



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD TO
BE HELD IN PUBLIC ON TUESDAY 29 JANUARY 2019 AT 10:00-15:00,
BURFOOT COURT ROOM, GROUND FLOOR, COUNTING HOUSE, GUY'S
HOSPITAL, GREAT MAZE POND, LONDON SE1 9RT**

Agenda: Public session

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
10.00	1.	TB/18/121 Oral	Welcome and apologies To welcome attendees and note any apologies received.	HL	
10.05	2.	TB/18/122 Oral	Declarations of interest To request and record any notifications of declarations of interest in relation to today's agenda.	All	
	3.	TB/18/123 Attachment	Minutes of the meeting held in public on 27 November 2018 To approve the minutes of the meeting held on 27 November 2018.	HL	Decision
	4.	TB/18/124 Attachment	Matters arising To review the action schedule arising from previous meetings.	HL	Information
10.20	5.	TB/18/125 Attachment	Report from the Chair To receive a report from the Chair.	HL	Information
10.30	6.	TB/18/126 Attachment	Report from the Chief Executive To receive a report from the Chief Executive (CEO).	GE	Information
STRATEGY & PLANNING					
10.40	7.	TB/18/127 Attachment	Carter Report – LAS formal response To review and approve the Trust's formal response to Lord Carter of Coles' report on 'Operational productivity and performance in English Ambulance Trusts: Unwarranted variations'.	LB	Decision
11.00	8.	TB/18/128 Attachment	Health and Safety Strategy Action Plan Refresh To review and approve the proposed changes to the updated strategy.	TB	Decision

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
QUALITY, PERFORMANCE AND ASSURANCE					
11.15	9.	TB/18/129	Trust Board Committee Assurance Reports To receive the reports of the Board Assurance Committee meetings that have taken place since the last meeting of the Board.		Assurance
		Attachment	(i) People and Culture Committee meeting on 10 January 2019	JM	
		Attachment	(ii) Finance and Investment Committee meeting on 15 January 2019	FC	
		To follow	(iii) Quality Assurance Committee meeting on 22 January 2019	RM	
11.45	10.	TB/18/130 Attachment	Integrated Quality & Performance Report To receive the integrated quality & performance report.	LB	Assurance
12.10	11.	TB/18/131 Attachment	Board Assurance Framework and Corporate Risk Register To receive the Board Assurance Framework and the Corporate Risk Register	PH	Assurance
12.25	12.	TB/18/132 Attachment	Serious Incident Management To note declared and closed Serious Incidents.	TB	Discussion
12.45	13.	TB/18/133 Attachment	Annual EPRR Assurance Assessment To receive the outcome of the annual EPRR assurance assessment.	PW	Assurance
13.00	14.	TB/18/134 Attachment	Quarterly Freedom to Speak Up Report To receive a quarterly update on Freedom to Speak Up activities.	PH	Assurance
13.10	15.	TB/18/135 To follow	London Health Care Record Exemplar To receive and approve a recommendation to host the London Health Care Record Exemplar Programme	LB	Decision
LUNCH BREAK					
GOVERNANCE					
13.55	16.	TB/18/136 Attachment	Trust Board Forward Planner To receive the Trust Board forward planner.	PH	Information
14.05	17.	TB/18/137 Oral	Patient Story	TB	
14.35	18.	TB/18/138 Oral	Questions from members of the public	HL	Information

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
14.50	19.	TB/18/139 Oral	Any other business	HL	Information
14.55	20.	TB/18/140 Oral	Review of the meeting To consider: <ul style="list-style-type: none">- Behaviours at the meeting.- Standard of papers submitted for Board consideration.- Standard of debate / challenge.	HL	Information
15.00	21.	TB/18/141	Meeting close The meeting of the Trust Board in public closes.	HL	
	Date of next meeting: The date of the next Trust Board meeting in public is on Tuesday 26 March 2019 at a venue to be confirmed.				
Additional reports, circulated for information only:					
TB/18/142 Quality Report					



TRUST BOARD: Public meeting – Tuesday 27 November 2018

DRAFT Minutes of the public meeting of the Board held on 27 November 2018 at 10.00am in the Green Room at ETC Venues, Avonmouth House, 6 Avonmouth Street, London SE1 6NX

Present		
Name	Initials	Role
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
Theo de Pencier	TdP	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Garrett Emmerson	GE	Chief Executive Officer (CEO)
John Jones	JJ	Non-Executive Director
Robert McFarland	RM	Non-Executive Director
Jayne Mee	JM	Non-Executive Director
Paul Woodrow	PW	Director of Operations
Fenella Wrigley	FW	Medical Director
Apologies		
Amit Khutti	AK	Associate Non-Executive Director
In attendance		
Melissa Berry	MB	Diversity Consultant (for item 08)
Alison Blakely	AB	Head of 999 Quality and Continuous Improvement (for item 22)
Angela Flaherty	AF	Interim Director of Strategy
Rachael Fothergill	RF	Head of Clinical Audit & Research, Clinical Audit & Research Unit (for item 16)
Gurmakal Francis	GF	Assistant Head of Clinical Audit & Research, Clinical Audit & Research Unit (for item 16)
Ross Fullerton	RF	Chief Information Officer
Philippa Harding	PH	Director of Corporate Governance
Patricia Grealish	PG	Director of People and Culture
Benita Mehra	BM	Director of Strategic Assets and Property
Rita Phul	RP	Corporate Secretary
Katy Underwood	KU	Paramedic (for item 22)

1. Welcome and apologies (TB/18/97)

- 1.1. The Chair welcomed all to the meeting.

2. Declarations of interest (TB/18/98)

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held in public on 25 September 2018 (TB/18/99)

- 3.1. The minutes of the Trust Board meeting held in public on 25 September 2018 were approved as a true and fair record of that meeting, subject to the amendment below:

- 3.1.1. The first sentence of paragraph 8.3 (Minute ref TB/18/80) should be amended to read "KC commented on the valuable support received from PH and Fergus Cass (FC) (Executive and Non-Executive FTSU Leads respectively)."

4. Matters arising (TB/18/100)

- 4.1. The action log was reviewed and Board members noted that actions were on track and there was nothing to raise at the meeting.

5. Report from the Chair (TB/18/101)

- 5.1. The report from the Chair was noted and taken as read.

6. Report from the Chief Executive (TB/18/102)

- 6.1. GE presented his report on progress and key issues, events and activities for the months of October and November.
- 6.2. The Board noted that September had been a difficult month, however October had seen an improvement in Category 2 incidents and that the Trust hoped to achieve the national target in November.
- 6.3. Board members considered the changes in the reporting of the Trust's data and sought assurance that the data was robustly audited. GE confirmed that NHS England (NHSE) had commissioned Associate of Ambulance Chief Executives (AACE) auditors to provide independent assurance and GE highlighted that the London Ambulance Service NHS Trust (LAS) had been commended for the robustness of its systems and processes.
- 6.4. The Board was updated on the LAS collaboration with South Central Ambulance Service NHS Foundation Trust (SCAS) and noted that this was being fully embraced by both ambulance services. Board members observed that, based on the findings of the Carter Report and sharing best practice, an Assistant Director of Operations visited the West Midlands Ambulance Service NHS Foundation Trust in October to review its operating model, focusing on improving efficiency and productivity metrics, and the senior operations team was currently considering what London could learn from West Midlands, particularly in relation to conveyance reduction.

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

7. People and Culture Strategy Refresh (TB/18/103)

- 7.1. Patricia Grealish (PG) introduced the report which set out the key strategic themes which embodied a four-pronged approach incorporating workforce analytics, workforce planning, technology and collaboration. Board members noted the focus on culture, both in behaviour and establishing culture within the infrastructure of the organisation. The Visible Leader Programme was highlighted together with the Trust's commitment to providing a comprehensive leadership development and support programme covering education and training opportunities for staff across all functions and levels of the organisation.
- 7.2. PG emphasised the Trust's commitment to inclusion and that the workforce should be a diverse and inclusive community which celebrated difference and used the strength brought from diversity to drive performance. The Board noted the focus on the Workforce Race Equality Standard (and Workforce Disability Equality Standard) which would help the Trust embed inclusivity throughout LAS.
- 7.3. The Board noted the work being progressed in collaboration with other strategies including IM&T and Education, to understand the key priorities to be taken to the next stage of business planning.
- 7.4. Talent development and growth was discussed by the Board and PG expressed that strategic workforce planning work was being undertaken with other trusts across the country in consideration of the general shortage of paramedics. It was noted this work would be reviewed through AACE later in the year to establish the potential requirements of seeking a worldwide supply of paramedics, particularly those from Australia, New Zealand and USA, who had similar workforce training as that in the UK and were therefore less complex to transfer into the UK roles.
- 7.5. The Board observed that career pathways for external staff had not been addressed sufficiently and PG provided assurance that the strategy was an evolving document and development for external staff could be incorporated into the strategy. The Board noted that within LAS the advanced paramedic urgent care and the rotational Band 6 roles would provide opportunities for staff to work in different areas of the health system, both locally and nationally.
- 7.6. The Chair considered the pace of the strategies across the Trust, and Board members expressed an interest in seeing a coalition of the strategies to assist in reviewing the progress of the LAS as a whole.
- 7.7. The Board voiced its appreciation of the work that had been undertaken in progressing the strategy.

RESOLVED:

- 7.8. The Board resolved to approve the refreshed People and Culture Strategy

8. Workforce Race Equality Standard Action Plan (WRES) (TB/18/104)

- 8.1. Melissa Berry (MB), presented the Workforce Race Equality Standard (WRES) Action plan, highlighting three main themes; Recruitment and Development, Workplace Experience and Senior Trust Leadership.
- 8.2. Board members observed the key objectives highlighted in Recruitment and Development including the Visible Leader and Management Essentials training covering elements including unconscious bias training, which had been carried out in the past six months; increased focus on diversity within recruitment panels to increase female and black and minority ethnic (BME) representation; and a programme to attract BME Trainee Emergency Ambulance Crew (TEACs).
- 8.3. MB highlighted the main focus of the second theme including the creation and implementation of Check and Challenge Panels to reduce the numbers of BME staff progressing through the disciplinary process; introduce deep dive investigative training to improve the quality, consistency and equity of the process; a new launch of the BME network to take place in January 2019 highlighting that BME is wider than a representation of BME staff.
- 8.4. The Board noted the key objective for the third theme, Senior Leadership, included the addition of specific objectives within the personal development review (PDR) process relating to race equality and contribution to the WRES.
- 8.5. Board members considered Sponsorship Mentoring, a one year programme aimed at supporting the progression of talented BME employees and providing role models. It was noted that a number of Board members were mentors and were involved in the programme, supporting BME staff to progress to the next career band within one year.
- 8.6. The Board sought further information on how the Trust would ensure the effectiveness and credibility of the targets identified by WRES; MB communicated a 25% increase in BME staff had been registered in the past two years and it was anticipated this would grow, particularly in light of the community engagement work that was being undertaken across schools, colleges, and shopping centres encouraging a career at LAS. It was noted that the percentage of BME individuals employed in TEAC roles was low at 10%, but that this was a considerable improvement to the situation before WRES was implemented.
- 8.7. MB was commended on her resilience in addressing the considerable challenges faced to produce an achievable WRES plan.

RESOLVED:

- 8.8. The Board resolved to approve the WRES Action Plan.

9. London Ambulance Service Strategy – Six Month Review (TB/18/105)

- 9.1 The paper was taken as read. Angela Flaherty (AF) provided further detail and highlighted the key points within the report including the monitoring of progress on the key dependencies, and how effective stakeholder engagement was being managed.

The Board was assured that mechanisms were in place to ensure commissioner engagement. The Chair commented that changes to funding mechanisms were complex but that the right level of engagement with partners had been identified at the planning stage of the strategy.

- 9.2 The Board observed the introduction of the Trust's five pioneer services to the strategy with the intention that responding to these patient groups would improve patient experience with LAS, whilst assisting in reducing the need for hospital conveyance.
- 9.3 Board members noted that the next iteration of the strategy would link to the Trust's Business Plan enabling a view of the resources required to achieve the Trust's vision.

10. Trust Board Committee Assurance Reports (TB/18/106)

(i) Logistics and Infrastructure Committee meeting on 9 October 2018 (TB/18/106(i))

- 10.1. Theo de Pencier (TdP), Chair of the Logistics and Infrastructure Committee, presented the report, which set out the main points arising from the Committee's meeting on 9 October 2018, noting that the meeting had taken place seven weeks earlier and that a number of matters had progressed since that meeting. The Board noted that the IM&T directorate was undertaking work to ensure the Trust was addressing its cyber security risk and that, as part of the national infrastructure there was additional funding available, which the Trust would pursue.
- 10.2. The Board was assured that the LAS was 100% compliant with NHS Digital Cyber Essentials requirements and was on target to achieve the compliance with Cyber Essentials Plus for 2021. In response to the Board's concerns, RF acknowledged that cyber security was a growing risk but that the Trust did currently not have the resource or capacity to implement Cyber Essentials Plus in its totality without significant impact on other deliverables.
- 10.3. The delay to the Trust's Uninterruptable Power Supply (UPS) upgrade work, resulting from other dependencies, was noted. The Board was assured that continual monitoring of the system was carried out and the UPS upgrade would be undertaken at end of January/early February 2019, and that robust contingency plans were in place. It was noted that a plan outlining the upgrade work would be presented to the Logistics and Infrastructure Committee in January 2019.

ACTION: Additional assurance relating to the UPS upgrade work to be provided to the Logistics and Infrastructure Committee.

- 10.4. Board members noted further updates from the Committee including assurance that rigorous activity had been undertaken to ensure the robustness of key suppliers and business continuity and resilience in regards to the ambulance fleet supply chain.
- 10.5. The proposed adjustments to the Terms of Reference for the Logistics and Infrastructure Committee were noted, specifically the removal of reference to procurement and clarifying information regarding attendees.
- 10.6. The Board noted the Committee's report and looked forward to receiving confirmation that implementation of the UPS upgrade had been completed.

RESOLVED:

- 10.7. The Board resolved to approve the proposed amendments to the Terms of Reference of the Logistics and Infrastructure Committee.

(ii) Audit Committee meeting on 5 November 2018 (TB/18/106(ii))

- 10.8. John Jones (JJ), as Chair of the Audit Committee, presented the report, which set out the main points arising from the Committee's meeting on 5 November 2018. The Board noted the Committee's concern over two areas that required further progress; compliance with the General Data Protection Regulation (GDPR) and outstanding internal audit reports and observed that the Committee would be focusing on these areas at future meetings.
- 10.9. The Board noted the outcomes of the three audit reports that had been received, two of which had provided assurance whilst one, Performance and Development Review (Staff) Process, had provided partial assurance.
- 10.10. Board members acknowledged that actions from audit recommendations would be reviewed at the Chief Executive Performance Reviews and that executives would be invited to the next meeting of the Audit Committee to discuss any remaining overdue recommendations.

(iii) People and Culture Committee meeting on 8 November 2018 (TB/18/106(iii))

- 10.11. Jayne Mee (JM), as Chair of the People and Culture Committee, presented the report, which set out the main points arising from the Committee's meeting on 8 November 2018. Key escalation points noted were the results of a recent internal audit on safeguarding which had raised the following issues; the Trust did not provide a 24/7 telephone line for safeguarding referrals and a rolling Disclosure and Barring Scheme (DBS) programme did not exist at the Trust. The Board was assured that a 24/7 telephone line would be implemented from January 2019 and that a report would be presented to the Committee in January 2019 to progress the rolling DBS programme.
- 10.12. The Board noted that expenditure on agency had reduced significantly and was assured by the plan to address agency costs.
- 10.13. The Board acknowledged the significant amount of work required to meet the requirements outlined by the draft Workforce Disability Equality Standard (WDES) and that this was being progressed by MB and the People and Culture directorate.
- 10.14. The Trust's occupational health provider, PAM, was discussed and it was noted that a risk had been added to the Trust's Risk Register relating to PAM's poor performance against key indicators. PG informed the Board that meetings were being undertaken with PAM to address improvements, and that a contingency plan was in place.
- 10.15. The Board noted the report and looked forward to the issue with PAM being resolved.

(iv) Finance and Investment Committee meeting on 13 November 2018 (TB/18/106(iv))

- 10.16. Fergus Cass (FC), as Chair of the Finance and Investment Committee, presented the report, which set out the main points arising from the Committee's meeting on 13 November 2018. Key escalation points noted were the risk relating to agency costs and meeting the Trust's control total; the Board recognised the challenging target and accepted that there continued to be strong management in addressing the risk. The Board noted the increase in agency costs had been exacerbated during the implementation of the integrated 111 service but that the effective management of the Trust had achieved a reduction from £7.2m to £6m.
- 10.17. The Board noted that the processes and modelling that supported the development of the five year financial plan and business plan for 2019/2020 were on track for a draft of the business plan to be submitted to NHS Improvement by 14 January 2019.

(v) Quality Committee meeting on 20 November 2018 (TB/18/106(v))

- 10.18. Robert McFarland (RM), as Chair of the Quality Assurance Committee, presented the report, which set out the main points arising from the Committee's meeting on 20 November 2018. The Board received an update of the key issues and noted that the Trust had maintained a high standard of care of acutely ill patients with cardiovascular and cerebrovascular disease; and that defibrillator downloads had increased when an Advanced Paramedic Practitioner (APP) was involved. A working group was in place address this issue and RF would circulate the proposed plan to the Quality Assurance Committee.

ACTION: RF to circulate the proposed plan with regard to the increased defibrillator downloads and extending the appropriate facility to all frontline staff to the Quality Assurance Committee.

- 10.19. The Board discussed the issue of the Trust's estates in the NE London sector, and the challenge of instilling a professional culture in staff working in stations that were not necessarily as up-to-date as possible, were short of space or storage capacity. Board members considered the Trust's position in avoiding a piecemeal method to improving ambulance stations and noted that a co-ordinated approach would be undertaken with an Estates Strategy presented to the Board in March 2019.

11. Integrated Quality and Performance Report (TB/18/107)

- 11.1. Lorraine Bewes (LB) presented the report providing the Board with a high level executive summary and organisational oversight of all key areas across LAS quality and performance, enabling effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.
- 11.2. The Board noted the four scorecard metrics (four P's – Patients, People, Public Value and Partners) together with the business plan deliverables, observing that there were no red risk areas, and the deliverables were largely green rated.
- 11.3. Board members discussed areas they would like to see addressed in the report. The Chair recommended a Task and Finish Sub Group be created (led by FC and including

SD and LB) to incorporate the views of Non-Executive Directors to ensure these were delivered. Members discussed the requirement of a standalone strategic business plan update or whether this might be included in the integrated quality and performance report; it was agreed that SD would liaise with LB outside the Board meeting.

11.4. It was noted that the Trust was compliant with Health and Safety requirements.

11.5. The Board expressed concern regarding the high turnover of paramedics and were assured that this was a national issue and not pertinent to LAS alone. The Board acknowledged that the workforce plan had taken consideration of the high turnover and considerable work had been undertaken by the Trust to develop career pathways and develop options for frontline staff to exercise flexibility and progress to other areas of the Trust. The Board acknowledged that the issue of high turnover in paramedics was also addressed by the operational workforce group in one to one conversations, supporting overseas colleagues in areas such as visa issues, leading to the retention of staff.

12. Board Assurance Framework and Corporate Risk Register (TB/18/108)

11.1 The Board noted the report which provided an updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR).

11.2 Board members observed that BAF risk 47 would be reviewed by the People and Culture Committee at its meeting in January with a view to being removed from the BAF. BAF risks 45 and 50 would remain on the BAF.

13. Carter Report – high level overview of the opportunity (TB/18/109)

13.1. The Board received a report summarising key findings set out in the Lord Carter of Coles publication entitled the 'Operational productivity and performance in English Ambulance Trusts: Unwarranted variations', including that operationally LAS was one of the stronger ambulance services with 111 performance calls amongst the best in the country with a relatively low staff turnover compared to other ambulance trusts.

13.2. Board members observed areas for improvement including See and Treat and Hear and Treat rates, high conveyance of mental health patients to hospital, proportion of lost hours due to post-hospital handover hours, and Corporate Service costs.

13.3. The Board considered the next steps and the Carter Review recommendations which would be embedded into the Trust's business planning process. The Board concurred that a briefing with regard to the recommendations be provided to the Informal Board meeting in December 2018, and a formal response prepared for review at the Trust Board meeting in January 2019.

ACTION: LB to prepare a briefing for the informal Board meeting in December, with regard to incorporating the Carter Review recommendations into the Trust's business planning process.

13.4. The Board welcomed the Carter Report and the opportunity for improvement and would provide a formal response at the end of January.

14.Preparedness for departure from the European Union (TB/18/110)

13.1 LB outlined to the Board the Trust's position on preparedness for departure from the European Union on 29 March 2019, providing assurance that the Trust had conducted its assessment in line with the framework mandated by the Department of Health.

13.2 The Board noted that five primary key risk areas were identified and a robust methodology had been applied to identify risks. The Board was assured that the risks at the Trust equated to medium risks only. It was noted that the workforce risk was low, with only 167 EU nationals directly employed by the LAS and a review of 820 supplier relationships indicated only 17 suppliers with a risk rating. The Board was assured that the business continuity risk was low.

15.Serious Incident Reporting and Progress (TB/18/111)

15.1 Trisha Bain, TB provided an overview of the incidents reported and declared to Commissioners. The Board noted that themes continued around education and policy compliance and that these were being addressed.

15.2 The Board acknowledged a general concern raised by TB with regard to how policies and procedures were being interpreted and the possibility of non-compliance. The Board noted a rationalisation of policies and procedures was being undertaken to address this concern.

15.3 The Chair suggested consideration of identifying the five key themes in Serious Incidents.

Action: TB to consider identifying the five key themes in Serious Incidents for future reporting.

16.CARU Annual Reports (TB/18/112)

16.1 The Board received a presentation by Gurmakal Francis (GF) and Rachel Fothergill (RF) highlighting three CARU reports; Stroke Annual Report 2017-18, Cardiac Arrest Annual Report 2017-18, and STEMI Annual Report 2017-18.

16.2 The Board noted key findings:

- LAS has continued to provide excellent care to stroke patients in London including comprehensive on-scene clinical assessment of patients ensuring that nearly all patients were transported to an appropriate destination.
- An increase in ROSC rates was noted and overall survival rate had seen a marginal decrease but the Utstein survival rate had increased.
- The Trust had continued to maintain a high standard of care for STEMI patients with a good level of pain assessment, and treatment using aspirin and GTN. LAS recognised that for the care bundle to improve, a greater focus on delivering appropriate analgesia to patients was needed.

17. Report of the Trust Secretary – Policies (TB/18/113)

- 17.1 PH presented the report of the Trust Secretary which was taken as read. It was noted that an additional amendment to the Fit and Proper person Policy was proposed, with regard to the additional of a section relating to appeals when failure to comply with the policy had been identified.

RESOLVED:

- 17.2 The Board resolved to approve the proposed amendments to the Fit and Proper Person Policy and the Policy for the Development of Procedural Documents and the adoption of the proposed Policy for Managing Conflicts of Interest.

18.Trust Board Forward Planner (TB/18/114)

- 18.1 The Board received the forward planner. It was noted that the budget and business plan would be signed off in March 2019 and that the Logistics and Infrastructure Committee was on 29 January 2019 and not 24 January 2019 as indicated. These would be added to future forward plans.

19.Questions from members of the public (TB/18/115)

- 19.1 There were no questions from members of the public.

20.Any Other Business (TB/18/116)

- 20.1 GE commented that the information relating to STEMI and Stroke was excellent but that this constituted a limited number of the Trust's patients and that pioneer services, including mental health and maternity, should not be overlooked.

21.Review of the meeting (TB/18/117)

- 21.1 Board members confirmed that there was a good standard of reports and an appropriate challenge and debate exercised by the Board.
- 21.2 Board members discussed the pace at which the Trust was progressing, and executives commented that caution should be exercised with trying to progress too quickly, which could result in the Trust failing, particularly where there had not been sufficient opportunity for change to embed.

22.Staff Story (TB/18/118)

- 22.1 The Board heard about the experiences of a paramedic based at Bromley Station who had joined the Trust from Australia 20 months ago.
- 22.2 Board members acknowledged the positive elements of the paramedic's experience including staff engagement and support. The Board also reflected on some of the challenges faced by the paramedic including relief, late notice of shift changes, bulky and cumbersome equipment especially when travelling on public transport or at night, and issues relating to transport at unsocial work hours.

22.3 Suggestions for improvements were noted including ensuring stocked relief bags available at ambulance stations, financial or taxi support to travel in unique cases to and from work during unsocial hours and more opportunity to partake in 'ghosting' shifts.

ACTION: PW to progress suggestions for improvement.

23.Meeting Close (TB/18/119)

The meeting closed at circa 14.45. The next Trust Board meeting in public will take place on 29 January 2019 – time and venue to be confirmed.

TRUST BOARD - Public Meeting: ACTION LOG

Ref.	Action	Owner	Date raised	Date due	STATUS	Comments / updates (i.e. why action is not resolved / completed)
					On track	
					1 month late	
					Over 1 month late	
					CLOSED	
TB/18/80 para 8.7	PH to liaise with Chair and discuss how to facilitate senior individuals sharing their experiences of speaking up.	Philippa Harding	25/09/18	01/01/19	CLOSED	See FTSU report - this is being incorporated into communications plan.
TB/18/106	Additional assurance relating to the UPS upgrade work to be provided to the Logistics and Infrastructure Committee.	Benita Mehra	27/11/18	29/01/18	On track	
TB/18/106(v))	RF to circulate the proposed plan with regard to the increased defibrillator downloads and extending the appropriate facility to all frontline staff to the Quality Assurance Committee.	Ross Fullerton	27/11/18	22/01/18	CLOSED	Update provided to Quality Assurance Committee meeting on 22/01/19
TB/18/106(v))	LB to prepare a briefing for the informal Board meeting in December, with regard to incorporating the Carter Review recommendations into the Trust's business planning process.	Lorraine Bewes	27/11/18	19/12/18	CLOSED	This was not considered in December, but can be found elsewhere on the agenda for the January Trust Board meeting.
TB/18/111	TB to consider identifying the five key themes in Serious Incidents for future reporting	Trisha Bain	27/11/18	22/01/18	CLOSED	Reported in the quarterly SI reports and reviewed regularly.
TB/18/118	Staff story - PW to progress issues discussed regarding relief, short notice change of rotas, transporting bulky equipment during unsocial hours, 'ghosting' opportunities.	Paul Woodrow	27/11/18	22/01/18	CLOSED	Progress report provided to the People and Culture Committee meeting on 10/01/19



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Report from the Chair			
Agenda item:	05			
Report Author(s):	Heather Lawrence, Chair			
Presented by:	Heather Lawrence, Chair			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
The report of the Chair provides an overview of meetings and events attended with external stakeholders of the London Ambulance Service NHS Trust (LAS) since the last time the Board convened.				
Recommendation(s):				
The Board is asked to note this report.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				
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 report supports the achievement of the following Business Plan Work streams:				
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"/>			

Report from the Chair

Awards

1. I am delighted to inform the Board that our Director of Operations, Paul Woodrow, has been awarded an OBE in the New Year Honours. Paul has had a long and distinguished career of outstanding achievements. He has been delivering patient care for 27 years, qualifying as a paramedic in 1995 and working on London's Air Ambulance in 2000 before rising through a series of promotions to his current post as the Director of Operations in 2015.
2. During 2017, there was an unprecedented number of major and significant incidents for the Service to respond to including the terror attacks at Westminster Bridge, London Bridge and Parsons Green and the Grenfell Tower fire. Many hundreds of patients received care from frontline ambulance crews during these events under Paul's leadership, all whilst the Service continued to provide a world-class service to the hundreds of thousands of other Londoners who needed help.
3. The Trust also received notice of a second award, the Queen's Ambulance Medal, to Deputy Director of Operations Pauline Cranmer. It goes without saying that I and the whole Trust are absolutely thrilled that Pauline has been recognised in this way, it is very much deserved for all she has given to the trust and the public throughout her years of service. I know she has been inundated with lovely messages from colleagues since the announcement was made.

NHS Long Term Plan

4. The much anticipated NHS Long Term Plan has now been published. This 10-year blueprint for the NHS, has set out an ambitious plan to save 500,000 more lives in the next decade, through a variety of initiatives which will improve treatment for major 'killer' diseases in the UK; promote the prevention strategy which the Health Secretary announced earlier in 2019; and will ensure the continued focus of government funding into the NHS as it enters its 71st year since establishment.
5. The key areas which the NHS intends to address are maternity, smoking and drinking, mental health services, cancer diagnosis and prevention, diabetes, respiratory conditions and the ageing population.
6. Whilst the plan has been welcomed widely across the country, for its focus on improving services both inside and outside hospitals, and moving towards a more integrated and personalised health service, the plan has also appeared to fall short for some, on its ability to be delivered in practice. Tackling workforce shortages appears to be the greatest cause for concern, especially in light of the impending uncertainty of the UK's Exit from the European Union, [and its impact on workforce in the public sector](#), which fails to be addressed in the plan.

7. There will be a full briefing to the Board in February. The plan makes clear that all providers need to address underlying deficits and I am pleased that the Executive has addressed this in the draft Business Plan. Whilst the approach to Urgent and Emergency Care is consistent with our 5 year Strategy we may need to consider how best we can take forward the identified Pioneer Services, working with Commissioners and Strategic Transformation Programmes (STPs) and Integrated Care Pathways (ICPs). We need to increase our Non-Executive and Executive involvement across London. In addition we need to consider our Digital strategy and connectivity in line with the proposal set out in the plan and to see if we can accelerate any of our initiatives.
8. The full plan can be viewed here:

<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Vision Zero Transport for London Event 13 November 2018

9. In July 2018 the Mayor launched London's very first Vision Zero Action Plan setting out plans to eliminate all deaths and serious injuries from London's streets by 2041. The meeting that I attended in November brought together leaders from London's boroughs, the business sector and community groups as well as Members of Parliament to understand how by working together we can rethink the way we tackle road danger across London.
10. The evidence is compelling that where speed is reduced to 20 miles per hour lives are saved.
11. If you wish to read further information on this then please visit:

<https://www.london.gov.uk/search?s=vision%20zero>

Celebration of Service 22 November 2018

12. I attended this event which is held to recognise members of staff who have reached 20 years of service as well as those who have retired from our Trust. The Long Service Awards were presented by our Chief Executive, Garrett Emmerson, and I presented the retirement awards. We need to reconsider how we arrange these evenings to make them even more enjoyable for our staff. Also it would be excellent if given more notice more Board members attended as it is really appreciated by award winners.
13. As always the evening was extremely well organised (thanks to our colleagues in the communications directorate) and enjoyed by all those who went along. My personal congratulations to those who received an award.

Not the Healthcare Awards 3 December 2018

14. I attended the Cambridge Health Network's Not the Healthcare Awards in December. The Cambridge Health Network promotes collaboration between the public, private and academic sectors by connecting some of the most prominent healthcare leaders through debate and discussion. Typical attendees are senior leaders from across the health sector, including Ministers, NHS chief executives, regulatory leaders, as well as those from NHS England.

Chairs Advisory Group 5 December 2018

15. I am a member of this newly formed group, which is led by Baroness Harding and attended by Peter Wyman, Chair of the Care Quality Commission (CQC) and now Lord Prior in his new capacity as Chair of NHS England. This group provides advice and acts as a sounding board to the respective Chairman. It is from this group that I was asked to be on a focussed task group to explore the future role of the Chairman as we move forward to working collectively as system providers to deliver care.

NHS Providers Chairs & Chief Executives Network 6 December 2018

16. This is a regular key gathering of healthcare leaders from a variety of areas within the NHS and partner organisations. The agenda highlights are detailed below:

- **Planning for 19/20 and for a five year delivery period, in the context of the NHS long-term plan**

Ian Dalton, Chief Executive from NHS Improvement will provide an update on planning expectations with a look forward into 2019/2020.

- **A perspective on the long-term plan, and future challenges and opportunities for the NHS**

This session provides the opportunity to hear from Lord Prior of Brampton, Chair of NHS England on his perspective on the NHS long term plan, collaboration between NHS England and NHS Improvement and the challenges and opportunities that lay ahead.

- **Brexit - where next and what do you need NHS Providers to do?**

Saffron Cordery, Deputy Chief Executive at NHS Providers will update members on the implications and challenges of Brexit and identify where action is needed.

- **Reverse mentoring programme**

This panel discussion will look at the reverse mentoring programme and provide an opportunity to hear about the programme itself in further detail. Members will hear from trust case studies on their experience with the programme so far.

- **Strategic and policy update and dialogue**

Chris Hopson, Chief Executive at NHS Providers will present on the current strategic and policy issues facing trusts. This session will be followed by a Q & A.

Sector Visit 11 December 2018

17. On the 11 December 2018 I visited the North East Sector hosted by the Location Group Manager Laurence Cowderoy. During the visit I managed to meet a number of our staff who explained to me how it is working in the service for them. One was an International Paramedic who will be returning home and she spoke of the issues raised to us by a member of staff about being on a relief roster and carrying heavy kit as well as finishing at a time when there is no public transport. I also met the clinical lead for Paradoc. GPs in this patch go out with a paramedic to visit mostly elderly people with co-morbidities, fallers and in care homes and nursing homes with the specific aim of keeping them at home. This

is commissioned separately and out with the LAS contract. One has to ask how this fits with our falls service and Pioneering services. I have asked that the CEO meet with the Clinical Lead of Paradoc.

18. From the Location Group Manager it was refreshing to see his enabling and empowering approach to staff.

Prince's Trust Youth Can Do it Event 12 December 2018

19. Following the visit of HRH Prince of Wales in October, the Chief Executive and I, were invited to participate in a Youth Violent Crime roundtable event held at Clarence House. The Prince's Trust were asked to convene a group of young people supported by The Prince's Trust and other organisations, as well as ourselves, to join HRH and the Duke of Sussex for a roundtable discussion about youth violent crime.
20. The event brought together people with a variety of different experiences all connected to the subject of youth violent crime. The aim was to share experiences; understand approaches that might have a positive impact; forge new ties and relationships and, ultimately, see if we can collectively make a greater difference.
21. We were introduced to Google executives and discussed how social media can help both to inform a better way of living by young men who have turned their lives around and to make young people aware of the terrible consequences of knife crime. Additionally we now have contact with the Prince's Trust to be able to discuss potential funding sources for a cadet scheme.

Heather Lawrence OBE
Chairman



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Report from the Chief Executive			
Agenda item	06			
Report Author(s):	Garrett Emmerson, Chief Executive			
Presented by:	Garrett Emmerson, Chief Executive			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>The Chief Executive's report gives an overview of progress and key events within the London Ambulance Service NHS Trust since the last meeting of the Trust Board.</p> <p>The report is structured in sections, covering key areas of focus of the Trust and Board.</p>				
Recommendation(s):				
The Board is asked to note this report.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				
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 Work streams:				
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"/>			

Report from the Chief Executive

1. This report provides the Trust Board with an update regarding key issues, events and activities since its last formal meeting.

Operational Performance

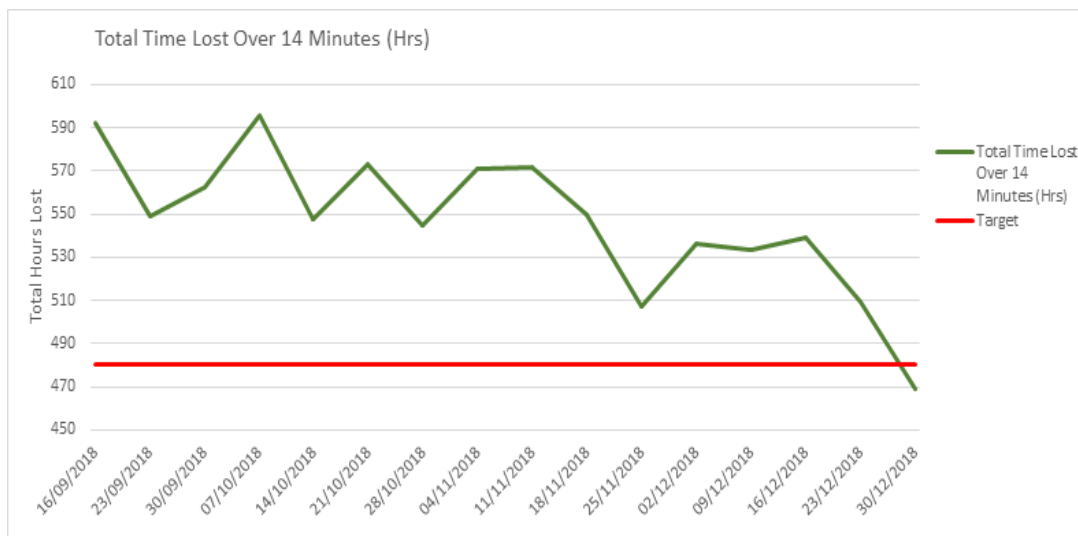
999 Operations

2. The Trust continued to perform well across all nine key response time measures within the national standards during the first three weeks of November 2018. However, the final week of November into December saw a significant rise in overall face to face incident activity. This was up 5.2% against our weekly predicted forecasts, and an extra 1,132 (5.6%) more incidents, when compared to the same period last year. The increase in face to face activity also saw an increase in acuity, with the proportion of Category 1 and Category 2 face to face incidents increasing - Category 1 from 9.1% to 12.5% (an increase of 892 incidents); Category 2 from 59.6% to 60.8% (an increase of 1006 incidents).
3. In December, the operational team enacted the supplementary activities described within the winter plan to prepare for the additional challenges of the peak winter period. December 2018 was the busiest month on record, the Trust responded to over 101,000 face to face patient incidents. However, the Trust performed significantly better this December than the same period last year. This good performance in the face of such exceptionally high demand has been formally recognised by our Commissioners, at the regular national Ambulance Improvement Programme meeting, and by the Regional Director of NHS Improvement (NHSI), who wrote to us and other providers on 2 January 2019 to thank us for our efforts.
4. Despite these additional challenges, as can be seen from the table below, Category 1 performance was maintained in both November and December. However, we fell short of achieving the C2 mean target in November (18 mins 47 seconds) and December (20 mins 40 seconds) and for the C2 90th Centile in December (43 mins 21 seconds). We were also above our Category 3 and 4 90th centile measures. However, we performed better across all categories when compared with the same period last year. In terms of call handling, in December, 91% of calls were answered within 5 seconds, with a mean call answering of 4 seconds.
5. When benchmarked across 13 key metrics included in the National Ambulance Services Balanced Scorecard, we continue to be within the top three performing Ambulance Services. We are frequently best in class for the Cat 1 Mean and 90th Centile measures.

	C1 Mean (00:07:00)	C1 90 th Centile (00:15:00)	C2 Mean (00:18:00)	C2 90 th Centile (00:40:00)	C3 90 th Centile (02:00:00)	C4 90 th Centile (03:00:00)
November 2018	00:06:16	00:10:29	00:18:47	00:38:14	02:06:05	02:52:13
December 2018	00:06:17	00:10:29	00:20:40	00:43:21	02:28:10	02:52:36
Year to Date (2018/19)	00:06:29	00:10:48	00:18:46	00:38:12	02:03:44	03:06:22

6. In terms of the Trust's operational efficiency and productivity I am pleased to report that in December the Trust delivered on the handover to green improvement trajectory set with

commissioners. The London Ambulance Service NHS Trust (LAS) had committed to reducing the number of hours lost to handover to green by 100 hours a month, from an average of 580 down to 480 by December 2018 (see graph below). The hours lost at the end of December being 469.



7. Board Members will recall the International Paramedic recruit that presented her staff story to the board late last year when we met in Avonmouth Street. Since then we have been working with a representative group of relief staff to address some of the issues raised during the presentation Katie gave.
8. As a result of direct feedback from this staff group an entry in the weekly published Routine Information Bulleting (RIB) provided supplementary relief staff with information regarding a new trial allowing taxi booking for those whose rostered shift finishes between 00:00 and 04:00 when public transport is not available for travel. The trial will run from the 14th January to the 18th March 2019. Restrictions will apply and feedback from staff will be gathered both during and at the end of the trial.

111 Operations

9. As can be seen from the table below, South East London 111 (SEL) call answering performance in December slightly improved on the previous month returning 82.6% of calls within the SLA of 60 seconds. This still remains below the national target of 95% and was partly impacted upon due to the balancing of 111 calls from North East London (NEL) to SEL (3,500 calls were balanced from NEL to SEL over the period). The number of calls abandoned by patients in the month of December was recorded at 2.3%, well below the national target of 5% and was the best performing service in London for call abandonment. SEL referrals to 999 remained within the 10% national standard returning 9.2% for the month. This compares to the regional (London) average of 10%.
10. North East London 111 (NEL) call answering performance further improved to 78.5% in December from 74.25% in November. Calls abandoned after more than 30 seconds were above target in December at 3.7%, which was also an improvement on November's 4.5%.
11. A meeting was held on 13 December with the Lead Clinical Commissioner for NEL to review the flow of patients into the Clinical Assessment Service (CAS). This has been fully functional since 18 December, meaning that over 35% of patients calling 111 had an advanced clinical assessment made and their care completed without onward referral significantly improving the quality of care provided over a standard 111 service and releasing pressure on the wider healthcare system.

12. NEL referrals to 999 were 7.4% in December, a slight increase on the previous month due to increased acuity being seen in the 111 service. However, despite this slight increase, NEL was the top performing provider in London in respect of this national standard, further indicating the benefits of a CAS.
13. I continue to hold weekly meetings with the 111 SEL and NEL teams to review the operational delivery and mobilisation of the full Integrated Urgent Care (IUC) service. Also telephone conferences have continued with the commissioners to provide oversight of the delivery of 111 services as well as providing assurance of our resilience over the winter period.

Location	Month	Total Calls Offered (Inc Balanced calls)	SLA calls in 60s (Target 95%)	Abandonment rate	Calls to Ambulance
SEL	Nov-18	35879	80%	2.20%	9.40%
	Dec-18	40390	83%	2.30%	9.20%
NEL	Nov-18	49159	74%	4.50%	7.00%
	Dec-18	55849	79%	3.70%	7.40%

Finance & Performance

14. As reported elsewhere on the agenda, the Trust is £0.04m ahead of plan at the end of November. Income to the end of November was £2.3m lower than planned. Incident activity, which increased during Q2 due to the prolonged hot weather throughout July and August remained higher than contracted level to the end of November. Call levels remain high. Pay expenditure was £6.5m lower than plan to the end of November due to frontline vacancies partially offset by private ambulance service (PAS) and agency usage. The executive team continues to focus on recruitment and retention to reduce reliance on overtime and PAS whilst maintaining safe and effective rosters.
15. The Trust has delivered savings of £7.5m at the end of November and work continues across the organisation to ensure the full £12.3m is delivered in 2018/19. The Trust forecast is to exceed its £1.6m control total deficit by £1.9m ensuring access to additional £4.0m Provider Sustainability Funding (PSF) from NHS Improvement.
16. Following the recent ambulance quality indicator (AQI) changes regarding re-categorisation, and the update of the LAS data warehouse logic, the Business Intelligence team have been able to evaluate the impact of the changes on performance year-to-date. This has allowed the Forecasting & Planning team to reforecast the year-end position, allowing for amendments in operational planning and strategic ambitions.
17. The Business Intelligence team continues to work with NHSI adding new data fields to the live Information Dashboard, alongside a new hospital breaches ranking system. The data set is starting to develop a holistic view of London's health economy. A meeting between both parties will be held in January to understand future developments, whilst working through current measures.
18. Both teams are continuing to support the operational Winter Planning Group, offering daily insight throughout December. Forecasts and 'what-if' scenario analysis was shared to inform decision making for the forthcoming hours, days and weeks, assisting senior leads across the service. As such, staffing was generally matched well to the expected demand, resulting in stable performance across the festive period despite elevated pressure.

19. Following a recent collaboration with King's College London University, Dr Leanne Smith, from the LAS Forecasting & Planning team, featured in an article about the project in the December edition of the Emergency Service Times. The DASH project (Data Awareness for Sending Help) explored new sources of data which could support the work of ambulance services, and helped articulate the benefits of such data integration.
20. In October 2018, an application was submitted to the London Interdisciplinary Social Science Doctoral Training Partnership (LISS-DTP) for a fully funded PhD research project. The application and funding was approved, and the research is scheduled to commence later this year after recruitment of a suitable PhD candidate. The research question posed aims to "improve efficiency and equity of ambulance services through advanced demand modelling", and will help enhance our existing demand and performance forecasting methodology. Our Head of Forecasting and Planning will act as industry supervisor, whilst the academic supervisor is an existing collaborator and lecturer at KCL with specialisms in this field.

IM&T

21. Our Integrated Urgent Care and NHS111 clinical IT system was successfully upgraded enabling us to deploy further functionality such as flagging of frailty. We continue working with partners across the system to address issues with direct booking of 111 callers into some onwards capabilities and to ensure all the required clinical audit call recordings are readily available.
22. Our 999 Dispatch system successfully undertook the largest upgrade since it went live in 2012. Our applications have been enhanced to deliver new features and functionality, e.g. better management of duplicate calls, frequent callers and re-triage in Clinical Hub.
23. All Trust IT systems were fully operational through the busy festive season, handling record levels of contact into Emergency Operations Centre (EOC) and 111.
24. The Management Information team are working collaboratively with the Metropolitan Police Service to improve the system that flags 'at risk locations' which will lead to staff safety improvements.
25. We have begun work with North East Ambulance Service and South Central Ambulance Service to peer review our IM&T services to identify efficiencies to improve value for money.
26. The Emergency Services Network programme is a national programme to replace existing Airwave handsets and infrastructure. We have begun testing of coverage on London Underground to ensure safe working in some of the most challenging environments.

Strategy & Communications

27. We continue to work hard to reduce unnecessary avoidable emergency department conveyances. In addition to the reductions that are being seen, or planned as part of our pioneer services, we are looking at the breadth of what we do and how we can improve this. In December, we held a workshop using a multidisciplinary team approach, to identify all of the contributing factors to reduced ED conveyances and, on the back of this workshop, we are finalising a detailed action plan which will encompass all of our work in this area.
28. We are also accelerating our work in developing our service provision for patients with mental health needs, in line with the ambitions detailed in the new NHS long term plan. As well as improving the outcomes and experiences for these patients, this work will significantly contribute to reducing unnecessary Emergency Department conveyances.

We are working in collaboration with the Mental Health Trusts and will be running a workshop in February to continue this work.

29. In December, we also held a workshop to look at a new Training & Education Strategy which will bring together all of the training and education, both formal and informal and clinical and non-clinical, across our Trust. In addition, Trust Board discussed a draft of our new volunteering strategy which will outline the ways in which we can better utilise volunteers for the benefit of our patients and our organisation, as well as the establishment of an LAS Cadet Scheme.
30. A framework outlining our approach to the development of our new volunteering strategy was considered by the Chair and Non-Executive Directors. It was agreed that our priority should be on enhancing our existing frontline Emergency Responder and Community First Responder schemes as well as establishing a London Ambulance Service Cadets scheme.
31. We have appointed a new Head of Partnerships who will lead our partnerships and engagement function, including the management of our Stakeholder Engagement Managers. The Head of Partnerships will ensure that we have a strategic and consistent approach to working with all of our partners and stakeholders across London.
32. The Collaborative Contact and Response Project (CCR) is ongoing and on track to deliver this quarter's milestones, including the production of a paper for the Executive Committee's consideration and a high level design document by year end.
33. A number of workshops have been held investigating Mental Health, Frequent Callers and Major/Serious Incident Handling. These workshops are designed to inform and gather innovative ideas as to how the 3 services can work better together. These workshops have been attended by multi-disciplinary teams who work in the above areas.
34. Our safe-drinking messaging in the lead-up to Christmas culminated in a range of media coverage focusing on 'Mad Friday' on 14 December, widely viewed as the busiest night in London for Christmas parties. News packages on BBC London and ITV London TV News featured footage of our crews attending patients around central London who had too much to drink. The TV bulletins, along with pieces on LBC Radio and BBC Radio London also included interviews with operational spokespeople about how we had prepared for the evening and put on extra crews to cope with increased demand.
35. We also urged Londoners to drink sensibly ahead of New Year's Eve celebrations across the capital. We promoted the work of our crews and call takers in a series of live tweets during the night and helped manage demand by reminding the public to only call us in a genuine emergency. On Twitter, our New Year's content reached more than 400,000 people, while on Facebook, it received more than 75,000 impressions and on Instagram 56,000 impressions.
36. We highlighted the hard work and dedication of all our staff who continued to care for Londoners over the Christmas period including our frontline crews, control room staff and many of our support teams. On social media, we shared a series of posts about our festive working hours being '24 hours a day, every day', which reached more than 100,000 people. We also produced a video of different teams across the Service wishing everyone a Happy Christmas, which we shared on social media on Christmas morning. It received almost 550 'likes' and 100 retweets on Twitter and 677 reactions, comments and shares on Facebook.
37. In addition to our own safe drinking messages, we collaborated with the City of London on its Eat, Pace, Plan alcohol campaign and Westminster City Council on its Night Hub and 'Soho Angels' volunteers project in the run-up to Christmas. Our Cycle Response Unit's partnership with the City of London police cycle team was also featured in a very positive

news piece on Sky News, which ran on its TV bulletins throughout Christmas and also online.

38. December also saw a new collaboration between the Service and Transport for London, in which one of our emergency medical dispatchers was invited to record a series of announcements to be played in some of London's tube stations reminding commuters to drink safely this Christmas. We promoted the new announcements across our social media channels to give the messages even greater traction with Londoners.

Quality Improvement

39. There were reports in the media in December regarding an LAS trainee ambulance crew member attending patients whilst presenting themselves as a paramedic. As soon as we became aware of the activities of this individual in July 2018, we initiated a full internal investigation, informed the police and contacted patients affected. The individual's employment with us was also immediately ended. Following our investigation, we have improved, and will continue to improve, our security, systems and processes. We continue to work closely with our Commissioners, NHSI, the CQC (who have undertaken their own targeted inspection for which we are awaiting a final report), and the Metropolitan Police Service, who are conducting a criminal investigation.
40. We are funding an additional four members of staff to deliver the new national requirements for all staff to be trained in Level 3 safeguarding. The staff will also carry out assurance processes for safeguarding and link both to STP sectors and support external safeguarding meetings.
41. The Chief Quality Officer has recruited to the post of Head of Health and Safety. The new member of staff will attend the training session for the Board in February and commence duties in March 2019. The Health and Safety strategy has been refreshed and updated to include a revised action plan. The strategy will be presented to the January Board.
42. The impact of the 2018-19 Health and Safety action plan has been reflected in the current manual handling figures. The rate of working days lost due to manual handling related sickness per 1000 incidents has reduced from 5.42 in August to 1.74 in December.
43. The Programme Management Office (PMO) resource structure was agreed at the Portfolio Management Board (PMB) in December 2018. Job Descriptions are being finalised and recruitment to the senior posts will begin in February. It is hoped that the team will be fully established in April/May to take forward the full mobilisation of the PMO function in the organisation.
44. The End of Life team are now fully in place and progressing their pioneering work streams, focused on training and education of staff, with positive feedback from Macmillian who are our funding partners and the clinical networks to reduce unnecessary conveyance of patients to Emergency Departments by LAS.
45. End of Life care programme is now underway and the team are working with other providers such as care homes to enhance the care given to patients at the end of their life. The LAS are also fully engaged with the National Ambulance End of Life care group to review and analyse calls from patients to improve the service provided.
46. The Patient and Public Involvement strategy is now in its final format and will be taken to the Executive Committee at the end of January 2019 for agreement. Plans will be developed and taken forward this month and onwards and will be monitored via the Quality Oversight Group.

47. The Metropolitan Police Service (MPS) have significant monies to invest in mental health and are currently identifying funding opportunities i.e. training and education of staff. The Trust are also fully engaged with all providers and are holding a workshop in February 2019 to review models of care, service provision and the commissioning and contracting impact of these. A Mental Health trust in the South of London have expressed an interest in piloting a proposed model during the early part of 2019. We are exploring the opportunity for utilising this funding in the employment of mental health nurses to work in control rooms and multiagency training to rotate through the pioneering services model.
48. We are working with South Central Ambulance Service (SCAS) to explore opportunities to share skills, resources and improvement programmes in relation to Safeguarding, quality improvement and incident investigations.

Medical Directorate

49. The Medical Directorate has provided support to operational delivery over the festive period, both with frontline clinical shifts as well as at clinical, tactical and strategic levels. In addition, the team has continued to provide specialist training across the organisation including ECG interpretation.
50. The Learning from Experience Group has now amalgamated into the Serious Incident Assurance Group in order to ensure all organisational learning is shared. Excellence reporting is continuing to increase in frequency. Learning continues to be shared through the Clinical Update and Insight magazines – spring editions of both are in preparation. A number of members of the team are actively involved in writing the new JRCALC cardiac arrest chapter.
51. All 5 Senior Sector Clinical Leads have been appointed to and will be in post by mid-February.
52. Communication has been shared in the RIB in respect of the Rotational Paramedic role, along with confirmation that funding is available for educational input. In order to ensure that the non-registered clinicians are adequately represented, the Medical Director will be recruiting a non-registered clinical advisor to the team.
53. Advanced Paramedic Practitioner recruitment for the critical care team has concluded and 6 appointments have been made, in addition a new practice development manager urgent care has been appointed to progress clinical development and further recruitment across the organisation.
54. As part of Clinical Audit Awareness Week, which ran from 19-23 November, and aimed to showcase best practice in clinical audit and how it can improve patient care, the Clinical Audit and Research Unit (CARU) won a Clinical Audit prize for the LAS' Clinical Performance Indicators' initiative (CPI). The CPI process enables the Service to measure the extent by which we are following national and local guidelines for different clinical conditions and allows us to develop recommendations for improvements as well as provide individual feedback to clinical staff. This is the first award of its kind to recognise an Ambulance Service. I would like to register my personal congratulations to the team for this achievement.
55. NHS England published the results of the second submission of the Ambulance Quality Indicator for post-resuscitation care. The LAS performed above average providing the care bundle to 82% of patients compared to a national average of 57%.
56. Our current research projects are progressing well:

57. The ARREST trial examining the post-resuscitation care pathway for cardiac arrest patients has recruited 162 patients. All APP's (CC) have been trained and Paramedics in the South West and North West Sectors are eligible to complete training.
58. The AIR-CGM project assessing continuous glucose monitoring for severe hypoglycaemia is underway with patient recruitment ongoing and retrospective data collection.
59. The MPDS Birth Project exploring the triage of obstetric calls has received ethical approval
60. As part of the enabling strategies a Training and Education workshop was held in December. The workshop was well attended and proved very useful in defining the areas of focus for achieving improvements to meet the Trust objectives.
61. Progress has been made in establishing the first post-graduate entry level program for paramedicine. This is a Masters program being developed with the University of Western London
62. The majority of the UK Graduates from our partner university have now completed their induction, resulting in 187 UK paramedics being recruited.
63. CSR 2018:3 commenced, focusing on Infection Prevention and Control, including managing Outbreaks, Safeguarding and EPRR updates, Medicines Management including EOLC interventions, and case study reviews.

People and Culture

64. As at 30 November 2018, we had a 4% 'in operations' vacancy rate for Paramedics. We have a planned recruitment campaign to Australia in February 2019 to support our 2019/20 recruitment targets. Whilst we have a gap against our recruitment plan for Trainee Emergency Ambulance Crew due to the prioritisation of paramedic recruitment, actions are in place to meet the recruitment plan for 19/20, including discussions on increasing our training capacity to accommodate recruitment activity. We have made excellent progress against our target to recruit to our increased establishment of call handlers, moving towards full establishment in March 2019, and then focussing recruitment targets on maintaining that establishment. As at 30 November 2018 we had a 14% BME workforce representation against our 18/19 target of 15%.
65. Statutory Mandatory reporting is being developed for January onwards so that it reflects compliance against required standards but also progress against new training requirements (eg manual handling for fleet and logistics). Compliance at the end of November for the Trust was 86.7%.
66. PDR Appraisals were at 82.8% at the end of November 2018, up very slightly on the 82.6% completed at the end of October. A PDR Appraisal Procedure and guidance for managers is currently being written to support the PDR process. There is also a training offer incorporated into Management Essentials for 'Giving and Receiving Feedback' and Appraisals for both managers and appraisees.
67. The process for DBS re-checks is underway with a view to ensuring all re-checks are completed by September 2019 and is currently reporting as on track. In addition a report will be submitted to the People and Culture Committee in March 2019 to consider whether a rechecking programme should be carried out on a 3 year rolling basis.
68. The 2018 Staff Survey was launched on 28 September 2018 and ran until 30 November 2018. The final response rate was 65% - the best of all Ambulance Trusts – and a significant increase in the response rate achieved in 2017 (54%). Analysis of the raw data is currently underway with the National Survey Co-ordination Centre working to provide

benchmarking reports, five year data trends and dashboards. These will be available towards the end of February.

69. Following approval of the Work Race Equality Standard (WRES) Action Plan by the Trust Board, I chaired the first meeting of the WRES oversight group. The action plan has senior nominated leads who will be involved in and accountable for the delivery of the plan. A meeting has been held with Health Education England and the London Ambulance partner universities to establish a link and to seek to work together to recruit students into the BSc paramedic sciences courses from diverse backgrounds.
70. Confirmation of the Workforce Disability Equality Scheme (WDES) standards are expected shortly and we have started to populate the data. Data and potential impact and actions are discussed at the Equality Committee where we have also had support from the Business Disability Forum. WDES is a set of specific measures that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. A local action plan will need to be developed and we will need to demonstrate progress against the indicators. They will be similar in nature to the Workforce Race Equality Standard indicators.
71. We continue to experience challenges with our PAM service across all aspects of the contract. Close management of the contract is ongoing with contingency plans in place for Physio and Counselling and being planned for OH services.
72. Our seasonal Flu programme continues and 57% of staff have so far been vaccinated against the CQUIN target of 75% (if we achieve 65% immunisation, we will receive 75% of the CQUIN funding). We have experienced supply problems over November/December which has hampered progress but supplies have now been located and we continue to promote vaccinations to increase uptake.
73. Our use of the Electronic Staff Record system (ESR) continues to be developed. ESR E-Forms are now live across the Trust, making it much easier to record staff changes and departures, supporting accurate data, and facilitating the full implementation of automated exit questionnaires. The latter will allow us to analyse leaver reasons and inform activities to aid retention. The switch to on-line payslips will be implemented in February 2019 and will support our ongoing work to encourage use of our online systems for e-learning as well as facilitate moves to communicate key messages via the payslip ESR platform.
74. The 18 month Associate Ambulance Practitioner Apprenticeship (AAP) programme for our Training Emergency Ambulance Crew is now successfully running across the Trust. To date we have appointed to 10 cohorts totalling 128 candidates with a 9 further cohorts to be inducted by March 2019. Of the 128 candidates over 50% are female but with only 10% of BAME/Mixed ethnicity. BME representation in this group of employees is a major focus for our Workforce Race Equality action plan. The first cohort of 9 Integrated Urgent Care call handlers began their programme in October (111 Call Handlers) and we are working towards recruiting a cohort of 10 NET Apprentices for January 2019 on the Level 2 Health Care Support Worker Standard.
75. The Recruitment team has implemented new assessment tests for shortlisting and interviewing TEAC candidates. Initial findings indicate that we are selecting a wider pool of potential candidates from a diverse backgrounds. Further analysis is required to see the impact in terms of placement and successful completion of training. In December, we met West Midlands Ambulance Service (WMAS) to explore the success WMAS continue to have with their Student Paramedic Recruitment programme and consider whether or not this is a model the Service could learn from going forward.
76. To support Bullying Awareness Week 12-16 November, our Dignity at Work Facilitator put together a toolkit of activities, including posters, leaflets, videos and articles for all staff to access. The week provided a platform, to engage staff in our Resolution Approach (speak

up, courageous conversations, round-table facilitation and mediation), including a 'big conversation' as part of our 'management challenge' at our Senior Manager Meeting in November. The feedback and discussion amongst staff has been positively received.

77. In November we held a multidisciplinary train the trainer event with NHS Employers and Zeal Consulting for the Leading Healthy Workplaces – Leadership Development Programme which was designed specifically for Ambulance Trusts following the previous pilot of the Supportive Leadership and Management Behaviours programme which we also participated in. This will be a multi-disciplinary open access leadership offering available to all leaders within the Trust and is designed to work with organisation's values and behaviours to support embedding them. This will be offered to staff from February 2019 and will be co-delivered by our multi-disciplinary trainers.
78. The People & Culture Business Partner and People Manager team reorganised during November to provide clearer accountability for the delivery of HR services at Sector level. In addition, to support our focus on developing Partnership arrangements with our Trade Union colleagues, policy rationalisation and review and implementing employee relations tracking and standards, Dave Leonard has joined the People and Culture Team as Interim Head of Employee Relations, bringing an experienced and senior HR transformation and employee relations specialist to the team
79. Tim Powell, the new HR Director for the London Fire Brigade (LFB), met with our Director of People & Culture, Patricia Grealish, to discuss several strands of activity, including recruitment, cadets and apprenticeships, Occupational Health Provision and staff welfare and support. The LFB and LAS are investigating the potential for the LFB to respond to patients collapsed behind locked doors, with a pilot planned in Q4 this year in North East London. In addition, the LFB and LAS have drafted an SLA regarding use of each other's premises.

Assets & Property

80. One of the recommendations from Lord Carter's 2018 review into the operational productivity in Ambulance Trusts was for the sector to adopt a standard specification for emergency Double Crewed Ambulances (DCAs). As a result, NHS Improvement set up a Standard Specification Workstream, held a number of workshops and a fleet physical review day. The Trust has been involved in these, and I was asked by the Association of Ambulance Chief Executives (AACE) to be their portfolio lead for this piece of work. The Trust supports the approach to adopt a standard vehicle specification but are mindful that it must be appropriate to meet our needs in London.
81. On 14 December 2018, NHS Improvement published the 'National Ambulance Vehicle Specification for English NHS Ambulance Trusts' for consultation. The consultation closes on 1 February 2019 and we have been preparing our response to the technical specification. Following closure of the consultation, NHS Improvement consider all responses and advise in due course on the timescales and next steps.
82. Phase 2 of the refurbishment works at Waterloo Headquarters has now commenced and includes the updating of the conference room and the reconfiguration of the 3rd floor to provide open plan, flexible working space. This will allow the Recruitment Team who operate at Cody Road to join the rest of their colleagues in the People and Culture Team at Headquarters. As a result of the refurbishment works, the People and Culture Team will be based at Union Street until April 2019.
83. The project to replace the Uninterruptable Power Supply (UPS) at Bow is planned to commence in the first week of February. Additional back up capacity and capability is being prepared in the event of Waterloo HQ encountering a power failure.

84. Through our collaboration with SCAS, we are looking at potential efficiencies in the Vehicle Preparation area, including in respect of the prepping of 24 hour vehicles and a more streamlined vehicle prep process.
85. Following feedback from our ambulance crews, a project to introduce lighter, vehicle based bags, instead of personal issue bags, has been developed. This is now in delivery stage, with the design and planning of a logistics hub now concluded. Building works are due to commence in the coming weeks. This is all in preparation for the roll out of the Advanced Life Support (ALS) and primary response bags from March 2019 onwards.

Garrett Emmerson
Chief Executive Officer



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Carter Report – LAS formal response			
Agenda item:	07			
Report Author(s):	Murray Keith, Head of Business Planning			
Presented by:	Lorraine Bewes, Director of Finance and Performance			
History:	Executive Committee – 31 October 2018 Finance and Investment Committee – 13 November 2018 Trust Board – 27 November 2018			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>At its last meeting, the Board received a report summarising the key findings set out in the Lord Carter of Coles report on the 'Operational productivity and performance in English Ambulance Trusts: Unwarranted variations'. The Board welcomed the report and concurred that the report recommendations should be incorporated into the Trust's business planning process, with a formal response prepared for review at the Trust Board meeting in January 2019.</p> <p>The Finance and Investment Committee has received assurance that the Carter Review recommendations are being incorporated into the Trust's business planning process which will be presented for approval to the Trust Board in March before the deadline for submission to NHS Improvement (NHSI) on 4 April 2019.</p> <p>This report sets out the London Ambulance Service NHS Trust's formal response for approval.</p>				
Recommendation(s):				
<p>The Trust Board is requested to note the actions that are planned in response to the Carter Review which are detailed in Appendix 1 and is recommended to approve the draft formal response as set out in this paper.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				

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 report 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 checked="" type="checkbox"/>

Carter Review – LAS Formal Response

Introduction

1. Lord Carter of Coles published his review '*Operational productivity and performance in English Ambulance Trusts: Unwarranted variations*' on 27 September 2018. By identifying unwarranted variation in the delivery of ambulance services, the report highlighted the opportunity for around £200m productivity savings if all Trusts were to match the best in each area across the 10 Ambulance Trusts. A further £300m is forecast to be saved across the health system by reducing avoidable conveyancing through a combination of treating patients at home or directing them to more appropriate health services.
2. At its November meeting, the Board received a report which summarised the key findings for the LAS set out in the Lord Carter of Coles report on the 'Operational productivity and performance in English Ambulance Trusts: Unwarranted variations'.
3. The Board has welcomed the report, with many of the recommendations aligning with the Trust's 5 Year Strategy and has concurred that the Carter Review recommendations be embedded into the Trust's business planning process.
4. This paper provides a summary of the work that has taken place both within the Trust and with partners in the wider system to review the findings and recommendations and includes the proposed Board response for approval. The full Carter Review report and detailed action plan can be found at the Document Library on Convene.

Review by Finance and Investment Committee

5. At its meeting on 13 November 2018, the Finance and Investment Committee discussed the Carter Report findings. The Committee noted that whilst the Trust welcomes the review it could not make a commitment to any recommendations where these cannot be realistically delivered and that this should be reflected in the Trust's response, in the paper to be considered by the Trust Board.

Required Trust Response to Carter Review

6. A requirement of the Carter Review recommendations is for Ambulance Trust Boards, NHSI, the Association of Ambulance Chief Executives and other national bodies to accept and implement the recommendations in the review – see Appendix 1 for a list of the 9 recommendations.
7. In October 2018, the Trust received commissioning Intentions from the lead commissioner (Brent) on behalf of the 32 Clinical Commissioning Groups, commencing the 2019/20 contract negotiation round process. In their letter, Commissioners stated they anticipate the Trust should be aligning with the Carter review recommendations and that these will be interwoven into implementation plans for the forthcoming year; and this is being done.
8. The Trust has been advised that the Joint Ambulance Improvement Programme (JAIP) will be charged with monitoring, tracking and reviewing the response across the sector to the Carter Review. At the time of writing we understand this will include the setting up of

programmes of work with NHS Digital, the Care Quality Commission, NHS England, NHS Improvement and Ambulance Trust Chief Executives.

9. The **recommendation** to the Trust Board is that the Chief Executive should respond on behalf of the Board as follows:

START

Introduction

Further to the publication of the review 'Operational productivity and performance in English Ambulance Trusts: Unwarranted variations' on the 27th September, the London Ambulance Service (LAS) Trust Board is pleased to submit its formal response.

The Trust Board welcomes and accepts the findings and recommendations of the Carter Review and has noted the following highlights, both in terms of success and achievements and where there is clearly more work to do.

Summary of Key Findings

The following areas of success and achievements have been highlighted in the report:

- Operationally, the LAS is now one of the stronger performing ambulance services
- The LAS 5Yr strategy, focused on reducing conveyance, closely aligns with the Carter report
- LAS 111 performance is amongst the best in the country, particularly when considering transfers of 111 calls to 999
- The LAS has relatively low staff turnover (compared to others)

However, the report highlights that we have further work to do to reduce areas of variation where the Trust is an outlier, and to make improvements. These include:

- Our See and Treat rates are c10% lower than the highest performing Trusts at 28%. And yet our numbers of frontline paramedics compare favourably to the highest performing Trusts for See and Treat.
- London has significantly more mental health patients than any other ambulance service, but we are conveying 55% of these patients to hospital. This compares to 23% for the highest performing Trust. We also have the longest Job Cycle Time for mental health patients in the country.
- Our proportion of lost hours due to post-hospital handover hours (handover to green) is higher than anyone else in the country.
- Corporate Services costs, as a percentage of our turnover, are 8%. This is 4% higher than the best performing Trust, which is an organisation considerably smaller and, therefore, unlike LAS, has limited opportunity to amortise costs across their cost base. However, the Trust also notes that the highest corporate spend regions are all in the south of the country and the impact of regional market forces for corporate spend areas needs to be allowed for as we work up our target spend reductions.

Current Actions and Next Steps

We are taking a range of actions as part of our business planning process to address the areas of opportunity, covering both clinical productivity and corporate efficiencies, and

translating these into our plans, so that we can be sure that the themes and priorities will be addressed by the Trust as a whole, and across Directorates.

A key enabler and driver in support of actions is our newly formed collaboration with South Central Ambulance Service NHS Foundation Trust. In parallel, members of the Trust are also visiting other Ambulance Trusts nationally with the following objectives:

- To undertake further benchmarking work to further identify areas where services and data can be compared.
- To identify areas where LAS can collaborate with other Trusts to deliver efficiency savings, whether this is procurement opportunities, or learning from how operational policies can drive productivity improvements in clinical practices for the benefits of our patients

Our Business Planning function has also undertaken significant analysis of all benchmark data. This activity is continuing as we have recently received 2017/18 benchmark data for all Trusts showing size of opportunities at function and sub-function level.

In addition the Trust will use the model ambulance portal as it is rolled out to enable national benchmarking to support the Trust in identifying efficiency and productivity opportunities.

The Trust continues to develop implementation plans to meet the requirements. Our approach forms part of our business planning and contract negotiation process with Commissioners to ensure that our implementation planning realistically reflects recommendations the Trust can deliver with and without additional resources / funding.

The Trust looks forward to working with all system partners to realise the benefits of the review and reduce unwarranted variation across all English ambulance trusts.

END

Conclusions and Recommendations

10. The Trust Board is requested to note the actions that are planned in response to the Carter Review which are detailed at Appendix 1 and is recommended to approve the draft formal response as set out above.

Lorraine Bewes

Director of Finance and Performance

.

Appendix 1: Carter Recommendations

R1 Enable effective benchmarking - NHS Improvement should make operational data routinely available to ambulance trusts to enable them to effectively benchmark services starting in autumn 2018, and trusts should take action to review levels of variation. (p28)

R2 Delivering the right model of care and reducing avoidable conveyance to hospital – NHS should accelerate work to support reduction of avoidable conveyance to hospital, working with ambulance Trusts, lead commissioners, STP, NHSI and NHS Digital (p33)

R3 Efficient use of available resources – Ambulance trusts should maximise resource availability and reduce lost hours to ensure ambulance response is available for patients that need it the most (p36)

R4 Optimising workforce, wellbeing and engagement - The ambulance service should develop a five-year workforce, recruitment and staff wellbeing plan to: improve wellbeing and reduce sickness absence; encourage leadership at all levels of the organisation; improve staff engagement; and minimise vacancies (p46)

R5 Effective fleet management - NHS Improvement should work with trusts boards and the Association of Ambulance Chief Executives, to agree proposals to rapidly move to a standard specification for new fleet across England and deliver significant improvements in the way fleet is managed. (p56)

R6 Improving performance and strengthening resilience and interoperability - Ambulance trust boards should take steps to improve performance in their control centres and have plans in place to provide a resilient service in the event of a major incident or system failure by winter 2018 (p64)

R7 Developing the digital ambulance - Ambulance trust boards must utilise available resources and invest in future technology within their control centres to enable an interoperable service with maximum resilience and improved operational efficiency. (p67)

R8 Maximising use of non-clinical resources - Ambulance trust boards should review their estates to match modern demand and optimise their corporate services functions through improved collaboration. (p73)

R9 Delivering effective implementation - NHS Improvement and NHS England must work with ambulance trust boards, the Association of Ambulance Chief Executives and other national bodies to take the required action to implement these recommendations and agree a clear delivery plan for taking this forward. (p78)



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report Title:	Health and Safety Strategy Action Plan Refresh			
Agenda item:	08			
Report Author(s):	Dr Patricia Bain, Chief Quality Officer Julie Parnham, Head of Health and Safety			
Presented by:	Dr Patricia Bain, Chief Quality Officer			
History:	Quality Oversight Group / Health and Safety Committee			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
The purpose of this report is to provide an updated Health and Safety Strategy from the current strategy for 2018-19. The strategy outlines the priorities during the years 2019-23 and includes additional actions identified.				
Recommendation(s):				
Trust Board is asked to agree the proposed changes and approve the updated strategy.				
Links to Board Assurance Framework (BAF) and key risks:				
Links to Datix risk 676 – relating to the lack of Trust-wide compliance with statutory health and safety requirements. Risk Rating: has reduced from 20 to 6				
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 checked="" type="checkbox"/>			
Other	<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 type="checkbox"/>			
Efficiency and sustainability will drive us	<input type="checkbox"/>			



London Ambulance Service
NHS Trust



Health & Safety Strategy

2017 – 2023

Annual Review January 2019

January 2019. Version 4

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1. Introduction

1.1 Overview of the Trust

The London Ambulance Service NHS Trust (LAS) is the busiest ambulance service in the country responding year on year to increasing demands. The Trust serves a very diverse population of over 8 million people. There are 32 commissioning groups and 5 STPs, the organisation is divided operationally into 5 sectors reflecting the STP footprint. The services provided cover: seeing and treating patients in their homes or in public areas; taking calls in 2 of our emergency operational centres to enable calls to be heard and treated and/or emergency care dispatched to patients via emergency transport vehicles that include motorcycle and cycle response units; HART teams which provide a response to major incidents. In addition the LAS is expanding its urgent care provision across London by providing NHS 111 integrated urgent care services.

The current challenges to the organisation in delivery care are illustrated below:

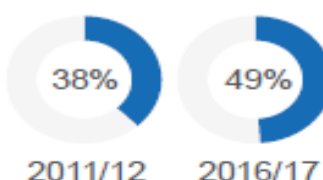
Some of our key challenges are:



Population is growing and aging:
2018/19 = 9m
2022/23 = 9.4m (+400,000)



High priority calls increasing



People living with dementia will double in next 30 years



1.9m 999 calls in 2017/18, increasing 2% a year

Aging population:



65-84 year olds up

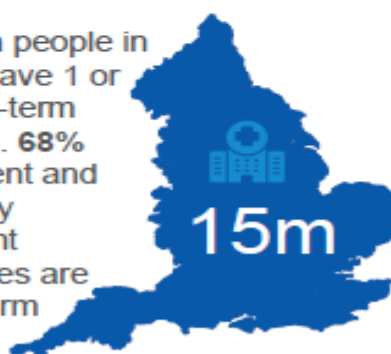
↑ 23%



85+ year olds up

↑ 31%

15 million people in England have 1 or more long-term conditions. 68% of outpatient and emergency department attendances are for long-term conditions



357k 111 calls increasing at 8.7% a year



1.2 Strategic context

The Trust is working to a five year strategic plan as outlined in its integrated business plan and the core elements of the Trust's strategy are illustrated in our strategy document in Diagram 1.

Diagram 1: Our strategy on a page.



1.3 Health and Safety Context

The effective management of health and safety is integral to the success of every organisation. All organisations have a legal duty to manage and safeguard the health, safety and welfare of their employees, and that of others who might be affected by their activities.

The London Ambulance Service NHS Trust (LAS) has statutory responsibilities for staff, patients, visitors and others as defined in the Health and Safety at Work etc. Act, 1974 and the Management of Health and Safety at Work Regulations 1999.

The Trust recognises the importance of having a healthy and well-motivated workforce to deliver high quality services to patients in/around London. The effective management of health, safety and well-being is key to this, and the Trust is committed to implementing robust and effective occupational health and safety arrangements that will enable it to adequately undertake its legislative, statutory and moral duties.

The effective safeguarding of health and safety can only be achieved when health and safety management systems are well integrated into the core function and culture of the organisation. In an organisation like the LAS, versatile and well embedded Health and safety management systems, governed by the core principles of effective risk control, reasonable practicability and

proportionality as set out in the framework of Health and Safety legislation are required. This addresses and mitigates the risks that staff are faced with in the rapidly changing, time critical and complex environments and situations they are exposed to.

The Trust's health and safety management systems will need to focus not **only** on the prevention of accidents, injuries and ill health, or with the management of workplace risks (e.g. fire, exposure to hazardous substances and manual handling); it will also need to cover and account for the psychosocial hazards (e.g. stress) and risks that employees face.

This Strategy has been developed to define the aims and objectives of the London Ambulance Service NHS Trust (LAS) for Health and Safety over a five-year period from 2017 to 2023, and commits the Trust to continually improve the health, safety and welfare of its staff and patients.

The aim of this strategy is to set the performance indicators and framework for:

- Achieving Trust-wide Compliance with Health and Safety legislative requirements.
- Establishing good governance that ensures the Executive Leadership Team (ELT) is well informed regarding Health and Safety performance.
- Promoting a positive and open safety culture at all levels of the organisation.
- Improving visibility of Health and Safety activities to demonstrate that this does matter to Senior Management, and to empower all managers and staff to proactively contribute to good Health and Safety performance
- Providing a safe and healthy environment for all employees, and others affected by LAS activities.

This health and safety strategy supports the purpose and function of the Trust to care for people in London: save lives; provide qualitative care; and ensure that patients get the help they need. It also provides a similar focus on LAS staff ensuring they are cared for and are able to provide a strong service to the population who rely on LAS.

January 2019 Update

This strategy has been updated to review progress against actions and define our priorities going forward in 2019. Most actions were focussed on years 1 and 2 with objectives for future years around system improvement. The H&S Team has been successful in closing many of the actions raised (63 out of 69) with progress against those remaining recommendations. In 2019 we aim to work towards improving our systems and providing improved support to the business through partnership with key directorates. These actions are identified in Appendix 2.

There have also been challenges through this period due to resourcing the Health & Safety team. This has now been addressed with permanent staff recruited, development plans in place and recruitment of new Head of H&S due to start in 2019.

2. Background

This strategy follows through on the themes identified following the Trust-wide occupational health and safety review completed in July 2017. This review was completed at the request of the Chief Quality Officer with the primary aim of determining whether LAS arrangements for occupational health and safety management were legally compliant, and to assess the effectiveness and robustness of the trust's health and safety governance arrangements.

The review assessed the Trust's health and safety performance against the recommendations of the joint Institute of Directors (IOD-HSE) Leading Health & Safety at work guidance which recognises the management of health and safety as a corporate governance function which needs to be integrated into every organisation's main governance structures.

The review conducted in July 2017 identified a number of weaknesses in the Trust's health and safety arrangements. It concluded that legislation was currently not being fully complied with and that health and safety governance arrangements needed to be strengthened. The review report was submitted to the Executive Leadership Team in August 2017 with recommendations endorsed. These have been translated into an action plan that is being managed by the Health and Safety Department and monitored by the ELT.

It is recognised that there is an opportunity to improve on the Health and Safety Management systems implemented at the LAS, and the Executive Leadership Team are committed to the delivery of effective change across the Trust. The ELT are committed to addressing the gaps identified by the review and ensuring that a way forward is developed collaboratively with all staff, primarily through consultation within the established trade union structures.

3. Developing Key Priorities

(A New Framework for Health and Safety)

The challenge of this strategy centres on how a robust health and safety management system will be embedded into the operations of a large, complex, changing and multi-sited organisation like the LAS. In order to achieve success in this area, it is important that health and safety is integrated into the management structure of the Trust and that key priorities are identified and implemented methodically.

In order to establish a new framework for health and safety across the LAS, and to effectively deliver on the health and safety strategy, the following goals have been defined based on the findings from the Trust-wide Health and safety Review conducted in July 2017.

The initial focus of the health and safety strategy is to support the Trust with achieving compliance with its legislative and statutory duties during 2018, with aspirational elements defined for subsequent years. Our key goals are:

No	Goal	Phase	Year
1	Achieving Trust-wide Health & Safety compliance	1	2017-18
2	Embedding, monitoring, reviewing and (where necessary) improving on Trust-wide Health and Safety Performance	2	2018
3	Achieving recognised accreditation – e.g. ISO 45001	2	2019-23

January 2019 Update

As noted 63 out of 69 actions on the plan have been closed and we believe we have now achieved legal compliance, or are making progress on the few outstanding points. Monitoring and review has improved significantly over this period with the Corporate Health & Safety Committee now working effectively providing assurance to the Trust. This is supported by the H&S Operational Partnership Forum that feeds into this committee and there are regular reports to the Corporate Health & Safety Committee, Quality Oversight Group, Quality Assurance Committee. Sector reports are also produced and used locally to manage H&S performance.

Poor compliance with RIDDOR reporting was an issue that has now been addressed with 86% reported within legal timeframes as of December 2018.

Development of systems to ISO 45001 will be reviewed in 2019 with a more detailed plan initiated by the new Head of Health & Safety.

4. Strategic Health & Safety Objectives

The strategic health and safety objectives have been defined by and aligned to the goals highlighted in section 3 above. The identified themes and objectives which this strategy aims to achieve are categorised into the headings below:

- a. Legal Compliance
- b. Good Governance
- c. Risk Management
- d. Competence
- e. Health and Wellbeing

4.1 Legal Compliance

The primary aim of the Health and Safety Strategy is to support the Trust with achieving legal compliance with its statutory health and safety responsibilities. The review undertaken in July 2017 highlighted significant gaps in compliance with legislation. These included:

- Lack of arrangements to manage risks
- Failure to address recommendations made in Improvement Notice issued in 2010 regarding manual handling
- Poor and uncontrolled implementation of fleet controls.

The activities/key performance indicators necessary to promote the achievement of this objective include:

- Implementation of actions/recommendations identified in July 2017 Health and Safety Review Report.
- Implementation of any outstanding actions from the 2010 improvement notice issued by the HSE.
- Implementation of a system of regular audits, monitoring and reviewing arrangements for all health and safety systems within the Trust.
- Development and implementation of the Health and Safety Policy
- Development of legislation register used to map and demonstrate health and safety compliance.
- Certification to ISO 45001 to demonstrate good systems and provide external verification.

Section 6 contains more detail against specific actions recommended.

January 2019 Update

The review undertaken in July 2017 highlighted significant gaps in compliance with legislation. These have been tracked in the action register with 63 out of 69 actions now recorded closed. The remaining 6 actions are all being progressed and expect to be completed by 31 March 2019.

We have also updated and re-issued policies on COSHH, Personal Protective Equipment, Manual Handling, Lone Working, Violence Reduction and the general H&S Policy. The H&S Policy has been significantly revised and includes details on the committee structure, accountabilities and responsibilities for senior management.

Legal non-compliance had been identified regarding RIDDOR reporting within statutory time frames. At November 2018 LAS is now 100% compliant with the requirement to report to the HSE within 15 days.

Priorities for 2019-20

The activities for 2019/20 to promote the achievement of this objective include:

- Ensure all policies are updated in line with programme and reflect legal requirements and good practice
- Review legislation and confirm that all relevant requirements are reflected in our policies and procedures
- Conduct legal compliance audits (6 per year) against significant regulations
- Review design of the legal register to provide an effective tool providing assurance that the requirements are being met across LAS
- Audit controls for management of violence against staff, and identify improvements.

4.2 Good Governance

Good Governance ensures that Health and Safety Management is embedded and runs across the organisation, and is visible to Staff and the ELT. The follow table breaks down the number of key themes that are necessary for achieving Good Governance:

- Improvement of Director level awareness of Health and Safety leadership and legal framework
- Establishing an effective downward communication system and clear management structures.
- Review and delivery of effective governance arrangements that facilitate a positive culture of learning
- Appointment of non-executive Health and Safety Director
- Regular monitoring, reporting and feedback arrangements to the ELT/Board
- Use of data to drive improvements
- Establishment of Effective audit and review processes
- Provision of training, instruction and supervision to all staff at induction and regularly thereafter.

January 2019 Update

The introduction of the strategy itself and actions to address the goals has been core to good governance. Specific improvements to date have included:

- The performance reporting regime and validation of Datix inputs
- Identification of point of contact for managing H&S performance reports
- Recruitment to enhance the resources and competence of the H&S team
- Reorganisation of the H&S team to support the sectors

Priorities for 2019-20

The activities for 2019/20 to promote the achievement of this objective include:

- Review all data collected and identify simple mechanisms to use this to drive improvement and support LAS objectives
- Develop KPIs to measure progress against managing key risks, and provide assurance reports to the Board.
- Audit of all actions recorded as completed in 2017 to 2019 to confirm their continued effectiveness and ability to deliver the improvements planned.
- Continued support to the Corporate H&S Committee.
- Improved support and partnership with operations
- Annual briefing to Directors, updating on legislation and key issues
- Streamline the H&S performance reporting and work with Datix team to better use the software to provide real time dashboard of performance
- Work with IPC and other departments to combine inspections and reduce any unnecessary disruption to operations

4.3 Risk Management

Effective and proportionate risk management should ensure both legal compliance and the safety of LAS employees. There were a number of areas where there was no clear risk management, as required by legislation.

The activities/key performance indicators necessary to promote this theme are:

- Implement systems to proactively identify hazards and ensure Key Health and Safety risks can be assessed and managed through the Trust's corporate risk management process.
- Define the process requirements and competence required for undertaking risk assessments.
- Ensuring risk assessments are completed and implemented for human factors including manual handling, lone working, alcohol, fatigue, violence
- Ensure that health and safety is always an integral part of the planning and review processes at the Trust.

January 2019 Update

Actions completed since 2017 focus on the implementation of the site based risk assessments. It is expected that these will all be completed within the current year. We have appointed a contractor to complete our fire risk assessments.

Priorities for 2019-20

The activities for 2019/20 to promote the achievement of this objective include:

- Complete the programme of site based risk assessments and ensure these are updated/ reviewed as appropriate with actions tracked to completion.
- Manage the fire risk assessment programme to ensure compliance with legislation and identify opportunities to base future assessments on risk and prioritise resources
- Work with operations to ensure task based risk assessments completed, reviewed and implemented
- Complete risk assessments with the Workshop Managers and ensure any identified improvements are tracked to completion
- Conduct review of IM&T to identify risks and ensure appropriate strategies are in place manage these
- Improve engagement with the Estates team specifically with respect to any projects.

4.4 Competence

Health and safety competence had not been well defined historically, and the delivery of key/required training to staff has been ad hoc and not always ineffective. This is a key area where improvement is required as LAS staff work in a wide range of environments where their skills in identifying and managing risks are an essential control. Some key areas were identified including manual handling and completion of dynamic risk assessments.

- Define Minimum Health and Safety competence requirements for all key roles.
- Use of competent staff to ensure policies and procedures are developed, kept up to date and reflect best practice.
- Ensure the delivery of training for dynamic risk assessments and high risks such as manual handling and lone working
- Minimum manager and director awareness requirements defined and delivered

January 2019 Update

This is an area that has improved significantly since 2017 with better integration with the CSR programme and courses for managing safety and DSE.

Priorities for 2019-20

The activities for 2019/20 to promote the achievement of this objective include

- Enhance the competence of the H&S team through training in audits, investigation techniques, training delivery and NVQs
- Develop programme of tool box talks for the workshops and fleet activities
- Continue to provide input to the core skills programme regarding appropriate H&S training and development of H&S skills matrix

4.5 Health and Wellbeing

Staff well-being is an increasingly relevant and necessary consideration in the modern workplace. From an organisational management perspective, wellbeing is a major factor in quality, performance, productivity and therefore business effectiveness.

The activities/key performance indicators necessary to promote this theme are:

- Promote, encourage participation and support initiatives that enhance occupational health and wellbeing for staff.
- Adopting a preventative approach to reducing sickness absence and proactively managing cases of ill health in order to keep staff at work/ facilitate a more timely return to work.
- Equipping staff with the right training and skills to enable them to undertake their work safely and competently.
- Ensuring that staff understand and are accountable for their responsibilities with

regards to the health, safety and wellbeing of themselves and others.

January 2019 Update

In practice this area has been led by other directorates. Progress has been made in the areas of stress and driver fitness. We will continue to work with the relevant programmes. We have also started to collect and analyse sickness data with respect to health and safety to provide a better insight into our significant risks and causes of incidents.

Priorities for 2019-20

The activities for 2019/20 to promote the achievement of this objective include:

- Continue to benchmark lost time/ sickness records
- Support PO&D with development of policies and strategies to manage stress
- Ensure fatigue considered in operational risk assessments
- Support Driving Standards regarding any programmes for driver fitness



5. Implementation and Responsibilities

The implementation of the Health and Safety Strategy will be structured around the principles of the “Plan, Do, Check, Act” model outlined in the Health and Safety Executive’s ‘Managing for Health and Safety HS(G) 65 Guidance’. This framework is reflected in the health and safety review which was undertaken in July 2017.

In order to align the terminology used in this strategy with the terminology used across the Trust, “Plan, Do, Study, Act” will be used to replace “Plan, Do, Check, Act”. The principles of the model/framework remains unchanged.

In broad terms this strategy aims to deliver good practice against this model through the approach summarised below:



The implementation plan in Section 6 is broadly structured in 2 phases:

- Phase 1: Achieve legal compliance and robust management of key risks, through 2018.
- Phase 2: Aspirational Health and Safety activities planned for 2019-2023

In order to achieve this strategy key roles and responsibilities are defined below:

Role	Responsibility
ELT	<ul style="list-style-type: none"> • Ownership of Health and Safety strategy • Ensure periodic review of progress against Health and Safety plans and Trust performance • Direct Corporate Health and Safety Committee as appropriate • Ensure adequate allocation of resources
Corporate Health and Safety Committee Members	<ul style="list-style-type: none"> • Represent ELT/ Board on Health and Safety issues • Make recommendations to ELT/Board • Monitor legal compliance • Decision making body for issues raised.
Chief Quality Officer	<ul style="list-style-type: none"> • Ensure provision of adequate Health and Safety resource • Provide leadership on Health and Safety, working with the non-executive director for Health and Safety • Lead Corporate Health and Safety Committee
Head of Health and Safety team	<ul style="list-style-type: none"> • Prepare progress reports against plans • Provide competent advice and support to departments • Provide competent knowledge to relevant corporate committees • Manage and maintain policies and management systems • Provide monitoring and audit function.
Heads of Departments	<ul style="list-style-type: none"> • Implement actions defined in the Health and Safety plan • Provide appropriate membership to corporate committees • Ensure their own teams are informed of requirements • Monitor compliance within own teams

6. Key Tasks and Performance Indicators – 2017 to 2019

Legal compliance					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Development of legislation register	Develop procedure to manage legal updates and track compliance	Legal register in place with regular planned updates. Progress reports to Health and Safety Committee	Complete	Head of Health and Safety	2018-19
Policies and management systems	Develop Health and Safety Policy in line with good practice models.	Policy developed and approved by ELT	Complete	Head of Health and Safety	2018-19
	Clearly define all health and safety roles and responsibilities	1. Roles and responsibilities defined in Health and Safety Policy. 2. Directors and managers aware of responsibilities	Complete	Head of Health and Safety	2018-19
	Publish and communicate Health and Safety Policy	1. Policy accessible through the Pulse, communicated through RIB and notice boards. 2. Staff awareness of policies 3. Training (Induction etc)	Policy on the Pulse. Verify further communication through inspections and audits	Head of Health and Safety	2018-19
	Develop and implement Trust-wide health and Safety management system in line with best practice and legislative guidelines. This includes: 1. Health and safety policies 2. Risk Assessments 3. Regular health and safety inspections 4. Health and safety audits.	1. Implemented Health and Safety Management System delivered and embedded within the Trust. 2. Suite of Health and Safety Policies and procedures developed, maintained and communicated. 3. Implement inspection and audit programme to measure the	A number of policies and procedures have been updated. Phase 2 will consider more detailed revision of the health and safety management system. Inspections ongoing. Audit	Head of Health and Safety	September 2019-20

Legal compliance					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
		effectiveness of implemented Health and Safety Management Systems.	programme due to commence 2019.		
	Achieve external accreditation to ISO 45001 management systems.	UKAS certifying body appointed Successful certification.	To be reviewed by new Head of H&S in 2019	Head of Health and Safety	March 2020
	Produce annual report outlining Health & Safety performance and areas of future need.	Published annual report approved by the ELT/Board.	Reports produced quarterly for CHSC. Annual updates to this strategy.	Head of Health and Safety	complete
	External certification to FORS	Programme in place to achieve FORS Successful achievement of FORS Bronze accreditation	Phase 2 activity	Head of Fleet	Jan 2020

Good governance					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Improvement in Director/Senior Management	Arrange for annual health and safety update training to be delivered to the ELT/Board	Sessions planned and attended Achievement against plan reviewed	Completed 2017. Booked February 2019.	Head of Health and Safety	complete

Good governance					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Health and Safety awareness	Ensure Health and Safety is added as a regular item on Board agenda	Board Agenda and minutes – highlighting review of Health and Safety performance	Complete	Chief Quality Officer	complete
	Improve visible leadership of Health and Safety across the Trust	Directors/ managers to undertake safety related visits to sites.	Chief Quality Officer regular visits stations with TU	ELT	complete
Approval and monitoring of performance against Health and Safety Strategy	Delivery of action plan associated with June 2017 review	All actions closed.	63 out of 69 actions closed at December 2018. Progress against the outstanding actions	Head of Health and Safety	Complete March 2019
	Approval of finalised Health and Safety Strategy	Strategy approved and communicated to all staff and key stakeholders.	Complete	Chief Quality Officer	complete
Implement a system of Effective Health and Safety Governance	Develop arrangements for planning, doing and checking Trust-wide health and safety compliance.	1. Frequency and consistency of Health and Safety Committee meetings 2. Quality of attendance at the Committee meetings.	CHSC working well with regular quarterly meetings.	Chief Quality Officer	complete
		Appointment of non-executive Health and Safety Director to provide the required scrutiny on the Trust's Health and Safety performance.	Complete	Chief Quality Officer	complete
		The development of a Health and Safety policy with clearly defined roles and responsibilities.	Complete. Statement recently signed by CEO	Chief Quality Officer	Complete Nov 2018
		Established and defined process for escalating issues from committee to the Board.	Complete	Chief Quality Officer	Complete via QOG and H&SC

Good governance					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Implement an effective process for performance reporting	Develop 'Active and Reactive' monitoring Health and Safety dashboard to report against key risks and highlight performance.	Identification and regular reporting of leading and lagging indicators	Complete	Head of Health and Safety	complete
		Regular review of actions taken to address and mitigate any identified risks	Ongoing	Head of Health and Safety	complete
		Reporting and escalation through the Corporate Health and Safety Committee.	Ongoing	Head of Health and Safety	complete
Implement a process for audit and review	Programme of audits defined and implemented	Audit reports completed with actions tracked to completion	External audit completed 2018. Internal audit programme planned for 2019	Head of Health and Safety	Rolling program developed April 2019
	Periodic review of Trust-wide Health and Safety Performance	Systematic scrutiny of health and safety management system to assess the degree of compliance with organisational procedures and achievement of specific objectives.	Internal audit programme planned for 2019	Non-Exec Director	March 2019
	Annual review of Health and Safety performance	Report from independent audit of Trust-wide Health and Safety performance highlighting progress and opportunities to improve.	Complete 2018	Head of Health and Safety	complete
	Improved understanding of staff Health and Safety awareness and culture across the Trust.	Annual staff survey	Ongoing	Chief Quality Officer	complete
Implement a system for monitoring the health and safety performance of	Develop a system of active and reactive monitoring for the Trust's Health and Safety performance.	<ol style="list-style-type: none"> 1. Regular Health and Safety Reports/scorecards 2. Health and Safety on the agenda of the ELT/Board Meetings 3. Corporate Health and Safety Committee meetings 	Ongoing	Head of Health and Safety	complete

Good governance					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
the Trust					

Risk management					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Assess, control and minimise health and safety risks	Define process for managing risks across the Trust.	<ol style="list-style-type: none"> 1. Development of Risk Management Framework 2. Corporate risk register is reflective of key Health and Safety risks. 3. Risk Management training for staff and Managers 	Risk register process in place.	Chief Quality Officer	complete
	Establish process for identifying, reporting and escalating health and safety risks from site (local) to Corporate level.	<ol style="list-style-type: none"> 1. Implement site specific risk assessments – which are reviewed annually. 2. Implement process of periodic Health and Safety inspections 3. Closure of actions identified in June 2017 review 	Initial site specific risk assessment programme due to complete by March 2019. H&S team attending site inspections 63 out of 69 actions closed	Head of Health and Safety	March 2019
	Ensure that health and safety risks are assessed prior to the commencement of new projects or implementation of change across the Trust.	Health and Safety issues associated with changes assessed and mitigations established	Health & Safety considered as part of changes associated with equipment.	Chief Quality Officer	Via new PMO – April 2019 onwards
	Review legislation and develop process for assessing and managing key risks	<ol style="list-style-type: none"> 1. Up to date Legislation Register 2. Robust risk assessment process in place compliant with legislation. 	Complete	Head of Health and Safety	complete

Risk management					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
	Ensure manual handling risk assessments are in place and reflective of the activities undertaken by frontline staff.	<ol style="list-style-type: none"> 1. Manual handling risks controlled and HSE improvement actions addressed. 2. Reduction in manual handling incidents 	Complete	Head of Health and Safety	complete
	Ensure human factors including fatigue, alcohol, drugs, night-working and stress are considered in the risk assessment process	Stress/fatigue risk assessments in place with mitigating actions identified.	Stress policy approved	Head of Healthy Workforce	Completed Oct 2018
	Undertake and implement lone working and security risk assessments.	<ol style="list-style-type: none"> 1. Lone working and security risks controlled. 2. Implement strategies to support the reduction in assaults and incidents 	Policy updated and includes risk assessment. 2019 plan to audit controls.	Head of Health and Safety	April 2019 onwards
Fleet risks identified and managed	Define key pre-use checks that staff are required to undertake prior to driving.	<ol style="list-style-type: none"> 1. Approved and published procedure defining vehicle pre-use checks. 2. All required pre-use checks of fleet completed in line with procedure. 	Ongoing	Head of Fleet	April 2019 onwards
	Define process for managing non-compliance				
	Complete and implement risk assessments for all driving activities	Driving risk assessments in place with mitigating actions identified.	Ongoing	Driving Standards Manager	March 2019
	Define frequency of driver competence training Implement arrangements for regularly checking driving licenses of staff that drive Trust vehicles.	<ol style="list-style-type: none"> 1. Reduction in RTIs 2. Reduction in insurance claims associated with RTIs 3. Driver competence training records 4. Compliance records of vehicle license checks 	Ongoing	Driving Standards Manager	March 2020

Competence					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Ensure all staff are aware of their health and safety responsibilities and receive relevant training that appropriate to the role they perform.	Update job specifications to identify minimum Health and Safety requirements for staff and Managers.	All job specifications highlight the relevant Health and Safety responsibilities of staff that is appropriate to the role they perform.	Some detail included in the Clinical Team Manager JD. Less information in JD for LGM. Neither role identifies H&S as key relationship	Director of People & Organisational Development Head of Health and Safety	June 2019
	Ensure all staff receive Health and Safety training at induction and annually in order to keep staff informed of their health and safety responsibilities.	<ol style="list-style-type: none"> 1. Health and Safety training incorporated into the Trust's mandatory and statutory training (MAST) requirement. 2. Targets for training monitored and gaps escalated where required. 3. Training compliance recorded using the ESR system. 4. Training Needs Analysis 	Ongoing	Director of People & Organisational Development Head of Health and Safety	Complete
Implement arrangements for monitoring the effectiveness of training provided to staff as well as staff competency (e.g. Manual Handling)	Implement process for assessing staff training competency, and for evaluating the effectiveness of training provided to staff.	<ol style="list-style-type: none"> 1. Records of staff competency assessments undertaken regularly e.g. via OWR. 2. Staff Training evaluation/survey feedback records 	Ongoing	Deputy Director of Operations – Sector Operations Deputy Director Clinical Education and Standards	Complete

Competence					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Delivery of key Health and Safety training	Ensure key health and safety training is delivered to all staff groups in line with the roles they perform.	<ol style="list-style-type: none"> 1. Delivery and attendance at Managing Safety Course for Managers (below ELT Level). 2. Delivery of ELT/Board Health and Safety Training. 	Ongoing		Complete
	Ensure the delivery of practical manual handling training to all frontline/operational staff on an annual basis.	<ol style="list-style-type: none"> 1. Manual handling training delivered and validated for all operational staff. 2. Manual handling training records. 3. Reduction in manual handling incidents 	Ongoing	Director of People & Organisational Development Head of Health and Safety	Complete and in process
	Develop and deliver dynamic risk assessment training to key staff.	<ol style="list-style-type: none"> 1. Dynamic risk assessment course designed and delivered to all operational staff 2. Reduction in incidents 	Manual handling and conflict management training consider dynamic risk assessment	Director of People & Organisational Development Head of Health and Safety	Rolling programme by July 2019
	Ensure the regular provision of conflict resolution and lone working training to staff.	Delivery of CRT training as part of the Core Skills Refresher Training.		Director of People & Organisational Development Head of Health and Safety	Complete

Health and Wellbeing					
Action	Task	Key performance indicators	Progress – January 2019	Owner	Phase
Promote, encourage participation and support initiatives that enhance occupational health and wellbeing for staff.	Ensure collaborative working with the People and Culture Directorate to facilitate the promotion of wellbeing initiatives across the Trust.	<ol style="list-style-type: none"> 1. Promotion of Wellbeing campaigns across the Trust. 2. Monitoring of occupational health incidents through the Corporate Health and Safety Committee 3. Reduction in sickness/incident numbers. 	Ongoing	Director of P&OD Head of Health and Safety	Complete
Adopting a preventative approach to reducing sickness absence and proactively managing cases of ill health in order to keep staff at work/ facilitate a more timely return to work.	Improve the collection and understanding of ill-health and sickness absence data	<ol style="list-style-type: none"> 1. Standardised reporting, recording and monitoring system introduced. 2. Referral pathways and support systems implemented for all staff to access. 	Included in current reporting systems Reviewed at CHSC	Head of Health and Safety Director of P&OD	complete
Equipping staff with the right training and skills to enable them undertake their work safely and competently	Review health and safety training provision – ensure it is robust, reflects best and legislative practice and is delivered by competent tutors.	<ol style="list-style-type: none"> 1. Staff health and safety training records 2. Staff training feedback/survey reports 3. Reduction in work related incidents/accidents 	Complete	Head of Health and Safety	complete

7. Benefits of this Strategy

This strategy has been developed as a direct result of the review undertaken in July 2017 that aimed to determine the status of LAS with respect to legal compliance and good governance. It has also referenced the overall purpose and organisational goals of LAS as it is important that good health and safety is seen as an integral part of leadership and management.

The initial review focused on the guidance from the IOD and HSE where it lays out what good health and safety leadership looks like.

The overall aim of this strategy is to ensure legal compliance and to ensure that proactive arrangements are in place to identify and address risks/gaps, and prevent harm to staff and others.

The table at Appendix 1 summarises the actions recommended in this guidance, the status of LAS as at July 2017 and where actions can be found in this strategy that seek to address gaps identified.

The direct benefits of the strategy and improvement programme are:

- Providing a safe place of work for LAS staff in terms of physical and mental health.
- Understanding as an organisation where health and safety gaps are through the effective use of information and a clear governance structure.
- Better integrating health and safety into the operations of the organisation.
- Reducing the likelihood of accidents as well as the potential for prosecution or other legal interventions.
- Empowering staff through targeted training and competence activities.



Appendix 1:

MAP against IOD/HSE Guidance Leading Health and Safety at Work

This appendix sets out the recommended actions in the IOD/HE guidance Leading Health and Safety at work, and comments on LAS status and key theme where actions to address findings are located.

PLAN – SET THE DIRECTION.		
Recommended actions	LAS Status – January 2019	Health and Safety Strategy Key theme
<ul style="list-style-type: none">• Set and agree policy based on risk.• Own and understand key issues involved.• Maintain policy as organisation evolves.• Health and Safety to regularly appear on agenda for board meetings.• Named Health and Safety champion.• Non-executive to act as independent scrutiny.	<ul style="list-style-type: none">• The Health and Safety policy and organisation document has been documented and updated at reasonable frequencies. There are also a number of policies and procedures but no clear safety management system, and no clarity over difference between policies and procedures. Each document appears to be updated by several different authors/ owners.• There is a corporate risk register that is reviewed by senior management.• Corporate Health and Safety Committee recently re-established. This informs the Board• The Chief Quality Officer is named Champion, supported by the Head of Health, Safety & Security.• Non-Executive for H&S appointed	<ul style="list-style-type: none">• Legal compliance• Risk management• Good governance• Good governance

DO – EFFECTIVE MANAGEMENT SYSTEMS		
Recommended actions	LAS Status – January 2019	Health and Safety Strategy Key theme
<ul style="list-style-type: none"> • Ensure Health and Safety arrangements adequately resourced. • Obtain competent Health and Safety advice. • Ensure risk assessments are carried out. • Involve employees in decisions that affect their Health and Safety. • Directors visible in operational areas asking about Health and Safety. • Consider Health and Safety in senior management appointments. • Procurement standards that prevent introduction of new Health and Safety hazards. • Assess Health and Safety arrangements of partners. • Set up separate Health and Safety committee. • Provide Health and Safety training to board members • Support worker involvement in Health and Safety. 	<ul style="list-style-type: none"> • There is evidence of inadequate Health and Safety resource in terms of numbers, competence and location with respect to sectors and core functions. • New Head of H&S appointed, due to start 2019 • There is a risk register. • Good progress against completing site based risk assessments • It was reported that there is good Trade Union involvement. • Chief Quality Officer undertakes safety tours that visibly demonstrate commitment to Health and Safety. • The corporate Health and Safety Committee is functioning well • Briefing for Directors held in 2017, with refresher planned for February 2019. 	<ul style="list-style-type: none"> • This is already being addressed through re-organisation and recruitment • Risk Management • Good governance • Good governance & competence

STUDY – MONITORING & REPORTING		
Recommended actions	LAS Status – January 2019	Health and Safety Strategy Key theme
<ul style="list-style-type: none"> • Appropriate preventative information should be used as well as incident data. • Periodic audits of the effectiveness of management structures and risk controls. • Assess impact of changes, such as new procedures. • Procedures to implement new and changed legal requirements. • Benchmark against other organisations. • Appraisals to include Health and Safety performance. 	<ul style="list-style-type: none"> • There is good evidence of distribution of information, but almost no validation that people have understood or acted upon safety messages. There is also inconsistent understanding regarding use of Datix, what to report and how to investigate. The information potentially available through this resource is not being fully utilised. • Audits are planned for 2019 • No evidence was provided regarding impact of change on Health and Safety performance • A process is in place for identifying and reviewing new legislation • There was no evidence provided regarding benchmarking against other organisations 	<ul style="list-style-type: none"> • Competence • Good governance • Risk Management • Legal compliance • Good governance

ACT – FORMAL REVIEW/ FEEDBACK

Recommended actions	LAS Status – January 2019	Health and Safety Strategy Key theme
<ul style="list-style-type: none"> Examine whether Health and Safety policy reflects current priorities, plans and targets. Examine whether risk management and other health and safety systems have been effectively reported to the board. Decide actions to address weaknesses and monitor implementation. Record Health and Safety performance in annual reports. Reward good Health and Safety performance. 	<ul style="list-style-type: none"> Health & safety is included in the monthly CEO Performance review H&S team actively involved in sector inspections. H&S performance dashboard includes proactive and reactive measures 	<ul style="list-style-type: none"> Legal compliance Good governance Risk management Good governance Good governance

Appendix 2: 2019-20 Action Plan

Legal Compliance			
Action	Task	Key performance indicators	Owner
Ensure all policies are update in good time and reflect legal requirements	<ul style="list-style-type: none"> Develop programme of review dates and where appropriate align with any planned legal updates. Review and update policies in line with the programme 	<ol style="list-style-type: none"> All policies reviewed and approved in good time All relevant legislation mapped to policies 	Head of Health & Safety April 2019 – CQC prep
Ensure legislation is effectively managed	<ul style="list-style-type: none"> Review design of legislation register to provide assurance that all relevant requirements are reflected in the policies Implement impact assessment process for new or amended legislation 	<ol style="list-style-type: none"> Legal register clearly shows how compliance achieved. Process for legal impact developed 	Head of Health & Safety July 2019
Ensure implementation of policies is compliant with legislation	<ul style="list-style-type: none"> Complete legal compliance audits against significant H&S regulations 	<ol style="list-style-type: none"> At least 6 legal compliance audits completed each year 	Head of Health & Safety March 2020

Good Governance			
Action	Task	Key performance indicators	Owner
Improve data collection and reporting to better support LAS objectives	<ul style="list-style-type: none"> Work with Datix Team develop software to provide real time performance analysis Simplify reporting structure to remove duplication and manual manipulation of data 	<ol style="list-style-type: none"> Reduction in numbers of incidents that are incorrectly coded Reduction in time spent manipulating data and producing reports Real time dashboard on Datix 	Head of Health & Safety Datix Manager May 2019
Work with the Trust to provide effective and efficient H&S support	<ul style="list-style-type: none"> Work with operations to support relevant sector meetings Work with IPC and other departments to combine activities and minimise unnecessary disruption to operations 	<ol style="list-style-type: none"> Attendance at sector meetings Co-ordination of station visits with IPC 	Head of Health & Safety April 2019 onwards
Provide assurance on H&S performance	<ul style="list-style-type: none"> Audit against actions recorded closed on corporate H&S action plan Continued support to the Corporate H&S Committee Annual briefing to the Directors on key issues, legislation 	<ol style="list-style-type: none"> Corporate H&S Committee meetings held quarterly Annual briefing for Directors completed. 	Head of Health & Safety April 2019 onwards

Risk Management			
Action	Task	Key performance indicators	Owner
Ensure suitable and sufficient risk assessments	<ul style="list-style-type: none"> Complete site based risk assessments Work with operations to ensure task based risk assessments reviewed and completed Follow up actions to confirm improvement Complete risk assessments for workshops 	<ol style="list-style-type: none"> All assessments completed to programme Actions tracked and closed Task based risk assessments complete and implemented 	Head of Health & Safety ADO for sectors Rolling programme agreed delivered during 2019

Risk Management			
Action	Task	Key performance indicators	Owner
Conduct review of IM&T to identify risks and ensure appropriate strategies in place	<ul style="list-style-type: none"> Initial review of IM&T 	<ol style="list-style-type: none"> Completed report with appropriate action plan Identified key contact in H&S Team 	Head of Health & Safety June 2019
Work with estates regarding management of their risks	<ul style="list-style-type: none"> Manage programme of fire risk assessments prioritised based on perceived risks. Improve engagement with estates team with respect to planning H&S in projects and contractors 	<ol style="list-style-type: none"> Fire risk assessments completed to programme Effective management of contractors 	Head of Health & Safety Head of Estates March 2012/9 onwards

Competence			
Action	Task	Key performance indicators	Owner
Enhance competence of H&S Team	<ul style="list-style-type: none"> Training for H&S audits Training for root cause analysis and investigation techniques Support staff with NVQs 	<ol style="list-style-type: none"> Completion of audits to IRCA standards Improved feedback to departments on appropriate incident investigation for H&S events Higher level of team competence to support departments 	Head of Health & Safety August 2019
Work with operations to develop staff H&S Skills	<ul style="list-style-type: none"> Develop skills matrix for H&S competence Ensure core activities included in core skills training – with appropriate mix of class room and eLearning activities Develop programme of tool box talks with vehicle repair workshops 	<ol style="list-style-type: none"> 100% of core skills completed to programme Enhanced staff skills Reduction in incidents 	Head of Health & Safety Training Leads Sept 2019

Health & Wellbeing			
Action	Task	Key performance indicators	Owner
Support Trust in managing health related risks	<ul style="list-style-type: none"> Continue to benchmark lost time/ sickness records and include in H&S dashboard Support P&C with implementation of policies to manage stress Ensure fatigue and impact of shift work include in operations task risk assessments Support Driving Standards regrading programmes for driver fitness 	1. Reduction in health related incidents and associated lost time	Head of Health & Safety People & Culture lead Head of Fleet By Sept 2019 and onwards



Assurance report: People & Culture Committee

Date: 10 January 2019

Summary report to:	Trust Board	Date of meeting:	29 January 2019
Presented by:	Jayne Mee, Non-Executive Director	Prepared by:	Jayne Mee, Non-Executive Director

Matters for escalation:

- The Committee was advised that Health and Care Professions Council (HCPC) registration process had slowed down and was having an adverse effect on the start times of newly recruited staff. It was noted that delays in HCPC registration caused significant on-boarding challenges to the Trust. The Committee advised that senior intervention was needed and the Committee requested that the Chief Executive Officer (CEO) of the Trust take action.

Other matters considered:

- The Committee considered the training review implementation plan. The Committee was informed that the Executive Committee (ExCo) was supportive of the plan pending the agreement of the budget planning process. The Committee noted that some aspects of the project had already begun where others were reliant on funding in the 2019/20 financial year. The Committee noted that there would be joint Quality Assurance Committee and People & Culture Committee on the 21 March 2019 where the plan would be discussed further.
- The Committee was advised that the Trust had collaborated with the Business Disability Forum who had produced a disability profile for the Trust summarizing the Trust's disability employee status within the wider national context.
- PG provided a short update on the staff survey results. The Committee positively noted the Trust's 65% completion rate. The Committee also noted that 34% of responses were significantly better compared to the previous year.
- The Committee noted that a key aspect of the Trust's response to the Carter Review was to establish a strategic workforce planning group which would enable the Trust to take a long-term model of workforce planning; five to ten years into the future. It was noted that this group would meet on a quarterly basis.
- The Committee was advised that the Trust's estates and fleet were not being sufficiently cleaned. It was agreed that this topic would be discussed outside of the meeting as it related to third party supplier risk currently on the Trust's BAF.

	<ul style="list-style-type: none"> • The Committee was advised that staff were not receiving adequate occupational health assessments which was leading to staff being unable to work as they required re-referrals. The Committee noted that this issue would be considered as part of the broader issues regarding the Trust's occupational health provision at its March 2019 meeting.
Key decisions made / actions identified:	<ul style="list-style-type: none"> • The Committee was provided a brief update on the drugs and alcohol testing action plan. The drugs and alcohol business case would be brought to the Committee in May 2019. • A more developed staff survey update would be provided at the March 2019 People & Culture Committee meeting. • The Committee was advised that the Disclosure and Barring Service (DBS) options paper was due to come to the Committee in March 2019.
Risks:	<ul style="list-style-type: none"> • The Committee discussed BAF Risk 47 regarding low Emergency Operation Centre (EOC) staffing levels at Bow and Waterloo. The Committee recommended that the risk had been sufficiently mitigated and should be de-escalated from the BAF. • The Committee was informed that the Trust would review the corporate risk relating to its occupational health provider, PAM, in February 2019. The Committee noted that the Trust had formally written to PAM regarding contingency plans.
Assurance:	<ul style="list-style-type: none"> • The Committee received an update on agency spend and was assured that the Trust would end the year below its agency ceiling if the Trust continued as forecasted. It was agreed that agency spend would continue to be monitored by the Committee with further updates provided at future People & Culture Committee meetings. • The Committee were provided with a paper outlining the Trust's current DBS Status. The Committee noted that that there were three phases to the current DBS programme, phase one was complete, phase two was 89% complete and phase three, which would see a further 2000 staff DBS checked would be completed within nine months. It was noted that all frontline staff would have their DBS re-checked at the end of the phase three in late 2019.



Assurance report: Finance & Investment Committee

Date: 15 January 2019

Summary report to:	Trust Board	Date of meeting:	29 January 2019
Presented by:	Fergus Cass, Non-Executive Director	Prepared by:	Fergus Cass, Non-Executive Director

Matters for escalation:

- The deficit for the first 8 months, at £1.7m, is in line with budget. The full-year forecast shows a surplus of £4.3m, which includes the expected benefit of two tranches of Provider Sustainability Funding (PSF) totaling £6.7m. The forecast assumes additional funding of £4.75m from Commissioners, to cover the cost of delivering the ARP targets. The Committee reviewed the risks to the forecast together with mitigations and reserves, and recommended that delivery of the control total should remain a BAF risk. It noted the steps being taken to achieve the forecast, including actions that are expected to hold expenditure on agency workers just below the cap of £5.99m.
- The Committee received a further update on financial planning for 2019/20 and subsequent years, and on the Trust's funding proposal to Commissioners. It noted the planning model and methodology, including assumptions relating to activity growth, funding, cost increases and productivity improvement. Account is being taken of: engagement with Commissioners and STPs; the Trust's strategy; the NHS Planning Guidance for 2019/20; the NHS Long Term Plan; and Lord Carter's review of ambulance services. The Committee noted: the intention to achieve all ARP standards; eliminate the underlying deficit of £6.3m in 2019/20; and seek efficiency savings beyond those reflected in the initial proposals presented to the Committee. It sought further information on the extent to which the Trust's relative position in the Carter benchmarking data would be improved. The Board is scheduled to approve the 2019/20 Business Plan on 26th March; consultation will be needed ahead of that date in the light of discussions with commissioners, further iterations of the figures, and any proposed changes from the Trust's existing strategy.
- The Committee discussed a progress report on contingency planning for a "no deal" exit from the European Union. It noted the division of responsibilities involved, including the national arrangements in relation to medicines. It was informed that the Executive Leadership Team (ELT) will review preparedness on a fortnightly basis, supported by a senior task group. It noted that work is being progressed on areas highlighted by the recent self-

assessment review, including vehicle preparation, vehicle parts and fuel supply

Other matters considered:

- Progress with the Cost Improvement Programme (CIP) was reviewed. The year's target of £12.3m is expected to be delivered, with the help of non-recurrent savings of £3.1m;
- A revised programme for the preparation and approval of business cases was tabled. The proposal in support of Electronic Patient Record Forms (ePRF) will be presented to the Board in March 2019. A number of other projects have been pushed back to 2019/20.
- Planned changes in the NHS Pension Scheme regulations were noted. A key element is the new employer contribution rate of 20.6% from April 2019; it is understood that the cost will be centrally funded.
- The Committee was briefed on changes to accounting and reporting requirements; these may affect certain disclosures but will not have a material impact on the way in which the accounts are prepared in 2018/19 and 2019/20.
- The Committee discussed the annual review of its effectiveness. The outcome will form part of the annual corporate governance review, which will be presented to the Board in March 2019. Minor changes to the Committee's Terms of Reference are proposed.

Key decisions made / actions identified:

- The Committee received an update on Procurement. Savings in the current year are expected to reach £792k, ahead of the £550k target. The Committee underlined the importance of completing planned actions relating to full use of purchase orders. It recognised that a range of collaborative initiatives are being pursued, including participation in the NHS Future Operating Model, and asked for an update on how these will be coordinated and prioritised.
- Capital expenditure to the end of November, at £8.3m, is £2.2m behind plan. Measures to achieve planned expenditure were discussed, including action to deliver planned IM&T investment. The Committee was briefed on the approved programme under which 112 new "box body" ambulances are to be delivered by March 2020; it was informed that all necessary arrangements are now in place, including a contract extension with the current supplier.
- At a future meeting the Committee will receive an update on the development of costing systems.

Risks:

- The principal financial risk relates to the achievement of the 2018/19 control total, where some uncertainties remain, including: agreement by Commissioners of the additional funding required to achieve the ARP targets; activity levels; IM&T costs; and CQUIN delivery. The Committee proposes that this risk should remain on the BAF.
- The Committee was briefed on the risks to the Trust's operations associated with a "no-deal" exit from the European Union, noted the mitigating actions relating to the supply chain, and was updated on governance arrangements to manage the situation.

Assurance:

- The Committee reviewed financial performance to the end of November 2018, the full year forecast for 2018/19, and the risks associated with that forecast. Explanations and background information were provided. Key figures are stated above.
- The Committee reviewed progress with the action plan relating to expenditure on agency staff; this plan has also been reviewed by the People and Culture Committee. The Committee noted the projections that indicate that the controls instituted by the ELT should result in a total expenditure in 2018/19 that is just below the Cap.
- Cash flow performance and projections were reviewed. At the end of November, the cash balance was £3.5m above plan, reflecting positive and negative factors including the underspend on capital and the timing of receipts and payments. Cash flow is forecast to remain positive over the next twelve months and will stay above the agreed £6.5m buffer.



Assurance report: Quality Assurance Committee

Date: 22 January 2019

Summary report to:	Trust Board	Date of meeting:	29 January 2019
Presented by:	Robert McFarland, Non-Executive Director	Prepared by:	Robert McFarland, Non-Executive Director

Matters for escalation:

- The successful launch of the 111/Integrated Urgent Care (IUC) service in North East London placed demands and costs on the Trust beyond those predicted and this experience should inform any future initiative in this field.
- There remain a number of outstanding issues
 - WiFi at Deptford remains unreliable. This supports the Kit Prep project which is necessary to track medicines as well as being important for security.
 - Evidence of the 3-year DBS recheck has not been made available to confirm that the trajectories continue to be met; therefore there is a risk of this activity not being complete by September 2019 (a paper discussing options after that date is being presented to the People and Culture Committee meeting in March).

Other matters considered:

- The report on the mobilisation of the North East London 111/IUC was read and discussed. The Committee was referred to the very short timetable to launch a new system of care and the team was congratulated in overcoming the unexpected difficulties without serious detriment to patients. The report clearly outlines these difficulties and how the lessons learned inform planning the launch of the same service in South East London later this month. However, it is clear the IUC launch came to involve all parts of the Trust, particularly Human Resources, Finance and Quality, and that now there is a need to fully integrate the Trust's 111/IUC functions (40% London) with the other Trust services, including the 999 response (100% London). The Committee advised that a retrospective review of the demands on the Trust in staff time and finance should be prepared and this, with the logistic lessons learned, should inform any future decision to take on another 111/IUC service. It should also be made clear, when commissioning, what other services and systems outside the Trust need to be made ready before launch.
- Quality Report - HealthAssure is underway in all sectors. There has been an increase in the proportion of defibrillator downloads – the

software and cables are now in place to use these downloads for individual feedback, but a systematic QA process is not yet in place to feedback any specific or Trust-wide learning.

- Paul Gates, consultant Paramedic is leading a focus on the longstanding STEMI and stroke care bundle 75% compliance (analgesia).
- Serious Incidents - an increase in Nature of Call (NoC) incidents (the initial few questions concerning breathing status) has been identified and a targeted thematic review is being led by the Head of 999 Quality and Continuous Improvement.
- Delays in processing SIs are due to the way investigations are being allocated, not always to appropriately trained staff and this is being addressed with a full review of the process underway (1 breach this month).
- Health and Safety 5-year Strategy. Substantial progress has been made to meet the minimum legal standard; the strategy has been refreshed and new Head of health and Safety has been appointed to take forward and embed the culture change.
- Carter report - those recommendations that related specifically to Quality were discussed.
- Training Review action plan - key recommendations were noted. There will be a joint meeting of QAC and PCC on 21st March to discuss in detail.
- Pioneer Mental Health Early results of the mental health pilot are positive, well received by rotational staff and patients and with 80% of the patients treated without conveyance. This is currently a small and selected number of the total mental health calls.
- The committee also considered Quality Account Update; Towards Outstanding update; Patient and Public Involvement Strategy, BAF Risks and Internal Audit actions.

Key decisions made / actions identified:

- The Annual Review of the Committee's effectiveness was discussed. The Committee has fulfilled its function satisfactorily. The Terms of Reference were confirmed with minor changes to the wording. It was proposed that the Director of Operations should be a full member of the Committee.

Risks:

- There are no new BAF risks allocated.

Assurance:

- The ELCHP report clearly outlines the difficulties experienced in the launch of the IUC and this understanding is being used in planning the SEL launch later this month



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Integrated Quality & Performance Report			
Agenda item:	10			
Report Author(s):	Key Leads from Quality, Finance, Workforce, Operations and Governance			
Presented by:	Key Leads from Quality, Finance, Workforce, Operations and Governance			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This high level Integrated Quality and Performance Report serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across London Ambulance Service.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are 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>				
Recommendation(s):				
<p>The Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
<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 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 – Integrated Performance Report



Report for discussion with Trust Board members
Analysis based on November 2018 data, unless otherwise stated

Section	Content	Pages
Overview	<ul style="list-style-type: none"> Narrative against Patients, People, Public Value and Partners Summary of business plan delivery 	3
1. Our Patients	<ul style="list-style-type: none"> Trust-Wide Scorecard Response time performance <ul style="list-style-type: none"> Operational Demand Operational Capacity Operational Efficiency Ambulance Quality Indicators and Recontact Rates Business plan delivery 	4 5-8 9 10-12
2. Our People	<ul style="list-style-type: none"> Trust-Wide Scorecard Vacancy Rates, Staff Turnover and Sickness Health and Safety – Adverse Staff Events Additional Workforce Analysis Business plan delivery 	13 14 15 17 18-19
3. Public Value	<ul style="list-style-type: none"> Trust-Wide Scorecard Financial Position <ul style="list-style-type: none"> Income Statement Cashflow Statement Cost Improvement Programmes (CIPS) and Capital Plan Business plan delivery 	20 21-23 24 25

Section	Content	Pages
4. Our Partners	<ul style="list-style-type: none"> Trust-Wide Scorecard CQUINS Call Answering Metrics 111 Service Metrics Business Plan Delivery 	26 27 28 29 30
5. Strategic Themes	<ul style="list-style-type: none"> Overview of progress against the three strategic themes 	31-34

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

Update on performance:

Provide outstanding care for **our patients**

The Trust continued to perform well across all key response time measures for the national standards during November despite an increase in demand and acuity in the final week of this month with the exception of Category 3 90th centile target, which was missed by 6 minutes. ROSC finished in the top 3 out of all the ambulance trusts. We are meeting and on target with all of our Quality priorities and are currently consulting on the 2019/20 priorities.

Achievements since the last board (incl. reference to Business Plan deliverable):

When benchmarked across 13 key metrics included in the National Ambulance Services Balanced Scorecard, the Trust continues to be within the top three performing Ambulance Services. We are frequently best in class for the Category 1 Mean and 90th Centile measures. In terms of efficiency and productivity, the Trust has delivered on its handover to green improvement trajectory set with commissioners.

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

Our overall vacancy rate continues to be below the average from FY17/18, and slightly above target at 5.4%. Staff turnover rates remain above the average for FY17/18 at above 11%. It has been above 11% for the last 8 months.

Sickness rates remain consistent with previous months and we continue to make good progress on our recruitment and training plans across the organisation.

- All business plan deliverables on track with no significant milestones reached during the period since the last board

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

November's financial performance continues to align with our financial plan for FY18/19 with a strong current cash position for the trust and income whilst still behind contracted levels has increased through high levels of demand.

The majority of business plan deliverables are on track.

- The Trust has improved its outturn by £1.8m enabling access to £4.0m additional PSF funding in 2018/19
- The principle financial risks relate to funding required to deliver ARP performance and management of our agency control cap and potential IT licence cost pressures.

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

Both NEL and SEL call answering within 60 seconds were below 92%. SEL call answering deteriorating to 79.9% and NEL at 74.3%. This was due to a combination of call volumes being above forecast, staff shortages in the contact centres and call balancing between the contracts. 999 call answering also continued to be below 95% in month with call volume also significantly increasing in the last week of the month.

Conveyance to ED remained above the contractual trajectory at 62.3% of incidents attended.

We continue to engage well with our NHS partners on a variety of local and pan-London boards and working groups to ensure shared focus on key issues such as demand management and ACP usage.

- Successfully awarded full payment for Q2 of the STP engagement CQUIN

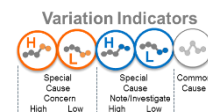
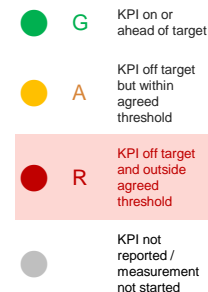


Patients Scorecard

November 2018

Indicator (KPI Name)	Basis	Data From Month	Target Status	Statistical Process Control Icon	Current Performance				Trajectory	Benchmarking (Month)		
					Target	Latest Month	Year To Date (From April 2018)	Rolling 12 Months	FY18/19 Trajectory	National Data	Best In Class	Ranking (out of 10)
Category 1 response - Mean	mm:ss	Nov-18	●		07:00	06:16	06:31	06:45	07:00	07:11	06:13	2
Category 1 response - 90th centile	mm:ss	Nov-18	●		15:00	10:29	10:51	11:13	11:18	12:32	10:30	1
Category 2 response - Mean	mm:ss	Nov-18	●		18:00	17:24	17:11	18:24	18:30	21:56	12:46	3
Category 3 response - 90th centile	h:mm:ss	Nov-18	●		2:00:00	2:06:05	2:00:17	2:11:51	2:10:30	2:28:30	1:27:56	4
Category 4 response - 90th centile	h:mm:ss	Nov-18	●		3:00:00	2:52:13	3:08:06	3:21:19	2:14:06	3:17:08	2:22:26	5
ROSC at Hospital	%	Aug-18	●		30.0%	37.4%	36.5%	34.3%	N/A	32.1%	43.9%	3
STEMI call to angiography - Mean	h:mm:ss	Aug-18	●		TBC	N/A	N/A	N/A	N/A	N/A	N/A	
STEMI call to angiography - 90th centile	h:mm:ss	Aug-18	●		TBC	N/A	N/A	N/A	N/A	N/A	N/A	
Stroke call to door - Mean	h:mm:ss	Aug-18	●		TBC	01:09	01:10	01:13	N/A	01:11	01:05	6
Stroke call to door - 90th centile	h:mm:ss	Aug-18	●		TBC	01:44	01:47	01:51	N/A	01:48	01:34	5
Re-contact rates in 24 hours (ONLY S&T and H&T)	%	Nov-18	●		7.0%	5.7%	5.8%	5.8%	N/A			
Positive compliments received	Per 1000	Nov-18	●		1.50				N/A			

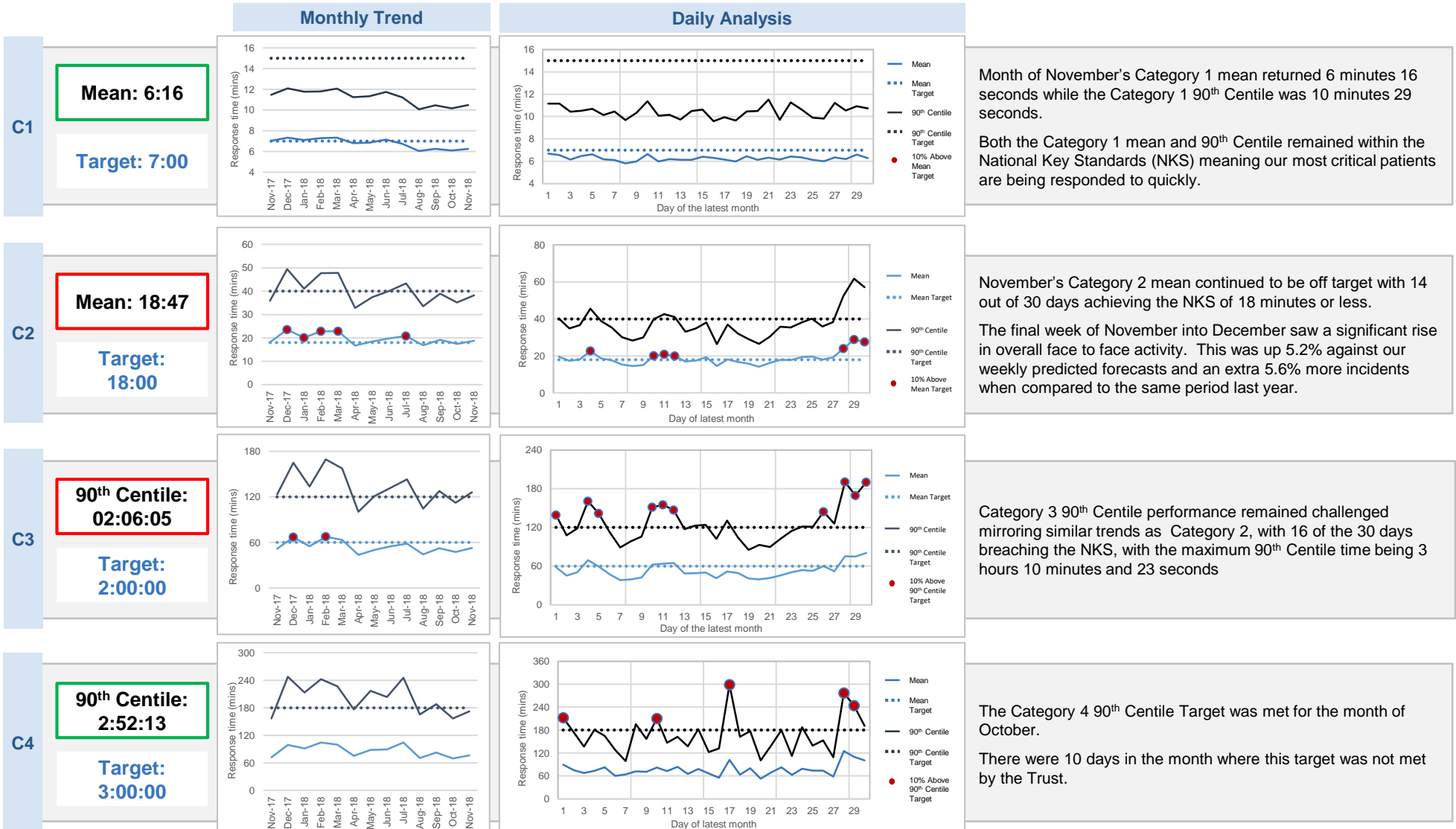
The performance of our **111 services** is measured in the **Our Partners** section of this report



Note: ROSC at Hospital is measured quarterly



The November Category 1 mean returned 6 minutes 16 seconds while the Category 1 90th centile was 10 minutes 29 seconds. The Category 1 90th centile 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 data shows that the Trust is ranked 1st in the Category 1 mean measure as well as the Category 1 90th centile measure when compared to all Ambulance Trusts across England.





The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

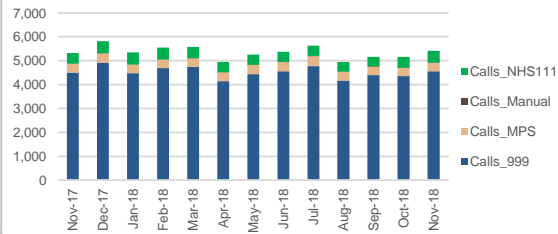
The analysis below describes: **1) Calls Received, 2) Incidents and Response Type (incl. Hear & Treat, See & Treat, See & Convey), 3) Incident Category**

999 Calls Received

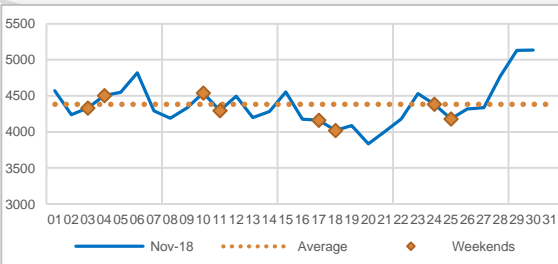
The average level of contacts per day in November was 5% higher than the previous month and 2% higher than November 2017.

The number of average calls per day remained at the average level for the last 12 months, however calls started to rise from day 27 of the month.

Average Calls Per Day



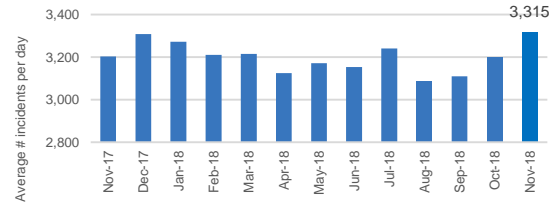
Daily Calls Answered



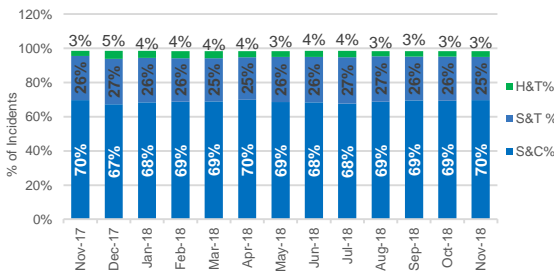
Incidents and Response Type

In November there was a 4% growth on the average number of incidents per day when compared to October. This is the 3rd month that an increase in demand has occurred. ED conveyance has remained steady and currently sitting at 62.3%

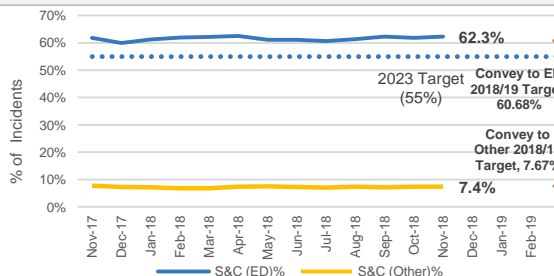
Incidents



Response Type



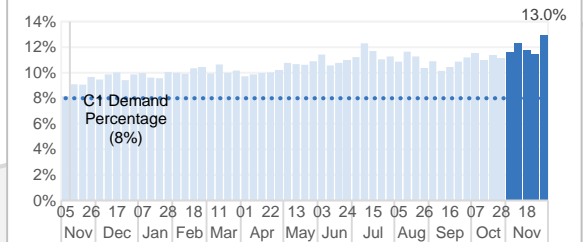
Convey to ED / ACP



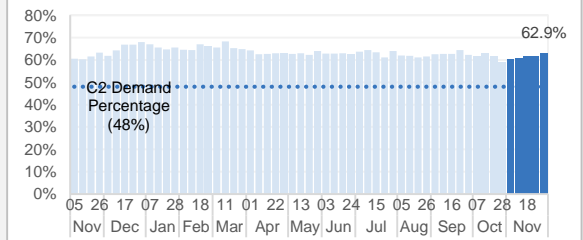
- Total incidents now include those without a face to face response
- Nationally Convey to ED is reported as % of total incidents (not just face to face incidents) Nov= 62.3%
- Conveyed to Other (Non ED) Excludes conveyances to units such as CathLab, HASU, Arrhythmia Centre, etc.

Incident Category (By week)

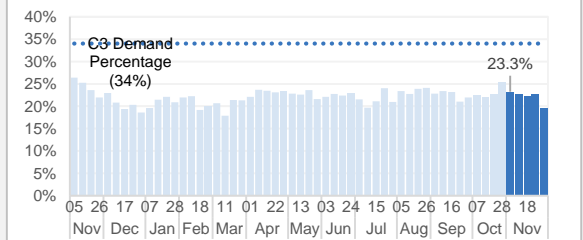
C1



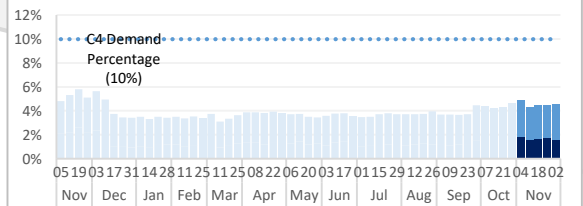
C2



C3



C4



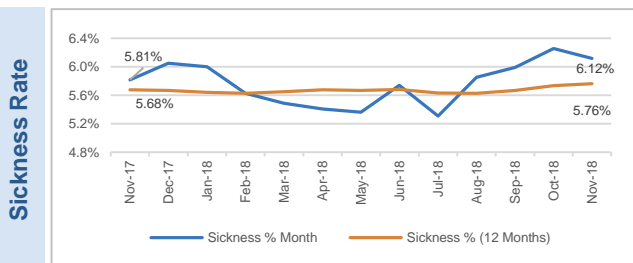
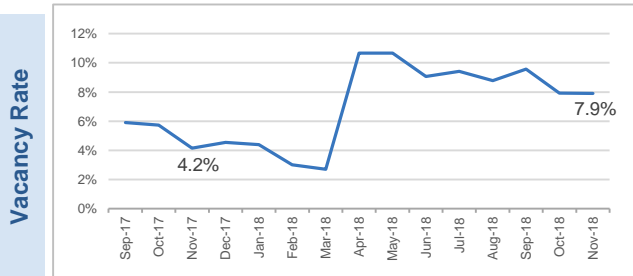
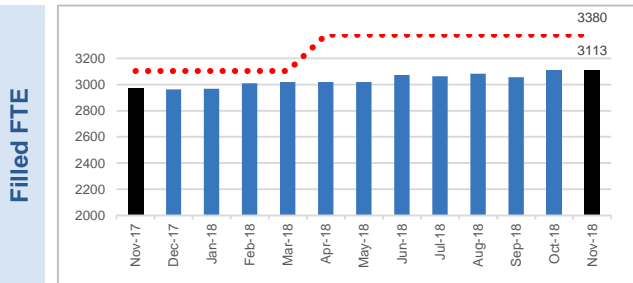


Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

Frontline Operational Staff

The number of filled operational FTE **has increased by 5% since November 17** and we continue to place considerable effort into our recruitment and retention activity

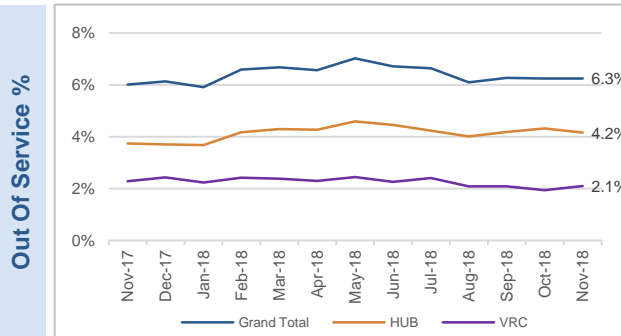
(See Our People section of this report for further detail across the organisation)



Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate remains steady at 6%, which is consistent with performance this calendar year.

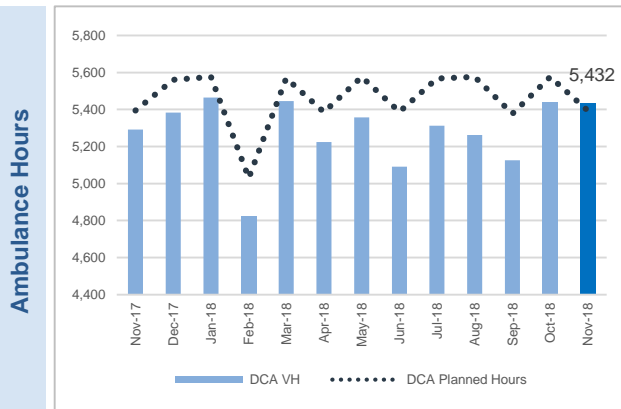
High numbers of vehicles going out of service in the evening and early hours (after workshop closure) continue to create shortages for Vehicle Preparation teams.



Note:

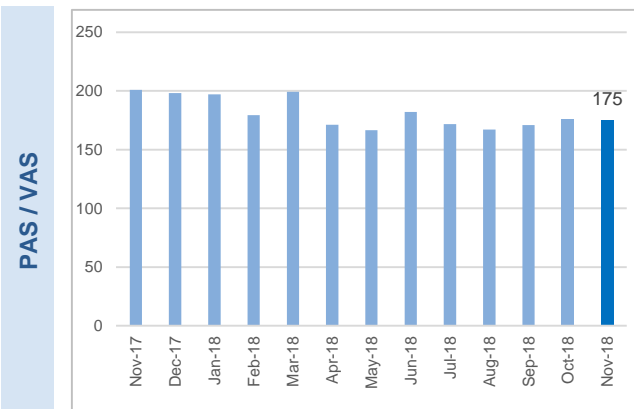
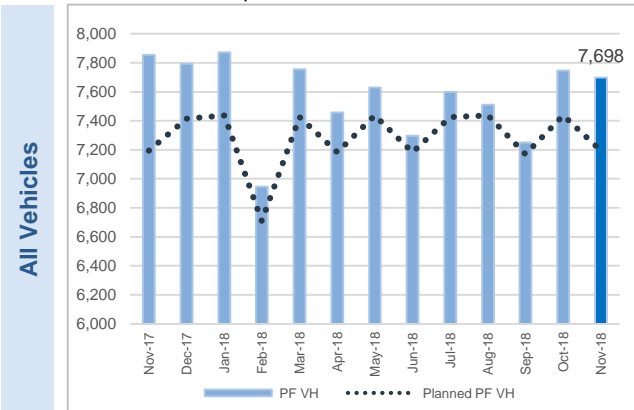
OOS HUB - This account for out of service codes related to people/crew reasons for out of service hours

OOS VRC - This account for out of service codes related to vehicle reasons for out of service hours



Average vehicle hours per day are 2.5% lower than the levels of PFVH in November 2017 for all patient facing vehicles.

However average hours per day for double crewed ambulances are 2% higher than this time last year. This is due to raising the number ambulance hours on the road to reflect the ARP vehicle profile.



1. Our Patients

Response Time Performance

Operational Efficiency



Our operational efficiency is critical to our success and whilst one of our key dependencies is the ability to successfully handover if a patient is conveyed to hospital we must ensure we strive to be as efficient as possible whilst always delivering the very best care for our patients.

Arrival at Hospital to Patient Handover

In November over 5,600 hours were lost due to handovers exceeding the 15 minute threshold.

There are 6 hospitals where the proportion of handovers exceeding 15 minutes was greater than 70%. Queens Romford and Croydon hospitals had the greatest number of minutes lost per breached handover with an average of 14.3 and 14 minutes lost.

STP	Hospital	Total conveyances	Handovers	Handovers exceeding 15 mins	% over 15 mins	Total time lost (hours)	Avg mins lost per breach
North Central	Barnet	1,660	1,589	908	57%	253.6	16.8
	North Middlesex	2,585	2,497	1,603	64%	274.0	10.3
	Royal Free	1,642	1,539	957	62%	160.0	10.0
	University College	1,847	1,769	982	56%	183.2	11.2
	Whittington	1,527	1,464	646	44%	75.5	7.0
North East	Homerton	1,405	1,354	431	32%	36.5	5.1
	King Georges	1,336	1,275	1,146	90%	232.5	12.2
	New ham	2,031	1,925	1,523	79%	263.6	10.4
	Princess Royal	2,010	1,904	1,009	53%	418.9	24.91
	Queens Romford	3,086	3,007	2,490	83%	592.6	14.3
	Royal London	2,328	2,249	1,244	55%	148.4	7.2
	Whipps Cross	2,040	1,924	1,574	82%	391.3	14.9
North West	Charing Cross	1,239	1,191	822	69%	95.1	6.9
	Chelsea & West	1,479	1,414	542	38%	56.6	6.3
	Ealing	1,394	1,372	404	29%	36.9	5.5
	Hillingdon	1,805	1,740	1,022	59%	187.2	11.0
	Northwick Park	3,126	3,034	1,276	42%	396.9	18.7
	St Marys	1,916	1,825	1,251	69%	177.8	8.5
	West Middlesex	1,930	1,887	752	40%	72.7	5.8
South East	Kings college	2,151	2,017	1,408	70%	251.5	10.7
	Lewisham	1,671	1,542	877	57%	131.4	9.0
	Queen Elizabeth II	2,574	2,482	688	28%	84.8	7.4
	St Thomas'	2,478	2,350	1,209	51%	122.7	6.1
South West	Croydon	2,238	2,175	1,801	83%	419.6	14.0
	Kingston	1,688	1,657	1,074	65%	103.1	5.8
	St Georges	2,219	2,128	1,616	76%	300.0	11.1
	St Helier	1,426	1,377	913	66%	135.7	8.9
TOTAL		52,831	50,687	30,168	60%	5,602	11.1

Max average breach value
Value >10 mins per breach

Patient Handover to Green

In November, over 2,380 hours were lost due to patient handover to green exceeding the 14 minute threshold.

The average for this measure was exceeded by the station groups within the whole of the North East.

Sector	Station Group	Handovers to Green	Handovers Exceeding 14 mins	% over 14 mins	Total Time Lost (hours)	Avg Time PH to Green	90th Centile PH to Green	Avg mins lost per breach
North Central	Camden	2,673	1,508	56%	197.1	15.6	27.0	7.8
	Edmonton	3,029	1,426	47%	145.3	14.0	23.5	6.1
	Friern Barnet	1,915	955	50%	90.8	13.9	22.7	5.7
North East	Homerton	2,759	1,545	56%	177.8	15.2	25.9	6.9
	New ham	3,874	2,006	52%	227.0	14.3	25.4	6.8
	Romford	3,800	1,975	52%	194.1	14.5	23.6	5.9
North West	Brent	3,932	1,845	47%	190.3	13.8	23.4	6.2
	Fulham	2,196	1,072	49%	103.4	13.8	22.7	5.8
	Hanwell	2,762	1,275	46%	101.1	13.3	20.9	4.8
	Hillingdon	1,438	635	44%	45.8	13.2	20.2	4.3
South East	Westminster	1,290	699	54%	77.4	14.6	25.4	6.6
	Bromley	2,523	1,259	50%	107.2	13.7	22.0	5.1
	Deptford	4,657	2,376	51%	235.5	14.2	23.9	5.9
South West	Greenwich	2,532	1,094	43%	55.6	13.2	17.8	3.0
	Croydon	1,868	1,029	55%	86.5	14.2	22.0	5.0
	New Malden	1,310	658	50%	49.4	13.7	21.3	4.5
Other	St Helier	1,646	805	49%	63.4	13.6	21.3	4.7
	Wimbledon	1,851	928	50%	88.3	13.8	22.6	5.7
	IRO	8	7	88%	4.9	40.0	89.1	42.0
	NETS	1,297	309	24%	33.0	5.7	19.0	6.4
Other	Other	1,367	652	48%	68.9	13.5	22.3	6.3
	Training	1,960	642	33%	41.4	11.3	17.7	3.9
TOTAL		50,687	24,700	49%	2384.2	13.6	23.0	5.8

Max average breach value
Value >7 mins per breach



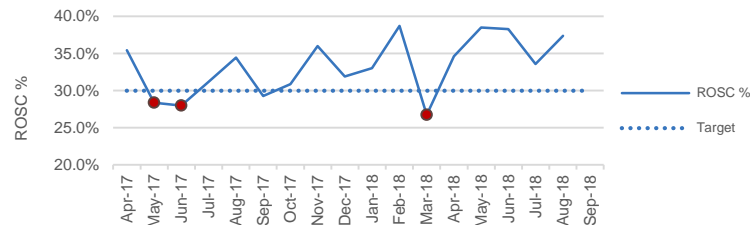
Our Trust-wide scorecard covers 3 of the key Ambulance Quality Indicators: Return of Spontaneous Circulation (ROSC) at Hospital, STEMI call to angiography and Stroke call to door.

The data presented is from August 2018, which is the most recent month published by NHS England. During this period, the average response times for cardiac arrest patients was 10 minutes, with patients allocated a C1 response receiving an average response of 6 minutes. CPR was commenced on average 1 minute from arrival at the patient with a defibrillator used after a further 2 minutes on average. For STEMI patients, the average response time was 17 minutes, the on-scene time was 40 minutes and the overall call to arrival at hospital time was 73 minutes. For stroke patients, the average response time was 20 minutes, the on-scene time was 31 minutes and the overall call to arrival at HASU time was 67 minutes.

ROSC at Hospital

Month:
37.4%

Target: 30%



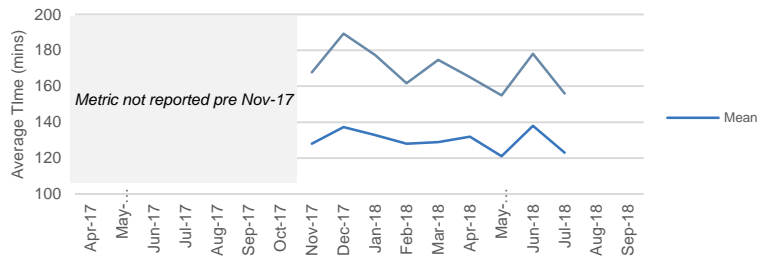
Overall Return of Spontaneous Circulation (ROSC) at Hospital indicator is above the target of 30%.

Of note in August, the Utstein comparator group achieved 50% ROSC.

STEMI call to angiography

Mean: TBC

Target: TBC



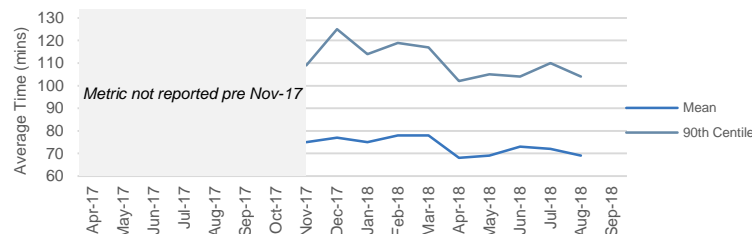
Targets currently not available for this metric to support performance assessment.

NHS England have not published the August figures due to data quality issues from information provided by the Myocardial Ischaemia National Audit Project. The data will be released next month.

Stroke call to door

Mean: 1:09

Target: TBC



Targets currently not available for this metric to support performance assessment.

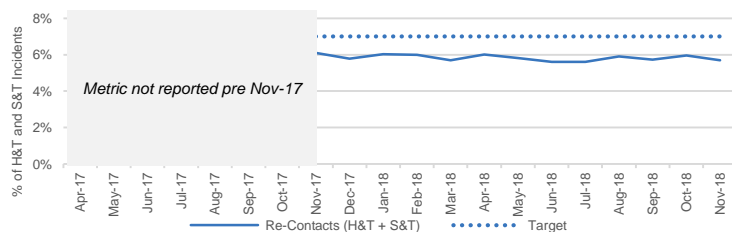
In August, the LAS performance is below the national average (1:11). The LAS ranked 6th for the mean when compared to other Ambulance Trusts; however it should be noted that there is a difference of 4 minutes between the best performer and the LAS.

The 90th centile is 1:44 and the LAS is below the national average (1:48).

Recontact Rates

Month: 5.6%

Target: 7%



Recontact rates remain below 6% and therefore continue to be below the 7% target

Source: Business Intelligence

Note: This measure is not an AQI and is not linked to the CARU ongoing re-contact audit




Ref	Business Plan Deliverable	SRO	Status	Comment
BP.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	Trisha Bain		On track, for deliverables. New priorities being agreed and strategy refreshed which will be presented to the Trust board in March. Sector quality plans and updated CQC action plans are also being produced to prepare for next CQC inspection.
BP.2	We will deliver our post-ARP transformation plan to ensure we can meet national performance and quality standards	Paul Woodrow		On track. When benchmarked across 13 key metrics included in the National Ambulance Services balanced scorecard the Trust continues to be within to top 3. Frequently best in class for C1
BP.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.	Fenella Wrigley		Currently 21 APP Urgent Care in post. Cohort 2 & Cohort 3 are undertaking their educational programme. The APP UC development will be supported by the newly appointed by the clinical practice development manager
BP.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	Angela Flaherty		Five year strategy complete and published. Enabling strategies in progress across the organisation.
BP.5	We will pilot the new 'Pioneer Services' set out in our new strategy	Trisha Bain		Mental health pilot has started, currently the results show significant improvement in See & Treat for this cohort of patients with 80%-90% not being conveyed. Working with system wide partners to identify service developments across the pan-London health system with a workshop in February. Also in process to identify external funding via MPS monies. In relation to Falls tender process imminent for resources to support programme. Maternity / EOL training continues.
BP.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. /	Trisha Bain		Working with system partners to identify frequent callers via the newly developed KPIs and scorecards to target high impact callers.
BP.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.	Benita Mehra		Business case approved for bags, Logistics Services Unit undergoing building modification with anticipation of the imminent roll-out Advanced Life Support, Multi-dose Drug Pack and Primary Response Bag due Q4, to be completed this year.
BP.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.	Fenella Wrigley		The roll out of iPads to paramedics has been complete and there is now an ongoing programme to optimise the use of the iPads and explore suitable apps to support paramedics.

 G Business Plan deliverable on track

 A Business Plan deliverable off track but with plan in place to resolve issues

 R Business Plan deliverable significantly off track

 C Business Plan deliverable complete

 Business Plan deliverable not started



Quarterly Reporting (Latest report as at 10-Sep-18) – To be refreshed in the next report.

SAFE

- The **implementation of HealthAssure** is progressing within the Trust. The milestone are being achieved but more work is needed to support full uptake by all leads responsible for completing the system.
- The medical Directorate is working closely with London acute hospital trusts, **to further reduce delays to patients and our crews at hospital**. Monthly meetings have commenced across London to provide direction.
- The **secure drug rooms project** is progressing well for those where it was agreed that new drug rooms will be built.
- Actions to increase the number of **defibrillators** are progressing well

EFFECTIVE

- The implementation plan for **clinical training** is on track and will be finalised this month.
- New **clinical quality indicators** have been agreed and are included in the monthly CEO performance pack for review.
- The first cohort for **QI training** were identified earlier this year and training commenced in July 2018. The second cohort for training will commence in November 2018.
- Sector **roster reviews** are underway with regularly feedback being received from sectors on implementation.

CARING

- Work continues to address the **frequent callers** and a KPI to reduce the number of calls has been set.
- The PPIE team continue to ensure that there is **patient involvement** in all key QI and Service re-design programmes. The target set earlier this year has been achieved.
- Two whole time practice development midwives** have been recruited and implementation of a training programme is underway.

RESPONSIVE

- Review of **operational model** - a paper went to Board which included an action plan which was approved.
- To improve our **response to complaints** a process mapping exercise has been undertaken and an action in place, this includes extra resource

WELL LED

- Statutory and mandatory training** is on course with trajectories established at station level in place.
- Leadership programme** has been written and the first cohort undertaken the training this month.
- T3: The progress on P&OD strategy is regularly discussed at the people and culture committee.

	Total	Progress Status			
		Complete	G	A	R
TOTAL	88	13	65	10	0
<i>Change in status since last period</i>		0	0	0	0
Safe	15	0	14	1	0
Effective	21	7	14	0	0
Caring	4	0	3	1	0
Responsive	7	1	6	0	0
Well Led	33	4	25	4	0
Use of Resources	8	1	3	4	0

KEY:



Most common status by domain

Delivery of our Quality Plan for 2018/19 is closely monitored, 34 of these actions are covered by other areas of the Business Plan and our Trust-wide strategic programmes of work.

Overall we have 10 of our 88 actions that have an Amber status, 4 of these have been escalated to the relevant sub-committee



BP.3 Advanced Paramedic Practitioner Service (APP)

We have made progress in our recruitment in North West and North East sectors with our recruitment activity in the South due to be started next month.

APP headcount by sector

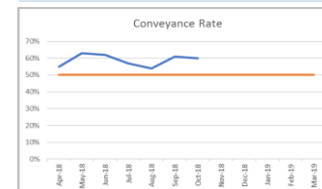
Sector	APP headcount	Target	APP conveyance rate	Target
North West	10	20	42%	40%
North Central	0	20	n/a	40%
North East	10	20	53%	40%
South East	0	0	n/a	40%
South West	0	0	n/a	40%

BP.5 Pioneering Services

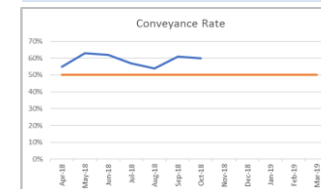
We continue to pilot our Pioneering Services across Falls, Mental Health, Maternity and End of Life.

We are yet to see a meaningful reduction in conveyance rates due to the implementation of these service and will conduct further analysis to understand the whether we need to make and changes.

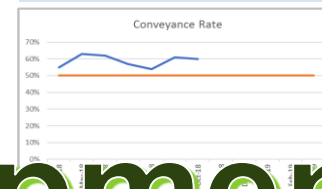
Falls



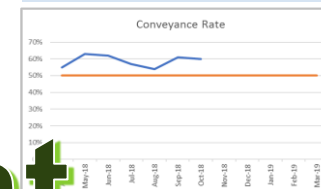
Mental Health



Maternity



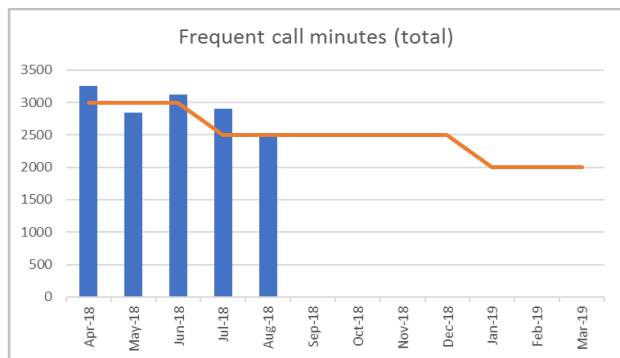
End of Life



Under Development

BP.6 Frequent Callers Plan

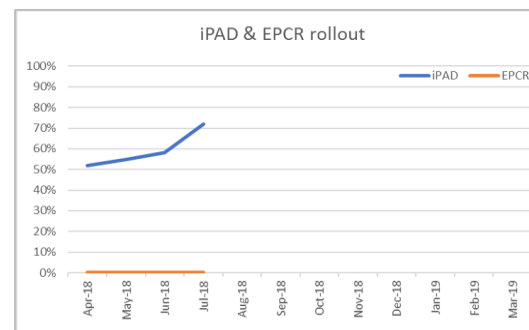
Our frequent callers are now readily identifiable and we have a range of plans that we can put in place to help these patients receive the care they require, whilst also limiting their impact on our finite resources – the number of frequent callers dropped by 16% in the most recent month.



BP.8 Roll out of iPads to our front-line clinicians

We have accelerated the roll out of iPads to our frontline clinicians during July – over 70% of our frontline clinicians now have access.

We are continuing to collect feedback during the rollout phase and making adjustments to support the necessary business change activities.





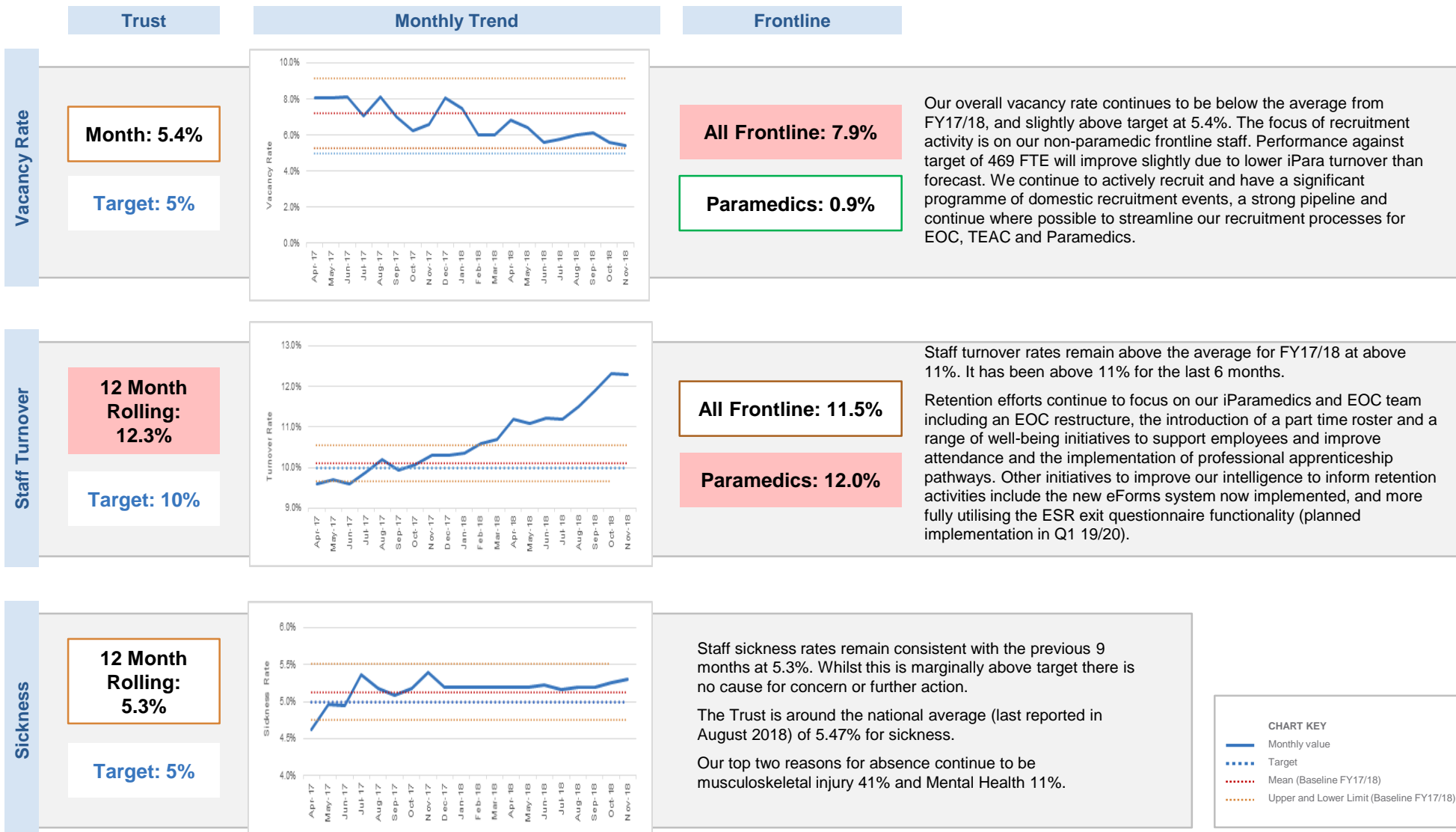
People Scorecard

November 2018

November 2018					Current Performance				Trajectory		Benchmarking			
Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status	Target		Latest Month	2018/19 Year To Date Actual	Rolling (12 Month Average)	2018/19 Trajectory		National Data	Best In Class	Ranking (out of 11)
Staff Survey engagement score	Y	Score (Range)		●	3.46									
BME Staff Survey engagement score	Y	Score (Range)		●	3.46									
Staff survey completion	Y	%		●	50%									
Staff Sickness levels	M	%	Nov-18	●	5%		5.5%	5.2%	5.3%					
MSK related staff injuries (staff survey)	Y	%		●	50%									
MSK reduction in moderate harm	M	Count		●	0.25									
Bullying and Harrassment incidents (decreasing)	Y	%		●	27%						●	G	KPI on or ahead of target	
% of BME Staff	Q	%	Nov-18	●	15%		14.3%	13.8%	13.5%		●	A	KPI off target but within agreed threshold	
Statutory & Mandatory Training (85% or above)	M	%	Nov-18	●	85%		88%	88%	84%		●	R	KPI off target and outside agreed threshold	
Staff appraisal compliance (85% or above)	M	%	Nov-18	●	85%		83%	86%	79%		●		KPI not reported / measurement not started	
Flu vaccination rate (increasing - CQUIN)	M	%		●	65%									



The Trust continues to experience higher than average turnover rates at over 11% - vacancy rates continue to remain lower than in FY17/18 as we make progress with our recruitment and are close to our target of 5%





Compliance with Health and safety action plan:

Actions arising from the Health and Safety Review have been progressed in line with the action plan; 63/69 actions have been completed (and continue to be embedded) and 6 actions are in progress and on schedule/behind schedule.

Adverse Staff Events

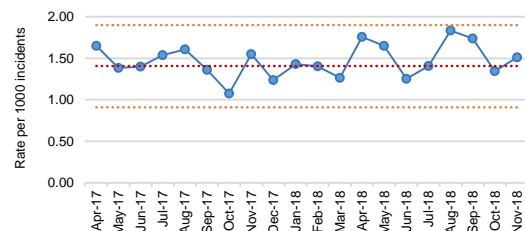
The total number of H&S incidents was 266 resulting in **2.77 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below.

145 (55%) of the H&S related incidents reported during November - 2018 resulted in Low Harm.

3 (1.0%) of the H&S related incidents reported during November 2018 resulted in Moderate Harm.

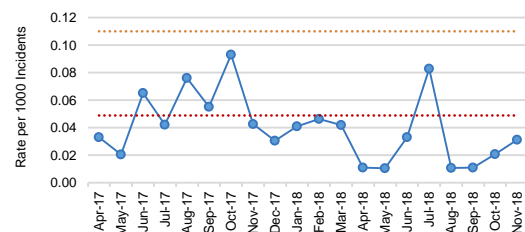
Month: 1.51

Low Harm



Month: 0.03

Moderate



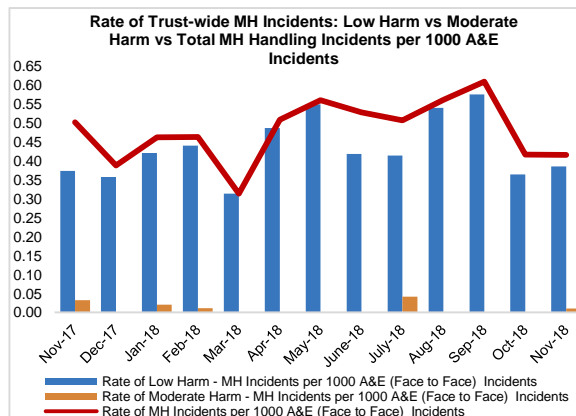
Manual Handling

There has been an increase in reporting of MH incidents since April-2018 when we introduced the programme of practical training, although overall there has been a reduction in the level of harm with an increase of no harm reports being completed.

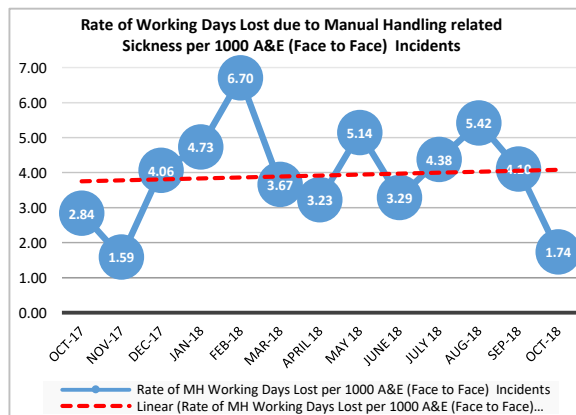
Key Updates:

- The completion of the Mangar-Elk project has seen a reduction in the number of incidents in relation to failure, availability and compatibility.
- There has been a reduction in the incidents reported involving Manger Elks, Track Chairs and Tail lifts as a direct result of new equipment being purchased by the Trust along with a redefined maintenance schedule. Monitoring of these incidents will continue for the coming months to ensure consistency.
- The Fire Risk Assessment Tender has closed, with an evaluation of the bid received was evaluated. A subsequent meeting with the company is due to take place during November for clarification purposes. During the interim time period the Health & Safety Department has incorporated a review of the fire risk assessment action plans into the Site Specific Risk Assessment programme. And increased the frequency of fire drills from 1 every 6 months to 1 every quarter to provide further assurance regarding fire risks.

Manual Handling



Manual Handling Related Sickness

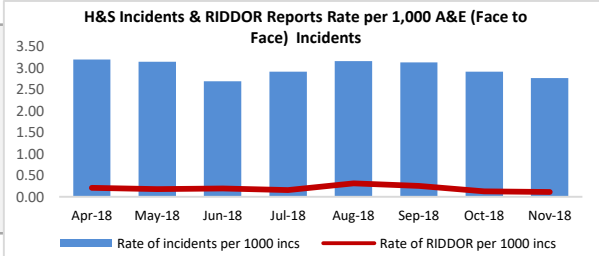




The total number of H&S incidents was 266 resulting in **2.77 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below:

Monthly Trend

Rate of Incidents

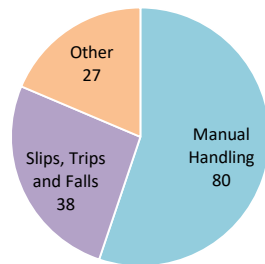


The graph on the left highlights the YTD rate of H&S and RIDDOR incidents per 1000 A&E incidents attended by the Trust.

There is no benchmark/comparable data was received from any of the other ambulance Trusts during November 2018.

RIDDOR by Cause

RIDDOR Reportable Incidents by Cause - YTD



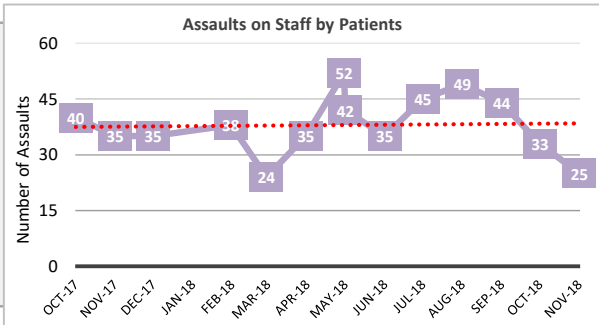
Total of 145 RIDDOR incidents were reported to the HSE during 2018/19.

11 RIDDOR incidents were reported in November 2018. All of the 11 incidents were reported within the 15 days timeframe.

The Trust wide RIDDOR reporting time frame (<15 days) compliance in November 2018 was **100%**.

Manual Handling incidents account for the highest number of RIDDORs reported across the Trust during 2018/19.

Assaults



There was a slight decrease in the number of assault on staff by patient related incidents in Nov-2018. The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.



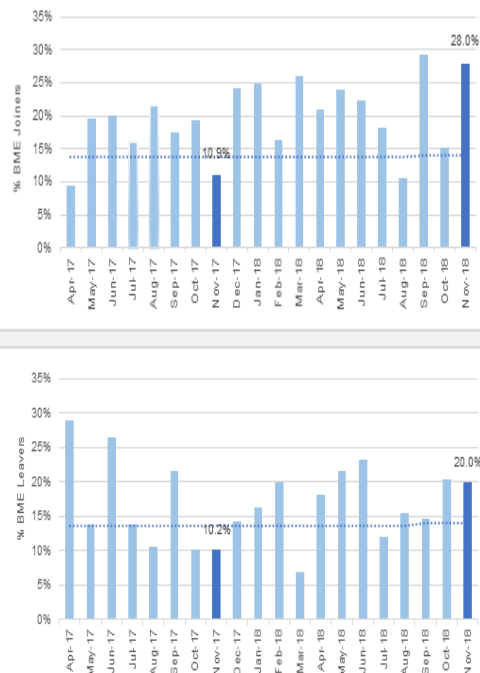
Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Workforce Race Equality Standards

The LAS WRES action plan reports starters and leavers monthly and disciplinary and recruitment data quarterly.

These graphs show the numbers of BME starters and leavers from April 2017 to November 2018 compared to the current Trust BME profile. This year we have recruited 155 BME staff and 81 BME staff have left.

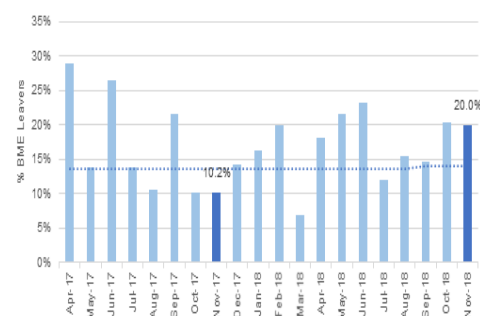
BME Starters



Focus on recruitment to improve BME starter levels including domestic recruitment events, training interviewers, having representative panels and reviewing decisions where BME candidates have failed assessments.

The WRES action plan for 18/19 has been finalised and features new targets and three key themes - Recruitment and Development, Workforce Experience and Senior Trust Leadership. We have commenced a BME pilot project to ensure diverse interview panels, senior managers workshops to discuss our current BME data and ensuring management teams have visibility and are accountable for their teams through the CEO performance reviews.

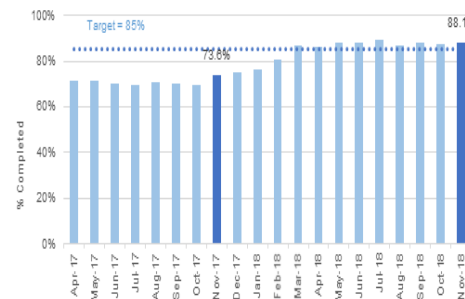
BME Leavers



Statutory and Mandatory Training and Appraisals

- Trust compliance in Statutory and Mandatory training is **88.1%** with over 115,000 E-learning courses completed since Go-Live. Nearly 4,000 staff have set-up to use from home and these numbers will increase with the newly available auto enrolment functionality.
- Appraisal completions at **83.2%** at the end of November.

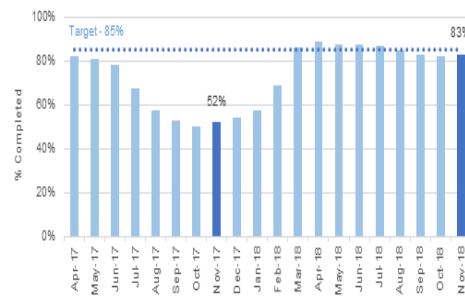
Statutory & Mandatory



Trust compliance is 88.1%, Corporate compliance 90.8% and Operations is at 87.7%.








EOC, the subject of the CQC Must Do action, is at 85.1% and a specific trajectory and action plan has been agreed with the EOC management team to bring this in line.

Appraisal Compliance



Compliance is below the 85% target. This is predominantly linked to a number of Corporate staff who became non-compliant in September and focus is on Business Partners working with their colleagues to see improvement in this area.



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.9	We will complete our recruitment plan to fully establish our front-line and newly enlarged Emergency Operations Centre structures.	Patricia Grealish		Paramedic recruitment has achieved significant success and ongoing focus through Operations Resourcing Group will continue. There will remain a gap against establishment for non-registered clinicians at year end but work planned for 19/20 should see this addressed. We remain confident of fully establishing our Emergency Call Handler roles by the end of the year.
BP.10	We will complete the restructuring and recruitment to our main organisational directorates, changing the way we operate.	Patricia Grealish		In delivery – Whilst planned restructures are complete and implementation (by the end of the financial year) is underway, some minor reorganisations will still be required as a result of decisions taken during the latter part of 2018 (e.g. establishment of an Enterprise Project Management Office). Pre-planning work for the restructure for Strategic Assets and Property is underway with delivery during H1 2019/20
BP.11	We will embed our new Vision, Purpose, Values and Behaviours across the organisation and fully align our competencies to the employee journey at LAS in: recruitment, promotion, training and development and appraisals.	Patricia Grealish		On track. All the new branding is completed and, appraisals have been updated. It is now within BAU delivery and will continue into next year. Roll out of values is embedded across recruitment and training activities and management actively engaged in culture change (through Senior Management Meetings bi-monthly, and through the Visible Leader and Engaging Leader leadership programmes).
BP.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.	Patricia Grealish		Complete. Intend to do the same next year, and will therefore continue to need the dedicated resource
BP.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.	Patricia Grealish		Complete. Activities under the WRES Action Plan for 17/18 have now been rolled into the extensive action plan agreed for 18/19 and 19/20. Work has commenced on readying for the new Workforce Disability Equality Standard Action Plan which has been discussed at Equality Committee and People and Culture Committee. Likely to be August 2019
BP.14	We will continue to implement our Clinical Education Strategy	Fenella Wrigley		Clinical education strategy workshop and alternative care pathway workshops have both been held. This, alongside the workforce planning workshop will enable the clinical education strategy to be completed
BP.15	We will develop and roll-out training and development for all our people across functional and operational teams.	Patricia Grealish		Complete. Leadership development programme in delivery phase and Management Essential programmes also underway. First cohort of visible leaders completed with second and subsequent cohorts planned. Continuous improvement will be built into the leadership development pathway elements as delivery progresses



G Business Plan deliverable on track



A Business Plan deliverable off track but with plan in place to resolve issues



R Business Plan deliverable significantly off track



C Business Plan deliverable complete

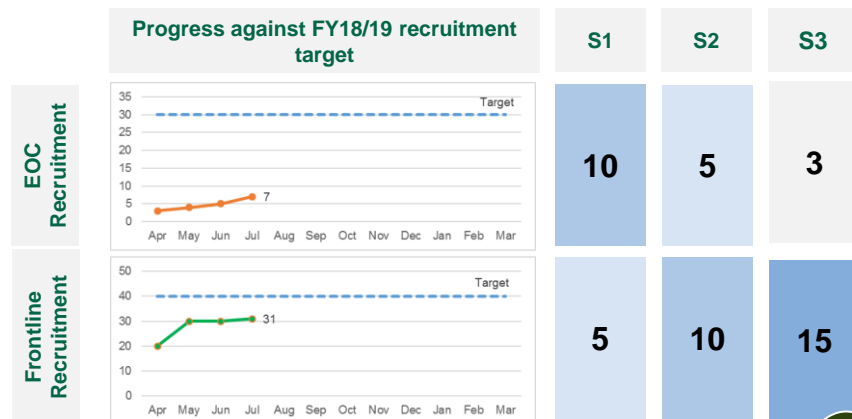


Business Plan deliverable not started



BP.9 EOC and Frontline Recruitment Plans

We have made progress in our recruitment in North West and North East sectors with our recruitment activity in the South due to be started next month.



BP.10 Organisational Restructure

Our Operations restructure is due to start implementation in the next month. We have also worked on the design of the Finance and Performance restructure.

Directorate	Designed	CFI approval	Final approval	Implementation	Status	Due
Operations	✓	✓	✓	✓	●	Dec-18
Medical & Clinical					●	Apr-19
Strategy & Communications					●	Apr-19
Finance & Performance	✓	✓			●	Apr-19

BP.12 Staff Survey Actions

We have identified a range of actions following analysis of the 2017 Staff Survey. The table below shows where we have taken action to date. The 2018 Staff Survey will be run later this year and will enable us to assess the impact of these actions

Issue	Actions	Implemented	2017 Staff Survey Score	2018 Staff Survey Score
Issue 1	Insert narrative here	No	[Q# and score] Tbc	[Q# and score] Tbc
Issue 2	Insert narrative here	No	tbc	tbc
Issue 3	Insert narrative here	No	tbc	tbc
Issue 4	Insert narrative here	No	tbc	tbc
Issue 5	Insert narrative here	No	tbc	tbc



Public Value Scorecard

November 2018

Indicator (KPI Name)	Basis	Data From Month	FY18/19 Target Status	Current Performance						Forecast	Benchmarking		
				FY18/19 Target	Latest Month	Month Plan	2018/19 Year To Date Actual	YTD Plan	Rolling (12 Month Average)	2018/19 Forecast	National Data	Best In Class	Ranking (out of 11)
Control Total (Deficit)/Surplus	£m	Nov-18	●	4.4	0.8	0.5	(1.7)	(1.7)		4.3			
CIP Savings achieved	£m	Nov-18	●	12.3	1.7	1.2	7.5	6.3		12.3			
CIP Savings achieved - % Recurrent	£m		●	75%	71%		71%			75%			
Use of resources index/indicator	(n)	Nov-18	●	1	2	2	2	2	2	1			
% of Capital Programme delivered	%	Nov-18	●	100%	0.40%	4%	40%	50%		100%			

● G KPI on or ahead of target

● A KPI off target but within agreed threshold

● R KPI off target and outside agreed threshold

● KPI not reported / measurement not started

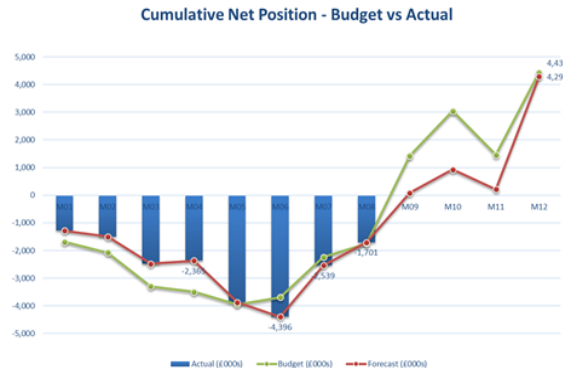


November's financial performance continues to align with our financial plan for FY18/19 with a strong current cash position for the trust and income whilst still behind contracted levels has increased through high levels of demand.

YTD outturn vs budget

YTD: -£4.3m

Budget: -£4.4m



- The Trust is forecast to deliver £4.3m surplus including the additional £4.0m Provider Sustainability Funding. This is £144k adverse to the adjusted control total surplus of £4.4m. The variance to the revised control total relates to a shortfall in the national funding for the agenda for change pay settlement. NHS Improvement have agreed this treatment and have overridden the control total breach for this while national funding discussions continue.
- Main contract activity for month 8 YTD is 0.75% higher than contract, and the variable income in relation to this (£1.3m) has been recognised in the Trust accounts as over performance. The Trust plan included £4.6m (Full year) of expected growth above the contract baseline. The Trust is therefore £1.7m behind planned income at the end of month 8. The forecast currently assumes the Trust will only achieve £1.3m of the budgeted £4.6m growth. The Trust has included £4.75m income related to the additional costs for the implementation of ARP requested by commissioners.

Financial Position Metrics

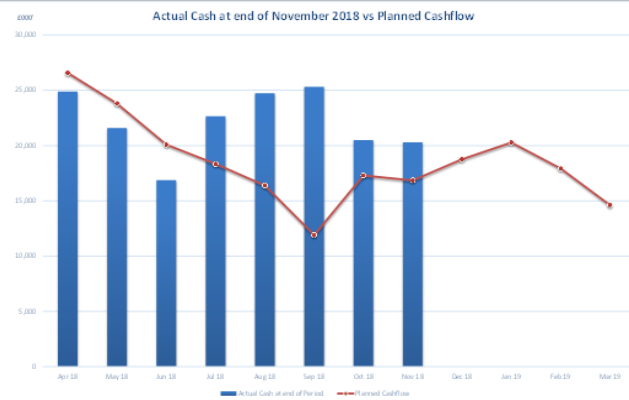
	Month 8 2018-19			YTD Month 8 2018-19			Full Year 2018-19
	Budget	Actual	Variance fav / (adv)	Budget	Actual	Variance fav / (adv)	Budget
Surplus / (Deficits)	491	838	348	(1,745)	(1,701)	44	4,436
EFL				13,451	9,996	3,455	18,288
CRL				10,541	8,283	2,258	17,126
Suppliers paid within 30 days - NHS	95%	80%	(15.0%)	95%	91%	(4.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	80%	(15.0%)	95%	84%	(11.0%)	95%
EBITDA %	6.7%	7.7%	1.0%	4.5%	4.4%	(0.1%)	6.5%
EBITDA	2,133	2,500	367	11,276	10,835	(441)	24,837
NRAF (net return after financing)				(0.44%)	(0.01%)	0.4%	(1.9%)
Liquidity Days				(3.15)	0.23	3.38	(2.21)
Use of Resources Rating				1.0	2.0	-1.0	2.0

- The Trust is £2.2m behind a capital plan of £10.5m YTD. The Trust was awarded £3.8m capital funding from the sustainability and transformation partnership ambulance schemes to fund the purchase of additional ambulances in addition to the initial £17.1m capital plan. The Trust is on course to spend its full capital allocation in 2018/19.
- Non-NHS 80%, NHS 80% performance (volume) for this month, performance remains below 95% target.

Cash position

YTD: £25.3m

Plan: £11.9m



- Cash is £20.3m, £2.2m below plan. This is made up of a number of offsetting variances.
- An analysis of the cash position shows that receipts from income are £3.7m above planned due to £3.6m NEL contract income, £1.9m of advance payments from CCGs, NHSE £2.2m pay award funding received and but not in plan and delays in receipt of contract income SLA (£4.0m), there are higher than planned creditor payments of £6.2m due to the recovery to normal payment service by our outsourced accounts provider, NEL set-up and operating costs and higher than planned in year non-pay spend.
- These are being offset by under payments of £4.8m on capital, £0.6m on pay and £0.6m on provisions.



Our Statement of Comprehensive Income reports the Trust's financial performance over a specific accounting period. Financial performance is assessed by giving a summary of how the Trust incurs its income and expenses through both operating and non-operating activities. It also shows the net surplus or deficit incurred over a specific accounting period.

Statement of Comprehensive Income (Month 8 – November 2018)

	Month 8 2018-19 £000			YTD Month 8 2018-19 £000			Full Year 2018-19 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Full Year Forecast	Variance fav/(adv)
Income									
Income from Activities	30,343	31,039	697	242,222	240,337	(1,885)	368,781	370,665	1,884
Other Operating Income	1,693	1,615	(79)	6,867	6,400	(468)	12,915	12,161	(754)
Total Income	32,036	32,654	618	249,089	246,737	(2,352)	381,696	382,826	1,130
Operating Expense									
Pay	(23,551)	(22,812)	740	(186,592)	(180,084)	6,508	(280,929)	(274,574)	6,355
Non Pay	(6,352)	(7,342)	(991)	(51,221)	(55,818)	(4,597)	(75,929)	(83,689)	(7,760)
Total Operating Expenditure	(29,903)	(30,154)	(251)	(237,813)	(235,902)	1,911	(356,858)	(358,263)	(1,405)
EBITDA	2,133	2,500	367	11,276	10,835	(441)	24,837	24,563	(275)
EBITDA margin	6.7%	7.7%	1.0%	4.5%	4.4%	(0.1%)	6.5%	6.4%	1.4%
Depreciation & Financing									
Depreciation & Amortisation	(1,295)	(1,283)	12	(10,252)	(9,766)	486	(16,241)	(15,810)	432
PDC Dividend	(350)	(426)	(76)	(2,800)	(2,952)	(152)	(4,200)	(4,656)	(456)
Finance Income	4	15	10	49	102	52	67	118	51
Finance Costs	(2)	(1)	1	(18)	(7)	11	(27)	(11)	16
Gains & Losses on Disposals	0	33	33	0	87	87	0	87	87
Total Depreciation & Finance Costs	(1,643)	(1,662)	(19)	(13,020)	(12,536)	484	(20,401)	(20,271)	130
Net Surplus/(Deficit)	491	838	348	(1,745)	(1,701)	44	4,436	4,292	(144)
NHSI Adjustments to Fin Perf									
Remove Depr on Donated assets	3	3	(0)	25	25	(0)	38	38	0
Remove STP funding 2016/17	0	0	0	0	0	0	0	0	0
Adjusted Financial Performance	494	841	348	(1,719)	(1,675)	44	4,474	4,330	(144)
Net margin	1.5%	2.6%	1.0%	(0.7%)	(0.7%)	0.0%	1.2%	1.1%	1.8%

Income

- Main contract activity for month 8 YTD is 0.75% higher than contract, and the variable income in relation to this (£1.33m) has been recognised in the Trust accounts as over performance. The Trust plan included £4.6m (Full Year) of expected growth above the contract baseline. The Trust is therefore £1.9m behind planned income at the end of month 8.
- The forecast currently assumes the Trust will only achieve £1.33m of the budgeted £4.6m growth. The Trust is including £4.75m of additional income for ARP implementation in the forecast outturn.

Operating Expenditure (excl. Depreciation and Financing)

- Pay expenditure is £6.5m lower than plan, due primarily to front line vacancies.
- The underspend on front line pay is partially offset by private ambulance expenditure £3.0m..
- Non-Pay is over by £4.6m YTD due to overspends on consultancy & professional fees (£0.5m), conflict resolution training (£0.5m), Subsistence (£0.4m), Uniforms (£0.3m), clinical systems in EOC (£0.2m), Fuel (£0.6m), Medical gases and surgical items (£0.2m).
- Forecast non pay expenditure has been adjusted for anticipated saving to be delivered through recovery plans listed below.

EBITDA

- The Trust delivered an EBITDA of £10,835k to November which represents EBITDA margin of 4.4%.

Depreciation and Financing

- Overall Financial Charges are £0.5m favourable year to date due to slippage in the Capital programme.



Our Cashflow Statement summarises the amount of cash and cash equivalents entering and leaving the Trust. It measures how well the Trust manages its cash position, meaning how well the Trust generates cash to pay its debt obligations and fund its operating expenses.

Cashflow statement (Month 8 – November 2018)

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Nov-18	Nov-18	Nov-18
	Actual	Actual	Actual	Actual	Actual	Actual	YTD	YTD	Var
	£000	£000	£000	£000	£000	£000	Move	Plan	£000
Opening Balance	21,585	16,866	22,634	24,715	25,317	20,488	30,300	30,300	0
Operating Surplus	554	1,613	(35)	1,067	3,627	2,499	10,831	10,408	423
(Increase)/decrease in current assets	2,640	3,927	1,249	3,045	(5,520)	(3,764)	(2,881)	2,958	(5,839)
Increase/(decrease) in current liabilities	(5,814)	1,730	1,265	975	(1,537)	1,928	409	(90)	499
Increase/(decrease) in provisions	(284)	168	208	(751)	138	(41)	(833)	(4,672)	3,839
Net cash inflow/(outflow) from operating activities	(2,904)	7,438	2,687	4,336	(3,292)	622	7,526	8,604	(1,078)
Cashflow inflow/(outflow) from operating activities	(2,904)	7,438	2,687	4,336	(3,292)	622	7,526	8,604	(1,078)
Returns on investments and servicing finance	10	15	15	17	19	14	102	35	67
Capital Expenditure	(1,825)	(1,685)	(621)	(2,071)	(1,556)	(820)	(15,944)	(20,410)	4,466
Dividend paid	0	0	0	(1,680)	0	0	(1,680)	(1,680)	0
Financing obtained	0	0	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(1,815)	(1,670)	(606)	(3,734)	(1,537)	(806)	(17,522)	(22,055)	4,533
Movement	(4,719)	5,768	2,081	602	(4,829)	(184)	(9,996)	(13,451)	3,455
Closing Cash Balance	16,866	22,634	24,715	25,317	20,488	20,304	20,304	16,849	3,455

Operating Position

- There has been a net outflow of cash to the Trust of (£10.0m), this is £3.5m lower than the planned outflow (£13.5m).
- Cash funds at 30 November stand at £20.3m.
- The operating surplus at £10.8m is £0.4m above plan.

Current Assets

- The movement on current assets is (£2.9m), (£5.8m) lower than planned movement.
- Current assets movement was lower than planned due to receivables (£5.1m), accrued income £1.2m and prepayments (£1.9m).

Current Liabilities

- The movement on current liabilities is £0.4m, a £0.5m higher than planned movement.
- Current liabilities movement was lower than planned due to trade and other payables (£4.3m), accruals £0.7m and Deferred income £4.1m.

Provisions

- The movement on provisions is (£0.8m), is a £3.8 lower than planned movement.

Capital Expenditure

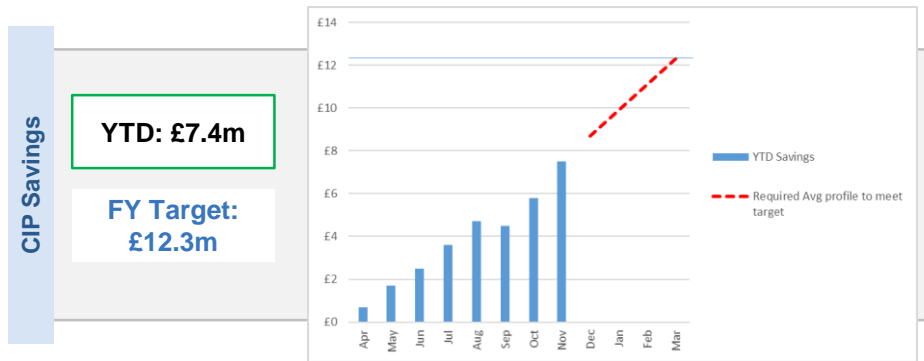
- Capital cash outflow is £15.9m, is a £4.5m below plan.



To prepare our Trust for the future we need to ensure we manage our costs effectively and where possible reduce the costs of running the Trust whilst maintaining the absolute best care for our patients. We also need to strategically invest year on year in our estate, fleet and technology capability so that we can continue to offer a world-class ambulance service.

Cost Improvement Programmes (CIPS)

In month CIP was £1.7m and YTD £7.4m both on plan. Delivery of the full year target of £12.3m remains a risk and continues to be closely monitored for the remainder of the year.

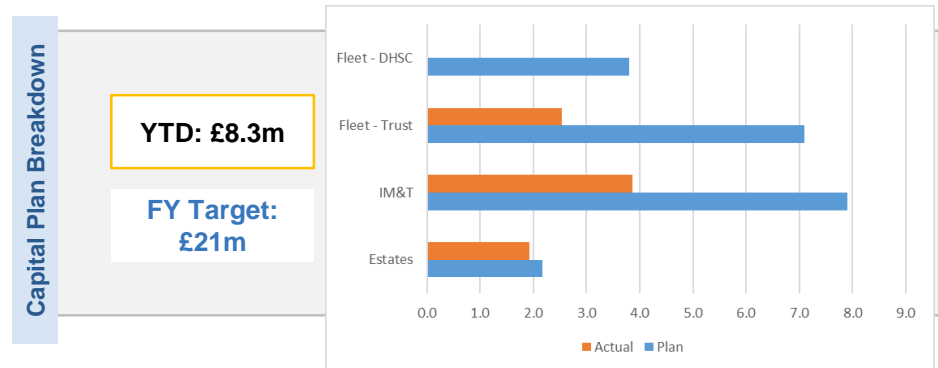


All plans have been created with documentation complete which has led to a switch from development to delivery. The table below summarises the status of the different initiatives (Red = Not delivering, Amber = Off track with mitigation, Green = Delivering)

Red	Amber
Improving planning of annual leave: Impact assessments to accompany the renegotiation of the policy being developed. The policy is then ready to send to Trades Union colleagues. Further discussions will be taking place with ExCo shortly on actions. This scheme will not delivery efficiency savings during 18/19.	Addressing EOC Incentive Payments: There continues to be a slow down in overtime costs and expenditure following the decision to remove incentive payments in September and October. The recruitment forecast is much improved, now forecasting a full establishment by the year end.
Driver Training & Maternity Income Generation: As confirmed these schemes will not delivery during 18/19	Fleet Procurements: This scheme continues to be ragged as AMBER. The sale of PTS and Motorcycles delivered savings of £114k in month 7 as part of the recovery plan.
Reducing OOS: Further good progress has been made during Nov 18 to reduce lost hours due to out of service across all codes. Whilst good progress continues, the Senior Ops Team continue to drive further improvements. This scheme will carry forward to 2019/20.	
Improving Attendance The sickness absence rate for operational staff continues not to show any improvement overall. To be carried forward to 2019/20	






Capital Plan

- Capital spend is £5.8m against a budget of £8.8m, £3m behind plan.



- The Trust was awarded £3.8m capital funding from the sustainability and transformation partnership ambulance schemes. This is to fund the purchase of additional ambulances.
- The Trust CRL of £15.5m has been confirmed and increased by £3.8m above to £19.3m. In addition the Trust carried forward £1.6m from the last financial year resulting in a total capital plan of £21m
- Orders have been placed for all Estates and Fleet spend. Further work is required to provide assurance that all IM&T capital will be utilised in year.



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.20	We will deliver our control total and maintain our use of resources rating with NHSI.	Lorraine Bewes		The Trust is forecast to deliver a £4.3m surplus including £4.0m Provider Sustainability Funding. This represents a £1.8m underlying improvement on the initial control total agreed with NHS Improvement
BP.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.	Lorraine Bewes		The Trust is currently forecasting delivery of the £12.3m CIP programme with 71% delivered recurrently in 2018/19
BP.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.	Paul Woodrow		Just completed a mid-point review of the winter plan with early identification of lessons identified to underpin commencement of contingency planning for 19/20
BP.23	We will manage and deliver our proposed capital programme of £15.5m to support the delivery of our overall strategic objectives.	Lorraine Bewes		At month 8 the Trust has delivered 40% of its capital plan and is £2.2m behind plan YTD due to slippage on EPCR and Vehicle Replacement Programme but is forecast to spend its full allocation of £21m by the end of March.
BP.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	Lorraine Bewes		Q1 and Q2 CQUIN delivered, risk included in financial forecast on Conveyance, Healthy Food, Flu, Staff Health & Wellbeing results.



G Business Plan deliverable on track



A Business Plan deliverable off track but with plan in place to resolve issues



R Business Plan deliverable significantly off track



C Business Plan deliverable complete



Business Plan deliverable not started



Partners Scorecard

November 2018

Indicator (KPI Name)	Basis	Data From Month	STATUS	Statistical Process Control Icon	Current Performance					Trajectory	Benchmarking (Month)		
					YTD Target	Latest Month	Month Target	2018/19 Year To Date Actual	Rolling (12 Month Average)	2018/19 Trajectory	National Data	Best In Class	Ranking (out of 11)
Conveyance rate to ED (CQUIN)	%	Nov-18	●		61.1%	62.3%	60.5%	61.6%					
STP engagement metric (CQUIN)	£m	Nov-18	●	N/A	3.2	0.8	0.8	0.8					
Digital (CQUIN)	£m	Nov-18	●	N/A	3.2	0.6	0.6	0.6					
Call answering - 999 (less than 5 seconds)	%	Nov-18	●		95%	89.7%	95%	86.0%	82.7%				
Call answering - NHS 111 (less than 60 seconds)	%	Nov-18	●			77.2%	95%		86.2%				

● G KPI on or ahead of target

● A KPI off target but within agreed threshold

● R KPI off target and outside agreed threshold

● KPI not reported / measurement not started

Variation Indicators

Special Cause Concern High Low Special Cause Not Investigate High Low Common Cause



The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. Details of the Trust's CQUINs is shown in the table below with details from the Q1 review to inform forecasted payments for the rest of the FY.

CQUIN	Description	Owner	CQUIN YTD	CQUIN Target	Total Value FY18/19	Value Paid YTD	% of Total Value Realised YTD	% of Total Value Realised Target
National 1a: Staff Health & wellbeing	To achieve a 5% point improvement in 2 of the 3 NHS annual staff survey questions on health and wellbeing, MSK and stress.	Patricia Grealish	TBC	Q9a = 22.3% Q9b = 57.4% Q9c = 53.3%	£267k	£0k	0%	100%
National 1b: Healthy Food for NHS staff, visitors and patients	Maintain changes made in 2016/17 including banning price promotions, advertisements for sugar drinks and foods high in fat and introduce 2018/19 changes including signing up to the SSB reduction scheme and ensuring that 80% of confectionary does not exceed 250kcal	Benita Mehra		Range of targets	£267k	£0k	0%	100%
National 1c: Flu vaccination rate	To improve the uptake of flu vaccinations amongst frontline healthcare workers with a target of 75% in Year 2 (2018/19).	Fenella Wrigley	56.24% At 30/11/18	>75%	£267k	£0k	0%	100%
Conveyance rate reduction to ED	A reduction of conveyances to A&E by the introduction and increase in use of PDS matching, SCR and DoS look-up in EOC/Chub. Along with the maintenance of H&T and S&T as well as a workforce support plan and workforce plan, ensuring appropriate numbers of staff and training.	Paul Woodrow	ED Convey = 61.5% H&T = 3.4% S&T = 26.5%	ED Convey = 60.4% H&T – 3.8% S&T – 25.9%	£801k	£0k	0%	100%
STP engagement	LAS to engage with external stakeholders by supporting STP's including working with partners to support priority plans as well as supply of suitable datasets supporting current work streams being explored by CCG's to reduce overall demand on the LAS.	Angela Flaherty		Range of targets	£3,205k	£801k	25%	100%
Digital	To ensure that majority of frontline clinical staff are provided with a personal issue mobile device, with appropriate agreed clinical apps being increasingly utilised to improve patient care.	Ross Fullerton		Range of targets	£3,205k	£640k	20%	100%
TOTAL					£8,012k	£1,602k	18%	100%

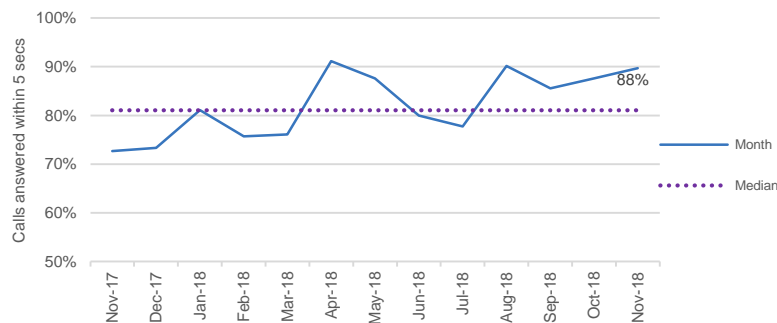


In November 2018 the 999 call answering within 5 secs performance metric was at 89%, a lot higher than the same month last year, at 70%.

111 call answering within 60 secs was at 79.9%, below the 95% target and the average achieved in FY17/18. This was due to higher call volumes and additional pressure being placed on the SEL 111 service due to London Call Balancing during the month.

999 Call Answering

Month: 90%



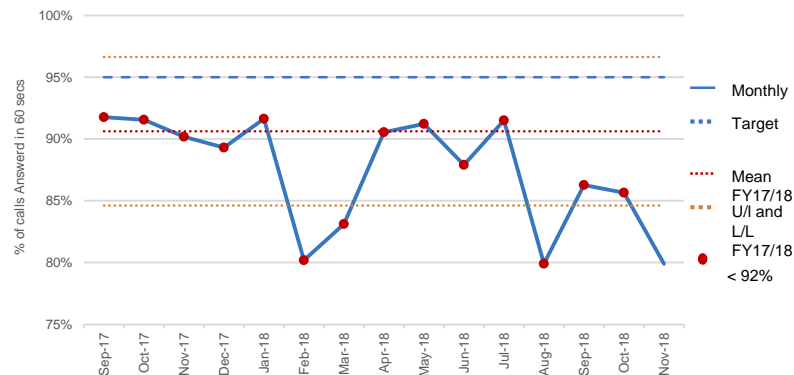
In terms of the Emergency Operations Centres (EOC), 89% of all calls were answered within 5 seconds in November, this was a marginal improvement on Octobers' call answering performance of 88%. As per the graph on the left, we can see a steady improvement since September 2018.

The average call answering was in 5 seconds, followed by 11 seconds for 90th centile and 42 seconds for 95th centile. 99th centile finished at 1 mins and 35 seconds.

111 SEL Call Answering

Month: 77.2%

Target: 95%



Demand: SEL Call volume in the month of November was 3.8% below the predicted forecast. (Forecast: 33,022, SEL Calls: 31,771)

Note: SEL Calls are: 1. Calls offered at the Croydon Call centre, Ex NEL
2. SEL Balanced calls answered at NEL.

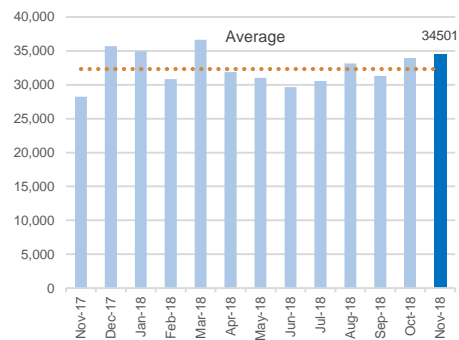
Capacity: Call balancing from NEL to SEL increased in November to 5,997 from 4,276 in October.

Efficiency: The percentage of calls answered in 60 seconds or less was 77.2% this is a 8.8% decrease in calls answering performance when compared to October 2018.

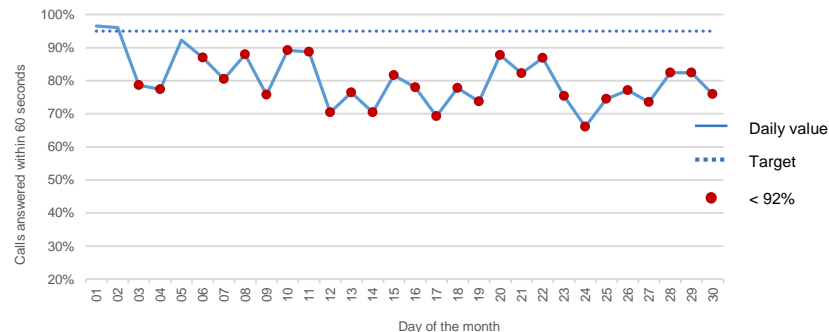
Note: There is a continued focus on improving performance and the new automatic front-ending process is now business as usual.



Monthly Calls Answered



Daily Analysis of Calls Answered within 60 secs

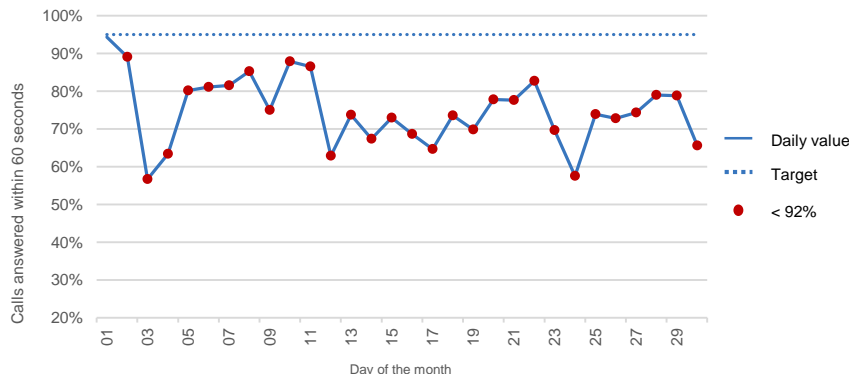
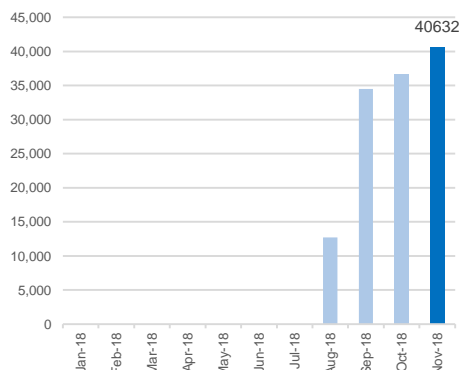


111 South East London:
Calls answered at the SEL in November were 34,501 compared to 28,225 the previous year (November 2017). An increase of 22.2% in the calls answered year on year.

28 out of 30 days in November (93%) failed to achieve the 95% or more calls answered within 60 seconds target.

111 South East London

111 North East London







111 North East London
Calls answered at NEL in November were 40,632 an increase of 10.7% for calls answered in comparison to October.

During the month of November 29 out of 30 days (96.6%) failed to achieve the 95.0% or more calls answered with 60 seconds target.

The total call volumes was above the forecasted volume for the month. Therefore number of staff rostered per shift (based on the forecasted call volumes) struggled to fulfil call answering within 60 seconds. Call balancing between contributed to SELs poor call answering levels. One of the assurances provided to commissioners is to look to recruit more staff to improve the call answering outcomes.



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.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	Multiple SROs		We are closely engaged with commissioners and STP partners led by our 5 Stakeholder Engagement Managers. We chair a system group on ACPs that are working to identify new and improved care pathways. The 5 senior sector clinical leads have been appointed who will focus on appropriate referral to alternative pathways.
BP.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.	Fenella Wrigley		NEL IUC embedding has continued. The CAS service is now fully operational (since 18 th Dec) A governance structure has been appointed to and the leadership team has been enhanced with two GP clinical leads. Mobilisation of SEL is imminent
BP.18	We will work closely with London acute hospital EDs, 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)	Paul Woodrow		There has been a demonstrable reduction in the delays experienced by DCAs in hospital handovers. There has also been a significant improved where difficulties in the speed of resolution where delays do arise. These are recovered much more quickly compared to this time last year.
BP.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.	Angela Flaherty		<p>We continue to work closely with other emergency services and partners. Most notably we are contributing to the Collaborative Contact & Response (CCR) programme. This programme has now been established with baseline assessments and scoping completed. Funding of £4.5m has been applied for to assist with the next phase which will include the creating of a service model and capability map as well as a benefits tracking process.</p> <p>The recruitment leads for the 3 services have met and are exploring opportunities for collaboration including shared assessment space and learning from best practice in equality and diversity recruitment priorities.</p>



G Business Plan deliverable on track



A Business Plan deliverable off track but with plan in place to resolve issues



R Business Plan deliverable significantly off track



C Business Plan deliverable complete



Business Plan deliverable not started



Our vision is to be a world class ambulance service in 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'. Our strategic themes are:

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

We are delivering our strategy through: Our strategic programmes, A framework of enabling strategies and improved stakeholder engagement. Progress is detailed on the following slides

Delivering our 5 Year Strategy – Strategic Programmes

Programme

Key Progress & Achievements since last IPR

Priorities for coming months

iCAT London

NEL Mobilisation – We went live with 24/7 NEL 111 IUC services on 1 August. Mobilisation activities have been completed and the programme has moved into BAU.

SEL Mobilisation – Following conversations with commissioners, the go-live date for full SEL IUC mobilisation is 29th January for in house services and 26th February for out of hours services. Mobilisation activities have progressed to plan with the delivery of Adastra and Avaya telephony in mid-December.

System configuration and testing is underway and progressing well

- Completion of all system configuration and testing for in house go-live on 29th January
- Roll out of out-of-hours- services in February
- Transitioning SEL 111 IUC services to BAU by the end of February 2019

Pioneer Services

The key progress within the Pioneer Services Programme has been the launch of the Mental Health pilot in South East London. As of week ending 13th January, the pilot has been operational for seven weeks and has been highly successful. It has seen an average of 32 patients a week, comparable with Trust Wide utilisation and has had a 'convey to ED' rate of between 16% and 27%. This compares favourably to the comparison group which has a convey to ED rate of 45% to 67%. The MH Pioneer Service has also produced improved multiple attendee ratios. The pioneer service has seen very positive reactions from staff who see great value in it and are looking forward to a wider roll out.

An End of Life staff survey has been conducted to ascertain a baseline for how confident staff feel when attending these patients. Our end-of-life team has also been planning a pan-London conference to consider how we work better with hospices

- Formal evaluation of Mental Health service pilot following three months of operation
- Launch of falls service pilot in North West London
- Mental Health 'Whose Shoes' event
- Formal analysis of End of Life Baseline survey
- End-of-Life conference for improved collaboration with hospices
- Commence recruitment of APP(UC) cohort 4



Programme

Key Progress & Achievements since last IPR

Priorities for coming months

Spatial Development

- Refurbishment of HQ second floor Executive wing was completed in September 2018, increasing desk capacity by over 80% and creating additional meeting spaces
- The Conference room has also undergone refurbishment during January 2019 and is approaching completion
- Further works are now taking place on the third floor in HQ. This work will allow the consolidation of the People & Culture team including staff moving from Cody Road.

- Further works in HQ will provide space for the finance team, which will enable us to vacate Morley Street
- Works to develop the communal areas are to be progressed to provide additional informal meeting spaces
- Upgrades to toilet facilities and provision of a prayer room are currently in the design stage

Connecting Clinicians

- A new programme management team started on the Connecting Clinicians Programme at the beginning of 2019. Following a review of the programme, key assumptions around scope and schedules are being revisited and detailed documents are being developed for approval by the programme steer co on 31 January
- ePCR tender was issued on 21st December and responses are expected back by 21st January. The Financial Business Case is being finalised
- Focus on the processes surrounding the management of iPads, release management of applications has been increased as the programme recognises that robust processes must be in place to support the effect deployment of ePCR, SCRa, NRLS and One London

- Suppliers evaluation for ePCR tender is scheduled to commence on 28th January
- Financial Business Case is on track to be presented to March Trust Board
- Work is progressing for SCRa to go live on 15th April
- Finalising of programme benefits case and programme training strategy

Ready, Set, Go (Medicines Management)

- Secure Drug Rooms – We have completed instillation of secure drug rooms at 25 stations. This includes CCTV and 'smart' Abloy® CLIQ key system
- Station Based Drugs – Business case for new multi-dose drug packs has been approved and packs are ready to be ordered
- Primary Response Bags – Business case for new vehicle based equipment bags and modular restocking system has been approved. The Advanced Life Support bags have been ordered in preparation for roll out
- Kit Prep – The kit prep audit system has been in use for almost two years with work now focussing on making it mobile. The logistics app has been installed but testing has been restricted due to connectivity issues

- Completion of final five secure drug rooms as part of phase one of Ready Set Go programme
- Ordering of new drug packs, dependant on update of kit prep to incorporate new packs and processes
- The second primary response bag is now being finalised for approval
- Roll out kit prep app on iPads to allow staff to select drugs they need as opposed to being hand written
- WiFi implementation at LSU in February



Programme

Key Progress & Achievements since last IPR

Priorities for coming months

Contracting and contractual form

The main work regarding contract preparation has been done as part of the business planning process and has been reported to Finance and Investment Committee in January 2019, including the key business planning outputs that are pertinent to our contract proposal

The draft NHS Standard Contract has been issued for consultation which is due to close on 1st February 2019

- Contract proposal will be issued by the end of January
- We will respond to the consultation on the draft NHS standard contract by 1st February
- Final NHS Standard Contract is due to be published on 22nd February 2019

Delivering our 5 Year Strategy – Effective Stakeholder Engagement

One of our three strategic themes, as outlined in our organisational strategy, is that we want to have a stronger working relationship with our key stakeholders across London, particularly NHSE, NHSI, the five STPs and London's CCGs. In order to achieve this we have restructured and expanded our stakeholder engagement function with the aim of being able to focus this engagement work on the key strategic issues.

Key strategic level forums attended

- SEL Clinical Programme Board prioritisation workshop
- STP A&E Delivery Boards
- Pan-London ACP and Demand Management Board
- STP Programme Boards
- Directors of Strategy Forum
- SEL Executive Board

Progress since the last IPR

- We have appointed a Head of Partnerships to lead this agenda and manage the SEMs
- We have agreed joint priorities with all STPs as part of the STP engagement CQUIN
- We have submitted the CQUIN Q3 report with evidence against all agreed priorities
- Detailed 'STP Insight Packs' are being developed to provide a comprehensive, up-to-date summary of each STP and our engagement with them

Key priorities for the coming months

- Head of Partnerships to start in February and agree objectives for the year and priorities for first few months
- Receive funding award for Q3 of STP engagement CQUIN and continue working to fulfil Q4 deliverables
- Finalising of STP Insight Packs and distribution to ExCo and Trust Board



Enabling Strategies

Strategy	Lead Director	Progress since last IPR	Key progress over coming months
People & Culture Strategy	Patricia Grealish, Director of People & Culture	The People & Culture Strategy has been completed and was formally signed off by Trust Board on 27 th November 2018	Design work on the strategy will be undertaken with the final version being published on the Pulse by the end of February 2019
IM&T, Data & Digital Strategy	Ross Fullerton, Chief Information Officer	The IM&T, Data & Digital Strategy was reviewed by Trust Board with comments being incorporated into a final version	Strategy to be presented to Trust Board for approval on 29 th January before design work will be undertaken and publication in March
Clinical Strategy	Fenella Wrigley, Medical Director	Iterations of the draft strategy have been produced following further conversations with the SRO	The draft clinical strategy will be discussed at the February Board Briefing session with a view to being presented for sign off at March Trust Board
Quality Strategy	Trisha Bain, Chief Quality Officer	Draft strategy has been written	Strategy will be going out for consultation with key stakeholders in February before Trust Board in March
Estates Strategy	Benita Mehra, Director of Strategic Assets & Property		
Volunteering Strategy	Fenella Wrigley, Medical Director	The strategy was discussed at December's Board Briefing session, with a decision to focus primarily on enhancing our specialist patient facing voluntary roles and implementing a LAS Cadet Scheme	The volunteering strategy is being iterated and will be presented to the March Trust Board for consideration and sign off
Patient & Public Involvement	Trisha Bain, Chief Quality Officer	This strategy has been drafted and presented to the People & Culture committee for comments	This strategy will be presented to the Quality Assurance Committee for further review before Trust Board are asked for final sign off in March
Training & Education Strategy	Patricia Grealish, Director of People & Culture	A Training & Education workshop was held on 6 th December to establish the priorities for this strategy.	Strategy drafting will take place with a view to presenting the strategy to Trust Board for sign off in March
Commercial Strategy	Lorraine Bewes, Director of Finance	An initial strategy framework was written, identifying principles and best practice. However it has been decided to postpone development of this strategy until the new Head of Commercial is established and can shape it themselves	





Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Board Assurance Framework and Corporate Risk Register			
Agenda item:	11			
Report Author(s):	Frances Field, Risk and Audit Manager			
Presented by:	Philippa Harding, Director of Corporate Governance			
History:	None			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
This paper provides the Board with an updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR).				
Recommendation(s):				
The Board is asked to note this report and comment on the issues raised within it.				
Links to Board Assurance Framework (BAF) and key risks:				
This paper sets out the content of the BAF and the CRR.				
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 checked="" type="checkbox"/>			
Other	<input checked="" type="checkbox"/>			
This report supports the achievement of the following Business Plan Work streams:				
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"/>			

Board Assurance Framework (BAF)

Current BAF Risks

1. The risks currently on the BAF are set out below in descending order of severity.

Severity	Risk	Risk Owner	Scrutinising Committee	Comments
1	BAF Risk 52 There is a risk that the Trust will not deliver the required control total through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards taking account of cost pressures including agency and potential IT server licence cost pressures.	Lorraine Bewes, Director of Finance and Performance	Finance and Investment Committee	
2	BAF Risk 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period.	Ross Fullerton, Chief Information Officer	Logistics and Infrastructure Committee	
3	BAF Risk 50 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	Benita Mehra, Director of Assets and Property	Logistics and Infrastructure Committee	Anticipated to be removed from BAF following successful completion of UPS replacement works early February 2019
Proposed for de-escalation/removal from the BAF				
	BAF Risk 47 The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations	Patricia Grealish, Director of People and	People and Organisational Development Committee	

	Centre at Bow and Waterloo.	Organisational Development		
	BAF 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.	Benita Mehra, Director of Assets and Property	Logistics and Infrastructure Committee	
Proposed for addition to the BAF				
	BAF Risk 53 There is a risk that the Trust may not be prepared for potential disruption following the UK's exit from the EU, which may negatively impact on the delivery of services and financial position of the Trust.	Lorraine Bewes, Director of Finance	Finance and Investment Committee	Proposed for addition to the BAF following discussions at ExCo meeting on 16 January 2019

Risk discussions in November, December and January

Executive Committee

- At its meeting on 16 January 2019 the Executive Committee (ExCo) received an update to the Board Assurance Framework. As part of this discussion the ExCo concurred that the BAF should include a corporate risk relating to the UK's exit from the EU.
- As part of a horizon scanning discussion the ExCo considered the question of whether there should be a BAF risk relating to the importance of the Trust's successful delivery of its 111/IUC service and the impact that this would have on delivery of the Trust's overall strategy. This is not proposed for inclusion on the BAF at the current time, but it is anticipated that there will be further discussion of this issue at the Board development session in February 2019.

Board Assurance Committees

People and Culture Committee

- At its meeting on 8 November 2018, the People and Culture Committee acknowledged that BAF Risk 47 regarding low EOC staffing levels at Bow and Waterloo remained a risk. This risk was reviewed again at the Committee's meeting on 10 January 2019, when the Committee agreed to recommend to the Board that it should be de-escalated from the BAF.
- The People and Culture Committee also discussed at its meeting on 8 November 2018 the corporate risk register risk relating to musculoskeletal injuries to frontline staff. The Committee was informed that in light of a number of mitigations, musculoskeletal injuries at the Trust had decreased and the rating had been reduced to 12 at the Corporate Health and Safety Committee meeting in October 2018.

6. The People and Culture Committee continues to be updated with regard to the risk associated with the Trust's occupational health provider (PAM). There are two elements to the risk, the first addresses the delivery of the service and the second the resilience of the PAM organisation itself. The Committee has noted that a significant number of staff have raised concerns over occupational health service delivery at the Trust's CEO Roadshows and that the Trust has organised a meeting with PAM in response to these concerns and produced an improvement plan.
7. In addition, a letter of concern has been written to PAM outlining poor performance against key performance indicators. Alternative options for ambulance occupational health provision are being explored with other ambulance trusts.

Audit Committee

8. At its meeting on 5 November 2018, the Audit Committee received an update on the BAF, where it was noted that, following discussions at the Logistics and Infrastructure Committee in October, BAF Risk 51 relating to third party suppliers was likely to be proposed for de-escalation at the next meeting of the Trust Board on 27 November 2018. However, following its consideration of the risks associated with the possibility of the UK's exit from the European Union, the Board agreed that this risk should remain on the BAF (see paragraph 11 below).
9. The Audit Committee also noted that BAF Risk 50 relating to the work planned to upgrade the Trust's uninterruptable power supply (UPS) had been further delayed to January 2019 (this has subsequently been delayed further to 3 February 2019). The Committee expressed frustration that this issue had been on-going for over a year without resolve. Reassurance was provided to the Committee that a project team was in place and that the project was progressing to delivery. The Committee requested further information outlining assurances relating to the UPS replacement project.

Finance and Investment Committee

10. The Committee received an update from the Procurement team on the Trust's preparedness in the event of possible disruption arising from the UK's departure from the European Union on 29 March 2019. The Committee noted the report and the mitigations against the risks associated with the exit from the EU and agreed that further work was required to fully understand the associated risks and provide further assurance and clarification.

Quality Assurance Committee

11. At its meeting on 20 November 2018 the Committee noted that on 25 September 2018 the Trust Board had discussed the potential addition of the Trust not being able to meet the ARP standards to the BAF but it was decided that this was not appropriate.
12. The Committee agreed, further to discussions at previous Committee meetings, that a risk related to the outcomes of the independent training review should be added to the Trust's corporate risk register. This risk has now been added to the Corporate Risk Register (Datix ID 871 rated 12).
13. The next meeting of the Quality Assurance Committee takes place on 22 January 2019, an oral update on the outcome of any risk-related discussions can be provided at the Board meeting on 29 January 2019.

Trust Board

14. The Board was provided with information on the Trust's preparedness for the UK's departure from the European Union on 29 March 2019, including assurance that the Trust

had conducted its assessment in line with the framework mandated by the Department of Health. The Board noted that five primary key risk areas had been identified and a robust methodology had been applied to identify risks in each of these areas. The Board was assured that the risks at the Trust equated to medium risks only. It was noted that the workforce risk was low, with only 167 EU nationals directly employed by the LAS and a review of 820 supplier relationships indicated only 17 suppliers with a risk rating of low or medium. In light of its discussion of this information, however, the Board determined that it would be prudent to retain BAF Risk 51. The Board was assured that the business continuity risk was low. Further information on this can be found elsewhere on the agenda for this meeting.

Trust Board Development Session

15. As part of the Trust Board Development meeting on 18 December 2018, the Chief Quality Officer and the Director of Corporate Governance led a session on risk management, the objectives of which were to:
 - Refresh the Board's understanding of the principles of risk management.
 - Ensure the right focus is retained when appraising the risk effectiveness of the organisation's management of risk.
 - Enable the Board to form a view of effective the risk management framework is in the organisation.
 - Enable the Board to agree a Risk Appetite Statement.
16. Attached at Annex A to this report is a proposed risk appetite statement and risk tolerance scores based upon the discussion at the board development session on December.

Risks added to the BAF since the last Board meeting

17. No new risks have been added to the BAF since the last Trust Board meeting.

Corporate Risk Register

Highly-rated CRR risks not included on the BAF

18. The following four risks currently have a rating of 15 or greater and are not included on the BAF:
 - Datix ID 706 – EOC training have limitations on space and building facilities which may impact ability to deliver training; there is a risk that insufficient capacity and/or site conditions could cause interruption to training courses.
 - Datix ID 844 – Risk of time slippage due to Wi-Fi issues at Logistics Support unit at Deptford which may let to the Kit Prep project timescales not being met if not properly managed.
 - Datix ID 841 - There is a risk that the Trust is inadequately licensed for Microsoft products as a result of expanded usage since committing to an Enterprise Agreement which may lead to significant cost increase and budget overspend.

Frances Field

Risk and Audit Manager

Risk appetite statement

The London Ambulance Service NHS Trust (LAS) recognises that its long term sustainability depends upon the delivery of its strategic ambitions and its relationships with its patients, people, public and partners. As such, LAS will not accept risks that materially provide a negative impact on the quality/outcomes of the care it provides.

However, LAS has a greater appetite to take considered risks in terms of their impact on organisational issues. As such, LAS has a greater appetite to pursue Financial/Value for Money and Reputational risks and has a high risk appetite for innovation (clinical and financial) in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

Key Risk Categories – risk appetite and risk tolerance scores

Risk Category	Link to 4 Ps in LAS strategy	Risk Appetite	Risk Appetite Score
Quality/ Outcomes	Patients	LAS has a LOW risk appetite for risks that may compromise the delivery of outcomes for patients.	6-10
Reputation	Partners Public	LAS has a MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	12-16
Innovation (clinical & financial)	Partners Our People	LAS has a HIGH risk appetite for innovation that does not compromise quality of care.	20-25
Financial/VFM	Partners Public	LAS has a MODERATE risk appetite for financial/VFM risks which may grow the size of the organisational whilst ensuring that the risk of financial loss is minimised and statutory requirements are complied with.	12-16
Compliance/ Regulatory	Partners Our People	LAS has a LOW risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	6-10

Board Assurance Framework – January 2019

		Rare	Unlikely	Possible	Likely	Almost Certain	
IMPACT	Catastrophic		50	45			In order of severity: BAF Risk 52 There is a risk that the Trust will not deliver the required control total through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards taking account of cost pressures including agency and potential IT server licence cost pressures.
	Major			51	47 52 53		BAF Risk 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period. BAF Risk 50 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.
	Moderate						Risks proposed for de-escalation 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. BAF 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.
	Minor						Risk proposed for addition BAF Risk 53 There is a risk that the Trust may not be prepared for potential disruption following the UK's exit from the EU, which may negatively impact on the delivery of services and financial position of the Trust.
	Negligible						
		LIKELIHOOD					

Risk Severity



High Risk (15-25)
 Significant Risk (8-12)
 Moderate Risk (4-6)
 Low Risk (1-3)

Key



Net risk rating



Gross risk rating = net risk rating

GOAL 1 Provide outstanding care for our patients

- DELIVERABLE**
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.
 2. We will deliver our post-ARP transformation plan to ensure we can meet national performance and quality standards.
 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.
 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.
 5. We will pilot the new 'Pioneer Services' set out in our new strategy.
 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.
 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.
 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.

Links to Deliverables	BAF Risk	Further mitigation required
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PROPOSED TO BE ADDED TO THE BAF

1.	53 There is a risk that the Trust may not be prepared for potential disruption following the UK's exit from the EU, which may negatively impact on the delivery of services and financial position of the Trust.	<ul style="list-style-type: none"> • EU Exit task and finish group to undertake a risk assessment of the consignment stock of fleet parts and provide a plan going forward. • Requirement of stocking including fuel, tyres etc., and the need to provide assurance and identify prudent measures to reduce consumption during the period. • It was agreed that a procurement action plan, complete with a schedule would be shared with the Committee to provide further assurance. • Discussions with the military should be undertaken to establish support if required in the event of political unrest.
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GOAL 2 Be a first class employer, valuing and developing the skills, diversity and quality of life or our people

DELIVERABLE

9. We will complete our recruitment plan to fully establish our front-line and newly enlarged Emergency Operations Centre structures.
10. We will complete the restructuring and recruitment to our main organisational directorates, changing the way we operate,
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.
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.
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.
14. **We will continue to implement our Clinical Education Strategy.**
15. **We will develop and roll-out training and development for all our people across functional and operational teams.**

Links to Deliverables

BAF Risk

Further mitigation required

PROPOSED TO BE REMOVED FROM THE BAF

9, 10

47 The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre at Bow and Waterloo.

- Review online assessment pilot for EOC recruitment and run pilot
- EOC Recruitment Project Meetings
- Allocate appropriate resource to interview and assessment activities
- Super Saturday recruitment events supported by recruitment team and frontline staff

GOAL 3 Partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London

DELIVERABLE

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.
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.
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).
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.

Links to
Deliverables

BAF Risk

Further mitigation required

GOAL 4 Provide the best possible value for the tax paying public, who pay for what we do

DELIVERABLE

20. We will deliver our control total and maintain our use of resources rating with NHSI.
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.
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.
23. We will manage and deliver our proposed capital programme of £15.5m to support the delivery of our overall strategic objectives.
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.

Links to Deliverables	BAF Risk	Further mitigation required
20	52 There is a risk that the Trust will not deliver the required control total through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards taking account of cost pressures including agency and potential IT server licence cost pressures.	<ul style="list-style-type: none"> • Further case being presented for additional funding (renegotiation) based on increased incident demand. • Chief Executive-led review meetings to assure on agency recovery plan • NHSI is providing support for our request to the National Agency Committee for an agency cap waiver.
22	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"> • Deliver Phase 2 (18/19) of the cyber programme • Actively monitor the action plan of mitigations identified by audits quarterly: Next Quarter LIC Feb 19 • Develop and obtain funding for 19/20 cyber programme • Initiate 19/20 cyber programme • Delivery 19/20 cyber programme • Define rolling cyber exercise plan including relevant partners
22	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"> • We are aligning our service specification and potentially considering a joint tender with South East Coast Ambulance Service and South Coast Ambulance Service which will be concluded in August 2020. • Both our Gold and Silver officers within Ops have been briefed along with the logistics managers who have been put on standby. • The Interserve regional account manager has also initiated the first stage of the contingency plan, where staff were reassured that they would continue to be paid directly through LAS in the interim, if necessary. • The P&C team have also been engaged, if in the event, staff needed to be Tupe'd, as part of our contingency we have the staff details since March but with an attrition rate running at 10%, this is constantly being monitored and will be led by P&C.
22	50 Current UPS capacity is insufficient to meet building supply demand and equipment condition is deteriorating; requiring upgrade and repair. Failure of	<ul style="list-style-type: none"> • Revised project plan start date for upgrade and replacement of UPS, (subject to assurance from internal and external stakeholders).

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.

- Share assurance paperwork with NHSI and NHSE. (paperwork shared now awaiting feedback)
- Share assurance paperwork with Non Executive Directors, which will include NHSE responses.

PROPOSED TO BE ADDED TO THE BAF

1.

53 There is a risk that the Trust may not be prepared for potential disruption following the UK's exit from the EU, which may negatively impact on the delivery of services and financial position of the Trust.

- EU Exit task and finish group to undertake a risk assessment of the consignment stock of fleet parts and provide a plan going forward.
- Requirement of stocking including fuel, tyres etc., and the need to provide assurance and identify prudent measures to reduce consumption during the period.
- It was agreed that a procurement action plan, complete with a schedule would be shared with the Committee to provide further assurance.
- Discussions with the military should be undertaken to establish support if required in the event of political unrest.

BAF Risk no. 52 There is a risk that the Trust will not deliver the required control total through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards taking account of cost pressures including agency and potential IT server licence cost pressures.

Risk Classification: Finance **Risk Owner:** Lorraine Bewes **Scrutinising Committee:** Finance & Investment Committee

Date risk opened: 12/10/2018 **Date risk expected to be removed from the BAF:** January 2019

Underlying Cause/Source of Risk: Risk identified following review of the financial position for the Finance and Investment Committee in month 5.		Gross Rating	Current/Net Rating	Target Rating
		16	16	8

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date
<p>Commitment from Commissioners during 2018/19 contracting round to consider funding the costs of the impact of new national performance standards.</p> <p>Business case for commissioners in collaboration with Operations, BI, Contracting and Finance.</p> <p>Business case shared with Commissioners for discussion at CPM Meeting.</p> <p>Executive Committee paper on IT licences to be decided upon. Funding was agreed and is factored into the financial forecast.</p> <p>Implemented managed services solution for both SE and NE 111 services</p> <p>Gaps in Controls</p> <p>Paper presented to STP Accountable Officers for approval of funding.(not approved)</p>	<ol style="list-style-type: none"> Working group established between Operations, BI, Finance and Contracting to develop business case for commissioners. Business case presented for additional funding currently requiring renegotiation, to reinforce original commitment to fund ARP. However incident demand has increased which provides partial mitigation (see month 9 finance report). Approved IT server licence option, which is reflected in financial forecast. 	<ol style="list-style-type: none"> Further case being presented for additional funding (renegotiation) based on increased incident demand. Chief Executive-led review meetings to assure on agency recovery plan NHSI is providing support for our request to the National Agency Committee for an agency cap waiver. 	<p>January 2019</p> <p>March 2019</p> <p>January 2019</p>

Signed: Lorraine Bewes – 8/01/19 Proposal to reduce current rating, as likelihood is now reduced to ‘possible’ rather than ‘likely’ due to; increased incident demand activity therefore funding will follow which mitigates exposure to the business case not being finalised, the implementation of a managed services solution for both 111 services, IT licence included in forecast.

BAF Risk no. 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period

Risk Classification: IM&T		Risk Owner: Ross Fullerton		Scrutinising Committee: Logistics & Infrastructure Committee		
Date risk opened: 01/06/2017		Date risk expected to be removed from the BAF: ongoing				
Underlying Cause/Source of Risk: The changing sophistication and nature of cyber threats has accelerated rapidly in recent 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.		Gross Rating	Current/Net Rating	Target Rating		
		20	15	10		
Existing Controls		Positive Assurance of Controls		Further Actions		Due Date
1. Existing defences have mitigated threats to-date; these include various technical and procedural elements 2. Mitigation of a number of necessary cyber mitigations which were identified by PA Consulting's Independent CAD review 3. The Introduction of a professional cyber team as a managed service from Nov 17 4. Introduction of a process to review all CareCert notifications across all support teams, measured as part of the IM&T's KPIs (reported to IM&T SMT and ExCo monthly) 5. Undertaking of several further audits and tests to identify additional mitigations (added to the Cyber action plan). 6. 18/19 Programme of planned improvements initiated. 7. Internal discovery tool implemented. 8. IM&T focussed Cyber un-announced exercise delivered in August 2018.		1. Cyber Reports to Information Governance Group of cyber-related incidents each quarter 2. Undertaking of several audits and tests including the NHS Digital led review of LAS cyber security to identify additional mitigations. (added to the Cyber action plan). 4. CareCert notifications performance measured and reported as part of the IM&T's KPIs (reported to IM&T SMT and ExCo monthly) 5. Reporting of action plan progress at LI&C and Board Gaps in Assurance <ul style="list-style-type: none">NHSE have asked all Trusts to provide a plan to achieve additional assurance in the form of the HMG's National Cyber Security Centre's more advanced standard of good practice Cyber Essentials Plus by 2021The Trust has been audited and the technical controls required to meet Cyber Essentials Plus are mapped into future work.		1. Deliver Phase 2 (18/19) of the cyber programme 2. Actively monitor the action plan of mitigations identified by audits quterly: Next Quarter LIC Feb 19 3. Develop and obtain funding for 19/20 cyber programme 4. Initiate 19/20 cyber programme 5. Delivery 19/20 cyber programme 6. Define rolling cyber exercise plan including relevant partners		16/05/2019 28/02/2019 30/03/2019 30/04/2019 31/03/2020 01/03/2019
Gaps in Controls Gaps in Controls are documented in the action plans and the Programme. The most significant residual themes relate to <ul style="list-style-type: none">Network share securityCurrency of critical security updates, patching and versions (particularly challenging in the CAD environment)Unser authentication and SQL weaknessesWeaknesses related to potential DDoS and intrusion/malware attacks						
Signed: Ross Fullerton						

BAF Risk no. 50 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.

Risk Classification: Strategic Assets and Property	Risk Owner: Benita Mehra	Scrutinising Committee: Logistics & Infrastructure Committee
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Date risk opened: 20/02/2018	Date risk expected to be removed from the BAF: February 2019
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Underlying Cause/Source of Risk: The existing Uninterruptable Power Supply (UPS) is undersized for the demand requirement in the building	Gross Rating	Current/Net Rating	Target Rating
	15	10	5

Existing Controls	Positive Assurance of Controls	Further Actions	Due Date
<ol style="list-style-type: none"> Reduction in UPS dependence by transfer of demand to non-essential supply (where possible). Maintenance of existing UPS equipment. Monitoring of UPS and its equipment being undertaken on a monthly basis (this has been increased from quarterly). Design of new provision relating to the UPS switching panel has been ordered due for delivery by January 2019. IMT equipment has been ordered, e.g. Airwaves. Regular engagement with UKPN to mitigate risks associated with essential work repairs or known service interruptions. Schedule of work has been defined for the UPS replacement. Business resilience fall back accommodation in place for all operations currently working out of Bow Costs for programme agreed with Finance. Fall back facility contract has been signed (with Daisy Communication). Project team in place to replace the UPS and upgrade works planned for first week Feb Contract signed with Daisy Communication for fall back facility from Waterloo. <p>Gaps in Controls</p>	<ol style="list-style-type: none"> Ongoing monitoring of UPS demand is still operating in range. UPS maintenance contract in place. Generator maintenance and test schedule in place Weekly Project Group meetings. Weekly assurance group in place involving stakeholders. <p>Gaps in Assurance</p>	<ol style="list-style-type: none"> Project plan and assurance documentation being prepared with gateway checks all planned in advance of start date for upgrade and replacement of UPS, (subject to assurance from internal and external stakeholders). Share assurance paperwork with NHSI and NHSE. (paperwork shared now awaiting feedback) Share assurance paperwork with Non Executive Directors, which will include NHSE responses. 	<p>03/02/2019</p> <p>30/01/2019</p> <p>30/01/2019</p>

Signed: Benita Mehra

Proposed to be removed from the BAF

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 & Culture Committee
Date risk opened: 17/11/2017		Date risk expected to be removed from the BAF 29/01/2019		
Underlying Cause/Source of Risk: 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
			16	16
				8
Existing Controls	Positive Assurance of Controls	Further Actions	Due Date	
<ol style="list-style-type: none"> The recruitment team continue to plan and attend a wide range of recruitment and engagement activities to attract people to core front line roles, in addition to advertising across other online platforms than NHS jobs. The ExCo led task and finish group has supported the increase in recruitment numbers; the collaboration between the EOC operational, education and our recruitment team has resulted in a forecast of near full establishment by the end of the financial year. The selection process has been streamlined, including re-assessing pass rates and introduction of online assessments in addition to streamlining and improvement of pre-employment checking. The EOC restructure consultation process has been concluded and is in implementation phase, planned for completion by February 2019 We continue to consider opportunities for collaboration with other Ambulance Trusts or emergency services and will build these into plans for 19/20. Weekly EOC Recruitment Group meets to discuss and tackle all matters of recruitment and retention. 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). 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. Additional capacity has been provided to carry out assessments and EOC have planned and made available training capacity to take increased number of recruits. Shortlisting training and delivery has been 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. EMDs have been released to support job fairs to promote the role. 	<ol style="list-style-type: none"> EOC intensive action plan focused on increasing training capacity. Streamlined selection process, including re-assessing pass rates and introduction of online assessments. An ELT led task and finish group (Paul Woodrow, Patricia Grealish, Benita Mehra, Ross Fullerton – together with EOC management and Averil Lynch) focused on increasing recruitment activity to double intake One of the deciding factors to achieving this was trainer and mentoring capacity. Both Estate and IT factors have been considered and solutions identified. EMD on-line assessment has been completed. The final review and recommendations will be completed by the end of the financial year. EOC restructure – part of the challenge around retention is the structure across all of the EOC team. One effect of this is that EMD1s have seen slow progress because of the focus of our training teams on new starters. The restructure has addressed this as well as other management capacity issues. Consultation is complete and implementation underway and due to be completed in February 2019. Professional apprenticeship pathways are being considered to improve retention and to be built into the apprenticeship delivery model. The recruitment team continue to plan and attend a wide range of recruitment and engagement activities to attract people to core front line roles, in addition to advertising across other online platforms than NHS jobs. A social media campaign with boosted posts has gone live (working alongside the NHS recruitment campaign recently launched). 	<ol style="list-style-type: none"> Complete implementation of the EOC Re-Structure. Complete recruitment plan to recruit to full establishment. 	31/03/19 31/03/19	

<p>12. EMDs support EOC Training team delivering Open Evenings for potential candidates interested in joining.</p> <p>13. EMD on-line assessment has been completed.</p>	<p>Building banners (for Waterloo HQ and Bow) and vehicle stickers are being developed with "join our team" messaging</p>		
<p>Signed: Patricia Grealish Proposed to de-escalate current rating from major 4 x likely 4 = 16 to major 4 x possible 3 = 12 at the P&C Committee Meeting on 10 January 2019 as the risk has sufficiently been mitigated</p>			

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

Risk Classification: Strategic Assets and Property		Risk Owner: Benita Mehra		Scrutinising Committee: Logistics & Infrastructure Committee		
Date risk opened: 20/02/2018		Date risk expected to be removed from the BAF: June 2019				
Underlying Cause/Source of Risk: 1. External influences to the market volatility affective service provider’s ability to function.		Gross Rating		Current/Net Rating	Target Rating	
		16		12	4	
Existing Controls		Positive Assurance of Controls		Further Actions		
<div>1. Business continuity plan is in place which includes Legal and People and OD feedback.</div> <div>2. In the event of a supplier no longer being financially viable, staff will either TUPE across to LAS or a third party supplier for this sector for FM (soft services).</div> <div>3. Confirmation received from the Cabinet Office of the agreement for full debt refinancing secured until 2021 of our incumbent suppliers who provide soft FM and Make Ready.</div>		<div>1. The business approach is being discussed with the Cabinet Office.</div>		<div>1. We are aligning our service specification and potentially considering a joint tender with South East Coast Ambulance Service and South Coast Ambulance Service which will be concluded in August 2020. Significant comparison work carried out with SECAM and SCAS to include in paper being submitted to Exec. Team in January</div>		April 2020
				<div>2. Both our Gold and Silver officers within Ops have been briefed along with the logistics managers who have been put on standby.</div>		Ongoing
				<div>3. The Interserve regional account manager has also initiated the first stage of the contingency plan, where staff were reassured that they would continue to be paid directly through LAS in the interim, if necessary.</div>		Ongoing
				<div>4. The P&C team have also been engaged if in the event, staff needed to be Tuped, as part of our contingency we have the staff details since March but with an attrition rate running at 10%, this is constantly being monitored and will be led by P&C.</div>		Ongoing
				<div>5. Interserve have put in place a plan to mitigate the potential loss of EU national staff following 1st March 2019. Staff being recruited from job centres and provided with one to one training and mentoring. Regular staff meetings and performance appraisals also being undertaken.</div>		Ongoing
Signed: Benita Mehra						

Proposed to be added to the BAF

BAF Risk no. 53 There is a risk that the Trust may not be prepared for potential disruption following the UK's exit from the EU, which may negatively impact on the delivery of services and financial position of the Trust.

Risk Classification: Finance	Risk Owner: Lorraine Bewes	Scrutinising Committee: Finance & Investment Committee		
Date risk opened: 17 January 2019	Date risk expected to be removed from the BAF: End of September 2019 (Latest)			
Underlying Cause/Source of Risk: The Trust has carried out a comprehensive review of its preparedness for a departure from the European Union on a worst case basis and has considered risks to supply chain, business continuity and emergency preparedness, workforce, drugs and other more general risks including regulatory risks		Gross Rating	Current/Net Rating	Target Rating
		16	16	8
Existing Controls	Positive Assurance of Controls	Further Actions		Due Date
1. The Trust has conducted its assessment of the risks faced by the Trust in the event of a worst case departure from the EU on 29 March 2019, in line with the framework mandated by the Department of Health and Social Care.	1. Exit from the EU to be a standing item on the Executive Committee agenda going forward.	1. EU Exit task and finish group to undertake a risk assessment of the consignment stock of fleet parts and provide a plan going forward.	Report to ExCo 12 March and TB 29 March 19	
2. The Trust's standing orders allow for urgent decisions to be taken when necessary.	2. A focus group is in place which is meeting fortnightly providing feedback to the Executive Committee on the actions being taken to manage any risks identified.	2. Requirement of stocking including fuel, tyres etc., and the need to provide assurance and identify prudent measures to reduce consumption during the period.	Report to ExCo 12 March and TB 29 March 19	
3. The Trust has business continuity plans in place which are being tested in the context of hypothetical EU exit scenarios.	3. The Trust has identified a Director to be the Senior Officer responsible for the Trust's preparedness for the UK's exit from the EU.	3. It was agreed that a procurement action plan, complete with a schedule would be shared with the ExCo to provide further assurance.	Report to ExCo 13 Feb 19	
4. The Trust has mapped the supply chain for medical consumables and all the Trust's suppliers have a UK depot. Four key suppliers would hold 3 months' worth of stock on UK soil.	4. The Trust has been advised they are considered a priority service by the government for the supply of fuel in the event of a shortage.	4. Discussions with the military should be undertaken to establish support if required in the event of political unrest.	Report to ExCo 13 Feb 19	
Gap in controls The Trust is the only ambulance service that relies almost entirely on pump fuel and would therefore be particularly exposed during a fuel shortage. The Trust cannot change the configuration of its fuel supply and is reliant on the national priority list for the provision of fuel in the event of a shortage.				
Signed: Lorraine Bewes				

ID	Description	Opened	Rating (initial)	Risk level (initial)	Controls in place	Risk Owner	Last review date	Rating (current)	Risk level (current)	Further Actions	Sector / Department
841	There is a risk that the Trust is inadequately licensed for Microsoft products as a result of expanded usage since committing to an Enterprise Agreement which may lead to significant cost increase and budget overspend.	18/09/2018	20	High	The Trust has engaged with Microsoft to investigate and determine route to resolve.	Fullerton, Ross	03/01/2019	20	High	Review SQLserver utilisation Review client licensing	Information Management & Technology (IM&T)
844	There is a risk of time slippage due to wifi issues at Logistics Support unit Deptford which may lead to the KitPrep project timescales not being met if not properly managed.	01/10/2018	20	High	1. IM&T have attempted to put in a temporary solutions (ADSL) to support access to WIFI at Deptford. 2. Access to guest (LAS) WIFI is also available but this is time limited. 3. One BT and two IM&T engineers are exploring the issue to fix it.	Crichton, Stuart	03/01/2019	20	High		Fleet and Logistics
706	EOC Training have limitations on space and building facilities which may impact ability to deliver training. There is a risk that insufficient capacity and or site conditions could cause interruption to Training courses.	27/10/2017	20	High	Future space requirements are being considered as part of the Estates strategy. 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. 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.	Dawson, Steve	03/01/2019	16	High		Estates



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Serious Incident Management			
Agenda item:	12			
Report Author(s):	Gail Webster, Senior Quality, Assurance & Governance Manager			
Presented by:	Dr Patricia Bain, Chief Quality Officer			
History:	First presentation at the Quality Oversight Group (QOG) meeting on 09 January 2019 and Quality Assurance Committee (QAC) meeting 22 January 2019			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>The purpose of this document is to summarise the findings from the Q3 thematic review. The review evaluates serious incident activity and themes across the Trust and each STP/Sector.</p> <p>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.</p> <p>This report also describes the planned review of the SI pathway.</p>				
Recommendation(s):				
The Trust Board is asked to note the Serious Incident Reporting and Progress report.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				

Please indicate which Board Assurance Framework (BAF) risk it relates to:	
Clinical and Quality	<input checked="" type="checkbox"/>
Performance	<input type="checkbox"/>
Financial	<input type="checkbox"/>
Workforce	<input type="checkbox"/>
Governance and Well-led	<input checked="" type="checkbox"/>
Reputation	<input checked="" type="checkbox"/>
Other	<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 type="checkbox"/>
Partners are supported to deliver change in London	<input type="checkbox"/>
Efficiency and sustainability will drive us	<input type="checkbox"/>

Serious Incident (SI) Thematic Report Q3 – 2018/19

- 1 This paper provides an overview of the incidents reported and declared to the Clinical Commissioning Group (CCG) and a thematic review of SI's closed by the CCG in Q3. The thematic review is specifically focussed on SIs by category and key contributory factors.

Context

- 2 During Q3, from a total of 819 reported incidents affecting patients, 18 incidents (2%) were declared as Level 2 investigation SIs.
- 3 Of these declared in this quarter, 3 completed SI reports have been submitted to the Clinical Commissioning Group (CCG) and are awaiting closure. No de-escalations were requested in this time period. The remaining 15 cases are being investigated.
- 4 18 SIs were closed after review and approval of the reports by the CCG in Q3.
- 5 The Quality, Governance & Assurance Team (QGAT) has worked hard to ensure SI investigations are aligned to key internal milestones and external deadlines. As of November 2018, the Trust had over the last 13 months submitted all SI reports within the 60 working days required. However this has been a challenge with a number of reports not meeting the internal milestones for first and final drafts. This has been due to competing priorities in the workload of Lead Investigators. This effects not only the completion of these SIs but also the timetable for support and quality assurance by the QGAT Business Partners who support the Root Cause Analysis process. In addition, this impacts on the time available to collaborate with the management teams to develop workable action plans to address the recommendations made as part of the SI review. In the last week of December 2018, 1 report was not submitted within the 60 working day deadline. The SI process pathway is being reviewed to confirm milestones, responsibilities and to formalise key points of escalation to ensure the milestones are met.

SIs Declared in Q3

- 6 This section deals with the SIs declared in Q3 the majority of which are still under investigation so the final outcomes, root causes and contributory factors are not yet known. This information will be provided in subsequent reports when the reports have been approved and the SI closed by the CCG.

SIs Declared by Sector

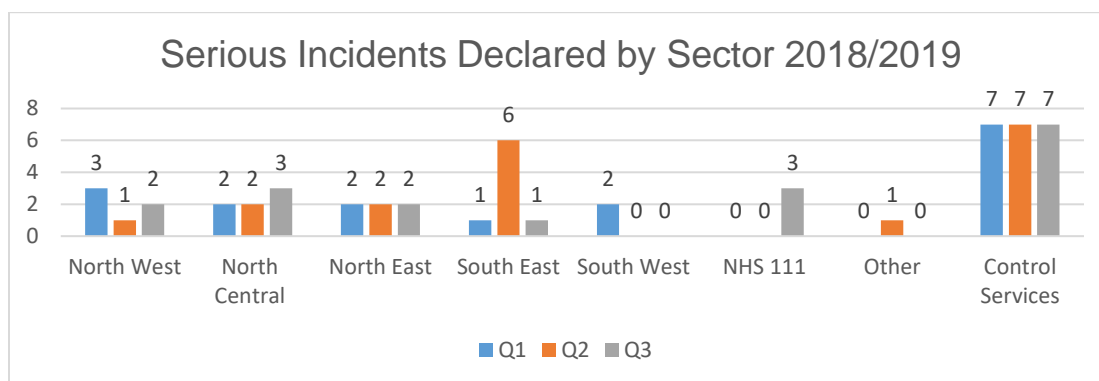


Figure 1

	Q1	Q2	Q3
Trust Total	17	19	18

- 7 Fig 1 SIs have been declared for the first time in this year for NHS 111. The Trust commenced the North East London (NEL) NHS 111 service in August 2018. There have been no significant trends of increases or decreases in numbers by sector and the overall number and percentage of total patient related incidents remains constant.

SIs Declared by CCG

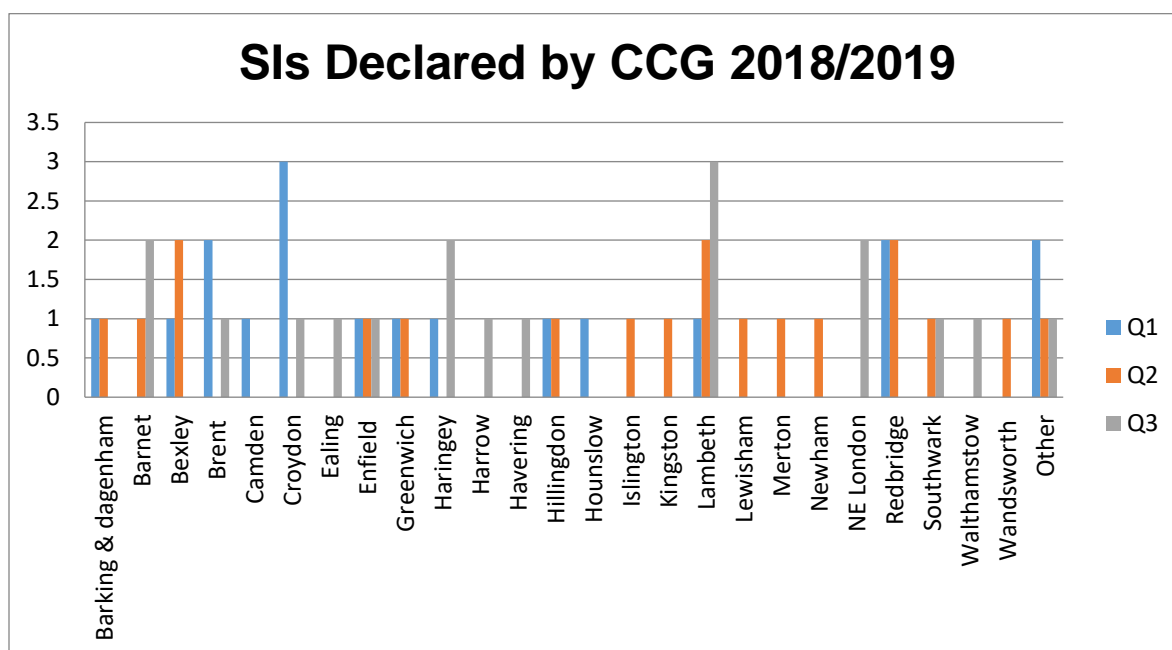


Figure 2

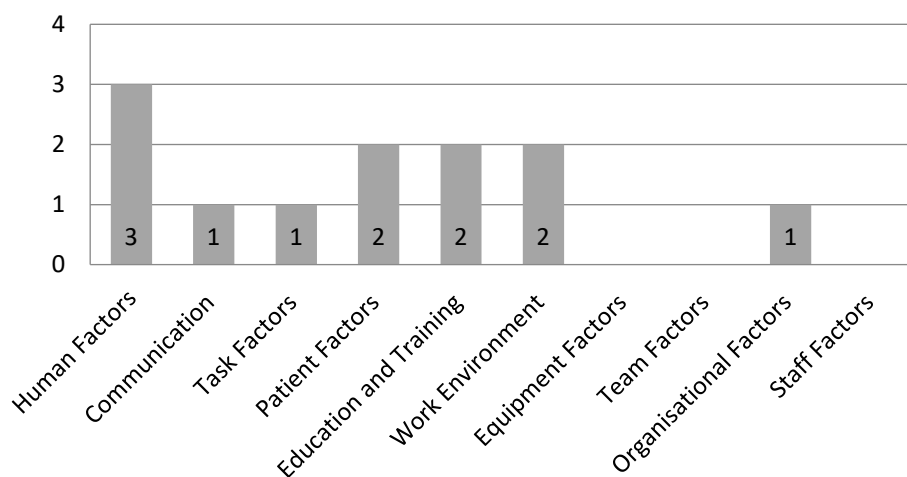
Fig. 2 demonstrates the distribution of serious incidents by CCG.

Thematic Review

- 8 The following provides information on the outcome and contributory factors identified in completed investigations which have been closed by the CCG in Q3 and the categories of the SIs declared in Q3 by sector.

North Central

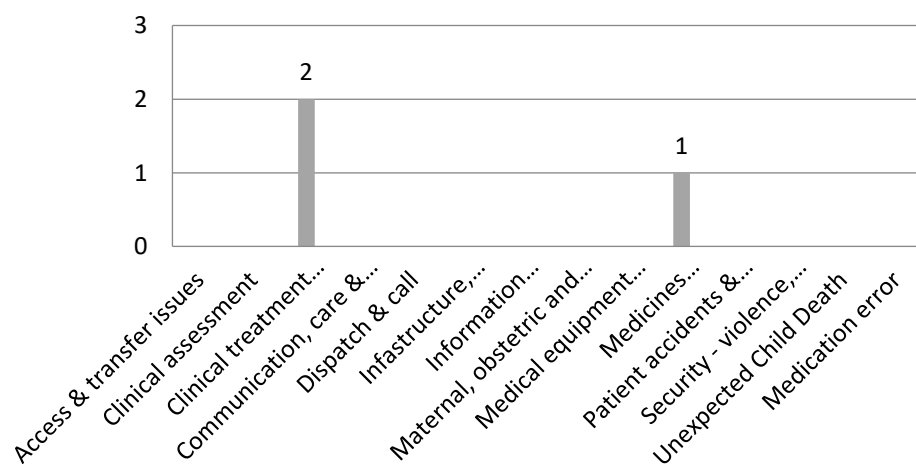
Contributory Factors North Central



1 SI for North central was closed by the CCG in Q3:-

- Overdose of adrenaline in the resuscitation of a child – the staff member was aware of the requirement for a reduced dose in a child; the environment of a stressful scene in a paediatric cardiac arrest resulted in ineffective communication and checking of the dosage with an eventual administration of an adult dose. It is not believed that this affected the outcome for the patient.

SI Categories North Central

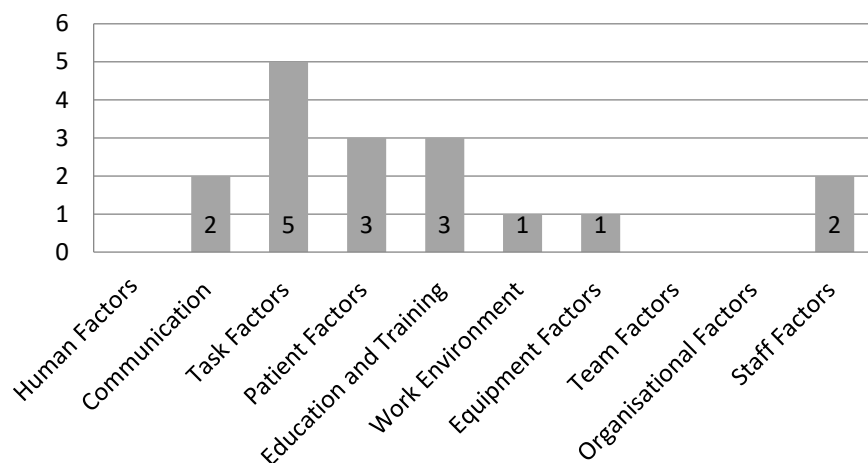


3 SIs were declared for North Central:-

- Misuse of Trust oral morphine by crew member.
- Advanced Life Support not provided in line with Trust policy and national guidelines.
- Elderly patient on warfarin had a fall and declined conveyance to hospital, and full risks not adequately explained. Re-contact 4 days later established that the patient suffered a cerebral haemorrhage and passed away.

North East

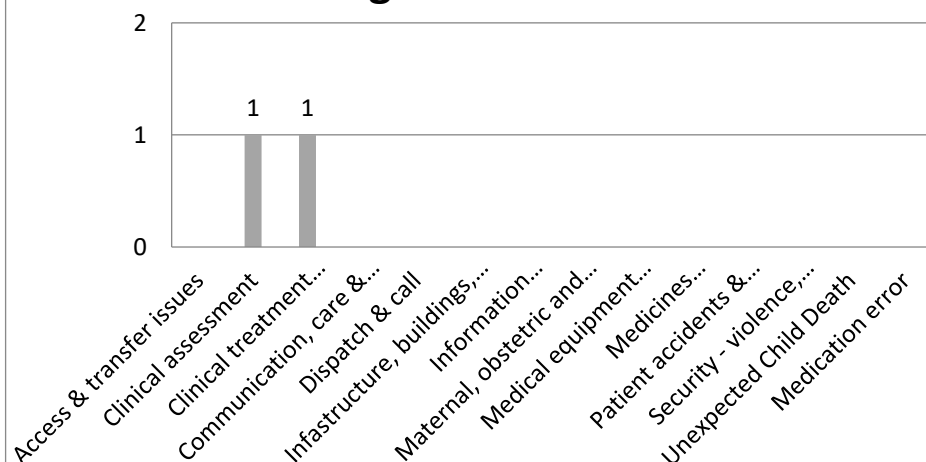
Contributory Factors North East



3 SIs in North East were closed by the CCG in Q3:-

- Failure to identify severity of life threatening asthma.
- Maternity case procedure undertaken outside of scope of practice.
- Delay in response due to resource shortage of operational staff and conveying vehicles.

SI Categories North East

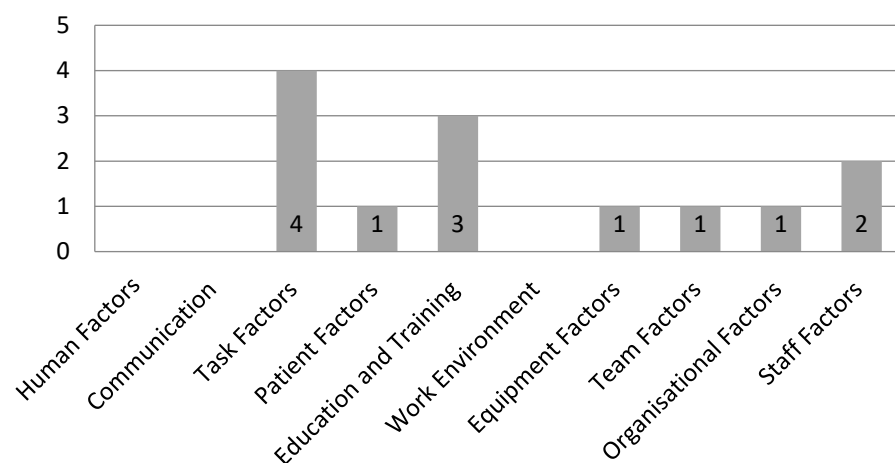


2 SIs were declared in the North East Sector:-

- Delayed defibrillation in cardiac arrest.
- Discharge of an elderly patient at home without safety netting of a GP referral. Re-contact patient had sepsis. Moderate harm caused.

North West

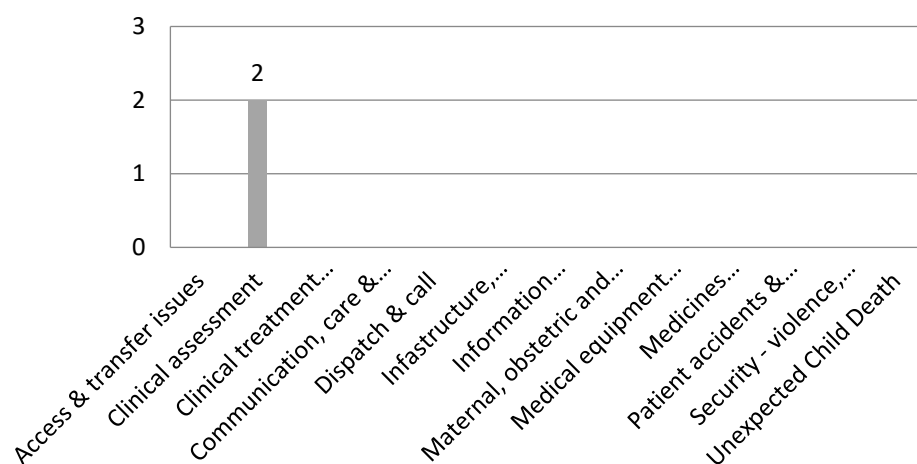
Contributory Factors North West



3 SIs in North West were closed by the CCG in Q3:-

- Medication error in end of life care.
- Unrecognised trauma, discharged at home and with re-contact found deceased.
- Death following removal of patient's own Continuous positive airway pressure (CPAP) system (respiratory support) to convey the patient without consulting patient's Coordinate my Care records or Clinical Hub for advice.

SI Categories North West

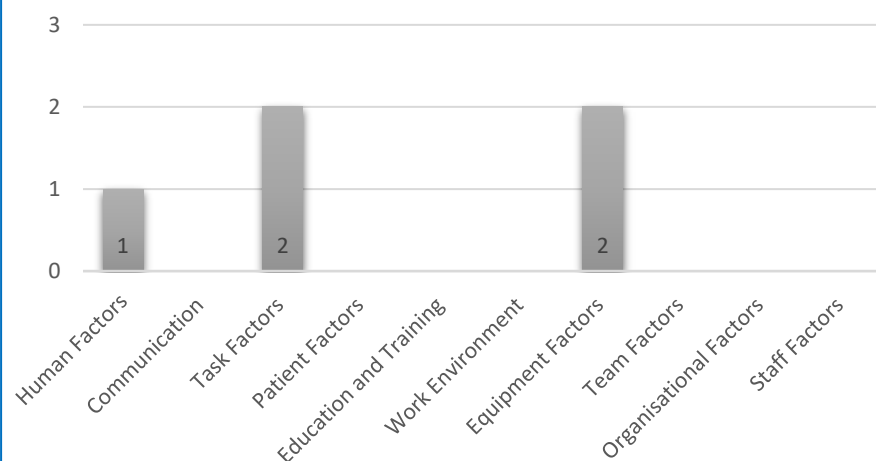


2 SIs were declared in the North West:-

- Inadequate clinical assessment of patient who was discharged at scene and re-contact 50 hours later patient was in cardiac arrest.
- Post-partum patient with difficulty in breathing discharged on scene and re-contact next day and patient had possible pulmonary embolus requiring blue call to hospital.

South West

Contributory Factors South West



1 SI was closed in the South West by the CCG in Q3:-

- Loss of 5 completed Patient Report Forms (information governance breach).

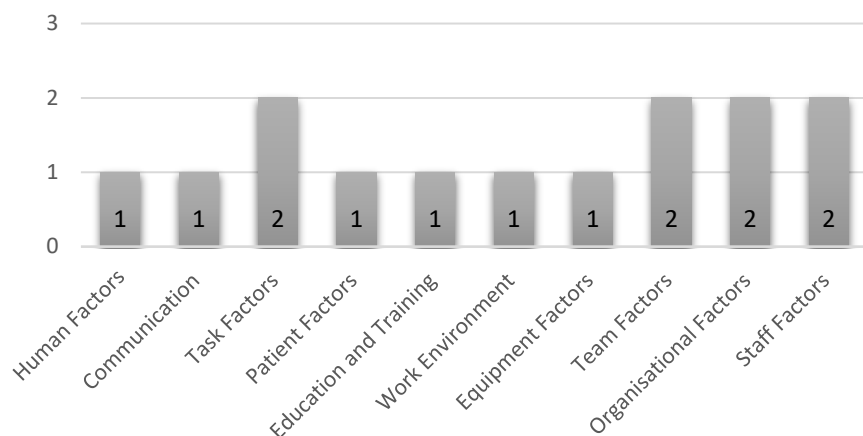
SI Categories South West



There were no SIs declared in South West sector in Q3

South East

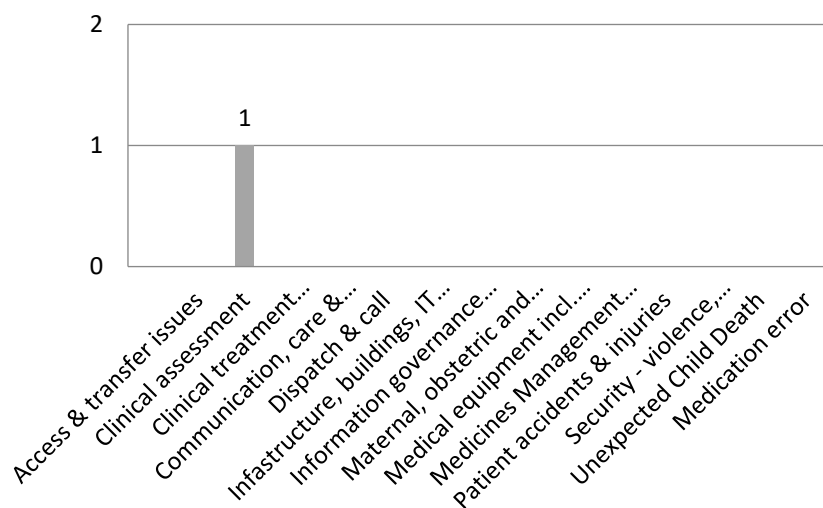
Contributory Factors South East



3 SIs were closed in the South East by CCG in Q3:-

- Delayed response due to resource issues.
- Severe trauma not identified and patient not conveyed to major trauma centre.
- Delayed defibrillation.

SI Categories South East

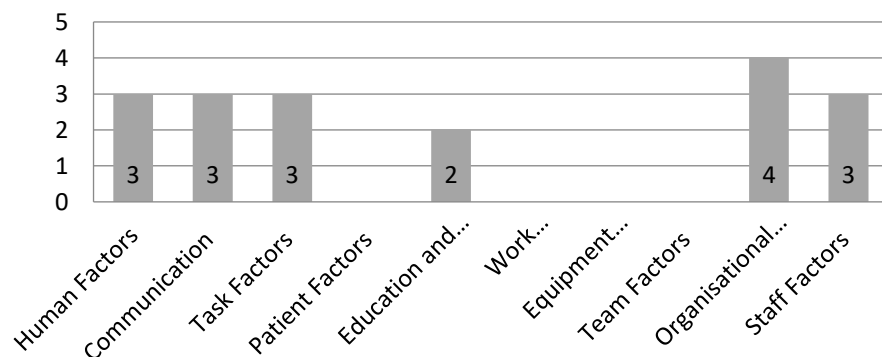


1 SI was declared in the South East in Q3:-

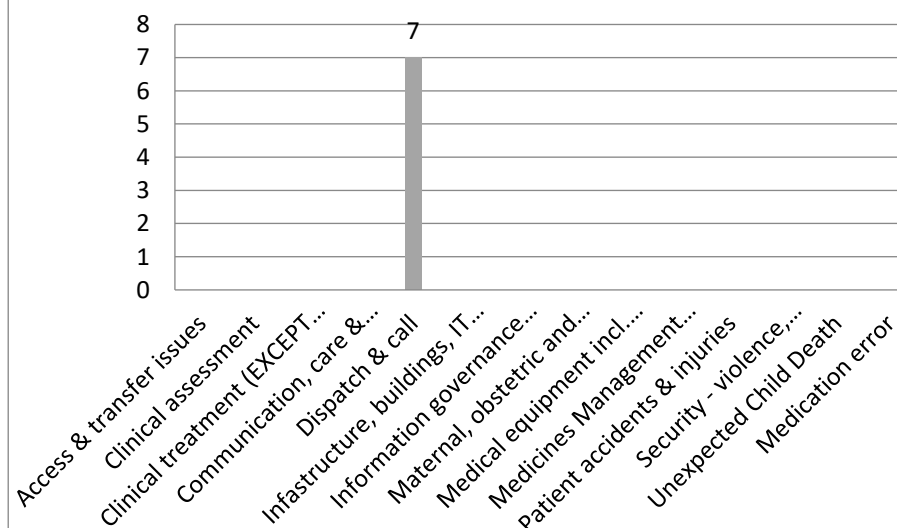
- Inadequate clinical and mental capacity assessment of patient who was discharged at scene and re-contact when patient found deceased.

Control Services

Contributory Factors Control Services



SI Category EOC



4 SIs were closed for Control Services by the CCG in Q3:-

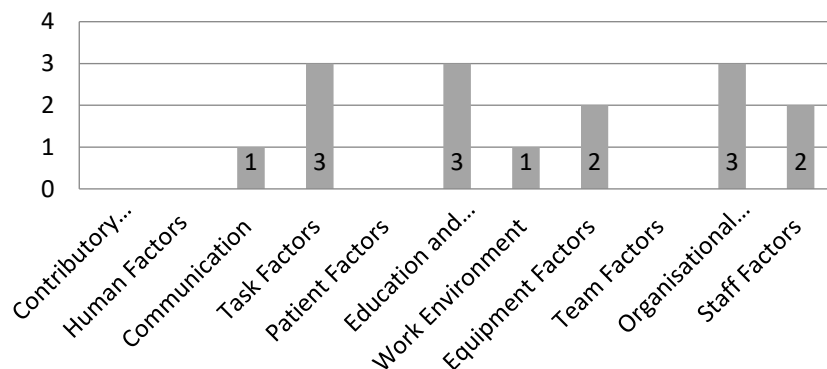
- Clinical Hub missed an upgrade to Cat 2 after a call back to a patient resulting in a delay to response to a patient having a stroke.
- Long delay in response as ambulance resource was an issue and the dispatch of a Fast Response Unit (FRU) was not considered.
- Delay of 11 minutes in obtaining determinant for a Cat 2 as Emergency Medical Dispatcher did not accept integrity of caller and focussed on non-triage questions initially. Patient then had cardiac arrest and despite upgrade to Cat 1 and fast response patient deceased.
- Trauma case triaged through incorrect protocol and achieved Cat 2 response rather than Cat 1 thorough trauma protocol

7 SI's were declared in Control Services for Q3:-

- Incorrect triage and coded Cat 3 instead of Cat 1. Triaged as third party caller so responses were recorded as unknown to key questions when the caller could actually see the patient and could have responded to the questions on responsive, breathing etc.
- Failure to obtain correct address and dispatched to incorrect address with delay resulting in harm.
- Emergency Medical Dispatcher (EMD) missed key information which resulted in coding as Cat 3 instead of Cat 1.
- Failure to recognise and input ineffective breathing so not obtaining Cat 1 priority at Nature of Call/pre-triage stage. This has been an ongoing trend in call handling since introduction of Nature of Call in November 2017. See paragraphs 10-13.

Other

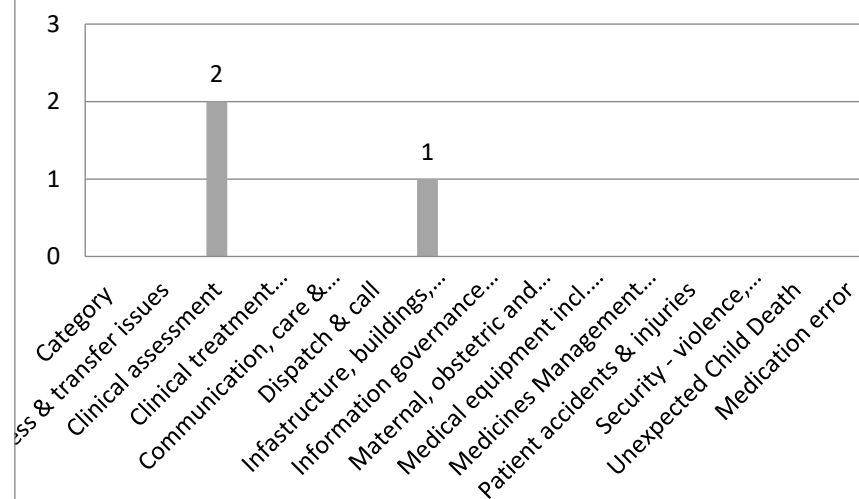
Contributory Factors Other Sectors



3 SIs were closed in other sectors by the CCG in Q3:-

- Private provider – delay in defibrillation due to equipment issue.
- Emergency Bed Service – emailed a number of safeguarding referrals to an incorrect email address resulting in delay to addressing the issues by the Local Authority and information governance risk.
- Control and operational sectors – unqualified staff member posing as a paramedic and attending calls.

SI categories NHS 111

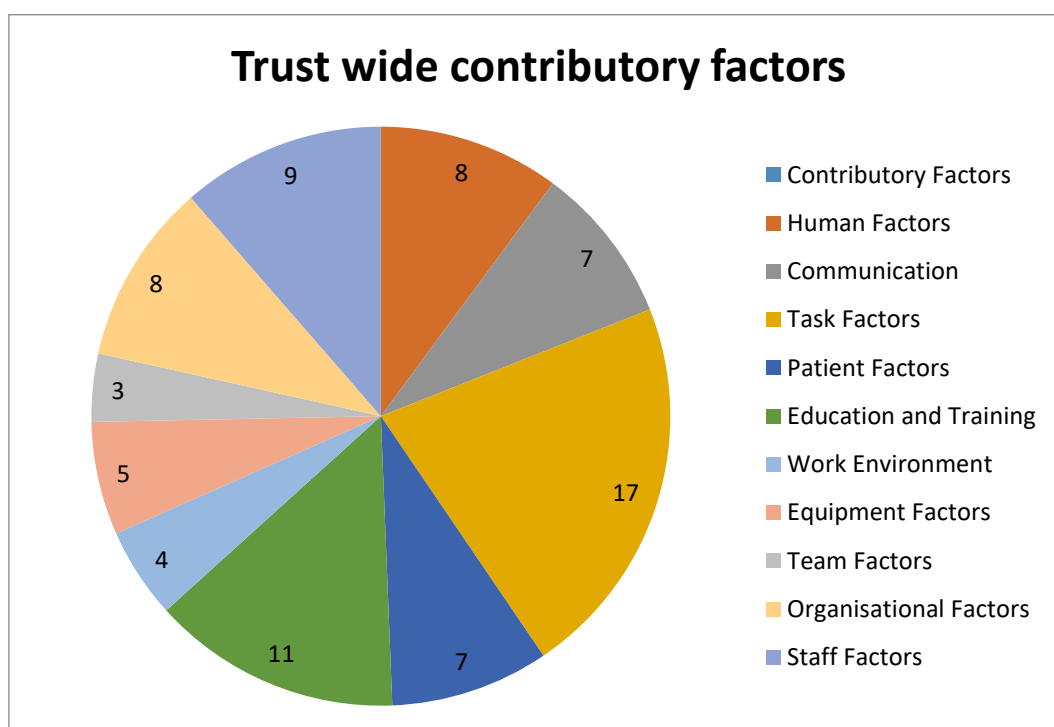


3 SIs were declared in London Ambulance Service (LAS) NHS 111 services:-

- Incorrect disposition generated on system and instead of 2 hour home visit by GP 12 hour primary care attendance was recorded. Patient later found deceased.
- 2 calls about a mental health concern patient and both times advised to attend Emergency Department but indications were that they would not. Later that day, patient and partner found deceased after fall from building.
- Failure of voice recording in new NEL service. No harm resulted.

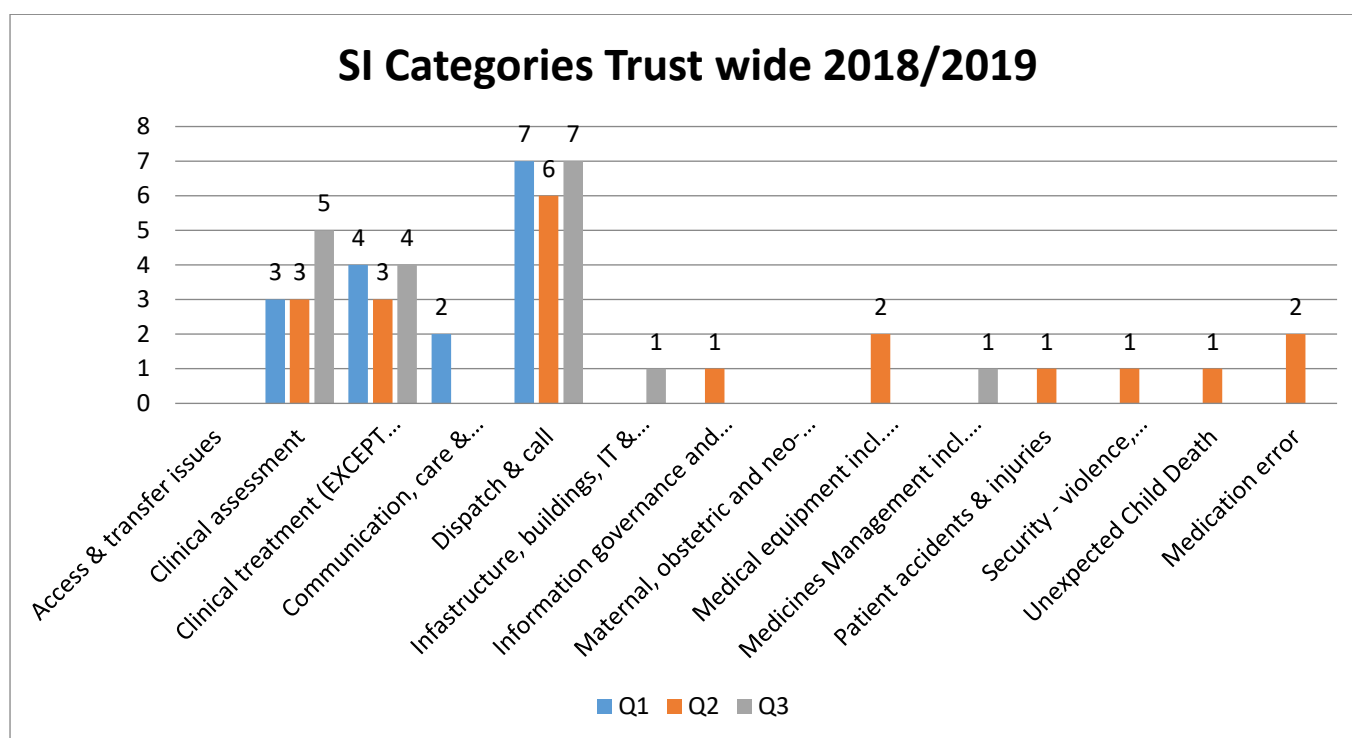
Overarching Serious Incident Themes

Contributory factor themes



- 9 Task factors continue to be the highest occurring contributory factor with an increase from 12 in Q2 to 17 in Q3. These relate mostly to staff not complying with policies and procedures in place and not due to the absence of appropriate policies. The majority are due to staff not being cognisant with the application of these policies to certain scenarios. There has therefore been an increase in the use of case studies on SIs for shared learning across the Trust. The Learning From Experience Group is being disbanded and a new SI Learning Assurance Group which will report into the Serious Incident Group (SIG) is being formed with the first meeting on 25th January 2019. One of the main objectives of this Group is to ensure that the actions generated from recommendations from SI investigations are effectively implemented and embedded and the learning is shared across the Trust. They will provide assurance to the SIG.

SI categories Themes



Dispatch and Call

- 10 The final phase of the implementation of Nature of Call (NOC) was implemented in November 2017. This introduced another tier of triage (pre-triage) which leads onto the pre-existing Medical Priority Dispatch System (MPDS) triage and case entry. The first question in NOC relates to the patient's breathing and aims to establish the status of this within the first 30 seconds of the emergency call. If the patient is not breathing or their breathing is ineffective this leads to the allocation of an ECHO 1 or 2 determinant with a Category 1, highest priority response so that a resource can be dispatched to critical patients while the call continues to obtain information for full triage and case entry.
- 11 NOC was implemented after publication of bulletins and training provided in small work based groups with all Emergency Medical Dispatchers (EMD) who are call handlers. After implementation some issues were identified with the completion of NOC. These were:-
 - Failure to identify breathing difficulties in NOC so an ECHO determinant was not reached with no immediate dispatch of a resource to a critical patient.
 - Correct identification of breathing difficulties in NOC with an ECHO determinant being reached but incorrect transfer of the breathing information into triage and case entry resulting in calls being downgraded to an inappropriate lower priority and hence cancellation of the immediately dispatched resource and a longer response time.
- 12 Since November 2017 there have been 14 Serious Incidents which involved NOC and breathing difficulties in some way even if not the primary issue. As a result of this a number of additional actions have been taken to improve the use of NOC and breathing difficulties and also the correct transfer of this over to triage and case entry. These are:-
 - An additional training programme delivered to all EMDs on the use of NOC and breathing difficulties.

- Individual feedback and reflection sessions with staff involved in any incidents of this nature.
- Publication of Emergency Operations Centre (EOC) quality assurance bulletin NOC and ECHO in Case Entry on 24th May 2018 which clearly outlines the process for transfer of information from NOC to MPDS.
- Inclusion of NOC in Core Skills Refresher (CSR) course for EOC staff from July 2018. All staff attend a CSR annually.
- Infographic training published for NOC and breathing difficulties implemented in September 2018.
- In October 2018 a pop-up was introduced on the NOC screen to serve as an aide-memoire to the assessing breathing and identifying ineffective breathing.

13 While these serial actions have reduced the occurrence, these errors continue to be made. A targeted thematic review of these incidents has been commissioned, which is being led by the Head of 999 Quality and Continuous Improvement, in order to address this more effectively. The findings of the review will be presented to the Trust's Quality Assurance Committee upon completion in May 2019.

Themes of other SIs in Q3

14 Aside from the dispatch and call category incidents discussed above there was no trend identified in the SIs in Q3. Recommendations have been made in response to the findings of the investigations and action plans are being implemented.

Conclusion

15 The QGAT will continue to support the robust investigation of SIs and analyse and monitor themes. The review of the SI pathway and the implementation of this will be undertaken in Q4 2018/2019. This along with the introduction of the new Serious Incident Learning & Assurance Group will provide improved ownership within the operational teams, trend analysis and assurance that the organisational learning has been embedded which will improve the quality and safety of the care delivered to patients.

Dr Trisha Bain
Chief Quality Officer



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Annual EPRR Assurance Assessment			
Agenda item:	13			
Report Author(s):	Brian Jordan, Head of Operational Compliance and Standards			
Presented by:	Paul Woodrow, Director of Operations			
History:	This paper follows a previous paper to the Executive Committee and the Trust Board in November 2018.			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This paper informs the Trust Board of the outcome of the annual Emergency Preparedness Response and Resilience (EPRR) assurance review undertaken in collaboration with NHS England (London) and the National Ambulance Resilience Unit (NARU). The paper contains the following information:</p> <ul style="list-style-type: none">• A background summary• The final assurance level achieved• An explanation of the core standards which were rated amber by NHS England (London)• The recommendations for action made by NARU• A copy of the action plan which has been developed for NHS England (London) to address the standards rated as amber and NARU's recommended actions• The next steps in the process.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				
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 checked="" type="checkbox"/>			
Ensuring staff are valued, respected and engaged	<input type="checkbox"/>			

Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>

Annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Assessment

1. The Trust Board was briefed at its meeting on 27 November 2018 about the 2018/19 Emergency Preparedness, Resilience and Response (EPRR) assurance process. This is the process which NHS England (London) uses in order to gain assurance that the Trust is prepared to respond to an emergency and has the resilience in place to continue to provide safe standards of patient care during a major incident or business continuity event.
2. The Trust submitted its annual self-assessment to NHS England (London) before the deadline of 31 October 2018. The self-assessment tool was spread across three worksheets and covered 220 standards in total:
 - EPRR core standards: 49 core standards
 - Interoperable capabilities:
 - Hazardous Area Response Team (HART) – 33 core standards
 - Marauding Terrorist Firearms Attack (MTFA) – 28 core standards
 - Chemical, Biological, Radiological and Nuclear (CBRN) – 32 core standards
 - Mass Casualties – 11 core standards
 - Command and Control – 36 core standards
 - Joint Emergency Services Interoperable Principles (JESIP) – 23 core standards
 - An additional set of questions on command, control and co-ordination was the 'deep dive' topic for this year (8 standards).
3. The self-assessment required the Trust to RAG-rate its level of compliance against each of the 220 standards. At the same time, a number of key documents and plans were submitted to NHS England (London) as supporting evidence.
4. In terms of the outcome, there are four compliance levels which Trusts can be assessed against. These are as follows:

Compliance levels	Criteria to achieve this level of compliance
Fully compliant	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation is less than 76% compliant with the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.

Annual EPRR Review Outcome



5. An assurance meeting was held with NHS England (London) on 29 November 2018 to review the self-assessment and to agree the actions which are required to address any deficiencies. The Director of Operations (who is also the Trust's Accountable Emergency Officer) was in attendance at this meeting together with the senior EPRR leads.
6. A Trust's overall level of compliance is based on the total percentage of amber and red results agreed at the review. NHS England (London) formally confirmed on 24 December 2018 that the Trust had 5 amber ratings and is therefore assessed as **SUBSTANTIALLY** compliant for EPRR under this year's process.
7. The amber ratings relate to the following issues:
 - The Trust is required to further refine its Incident Response Plan (IRP) and to specifically ensure that its 111 services are fully integrated within the plan
 - The Trust is required to update its mass-countermeasures document (which supports the IRP) to ensure that the role of 111 is clearly defined
 - The Trust is required to assess the business continuity plans of commissioned providers/suppliers and provide assurance that these providers' arrangements are aligned with the Trust's business continuity arrangements.
8. NHS England (London)'s report stated that *"the panel recognises and commends the continued progress that LAS has made during 2017/18 but notes that further work is needed to ensure the 111 business area is fully aligned and integrated with the Trust's EPRR and business continuity functions. The general position of the Trust is good and the actions agreed will, once complete, serve to support and enhance that position"*.
9. This year's assurance process also included a visit from the National Ambulance Resilience Unit (NARU) on 16 November 2018. The Board will recall that NARU undertook a four day inspection of the Trust's strategic assets and national capabilities in December 2017 and NARU visited to review the progress which has been made since their last visit. The Director of Operations and the senior EPRR leads were in attendance at this meeting. NARU's follow up report was received on 29 November 2018 and stated that *"the Trust was able to demonstrate an acceptable level of improvement overall"*.
10. NARU identified four actions for the Trust to take which related to:
 - Recruitment to the HART administrator post by March 2019
 - Achieving full compliance with HART staffing levels by February 2019
 - Achieving a full paramedic establishment in HART by April 2019
 - Installing a scavenging system at Cody Road by March 2019.
11. The full NHS England (London) and NARU reports are available to Board members on request however they are not appended to this briefing paper due to the confidential nature of the content.

Next Steps

12. An action plan has been developed and will be agreed with NHS England (London) to address the standards which were rated as amber as well as the four actions identified by NARU. A copy of the action plan is attached at Appendix 1 for the Board's information. At the time of preparing this report, all actions have either been completed or are within the agreed timescale for completion.
13. Regular meetings will be scheduled between NHS England (London)'s EPRR team and the Trust over the coming months to monitor and review progress against the action plan.
14. On-going monitoring and progress against the action plan will be managed by the Operational Compliance and Standards department in close partnership with the Resilience and Specialist Assets department. The action plan will be reviewed at the bi-monthly Emergency Preparedness and Response Strategic Group. Assurance will follow upwards to both the Executive Committee and the Audit Committee.
15. The Trust Board will receive an update in six months so that the Board can assure itself that adequate resources are being made available to enable the Trust to meet the requirements of these core standards.
16. The LAS EPRR annual assurance outcomes which have been reported in this paper will be shared externally with each Area Local Health Resilience Partnership (LHRP), with the formal reporting being undertaken at the Regional Local Health Resilience Partnership meeting in Spring 2019.

Paul Woodrow
Director of Operations

Appendix 1: Annual EPRR Assurance Assessment 2018-19 Action Plan

<div>  <div> NHS London Ambulance Service <small>NHS Trust</small> </div>  <div> Respectful Professional Innovative Collaborative </div> </div>							
NHSE and NARU Action Plan							
ID	Deliverable	NHSE / NARU	Owner	Due date	Priority	Status	Progress Updates
1	The Trust will update its Incident Response Plan (IRP) to ensure its 111 services are integrated within the plan, including the issues raised about shelter and evacuation. The additional work to ensure there is clear separation between policy and plan will also be undertaken.	NHSE	Assistant Director of Operations (Resilience)	31/03/2019	High	In progress	
2	The Trust will update the mass-countermeasures document which supports the IRP to ensure that the role of 111 is clearly defined.	NHSE	Head of Resilience and Special Operations	31/03/2019	High	In progress	
3	Although the Trust is fully compliant with the mass-casualty standards, the Trust will ensure that the role of 111 is clearly defined in the Mass-Casualty Plan	NHSE	Head of Resilience and Special Operations	31/03/2019	High	In progress	
4	Although the Trust is fully compliant with the lockdown standard, the Trust will engage with landlords to ensure that it is fully aware of third party plans and how the Trust integrates with those arrangements.	NHSE	Head of Business Continuity	31/03/2019	High	In progress	
5	The Trust will assess the business continuity plans of commissioned providers/suppliers which are considered to be business critical (circa 250) and provide assurance that these providers' arrangements are aligned to the Trust's business continuity arrangements.	NHSE	Head of Business Continuity	30/09/2019	High	In progress	
6	The Trust will cover the HART administrator requirements.	NARU	Head of CBRN and HART	31/03/2019	High	In progress	
7	The Trust will achieve full compliance with HART staffing requirements.	NARU	Head of CBRN and HART	28/02/2019	High	In progress	
8	The Trust will ensure that it achieves a full paramedic establishment within HART.	NARU	Head of CBRN and HART	30/04/2019	High	In progress	
9	The Trust will install a scavenging system at Cody Road.	NARU	Head of CBRN and HART	31/03/2019	High	In progress	



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Quarterly Freedom to Speak Up Report			
Agenda item:	14			
Report Author(s):	Katy Crichton, Freedom to Speak Up Guardian			
Presented by:	Katy Crichton, Freedom to Speak Up Guardian			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
This report provides the Board with an update on Freedom to Speak Up (FTSU) activities since September 2018 and the implementation of the London Ambulance Service NHS Trust (LAS) FTSU Strategy.				
Recommendation(s):				
The Board is asked to note the update provided in this report.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				
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 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"/>			

Freedom to Speak Up Quarterly report

Background

1. As Board members are aware, it is a requirement in the standard NHS contract that NHS Trusts appoint a Freedom to Speak Up (FTSU) Guardian. Guardians can be approached by any worker in confidence, at any time, to discuss concerns about any risk, malpractice or wrongdoing which they believe is harming the service.
2. In July 2018 Katy Crichton was appointed as permanent part time FTSU Guardian; to raise the profile of Freedom to Speak Up across the organisation; continue to deliver a FTSU service across the Trust; and to represent the London Ambulance Service NHS Trust (LAS) at national and regional speaking up events. Due to the large volume of new concerns raised in Q2 and Q3, Katy became FTSU Guardian on a full time basis in December 2018.
3. This report provides information about FTSU activities that have taken place within the LAS and nationally since the last Board update in September 2018.

LAS activities:

4. In line with the standard NHS contract, the LAS is required to report quarterly details of FTSU cases to the National Guardian's Office. In quarter two 2018-19, sixteen cases were raised, with forty-two in quarter three. By way of comparison there were eight cases raised during Q1 – Q4 2017-18.
5. The format of the quarterly reporting of LAS cases was set out in the January 2018 report to the Board and is as follows.

Q2

- **How many new speaking up cases were raised?** 16
- **Are there any areas of the service that have featured more than others?** No
- **Any actions taken as a result of investigation into these cases?** Mediation organised in conjunction with Amanda Stern, Dignity at Work Facilitator, facilitated meetings between colleagues at Board level and those raising concerns and questions answered by the CEO.
- **Any themes arising?** Four colleagues who raised concerns in Q2 have since left the LAS – this is not as a result of actions taken through Freedom to Speak Up.

Q3

- **How many new speaking up cases were raised?** 42
- **Are there any areas of the service that have featured more than others?** 7 concerns from NE area, 10 from EOC, 11 from support services.
- **Any actions taken as a result of investigation into these cases?** Mediation organised in conjunction with Amanda Stern, Dignity at Work Facilitator, facilitated meetings between colleagues at Board level and those raising concerns. Process issues resolved with input from Scheduling and Training departments.

- **Any themes arising?** Multiple concerns raised about uneven management practices, bullying and harassment from both managers and peers and poor communication.
6. Of the 58 concerns raised in Q2 and Q3, 2 were anonymous and 22 are now closed. Feedback was obtained for 14 of the closed concerns, all of which answered 'yes' in answer to the question 'would you speak up again?' and 'no' to 'have you suffered any detriment as a result of speaking up?'
 7. 20 new FTSU advocates from across the service were appointed in November 2018. Advocates will assist the Guardian in promoting FTSU in the area they work and are a diverse group of staff covering a wide range of roles and departments.
 8. As an organisation aspiring to be a first class employer, all workers should be valued for speaking up and have confidence in the processes to address bullying and harassment allegations. Freedom to Speak Up presents a significant potential for cross-over with the Dignity at Work policy, and to prevent duplication and to ensure safety-netting, FTSU Guardian Katy Crichton has been working closely with Dignity at Work Facilitator Amanda Stern. This will continue in the form of monthly meetings to assess trends and to share data around common themes, joint quarterly meetings with the unions and hot desking from various locations including both Emergency Operations Centres (EOC)s.
 9. Other activities during the quarter:
 - a) The Guardian has worked from various locations across the service, including in sector and EOC in order to increase visibility.
 - b) October was 'Freedom to Speak Up' month, and either Freedom to Speak Up Guardian, Katy Crichton or Executive Lead for Freedom to Speak up, Philippa Harding, attended and spoke at all of the CEO roadshows in order to increase awareness.
 - c) Non Executive lead for Freedom to Speak Up, Fergus Cass attended the National Guardian's Office national Freedom to Speak Up event in October.
 - d) A poll on internal Facebook Group 'Listening into Action' and on The Pulse at the end of Freedom to Speak Up month asked 'Have you heard of Freedom to Speak Up?'. There were 235 responses, 89% voting yes, they had. This is an improvement on the February Freedom to Speak Up Survey which found that only 40% of staff had heard of the Freedom to Speak up Guardian.
 - e) New Freedom to Speak up posters and internal literature are being revised after input from staff, with in collaboration with Dignity at Work and the other routes for raising concerns.
 - f) Freedom to Speak Up training with external facilitators has been arranged for the new Freedom to Speak Up advocates on 11 March 2019, with first advocate meetings taking place in January and February.
 - g) The Guardian, Katy Crichton, attended the November meeting of the National Ambulance Network of Freedom to Speak Up Guardians at South East Coast Ambulance Service, and the London Regional Guardian meeting in December. The LAS will host the National Ambulance Network meeting in May 2019.
 - h) The Guardian, Katy Crichton, will be attending 6 supervision sessions with other London Regional Guardians across 2019 aimed at improving the way concerns are responded to. This is the first London regional cohort and will be an opportunity for Guardians to learn from each other and share good practice.

- i) The Guardian, Katy Crichton, will be working with the Trust Pharmacist to produce a response to the Gosport Report. The Trust Pharmacist will be reporting to the Quality Assurance Committee in March.
- j) A communications plan has been developed with key dates for 2019. The plan will be distributed to the advocates for their involvement and will have a focus on sharing how Freedom to Speak up is effecting positive change across the LAS.

National Guardian's Office (NGO):

- 10. In October the NGO published the results of the Freedom to Speak Up Guardian Survey 2018. As a result of the survey, the NGO made a series of recommendations, including ensuring that Guardians have access to the CEO and non-executive director for Freedom to Speak Up and that Guardians report to the Board in person.
- 11. The 2017/2018 Freedom to Speak Up Annual Report was published in November 2018. There are now over 800 Guardians across the NHS, with 7087 concerns raised within the year. 45% of these cases had an element of bullying and harassment and 5% felt they had suffered detriment as a direct result of Speaking UP
- 12. The National Guardian's Office asked Freedom to Speak Up Guardians in all trusts and foundation trusts for information on Freedom to Speak Up cases raised with them in the second quarter of 2018/19 (1 July to 30 September). The latest results are set out in the attached table and reveal that 97 per cent of trusts have provided data this quarter.

Q2 data headlines

- 2,604 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
- 799 of these cases included an element of patient safety / quality of care
- 1093 included elements of bullying and harassment
- 130 related to incidents where the person speaking up may have suffered some form of detriment
- 248 anonymous cases were received
- 11 trusts did not receive any cases through their Freedom to Speak Up Guardian
- 221 out of 230 NHS trusts sent returns

National Ambulance Network of Guardians (NAN):

- 13. The National Ambulance Network of Guardians meets quarterly to share good practice and provide mutual support. The meetings are held in different regions and include an element of CPD as well as an opportunity to network and share information.
- 14. The most recent meeting (November 2018) was held at South East Coast Ambulance Service. The focus of the meeting was on resilience and how Guardians can monitor how their own resilience, as well as that of staff raising concerns. A buddy system for ambulance Guardians has also been established, with the LAS paired with one of the EEAST Guardians.

Conclusion

- 15. The LAS continues to have a high level of engagement with the NGO, the National Ambulance Network and the London Region Network of Guardians.
- 16. The NGO's recent case reviews and guidance to the Board are beginning to demonstrate the value of the Guardian role.

17. The efforts made by the LAS to expand the reach of the Guardian, promote Freedom to Speak up activities and create an environment in which staff feel safe to raise concerns are reflected in the increased number of concerns raised.
18. The Board is asked to note the contents of this report.

Katy Crichton

Freedom to Speak Up Guardian



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Outline case to be the lead provider for the Regional London Health Care Record Exemplar			
Agenda item:	15			
Report Author(s):	James Corrigan, Deputy Director of Finance			
Presented by:	Lorraine Bewes, Director of Finance and Performance			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
The purpose of this paper is to seek approval from the Trust Board for the Trust to become the lead provider and financial host for the London Health Care Record Exemplar (LHCRE).				
Recommendation(s):				
The Trust Board is recommended to: <ul style="list-style-type: none">• Agree that the Trust should become the lead provider for the London Health Care Record Exemplar subject to satisfactory finalisation of the Partnership Agreement which will need to eliminate or materially reduce the Trust's risks as set out in the paper below.• Agree that the Trust is prepared to act as host to the Public Dividend Capital and as such assume ownership for all capital assets purchased with this funding, with the agreement that the revenue consequences of these projects are recovered in full from partner organisations, where appropriate.• To delegate the Chair to sign the memorandum of understanding with the DH and the partnership agreement with the 6 partner organisations, setting out the Trust's requirements/assurances from the London Sustainability and Transformation Partnership (STPs), as set out in this paper.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				

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 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 type="checkbox"/>
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>

Purpose

1. The purpose of this paper is to seek approval from the Board for the Trust to become the lead provider and financial host for the London Health Care Record Exemplar (LHCRE).

Background

2. The One London Local Health Care Record Exemplar (LHCRE) is one of an initial five areas across England established to deliver joined up patient health care records. Each LHCRE will receive targeted investment to deliver truly integrated health and care services in their area. National capital funding of up to £7.5m has been made available for each area for 2018/19 and 2019/20. Consideration is being made to increase the London allocation to £15m capital.
3. The funding has been indicatively allocated as follows:

Capital Award (£'000)	2018/19				2019/20				
Milestones	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Total
1 Programme Initiation				2,000					2,000
2 Enabling Access to citizen information					2,000				2,000
3 Comprehensive data set and additional data sources						2,000			2,000
4 Citizen Access to records							1,500		1,500
5 Intelligent working									0
Total	0	0	0	2,000	2,000	2,000	1,500	0	7,500

4. The One London LHCRE had previously been awarded £4m in 2018/19, however following discussions with NHS England this has been amended to £2m with the balance being made available in 2019/20.
5. Nationally, four regions have already signed the funding agreement and MoU. We have engaged with the other regions and learnt from their experience to inform the London agreements.

Purpose

6. The purpose of the One London LHCRE is to develop integrated health and care records from all health and care services used by the population. Current initiatives suggest that sharing information across organisations:
 - improves people's experience by avoiding the need for them to provide the same information to different health and care professionals time and time again;
 - improves health and care professionals understanding of an individual's condition, which enables an individual to be provided with a personalised treatment plan;
 - improves safety by reducing the need for unnecessary repeated tests;
 - improves safety and experience by making comprehensive and reliable allergy, medication, diagnosis and social circumstance information readily available across all health and care settings, for example in A&E or when an ambulance is called;
 - prevents unnecessary admissions to hospital by giving health and care professionals more information about the individual when making their

professional decisions;

- saves time by reducing the need to manually request information;
- saves money by avoiding duplicate tests or assessments;
- improves people's engagement in their own care and adherence with medications and care plans by providing individuals with access to shared records;
- supports safeguarding by sharing alerts across multiple care settings for both adults and children;
- supports more accurate understanding of local populations, allowing services to be designed more effectively around individuals' needs.

Partners

7. The partners to the One London LHCRE are as follows:

- North West London STP
- North Central London STP
- North East London STP
- South West London STP
- South East London STP
- NHS England, London Region
- The Mayor and GLA

8. All health and care organisations will be involved in this programme and this will be coordinated through STPs.

Proposal on undertakings

9. London Ambulance Service NHS Trust has been approached by One London LHCRE programme and invited to become financial host provider. We have been identified as potential host as we are the only pan London provider and are demonstrating an increasing role in leadership of digital healthcare across the capital. This is supported by various London governance groups including the Digital Investment Sub Committee chaired by Stuart Saw, regional deputy finance lead. The hosting includes :

- The receipt of capital funding (Public Dividend Capital) and 'owning of the capital asset'
- The hosting of contracts with third party providers
- Employment of staff supporting the project.
- Receipt of agreed recharges for other LHCRE Partners
- Accounting for the costs and recharging of proportionate shares between partners
- Maintaining a memorandum account of 'match funding' incurred by partners

10. This will be incorporated into a Memorandum of Agreement between the partners to ensure that:

- There is no greater financial liability on London Ambulance Service NHS Trust than any other partner within the LHCRE (and no gain for the host Trust either)
- There is complete transparency of the cost being incurred and future liabilities including;

- i. Costs which may fall outside of the capital funding available
 - ii. Ongoing revenue costs of maintaining the LHCRE infrastructure once the capital funding is exhausted
11. A financial report will be produced by the Host Provider for the LHCRE Board at each meeting
12. The detailed arrangements on the scope of the role the Trust will need to undertake and the financing of the resources required by the Host provider to support the Partnership need further discussion and agreement.
13. There are three key documents to be developed and signed that govern the arrangements outlined above:
 - i. memorandum of understanding between the host provider and the DHSC for the award of the £7.5m PDC.
 - ii. One London Partnership Agreement between the host provider and the six partner organisations listed above.
 - iii. Funding agreement between the host providers and the six partner organisations listed above.
14. The programme has agreed that the draw-down should be conservatively managed for FY1819 to ensure it is not wasted – noting that PDC cannot be carried over without central agreement.

Benefits to LAS

15. Hosting this programme provides potential strategic benefits to LAS:
 - The experience and expertise gained in running these pan-London data records is well aligned with the LAS strategy to become the integrator of access to urgent and emergency care.
 - Being positioned as an organisation that the rest of London has confidence in to manage this data on behalf of London is of benefit to our ambitions to evolve our position as an integrator or lead provider partnering more strategically with London commissioners.
 - LAS has a requirement to access data for patients across London and to digitally transfer care to providers across London. This programme is a key enabler to that requirement.
 - The London health system has identified technical and information governance resources that will enhance LAS IM&T capabilities and accelerate our digital delivery plans.

Risks, issues and mitigation

16. Hosting this programme also creates a number of potential risks:
 - There is a risk of programme slippage affecting financial management particularly between years. Therefore robust forecasting is required and national agreement to carry forward or issue capital resource limit cover on the basis that the Trust is not a Foundation Trust.
 - Payment made on delivery – requires good project management and governance.

- There is a need to demonstrate return on investment and value for money to the taxpayer so a clear benefits realisation plan need to be in place and signed off at the outset
- There is a risk that capital commitments are made without reference to the definition of capital set out within the Trust's capital procedure note – the Trust will need to undertake a comprehensive review of existing spend against the allocation and have agreement that any revenue consequences are funded by partners and explicitly included in the partnership agreement.
- Other unplanned revenue cost pressures and operational risks from asset ownership i.e. maintenance, storage costs will need to be funded by partners and set out in the partnership agreement.
- Termination and exit costs must be agreed in advance of signing the partnership agreement.
- Information governance and cyber-security of the data will be paramount to partners and the public. A dedicated workstream is included in the programme to understand and mitigate these issues.

Next steps

17. Subject to Trust Board agreement, the proposed next steps are:

- a. to finalise and delegate the Chair to sign the memorandum of understanding with the DH and the partnership agreement with the 6 partner organisations, setting out the Trust's requirements/assurances from the London STPs, as set out in the risks above;
- b. to identify the appropriate resources within the Trust to effectively manage this programme's financial reporting and ensure the Trust finance team have sufficient line of sight on spending and development decisions to sign the Funding Agreement, and establish the programme's financial governance.

Conclusions and Recommendations

18. The opportunity to host the LHCRE programme on behalf of One London provides a number of benefits which align well with the Trust's strategy.

19. The Trust Board is recommended to:

- agree that the Trust should become the lead provider for the London Health Care Record Exemplar subject to satisfactory finalisation of the Partnership Agreement which will need to eliminate or materially reduce the Trust's risks as set out in the paper below and to delegate sign off to the Chief Executive on the Board's behalf.
- Agree that the Trust is prepared to act as host to the Public Dividend Capital and as such assume ownership for all capital assets purchased with this funding, with the agreement that the revenue consequences of these projects are recovered in full from partner organisations, where appropriate.

Lorraine Bewes,
Director of Finance and Performance



Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Trust Board Forward Planner			
Agenda item:	16			
Report Author(s):	Philippa Harding, Director of Corporate Governance			
Presented by:	Philippa Harding, Director of Corporate Governance			
History:	This planner is based upon previous years' Board agendas and guidance relating to best practice in the construction of Trust Board agendas			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This report provides the Board with an updated forward plan for Board meetings until the end of the 2010/20 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>				
Recommendation(s):				
<p>The Board is asked to comment on the proposed forward plan for Board meetings until the end of the 2019/20 financial year.</p>				
This report relates to the following Board Assurance Framework (BAF) or other risk:				
<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>				
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 checked="" type="checkbox"/>			
Other	<input checked="" 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"/>

Trust Board forward planner: 2017/18 + 2018/19

Area	Lead	2018/19	2019/2020					
		Tuesday 26 March 2019	Thursday 23 May 2019	Tuesday 31 July 2019	Tuesday 24 September 2019	Tuesday 26 November 2019	Tuesday 28 January 2020	Tuesday 24 March 2020
Standing items	HL	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies	Welcome and apologies
	All	Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest
	HL	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting	Minutes of previous meeting
	HL	Matters arising & action log	Matters arising & action log	Matters arising & action log	Matters arising & action log	Matters arising & action log	Matters arising & action log	Matters arising & action log
	TB	Staff Story	Patient Story	Staff Story	Patient Story	Staff Story	Patient Story	Staff Story
	HL	Report from the Chair	Report from the Chair	Report from the Chair	Report from the Chair	Report from the Chair	Report from the Chair	Report from the Chair
	GE	Report from the CEO	Report from the CEO	Report from the CEO	Report from the CEO	Report from the CEO	Report from the CEO	Report from the CEO
Strategy & Planning	LB	Operational Plan Approval						Operational Plann Approval
	LB	Business Plan Approval						Business Plan Approval
	BM	Estates Strategy						
	FW	Clinical Strategy						
	BM	Fleet Strategy						
	FW	Volunteering Strategy						
	TB	Patient Engagement Strategy						
	PG	Training & Engagement Strategy						
	PG							
	AF		Strategy Update			WRES Action Plan Strategy Update		
Quality, Performance & Assurance	LB	Integrated Quality & Performance Report	Integrated Quality & Performance Report	Integrated Quality & Performance Report	Integrated Quality & Performance Report	Integrated Quality & Performance Report	Integrated Quality & Performance Report	Integrated Quality & Performance Report
	PH	Board Assurance Committee Reports	Board Assurance Committee Reports	Board Assurance Committee Reports	Board Assurance Committee Reports	Board Assurance Committee Reports	Board Assurance Committee Reports	Board Assurance Committee Reports
	PH	BAF & Corporate Risk Register	BAF & Corporate Risk Register	BAF & Corporate Risk Register	BAF & Corporate Risk Register	BAF & Corporate Risk Register	BAF & Corporate Risk Register	BAF & Corporate Risk Register
	TB	Serious Incident Management	Serious Incident Management	Serious Incident Management	Serious Incident Management	Serious Incident Management	Serious Incident Management	Serious Incident Management
	TB		SI Thematic Review	SI Thematic Review		SI Thematic Review	SI Thematic Review	
	TB	Quality Accounts & Quality Priorities - biannual report			Quality Accounts & Quality Priorities - biannual report			Quality Accounts & Quality Priorities - biannual report
Annual Reporting	LB, PH	Approach to Annual Report & Accounts	Annual Report and Accounts (incl AGS)					Approach to Annual Report & Accounts
	PH		Self Certification of Compliance with Provdiier Licence					
	JJ		Audit Committee Annual Report					
	TB		Patient Experiences Annual Report					
	TB		Annual Quality Account					
	LB							
	FW				Unaudited Charitable Funds Annual Report & Financial Statements for 2018/19	CARU Annual Reports		
Governance	PH	Annual Corporate Governance Review					Approach to Annual Corporate Governance Review	Annual Corporate Governance Review
	PH						Review	
	PH						Freedom to Speak Up Quarterly Report	Freedom to Speak Up Quarterly Report
	PW		Freedom to Speak Up Quarterly Report	Annual Public Meeting preparation Freedom to Speak Up Quarterly Report		Freedom to Speak Up Quarterly Report	EPRR Update	
					Business Continuity Update			
Concluding matters	PH	Trust Board forward planner	Trust Board forward planner	Trust Board forward planner	Trust Board forward planner	Trust Board forward planner	Trust Board forward planner	Trust Board forward planner
	HL	Questions from members of the public	Questions from members of the public	Questions from members of the public	Questions from members of the public	Questions from members of the public	Questions from members of the public	Questions from members of the public
	HL	Any other business	Any other business	Any other business	Any other business	Any other business	Any other business	Any other business
	All	Review of the meeting	Review of the meeting	Review of the meeting	Review of the meeting	Review of the meeting	Review of the meeting	Review of the meeting
Additional reports	TB	Quality Report	Quality Report	Quality Report	Quality Report	Quality Report	Quality Report	Quality Report




Report to:	Trust Board			
Date of meeting:	29 January 2019			
Report title:	Quality Report			
Agenda item:	Additional report			
Report Author(s):	Helen Woolford, Head of Quality, Intelligence and Risk			
Presented by:	Dr Trisha Bain, Chief Quality Officer			
History:	First presentation at the Quality Oversight Group (QOG) on Jan 9 2019 followed by Quality Assurance Committee (QAC), 22 January 2019			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>The purpose of the report is to provide the Trust Board with information in relation to progress against the quality agenda within the organisation, The report is divided into the quality domains and has been reviewed at Quality Oversight Group on Jan 9th 2019 and Quality Assurance Committee (QAC) on Jan 22nd 2019. Escalations from the group and reports will be provided via the key issue report. The report shows progress in many areas and where actions are required outlines the assurance process. Main areas of focus relate to medicines management, learning from recent SIs and implementation of NHS111.</p>				
Recommendation(s):				
The Board is asked to discuss and note the progress				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				

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 type="checkbox"/>
Workforce	<input checked="" type="checkbox"/>
Governance and Well-led	<input checked="" type="checkbox"/>
Reputation	<input checked="" 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 – Quality Report



Draft report for discussion at the Trust Board
Analysis based on November 2018 data, unless otherwise stated

Section	Content	Pages
Executive Summary	<ul style="list-style-type: none"> • RAG status and key actions for each of the Quality Domains • Quality Priority Areas and associated targets for FY18/19 • Quality Summary Scorecard • Operational Context Scorecard 	3 4 5
1. Safe	<ul style="list-style-type: none"> • Patient Safety • Infection Control • Flu Campaign • Medicine Management • Safeguarding • Health and Safety 	7-10 11-15 16 17 18 19-21
2. Effective	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Clinical Ambulance Quality Indicators • Clinical Audit Performance 	23 24 25
3. Caring	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Mental Health • Maternity • People and Public Engagement 	27 28 29 30

Section	Content	Pages
4. Responsive	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Frequent Callers • Complaints • Claims and Inquests 	32 33-35 36-37 38
5. Well Led	<ul style="list-style-type: none"> • Lessons learned from actions taken 	40-41
6. Quality Action Plan, Projects & Programmes	<ul style="list-style-type: none"> • Quality Action Plan update including escalated actions 	43-44
7. Clinical and Quality Risks	<ul style="list-style-type: none"> • Summary of key risks held on the Quality Directorate risk register 	46

Quality Domain	Quality Priorities from Quality Account	Status	Highlights from this report by quality domain	Overall Status
Safe	90% implementation of Health Assure functionality by December 2018.		<p>The total number of adverse patient events was 270 resulting in 2.8 events per 1000 incidents</p> <p>There have 15 Missed Referrals identified from audit. The team will be undertaking a full audit of the missed referrals in New Year to look for patterns/ themes across the Trust.</p> <p>The Trust's flu vaccination campaign is going well with uptake being higher than the previous year. Currently we have no vaccine due to a national shortage and this is being escalated.</p>	
	Improve hospital handover delays; 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.			
	100% completion of secure drug rooms roll-out across all sectors by March 2019 to agreed stations.			
	Increase the number of defibrillator downloads year-on-year to 20% by end of 2019.			
Effective	Root and branch independent training review completed. Implementation plan developed by September 2018.		<p>ROSC at Hospital(* data from Jul-18) is 38% which is above the national standard. The Stroke Care Bundle (data from May 18) is 99% STEMI Care Bundle(* data from Jul-18) is 74%. There continues to be a focus on this measure.</p> <p>Defibrillator downloads increased by 5% to 19% in October.</p> <p>The annual reports for STEMI, Cardiac arrest and Stroke and infographics have been shared to disseminate learning.</p>	
	New quality Indicators developed and being reported via performance scorecards by December 2018.	Complete		
	QI training plan agreed and 100% of identified key cohorts trained by September 2018.	Complete		
	At least 2 Sector roster reviews completed by September 2018 and remaining sectors by April 2019.			
Caring	Reduction in calls generated by those patients classified as frequent callers from April 2018 baseline.		<p>The Mental Health Joint Response Car was successfully launched on 26th November from Waterloo Ambulance Station.</p> <p>In November 2018 we spent 70 hours (over 14 events) on knife crime awareness and education.</p>	
	Evidence of patient involvement in all QI and service re-design programmes.	Complete		
	Reduce the number of ambulance conveyance (20%). Employ two whole time equivalent practice developments midwives and deliver a training programme 2018-19. Midwives employed.			
Responsive	We will review our operational model by quarter three and work towards delivering the revised standards as set out in ARP.		<p>In November we received 75 complaints.</p> <p>We managed 368 PALS enquiries comparable to the annual monthly average of 368 per month.</p> <p>We managed 20 new Health Partner Alerts during November - there have been 128 approaches under this auspices in 2018/19</p>	
	Over 75% of complaints letter being responded to within the 35 day timescale.			
Well Led	85% compliance with statutory and Mandatory training 2018-19.		<p>The number of excellence reports have doubled in the last two consecutive months.</p> <p>The first cross organisational Insight learning magazine has been produced which includes all departments from make ready and logistics through EOC, to front line clinicians and highlights their importance in delivering safe care.</p>	
	Leadership programme developed and implementation plan in place.	Complete		
	Continue to implement the P&OD strategy and progress implementation of the Quality Improvement Plan and Quality Improvement capability across the organisation.			



Priority area on or ahead of target | Domain area on track



Priority area off target but no escalation | Domain area off target but no escalation









Priority area off target escalation required | Domain area escalation required

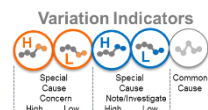
Note: Overall status includes the quality priority areas and the status across a number of additional KPIs

Executive Summary - Quality Summary Scorecard

November 2018









Indicator (KPI Name)	Basis	Data From Month	Target Status	Statistical Process Control Icon	Current Performance			Trajectory	Benchmarking		
					Target	Latest Month	Year To Date Actual	FY18/19 Trajectory	National Data	Best In Class	Ranking (out of 10)
Rate of Patient related Adverse Events per 1,000 Incidents	Rate	Nov-18	●		5.0	2.8	2.9				
Patient related Adverse Events - NO HARM	Count	Nov-18	●		233	187	1609				
Patient related Adverse Events - LOW	Count	Nov-18	●		25	47	268				
Patient related Adverse Events - MODERATE	Count	Nov-18	●		16	13	122				
Patient related Adverse Events - SEVERE	Count	Nov-18	●		N/A	10	48				
Patient related Adverse Events - DEATH	Count	Nov-18	●		N/A	13	79				
Medication Errors as % of Patient Adverse Events	%	Nov-18	●		N/A	8.5%	7.0%				
Needle Stick Injuries as % of Staff Adverse Events	%	Nov-18	●		N/A	0.0%	1.0%				
Never Events	Count	Nov-18	●		0	0	1				
ROSC at Hospital (AQI)	%	Jul-18	●		30%	34%	37%				
ROSC at Hospital UTSTEIN (AQI)	%	Jul-18	●		N/A	61%	63%				
STEMI call to Angiography (AQI)	hh:mm	Jul-18	●		N/A	02:03	02:10				
STEMI care bundle (AQI)	%	Jul-18	●		N/A	74%	70%				
Stroke Call to Arrival at Hospital (AQI)	hh:mm	Jul-18	●		N/A	01:12	01:10				
Stroke on scene time (CARU continual audit)	hh:mm	Oct-18	●		00:30	00:30	00:31				
Survival to Discharge (AQI)	%	Jul-18	●		N/A	11%	10%				
Survival to Discharge UTSTEIN (AQI)	%	Jul-18	●		N/A	40%	38%				
STEMI- On scene duration (CARU continual audit)	hh:mm	Oct-18	●		N/A	00:38	00:39				

- KPI on or ahead of target
- KPI off target but within agreed threshold
- KPI off target and outside agreed threshold
- KPI not reported / measurement not started



November's response times continued to be below the targets set in all categories. There is still a sustained need for this so that the year to date response times can reduce to reflect the lower responses we are now seeing.

SEL 111 call answering within 60 secs was at 80%, and NEL 111 only achieved 74%, this is similar to the rest of the London providers which also struggled to meet the 95% target in November.

November 2018					Current Performance			Trajectory	Benchmarking		
Indicator (KPI Name)	Basis	Data From Month	Target Status	Statistical Process Control Icon	Target	Latest Month	Year To Date Actual	FY18/19 Trajectory	National Data	Best In Class	Ranking (out of 10)
Category 1 response - Mean	mm:ss	Nov-18	●		07:00	06:16	06:31	07:00	07:13	06:12	1
Category 1 response - 90th centile	mm:ss	Nov-18	●		15:00	10:10	10:51	11:18	12:33	10:14	1
Category 2 response - Mean	mm:ss	Nov-18	●		18:00	17:29	18:31	18:30	21:18	12:04	4
Category 3 response - 90th centile	h:mm:ss	Nov-18	●		2:00:00	1:52:13	2:00:17	2:10:30	2:21:52	1:12:42	3
Category 4 response - 90th centile	h:mm:ss	Nov-18	●		3:00:00	2:36:42	3:08:06	2:14:06	3:11:57	2:03:55	3
Call answering - 999 (less than 5 seconds)	%	Nov-18	●			90%	85%				
SEL Call answering - NHS 111 (less than 60 seconds)	%	Nov-18	●		95%	80%					
NEL Call answering - NHS 111 (less than 60 seconds)	%	Nov-18	●		95%	74%					






● KPI on or ahead of target

● KPI off target but within agreed threshold

● KPI off target and outside agreed threshold

● KPI not reported / measurement not started

Variation Indicators

High Low High Low Common Cause

1. Safe

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

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

- Patient Safety
- Infection Control
- Medicine Management
- Safeguarding
- Health and Safety

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



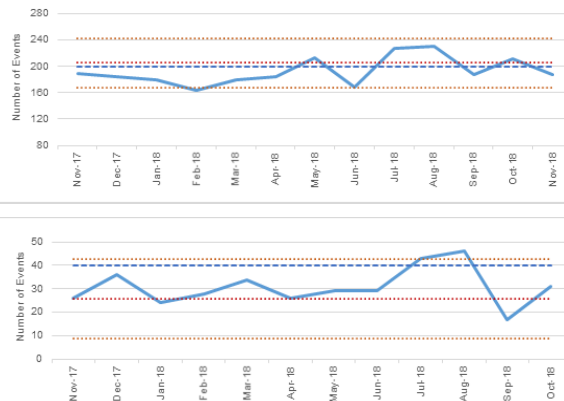
Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

The total number of adverse patient events was 270 resulting in 2.8 events per 1000 incidents. The breakdown of these events is shown in the analysis below:

Monthly Trend

No Harm/Near Miss

Latest Month:
187



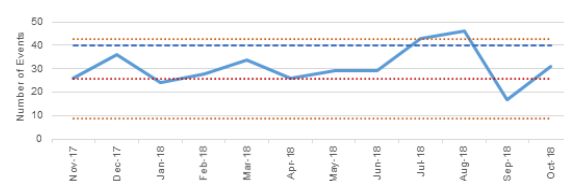
The number of reported No harm/Low harm incidents remains within the upper and lower limit baseline (set on 2017/18 data).

The Governance Department continues to encourage the reporting of all incident with a particular focus on no/low harm.

The intelligence team are working with key stakeholders to streamline reporting categories and are deliver training out planned training events and locally at stations.

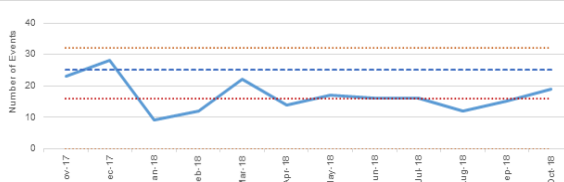
Low Harm

Latest Month:
47



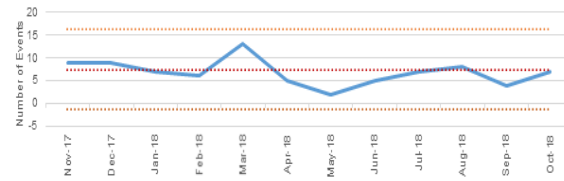
Moderate Harm

Latest Month:
13



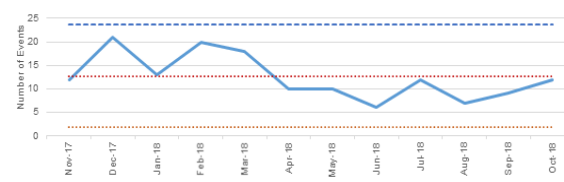
Severe

Latest Month:
10



Death

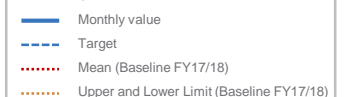
Latest Month:
13



No significant variation when compared to mean and limit thresholds

Data Source:

CHART KEY





Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

We must ensure we report, track and respond to serious incidents appropriately – the below analysis highlights the current trends around where our serious incidents are being reported, the current status of our response and where we still have outstanding actions to address as a Trust.

Incident Themes

Medication, dispatch and call management and clinical treatment issues remain the top three recurring themes. There is an emerging trend relating to Abloy key losses and breakages which is being monitored. The majority of call and dispatch concerns relate to response delays however we are noticing an increase in the number of errors made during the management of the 999 call. Clinical assessment issues are largely caused by confirmation bias or situational awareness.

Serious Incidents

During November 2018, 5 reported incidents were declared as SIs after review at the Serious Incident Group (SIG). The monthly distribution graph below show the number of declared SIs across the Trust compared to the previous year.

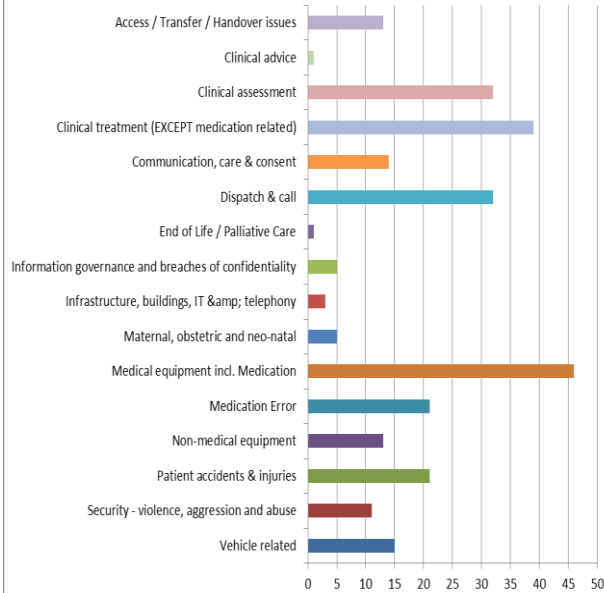
The SI categories in October included two potential call triage error, a delayed response and 3 Inappropriate treatment.

SI by Sector and Outstanding Actions

There are currently 18 outstanding actions: 5 actions concern EOC, 7 for operations, 1 for PED, 1 for Medical Directorate and 3 for LAS111.

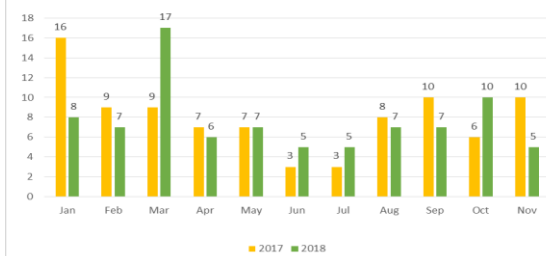
The team have recently worked on the reporting function on Datix to ensure that it is accurate and have targeted areas to ensure actions are completed and closed down

November Incidents by Category

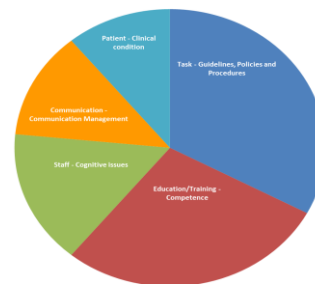


Monthly Analysis

Serious Incidents Declared by Month

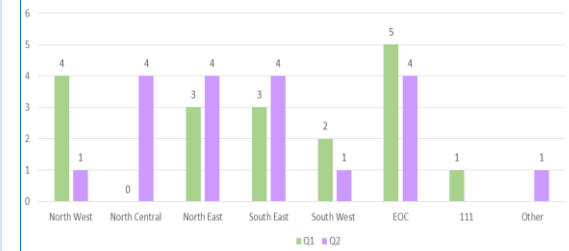


Top 5 SI Contributory Factors



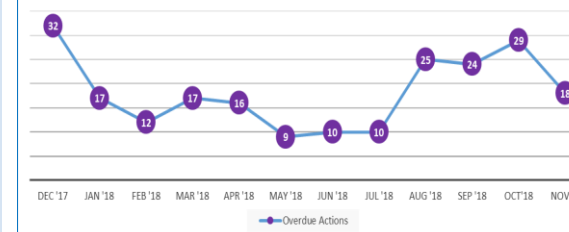
Quarterly Analysis

Serious Incidents Declared by Sector STP 2018/19



Overdue Actions

Overdue Actions at Month End 2017/18 (Target <10)



Data Source:



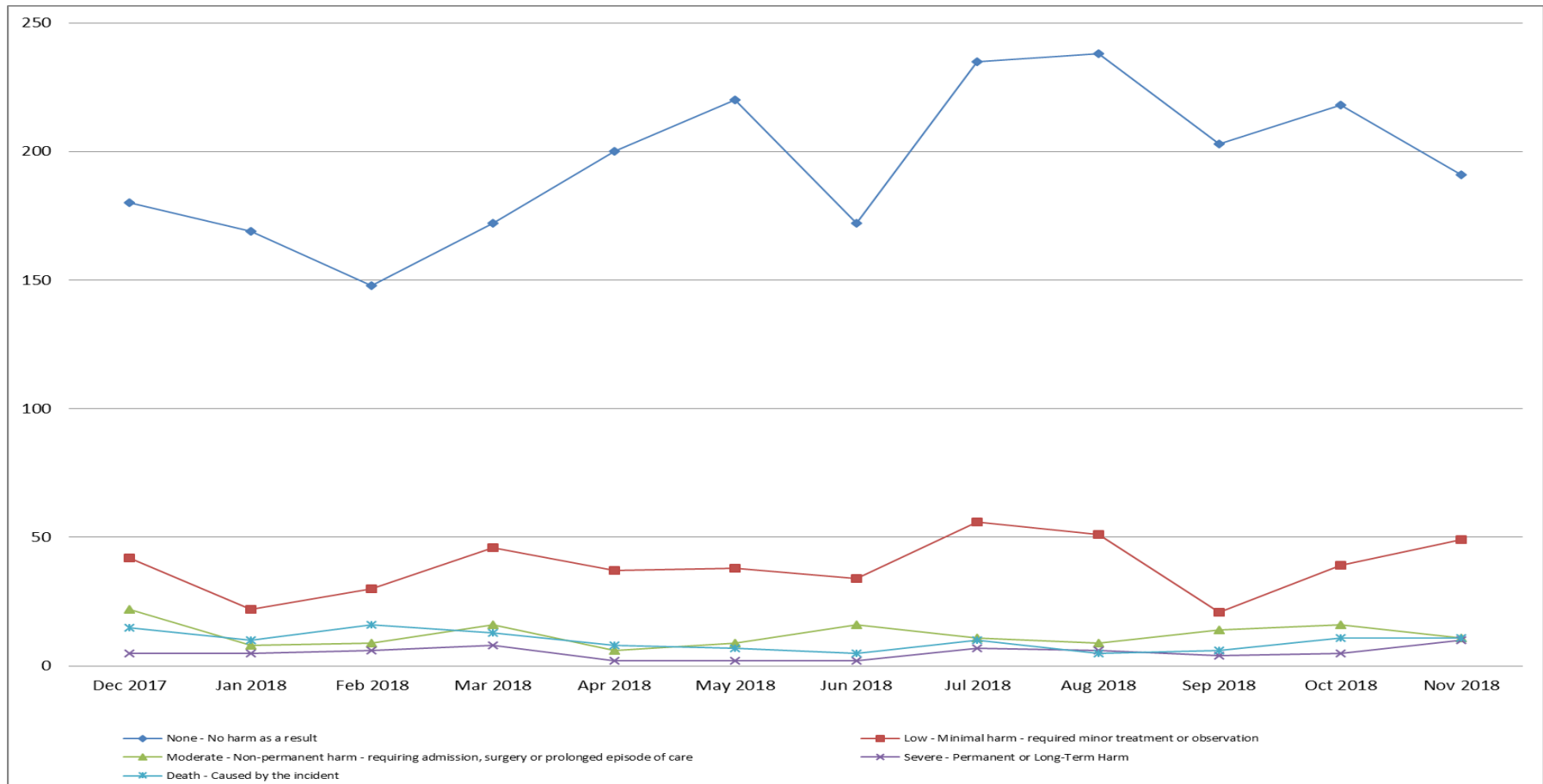
Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

The Trust has reported 3,608 patient safety incidents over the last 12 months (Oct 17-Nov 18) and below is some analysis of this data. The number of no harm incidents being reported remains higher than other severities. The number of incidents being reported by sectors appears to be steadily increasing although it is worth noting that North East has seen a larger fluctuation over the last 6 months. An increase in reporting is linked to a strong governance and learning culture within an organisation.

The top 5 incidents categories have been included on all reported incidents. The top 5 contributory factors (following RCA investigations have been included as these are recorded for Serious Incidents. These will be looked into in more detail and areas of improvement identified and shared for learning purposes.

Incident Analysis

Incidents by Severity



Data Source: Datix

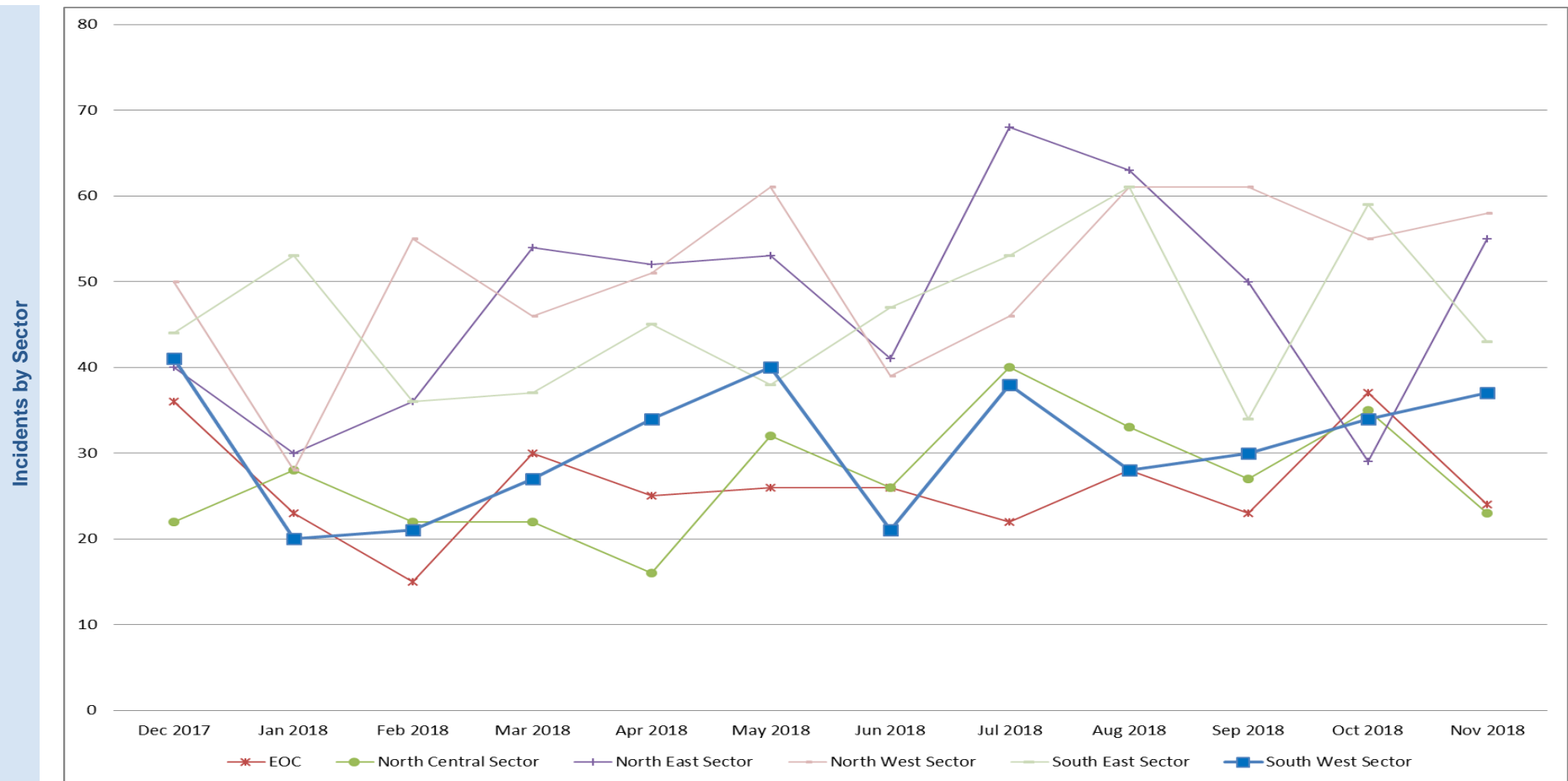


Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

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Incident Analysis



Data Source: Datix



Monthly IPC Training Compliance November 2018 (Target: 90%)

IPC training compliance for Level 1 and Level 2 is monitored via ESR and although compliance exceeds the Trust performance target of 90%, both levels of training are reporting a decrease in November, compared to previous months. **The slight decrease has been flagged to operational teams and will be monitored closely.

Performance achieved in November 2018:

- Level 1 – 93.6% compared to October 2018 (93.98%), which although still exceeds the Trust performance target of 90% , is a decrease
- Level 2 – 93.9% compared to October 2018 (97.18%), which although exceeds the Trust performance target of 90%, is a decrease

Assurance:

- Monitored via ESR
- Monthly Quality reporting
- Oversight at Quarterly ICDG, IPCC and QOG

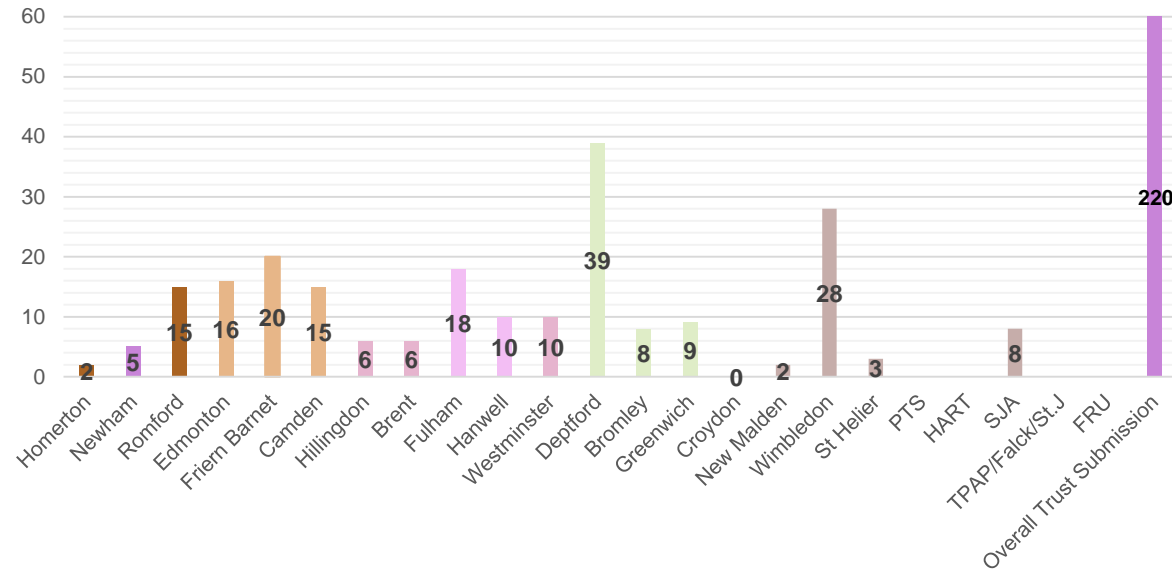
Actions taken:

- Monitoring process in place
- Highlight decrease in compliance to operational teams



OWR Submissions November
2018

Owner: Eng-Choo Hitchcock | Exec Lead: Dr. Fenella Wrigley



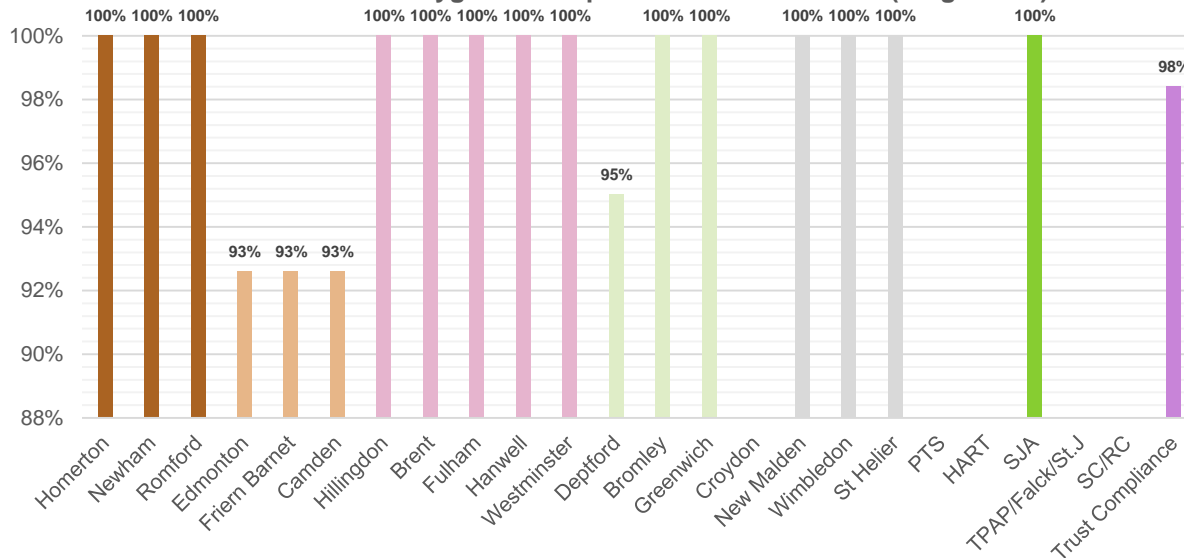
Hand Hygiene Performance

- 19 group stations submitted their OWR data for hand hygiene, compared to 21 group station submissions in October 2018.
- Of the 19 submissions, the Trust OWR hand hygiene compliance for November 2018 was 98%, an increase from 96% in October

Assurance

- Monthly Quality Report, CEO Performance Reviews, Quarterly Sector Quality Meetings
- Oversight: Monthly by IPC service, through formal channels at quarterly ICDG, IPCC, and at QOG
- Visits to EDs in London to audit and discuss hand hygiene standards continues
- IPC Champions role to raise standards and ownership at local stations by providing practical Hand Hygiene at stations.

OWR Hand Hygiene Compliance November 2018 (Target 90%)



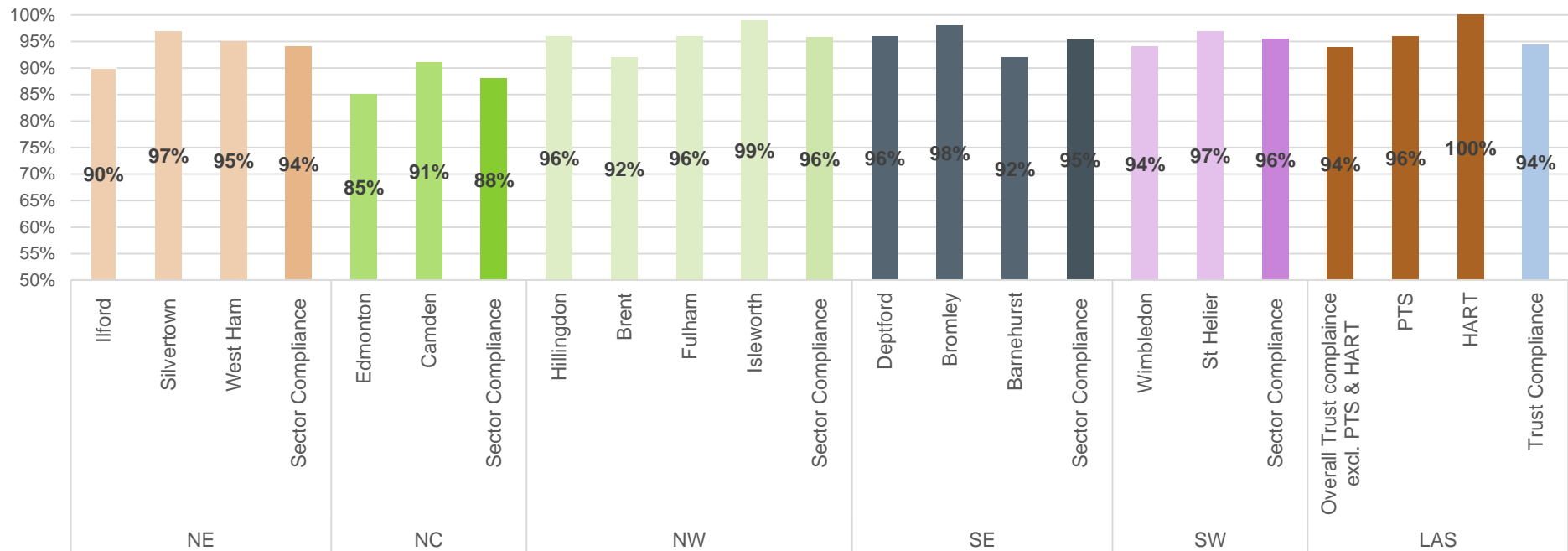
Actions

- IPC team to continue with observational hand hygiene audits at EDs in London as per audit programme
- Agreed at November IPCC that OWR submission each month must reflect a minimum of 10% of total front line staff per group station
- Report to Sector Quality Meeting
- Discuss submission compliance and denominator figures for Operational Workplace Reviews at Quarterly IPCC meetings



Owner: Eng-Choo Hitchcock | Exec Lead: Dr. Fenella Wrigley

VP Deep Clean A&E Vehicles November 2018 (Target 95%)



Performance

- Data for each Hub including PTS and HART (16) submitted by the VP Contract Manager.
- Trust compliance for November remained static at 94% , which is below the contractual performance target of 95%.

Assurance

- Monthly Quality Reporting and CEO Performance Reviews
- Oversight: Monthly by IPC service, through formal channels at quarterly ICDG, IPCC, and at QOG
- Logistics managers have regular contract meeting with contractors; action plan for low compliance; regular stakeholder meetings established

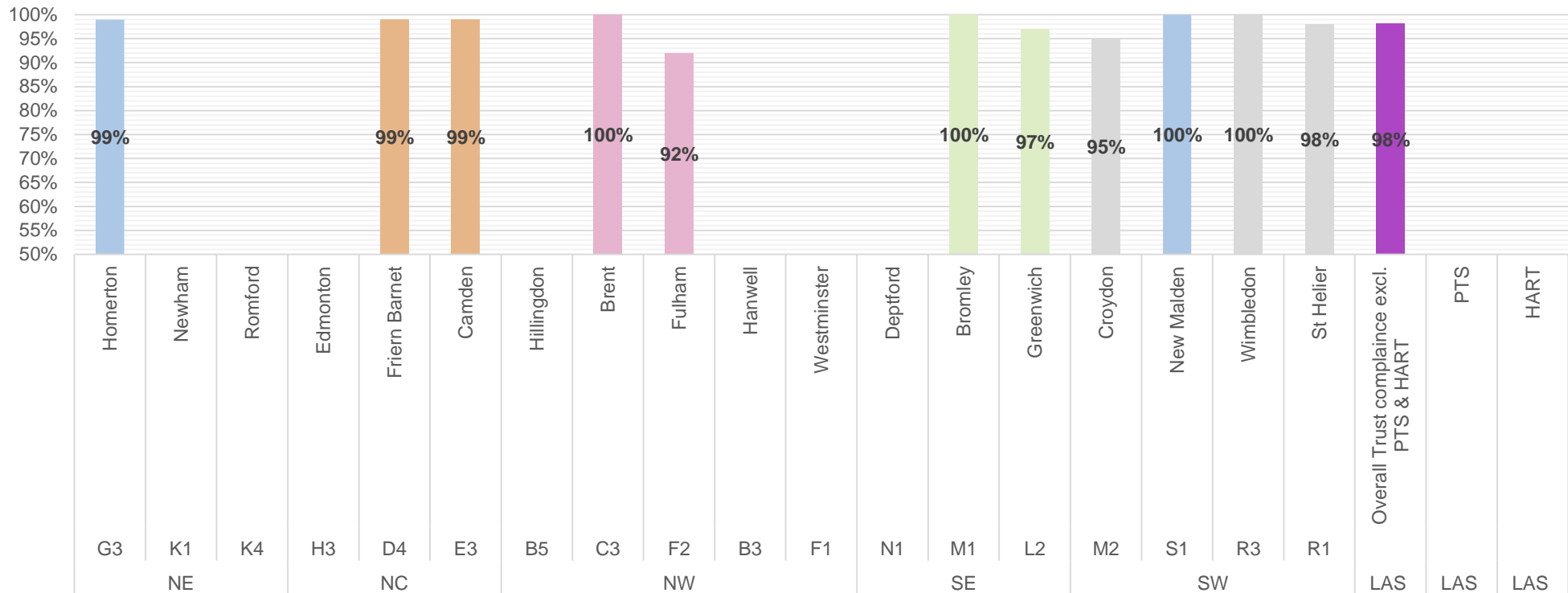
Actions

- Logistics to monitor action plans to improve low scores.
- IPC continue to monitor monthly.



Owner: Eng-Choo Hitchcock | Exec Lead: Dr. Fenella Wrigley

Premises Cleaning November 2018 (Target 90%)

**Performance**

- 12/20 Group Stations/Services submission received by IPC team for analysis . This is a decrease from 14/20 submissions in October
- Overall Trust compliance for November remained static at 98%.

Assurance

- Monthly Quality Reporting and CEO Performance Reviews
- Oversight: Monthly by IPC service, through formal channels at quarterly ICDG, IPCC, and at QOG
- Estate contract managers have regular contract meeting with contractors; Contract managers and Contractors also undertake audits to ensure standards are maintained

Actions

- QGAMs oversight and action required for non-submissions - QGAMs to ensure Group Stations submit data in a timely way- this was raised at the IPC Committee in November
- IPC continue to undertake validation audits, monitor monthly to provide additional assurance
- Report performance to Sector Quality Meeting



Sharps and Body Fluid Exposure (BFE) incidents April – November 2018

Type of incident	Q3 (April-November))
Exposure to bodily fluids (BFE)	95
Contaminated Sharps	35
TOTAL	130

Performance

- Cumulative denominator incident data for year to date (April to November) = 130
(*Note cumulative denominator data is for contaminated sharps and BFE only- clean sharps incidents have been extracted as these fall within Health & Safety remit, not IPC*)
- 95/130 (73.02 %) were BFE incidents

Assurance

- Monthly oversight by IPC team, Monthly Quality Reports, Quarterly Sector Report, Quarterly ICDG/IPCC/QOG oversight
- Regular Bulletins e.g. safe practice in administration for IV fluids through cannula port
- Enhanced personal PPE implementation
- Datix incident follow-up and Datix Risk Reporting

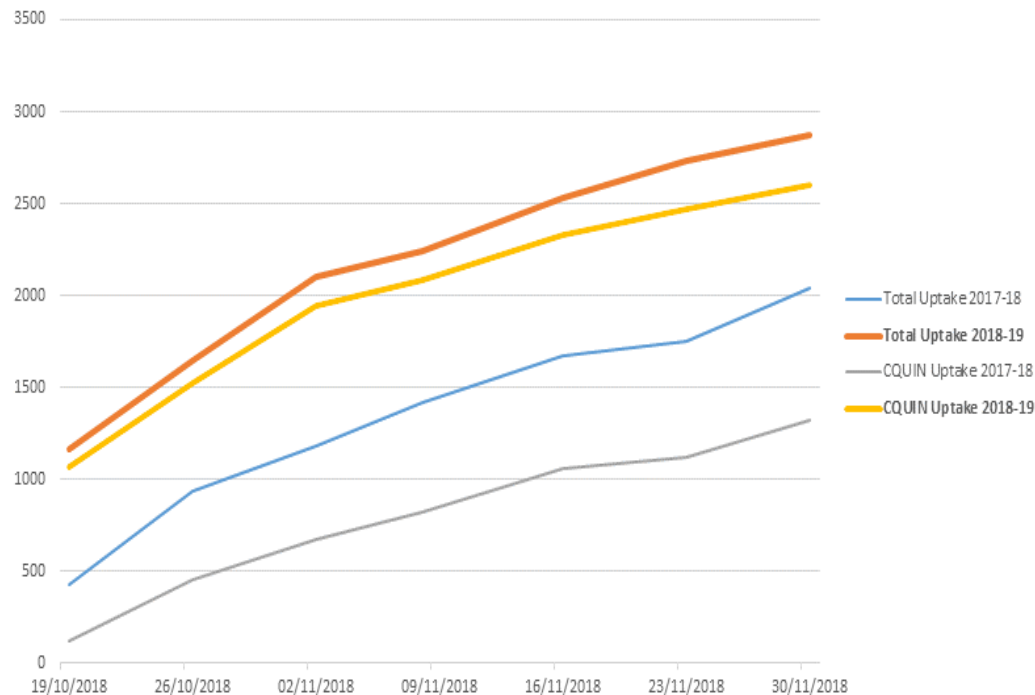
Actions:

- Daily review of incidents by IPC specialist and highlighting to manager to request prompt action
- DATIX subcategories being reviewed and streamlined by IPC specialist to ensure IPC receive the incidents that relate specifically to IPC
- Clean sharps incidents have been removed from denominator data, as these incidents are outside of IPC remit and fall within Health & Safety
- BFE incident data raised as a concern at November IPC Committee



Exec Lead: Dr. Trisha Bain and Dr. Fenella Wrigley

2018-19 progress compared to 2017-18



Trust Total

	Staff	Uptake	Declined	Offered
Clinical	4354	2268 (52.09%)	408 (9.37%)	2676 (61.46%)
Non-Clinical	1420	603 (42.46%)	153 (10.77%)	756 (53.24%)
Total	5774	2871 (49.72%)	561 (9.72%)	3432 (59.44%)

CQUIN Totals

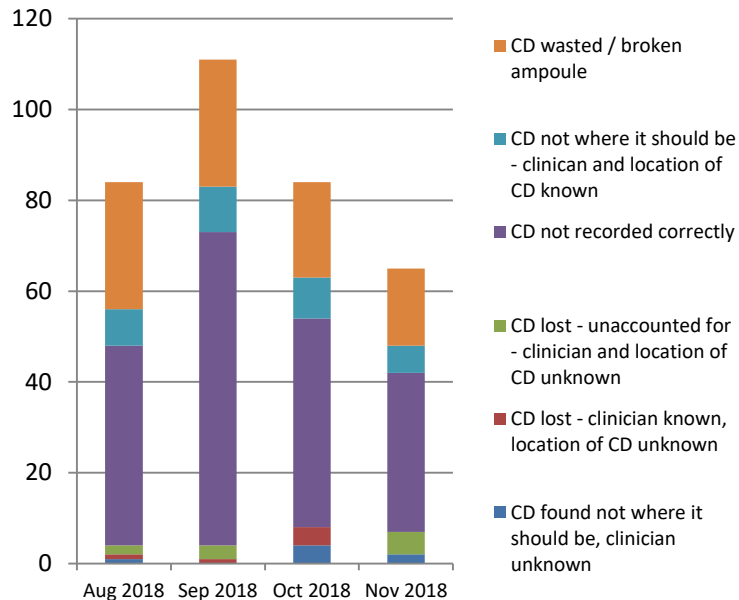
	Staff	Uptake	Declined	Offered
Operational staff	4013	2205 (54.95%)	257 (6.40%)	2462 (61.35%)
EOC staff	617	399 (64.67%)	104 (16.86%)	503 (81.52%)
Total	4630	2604 (56.24%)	361 (7.80%)	2965 (64.04%)

These numbers only include staff that are included in CQUIN totals, not all Ops / EOC staff.

The Trust's flu vaccination campaign is going well with uptake being higher when compared with the previous year.

The initial stock of vaccine is running low. There is currently a national shortage of vaccines so we are unable to source more vaccines at present. This has been raised to our Commissioners; PHE, NHSE and NHSI to see how we can source additional vaccines.

Incidents by Reported date (Month and year) and Sub category



- No unaccounted for losses of injectable morphine
- Total of other controlled drug (CD) incidents including
 - Morphine retained off duty (n=5)
 - Unaccounted for loss of oramorph (n=2)
 - CD register documentation errors (n=20)
 - Drug packs left at scene and recovered (n=6)
 - CD codes visible (n=1)
 - CDs found unsecured (n=1)
 - CD breakages (n=21)
 - Reaction to IV morphine (n=1)
- Non-controlled drugs incidents
 - Kitprep discrepancies or malfunction (9) and Drug usage forms incomplete (n=19)
 - Loss of paracetamol IV (n=1)
 - Cabinets unsecured or codes visible (n=5)
 - Inadequate supply of drug packs (n=1) or out of date drugs (n=2)
 - Use of IV fluids from another Trust (n=1)
 - Diazepam rapid administration (n=1), wrong dose (n=2), excessive doses by hospital team (n=1)
 - Inappropriate doses adrenaline (n=2), diazepam (n=3), midazolam (n=1), paracetamol (n=1)
 - Inappropriate administration of ibuprofen (n=1), paracetamol (n=1), saline (n=1), O2 (n=1), dexamethasone (n=1).
 - Incorrect dilution of benzylpenicillin (n=1), hydrocortisone (n=1)
 - Wrong drug given (n=2)

Actions

- Investigations ongoing in relation to oral morphine – discussion regarding operational management of oral morphine as schedule 2 drug.
- Core skill refresher medicines management session tailored to trends identified including requirement for reduction in ampoule breakages and incorrect administration of adrenaline
- KitPrep contract renegotiation ongoing to support improved medicines governance

Assurance

- Reduction in incidents of morphine retained off-duty and CD documentation errors
- Morphine retained off-duty identified in a timely fashion in all cases



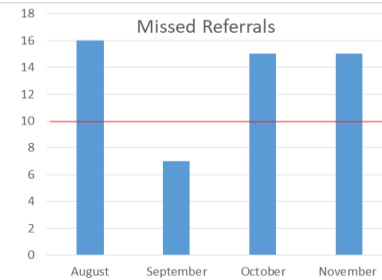
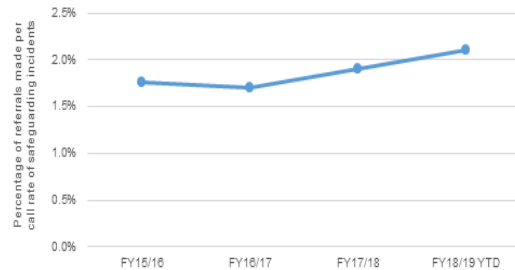
Owner: Alan Taylor | Exec Lead: Dr Trisha Bain

Safeguarding KPIs remain on track and are monitored closely by the Safeguarding Assurance Group.

Referrals

**Monthly
Rate: 2.1%**

**Missed
Referrals: 15**



The referrals rate for November was 2.1%. The referral rate is within the expected level of between 1.8% and 2.5%.

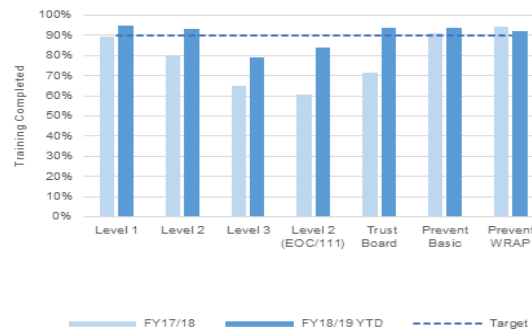
Missed Referrals (Shadow KPI) 15 children. Will be undertaking a full audit of the missed referrals in New Year to look for patterns/ themes across the Trust.

Delivery of Training

Level 1: 95%

Level 2: 93%

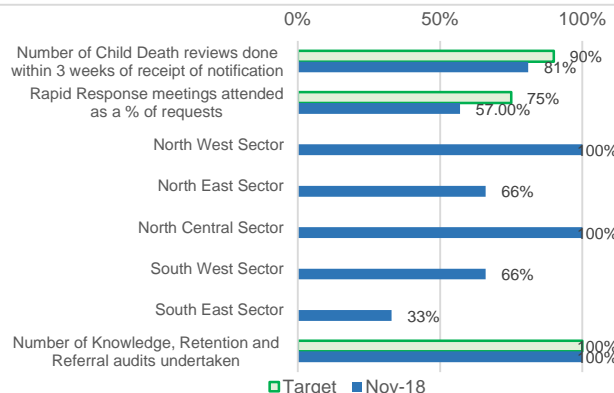
Level 3: 79%



Safeguarding Training level 3 continues to increase with more courses planned to end of March. L2 Control services are currently running CSR including safeguarding.

Trust Board training only 1 member left to attend.

Review, Response and Audit



Child Deaths 3 missed target by 1 day due to annual leave

Rapid Response meetings attended as a percentage of requests was below the target of 75%. NW 1/1, NC 1/1, NE 2/3, SE 2/6, SW 2/3. Drop due to no one areas accepting/being available to attend

Knowledge and Retention Audits review staff learning across the Trust have a target of 13 per month = 100%. EBS Quality of referral audit 1 per staff member per month = 100%.



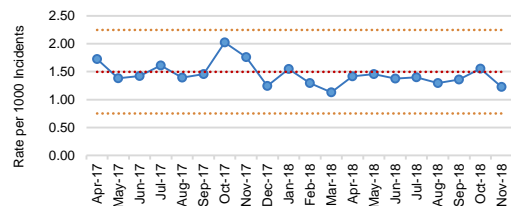
Owner: Julie Parham | Exec Lead: Dr Trisha Bain

The total number of H&S incidents was 266 resulting in **2.77 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below:

Monthly Trend

No Harm / Near Miss

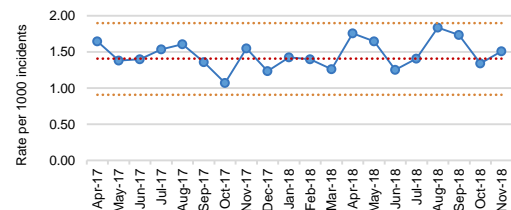
Month: 1.23



118 (44%) of the H&S related incidents reported during November - 2018 resulted in No Harm/Near Miss.

Low Harm

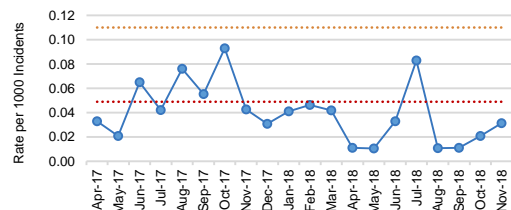
Month: 1.51



145 (55%) of the H&S related incidents reported during November - 2018 resulted in Low Harm.

Moderate

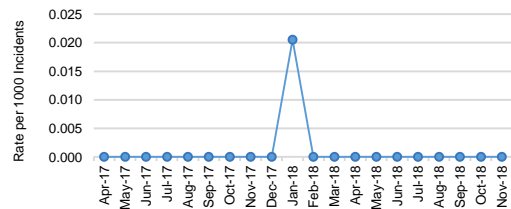
Month: 0.03



3 (1.0%) of the H&S related incidents reported during November - 2018 resulted in Moderate Harm.

Severe

Month: 0



There is no incident reported as Severe Harm during November - 2018.

Data Source:

CHART KEY

- Monthly value
- Mean (Baseline FY17/18)
- Upper and Lower Limit (Baseline FY17/18)



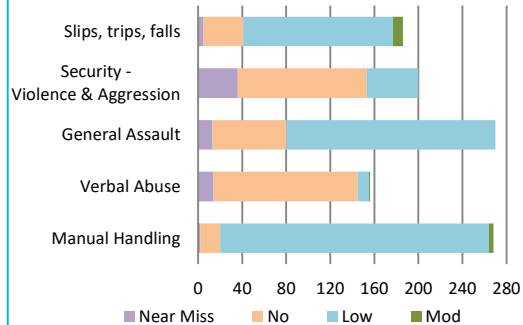
Owner: Julie Parham | Exec Lead: Dr Trisha Bain

Understanding the root cause of the health and safety events that occur for our staff can help us ensure we put in place the necessary training and actions to ensure we manage any risks to the well being of our staff – the analysis below looks at **1) Incident Causes** **2) Assaults on Staff** and **3) RIDDOR Incidents**

Incident Causes

Top 5 Incident Causes

Top 5 Incident Sub-Categories by Severity - YTD

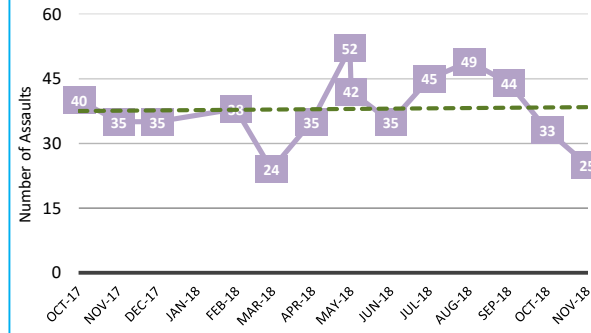


- Manual Handling – lifting patients (MH), General Assault and Security (violence, aggression & verbal abuse), incidents account for the highest numbers reported during November 2018.
- Practical manual handling training is now an annual requirement for all frontline staff.

Assaults on Staff

Assaults on Staff

Assaults on Staff by Patients

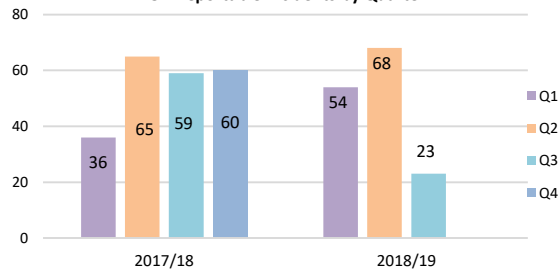


- There was a slight decrease in the number of assault on staff by patient related incidents in November 2018.
- The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.
- Forming a staff safety and security group which will report into Corporate Health and Safety Committee.

RIDDOR Incidents

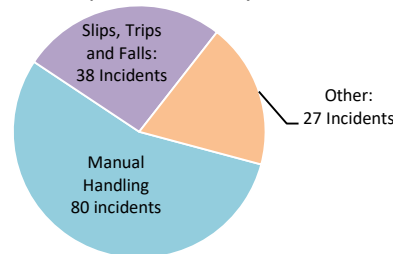
Number of incidents

RIDDOR Reportable Incidents by Quarter



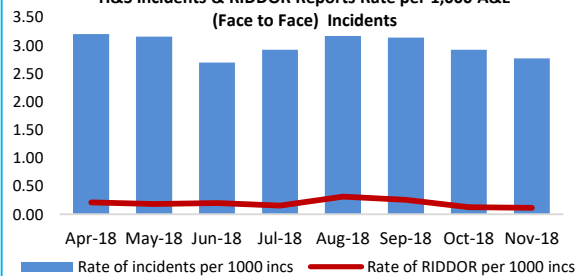
RIDDOR by cause

RIDDOR Reportable Incidents by Cause - YTD



Rate of Incidents

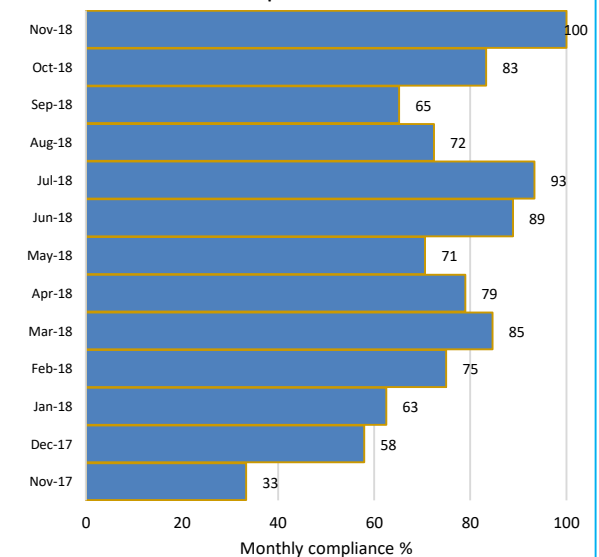
H&S Incidents & RIDDOR Reports Rate per 1,000 A&E (Face to Face) Incidents



- Total of 145 RIDDOR incidents were reported to the HSE during 2018/19.
- 11 RIDDOR incidents were reported in November 2018. All of the 11 incidents were reported within the 15 days timeframe.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in November 2018 was **100%**.
- Manual Handling incidents account for the highest number of RIDDORs reported across the Trust during 2018/19.
- For the 2nd month in a row we have seen a large reduction in RIDDOR incidents. The H&S team continue to actively monitor all H&S incidents for RIDDOR reporting purposes.

Reporting Time Lag

Trust wide RIDDOR Reporting Time frame (<15 Days) Compliance %

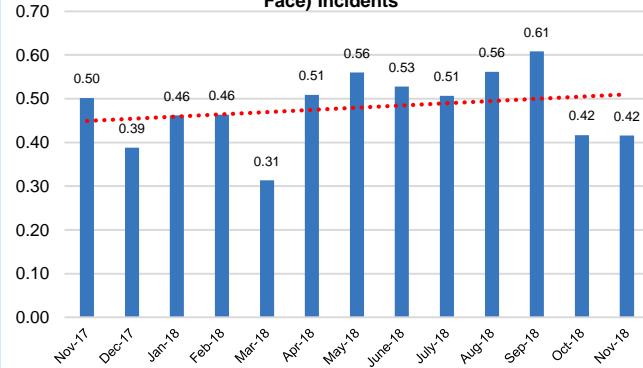




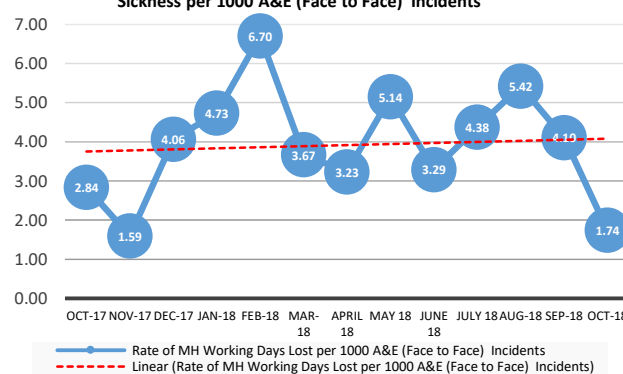
Owner: Julie Parham | Exec Lead: Dr Trisha Bain

Manual Handling related Incident, Sickness and Severity Rates

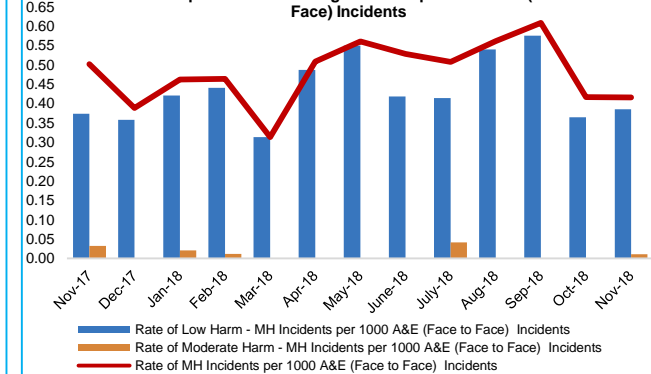
Rate of reported MH Incidents per 1000 A&E (Face to Face) Incidents



Rate of Working Days Lost due to Manual Handling related Sickness per 1000 A&E (Face to Face) Incidents

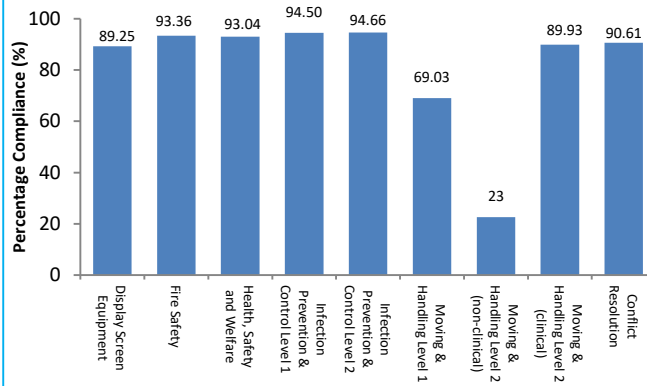


Rate of Trust-wide MH Incidents: Low Harm vs Moderate Harm vs Total reported MH Handling Incidents per 1000 A&E (Face to Face) Incidents

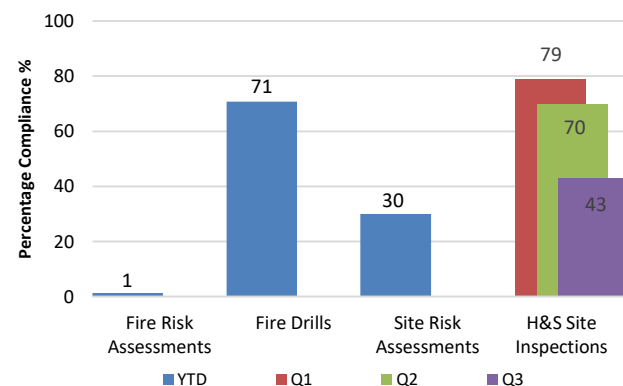


Mandatory & Statutory Compliance

Mandatory Training Compliance



Statutory Reports & Monitoring Compliance



Key Updates

Key Updates:

- The completion of the Mangar-Elk project has seen a reduction in the number of incidents in relation to failure, availability and compatibility.
- There has been a reduction in the incidents reported involving Manger Elks, Track Chairs and Tail lifts as a direct result of new equipment being purchased by the Trust along with a redefined maintenance schedule. Monitoring of these incidents will continue for the coming months to ensure consistence.
- The Fire Risk Assessment Tender has closed, with an evaluation of the bid received was evaluated. A subsequent meeting with the company is due to take place during the November for clarification purposes. During the interim time period the Health & Safety Department has incorporated a review of the fire risk assessment action plans into the Site Specific Risk Assessment programme. And increased the frequency of fire drills from 1 every 6 months to 1 every quarter to provide further assurance regarding fire risks.

2. Effective

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

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

- Clinical Ambulance Quality Indicators
- Clinical Audit Performance

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



Exec Lead: Dr. Fenella Wrigley

Measures	Target / Range	RAG	YTD 17/18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	>30%	G	0	38%	34%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	G	53%	70%	61%					↔			LQ1b		
STEMI care bundle (AQI) (Reported every 4 months)	74%	G	70%		74%					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%	G	97%							↔			LQ3b		
Stroke on scene time (CARU continual audit)	00:30	G		30	30	31	31	30		↓					
Survival to Discharge (AQI)			10%	11%	11%					↑					
Survival to Discharge UTSTEIN (AQI)			38%	34%	40%					↑					
STEMI- On scene duration (CARU continual audit)				37	38	40	39	38		↑					
Call to Angiography - Mean (hh:mm)				02:18	02:03										
Stroke - Call to Arrival at Hospital - Mean (hh:mm)				01:13	01:12										
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	85%	88%	75%	70%	84%			↑		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD				1%	2%	4%	8%			↑			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	98%	98%	97%	97%	98%			↑		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	97%	97%	97%	97%	97%			↑		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	R	92%	94%	92%	94%	91%			↑		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	97%	97%	97%	97%	97%			↑		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	96%	96%		95%				↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)		G	0%	90%	90%	91%	92%								
Documented Care - Glycaemic Emergencies Compliance (CPI audit)	95%	G	97%		98%		98%			↔			LQ12		

Assurance and concerns

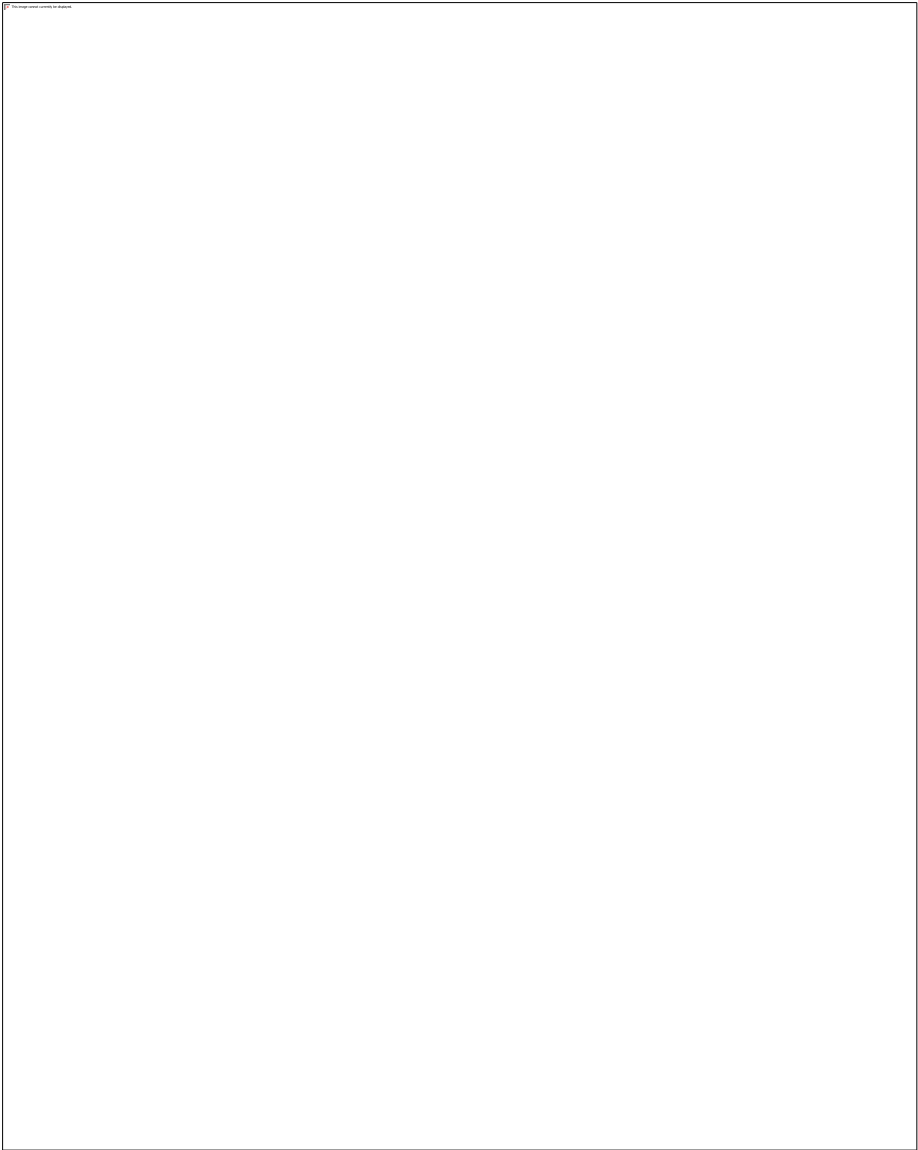
- Inconsistencies in the CPI data for October has delayed publication of any CPI data from this time period. Vacancies and process changes in IM&T have resulted in no development work on the CPI database since August.
- In October, CPI training was delivered to nine paramedics on restricted duties. CPI auditors reported 12 potential incidents on Datix and contacted EBS to discuss the potential for four retrospective safeguarding referrals.
- As a result of our Continuous Re-contact Clinical Audit, in November:
 - 50 crews/clinicians were recommended for feedback (16 positive & 34 constructive)
 - Five Datix forms were completed:
 - 1x unexpected death, declared an SI by SIG
 - 1x severe re-contact, declared an SI by SIG
 - 2x severe re-contacts for local investigation
 - 1x severe re-contact awaiting SIG review
- The annual reports for STEMI, Cardiac arrest and Stroke and infographics have been shared to disseminate learning.



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



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



AQI: Narrative

In July, ROSC on arrival at hospital for both the overall and Utstein comparator group was above the national average at 34% and 61% (compared to 32% and 56% respectively). The survival to hospital discharge figure for the overall group was just below the national average at 11% (compared to 12%) but the Utstein figure was above average at 40% (compared to 34%). The LAS performed above average in the second submission for the post-resuscitation care bundle using July data. The LAS provided the post-resuscitation care bundle to 82% of patients compared to a national average of 57%. Defibrillator downloads increased by 5% to 19% in October.

The mean call to angiography time for STEMI patients in July was 2 hours and 3 minutes, with a 90th centile of 2 hours and 36 minutes. Both the mean and 90th centile are below the national averages. It should be noted that the sample of data is smaller than usual and this is due to technical changes that were implemented by the Myocardial Ischaemia National Audit Project that have affected data availability from Acute Trusts. The STEMI care bundle for July was 74%, which continues to be below the national average (at 81%). The average on-scene time decreased by 1 minute to 38 minutes in October.

In July, the mean and 90th centile for call to hospital for stroke patients was 1 hour and 12 minutes and 1 hour and 50 minutes respectively, which remains in line with the national average. The stroke diagnostic bundle has moved to reporting one month every quarter with the next submission due to be reported in January based on August data. The average on-scene time was 30 minutes in October.

AQI: Actions

To inform future reporting of AQI measures for stroke care, the LAS have begun a data linkage pilot as part of a project with NHS England and the Sentinel Stroke National Audit Project. This will allow enhanced reporting of the time taken for both the pre-hospital and hospital treatment pathway.

* The time lag for these measures is reflective of the time taken to receipt all the information required from NHS England

3. Caring

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

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

- Mental Health
- Maternity
- End of Life
- People and Public Engagement

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



Exec Lead: Trisha Bain

Measures	Target / Range	RAG	YTD 18/19	Sep-18	Oct-18	Nov-18	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Mental Health related calls as percentage of all calls			8%	8.0%	8.1%	7.7%	↓				
Mental Health related MPS calls as percentage of all calls			2%	2.0%	2.2%	2.1%	↑				
Mental Health related Incidents as percentage of all calls			5%	5.2%	5.4%	4.9%	↓				
Mental Health related HCP Incidents as percentage of all calls			0.4%	0.35%	0.40%	0.38%	↑				
Total incidents coded as Mental Health			67382	7999	8618	7913	↓				
Mental Health calls closed with Hear and Treat			2832	373	340	312	↓				
Mental Health incidents closed with See and Treat			24039	2890	3159	2909	↑				
Total MH Incidents conveyed as a %			64%	64%	62%	63%	↓				
Mental Health Patients conveyed to an ED			55%	55%	53%	55%	↔				
Mental Health Patients conveyed to an alternative care pathway (Including other)			4%	4.5%	5.5%	4.8%	↑				
Number of LAS Accesses to CMC care plans			3653	400	502	542	↑				
Birth Imminent Incidents			1319	161	184	160	↓				
Conveyance rate of birth imminent			92%	89.0%	93.0%	90.0%	↑				
Head out/head visible Incidents			168	25	16	17	↓				
Conveyance rate of Head out/head visible incidents			82%	80.0%	69.0%	76.0%	↓				
Haemorrhage after 24 weeks Incidents			1682	207	210	210	↑				
Conveyance Rate of Haemorrhage after 24 weeks Incidents			96%	95.2%	91.0%	92.0%	↓				



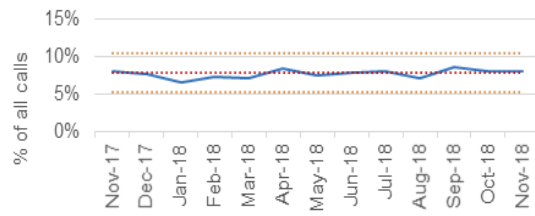
Owner: Carly Lynch | Exec Lead: Dr Trisha Bain

Calls and incidents related to mental health issues often require us to respond differently to other types of patient – ensuring we are able to respond both effectively and with respect is vital for these patients and this is something we are developing through our Pioneering Services Programme (see section 6 of this report)

Trend Analysis

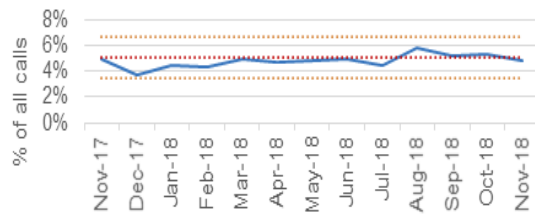
MH as % of all calls

Latest Month:
7.1%



MH related incidents

Latest Month:
4.4%



MH Incident Response

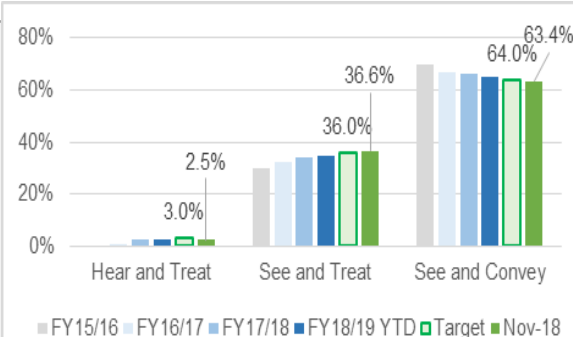


CHART KEY

- Monthly value
- Mean (Baseline FY17/18)
- Upper and Lower Limit (Baseline FY17/18)

Data Source:

Highlights:

The Mental Health Joint Response Car was successfully launched on 26th November from Waterloo Ambulance Station.

The team completed a 5 day training programme which included sessions on personality disorder, Mental Health Act, ALS scenario, kit familiarization and radio procedure.

We have continued to offer training across the organisation and held a CPD evening in Homerton which was well received. On 20/11 we provided training to LAS Paramedic Academy around Mental Health and received an excellence report from the students.

ACTIONS: We continue to engage with a group of Experts by Experience around co-production.

We will continue to embed the Mental Health Joint Response Car.

Exceptions (Improvement Required):

There continues to be a misconception amongst some front line staff that we cannot apply the mental capacity act to a patient in a mental health crisis.

ACTIONS: A live module on Core Skills Refresher around applying the Mental Capacity Act is now in place.

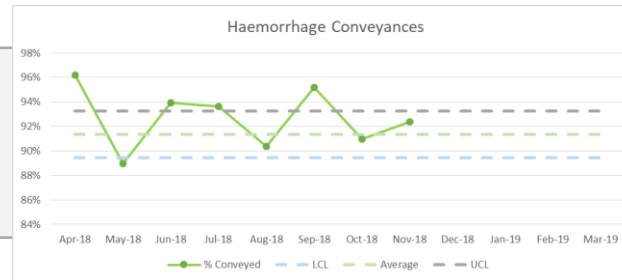


Owner: Amanda Mansfield | Exec Lead: Dr Trisha Bain

Effectively handling the needs mothers who require emergency assistance during the birth of their children are some of our most challenging incidents and ones that require us to demonstrate compassion, kindness, dignity and respect for all involved. We are developing our response to maternity incidents through our Pioneering Services Programme (see section 6 of this report)

Haemorrhage conveyance

Latest Month:
92%

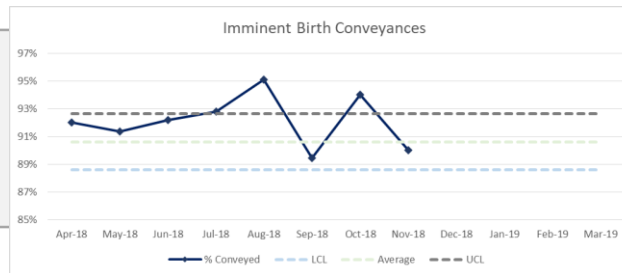


Highlights

- Implementation of new response profile for Health Care Professional (HCP) requests for maternity emergencies
- 2 Joint Maternity Multidisciplinary Training Events (Westminster/Croydon) with representatives from local Maternity Units

Imminent birth conveyance

Latest Month:
90%

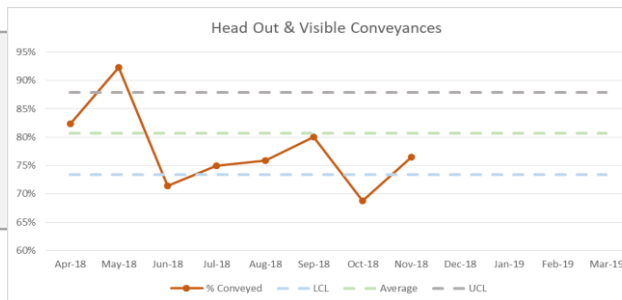


Exceptions (Improvement Required):

- Roll out of Joint Maternity Training – Pan London Engagement Event planned for December – Chief Executive to provide video-message
- Datix Maternity Reports to be developed and shared across each station to improve awareness of maternity triggers
- Monitoring of the new HCP

Head out and visible conveyance

Latest Month:
76%



ACTION: Annual plan to be drafted following December event

Outstanding

- Outstanding Obstetric Emergency audit

ACTION: New audit officer identified

Agreement of new maternity Datix reports to be agreed December-18

100% of maternity related incidents to receive specialist review

CHART KEY

Monthly value

Mean (Baseline FY17/18)

Upper and Lower Limit (Baseline FY17/18)

Data Source:



Owner: Margaret Luce | Exec Lead: Dr Trisha Bain

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

Public Engagement Events

In November we held 66 events across London covering the following types of activity:

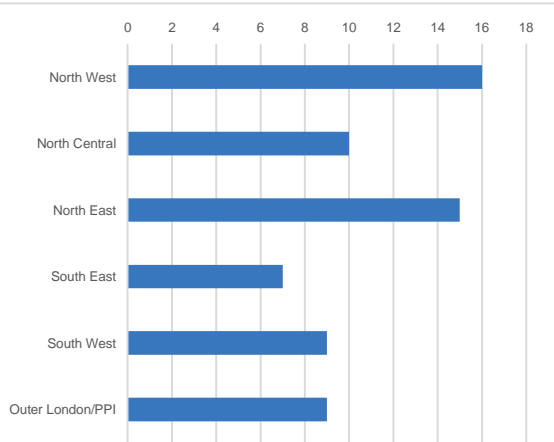
Engaging with children and young people:

- School visits
- Brownies and scouts
- Careers events

Projects on specific topics:

- Road safety: Safe Drive, Stay Alive
Biker Down
- Knife crime: Your Life, You Choose
Schools
Youth Offending Teams
The Prince's Trust
East Area knife crime project

Events by Area (Current Month)

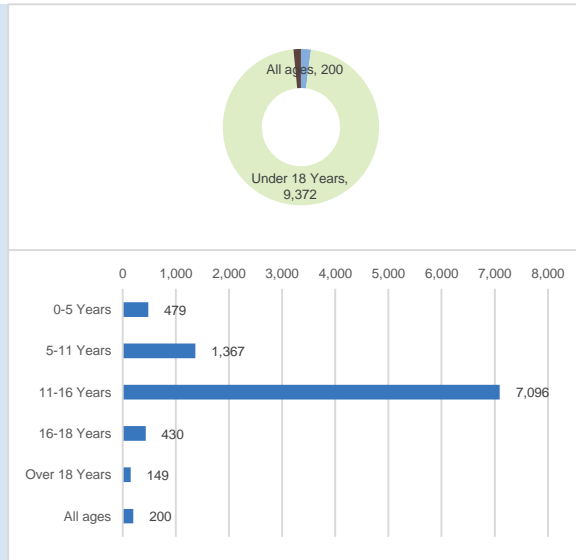


Public Engagement Activities

Supplementary information

No. of public engagement events: year to date (April – November 2018)	422
Approximate audience numbers (November 2018)	9,721
Approximate audience numbers: year to date (April – November 2018)	63,868
Public engagement: no. of hours (November 2018)	237
No. of staff on LAS Public Education Facebook group	749
No. of staff on contact list	1,346

Age Profiles (Current Month)



Focus on knife crime events

- In November 2018 we spent 70 hours (over 14 events) on knife crime awareness and education.
- Our audiences for all these events were between the ages of 11 and 16, except one which was in a primary school. The evidence is pointing to the need to educate younger children about the dangers of carrying knives.
- Nine events were held in schools, including six under the East Area Knife Crime project (in Romford and Newham), jointly with the Metropolitan Police Service. Each of these sessions was attended by 180 young people.
- We held two events within the Your Life, You Choose project in Brent, in conjunction with the police, magistrates and prison service. Feedback was very positive, including one young person who said: **"I used to think fighting and knives were 'cool' but now I feel that I should not be involved with it."**
- We held one session with a group of 40 young people undertaking a programme run by The Prince's Trust.
- We held one session with Ealing Youth Offending Team and another with a group of 30 scouts in Edmonton.
- Events were held in Croydon, Newham, Barnet, Brent, Edmonton, Romford, Hanwell and Waterloo.

4. Responsive

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

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

- Frequent Callers
- Complaints



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



Exec Lead: Trisha Bain

Measures	Target / Range	RAG	YTD 18/19	Sep-18	Oct-18	Nov-18	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Rate of Frequent Callers per 1,000 Calls			4	4.1	3.7	3.8	↑				
Number of Frequent Caller calls			19414	6115	6162	6238	↑				
Total Frequent Callers			4841	631	588	613	↑				
Number of Public Engagement Events			0	33	0	64	↑				
Number of service re-design projects involving patients/public			40	5	5	5					
Rate of Complaints per 1,000 Incidents			0.9	1.1	0.9	0.8	↓				
Complaints Response (35 working day breach) YTD			251	19	26	22	↓				
Complaints Acknowledged within 3 working days			100%	100%	100%	100%	↔				



Owner: John O'Keefe/ Juliette Smyth | Exec Lead: Trisha Bain

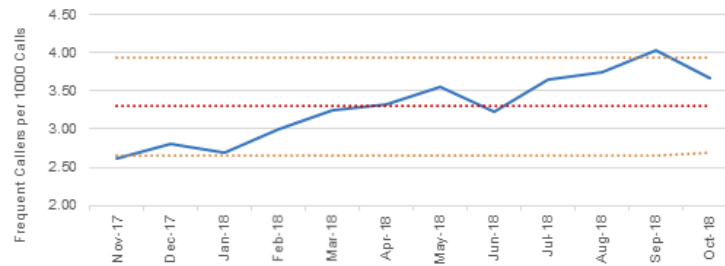
Responding effectively to frequent callers is a significant challenge and one that requires support from our various partners. We have a dedicated Frequent Caller Team working alongside a number of 'High Intensity User' initiatives across London, all aiming to better support these patients and ensure they seek help from the most appropriate service.

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 Rate

Latest Month:
3.84



Calls from Frequent Callers as a proportion of total calls to LAS = 3.84 for November 2018

CHART KEY
 — Monthly value
 Mean (Baseline FY17/18)
 Upper and Lower Limit (Baseline FY17/18)

Data Source:

Frequent Caller Team (FCT) November 18 updates:

Last month the Frequent Caller Management Database (FCMD) identified 613 new & existing frequent callers meeting the national definition. 100% of patients were matched with their NHS numbers.

The Frequent Caller Team (FCT) continue to attend multi-disciplinary meetings and Frequent Caller forums to discuss patient behavior, call rates, and formulate multi-agency strategies to reduce calls to LAS.

FCT supports a range of requests for data, including A&E Frequent Attender meetings; CCG Forums, Mental Health Multi Disciplinary meetings, GP meetings, and STP work on frequent callers & attenders.

FCT are undertaking a systems review. They are reviewing DATIX and the Frequent Caller Management Database to allow for better reporting.

Frequent Caller Team (FCT) challenges:

The use of Coordinate My Care (CMC) with external partners and ensuring care plans are accessed continued to be an ongoing challenge. The take up is slow and familiarisation and training continue to be issues.

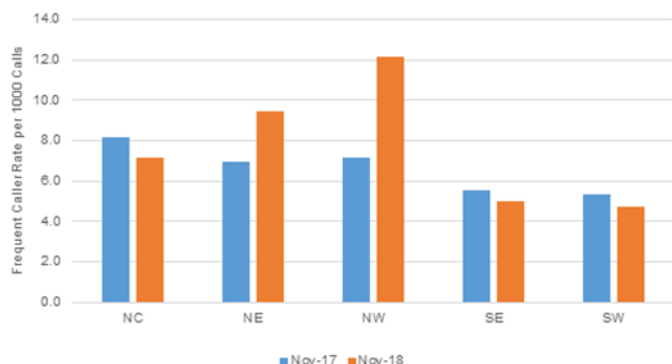


Owner: John O'Keefe/ Juliette Smyth | Exec Lead: Trisha Bain

The data in the table on the right shows the number of Frequent Caller calls by CCG.

This table also highlights the top 5 patients from the current month.

Year on Year Comparison by Sector



Data Source:

Further validation work required to ensure that frequent caller rate metrics are consistently reported across sectors and overall for the Trust

The case study on the next page explores the case of the most frequent caller in the last month

Sector	CCG	Patients	Nov-18	Calls last quarter	Calls last 12 months	
NE	CITY AND HACKNEY CCG	34	448	1226	3668	
NW	CENTRAL LONDON (WESTMINSTER) CCG	22	405	925	2318	
NW	HOUNSLOW CCG	22	350	1004	3532	
NW	HAMMERSMITH AND FULHAM CCG	25	308	814	2217	
SW	CROYDON CCG	27	304	736	2282	
NE	NEWHAM CCG	24	300	652	1914	
NC	ISLINGTON CCG	29	289	881	2368	
NW	HILLINGDON CCG	18	286	703	1765	
NC	ENFIELD CCG	26	255	722	2592	
SE	GREENWICH CCG	29	251	852	2458	
NC	BARNET CCG	33	246	803	2647	
NC	HARINGEY CCG	27	215	725	2085	
NE	HAVERING CCG	14	213	663	1690	
NW	WEST LONDON CCG	23	208	634	3347	
SW	WANDSWORTH CCG	25	206	536	1419	
NW	EALING CCG	23	190	739	2012	
SE	LAMBETH CCG	18	187	678	2114	
NE	WALTHAM FOREST CCG	12	187	553	1418	
NE	BARKING AND DAGENHAM CCG	15	156	461	1101	
NC	CAMDEN CCG	22	156	422	1060	
NW	BRENT CCG	17	149	384	962	
SE	LEWISHAM CCG	18	142	572	1756	
NE	TOWER HAMLETS CCG	13	119	307	941	
NE	REDBRIDGE CCG	19	111	422	1260	
SE	SOUTHWARK CCG	15	90	388	1258	
SE	BEXLEY CCG	11	76	258	659	
SW	RICHMOND CCG	10	75	277	1134	
NW	HARROW CCG	9	73	233	782	
SW	MERTON CCG	11	67	348	798	
SE	BROMLEY CCG	9	63	199	476	
SW	KINGSTON CCG	5	57	114	259	
SW	SUTTON CCG	8	56	186	456	
Top 5						
NW	CENTRAL LONDON (WESTMINSTER) CCG	92 (f)	260	298	783	Anxiety, Breathing problems, Loneliness
NW	HOUNSLOW CCG	65 (f)	203	458	1941	Diabetic problems, chest pain, Learning Disability
NE	WALTHAM FOREST CCG	59 (m)	107	280	578	Breathing problems, paranoid schizophrenia, COPD.
SE	LAMBETH CCG	64 (m)	96	253	772	Anxiety, Learning Disability
NE	CITY AND HACKNEY CCG	82 (m)	86	219	488	Dementia, multiple pains, anxiety



Owner: John O'Keefe/ Juliette Smyth | Exec Lead: Trisha Bain

CASE STUDY – MS O

Presenting Situation

92 year old female living alone with no acute medical problems.
 Identified as a frequent caller in 2016 but with a relatively low call rate i.e. 18 calls in 12 months.
 12 month total to November 2018 = 783 calls, costing £39,2017.10; 155 resources attended. Rarely conveyed to hospital (4 conveyances in 12 months).
 Chief complaints when calling: 'Unknown', Breathing problems, Chest pain.
 Presenting issues when crews attend: Anxiety, fears of dying; loneliness.
 Patient calls during the day and late at night. Can wake up feeling anxious and calls LAS for immediate reassurance.

Intervention

LAS requested a review with community health and social care, and a referral to psychology.
 Increase of home care package agreed. Patient self-funds her care and reluctant to increase further. Increased involvement of patient's son.
 Weekly monitoring visits by community matron – patient has minimised her anxiety and denies calling LAS. Regular GP contact.
 Visits by CMHT psychologist – patient reluctant to discuss anxiety difficulties or access help being offered.
 Encouraging a move to more supported accommodation, or 24/7 support at home - patient reluctant to accept either option.
 GP provided clinical reassurance to patient - discussed what cardiac chest pain generally feels like and the similarities to her shoulder pain/arthritis.
 Patient agreed to trial diazepam - GP warned addictive, not for regular use.
 GP helped encourage patient to use alternative contacts rather than call LAS for immediate reassurance, e.g. use pendant care alarm, call her son, or try counting to 10 if tempted to call LAS straight after waking.
 Individual Dispatch Protocol (IDP) flag set up to signpost patient to GP in office hours.

Outcome

Intervention initially led to a significant drop in calls, e.g. October 2018; down to 12 calls; 4 resources attended; 1 conveyance to hospital.
 Patient is now calling when a carer is in her home, suggesting the anxiety is worsening. Calls are cancelled when carers are on scene and can confirm there is no medical emergency.
 Professionals are continuing to encourage patient to accept more help at home or to move to more supported accommodation.
 Patient is deemed to have capacity to make decisions around her care and accommodation and is so far declining additional support or a move to a placement.
 Calls have recently spiked, e.g. November 2018: 260 calls; 33 resources attended; 0 conveyances to hospital. This may be indicating a gradual decline in overall health and increasing anxiety.
 New home visit being arranged with patient, son, LAS, psychologist, GP and community matron to further review situation.

Challenges / Areas for Development

A patient with capacity to make decisions around their care and accommodation may choose to remain at home with no extra support, and continue to make demands on emergency services.
 Older, frail and vulnerable patients with health anxiety can present particular challenges to health and social care services if they choose not to engage in any support.

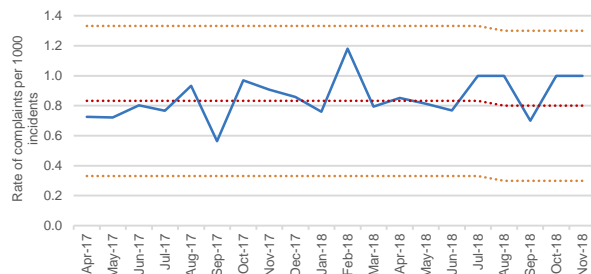


Owner: Gary Bassett | Exec Lead: Dr Trisha Bain

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

Rate of Complaints

Latest Month:
1.1

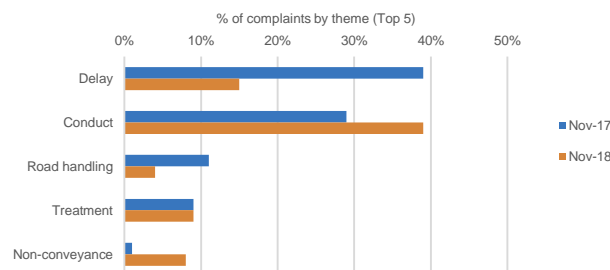


In November we received 75 complaints, although fewer than October (89) this in line with the average per month (82).

We managed 368 PALS enquiries comparable to the annual monthly average of 368 per month. The complexity of a number of these - especially those in relation to requests for medical records (over 250 such requests in 2018/19) has increased since the provision enabling a fee to be charged was abolished.

We managed 20 new Health Partner Alerts during November - there have been 128 approaches under this auspices in 2018/19

Categorisation

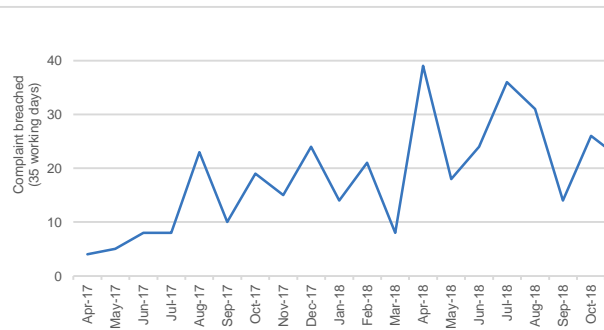


The percentage of complaints regarding **conduct and behaviour** continue to increase. During November there were 29 in this category against 11 'delay' complaints. This is in line with the trend for 2018/19

Complaints regarding non-conveyance also continue to increase. This includes referrals to NHS 111, arranging a taxi, call management issues or the patient being unhappy with being left at home or making their own way to hospital.

Responding to complaints

Latest Month:
26



There were **22 complaints that breached the 35 day response target** in November – this represents an annual average of 33% out of time.

- Of these 22, 11 complaints are now closed (as at 10/12/18), 11 remain under investigation.
- We are monitoring throughput regularly as we enter the busy winter months and call rates rise

CHART KEY

- Monthly value
- Mean (Baseline FY17/18)
- Upper and Lower Limit (Baseline FY17/18)

Data Source:



Case examples

Case Example one

The patient complained to NHS111 that they waited an exceptionally long time for a call back from the GP and that the attending ambulance staff were unhelpful. It transpired that delays in call back could be partly attributed to technical problems at NHS111. During the complaint investigation it became evident that this patient was a frequent user of both 111, 999 and the out of hours GP services and was known to be verbally aggressive towards staff from all of these services. Our frequent caller team have been requested to arrange a meeting with all the providers involved towards establishing a care plan to manage the patient’s needs.

Case Example two

The patient complained that the attending staff were unsympathetic , had an aggressive attitude and did not convey her to hospital despite her symptoms. From a clinical perspective, the standard of care fell below what is expected and there was minimal assessment documented and minimal exploration surrounding the causes of the patient’s symptoms. No pain score was assessed, no analgesia s offered and no advice provided regarding what the patient should do if their condition worsened. The crew should also have considered using several clinical tools to help decide whether the patient should have been taken to hospital – there was no evidence that these had been applied. A Clinical Team Leader has been asked to arrange a bespoke programme for the staff as part of their personal development programme and that they are closely monitored for a set period

Actions and Learning

Parliamentary Health Service Ombudsman

- We have introduced a number of key codes within Datix so that we can monitor the status of cases requested by the Ombudsman and the outcome.
- Currently 10 cases are with the HSC – either under investigation or where they have requested our file to ascertain whether they will need to undertake a full investigation

Procedural Manual

- We are updating the departmental Procedural Manual to include guidance on how to use the Datix case management system.
- The draft version is held on a shared folder and officers in the department are tasked with individual chapters

Protected Characteristics

- The Quality Assurance process we designed has improved the capture of protected characteristics.
- Access to the NHS spine is also being sought to improve such monitoring

Improving complaint feedback and monitoring

- We have added the complaints feedback leaflet to the Trust website using a cached template. This will enable complainants to complete the form online. Currently only 18 feedback forms have been returned and we are mindful of the cost effectiveness of that process.
- We have improved the process for lost property enquiries and have added an enquiry form on the website. We are also monitoring the effectiveness of the local South East Area pilot project in relation to lost property We have managed over 400 such enquires during 2018/19

Audit of Department by Grant Thornton

- The draft report has been made available to the Trust and participators have been invited to comment on the contents.
- We are currently awaiting an update .

Inquests

Latest Month:
1.1

	2017/18				2018/19			
	Aug	Sept	Oct	Nov	Aug	Sept	Oct	Nov
Total Prevent Future Deaths in Month	0	1	0	0	0	0	0	0
Total Inquests where LAS asked to give evidence - In month	10	6	4	6	2	8	8	6
Total Inquests where LAS asked to give evidence - Year to date	33	39	43	49	24	32	40	46

- No PFD reports were issued against the Trust this month. However we responded to the request made by a Coroner on 29 October. This was to provide evidence of further training for Emergency Medical Dispatchers on ineffective breathing. We confirmed the steps that we are taking, including: abstracting staff in small groups for discussion using recordings and case studies, and publishing an article in 'Insight' magazine. We await the Coroner's response to our letter.

Claims

The NHS Resolution Quarterly Report, Q2 of 18/19 for the Clinical Negligence Scheme for Trusts (table 1) and the Liabilities to Third Parties Scheme for Trusts (table 2) shows the information set out in the attached chart.

Table 1:

No. of Claims	Total Claim	Total Damages Reserve	Total Claimant Costs Reserve	Total Defence Costs Reserve	Total Outstanding Estimate	Total Payments
44	£88,083,135	£78,547,472	£7,551,298	£1,984,365	£78,075,473	£10,007,661

Table 2:

No of claims	Total Claim	Damages Reserve	Claimant Costs Reserve	Defence Costs Reserve	Outstanding Estimate	NHSLA Funded Payments	Total Payments
55	£2,500,519	£1,626,334	£675,185	£199,000	£2,206,957	£258,902	£293,562

- 3 Clinical Claims were reported to NHSR in November, these included claims for delay in conveying a patient, delay in treating a patient and allegations that the Trust failed to respond promptly or at all to the patient.
- There were no Employer's Liability Claims reported to NHSR in November.
- NHSR closed 17 claims in November, damages were paid in 8 of the cases, the remaining 9 cases were closed without any payment of damages.

5. Well Led

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

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

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

Exec Lead: Dr. Trisha Bain & Dr. Fenella Wrigley



From Dec 2017 – Nov 2018 we have received 258 Excellence Reports

Operations are the largest group to report and receive Excellence Reports

Excellence Reports have been used to not only thank staff for their outstanding demonstrations of excellence but also they have featured in INSIGHT magazine in order to share learning and promote learning from excellence.

The number of reports have doubled in the past two consecutive months and there are more identifiable patterns emerging where a member of staff who receives a report goes on to submit one them selves in the following days. Furthermore, contents of the reports are shared more frequently on social media and in INSIGHT magazine.

Some examples of excellence reports:

Reported from EBS about operations

They attended a patient with Parkinson's that had been living upstairs for the last 2 months as he was no longer able to manage the stairs due to mobility issues. He felt better with his mobility and managed to get downstairs, sat on the sofa and was unable to get back up and was stuck in the chair for 2 hours. The crew dismantled the patient's bed from upstairs, brought it down to the living room and re assembled it so that the patient no longer had to worry about the stairs.

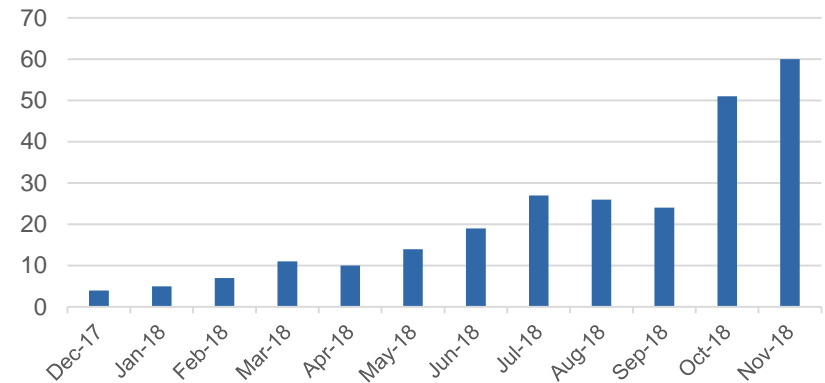
Reported from operations about operations

Louise was day turn, and due to finish at 18:00. The night relief did not turn up, and she was auto dispatched to a call for DIB at 18:03. She still responded to the call as it was a CAT 1. Once on scene, it became apparent that the call was not as given, and was in fact a trauma call, with the patient crushed between two cars. *Louise went above and beyond to respond to this call, and deserves praise for putting the patient first.*

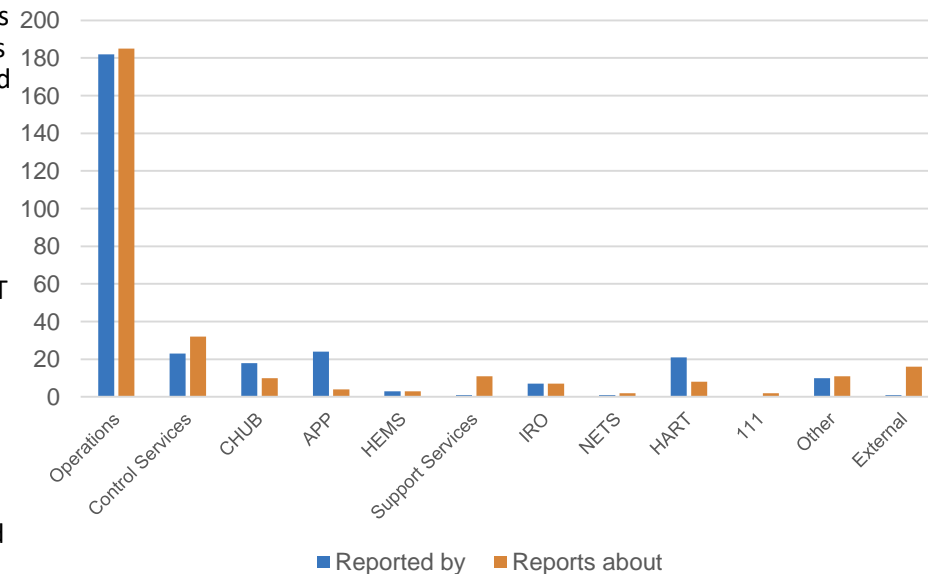
Reported from Control Services about Control Services

Kathy took a call from a child during a difficult situation. Once the crew were on scene, Kathy kept the child on the phone to reassure them, made them go into another room and ensured they were ok. the care and compassion she showed this child were exemplary and over and above what would be expected of a call handler

Number of Excellence Reports Dec 17 - Nov 18



Staff groups reporting/being reported for Excellence since Feb 17





The Learning from Experience team represented the London Ambulance Service at the national Learning from Excellence conference on the 15th November 2018 with a research poster submission. Here we showcased how, as an organisation, we are striving to embed a culture of trust, openness and positivity. From attending this conference we discovered that the LAS is the only ambulance service which provides staff with a platform to positively report their colleagues.

The Learning from Experience group meets monthly to discuss emerging and recurrent themes to devise innovative new ways to ensure dissemination of information and learning from serious incidents. This group has led to the following initiatives:

The “perfect PRF” workshop – a practical workshop ran by a member of LfE with APP (urgent care) support. Front line staff can learn some useful tools to enable the to complete more comprehensive paperwork which is more representative of their clinical encounter. To date 5 workshops have taken place accommodating 103 staff

Case based discussion events (INSIGHT live) – occur at a local level with facilitation by a member of LfE. An element of teaching regarding a specific topic i.e. human factors, mental health, followed by a case reviews. Cases are from serious incident investigations or the re-contact audit.

Staff engagement on social media – utilising social media to create a positive workplace culture. For example asking what staff would consider as “always event” (the opposite to a never event) some answers were as follows:

“Always go home smiling if you can and knowing that you’ve done the best you can”

“If a child waves at you whilst driving, always wave back”

Minute Monday – a one page document released on social media and the PULSE every other Monday which takes on average one minute to read. Contains clinically relevant information and clinical reflections.

Learning from SIs – a document that is released once a quarter which contains a one page summary of each closed SI in an easy-to-read format, utilising infographics.

Talking about Work

Learning from experience at the London Ambulance Service

Wriggles A, Nevett J, Bartoskova E, Woodhart B, Evans T

Discover:

Our Service was challenged by the CQC to improve the way we learned and shared from incidents. However, we wanted to improve the way we learn from all work, not just from incidents resulting in a negative outcome.

Ambulance services face considerable challenges to organisational learning due in part to their highly disseminated workforce. The London Ambulance Service (LAS) has 70 ambulance stations and 1000 staff, 4000 of which are frontline working in sites of one or two people. In addition, the Service experiences extreme pressure in terms of workload, completing 1.2 million patient contacts in 2017. The LAS is the only pan London NHS Trust. We work within a complex health economy, interacting many primary and acute providers.

Our goals:

- To understand and bring together the many routes by which the Service receives information about work-as-done.
- To demonstrate to our staff that the organisation is genuinely interested in understanding and talking about the complexity of their lived experience of work, not just the exceptional events.
- To create a culture of debrief and trust, where clinicians feel empowered to talk openly and honestly about cases as part of their day-to-day work.
- To create opportunities for staff to feel appreciated and to recognise/appreciate the work of others.

Our interventions:

- The 'Learning from experience (LFE) group' incorporates staff from the previously siloed sources of information including clinical, governance, legal, patient experience, clinical audit and research and medical directorates. The group adopts a safety approach, identifying and collating themes arising from various departments and exploring ways to share learning proactively.
- Introduction of a web-based 'excellence reporting' facility (200 reports in the last year).
- A quarterly case-report magazine (Insight), providing narrative accounts (several written by frontline staff) of cases drawn from serious incidents and cases where excellent care was provided, many of which were drawn from meetings of the LFE group. The core message being "any of us could encounter one of these cases" and "we can all learn something from every case". Insight also aims to encourage discussion amongst colleagues, not just personal reflection.
- Emphasis on the importance of debriefing after cases. This included training for all Clinical Team Leaders. A debrief tool was shared with all operational placement centre mentors and a modified version introduced on mandatory annual core skills re-orientation training courses.
- 'Bright Live' - Case based learning sessions with themes including human factors, patient report form completion, mental health and myth busting in relation to Serious Incident (SI) investigations.
- Instant page acting as a one stop shop for all things 'Learning from experience'. Meet the team, access useful resources, links to excellence reporting, details of learning events hosted by the LFE team and insight magazine.
- Infographic posters covering recurrent themes including spinal injury management in the elderly, timely defibrillation and 'culture of compliance' when call handling.
- One pager covering learning from recent SIs which are shared with all front line staff.
- Facilitating positive discussion and gaining staff insight on our staff Facebook site which has an audience of over 3,500 staff; for instance "Let's talk about...always events".

Dreams:

Our vision is that work-as-disclosed aligns closely with work-as-done and that a debrief culture becomes locally owned, delivered and valued so that the organisation can learn most effectively.

We want our actions to be effective and sustainable and for staff to feel appreciated through such initiatives as Excellence Reporting.

Design and Destiny:

Three senior paramedics lead Learning from Experience, delivering pop-up CPD in the form of case based discussion and utilising feedback to encourage positive discussion across our workforce. Designing and increasing infographics and new apps to promote learning from experience.

Learning from Experience | Excellence Reporting | ER Excellence Reporting | MINUTE MONDAY

www.londonambulance.nhs.uk

6. Quality Action Plan, Projects & Programmes

To further enhance the quality of our organisation we have put in place a comprehensive action plan to enable the Trust to continue its journey to move from Good to Outstanding in the CQC ratings by 2020.

This sections summarise our progress against these actions during FY18/19 along with the key projects and programmes that will directly support the delivery of this plan.



Quarterly Reporting (Latest report as at 10-Dec-18)

SAFE

- The **implementation of HealthAssure** is progressing within the Trust. Safe and Well-led Domains have been fully populated by Group Stations. The quality of the rating, narrative and evidence is being undertaken to provide feedback and guidance, where needed.
- The medical Directorate continues to work closely with London acute hospital trusts, **to further reduce delays to patients and our crews at hospital**. Monthly meetings have commenced across London to provide direction.
- The **secure drug rooms project** is progressing well for those where it was agreed that new drug rooms will be built.
- Actions to increase the number of **defibrillators** are progressing well

EFFECTIVE

- The implementation plan for **clinical training** is in place and being monitored.
- New **clinical quality indicators** have been agreed and are included in the monthly CEO performance pack for review.
- The first cohort for **QI training** have now completed the course. The second cohort of training is under way with cohort 3 scheduled.
- Sector **roster reviews** are progressing with regularly feedback being received from sectors on implementation.

CARING

- Work with external partners continue to address **frequent callers** with success. A KPI to reduce the number of calls has been set.
- The PPIE team continue to ensure that there is **patient involvement** in all key QI and Service re-design programmes. A patient involvement framework has been developed. The target set earlier this year has been achieved.
- Two whole time practice development midwives** have been recruited and implementation of a training programme is underway.

RESPONSIVE

- A Review of **operational model** action plan is being implemented.
- To improve our **response to complaints** a process mapping exercise has been undertaken and an action in place, this includes extra resource

WELL LED

- Statutory and mandatory training** is on course with trajectories established at station level in place.
- The **Leadership programme** has finished its first cohort successfully.
- The progress on **P&OD strategy** is regularly discussed at the people and culture committee.

CQC Quality Action Plan- Status Dashboard

		Progress Status			
	Total	Complete	G	A	R
Total	88				
Safe	15		13	2	
Effective	22	6	16		
Caring	4		4		
Responsive	7	1	6		
Well-Led	32	7	23	2	
Use of Resource	8	1	3	4	

Key:

Most common status by domain

Delivery of our Quality Plan for 2018/19 is closely monitored, 34 of these actions are covered by other areas of the Business Plan and our Trust-wide strategic programmes of work.

Overall we have 8 of our 88 actions that have an Amber status, 5 of these have been escalated to the relevant sub-committee

Data Source:



The below table provides further detail about the parts of the Quality Action Plan that are off track and escalated through the different sub committees

Action ID	High Level Deliverables	Primary Domain	Current Status	End Date	Sub. Comm	Comments
27	Manage and deliver our proposed capital programme of £15.5m to support the delivery of our overall strategic objectives.	Use of Resources	RECOVERABLE	31-Mar-19	Finance & Investment	At month 7 capital expenditure is £8.3m, £1.4m behind plan. Additional governance over the capital programme has been put in place as part of the implementation of the ePMO. The forecast to spend the planned capital by the end of the financial year.
28	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.	Use of Resources	RECOVERABLE	31-Mar-19	Finance & Investment	There are three CQUINs at risk: conveyance, flu and staff health and wellbeing. These have a combined risk of 1m. These will be escalation through the CEO performance reviews.
29	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.	Use of Resources	RECOVERABLE	31-Mar-19	Finance & Investment	There are two parts to this deliverable. The first part (CIP Delivery) is behind plan and is forecast to deliver 69% recurrently and a CIP recovery plan has being identified and will be monitored the CEO performance reviews and the Portfolio Management Board. The second part (Business planning for 19/20 & 20/21) is underway with activities and meetings, to support the forward CIP and this will continue until the financial and business plans are finalised for Board approval in March.
30	Deliver our control total and maintain our use of resources rating with NHSI.	Use of Resources	RECOVERABLE	31-Mar-19	Finance & Investment	There is a risk that the Trust will not deliver the required control total through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards taking account of cost pressures including agency and potential IT server licence cost pressures. This risk is being actively managed.
24	Ensure the Trust has a clear embedded Communications Strategy and an on-going programme of staff engagement at all levels.	Well Led	RECOVERABLE	31-Mar-19	P&OD	Communication with staff now includes bi-annual roadshows, bi-monthly senior management meetings and bi-monthly extended leadership meetings. This will allow direct engagement and inclusion of management groups and provide clear feedback channels for all staff. In addition the CEO now holds a monthly FaceBook Live event

7. Clinical and Quality Risks

To run an efficient organisation we need to manage the important and unique risks we face as an ambulance service.

This section summarises the **most significant clinical and quality risks** that we are actively managing as part of the Quality Directorate risk register.



Exec Lead: Dr Trisha Bain & Dr Fenella Wrigley

There are currently 48 overall risks on the clinical and Quality Risk Register, this is all risks from all departments within the Medical and Quality Directorates. Of these 48 risks there are 13 that have a current risk grading of 12 or above. The highest risk (ID 677) Risk of musculo-skeletal injuries to frontline staff which was scored as a 15 has been reviewed and downgraded in the last month at the Health & Safety Committee to a score of 12 as there has been a reduction in the number of incidents with harm.

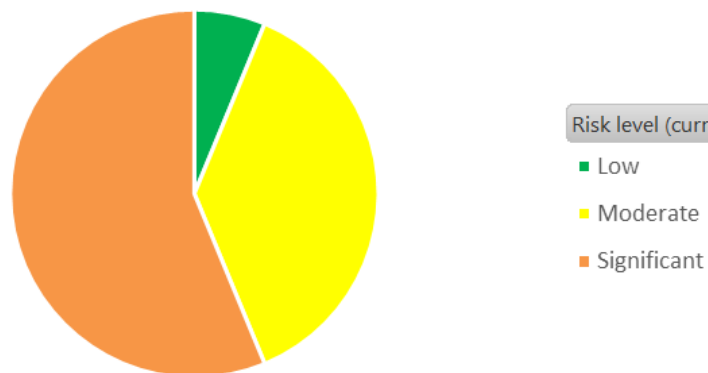
Below provides a high level overview of all risks on the clinical and quality risk register. The needs to be a review of all these risks and also new teams within the teams needs to ensure that their risks are on the risk register as required.

The new Risk Manager has recently started in the Trust and will be reviewing our current process and will be working with the Quality Intelligence and Risk team to look at where improvements can be made particularly to improve the system and increase training and Risk Management Knowledge.

Clinical and Quality Risks Overview

Count of ID

Current Risk Rating for Risks on the Clinical and Quality Risk Register



Risk level (current)

■ Low

■ Moderate

■ Significant

ID: 677

Most Significant Clinical and Quality Risk

Risk of musculo-skeletal 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.

Previous Rating: 15

Current Rating: 12

Target Rating: 9

Controls for this risk include:

- Manual handling group and policy in place
- Training for staff
- Monitoring of incidents reported monthly
- Equipment to support staff being available
- Risk assessments in place for high risk activities

Updates since the last review

An audit was completed in regards to the CSR 1:2018 practical training. All Manger Elks now in situ within vehicles - there has been a reduction in the number of incidents related to failure, compatibility and availability. Therefore risk downgraded.

An audit of the practical manual handling training that is being delivered to staff via CSR 1: 2018 will be undertaken in July 2018. The feedback from the audit will be used to further develop future training provided to staff.

The H&S Department monitor manual handling related Incidents on a regular basis and a review is currently ongoing to look into and address the equipment related failures reported across the Trust.