF Risk 50 (The main power supply to Bow is lost as a result of UK Power Networks having a failure on their system impacting on our ability to provide a continuous service to our control room) will soon be de-escalated as a result of business continuity planning activity that has taken place, it is proposed that this should be discussed by the Logistics and Infrastructure Committee at its meeting on 5 June 2018 before any such recommendation is made to the Board.
5. In a risk horizon scanning discussion, the ELT identified a further possible risk to be considered by the Logistics and Infrastructure Committee at its next meeting:
  - Delivery of the Secure Drugs Rooms project.

## **Corporate Risk Register (CRR)**

### **Amendments to the CRR**

6. Following discussions at the Trust Board on 27 March 2018, the following risk has been removed from the CRR:
  - Datix ID 288 - There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients.
7. The following four risks were requested to be amalgamated into a single risk:
  - Datix ID 116 - There is a risk that there may be insufficient emergency ambulances and cars to meet demands
  - Datix ID 117 - There is a risk that the equipment for front line vehicles may not be properly maintained. This may result in clinical failure due to faulty equipment.
  - Datix ID 120 - There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care.
  - Datix ID 121 - There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care.
8. The following two risks were also requested to be amalgamated into a single risk:
  - Datix ID 240 - Archiving space for training records is insufficient and now decentralised.
  - Datix ID 302 - There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system.

9. Following discussions at the Medicines Management Committee meeting on the 9<sup>th</sup> April 2018 where the group proposed that the risk should be de-escalated to a current rating of 8 due to the following rationale:
- The introduction of the perfect ward app has facilitated regular verifiable audits of compliance with the medicines management policy (TP008) requirements for storage and handling of drugs at station level. Results from these audits are now available as real-time data that may be scrutinised by operational managers and the medical directorate. These checks are supplemented by spot-checks undertaken by incident response officers.
  - Monitoring of requirements for recording drug usage and reconciling this with clinical notes are now audited as part of clinical performance indicators and may be monitored via the medman database.
  - Reporting in relation to morphine losses is well established and the majority of losses are identified and thus corrected rapidly.
  - Further education in relation to medicines management has been delivered via Core Skills Refresher training to all clinical staff.
10. In light of the high level feedback received from the CQC following the Trust's Well Led inspection in March 2018, the risk of the Trust remaining in special measures seems increasingly reduced; therefore it is proposed that Datix ID 712 - There is a risk that the Trust remains subject to Special Measures as a result of not having made sufficient sustained improvement in its CQC rating can be de-escalated
11. The Corporate Risk Register is attached for Board members' information.

#### **Highly-rated CRR risks not included on the BAF**

12. At the meeting of the Board on 27 March 2018, Board members requested information about highly-rated risks identified in the CRR, but not included in the BAF. The following two risks currently have a rating of 15 or greater and are not included on the BAF:
- Datix ID 706 – Lack of capacity to deliver training through reliability, space and insufficient facilities.
  - Datix ID 677 – Risk of musculoskeletal injuries to frontline staff due to:
    - 1) the frequency of lifting and handling activities involved during the care and treatment of patients
    - 2) The need to undertake manual handling activities in uncontrolled and difficult environments.
13. Both of these risks are due to be considered by the Risk, Compliance and Assurance Group at its meeting on 19 April and are likely to be de-escalated as a result of discussion at that meeting. An oral update will be provided to the Board meeting on 24 April 2018.

**Philippa Harding**  
**Director of Corporate Governance**

## Board Assurance Framework – April 2018

| IMPACT | Catastrophic |      | 50       | 45<br>49 |        |                | <b>In order of severity:</b>  |
|--------|--------------|------|----------|----------|--------|----------------|---|
|        | Major        |      |          | 51       | 47     |                | <b>BAF Risk 49</b><br>The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19.<br><br><b>BAF Risk 47</b><br>The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre at Bow and Waterloo.<br><br><b>BAF Risk 45</b><br>A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period. |
|        | Moderate     |      |          |          |        |                | <b>BAF Risk 50</b><br>Current UPS capacity is insufficient to meet building supply demand and equipment condition is deteriorating; requiring upgrade and repair. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services at Bow until repairs are undertaken.  |
|        | Minor        |      |          |          |        |                | <b>BAF Risk 51</b><br>Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready could be vulnerable to market volatility leaving the Trust without a service provider at short notice  |
|        | Negligible   |      |          |          |        |                |   |
|        |              | Rare | Unlikely | Possible | Likely | Almost Certain |   |

### Risk Severity



High Risk (15-25)

Significant Risk (8-12)

Moderate Risk (4-6)

Low Risk (1-3)

### LIKELIHOOD

### Key



Net risk rating



Gross risk rating = net risk rating

|   |   |
|---|---|
| <b>GOAL 1</b> <b>Patients Receive Safe, Timely &amp; Effective Care</b> | <b>OBJECTIVES</b> <ol style="list-style-type: none"> <li>1. To drive high quality and safe patient care</li> <li>2. To improve clinical outcomes and enhance clinical excellence</li> <li>3. To achieve agreed performance, ambulance and regulatory standards</li> </ol> |
|---|---|

| Links to Objectives | BAF Risk  | Further mitigation required   |
|---------------------|---|---|
| 1, 2, 3             | 47 The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre at Bow and Waterloo.   | <ul style="list-style-type: none"> <li>• Consideration to be given to an additional recruitment campaign.</li> <li>• Continuation of the project meetings to maintain the level of scrutiny required by the service.</li> <li>• Continuation of the support offered to recruitment for shortlisting, assessment space and interviews.</li> </ul>            |
| 1, 2, 3             | 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period.   | <ul style="list-style-type: none"> <li>• NHS Digital led review of LAS cyber security (November 2017)</li> <li>• Implementation of recommendations from PA Consulting report</li> <li>• Implementation of HMG good practice in cyber controls</li> <li>• Introduce scenario planning and rehearsals for response to a major cyber- attack on LAS</li> </ul> |
| 1, 2, 3             | 50 The main power supply to Bow is lost as a result of UK Power Networks having a failure on their system impacting on our ability to provide a continuous service to our control room  | <ul style="list-style-type: none"> <li>• A project has been set up to manage the replacement of the UPS. End point to be defined for the project which will result in the replacement of the UPS.</li> </ul>  |
| 1, 2, 3             | 51 Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready could be vulnerable to market volatility leaving the Trust without a service provider at short notice | <ul style="list-style-type: none"> <li>• We are developing a tender for services which we will be taking to market in the next four months.</li> </ul>  |

**GOAL 2 Staff are Valued, Respected & Engaged**

**OBJECTIVES**

1. To ensure our workforce model meets future patient needs
2. To support the health and wellbeing of our staff
3. To develop our culture and improve our diversity
4. To support and equip our managers to lead well, from 'Board to Station'
5. To make things easier for our staff to do their jobs

| Links to Objectives | BAF Risk  | Further mitigation required  |
|---------------------|---|--|
| 1                   | 47 The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre at Bow and Waterloo. | <ul style="list-style-type: none"><li>• Consideration to be given to an additional recruitment campaign.</li><li>• Continuation of the project meetings to maintain the level of scrutiny required by the service.</li><li>• Continuation of the support offered to recruitment for shortlisting, assessment space and</li></ul> |

**GOAL 3** Partners are Supported to Deliver Change in London

**OBJECTIVES**

1. To proactively work with London's five STPs to support delivery of the Five Year Forward View
2. To expand our reach into the London Integrated Urgent & Emergency Care System
3. To use data and system intelligence to improve patient care
4. To work with partners to improve patient care and value for money

Links to Objectives

BAF Risk

Further mitigation required

**GOAL 4** Efficiency & Sustainability Will Drive us

**OBJECTIVES**

1. To achieve financial targets and deliver a £17.8m Cost Improvement Programme
2. To deliver a transformation programme to continue our improvement journey
3. To have stable and reliable IT platforms to enable 21<sup>st</sup> century working
4. To deliver the LAS 5 year strategy and strategic plans for essential infrastructure

| Links to Objectives | BAF Risk  | Further mitigation required   |
|---------------------|---|---|
| 1, 2, 4             | 49 The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19   | <ul style="list-style-type: none"> <li>Review Finance structure and prepare case to Trust Board to enable business partnering support</li> <li>Establish a process for identifying additional opportunities for efficiency improvement and development of an evidence-based strategic multi-year savings programme</li> </ul>                       |
| 3                   | 45 There is a risk that a cyber- attack could materially disrupt the Trust's ability to operate for a prolonged period.   | <ul style="list-style-type: none"> <li>NHS Digital led review of LAS cyber security (November 2017)</li> <li>Implementation of recommendations from PA Consulting report</li> <li>Implementation of HMG good practice in cyber controls</li> <li>Introduce scenario planning and rehearsals for response to a major cyber- attack on LAS</li> </ul> |
| 4                   | 50 The main power supply to Bow is lost as a result of UK Power Networks having a failure on their system impacting on our ability to provide a continuous service to our control room  | <ul style="list-style-type: none"> <li>A project has been set up to manage the replacement of the UPS. End point to be defined for the project which will result in the replacement of the UPS.</li> </ul>  |
| 4                   | 51 Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready could be vulnerable to market volatility leaving the Trust without a service provider at short notice | <ul style="list-style-type: none"> <li>We are developing a tender for services which we will be taking to market in the next four months.</li> </ul>  |

**BAF Risk no. 49 The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19.**

**Risk Classification:** Finance **Risk Owner:** Lorraine Bewes **Scrutinising Committee:** Finance & Investment Committee

**Date risk opened:** 17/011/2017 **Date risk expected to be removed from the BAF:** September 2018

| <b>Underlying Cause/Source of Risk:</b>  |  | <b>Gross Rating</b> | <b>Current/Net Rating</b> | <b>Target Rating</b> |
|--|--|---------------------|---------------------------|----------------------|
| 1. Unknown Target Operating Model.<br>2. Size of and pace of delivery of recurrent CIPs will need to increase - need to be driven by evidence-based, relevant benchmarking metrics in order to achieve full efficiency opportunity.<br>3. Need for appropriate programme approach/resource to deliver efficiency projects.<br>4. Up until 2017/18, the LAS operated within a block contract and fixed income financial envelope and has been in special measures over the last year, with the result that priority could not be given to developing financial and commercial awareness of budget holders to develop a devolved service level management model in line with the norm in other NHS organisations, which will accelerate delivery of value improvement. 5. Instead, budget control has largely been achieved through central management and contingency accounting so need to develop more mature financial framework and capability for budget delivery. 6. The Trust has delivered only £6m of the £17.8m CIP recurrently in 17/18 due to insufficiently robust governance and project management capability. |  | <b>25</b>           | <b>15</b>                 | <b>10</b>            |

| <b>Existing Controls</b>  | <b>Positive Assurance of Controls</b>   | <b>Further Actions</b>   | <b>Due Date</b>  |
|---|---|--|--|
| Robust CIP governance process being implemented for 17/18, including quality impact assessment process using performance management cycle framework and dedicated CIP support from PMO (benefits manager) and Finance;<br><br>Robust Capital Programme governance process being implemented for 17/18 including benefits realisation process.<br><br><b>Gap in Controls</b><br>Contract for 18/19 not yet agreed. | 1. Trust Board and FIC finance reports<br>2. Capital Programme action plans<br>3. Detailed review of budget by CEO and CFO has reduced headline CIP from £18.6m (5.3%) to £12.3m (3.2%) | 1. Confirm target operating model, demand & capacity plan, workforce plan and budgets for next 3 years.<br>2. Confirm priority Trust improvement plan for 18/19 for patient outcomes, people capability and use of resources (business process efficiency).<br>3. Complete benchmarking process for identifying additional opportunities for efficiency improvement and development of an evidence-based strategic multi-year savings programme.<br><br>4. Set Cash Limited Budget for 18/19 with appropriate triangulation of delivery risk and impact assessment on Quality and Performance as part of Business Planning<br>5. Design and confirm programme resource budget to deliver strategic intent Yr 1 enablement, service development, business process improvement and efficiency programme.<br>6. Establish programme management office | 31/07/18<br><br><del>31/03/18</del><br>24/04/18<br><br>1st cut completed Dec 17. 2nd cut to be completed after publication of Carter report in April 18<br><br>Completed<br><br><del>31/03/18</del><br>24/04/18<br><br><del>31/03/18</del><br>30/04/18 |



|                               |  |   |                                 |
|-------------------------------|--|---|---------------------------------|
|                               |  | 7. Review Finance structure and prepare case to Trust Board to enable business partnering support.                                      | <del>31/03/18</del><br>30/04/18 |
|                               |  | 8. Develop budget and business case training programme as part of Trust Management Development programme to support financial strategy. | <del>31/03/18</del><br>30/04/18 |
|                               |  | 9. Complete initial QIA and risk rating on CIP performance and keep under review monthly.   | 24/04/18                        |
| <b>Signed:</b> Lorraine Bewes |  |   |                                 |
|                               |  |   |                                 |

## BAF Risk no. 47 The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre at Bow and Waterloo

|  |  |   |   |                    |  |  |
|--|--|---|---|--------------------|--|--|
| Risk Classification: People & OD   |  | Risk Owner: Patricia Grealish   | Scrutinising Committee: People & OD Committee   |                    |  |  |
| Date risk opened: 17/11/2017   |  | Date risk expected to be removed from the BAF: <del>31/03/17</del> 31/10/2018   |   |                    |  |  |
| Underlying Cause/Source of Risk:<br>Recruitment: Competition for similar roles is strong and offer higher salaries (in the vicinity of HQ and Bow). Retention: The working environment in control rooms is frequently pressurised and staff turnover is high compared to other roles in the Trust  |  |   | Gross Rating  | Current/Net Rating | Target Rating  |  |
|  |  |   | 16  | 16                 | 8  |  |
| Existing Controls  |  | Positive Assurance of Controls  | Further Actions   |                    | Due Date   |  |
| <p>1. Weekly EOC Recruitment Group meets to discuss and tackle all matters of recruitment and retention.</p> <p>2. A monthly EOC Board tackles underlying causes of recruitment and retention, with a weekly call update to ensure progress is being made. This meeting is chaired by the Deputy Director of Operations (Control Services).</p> <p>3. The existing recruitment process has been discussed and reviewed to ensure that re-entry of candidates is not unreasonably blocked. This will be kept under ongoing review.</p> <p>3. EOC is currently undergoing a restructure which will include looking at levels of pay and resolving long outstanding acting up positions.</p> <p>4. Ongoing review to the process for candidates - 3 month window of change and review to assess impact.</p> <p>5. Additional capacity has been provided to carry out assessments and EOC have planned and made available training capacity to take increased number of recruits.</p> <p>6. Shortlisting training and delivery being provided to support the recruitment function to ensure specialist knowledge in the recruitment team to allow good decisions on passing candidates through the shortlisting process.</p> <p>7. A range of recruitment activities throughout Q1 will specifically target recruitment to EOC.</p> <p>8. EMDs have been released to support job fairs to promote the role.</p> <p>9. EMDs support EOC Training team delivering Open Evenings for potential candidates interested in joining</p> <p>10. EOC are participating in the ongoing Talent Review which will look at the end to end process and identify improvements / gaps.</p> <p>11. The team are currently looking at an alternative online assessment (NWS currently use this approach) and will look to pilot a scheme should it prove affordable and of value</p> <p>12. ELT task and finish group to bring focus and decision-making to challenges.</p> <p><b>Gaps in controls</b></p> <p>None identified.</p> |  | <p>1. Monthly recruitment meetings to review the ongoing status - Headed up by DDO, Control Services</p> <p>2. Weekly reports sent through to PLM, Control Services.</p> <p>3. Daily contact with Recruitment EMD lead during first weeks for support from PLM, Control Services</p> <p>4. Recruitment activity added to weekly tracker reported to Operational Resourcing Group (Chaired by Director of Operations, deputy chair Director of People and OD).</p> | <p>1. Role will be included as part of planned recruitment campaign.</p> <p>2. Meet relevant people at Met Police to share and establish best practice and mutual ways of working.</p> <p>3. Review feasibility of online assessment for EOC recruitment and run pilot.</p> <p>4. EOC Recruitment Project Meetings to take place.</p> <p>5. Allocate appropriate resource to interview and assessment activities.</p> |                    | <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/10/2018</p> <p>31/10/2018</p> |  |
|  |  |   | <p><b>Signed:</b> Patricia Grealish</p>   |                    |  |  |

## BAF Risk no. 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period

|   |   |   |   |                      |
|---|---|---|---|----------------------|
| <b>Risk Classification:</b> IM&T  | <b>Risk Owner:</b> Ross Fullerton   | <b>Scrutinising Committee:</b> Logistics & Infrastructure Committee   |   |                      |
| <b>Date risk opened:</b> 01/06/2017   | <b>Date risk expected to be removed from the BAF:</b> ongoing   |   |   |                      |
| <b>Underlying Cause/Source of Risk:</b> The changing sophistication and nature of cyber threats has accelerated rapidly in the last 5 years; cyber-attacks are regularly successful at disrupting many organisations in ways that weren't considered possible only a short time ago. This is compounded by an under-investment in IT security at LAS over the same time frame. As a consequence there is a deficiency in the overall awareness of cyber risk inside and outside of IM&T and we lack the skillsets, processes, governance and tools to mitigate the evolving threat profile effectively. |   | <b>Gross Rating</b>   | <b>Current/Net Rating</b>   | <b>Target Rating</b> |
|   |   | 20  | 15  | 10                   |
| <b>Existing Controls</b>  | <b>Positive Assurance of Controls</b>   | <b>Further Actions</b>  |   | <b>Due Date</b>      |
| 1. Existing defences have mitigated threats to-date; these include various technical and procedural elements<br>2. Independent review by PA Consulting has identified necessary mitigations for CAD system<br><br><b>Gaps in Controls</b><br>The existing controls do not meet good practice requirements as defined by HMG's National Cyber Security Centre.   | 1. Reports to Information Governance Group of cyber-related incidents each quarter<br>– Reporting will be tied to Key Performance Indicators and services.<br><br>2. Reports from IGG to RCAG<br>– All work carried out as part of the Cyber Security Improvement Programme will be reported to the IGG and RCAG.<br><br>3. To align with the NCSC guidance we will look to comply with Cyber Essentials by the end of February 2018.<br><br><b>Gaps in Assurance</b><br>The gaps are being investigated by the Cyber Security Improvement team and pragmatic/practical recommendations and an action roadmap will be drawn up. | 1. Initial Bid to NHSD for Cyber funding Capital (Bid 1)<br>2. NHS Digital led review of LAS cyber security (November 2017).<br>3. Implementation of HMG good practice in cyber controls (Cyber Essentials)<br>4. Potential second bid to NHSD for Cyber funding Capital (Bid 2)<br>5. Implementation of a Cyber programme of works (to include the recommendations from the PA consulting report)<br>6. Introduce scenario planning and rehearsals for response to a major cyber attack on LAS<br>7. Obtain approval for Phase 2 of the Cyber programme into 2018/19.<br>8. Deliver phase 2 of the cyber programme.<br>9. Instigate phase 2 of the Cyber Programme for 2018/19 | Successfully Completed<br>Completed<br><br>Completed<br><br>Completed<br><br>31/05/18<br><br>31/05/18<br><br>16/05/18<br><br>16/05/18<br><br>04/06/18 |                      |
| <b>Signed:</b> Ross Fullerton   |   |   |   |                      |

**BAF Risk no. 50** The main power supply to Bow is lost as a result of UK Power Networks having a failure on their system impacting on our ability to provide a continuous service to our control room

|  |  |   |                     |  |                      |
|--|--|---|---------------------|--|----------------------|
| <b>Risk Classification:</b> Strategic Assets and Property  |  | <b>Risk Owner:</b> Benita Mehra   |                     | <b>Scrutinising Committee:</b> Logistics & Infrastructure Committee  |                      |
| <b>Date risk opened:</b> 20/02/2018  |  | <b>Date risk expected to be removed from the BAF:</b> June 2018   |                     |  |                      |
| <b>Underlying Cause/Source of Risk:</b><br>Existing UPS is undersized for the demand requirement in the building   |  |   | <b>Gross Rating</b> | <b>Current/Net Rating</b>  | <b>Target Rating</b> |
|  |  |   | 15                  | 10   | 5                    |
| <b>Existing Controls</b>   |  | <b>Positive Assurance of Controls</b>   |                     | <b>Further Actions</b>   |                      |
| 1. Reduction in UPS dependence by transfer of demand to non-essential supply (where possible).<br>2. Maintenance of existing UPS equipment.<br>3. Design of new provision and purchase of upgrade equipment.<br>4. Engagement with UKPN to mitigate risks associated with essential network repairs or known service interruptions.<br>5. Schedule of OP66 events (2018) - 17/04, 19/06, 07/08, 24/10. |  | 1. Ongoing monitoring of UPS demand.<br>2. No degradation of service experienced during unplanned network power outage (18/02/18).<br>3. UPS maintenance contract in place.<br>4. Generator maintenance and test schedule in place.<br>5. Regular Project Group meetings. |                     | 1. Project team in place to investigate/manage upgrade project and identify window for upgrade works.<br>2. Ongoing investigations to consider interim repairs.<br>3. IM&T migration programme to Cloud based services.<br>4. Development of EOC Business Continuity Plan. |                      |
|  |  |   |                     | In place<br><br>May 2018<br><br>Sept 2018<br><br>In progress   |                      |
| <b>Signed:</b> Benita Mehra  |  |   |                     |  |                      |
|  |  |   |                     |  |                      |

**BAF Risk no. 51** Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready could be vulnerable to market volatility leaving the Trust without a service provider at short notice

|  |  |   |   |   |                      |
|--|--|---|---|---|----------------------|
| <b>Risk Classification:</b> Strategic Assets and Property  |  | <b>Risk Owner:</b> Benita Mehra   |   | <b>Scrutinising Committee:</b> Logistics & Infrastructure Committee |                      |
| <b>Date risk opened:</b> 20/02/2018  |  | <b>Date risk expected to be removed from the BAF:</b> June 2018                         |   |   |                      |
| <b>Underlying Cause/Source of Risk:</b><br>1. External influences to the market volatility affective service provider's ability to function. |  |   | <b>Gross Rating</b>   | <b>Current/Net Rating</b>   | <b>Target Rating</b> |
|  |  |   | 16  | 12  | 4                    |
| <b>Existing Controls</b>   |  | <b>Positive Assurance of Controls</b>   | <b>Further Actions</b>  |   | <b>Due Date</b>      |
| 1. Business continuity plan is in place which includes Legal and People and OD feedback.   |  | 1. The business approach is being discussed with NHSI and the Cabinet Office bi weekly. | 1. We are developing a tender for services which we will be taking to market in the next four months. |   | June 2018            |
| <b>Signed:</b> Benita Mehra  |  |   |   |   |                      |

| ID  | Description  | Opened     | BAF Reference: | Gross Rating | Gross Level | Controls in place  | Manager            | Last review date | Rating (current) | Risk level (current) | Further Actions  | Assurance  | Rating (Target) | Risk level (Target) |
|-----|--|------------|----------------|--------------|-------------|--|--------------------|------------------|------------------|----------------------|--|--|-----------------|---------------------|
| 706 | Lack of capacity to deliver training through reliability, space and insufficient facilities<br>This has been through age, fair wear and tear.  | 27/10/2017 |                | 20           | High        | Future space requirements are being considered as part of the Estates strategy.<br>The current lease is being extended until December 2019 due to being unable to identify an appropriate alternative location and, also, due to the pressures on IM&T to support the move. IM&T also operate within the site and, again, would have required alternative space provision.<br>A formal specification of EOC training requirements is to be created and alternative locations to be identified. To accommodate lead times for a relocation to new premises, a new location will need to be identified and agreed by August 2019.  | Benita Mehra       | 06/04/2018       | 16               | High                 | An agreement to draw up and present a business case.<br>Support in the location of a future proof and appropriate venue that suits both training and supports meeting room and CAD team support  | DDO Control Services is fully aware and briefed on the seriousness of the estate and impact on the training team.<br>John Downard aware and supportive of the urgent review of premises and continued co-located situation.  | 4               | Moderate            |
| 704 | The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centres at Bow and Waterloo.  | 17/11/2017 | 47             | 16           | High        | 1. Weekly EOC Recruitment Group meets to discuss and tackle all matters of recruitment and retention.<br>2. A monthly EOC Board tackles underlying causes of recruitment and retention, with a weekly call update to ensure progress is being made. This meeting is chaired by the Deputy Director of Operations (Control Services).<br>3. The existing recruitment process has been discussed and reviewed to ensure that re-entry of candidates is not unreasonably blocked. This will be kept under ongoing review.<br>3. EOC is currently undergoing a restructure which will include looking at levels of pay and resolving long outstanding acting up positions.<br>4. Ongoing review to the process for candidates - 3 month window of change and review to assess impact.<br>5. Additional capacity has been provided to carry out assessments and EOC have planned and made available training capacity to take increased number of recruits.<br>6. Shortlisting training and delivery being provided to support the recruitment function to ensure specialist knowledge in the recruitment team to allow good decisions on passing candidates through the shortlisting process.<br>7. A range of recruitment activities throughout Q1 will specifically target recruitment to EOC.<br>8. EMDs have been released to support job fairs to promote the role.<br>9. EMDs support EOC Training team delivering Open Evenings for potential candidates interested in joining<br>10. EOC are participating in the ongoing Talent Review which will look at the end to end process and identify improvements / gaps.<br>11. The team are currently looking at an alternative online assessment (NWS currently use this approach) and will look to pilot a scheme should it prove affordable and of value<br>12. ELT task and finish group to bring focus and decision-making to challenges. | Grealish, Patricia | 09/03/2018       | 16               | High                 | Include role in planned recruitment campaign. <b>Completed</b><br>EOC Recruitment Project Meetings take place. <b>31/10/18</b><br>Allocate appropriate resource to interview and assessment activities. <b>31/10/18</b><br>Review feasibility of online assessment for EOC recruitment and run pilot. <b>Completed</b><br>Meet relevant people at Met Police to share and establish best practice and mutual ways of working. <b>Completed</b>   | 1. Monthly recruitment meetings to review the ongoing status - Headed up by DDO, Control Services<br>2. Weekly reports sent through to PLM, Control Services.<br>3. Daily contact with Recruitment EMD lead during first weeks for support from PLM, Control Services<br>4. Recruitment activity added to weekly tracker reported to Operational Resourcing Group (Chaired by Director of Operations, deputy chair Director of People and OD). | 8               | Significant         |
| 713 | There is a risk that...<br>The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 18/19.   | 17/11/2017 | 49             | 25           | High        | Robust CIP governance process being implemented for 17/18, including quality impact assessment process using performance management cycle framework and dedicated CIP support from PMO (benefits manager) and Finance;<br><br>Robust Capital Programme governance process being implemented for 17/18 including benefits realisation process.  | Bewes, Lorraine    | 09/03/2018       | 15               | High                 | 8. Develop budget and business case training programme as part of Trust Management Development programme to support financial strategy. <b>30/04/18</b><br>5. Design and confirm programme resource budget to deliver strategic intent Yr 1 enablement, service development, business process improvement and efficiency programme. <b>30/04/18</b><br>6. Establish programme management office. <b>30/04/18</b><br>7. Review Finance structure and prepare case to Trust Board to enable business partnering support. <b>30/04/18</b><br>2. Confirm priority Trust improvement plan for 18/19 for patient outcomes, people capability and use of resources (business process efficiency). <b>31/03/18</b><br>3. Complete benchmarking process for identifying additional opportunities for efficiency improvement and development of an evidence-based strategic multi-year savings programme. <b>30/04/18</b><br>1. Confirm target operating model, demand & capacity plan, workforce plan and budgets for next 3 years. <b>31/07/18</b><br>4. Set Cash Limited Budget for 18/19 with appropriate triangulation of delivery risk and impact assessment on Quality and Performance as part of Business Planning. <b>Completed</b> | 1. Trust Board and FIC finance reports<br>2. Capital Programme action plans<br>3. Detailed review of budget by CEO and CFO has reduced headline CIP from £18.6m (5.3%) to £12.9m (3.64%)   | 10              | Significant         |
| 734 | There is a risk that a cyber-attack will materially disrupt the Trust's ability to operate for a prolonged period.   | 14/12/2017 | 45             | 20           | High        | 1. Existing defences have mitigated threats to-date; these include various technical and procedural elements<br>2. Independent review by PA Consulting has identified necessary mitigations for CAD system   | Fullerton, Ross    | 28/03/2018       | 15               | High                 | Instigate phase 2 of the Cyber Programme for 2018-19. <b>04/06/18</b><br>Introduce scenario planning and rehearsals a cyber attack on LAS. <b>31/05/18</b><br>NHS Digital led review of LAS cyber security. <b>Completed</b><br>Implementation of HMG good practice in cyber controls (Cyber Essentials). <b>Completed</b><br>Potential second bid to NHSd for Cyber funding Capital (Bid 2). <b>Completed</b><br>Implementation of a Cyber program of works (to include the recommendations from the PA Consulting report). <b>31/05/18</b><br>Obtain approval for Phase 2 of the Cyber programme into 2018/19. <b>16/05/18</b><br>Deliver Phase 2 of the cyber programme. <b>16/05/18</b><br>Initial Bid to NHSd for Cyber funding Capital (Bid 1). <b>Completed</b>   | 1. Reports to Information Governance Group of cyber-related incidents each quarter<br>– Reporting will be tied to Key Performance Indicators and services.<br><br>2. Reports from IGG to RCAG<br>– All work carried out as part of the Cyber Security Improvement Programme will be reported to the IGG and RCAG.<br><br>3. To align with the NCSC guidance we will look to comply with Cyber Essentials by the end of February 2018.          | 10              | Significant         |
| 677 | Risk of musculo-skeletal injuries to frontline staff due to:<br>1. The frequency of lifting and handling activities involved during the care and treatment of patients.<br>2. The need to undertake manual handling activities in uncontrolled and difficult environments.<br><br>In 2016/17, 506 out of the 3309 health and safety incidents reported on Datix related to manual handling incidents. 486 of the incidents reported resulted in low/moderate harm. 75 of the harm related incidents were reported as RIDDOR.<br><br>The impact of this risk includes:<br>1. Moderate/severe harm to staff.<br>2. Staff injury claims.<br>3. Impact on patient care and the delivery of services due to staff absences/shortage of resources.<br>4. Damage to organisational reputation.<br>5. Potential breach of statutory duty.<br>6. Litigation and increased financial costs from claims and compensation. | 20/09/2017 |                | 15           | High        | 1. Manual Handling Group in place – Chaired by a DDO.<br>2. Manual handling policy implemented across the Trust.<br>3. Awareness training provided to all front line staff during their Corporate Induction to the Trust.<br>4. Monitoring of incidents, trends and compliance undertaken by the Corporate Health and Safety Committee.<br>5. Small handling kits available on all vehicles to aid the easy handling of patients.<br>6. Specialist MH equipment e.g. Manger Elk, trolley beds, Ferno Tracked Carry Chairs etc. are available to all front line staff.<br>7. Trust-wide incident reporting and management system in place through Datix.<br>8. Additional support available for staff where they are unable to safely lift a patient or equipment.<br>9. Risk assessments has been completed for high risk manual handling activities.<br>10. TOR for Manual Handling Group has been finalised and agreed. The group does not currently report to any of the Trust's high level committees.<br>11. Manual Handling policy has been updated and agreed.<br>12. Business case to replace all version 1 Mangar Elk lifting equipment has been approved and orders been placed.<br>13. Train the Trainer Training provided to Clinical Educators who will cascade training to frontline staff from April 2018.  | Bain, Trisha       | 06/04/2018       | 15               | High                 | 1. Review of Trust TNA and clinical education training plan to reflect practical MH training frequencies for all staff involved in undertaking MH tasks (including Estates, Fleet & Logistics). <b>30/04/18</b><br>2. Audit the availability and use of small handling aids kit by frontline/operational staff. <b>31/05/18</b><br>3. Review of current Datix incident categories to ensure these accurately capture/reflect incidents reported. <b>1/04/18</b><br>4. Deliver practical manual handling refresher training to all frontline operational staff during CSR 1 of 2018/19. <b>30/04/18</b><br>5. Ensure arrangements are in place to deliver practical manual handling training to staff in support services such as IM&T, Fleet, Logistics etc.. <b>25/05/18</b><br>6. Fleet & Logistics to commence the process for purchasing/replacing all version 1 Mangar Elk equipment. <b>31/03/18</b>   | 1. Review and oversight by the Corporate Health and Safety Committee and the Quality Oversight Group.<br><br>2. Review and oversight by Manual Handling steering group.  | 9               | Significant         |

| ID  | Description   | Opened     | BAF Reference: | Gross Rating | Gross Level | Controls in place  | Manager       | Last review date | Rating (current) | Risk level (current) | Further Actions   | Assurance   | Rating (Target) | Risk level (Target) |
|-----|---|------------|----------------|--------------|-------------|--|---------------|------------------|------------------|----------------------|---|---|-----------------|---------------------|
| 676 | <p>Lack of compliance with statutory health and safety requirements due to limited evidence and assurance that required health and safety management systems have been implemented to ensure the health, safety and welfare of staff and others who are affected by the activities of the Trust.</p> <p>The independent review of Trust-wide health and safety compliance conducted in June 2017 highlighted areas of non-compliance some of which are listed below:</p> <p>1. Lack of arrangements to clearly identify, assess and manage significant risks associated with manual handling, lone working and driving.</p> <p>2. Outstanding actions from the HSE Improvement Notice issued to the Trust in 2010.</p> <p>3. Lack of arrangements to effectively manage human factors associated with alcohol, drugs, fatigue or night work and their impact on HS&amp;S performance.</p> <p>4. Lack of clearly defined management systems.</p> <p>5. Limited verification that controls or training are effective.</p> <p>6. Limited performance reporting, monitoring or clear governance arrangements.</p> | 20/09/2017 |                | 20           | High        | <p>1. Corporate Health and Safety Committee meeting structure in place.</p> <p>2. Dedicated Health and Safety Department to support the Trust, and to ensure compliance with Health and Safety requirements.</p> <p>3. Health and safety policies and procedures are in place to support staff and provide guidance on Trust-wide arrangements to maintain safety.</p> <p>4. Health and safety related training provided to all staff during induction to the Trust and on an ongoing basis.</p> <p>5. Medical equipment and PPE are available and provided to all staff.</p> <p>6. Trust-wide incident reporting and management system in place through Datix.</p> <p>7. ELT/Board oversight for H&amp;S compliance through the Trust's committee reporting structure.</p> <p>8. Regular update reports are provided for Trust-wide committees.</p> <p>9. Responsible Director for Health and Safety in place for the Trust.</p> <p>10. Regular reporting of H&amp;S action updates through the monthly Quality Report, Quarterly Health and Safety Committee and the Quality Oversight Group.</p> <p>11. Senior Management Level H&amp;S Training completed by ELT/Board Members.</p> <p>12. Health &amp; Safety Strategy agreed by the Board.</p> <p>13. Non Executive Director appointed for Health &amp; Safety.</p> <p>14. H&amp;S compliance review undertaken in March 2018 and it highlighted significant improvements in compliance.</p>   | Bain, Trisha  | 06/04/2018       | 12               | High                 | <p>Ensure the robust implementation of all actions and recommendations identified by the independent review (NB: Independent review action plan contains 59 actions managed separately). <b>31/12/18</b></p> <p>Conduct review of H&amp;S compliance during Q4, 2017/18 in order to assess progress with Trust-wide H&amp;S Performance. <b>Completed</b></p> <p>Agree Terms of Reference for the Corporate Health and Safety Committee ensuring appropriate representation. <b>25/04/18</b></p> <p>Implement a system of annual health and safety audits to identify and address areas of gaps in Trust-wide H&amp;S performance. <b>30/04/18</b></p>  | <p>1. Monthly reporting to the ELT &amp; Board through the Quality Report. This commenced in June 2017.</p> <p>2. Monthly update and assurance reports to the ELT about the Health and Safety Action Plan from October 2017.</p> <p>3. Review and oversight by the Corporate Health and Safety Committee and the Quality Oversight Group and monthly CEO Performance Meetings.</p> <p>4. Non Executive Director appointed for Health &amp; Safety.</p>  | 4               | Moderate            |
| 430 | <p>There is a risk that patients could suffer avoidable harm across shift change over periods due to deterioration in response times as a result of reduced resource availability.</p>  | 08/12/2006 |                | 20           | High        | <p>1. Daily focus to place MRU/CRU/TRU/HART and APPs on rest break during rest break window</p> <p>2. Current target in place for 25 DCAs per hour of rest break window to be placed on rest breaks per 12 hour shift</p> <p>3. Management and escalation of staff who actively avoid having a rest break</p> <p>4. Parallel work in progress to protect end of shift times to avoid late jobs (as reasonably possible)</p> <p>5. Robust implementation of the existing rest break policy</p> <p>6. On-going rigorous management of out of service.</p>  | Woodrow, Paul | 09/04/2018       | 12               | Significant          | <p>An end of shift working group which includes trade union representatives commenced in early January and will publish its plan in April 2018. <b>30/04/18</b></p> <p>Formal review of the number of rest breaks/flexible breaks taken with the Director of Operations, Director of People and Organisational Development and trade unions. <b>30/04/18</b></p> <p>Identify 15 - 30 ambulances to provide extra DCA shifts between 11:00 and 23:00 hours (bridging shifts) so that additional cover is in place over the rest break window to protect the allocation of breaks. <b>30/04/18</b></p> <p>The Rest Break Compliance Group is aiming to develop an automated function through NG (the CAD provider) so that rest breaks (on and off station) can be recorded at the touch of a button and mitigate any under recording. <b>31/07/18</b></p>                      | <p>1. Re-focused DDS desk within EOC to allocate rest breaks</p> <p>2. Rest break dashboard developed to give oversight of compliance and performance</p> <p>3. KPIs in place to monitor rest break allocation as part of the Quality Improvement Plan KPI report</p> <p>4. Monthly updates provided to the Operations Board on progress and compliance</p> <p>5. Rest break allocation rates are reviewed at Chief Executive performance reviews</p> <p>6. A task and finish group which includes executive directors, control services managers and medical directorate representatives are monitoring rest break allocation rates and have agreed the actions which are due to be delivered by 1 February 2018.</p> <p>7. An operational roster review has commenced with ten stations due to go live with new rosters in September 2018 with the following 8 group stations going live in March 2019.</p> | 8               | Significant         |
| 630 | <p>We do not have enough qualified Driving Instructors to train the amount of new entrant staff that we employ in emergency response ambulance driving. This has a significant impact on the Trust's Cost Improvement Programme, by having to fund the provision of external Driving Instructors at a representative monthly cost [December 2017] of £57,118, exclusive of VAT.</p>   | 11/05/2017 |                | 20           | High        | <p>Depending on budgetary constraints, we are able to fund the provision of external driving instructors.</p> <p>We are currently developing six clinical Tutors.</p> <p>We have some previous departmental DI trained staff working for us on an occasional basis.</p>  | Ivanov, Tina  | 09/03/2018       | 12               | Significant          | <p>Source DI / tutor job description. <b>Completed</b></p> <p>Advertise additional DI tutor posts. <b>Completed</b></p> <p>Recruit to six driving instructor positions. <b>01/08/18</b></p> <p>Complete JD banding for Driving Instructor Role. <b>Completed</b></p>  | <p>The risk and controls relating to it will be reviewed at the monthly Risk Review meeting.</p> <p>External providers are regularly communicated with to ascertain the ability to cover current and future requirements.</p> <p>The long-term strategy will be discussed at the senior management team meetings.</p>   | 8               | Significant         |
| 116 | <p>There is a risk that there may be insufficient emergency ambulances and cars to meet demands</p>   | 10/06/2016 |                | 16           | High        | <p>1, Forward view of fleet requirement for next 5 years</p> <p>2, Asset management plan in place to ensure that no frontline vehicle is over 7 years old and that unplanned maintenance levels do not adversely affect fleet capacity and the provision of safe environment to operational staff</p> <p>3, Ensure capital investment is committed to support fleet volume and replacement</p> <p>4,External/stakeholder support in place as required</p> <p>5, Maintain a capacity plan based on operational rotas and other frontline vehicle requirements agreed with operations that maintains currency with the operational plan</p> <p>6, Have an agreed vehicle specifications</p> <p>7, Agree and maintain adequate headroom in fleet numbers to manage variation</p> <p>8, BC 140 new vehicles agreed</p> <p>9, DCA and FRU specification signed off</p> <p>10, Revised fleet monitoring</p> <p>11, DCA fleet increased to support VP roll out</p> <p>12, 20 DCA vehicle held back for events/training</p> <p>13, Vehicle allocations to complex being revisited to assess against areas with excessive out of service time.</p> <p>Re-allocation and consideration of holding spares at Sector level to be considered.</p> <p>14, Business case for 140 new ambulances is finalised for submission to TDA by DoF</p> <p>15, DCA &amp; FRU specification agreed &amp; signed off by Head of Fleet and Logistics</p> <p>16, Delivery of 60 new FRUs in 2016</p> <p>17, Development of a bid for 25 APP vehicles</p> <p>18, Development of BC for additional 60 FRU to be planned in for 2017</p> <p>19, BC for DCA approved by NHSI November 2016 impacting on delivery on 16/17</p> <p>20, Review of requirement for IRO's and GSM's</p> <p>21, Draft fleet strategy developed and distributed for comment Nov 2016</p> | Benita Mehra  | 05/04/2018       | 12               | Significant          | <p>Retain up to 50 ambulances following introduction of 140 new vehicles. <b>Completed</b></p> <p>Progress Business Case for further FRU cars. <b>Completed</b></p> <p>Review case to retain ambulances following introduction of 140 new vehicles. <b>Completed</b></p> <p>Retain 20 FRU cars to increase size of fleet to 180. <b>Completed</b></p> <p>Review additional ambulance capacity to support roll out of new Vehicle Preparation Scheme. <b>Completed</b></p> <p>Delivery of 140 new vehicles throughout 2017. <b>Completed</b></p> <p>Draft and implement action plan to ensure all potential capacity can be realised from the existing fleet. <b>05/04/18</b></p> <p>Manage roll out of 60 new FRU cars. <b>29/08/18</b></p> <p><b>This Risk to be reviewed along with 117/120/121 as all are similar in nature and can be combined into a single risk</b></p> | <p>1, Forward view of fleet requirements</p> <p>2, Plan in place to move current fleet to under 7 years</p> <p>3, Capital investment requirement understood and reflected in LTfM</p> <p>4, vehicle specification in place.</p>   | 9               | Significant         |



| ID  | Description  | Opened     | BAF Reference: | Gross Rating | Gross Level | Controls in place  | Manager      | Last review date | Rating (current) | Risk level (current) | Further Actions   | Assurance   | Rating (Target) | Risk level (Target) |
|-----|--|------------|----------------|--------------|-------------|--|--------------|------------------|------------------|----------------------|---|---|-----------------|---------------------|
| 117 | There is a risk that the equipment for front line vehicles may not be properly maintained. This may result in clinical failure due to faulty equipment                   | 21/05/2015 |                | 16           | High        | 1,Replacement equipment budgets in place, process agreed and adhered to.<br>2, Maintenance/Replacement of kit undertaken when required<br>3, Process for maintenance of equipment reviewed<br>4, asset database showing maintenance records  | Benita Mehra | 05/04/2018       | 12               | Significant          | Clarify the risk and totally review. <b>Completed</b><br>Roll out of vehicle preparation project. <b>Completed</b><br>introduce improved asset tracking to improve location tracking of equipment. <b>30/04/18</b><br>This Risk to be reviewed along with 116/120/121 as all are similar in nature and can be combined into a single risk   | Project completion/VP reports (Report due Jan 2016);<br>Contract, VP & Decontamination reports; New process/Fleet Reports and OOS reports   | 6               | Moderate            |
| 120 | There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care | 21/05/2015 |                | 16           | High        | 1, Serial numbers on all re-usable equipment that can be accurately tracked. 2, Agree and set requirements for stock levels on vehicles. Ensure regular monitoring occurs. 3, Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays. 4, Vehicle Preparation HUB scheme in place - vehicles checked nightly for missing equipment. 5.Audit system in place for missing equipment.<br>4, Agree ownership and responsibilities for equipment ensuring that all VP responsibilities are included within the VP contract, to include FRUs and DCAs, ensure equipment is not transferred between vehicles<br>5, Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles. 6, Electronic VDI pilot completed, all equipment has bar code or serial number.<br>7, NE VP pilot rolled out to include secure local equipment stores and day time "Quatermaster" role<br>8, Interserve are providing feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.<br>9, Current VP contract reviewed and any immediate changes are agreed. 10, Planned rollout of complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided completed. 11, Pilot project in NE area to provide and resupply equipment store implemented.<br>12, Business case for the roll out of VP pan London has been agreed. 13, Project board and working groups established. 14, Review of delivery standards completed. 15, New KPIs reported through to QIP<br>16, Deep dive by QIP panel completed. 17, Preparation of tender documents and standard commencing DEC2016. 18, Contract variations being developed to increase scope of works to include FRU and NETS vehicles. 19, Proposal developed for the implementation of a depot based make Ready managers and 2 Make Ready Operations Managers to oversee the delivery of the contractor, coordinate more effectively with Fleet Workshop managers and local operational management teams on a daily basis.<br>20, Additional equipment is being sourced to facilitate the roll out where needed. 21, Vehicle equipment being recovered pan Trust. To date £350K (Nov2016). 22, Implementation of 'managed stock' project across the Trust in line with VP roll out. 23, Approval of BC for new vehicles for delivery during 2017<br>24.VP hub project fully rolled out with nightly audit of equipment and replacement | Benita Mehra | 05/04/2018       | 12               | Significant          | Enhanced daily vehicle check. <b>Completed</b><br>Roll out Vehicle Preparation to rest of service. <b>Completed</b><br>Ensure adequate stocks of consumables and equipment are available to VP staff. <b>Completed</b><br>Fully develop equipment database reports to indicate where any equipment is missing. <b>30/05/18</b><br><b>This Risk to be reviewed along with 116/117/121 as all are similar in nature and can be combined into a single risk</b>                                | 1, Clinical Equipment Group;<br>2, Asset tracking report;<br>3, VP reports;<br>4, VP Contract;<br>5, Equipment Process;<br>6, Project completion<br>7, Board reports and meeting minutes.   | 8               | Significant         |
| 121 | There is a risk that there may be insufficient range and volume of equipment to meet demands. Staff will not have equipment required to provide appropriate patient care | 21/05/2015 |                | 16           | High        | 1. Agreed 'standard load list' of vehicle equipment including re-usable v disposable in place.<br>2. Equipment stock levels agreed and maintained<br>3. Responsibility for each item of equipment clearly defined<br>4. Budget responsibilities for replacement equipment clear<br>5. Review of personal issue kit<br>6, A "core" equipment list for DCA & FRU has been defined and agreed<br>7, Funding for NE Sector Revised Vehicle Prep Pilot - fully managed equipment solution has been agreed.<br>8, An equipment amnesty and physical review all stations and complexes for "retained" equipment has been undertaken.<br>9, A new paper based VP VDI form has been introduced.<br>10, Pilot to assess benefits of VP proposal carried out and documents describing benefit drafted.<br>11, BC for roll out of VP system pan London developed.<br>12, Board approval gained for BC<br>13, Project board and working group developed<br>14, Project plan defined and agreed<br>15, Additional equipment purchased to support roll out<br>16, project reclaiming, decontaminating and resupplying medical equipment established.<br>17, 'Managed stores' system established to support VP and daily supply of medical consumables<br>18, 'Blanket' trial and evaluation established and recommendations developed.<br>19, KPIs developed and monitored for the completion of wash and stocking of vehicles<br>20, Medicines management programme defined encapsulating all aspects of prep, supply and delivery, collection and disposal.<br>21, Development of Bag Review Group in April 2017 working schedule to review and replace modular bags as required and for personal issue equipment to be phased out  | Benita Mehra | 09/04/2018       | 12               | Significant          | Implement enhanced asset tracking system. <b>Completed</b><br>Roll out VP hubs to 14 sites Trust Wide. <b>Completed</b><br>Implement working group to review personal issue kit – check status of any existing work with CEG. <b>Completed</b><br>Embed follow up process for reports on missing equipment to be entered on Datix. <b>01/06/18</b><br><b>This Risk to be reviewed along with 116/117/120 as all are similar in nature and can be combined into a single risk</b>            | 1, Progress made in agreement of core equipment and further equipment amnesty.<br>2, Decontamination of equipment commenced and robust.<br>3, Analysis of asset tracking systems being undertaken.<br>4, VP VDI improved<br>5, Ops VDI process changed and LA1 updated<br>6, required committees and working groups have been established to review | 8               | Significant         |
| 240 | Archiving space for training records is insufficient and now decentralised   | 20/06/2016 |                | 16           | High        | 1) Systems are in place to organise existing documents but don't incorporate new documents   | Ivanov, Tina | 09/03/2018       | 12               | Significant          | Transfer risk to corporate risk register<br>Compose an options paper<br>Construct gating template<br>Paper to ELT.<br>review risk and its activity with Deputy Director, Clinical Education<br>Undertake meeting with external scanning providers<br>Investigate funding stream for external scanning<br>Host meeting<br>Gain formal project management support for this risk<br><b>This Risk to be reviewed along with 302 as similar in nature and can be combined into a single risk</b> | Reviewed at monthly managers meeting  | 8               | Significant         |



Corporate Risk Register as at 6th April 2018

| ID  | Description   | Opened     | BAF Reference: | Gross Rating | Gross Level    | Controls in place   | Manager           | Last review date | Rating (current) | Risk level (current) | Further Actions   | Assurance   | Rating (Target) | Risk level (Target) |
|-----|---|------------|----------------|--------------|----------------|---|-------------------|------------------|------------------|----------------------|---|---|-----------------|---------------------|
| 289 | There is a risk that the management of controlled & non-controlled drugs at Station level is not in accordance with LAS procedure (TP/008 Policy & Procedure for the Use of Medicines by LAS Staff).  | 21/10/2008 |                |              | 16 High        | 1. Policy reminder to be reinforced by bulletins from Director of Operations/Medical Director.<br>2. Independent audits to be carried out throughout the Trust.<br>4. OP30 Policy and procedure for the Ordering, Storage and use of Morphine Sulphate within the LAS has been reviewed and issued.<br>5. Daily audit checks<br>6. The policy itself defines individual responsibility<br>7. Area governance reports to CQSEC<br>8. Mandatory LIN reports to CCG<br>9. Unannounced visits by MPS<br>10. Annual attendance by MMOG to AO update days<br>11. MMOG reports to ELT and Trust Board<br>12. Meds mgt events for Station Group management teams ongoing.<br>13. Seconded paramedic for audit / information collation and staff engagement.<br>14. findings from unannounced MPS visits shared with DDO's and ADO's.<br>15. Medicines management update for CSR2016.1 has been completed.<br>16. LAS pharmacist now in post, has conducted full estate review and has made recommendations on action to be taken.<br>17. Perfect Ward implemented pan-London and audits routinely conducted.<br>18. MedMan drugs usage monitoring portal - completion of form in drugs bag ensures drugs removed from drugs bags have been given to patients, enables drugs can be married up by MI.<br>19. OP079 - produced and signed off - go live 13th Nov policy on the transportation of control drugs (specifically schedule two medicines)<br>20. 'Secure drugs on station' project continues | Woodrow, Paul     | 06/04/2018       | 12               | Significant          | Trust Pharmacist to undertake review of operational estate to access suitability for storage and security of medicines. <b>Completed</b><br>Estates department to review and audit operational sites to look at feasibility of secure drugs rooms with CCTV/swipe card access. <b>Completed</b><br>Review process for managing controlled drugs. <b>Completed</b><br>Convert or create secure drugs rooms in the 24 stations identified for completion by end of 17/18.<br>Funding request for LAS pharmacist and subsequent recruitment to post<br><b>Proposed for de-escalation at Medicines Management Committee on 9 April 2018 to a current rating of 8.</b>   | 1. Internal Audit<br>2. Independent Audit (MET Police carrying out spot checks)<br>3. LIN oversight of system<br>4. MMOG to CQSEC, EMT and Trust Board<br>5. New Medicine Safety Officer will carry out unannounced spot checks and provide feedback  | 8               | Significant         |
| 302 | There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system.<br>NOTE: Risk ID 205   | 01/06/2005 |                |              | 16 High        | 1. Current storage facilities have previously been compliant with IHCD accreditation requirements etc.<br>2. Training attendance records for operational staff are held on PROMIS and GRS databases, with the more recent attendances recorded on OLM (Oracle Learning Management) system   | Ivanov, Tina      | 09/03/2018       | 12               | Significant          | Construct gating template. <b>Completed</b><br>Compose an options paper. <b>Completed</b><br>Undertake meeting with external scanning providers. <b>Completed</b><br>Investigate funding stream for external scanning. <b>Completed</b><br>Host meeting. <b>Completed</b><br>Gain formal project management support for this risk. <b>06/04/18</b><br>Management of student records. <b>06/04/18</b><br><b>This Risk to be reviewed along with 240 as similar in nature and can be combined into a single risk</b>  | Manager Governance responsible for:<br>1) Records are stored safely and securely, are identifiable and easily accessed, and meet all records management policies. 2) Records are archived in a timely manner as per Information Governance policy   | 8               | Significant         |
| 380 | There is a risk that Siemens VDO satellite navigation (SatNav) units in fleet vehicles will become unserviceable due to the age of the units and the withdrawal from the market place of the supplier resulting in increased vehicle out of service (OOS) or delayed response times and impact on operational efficiency.       | 11/06/2014 |                |              | 16 High        | 1. Telent Ltd, (MDT/SatNav maintainer) to investigate alternative break/fix arrangements with a 3rd party.<br>2. Assessment of fault quantities and failure frequencies.<br>3. An audit of available equipment and spares has been conducted showing that current stocks will satisfy LAS requirements (fleet size and complexity) until after the replacement software and hardware is available.  | Fullerton, Ross   | 22/03/2018       | 12               | Significant          | 1. The current MDT software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 2 & 3. <b>30/04/18</b><br>2. Funding has been approved for trial units of the new Sat Nav as well funding for the external specialist developer required to complete 1, above. <b>Completed</b><br>3. Subject to proving the new software and devices are viable, funding will be sought to replace SatNavs across the fleet & undertake appropriate procurement process. <b>Completed</b><br>5. Obtain 2nd hand SatNavs from other Trusts. <b>Completed</b>   | IM&T have reviewed the planned fleet number and composition over the coming 12 months. IM&T have also reviewed the current stock and spares with our managed service provider. The stock and spares currently outweigh the volume of units required.<br>In addition the existing Sat Nav software (Maps) will be updated to ensure currency of data within the vehicles.  | 4               | Moderate            |
| 559 | there is a risk that ongoing delays in ambulance crews handing over their patients at Northwick Park Hospital ED will reduce operational cover in the surrounding area and compromise patient care.   | 05/12/2016 |                |              | 16 High        | 1. Intelligent conveyance desk<br>2. 24/7 monitoring of London EDs by Incident and Delivery Manager (IDM)<br>3. Regular hospital visits by Incident Response Officers<br>4. Regular meetings with NWP and NW SEM<br>5. Trolley bed vehicle can be deployed to EDs where there are significant problems  | Woodrow, Paul     | 22/03/2018       | 12               | Significant          | Hospital Meetings. <b>Completed</b><br>Raise hospital issues at CCG meetings. <b>Completed</b><br>attend daily NWL surge conference calls. <b>Completed</b><br>Daily contact with NWP. <b>Completed</b><br>Staffing of performance cell. <b>Completed</b><br>Attendance at daily LAS performance meetings. <b>Completed</b><br>staff communication. <b>Completed</b><br>Provide updates on NWP patient Cohort nurse. <b>Completed</b><br>Deep dive analysis. <b>Completed</b><br>System review. <b>Completed</b><br>attend meetings. <b>Completed</b><br>Frequent caller activity. <b>Completed</b><br>Standardise ACP. <b>Completed</b><br>raise profile of handover delays. <b>Completed</b><br>work with STP. <b>Completed</b> | 1. Intelligent conveyance report - including crew compliance<br>2. IDM shift report<br>3. Report by exception in the IDM shift report<br>4. feedback at the weekly NW Sector performance meeting<br>5. Strong local links with NWP senior/Exec Management team<br><br>Archived:<br>6. Trust Performance cell running for 16hours daily which monitors ED activity/build up.<br>7. 2 x daily performance meetings/conference calls<br>8. Daily NWL Surge conference calls attended by SEM<br>9. Daily visits/contact with NWP by SEM (completed) | 4               | Moderate            |
| 767 | Due to the vulnerability of sector suppliers following Carillion's demise our incumbent suppliers who provide soft FM and Make Ready could be vulnerable to market volatility leaving the Trust without a service provider at short notice  | 26/02/2018 | 51             |              | 16 High        | Business continuity plan is in place which includes Legal, people, and OD feedback.   | Benita Mehra      | 09/03/2018       | 12               | Significant          | Developing a tender for services which we will take to market in the next four months - <b>June 2018</b>  | The business approach is being discussed with NHSI and the Cabinet Office bi weekly   | 4               | Moderate            |
| 708 | There is a risk that... call answering performance may not be maintained when EMDs are required to remain on the line for some calls where the patient / caller is vulnerable or has complex health needs, meaning the EMD is unavailable to take other calls - this can have a cumulative effect on call answering within EOC. | 27/10/2017 |                |              | 15 High        | 1. EMDs have attended mental health awareness session, as an example of calls which may be protracted (complex needs / vulnerable).<br>2. Mental Health Nurses work in EOC, to assist - as above.<br>3. Positions can be closed to bolster call handling positions.<br>4. New EMD entrants receive guidance and training on how to manage difficult / protracted calls.   | Cranmer, Pauline  | 26/03/2018       | 12               | Significant          | Reviewing types of calls and frequency. <b>Completed</b><br>To review what support can be given in EOC. <b>Completed</b><br>QA to include in their audit/feedback of such calls how long EMDs stay on the line if unnecessarily. <b>Completed</b>   | Further discussion at the Quality and Business Group meeting  | 6               | Moderate            |
| 13  | There is a risk that the Board Assurance Framework and/or the Trust Risk Register may not be up to date because of the delays in or lack of response to requested for information. This can have a negative reflection on the LAS when involving external parties e.g. NHS Improvement  | 27/05/2016 |                |              | 12 Significant | Risk management training sessions for managers was rolled out across the Trust from November 2015 and monthly sessions are still on-going.<br><br>Risk registers are reviewed quarterly by the Governance and Assurance Team and areas of non compliance are reported to the Risk Compliance and Assurance Group.<br><br>The Governance and Assurance Team provide support to areas and directorates through the attendance at meetings and 1:1 support where required.   | Harding, Philippa | 19/03/2018       | 12               | Significant          | Review compliance with the update of Corporate Risks and report compliance to the RCAG - <b>19/04/18</b><br>Review progress with risk management of higher level risks within directorates. <b>Completed</b><br>Audit of local risk registers to be presented to RCAG each month for escalation of non compliance. <b>Completed</b>   | Compliance with the process is reviewed by the Risk Compliance and Assurance Group and areas of non compliance are escalated to the appropriate Directors.  | 4               | Moderate            |

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|-----|---|------------|----------------|--------------|----------------|--|-------------------|------------------|------------------|----------------------|--|---|-----------------|---------------------|
| 28  | <p>There is a risk that voice recordings of 999 calls and radio transmissions more than 2-3 years old cannot be retrieved for the purpose of investigating claims and preparing for inquests.</p> <p>This is contrary to Records Management: NHS Code of Practice which states that the minimum retention period for ambulance records is 10 years. Audio records are covered by the retention schedule.</p> <p>The impact of this may be:</p> <ul style="list-style-type: none"><li>* adverse publicity / reputation</li><li>* court order for specific disclosure which has financial implications;</li><li>* adverse finding by HM Coroner / trial judge;</li><li>* financial implication of settling claim as a result of not having any evidence to rebut allegations which could be disproved with the benefit of accessing voice recordings.</li></ul> | 10/02/2016 |                |              | 12 Significant | Whilst the call log provides a summary of information noted this is not deemed to be an adequate control. Work is being undertaken by IM&T to source parts to keep the system running as and when required   | Harding, Philippa | 08/03/2018       | 12               | Significant          | <p>Speak with IM&amp;T re 111 risk - <b>Completed</b></p> <p>Speak with Pauline Cramer re risk of over-recording - <b>Completed</b></p> <p>Procurement and installation of new equipment - <b>Completed</b></p> <p>Investigate conversion of DAT tapes to a modern media - <b>Completed</b></p>  | IM&T are working on two projects to convert existing tapes and to procure and install new equipment and to investigate conversion of DAT tapes into a modern media  | 8               | Significant         |
| 411 | <p>There is a risk that the lack of ownership of and responsibility for information assets will increase the likelihood of a security breach or data loss incident occurring.</p>   | 08/10/2014 |                |              | 12 Significant | None   | Fullerton, Ross   | 29/03/2018       | 12               | Significant          | <p>Create and launch IA management framework - <b>Completed</b></p> <p>Identify all information assets and owners - <b>01/06/18</b></p> <p>IAO to take control of assets supported by a data breach process - <b>30/10/18</b></p> <p>Identify the IT information assets and owners - <b>Completed</b></p> <p>Introduce a policy to assign an Information Asset owner (individual) to every new and existing IT information asset - <b>Completed</b></p>                              | Risk discussed and monitored by IM&T SMT  | 3               | Low                 |
| 439 | <p>There is a risk that tail lift failures on operational ambulances will impact on patient care.</p> <p>Due to various causes ranging from the age of the operational vehicles, user error electrical, mechanical etc. There has been an increase in the failure rate of tail lifts.</p>   | 07/10/2013 |                |              | 12 Significant | <p>1. All A&amp;E operational vehicles with tail lifts are inspected on an 8 week basis. PTS vehicles on a 26 week basis (Updated 11/15 – S.Westrope amended maintenance schedule for A&amp;E – every 12 weeks).</p> <p>2. Crew staff undertake vehicle daily inspections.</p> <p>3. All tail lifts are inspected in line with Loler compliance. Additionally independent inspections by the Freight Transport Association are undertaken. These are on a 10% inspection basis.</p> <p>4. Reduce age of vehicles as the tail-lift is being used past the “designed life”.</p> <p>5. Ambulance design reviewed to include tail lift (from further actions)</p> <p>6. Alternative tail lift has been fitted to a small percentage of vehicles (from further actions)</p> <p>7. Training programme for workshops on fault finding organised (from further actions)</p> <p>8. Signage placed in Ambulances to indicate the type and correct operation of the tail lift in question. (from further actions)</p> <p>9. Instructional video demonstrating the procedure to operate the tail-lift in an emergency – placed on the “Pulse” June 2015 plus notes in “RIB” (from further actions)</p> <p>10. 104 new A&amp;E Ambulances to replace 67 x 12yr old units.(from further actions)</p> <p>11. new tail lift design being implemented as part of New DCA specification (140 vehicles)</p> <p>Contract management in place</p> <p>Contract let to specialist contractor supporting maintenance</p> | Benita Mehra      | 09/04/2018       | 12               | Significant          | <p>Fit new parts and springs to tail lifts at LOLER safety checks. <b>Completed</b></p> <p>6 week safety check on tail lift. <b>28/05/18</b></p> <p>Fit new springs and covers to vehicles at next service and then at MOT. <b>Completed</b></p> <p>Change tail lift springs annually and place protective cap on mechanism. <b>Completed</b></p> <p>140 new ambulances with new external tail lift I. <b>Completed</b></p>  | <p>1. Motor risk management group review identified incident related to operational vehicles.</p> <p>2. Corporate Health and Safety Group review all incident statistic trends.</p> <p>3. Fleet management meet on a weekly basis and also review vehicle incident rate trends.</p> | 8               | Significant         |
| 448 | <p>There is a risk that... not all EOC functions are able to continue in the event of planned or unplanned CAD outage, as there is insufficient space within the EOC estate. Therefore, some non-critical (but BAU) functions will cease during this time.</p>  | 11/06/2016 |                |              | 12 Significant | <p>Current actions identified are:</p> <p>1. Priority list of NON Critical functions to be stopped is circulated.</p> <p>2. Watch Managers tasked to dynamically assess requirements</p> <p>3. Non-critical EOC functions are now included in the revised OP66 which is pending sign off. (AJE)</p>  | Cranmer, Pauline  | 26/03/2018       | 12               | Significant          | <p>Review of CRITICAL and NON CRITICAL functions of EOC - <b>Completed</b></p> <p>Review of the Trust/EOC Business Continuity Plan - <b>Completed</b></p> <p>Review of EOC estate capacity issues - <b>Completed</b></p> <p>Identify potential suitable sites for expansion, both internally and externally - <b>Completed</b></p> <p>Review relevancy of current dispatch model - <b>Completed</b></p> <p>Review numbers of staff required for each function - <b>Completed</b></p> | <p>Plan for paper operations (OP66) is up to date and is available on The Pulse</p> <p>Dates are planned to test the Control Services plan for paper operations</p> <p>Control Services representation is included in the BC / DR steering group</p>                                | 8               | Significant         |
| 468 | <p>Risk that the communications team is unable to obtain accurate, timely information about casualties from Gold during a major incident, which leads to inaccurate information being put into the public domain, risking a drop in public and stakeholder confidence in our ability to manage major incidents.</p>   | 14/09/2016 |                |              | 12 Significant | <p>1. Communications team attend Gold meetings during a major incident.</p> <p>2. It has been agreed that Gold will be the link for the communications team in terms of providing casualty numbers and details.</p> <p>e. Communications team policy is not to work with the lowest figure provided regarding casualties and provide a round number, for example, over xx casualties.</p>  | Jamie O'Hara      | 17/01/2018       | 12               | Significant          | <p>Meet with Ops to clarify risk and identify mitigation - post RCAG 12 May 2017 - <b>01/02/18</b></p> <p>Request that process re provision of casualty figures is added to major incident plan - <b>31/03/17</b></p>  | <p>This issue has been discussed with former Director of Operations and EPRR lead.</p>  | 6               | Moderate            |
| 475 | <p>There will be a detrimental impact on service delivery targets at times of high demand.</p> <p>Unexpected and unplanned increase in call volume which outstrips staffing capacity may have a detrimental effect on the service delivery.</p>   | 23/09/2016 |                |              | 12 Significant | <p>1. Demand management plan in place to manage acute changes in demand</p> <p>2. Operational managers on duty 24/7 to monitor performance, changes in demand and escalation to relevant parties when required</p> <p>3. On call access to LAS111 senior management, EOC Incident Delivery Managers, Gold on call Directors and NHSE representatives</p> <p>4. Business continuity plan in place with escalation procedure documented</p>  | Daw, Nicholas     | 05/04/2018       | 12               | Significant          | <p>Review of business continuity plan - <b>31/03/18</b></p> <p>Review of staffing forecasting against predicted demand - <b>Completed</b></p> <p>Ongoing recruit to fill vacancies - <b>Completed</b></p> <p>Roster review - <b>30/04/18</b></p> <p>Build break relief into rosters - <b>Completed</b></p> <p>Review of staffing forecasting against predicted demand - <b>Completed</b></p> <p>Review Recruitment Plan for 111 - <b>Completed</b></p>                               | <p>1. Current staffing matched against forecast planning</p> <p>2. Continual use of agency staff to cover gaps</p> <p>3. Roster review commenced to include training and relief addition to forecast.</p>   | 8               | Significant         |
| 580 | <p>There is a risk that the Attobus MPC-2 Mobile Data Terminals (MDT), currently installed in fleet vehicles will become unserviceable. This is due to the age of the units and the withdrawal from the market place. This would result in delayed response times, impacting on operational efficiency, and the potential for vehicles to remain Out of Service (OOS) if the existing unit cannot be repair and no other spare unit is available.</p>   | 16/01/2017 |                |              | 12 Significant | <p>The current spares holding is at an acceptable 10% of the active fleet. Approx. 70 units.</p> <p>This is actively monitored by the third party supplier Telent.</p> <p>However, if fleet planned to grow the number of frontline vehicles and require additional units, the likelihood score will increase.</p>   | Fullerton, Ross   | 26/01/2018       | 12               | Significant          | <p>Confirm Telent spares stock</p>   | <p>Telent are under contractual obligation to manages the MDT assets.</p>   | 3               | Low                 |
| 675 | <p>There is a risk that the management of the student journey is reduced due to the reliance on local databases for recording activities, leading to decreased accuracy in, and restricted accessibility to, progress details.</p>  | 19/09/2017 |                |              | 12 Significant | <p>Recording of all activities on a student database, held centrally.</p> <p>Utilising other electronic systems where possible such as OLM, ESR, GRS and Moodle</p> <p>Scanning and electronic storing files and copies of documents in common drives</p>  | Ivanov, Tina      | 09/03/2018       | 12               | Significant          | <p>Complete procurement - <b>26/03/18</b></p> <p>Set up a meeting for a demonstration of the Intrepid database- <b>Completed</b></p>   | <p>Standardisation committee</p> <p>Credentialing committee</p>   | 3               | Low                 |

| ID  | Description  | Opened     | BAF Reference: | Gross Rating | Gross Level       | Controls in place   | Manager           | Last review date | Rating (current) | Risk level (current) | Further Actions   | Assurance   | Rating (Target) | Risk level (Target) |
|-----|--|------------|----------------|--------------|-------------------|---|-------------------|------------------|------------------|----------------------|---|---|-----------------|---------------------|
| 678 | <p>Risk of physical and non-physical assault to frontline staff who come into contact with patients and members of the public during the course of their work.</p> <p>The impact of these incidents include:</p> <ol style="list-style-type: none"><li>1. Emotional, psychological distress to staff members.</li><li>2. Physical harm/injury to staff members where they are physically assaulted..</li><li>2. Loss/decline of staff morale.</li><li>3. Increase in staff absences thereby impacting on service delivery.</li><li>4. Negative reputational damage to the LAS as an employer.</li><li>5. Increase in claims and litigation to the Trust.</li></ol> | 20/09/2017 |                |              | 12<br>Significant | <ol style="list-style-type: none"><li>1. Security Management Policy implemented.</li><li>2. Violence Avoidance and Reduction Procedure in place.</li><li>3. Incident reporting system in place to enable the prompt reporting, investigation and management of incidents.</li><li>4. Local management support, LINC and counseling services are available to staff.</li><li>5. Monitoring of incidents via the Trust's Health &amp; Safety Committee where incident trends are reviewed and actions agreed to mitigate risks to staff.</li><li>6. Specialist advice available across the Trust via the LSMS and Health, Safety &amp; Security Team.</li><li>7. High risk address flagging procedure in place and communicated to all relevant staff.</li><li>8. Air Wave radios and panic alarm systems implemented for all front-line staff.</li><li>9. Where appropriate, IRO and Police support available for staff.</li><li>10. Operational monitoring of incidents at Sector Level through the QGAMs and GSMs.</li><li>11. Conflict resolution training is provided to all frontline staff at induction and refreshed every 3 years.</li><li>12. Obstructing Emergency Worker legislation in place.</li><li>13. Post Violence Support Procedure in place to support staff.</li><li>14. Stab vest and relevant PPE are provided to A&amp;E and NETs staff.</li><li>15. H,S &amp; S Team pro-actively monitors all incidents reported to ensure appropriate follow up, investigation, and share lessons/alerts across the Trust.</li><li>16. LSMS ensures regular communication and follow up of incident trends with Sector QGAMs, GSMs and staff.</li><li>17. H,S&amp;S Department to provide extra training to Team Leaders who will support staff affected by incidents where requested.</li><li>18. Trust-wide lone working arrangements and risk assessments reviewed and implemented.</li></ol> | Bain, Trisha      | 06/04/2018       | 12               | Significant          | <p>H&amp;S Team to liaise with Wellbeing Team regarding the implementation of stress audits. Stress work group being formed. - <b>30/08/18</b></p> <p>LSMS to work with Training/Operations regarding the timely issue of stab vests to new starters. - <b>30/04/18</b></p> <p>H&amp;S Team to support Ops with implementing lone working arrangements across the Trust with the view of implementing robust risk assessments that addresses the risks associated with lone working. - <b>30/04/18</b></p> <p>H&amp;S Team to incorporate security training into the Trust H&amp;S Induction Training Sessions. - <b>30/04/18</b></p> | <ol style="list-style-type: none"><li>1. Incidents reported on the Datix System.</li><li>2. Monitoring of Incident reports by Corporate Health &amp; Safety Committee.</li><li>3. Periodic review of High Risk addresses by the Operations Team.</li></ol>  | 6               | Moderate            |
| 681 | <p>There is a risk that the Trust will be unable to meet it's statutory RIDDOR reporting requirements due to:</p> <ol style="list-style-type: none"><li>1. lack of a timely and consistent process for escalating/reporting incidents from stations to the Health, Safety &amp; Security Team.</li><li>2. delayed reporting of incidents received or reported retrospectively.</li></ol>   | 20/09/2017 |                |              | 12<br>Significant | <ol style="list-style-type: none"><li>1. Daily monitoring of Datix incident reports to highlight and follow up on likely RIDDOR incidents.</li><li>2. Support and expertise available from the Health and Safety Team.</li><li>3. Training provided to all Team Leaders and Managers as part of the Managing Health &amp; Safety course.</li><li>4. Highlight reports from GRS relating to staff members who are injured at work.</li><li>5. Datix incident reporting system in place to capture RIDDOR incidents when reported across the Trust - all paper reporting forms withdrawn.</li><li>6. Monitoring of RIDDOR incidents through the Corporate Health and Safety Committee.</li><li>7. Trust wide Sector based H&amp;S reports provided to ELT and to Trust Senior Management.</li><li>8. Bulletin and communications sent out to all staff via the RIB to increase awareness of RIDDOR reporting.</li><li>9. Datix system updated with guidance to support staff when reporting RIDDORs.</li><li>10. Regular review of RIDDOR reporting performance at monthly Sector Governance Meetings.</li></ol>  | Bain, Trisha      | 06/04/2018       | 12               | Significant          | <ol style="list-style-type: none"><li>1. H&amp;S Team to reinforce the importance of reporting incidents to staff through training, bulletins etc.. <b>30/04/18</b></li><li>2. Corporate health &amp; Safety Committee to monitor overdue/outstanding incident investigations and escalate to relevant managers to ensure closure. <b>Completed</b></li></ol>   | <ol style="list-style-type: none"><li>1. Review and oversight of RIDDOR incident reporting by the Corporate Health and Safety Committee.</li><li>2. Gaps in RIDDOR reports provided to Committee due to the timeliness of identifying RIDDOR Incidents and reporting to the HSE.</li></ol>  | 3               | Low                 |
| 699 | <p>The Supplier of the Redbox recording system for 999 and 111 calls, does not proactively, manage O/S and security updates from Microsoft.</p> <p>Therefore if Microsoft release a security update for its servers or an O/S patch. Redbox do not test these patches or updates first to ensure that they will work with a customers configuration. Therefore the customer takes the risk of applying these patches/ OS upgrades and if they cause an issue only at that time will Redbox work with us to produce a solution.</p> <p>We do not have a test environment currently in place to test any new patches or O/S updates</p>                              | 11/10/2017 |                |              | 12<br>Significant | <p>A test environment will need to be put in place to ensure that any updates from Microsoft for their servers can be tested before being released to the Redbox servers</p>  | Downard, John     | 30/01/2018       | 12               | Significant          | <p>A test environment to be provided to test new patches.</p>   | <p>A test environment will ensure that we can control and test and patches in a safe environment.</p>   | 4               | Moderate            |
| 246 | <p>There is a risk that... the Trust will not be able to maintain a full patient record (and manage quality and standards), should the 999 recording system fail into and out of the EOCs.</p>   | 15/03/2012 |                |              | 15<br>High        | <ol style="list-style-type: none"><li>1. Review by IM&amp;T of all lines to be recorded and provision of extended service to EBS</li><li>2. Testing of recording at Bow to ensure consistency of service</li></ol>  | Fullerton, Ross   | 26/03/2018       | 10               | Significant          | <p>Provide links for Access to Airwaves recordings via Redbox. <b>Completed</b></p> <p>Ongoing monitoring of the system, particularly at Bow, where problems have been experienced. <b>Completed</b></p> <p>IM&amp;T to work to ensure all critical lines recorded at both sites. <b>31/07/18</b></p>   | <ol style="list-style-type: none"><li>1. On-going monitoring of the system, particularly at Bow, where problems have been experienced.</li><li>2. IM&amp;T to work to ensure all critical lines recorded at both sites</li></ol>  | 5               | Moderate            |
| 712 | <p>There is a risk that the Trust remains subject to Special Measures as a result of not having made sufficient sustained improvement in its CQC ratings</p>   | 17/11/2017 |                |              | 15<br>High        | <p>Quality Improvement Programme</p>  | Harding, Philippa | 10/04/2018       | 10               | Significant          | <p>Additional activities required to successfully complete the Quality Improvement Programme</p> <p><b>Following high level feed back received from the CQC in March 2018 it is not anticipated that the Trust will remain in special measures and therefore this risk can be de-escalated.</b></p>   | <p>On-going reporting to the Board and ELT</p> <p>CQC re-inspection in Q4 2017/18</p>   | 10              | Significant         |
| 775 | <p>Current UPS capacity is insufficient to meet building supply demand and equipment condition is deteriorating; requiring upgrade and repair. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&amp;T data and telephony services and interrupt EOC services at Bow until repairs are undertaken.</p>  | 16/03/2018 |                | 50           | 15<br>High        | <p>Reduction in UPS dependence by transfer of demand to non-essential supply (where possible)</p> <p>Maintenance of existing UPS equipment</p> <p>Design of new provision and purchase of upgrade equipment</p> <p>Engagement with UKPN to mitigate risks associated with essential network repairs or known service interruptions</p> <p>- Schedule of OP66 events (2018) - 17/04, 19/06, 07/08, 24/10</p>   | Benita Mehra      | 06/04/2018       | 10               | Significant          | <p>Project team in place to investigate/manage upgrade project and identify window for upgrade works - <b>Completed</b></p> <p>IM&amp;T migration programme to Cloud based services - <b>Sep 2018</b></p> <p>Development of EOC Business Continuity Plan - in progress</p> <p>Ongoing investigations to consider interim repairs - <b>May 2018</b></p>  | <ul style="list-style-type: none"><li>- Ongoing monitoring of UPS demand</li><li>- No degradation of service experienced during unplanned network power outage (18/02/18)</li><li>- UPS maintenance contract in place</li><li>- Generator maintenance and test schedule in place</li><li>- Regular Project Group meetings</li></ul> | 5               | Moderate            |
| 481 | <p>Limited live reporting tools are available to 111 operational management (wallboard, Individual Monitoring etc.)</p> <p>The performance wall board used to monitor the number of calls waiting to get through to LAS111, the abandonment rate, SLA and staff activity by skill set has not been available since the 31st March 2016.</p> <p>This impacts the Operations Supervisors ability to proactively manage service demand. There is a risk that calls waiting to get through to LAS111 will be delayed.</p>  | 23/09/2016 |                |              | 10<br>Significant | <p>Operations Supervisors use 'calls waiting' metric to monitor real service access, this is present on the current iteration of the wallboard. Also in use is the additional functionality within Cisco Supervisor Desktop (CSD)- this allows ops supervisors to measure staff 'not ready' status.</p>   | Fullerton, Ross   | 05/04/2018       | 10               | Significant          | <p>To install new visual man agent tools within the SEL 111 contact centre <b>Completed</b></p> <p>NWAS Visit - <b>Completed</b></p> <p>Add evidence from NWAS visit to risk record - <b>23/03/18</b></p>   | <p>There is a known problem whereby the reports that are available are not updating in a timely way. This is with principle suppliers for further investigation under problem ref. 40010105 **This has been resolved - JW 11/04/2017**</p>  | 2               | Low                 |



|                          |   |                  |                          |                    |
|--------------------------|---|------------------|--------------------------|--------------------|
| <b>Report to:</b>        | Trust Board   |                  |                          |                    |
| <b>Date of meeting:</b>  | 24 April 2018   |                  |                          |                    |
| <b>Report title:</b>     | Serious Incident Update                               |                  |                          |                    |
| <b>Agenda item:</b>      | 08  |                  |                          |                    |
| <b>Report Author(s):</b> | Michael Ward, Head of Quality, Governance & Assurance |                  |                          |                    |
| <b>Presented by:</b>     | Trisha Bain, Chief Quality Officer                    |                  |                          |                    |
| <b>History:</b>          | Executive Leadership Team                             |                  |                          |                    |
| <b>Status:</b>           | <input checked="" type="checkbox"/>                   | <b>Assurance</b> | <input type="checkbox"/> | <b>Discussion</b>  |
|                          | <input type="checkbox"/>                              | <b>Decision</b>  | <input type="checkbox"/> | <b>Information</b> |

## Background / Purpose:

The purpose of this document is to summarise the findings from the quarter four thematic review and compare these findings with those from the quarter two and three review. The thematic review analysed serious incident activity across the Trust and each STP/Sector.

The document will provide an overview of the main contributory factors that influence serious incidents and the actions taken by the Trust to address recurring themes.

## Recommendation(s):

The Board is asked to note the information provided within this report.

## Links to Board Assurance Framework (BAF) and key risks:

N/A

## Please indicate which Board Assurance Framework (BAF) risk it relates to:

|                                |                                     |
|--------------------------------|-------------------------------------|
| <b>Clinical and Quality</b>    | <input checked="" type="checkbox"/> |
| <b>Performance</b>             | <input type="checkbox"/>            |
| <b>Financial</b>               | <input type="checkbox"/>            |
| <b>Workforce</b>               | <input type="checkbox"/>            |
| <b>Governance and Well-led</b> | <input checked="" type="checkbox"/> |
| <b>Reputation</b>              | <input checked="" type="checkbox"/> |
| <b>Other</b>                   | <input type="checkbox"/>            |

## This paper supports the achievement of the following Business Plan Workstreams:

|   |                                     |
|---|-------------------------------------|
| <b>Ensure safe, timely and effective care</b>             | <input checked="" type="checkbox"/> |
| <b>Ensuring staff are valued, respected and engaged</b>   | <input type="checkbox"/>            |
| <b>Partners are supported to deliver change in London</b> | <input type="checkbox"/>            |
| <b>Efficiency and sustainability will drive us</b>        | <input type="checkbox"/>            |

# Serious Incidents Update Quarterly Review: Q4

## Introduction and Background

1. This paper includes a thematic review of serious incidents closed and submitted to the Trust's Clinical Commissioning Group (CCG) in Q4 specifically focusing on serious incidents (SI) by category and key contributory factors.

## Context

2. Of the 113 incidents presented to the Serious Incident Group (SIG) in Q4, 32 were declared as SIs. Of these, 16 investigations have been completed and submitted to the CCG. Of the 16 investigations, five have been approved as closed by the CCG. The average time for commissioners to sign off and close a report is currently 16 days (range 7 to 23). The CCG have a target of 20 calendar days to provide comments back to the Trust for clarification or amendment. Any comments referred to the Trust must be answered within 10 working days prior to the CCG agreeing closure of the investigation.
3. The Trust's current position on meeting the 60 working day target for submitting SI reports is 100%.

## Thematic Review (comparison Q1 – Q4 2017/18)

### Serious Incidents by CCG and STP/Sector

4. The following graph illustrates the distribution of submitted SIs across the STPs/Sectors. To note, 5 were declared that were related to EOC.
5. Fig 1 shows a decrease in serious incidents in North Central and South West sectors with an increase across the North West and the Emergency Operations Centre (EOC). During the months of February and March the Trust was made aware of a number of emergency calls that had resulted in a delayed response. A number of reports were received by a London hospital highlighting delays to patients with a cardiac presentation. This was initially recorded as a delayed response by EOC however this may change at the conclusion of the investigation. For example, the delay may relate to operational issues rather than a dispatch delay. We have reviewed the categories use to record incidents and have included an addition discriminator to describe issues relating to resource availability. This will lead to improved accuracy when assigning SIs to sectors and services.

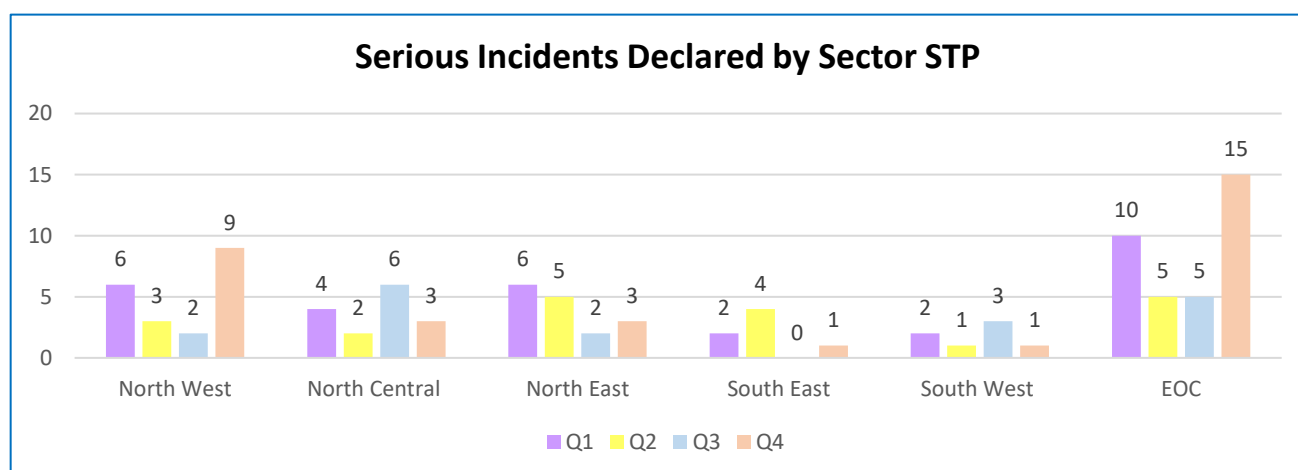


Figure 1: Serious incidents submitted to CCG - by STP/Sector 2017/18

Fig. 2 below demonstrates the distribution of serious incidents by CCG.

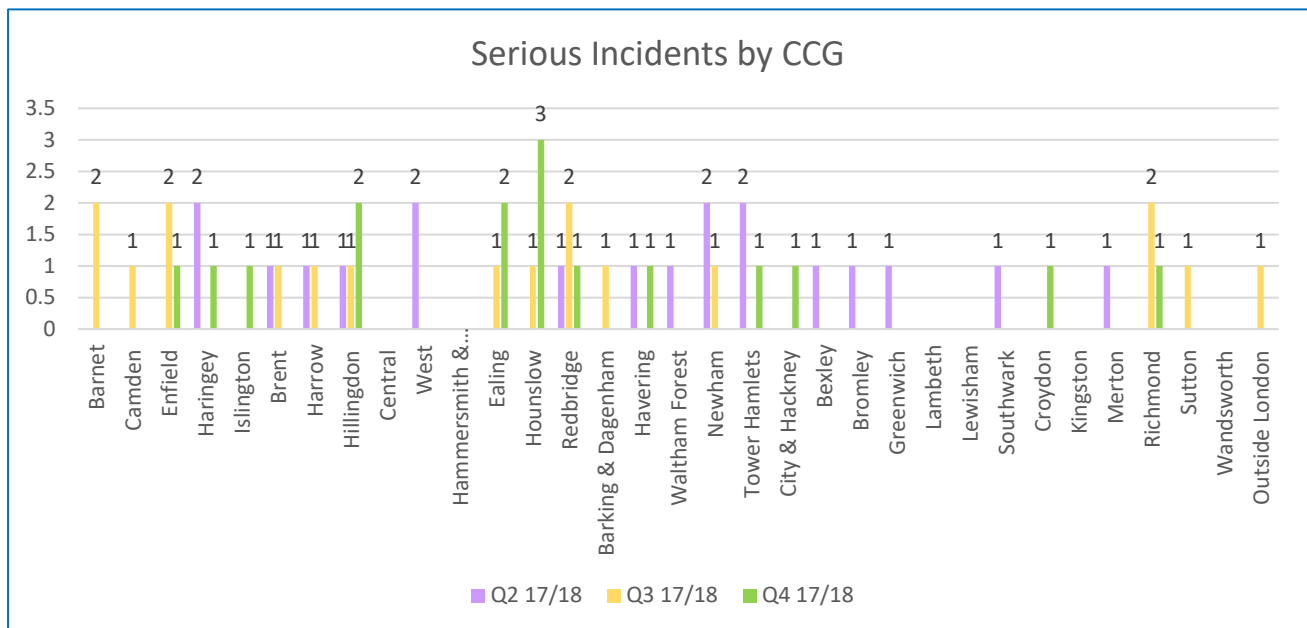


Figure 2: Serious Incidents by CCG Q2 – Q4 2017/18

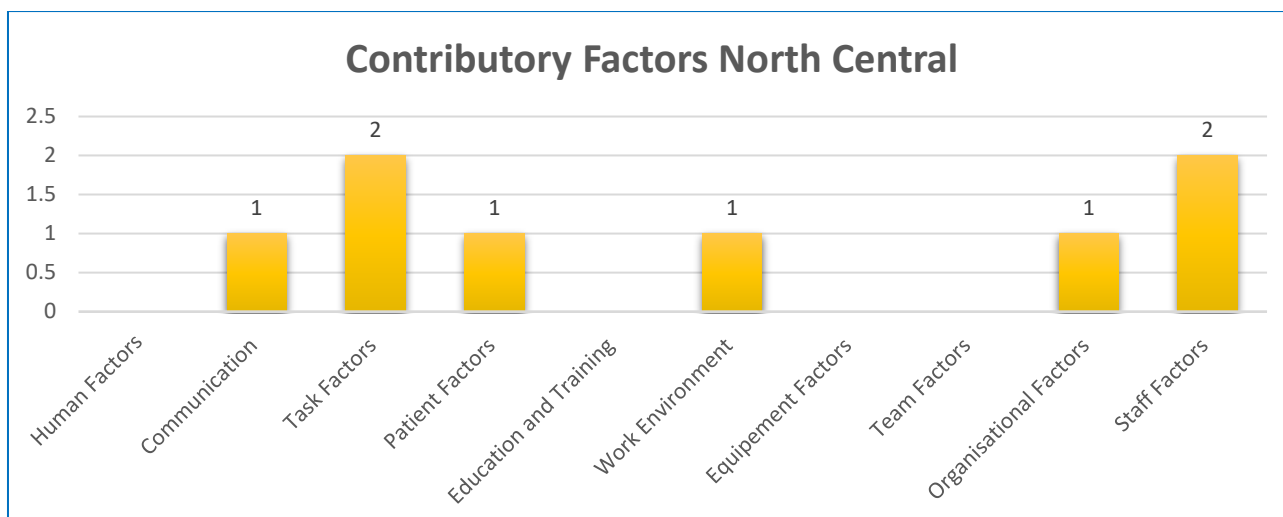
### Contributory factors by STP/Sector

- The following graphs demonstrate contributory factors from completed SI investigations by STP/Sector. There were no SI's completed in the South East sector by the time this report was written and therefore will not be included.

#### North Central

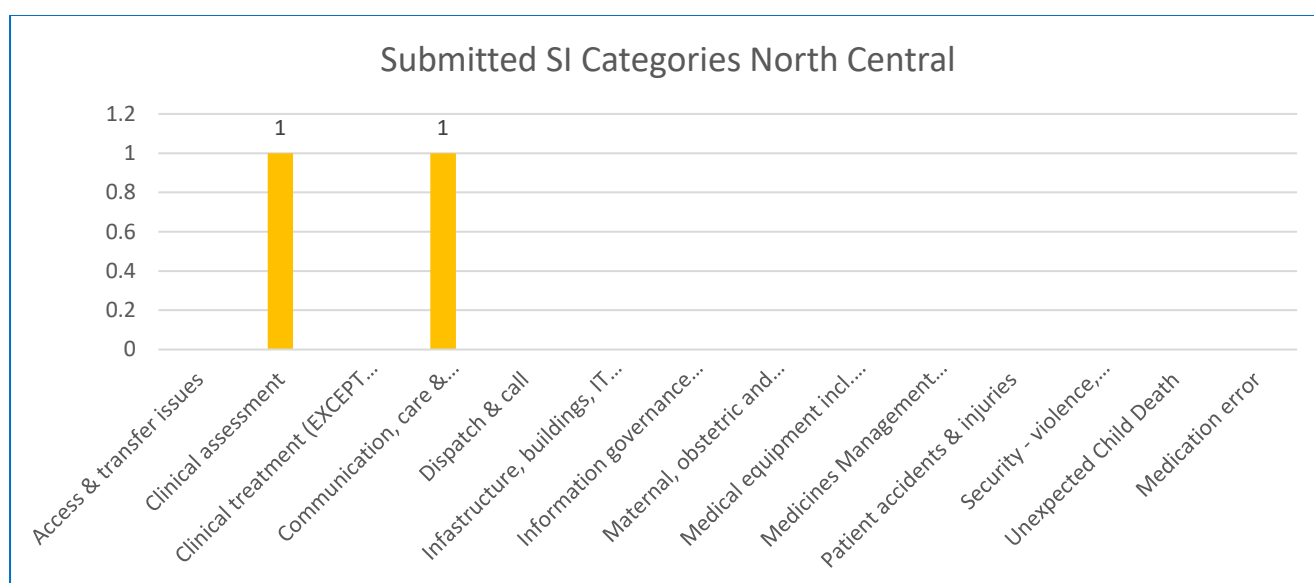
- A total of three serious incident investigations were closed from the North Central sector during Q4. From the investigations, task and staff factors were identified as the main contributory factors.
- Investigations found that confirmation bias in clinical staff resulted in inappropriate clinical decisions being made in relation to non-conveyance decisions. In one case the attending crew were falsely reassured that the patient's abnormal behaviour was the result of alcohol intoxication rather than an underlying head injury.





**Figure 3: Contributory Factors in North Central (Q4)**

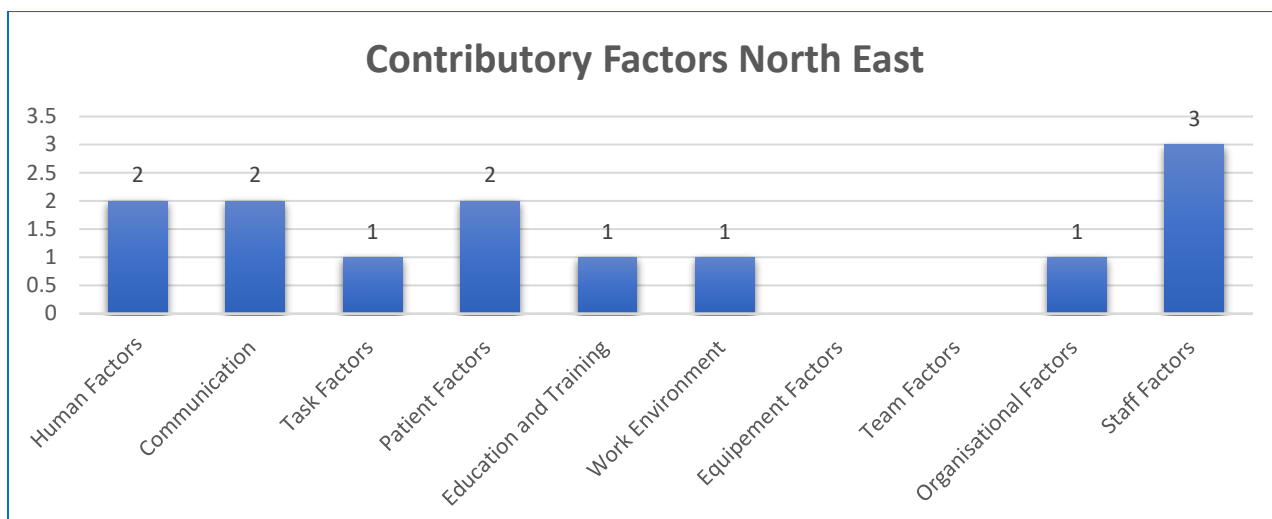
9. Task factors concerned a lack of organisational experience amongst the clinical staff whereby the crew were unaware of the different pathways available to access support on scene (namely Toxbase) when attending a patient who had taken an accidental overdose of medication.



**Figure 4: Submitted SI categories in North Central (Q4)**

## North East

10. A total of three SI investigations were completed and submitted to the CCG from the North East sector during Q4. Of these investigations staff factors were considered to be the main contributory factors which influenced the root cause of an incident. Human factors, communication and patient factors have all increased from the previous quarter.



**Figure 5: Contributory Factors in the North East (Q4)**

11. Staff factors concerned clinical staff becoming task focussed on scene resulting in other clinical interventions being delayed or missed and external influences guiding clinical decision making. On one occasion the attending crew were working alongside a Doctor. The Doctor requested a specific course of treatment that, whilst the method of delivery was within a paramedic scope of practice, the course of treatment followed by discharge was not. This incident highlighted a need for clarity within the Trust policy on its position regarding working under the guidance from a more senior clinician.
12. Additional staff factors were linked to human factors. Staff were experiencing personal difficulties which negatively impacted their concentration at work and resulted in errors being made.
13. Communication concerns were predominantly on scene between the ambulance clinicians in attendance or the communication between the ambulance clinicians and another health care professional. In both cases there was a lack of clear clinical leadership.
14. Two cases involved patients with complex medical histories. One patient would have benefited from a care plan which would have assisted the attending crews and the patient's family in managing their condition more effectively. The second patient had recently been discharged from hospital following surgery. It appeared as though the patient had been over coagulated prior to discharge.



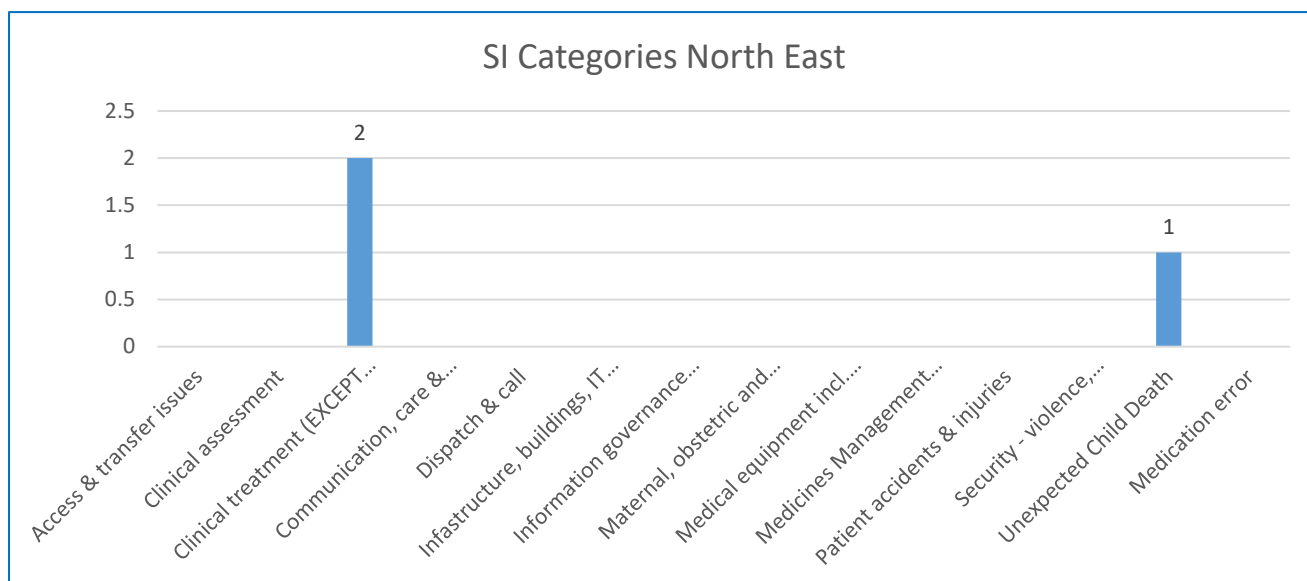


Figure 6: SI categories in the North East (Q4)

## North West

15. Of the four serious incident investigations that took place in the North West task factors was again highlighted to be the main influence to the root cause of an incident.

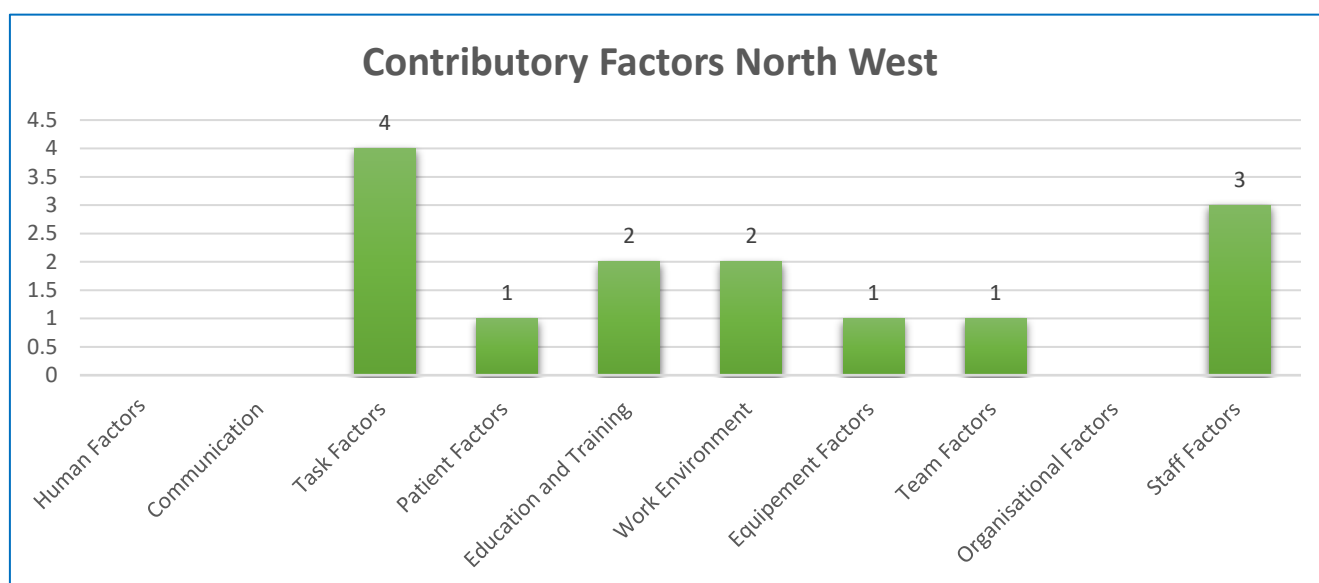
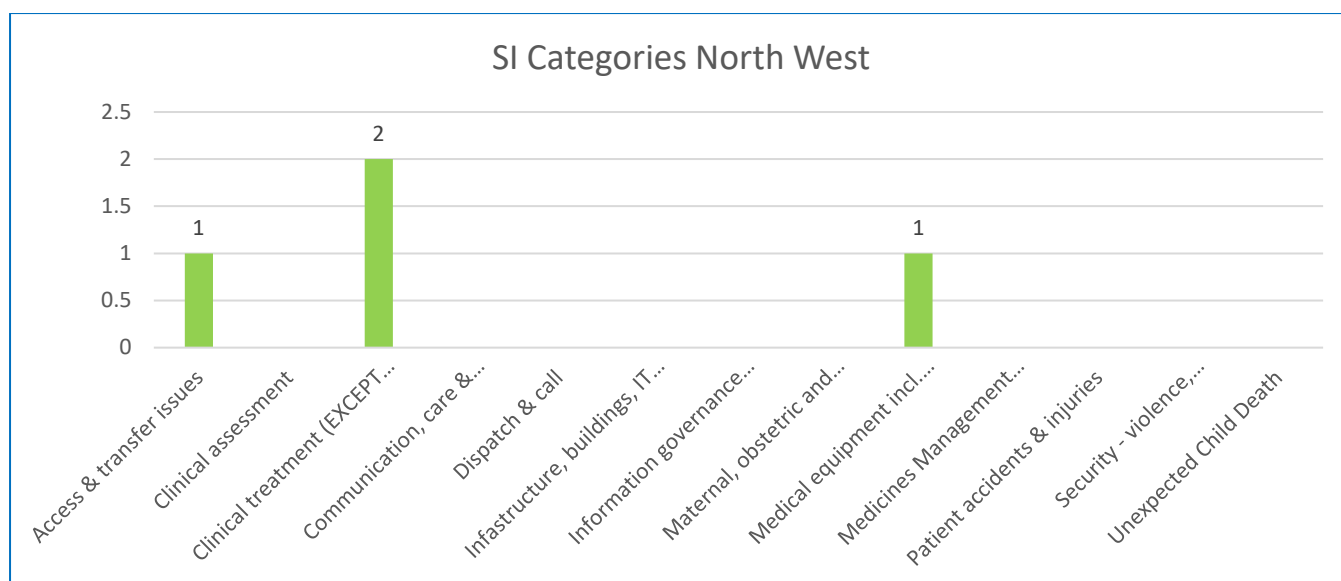


Figure 7: Contributory factors in the North West (Q4)

16. Task factors in the North West were predominantly around complex medical presentations; for example one patient had a particularly difficult airway to manage. The second theme concerned clinical guidance that did not cover a particular situation and/or the attending clinical crews being unaware of the correct pathways to follow to access support on scene.

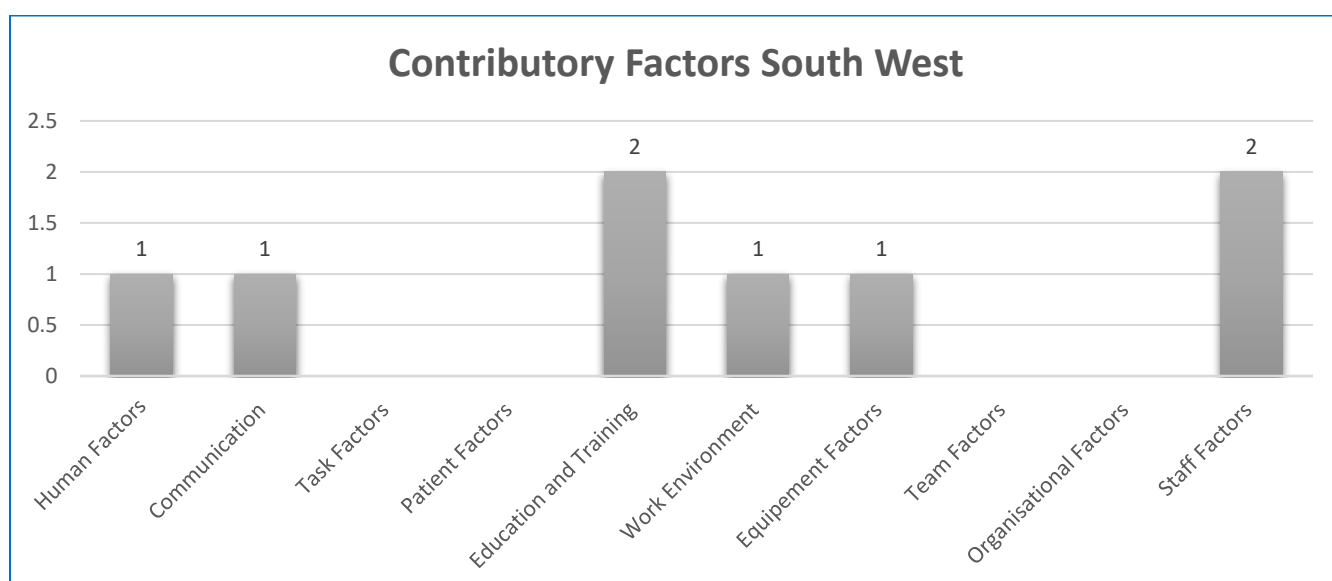
17. Staff factors concerns clinical staff becoming task focussed which resulted in other clinical interventions being missed and/or a lack of adherence to clinical protocols.



**Fig. 8: SI categories in the North West (Q4)**

## South West

18. Of the SI that was investigated in the South West and submitted to the CCG, a new contributory factor of education and training issues was highlighted.



**Figure 8: Contributory factors in the South West (Q4)**

19. The investigation concerned the management of ventricular fibrillation in patients in cardiac arrests. The investigation highlighted that staff failed to recognise the presence of ventricular fibrillation and misinterpreted the presenting cardiac arrest rhythm. Additionally the investigation identified a lack of experience in the attending paramedics taking a clinical lead role during cardiac arrest incidents.
20. Staff factors linked with communication concerns and highlighted ineffective communication between clinical staff on scene across clinical grades resulted in poor decision making.

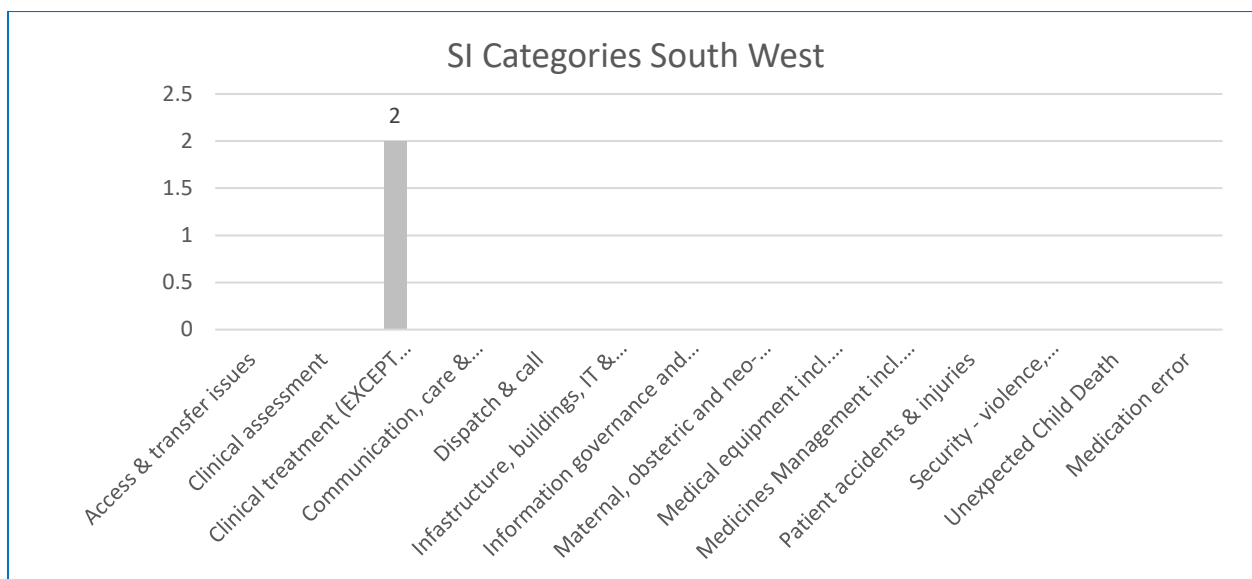


Figure 9: SI categories in the South West (Q4)

### Emergency Operations Centre (EOC)

21. Of the five investigations with an EOC focus, organisational factors were considered to be the main influence of the root cause of an incident. All five of the investigations noted a lack of staffing within EOC and/or a lack of operational resources contributed to the outcome of the patient.
22. Additionally two of the five investigations highlighted errors in the management of the 999 call. One was closely related to staff factors as the member of staff disclosed some personal difficulties that had occurred at/around the time of the incident which had impacted their concentration. The second noted that the management of the call could have been improved with the use of language line.

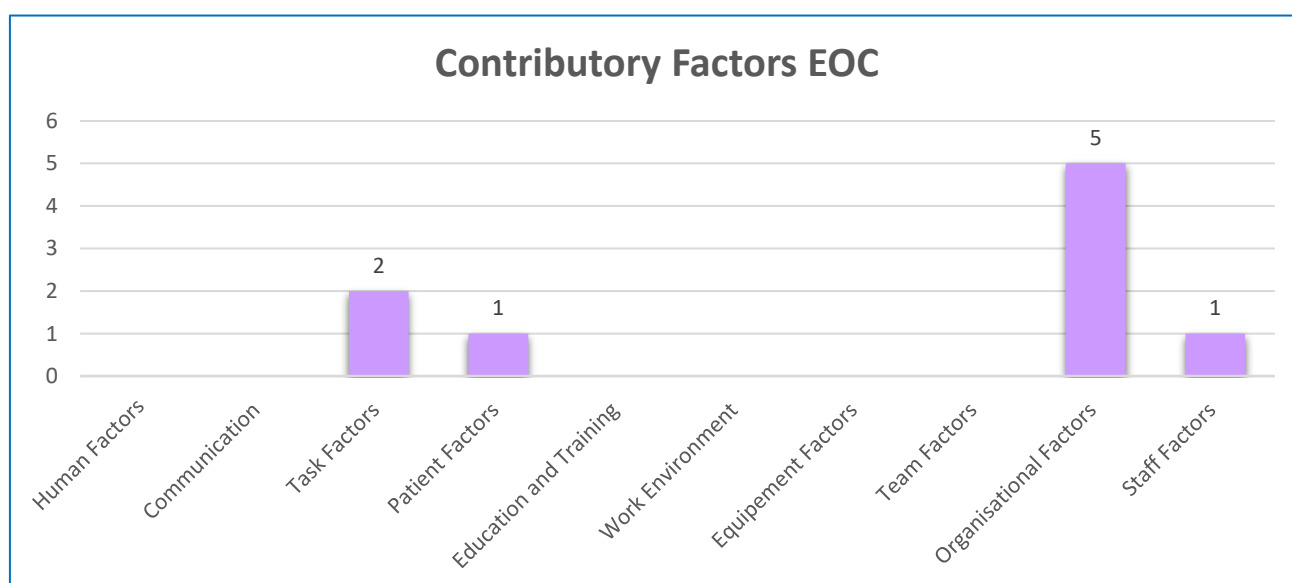


Figure 10: Contributory factors in EOC (Q4)

## Overarching Serious Incident Themes Q4

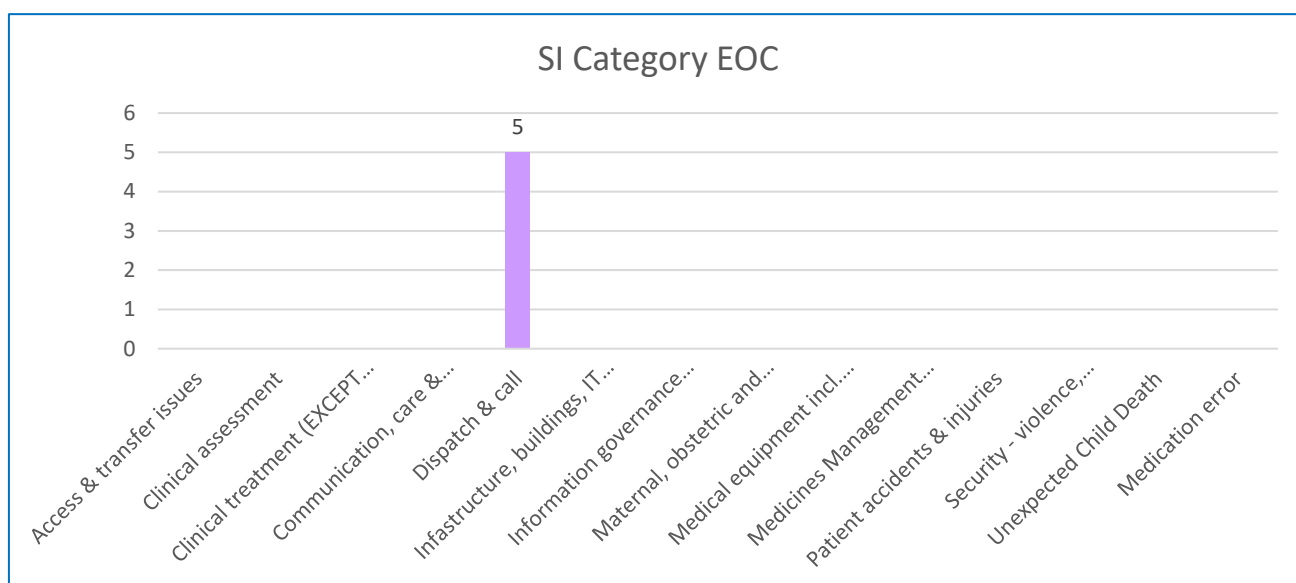


Figure 11: SI categories in EOC (Q4)

23. Following on from the previous thematic review there has been a reduction in clinical treatment errors from Q3 (n=7) to Q4 (n=6). Dispatch and call handling errors remain unchanged from Q3 to 4.

## Overarching categories of serious incidents across the Trust (Q2 – Q4)

24. The main categories identified during Q4 continued from the thematic reviews for Q2 and Q3:

| Category           | Q2 | Q3 | Q4 |
|--------------------|----|----|----|
| Dispatch and Call  | 7  | 6  | 6  |
|                    |    |    |    |
| Clinical Treatment | 7  | 7  | 6  |

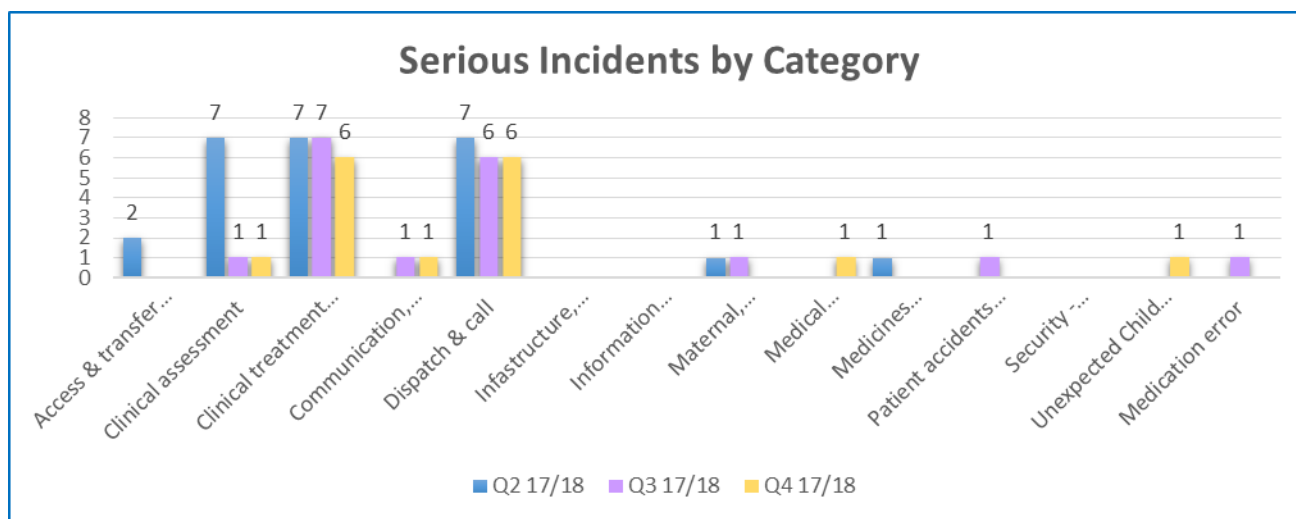


Figure 12: Serious Incidents by Category

### **Dispatch and Call Issues (n=6) Q4**

25. A review of the contributory factors that have influenced the root cause of incidents relating to dispatching resources and managing 999 calls highlighted mainly organisational concerns related to staffing levels. This is a new contributory factor from the reviews over Q2 and Q3 which identified task and staff factors along with the working environment.
26. All of the investigations concerning EOC (n=5) identified a lack of staffing within EOC and operational resources as being a contributory factor to the root cause. In two of the five investigations a lack of resources and EOC staff were identified to be the root cause of the incident.
27. Additional concerns related to service demand, the current resourcing model not aligning with ARP and issues managing complex 999 calls.
28. A recurrent theme specifically concerning the Trusts response to patients with chest pain, identified two MPDS determinants that required a different emergency response profile. As a result Allocators now have the option to dispatch an emergency solo responder to these determinants should an ambulance resource not be immediately available.
29. Additionally, the Clinical Hub were tasked to provide a Clinical Advisor to oversee category two calls which were awaiting an emergency response with the option to undertake a clinical telephone assessment should they have clinical concerns regarding the condition of the patient.

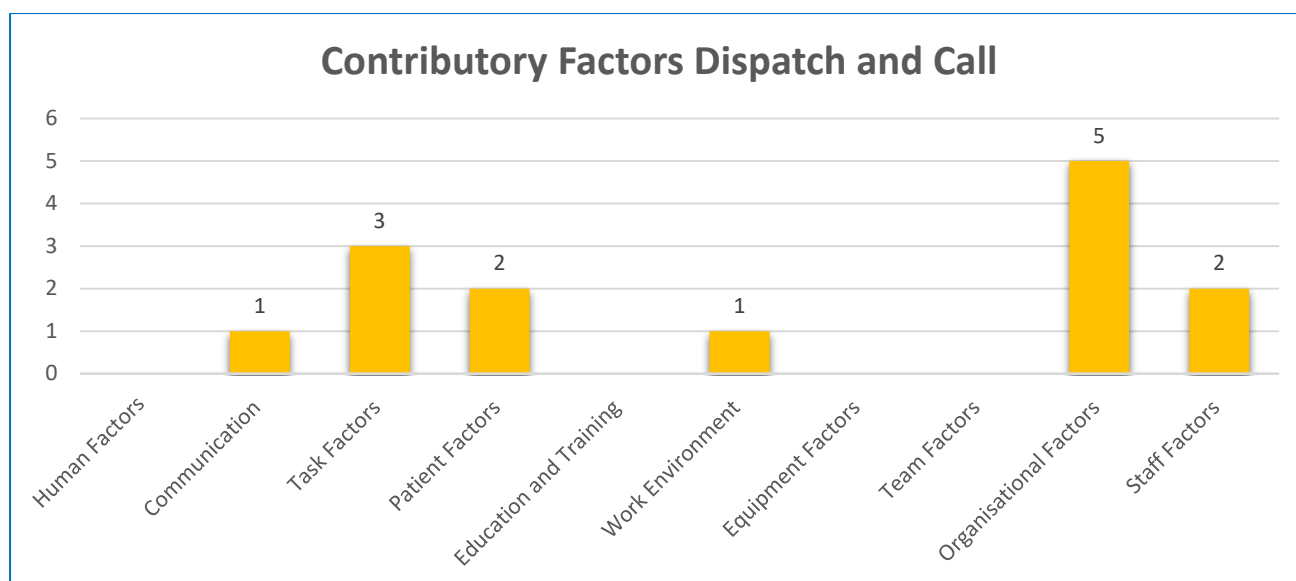


Figure 13: Contributory factors relating to dispatch and call serious incidents (Q4)

### **Clinical Treatment Issues (n=6) Q4**

30. Of the six SI investigations undertaken relating to clinical treatment errors, a review of the contributory factors showed that issues relating to staff factors and education and training were considered to have contributed to the root cause of the incidents.
31. We have seen a reduction in patient factors from Q3 (n=6) to Q4 (n=3) and task factors (Q3 n=5 to Q4 n=3). There has been an increase in communication difficulties and work environment factors.

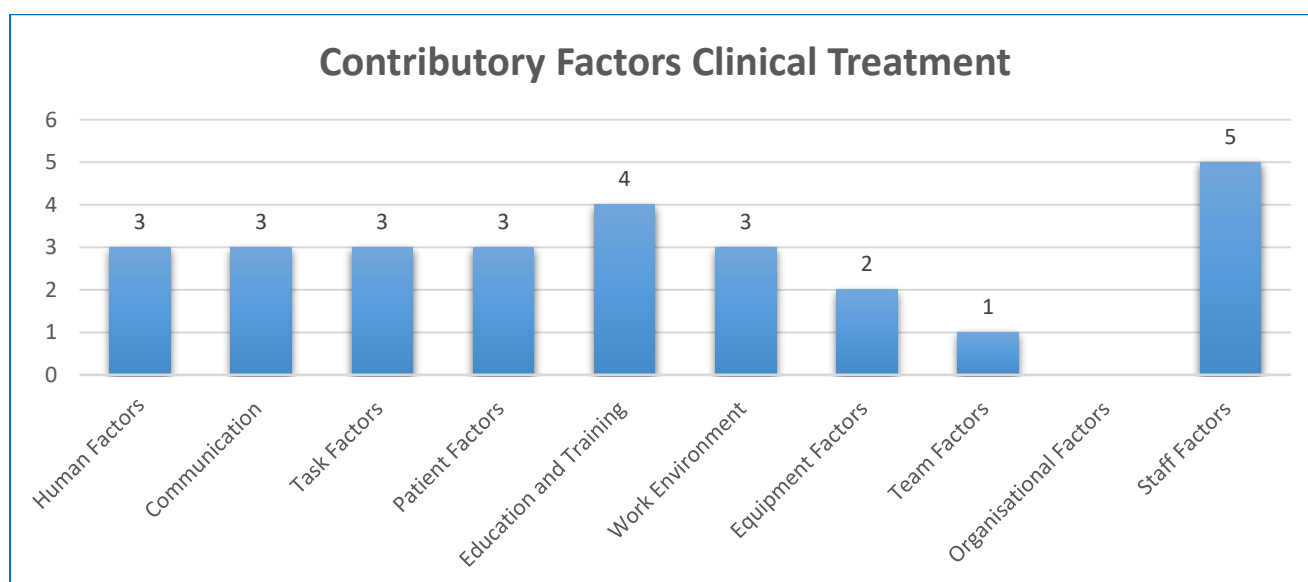


Figure 14: Contributory factors relating to clinical treatment serious incidents (Q4)

### **Staff Factors**

32. Issues relating to staff factors typically included:

- **Complex medical presentations**

33. Example: Crew attended a patient who had recently been discharged from hospital following a surgical procedure. The patient was presenting with dizziness on the initial LAS attendance. It was apparent that a General Practitioner (GP) was also on scene conducting a home visit. Following a clinical assessment it was believed that the patient was dehydrated. The GP asked the crew to administer 500ml of sodium chloride intravenously. The paramedic crew had the clinical skills and equipment to perform this procedure safely however the utilisation of sodium chloride to attempt to hydrate a patient with the aim to discharge care was outside the scope of practice. The patient was left at the scene by the crew and the GP. The LAS received a second call to the same patient some hours later when they were found to be in cardiac arrest. The investigation evidenced that the crew had been falsely reassured by the GPs diagnosis of dehydration and believed they were acting under the instruction of a GP. It was also noted that the current policy on working alongside clinicians that do not work for the LAS was not clear how these situations should be managed by attending crews.

- **Task focussed**

34. Example: emergency crews attending a patient in cardiac arrest became focussed on securing the patients airway which contributed to a delay in delivering a shock to a patient in ventricular fibrillation.

- **Lack of quality experience**

35. Example: two incidents highlighted issues with inexperienced staff having to manage complex and challenging situations. Both investigations raised concerns over a lack of clear clinical leadership and one investigation resulted in an incorrect decision regarding the termination of a resuscitation attempt.

## **Education and Training**

36. Issues relating to education and training typically included:

- **Lack of quality experience in taking a clinical lead role on scene**

37. Example: 82 year old patient in cardiac arrest. Several emergency crews were all in attendance within a relatively short space of time of each other. The crews followed the Trust guidance on placing the LifePak 15 monitor into automatic mode which identified ventricular fibrillation and advised the operator to deliver a shock. Despite this a shock was not delivered for approximately nine minutes. The investigation identified a lack of experience in taking a clinical lead role when attending cardiac arrests contributed to the delayed defibrillation. The current training around the management of cardiac arrests includes the pit-stop concept and requires an individual to take the role as clinical lead. All paramedics will have assumed this role during their training however there is limited refresher opportunities post qualification.

- **Lack a familiarity with a new paramedic bag**

38. Example: crew attended a witnessed cardiac arrest in a public place. The paramedic in attendance was using a new generic paramedic bag. The layout of the contents were different to that of their own paramedic bag which, in the presence of a time critical clinical situation in a highly stressful environment caused confusion and contributed to a delay in undertaking clinical interventions.

## **Communication**

39. Communication challenges have predominantly been between the crews once at the scene of

an incident. The investigations have evidenced that there appears to be hierarchical influence on the way crews are managing an incident.

40. Example: multiple crews managing a patient in cardiac arrest. The presenting cardiac arrest rhythm was interpreted as asystole. Advanced life support was undertaken for the required 20 minutes before the resuscitation attempt was terminated. A rhythm strip was printed following the termination whereby the Emergency Ambulances Crew (ECA) member questioned if the rhythm was in fact fine ventricular fibrillation (VF). The response the ECA received from the paramedics in attendance was that the rhythm was 'not compatible with life'. The member of staff reflected and sought advice from more senior clinicians who agreed that the rhythm was fine VF and the ECA was right to challenge the paramedics.

### **Work Environment**

41. There has been an increasing number of incidents linked to the complex nature of pre-hospital care. It is expected that emergency crews will attend patients who are in a public place and situated where the environment conditions are not ideal. Whilst it is accepted that pre-hospital clinicians are to expect such challenging working environments it has been highlighted that certain factors such as large crowds of people or areas with poor lighting, significant noise etc can influence incidents.
42. Example: Solo responder attending a cardiac arrest in the street was met with a large crowd of people causing a delay in arriving with the patient.

### **Conclusion**

43. We are maintaining our targets of 60 working days in relation to submitting completed SI investigations. SI action compliance is monitored weekly by the Quality Governance and Assurance Team. Any concerns are escalated to the Chief Quality Officer where required.
44. We have evidenced that interventions identified from themes from previous investigations have been used to influence change within the organisation, namely the dispatch profile for particular MPDS determinants.
45. The Quality Governance and Assurance Team will continue to analyse and monitor themes via the serious incident group and assurance processes.

**Dr Patricia Bain**  
**Chief Quality Officer**





|   |  |                  |                                     |                    |
|---|--|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>   | <b>Trust Board</b>   |                  |                                     |                    |
| <b>Date of meeting:</b>   | 24 April 2018  |                  |                                     |                    |
| <b>Report title:</b>  | Staff Survey 2017 action plans   |                  |                                     |                    |
| <b>Agenda item:</b>   | 16   |                  |                                     |                    |
| <b>Report Author(s):</b>  | Delia McMillan (Consultant)  |                  |                                     |                    |
| <b>Presented by:</b>  | Patricia Grealish, Director of People and Culture  |                  |                                     |                    |
| <b>History:</b>   | The outcomes of the Staff Survey 2017 have been presented to Trust Board, People and Culture Committee and ELT. This report now sets out further analysis together with a summary of the work to develop Action Plans across the organisation to address the feedback received through the Survey. |                  |                                     |                    |
| <b>Status:</b>  | <input type="checkbox"/>   | <b>Assurance</b> | <input checked="" type="checkbox"/> | <b>Discussion</b>  |
|   | <input type="checkbox"/>   | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |  |                  |                                     |                    |
| <p>The NHS Staff Survey 2017 was published on 06 March 2018 by the Survey National Co-ordination Centre.</p> <p>The results of the staff survey are received in two ways. The Trust's survey provider (Picker Institute) provides 'raw data' scores for every single question, providing a comparison with the average score for other Trusts as well as progress compared to the previous year.</p> <p>Scores are broken down into 5 main areas</p> <ul style="list-style-type: none"><li>• Your job</li><li>• Your personal development</li><li>• Your managers</li><li>• Your organisation</li><li>• Your health, wellbeing and safety at work</li></ul> <p>This report is only available to individual Trusts and is not publicised more widely.</p> <p>The main published report sees the findings of the questionnaires summarised by the national survey centre Picker Europe, on behalf of the Department of Health, presented in the form of 32 Key Findings (KF).</p> |  |                  |                                     |                    |

This year the Key Findings are presented under nine themes listed below:

- Appraisals and support for development
- Equality and diversity
- Errors and incidents
- Health and wellbeing
- Job satisfaction
- Managers
- Patient care and experience
- Violence, harassment and bullying
- Working patterns

The purpose of this report is to provide a summary of the headline results on the local results, analysis of the main published report by key findings and the approach being taken to develop local action plans and address key issues from the survey results.

### Recommendation(s):

The Board is asked to:

- Note the findings from the staff survey report
- Discuss any issues arising from the analysis of the key findings
- Support the approach being taken for local 'Champions' to develop action plans based on top three areas of priority for their department/group station
- Agree arrangements needed to monitor implementation and report back on progress

### Links to Board Assurance Framework (BAF) and key risks:

Staff involvement and engagement is one of the central themes of the Trust's People Strategy and taking forward actions arising from the staff survey is a major element in the implementation of the Strategy.

### Please indicate which Board Assurance Framework (BAF) risk it relates to:

|                                |                                     |
|--------------------------------|-------------------------------------|
| <b>Clinical and Quality</b>    | <input type="checkbox"/>            |
| <b>Performance</b>             | <input type="checkbox"/>            |
| <b>Financial</b>               | <input type="checkbox"/>            |
| <b>Workforce</b>               | <input checked="" type="checkbox"/> |
| <b>Governance and Well-led</b> | <input checked="" type="checkbox"/> |
| <b>Reputation</b>              | <input type="checkbox"/>            |
| <b>Other</b>                   | <input type="checkbox"/>            |

### This report supports the achievement of the following Business Plan Workstreams:

|   |                                     |
|---|-------------------------------------|
| <b>Ensure safe, timely and effective care</b>             | <input checked="" type="checkbox"/> |
| <b>Ensuring staff are valued, respected and engaged</b>   | <input checked="" type="checkbox"/> |
| <b>Partners are supported to deliver change in London</b> | <input checked="" type="checkbox"/> |
| <b>Efficiency and sustainability will drive us</b>        | <input checked="" type="checkbox"/> |

# Staff Survey 2017 results and analysis

## Overall indicator of staff engagement

1. The staff engagement score ranges from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their Trust) and 5 indicating that staff are highly engaged.
2. The Trust score was 3.36 compared with 3.39 in 2016. This score is also below the national average for Ambulance Trusts in 2017 which was 3.45.
3. The overall indicator for staff engagement has been calculated using three key findings
  - Staff recommendation for the Trust as a place to work or receive treatment
  - Staff motivation at work
  - Staff ability to contribute towards improvements at work
4. The first two sub-dimensions had no change since the 2016 survey but staff members' perceived ability to contribute to improvements at work has reduced by 4% and therefore accounts for the decrease in the overall staff engagement score.

## Picker Local report results

5. Compared with the 2016 survey, LAS was significantly (defined as >3% change) better on 14 questions and significantly worse on 16 questions. The remaining questions showed no significant difference. All questions asked were the same.

## Significant improvements since 2016

6. Significant improvements since 2016 are focused on motivation, equipment, patient care, working hours reporting errors and mandatory training. The table below highlights the areas where scores have improved since 2016, as well as improvements over the last 4 years

|             |  | 2013 | 2014 | 2015 | 2016 | 2017 |
|-------------|--|------|------|------|------|------|
| <b>Q2a</b>  | Often/always look forward to going to work   | 31%  | 29%  | 40%  | 48%  | 51%  |
| <b>Q2b</b>  | Often/always enthusiastic about my job   | 45%  | 41%  | 55%  | 63%  | 66%  |
| <b>Q3c</b>  | Able to do my job to a standard that I am pleased with   | 55%  | 51%  | 64%  | 68%  | 72%  |
| <b>Q4f</b>  | Have adequate materials, supplies and equipment to do my work  | 24%  | 27%  | 32%  | 39%  | 43%  |
| <b>Q6a+</b> | Satisfied with the quality of care I give to patients/service users                                    | 68%  | 65%  | 73%  | 80%  | 83%  |
| <b>Q9d</b>  | In last 3 months, have not come to work when not feeling well enough to perform duties                 | 22%  | 23%  | 23%  | 28%  | 32%  |
| <b>Q10c</b> | Don't work any additional unpaid hours per week for this organisation, over and above contracted hours | 46%  | 45%  | 45%  | 45%  | 49%  |

|              |   |     |     |     |     |     |
|--------------|---|-----|-----|-----|-----|-----|
| <b>Q11c</b>  | Last error/near miss/incident seen that could hurt staff and/or patients/service users reported | 86% | 82% | 84% | 85% | 89% |
| <b>Q12b</b>  | Organisation encourages reporting of errors   | -%  | -%  | 66% | 80% | 84% |
| <b>Q13a</b>  | Know how to report unsafe clinical practice   | -%  | 82% | 86% | 90% | 94% |
| <b>Q13b</b>  | Would feel secure raising concerns about unsafe clinical practice                               | -%  | 49% | 50% | 59% | 63% |
| <b>Q18c+</b> | Training helped me stay up to date with professional requirements                               | -%  | -%  | 68% | 78% | 83% |
| <b>Q19 +</b> | Had mandatory training in the last 12 months  | -%  | -%  | 83% | 93% | 96% |
| <b>Q20b</b>  | Appraisal/review definitely helped me improve how I do my job                                   | -%  | -%  | 16% | 13% | 16% |

### Significant areas for development

7. Significant areas for development since 2016 relate to staff involvement, recognition, senior manager recognition, health and wellbeing (MSK), staff development and physical violence. The table below highlights the areas where scores have worsened since 2016. It is worth noting that the majority of these scores are lower than 2016, but an improvement on 2015.

|              |   | <b>2013</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> | <b>2017</b> |
|--------------|---|-------------|-------------|-------------|-------------|-------------|
| <b>Q4c</b>   | Involved in deciding changes that affect work   | 20%         | 20%         | 23%         | 30%         | 26%         |
| <b>Q4d</b>   | Able to make improvements in my area of work  | 21%         | 22%         | 25%         | 34%         | 30%         |
| <b>Q5a</b>   | Satisfied with recognition for good work  | 18%         | 19%         | 23%         | 32%         | 29%         |
| <b>Q5f</b>   | Satisfied with the extent organisation values my work   | 14%         | 13%         | 18%         | 27%         | 24%         |
| <b>Q8a</b>   | I know who senior managers are  | 69%         | 70%         | 65%         | 72%         | 68%         |
| <b>Q8c</b>   | Senior managers try to involve staff in important decisions   | 16%         | 12%         | 13%         | 23%         | 19%         |
| <b>Q9a</b>   | Organisation definitely takes positive action on health and well-being  | -%          | -%          | 11%         | 17%         | 14%         |
| <b>Q9b</b>   | In last 12 months, have not experience musculoskeletal problems as a result of work activities                | -%          | -%          | 50%         | 53%         | 50%         |
| <b>Q10b</b>  | Don't work any additional paid hours per week for this organisation, over and above contracted hours          | 29%         | 31%         | 25%         | 29%         | 24%         |
| <b>Q14a</b>  | Not experienced physical violence from patients/service users, their relatives or other members of the public | 59%         | 61%         | 61%         | 62%         | 56%         |
| <b>Q16+</b>  | Organisation acts fairly: career progression  | 60%         | 55%         | 60%         | 72%         | 59%         |
| <b>Q18a+</b> | Had training, learning or development in the last 12 months   | -%          | -%          | 74%         | 75%         | 67%         |
| <b>Q20a+</b> | Had appraisal/KSF review in last 12 months  | 43%         | 36%         | 40%         | 78%         | 74%         |

|             |  |     |     |     |     |     |
|-------------|--|-----|-----|-----|-----|-----|
| <b>Q20e</b> | Appraisal/performance review: organisational values definitely discussed         | -%  | -%  | 16% | 32% | 27% |
| <b>Q20f</b> | Appraisal/performance review: training, learning or development needs identified | 54% | 55% | 47% | 57% | 46% |

## Benchmarking against other Ambulance Trusts

8. The heat map attached in Appendix 1 (tab 1) illustrates the breakdown of scores by Directorate benchmarked against the national average for Ambulance Trusts. The RAG rating shows the score against the Ambulance Trust average, with green being >3%, amber being close to the average and red <3%. 3% has been chosen as the figure as the Picker surveys stated that 3% was a significantly statistically indicator.
9. This summary aims to provide a visual illustration of where the Trust is across all the key findings and Directorates. It is aimed to facilitate the identification of hot spots and provide an overview of the organisation as a whole.
10. Please note, where there is a dash, this indicates that less than 11 people responded to that question and in order to maintain anonymity these figures are not included.
11. The categories where the Trust has performed better are:
  - Working patterns
  - Patient care and experience
12. The categories where the Trust performed less well are:
  - Violence, harassment and bullying
  - Equality and Diversity
13. The key findings which benchmarked higher than other Ambulance Trusts were:
  - % satisfied with the opportunities for flexible working
  - Effective team working
14. By key finding, the areas where the Trust needs to focus improvement is:
  - % staff appraised in last 12 months
  - % believing the organisation provides equal opportunities to career progression/promotion
  - % reporting good communication between senior management and staff
  - % agreeing that their role makes a difference to patient/service users
  - % experiencing harassment, bullying or abuse from staff in last 12 months
  - % reporting most recent experience of harassment, bullying or abuse
15. Overall, Operations scored the worst overall with 20 out of the 32 key findings being marked as red. With 85% of the survey responses coming from this Directorate, their results have a large impact on the overall outcomes for the Trust. Further analysis of the Operations Directorate has been completed.
16. The heat map attached at Appendix 1 (tab 2) provides a breakdown of the Operations Directorate at the next level, benchmarked against Ambulance Trust average.
17. Areas where the Operations Directorate has had positive results are:
  - Quality of appraisals

- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
  - % satisfied with flexible working
  - Support from immediate managers
  - Staff satisfaction with the quality of work and care they are able to deliver
18. This identified that the key findings for improvement were:
- % experiencing discrimination at work in the last 12 months
  - % working extra hours
  - % experiencing physical violence from staff in last 12 months
  - % experiencing harassment, bullying or abuse in last 12 months
19. Areas that performed well (with 7 or less red) were Director of Operations, 111 Service, NETS and Sector Operations Management.
20. Emergency Operations Centre and Resilience both had 28 out of the 32 key findings marked as red.
21. It is worth noting that North West Locality had the highest number of respondents and also the best scores from all of the localities. This seems to be based on higher job satisfaction scores and would be worth exploring further to identify possible areas of good practice which could be shared with other localities.
22. Although this benchmarking information is useful in helping to provide an overview of where the Trust is in comparison with other Ambulance Trusts, from an organisational perspective, the local Picker report is more helpful in identifying specific areas of improvement and development. This data is based on LAS performance charted over a number of years rather than comparing with other organisations where a number of variables might be in play and therefore conclusions drawn may not be as accurate.
23. Therefore, the focus for the organisation in identifying actions should be based on the data received through the local LAS Picker report.

## **Areas with retention issues**

24. Overall 111 had quite positive results. The areas which require improvement relate to job satisfaction. In particular, motivation, able to contribute to improvements at work and satisfaction with level of responsibility and involvement
25. In addition, scores on % experiencing discrimination at work and experiencing harassment, bullying or abuse in the last 12 months were high.
26. Key findings data has also been provided for different occupational groups. This allows for further analysis in areas where the Trust is aware of current retention issues.
27. Ambulance Control staff reported higher than the Trust average scores in only 5 of the key findings areas and also had the lowest staff engagement score across all staff groups. Their staff engagement score was 3.09, against the Trust average of 3.36.
28. Paramedics had the next lowest staff engagement score which was 3.29. The majority of the key findings scored lower than average for this group. However, they were positive about their support from immediate managers, % of appraisals (which was the second highest of all staff groups at 80%) and the quality of non-mandatory training,

learning and development. They also scored above the Trust average on fairness and effectiveness of reporting errors, near misses and incidents and staff confidence and security in reporting unsafe clinical practice

## **Protected characteristics**

### **Gender**

29. Women had more positive scores overall than men (26 out of the 32 key findings). Women had a staff engagement of 3.43 compared with 3.34 for men. Slightly less women had appraisals (73% v 75%) and also scored higher in levels of work related stress and attending work despite feeling unwell. None of these scores were statistically significant differences.
30. There were a number of key findings where women scored significantly higher than men. 67% of women compared with 56% of men believed the organisation provides equal opportunities for career progression/promotion. Satisfaction with flexible working opportunities was 43% for women and 31% for men. Women were also more likely to report experiences of violence (68%) with men reporting only 57% of incidents.

### **Black and Ethnic Minority staff**

31. In 21/32 key findings BME staff had a more positive response than white staff. An additional 2 key findings had the same score. BME staff had a staff engagement score of 3.43 compared with 3.36 for white staff.
32. BME staff had higher levels of job satisfaction except for their perceived ability to contribute towards improvements at work. BME staff reported higher rates of experiencing bullying and harassment from staff (38% v 31%) and a slightly lower rate of reporting (30% v 31%). Levels of appraisal were 5% less for BME staff and they also rated the quality of training lower.
33. The scores with the most significant difference were in relation to Equality and Diversity. 37% reported experiencing discrimination at work compared with 26% of white staff and 47% felt that the organisations provides equal opportunities for career progression and promotion compared with 62% of white staff.

### **Sexuality**

34. Please note, there was no results provided in the full national survey based on key findings for this group therefore the data used to analyse these results is based upon the answer to each question.
35. LGBT staff felt less supported by their immediate manager in helping them with difficult tasks and providing feedback.
36. Health and well-being had lower scores for most of the questions. Particularly in relation to work related stress and feeling the need/pressure to come into work when not feeling well enough. They also reported seeing higher levels of errors and incidents which they felt could hurt staff and patients. Harassment and bullying from both patients and colleagues was also higher.



37. LGBT staff had lower levels of appraisals and being supported by their manager to undertake the training and development identified in the appraisal

## LAS survey trends since 2013

38. Attached at Appendix 1 (tab 3) are the results of the key findings over the last 5 years.

39. 16/32 key findings have shown improvements.

40. Of those results given as a % and using Picker's measure of 3% as being statistically significant there are 3 areas which have decreased

- % believing the organisation provides equal opportunities for career progression (by 14%)
- % able to contribute towards improvement at work (by 4%)
- % reporting good communication between senior management and staff (by 3%)

41. Of those results scored on a scale of 1-5 those which have decreased are:

- Organisation and management in interest in and action on health and wellbeing (from 3.24 to 3.20)
- Staff recommendation of the organisation as a place to work or receive treatment (from 3.46 to 3.41)
- Recognition and value of staff by managers and the organisation (from 3.02 to 2.98)

42. The remaining 10 key findings showed little variation.

43. There was a significant decrease in the number of staff believing the Service provides equal opportunities for career progression. Further analysis by staff group shown below, highlights that all staff groups except General Management had a decrease in their score. The biggest differences were seen in Emergency Care Assistants, Ambulance Technicians, Ambulance Control Staff and Patient Transport Service.

| % believing the organisation provides equal opportunities for career progression and promotion | General Management | Admin & Clerical | Central Functions/Corporate Services | Paramedics | Emergency Care Assistant | Ambulance Technicians | Ambulance Control Staff | Patient Transport Service |
|--|--------------------|------------------|--------------------------------------|------------|--------------------------|-----------------------|-------------------------|---------------------------|
| 2017 response  | 73                 | 58               | 74                                   | 61         | 52                       | 50                    | 55                      | 66                        |
| 2016 response  | 67                 | 67               | 77                                   | 74         | 74                       | 68                    | 73                      | 84                        |
| Difference   | 6                  | 9                | 3                                    | 13         | 22                       | 18                    | 18                      | 17                        |

44. There was also a significant difference based on ethnic background. 62% of white staff felt that there was equal opportunities for career progression and promotion, whilst only 47% of BME staff felt there was.

45. There was no difference between part-time and full-time staff.



## Staff Survey Champions

46. It was agreed that in order to take forward local actions from the staff survey that a network of Staff Survey Champions would be identified to create and deliver action plans locally. Champions have been encouraged to work with their local union reps in taking forward this work. Each Champion has been provided with a survey report for their area and they are expected to engage with their colleagues to identify the areas for improvement and potential actions. It was recommended that each action plan focused on 3 actions.
47. The first cohort of 17 Champions attended a briefing on 22 February 2018 which provided them with an overview of the staff survey outcomes and a toolkit to support the development of action plans.
48. A follow up event was held on 12 March 2018 to provide an opportunity to update on progress, share ideas and provide support in the development of action plans.
49. Basecamp has been set up as a document repository and as an area to share information and provide peer support.
50. Currently there are 40 Champions undertaking work in their local area.
51. Action plans are to be submitted for discussion by ELT.

## Initial analysis of local action plans

52. Analysis has been undertaken on the action plans received so far which is set out in Annex 1-3 attached.
53. Within all departments/group stations the main area for action is in relation to staff recognition and staff involvement. Approaches identified include setting up local recognition schemes/awards, thank you's to be given in person and publicised and celebrating anniversaries on time. In relation to staff involvement, many are planning to set up local forums to involve staff in improvements and decision making, creating discussion forums and suggestion boxes.
54. Visibility/awareness of senior management was a key priority. Structure charts with photographs and contact details was an action identified supported by regular communication on any changes. Some areas were considering more detail with a 'job profile' also included. One Group Station is planning for Clinical Team Leaders to attend hospital A&E departments on a regular basis as an opportunity to speak to road staff.
55. Other areas identified included better use of DATIX for reviewing incidents, reps/working group to be responsible for reviewing and monitoring equipment, improved planning of appraisals and setting time for PDR's and reviewing them and ensuring staff attend required training (manual handling).
56. Corporate action plans focused on team communications through regular team meetings and better feedback from senior managers with clarity on team objectives. This would enable better understanding of training needs and ensure funding available was spent effectively.

## **Corporate actions arising from the survey**

57. As each local area has been asked to identify 3 actions, it is recommended that there is a Corporate action plan to supplement this with 3 Service wide actions based on the 3 key findings which had a statistical decrease in 2017.

58. These are:

- % believing the organisation provides equal opportunities for career progression (by 14%)
- % able to contribute towards improvement at work (by 4%)
- % reporting good communication between senior management and staff (by 3%)

59. A discussion was held at the Champions event on 22nd February and it was agreed that there should be an action which all teams had on their action plans. Based on the outcome of local survey results it was felt that this should relate to senior management visibility and manager recognition (which reflects the service wide results above)

60. It was noted that senior management visibility did not necessarily relate to the Chief Executive and the Executive Team, but in some smaller/satellite stations it could be the Assistant Director (ADO) or Group Station Manager.

**Patricia Grealish**

**Director of People and Organisational Development**

| KF No   | Key finding  | Ambulance Trust Average | Trust Average | Chief Executive | Communications, Transformation & Strategy | Corporate Services | Finance | Fleet, Logistics & Estates | Information Management and Technology | Medical | Nursing and Quality | Operations | People & Organisational Development | Performance | 0.03 |
|---|--|-------------------------|---------------|-----------------|---|--------------------|---------|----------------------------|---------------------------------------|---------|---------------------|------------|-------------------------------------|-------------|------|
| <b>Appraisals &amp; support for development</b> |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF11  | % appraised in last 12 months  | 81                      | 72            | 58              | 48  | 47                 | 56      | 90                         | 52                                    | 81      | 85                  | 75         | 50                                  | 73          |      |
| KF12  | Quality of appraisals  | 2.65                    | 2.71          | -               | 2.70                                      | -                  | 2.87    | 2.11                       | 2.42                                  | 2.55    | 2.61                | 2.73       | 2.97                                | 2.15        |      |
| KF13  | Quality of non-mandatory training, learning and development                                    | 3.90                    | 3.85          | -               | -   | 3.98               | 3.94    | 3.33                       | 3.51                                  | 3.85    | 3.87                | 3.89       | 3.83                                | -           |      |
| <b>Equality &amp; diversity</b>                 |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF20  | % experiencing discrimination at work in last 12 months  | 19                      | 27            | -               | 4   | 12                 | 19      | 18                         | 15                                    | 15      | 23                  | 30         | 10                                  | 20          |      |
| KF21  | % believing the organisation provides equal opportunities for career progression/promotion     | 69                      | 59            | 73              | 56  | 58                 | 83      | 71                         | 53                                    | 75      | 61                  | 58         | 64                                  | 67          |      |
| <b>Errors &amp; incidents</b>                   |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF28  | % witnessing potentially harmful errors, near misses or incidents in last 12 months            | 35                      | 42            | -               | 5   | 13                 | 13      | 30                         | 9                                     | 33      | 25                  | 47         | 4                                   | 8           |      |
| KF 29   | % reporting errors, near misses or incidents witnessed in last 12 months                       | 82                      | 84            | -               | -   | -                  | -       | 71                         | -                                     | 94      | -                   | 84         | -                                   | -           |      |
| KF30  | Fairness and effectiveness of procedures for reporting errors, near misses and incidents       | 3.41                    | 3.42          | 3.87            | 3.39                                      | 3.91               | 3.46    | 3.15                       | 3.21                                  | 3.76    | 3.40                | 3.42       | 3.51                                | 3.44        |      |
| KF31  | Staff confidence and security in reporting unsafe clinical practice                            | 3.49                    | 3.44          | 3.73            | 3.40                                      | 4.00               | 3.57    | 3.07                       | 3.22                                  | 3.81    | 3.58                | 3.44       | 3.57                                | 3.60        |      |
| <b>Health and wellbeing</b>                     |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF 17   | % feeling unwell due to work related stress in last 12 months                                  | 48                      | 52            | 15              | 44  | 35                 | 33      | 44                         | 38                                    | 44      | 50                  | 55         | 33                                  | 47          |      |
| KF18  | % attending work in last 3 months despite feeling unwell because they felt pressure            | 62                      | 63            | 45              | 56  | 41                 | 52      | 60                         | 59                                    | 57      | 54                  | 66         | 42                                  | 53          |      |
| KF19  | Organisation and management interest in and action on health and well-being                    | 3.25                    | 3.20          | 3.77            | 3.62                                      | 3.47               | 3.71    | 3.17                       | 3.50                                  | 3.36    | 3.60                | 3.11       | 3.47                                | 3.54        |      |
| <b>Working patterns</b>                         |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF15  | % satisfied with the opportunities for flexible working  | 34                      | 36            | 38              | 60  | 47                 | 59      | 40                         | 68                                    | 51      | 81                  | 32         | 68                                  | 13          |      |
| KF16  | % working extra hours  | 85                      | 87            | 85              | 84  | 76                 | 56      | 78                         | 74                                    | 90      | 65                  | 91         | 76                                  | 60          |      |
| <b>Job satisfaction</b>                         |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF1   | Staff recommendation of the organisation as a place to work or receive treatment               | 3.44                    | 3.41          | 4.28            | 3.88                                      | 3.84               | 3.88    | 3.59                       | 3.82                                  | 3.56    | 3.59                | 3.33       | 3.87                                | 3.67        |      |
| KF4   | Staff motivation at work   | 3.65                    | 3.56          | 3.99            | 3.31                                      | 3.94               | 3.56    | 3.67                       | 3.59                                  | 3.79    | 3.73                | 3.55       | 3.77                                | 3.64        |      |
| KF7   | % able to contribute towards improvement at work   | 45                      | 42            | 77              | 68  | 67                 | 78      | 54                         | 62                                    | 75      | 93                  | 38         | 68                                  | 87          |      |
| KF8   | Staff satisfaction with the level of responsibility and involvement                            | 3.59                    | 3.46          | 3.83            | 3.46                                      | 3.84               | 3.66    | 3.58                       | 3.60                                  | 3.60    | 3.90                | 3.44       | 3.69                                | 3.60        |      |
| KF9   | Effective team working   | 3.23                    | 3.49          | 3.62            | 3.47                                      | 3.93               | 3.75    | 3.20                       | 3.55                                  | 3.50    | 4.09                | 3.12       | 3.47                                | 3.64        |      |
| KF14  | Staff satisfaction with resourcing and support   | 3.10                    | 3.16          | 3.29            | 3.32                                      | 3.53               | 3.50    | 3.08                       | 3.03                                  | 3.14    | 3.32                | 3.07       | 3.14                                | 3.27        |      |
| <b>Managers</b>                                 |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF5   | Recognition and value of staff by managers and the organisation                                | 2.98                    | 3.01          | 3.77            | 3.25                                      | 3.74               | 3.30    | 2.88                       | 3.09                                  | 3.34    | 3.60                | 2.91       | 3.22                                | 3.60        |      |
| KF6   | % reporting good communication between senior management and staff                             | 20                      | 19            | 77              | 24  | 25                 | 19      | 9                          | 19                                    | 24      | 8                   | 19         | 24                                  | 20          |      |
| KF10  | Support from immediate managers  | 3.44                    | 3.54          | 3.76            | 3.63                                      | 3.88               | 3.66    | 3.18                       | 3.64                                  | 3.63    | 4.09                | 3.51       | 3.58                                | 3.91        |      |
| <b>Patient care &amp; experience</b>            |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF2   | Staff satisfaction with the quality of work and care they are able to deliver                  | 3.81                    | 3.74          | -               | -   | -                  | -       | 3.49                       | 3.67                                  | 3.69    | 3.62                | 3.77       | 3.63                                | -           |      |
| KF3   | % agreeing that their role makes a difference to patients/service users                        | 88                      | 86            | -               | 56  | 82                 | 67      | 80                         | 81                                    | 89      | 81                  | 87         | 76                                  | -           |      |
| KF32  | Effective use of patient/service user feedback   | 3.24                    | 3.13          | -               | -   | -                  | -       | -                          | -                                     | 3.56    | 3.49                | 3.06       | 3.19                                | -           |      |
| <b>Violence, harassment &amp; bullying</b>      |  |                         |               |                 |   |                    |         |                            |                                       |         |                     |            |                                     |             |      |
| KF22  | % experiencing physical violence from patients, relatives or the public in last 12 months      | 33                      | 38            | 0               | 8   | 0                  | 0       | 4                          | 4                                     | 15      | 4                   | 50         | 0                                   | 7           |      |
| KF23  | % experiencing physical violence from staff in last 12 months                                  | 2                       | 2             | 0               | 0   | 0                  | 0       | 0                          | 2                                     | 1       | 0                   | 2          | 0                                   | 0           |      |
| KF24  | % reporting most recent experience of violence   | 65                      | 60            | -               | -   | -                  | -       | -                          | -                                     | 57      | -                   | 62         | -                                   | -           |      |
| KF 25   | % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 | 48                      | 51            | 8               | 4   | 6                  | 4       | 6                          | 4                                     | 22      | 23                  | 62         | 4                                   | 0           |      |
| KF 26   | % experiencing harassment, bullying or abuse from staff in last 12 months                      | 28                      | 32            | 15              | 28  | 18                 | 26      | 43                         | 31                                    | 27      | 50                  | 32         | 31                                  | 7           |      |
| KF27  | % reporting most recent experience of harassment, bullying or abuse                            | 38                      | 31            | -               | -   | -                  | -       | 33                         | 23                                    | 21      | 43                  | 31         | 42                                  | -           |      |

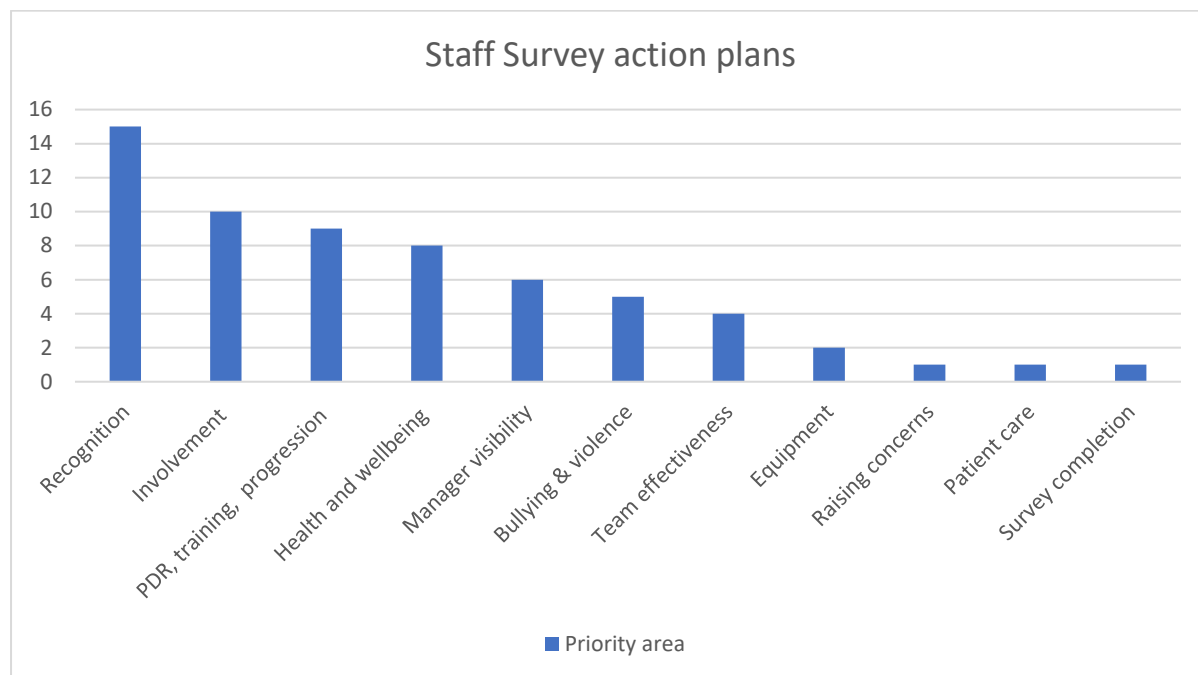
| KF No                                | Key finding   | Operations | 111 Service | Central Operations General Manager | Clinical Hub | Control Services Management | Director of Operations | Emergency Operations Centre | Incident Delivery | NETS | North Central Locality | North East Locality | North West Locality | PTS  | Resilience | Resourcing | Sector Operations Management | South East Locality | South West Locality | 0.03 |
|--------------------------------------|---|------------|-------------|------------------------------------|--------------|-----------------------------|------------------------|-----------------------------|-------------------|------|------------------------|---------------------|---------------------|------|------------|------------|------------------------------|---------------------|---------------------|------|
| Appraisals & support for development |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF11                                 | % appraised in last 12 months   | 75         | 87          | 85                                 | 72           | 45                          | 45                     | 55                          | 68                | 52   | 80                     | 75                  | 86                  | -    | 66         | 72         | 68                           | 75                  | 79                  |      |
| KF12                                 | Quality of appraisals   | 2.73       | 3.23        | 2.84                               | 2.54         | -                           | 3.86                   | 2.46                        | 2.41              | 3.26 | 2.71                   | 2.51                | 2.89                | -    | 2.40       | 2.00       | 2.89                         | 2.75                | 2.63                |      |
| KF13                                 | Quality of non-mandatory training, learning and development   | 3.89       | 3.94        | 3.81                               | 3.78         | -                           | 4.33                   | 3.59                        | 3.82              | 3.77 | 3.97                   | 3.79                | 3.93                | -    | 3.95       | 3.39       | 3.78                         | 4.02                | 3.90                |      |
| Equality & diversity                 |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF20                                 | % experiencing discrimination at work in last 12 months   | 30         | 25          | 31                                 | 30           | 9                           | 14                     | 36                          | 22                | 19   | 31                     | 33                  | 33                  | 9    | 41         | 28         | 14                           | 35                  | 22                  |      |
| KF21                                 | % believing the organisation provides equal opportunities for career progression/promotion            | 58         | 76          | 48                                 | 53           | -                           | 85                     | 49                          | 59                | 76   | 64                     | 52                  | 59                  | -    | 49         | 62         | 68                           | 54                  | 59                  |      |
| Errors & incidents                   |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF28                                 | % witnessing potentially harmful errors, near misses or incidents in last 12 months                   | 47         | 33          | 35                                 | 62           | -                           | 11                     | 55                          | 47                | 33   | 54                     | 49                  | 52                  | -    | 42         | 14         | 19                           | 50                  | 52                  |      |
| KF29                                 | % reporting errors, near misses or incidents witnessed in last 12 months                              | 84         | 88          | 82                                 | 88           | -                           | -                      | 86                          | 100               | 88   | 80                     | 85                  | 81                  | -    | 85         | -          | -                            | 86                  | 88                  |      |
| KF30                                 | Fairness and effectiveness of procedures for reporting errors, near misses and incidents              | 3.42       | 3.62        | 3.18                               | 3.51         | 3.82                        | 3.82                   | 3.15                        | 3.62              | 3.60 | 3.41                   | 3.27                | 3.52                | -    | 3.30       | 3.26       | 3.88                         | 3.40                | 3.42                |      |
| KF31                                 | Staff confidence and security in reporting unsafe clinical practice                                   | 3.44       | 3.77        | 3.25                               | 3.56         | 3.73                        | 3.83                   | 3.27                        | 3.76              | 3.57 | 3.43                   | 3.33                | 3.46                | 3.27 | 3.31       | 3.25       | 3.77                         | 3.39                | 3.43                |      |
| Health and wellbeing                 |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF17                                 | % feeling unwell due to work related stress in last 12 months   | 55         | 46          | 47                                 | 61           | 64                          | 24                     | 66                          | 73                | 34   | 56                     | 58                  | 55                  | 18   | 56         | 46         | 43                           | 58                  | 54                  |      |
| KF18                                 | % attending work in last 3 months despite feeling unwell because they felt pressure                   | 66         | 68          | 66                                 | 60           | 55                          | 24                     | 75                          | 66                | 44   | 70                     | 73                  | 67                  | 36   | 58         | 68         | 54                           | 69                  | 66                  |      |
| KF19                                 | Organisation and management interest in and action on health and well-being                           | 3.11       | 3.30        | 3.26                               | 3.06         | 3.36                        | 3.80                   | 3.11                        | 3.13              | 3.69 | 3.02                   | 2.74                | 3.24                | 3.95 | 3.01       | 3.14       | 3.65                         | 3.01                | 3.01                |      |
| Working patterns                     |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF15                                 | % satisfied with the opportunities for flexible working   | 32         | 50          | 33                                 | 34           | 36                          | 57                     | 30                          | 13                | 40   | 35                     | 27                  | 33                  | 36   | 30         | 46         | 34                           | 29                  | 26                  |      |
| KF16                                 | % working extra hours   | 91         | 67          | 93                                 | 79           | 100                         | 92                     | 66                          | 92                | 90   | 96                     | 95                  | 96                  | -    | 97         | 62         | 89                           | 97                  | 95                  |      |
| Job satisfaction                     |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF1                                  | Staff recommendation of the organisation as a place to work or receive treatment                      | 3.33       | 3.87        | 2.99                               | 3.22         | 3.70                        | 4.07                   | 3.14                        | 3.52              | 3.88 | 3.36                   | 3.12                | 3.44                | 2.82 | 2.94       | 3.44       | 3.72                         | 3.31                | 3.22                |      |
| KF4                                  | Staff motivation at work  | 3.55       | 3.34        | 3.43                               | 3.32         | 3.88                        | 4.12                   | 3.11                        | 3.65              | 3.87 | 3.55                   | 3.55                | 3.70                | 3.82 | 3.48       | 3.18       | 3.60                         | 3.52                | 3.57                |      |
| KF7                                  | % able to contribute towards improvement at work  | 38         | 37          | 44                                 | 47           | 82                          | 68                     | 27                          | 51                | 52   | 36                     | 25                  | 40                  | 36   | 44         | 42         | 66                           | 34                  | 34                  |      |
| KF8                                  | Staff satisfaction with the level of responsibility and involvement                                   | 3.44       | 3.48        | 3.44                               | 3.39         | 3.65                        | 3.72                   | 3.19                        | 3.62              | 3.68 | 3.43                   | 3.26                | 3.56                | 3.49 | 3.26       | 3.54       | 3.56                         | 3.42                | 3.45                |      |
| KF9                                  | Effective team working  | 3.12       | 3.20        | 3.25                               | 3.10         | 3.55                        | 3.72                   | 2.89                        | 3.14              | 3.57 | 3.02                   | 2.89                | 3.24                | 2.76 | 3.51       | 3.19       | 3.62                         | 2.93                | 3.09                |      |
| KF14                                 | Staff satisfaction with resourcing and support  | 3.07       | 3.18        | 3.15                               | 2.95         | 2.55                        | 3.47                   | 2.87                        | 2.99              | 3.53 | 3.11                   | 2.97                | 3.17                | 2.73 | 2.92       | 3.23       | 2.85                         | 3.06                | 3.02                |      |
| Managers                             |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF5                                  | Recognition and value of staff by managers and the organisation                                       | 2.91       | 3.17        | 3.06                               | 3.03         | 3.18                        | 3.55                   | 2.75                        | 2.84              | 3.46 | 2.83                   | 2.54                | 3.05                | 3.36 | 2.79       | 2.97       | 3.34                         | 2.86                | 2.83                |      |
| KF6                                  | % reporting good communication between senior management and staff                                    | 19         | 20          | 20                                 | 13           | 55                          | 39                     | 10                          | 10                | 37   | 20                     | 12                  | 21                  | 9    | 13         | 24         | 32                           | 22                  | 15                  |      |
| KF10                                 | Support from immediate managers   | 3.51       | 3.64        | 3.85                               | 3.53         | 3.45                        | 3.69                   | 3.35                        | 3.38              | 3.84 | 3.36                   | 3.22                | 3.72                | 4.15 | 3.56       | 3.28       | 3.82                         | 3.43                | 3.53                |      |
| Patient care & experience            |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF2                                  | Staff satisfaction with the quality of work and care they are able to deliver                         | 3.77       | 3.97        | 3.52                               | 3.76         | 3.65                        | 4.01                   | 3.17                        | 3.81              | 4.01 | 3.86                   | 3.83                | 3.85                | -    | 3.52       | 3.53       | 3.44                         | 3.83                | 3.80                |      |
| KF3                                  | % agreeing that their role makes a difference to patients/service users                               | 87         | 88          | 84                                 | 82           | 73                          | 96                     | 75                          | 90                | 93   | 90                     | 86                  | 89                  | -    | 81         | 84         | 81                           | 86                  | 92                  |      |
| KF32                                 | Effective use of patient/service user feedback  | 3.06       | 3.27        | 3.03                               | 2.97         | -                           | -                      | 2.82                        | 3.45              | 3.65 | 3.16                   | 2.87                | 2.96                | -    | 2.89       | -          | 3.44                         | 3.01                | 3.03                |      |
| Violence, harassment & bullying      |   |            |             |                                    |              |                             |                        |                             |                   |      |                        |                     |                     |      |            |            |                              |                     |                     |      |
| KF22                                 | % experiencing physical violence from patients, relatives or the public in last 12 months             | 50         | 0           | 44                                 | 34           | 0                           | 29                     | 3                           | 32                | 24   | 61                     | 59                  | 67                  | 9    | 44         | 0          | 14                           | 64                  | 62                  |      |
| KF23                                 | % experiencing physical violence from staff in last 12 months   | 2          | 0           | 2                                  | 0            | 9                           | 2                      | 2                           | 0                 | 7    | 3                      | 2                   | 4                   | 9    | 4          | 0          | 0                            | 4                   | 3                   |      |
| KF24                                 | % reporting most recent experience of violence  | 62         | -           | 38                                 | 59           | -                           | 50                     | -                           | 73                | 23   | 66                     | 74                  | 61                  | -    | 51         | -          | -                            | 63                  | 59                  |      |
| KF25                                 | % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | 62         | 39          | 64                                 | 63           | 7                           | 29                     | 60                          | 49                | 22   | 69                     | 70                  | 75                  | 9    | 56         | 15         | 7                            | 69                  | 64                  |      |
| KF26                                 | % experiencing harassment, bullying or abuse from staff in last 12 months                             | 32         | 41          | 29                                 | 45           | 37                          | 12                     | 39                          | 29                | 17   | 25                     | 40                  | 23                  | 36   | 44         | 35         | 37                           | 36                  | 36                  |      |
| KF27                                 | % reporting most recent experience of harassment, bullying or abuse                                   | 31         | 38          | 26                                 | 26           | -                           | 43                     | 23                          | 14                | 29   | 31                     | 39                  | 31                  | -    | 21         | -          | -                            | 32                  | 26                  |      |

| KF No                                | Key finding   | 2013 | 2014 | 2015 | 2016 | 2017 |  |                                 |
|--------------------------------------|---|------|------|------|------|------|--|---------------------------------|
| Appraisals & support for development |   |      |      |      |      |      |  |                                 |
| KF11                                 | % appraised in last 12 months   | 48   | 30   | 42   | 77   | 72   |  | the higher the score the better |
| KF12                                 | Quality of appraisals   |      |      | 2.63 | 2.65 | 2.71 |  | the higher the score the better |
| KF13                                 | Quality of non-mandatory training, learning and development   |      |      | 3.56 | 3.85 | 3.85 |  | the higher the score the better |
| Equality & diversity                 |   |      |      |      |      |      |  |                                 |
| KF20                                 | % experiencing discrimination at work in last 12 months   | 25   | 32   | 29   | 25   | 27   |  | the lower the score the better  |
| KF21                                 | % believing the organisation provides equal opportunities for career progression/promotion            | 64   | 62   | 60   | 73   | 59   |  | the higher the score the better |
| Errors & incidents                   |   |      |      |      |      |      |  |                                 |
| KF28                                 | % witnessing potentially harmful errors, near misses or incidents in last 12 months                   | 46   | 49   | 44   | 40   | 42   |  | the lower the score the better  |
| KF29                                 | % reporting errors, near misses or incidents witnessed in last 12 months                              | 78   | 73   | 79   | 79   | 84   |  | the higher the score the better |
| KF30                                 | Fairness and effectiveness of procedures for reporting errors, near misses and incidents              |      |      | 3.08 | 3.39 | 3.42 |  | the higher the score the better |
| KF31                                 | Staff confidence and security in reporting unsafe clinical practice                                   |      |      | 3.16 | 3.43 | 3.44 |  | the higher the score the better |
| Health and wellbeing                 |   |      |      |      |      |      |  |                                 |
| KF 17                                | % feeling unwell due to work related stress in last 12 months   | 57   | 59   | 54   | 50   | 52   |  | the lower the score the better  |
| KF18                                 | % attending work in last 3 months despite feeling unwell because they felt pressure                   |      |      | 73   | 60   | 63   |  | the lower the score the better  |
| KF19                                 | Organisation and management interest in and action on health and well-being                           |      |      | 2.87 | 3.24 | 3.20 |  | the higher the score the better |
| Working patterns                     |   |      |      |      |      |      |  |                                 |
| KF15                                 | % satisfied with the opportunities for flexible working   |      |      | 29   | 37   | 36   |  | the higher the score the better |
| KF16                                 | % working extra hours   | 86   | 86   | 88   | 86   | 87   |  | the lower the score the better  |
| Job satisfaction                     |   |      |      |      |      |      |  |                                 |
| KF1                                  | Staff recommendation of the organisation as a place to work or receive treatment                      | 2.88 | 2.66 | 3.07 | 3.46 | 3.41 |  | the higher the score the better |
| KF4                                  | Staff motivation at work  | 3.18 | 3.04 | 3.36 | 3.53 | 3.56 |  | the higher the score the better |
| KF7                                  | % able to contribute towards improvement at work  | 29   | 28   | 37   | 46   | 42   |  | the higher the score the better |
| KF8                                  | Staff satisfaction with the level of responsibility and involvement                                   |      |      | 3.31 | 3.50 | 3.46 |  | the higher the score the better |
| KF9                                  | Effective team working  | 3.27 | 3.26 | 3.08 | 3.21 | 3.49 |  | the higher the score the better |
| KF14                                 | Staff satisfaction with resourcing and support  |      |      | 2.85 | 3.06 | 3.10 |  | the higher the score the better |
| Managers                             |   |      |      |      |      |      |  |                                 |
| KF5                                  | Recognition and value of staff by managers and the organisation                                       |      |      | 2.71 | 3.02 | 2.98 |  | the higher the score the better |
| KF6                                  | % reporting good communication between senior management and staff                                    | 13   | 7    | 13   | 22   | 19   |  | the higher the score the better |
| KF10                                 | Support from immediate managers   | 3.11 | 2.99 | 3.19 | 3.52 | 3.54 |  | the higher the score the better |
| Patient care & experience            |   |      |      |      |      |      |  |                                 |
| KF2                                  | Staff satisfaction with the quality of work and care they are able to deliver                         |      |      | 3.53 | 3.68 | 3.74 |  | the higher the score the better |
| KF3                                  | % agreeing that their role makes a difference to patients/service users                               |      |      | 80   | 85   | 86   |  | the higher the score the better |
| KF32                                 | Effective use of patient/service user feedback  |      |      | 2.92 | 3.21 | 3.13 |  | the higher the score the better |
| Violence, harassment & bullying      |   |      |      |      |      |      |  |                                 |
| KF22                                 | % experiencing physical violence from patients, relatives or the public in last 12 months             | 35   | 33   | 36   | 36   | 38   |  | the lower the score the better  |
| KF23                                 | % experiencing physical violence from staff in last 12 months   | 3    | 4    | 3    | 2    | 2    |  | the lower the score the better  |
| KF24                                 | % reporting most recent experience of violence  |      |      | 61   | 60   | 60   |  | the higher the score the better |
| KF 25                                | % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | 50   | 54   | 51   | 52   | 51   |  | the lower the score the better  |
| KF 26                                | % experiencing harassment, bullying or abuse from staff in last 12 months                             | 26   | 31   | 38   | 32   | 32   |  | the lower the score the better  |
| KF27                                 | % reporting most recent experience of harassment, bullying or abuse                                   |      |      | 31   | 33   | 31   |  | the higher the score the better |
|                                      | Overall staff engagement  |      | 2.77 | 3.11 | 3.39 | 3.36 |  |                                 |
|                                      | Number of respondents   | 1777 | 1572 | 1601 | 2063 | 2662 |  |                                 |
|                                      | Percentage that responded from total recipients   | 40.8 | 35.7 | 35.2 | 42.2 | 53.6 |  |                                 |

| Department/Group station    | Priority areas  | Proposed actions  | Champion  |
|-----------------------------|---|---|---|
|                             |   |   |   |
| Brent                       | Involvement, recognition  | Quality Improvement Plan Taskforce with champions, newsletter, increase CTL contact, review handover arrangements   | Richard Blennerhassett                              |
| Bromley                     | Team effectiveness, health and wellbeing, training                | Drop in sessions and discussion boards, manual handling sessions, communicate learning opportunities  | Carolyn Slater                                      |
| Camden                      | Equipment, manager visibility, recognition                        | Equipment working party, structure chart, local recognition awards  | Roberto Fernandez                                   |
| Croydon                     |   |   | Jordan Chapman                                      |
| Deptford                    | Involvement, violence, recognition                                | Suggestion box, develop feedback mechanism, review use of sick leave policy, personalised communicaion from CTL   | Kirsty Murphy                                       |
| Edmonton                    | Involvement, health and wellbeing, recognition                    | Suggestion box, improvement forum, newsletter, manual handling training, local awards system, calendar of manager availability                                | John Waterman                                       |
| Friern Barnet               | Team effectiveness, training, health and wellbeing                | Debrief sessions led by CTL, advertise learning opportunities, manual handling training   | David Wedlock                                       |
| Fulham                      |   |   |   |
| Greenwich                   | Team effectiveness, recognition                                   | Monthly meeting dates communicated, local targets communicated, nominated for VIP awards, personally thanked  | Linda Hughes  |
| Hanwell                     |   |   | Richard Evans, Diarmuid Colgan                      |
| Hillingdon                  | Health and wellbeing, violence, bullying and harassment           | Manual handling training, session on MSK, conflict resolution training, dynamic risk assessment training  | Barry Jones   |
| Homerton                    |   |   | Joanne Burrell                                      |
| New Malden                  |   |   | Jon-Paul Canton                                     |
| Newham                      | Appraisal, involvement, recognition                               | Improved appraisal process and protected time for review, staff forum, development of a recognition programme   | Katherine Clarke                                    |
| Oval                        |   |   | David Roche   |
| Romford                     | Completion rate, recognition, training/PDRs                       | Encourage completion of survey, performance briefings with thank you's, time for appraisals and PDR reviews   | Sam Walsh, Beverley Stirling, Pam Barbra            |
| St Helier                   | Recognition, Involvement  | See own team leader, support career progression, suggestion box, shared learning board  | Vanessa Pimm  |
| Waterloo                    | Involment, recognition, appraisals,                               | Dedicated email address for sharing, structure chart, 1 great thing each staff member has done, CTL single point of contact, manual handling training         | Mitchell Hand                                       |
| Westminster                 | Recognition, manager visibility, bullying and harasssment         | Suggestion box, thank you boards, promote reporting of incidents, staff open forum to discuss violence and harassmenttm conflict resolution training          | Stephanie Ridout                                    |
| Whipps Cross                | Involvement, health and wellbeing, manager visibility             | Suggestion box, develop feedback mechanism, review use of sick leave policy, personalised communicaion from CTL   | Priscila Currie, Ashlee Kumar                       |
| Wimbledon                   | Manager visibility, recognition/involvement, health and wellbeing | Management structure chart, monthly email with thank you's/anniversaries, discussion threads through lcoal facebook page, manual handling training, LINC work | Helen Enright                                       |
|                             |   |   |   |
| EOC Bow                     |   |   |   |
| EOC Waterloo                |   |   | Josh Smith  |
| 111                         |   |   | Melanie Dixon                                       |
| IDM/IRO                     | Health and wellbeing, appraisals, equipment, recognition          | Health and wellbeing champions, managers support career progression, more 121 engagement eg;rideouts  | Patrick Hickey                                      |
| CRU/MRU                     | Manager visibility, violence, involvement                         | Structure charts and portfolio information, senior managers to communicate eg vlogs, use of DATIX, suggestion box/email address                               | Chris Gordon  |
| First responders            |   |   | Samantha Palfreyman-Jones                           |
| EPRR                        | Recognition, appraisals, involvement                              | Local staff recognition scheme, make appraisals more meanginful, working group to meet with management on local issues  | Tara Stennett                                       |
| HART                        | Career progression, involvement, recognition                      | Support staff with career progression, open forum with management, how staff want to be recognised  | Andrew Humber                                       |
| Scheduling                  |   |   |   |
| NETS                        | Involvement, patient care, recognition                            | Meetings, use of local Facebook group, training, local recognition scheme   | Debra Parsons, Kristopher Hyman                     |
| Finance and Performance     | Team effectiveness, recognition, manager visibility/communication | Regular directorate feedback on team objectives, recognising achivements (thank you's, VIP awards), feedback from meetings attended by senior managers        | Daniella Gossage                                    |
| People and OD               | Recognition/121s, appraisals, manager visibility                  | Local recognition scheme, regular 1.1's and appraisals, regular feedback from managers  | Jessica Bochenek, Michelle Snelling, Paula Gardener |
| Strategy and Communications | Training, team effectiveness, recognition                         | Training rep, timetable for appraisals, regular team meetings, board of appreciation, 'day in the life of', how role has made a difference                    | Hannah Duce   |
| IM&T                        |   |   | Graham Seamons                                      |
| Estates                     |   |   | Stephen Sellek                                      |
| Fleet and Logistics         |   |   | Yasmin Griffith (logistics) Damon Barrett (fleet)   |
| Corporate Governance        |   |   |   |
| Quality                     |   |   | Kerry Fowler  |
| Chief Executive             |   |   | Patricia Grealish                                   |
| Clinical and Medical        | Team effectiveness, recognition, manager visibility/communication | Regular meetings, 'you said we did' , virtual drop in sessions with Deputy Director, promote role of Clinical Education                                       | Hannah Curror                                       |

## Annex 3 - Analysis of staff survey action plans

Analysis is being undertaken on the 21 completed action plans received so far. The chart below highlights the priority areas identified across all the action plans.



Within all departments/group stations the main area for action is in relation to staff recognition and staff involvement at local level. Approaches identified include setting up local recognition schemes/awards (eg; employee of the month), thank you's to be given in person and publicised and celebrating anniversaries on time. In relation to staff involvement, many are planning to set up local forums to involve staff in improvements and decision making, creating discussion forums and suggestion boxes.

Training, appraisals and career progression was the third top priority across the action plans. A stronger focus on planning time for the initial PDR as well as time for review and discussion on progress. A number of action plans identified the need for a local noticeboard which highlighted training events and the application process for funding/bursaries.

The focus of health and well-being related mainly to improvements in musculoskeletal injury rates through improved access to training, ensuring staff report injuries and access appropriate medical support if needed.

Visibility/awareness of senior management was a key priority. Structure charts with photographs and contact details was an action identified supported by regular communication on any changes. Some areas were considering more detail with a 'job profile' also included. One Group Station is planning for Clinical Team Leaders to attend hospital A&E departments on a regular basis as an opportunity to speak to road staff.

A number of stations have plans to review the teams under each Clinical Team Leader and intend to ensure each member of staff has a nominated CTL who will be more visible and enable the development of positive working relationships. This would allow for more opportunities for recognition and feedback and enable staff to feel confident in reporting any issues (eg; incidents, injuries). This action appeared across a range of workstreams.

Other areas identified included better use of DATIX for reviewing incidents, reps/working group to be responsible for reviewing and monitoring equipment, understanding why survey response rates were low.

Corporate action plans focused on team communications through regular team meetings and better feedback from senior managers with clarity on team objectives. This would enable better understanding of training needs and ensure funding available was spent effectively.

### **Outstanding action plans**

Work is ongoing to ensure the remaining action plans are submitted. 10 Staff Survey Champions are still working on the development of their action plans. Please note, some Champions have only just been identified. The deadline for these is 6<sup>th</sup> April.

There are also a number of areas where no Champion has been identified despite a number of chasing emails and telephone calls. These areas are listed below:

- Fulham
- EOC Waterloo
- EOC Bow
- 111
- Scheduling
- IM&T
- Corporate Governance





|   |  |                  |                                     |                    |
|---|--|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>   | <b>Trust Board</b>   |                  |                                     |                    |
| <b>Date of meeting:</b>   | 24 April 2018  |                  |                                     |                    |
| <b>Report title:</b>  | Quality Account 2018-19  |                  |                                     |                    |
| <b>Agenda item:</b>   | 17   |                  |                                     |                    |
| <b>Report Author(s):</b>  | Dr P Bain, Chief Quality Officer   |                  |                                     |                    |
| <b>Presented by:</b>  | Dr P Bain, Chief Quality Officer   |                  |                                     |                    |
| <b>History:</b>   | Priorities feedback : CQRG, Staff ELT, Patients Forum Healthwatch, ELT 18 April 2018 |                  |                                     |                    |
| <b>Status:</b>  | <input checked="" type="checkbox"/>  | <b>Assurance</b> | <input checked="" type="checkbox"/> | <b>Discussion</b>  |
|   | <input type="checkbox"/>   | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |  |                  |                                     |                    |
| <p>The final 2018-19 Quality Account outlines the quality priorities that the Trust has consulted on to include in the 2018-20 Quality Strategy and annual account. The priorities have been circulated to commissioners, Patient Forum members and were consulted on via survey monkey with staff during February.</p> <p>Feedback has been collated and included in the report attached. The report outlines;</p> <ul style="list-style-type: none"><li>• Our quality strategy and its alignment to overarching strategy</li><li>• Our quality priorities for 2018-19</li><li>• Our progress against 2017-18 quality account priorities</li><li>• Our statements of assurance as set out by Department of Health regulations 2018</li></ul> |  |                  |                                     |                    |
| <b>Recommendation(s):</b>   |  |                  |                                     |                    |
| <p>The Board is asked to sign the final report as requested by NHS regulatory requirements.</p>   |  |                  |                                     |                    |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>  |  |                  |                                     |                    |
| N/A   |  |                  |                                     |                    |
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>  |  |                  |                                     |                    |
| <b>Clinical and Quality</b>   | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Performance</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Financial</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Workforce</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Governance and Well-led</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Reputation</b>   | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Other</b>  | <input type="checkbox"/>   |                  |                                     |                    |

| This paper supports the achievement of the following Business Plan Workstreams: |                                     |
|---|-------------------------------------|
| Ensure safe, timely and effective care  | <input checked="" type="checkbox"/> |
| Ensuring staff are valued, respected and engaged                                | <input checked="" type="checkbox"/> |
| Partners are supported to deliver change in London                              | <input checked="" type="checkbox"/> |
| Efficiency and sustainability will drive us                                     | <input checked="" type="checkbox"/> |





**NHS**

**London Ambulance Service**  
NHS Trust

# Quality Strategy : Vision 2020 and Annual Quality Account 2018-2019



**70**  
YEARS  
OF THE NHS  
1948 - 2018

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# Foreword

The London Ambulance Service is the only pan London Trust and is the busiest ambulance service in the country responding year on year to increasing demands. Our Trust was inspected February 2016 by the CQC, who gave us an overall rating of 'requires improvement' in their final report. The care we give to patients was rated as outstanding, a number of services were rated as 'good' but the standards observed were not consistent nor of the quality the Trust aspires to deliver. During the year we have delivered a comprehensive action plan and external assessment confirms what we know, that our services have improved over the last two years. However we also know there is further improvement to make to achieve our vision of providing a world class service. Through this strategy, we want to strive for 'outstanding' Care Quality Commission (CQC) rating across our sites and services by 2020.

These are undeniably challenging times for healthcare, with NHS services under increased pressure due to our ageing and growing population. However, with these challenges, we have an exciting opportunity when it comes to improving healthcare quality.

We hope our commitment to improvement and our determination to get things right for our patients, people and stakeholders is clear in this strategy. We are working to harness opportunities to continuously improve in order to provide safe, high quality, patient-centred care for all our patients. In addition we need to ensure that our staff are provided with the skill and support to deliver the right care and feel motivated and able to do so.

To achieve this, we are rolling out a programme of quality improvement and human factors training and developing our systems and processes to build an organisation-wide culture of continuous improvement. At the same time, patients will have a stronger voice than ever before, and we have begun and will continue to work more closely with the people and communities we serve to make sure that the care they receive is centred on their needs.

This strategy is the plan by which we will continue our journey to achieve our ambitions and a positive outcome in subsequent CQC inspections as continuous quality improvement becomes our business as usual.

Dr Patricia Bain  
Chief Quality Officer

## Statement of Directors responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHSI has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service, whilst not a Foundation Trust has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to March 2018
  - papers relating to quality reported to the board over the period April 2017 – March 2018
  - feedback from commissioners dated May 2018
  - feedback from Overview and Scrutiny Committee dated May 2018
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2018
  - the 2017 national staff survey
- The quality report presents a balanced picture of the NHS trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

Chair

Date

Chief Executive

Date

## Section 1:

# Introduction to our Quality Strategy and Accounts 2018/19

The quality strategy for the Trust, aims to bring together our plans in line with our overarching strategy, business planning process and the CQC quality assessment framework. The purpose of the strategy is to set out the goals and targets for London Ambulance Service (LAS) in providing high-quality services over the next year and, therefore, delivering our vision and objectives.





## Developing our Trust-wide strategy

We recently published a document entitled 'Our strategic intent 2018/19 – 2022/23', it sets out our ambition and describes how we plan to evolve in order to achieve improved outcomes and a better experience for patients.

It formed the basis for a six-week period of consultation that took place with internal and external stakeholders during November and December 2017, the main purpose of which has been to ensure that we fully address the needs of patients, our staff, partner NHS organisations and other business partners across London.

We are working with many of our stakeholders and business partners, including the CQC, to co-design our final strategy, which is due for release early 2018.

These objectives have quality embedded in them. This shows the commitment and reality that quality drives all that we do.

Our trust strategy focuses on improvement, and therefore supports delivery of our vision and objectives. It sets out a number of the key enablers and examples of the projects required to improve performance to illustrate the breadth of our work programme.



## The Trust's vision

The London Ambulance Service is uniquely placed to play a wider role within the London health economy.

Our ambition is to become a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care on scene, on phone and online.

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

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

## Our Purpose

**We exist to:**

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



## What is the Quality Strategy?

Our quality strategy is the plan through which we focus on the quality of clinical care and to ensure that we continuously improve our services. It ensures that quality drives the overall direction of our work and that the patient is at the centre of everything that we do.



This strategy sets out our definition of quality, and describes our vision and direction, ensuring that quality is our number one priority. It sets out our five domain quality goals and associated targets and a number of projects which we must focus on to ensure we can evidence that our services are safe, effective, caring, well led and responsive. It also describes the governance arrangements to ensure delivery and sustainability from 2018/19. The strategy also outlines our current position, showing the improvements we have made in our 2017-18 Quality Account priorities and what we are building on going forward.

It is ambitious, setting out our commitment to make quality central to all that we do. It also reinforces that wherever possible, our focus will be on embracing new ways of working to improve care for patients and integrating healthcare across the wider integrated urgent and emergency care system.

It provides a modern approach to continuous improvement and acknowledges that our people are central to delivering our strategy.

We will use the implementation of the Quality Strategy to strengthen confidence and pride in the services we provide. We want patients to be confident that the Trust is among the best in the world.

We want people working in and with the Trust to be confident that

they are providing the best service they can, are valued and are important. We recognise the importance of building a culture where quality and its continual improvement is our priority and we are committed to doing so. We want a shared pride in the Trust and assurance that it is the very best it can be.

#### How we developed the strategy

The strategy has been informed by the reports and recommendations from key stakeholders, staff and patient representatives and the CQC framework. We also assessed our progress against priorities in our last quality account.

Comparison was also undertaken of trends and variation from a range of intelligence including:

- Patient surveys
- Staff surveys
- Governance data, e.g. incidents, complaints, claims and audit

This was then merged with feedback from key stakeholders, including our people and our commissioners.

We have therefore been careful to develop goals and targets that are measurable whilst trying to encapsulate our commitment to the qualitative elements of our work. This will provide clarity for our patients and external stakeholders, and ensure that our people have tangible, measurable and

reportable goals to aim for. These targets will be redefined each year in our annual quality account, with progress monitored through the Trust's governance system. We believe that if we can meet our targets under each quality domain, we will see significantly improved outcomes for our patients and a better working environment for our people. Our goals and targets have been selected to have the highest impact across the Trust and are purposely challenging.

We recognise in particular that we need to improve many of our processes and systems to ensure better outcomes and experience for our patients. A series of Trust-wide improvement projects, informed by our CQC inspection action plan and a review of the key lines of enquiry that the CQC use, have been established to deliver specific time bound programmes of work.

#### What is our definition of quality?

We have based our definition of quality on the CQC's framework, which draws on the Francis, Keogh and Berwick reviews and recommendations.

Our approach aligns Berwick's improvement principles which are embodied within safe, effective, caring, responsive and well led domain. The combination of performance in each of the five domains determines the overall quality of the healthcare we provide. We believe that we can improve services only by supporting continuous improvement in all areas hence our commitment to this driver.

The previous quality account and improvement programme for the Trust focused on making immediate quality improvements and ensuring that we achieve a rating of 'good' in our CQC inspection, this strategy and our priorities for 2018-19 and beyond will strive to bring the trust to an 'outstanding' rating.



# The quality domains

The quality domains are outlined below, together with the descriptor of what these mean. The domains match those used by the CQC to ensure we are focused on making improvements which are aligned with our regulatory body's expectations.

## Safe

People are protected from abuse and avoidable harm

## Caring

Staff involve and treat people with compassion, kindness, dignity and respect

## Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

## Responsive

Services are organised so that they meet people's needs

## Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture



# Delivering the Strategy:

How will the strategy be delivered and progress monitored?



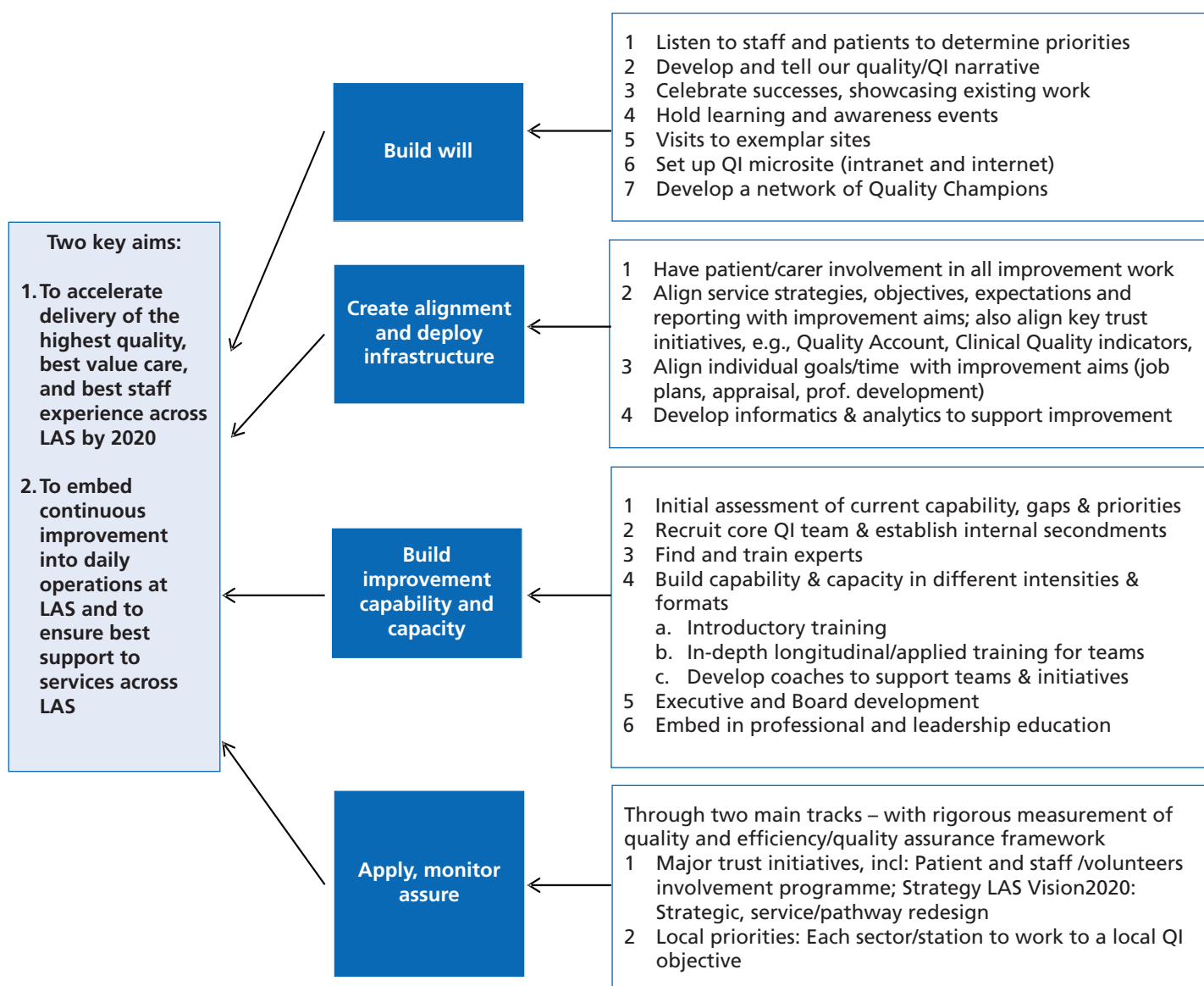
## Quality Goals and Targets

The strategy will be delivered through the achievement of our quality goals, which are supported by specific annual targets. These are outlined under each quality domain and have been chosen to ensure that we focus on making improvements where they are most needed, and on sustaining improvements that have already been achieved. We believe that if we can meet our goals and targets in these priority areas, we will see significantly improved outcomes for our patients and a better working environment for our staff. The goals and targets under each domain will be incorporated into the quality

report and performance scorecards, ensuring they can be tracked from station to board. This will provide clarity on the Trust's priorities and will show the impact of the improvements we have made.

## Building Delivery Capacity and capability

Delivering the strategy will be predicated on ensuring we have the right skills and capacity across the organisation. The outline plan below sets out the key activities to achieve this aim, are detailed in our implementation plan.





## Building the Will

Integral to all programmes must be the aim of robust patient and staff involvement so they support the development of what represents a high quality and efficient service. It is important that we continue to explore further ways of getting feedback from staff via Quality Champions, patient and carers and community groups, in addition to our continued engagement with the Patients Forum. The patient involvement teams will develop a framework to ensure these aims and the successes they have already achieved are embedded.

The importance of ensuring that we take every opportunity to engage with exemplar sites partners in the redesign of services and pathways in order to secure the right outcomes is articulated in our organisational strategy. Supporting this programme will be a communication strategy that includes intranet and internet development.

## Creating alignment

Alongside the quality goals and targets, we have developed measurable and structured improvement projects aligned to our strategic and business objectives. These projects have been informed by analysis of a number of measures of our performance including:

- Our strategic intent
- current performance against national and local targets
- our quality account
- areas of known risk
- our CQC inspection and report during 2018
- review of the key lines of enquiry that the CQC publish.

Each project has been assessed for their potential to positively impact on the Trusts strategic goals and targets and we are confident that we have the necessary work in

progress to deliver the required improvements. Progress with these improvement projects will be reported via the Trust's governance and performance management structures. This will allow us to measure and monitor the milestones, outcomes and timeframes of the projects, with clear lines of accountability and responsibility to the project owners. Executive oversight of quality of care in the Trust is through the Quality Oversight Group, which will report quarterly progress and exception to the Quality Assurance Committee. Trust board reporting will occur on a quarterly basis. Our annual Quality Account will report on progress against the strategy and confirm the targets for the following year.

## Building Capability to deliver the strategy

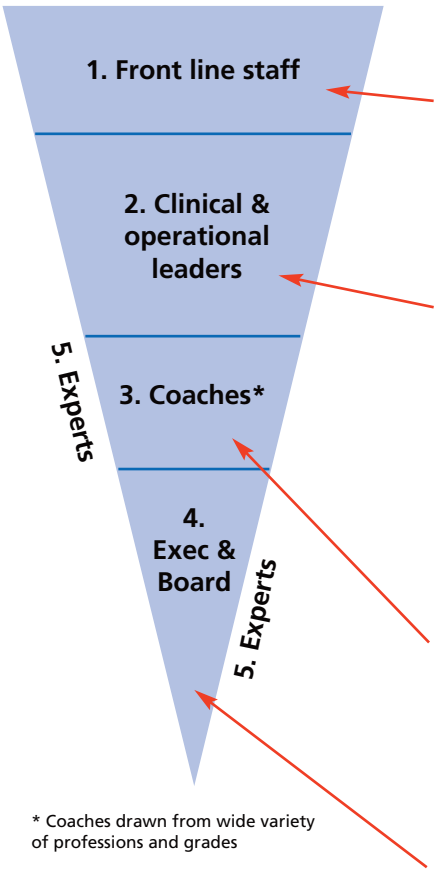
We recognise that our staff are the key to delivering the strategy and we need to train and support people to make continuous improvement and improve systems and processes. We have therefore agreed to adopt a standardised approach to improvement Plan, Do, Study, Act (IHI Improvement model) to ensure staff have the tools they need to sustain improvement. The capabilities needed to drive this system of wide improvement and which staff will be trained in includes:

- An understanding of Human Factors
- Concept of safety systems
- Driver diagram development
- Improvement methodologies, including Plan Do Study Act (PDSA), Lean, Patient flow studies
- Change management principles
- Measurement skills and knowledge
- Flow and service re-design management

Evidence internationally (IHI) suggest for an organisation the size of LAS that a commitment to training at a minimum, 1-3% of the workforce in improvement methods is required for continuous improvement (Table 2 below) A programme to identify and priorities the appropriate staff at all levels and utilisation of 'train the trainer' techniques will build the capacity required. A small team of staff trained in providing QI methodology and Human Factors approaches will provide the staff with the skills and tools to empower them to lead their own QI projects. QI improvement plans will be developed by staff at every level, with the focus to build capacity across, the workforce.

## QI capability model for LAS – by staff group and role

Table 2 QI Capability Model

|   | Total potential | Eventual coverage needed | Knowledge/skills needed  | What's involved  |
|---|-----------------|--------------------------|--|--|
|  | 5,000           | 1-3%                     | <ul style="list-style-type: none"> <li>• Introduction to improvement &amp; model for improvement</li> <li>• Identifying issues, developing &amp; testing ideas</li> <li>• Measurement &amp; variation</li> </ul>                   | <ul style="list-style-type: none"> <li>• Introductory e-learning sessions (incl. at induction)</li> <li>• Online/self-accessed</li> </ul>  |
|   | 400             | 100                      | <ul style="list-style-type: none"> <li>• Deeper understanding of improvement methods, variation and measurement</li> <li>• Goal-setting, leading and managing for improvement</li> </ul>   | <ul style="list-style-type: none"> <li>• Applied learning in teams over time linked to opportunities in real work</li> <li>• Access to coaching</li> <li>• Embedding into existing programmes</li> </ul>   |
|   | n/a             | 50                       | <ul style="list-style-type: none"> <li>• As above, plus sophisticated enabling and coaching skills for individuals and teams</li> </ul>  | <ul style="list-style-type: none"> <li>• Applied learning and reflection in coaching teams supported by classroom programme</li> </ul>   |
|   | 10              | 10                       | <ul style="list-style-type: none"> <li>• Direction-setting, "mood" &amp; leading for improvement</li> <li>• Link to strategy and overall priorities; appreciation of systems; making variation and trends visible</li> </ul>       | <ul style="list-style-type: none"> <li>• Self-determined but typically includes: mix of individual/group; sessions with external experts; peer visits/"Board-to-Station"; quality assurance visits"</li> </ul>   |
|   | n/a             | At least 20              | <ul style="list-style-type: none"> <li>• Deep Dive methodology incl. of QI theory and science</li> <li>• Spread and implementation</li> <li>• Coaching/mentoring, teaching</li> <li>• Knowledge-generation and research</li> </ul> | <ul style="list-style-type: none"> <li>• Careful objective-setting, review and planned (career) development</li> <li>• Applied learning through doing/coaching</li> <li>• Reflection and peer support</li> <li>• "Masterclasses"</li> <li>• Individually-tailored</li> </ul> |

High Impact Innovations (DH 2012) requires NHS Trusts to prove to commissioners that they are implementing technological and innovative solutions to improve quality. As a Trust we are already exploring the use of technology via the roll-out of hand held devices to frontline staff, e-PCR development, tele-medicine/skype. Opportunities to explore technology further are outlined in our IM&T strategy.

### Applying continuous assessment and improvement

Major trust initiatives, with rigorous measurement of quality and efficiency programmes and local sector and station QI objectives will be designed. Monitoring and

reporting on our programmes and ensuring we respond to any emerging risks will be achieved via our quality assurance framework. The main response to the outcomes from these various reporting mechanisms will be:

- Immediate risk mitigation (if necessary) and review/update of risk registers
- Identification of a quality improvement activity: station, sector and trust wide using an agreed criteria and methodology
- Consideration of 'intensive support programme' in areas that are not consistently meeting standards – using the approach

that is currently in place for the North East sector.

- Consideration of a Deep Dive review

The streamlining of governance and 'floor to Board' assurance structures will support the delivery of high quality and efficient care with early identification of risks, monitoring performance issues quickly to ensure we are meeting our legally required standards. The further development and embedding of these frameworks will continue through to 2018- 2019 and will support the development of a continuous improvement and learning culture.

## Section 2:

# Looking Forward: Our Quality goals and targets 2018-19

Our goals are set out under each of the quality domains. The targets which support the delivery of these goals have been developed for our year one of the strategy. Each year we will review progress and ensure our targets are focused on areas where improvement is most needed and will be defined within our annual quality account.





# Safe

People are protected from abuse and avoidable harm

**Goal:** To eliminate avoidable harm to patients in our care as shown through a reduction in number of incidents causing severe and extreme harm. We believe harm is preventable not inevitable.

We want to ensure our patients are as safe as possible while under our care and that they are protected from avoidable harm. Our goal will be to be below the national average for the number of incidents causing severe and

extreme harm in year one and continue to reduce the number throughout the three years of the strategy. Throughout year one of our Quality Strategy, we will be focusing on achieving sustainable improvements in the target areas outlined below; these targets aim to reduce avoidable harm in specific priority areas and set the trajectory to ensure that we can achieve our goal of eliminating avoidable harm by the end of year three.

## Target 1

We will implement Health Assure reporting and Monitoring system to ensure that we have real-time monitoring of our compliance against the CQC key lines of enquiry, clinical audits, NICE guidance, national alerts, at every level in the organisation.

This system will provide assurance to the Board and our regulators and patients that we are meeting the high standards of care consistently across the whole organisation. Scorecards will be available from station to Board and will be used to monitor progress via our governance and assurance processes. We will be able to identify areas for improvement more quickly and focus our effort in these areas. Our regulators will be able see, assess and access evidence with regard to our improvement status at the 'touch of a button'.

**90% implementation of Health Assure functionality by December 2018**

## Target 2

**Improving Hospital Handover Delays**  
National emergency care performance metrics set a standard for emergency patients arriving at hospital by ambulance to be

handed over to, and the ambulance trolley cleared by, the receiving acute Trust within 15 minutes of arrival to enable the ambulances to respond to the next 999 patient.

Ambulance handover performance across London remained challenging throughout 2015/16 and 2016/17; this continued into 2017/18 with patient's frequently experiencing handover delays in excess of 15 minutes following their arrival at emergency departments (EDs). Between January and September 2017, 62% of the patients conveyed by the London Ambulance Service (LAS) to an ED experienced a delay, waiting beyond the target of fifteen minutes for handover to on-going care. In the context of productive ambulance cover hours beyond that fifteen minute target, 49,494 hours were lost while delayed at an ED and this equates to 4,125 lost twelve hour ambulance shifts in the same period.

It is recognised that hospital handover delays is a multi-factorial system problem and we need to work together to identify issues at each stage and resolve them. The LAS will continue to work with key stakeholders from across London in an approach to assuring the safety of ambulance handovers and delivering improved performance and a reduction in the average duration of ambulance handovers across London during 2018-19.

**Handovers over the 15, 30 and 60 minute target and total time lost, to reduce quarter on quarter against the same period in 2017/18**

## Target 3

During 2016-17 the Trust made significant improvements in medicines management in terms of ensuring the tracking and monitoring of drugs at station level. The next phase is to ensure that we have the most secure environments to store and monitor drug usage. The second phase of the secure drug room programme, that entails re-designing the station environment, fitting CCTV cameras and more secure locking systems will be rolled out across 2018-19. In addition we have re-designed the vehicle based bags that paramedics and other staff use when attending patients. This provides the teams with more secure storage and an ability to store all equipment that is required on scene in one holdall.

**100% completion of secure drug rooms roll-out across all sectors by March 2019 to agreed stations**

## Target 4

During the latter half of 2016 it became apparent that there were a number of cases where defibrillation was being delayed during the management of cardiac arrest. This trend continued into early 2017 and triggered a thematic analysis. Whilst it was believed that the apparent increase in incidents might be related to the increased number of defibrillator data downloads by Advanced Paramedic Practitioners (APPs) coupled with a significant drive to increase reporting of potential incidents through the online incident reporting system (Datix) it was

identified that further work was needed to understand the root causes and ensure that learning to prevent recurrence was embedded across the Trust.

It is clearly recognised that the challenges of managing a pre-hospital cardiac arrest are very different to in-hospital where the cardiac arrest team is made up of different clinicians with per-determined and specific roles and who will have worked as a team together. The crew resource management challenges of pre-hospital cardiac arrest cannot be underestimated – the crews may never have met each other, there will be public and family to support

and manage and the equipment will initially be remote from the patient. The LAS has been accepted on human factors train the trainer programme supported by UCLH. During 2018-19, in conjunction with all other aspects of risk reduction and pathway development, we will deliver training to relevant staff to improve the management of these difficult scenarios with the aim of reducing these incidents further.

**Increase the number of defibrillator downloads year-on-year to 20% by end of 2019.**



# Caring

Staff involve and treat people with compassion, kindness, dignity and respect

**Goal: To provide our patients with the best possible experience. Improving the care we give to vulnerable groups.**

We know that treating our patients with compassion, kindness, dignity and respect has a positive effect on recovery and clinical outcomes. To improve their experience, we need to listen to our patients, their families and carers, and respond to their feedback.

We will aim to improve our position, with our goal being to have patient involvement in all service redesign programmes and a patient involvement framework developed to apply this goal consistently. The indicators outlined below will support this goal and help us determine whether our services are caring and patient centred in all aspects.

## Target 1

Our work supporting patients with mental health and in sometimes complex medical conditions has been acknowledged as exemplary. As part of our Strategic Intent, we are aiming to improve and develop services that be recognised as 'pioneering' in relation to this patient group. Our aim is to ensure we have system wide collaboration with all healthcare services to provide 'seamless', timely and the most appropriate care for these patients.

We will continue to work with key stakeholders to provide the best possible outcome for these patients. This work will include supporting patients who frequently call the service during crisis or to request help that is not necessarily provided by the emergency services. We will be increasing our resource internally to enable our expert staff to work closely with providers for example, social services, to put key interventions in place more rapidly and consistently across the pan-London service provision.

**Reduction in calls generated by those patients classified as frequent callers from April 2018 baseline**

## Target 2

Our strategy to become London's primary integrator of access to urgent and emergency care on scene, on phone, on line, requires significant changes to the way in which we deliver services to our patients. As part of this strategy is the recognised need to widen and increase our patient involvement in both the development of these new services and the monitoring of their success. The Trust will therefore develop a Patient Involvement Framework (PIF), with the support of patients, public, specific patient voluntary groups to ensure we have genuine involvement and participation and that the view of these groups are considered in any wide scale changes that we make. The new framework will also enable us to capture feedback from a more diverse patient population through the introduction of data collection methods, use of information technology, that will enable the trust to directly compare how different groups respond to and identify specific issues and the interventions to improve these.

**Evidence of patient involvement in all QI and service re-design programmes.**

## Target 3

The LAS currently provides care to up to 9000 women a year at different stages in pregnancy, the service covers 26 maternity units and three standalone birth centres.

The services is recruiting the first Practice Leads for Pre Hospital Maternity Education across the LAS, and in the UK. They will form the Maternity team, alongside the Consultant Midwife, to lead the development of the Pan London Maternity Pioneer Service.

**Maternity Pioneer Service:**  
The pan London maternity model will aim to:

1. a) Provide midwifery expertise within the control room environment allowing the ability to reduce the number of ambulance conveyances (up to 20% reduction)
- b) Provide a midwife advice line to provide a resource to staff both in the control room and on scene at a maternity episode of care (increasing expert advice capacity to 50% of calls fitting criteria).
2. Provide midwifery expertise within a response vehicle alongside ambulance clinicians to be dispatched to imminent birth calls Develop a commissioning model for pre-hospital birth, when provided by midwives within the emergency services.



The pan London model will pilot the response model in a sector across London (aligned to the Local Maternity System/STP footprint).

Alongside the Pioneer Model, a co-designed and co-developed patient and staff engagement model will be used to drive quality improvement across the maternity care model.

**Reduce the number of ambulance conveyance (20%). Employ two whole time equivalent practice developments midwives and deliver a training programme 2018-19.**



# Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

**Goal: Ensure staff complaints in providing 'best practice' care and to be in the top quartile for all national clinical audit outcomes.**

Clinical audit is a key improvement tool through which we continually monitor and improve the quality of care that we provide. By fully taking part in national clinical audit programmes, we are able to benchmark our performance against our peers, ensure the care we provide is evidence-based and measure improvements on a

year-by-year basis.

We aim to be in the top quartile for outcomes for all those national clinical audits in which we are eligible to participate and where data is analysed this way. This enables us to have evidence that each of our services is effective and promotes a good quality of life for our patients. Further assurance of this will be provided by compliance and training that meets the changing nature of service delivery.

## Target 1

We have chosen this target to ensure that we get the best clinical outcomes for our patients. Changing the way in which we deliver care and increasing the delivery of care using a multi-disciplinary approach requires a fundamental review of the type and quality of training that we provide to our staff. In addition it is important that we ensure staff have the time to attend training, a constant pressure with the increasing demand on delivering the service we provide. We will carry out a root and branch review during the early part of 2018 to inform an improvement programme to ensure that : systems and processes are robust with strong governance frameworks; the training is appropriate and easily accessible; a revised training programme to include any further training requirements highlighted to meet the changing nature of delivery, the programmes of training align to operational delivery; and to ensure that staff are released to attend training and meet statutory requirements. We will also identify potential income generation, potential opportunities and have an identified 'training brand'. Ultimately the aim is to ensure our staff continue to provide clinically effective care based on best practice guidance.

**Root and branch independent training review completed.**

**Implementation plan developed by September 2018**

## Target 2

During 2017-18 the LAS, as with all other ambulance services, implemented the Ambulance Response Pilot (ARP). The new response targets set out different response categories and set out an approach that requires Trusts to report on new quality indicators. During 2018-19 the LAS will work with the business intelligence team to ensure that we develop methods to collate and report on these new indicators. In doing so we will have clear evidence of areas where we have improved patient outcomes and also have the ability to highlight areas where we may not be meeting the standards of care that we strive to deliver.

**New quality Indicators developed and being reported via performance scorecards by December 2018**

## Target 3

We recognise that people are the key to delivering our quality strategy. We therefore must make sure that we are supporting and training our people to make improvement continuously as well as carrying out their roles. We want to implement new ways of working to improve our processes, systems and services with transparent measurement and track progress. We have therefore decided to adopt a standardised approach to quality improvement to make this possible. The NHSI (IHI) methodology is designed to support and encourage our staff by providing them with the tools they need to make sustained improvements. We want this to stimulate a culture of learning and development in improvement and ensure that change becomes the way of doing things in the Trust. As part of this process, the Trust has gained financial support during 2017-18 to increase the capability in relation to both Quality Improvement and Human Factors training programmes. We will set out an implementation plan that enables a critical mass of staff to be trained and also ensure this is aligned to our quality assurance processes to provide continual feedback, reporting and learning (see outline plan in section 1).



**QI training plan agreed and 100% of identified key cohorts trained by September 2018**

## Target 4

The changing nature of our operating model, requires us to review the way in which our staff are allocated to their shifts. The Director of Operations will continue to work with colleagues to roll out this significant piece of work supported by our new Forecasting & Planning Team. A Trust-wide review of rosters will be completed by March 2018 with implementation due in summer 2018.

**At least 2 Sector roster reviews completed by September 2018 and remaining sectors by April 2019**





# Responsive

Services are organised so that they meet people's needs

**Goal: To consistently meet all relevant national performance targets standards through responsive patient pathways in year one, and exceed them by year three.**

Having responsive services that are organised to meet people's needs is a key factor in improving patient experience and in preventing delays to treatment, which can cause harm to our patients. Our engagement events

have shown that our patients agree.

To do this, we will continue to review our processes to ensure they are as efficient as possible, while keeping the needs of our patients central.

As well as the national targets above, we will focus on the following targets to improve our responsiveness as a Trust to patients who complain.

## Target 1

Over the last 12 months the Trust has consistently been one of the strongest performing ambulance services. It is currently the third highest national performer in implementing the new ARP standards.

Additional recurrent funding has been secured over the last six months for additional frontline and Emergency Control Services staff, and we have also introduced an additional Incident Response Team to further strengthen our resilience capability.

**We will review our operational model by quarter three and work towards delivering the revised standards as set out in ARP.**

in dealing with complaints from the patients and public we serve. We will undertake a review of our complaints responses, supported by our patients, to ensure that our complaints responses include the appropriate information and express our apologies in a genuine way. We will aim to further improve the turnaround time for our letters and include more information in relation to the lessons we have learned. In addition we will

continue with our patient and staff stories at the Board, which have been instrumental in making sure the executive team understand better the experiences of our patients and staff.

**Over 75% of complaints letter being responded to within the 35 day timescale**

## Target 2

The Patient Experience Team is working with the sector teams to provide feedback and actions to enable learning from complaints. We continue to respond within timelines for complaints, meeting the majority of patient response within 35 days.

Throughout 2018-19 we will focus on improving further our processes



# Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

**Goal: To increase the percentage of our people who have been trained and provided with leadership development.**

Evidence shows that people who are engaged and happy in their jobs, respected and given opportunities to learn provide better care for their

patients. Our goal is to increase the percentage of people who would recommend our Trust as a place of work. By supporting our people to develop, we are improving the culture and ethos of the Trust – both as a place to work, and as a patient. This goal will be supported by the targets outlined below.

## Well led

During 2017-18 we have strengthened our leadership team, our governance systems and processes and set out key strategies e.g. People and Organisational Development, IM&T, which will act as key enablers going forward to the delivery of our strategic objectives.

### Target 1

Our statutory and mandatory training programmes ensure the safety and well being of staff and patients. During 2017-18 we moved the majority of our training to on-line e-learning and also implemented a new reporting tool on ESR to improve the ability to monitor and report compliance. We have chosen a target of 85% compliance to demonstrate that our staff comply with statutory and

mandatory requirements which have a direct impact on patient safety.

**85% compliance with statutory and Mandatory training 2018-19**

### Target 2

Fully implement our leadership development programmes at all levels and develop a culture of professionalism, with all staff clear about their roles and responsibilities.

**Leadership programme developed and implementation plan in place**

Will continue to implement the P&OD strategy through 2018-19 and progress the addition of activity outlined below:

- Implement our Trust strategy and refresh supporting strategies.
- Complete re-structures.
- Develop and implement staff communications and engagement model.
- Continue to strengthen Risk Management systems and processes.
- Continued implementation of the Quality Improvement Plan and Quality Improvement capability across the organisation.
- Maintain the focus on culture and holding people to account.
- Developing a culture of professionalism, with all staff clear about their roles and responsibilities.
- Complete re-negotiation in terms and conditions of annual leave and flexible working.
- Continue to strengthen IM&T resilience.





## Section 3:

# Looking Back: Quality performance 2017-18

The progress against our targets and goals we set out in our Quality Account 2017-18 are outlined here, under the quality domain headings.



## Quality Priorities 2017-18

The priorities for 2017-18 as set out in our previous Quality Account (2016) are highlighted below against the 3 domains for quality, Patient Safety, Experience and Effective care. Progress against each of the domains is provided, where relevant impact key performance indicators are included

### Patient Safety

During 2017-18 we introduced and established a new integrated Quality & Assurance directorate which aligns quality functions into one directorate. Recruitment to new posts has now concluded and the structure brings both an increase in capacity and capability to the quality agenda across the trust. Quality governance frameworks have been reviewed and rationalised with clear lines of reporting via new Terms of Reference, minutes and key issue reports to provide assurance and allow escalation of issues from 'floor to Board'. A risk management improvement programme has also been developed and continues to be implemented to identify key safety and quality risks more accurately and to ensure staff are trained in identifying risks and regularly review and assess risks to patient safety and quality of care.

## Target 1: Development of pathways for patients who fall, have mental health issues, are at the end of life and bariatric.

Our strategic intent document, developed during 2017-18, sets out the further system wide pioneering services we aim to develop and deliver during 2018-19 and onwards. This year work has progressed in relation to mental health support, with increased training, alternative care pathway development, data sharing alongside the recruitment of an additional 3 mental health professionals to provide advice in the clinical hub and support the initiation a mental health response car. This is a pilot to enable mental health clinicians to work alongside paramedics to respond to patients undergoing a mental health crisis, and commenced in December 2017. This will be evaluated and, if successful, rolled out to other sectors.

In addition the Trust has been successful in gaining funding for three full time staff to provide dedicated support to End of Life care providing advice and training for staff in giving support to families and patients at end of life. In addition clinical audit, alternative care pathway utilisation and service development will also be part of this remit.

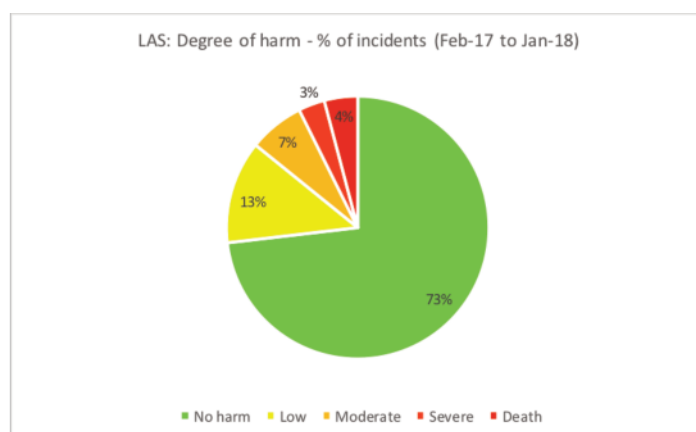
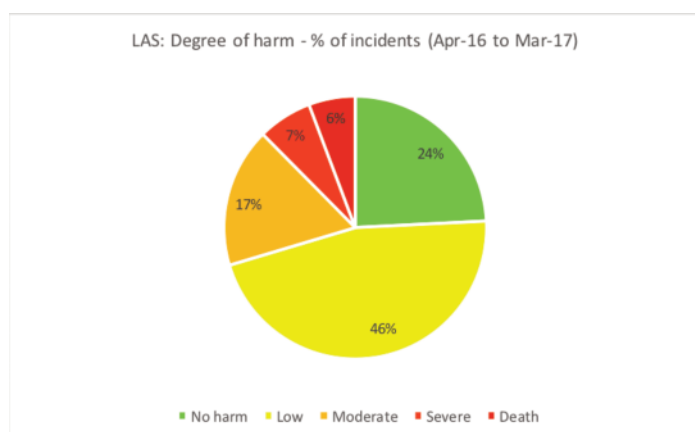
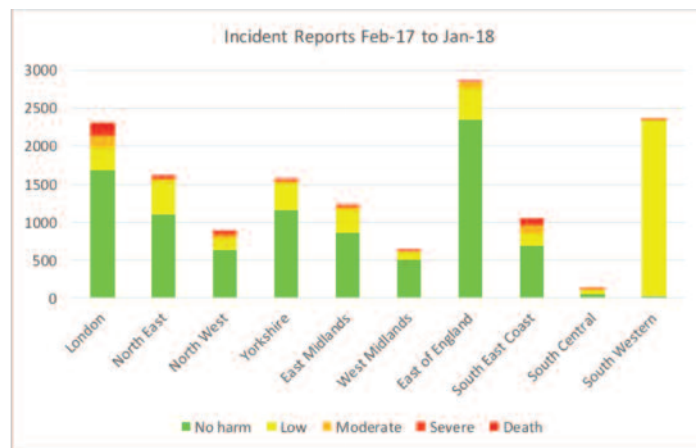
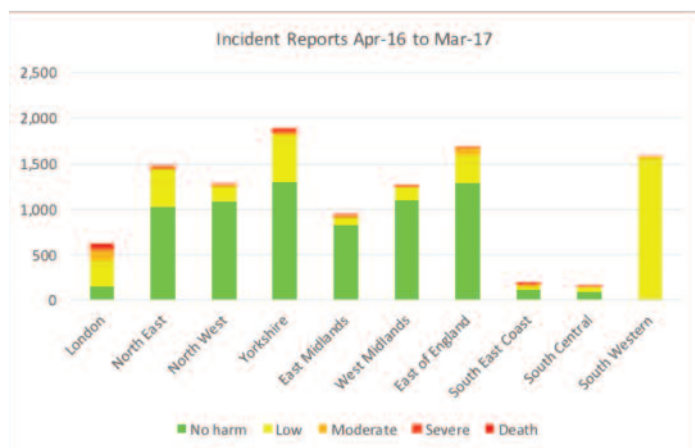
A Bariatric equipment business case is being presented to ELT at the end of February 2018, this outlines a significant investment, this will need to align to the current logistics work programmes and consider the impact of the ARP future operating models. In addition considering the type of equipment and support we require to ensure these patients have effective and dignified care.

## Target 2: Improve and embed learning from incidents

A learning and quality improvement framework was agreed by the Board in November 2017 and is now being implemented, supported by a communication strategy. Implementation will be complete by March 2018 and continuous embedding of the framework will continue, supported by the revised quality assurance framework. In addition monies to train a cohort of staff in quality improvement methodology and human factors was also provided by NHSI. This programme of work will start in January 2018 and continue throughout 2018.

We have evidence of learning from incidents from the inclusion of feedback in core skills refresher courses, various changes to working practices, i.e. ventricular fibrillation, managing patients with spinal injuries. During 2017-18 we had an independent review by our internal auditors (KPMG) who gave the Trust Significant Assurance rating with regard to the serious incident investigation and learning process.

In addition our no/low harm reporting rates have improved to a currently in the higher quartile compared to national benchmarked levels during 2017-18. LAS are now reporting over 90% of incidents within the no/low harm category (see charts opposite).



## Learning from experience

Below show some examples of where the Trust have made improvements as a result of serious incident investigations:

- 1 Change in practice regarding the management of cardiac arrests as a result of a significant number cases concerning delayed defibrillation
- 2 Changes within the Gazetteer system to improve the accuracy of locations across London
- 3 Policies that have been identified to be unfit for purpose have been reviewed and updated
- 4 Improved training, compliance audits and the development of a new policy for the management of breached Patient Group Directions
- 5 Guidance issued to staff on the management of paediatric patients with particular focus on the measurement of oxygen saturations
- 6 Development of a feedback mechanism of all maternity related incidents to the maternity training programme
- 7 Process for investigating and managing thematic reviews of similar incidents. For example; delayed defibrillation and the Non-emergency Transport Service
- 8 Equipment concerns highlighted to the equipment replacement programme which assisted in the development of business cases to replace specific pieces of equipment
- 9 Learning from incidents training delivered to all EOC staff and included on the paramedic academy courses
- 10 Incorporation of case studies to the internal leaning from incidents Insight magazine
- 11 Changes to practice included in core skills refresher courses for both EOC and frontline operations
- 12 Case studies included in the internal Clinical Update magazine



## Patient Experience

### Target 1: Effective and consistent risk assessment completed for patients presenting with a mental health crisis

Revision to the risk assessment tool and training have been introduced during the year, we have seen an improvement in the quality of mental health assessments, with a current average of 91% of core criteria being recorded as demonstrated through the monitoring of monthly clinical performance indicators. In addition bespoke training has been delivered by our mental health nurses to staff within our emergency operation centres, call handling staff and clinicians; to specialist response teams such as the joint response unit; to specific cohorts of staff such as incident response officers and clinical team leaders (with over 200 staff trained in specific areas such as mental capacity). We anticipate the introduction of mobile devices will further improve our ability to carry out and record assessments real-time with guidance immediately available from various 'apps' that staff can access quickly on-scene.

### Target 2: Improved compliance with Infection Control standards

Infection control issues identified internally and through CQC, have improved significantly, we are seeing the majority of sectors showing over 90% compliance

against their monthly performance on hand hygiene. Infection control practices at A&E have also improved, vehicle cleaning remains an area of focus as does hygiene standards in some identified stations. These are being closely monitored through regular quality assurance visits. We will utilise more fully the Perfect Ward app to allow digital uploads of data from station visits during 2018-19

### Target 3: Ensure patients have timely and appropriate access to services

System wide demand management projects to improve care and experience of patients have seen improved response times, with the Trust meeting the majority of targets consistently.

Work undertaken with specific frequent callers has shown

considerable reductions utilising a multi-agency approach to case management to our highest volume callers. However we are reviewing the resources required to support the delivery of a programme to increase the potential of reducing the significant impact this patient group have on demand in 2018-19. The aim will be to enable case management to be undertaken for a larger number of cases through increasing capacity within the current dedicated frequent caller team, allowing increased involvement in system wide initiatives, evaluation of interventions on patient outcomes, patient experience, operational and system wide performance.

#### Trust-wide performance:

Consistently meets response targets under the new operational model as outlined on page 38, Table 12.

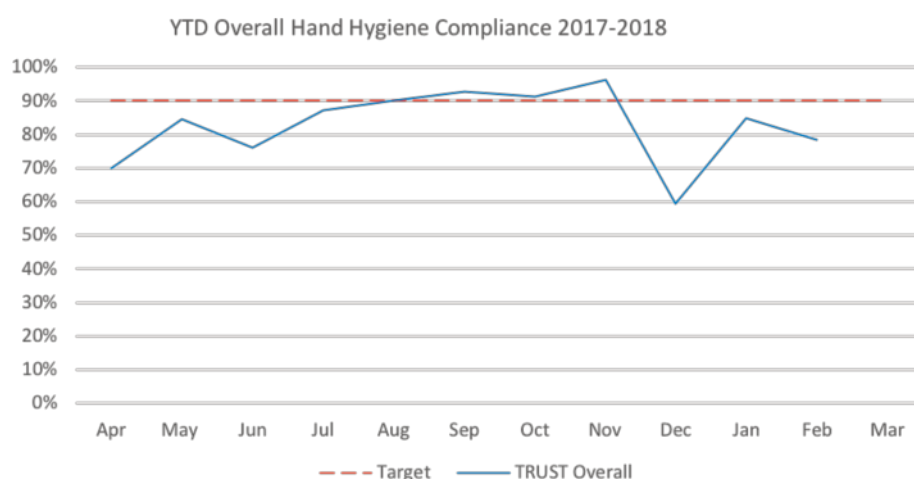


Table 3

|               | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan    | Feb   |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| Trust Overall | 97.0% | 97.0% | 94.8% | 94.3% | 96.8% | 95.7% | 93.0% | 95.0% | 95.0% | 93.0%  | 91.0% |
| North East    | 95.0% | 95.0% | 97.8% | 96.2% | 96.0% | 97.0% | 98.0% | 98.0% | 98.0% | 98.0%  | 97.0% |
| North Central | 99.0% | 99.0% | 82.5% | 91.2% | 97.0% | 97.0% | 97.0% | 90.0% | 97.0% | 91.0%  | 97.0% |
| North West    | 99.0% | 99.0% | 98.3% | 98.0% | 98.0% | 96.0% | 96.0% | 93.0% | 96.0% | 98.0%  | 98.0% |
| South East    | 99.0% | 98.0% | 98.3% | 95.5% | 97.0% | 98.0% | 99.0% | 97.0% | 95.0% | 95.0%  | 99.0% |
| South West    | 97.0% | 97.0% | 94.0% | 94.0% | 96.0% | 98.0% | 99.0% | 97.0% | 95.0% | 95.0%  | 96.0% |
| Others        |       |       |       |       |       |       | 95.0% | 95.0% |       | 100.0% | 91.0% |
| HART          |       |       |       |       |       |       | 65.0% | 81.0% | 89.0% | 80.0%  | 65.0% |
| NETS          | 93.0% | 93.0% | 9.3%  | 91.0% |       | 88.3% | 96.0% | 95.0% | 83.0% | 87.0%  | 85.0% |

## Clinical Effectiveness

### Target 1: Improve outcome as reported Ambulance Quality Indicators

We have implemented and constantly measure best practice models of care following the introduction of the Ambulance Response Programme (ARP) in October 2017. Currently we are 3<sup>rd</sup> best performing ambulance trust nationally against these response time indicators.

We have maintained our programme against the Stroke Care bundles at 96%. However, in relation to STEMI patients we are below the national average. We will continue to focus on this.

### Target 2: Standardise hospital handovers including the use of NEWS for the sickest patients

We recognised that hospital handover delays is a multi-factorial system problem and we needed to work together to identify issues at each stage and resolve them. The LAS has worked with key stakeholders from across London in an approach to assuring the safety of ambulance handovers and delivering improved performance and a reduction in the average duration of ambulance handovers across London.

### ED Site visits up to October 2017

The Emergency Care Improvement Programme (ECIP) were tasked to complete a series of site visits and assessments leading to improvement recommendations at various acute hospitals. Follow up visits commenced in October/November to measure progress against the individual recommendations made by ECIP. This work has also included widespread sharing of Patient Flow guidance with operational leads at each acute site and the identification of LAS contacts for trusts.

LAS engagement managers have worked with their local EDs to support ECIP led initiatives designed at reducing the potential for handover delays to occur. By identifying patients who could either wait or be seen in a hospital chair (#fit2sit). Or through reviewing the conveyance choices made by LAS clinicians (Front Door Challenge); for example could their patient of been seen in another area of the department, or have been conveyed/referred to an alternative pathway.

**Sharing of LAS predicted data**  
Predictions of LAS activity for conveyance numbers by day of week/hour to each ED were shared to support stakeholders in their winter planning. LAS predicted activity is shared weekly with the NHS E Winter Room for inclusion in its daily update report

### Cohorting process

Patient cohorting is a process whereby ambulance clinicians handover the care of their patient to an ED clinician immediately after triage regardless of bed availability. This can allow ambulances to become available for dispatch to another incident more quickly; it is the responsibility of Acute Trusts to implement and staff this. Ambulance-led cohorting is the same process, but is implemented and staffed by the LAS because it is felt that the risk of not doing so would be to the significant detriment of the Trust and patient safety. A standard process for Cohorting across London including the triggers and reporting process for when it can be used has been designed and implemented with the agreement of NHS E.

NEWS is based on a simple scoring system which allocates a score to physiological measurements in adult patients. The aggregate NEWS score provides an indication of how unwell the patient is. Patients are assessed and attributed a score and category (Red  $\geq 7$ , Amber 5-6 and Green  $<5$ ) the categories are regarded as high, medium and low risk respectively. The trial started on 21.12.17, a NEWS card is attached to the patient whilst waiting where handover is delayed and/or cohorting is implemented. The card is contained within a plastic wallet, an elastic band is used to attach the card to the patient's wrist. The card is folded to ensure that the appropriate red, amber or green

Table 4

|                 | 2017-18*    |                          | 2016-17     |                          |
|-----------------|-------------|--------------------------|-------------|--------------------------|
|                 | LAS average | National average (Range) | LAS average | National average (Range) |
| STEMI patients  | 69.9%       | 76.5%<br>(64.3% – 91.7%) | 70.6%       | 79.3%<br>(60.5 – 90.8)   |
| Stroke patients | 96.9%       | 97.1%<br>(94.1% - 99.8%) | 96.8%       | 97.6%<br>(94.4 – 99.2)   |

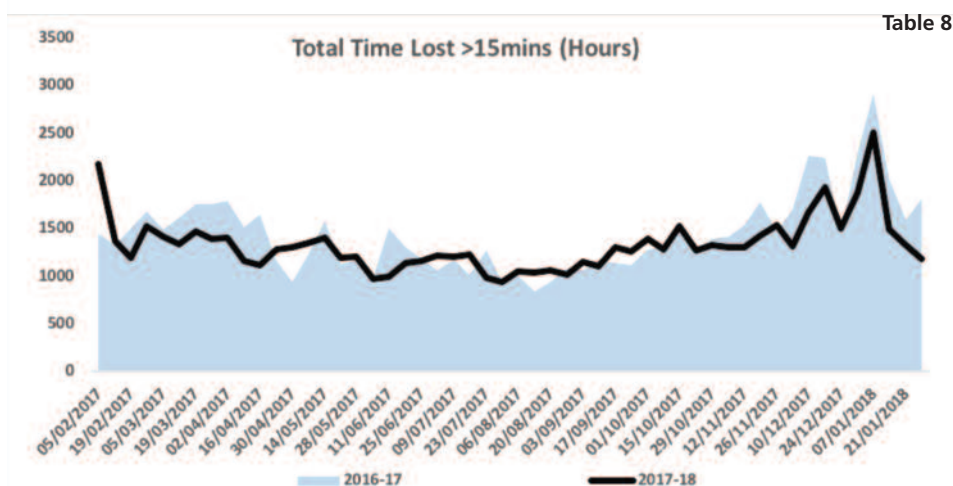
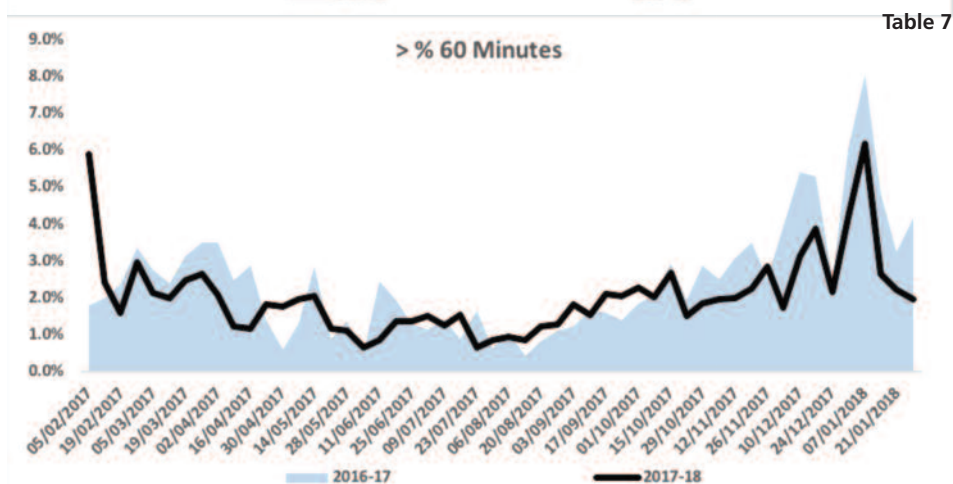
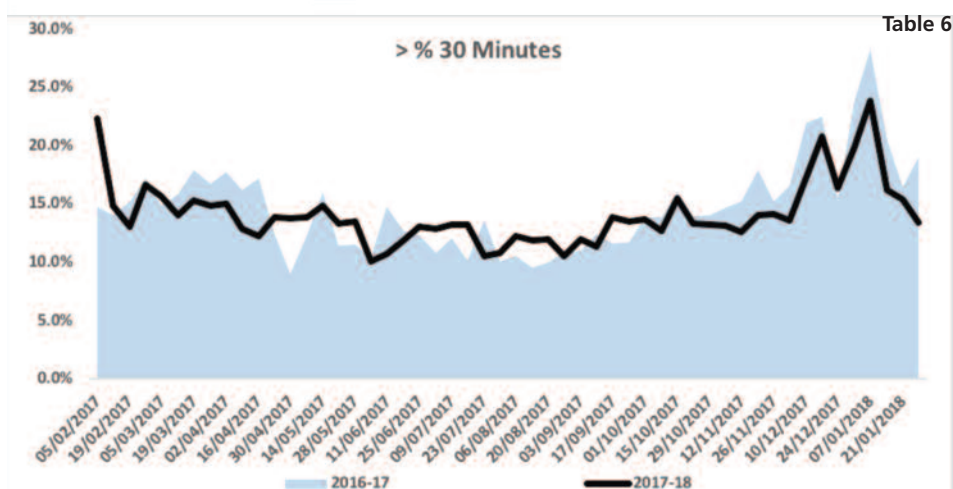
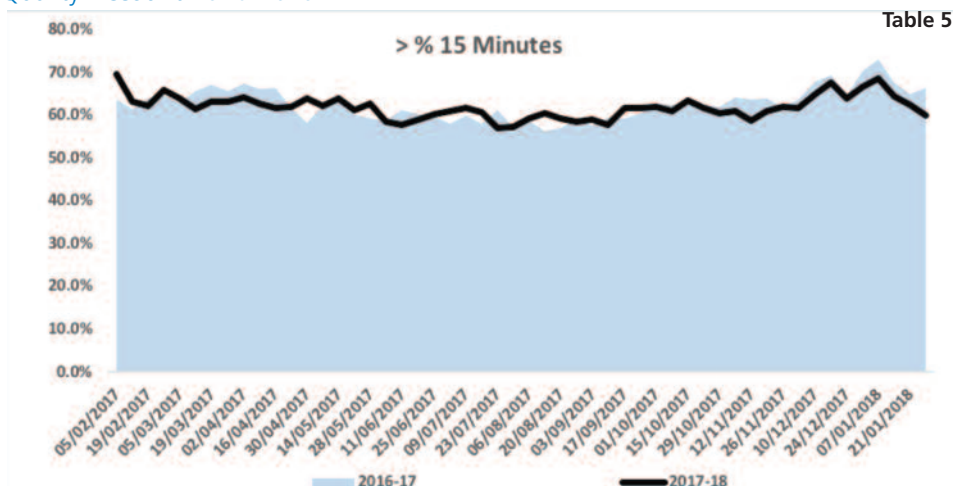
\*At the point of preparation of this Quality Account, NHS England reported data for April to September 2017.

page is visible before being placed into the plastic wallet which is then attached to the wrist of the patient. It is intended that staff would commence use of NEWS cards where the anticipated wait is likely to exceed 30 minutes and in all cases where Cohorting is commenced. The NEWS is reassessed every 30 minutes until the patient is handed over to ED staff. The trial aims to assess the impact of handover delays on patients, assisting in the identification of unwell or deteriorating patients.

#### Performance update Jan 2018

As the following charts highlight hospital performance in 2017/18 when measured by handovers over the 15, 30 and 60 min target and total time lost has improved against the same period in 2016/17

Our work on hospital handovers has been recognised as outstanding practice and has played a significant role in reducing waiting times for patients, we will continue this work through 2018-19.





## Target 2: Develop a mortality and morbidity review process

We have introduced a mortality review group to ensure information is available in relation to specific groups/themes to target learning and improvement. We are also working with other ambulance trust to ensure we have a standardised approach to share learning across different organisations. The outcome of the analysis is aggregated with information from SIs, incidents, complaints, claims to provide identification of themes and focus improvement efforts. Preventing Future Deaths notices are now reported into this group and also discussed at Quality Oversight Group to enable thematic analysis of trends across all incidents.

We are also working with other ambulance services to agree a standardised approach to mortality reviews and to share learning across different services.

### Conclusion

Our progress during 2017-18 has been significant and has brought about much improved outcomes for our patients, as demonstrated in this section of the report. We will strive to continually improve and sustain that improvement through our quality improvement plans for 2018-19 and beyond.



## Section 4:

# Statements of assurance from the Board

## Statements mandated by NHS England

Each year we are required to report a number of mandatory statements, which you will find reported in this section:

### Data Quality Assurance

The London Ambulance Service manages data quality for Accident & Emergency information, using a bespoke application developed internally. All information received from the 999 CAD system, Command Point, Mobile Data Terminals (MDT) and Patient Report Forms (PRFs) is processed through this application. Within the application, records that satisfy any of the pre-defined validation rules are presented for reviewing, and can be amended where necessary, if there is adequate evidence available to do so.

Records are reviewed for:

- Illogical time sequences between timestamps
- Unlikely gaps between timestamps
- Incorrect hospital codes
- Missing timestamps where one would be expected
- Conveyances by non-conveying vehicles
- Patient Handover breaches at hospital
- Mismatched Patient Report Forms (PRFs)
- Discrepancies between Command Point, MDT, and PRF data

A facility is available to allow staff outside of Management Information to request a review of any data items. These data quality queries are submitted via the

Business Intelligence (BI) Portal for consideration by the Data Quality team to ensure that they meet agreed rules. No-one outside of the Data Quality team within MI can make amendments to any records. There is an audit history for any record flagged for reviewing, and all changes and actions taken (or not taken as the case may be) are logged with the username/change made/date/time.

All reports produced by the Business Intelligence team follow a pre-determined check list to ensure accuracy and compliance with Ambulance Quality Indicator guidance. Every report is peer reviewed and approved by a senior member of the team prior to publication

A report demonstrating compliance against the Ambulance Quality Indicators (AQI) guidelines is submitted annually to Executive Leadership Team (ELT) for approval. A data quality strategy is under development to be approved by the Trust Board in 2018.

### Income

The income generated by the NHS services reviewed in 2017 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2017/18.



## Clinical Effectiveness and Audit

The London Ambulance Service NHS Trust has a robust clinical audit and research programme that focuses on both local and national areas of priority. In 2017/18 the LAS examined the care provided to a wide range of patients including those that had a heart attack, cardiac arrest, stroke, trauma, mental health related conditions and paediatric care. Our research programme continued to grow and alongside our existing cardiovascular studies (including the world's largest randomised controlled trial of adrenaline in cardiac arrest), we launched a new randomised control trial examining whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.

In addition to continuously assessing the care provided to

cardiac, stroke and trauma patients, during 2018-19 we will focus on sepsis care with the introduction of a new continuous registry. We will also continue to audit the appropriateness of decisions made for patients who are discharged at scene and then re-contact the Service within 24 hours having severely deteriorated or died unexpectedly.

### Clinical audit

During 2017/18, only one national clinical audit and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the London Ambulance Service NHS Trust participated in 100% of national clinical audits, which it was eligible to participate in.

The national clinical audit and national confidential enquiries that the London Ambulance Service NHS Trust was eligible to participate in during 2017/18 are as follows:-

### NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

- Outcome from cardiac arrest – Return of Spontaneous Circulation (ROSC)
- Outcome from cardiac arrest – Survival to discharge
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

The London Ambulance Service NHS Trust submitted the following

| National Clinical Audit   | Number of cases eligible for inclusion | Number of cases submitted | Percentage of cases submitted |
|---|--|---------------------------|-------------------------------|
| NHS England AQI: Outcome from cardiac arrest – ROSC<br>a) Overall group<br>b) Utstein comparator group  | a) 1,962<br>b) 263                     | a) 1,962<br>b) 263        | 100%                          |
| NHS England AQI: Outcome from cardiac arrest – Survival to discharge<br>a) Overall group<br>b) Utstein comparator group   | a) 1,881<br>b) 235                     | a) 1,881<br>b) 235        | 100%                          |
| NHS England AQI: Outcome from acute STEMI<br>a) Primary percutaneous coronary intervention (PPCI) delivered within 150 minutes of call.<br>b) Care bundle delivered (includes provision of GTN, aspirin, two pain assessments and analgesia)  | a) 658<br>b) 1,531                     | a) 658<br>b) 1,531        | 100%                          |
| NHS England AQI: Outcome from stroke<br>a) Face Arm Speech Test (FAST) positive stroke patients potentially eligible for thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call.<br>b) Care bundle delivered (includes assessment of FAST, blood pressure and blood glucose) | a) 3,737<br>b) 6,411                   | a) 3,737<br>b) 6,411      | 100%                          |

Table 9

Table 10

| 2017-18*        |             |                          | 2016-17     |                          |
|-----------------|-------------|--------------------------|-------------|--------------------------|
|                 | LAS average | National average (Range) | LAS average | National average (Range) |
| STEMI patients  | 69.9%       | 76.5%<br>(64.3% – 91.7%) | 70.6%       | 79.3%<br>(60.5 – 90.8)   |
| Stroke patients | 96.9%       | 97.1%<br>(94.1% - 99.8%) | 96.8%       | 97.6%<br>(94.4 – 99.2)   |

\*At the point of preparation of this Quality Account, NHS England reported data for April to September 2017.

information regarding the provision of an appropriate care bundle to STEMI and stroke patients to NHS England for the reporting period 2017/18 and 2016/17.

The London Ambulance Service NHS Trust considers that the data in the table above is as described for the following reasons: data are captured by the LAS from clinical records completed by ambulance staff attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported directly to NHS England.

The reports of the above national clinical audits were reviewed by the provider in 2017/18 and the London Ambulance Service NHS Trust has taken actions to improve the quality of healthcare provided as set out in Appendix 1.

## CQUINS

A proportion of London Ambulance Service NHS Trusts income in 2017/18 was conditional on achieving quality improvement goals within the contract. The 2017/18 CQUIN schemes were set according to the Commissioning for Quality and Innovation payment framework and either set nationally, or agreed with the lead Commissioner, Brent CCG, acting on behalf of the pan-London CCGs. Further details of the agreed goals for 2017/18 are detailed in Appendix 2. Achievement will be confirmed following the final Q4 submission, due in April 2018.

## Serious Incidents (SIs)

A total of 459 cases were reviewed by the Serious Incident Group in 2017/18. Of these, 92 incidents were deemed to meet the criteria to be declared as serious to NHSE.

In July 2017 the SI investigation process was reviewed and significant changes made. The process was launched in August 2017. Improvements were made to the DatixWeb system to enable clearer monitoring and enhance compliance with internal and external deadlines. Current Lead Investigators across the Trust attended an update/refresher training day and the Quality, Governance and Assurance Team provide serious incident investigation training each month for new investigators. As of March 2018 a total of 57 managers have been trained to investigate serious incidents. To assist in times of high operational demand, significant efforts have been made to utilise managers from other areas of the Trust. Of the 57 trained investigators 38 are operational managers and 19 are from non-operational backgrounds.

Currently the Trust does not have any serious incident investigations that have breached the 60 working day deadline to the CCG. During January 2018, the Trust instructed KMPG to undertake an independent audit of the revised serious incident process. The outcome of this provided significant assurance that the Trust was investigating incidents effectively, actions were taken in a

timely manner, patients and relatives were informed and staff were supported.

Quarterly thematic reviews have shown issues concerning call handling and dispatch and clinical treatment. Themes from the reviews have been shared across the Trust and actions to address the concerns have been incorporated into an intensive actions plan for the Emergency Operations Centre (EOC). Additional actions have been taken in relation to the clinical treatment concerns and are detailed below.

## Learning from experience

Below show some examples of where the Trust have made improvements as a result of serious incident investigations:

- 13 Change in practice regarding the management of cardiac arrests as a result of a significant number cases concerning delayed defibrillation
- 14 Changes within the Gazetteer system to improve the accuracy of locations across London
- 15 Policies that have been identified to be unfit for purpose have been reviewed and updated
- 16 Improved training, compliance audits and the development of a new policy for the management of breached Patient Group Directions
- 17 Guidance issued to staff on the management of paediatric patients with particular focus on

the measurement of oxygen saturations

- 18 Development of a feedback mechanism of all maternity related incidents to the maternity training programme
- 19 Process for investigating and managing thematic reviews of similar incidents. For example; delayed defibrillation and the Non-emergency Transport Service
- 20 Equipment concerns highlighted to the equipment replacement programme which assisted in the development of business cases to replace specific pieces of equipment
- 21 Learning from incidents training delivered to all EOC staff and included on the paramedic academy courses
- 22 Incorporation of case studies to the internal leaning from incidents Insight magazine
- 23 Changes to practice included in core skills refresher courses for both EOC and frontline operations

24 Case studies included in the internal Clinical Update magazine

#### Future developments

During 2016/17 the Chief Quality Officer led an in-depth review of the serious incident process with the objectives to review the time taken to investigate incidents and improve the sharing of learning from investigations. The reviewed process amended and three nominated Executive Directors now form a panel for reviewing and signing off reports.

The focus for 2018/19 will be centred on the development of the Quality Governance and Assurance Team. To date the team has a newly appointed Head of Quality Governance and Assurance, current roles have been reviewed, job descriptions developed or updated and clear lines of responsibility have been assigned. Work will continue to appoint a dedicated risk manager and a team of business partners to provide an additional level of support to the serious incident process and lead investigators.

#### Duty of Candour

Duty of Candour training is part of the mandatory training for all relevant members of staff and is valid for three years. Currently 4,446 (87%) members of staff have completed the training. Additionally all Lead Investigators are provided with the regulation 20 compliance requirements, its place within the serious incident process and the history of the regulation.

The role of the lead investigator will include the requirement to have a robust working knowledge of the Duty of Candour process and these individuals will be responsible for ensuring compliance will all investigations assigned to them. Further support regarding the Duty of Candour is found in both the revised Duty of Candour Policy and Serious Incident Policy. To improve the monitoring of Duty of Candour compliance in relation to serious incidents and those graded as moderate harm, the Datix Web system was developed to include a section dedicated to the individual stages and allows for compliance reports to be reviewed.





## CQC

Following the June 2016 Care Quality Commission (CQC) inspection of the service, the LAS developed a Quality Improvement Programme (QIP) which was a single overarching plan to address quality improvement in the Trust. A clear programme of delivery, accountability and governance was established, led by the Chief Quality Officer and supported by a Programme Management Office (PMO), to ensure oversight and leadership in the delivery of our QIP via Executive Leadership Team meetings and via Quality Oversight group, Quality Assurance Committee and Board.

This Quality Improvement plan has been delivered the majority of actions completed, with a number of actions being incorporated into business as usual for Directorates; projects of a more complex nature, which are yet to be completed, are being incorporated into the 2018/19 Business Plan.

The CQC has conducted a Well-Led inspections of The London Ambulance Service NHS Trust on March 21<sup>st</sup> and 22<sup>nd</sup> 2017 . Two unannounced visits were also carried out in:

- Emergency Operations Centres
- Urgent and Emergency Care sites

The final report will not be available prior to the publication of the annual Quality Account, however initial feedback is positive and the report will be available in May 2018.

## Safeguarding

The London Ambulance Service NHS Trust are continuing to ensure the safeguarding of children and "adults at risk" this remains a focal point within the Trust, which is committed to ensuring all persons within London are protected at all times.

The Trust has seen an increase of incidents and safeguarding concerns raised by our staff to 1.95% reporting around 1800 concerns a month to the local authorities. The Trust has recruited a full time administrator to assist with the increased workload.

During the year we have introduced two new policies:

- Safeguarding supervision policy
- Chaperone policy

We have also improved our governance arrangements and introduced several quality assurance practice review groups that scrutinize concerns raised by staff and ensure best practice to protect those at risk.

- Child Death Review Group
- Safeguarding Incident Review Group
- Care Home Review Group
- Prevent Review Group

The Trust continually seeks to learn from practice and detailed below is some of the learning from safeguarding cases in 2017-18:

- A Safeguarding Adult Review (SAR) Found that the LAS and other agencies failed to notify the police of severe neglect, we are now working in partnership with the police and have produced materials on the importance of involving the police in safeguarding cases and provided training to over 90% of clinical staff.  
We have also written an article for the Trust "Clinical News"
- Following a Serious Case Review (SCR) it was felt staff did not gain enough information about a situation and missed vital facts. We have since improved our safeguarding training and included a section on professional curiosity.



- The Trust has also introduced an escalation policy for repeat safeguarding concerns raised by staff, this is a result of several case reviews which identified we made multiple referrals for patents, but these were unsighted and no additional action was taken.

The Trust continues to improve its safeguarding practice and during 2017-18 has:

- Established pathway for young violence referrals to "Red Thread"
- Increased partnership working and engagement
- Introduced safeguarding supervision
- Fully integrated 111 safeguarding into Trust processes
- Improved response for safeguarding information to partners through recruitment of a full time administrator.

The Trust has a good working relationship with a wide range of partners. Working in Partnership is vital to protect people from abuse and neglect. The Safeguarding Team continues to support and educate staff to recognize the signs of abuse and neglect, report concerns and monitor and assure safeguarding practices through on going audit review groups.

## Staff Survey

For 2017 the survey was sent to all Trust staff electronically for the first time. Of 4970 eligible employees 2664 questionnaires were completed, giving an overall response rate of 54%. This is the highest ever response rate for the Trust and supports the determination of the Executive Team to gain extensive feedback on the employee experience to inform developments and focus for 2018/19.

The average response rate across all Ambulance Trusts was 46%. LAS' response rate is therefore significantly higher than other Ambulance Trusts.

The main published report sees the findings of the questionnaires summarised by the national survey centre Picker Europe, on behalf of the Department of Health, presented in the form of 32 Key Findings (KF). This year the Key Findings are presented under nine themes listed below:

- Appraisals and support for development
- Equality and diversity
- Errors and incidents
- Health and wellbeing
- Job satisfaction
- Managers
- Patient care and experience
- Violence, harassment and bullying
- Working patterns

### Overall indicator of staff engagement

The staff engagement score ranges from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their Trust) and 5 indicating that staff are highly engaged.



The Trust score was 3.36 compared with 3.39 in 2016.

The overall indicator for staff engagement is calculated using three key findings:

- Staff recommendation for the Trust as a place to work or receive treatment
- Staff motivation at work
- Staff ability to contribute towards improvements at work

### Summary of Key Improvements and Developments

The categories where the Trust has performed better are:

- Working patterns
- Patient care and experience
- Reporting incidents

The categories where the Trust performed less well are:

- Violence, harassment and bullying
- Equality and Diversity

The key findings which benchmarked higher than other Ambulance Trusts were:

- % satisfied with the opportunities for flexible working
- Effective team working

By key finding, the areas where the Trust needs to focus improvement is:

- % staff appraised in last 12 months

- % believing the organisation provides equal opportunities to career progression/promotion
- % reporting good communication between senior management and staff
- % agreeing that their role makes a difference to patient/service users
- % experiencing harassment, bullying or abuse from staff in last 12 months
- % reporting most recent experience of harassment, bullying or abuse

### Key staff groups

#### Gender

Women had more positive scores overall than men (26 out of the 32 key findings). Women had a staff engagement of 3.43 compared with 3.34 for men. Slightly less women had appraisals (73% v 75%) and also scored higher in levels of work related stress and attending work despite feeling unwell. None of these scores were statistically significant differences.

#### Black and Ethnic Minority staff

In 21/32 key findings BME staff had a more positive response than white staff. An additional 2 key findings had the same score. BME staff had a staff engagement score of 3.43



compared with 3.36 for white staff. BME staff had higher levels of job satisfaction except for their perceived ability to contribute towards improvements at work. BME staff reported higher rates of experiencing bullying and harassment from white staff (38% v 31%) and a slightly lower rate of reporting (30% v 31%). Levels of appraisal were 5% less for BME staff and they also rated the quality of training lower.

The scores with the most significant difference were in relation to Equality and Diversity. 37% reported experiencing discrimination at work compared with 26% of white staff and 47% felt that the organisation provides equal opportunities for career progression and promotion compared with 62% of white staff.

### Taking Action

A network of Staff Survey Champions has been identified to create and deliver action plans

locally across all areas of the Trust. Champions have been encouraged to work with their local union reps in taking forward this work. Each Champion has been provided with a survey report for their area and will engage with their colleagues to identify the areas for improvement and potential actions. It was recommended that each action plan focused on 3 actions.

Champions came together to provide them with an overview of the staff survey outcomes and a toolkit to support the development of action plans. Follow up events will be planned during the year to provide an opportunity to update on progress, share ideas and provide support in the development and delivery of action plans. Basecamp (an online sharing platform) has been set up as a document repository and as an area to share information and provide peer support.

As each local area has been asked to identify 3 actions, the Trust decided upon a Corporate action plan to

supplement this with 3 Service wide actions based on the 3 key findings which had a statistical decrease in 2017.

These are:

- % believing the organisation provides equal opportunities for career progression (by 14%)
- % able to contribute towards improvement at work (by 4%)
- % reporting good communication between senior management and staff (by 3%)



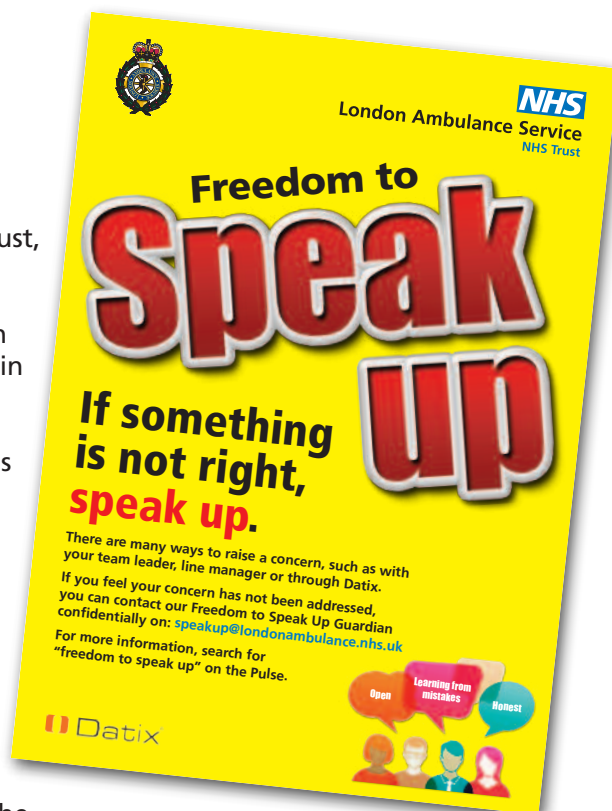
## Freedom to speak up

Freedom to Speak Up Guardians have been introduced in each NHS Trust, as a result of the recommendations in the Francis Report. A Guardian was appointed at the LAS in October 2016, and undertook this role in addition to her core role as Head of Patient & Public Involvement and Public Education. She stepped down at the end of December 2018, to be replaced by a full-time interim Freedom to Speak Up Guardian, who was tasked with promoting the role in the Trust and facilitating the recruitment of a permanent Guardian.

Since the role was introduced the Trust has:

- Announced the role in the internal Routine Information Bulletin and produced a leaflet to be attached to staff payslips.
- Established a Freedom to Speak Up LAS group, with dates to meet quarterly.
- Agreed reporting arrangements to the Trust Board.
- Designed a secure recording and reporting module on Datix, which is only visible to the Freedom to Speak Up Guardian.
- Hosted a successful visit by colleagues from the National Guardian's Office.
- Had its Freedom to Speak Up arrangements audited by KPMG. The LAS was the first NHS organisation to have taken this action.

The LAS Guardian has attended the national launch and undertaken the Freedom to Speak Up training. He is a member of the London regional network and national ambulance



network for Freedom to Speak Up Guardians.

Since the role has been introduced, a total of 9 concerns have been reported. The majority of these have related to a bullying culture across a team or part of the organisation, two have related to trust processes, two to patient safety concerns, and the remaining three have been related to infrastructure, to seek advice, or to give ideas about possible improvements. Feedback has been very positive from staff who have used this method of raising concerns, indicating that is a method of engaging with staff that should be developed further over the coming year.

## Information Governance

London Ambulance Service NHS Trust Information Governance Assessment Report overall score for 2017/18 reached 83% satisfactory, Level 2 for all requirements.

## National Reporting

London Ambulance Service NHS Trust did not submit records during 2016/17 to the secondary users service for inclusion in the Hospital Episode Statistics.

London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.



## Section 5:

# Reporting on core indicators

Table 11

In October 2017/18 the ambulance response categories changed following the national implementation of Ambulance Response Programme. The figures below will therefore represent the category achievements to October and the changed categories from October to March 2018.

### April to October categories

**Cat A** These are calls or incidents categorised as immediately life threatening, Cat A subdivides into Red 1 and Red 2. The categories are based on AMPDS codes provided by the Department of Health.

### Category A % reached in 19 mins:

The percentage of Cat A incidents where any responder capable of conveying a patient arrived at the scene of an incident within 19 minutes. This is measured from clock start to when the first conveying vehicle (MRU/CRU – if only vehicle) arrives on scene. The target is 95% within 19 minutes.

### Red 1

This is a subcategory of Cat A, these are the category of calls that are deemed the most time critical, with a requirement for an emergency response arriving at the scene of an incident within 8 minutes (75% Target). This is measured from call connect to when the first responder arrives on scene.

### Red 2

This is a subcategory of Cat A, these are the category of calls that are deemed serious but less immediately time critical, with a requirement for an emergency response arriving at the scene of an incident within 8 minutes (75% Target). This is measured from either first dispatch, determinant or 240 seconds and the clock stops

|         | A8     |        |        | A19    |        |        |
|---------|--------|--------|--------|--------|--------|--------|
|         | R1     | R2     | A      | R1     | R2     | A      |
| Apr-17  | 79.38% | 73.63% | 73.83% | 98.98% | 95.44% | 95.56% |
| May-17  | 73.71% | 71.90% | 71.96% | 98.60% | 94.94% | 95.06% |
| Jun-17  | 73.61% | 69.75% | 69.88% | 98.38% | 94.26% | 94.39% |
| Jul-17  | 72.51% | 68.55% | 68.69% | 98.64% | 94.01% | 94.17% |
| Aug-17  | 74.47% | 72.05% | 72.14% | 98.54% | 94.32% | 94.47% |
| Sep-17  | 70.70% | 68.47% | 68.54% | 98.23% | 93.75% | 93.90% |
| Oct-17  | 73.28% | 68.65% | 68.82% | 98.90% | 94.79% | 94.94% |
| 2017/18 | 73.90% | 70.40% | 70.52% | 98.61% | 94.50% | 94.64% |

when the first responder arrives on scene.

Table 11 demonstrates our achievement of these category calls during 2017-18 from April to October.

The month on month performance for A8, A19 and the year end position. As the Ambulance Response Programme was implemented on the 1<sup>st</sup> November 2017, year end position is calculated from April to 31<sup>st</sup> October 2017. By way of comparison, the 2017/18 year end position shows a considerable improvement at the same point for 2016/17. (from April to October 2016). This improvement is more noticeable for the A8, Red 1 (R1) and Red 2 (R2) measures. The overall A8 measure increased by 4.51% from 66.01% in 2016/17 to 70.5% in 2017/18. Red 1 performance increased by 5.27%, from 68.64% in 2016/17 to 73.9% in 2017/18. Red 2 performance improved by 4.47% from 65.93% to 70.40%.

Table 12

| System Indicators Post ARP implementation   | C1 Mean (00:07:00) | C1 90 <sup>th</sup> Centile (00:15:00) | C2 Mean (00:18:00) | C2 90 <sup>th</sup> Centile (00:40:00) | C3 90 <sup>th</sup> Centile (02:00:00) | C4 90 <sup>th</sup> Centile (03:00:00) |
|---|--------------------|--|--------------------|--|--|--|
| November 2017   | 00:07:03           | 00:11:28                               | 00:18:25           | 00:36:28                               | 02:13:10                               | 02:28:48                               |
| December 2017   | 00:07:23           | 00:12:04                               | 00:24:07           | 00:51:08                               | 02:58:23                               | 02:51:44                               |
| January 2018  | 00:07:08           | 00:11:43                               | 00:20:23           | 00:42:05                               | 02:24:59                               | 02:19:05                               |
| Current YTD (2017/18)*<br>* From 1 <sup>st</sup> November 2017 – 11 <sup>th</sup> February 2018 | 00:07:13           | 00:11:46                               | 00:21:14           | 00:44:13                               | 02:32:34                               | 02:31:55                               |

### System Indicators – Post ARP Implementation

The above table shows the six key indicators and our performance since the Ambulance Response Programme was implemented (November 2017). Performance in all 6 measures improved in January 2018, seeing a reduction of the time taken to respond to patients compared to December. The most significant improvement was seen in categories 3 and 4 where there was

a reduction of over 30 minutes for C3 and C4 90<sup>th</sup> centiles. The C1 mean performance has been stable week on week since November 2017, which is reflected in the monthly performance. January 2018 shows a reduction by 15 seconds to 7 minutes and 8 seconds. This is marginally above the national standard of 7 minutes. C1 90<sup>th</sup> centile shows each monthly performance successfully within the national standard of 15 minutes, this is also reflected in the year to

date position at 11 minutes and 46 seconds. C2 mean is above the 18 minutes by a few minutes each month. The year to date position shows 3 minutes and 14 seconds above the national standard. C4 90<sup>th</sup> centile has remained within the national standard of 3 hours every month since the implementation of ARP. The year to date performance is within the national standard by a substantial 28 minutes and 5 seconds.



## Complaints and Patient Advice & Liaison (PALS)

### Introduction

Patient experience and feedback is a rich source of information that allows us to understand whether our services are meeting the standards we set ourselves and meeting patients' expectations. With these objectives very much in mind, we take all patient and stakeholder feedback very seriously and do our best to offer a comprehensive response, clearly identifying any lessons and using these to improve our service, where appropriate.

It is important to ensure that patients' voices can be heard. To this end, and to compliment the information we already have available, this year we introduced two new leaflets under the banner of 'Talking With Us'. The first is available on all ambulances,

providing information about how to make a complaint or to thank our staff; the second is sent out with every complaint response, inviting complainants to feedback on their experience of making a complaint.

### Activity

Year ending March 2018, the volume of complaints dropped slightly, totalling 938 against 1016 in 2016/17. Enquiries continue to increase 4277 against 4215 being received in 2016/17. The PTS service has reduced dramatically, now operating as NETS. NHS 111 complaints (via LAS) are also hosted by the team.

The Resource Escalation Action Plan (REAP) was used during persistent periods of high 999 call demand meant that the REAP level for this year was mostly implemented at moderate or severe. The daily average for 999 calls is currently 5185. The average percentage of complaints received against calls **attended** is [0.08%].

### Complaint risk score – to 21/02/18

During 2017/18, 26 complaints and one PALS enquiry were referred to the Serious Incident Group. Of these, eight were declared as a Serious Incident.

| Risk grade 2017/18 | Data       |
|--------------------|------------|
| Low                | 807        |
| Moderate           | 125        |
| Significant        | 5          |
| High               | 1          |
| <b>Total</b>       | <b>938</b> |

### Complaint outcomes details

If a complaint is upheld, learning will be noted and actioned accordingly. This can involve a range of measures including feedback, reflective practice and bespoke training held locally, with emerging themes reported to the relevant department/Governance Committee to consider action. The Patient Experience Annual Report, published later this year, will provide a comprehensive analysis.

Table showing complaint outcomes of **closed** complaints 2017/18

| 2017/18                  | Data       |
|--------------------------|------------|
| Not upheld               | 483        |
| Partially upheld         | 117        |
| Referred to other Agency | 102        |
| Upheld                   | 83         |
| Actioned                 | 29         |
| Under investigation      | 124        |
| <b>Total</b>             | <b>938</b> |

Month on month  
2017/18

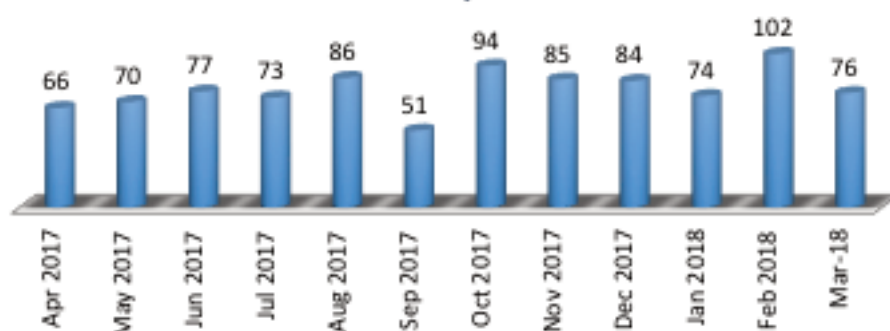




Table 13

| Complaints by subject 2017/18 | April     | May       | June      | July      | Aug       | Sept      | Oct       | Nov       | Dec       | Jan       | Feb        | Mar       | Total      |
|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|------------|
| Delay                         | 21        | 17        | 16        | 14        | 26        | 9         | 22        | 33        | 19        | 17        | 40         | 21        | 255        |
| Conduct                       | 16        | 19        | 24        | 19        | 19        | 16        | 17        | 25        | 20        | 22        | 23         | 20        | 240        |
| Road handling                 | 12        | 11        | 13        | 14        | 10        | 7         | 14        | 9         | 7         | 6         | 10         | 6         | 119        |
| Treatment                     | 1         | 2         | 5         | 1         | 7         | 5         | 16        | 8         | 9         | 8         | 14         | 4         | 80         |
| Non-conveyance                | 3         | 0         | 4         | 12        | 0         | 1         | 6         | 1         | 7         | 6         | 3          | 4         | 47         |
| Totals (above)                | 53        | 49        | 62        | 60        | 62        | 38        | 75        | 76        | 62        | 59        | 90         | 55        | 741        |
| <b>Annual totals</b>          | <b>66</b> | <b>70</b> | <b>77</b> | <b>73</b> | <b>86</b> | <b>51</b> | <b>94</b> | <b>85</b> | <b>84</b> | <b>74</b> | <b>102</b> | <b>76</b> | <b>938</b> |

## Themes

These continue to be dominated by delay and staff conduct. However, many complaints increasingly involve multiple issues, for example, call management + a delayed response + attitude of crew staff + care provided.

The top five key subjects were as show in table above:

## Performance

We have been able to achieve a significant improvement in throughput performance targets. Year to date performance is 82% responses within 35 working days.

To achieve this the following measures have been actioned

- Improved resourcing to Quality Assurance team
- Closer relationship with QGAMs
- Changes in some of the methodological processes the team use
- Changes in administrative practice at the Executive Office.
- Weekly review of complaints against target response times

We do however continue to experience external factors that can influence performance, for example telephony and IT problems.

## Examples of learning

Complaints continue to be a powerful tool to describe patients' experiences and the learning that has resulted are presented to the Patient Feedback and Learning Group.

## Staff attitude

Our practice when we receive a complaint about staff attitude and behaviour is to additionally review the care provided, which has often demonstrated a correlation.

### Example one - delay/call management

**Complaint from patient's mother that there was a delay in attending her daughter when she experienced a seizure.**

On assessment questioning, it was confirmed that the patient was had experienced a grand mal seizure, which was still in progress. This presentation amounts to a high priority emergency with a Fast Responder and an ambulance being sent whilst the call was in progress. The call handler stayed on the line and the patient stopped fitting and recovered. At this point, her symptoms were determined at a lower priority. The Fast Responder was duly stood down (as they are maintained to be sent to patients determined at a high priority. The ambulance crew were similarly diverted in favour of a patient assessed as a higher priority emergency. Satisfied that the patient was not at any immediate risk, the call handler concluded by explaining that an ambulance would be arranged but it could take up to 45 minutes for help to arrive, so a further 999 call should be made if the patient's condition changed in the interim.

The Quality Assurance evaluation found that the initial highest priority should have been maintained as the event should be assessed as a continuous fit in view of the duration. Given the complexity of the patient's care arrangements, we agreed to arrange a specific emergency care component of the patient's care plan.

### Example two - staff attitude call handler

#### **Complaint from relative about the way she was spoken to when she made the 999 call about a patient who had collapsed**

The call handler had difficulties in establishing whether the patient was breathing and was very assertive in trying to calm the caller down so that she could clarify this. However, they did not manage the situation very well, deviating from the prescribed questioning, omitting to use the breathing detector tool, failing to verify the location or to apply appropriate customer service skills. As well as feedback being given to the call handler concerned, we recommended the case be used as a training example in managing challenging calls.

### Example three - attending staff attitude

#### **Complaint from the patient about the aggressive manner towards her**

The patient was a familiar caller to 999 and made multiple complaints about ambulance staff. We had worked with the health and social care professionals responsible for her care to establish an emergency care component of her plan but we continued to look at each case on its merits. On this occasion, although we found that the overarching care provided was reasonable and that the paramedic needed to be assertive, his use of pain stimulus was unnecessary.

### Example four – treatment

#### **Complaint from patient that a nebuliser was not administered after she suffered an asthma attack**

It would seem that the paramedic felt the patient had a chest infection. However, the information detailed in the assessment record was minimal, which made it problematic to conclude a nebuliser should have been used. This is because a chest infection of itself does not mandate a nebuliser, chest infections can precipitate asthma. We concluded that if there was any suggestion of a wheeze or exacerbation of asthma, then a nebuliser probably should have been given. Extensive feedback was given to the Paramedic with an emphasis on the importance of recording the assessment record to an optimum level. They were also asked to jointly review the treatment protocols in relation to patients with symptoms similar to this presentation.

### Example four – treatment – Ombudsman/EOC

#### **Notes on methodology:**

For recording purposes, complaints about a delay in an ambulance response are attributed to EOC although we recognise that local operational resourcing may have played a contributory role.

As far as the outcome category, we take the view, accepted by the Health Service Ombudsman that a delay in an ambulance response does not of itself indicate a failure in service delivery.

The criteria we use in upholding a complaint is where a significant shortcoming is identified, for example that the EMD applied the wrong clinical triage protocol which in turn gave a lower priority determinant than should have been the case. This is applied in accordance with our holistic approach, which has been cited as best practice by the Ombudsman. This means that we look into related issues irrespective of what the complaint is about, or where we identify issues not complained about. Thus where a complaint is nominally about the call handler's manner, we will arrange a Quality Assurance (QA) evaluation review to ensure the call was triaged at the appropriate level of priority. We

also apply the Ombudsman's principles for remedy, including making financial recompense where appropriate.

In terms of performance, we concur with the Francis report in that complaints management is an organisational, not a departmental, responsibility. As such, throughput is a largely determined by the contribution of other departments, which can be compromised by significant demand to the Trust. We have now devised a means by which we can provide evidence of performance across the departments concerned.

Those cases where there has been a protracted delay reflect where the matter under investigation was declared as a Serious Incident (SI), the ensuing report being used to as the substantive response to the complaint. The delays were therefore once again completely outwith the control of the PED team although the Trust are now making strides in achieving improved SI completion.

## Themes

- Delay caused by demand exceeding resourcing. On some recent occasions, less than adequate resourcing to EOC has been identified.
- Triage errors, including technical and procedural errors
- Poor staff attitude
- The practice of applying 'workarounds'
- Confusion in the application of the health professional protocol, both internally and externally, post ARP.

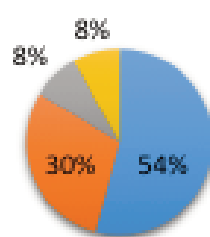
Ambulance Response Programme (ARP) standards. Finally, we agreed to share the learning from this case with all UK ambulance services

## Ombudsman cases

The Ombudsman continues to investigate a high proportion of complaints across all NHS Trusts, especially where a death has occurred.

Pie chart showing requests by the Ombudsman and outcomes:

Complaint files requested by the Ombudsman  
June 2015 to March 2018



- Complaint not upheld (33)
- Ombudsman under investigation (18)
- Complaint upheld/partially upheld (5)
- Ombudsman closed (5)

## Learning from these themes

*1. Complaint from family who were unhappy with the Serious Incident report, the key issues being the delay in an ambulance being sent and the care provided to the patient, who later died. Although the Ombudsman did not uphold the complaint in relation to the matters complained about, the report found that the practice in applying 'workarounds' to enable a higher priority response to particular patient symptoms amounted to maladministration.*

The 'workarounds' the Ombudsman referred to were limited to very specific circumstances and put in place having been determined locally and based on other drivers (for example a Preventing Future Deaths notice, issued by the Coroner in an unrelated case) to ensure a more commensurate level of priority could be achieved, in the interests of patient care. We explained that some of these would no longer be needed when the Trust moved to use a newer version of MPDS. Solutions for the remaining issues, including the workaround that was at issue in this case, have been resolved following liaison with the International Academies of Emergency Dispatch and the Association of Ambulance Chief Executives, in the light of new

## Patient Engagement

### The LAS Patients' Forum

The Trust continues to work closely with its Patients' Forum, an independent lay organisation that takes an overview of the Trust from the point of view of service users, carers and the public. The Forum provides representatives for all the Trust's governance committees and its own monthly meetings are hosted at LAS Headquarters, supported by the Patient & Public Involvement Team.

In the year 2017-18, Patients' Forum meetings included the following topics and speakers:

- Delivering safe and effective emergency and urgent care in London, presented by the Director of Operations
- Developing higher quality care, presented by the Deputy Director of Nursing & Quality
- Demand management, presented by the Deputy Director of Operations (Emergency Operations Centre)
- The CQC report findings, presented by the Chief Quality Officer
- Race equality in the LAS, presented by the Director of People and Organisational Development
- The Ambulance Response Programme, presented by the Assistant Director of Operations for Service Improvement
- Patient & Public Involvement in the LAS, presented by the Head of Patient & Public Involvement
- The flu epidemic and vaccination

campaign, presented by Dr Sam Perkins from Public Health England

Patients' Forum members meet regularly with senior LAS colleagues, LAS commissioners and other key organisations such as the CQC, to highlight areas of good practice and areas where development is required.

Patients' Forum members have been directly involved throughout the year in the development of the LAS Academy. Together with staff from the Academy, they have formed a Patient and Public Involvement Panel, and attend steering group meetings. They have developed a teaching programme detailing patient and public involvement in the Academy's syllabus, and take part in assessment centres for the recruitment of students.





### Friends and Family Test (FFT)

The Trust continues to record Friends & Family Test (FFT) responses from Patient Transport Service and See & Treat patients, although the response rate remains low. The total number of FFT responses received in the year 2017-18 was 334. Almost all patients who responded to the question said they would either be "extremely likely" or "likely" to recommend their friends and family to the LAS if they needed similar care or treatment.

The National Ambulance Service Patient Experience Group is in discussions with NHS England and NHS Improvement, to highlight the limitations of this methodology for ambulance service patients and discuss alternative methods of patient engagement.

### Community Engagement Events

The LAS remains committed to supporting a wide range of patient engagement and public education events with LAS presence requested at 654 events in the year 2017-18. Of these, we were able to attend 506, 77% of all requests made. This is due to the ongoing support of over 1,200 staff on our database, with over 300 individuals taking part in multiple events, often in their own time.

We have created a closed Facebook group for staff involved in public engagement, as another method of communication. Through this group we provide information about the team and about forthcoming events, and staff can post their own ideas and questions for members of the team to answer. This has been extremely successful and the group has over 600 members.

The four part-time Public Education Officers continue to focus mostly on activities involving children and young people, such as awareness sessions on the dangers of carrying knives and of using alcohol and other legal highs, careers in the LAS, and multi-agency road safety events



such as Safe Drive Stay Alive and Biker Down. Many of these are carried out with partner organisations.

### Blue Light Collaboration

We are working closely with our partners on the "prevention" sub-group of the Blue Light Collaboration project, to ensure we make the best use of the resources available and share good practice. The Head of Patient & Public Involvement and Public Education is an active member of the steering group and has now also facilitated the inclusion of the LAS Head of First Responders in the group.

One of the Public Education Officers has led on a key project as part of this work, piloting a scheme which involved all the blue light services attending schools in the London Borough of Haringey. Pupils participated in a range of sessions, rotating between them during a

school day. The London Ambulance Service sessions focused on the consequences of carrying knives, and CPR (basic life support) training. The pilot has been evaluated and has been shown to be highly effective. A bid is now being submitted, with the aim of rolling out the scheme to other London boroughs.

### Co-production and co-design activities

Co-production and co-design are powerful ways to maximise the benefit of patient involvement, both for patients and for staff.

Following the Insight Project, funded in 2016-17 by the NHS England Insight Team, a range of co-production activities have continued to gather momentum. These have focused on three specific patient groups: those with sickle cell disease, COPD (chronic obstructive pulmonary disease) and personality disorder. Some patients from those groups (sickle cell and personality disorder) have taken part in developing and delivering training packages for LAS staff, whilst others have taken forward ideas such as carrying health information "passports" or crisis cards (COPD and sickle cell) and how to get information across in a 999 call. Members of the personality disorder group delivered a presentation at the Safeguarding Conference this year, and have made a film for use in staff training. We are talking to the Sickle Cell Society about children and young people making a film about pain, for use in the LAS Academy's module on pain management.

Discussions have commenced with Healthwatch London, with a view to commissioning a local Healthwatch group to carry out co-production and co-design activities to support the new LAS Strategy. This work is likely to focus on the four 'pioneer' services: mental health, maternity, falls and end of life care.

The Trust also hosted an event for its Partnership Reference Group (PRG), which is made up of Healthwatch and voluntary sector organisations, to get the group's feedback on its strategic intent. Earlier in the year we held a PRG event focusing on volunteering, to share information about different schemes and learn from PRG members' experiences.

#### **Staff development and training**

The Patient & Public Involvement Team ran a four-day course in October for staff who volunteer to undertake patient engagement work for the Trust. The course has been running for a number of years now and is well-established, being updated and adapted each year according to the feedback received and the Trust's changing public education priorities. The course

includes skills training (e.g. presentation skills), knowledge (e.g. disability awareness) and self-awareness activities such as an introduction to the Myers-Briggs Type Indicator (personality types). This year, because of the links made through the Blue Light Collaboration work, we were able to use the London Fire Brigade's training facilities, free of charge.

The Patient & Public Involvement Team has purchased an online disability awareness training programme, which any member of LAS staff can use at no extra cost. The course includes modules on a range of disabilities and gives practical tips and information about how best to communicate with people affected by those disabilities, and how to provide and adapt services for them.

Every other month the Trust Board hears a patient story, usually told directly by the patient involved. This helps to ensure patients feel heard by the organisation, and provides an opportunity for Board members to hear about patients' experiences first-hand.





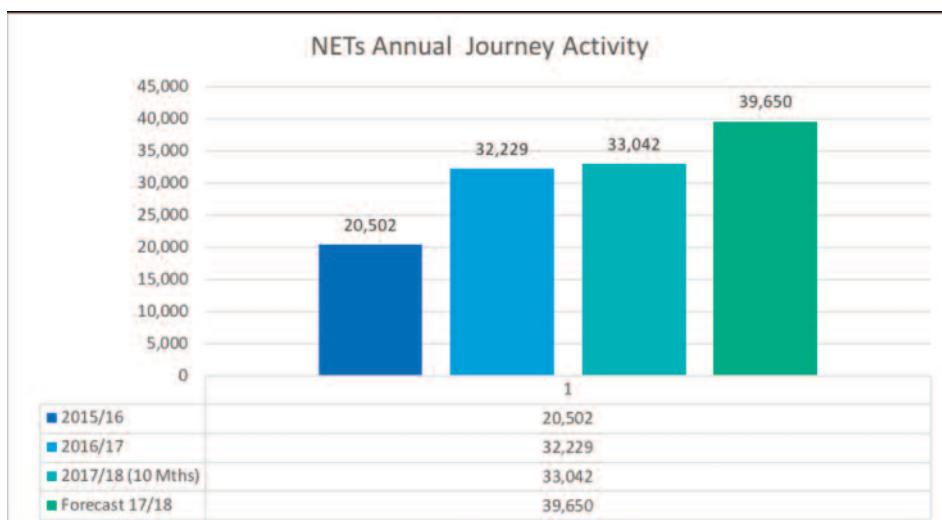
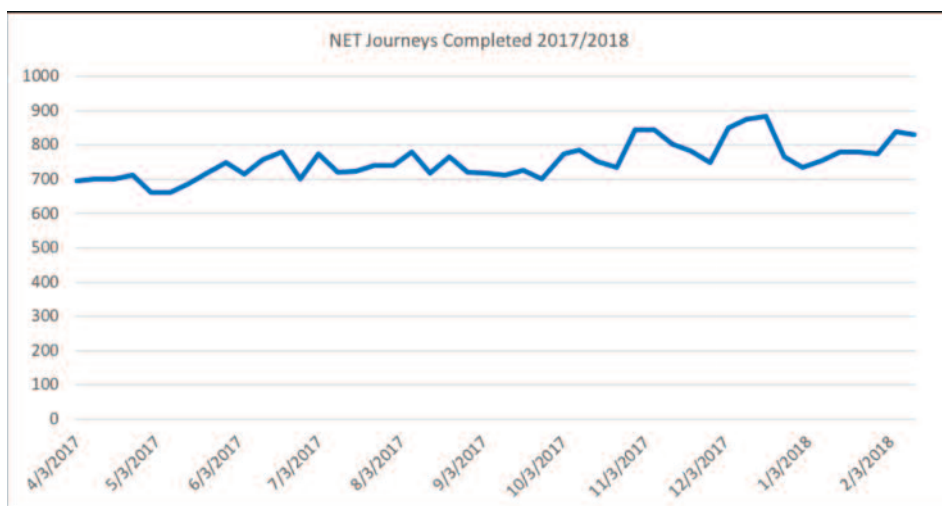
## Section 6:

# Other services

### 5a : Non-Emergency Transport Services

The **Non-Emergency Transport service (NETs)** which commenced in June 2015 has continued to grow. This service supports our core A&E service in transporting the lowest acuity patients to healthcare facilities where there is little or no clinical intervention required en route. As a result we are able to increase the availability of frontline crews to attend life threatening calls made to the service and ensure lower acuity patients receive transport within an agreed timeframe providing for a better patient experience.

The number of journeys completed by NETs has continued to grow in line with the development of the service with delivery rising from approximately 100 journeys a week at commencement to approximately 800 journeys a week by the end of the financial year. We are implementing plans to reach a target of 900 journeys per week. The increase in delivery of journeys is shown in the following graph:



The NETs pre-plan mental health community assessment journey requests via our e-booking system and use have now been rolled out to all the Mental Health Trusts in London. This project has been highly successful with the majority of this cohort of mental health service users now seeing transport arriving at the commencement of their assessment or within 30 minutes. Following on from the Mental Health Transport project the Service has also seen the pre-booking of journeys for end of life care patients where journeys are time critical rolled out and this service is now operating from three hospices. The service is currently

engaged in the roll out of this service to all other Hospices operating within the London area.

In line with the growth of NETs, there has been an increase in the number of NETs operational staff from 90 to 120. The introduction of 13 apprentices last year under the national apprentice scheme have now completed their first year with us and have been employed by the Service with some working on NETs and some have been successful in applications to further progress and are now currently training to become TEACs.

All existing staff (PTS and NETs) have completed Core Skills Refresher training during the year which has included Infection, prevention & control, Safeguarding, Prevent, Sepsis, Dementia, Patient report forms and End of life care. In addition other statutory and mandatory training was delivered by e-learning.

Both of these services are an important part of our core business and they are fully integrated into our quality governance processes.

## 5b: South East London 111 - 2017/18

This report has been prepared to review the activity within LAS 111 South East London (SEL) for 2017/18 and has been broken down into nine key areas.

- Care Quality Commission Update
- Workforce Transformation
- Procurement of future services
- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Patient Experience
- Training
- Pilots and Innovation

### Care Quality Commission Update

Following CQC recommendations from the inspection in September 2016 (rated "Good" overall) SEL111 has continued to improve substantive staffing, more than halving the percentage WTE vacancy rate since April 2017. A gap analysis has been undertaken and there is an IM+T Project Plan in place to address the remaining issues. Finally open forums have commenced whereby Staff have an opportunity to meet with the HR Manager and 111 Operations Manager.

### Workforce Transformation

By 31<sup>st</sup> March 2019 all NHS111



**when it's less  
urgent than 999**

services are required to have evolved into an Integrated Urgent Care service, providing a "consult and complete" service, reducing referrals to other areas of the NHS. SEL are undertaking Phase 1 of the work required, having employed an Integrated Urgent Care Workforce Transformation Manager to oversee the process.

### Procurement of Future Services

In January 2018, LAS was awarded the NHS 111 Integrated Urgent Care and clinical assessment service in North East London.

Mobilisation of the new service is in progress and LAS are due to commence Service delivery from August 2018. Future Annual Quality Account reports will include NEL Service performance.

Procurement has commenced for the future service for South East London and a bid will be submitted by 13 March 2018 for the service which is currently due to go live in October this year.

## Incidents, complaints and feedback

### Incident details

Two Serious Incidents were declared this year, both related to clinical advice and have been investigated, with all actions completed to ensure mitigation of future incidents. Incidents reported relate to a range of issues at LAS 111. A key trend identified over the last year has been errors in the referral of patients into an Out Of Hours (OOHs) service. The process for reporting and feeding back these incidents has changed and an action plan put in place to decrease the amount of incorrect referrals.

### Feedback from Health Care Professionals

The main services /departments that we receive feedback from are the LAS crews and the GP Out of Hours (OOH) providers. The majority relate to the perceived inappropriateness of the referral and whilst several have been upheld, some are due to a lack of understanding of the 111 system. Considerable effort has been put into improving understanding and communication channels between the 111 and 999 services; and also improving understanding between the 111 service and OOHs services, e.g. including them in End to End reviews and engaging in workshops to promote collaboration between services.

| Type                                | Mar 18 | Feb 18 | Jan 18 | Dec 17 | Nov 17 | Oct 17 | Sep 17 | Aug 17 | July 17 | Jun 17 | May 17 | Apr 17 |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|
| Serious incidents                   |        |        | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0      | 1      | 1      |
| Incidents                           |        |        | 120    | 184    | 112    | 150    | 133    | 180    | 88      | 80     | 87     | 82     |
| Complaints (formal)                 |        |        | 8      | 19     | 3      | 5      | 7      | 7      | 5       | 4      | 2      | 8      |
| HCP feedback                        |        |        | 2      | 3      | 2      | 2      | 4      | 0      | 3       | 2      | 2      | 5      |
| Compliments                         |        |        | 4      | 6      | 1      | 1      | 3      | 2      | 3       | 2      | 0      | 6      |
| Authorised confidentiality breaches |        |        | 18     | 11     | 8      | 8      | 15     | 12     | 11      | 7      | 18     | 18     |
| Wrong OOHs GP referrals             |        |        | 39     | 68     | 39     | 39     | 39     | 32     | 36      | 32     | 25     | 18     |

Table 14

## Feedback to Health Care Professionals

12 feedback forms have been sent to other providers of care. Staff are encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care, or where a procedure appears to be unsafe or inappropriate. The most common issues are with regard to communication issues and handover of patients between services such as GP OOH Providers failures to accept patient referrals due to patient location, or disputes causing delay to patient care.

## Authorised confidentiality breaches

Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and/or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre.

## Compliments

Twenty-eight (28) compliments have been received relating to both the service and individuals undertaking patient contact duties. Recognition for staff has increased, as compliments continue to be published in the Trust's weekly bulletin in addition to being

displayed on site noticeboards.

## Call quality and monitoring

We have continued to exceed the required standard for 1% of call audits every month including the winter months where demands on the service increased. Each staff member has a minimum of 3 calls audited each month. Where performance issues are identified the level of audit is increased. Since October 2017 compliance percentage (target 86%) has not been achieved. An action plan is in place to improve compliance with a focus on key themes identified during audits.

## End to End call audits

Monthly end to end call reviews are undertaken at LAS111. This year a total of 50 calls were audited by the senior management team, including the Trust's Assistant Medical Director and South East London Clinical Lead. The audits are attended by healthcare professionals from the areas of focus which ensures their input and to improve partnership working, communication and practice. The end to end audits have all highlighted areas of good practice but also areas that require some improvement and action plans have been put in place to address concerns.

## Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 415 people in total to Social Services which equates to

circa 0.15% of all calls taken. Referrals for adults were predominantly for welfare concerns and for children for safeguarding issues.

As a large proportion of referrals stem from information provided in a patient's Special Patient Notes (SPN), a deep dive into the timeliness and validity of these SPNs is underway. Early data has been presented at the South East London Clinical Governance meeting. It suggests more can be done by external agencies to increase the reliability of this information.

## Patient Experience

The 111 patient surveys are sent each month to around 300 patients, an increase from 250. The average response has increased from last year to 38 a month (from 29 a month). Work is ongoing to examine new ways to enable patient feedback, including the possible use of email or text messaging. This includes engagement with the SE London patient representative to design a survey which will encourage a higher response level.

## Language line

Spanish continues to be the most requested language, followed by Arabic and Portuguese. The average calls per month has increased from 106 in 2016/17 to 137 in 2017/18.

## Training

All staff have undertaken mandatory training relating to changes made to the 111 call

| Call Audit Data             | Mar 18 | Feb 18 | Jan 18 | Dec 17 | Nov 17 | Oct 17 | Sep 17 | Aug 17 | Jul 17 | Jun 17 | May 17 | Apr 17 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Calls answered at 111       |        |        | 34,941 | 35,721 | 22,361 | 22,346 | 25,361 | 20,242 | 28,321 | 26,015 | 28,656 | 28,381 |
| % Call audits (target >1%)  |        |        | 1.2%   | 1.1%   | 1.7%   | 1.6%   | 1.4%   | 1.5%   | 1.2%   | 1.5%   | 1.4%   | 1.4%   |
| No. Call audits             |        |        | 423    | 376    | 378    | 427    | 356    | 308    | 341    | 379    | 406    | 398    |
| No. Call Handler audits     |        |        | 246    | 218    | 224    | 254    | 210    | 191    | 177    | 211    | 225    | 223    |
| No. Clinical Advisor audits |        |        | 177    | 158    | 154    | 173    | 146    | 117    | 164    | 168    | 181    | 175    |
| % Compliance (target >86%)  |        |        | 80%    | 85%    | 83%    | 84%    | 88%    | 90%    | 89%    | 90%    | 88%    | 88%    |

Table 15





management system “Pathways” with two version updates (13 and 14) being completed, the latter in November 2017. Following the response to a Serious Incident, a TOXBASE calculation and overdose management training refresher was introduced to all clinicians. A pilot demonstrating the success of critical thinking and probing skills work shop led to the mandatory introduction of this training. This training is in addition to the full compliance to statutory and mandatory training as required by the London Ambulance Service NHS Trust. Agency staff are given all mandatory training including safeguarding and also offered places on all workshops that are appropriate.

### Pilots and Innovation

- LAS 111 has been actively involved in a number of pilots throughout the year including
- Direct booking patients under 5 years old into OOHs appointments
- Direct bookings in to GP hubs across additional boroughs
- Implementation of \*567 access lines into BAU
- Expanding direct referral pathway for patients presenting with Mental Health difficulties to cover all 6 boroughs.
- Introduction of 111 online for SEL
- Enhanced clinical assessment for ED dispositions
- Working groups to introduce the ability to access additional patient records to inform clinical decision making and allow staff access to electronic prescription tracker.

## Section 7:

# Feedback from our partners and stakeholders

We are obligated to give stakeholders the opportunity to comment on our Quality Account and to then publish their comments in full. This year we invited the following organisations/groups to respond.

- The London Ambulance Service Commissioners
- Hillingdon Oversight & Scrutiny Committee
- The London Ambulance Service Patients' Forum

We would like to thank those organisations/groups for taking the time to read and respond. Their comments are published in this section. To be inserted once received



## Appendix 1: Clinical Audit : Learning outcomes

Below are the actions taken following audits during 2017-18:

- Continued clinical education provided to staff through face-to-face training and publication of updates in bulletins and newsletters
- Release of infographics promoting the key monthly findings
- Feedback regarding inappropriate triage decisions and extended times provided to clinical staff by Quality, Governance and Assurance Managers
- Continued use of the “Clinical Information and Support Overview” tool to facilitate discussions with clinicians and Clinical Team Leaders regarding clinical audit findings, illness coding and time spent on scene

The reports of **10 local clinical audits** were reviewed by the provider in 2017/18 and the London Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided against each as detailed below.

### Documentation of EZ-IO® Intra-osseous System use

- Distribute an infographic reporting improvements made and reiterating the importance of documenting needle size and a named anatomical site and side when gaining intra-osseous (IO) access
- Publish an article in the Trust-wide clinical newsletter to share key findings and actions
- Create a prompt card documentation reminder to be inserted in EZ-IO kit bags
- Amend the Patient Report Form (PRF) User Guide to specify that IO needle size should be documented in millimetres
- Share report with the LAS Clinical Education and Standards Department

### Assessment and transport decisions of patients with major head injuries

- Define the illness codes for major and minor head injuries in the PRF User Guide
- Distribute the key findings in a Trust-wide clinical newsletter, together with an infographic displayed in all ambulance stations
- Make the ‘Management of Minor Head Injuries’ assessment tool more available for all clinicians
- Share report with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guideline Developers and Contributors and seek further clarity regarding the assessment and management of head injuries

- Re-audit whether there has been an improvement in the recognition and management of clinically significant head injuries

### Patients who severely deteriorated or died unexpectedly within 24 hours of being discharged at scene

- Declare seven serious incidents identified by this continuous audit
- Flag one case to another organisation for them to declare as a serious incident
- Provide constructive and positive feedback to individual crews, where necessary
- Share the findings of this audit with NHS England and suggest the Ambulance Quality Indicator re-contact data guidance is amended to exclude public places
- Continue with the Continuous Re-Contact Clinical Audit in 2017-2018, with the inclusion of NHS 111 referrals and Hear & Treat assessments
- Write an article for the Trust-wide clinical newsletter focussing on the importance of consistent discharge documentation
- Create a short animation focussing on consistent discharge documentation for the LAS intranet and Facebook group
- Write a case study for the LAS Insight Magazine demonstrating good patient assessment and discharge documentation and evidencing full patient assessment on the PRF
- Continue to monitor the decisions made for 50% of patients not conveyed to hospital and facilitate the provision of individualised feedback to clinicians

### Administration of dexamethasone

- Share report with the JRCALC Guideline Developers and Contributors and seek further clarity regarding whether mild croup is an indication for dexamethasone
- Distribute the key findings in a Trust-wide newsletter, together with an infographic displayed in all ambulance stations
- Share the findings with the LAS Business Intelligence Team, specifically the number of times dexamethasone was miscoded in the sample
- Undertake a re-audit to assess whether there has been an improvement in documentation of indication for dexamethasone administration

### Administration of ondansetron

- Share key findings and necessary actions with clinicians through the publication of an article in a Trust-wide clinical newsletter and a corresponding infographic to be displayed at all ambulance stations
- Distribute an infographic highlighting how ondansetron and other drugs should be given
- Share report with the LAS Medicines Management Group and Clinical Tutors
- Care provided to the patients with a genuine illness or injury at Exercise Unified Response
- Explore the feasibility of including event call signs in the Clinical Performance Indicator audit programme
- Consider the suitability and training needs of clinicians not normally deployed on frontline duties at events
- At events, share the LAS PRF User Guide with clinicians not normally deployed on frontline duties
- Share report with the LAS Department for Emergency Preparedness, Resilience and Response, the Medical Directorate, Cycle Response Unit and Community First Responders
- Analgesia given to adult patients
- Distribute to all ambulance stations the key findings in an infographic
- Share report with the LAS Medicines Management Group, the Medical Directorate and Clinical Tutors
- Include whether or not adequate analgesia was given in future clinical audits

### Care given to patients with a suspected mental health disorder

- Consider continuously auditing the care provided to patients with an undiagnosed psychiatric problem, or carry out a re-audit once all actions have had sufficient time to take effect
- Record a Q&A session with the Service's Mental Nurses outlining the importance of undertaking a thorough patient assessment
- Share findings with clinicians in a Trust-wide clinical newsletter, together with physical conditions which may mimic a mental health condition
- Share key findings in an infographic to be displayed at all ambulance stations
- Promote the LA383 (Adult Mental Health Assessment Form) at Sector Quality Meetings
- Review the wording of the 'psychiatric problem – undiagnosed' illness code

### Use of adrenaline (1:1,000) re-audit

- Produce an allergic reactions and asthma tool for the LAS Digital Pocket Guide application
- Create a short video presentation of the stages of allergic reaction and asthma, and when adrenaline (1:1,000) is indicated for publication on the Service's intranet and Facebook page
- Distribute the key findings in a Trust-wide clinical newsletter, together with an infographic displayed in all ambulance stations
- Review all training materials related to adrenaline (1:1,000)
- Share report with the LAS Medicines Management Group
- Undertake a re-audit once all actions have had sufficient time to take effect to determine whether there has been an improvement in adrenaline (1:1,000) administration

### Documentation of mental capacity assessments

- Produce a guidance animation of the key principles of the Mental Capacity Act and what constitutes a thorough mental capacity assessment
- Write a case study for the LAS Insight magazine which promotes positive learning from experience
- Distribute the key findings in a Trust-wide clinical newsletter, together with an infographic displayed in all ambulance stations
- Review the current LA5 (Capacity tool documentation for the treatment of patients who are unable to consent)
- Update the downloadable LA5 on the LAS intranet and arrange removal of the old LA5s in circulation
- Share report with the LAS clinicians and Mental Health Nurses in the Clinical Hub

In addition, a further **5 local clinical audits** were started by the provider in 2017/18 as detailed below.

### Management of paediatric pyrexia re-audit

The LAS 2012 Paediatric Pyrexia Clinical Audit found that patients aged 2-8 years with pyrexia of unascertained origin were often not appropriately re-assessed before a decision was made to discharge them at scene, and the patient's medical history was not always considered. Following training and raising awareness of the guidance and protocols, this re-audit assesses the appropriateness of discharge decisions for paediatric patients with pyrexia.

### Decision making surrounding paediatric conveyance

Following national concerns from the Royal College of Paediatrics and Child Health regarding the amount of

infants left at home following ambulance attendance, a baseline clinical audit was undertaken on patients aged under 1 year old who were discharged at scene. As a result, the LAS issued a paediatric conveyance policy stating that: all patients under 2 years should be conveyed to a hospital; patients aged 2-5 years who are not conveyed must be referred to their GP or suitable Health Care Professional (HCP), and patients aged 6-12 years who are not conveyed should be strongly considered for referral to their GP or a suitable HCP. This clinical audit aims to assess whether conveyance decisions for patients aged 0-12 years are in line with this LAS protocol.

#### **Administration of hydrocortisone re-audit**

In 2013 the LAS Hydrocortisone Clinical Audit identified an underuse of hydrocortisone in the treatment of acute severe and life-threatening asthma. A number of actions were taken as a result. This re-audit will assess whether the actions implemented following the previous clinical audit have led to increased use of hydrocortisone for patients with acute severe and life-threatening asthma.

#### **Transient loss of consciousness (TLoC) re-audit**

The LAS 2013 TLoC Clinical Audit found that whilst some elements of history taking and assessment were well completed; aspects more specific to TLoC required improvement. A voluntary study day was run to highlight the importance of history taking and a prompt card was produced and issued to assist clinicians with the management of TLoC. Despite the initiatives to improve care, in 2016 a review of the National Institute for Health and Care Excellence (NICE) quality standard for TLoC showed improvements were still needed. In addition, in 2016/17, two incidents were reported relating to the care of TLoC patients. This clinical audit aims to determine whether patients presenting with TLoC are being assessed, treated and managed in line with the LAS, NICE and UK Ambulance Service Clinical Practice guidelines.

#### **Management of intentional overdose**

This clinical audit aims to address concerns raised by the LAS 2013 Overdose Clinical Audit which found patients triaged as having no life-threatening symptoms often received a response outside of the commissioned target, when some of them required a pre-alert to hospital. In addition, five incidents have been reported on the Trust's incident reporting system where there was a delay responding to a patient who had overdosed, two of which were declared as serious incidents. This clinical audit aims to: assess if patients who have taken an intentional overdose are being triaged appropriately; examine any reasons for longer than average on scene times, and determine if patients who have taken an intentional overdose who

are not conveyed are being appropriately assessed and referred.

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provide to six patient groups (cardiac arrest, difficulty in breathing, glycaemic emergencies, mental health, severe sepsis and patients that were discharged on scene) and quality assures the documentation on 2.5% of all clinical records completed. We also undertake five continuous audits that monitor the care provided to every patient who falls within the following groups: cardiac arrest, STEMI, stroke, major trauma, discharged at scene but re-contacted the Service within 24 hours having severely deteriorated or died unexpectedly.

The Trust also submit data to the National Out-of-Hospital Cardiac Arrest Outcomes project, a registry of out of hospital cardiac arrests in England. This registry is being used to look at the national variations in outcomes of cardiac arrest and provide evidence to help inform treatment and improve survival amongst this patient group. During 2017/18 we provided 4,432 cases to the registry.

Participation in clinical research demonstrates the London Ambulance Service NHS Trust's commitment to improving the quality of care we offer and contributing to wider healthcare improvement. Clinical research ensures our clinical staff keep up to date with the latest possible treatment options and their active participation leads to improved patient outcomes. The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service NHS Trust in the first 3 quarters of 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 683. These patients were recruited into a range of interventional and observational studies. These studies were:

**ARREST:** A randomised controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest

**RIGHT-2:** A randomised trial that aims is to determine whether glyceryl trinitrate (GTN) improves outcome in patients with ultra-acute stroke when administered as soon as possible after onset.

In 2017/18 145 members of clinical staff received protocol training to enable them to participate in interventional and observational research at the London Ambulance Service NHS Trust.

## Appendix 2: CQUINS 2017-18 and 2018-19 : UPDATE

Table 16

| Goal No. | Goal Name   | Description of goal  |
|----------|---|--|
| 1A       | National: Introduction of Health and Wellbeing Initiatives<br>– Improving Staff Health and Wellbeing  | Percentage point improvements to staff survey results on 3 questions against a 2015/16 baseline.                         |
| 1B       | National: Introduction of Health and Wellbeing Initiatives<br>– Healthy food for NHS staff, visitors and patients                               | Continuing improvements to healthy food provision delivered in 16/17 and extending requirements for 17/18, 18/19.        |
| 1C       | National: Introduction of Health and Wellbeing Initiatives<br>– Improving the uptake of flu vaccinations for front line staff within Providers. | Achieving an uptake of flu vaccinations by frontline clinical staff of 70% for 2017/18                                   |
| 12       | National: Ambulance Conveyance  | A reduction in the proportion of ambulance 999 calls that result in transportation to a type 1 or type 2 A&E Department. |
| STP1     | National: Supporting Local Areas  | Support engagement with local STP initiatives  |
| STP2     | National: STF Control Total   | Delivery of financial controls – Risk Reserve  |
| L1       | Local: Implementing the Digitalisation Enablers   | Providing the frontline, clinical staff at London Ambulance with personal issue mobile devices.                          |

Table 17

| CQUIN Description                  |   | Total Available      | Estimated Achieved   | Estimated Percentage Achieved |
|------------------------------------|---|----------------------|----------------------|-------------------------------|
| National Health and Wellbeing      | Improvement of health and wellbeing of NHS staff              | £260,562.00          | £65,140.50           | 25%                           |
|                                    | Healthy food for NHS staff, visitors and patients             | £260,562.00          | £260,562.00          | 100%                          |
|                                    | Improving the uptake of flu vaccinations for front line staff | £263,701.00          | £65,925.25           | 25%                           |
| Ambulance Conveyance               |   | £784,825.00          | £549,377.50          | 70%                           |
| Mobile Devices for Frontline Staff |   | £3,139,299.00        | £3,021,575.29        | 96%                           |
| STP Engagement                     |   | £1,569,650.00        | £1,506,864.00        | 96%                           |
| STF Delivery (Control Total)       |   | £1,569,650.00        | £1,569,650.00        | 100%                          |
| <b>Total CQUIN</b>                 |   | <b>£7,848,249.00</b> | <b>£7,039,094.54</b> | <b>90%</b>                    |



# Quality Strategy : Vision 2020 and Annual Quality Account 2018-2019



**NHS**  
London Ambulance Service  
NHS Trust







|   |  |                  |                                     |                    |
|---|--|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>   | <b>Trust Board</b>   |                  |                                     |                    |
| <b>Date of meeting:</b>   | 24 April 2018  |                  |                                     |                    |
| <b>Report title:</b>  | Quality Improvement Plan and current status of Good to Outstanding domains                           |                  |                                     |                    |
| <b>Agenda item:</b>   | 18   |                  |                                     |                    |
| <b>Report Author(s):</b>  | Dr P Bain, Chief Quality Officer   |                  |                                     |                    |
| <b>Presented by:</b>  | Dr P Bain, Chief Quality Officer   |                  |                                     |                    |
| <b>History:</b>   | Priorities feedback : CQRG, Staff ELT, Patients Forum Healthwatch<br>ELT 18 <sup>th</sup> April 2018 |                  |                                     |                    |
| <b>Status:</b>  | <input checked="" type="checkbox"/>  | <b>Assurance</b> | <input checked="" type="checkbox"/> | <b>Discussion</b>  |
|   | <input type="checkbox"/>   | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |  |                  |                                     |                    |
| <p>The attached presentation highlights comparisons from where we are now on the Care Quality Commission (CQC) quality domains and key deliverables and approaches we need to develop over the coming year to move to an outstanding rating. This gap analysis has informed the development of the overarching plan.</p> <p>The 2018-20 <i>draft</i> Quality Improvement Plan is also attached and brings together all the activities identified from the gap analysis, for the Trust to achieve Outstanding status at the CQC inspection. The current plan is aligned to the strategic objectives, business plan, quality account priorities and can include the CIP and CQUIN actions under the new sub-domain of <b>Use of Resources</b> within the Well-Led domain. It is recommended that the organisation uses the CQC framework to encompass all activities and have one plan – the Quality and Efficiency Improvement Plan – that will be monitored quarterly through the sub committees and Board and monthly through the appropriate committee structures.</p> <p>The next steps are to prioritise the activities, identify time scales and ensure the outcomes are aligned to the performance outcome metrics currently being produced. The plan will then be divided into individual directorate led actions and monitored via governance and performance groups.</p> |  |                  |                                     |                    |
| <b>Recommendation(s):</b>   |  |                  |                                     |                    |
| <p>The Board is asked to agree that the Trust has one single plan and to agree the approach to taking forward the next steps in further developing the plan.</p>  |  |                  |                                     |                    |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>  |  |                  |                                     |                    |
| N/A   |  |                  |                                     |                    |



|  |                                     |
|--|-------------------------------------|
|  |                                     |
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b> |                                     |
| <b>Clinical and Quality</b>  | <input checked="" type="checkbox"/> |
| <b>Performance</b>   | <input checked="" type="checkbox"/> |
| <b>Financial</b>   | <input checked="" type="checkbox"/> |
| <b>Workforce</b>   | <input checked="" type="checkbox"/> |
| <b>Governance and Well-led</b>   | <input checked="" type="checkbox"/> |
| <b>Reputation</b>  | <input checked="" type="checkbox"/> |
| <b>Other</b>   | <input type="checkbox"/>            |

|  |                                     |
|--|-------------------------------------|
| <b>This paper supports the achievement of the following Business Plan Workstreams:</b> |                                     |
| <b>Ensure safe, timely and effective care</b>  | <input checked="" type="checkbox"/> |
| <b>Ensuring staff are valued, respected and engaged</b>                                | <input checked="" type="checkbox"/> |
| <b>Partners are supported to deliver change in London</b>                              | <input checked="" type="checkbox"/> |
| <b>Efficiency and sustainability will drive us</b>                                     | <input checked="" type="checkbox"/> |



London Ambulance Service

NHS Trust



# Moving to Outstanding Well Led KLOE - Analysis

Trust Board

April 2018

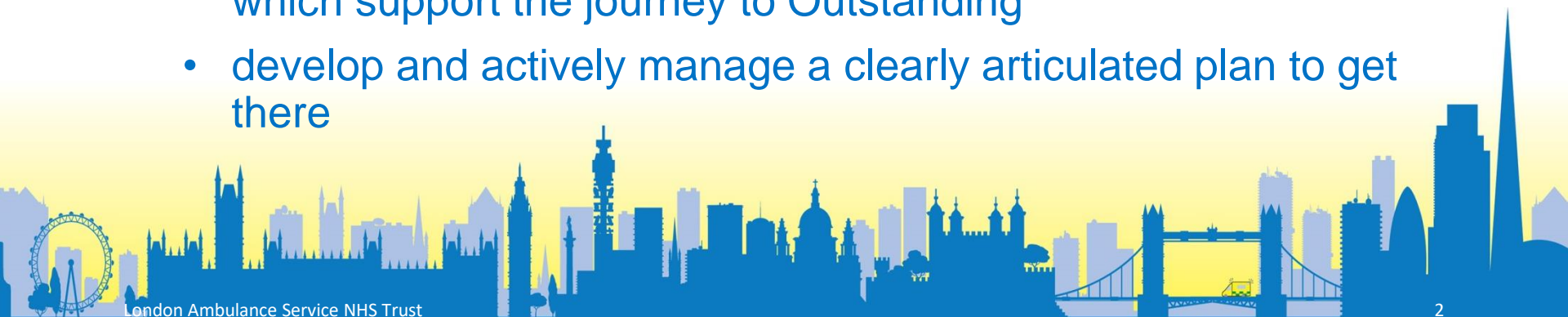
Trisha Bain

Chief Quality Officer



# The Challenge

- To make the journey from Good to Outstanding the Trust will need to:
  - accept the challenge at Executive level and across the Trust
  - make it a key priority
  - allocate resources to its achievement
  - manage delivery dependencies effectively
  - fully deliver the Quality Improvement Plan
  - deliver on the Trust Strategy and Transformation Programmes which support the journey to Outstanding
  - develop and actively manage a clearly articulated plan to get there



# Where we expect to be starting from

## November 2017 PIR Self Assessment

|            | Safe | Effective | Caring      | Responsive | Well Led             |
|------------|------|-----------|-------------|------------|----------------------|
| Trust wide | GOOD | GOOD      | OUTSTANDING | GOOD       | REQUIRES IMPROVEMENT |

|                             | Safe                 | Effective            | Caring      | Responsive | Well Led             |
|-----------------------------|----------------------|----------------------|-------------|------------|----------------------|
| Emergency & Urgent Care     | GOOD                 | REQUIRES IMPROVEMENT | OUTSTANDING | GOOD       | REQUIRES IMPROVEMENT |
| Emergency Operations Centre | REQUIRES IMPROVEMENT | GOOD                 | GOOD        | GOOD       | REQUIRES IMPROVEMENT |
| Patient Transport Services  | GOOD                 | GOOD                 | GOOD        | GOOD       | GOOD                 |
| NHS 111                     | GOOD                 | GOOD                 | GOOD        | GOOD       | GOOD                 |
| Resilience                  | GOOD                 | GOOD                 | NOT RATED   | GOOD       | GOOD                 |

|              | Safe        | Effective | Caring      | Responsive | Well Led    |
|--------------|-------------|-----------|-------------|------------|-------------|
| Trust Target | OUTSTANDING | GOOD      | OUTSTANDING | GOOD       | OUTSTANDING |



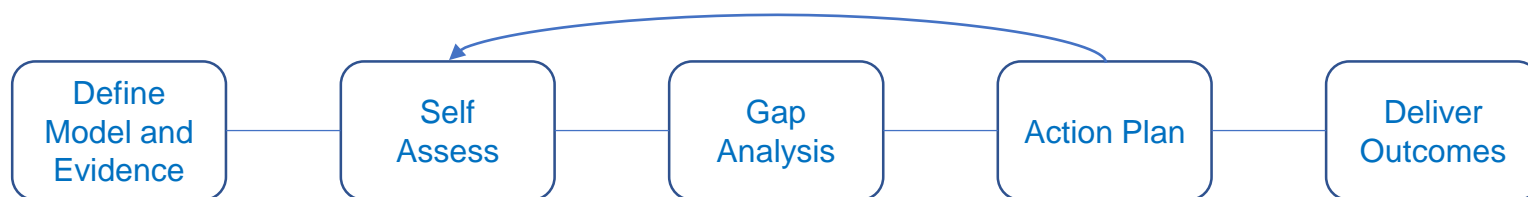
# Minimum requirements to achieve Outstanding

- Systems & Processes developed to recognise best practice
- Culture, specifically, attitudes and behaviours developed to support outstanding quality performance
- Engagement with our people will have to be upper quartile (top 25% in National staff survey)
- Trust performance in its 'Use of Resources' will have to be upper decile with no drop off in either quality or patient care and experience
- The Trust's use of digital technology and systems will need to be leading edge, innovative and patient focussed



# Road map to Outstanding

| KLOE  | Evidence/Measure  | Current Position | Target Position | Actions |
|---|---|------------------|-----------------|---------|
| Feedback from people who use the service, those who are close to them and stakeholders is continually positive about the way staff treat people | <ul style="list-style-type: none"> <li>• Friends &amp; Family</li> <li>• Complaints &amp; Compliments</li> <li>• System Partner feedback</li> </ul> |                  |                 |         |



|                                    |                            |                        |                             |                          |
|------------------------------------|----------------------------|------------------------|-----------------------------|--------------------------|
| Culture – Attitudes and Behaviours | Risk Management            | Continual Improvement  | Audit Review and Monitoring | Training and development |
| Build Capability and Capacity      | Infrastructure development | Systems and Processes  | Patient Experience          | Patient Safety           |
| Clinical Outcomes                  | Governance and Control     | Improvement Programmes | Quality Assurance           | Management Systems       |



## W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

### Good

Leaders have the experience, capacity, capability and integrity to ensure that the strategy can be delivered and risks to performance addressed.

Leaders at every level are visible and approachable. Compassionate, inclusive and effective leadership is sustained through a leadership strategy and development programme and effective selection, deployment and support processes and succession planning.

The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands what the challenges are and acts to address them

### Requires Improvement

Not all leaders have the necessary experience, knowledge, capacity, capability or integrity to lead effectively. Staff do not consistently know who their leaders are or how to gain access to them.

The need to develop leaders is not always identified or action is not always taken. Leaders are not always aware of the risks, issues and challenges in the service.

Leaders are not always clear about their roles and their accountability for quality.

### Outstanding

There is compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.

Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.

### Inadequate

Leaders do not have the necessary experience, knowledge, capacity, capability or integrity to lead effectively. There is no stable leadership team, with high unplanned turnover and/or vacancies. Leaders are out of touch with what is happening on the front line, and they cannot identify or do not understand the risks & issues described by the staff.

There is little or no attention to succession planning and development of leaders. Staff do not know who their leaders are or what they do, or are unable to access them. There are few examples of leaders making a demonstrable impact on the quality or sustainability of services.

## Sub domain

W1.1

Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?



W1.2

Do leaders understand the challenges to quality and sustainability and can they identify the actions needed to address them?



W1.3

Are leaders visible and approachable?



W1.4

Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?



## Outstanding

There is compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.

There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.

Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture.

Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond

## Key Requirements

|      |  |
|------|--|
| W1.1 | <p>Fully implement the Board / Exec / leadership development programmes Trust wide to ensure all managers have access to high-quality and appropriate management training and development. Implement a process for measuring attendance and effectiveness of development/training programme.</p> <p>Complete all the Directorate re-structure and recruitment to our organisational directorates, including measures to confirm re-structures have meet original objectives and outcomes</p> |
| W1.2 | <p>Fully implement the leadership development programmes Trust wide to ensure all managers have access to high-quality and appropriate management training and development. Implement a process for measuring attendance and effectiveness of development/training programme.</p>  |
| W1.3 | <p>Ensure the Trust has a clear imbedded Communications Strategy and an on-going programme of staff engagement at all levels including Executive and Non Executive regular engagement with staff.</p>  |
| W1.4 | <p>Develop and implement the Trust's succession plan as part of the People and Culture strategy implementation plan and measure its success.</p>   |



## W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

### Good

There is a clear statement of vision and values, driven by quality and sustainability. It has been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant. The vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and, external partners. The strategy is aligned to local plans in the wider health and social care economy and services are planned to meet the needs of the relevant population.

Progress against delivery of the strategy and local plans is monitored and reviewed and there is evidence of this.

Quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors, are understood and an action plan is in place. Staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.

### Requires Improvement

The strategy and plans have some significant gaps or weaknesses that undermine their credibility, and do not fully reflect the health economy in which the service works. They may not have been recently created or reviewed. Staff do not always understand how their role contributes to achieving the strategy. The statement of vision and guiding values is incomplete, out of date, or not fully credible. Results of stakeholder consultation are not always taken into account in strategies or plans. Staff are not always aware of, support, or do not understand the vision and values, or have not been fully involved in developing them. Progress against delivery of the strategy and plans is not consistently or effectively monitored or reviewed and there is no evidence of progress.

Leaders at all levels are not always held to account for the delivery of the strategy.

### Outstanding

The strategy and supporting objectives and plans are stretching, challenging and innovative, while remaining achievable. Strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.

There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.

Plans are consistently implemented, and have a positive impact on quality and sustainability of services.

### Inadequate

There is no current strategy, or the strategy is not underpinned by detailed, realistic objectives and plans for high-quality and sustainable delivery, and it does not reflect the health economy in which the service works. Staff do not understand how their role contributes to achieving the strategy.

There is no credible statement of vision and guiding values. Key stakeholders have not been engaged in the creation of the strategy. Staff are not aware of or supportive of, or do not understand, the vision and values, or they were developed without staff and wider engagement. There is no effective approach to monitoring, reviewing or providing evidence of progress against delivery of the strategy or plans. The strategy has not been translated into meaningful and measurable plans at all levels of the service.

## Sub domain

W2.1

Is there a clear vision and a set of values, with quality and sustainability as the top priorities?



W2.2

Is there a robust realistic strategy for achieving the priorities and delivering good quality, sustainable care?



W2.3

Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?



W2.4

Do staff know and understand what the vision, values and strategy are, and their role in achieving them?



W2.5

Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?



W2.6

Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?



## Outstanding

The strategy and supporting objectives and plans are stretching, challenging and innovative, while remaining achievable. Strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.

There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.

Plans are consistently implemented, and have a positive impact on quality and sustainability of services.

## Key Requirements

|      |  |
|------|--|
| W2.1 | Embed our new Vision, Purpose, Values and Behaviours and fully align our competencies to the employee journey at LAS in: recruitment, promotion, training and development and appraisals. Develop measures to ensure this achieved across the Trust.   |
| W2.2 | Implement our Trust strategy and refresh supporting strategies including detailed plans on how they will be delivered.<br><br>Manage and deliver our proposed capital programme of £15.5m to support the delivery of our overall strategic objectives, including governance processes to ensure delivery is achieved and any delays/budget changes/scope changes are managed appropriately |
| W2.3 | Continue to engage and evidence that involvement with staff, people who use services, and external partners is on-going to ensure that vision, values and strategy remain valid.   |
| W2.4 | Goals & objectives must be communicated to all staff, with engagement from Senior Managers, ensuring overall alignment and how their role contributes to the overall Trust success   |
| W2.5 | Pilot the new 'Pioneer Services' as part of the new strategy implementation<br><br>Continue the roll-out of our urgent care Advanced Paramedic Practitioner service across all five STP areas to improve patient care and reduce the need for patients to go to hospital and develop a new paramedic practitioner role.  |
| W2.6 | Ensure the delivery of our agreed CQUIN's (as agreed with our core contract commissioners) to improve the quality and value of the services we provide on their behalf   |



### W3: Is there a culture of high-quality, sustainable care?

#### Good

Leaders model and encourage compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported. There are processes to support staff and promote their positive wellbeing. Leaders at every level live the vision and embody shared values, prioritise high-quality, sustainable and compassionate care, and promote equality and diversity. They encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services.

Candour, openness, honesty, transparency and challenges to poor practice are the norm. The leadership actively promotes staff empowerment to drive improvement, and raising concerns is encouraged and valued. Staff actively raise concerns and those who do (including external whistleblowers) are supported. Concerns are investigated sensitively and confidentially, and lessons are shared and acted on. When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again.

Behaviour and performance inconsistent with the vision and values is identified and dealt with swiftly and effectively, regardless of seniority. There is a culture of collective responsibility between teams and services. There are positive relationships between staff and teams, where conflicts are resolved quickly and constructively and responsibility is shared.

There are processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations. Equality and diversity are actively promoted and the causes of any workforce inequality are identified and action taken to address these. Staff, including those with protected characteristics under the Equality Act, feel they are treated equitably.

#### Outstanding

Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There is a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.

Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.

There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

#### Requires Improvement

Staff satisfaction is mixed. Improving the culture or staff satisfaction is not seen as a high priority. Staff do not always feel actively engaged or empowered. There are teams working in silos or management and clinicians do not always work cohesively. Staff do not always raise concerns or they are not always taken seriously, appropriately supported, or treated with respect when they do.

People do not always receive a timely apology when something goes wrong and are not consistently told about any actions taken to improve processes to prevent the same happening again.

Staff development is not always given sufficient priority. Appraisals take place inconsistently or are not of high quality. Equality and diversity are not consistently promoted and the causes of workforce inequality are not always identified or adequately addressed. Staff, including those with particular protected characteristics under the Equality Act, do not always feel they are treated equitably.

#### Inadequate

There is no understanding of the importance of culture. There are low levels of staff satisfaction, high levels of stress and work overload.

Staff do not feel respected, valued, supported or appreciated. There is poor collaboration or cooperation between teams and there are high levels of conflict. The culture is top-down and directive. It is not one of fairness, openness, transparency, honesty, challenge and candour.

When something goes wrong, people are not always told and do not receive an apology. Staff are defensive and are not compassionate. There are high levels of bullying, harassment, discrimination or violence, and the organisation is not taking adequate action to reduce this. When staff raise concerns they are not treated with respect, or the culture, policies and procedures do not provide adequate support for them to do so. The culture is defensive. There is little attention to staff development and there are low appraisal rates.

#### Sub domain

|      |  |   |
|------|--|---|
| W3.1 | Do the staff feel supported, respected and valued?   | ● |
| W3.2 | Is the culture centred on the needs and experience of people who use services?   | ● |
| W3.3 | Do staff feel positive and proud to work in the organisation?  | ● |
| W3.4 | Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?   | ● |
| W3.5 | Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? | ● |
| W3.6 | Are there mechanisms for providing all staff at every level with the development they need, including high quality appraisal and career development conversations?   | ● |
| W3.7 | Is there a strong emphasis on safety and well-being of staff?  | ● |
| W3.8 | Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?   | ● |
| W3.9 | Are there co-operative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?  | ● |

## Outstanding

Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed.

There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There is a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.

Staff are proud of the organisation as a place to work and speak highly of the culture.

Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.

There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences

## Key Requirements

|      |  |
|------|--|
| W3.1 | Embed our new Vision, Purpose, Values and Behaviours and fully align our competencies to the employee journey at LAS in: recruitment, promotion, training and development and appraisals.  |
| W3.2 | Complete action plans across the business to respond to the key issues identified in the 2017 Staff Survey and implement the planned actions in time for the 2018 Staff Survey.  |
| W3.3 | Develop and implement staff communications and engagement model, including appropriate measures to monitor progress.   |
| W3.4 | Develop a culture of professionalism, with all staff clear about their roles and responsibilities, maintaining the focus on culture and holding people to account.   |
| W3.5 | Freedom to Speak Guardian - ensure system fully implemented & embedded   |
| W3.6 | Achieve an appraisal target of 100%, with 'courageous conversations' and clear development pathways identified.  |
| W3.7 | Complete re-negotiation in terms and conditions of annual leave and flexible working, including rest breaks and end of shift working.<br><br>Complete our recruitment plan to fully establish our front-line and newly enlarged Emergency Operations Centre structures. Actively monitor turnover and ensure retention processes/policies are developed to reduce/minimise the impact of turnover. |
| W3.8 | Deliver our Workforce Race Equality Standard (WRES) Action Plan, together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation   |
| W3.9 | Develop a culture of professionalism, with all staff clear about their roles and responsibilities, maintaining the focus on culture and holding people to account  |





## W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

### Good

The board and other levels of governance in the organisation function effectively and interact with each other appropriately.

Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.

Staff are clear about their roles and accountabilities.

### Requires Improvement

The arrangements for governance and performance management are not fully clear or do not always operate effectively. There has been no recent review of the governance arrangements, the strategy, or plans.

Staff are not always clear about their roles, what they are accountable for, and to whom.

### Outstanding

Governance arrangements are proactively reviewed and reflect best practice.

A systematic approach is taken to working with other organisations to improve care outcomes.

### Inadequate

The governance arrangements and their purpose are unclear, and there is a lack of clarity about authority to make decisions and how individuals are held to account. There is no process to review key items such as the strategy, values, objectives, plans or the governance framework.

Staff and their managers are not clear on their roles or accountabilities. There is a lack of systematic performance management of individual staff, or appropriate use of incentives or sanctions.

## Sub domain

W4.1

Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?



W4.2

Do all levels of governance and management function effectively and interact with each other appropriately?



W4.3

Are staff at all levels clear about their roles and do they understand what they are accountable for and to whom?



W4.4

Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?



## Outstanding

Governance arrangements are proactively reviewed and reflect best practice.

A systematic approach is taken to working with other organisations to improve care outcomes.

## Key Requirements

W4.1

Complete the implementation and embed the Quality Plan and continue regular Deep Dives and reviews.

Deliver our post-ARP transformation plan to ensure we can meet and exceed national performance and quality standards

W4.2

Ensure the continuation of the good governance reviews and that they are undertaken regularly.

Annual assessments of Board and its sub-committees, review best practice and enhance existing governance arrangements

W4.3

Develop a culture of professionalism, with all staff clear about their roles and responsibilities, maintaining the focus on culture and holding people to account.

W4.4

Work with our commissioners and STP partners to lower demand, improve access to, and use of, Alternative Care Pathways and lower overall conveyance to Emergency Departments.

Work with other emergency services and partners fulfilling our statutory obligations to collaborate, innovate and maximise the efficiency of our combined public service provision.

## W5: Are there clear and effective processes for managing risks, issues and performance?

### Good

The organisation has the processes to manage current and future performance. There is an effective and comprehensive process to identify, understand, monitor and address current and future risks.

Performance issues are escalated to the appropriate committees and the board through clear structures and processes.

Clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve concerns. Financial pressures are managed so that they do not compromise the quality of care. Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood

### Requires Improvement

Risks, issues and poor performance are not always dealt with appropriately or quickly enough. The risk management approach is applied inconsistently or is not linked effectively into planning processes.

The approach to service delivery and improvement is reactive and focused on short-term issues. Clinical and internal audit processes are inconsistent in their implementation and impact.

The sustainable delivery of quality care is put at risk by the financial challenge.

### Outstanding

Risks, issues and poor performance are not always dealt with appropriately or quickly enough. The risk management approach is applied inconsistently or is not linked effectively into planning processes.

The approach to service delivery and improvement is reactive and focused on short-term issues. Clinical and internal audit processes are inconsistent in their implementation and impact.

The sustainable delivery of quality care is put at risk by the financial challenge.

### Inadequate

There is little understanding or management of risks and issues, and there are significant failures in performance management and audit systems and processes.

Risk or issue registers and action plans, if they exist at all, are rarely reviewed or updated.

Meeting financial targets is seen as a priority at the expense of quality.

### Sub domain

W5.1

Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?



W5.2

Are there processes to manage current and future performance? Are these regularly reviewed and improved?



W5.3

Is there a systematic programme of clinical and internal audit to monitor quality, operational, and financial processes, and systems to identify where action should be taken?



W5.4

Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is on their 'worry list'?



W5.5

Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?



W5.6

When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?



## Outstanding

There is a demonstrated commitment to best practice performance and risk management systems and processes.

The organisation reviews how they function and ensures that staff at all levels have the skills and knowledge to use those systems and processes effectively.

Problems are identified and addressed quickly and openly.

|      | Key Requirements  |
|------|---|
| W5.1 | Continue to improve, strengthen and embed Risk Management systems and processes.  |
| W5.2 | Continuous improvement of incident reporting to improve shared learning through the completed implementation of Datix system<br><br>On-going reviews of use of bank workers and their performance<br><br>Continued Performance Reporting with regular reviews to ensure indicators are still relevant |
| W5.3 | Complete restructure of Quality Assurance directorate and embed a culture of quality and improvement<br><br>Continued review of Quality Processes to ensure ongoing effectiveness and improvement<br><br>Regular deep dives into risk management processes and systems                                |
| W5.4 | Continue to improve, strengthen and embed Risk Management systems and processes across the Trust  |
| W5.5 | Complete the review of business resilience across the organisation and implement measures to effectively manage risk and ensure the continuity of our services during times of disruption.  |
| W5.6 | Continue to ensure QIA process can be evidenced including where changes have been rejected<br>Continuous reviews of processes and performance for all major CIP programmes  |

## W6: Is appropriate and accurate information being effectively processed, challenged and acted on?

### Good

Integrated reporting supports effective decision making. There is a holistic understanding of performance, which sufficiently covers and integrates the views of people with quality, operational and financial information. Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. Staff receive helpful data on a daily basis, which supports them to adjust and improve performance as necessary. Performance information is used to hold management and staff to account. The information used in reporting, performance management and delivering quality care is usually accurate, valid, reliable, timely and relevant, with plans to address any weaknesses.

Data or notifications are consistently submitted to external organisations as required. There are robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Information technology systems are used effectively to monitor and improve the quality of care.

### Requires Improvement

The information used in reporting, performance management and delivering quality care is not always accurate, valid, reliable, timely or relevant. Leaders and staff do not always receive information to enable them to challenge and improve performance.

Information is used mainly for assurance and rarely for improvement.

Required data or notifications are inconsistently submitted to external organisations. Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems are not always robust

### Outstanding

The service invests in innovative and best practice information systems and processes.

The information used in reporting, performance management and delivering quality care is consistently found to be accurate, valid, reliable, timely and relevant.

There is a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

### Inadequate

The information that is used to monitor performance or to make decisions is inaccurate, invalid, unreliable, out of date or not relevant. Finance and quality management are not integrated to support decision making.

There is inadequate access to and challenge of performance by leaders and staff. There are significant failings in systems and processes for the management or sharing of data.

## Sub domain

W6.1

Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance?



W6.2

Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and challenge it appropriately?



W6.3

Are there clear and robust service performance measures, which are reported and monitored?



W6.4

Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?



W6.5

Are information technology systems used effectively to monitor and improve the quality of care?



W6.6

Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?



W6.7

Are there robust arrangements (including appropriate internal and external validation), to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?





## Outstanding

The service invests in innovative and best practice information systems and processes.

The information used in reporting, performance management and delivering quality care is consistently found to be accurate, valid, reliable, timely and relevant.

There is a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

## Key Requirements

|      |   |
|------|---|
| W6.1 | On-going reviews of board and sub-committee performance to ensure balanced focus on quality, operational and financial matters.<br><br>Finalise, implement and embed Data Quality Strategy  |
| W6.2 | Finalise, implement and embed Data Quality Strategy   |
| W6.3 | Continuous review of Quality Indicators for patient care and engagement<br><br>Continued Performance Reporting with regular reviews to ensure indicators are still relevant<br><br>Design and implement an IM&T assurance framework<br>Continuous review of supply chain and distribution processes to ensure public value            |
| W6.4 | Finalise, implement and embed Data Quality Strategy<br>Establish robust audit process for equipment   |
| W6.5 | Improve the quality of care we deliver to patients and our work with partners across the system by introducing new capability that builds on the roll out of iPads to our front-line clinicians.<br><br>Develop and implement the use of technology to provide faster access to patient care through digital means where appropriate. |
| W6.6 | Implement and embed the I&MT strategy to support the Trust in its quality of care and ongoing improvements  |
| W6.7 | Implement and embed Quality Plan<br>Finalise, implement and embed Data Quality Strategy   |



## W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

### Good

A full and diverse range of people's views and concerns is encouraged, heard and acted on to shape services and culture. The service proactively engages and involves all staff (including those with protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture.

The service is transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them.

### Requires Improvement

There is a limited approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders, or insufficient attention to appropriately engaging those with particular protected equality characteristics.

Feedback is not always reported or acted on in a timely way.

### Outstanding

There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.

Services are developed with the full participation of those who use them, staff and external partners as equal partners.

Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.

The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

### Inadequate

There is minimal engagement with people who use services, staff, the public or external partners. The service does not respond to what people who use services or the public say. Staff are unaware or are dismissive of what people who use the service think of their care and treatment.

Staff or patient feedback is inappropriately filtered or sanitised before being passed on

### Sub domain

W7.1

Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?



W7.2

Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?



W7.3

Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic?



W7.4

Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?



W7.5

Is there transparency and openness with all stakeholders about performance?



## Outstanding

There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.

Services are developed with the full participation of those who use them, staff and external partners as equal partners.

Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.

The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

## Key Requirements

|      |  |
|------|--|
| W7.1 | <p>Develop and implement staff communications and engagement model, including appropriate measures to monitor progress</p> <p>Deliver our Workforce Race Equality Standard (WRES) Action Plan, together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation</p> |
| W7.2 | <p>Implement patient facing elements of IM&amp;T strategy</p> <p>Implement Patient Engagement Plan including involvement of patients in service redesign such as the 'Pioneer' services</p> <p>Proactively seek opportunities to innovate in patient engagement</p>  |
| W7.3 | <p>Implement and embed Staff Engagement Plan and Communications Strategy</p> <p>Deliver our Workforce Race Equality Standard (WRES) Action Plan, together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation</p>   |
| W7.4 | <p>Position the Trust to take a greater role in the London-wide integration of access to emergency and urgent care.</p> <p>Mobilise the North East London Integrated Urgent Care (111) contract and retain the South East London 111 service.</p>  |
| W7.5 | <p>Work with London acute hospital trusts, NHSI and NHSE to further reduce delays to patients and our crews at hospitals.</p>  |

## W8: Are there robust systems and processes for learning, continuous improvement and innovation?

### Good

There is a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.

There is knowledge of improvement methods and the skills to use them at all levels of the organisation. There are organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work.

The service makes effective use of internal and external reviews, and learning is shared effectively and used to make improvements.

Staff are encouraged to use information and regularly take time out to review individual and team objectives, processes and performance. This is used to make improvements.

### Requires Improvement

There is weak or inconsistent investment in improvement skills and systems among staff and leaders. Improvements are not always identified or action is not always taken.

The organisation does not react sufficiently to risks identified through internal processes, but often relies on external parties to identify key risks before they start to be addressed.

Where changes are made, the impact on the quality and sustainability of care is not fully understood in advance or is not monitored

### Outstanding

There is a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology.

Improvement is seen as the way to deal with performance and for the organisation to learn.

Improvement methods and skills are available and used across the organisation, and staff are empowered to lead and deliver change.

Safe innovation is celebrated. There is a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work locally, nationally and internationally.

### Inadequate

There is little innovation or service development, no knowledge or appreciation of improvement methodologies, and improvement is not a priority among staff and leaders.

There is minimal evidence of learning and reflective practice.

The impact of service changes on the quality and sustainability of care is not understood.

## Sub domain

W8.1

In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?



W8.2

Are there standardised improvement tools and methods, and do staff have the skills to use them?



W8.3

How effective is participation in, and learning from, internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?



W8.4

Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?



W8.5

Are there systems in place to support improvement and innovation work including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?



## Outstanding

There is a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology.

Improvement is seen as the way to deal with performance and for the organisation to learn.

Improvement methods and skills are available and used across the organisation, and staff are empowered to lead and deliver change.

Safe innovation is celebrated. There is a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work locally, nationally and internationally.

## Key Requirements

|      |   |
|------|---|
| W8.1 | <p>Continued implementation of the Quality Improvement Plan and Quality Improvement capability across the organisation.</p> <p>Continue implementation of our Clinical Education Strategy.</p> <p>As a minimum achieve 95% compliance with Statutory and Mandatory training.</p> <p>Be seen as a leader and innovator locally, nationally and internationally</p> |
| W8.2 | <p>Implement a defined set of quality improvement methods &amp; tools and ensure a wide breadth of staff are trained in their use.</p>  |
| W8.3 | <p>Produce 'step back' analysis to ensure each local Business Plan/Transformation project has a project plan to ensure all necessary steps have been thought about in advance</p> <p>Implement Staff Engagement Plan and Communications Strategy</p>  |
| W8.4 | <p>Embed the Trust wide Quality Improvement Methodology and create a culture of continuous improvement and innovation, continuing to build levels and engage with staff at all levels of the organisation</p>   |
| W8.5 | <p>Promote and encourage all staff to become involved in driving improvement. Define &amp; implement a recognition &amp; reward system</p>  |



London Ambulance Service  
NHS Trust



# Original Requirements to Meet Good from October 2017 Trust Board





## Good

Leaders have the experience, capacity, capability and integrity to ensure that the strategy can be delivered and risks to performance addressed.

Leaders at every level are visible and approachable. Compassionate, inclusive and effective leadership is sustained through a leadership strategy and development programme and effective selection, deployment and support processes and succession planning.

The leadership is knowledgeable about issues and priorities for the quality and sustainability of services, understands what the challenges are and acts to address them

## Key Requirements

|      |  |
|------|--|
| W1.1 | Complete recruitment of the Executive team<br>Implement Board and Executive Development programmes<br>Deliver Leadership development pathway, implementing Leaders of Tomorrow programme |
| W1.2 | Develop clear narrative to identify actions relating to Quality & Sustainability   |
| W1.3 | Ensure the Trust has a clear Communications Strategy and an on-going programme of Executive and Non Executive visits   |
| W1.4 | Finalise and approve the People & OD Strategy with a clear implementation programme and time table   |





## Good

There is a clear statement of vision and values, driven by quality and sustainability. It has been translated into a robust and realistic strategy and well-defined objectives that are achievable and relevant. The vision, values and strategy have been developed through a structured planning process in collaboration with people who use the service, staff and, external partners. The strategy is aligned to local plans in the wider health and social care economy and services are planned to meet the needs of the relevant population.

Progress against delivery of the strategy and local plans is monitored and reviewed and there is evidence of this.

Quantifiable and measurable outcomes support strategic objectives, which are cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors, are understood and an action plan is in place. Staff in all areas know, understand and support the vision, values and strategic goals and how their role helps in achieving them.

## Key Requirements

|      |  |
|------|--|
| W2.1 | Complete the definition of the Trust supporting strategies, and implement the Quality Plan                                 |
| W2.2 | Finalise & approve core strategies, ensuring that there is overall alignment to business plan goals & objectives           |
| W2.3 | Evidence that there has been a structured planning process with staff involvement at all levels                            |
| W2.4 | Goals & objectives must be communicated to all staff, with engagement from Senior Managers, ensuring overall alignment     |
| W2.5 | Engage partners and commissioners to ensure the Reference Case (Joint Strategic Needs Assessment) links into the STP plans |
| W2.6 | Set a clear timetable to review progress against delivery of the strategy  |

## Good

Leaders model and encourage compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported.

There are processes to support staff and promote their positive wellbeing. Leaders at every level live the vision and embody shared values, prioritise high-quality, sustainable and compassionate care, and promote equality and diversity. They encourage pride and positivity in the organisation and focus attention on the needs and experiences of people who use services.

Candour, openness, honesty, transparency and challenges to poor practice are the norm. The leadership actively promotes staff empowerment to drive improvement, and raising concerns is encouraged and valued. Staff actively raise concerns and those who do (including external whistle blowers) are supported. Concerns are investigated sensitively and confidentially, and lessons are shared and acted on. When something goes wrong, people receive a sincere and timely apology and are told about any actions being taken to prevent the same happening again.

Behaviour and performance inconsistent with the vision and values is identified and dealt with swiftly and effectively, regardless of seniority. There is a culture of collective responsibility between teams and services. There are positive relationships between staff and teams, where conflicts are resolved quickly and constructively and responsibility is shared.

There are processes for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations. Equality and diversity are actively promoted and the causes of any workforce inequality are identified and action taken to address these. Staff, including those with protected characteristics under the Equality Act, feel they are treated equitably.

## Key Requirements

|      |  |
|------|--|
| W3.1 | Implement Staff Survey Action Plan and Engagement Strategy   |
| W3.2 | Ensure key focus of the Culture Change under Programme 2 of the Transformation Programme   |
| W3.3 | Implement Engagement Strategy and Evidence that staff have been involved in 'Shaping our Culture'.   |
| W3.4 | Continue to tackle bullying within the organisation<br>Deliver the WRES Action Plan<br>Improve staff appraisal rates and quality<br>Promote & engage all staff in Behaviours framework                           |
| W3.5 | Increase incidence of whistle blowing and improve Freedom to Speak Out Safely<br>Implement Culture changes (under Transformation programme 2)<br>Promotion of Duty of Candour<br>Improve learning from incidents |
| W3.6 | Improve appraisal rates<br>Improve MAST<br>Improve CPD training<br>Implement the Learning Framework  |
| W3.7 | Evidence work associated with addressing rosters, rest breaks, sickness & absence<br>Implement Health & Wellbeing programme<br>Implement recommendations from Health & Safety review                             |
| W3.8 | Deliver the WRES Action Plan<br>Deliver Staff Survey Action Plan<br>Deliver People & OD Strategy   |
| W3.9 | Ensure key focus of the Culture Change under Programme 2 of the Transformation Programme   |

## Good

The board and other levels of governance in the organisation function effectively and interact with each other appropriately.

Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.

Staff are clear about their roles and accountabilities.

## Key Requirements

|      |  |
|------|--|
| W4.1 | Implement Quality Plan and Maintain Deep Dive programme  |
| W4.2 | Good governance reviews undertaken regularly<br>Annual assessments of Board and its sub-committees   |
| W4.3 | Ensure revised structures are clear, job descriptions and roles are aligned and objectives are aligned to the Trust Goals.                                       |
| W4.4 | Ensure that are individuals who have management responsibility to develop operational relationship with partners and 3rd Party Partners to improve patient care. |



## Good

The organisation has the processes to manage current and future performance. There is an effective and comprehensive process to identify, understand, monitor and address current and future risks.

Performance issues are escalated to the appropriate committees and the board through clear structures and processes.

Clinical and internal audit processes function well and have a positive impact on quality governance, with clear evidence of action to resolve concerns. Financial pressures are managed so that they do not compromise the quality of care.

Service developments and efficiency changes are developed and assessed with input from clinicians so that their impact on the quality of care is understood

## Key Requirements

|      |   |
|------|---|
| W5.1 | Roll out updated risk management training. Undertake regular monitoring/audit of risk registers and the Datix system  |
| W5.2 | Raise awareness of incident reporting<br>Develop Datix system to improve shared learning<br>Review use of bank workers<br>Monitor effectiveness of Performance Reporting to ensure tracking of low and no harm incidents<br>Ensure Board and sub-committee effectiveness  |
| W5.3 | Complete restructure of Quality Assurance directorate<br>Review Quality Processes to ensure effectiveness<br>Deep dive into risk management processes and systems   |
| W5.4 | Complete review of local risk registers<br>Carry out internal and external assessments of governance and risk framework.<br>Review risk management policy, risk appetite and BAF<br>Review performance of the Audit Committee to ensure a balance between quality and finance<br>Review effectiveness of Internal Audit in identifying or corroborating risks<br>Finalise and deliver Data Quality Strategy<br>Ensure Operational Restructure is shared |
| W5.5 | Ensure Business Continuity Programme is shared  |
| W5.6 | Ensure QIA process can be evidenced including where changes have been rejected<br>Review processes around CIP programmes<br>Review quality of data submissions to STEIS and NRLS  |

## Good

Integrated reporting supports effective decision making. There is a holistic understanding of performance, which sufficiently covers and integrates the views of people with quality, operational and financial information.

Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. Staff receive helpful data on a daily basis, which supports them to adjust and improve performance as necessary. Performance information is used to hold management and staff to account. The information used in reporting, performance management and delivering quality care is usually accurate, valid, reliable, timely and relevant, with plans to address any weaknesses.

Data or notifications are consistently submitted to external organisations as required. There are robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Information technology systems are used effectively to monitor and improve the quality of care.

## Key Requirements

|      |   |
|------|---|
| W6.1 | Review Board and sub-committee performance to ensure balanced focus on quality, operational and financial matters.<br>Finalise and deliver Data Quality Strategy  |
| W6.2 | Finalise and deliver Data Quality Strategy  |
| W6.3 | Review Quality Indicators for patient care and engagement<br>Monitor effectiveness of Performance Reporting<br>Design and implement an IM&T assurance framework<br>Review supply chain and distribution processes |
| W6.4 | Finalise and deliver Data Quality Strategy<br>Establish robust audit process for equipment<br>Improve Emergency Control Room and Dispatch processes   |
| W6.5 | Develop and implement an IT strategy that will support the Trust in its quality of care and ongoing improvements  |
| W6.6 | Implement Quality Plan<br>Review quality of data submissions to STEIS and NRLS  |
| W6.7 | Finalise and deliver Data Quality Strategy  |

## Good

A full and diverse range of people's views and concerns is encouraged, heard and acted on to shape services and culture.

The service proactively engages and involves all staff (including those with protected equality characteristics) and ensures that the voices of all staff are heard and acted on to shape services and culture.

The service is transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them.

## Key Requirements

W7.1

Implement Patient Engagement Plan  
Implement Staff Engagement Plan and Communications Strategy  
Deliver the WRES Action Plan

W7.2

Implement Patient Engagement Plan  
Develop a Community Engagement Strategy

W7.3

Implement Staff Engagement Plan and Communications Strategy  
Deliver the WRES Action Plan

W7.4

Work with partners to define collaboration and procurement opportunities  
Maximise value for money through back office collaboration with partners  
Review control room usage and future opportunities with Blue Light partners  
Pan London EOLC pathway  
111/999 Improve referrals  
Healthcare partners improve referrals  
Reduce time lost through handover delays  
Monthly analysis of health data shared with STP partners to improve London's health system  
Expand the co-responding pilot  
Work with partners to improve services to frequent callers  
Improve support to Care Homes  
Maintain up to date organisation structures and ensure operational management structures are restructured to align to the five STPs.

W7.5

Implement Patient Engagement Plan  
Develop a Community Engagement Strategy  
Improve engagement with Patient and Partner stakeholder forums



## Good

There is a strong focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research.

There is knowledge of improvement methods and the skills to use them at all levels of the organisation. There are organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work.

The service makes effective use of internal and external reviews, and learning is shared effectively and used to make improvements.

Staff are encouraged to use information and regularly take time out to review individual and team objectives, processes and performance. This is used to make improvements.

## Key Requirements

|      |   |
|------|---|
| W8.1 | Implement annual plan of clinical education updates for all clinical supervisors<br>Learning from feedback will be routinely incorporated into all education programmes<br>Develop a reporting and learning framework that includes events<br>Clarify the mechanism for recording and sharing local engagement activity led by SEM' and CEO's |
| W8.2 | Develop the Learning Framework to involve patients in gaining feedback and service development  |
| W8.3 | Produce 'step back' analysis to ensure each local Business Plan/Transformation project has a project plan to ensure all necessary steps have been thought about in advance<br>Implement Staff Engagement Plan and Communications Strategy   |
| W8.4 | Define and embed a Trust wide Improvement Methodology which enables all staff to become involved  |
| W8.5 | Maintain Deep Dives<br>Launch Quality Assurance Visit process<br>Reinforce Executive/Non Executive visits   |



## Quality and Efficiency Improvement

### Towards Outstanding

#### Quality

| Domain            | Description  | Outstanding Characteristic  |
|-------------------|--|---|
| <b>Safe</b>       | By safe, we mean people are protected from abuse* and avoidable harm.  | People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.                                    |
| <b>Effective</b>  | By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.   | Outcomes for people who use services are consistently better than expected when compared with other similar services.   |
| <b>Caring</b>     | By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.   | People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. |
| <b>Responsive</b> | By responsive, we mean that services meet people's needs.  | Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.                             |
| <b>Well-Led</b>   | By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. | The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.  |

#### KEY

**Red (O)** = Overdue - will miss/has missed due date  
**Amber (R)** = Recoverable - at risk of missing due date, but  
**Green (T)** = On Target  
**Blue (C)** = Complete

#### Use of Resources

| Domain   | Description  | Outstanding Characteristic   |
|--|--|--|
| <b>Clinical services</b>                                       | How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?  | The trust is achieving excellent use of resources, enabling it to provide high quality, efficient and sustainable care for patients. |
| <b>People</b>  | How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?  |  |
| <b>Clinical support services</b>                               | How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?                           |  |
| <b>Corporate services, procurement, estates and facilities</b> | How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients? |  |
| <b>Finance</b>   | How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?                              |  |

18th April 2018



|   |  |                  |                                     |                    |
|---|--|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>   | <b>Trust Board</b>   |                  |                                     |                    |
| <b>Date of meeting:</b>   | 24 April 2018  |                  |                                     |                    |
| <b>Report title:</b>  | Trust Board Forward Planner  |                  |                                     |                    |
| <b>Agenda item:</b>   | 20   |                  |                                     |                    |
| <b>Report Author(s):</b>  | Philippa Harding, Director of Corporate Governance   |                  |                                     |                    |
| <b>Presented by:</b>  | Philippa Harding, Director of Corporate Governance   |                  |                                     |                    |
| <b>History:</b>   | This planner is based upon previous years' Board agendas and guidance relating to best practice in the construction of Trust Board agendas |                  |                                     |                    |
| <b>Status:</b>  | <input checked="" type="checkbox"/>  | <b>Assurance</b> | <input checked="" type="checkbox"/> | <b>Discussion</b>  |
|   | <input type="checkbox"/>   | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |  |                  |                                     |                    |
| <p>This report provides the Board with an updated forward plan for Board meetings until the end of the 2018/19 financial year. It is based upon the business conducted by the Board in previous years and upon best practice in the construction of Board agendas.</p> <p>This is intended to be a framework document, setting out the minimum business to be conducted at Board meetings during the forward plan period. It will be updated regularly to reflect the business needs of the organisation.</p> |  |                  |                                     |                    |
| <b>Recommendation(s):</b>   |  |                  |                                     |                    |
| <p>The Board is asked to comment on the proposed forward plan for Board meetings until the end of the 2018/19 financial year.</p>   |  |                  |                                     |                    |
| <b>This report relates to the following Board Assurance Framework (BAF) or other risk:</b>  |  |                  |                                     |                    |
| <p>Failure to ensure that the Board spends its time at meetings appropriately could result in an inability to conduct its business and result in poor governance.</p>   |  |                  |                                     |                    |
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>  |  |                  |                                     |                    |
| <b>Clinical and Quality</b>   | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Performance</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Financial</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Workforce</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Governance and Well-led</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Reputation</b>   | <input checked="" type="checkbox"/>  |                  |                                     |                    |
| <b>Other</b>  | <input checked="" type="checkbox"/>  |                  |                                     |                    |

| <b>This paper supports the achievement of the following Business Plan Workstreams:</b> |                                     |
|--|-------------------------------------|
| <b>Ensure safe, timely and effective care</b>  | <input checked="" type="checkbox"/> |
| <b>Ensuring staff are valued, respected and engaged</b>                                | <input checked="" type="checkbox"/> |
| <b>Partners are supported to deliver change in London</b>                              | <input checked="" type="checkbox"/> |
| <b>Efficiency and sustainability will drive us</b>                                     | <input checked="" type="checkbox"/> |

## Trust Board forward planner: 2018/19

| Area  | Lead   | May - Thursday 24 May 2018                             |
|---|--------|--|
| <b>Standing items</b>                       | HL     | Welcome and apologies                                  |
|   | All    | Declarations of Interest                               |
|   | HL     | Minutes of previous meeting                            |
|   | HL     | Matters arising & action log                           |
|   | TB     | Staff Story  |
|   | HL     | Report from the Chair                                  |
|   | GE     | Report from the CEO                                    |
| <b>Quality, Performance &amp; Assurance</b> | LB     | Integrated Quality & Performance Report                |
|   | JJ     | Audit Committee Assurance Report                       |
|   | RM     | Quality Assurance Committee Assurance Report           |
|   | JM     | People & OD Committee Assurance Report                 |
|   | FC     | Finance & Investment Committee Assurance Report        |
|   | TdP    |  |
|   | PH     | BAF & Corporate Risk Register                          |
|   | TB     | Serious Incident Management                            |
|   | PW     |  |
|   | PW     |  |
| <b>Annual Reporting</b>                     | LB, PH | Annual Report and Accounts (incl AGS)                  |
|   | PH     | Self Certification of Compliance with Provider Licence |
|   | JJ     | Audit Committee Annual Report                          |
|   | TB     | Health & Safety Annual Report                          |
| <b>Strategy &amp; Planning</b>              | GE     |  |
|   | LB     |  |
|   | TB     |  |
|   | PG     |  |
| <b>Governance</b>                           | TB     |  |
|   | PH     | Report from the Trust Secretary                        |
|   | PH     | Trust Board forward planner                            |
|   | PH     |  |
|   | PH     |  |
|   | PH     | FTSUP Quarterly Report                                 |
|   | JO, PH | Board Engagement - internal & external                 |
| <b>Concluding matters</b>                   | HL     | Questions from members of the public                   |
|   | HL     | Any other business                                     |
|   | All    | Review of the meeting                                  |
| <b>Additional reports</b>                   | TB     | Quality Report   |
|   | TB     |  |
|   | RF     |  |
|   | PG     |  |
|   |        | Infection Prevention & Control Annual Report           |
|   |        | Safeguarding Annual Report                             |
|   |        | Mental Health Annual Report                            |

## Trust Board forward planner: 2018/19

| Area  | Lead  | June - Tuesday 26 June 2018  |
|---|---|--|
| <b>Standing items</b>                       | HL<br>All<br>HL<br>HL<br>TB<br>HL<br>GE                               | Welcome and apologies<br>Declarations of Interest<br>Minutes of previous meeting<br>Matters arising & action log<br>Staff Story<br>Report from the Chair<br>Report from the CEO          |
| <b>Quality, Performance &amp; Assurance</b> | LB<br>JJ<br>RM<br><br>JM<br>FC<br><br>TdP<br><br>PH<br>TB<br>PW<br>PW | Integrated Quality & Performance Report<br><br><br><br><br><br><br>Logistics & Infrastructure Cttee Assurance Report<br><br>BAF & Corporate Risk Register<br>Serious Incident Management |
| <b>Annual Reporting</b>                     | LB, PH<br>PH<br><br>JJ<br>TB  |  |
| <b>Strategy &amp; Planning</b>              | GE<br>LB<br>TB<br>PG  |  |
| <b>Governance</b>                           | TB<br>PH<br>PH<br>PH<br>PH<br>PH<br>JO, PH                            | Report from the Trust Secretary<br>Trust Board forward planner   |
| <b>Concluding matters</b>                   | HL<br>HL<br>All   | Questions from members of the public<br>Any other business<br>Review of the meeting  |
| <b>Additional reports</b>                   | TB<br>TB<br>RF<br>PG  | Quality Report   |



## Trust Board forward planner: 2018/19

| Area  | Lead  | July - Tuesday 31 July 2018  | August |
|---|---|--|--------|
| <b>Standing items</b>                       | HL<br>All<br>HL<br>HL<br>TB<br>HL<br>GE                               | Welcome and apologies<br>Declarations of Interest<br>Minutes of previous meeting<br>Matters arising & action log<br>Staff Story<br>Report from the Chair<br>Report from the CEO  |        |
| <b>Quality, Performance &amp; Assurance</b> | LB<br>JJ<br>RM<br><br>JM<br>FC<br><br>TdP<br><br>PH<br>TB<br>PW<br>PW | Integrated Quality & Performance Report<br><br>Quality Assurance Committee Assurance Report<br><br>People & OD Committee Assurance Report<br>Finance & Investment Committee Assurance Report<br><br><br>BAF & Corporate Risk Register<br>Serious Incident Management<br>Rest Break Policy implementation review<br>EPRR/NARU Action Plan |        |
| <b>Annual Reporting</b>                     | LB, PH<br>PH<br><br>JJ<br>TB  |  |        |
| <b>Strategy &amp; Planning</b>              | GE<br>LB<br>TB<br>PG  | Quarterly Strategy Update  |        |
| <b>Governance</b>                           | TB<br>PH<br>PH<br>PH<br>PH<br>PH<br>JO, PH                            | Report from the Trust Secretary<br>Trust Board forward planner   |        |
| <b>Concluding matters</b>                   | HL<br>HL<br>All   | Questions from members of the public<br>Any other business<br>Review of the meeting  |        |
| <b>Additional reports</b>                   | TB<br>TB<br>RF<br>PG  | Quality Report<br><br><br>Patitent Experience Annual Report<br>Patient & Public Involvement Annual Report<br>Public Education Annual Report  |        |

## Trust Board forward planner: 2018/19

| Area  | Lead  | September - Tuesday 25 September 2018  | October |
|---|---|--|---------|
| <b>Standing items</b>                       | HL<br>All<br>HL<br>HL<br>TB<br>HL<br>GE                               | Welcome and apologies<br>Declarations of Interest<br>Minutes of previous meeting<br>Matters arising & action log<br>Patient Story<br>Report from the Chair<br>Report from the CEO  |         |
| <b>Quality, Performance &amp; Assurance</b> | LB<br>JJ<br>RM<br><br>JM<br>FC<br><br>TdP<br><br>PH<br>TB<br>PW<br>PW | Integrated Quality & Performance Report<br>Audit Committee Assurance Report<br>Quality Assurance Committee Assurance Report<br><br>People & OD Committee Assurance Report<br>Finance & Investment Committee Assurance Report<br><br><br>BAF & Corporate Risk Register<br>Serious Incident Management |         |
| <b>Annual Reporting</b>                     | LB, PH<br>PH<br><br>JJ<br>TB  |  |         |
| <b>Strategy &amp; Planning</b>              | GE<br>LB<br>TB<br>PG  | Quarterly Strategy Update  |         |
| <b>Governance</b>                           | TB<br>PH<br>PH<br>PH<br>PH<br>PH<br>JO, PH                            | Report from the Trust Secretary<br>Trust Board forward planner<br><br><br>FTSUP Quarterly Report   |         |
| <b>Concluding matters</b>                   | HL<br>HL<br>All   | Questions from members of the public<br>Any other business<br>Review of the meeting  |         |
| <b>Additional reports</b>                   | TB<br>TB<br>RF<br>PG  | Quality Report   |         |

## Trust Board forward planner: 2018/19

| Area  | Lead  | November - Tuesday 27 November 2018   | December |
|---|---|---|----------|
| <b>Standing items</b>                       | HL<br>All<br>HL<br>HL<br>TB<br>HL<br>GE                               | Welcome and apologies<br>Declarations of Interest<br>Minutes of previous meeting<br>Matters arising & action log<br>Staff Story<br>Report from the Chair<br>Report from the CEO   |          |
| <b>Quality, Performance &amp; Assurance</b> | LB<br>JJ<br>RM<br><br>JM<br>FC<br><br>TdP<br><br>PH<br>TB<br>PW<br>PW | Integrated Quality & Performance Report<br>Audit Committee Assurance Report<br>Quality Assurance Committee Assurance Report<br><br>People & OD Committee Assurance Report<br>Finance & Investment Committee Assurance Report<br><br>Logistics & Infrastructure Cttee Assurance Report<br><br>BAF & Corporate Risk Register<br>Serious Incident Management |          |
| <b>Annual Reporting</b>                     | LB, PH<br>PH<br><br>JJ<br>TB  |   |          |
| <b>Strategy &amp; Planning</b>              | GE<br>LB<br>TB<br>PG  | Business Plan progress review   |          |
| <b>Governance</b>                           | TB<br>PH<br>PH<br>PH<br>PH<br>PH<br>JO, PH                            | Report from the Trust Secretary<br>Trust Board forward planner  |          |
| <b>Concluding matters</b>                   | HL<br>HL<br>All   | Questions from members of the public<br>Any other business<br>Review of the meeting   |          |
| <b>Additional reports</b>                   | TB<br>TB<br>RF<br>PG  | Quality Report  |          |

## Trust Board forward planner: 2018/19

| Area  | Lead  | January - Tuesday 24 January 2019  | February |
|---|---|--|----------|
| <b>Standing items</b>                       | HL<br>All<br>HL<br>HL<br>TB<br>HL<br>GE                               | Welcome and apologies<br>Declarations of Interest<br>Minutes of previous meeting<br>Matters arising & action log<br>Patient Story<br>Report from the Chair<br>Report from the CEO  |          |
| <b>Quality, Performance &amp; Assurance</b> | LB<br>JJ<br>RM<br><br>JM<br>FC<br><br>TdP<br><br>PH<br>TB<br>PW<br>PW | Integrated Quality & Performance Report<br><br>Quality Assurance Committee Assurance Report<br><br>People & OD Committee Assurance Report<br>Finance & Investment Committee Assurance Report<br><br><br>BAF & Corporate Risk Register<br>Serious Incident Management |          |
| <b>Annual Reporting</b>                     | LB, PH<br>PH<br><br>JJ<br>TB  |  |          |
| <b>Strategy &amp; Planning</b>              | GE<br>LB<br>TB<br>PG  | Quarterly Strategy Update  |          |
| <b>Governance</b>                           | TB<br>PH<br>PH<br>PH<br>PH<br>PH<br>JO, PH                            | Report from the Trust Secretary<br>Trust Board forward planner<br><br>FTSUP Quarterly Report   |          |
| <b>Concluding matters</b>                   | HL<br>HL<br>All   | Questions from members of the public<br>Any other business<br>Review of the meeting  |          |
| <b>Additional reports</b>                   | TB<br>TB<br>RF<br>PG  | Quality Report   |          |

## Trust Board forward planner: 2018/19

| Area  | Lead   | March - Tuesday 26 March 2019                   |
|---|--------|---|
| <b>Standing items</b>                       | HL     | Welcome and apologies                           |
|   | All    | Declarations of Interest                        |
|   | HL     | Minutes of previous meeting                     |
|   | HL     | Matters arising & action log                    |
|   | TB     | Staff Story                                     |
|   | HL     | Report from the Chair                           |
|   | GE     | Report from the CEO                             |
| <b>Quality, Performance &amp; Assurance</b> | LB     | Integrated Quality & Performance Report         |
|   | JJ     |   |
|   | RM     | Quality Assurance Committee Assurance Report    |
|   | JM     | People & OD Committee Assurance Report          |
|   | FC     | Finance & Investment Committee Assurance Report |
|   | TdP    |   |
|   | PH     | BAF & Corporate Risk Register                   |
|   | TB     | Serious Incident Management                     |
|   | PW     |   |
|   | PW     |   |
| <b>Annual Reporting</b>                     | LB, PH |   |
|   | PH     |   |
|   | JJ     |   |
|   | TB     |   |
| <b>Strategy &amp; Planning</b>              | GE     | Quarterly Strategy Update                       |
|   | LB     |   |
|   | TB     |   |
|   | PG     |   |
| <b>Governance</b>                           | TB     |   |
|   | PH     | Report from the Trust Secretary                 |
|   | PH     | Trust Board forward planner                     |
|   | PH     |   |
|   | PH     |   |
|   | PH     |   |
|   | JO, PH |   |
| <b>Concluding matters</b>                   | HL     | Questions from members of the public            |
|   | HL     | Any other business                              |
|   | All    | Review of the meeting                           |
| <b>Additional reports</b>                   | TB     | Quality Report                                  |
|   | TB     |   |
|   | RF     |   |
|   | PG     |   |



|   |  |                  |                                     |                    |
|---|--|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>   | <b>Trust Board</b>   |                  |                                     |                    |
| <b>Date of meeting:</b>   | 24 April 2018  |                  |                                     |                    |
| <b>Report title:</b>  | Quality Report (March data)  |                  |                                     |                    |
| <b>Agenda item:</b>   | Additional Report (for information only)                                 |                  |                                     |                    |
| <b>Report Author(s):</b>  | Dr P Bain, Chief Quality Officer<br>Dr Fenella Wrigley, Medical Director |                  |                                     |                    |
| <b>Presented by:</b>  | Dr P Bain, Chief Quality Officer<br>Dr Fenella Wrigley, Medical Director |                  |                                     |                    |
| <b>History:</b>   | Executive Leadership Team 18 April 2018                                  |                  |                                     |                    |
| <b>Status:</b>  | <input checked="" type="checkbox"/>                                      | <b>Assurance</b> | <input checked="" type="checkbox"/> | <b>Discussion</b>  |
|   | <input type="checkbox"/>   | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>  |  |                  |                                     |                    |
| This paper provides the Board with the details of the current status of the Quality performance and programmes in January 2018. |  |                  |                                     |                    |
| <b>Recommendation(s):</b>   |  |                  |                                     |                    |
| The Board is asked to note the attached report.   |  |                  |                                     |                    |
| <b>This report relates to the following Board Assurance Framework (BAF) or other risk:</b>                                      |  |                  |                                     |                    |
| N/A   |  |                  |                                     |                    |
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>  |  |                  |                                     |                    |
| <b>Clinical and Quality</b>   | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |
| <b>Performance</b>  | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |
| <b>Financial</b>  | <input type="checkbox"/>   |                  |                                     |                    |
| <b>Workforce</b>  | <input type="checkbox"/>   |                  |                                     |                    |
| <b>Governance and Well-led</b>  | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |
| <b>Reputation</b>   | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |
| <b>Other</b>  | <input type="checkbox"/>   |                  |                                     |                    |
| <b>This paper supports the achievement of the following Business Plan Workstreams:</b>  |  |                  |                                     |                    |
| <b>Ensure safe, timely and effective care</b>   | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |
| <b>Ensuring staff are valued, respected and engaged</b>   | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |
| <b>Partners are supported to deliver change in London</b>   | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |
| <b>Efficiency and sustainability will drive us</b>  | <input checked="" type="checkbox"/>                                      |                  |                                     |                    |





# London Ambulance Service

NHS Trust



## Quality Report

April 2018

All data pertains to March 2018 performance  
unless otherwise stated

All data is correct as at 10th of the month

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Legend

- Above Target
- Within 5% of Target
- Over 5% from Target

# Executive Summary: Exception Report (Positive)



## Safety

- Staff immunisation status project is near completion; details for the follow-immunisation project plan to follow. To note - there may be an impact of delivery of operational service during delivery of the catch-up programme
- Following a number of incident reports relating to a potential delayed response to patients presenting with chest pain from two specific MPDS determinants (10D2 & 10D4) the Trust has modified its response to these calls by providing a solo responder to perform an ECG and update EOC if a double crewed ambulance is not available within 7 minutes of the call being received
- RIDDOR reporting has made a significant improvement from 18 days to 14 days. This is the first time the Trust has been compliant with national reporting standards (<15 days)

## Actions & Assurance

- IPC practical session of hand hygiene was re-introduced into the non-clinical Trust Induction in January 2018. This was well received
- UV light and disclosing cream for IPC Champions has been procured for their local hand hygiene practical training session from April 2018
- The impact of the changes to calls 10D2 & 10D4 will be monitored and reviewed for its effectiveness

## Effectiveness

- IPC Training met compliance in March for Level 1 & 2; year-end figures were exceptional at 95.08% and 96.12% respectively; the ESR Transformation Team should be congratulated for the robust data capture system

## Actions & Assurance

## Caring

- Quality Alert requests continue to rise– a Business Case has been made for an increase in establishment
- Mental Health calls supported by the Clinical Hub has increased from 328 in February to 388 in March
- Complaints responses >35 days has reduced from 23 cases to 8 in March

## Actions & Assurance

- This month, complaints relating to delays has reduced to 21 cases from 40 in February
- CMC access has increased from 303 in February to 441 in March

# Executive Summary: Exception Report (Improvement Required)



## Safety

- Variable standards in IPC practice, including compliance with hand hygiene still being observed
- Quarterly IPC station audit tool has been transformed into an e-tool (Perfect Ward) which has been trialed – results of which require further evaluation. We will also be exploring adding this audit to personal issue electronic devices.
- Continue to improve integrated working, closer engagement with Estates, Fleet and Logistics, Procurement, Operations (ensure IPC is woven like a golden thread into processes to meet the quality and safety agenda and shape the exemplar work stream, specifications and KPIs)
- Completion of Risk actions associated with Tight-fitting Respirator masks
- FFP3 fit testing/recording
- Adrenaline 1:1000 has been administered incorrectly 4 times this month

## Actions & Assurance

- Encourage regular competency checks (peer review), role modelling by key influencers e.g. mentors, senior staff
- Encourage regular competency checks (peer review), role modelling by key influencers e.g. mentors, senior staff
- Encourage personal accountability and responsibility regarding adherence to IPC standards - introduce IPC discussions at One-Ones and PDRs, team meetings, OWRs to change practice and attitudes; benchmarking for stations
- Face to face feedback focussed on learning in order to prevent future occurrences will be facilitated

## Effectiveness

- The contract for KitPrep and Perfect Ward apps is due for renewal in November 2018 – this process will need to go tender due to the costs involved. Potential risk to disruption of audit and medicines tracking processes

## Actions & Assurance

Medicines management group input into the tender process

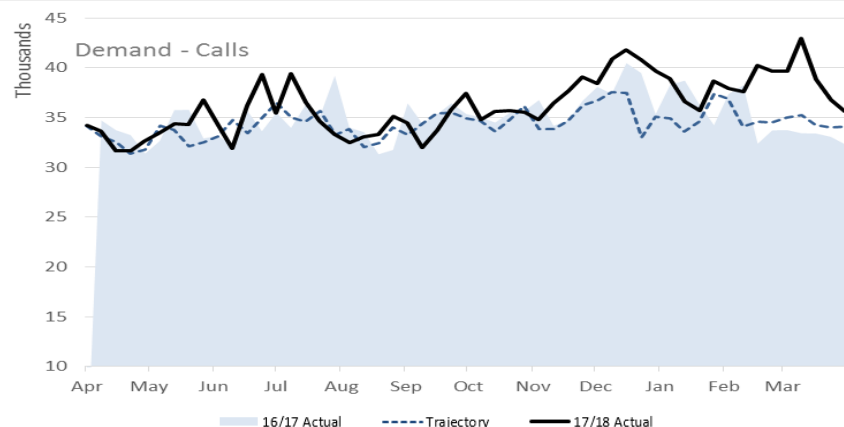
## Caring

## Actions & Assurance

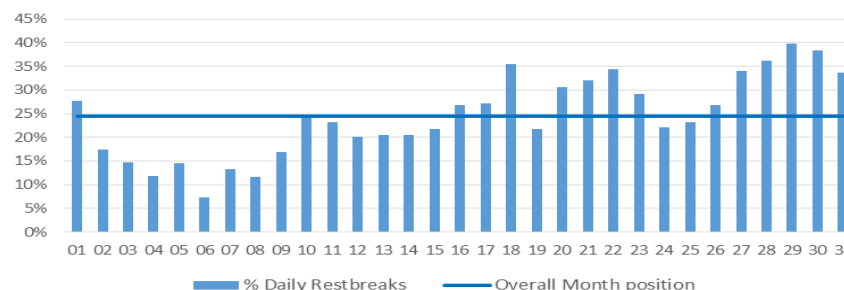
# Performance Pressure



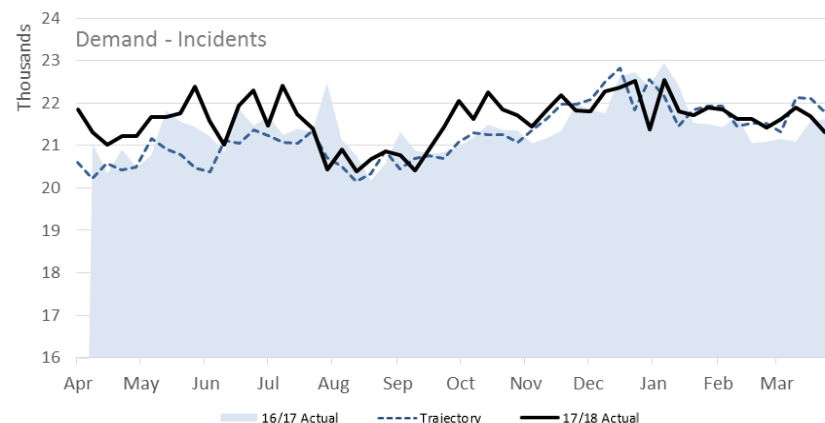
Pressures



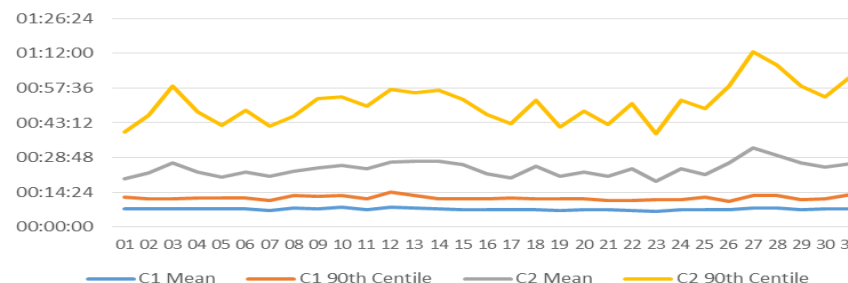
% of RestBreaks Given



Performance



Daily March Performance



- During March the Trust faced a number of protracted significant cold weather events. Close monitoring of the forecast combined with learning from previous extreme weather events enabled the Trust to prepare effectively in order to maintain the safest possible service for our sickest patients
- The Trust REAP (Resource Escalation Action Plan) level was increased to Level 3 – Severe. This enabled the provision of additional resources to support service delivery
- Staff were issued guidance regarding the Trust expectations (i.e. contingency planning in order to get to work, especially with the closure of many schools), care of patients who have fallen and the use of vehicles in icy conditions

# Sector Heat Map: Quality Data



|               |  | LAS    |        |       |       |       |
|---------------|--|--------|--------|-------|-------|-------|
|               |  | Target | Ranges |       |       |       |
| CQC           | Key Performance Indicator  | NW     | NC     | NE    | SW    | SE    |
| SAFETY        | Hand Hygiene OWR compliance  | 84%    | 31%    | 87%   | 59%   | 97%   |
|               | Rate of Patient related Adverse Events per 1,000 Incidents                   | 2.3    | 1.8    | 3.2   | 2.5   | 2.5   |
|               | Rate of Staff related Adverse Events per 1,000 Incidents                     | 2.2    | 2.5    | 3.5   | 3.3   | 2.2   |
|               | Controlled Drugs - Unaccountable Losses (LIN Reportable)                     | 0      | 0      | 0     | 0     | 0     |
|               | Percentage of Incidents reported within 4 days of incident occurring         | 96%    | 96%    | 97%   | 98%   | 95%   |
|               | Potential Serious Incidents referred to SI Group                             | 5      | 2      | 7     | 4     | 4     |
|               | Serious Incidents declared in-month  | 1      | 1      | 4     | 0     | 0     |
|               | Serious Incidents breaching 60 days YTD                                      | 0      | 0      | 0     | 0     | 0     |
|               | Serious Incidents breaching 40 days YTD                                      | 0      | 0      | 0     | 0     | 0     |
|               | Medication Errors as % of Patient Adverse Events                             | 13.3%  | 9.1%   | 3.8%  | 10.7% | 4.5%  |
|               | Needle Stick Injuries as % of Staff Adverse Events                           | 0%     | 10%    | 0%    | 0%    | 0%    |
|               | Missing Equipment Incidents as % of all reported incidents                   | 4%     | 4%     | 4%    | 5%    | 4%    |
|               | Failure of Device/Equipment/Vehicle Incidents as % of all reported incidents | 5%     | 14%    | 11%   | 16%   | 17%   |
|               | Safeguarding Adults & Children Level 1                                       | 98%    | 99%    | 99%   | 98%   | 99%   |
|               | Safeguarding Adults & Children Level 2 - Clinical                            | 96%    | 97%    | 97%   | 97%   | 98%   |
| EFFECTIVENESS | Percentage of staff completing Core Skills Refresher 2017.1 (cumulative)     | 85%    | 90%    | 84%   | 87%   | 88%   |
|               | Percentage of staff completing Core Skills Refresher 2017.2 (cumulative)     | 83%    | 85%    | 84%   | 76%   | 52%   |
|               | * ROSC at Hospital (AQL)   | 40.6%  | 39.7%  | 36.1% | 44.2% | 34.8% |
|               | * STEMI care bundle (AQL)  | 72.6%  | 62.9%  | 68.0% | 85.7% | 64.4% |
|               | * Stroke to HASU within 60 minutes (AQL)                                     | 59.0%  | 38.2%  | 59.6% | 59.0% | 50.5% |
|               | * Stroke Care Bundle (AQL)   | 96.4%  | 96.9%  | 99.0% | 95.8% | 96.7% |
|               | ** Survival to Discharge (AQL)   | 6%     | 10%    | 4%    | 15%   | 6%    |
|               | * CPI - Completion Rate (% of CPI audits undertaken)                         | 78%    | 89%    | 84%   | 100%  | 99%   |
|               | * CPI - Percentage of Staff receiving ONE Feedback Session YTD               | 38.3%  | 41.1%  | 40.0% | 38.8% | 45.7% |
|               | * Documented Care - Cardiac Arrest Compliance (CPI audit)                    | 98%    | 97%    | 98%   | 98%   | 98%   |
|               | * Documented Care - Discharged at Scene Compliance (CPI audit)               | 97%    | 97%    | 97%   | 98%   | 97%   |
|               | * Documented Care - Mental Health Compliance (CPI audit)                     | 94%    | 91%    | 93%   | 92%   | 96%   |
|               | * Documented Care - Severe Sepsis Compliance (CPI audit)                     | 98%    | 97%    | 97%   | 98%   | 97%   |
|               | * Documented Care - Difficulty In Breathing Compliance (CPI audit)           | 97%    | 94%    | 95%   | 97%   | 96%   |
|               | * Documented Care - Glycaemic Emergencies Compliance (CPI audit)             | -      | -      | -     | -     | -     |
| CARING        | Rate of Complaints per 1,000 Incidents                                       | 0.4    | 0.4    | 0.3   | 0.2   | 0.3   |
|               | Mental Health Related Incidents  | 8%     | 9%     | 8%    | 8%    | 9%    |
|               | Mental Health Related HCP Incidents  | 0.6%   | 0.7%   | 0.5%  | 0.6%  | 0.5%  |
|               | Rate of Frequent Callers per 1,000 Calls                                     | 8.3    | 11.0   | 7.2   | 7.9   | 5.5   |

\* data shown refers to Feb-18

\*\* data shown refers to Nov-17



# Patient Safety

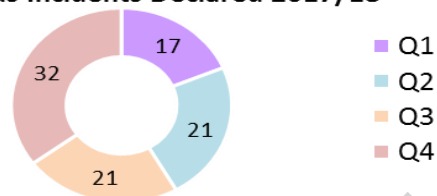
Owner: Michael Ward | Exec Lead: Dr. Trisha Bain



| Measures  | Target / Range | RAG | YTD 17/18 | Jan-18 | Feb-18 | Mar-18 | Movement | Trend | Business Plan | Schedule 4 LQ Ref. | Quality Account | Data Quality |
|---|----------------|-----|-----------|--------|--------|--------|----------|-------|---------------|--------------------|-----------------|--------------|
| Hand Hygiene OWR compliance   | 90%            | R   | 83%       | 85.0%  | 78.4%  | 71.7%  | ↓        |       |               | LQ16               | ✓               |              |
| Rate of Patient related Adverse Events per 1,000 Incidents  | 5              | G   | 2.8       | 2.3    | 2.7    | 2.5    | ↓        |       |               |                    |                 |              |
| Patient related Adverse Events - NO HARM  | 1200           | G   | 2433      | 175    | 168    | 165    | ↓        |       |               |                    |                 |              |
| Patient related Adverse Events - LOW  | 500            | G   | 306       | 25     | 28     | 32     | ↑        |       |               |                    |                 |              |
| Patient related Adverse Events - MODERATE   | 25             | G   | 188       | 8      | 14     | 18     | ↑        |       |               |                    |                 |              |
| Patient related Adverse Events - SEVERE   |                |     | 87        | 6      | 2      | 12     | ↑        |       |               |                    |                 |              |
| Patient related Adverse Events - DEATH  |                |     | 146       | 10     | 18     | 14     | ↓        |       |               |                    |                 |              |
| Rate of Staff related Adverse Events per 1,000 Incidents  | 3              | G   | 3.3       | 3.3    | 2.9    | 2.6    | ↓        |       |               |                    |                 |              |
| Staff related Adverse Events - NONE   |                |     | 2089      | 195    | 134    | 134    | ↔        |       |               |                    |                 |              |
| Staff related Adverse Events - LOW  |                |     | 1511      | 125    | 107    | 103    | ↓        |       |               |                    |                 |              |
| Staff related Adverse Events - MODERATE   |                |     | 84        | 5      | 7      | 9      | ↑        |       |               |                    |                 |              |
| Staff related Adverse Events - SEVERE   |                |     | 4         | 1      | 2      | 0      | ↓        |       |               |                    |                 |              |
| Controlled Drugs - Other Reportable Incidents   |                |     | 405       | 49     | 46     | 55     | ↑        |       |               |                    |                 |              |
| Controlled Drugs - Unaccountable Losses (LIN Reportable)  | 0              | G   | 3         | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Percentage of Incidents reported within 4 days of incident occurring                              | 85%            | G   | 93%       | 92%    | 91%    | 96%    | ↑        |       |               |                    |                 |              |
| Percentage of Serious Incidents (SI) reported on STEIS within 48 hours of being declared in-month | 90%            | G   | 100%      | 100%   | 100%   | 100%   | ↔        |       |               | LQ20               |                 |              |
| Potential Serious Incidents referred to SI Group  |                |     | 404       | 46     | 26     | 55     | ↑        |       |               |                    |                 |              |
| Serious Incidents declared in-month   |                |     | 93        | 8      | 7      | 17     | ↑        |       |               |                    |                 |              |
| Serious Incidents breaching 60 days   | 0              | G   | 24        | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Serious Incidents breaching 40 days   | 0              | G   | 27        | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Duty of Candour % Compliance (Moderate Harm Incidents)  | 100%           | G   | 100%      | 100%   | 100%   | 100%   | ↔        |       |               |                    |                 |              |
| Medication Errors as % of Patient Adverse Events  |                |     | 6%        | 8.9%   | 6.5%   | 6.2%   | ↓        |       |               |                    |                 |              |
| Needle Stick Injuries as % of Staff Adverse Events  |                |     | 2%        | 1.5%   | 2.0%   | 1.6%   | ↓        |       |               |                    |                 |              |
| Never Events  | 0              | G   | 0         | 0      | 0      | 0      | ↔        |       |               |                    |                 |              |
| Local Never Event : Patient falling from trolley through transfer as % of incidents               | 0%             | G   | 0%        | 0%     | 0%     | 0%     | ↔        |       |               |                    |                 |              |
| Total Prevent Future Deaths In-Month  | 0              | G   | 3         | 0      | 0      | 0      | ↔        |       |               | LQ25               | ✓               |              |
| Safeguarding Adults & Children Level 1 (3 Years)  | 90%            | G   | 76%       | 93.5%  | 94.3%  | 96.1%  | ↑        |       |               |                    |                 |              |
| Safeguarding Adults & Children Level 2 - Clinical (1 Year)  | 90%            | G   | 79%       | 88.0%  | 91.1%  | 95.1%  | ↑        |       |               |                    |                 |              |
| Safeguarding Adults & Children Level 2 - EOC (1 Year)   |                |     | 58%       | 57.6%  | 63.9%  | 68.9%  | ↑        |       |               |                    |                 |              |
| Safeguarding Adults & Children Level 3 (3 Years)  | 90%            | R   | 77%       | 76.9%  | 88.5%  | 87.5%  | ↓        |       |               |                    |                 |              |
| Safeguarding Trust Board (3 Years)  | 90%            | G   | 100%      | 100.0% | 94.4%  | 100.0% | ↑        |       |               |                    |                 |              |
| Total Inquests where LAS asked to give evidence - In-Month  |                |     | 68        | 3      | 6      | 6      | ↔        |       |               |                    |                 |              |
| Total Inquests where LAS asked to give evidence - Year to Date                                    |                |     | 454       | 56     | 62     | 68     | ↑        |       |               |                    |                 |              |
| Missing Equipment Incidents as % of all reported incidents  |                |     | 3%        | 2%     | 3%     | 3%     | ↑        |       |               |                    |                 |              |
| Failure of Device/Equipment/Vehicle Incidents as % of all reported incidents                      |                |     | 10%       | 8%     | 11%    | 10%    | ↓        |       |               |                    |                 |              |
| Number of NRLS uploads In-Month   | 1              | G   | 12        | 1      | 1      | 1      | ↔        |       |               | LQ21               |                 |              |

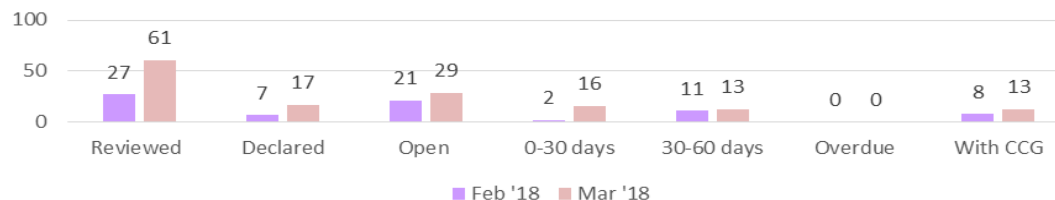


## Total Serious Incidents Declared 2017/18



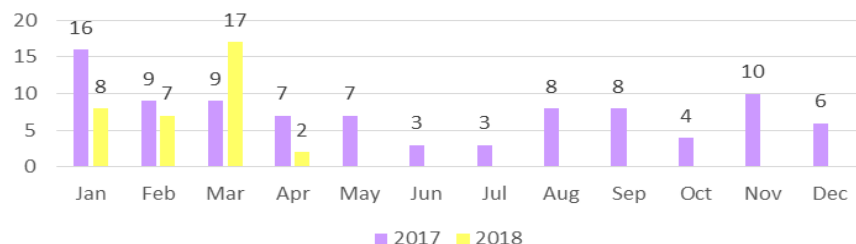
92 serious incidents were declared in 2017/2018. This is comparable to the number declared in 2016/17.

## SI Activity

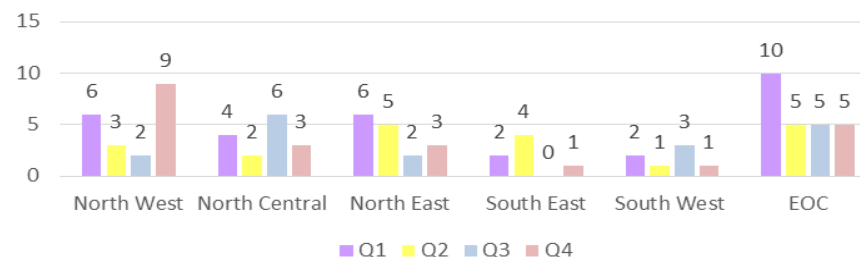


A total of 61 incidents were reviewed by SIG in March of which 17 were declared as SIs. 13 investigations have been submitted to the CCG and are awaiting closure or comments. The Trust is maintaining its contractual obligations with the CCG and currently there are no investigations that have breached the 60 working day deadline.

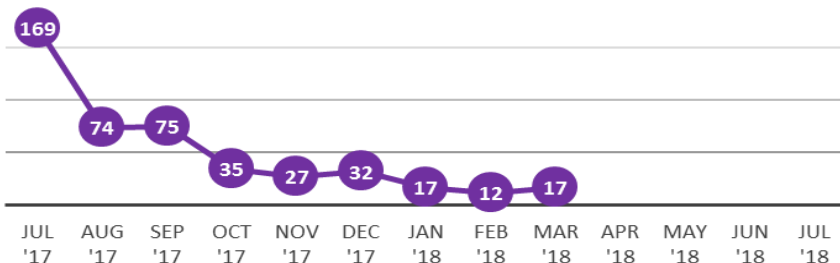
## Serious Incidents Declared by Month



## Serious Incidents Declared by Sector STP



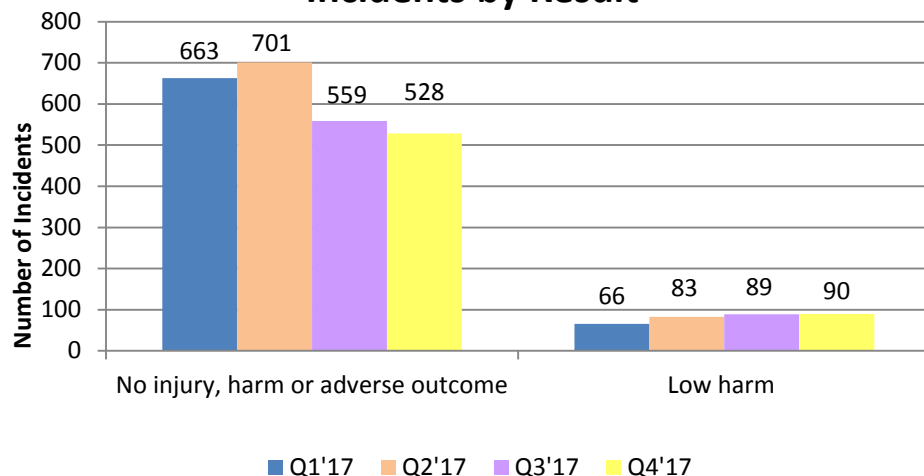
## Overdue Actions at Month End 2017/18



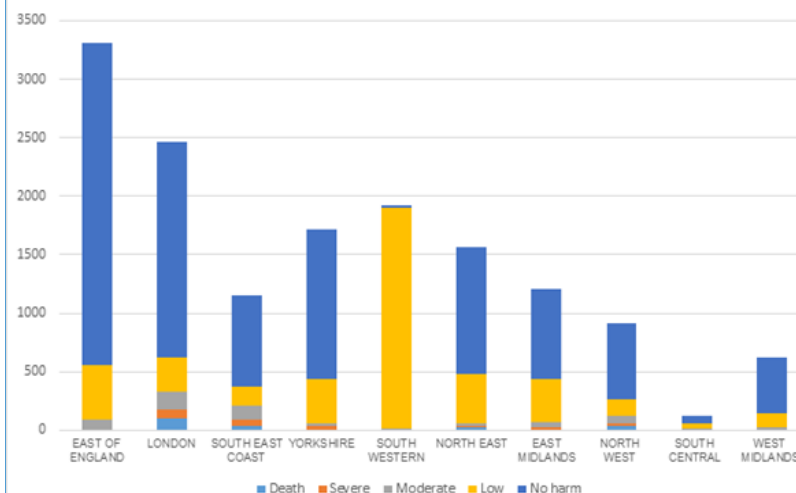
- There was an increase in the number of SIs reviewed and declared during March 2018. This is a result of increased reporting of concerns by staff and an external audit undertaken by a local hospital and an internal audit localised to the North West Sector which identified a number of delayed shock cases
- There is evidence of a decrease in SIs across the North Central, South West and South East sectors and an increase in the number of SIs declared in EOC and the North West sectors.
- Of note the external audit noted above was in relation to delays in treatment which accounts for the increase in EOC related SIs.
- Following the identification of a significant number of outstanding actions from closed SI investigations in July 2017, there has been a noteworthy decrease in the number of overdue actions that have breached the assigned deadline.
- Whilst there are currently 17 actions that are in progress the Quality, Governance and Assurance Team maintain contact with the accountable manager on a weekly basis.



## Incidents by Result



## NRLS Breakdown March 2017 -February 2018



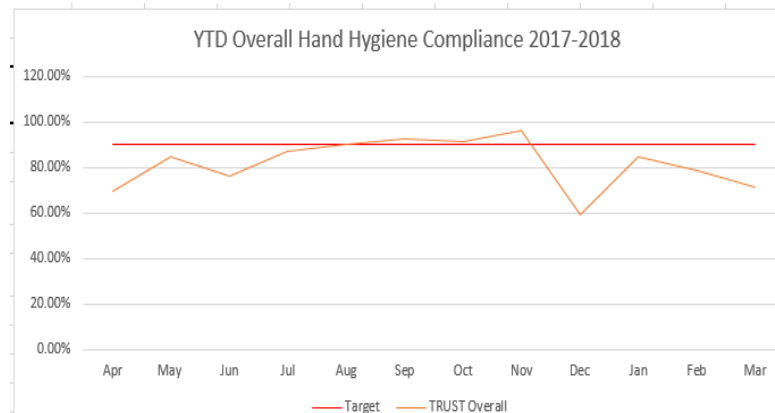
The Trust has set an annual target for the reporting of incidents that have been graded as either no harm or low harm. The target of 1200 no harm incident reports has been exceeded for 2017/18 whilst the target number of incident reports for Low harm has not been achieved.

| Quality, Governance and Assurance Risk Tracker |                  |  |            |             | Initial Risk Rating | Current Risk Rating |     |     |     | Target Risk Rating | Key changes/updates since last review  |
|--|------------------|--|------------|-------------|---------------------|---------------------|-----|-----|-----|--------------------|--|
| Risk No.                                       | Risk Type        | Risk description   | Risk Owner | Exec Lead   |                     | Q3                  |     | Q4  |     |                    |  |
|  |                  |  |            |             |                     | Nov                 | Dec | Jan | Feb |                    |  |
| 21   | Operational Risk | There is a risk that the Trust does not learn from previous serious incidents and therefore does not prevent or mitigate against similar incidents from occurring in the future.                             | Mike Ward  | Trisha Bain | 12                  | 12                  | 9   | 9   | 9   | 6                  | Approval required for additional work flows to cover key findings and recommendations from thematic reviews. Recent KMPG audit demonstrated significant assurance of learning from SIs.  |
| 673  | Operational Risk | There is a risk that there will be a delay in identifying incidents that meet the SI criteria and therefore a delay in immediate risk mitigations as a result of incorrect grading or internal audit delays. | Mike Ward  | Trisha Bain | 9                   | 6                   | 6   | 6   | 6   | 3                  | There is a delay in local management reviewing incidents and ensuring the grading is correct. This is currently being mitigated by the Quality, Governance and Assurance Team undertaking daily incidents reviews whilst further training is provided to local managers. |



## Monthly Hand Hygiene Compliance 2017 – 2018 (Trust Compliance target: 90%)

|               | Apr     | May     | Jun    | Jul     | Aug     | Sep     | Oct     | Nov     | Dec    | Jan     | Feb     | Mar    |
|---------------|---------|---------|--------|---------|---------|---------|---------|---------|--------|---------|---------|--------|
| Target        | 90.00%  | 90.00%  | 90.00% | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00%  | 90.00% | 90.00%  | 90.00%  | 90.00% |
| TRUST Overall | 69.84%  | 84.54%  | 76.24% | 87.20%  | 90.22%  | 92.78%  | 91.44%  | 96.33%  | 59.53% | 84.97%  | 78.42%  | 71.68% |
| North East    | 97.40%  | 90.60%  | 60.90% | 57.00%  | 95.30%  | 100.00% | 67.00%  | 95.66%  | 66.66% | 93.33%  | 100.00% | 30.93% |
| North Central | 100.00% | 100.00% | 48.90% | 89.00%  | 100.00% | 100.00% | 96.70%  | 95.60%  | 83.33% | 66.66%  | 93.00%  | 87.00% |
| North West    | 56.00%  | 73.80%  | 92.00% | 95.00%  | 100.00% | 76.40%  | 97.50%  | 93.40%  | 56.00% | 68.20%  | 89.00%  | 83.68% |
| South East    | 33.30%  | 95.80%  | 95.80% | 95.00%  | 62.00%  | 100.00% | 96.00%  | 100.00% | 66.66% | 96.66%  | 82.00%  | 97.43% |
| South West    | 62.50%  | 62.50%  | 83.60% | 100.00% | 93.80%  | 87.50%  | 100.00% | 97.00%  | 25.00% | 100.00% | 93.00%  | 59.37% |



### Performance:

- 15/18 station groups submitted Operational Workplace Reviews this month from which the Hand Hygiene data is extracted and the aggregated data (for all 18 stations) were analysed; those stations which have not submitted being allocated a score of 0%.
- 9/15 group stations who submitted hand hygiene data exceeded the 90% target - achieved 98.5% compliance;
- The overall results of the aggregated data for 18 stations were compromised by 3 group stations which did not submit full data
- The Trust wide-compliance based on data received by IPC Team in March was 71.68 %, missing the target of 90% set for the fourth month.

### Assurance:

- QGAMs continue to have oversight and a focus on the quality of services
- Submissions and compliance rates of the numbers of audits streams in OWR is monitored by the IPC team with prompt feedback provided to sectors and stations management
- IPC Hand Hygiene practical session was re-introduced to the non-clinical Induction Day (using UV light) from January 2018, to ensure that ALL new employees in LAS understands the importance of hand hygiene and are able to hand wash with soap and water and use hand gel correctly; personal bottles of hand gels provided
- Funding for UV lights and disclosing cream for all Group Station IPC Champions procured and this will form part of the Annual Action plan work stream for 2018/19
- The IPC team is engaging with crews at all A&Es in March/April to re-iterate the importance of hand hygiene and ensure that all frontline staff have their personal supply of alcohol hand gel to facilitate safe practice.

### Actions:

- Review for 2017/18
- Continue IPC Hand Hygiene session at Corporate induction; quality assure sessions taught by non-specialists
- Hand Hygiene (& Sepsis) campaign in May 2018
- Local Champions training for station using UV light
- Positive conversations and audits at A&E units by IPC Advisors
- Mystery shopper audit by IPC advisors; Hospital staff, and seek support from patient representatives reiterating 'Its OK to ask' campaign

# Safety (Infection Control)

Owner: Eng-Choo Hitchcock | Exec Lead: Dr. Fenella Wrigley



## Monthly IPC Training Compliance 2017 -2018 (Trust Compliance target: 90%)

| TRUST Overall | Apr    | May    | Jun    | Jul    | Aug    | Sep    | Oct    | Nov    | Dec    | Jan    | Feb    | Mar    | YTD    |
|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Level 1 *     | 87.80% | 88.18% | 87.96% | 88.50% | 91.56% | 91.88% | 91.31% | 92.53% | 93.13% | 92.80% | 93.45% | 95.08% | 91.18% |
| Level 2 *     | 87%    | 84.92% | 82.30% | 78.28% | 78.15% | 79.73% | 77.41% | 83.05% | 84.90% | 87.7%  | 91.19% | 96.12% | 84.23% |

### Performance:

- IPC training compliance has again achieved compliance this month
  - Level 1 training has met 90% target since August 2017; achieved 95.08% at year-end
  - Level 2 for patient facing staff achieved 96.12% at year-end
- Training data capture system for IPC has been firmly established by the ESR Transformation Team
- IPC and practical Hand Hygiene training session was re-introduced to the Corporate Induction day in January 2018

### Assurance:

- IPC training figures for Level 1 and Level 2 IPC training continues to be monitored via ESR; the system allows easy access to data in a timely way, providing robust assurance
- Training compliance is monitored on a monthly basis via a Monthly Performance Scorecard by the IPC team, Quality Report and various executive reports
- Monitored quarterly at the operational Infection Control and Decontamination Group (ICDG), Infection Prevention and Control Committee (IPCC), and onwards to the QOG, and QAC and Executive Team as well as Commissioners; shared at the Sector Quality and Champions meetings

### Actions

- Review training requirements for 2017/18:
  - Face to Face IPC CSR session agreed for 2018/19; ensure practical aspects are incorporated in IPC sessions to ensure competencies
  - Develop focused short e-learning sessions which are accessible and compatible with iPad for front-line staff
  - Quality assure training sessions delivered by non-specialists
  - Continue with IPC Hand Hygiene session at Corporate Induction

# Safety (Infection Control)

Owner: Eng-Choo Hitchcock | Exec Lead: Dr. Fenella Wrigley



## Six weekly deep clean compliance 2017 – 2018 (Compliance Target 90%)

|                      | Apr | May | Jun    | Jul    | Aug*   | Sep    | Oct | Nov | Dec | Jan  | Feb    | Mar    | YTD |
|----------------------|-----|-----|--------|--------|--------|--------|-----|-----|-----|------|--------|--------|-----|
| <b>TRUST Overall</b> | 97% | 97% | 94.80% | 94.30% | 96.80% | 95.72% | 93% | 95% | 93% | 93%  | 91.00% | 93%    | 95% |
| <b>North East</b>    | 95% | 95% | 97.80% | 96.20% | 96%    | 97.00% | 98% | 98% | 98% | 98%  | 97%    | 95.30% | 97% |
| <b>North Central</b> | 99% | 99% | 82.50% | 91.20% | 97%    | 97%    | 97% | 90% | 97% | 91%  | 97%    | 94.50% | 94% |
| <b>North West</b>    | 99% | 99% | 98%    | 98%    | 98%    | 96.00% | 96% | 93% | 96% | 98%  | 98%    | 96.25% | 97% |
| <b>South East</b>    | 99% | 98% | 98.30% | 95.50% | 97%    | 98.00% | 98% | 96% | 97% | 93%  | 99%    | 97.30% | 97% |
| <b>South West</b>    | 97% | 97% | 94%    | 94%    | 96%    | 98.00% | 99% | 97% | 95% | 95%  | 96%    | 94%    | 96% |
| <b>Others</b>        |     |     |        |        |        |        | 95% | 95% | 92% | 100% | 91%    | 100%   |     |
| <b>HART</b>          |     |     |        |        |        |        | 65% | 81% | 89% | 80%  | 65%    | 82%    | 77% |
| <b>PTS/NETS</b>      | 93% | 93% | 98.30% | 91%    | 82%    | 88.33% | 96% | 95% | 83% | 87%  | 85%    | 86%    | 90% |

### Performance

- Vehicle 6 weekly deep clean compliance Trust-wide continues to exceed 90% except HART and NETs due to availability of vehicles to clean.
- All 14 Hubs are operational and Phase 2 continues with cars
- IPC and Health & Safety Teams ATP swabbing of equipment and environment undertaken by Logistics Manager to provide assurance of the quality of deep clean
  - All 5 Sectors have been completed for 2017/18
  - Data has been analysed and feedback provided to Logistics – data suggesting that the quality of cleaning is improving

### Assurance

- Contract Management by Logistics Manager
- Quality assurance continues with ATP swabbing continues by LAS
- Contractor undertakes their own quality assurance swabbing
- Monthly and Quarterly data submission for monitoring by the IPC team, Sector Quality Meetings, ICDG, IPCC, QOG

### Actions:

- IPC & H&S Teams invited to contractor management meetings from 2018/19
- ATP swabbing to continue in the 5 sectors to provide assurance of cleanliness standards
- Support Fleet and Logistics with regular meetings to resolve IPC standards and contribute to Contractual meetings, tender specification





## Premises cleaning 2017 -2018 (Compliance Target 90%)

|               | Apr | May    | Jun    | Jul    | Aug    | Sep    | Oct    | Nov    | Dec    | Jan  | Feb    | Mar    | YTD    |
|---------------|-----|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|--------|
| TRUST Overall | 96% | 96.58% | 96.70% | 98.20% | 78.65% | 84.25% | 98.15% | 87.67% | 88.00% | 78%  | 64.64% | 84%    | 88.00% |
| North East    | 92% | 93%    | 95%    | 96%    | 97.30% | 64.30% | 96.60% | 63.66% | 63%    | 60%  | 62.60% | 55.60% | 78.00% |
| North Central | 99% | 99%    | 96%    | 100%   | 66.70% | 66.70% | 100%   | 100%   | 100%   | 100% | 66.67% | 97.85% | 91.00% |
| North West    | 96% | 95.40% | 97%    | 98%    | 98%    | 94%    | 98%    | 77.80% | 77.40% | 57%  | 77.60% | 77.03% | 88.00% |
| South East    | 97% | 97%    | 97%    | 98%    | 33%    | 98%    | 97.66% | 97.66% | 98.85% | 99%  | 66.33% | 91%    | 89.00% |
| South West    | 96% | 98.50% | 98.50% | 99%    | 98.25% | 98.25% | 98.50% | 99.25% | 98.50% | 73%  | 50%    | 96.83% | 92%    |

### Performance:

- 17/18 group stations submitted but not all the individual station were audited; with the lack of data for these individuals, overall performance was affected.
- The overall compliance score for March for all 18 group stations was 84%
  - The year-end compliance was 88%, missing the target of 90% set.
  - Of the 17 station groups submissions, 14 were compliant; the 3 non-compliant Group stations: not all the individual stations submitted
  - Contractor audits (94) were received, with compliance at 98.89%, which enabled triangulation and providing additional assurance
  - Estates validation audits (13) were undertaken this month – compliance 94.7%

### Assurance:

- QGAMs and GSM to monitor and ensure submissions of audit data
- Increased IPC capacity enabled progress of validation audits and support to station management and staff, IPC Champions, Estates team to enhance the standards in the environment including clinical waste management
  - The quarterly IPC validations audits February/March have not identified any sustained or serious breaches
- Cleanliness standards are monitored monthly by IPC team, who also attend Contract meetings with the Premises Cleaning Contractors
- Monitored at quarterly Sector, ICDG, IPCC

### Actions:

- Raised non-submission with QGAM
- Continue to monitor and triangulate data to provide additional assurance

# Safety (Infection Control)

Owner: Eng-Choo Hitchcock | Exec Lead: Dr. Fenella Wrigley



| H&S Incidents by sub-category                     | 2017 Q1   | 2017 Q2   | 2017 Q3   | 2017 Q4   | Total      |
|---|-----------|-----------|-----------|-----------|------------|
| Exposure to bodily fluids                         | 44        | 45        | 32        | 27        | 148        |
| Needlestick injury - Cannula (contaminated)       | 11        | 10        | 15        | 7         | 43         |
| Incident involving broken ampoule or vial         | 11        | 11        | 15        | 3         | 40         |
| Razor injury (clean)                              | 7         | 4         | 5         | 4         | 20         |
| Bite by a person                                  | 4         | 3         | 9         | 3         | 19         |
| Needlestick injury - IM (contaminated)            | 3         | 1         | 6         | 4         | 14         |
| Needlestick injury - sub-cutaneous (contaminated) | 2         | 0         | 1         | 4         | 7          |
| Needlestick injury - IM (clean)                   | 0         | 3         | 2         | 1         | 6          |
| Lancet injury (contaminated)                      | 3         | 0         | 0         | 2         | 5          |
| Needlestick injury - Cannula (clean)              | 0         | 1         | 2         | 1         | 4          |
| Contact with sharps (includes needlestick)        | 0         | 1         | 2         | 1         | 4          |
| Razor injury (contaminated)                       | 1         | 0         | 0         | 2         | 3          |
| Lancet injury (clean)                             | 1         | 0         | 0         | 1         | 2          |
| Needlestick injury - sub-cutaneous (clean)        | 0         | 0         | 0         | 0         | 0          |
| <b>Total</b>                                      | <b>87</b> | <b>79</b> | <b>89</b> | <b>60</b> | <b>315</b> |

## Performance:

- There were 27 Bodily Fluid Exposures and 33 Sharps incidents reported in Q4, the lowest incidents reported for the 3 quarters
- 19 incidents were reported for the month of March – 11 Bodily Fluid Exposures and 8 Sharps incidents
- Of the 19 March incidents - 3 incidents should be excluded due to misclassification: 2 bites which did not break the skin and a report of a broken bracket of a sharps box;
- BFE & Sharps injury lessons: non-adherence to wearing PPE, practicing unsafely when flushing a cannula, re-sheathing a needle, loose razor in Lifepak; scalpel injury during thoracostomy in time critical patient; blood glucose testing incidents

## Assurance:

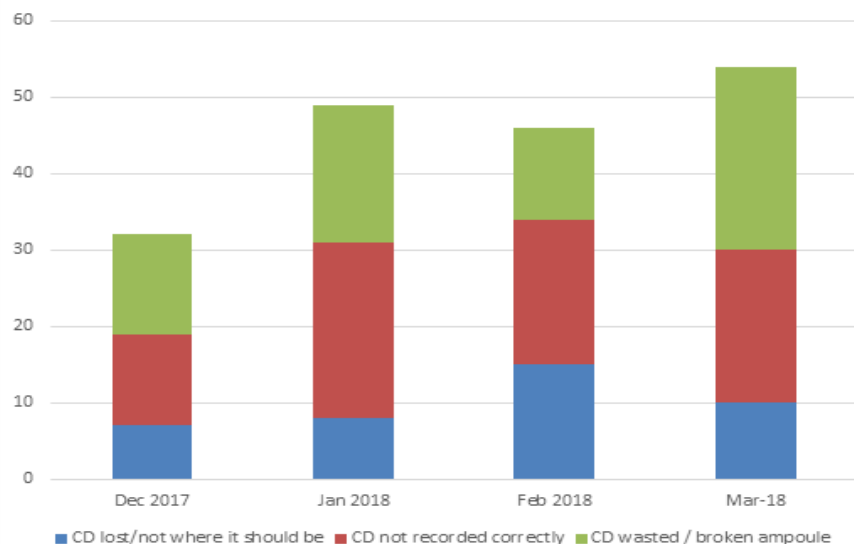
- All Datix incidents are reviewed by the Head of Infection Prevention and Control and feedback provided
- Lessons from analyses are shared and training content amended (Evidence Bulletins/Training packages)
- Collaborative working with Health and Safety team,

## Actions:

Continue to monitor monthly and feedback good and weak practice



Controlled Drugs Incidents by Month



- No unaccounted for losses of injectable morphine
- Total of 58 other controlled drug incidents including
  - Wastage or breakages (n=24)
  - Documentation errors (n=21)
  - Morphine retained off duty (n=8)
  - Undocumented oramorph use (n=3)
  - Morphine lost and recovered on duty (n=3)
- Non-controlled drugs incidents
  - Ampoule breakages (n=2)
  - Inadequate medical gas supply (n=10)
  - KitPrep app malfunction or discrepancy (n=6)
  - Out-of-date stock (n=2)
  - Incorrect administration of adrenaline (n=4), amiodarone (n=1), hydrocortisone (n=1), atropine (n=2) and diazepam (n=3).
  - Overdose of ibuprofen (n=2) and paracetamol (n=2)
  - Reaction to oramorph

## Actions

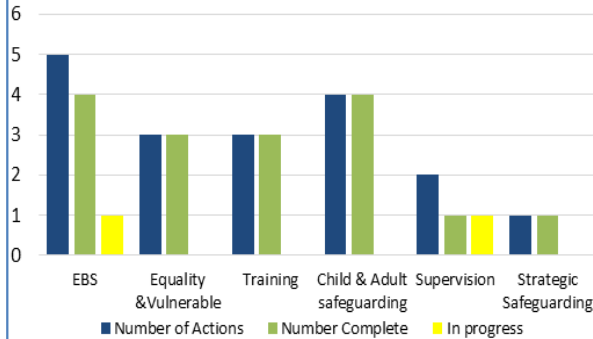
- Ampoule trays procured to reduce incidence of morphine ampoule breakages
- Meetings with perfect ward developers to further develop capabilities of KitPrep app and thus provide greater assurance in relation to medicines.
- Replacement of internal packing in drugs packs where appropriate to reduce incidence of ampoule breakages

## Assurance

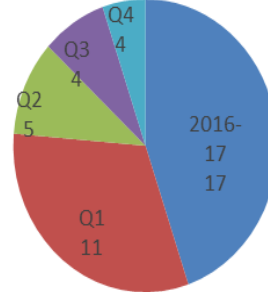
- No unaccounted for losses of injectable morphine
- Rapid identification and return of morphine retained off duty



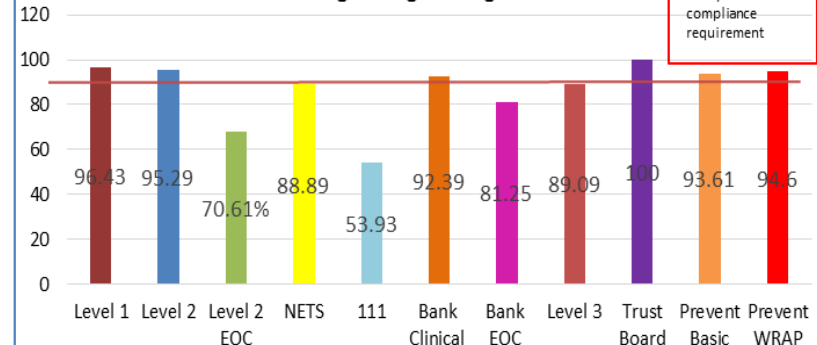
**Work Plan 2017-18**



**Safeguarding Allegations Against Staff 2017-18**

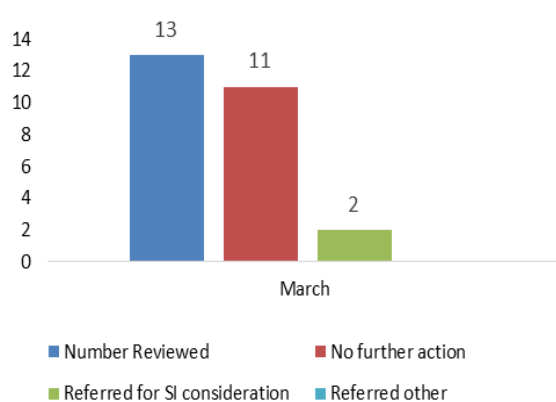


**Safeguarding Training March**

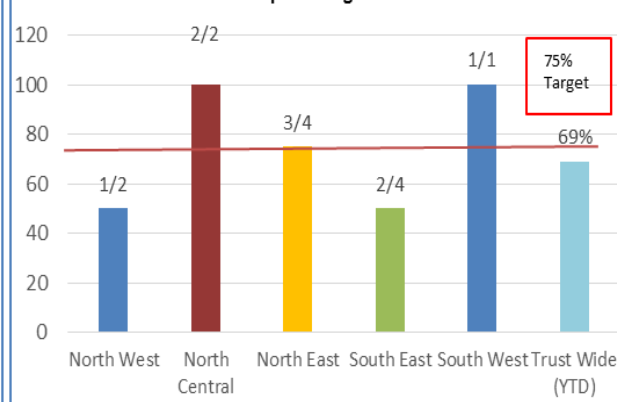


**Work Plan:** Supervision Policy on track EBS 24/7 telephone referrals and taped line still to be realised. **Safeguarding Allegations Against Staff:** 2017-18 24 2016-17 17 2015-16 8. Reason for increase is reporting process now widely established following training. **Safeguarding Training:** Trust wide areas met target of 90% in most cases, Exceptions EOC and EOC Bank challenged due to resource pressures (. 70.61% & 81.25%) NETS (88.89%) & 111 (53.93%).

**Child Death**



**Local Partnership Working % RRM Attended**



**Trust safeguarding referrals and concerns raised**

| Month    | Adults Safeguarding | Adults Welfare | Child | Total Referrals | % incidents |
|----------|---------------------|----------------|-------|-----------------|-------------|
| Apr-17   | 406                 | 595            | 715   | 1716            | 1.90%       |
| May-17   | 366                 | 680            | 753   | 1799            | 1.90%       |
| Jun-17   | 385                 | 708            | 787   | 1880            | 2.00%       |
| Jul-17   | 379                 | 656            | 735   | 1770            | 1.90%       |
| Aug-17   | 366                 | 666            | 622   | 1654            | 1.80%       |
| Sep-17   | 369                 | 623            | 667   | 1659            | 1.80%       |
| Oct-17   | 421                 | 666            | 732   | 1819            | 1.90%       |
| Nov-17   | 420                 | 671            | 692   | 1783            | 1.90%       |
| Dec-17   | 464                 | 767            | 674   | 1905            | 1.95%       |
| Jan - 18 | 397                 | 743            | 672   | 1812            | 1.90%       |
| Feb-18   | 412                 | 668            | 602   | 1682            | 1.95%       |
| Mar-18   | 442                 | 611            | 734   | 1787            | 1.90%       |

**Child Death:** 100% were processed within 3 weeks of receiving. : **Local Partnership Working** Discussed with Operations work ongoing to improve compliance operations managers aware of importance of these meeting. **Trust Safeguarding Referrals & Concerns Raised:** Referrals remain within expected levels.

# Effectiveness (Clinical Measures)

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



| Measures  | Target / Range | RAG | YTD 17/18 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Movement | Trend | Business Plan | Schedule 4 LQ Ref. | Quality Account | Data Quality |
|---|----------------|-----|-----------|--------|--------|--------|--------|----------|-------|---------------|--------------------|-----------------|--------------|
| ROSC at Hospital (AQI)  | 29%            | G   | 31%       | 32%    | 33%    | 39%    |        | ↑        |       |               | LQ1a               |                 |              |
| ROSC at Hospital UTSTEIN (AQI)  | 55%            | G   | 53%       | 57%    | 55%    | 63%    |        | ↑        |       |               | LQ1b               |                 |              |
| STEMI to PPCI within 150 minutes (AQI)  | 93%            |     | 93%       |        |        |        |        | ↑        |       |               | LQ2b               |                 |              |
| STEMI care bundle (AQI)   | 74%            | R   | 70%       | 72%    | 73%    | 71%    |        | ↓        |       |               | LQ2c               |                 |              |
| Stroke to HASU within 60 minutes (AQI)  | 66%            | R   | 67%       | 50%    | 54%    | 54%    |        | ↔        |       |               | LQ3a               |                 |              |
| Stroke Care Bundle (AQI)  | 98%            | R   | 97%       | 96%    | 97%    | 96%    |        | ↓        |       |               | LQ3b               |                 |              |
| Stroke on scene time (CARU continual audit)   | 00:30          | R   |           | 00:31  | 00:32  | 00:32  |        | ↔        |       |               |                    |                 |              |
| Survival to Discharge (AQI)   |                |     | 10%       |        |        |        |        | ↑        |       |               |                    |                 |              |
| Survival to Discharge UTSTEIN (AQI)   |                |     | 38%       |        |        |        |        | ↑        |       |               |                    |                 |              |
| STEMI- On scene duration (CARU continual audit)   |                |     |           | 00:40  | 00:40  | 00:42  |        | ↑        |       |               |                    |                 |              |
| CPI - Completion Rate (% of CPI audits undertaken)  | 95%            | R   | 85%       | 92%    | 90%    | 90%    |        | ↔        |       | ✓             | LQ12               | ✓               |              |
| CPI - Percentage of Staff receiving two feedback sessions YTD                                       |                |     | 2%        | 16.8%  | 25.5%  | 29.1%  |        | ↑        |       |               | LQ12               |                 |              |
| Documented Care - Cardiac Arrest Compliance (CPI audit)   | 95%            | G   | 98%       | 98.0%  | 98.0%  | 98.0%  |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Discharged at Scene Compliance (CPI audit)  | 95%            | G   | 97%       | 97.0%  | 97.0%  | 97.0%  |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Mental Health Compliance (CPI audit)  | 95%            | R   | 92%       | 93.0%  | 93.0%  | 94.0%  |        | ↑        |       | ✓             | LQ12               |                 |              |
| Documented Care - Severe Sepsis Compliance (CPI audit)  | 95%            | G   | 97%       | 97.0%  | 97.0%  | 97.0%  |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Difficulty In Breathing Compliance (CPI audit)                                    | 95%            | G   | 96%       | 96%    |        | 96%    |        | ↔        |       | ✓             | LQ12               |                 |              |
| Documented Care - Glycaemic Emergencies Compliance (CPI audit)                                      | 95%            | G   | 97%       |        | 98%    |        |        | ↔        |       |               | LQ12               |                 |              |
| Cumulative Percentage of Clinical staff completing Core Clinical Skills Refresher Training (2017.1) | 85%            | G   |           | 92%    | 86%    | 86%    | 87%    | ↑        |       |               | LQ11               | ✓               |              |
| Cumulative Percentage of Clinical staff completing Core Clinical Skills Refresher Training (2017.2) |                |     |           | 30%    | 49%    | 67%    | 75%    |          |       |               |                    |                 |              |
| Cumulative Percentage of Clinical staff completing Core Clinical Skills Refresher Training (2017.3) |                |     |           | 6%     | 27%    | 56%    | 82%    | ↑        |       |               | LQ11               | ✓               |              |

## Actions

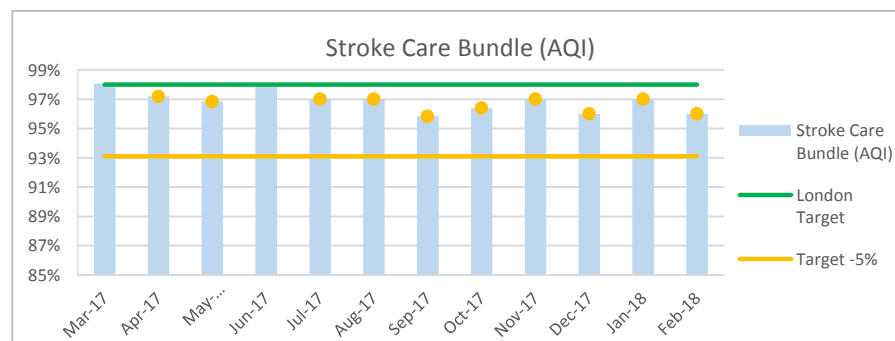
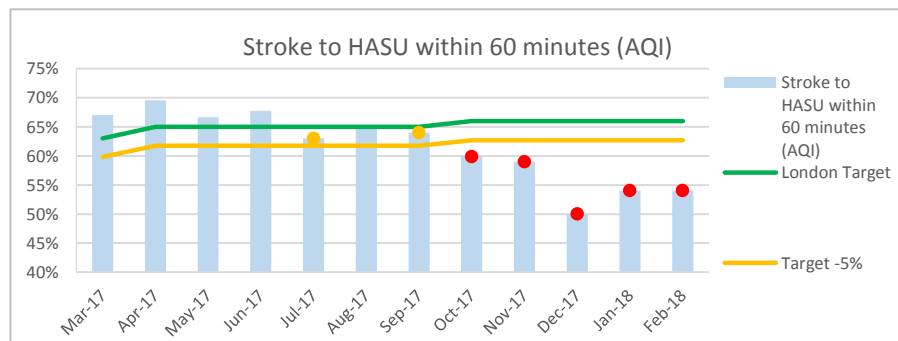
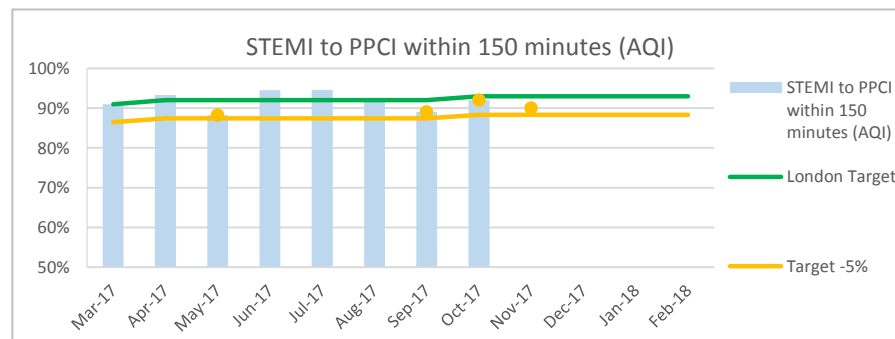
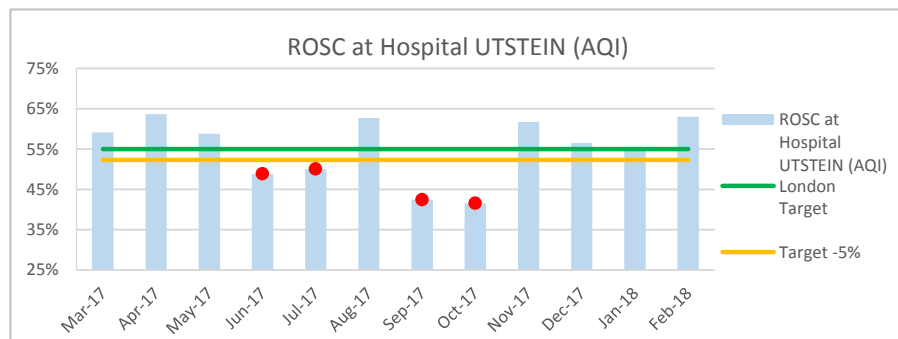
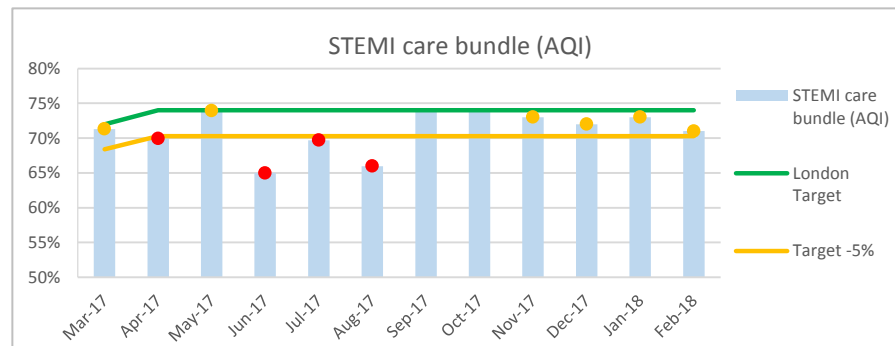
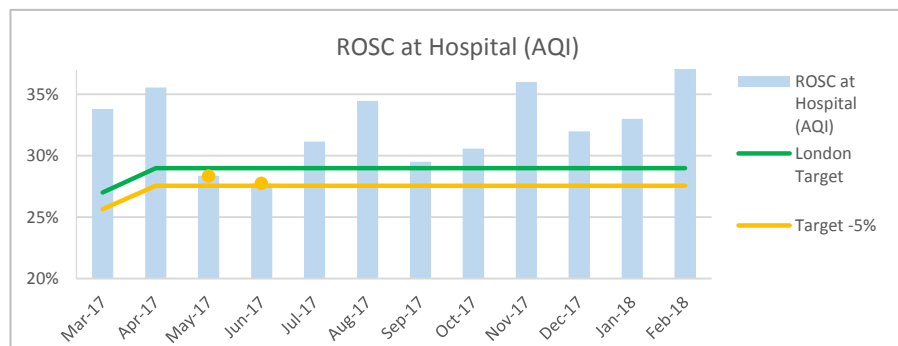
- In February, CARU trained 3 members of staff on restricted duties, 2 student paramedics and 2 Team Coordinators
- Up to the end of February, 29% of LAS staff have received two face-to-face feedback sessions – this was raised for discussion at the Sector Services Quality Governance Meeting

## Assurance

- In February, LAS CPI completion stabilised for the first time in three months. However, the proportion of CPI audits completed by Team Leaders dropped slightly for the first time since October
- Care delivered to patients discharged at scene, in cardiac arrest, with difficulty in breathing or presenting with severe sepsis remained of a high standard across the LAS, along with the general standard of documentation
- At 94%, the LAS provided the highest standard of care under the Mental Health CPI since this CPI was introduced

# Effectiveness (Clinical AQIs)

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



\* The time lag for these measures is reflective of the time taken to receipt all the information required from Acute Trusts

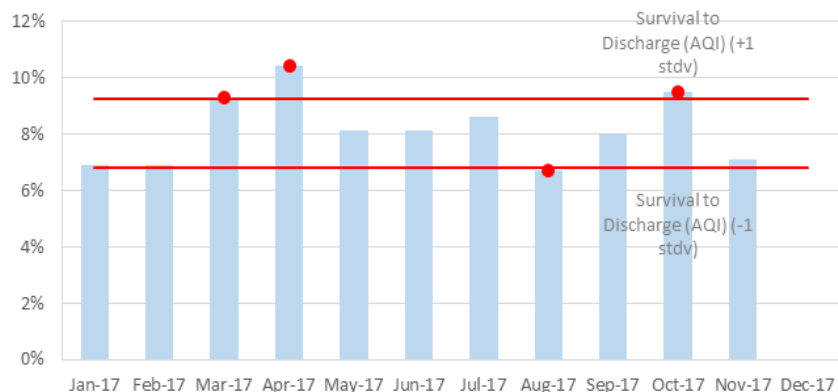


# Effectiveness (Clinical AQIs)

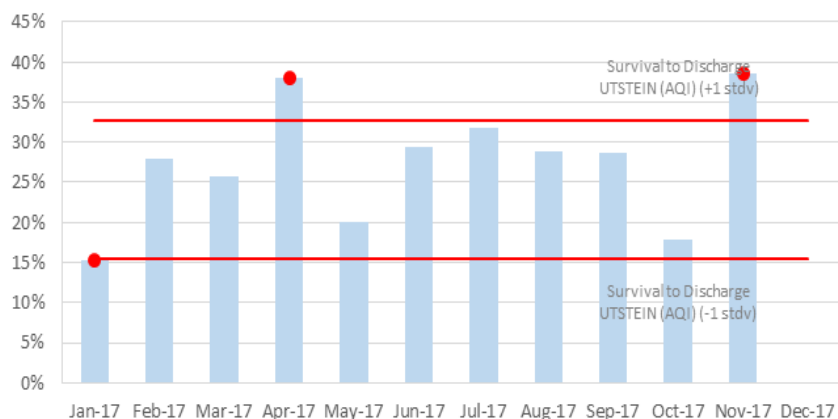
Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley



Survival to Discharge (AQI)



Survival to Discharge UTSTEIN (AQI)



## AQI: Narrative

- Call to scene times for STEMI patients was 22 minutes for C2 patients in February (42 minutes 90<sup>th</sup> centile).
- On scene times for STEMI across the LAS increased by 2 minutes (to 42 minutes) with a 5 minute increase in the North West
- There continues to be a lot of variation in STEMI care bundle compliance across Group Stations, although the LAS compliance remained the same as January, at 71%
- In February, provision of the stroke care bundle reduced by 1% compared with January, to 96%
- Stroke on scene times were maintained at 32 minutes in February and the percentage of patients for whom call to HASU was achieved within 60 minutes was also maintained at 54%
- In February cardiac arrest patient numbers decrease by a further 10% from January following the big increase we saw over the winter
- The response time for C1 patients was 7 minutes (11 minutes 90<sup>th</sup> centile)
- Overall ROSC reached 38.7%; 63% for the Utstein comparator group (the highest it has been this financial year)
- Survival to hospital discharge was 7.1% in November 2017 for the overall group and 38.5% for the Utstein comparator group (it's highest this financial year). Note: Survival figures are for November 2017 due to the time lag in receiving outcomes from Acute Trusts

## AQI: Actions

The new/updated adult cardiac arrest checklist was released in March. Annual servicing of Lifepak (LP)15 monitor/defibrillators commenced on the 19<sup>th</sup> March, with the following changes being made to LP15 software:

- The 'VF/VT alarm' will be turned ON to alert clinicians in situations where a patient suffers a cardiac arrest and presents in a shockable rhythm
- The prompt 'If you witnessed the arrest push analyse' will be removed inline with LAS/Resuscitation Council UK protocol
- The 'event marking' feature will be updated to remove drugs/options that are not used

\* The time lag for these measures is reflective of the time taken to receipt all the information required from Acute Trusts

# Clinical Audit Performance

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



## Clinical Audit: Latest project summary

In March CARU published our clinical audit of the assessment and transport decisions for patients with clinically significant head injuries in the LAS. The results showed:

- Mechanism of injury and GCS were recorded for all patients (100%)
- 27% of patients had their head examined for fractures and for 23% it was recorded that they were assessed for blood leaking from their ears
- Pupillary symmetry and reaction to light was recorded for the majority of patients (93%). Whether or not the patient was on blood clotting medication was recorded for all five of the patients who were able to communicate sufficiently (100%)
- The majority of patients were taken to the correct destination (97%), as indicated by the LAS Trauma Decision Tree, and for most a pre-alert to the hospital was placed (87%).

Recommended actions to improve patient care:

- Encourage more consistent coding and care provision to patients by making the distinction between minor and clinically significant head injuries more accessible with a list of red flag symptoms
- Re-iterate the importance of the recognition and appropriate management of clinically significant head injuries via a Clinical Update article and infographic
- Review training materials to ensure they reflect the findings of this clinical audit and include the distinction between minor and major head injuries in CSR

## Clinical Audit: Progress

Eight clinical audit reports were published in the 2017-18 financial year. Two projects approved as part of the 2017-18 clinical audit work plan were not started due to vacancies within the Clinical Audit and Research Unit (salbutamol and pre-alerts). These projects will be proposed as part of the 2018-19 clinical audit work plan.

We are working on a further eight projects and facilitating five members of staff to undertake their own clinical audit projects.

## Research Actions & Outcomes

- CARU has been granted a £153,354 funding for year 2018/19 by the North West London NIHR Clinical Research Network. We are opening a fixed term CRN funded Research Facilitator position to pump prime LAS-lead research.
- We participated in the review of the LAS Academy's Evidence Based Practice (EBP) module and gave EBP focused lectures for the Paramedic Science BSc program at St George's University.
- **MATTS** (a research study aiming to develop a new major trauma triage tool for ambulance services in collaboration with SWAST, WMAS, YAS, University of Sheffield and University of Warwick) has been awarded a NIHR HTA grant. Final allocation to the LAS is to be confirmed.
- **ARREST** (a randomised controlled trial that aims to determine the best post-resuscitation care pathway for patients without ST-elevation on their ECG). 17 patients were recruited since the study opened in January and more paramedics are being trained to boost recruitment figures.
- **RIGHT-2** (a randomised controlled trial investigating the potential benefit of GTN administration in stroke). Close-down procedures have started: only Camden, Newham and Deptford complexes remain active. A total of 189 patients have been recruited to date.

## Actions & Assurance

Seven clinical audit actions were completed in March:

- Three clinical audit articles were submitted for publication in issue 48 of the Clinical Update (sickle cell crisis, adrenaline 1:1,000 and ondansetron)
- Two infographics were published on LiA and displayed on ambulance stations (suspected psychiatric problems and ondansetron)
- The inclusion of undiagnosed psychiatric problems was approved for inclusion in the CPLs and will go live on 1st May
- Guidance for event medical staff reviewed at CESC

In addition to releasing the 2015-17 See & Treat Re-contact Report. As a result of our Continuous Re-contact Clinical Audit, in March:

- 17 crews were recommended for feedback (3 positive & 14 constructive)
- 6 EMDs were given constructive feedback
- One re-contact was flagged on Datix (SIG decision: appropriate discharge)



| Measures   | Target / Range | RAG | YTD 17/18 | Jan-18 | Feb-18 | Mar-18 | Movement | Trend | Business Plan | Schedule 4 LQ Ref. | Data Quality |
|--|----------------|-----|-----------|--------|--------|--------|----------|-------|---------------|--------------------|--------------|
| Friends and Family Test Recommending LAS as % of total responses | 94%            | G   | 93%       | 100%   | 0%     | 100%   | ↑        | ↘     |               | LQ27               |              |
| Friends and Family Test Response Rate                            |                |     | 1.8       | 0.0    | 0.0    | 0.0    | ↔        | ↗     |               | LQ28               |              |
| Complaints Acknowledged within 3 working days                    | 100%           | G   | 100%      | 100%   | 100%   | 100%   | ↔        | ↗     |               | LQ29a              |              |
| Complaints Response (35 working day breach) YTD                  | 0              | R   | 159       | 14     | 21     | 8      | ↓        | ↘     |               | LQ29b              |              |
| Rate of Complaints per 1,000 Incidents                           |                |     | 0.8       | 0.8    | 1.2    | 0.8    | ↓        | ↗     |               | LQ29c              |              |
| Positive Feedback Compliments                                    |                |     | 1157      | 74     | 125    | 120    | ↓        | ↗     |               | LQ29e              |              |
| Mental Health related calls as percentage of all calls           |                |     | 8%        | 7.2%   | 7.0%   | 8.3%   | ↑        | ↘     |               |                    |              |
| Mental Health related MPS calls as percentage of all calls       |                |     | 2%        | 1.9%   | 1.7%   | 2.1%   | ↑        | ↘     |               |                    |              |
| Mental Health related Incidents as percentage of all calls       |                |     | 5%        | 4.4%   | 4.3%   | 5.0%   | ↑        | ↘     |               |                    |              |
| Mental Health related HCP Incidents as percentage of all calls   |                |     | 0%        | 0.3%   | 0.3%   | 0.4%   | ↑        | ↘     |               |                    |              |
| Rate of Frequent Callers per 1,000 Calls                         |                |     | 3.28      | 3.6    | 3.8    | 4.0    | ↑        | ↘     |               |                    |              |
| CMC records viewed   |                |     | 4063      | 307    | 303    | 441    | ↑        | ↘     |               | LQ30               |              |

## Assurance

- Complaints response within 35 days continue to be regularly monitored.
- With a continued increase in MH related calls, 3 more WTE MH nurses have been recruited and will commence in June.
- In response to insufficient staffing within the Frequent Callers' team to manage demand, a business case has been submitted, recommending additional staff and is due to be presented to the Commissioners in April 2018.
- A Task & Finish group is in progress for the management and review of Frequent Callers' 'care plans', including Patient Specific Protocols, and Emergency Department plans. A redefined process is due to be piloted internally.
- LAS presented to South East London Commissioners to support ongoing partnership work with the South London and Maudsley Crisis Assessment Team. The team has now been funded for another year.
- The Serenity Integrated Mentoring (SIM) London project is due to be launched on the 19<sup>th</sup> April at New Scotland Yard. The project will focus on high intensity users of Section 136 and deliver bespoke care. LAS have been working closely with the project lead and will be represented at the launch.

# Frequent Callers

Owner: Briony Sloper| Exec Lead: Trisha Bain



The national definition of a frequent caller is anyone aged 18+ years who:

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

Frequent Caller Team (FCaT) updates:

- Last month the Frequent Caller Management Database (FCMD) identified **602** new & existing frequent callers meeting the national definition. 100 % of patients were matched with their NHS number.
- The Frequent Caller Team (FCaT) continue to attend multi-disciplinary meetings and Frequent Caller forums to discuss patient behaviour, call rates, and formulate multi-agency strategies to reduce calls to LAS.
- FCaT would benefit from a research project in to Frequent Caller deaths and Serious Incidents, including analysing life expectancy, morbidity rates, etc. Such research would assist learning and development both internally and with external partners.
- FCaT supports a range of requests for data, including ED Frequent Attender meetings; CCG Forums, Mental Health Multi Disciplinary meetings, GP meetings, and NE sector STP work on frequent callers & attenders.

Frequent Caller Team (FCaT) challenges:

- Insufficient staffing within the team to manage demand – a business case has been submitted, recommending additional staff. To be presented to Commissioners April 2018.
- A Task & Finish group is still in progress re. the management and review of 'care plans', including Patient Specific Protocols, and Emergency Department plans. About to be piloted internally.

Case study – **positive outcome for highest frequent caller:**

87 year old male with COPD (Chronic Obstructive Pulmonary Disease) & abusive behaviour to professionals. No mental health diagnosis or capacity concerns. Frequent caller for past 3 years; highest caller in London and nationally averaging 300 calls/month (& 1000 calls/month to 111). Regular multi-disciplinary meetings with Social Services with no resolution. Gaps in GP care due to behaviour-related bans. LAS escalated to local Community MARAC (Borough's Multi Agency Risk Committee) due to drift with case. LAS has shared evidence with police for prosecution. Police reluctant to 'criminalise' elderly frail patient.

LAS requested regular reviews of patient's mental health and capacity, and advised Social Services of LAS' concerns that patient had deteriorated physically over the past 6 months and was now extremely frail.

Admitted to hospital January 2018, following conveyance by ambulance. It was not deemed safe for him to be discharged home. After some weeks on a medical ward, patient was detained under s.2 of the Mental Health Act and, after delays finding a mental health bed, transferred to a mental health unit. An appropriate residential placement was identified, and funding agreed for patient to have a 1:1 nurse with him 24/7 for the first few weeks to settle in. Patient moved to the residential placement for a trial respite period. An Individual Dispatch Protocol (IDP) flag has been added to the system to pre-empt any new calls from patient to LAS, should he resume using a mobile phone whilst in respite. The long term plan is for patient to remain living at the placement and not return to his flat. Patient's calls to LAS have stopped for the last 3 months, i.e. reduced from approx. 300 calls/month, to 0/month.

# Frequent Callers - March 2018

Owner: Briony Sloper | Exec Lead: Trisha Bain



| Cluster | CCG                              | Patients | Calls last month | Calls last quarter | Calls last 12 months | % of patients with NHS no. |
|---------|----------------------------------|----------|------------------|--------------------|----------------------|----------------------------|
| NC      | BARNET CCG                       | 34       | 256              | 1137               | 5538                 | 100%                       |
| NW      | EALING CCG                       | 29       | 291              | 911                | 3315                 | 100%                       |
| NC      | HARINGEY CCG                     | 24       | 720              | 1317               | 3160                 | 100%                       |
| NW      | HOUNSLOW CCG                     | 16       | 651              | 1382               | 2987                 | 100%                       |
| NE      | CITY AND HACKNEY CCG             | 33       | 292              | 1120               | 2902                 | 100%                       |
| SE      | LAMBETH CCG                      | 22       | 234              | 999                | 2264                 | 100%                       |
| SE      | SOUTHWARK CCG                    | 19       | 292              | 699                | 2243                 | 100%                       |
| NE      | HAVERING CCG                     | 19       | 249              | 835                | 2126                 | 100%                       |
| NW      | WEST LONDON CCG                  | 25       | 339              | 905                | 2070                 | 100%                       |
| NE      | WALTHAM FOREST CCG               | 15       | 198              | 524                | 2056                 | 100%                       |
| NW      | HILLINGDON CCG                   | 26       | 228              | 699                | 1914                 | 100%                       |
| NW      | CENTRAL LONDON (WESTMINSTER) CCG | 19       | 266              | 630                | 1792                 | 100%                       |
| NC      | ENFIELD CCG                      | 25       | 314              | 696                | 1720                 | 100%                       |
| SE      | GREENWICH CCG                    | 19       | 159              | 552                | 1649                 | 100%                       |
| SW      | CROYDON CCG                      | 26       | 225              | 587                | 1643                 | 100%                       |
| NW      | BRENT CCG                        | 20       | 244              | 582                | 1543                 | 100%                       |
| NC      | ISLINGTON CCG                    | 19       | 155              | 538                | 1457                 | 100%                       |
| NE      | NEWHAM CCG                       | 23       | 189              | 557                | 1421                 | 100%                       |
| NW      | HAMMERSMITH AND FULHAM CCG       | 19       | 156              | 422                | 1318                 | 100%                       |
| NC      | CAMDEN CCG                       | 16       | 169              | 494                | 1245                 | 100%                       |
| NE      | BARKING AND DAGENHAM CCG         | 18       | 154              | 413                | 1195                 | 100%                       |
| SE      | BEXLEY CCG                       | 13       | 126              | 331                | 1134                 | 100%                       |
| NE      | TOWER HAMLETS CCG                | 13       | 103              | 387                | 1090                 | 100%                       |
| SW      | SUTTON CCG                       | 19       | 134              | 470                | 1084                 | 100%                       |
| SW      | WANDSWORTH CCG                   | 14       | 157              | 449                | 1074                 | 100%                       |
| NE      | REDBRIDGE CCG                    | 14       | 145              | 460                | 1070                 | 100%                       |
| NW      | HARROW CCG                       | 10       | 72               | 287                | 1064                 | 100%                       |
| SW      | RICHMOND CCG                     | 10       | 142              | 404                | 1042                 | 100%                       |
| SE      | LEWISHAM CCG                     | 11       | 162              | 431                | 1039                 | 100%                       |
| SW      | MERTON CCG                       | 12       | 51               | 225                | 788                  | 100%                       |
| SW      | KINGSTON CCG                     | 9        | 39               | 170                | 472                  | 100%                       |
| SE      | BROMLEY CCG                      | 11       | 71               | 223                | 470                  | 100%                       |
| Top 5   |                                  |          |                  |                    |                      |                            |
| NW      | HOUNSLOW CCG                     | F        | 518              | 946                | 1926                 |                            |
| NC      | HARINGEY CCG                     | F        | 449              | 492                | 504                  |                            |
| SE      | LAMBETH CCG                      | M        | 46               | 286                | 336                  |                            |
| NE      | HAVERING CCG                     | F        | 83               | 275                | 522                  |                            |
| SW      | RICHMOND CCG                     | F        | 110              | 225                | 483                  |                            |



# Mental Health

Owner: Briony Sloper | Exec Lead: Trisha Bain



London Ambulance Service NHS Trust

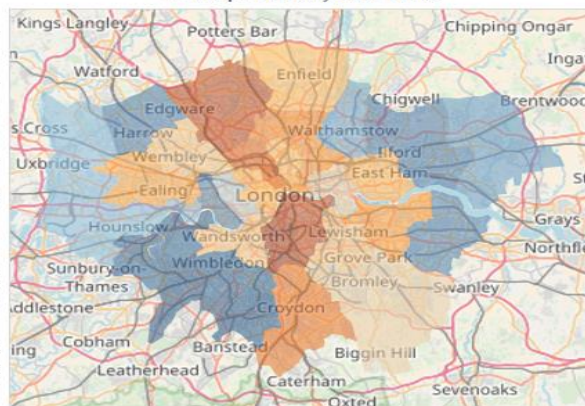
## Mental Health Dashboard - February 2018

Business Intelligence  
Business Intelligence Request@london-amb.nhs.uk

### Mental Health Trusts by CCG

|  |                                  |
|--|----------------------------------|
| Camden and Islington NHS Foundation Trust                | NHS Camden CCG                   |
|  | NHS Islington CCG                |
| Barnet, Enfield and Haringey Mental Health NHS Trust     | NHS Barnet CCG                   |
|  | NHS Enfield CCG                  |
|  | NHS Haringey CCG                 |
| Central and North West London NHS Foundation Trust       | NHS Brent CCG                    |
|  | NHS Central London (V)           |
|  | NHS Harrow CCG                   |
|  | NHS Hillingdon CCG               |
|  | NHS West London (K&S)            |
| East London NHS Foundation Trust                         | NHS City and Hackney             |
|  | NHS Newham CCG                   |
|  | NHS Tower Hamlets CCG            |
| NELFT NHS Foundation Trust                               | NHS Barking and Dagenham         |
|  | NHS Havering CCG                 |
|  | NHS Redbridge CCG                |
|  | NHS Waltham Forest CCG           |
| Oxleas NHS Foundation Trust                              | NHS Bexley CCG                   |
|  | NHS Bromley CCG                  |
|  | NHS Greenwich CCG                |
| South London and Maudsley NHS Foundation Trust           | NHS Croydon CCG                  |
|  | NHS Lambeth CCG                  |
|  | NHS Lewisham CCG                 |
|  | NHS Southwark CCG                |
| South West London and St Georges Mental Health NHS Trust | NHS Kingston CCG                 |
|  | NHS Merton CCG                   |
|  | NHS Richmond CCG                 |
|  | NHS Sutton CCG                   |
|  | NHS Wandsworth CCG               |
| West London Mental Health NHS Trust                      | NHS Ealing CCG                   |
|  | NHS Hammersmith and Uxbridge CCG |
|  | NHS Hounslow CCG                 |

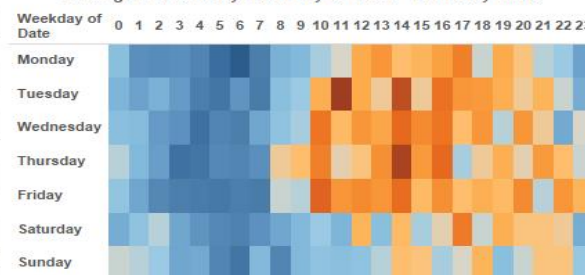
### CCG Map - February 2018 Totals



### MH Incidents



### Average Incidents by Hour/Day of Week - February 2018



### MH Incidents



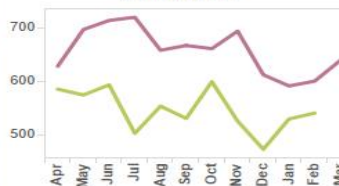
### Total Calls



### MPS Calls



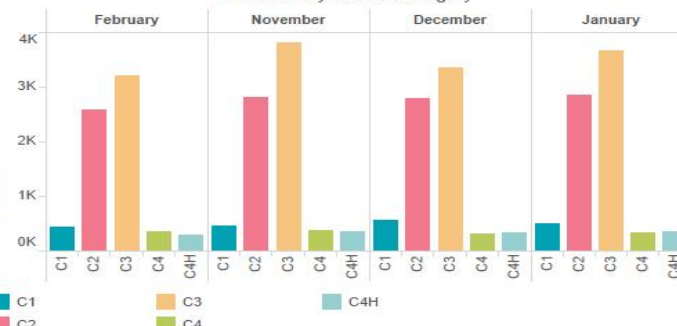
### HCP Incidents



### Incidents



### Incidents by Doh Subcategory



Total MH Calls and Incidents saw a decrease of 1,020 in February (n=11,312) compared with 12,332 in January 2018.

C3 calls in February were 3210 compared with 3672 in January 2018.

Number of calls support provided (Mental Health CHUB) for March was 388.

5 new full time mental health staff will be joining the Trust in April.



# Mental Health

Owner: Briony Sloper| Exec Lead: Trisha Bain



## Staffing

Recruitment – 3 WTE staff currently in process of undertaking relevant pre-employment checks. On track to commence with the trust late June.

Barnet, Enfield and Haringey MH Trust are developing a rotational programme with us for a group of mental health nurses to test the concept including educational requirements and mentorship.

Mental health training has been delivered to acting Incident Response Officers, Clinical Hub Staff and Croydon Ambulance Station.

## Partnership Working

LAS presented to South East London Commissioners about ongoing partnership work with the South London and Maudsley Crisis Assessment Team. The team has now been funded for an another year.

The SIM London project is due to be launched on the 19/04 at New Scotland Yard. The project will focus on high intensity users of Section 136 and deliver bespoke care. LAS have been working closely with the project lead and will be represented at the launch.

## Innovation

An Expert by experience practitioner (EBEP) from Oxleas NHS Foundation Trust has attended EOC to listen into calls and meet with Call takers as part of the ongoing work with EOC. The EBEP reported that it was a positive experience and has given them a good insight into the challenges faced by call takers. Follow up sessions have been booked.

We have been approached by a member of staff who experienced Mental Health problems. In conjunction with the Medical Directorate Clinical Advisor we met with the staff member and he has agreed to speak at the Clinical Team Leaders Conference and write a piece for the Insight magazine. He will be sharing his positive experience and areas in which he feels the service can improve when supporting staff with Mental Health problems.

## Patients

We continue to work closely with the users by experience patient group from Oxleas MH Trust.

There have been two incidents declared regarding mental health patients who were discharged from our care and later went on to die after fires in their home. The team have been providing specialist input to the investigations.

The team have also attended a de-brief with a crew who attended a Mental health patient who died during our contact.

# End of Life Care

Owner: Briony Sloper| Exec Lead: Trisha Bain



## Recruitment

The 3 end of life posts funded by Macmillan – a nurse consultant, lead paramedic and programme manager, have been advertised with large amounts of interest internally and externally. Interviews are scheduled for Monday 23<sup>rd</sup> April.

## Coordinate My Care

IPADS have now been distributed to all front line staff with the coordinate my care link to support staff accessing end of life care plans while with the patient to better inform decision making and support non conveyance and access to alternative care pathways where appropriate. The process for staff to register and receive passwords is currently proving challenging due to the required number of steps. Staff are being offered additional support via electronic guidance, an FAQ on the Pulse and direct access to the CMC support line. There is a detailed process review currently being undertaken. Staff have accessed 441 patient records in March 2018 compared to 303 in February 2018.

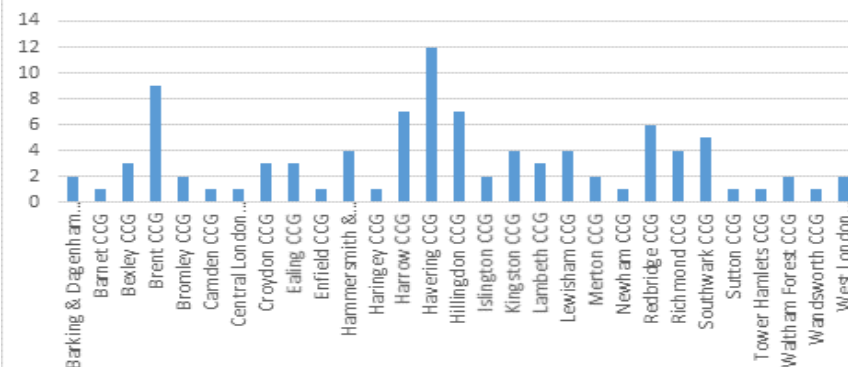
## Pathways

We are now being provided with monthly extracts from MiDoS to monitor access to alternative care pathways, support identification of best practice and potential areas of concern. This information is fed into the regional hospice network and the regional end of life clinical leadership group.

## Metropolitan Police

We are currently working closely with the MPS to review the guidance issued to officers to support decision making re: expected vs. unexpected deaths which has been highlighted as an issue now that more MPS teams are being deployed as first responders to cardiac arrest calls and reported incidents whereby attending officers have approached palliative care deaths as unexpected.

## Palliative



# Patient & Public Engagement

Owner: Margaret Luce | Exec Lead: Trisha Bain



## Public Engagement events

| Area             | No        | Supplementary information   |       |
|------------------|-----------|---|-------|
| North West       | 12        | Public engagement: no. of hours (March 2018)                            | 197   |
| North Central    | 8         | Approximate audience numbers (March 2018)                               | 3,756 |
| North East       | 5         | No. of public engagement events: year to date (April 2017 – March 2018) | 500   |
| South East       | 9         |   |       |
| South West       | 8         | No. of staff on LAS Public Education Facebook group                     | 664   |
| Outer London/PPI | 8         | No. of staff on contact list  | 1,275 |
| <b>Total</b>     | <b>50</b> |   |       |

## Staff Awards

The winners of the VIP award second round were celebrated in March at a presentation event at Waterloo HQ. The 11 area winners from across the Service were recognised by colleagues for going above and beyond and the full list of winners can be viewed below.

ADO Stuart Crichton won the Manager Award at the Ambulance Leadership Forum. The awards, which were hosted by the Association of Ambulance Chief Executives, were to recognise those who show outstanding service and dedication and commitment to excellence in service provision and patient care.

In March the Trust Advanced Paramedic Practitioner programme and Joint Response Unit were both nominated for a Health Service Journal award

## Public Engagement activities

### Topics and objectives:

#### ➤ School and college visits

Information on the LAS, including careers, BLS and knife crime awareness. Aim: provision of knowledge and relationship-building with young people.

#### ➤ Cubs, Brownies and Scouts

First aid including BLS. May sow a seed for future career choices.

#### ➤ Knife Crime events (multi-agency)

Awareness of the consequences of carrying a knife. Aim: to reduce knife crime/calls.

#### ➤ Special Educational needs (SEN)

Familiarisation of the LAS, including first aid teaching. Reduces fear of the Service.

#### ➤ Careers/recruitment events

Information about careers in the Service and how to apply.

#### ➤ Road safety e.g. Biker Down / Driven by Consequences (multi-agency)

Awareness of the consequences of dangerous driving, including speeding and not wearing a seatbelt. Aim: to reduce numbers killed or seriously injured in RTCs.

## Staff Recognition

The Service was recognised alongside colleagues from the Metropolitan Police and the London Fire Brigade at the Global Awards ceremony in March. The category, voted for by the public, was in recognition of the incredible bravery and professionalism of the blue light family in the major incidents of last year.

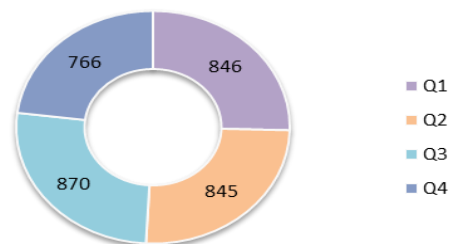
Our Emergency Operations Centre was successfully re-accredited as a Centre of Excellence (ACE) in the use of MPDS and is one of just three accredited centres in England. The award is made by the International Academy of Emergency Dispatch (IAED) and our EOC is one of 184 medical ACEs out of 2,976 centres across 46 countries. The accreditation is based on good levels of compliance in the use of MPDS and robust Quality Assurance and Governance systems within EOC.

# Health and Safety

Owner: Ayodeji Adeyemi | Exec Lead: Trisha Bain

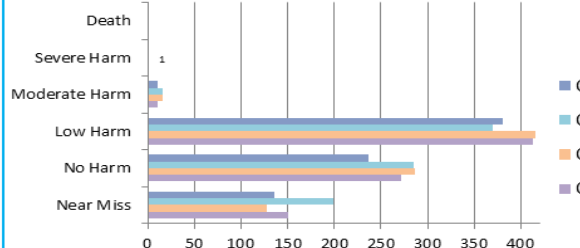


Number of H&S incidents by Quarter



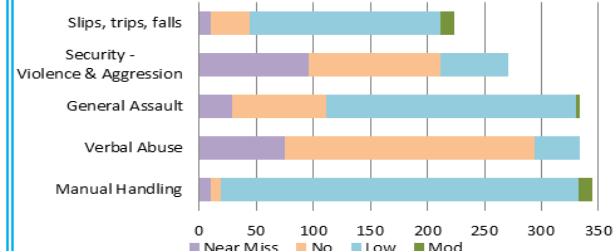
3327 health and safety related incidents have been reported during 2017/18. Four (4) additional incidents were reported retrospectively for Q1. H&S related incidents account for 39% of all incidents reported during 2017/18.

Accidents & Incidents by Severity



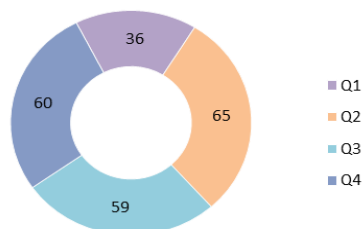
1580 (47.4%) of the H&S related incidents reported during 2017/18 resulted in low harm. 54 (1.6%) incidents resulted in Moderate and 1 severe Harm. 1538 (50.9%) of the incidents were reported as 'No Harm/Near misses'.

Top 5 Incident Sub-Categories by Severity (YTD)

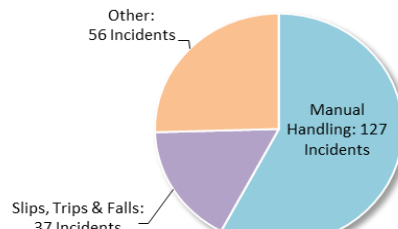


Manual Handling – lifting patients (MH), Security (violence, aggression & verbal abuse) and Slips, Trips and Falls incidents account for the highest number of incidents reported during 2017/18.

RIDDOR Reportable Incidents by Quarter



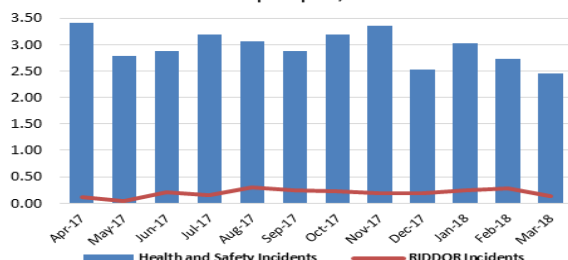
RIDDOR Reportable Incidents by Cause (YTD)



## Key Updates:

1. MH injuries accounted for the highest number of RIDDOR incidents reported to the HSE during 2017/18. 127 of the incidents reported to the HSE were due to manual handling injuries.
2. Practical MH Training to be provided to all relevant frontline and support services staff from April 2018 and will form part of the mandatory training programme going forward.
3. GRS RIDDOR Reporting/flagging process updated during February 2018 and championed by QGAMs and Sector Managers. The new process is aimed at enabling the prompt flagging of any potential RIDDOR incidents to the Health and Safety Department for reporting to the HSE. **Significant improvement in the reporting time lag (14 days) during March 2018.**
4. Fire Marshal training has commenced and is on-going for nominated representatives across the Trust.
5. H&S audit completed in March 2018 highlighted significant improvements in Trust compliance. Formal report submitted to the ELT & Trust Board.
6. Site Specific Risk Assessments are being rolled out across the Trust.

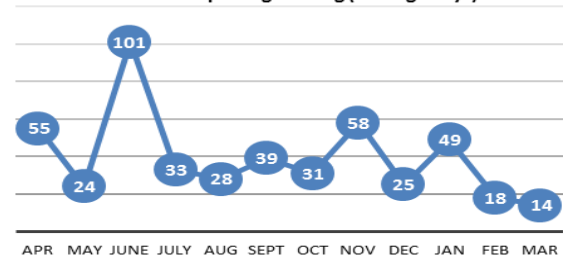
YTD H&S and RIDDOR Reports per 1,000 A&E Incidents



7. The above table highlights the average rate of H&S and RIDDOR incidents per 1000 A&E incidents attended by the Trust during 2017/18.

**NB:** No benchmark/comparable data was received from any of the other ambulance Trusts during March 2018.

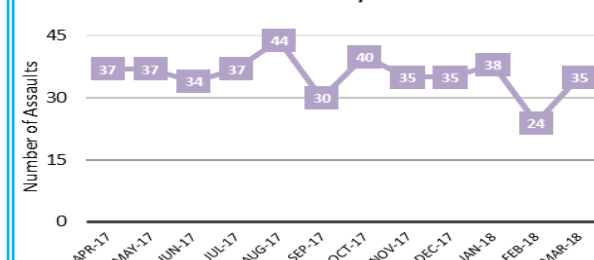
RIDDOR Reporting Timelag (Average days)



8. 220 RIDDOR incidents were reported to the HSE in 2017/18.

9. The average time lag for reporting RIDDOR incidents across the Trust in March was **14 days**. **2 out of the 13 RIDDOR incidents were reported out of time in March 2018.**

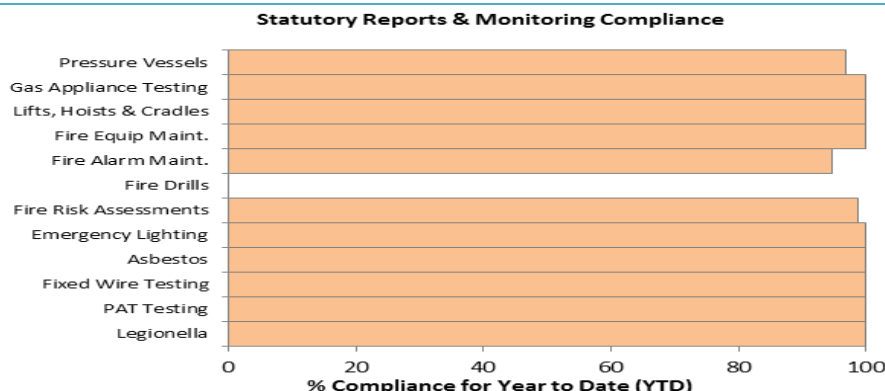
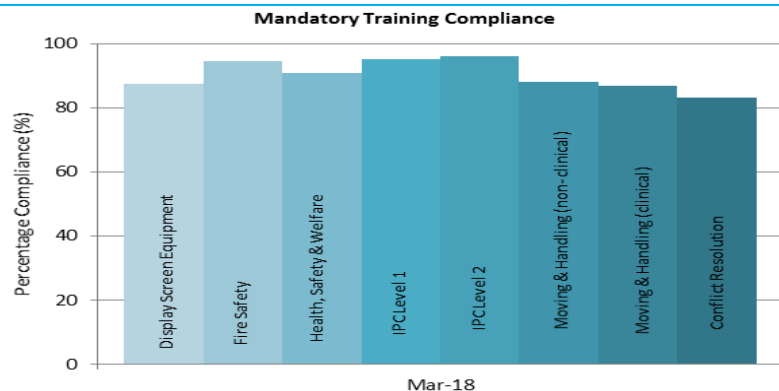
Assaults on Staff by Patients



10. Assaults on staff by patients make up 28% of the violence, abuse and assault incidents reported in 2017/18. The most common underlying causes include: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

# Health and Safety

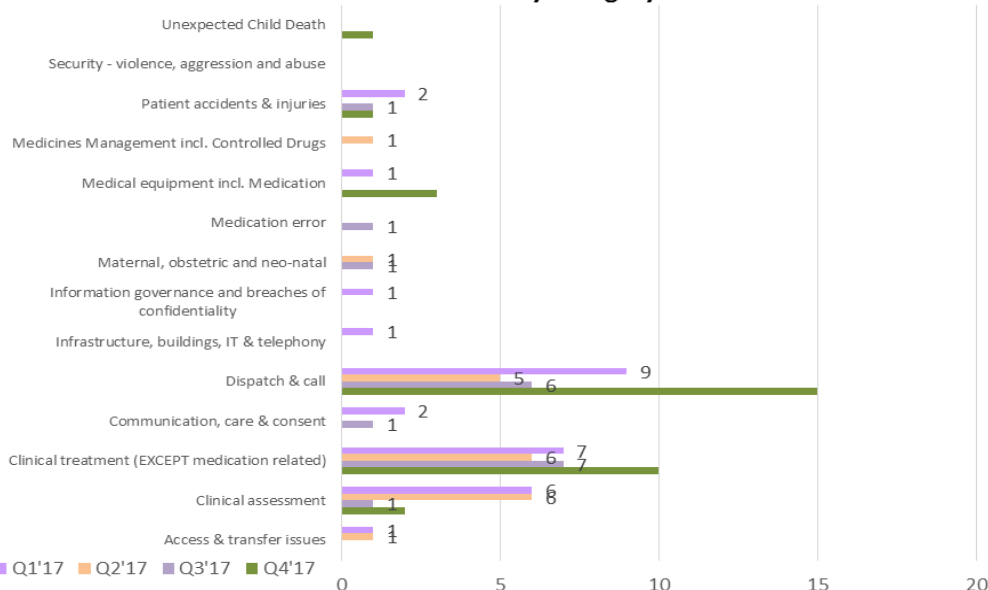
Owner: Ayodeji Adeyemi | Exec Lead: Trisha Bain



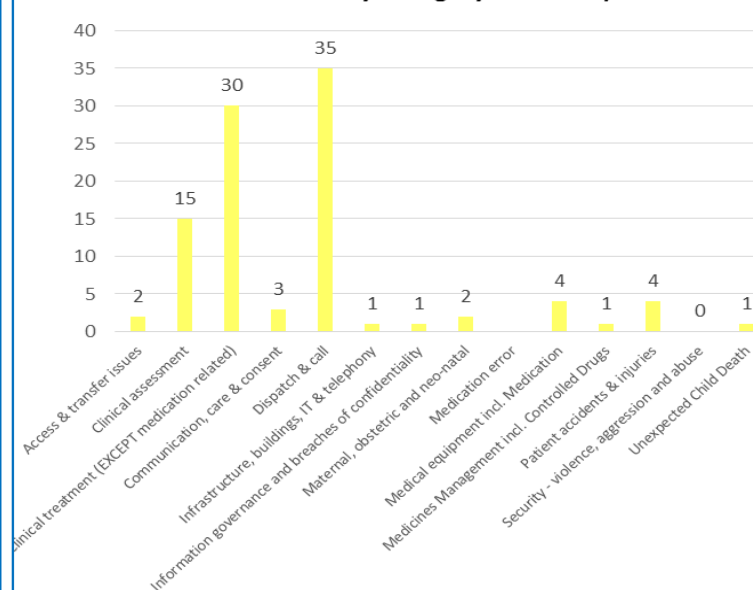
| Health and Safety Risk Tracker |                       |  |                 |             | Initial Risk Rating | Current Risk Rating |     |     |     |     |     | Target Risk Rating | Key changes/updates since last review   |
|--------------------------------|-----------------------|--|-----------------|-------------|---------------------|---------------------|-----|-----|-----|-----|-----|--------------------|---|
| Risk No.                       | Risk Type             | Risk description   | Risk Owner      | Exec Lead   |                     | Q3                  |     |     | Q4  |     |     |                    |   |
|                                |                       |  |                 |             |                     | Oct                 | Nov | Dec | Jan | Feb | Mar |                    |   |
| 676                            | Health & Safety       | Lack of compliance with statutory health and safety requirements due to limited evidence and assurance that required health and safety management systems have been implemented to ensure the health, safety and welfare of staff and others who are affected by the activities of the Trust.                              | Ayodeji Adeyemi | Trisha Bain | 20                  | 20                  | 20  | 20  | 20  | 20  | 12  | 4                  | H&S independent audit completed in March 2018.<br><br>The review identified significant improvements in H&S compliance and has recommended that this risk is downgraded to a risk rating of 12 (likelihood 3, consequence 4) to reflect progress in compliance.   |
| 677                            | Manual Handling       | Risk of musculo-skeletal injuries to frontline staff due to:<br>1. The frequency of lifting and handling activities involved during the care and treatment of patients.<br>2. The need to undertake manual handling activities in uncontrolled and difficult environments.   | Ayodeji Adeyemi | Trisha Bain | 15                  | 15                  | 15  | 15  | 15  | 15  | 15  | 9                  | Practical MH Training to be provided to all relevant frontline and support services staff from April 2018 and will form part of the mandatory training programme going forward.   |
| 678                            | Violence & Aggression | Risk of physical and non-physical assault to frontline staff that come into contact with patients and members of the public during the course of their work.   | Ayodeji Adeyemi | Trisha Bain | 12                  | 12                  | 12  | 12  | 12  | 12  | 12  | 6                  | Provision of Conflict Resolution training – ongoing. Lone worker policy approved, risk assessments incorporated into the site specific risk assessment programme rolled out by the H&S Department in April 2018.  |
| 681                            | Health & Safety       | There is a risk that the Trust will be unable to meet its statutory RIDDOR reporting requirements due to:<br>1. Lack of a timely and consistent process for escalating/reporting incidents from stations to the Health, Safety & Security Team.<br>2. Delayed reporting of incidents received or reported retrospectively. | Ayodeji Adeyemi | Trisha Bain | 12                  | 12                  | 12  | 12  | 12  | 12  | 12  | 3                  | GRS RIDDOR Reporting/flagging process updated with support from QGAMs and Sector Managers during February 2018. The average RIDDOR reporting time lag reduced to 14 days in March 2018. This risk is being monitored to ensure that all new processes are properly embedded.                                      |
| 682                            | Health & Safety       | Lack of clearly identified process (inspection/risk assessment programme) for highlighting health and safety related risks from site level to the Health & Safety Team to enable the team provide the required assurance to the Trust Board regarding compliance with statutory Health and Safety Legislation.             | Ayodeji Adeyemi | Trisha Bain | 9                   | 9                   | 9   | 9   | 9   | 9   | 9   | 3                  | Risk register reviewed on a monthly basis. Risks approved by H&S Committee and RCAG. The roll-out of Site specific risk assessments has commenced and will continue throughout 2018/19. Draft procedure for Site specific risk assessments will be tabled at the April 2018 Corporate H&S Committee for approval. |
| 679                            | Security              | Risk of theft, criminal damage and vandalism due to the lack of robust and inadequate security arrangements at LAS properties/sites.   | Ayodeji Adeyemi | Trisha Bain | 8                   | 8                   | 8   | 8   | 8   | 8   | 8   | 4                  | Programme of site inspections and risk assessments which will enable the prompt escalation of gaps in site security to Estates /Trust Management is being rolled out by the H&S Department during 2018/19. LSMS in regular liaison with staff and sites where security related incidents have been reported.      |
| 680                            | Staffing              | Lack of capacity within the Health, Safety and Security Department to effectively provide the required H&S Support (including the provision of statutory/mandatory training) to all staff and directorates across the Trust.   | Ayodeji Adeyemi | Trisha Bain | 9                   | 6                   | 6   | 6   | 6   | 6   | 6   | 3                  | Additional resources have been recruited into the H&S Team on an interim basis. Approval required from the Workforce Panel to recruit substantively.  |



**Serious Incidents by Category**

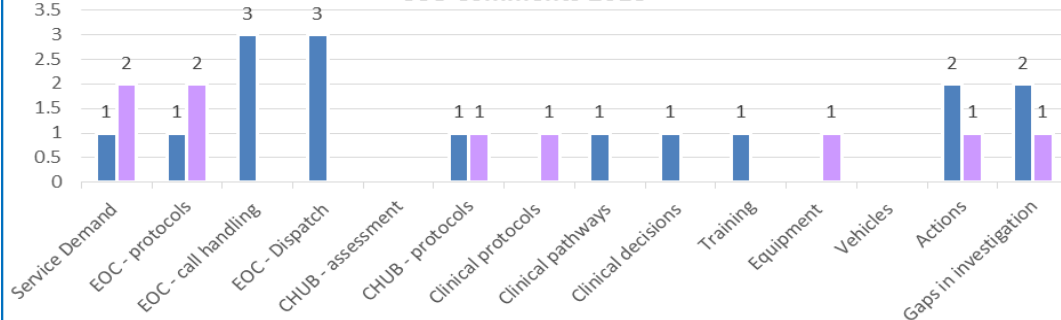


**Serious Incidents by Category YTD 2017/18**



Dispatch and call and error in the clinical management of a patient remain the recurrent themes in the majority of SI investigations. In response to the dispatch and call management errors the Trust has commissioned an intensive EOC actions plan which has incorporated learning from SI investigations. Additionally a recent safety review of the management to HCP calls has provided a number of organisational learning points to improve the process within EOC.

**CCG Comments 2018**



Clarification around clinical protocols and equipment concerned the management of cardiac arrests and the LifePak 15 monitors. All questions put to the Trust were answered before the provided deadline. The Quality, Governance and Assurance Team will continue to monitor the comments received from the CCG for themes and trends. Anticipated actions for the team include inviting the Commissioners into the Trust to enhance the understanding of the protocols and processes in place within EOC, providing high level reports on identified gaps in our policies to the Executive Team and incorporating any gaps in the actions plans or investigations into the Lead Investigator training.



# Learning From Deaths, Inquests and Claims

Owner: Nicola Foad | Exec Lead: Dr. Fenella Wrigley



## Inquests – figures and learning

|  | Apr-17   | May-17    | Jun-17    | Jul-17    | Aug-17    | Sep-17    | Oct-17    | Nov-17    | Dec-17    | Jan-18    | Feb-18    | Mar-18    |
|--|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Total Prevent Future Deaths In-Month                           | 1        | 1         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         |
| Total Inquests where LAS asked to give evidence - In-Month     | 4        | 6         | 4         | 9         | 10        | 6         | 4         | 6         | 4         | 3         | 6         | 6         |
| Total Inquests where LAS asked to give evidence - Year to Date | <b>4</b> | <b>10</b> | <b>14</b> | <b>23</b> | <b>33</b> | <b>39</b> | <b>43</b> | <b>49</b> | <b>53</b> | <b>56</b> | <b>62</b> | <b>68</b> |

## Inquests – figures and learning

- No learning from Inquests has been highlighted this month.

## Claims – figures and learning

- As at the end of Quarter 4 2017/2018 NHS Resolution had **45** claims against LAS open under their Clinical Negligence Scheme for Trusts and **54** claims under the Liabilities for Third Parties Scheme (covering public/employer liability claims).
- For the same Quarter in 2016/2017 NHS Resolution had **37** claims against LAS open under their Clinical Negligence Scheme for Trusts and **76** claims under the Liabilities for Third Parties Scheme (covering public/employer liability claims).
- A leaflet produced by NHS Resolution on Cauda Equina Syndrome was presented to the Patient Safety Group. The Trust's Education Manager confirmed that the guidance on assessment including primary symptoms and red flags are covered in the current teaching material. The leaflet will now be appended into the session literature.

## Actions

### Ongoing:

- Procedures for checking equipment, dealing with broken equipment, requesting replacement equipment & obtaining electronic or manual staff confirmation of procedures – feedback awaited from DD of Fleet

# Learning from Complaints

Owner: Gary Bassett | Exec Lead: Dr. Trisha Bain



## Top 5 themes 2017/18

| Complaints by subject 2017/18 | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-------------------------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-----|-------|
| Delay                         | 21    | 17  | 16   | 14   | 26  | 9    | 22  | 33  | 19  | 17  | 40  | 21  | 255   |
| Conduct                       | 16    | 19  | 24   | 19   | 19  | 16   | 17  | 25  | 20  | 22  | 23  | 20  | 240   |
| Road handling                 | 12    | 11  | 13   | 14   | 10  | 7    | 14  | 9   | 7   | 6   | 10  | 6   | 119   |
| Treatment                     | 1     | 2   | 5    | 1    | 7   | 5    | 16  | 8   | 9   | 8   | 14  | 4   | 80    |
| Non-conveyance                | 3     | 0   | 4    | 12   | 0   | 1    | 6   | 1   | 7   | 6   | 3   | 4   | 47    |
| Totals (above)                | 53    | 49  | 62   | 60   | 62  | 38   | 75  | 76  | 62  | 59  | 90  | 55  | 741   |
| Annual totals                 | 66    | 70  | 77   | 73   | 86  | 51   | 94  | 85  | 84  | 74  | 102 | 76  | 938   |

## Assurance and learning

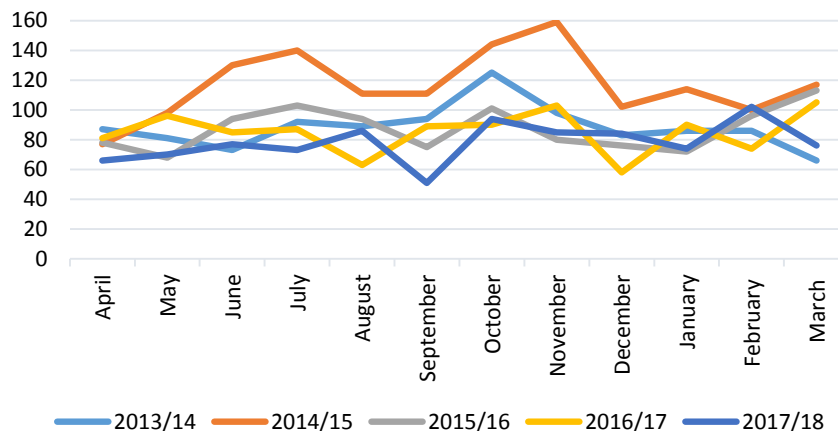
- There are 130 open complaints as at the date of this report.
- The final year's complaint numbers (938) were in line with our predicted trajectory (950). We upheld 83 of these and 118 were partially upheld.
- Two members of the team are working on some revised areas of the new website which should be in place by May 2018
- We will be updating the HCP information on the website regarding Quality Alerts - explaining target response times etc
- We have revised the data template for out-of time complaints which will be used from March 2018 onwards

## Review of March 2018

- Complaints where 'delay' was the primary concern reduced this month (21) over February's high number (40).
- The annual percentage of complaints against calls attended by the Trust was 0.08%
- During March there were 18 Quality Alert referrals of which 14 remain under investigation. A total of 44 have been received so far this year.
- There were 76 complaints this month which includes one from a HCP on behalf of the patient and 5 complaints relating to NHS111
- Of the 20 complaints relating to conduct and behaviour, poor communication and inappropriate comments continue to dominate themes
- PALS enquiries continue to rise and are more complex. In 2017/28 we received 4271 such enquiries which includes 2451 by telephone and 1740 by email

## Complaint numbers April 2013 to March 2018

### Complaints comparison - 2013 to 2018



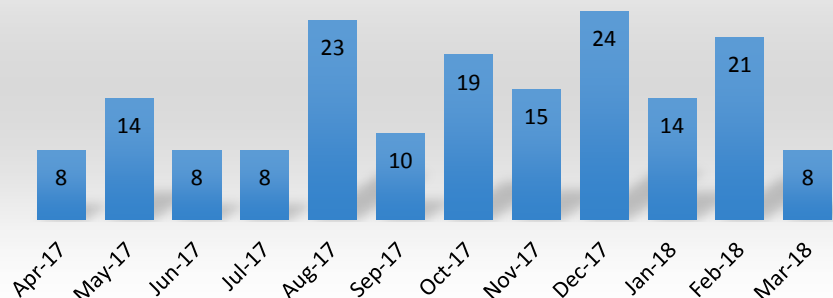
# Learning from Complaints

Owner: Gary Bassett | Exec Lead: Dr. Trisha Bain



## Complaint response times –March 2018

### Complaints over 35 working days at the time of the report



## Assurance & Learning

- We are designing an on-line form for the public to use to approach us regarding lost property. We hope this will streamline the process and reduce telephone enquiries about this aspect of PALS
- Since the introduction of the 'Talking with us Leaflets' in August 2016 only 9 feedback leaflets have been received.
- We will be trailing an on-line version of this form in a cached format on the website which may improve completion. The issue of these feedback leaflets will then be reviewed at the end of 2018/19
- We will be liaising with the Datix support team to improve recording of Ombudsman outcomes and recommendations
- The Ombudsman has re-arranged his visit to the Trust to 28 June 2018

## Categories of complaint calls

| November 2017 to March 2018   | Data |
|---|------|
| ARP Category 1 - 7 minutes mean response time (Life-threatening event)                    | 16   |
| ARP Category 2 - 18 minutes mean response time (Emergency – potentially serious incident) | 112  |
| ARP Category 3 - Maximum of 120 minutes (Urgent problem)                                  | 70   |
| ARP Category 4 - Maximum of 180 minutes (Less urgent problem)                             | 54   |
| Total complaints (either previous triage or not CAD related)                              | 421  |

## Case example

### Example one – failure to convey:

Complaint from patient's sister that a family member was not conveyed to hospital when suffering from chest pain and they died the following day.

In accordance with Trust guidance, any patient who is presenting with chest pain should be taken to hospital for further assessment unless they refuse conveyance and are deemed to have capacity. In this case, patient declined to go to hospital and although deemed to have capacity to make an informed decision, this was not adequately documented. The crew also omitted to record they were offered advice to call 999 again or to seek medical assistance if the symptoms persisted.

# Quality Account 2017-18 CQUINs

Exec Lead: Lorraine Bewes



| National CQUIN | CQUIN Indicator descriptor UPDATE   | Annual value (% of contract) | Final indicator period  | Milestone/ weighting (% available) | Progress Status |       |       |       | Notes   |
|----------------|---|------------------------------|-------------------------|------------------------------------|-----------------|-------|-------|-------|---|
|                |   |                              |                         |                                    | Qtr 1           | Qtr 2 | Qtr 3 | Qtr 4 |   |
| <b>N1a</b>     | Improvement of health and wellbeing of NHS Staff                              | £260,562                     | Final Period – Q4 17-18 | 0.08%                              | n/a             | n/a   | n/a   | 100%  | Q4 Report due to be submitted to commissioners 23 <sup>rd</sup> April 2018.                                       |
| <b>N1b</b>     | Healthy food for NHS staff, visitors and patients                             | £260,562                     | Final Period – Q4 17-18 | 0.08%                              | n/a             | n/a   | n/a   | 100%  | Q4 Report due to be submitted to commissioners 23 <sup>rd</sup> April 2018.                                       |
| <b>N1c</b>     | Improving the uptake of flu vaccinations for frontline staff within providers | £263,701                     | Final Period – Q4 17-18 | 0.08%                              | n/a             | n/a   | n/a   | 100%  | Q4 Report due to be submitted to commissioners 23 <sup>rd</sup> April 2018.                                       |
| <b>12</b>      | Reducing Ambulance Conveyance   | £784,825                     | Final Period – Q4 17-18 | 0.25%                              | n/a             | n/a   | n/a   | 100%  | Q4 Report due to be submitted to commissioners 23 <sup>rd</sup> April 2018. Q3 fully achieved                     |
| <b>STP 1</b>   | Supporting local areas - STP engagement                                       | £1,569,650                   | Final Period – Q4 17-18 | 0.50%                              | n/a             | n/a   | 50%   | 50%   | Q4 Report due to be submitted to commissioners 23 <sup>rd</sup> April 2018. Q3 partially achieved.                |
| <b>STP 2</b>   | National CQUIN: STF Delivery (Control Total)                                  | £1,569,650                   | Final Period – Q4 17-18 | 0.50%                              | n/a             | 100%  | n/a   | n/a   | Achieved, based on 16/17 control total. Confirmation provided to commissioners regarding ring-fencing of funding. |

| Local CQUIN | CQUIN Indicator descriptor UPDATE | Annual value (% of contract) | Final indicator period  | Milestone/ weighting (% available) | Progress Status |       |       |       | Risk / Issue / Notes   |
|-------------|-----------------------------------|------------------------------|-------------------------|------------------------------------|-----------------|-------|-------|-------|--|
|             |                                   |                              |                         |                                    | Qtr 1           | Qtr 2 | Qtr 3 | Qtr 4 |  |
| <b>L1</b>   | Mobile Devices                    | £3,139,299                   | Final Period – Q4 17-18 | 1.00%                              | n/a             | n/a   | 50%   | 50%   | Q4 Report due to be submitted to commissioners 23 <sup>rd</sup> April 2018. Q3 fully achieved. |



|  |  |                  |                                     |                    |
|--|--|------------------|-------------------------------------|--------------------|
| <b>Report to:</b>  | <b>Trust Board</b>   |                  |                                     |                    |
| <b>Date of meeting:</b>  | 24 April 2018  |                  |                                     |                    |
| <b>Report title:</b>   | Gender Pay Reporting   |                  |                                     |                    |
| <b>Agenda item:</b>  | Additional Report (for information only)   |                  |                                     |                    |
| <b>Report Author(s):</b>   | Chris Randall, Workforce Intelligence and Planning Manager   |                  |                                     |                    |
| <b>Presented by:</b>   | Patricia Grealish, Director of People and Organisational Development   |                  |                                     |                    |
| <b>History:</b>  | The information from the central gender pay report produced via the National ESR reporting tool has been reported to Trust Board as part of the CEO update and to People and Organisational Development Committee. The narrative has been further developed here to explain the moderate gap in gender pay and the more significant gap in bonus pay. A brief action plan has been developed which will form part of consideration of the refresh of the People and OD strategy. |                  |                                     |                    |
| <b>Status:</b>   | <input type="checkbox"/>   | <b>Assurance</b> | <input type="checkbox"/>            | <b>Discussion</b>  |
|  | <input type="checkbox"/>   | <b>Decision</b>  | <input checked="" type="checkbox"/> | <b>Information</b> |
| <b>Background / Purpose:</b>   |  |                  |                                     |                    |
| <p>We are an employer required by law to carry out Gender Pay Reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. This involves carrying out six calculations that show the difference between the average earnings of men and women in our organisation; it will not involve publishing individual employee data.</p> <p>We are required to publish the results on our own website and a government website. We will do this within one calendar year of 5 April 2017. The Gender Pay Report produced via the central ESR system and our narrative to support the findings is set out for information.</p> |  |                  |                                     |                    |
| <b>Recommendation(s):</b>  |  |                  |                                     |                    |
| The Board is asked to note the report and the initial actions identified to address the findings of the Gender Pay Report for London Ambulance Service.  |  |                  |                                     |                    |
| <b>Links to Board Assurance Framework (BAF) and key risks:</b>   |  |                  |                                     |                    |
| N/A  |  |                  |                                     |                    |

|  |                                     |
|--|-------------------------------------|
| <b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b> |                                     |
| <b>Clinical and Quality</b>  | <input type="checkbox"/>            |
| <b>Performance</b>   | <input type="checkbox"/>            |
| <b>Financial</b>   | <input type="checkbox"/>            |
| <b>Workforce</b>   | <input checked="" type="checkbox"/> |

|   |                                     |
|---|-------------------------------------|
| <b>Governance and Well-led</b>  | <input checked="" type="checkbox"/> |
| <b>Reputation</b>   | <input checked="" type="checkbox"/> |
| <b>Other</b>  | <input type="checkbox"/>            |
| <b>This report supports the achievement of the following Business Plan Workstreams:</b> |                                     |
| <b>Ensure safe, timely and effective care</b>   | <input type="checkbox"/>            |
| <b>Ensuring staff are valued, respected and engaged</b>                                 | <input checked="" type="checkbox"/> |
| <b>Partners are supported to deliver change in London</b>                               | <input type="checkbox"/>            |
| <b>Efficiency and sustainability will drive us</b>                                      | <input type="checkbox"/>            |



# The gender pay gap and how workplaces contribute to it

1. The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised. The gender pay gap varies by occupation, age group and even working patterns.
2. For example:
  - Whilst both public and private sectors need to take action to eliminate the gender pay gap, the gap tends to be higher in industry sectors such as finance, energy and construction sectors and lower in sectors such as public administration, support services and health and social work.
  - Occupations where women are underrepresented typically produce higher pay gaps; these can be significant for senior level occupations such as finance and investment analysts.
  - There is a gender pay gap even before the arrival of a first child. Unequal sharing of care responsibilities contributes to a higher proportion of women taking part-time work, which is generally lower paid. Consequently the gender pay gap widens, particularly for those employees over 40.
3. Set out under Section 2 below is our Gender Pay Report and initial Action Plan. This work will be reviewed and updated as part of the strategy refresh to be carried out for People and Culture by September 2018.

## Gender Pay Gap Reporting

4. Set out below is the report for London Ambulance on Gender Pay Reporting. This is currently with the Communications Team for formatting and branding and will be published on Thursday 29 March 2018.

## Upfront statement on diversity

5. At LAS we are committed to promoting equality of opportunity and diversity to enhance our inclusion work. LAS has committed to ensure that equality, diversity and human rights are embedded in all areas of our employment, planning and service delivery. We strive to provide excellence in all we do and recognise the value that Inclusion brings. We are committed to ensuring that all our employees are treated with dignity and respect and given equal opportunity and encouragement to progress and develop within the organisation.
6. We strongly believe that diversity and inclusivity in all its forms delivers greater impact in the work we do and enhances the services we deliver to Londoners. Our commitment to the principles of Diversity and Inclusion informs all of our work with our people.

## What is the Gender Pay Gap

7. The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

## **The difference between the gender pay gap and equal pay**

8. The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

## **What are we required to do**

9. We are an employer required by law to carry out Gender Pay Reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. This involves carrying out six calculations that show the difference between the average earnings of men and women in our organisation; it will not involve publishing individual employee data.
10. We are required to follow the rules in the regulations to calculate the following information:
  1. Their mean gender pay gap
  2. Their median gender pay gap
  3. Their mean bonus gender pay gap
  4. Their median bonus gender pay gap
  5. Their proportion of males receiving a bonus payment
  6. Their proportion of females receiving a bonus payment
  7. Their proportion of males and females in each quartile pay band
11. We are required to publish the results on our own website and a government website. We will do this within one calendar year of April 5th 2017.
12. The information must be published on both the employer's website and on a designated government website at [www.gov.uk/genderpaygap](http://www.gov.uk/genderpaygap).

## **Gender profile at the LAS**

13. As at 28th February 2018, we had 5,275 staff in post at the LAS.
14. Our gender profile is 45% female and 55% male.
15. Tables 1 to 2 provide further breakdown of this data by agenda for change banding.

**Table 1: % gender by Agenda for Change band**

|                     | Female | Male |
|---------------------|--------|------|
| Band 2              | 56%    | 44%  |
| Band 3              | 55%    | 45%  |
| Band 4              | 43%    | 57%  |
| Band 5              | 47%    | 53%  |
| Band 6              | 45%    | 55%  |
| Band 7              | 38%    | 62%  |
| Band 8a             | 48%    | 52%  |
| Band 8b             | 27%    | 73%  |
| Band 8c             | 52%    | 48%  |
| Band 8d             | 36%    | 64%  |
| Non Afc (Directors) | 67%    | 33%  |
| Total               | 45%    | 55%  |

**Table 2: % gender by banded categories**

|                     | Female | Male  |
|---------------------|--------|-------|
| Band 2              | 33.9%  | 32.0% |
| Band 3              |        |       |
| Band 4              |        |       |
| Band 5              | 63.0%  | 64.3% |
| Band 6              |        |       |
| Band 7              |        |       |
| Band 8a             | 2.7%   | 3.5%  |
| Band 8b             |        |       |
| Band 8c             |        |       |
| Band 8d             |        |       |
| Non Afc (Directors) | 0.4%   | 0.2%  |
| Total               | 100%   | 100%  |

## Our Gender Pay Reporting Results

|  |       |  |
|--|-------|--|
| <i>Our mean gender pay gap</i>                             | 4.5%  | Females earn 4.5% less than men on their average hourly rate                                     |
| <i>Our median gender pay gap</i>                           | 0.3%  | Females earn 0.3% less than men on their median hourly rate                                      |
| <i>Our proportion of males receiving a bonus payment</i>   | 61.4% | There is a 5.7% difference between the proportion of males and females receiving a bonus payment |
| <i>Our proportion of females receiving a bonus payment</i> | 55.7% |  |
| <i>Our mean bonus gender pay gap</i>                       | 31.6% | Based on all the bonuses paid in 2016/17, females earnt 32% less than males                      |
| <i>Our median bonus gender pay gap</i>                     | 33.2% | Based on all the bonuses paid in 2016/17, females earnt 33% less than males                      |

| <i>The proportion of males and females in each quartile pay band</i> | Quartile |              | Female % | Male % |
|--|----------|--------------|----------|--------|
|  | 1        | Lower        | 47%      | 53%    |
|  | 2        | Lower middle | 47%      | 53%    |
|  | 3        | Upper middle | 46%      | 54%    |
|  | 4        | Upper        | 36%      | 64%    |

## Gender Pay Gap Reporting Narrative

16. There are moderate differences on average pay and the proportions of males and females who receive bonuses.
17. Our bonus gap is worth specific comment as it is larger than our regular pay gap. There are several reasons for this. A key reason is that the law requires us to include the actual bonus amounts received by part time colleagues, not the full time equivalent. Given the larger proportion of our part time female employees receiving bonuses as compared to full time females and part time males, this increases the bonus gap. So, there is a disproportionate effect on our female employees as 61% of part time staff receiving bonuses are women.
18. The proportion of males and females in each quartile pay band ranks all the male and female full-pay relevant employees from the lowest hourly rate of pay to the highest hourly pay rate and then divides them into quartiles with an equal number of employees in each section. The gender proportions in quartiles 1 to 3 are similar to the overall LAS gender mix of 45% female and 55% male. There is a proportionately larger number of males in quartile 4, the quartile with the highest hourly rates. This corresponds with the overall LAS gender mix for Bands 7 to 8D which is 37% female and 63% male.

## Our action plan

|                    | What are we doing  | What will we do   |
|--------------------|--|---|
| <b>Data</b>        | <ul style="list-style-type: none"> <li>Monitoring protected characteristics through the recruitment process</li> </ul>   | <ul style="list-style-type: none"> <li>Provide monthly reporting on shortlisting activity for gender (particularly bands 7 and above).</li> <li>Establish a working group to carry out investigations into the data and make recommendations.</li> <li>3. Introducing a clear and consistent exit interview process.</li> </ul> |
| <b>Recruitment</b> | <ul style="list-style-type: none"> <li>Training for hiring managers.</li> </ul>  | <ul style="list-style-type: none"> <li>Refresh recruitment training and specifically focus on unconscious bias.</li> <li>Mandate interview panel mix.</li> </ul>  |
| <b>Culture</b>     | <ul style="list-style-type: none"> <li>The Trust has a range of family friendly policies in place to support working parents.</li> <li>Revised maternity policy related to expectant mothers working on the front line.</li> </ul> | <ul style="list-style-type: none"> <li>Working group to establish barriers to women moving into senior posts (Band 7 and above)</li> </ul>  |

**Patricia Grealish**

**Director of People and Organisational Development**