



MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD TO BE HELD IN PUBLIC ON THURSDAY 23 MAY 2019 AT 13:30-17:00 IN THE CONFERENCE ROOM, LONDON AMBULANCE SERVICE HQ, 220 WATERLOO ROAD, LONDON SE1 8SD

Agenda: Public session

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
13.30	1.	TB/19/01 Oral	Welcome and apologies To welcome attendees and note any apologies received.	TdP	Information
13.35	2.	TB/19/02 Oral	Patient Story To hear about the experiences of a patient treated by the Trust.	TB	Information
14.05	3.	TB/19/03 Oral	Declarations of interest To request and record any notifications of declarations of interest in relation to today's agenda.	All	Assurance
14.10	4.	TB/19/04 Attachment	Minutes of the meeting held in public on 26 March 2019 To approve the minutes of the meeting held on 26 March 2019.	HL	Decision
	5.	TB/19/05 To follow	Matters arising To review the action schedule arising from previous meetings.	HL	Information
14.15	6.	TB/19/06 Attachment	Report from the Chair To receive a report from the Chair.	HL	Information
14.20	7.	TB/19/07 Attachment	Report from Chief Executive To receive a report from the Chief Executive (CEO).	GE	Information
STRATEGY & PLANNING					
14.25	8.	TB/19/08 To follow	Annual Accountability Statements 2018/19: i) Annual Report ii) Annual Governance Statement iii) Annual Accounts iv) Annual Quality Account v) Patient Experiences Annual Report To receive and approve the key annual accountability statements of the Trust.	PH, LB, TB	Decision

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
14.35	9.	TB/19/09 Attachment	Learning and Education Strategy, 2019-2023 To approve the Learning and Education Strategy, one of the key enabling strategies to the Trust's vision and organisational strategy.	PG	Decision
14.45	10.	TB/19/10 Attachment	Organisational Strategy 1 year review To receive an update on progress on the implementation of the organisational strategy signed off by the Trust Board in May 2018.	AF	Assurance
14.55	11.	TB/19/11 Attachment	Business Plan 2019-20 To approve the Trust's Annual Business Plan, including its financial and operational plans, for 2019-20, subject to ongoing contractual negotiations.	LB	Decision
QUALITY, PERFORMANCE AND ASSURANCE					
15.05	12.	TB/19/12 To follow	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. (i) Quality Assurance Committee meeting on 7 May 2019 (ii) Finance and Investment Committee meeting on 14 May 2019 (iii) Audit Committee meetings on 16 May 2019 and 23 May 2019 (iv) People and Culture Committee meeting on 20 May 2019		Assurance
15.30	13.	TB/19/13 To follow	Integrated Quality & Performance Report To receive the integrated quality & performance report.	LB	Assurance
15.45	14.	TB/19/14 Attachment	Board Assurance Framework and Corporate Risk Register To receive the Board Assurance Framework and the Corporate Risk Register	PH	Assurance
15.55	15.	TB/19/15 Attachment	Serious Incident Management & SI Thematic Review To note declared and closed Serious Incidents.	TB	Discussion
16.05	16.	TB/19/16 Attachment	Freedom to Speak Up Quarterly Report To receive assurance on Freedom to Speak Up activities since January 2019 and the implementation of the Trust's FTSU Strategy	KC	Assurance

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
GOVERNANCE					
16.20	17.	TB/19/17 Attachment	Annual Corporate Governance Review (incl Self Certification of Compliance with Provider Licence) To receive information about the outcome of the annual review of the Trust’s corporate governance framework and confirm compliance with relevant conditions of the NHS Provider Licence	PH	Assurance
16.30	18.	TB/19/18 Attachment	Trust Board Forward Planner To receive the Trust Board forward planner.	PH	Information
16.35	19.	TB/19/19 Oral	Questions from members of the public	HL	Information
16.50	20.	TB/19/20 Oral	Any other business	HL	Information
16.55	21.	TB/19/21 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
17.00	22.	TB/19/22 Oral	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 30 July 2019 at a venue to be confirmed.				
Additional reports, circulated for information only:					
TB/19/23 Quality Report					



TRUST BOARD: Public meeting – Tuesday 26 March 2019

DRAFT Minutes of the public meeting of the Board held on 26 March 2019 at 10.00am in Room G02, Ground Floor, London Fire Brigade Headquarters, 169 Union Street, London SE1 0LL

Present		
Name	Initials	Role
Heather Lawrence	HL	Chair
Trisha Bain	TB	Chief Quality Officer
Lorraine Bewes	LB	Director of Finance and Performance
Karim Brohi	KB	Non-Executive Director
Fergus Cass	FC	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Garrett Emmerson	GE	Chief Executive Officer (CEO)
John Jones	JJ	Non-Executive Director
Amit Khutti	AK	Associate Non-Executive Director
Robert McFarland	RM	Non-Executive Director
Jayne Mee	JM	Non-Executive Director
Theo de Pencier	TdP	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Paul Woodrow	PW	Director of Operations
Fenella Wrigley	FW	Medical Director
In attendance		
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

1. Welcome and apologies (TB/18/143)

- 1.1. The Chair welcomed all to the meeting. The Board welcomed Karim Brohi and Mark Spencer to their first London Ambulance Service NHS Trust Board meeting.
- 1.2. The Board noted the presentation of three late papers (People and Culture Committee Board Assurance report (ref: TB/18/152(iv)), Quality Assurance Committee Board Assurance report (ref: TB/18/152(v) and supplementary information to support discussion of the Board Assurance Framework (ref: TB/18/154)), which were tabled due to the Board Assurance Committee meetings taking place after the dispatch of Board papers.

2. Declarations of interest (TB/18/144)

- 2.1. There were no declarations of interest.

3. Minutes of the meeting held in public on 29 January 2019 (TB/18/145)

- 3.1. The minutes of the Trust Board meeting held in public on 29 January 2019 were approved as a true and fair record of that meeting subject to the following amendments:

- 3.1.1. Correction of the spelling of Fergus Cass's name in the first sentence of paragraph 9.6 (ref: TB/18/129(ii)).
- 3.1.2. The Trust referred to in paragraph 14.1 (ref: TB/18/134) should read South East Coast Ambulance Service and not South East Cambridgeshire Ambulance Service.

4. Matters arising (TB/18/146)

- 4.1. The action log was reviewed by Board members. Updates were noted as follows:

- 4.1.1. The action relating to ref: TB/18/127 had been superseded by the provision of an NHS Improvement (NHSI) template which the Trust was required to complete. This action would now be closed and Lorraine Bewes (LB) would circulate the NHSI template.

Action: LB to circulate the completed NHSI provided template in relation to the Trust's response to the Carter Report.

- 4.1.2. The action relating to ref: TB/18/129(iii) was now complete. The Board was informed that implementation of wifi was complete at Deptford and would roll out to the remaining sites over a 6-8 week period.
- 4.1.3. LB provided an update relating to ref: TB/18/135. The Board noted that further discussions were required to establish the impact of hosting the London Health Care Records Exemplar and a paper would be brought to the Board in the next financial year, once funding arrangements had been further considered. Board members observed that delegated authority had previously been approved (ref: TB/18/135, para 15.5) regarding the hosting agreement and therefore the report brought to a future Board meeting would encompass only the wider investigation and response.

5. Report of the Chair (TB/18/147)

- 5.1. The report from the Chair was noted and taken as read. The Chair offered congratulations to Garrett Emmerson for being named in the top 50 NHS Chief Executives, and updated the Board that she had been re-appointed as Chair of the Trust.
- 5.2. Board members received an update on a briefing provided recently by the South West London Strategic Transformation Partnership (STP). It was noted that Matthew Kershaw, CEO at Croydon Health Service, and Cheryl Coppel, Lay Chair of the STP

would be invited to the next informal Board meeting to discuss clarity on the increased roles of health and partnership, and to gain some insight into the commissioning of the London Ambulance Service NHS Trust (LAS).

- 5.3. The Chair reported on the work of Dido Harding and that Julian Hartley (Leeds NHS Hospitals CEO) was leading the sub group on national workforce implementation. A letter requesting input into key themes on the workforce plan had been sent to Chairs and a response had been submitted. It was confirmed that a copy of the Trust response would be circulated.

Action: PG to circulate to the People and Culture Committee, the Trust's response to the NHSI interim workforce implementation.

6. Report from the Chief Executive (TB/18/148)

- 6.1. Garrett Emmerson (GE) presented his report on progress and key issues, events and activities since the last formal Board meeting.
- 6.2. The Board noted that the increased levels of demand during the months of January and February had continued to be a challenge and that the LAS was unable to achieve the national target, although performance compared favourably against other trusts. March performance had seen a return to achieving the national standards. The Board observed that the roster review had concluded in March and would improve the work/life balance of staff members while ensuring the Trust met the requirements of our patients following the Ambulance Response Programme (ARP).
- 6.3. GE informed the Board that, whilst the Uninterruptable Power Supply (UPS) project at Bow had been successfully delivered for the first week of February as planned, a power failure in the Bow area had highlighted that the UPS did not automatically address a loss of power supply, leading to a temporary shutdown of the Emergency Operations Centre (EOC) at Bow. The Board was assured that the incident had been mitigated but that investigation continued to understand the issue. Board members were also assured that the core EOC for LAS was conducted from Waterloo, and was secure. Fenella Wrigley (FW) reassured the Board that the patients affected at that time had been provided with appropriate care and conveyance. The Chair sought assurance that staff were supported during the issues experienced at Bow and Paul Woodrow (PW) confirmed that staff had been involved throughout the planning of the UPS project and their support had been recognised. In light of this, Board members considered it appropriate that the risk of the failure of the UPS should continue to be retained on the Trust's Board Assurance Framework (BAF).

Action: Risk of UPS failure to be retained on the BAF

- 6.4. The Chief Executive Roadshows would commence on 24 April 2019 and the Chair emphasised the importance of Non-Executive Directors' involvement in attending these where possible.
- 6.5. The Board discussed the LAS and King's College London's Centre for Urban Science and Progress collaborative 'data dive'. An insight was provided on the work of LAS with student volunteers from the UK and worldwide, to review productivity and efficiency using cutting data edge knowledge. Board members acknowledged the benefits achievable through the sharing of new thinking and technology.

- 6.6. Board members expressed an interest in receiving updates at future Board meetings in relation to the roster review and continuing support for relief staff.

Action: PW to liaise with Stuart Crichton to confirm roster review updates at future Board meetings.

- 6.7. Members of the Board noted the update regarding the roll out of Advanced Life Support (ALS) bags commencing the beginning of April and indicated an interest in receiving the rollout schedule.

Action: BM to provide to the Board the rollout schedule for ALS bags.

- 6.8. It was noted that the date of the VIP Awards, 16 May 2019, was not in most Board member diaries.

Action: Pauline O'Brien (POB) to ensure a diary entry is circulated to Board members regarding the VIP Awards on 16 May 2019.

- 6.9. Board members highlighted the Volunteering Strategy and GE confirmed that this was developing and would be presented to the Trust Board at its meeting in May. The Board noted that the new Director of Communications would lead on the strategy.

- 6.10. The administering of the flu vaccination to staff was discussed and Board members considered the value of mandating flu vaccinations. It was noted that the policy to mandate vaccinations as part of job descriptions was under review.

Action: PG to review mandatory requirements to undertake the flu vaccination at other similar organisations.

Action: The Executive Committee to review the potential for mandating flu vaccinations and to consider this at the People and Culture Committee.

Action: A report to be presented to the Trust Board in autumn to confirm the Trust's decision regarding mandating the flu vaccination.

- 6.11. The Board noted the report of the Chief Executive.

7. Collaborative working with SCAS and other ambulance trusts (TB/18/149)

- 7.1. Lorraine Bewes (LB) provided an update regarding collaborative working with South Central Ambulance Service NHS Foundation Trust (SCAS) informing the Board that the two trusts were in alliance and two executive meetings had taken place, concluding in a deep dive and benchmarking exercise. The Board considered the potential benefits and opportunities including the sharing of expertise and best practice and the acceleration of operational/clinical/financial improvements and performance in response to the outcomes of the Lord Carter review. Areas of comparison were highlighted, including data anomalies in IT and HR, minor operational changes and fleet procurement.

- 7.2. The Board reviewed the 22 projects considered for collaboration and received confirmation that not all 22 projects would be progressed, but a focused approach would be taken. It was acknowledged that benefits realisation would not be immediate but would reach fruition in the future financial year.
- 7.3. Board members concurred that the collaboration should focus on prioritisation of the projects to progress, a review of stakeholders and timeframes, and the opportunity to undertake a discussion on clinical strategy at an informal Trust Board.
- 7.4. The Chair welcomed the approach undertaken by the collaboration and emphasised the need to increase pace to achieve deliverables. It was agreed that a progress report should be presented to the Board in June, providing a definitive draft delivery programme, and a formal report to be considered at the Board meeting in July.

Action: LB to prepare a progress report in June, on the collaboration of LAS and SCAS, providing a definitive draft delivery programme, to be followed by a formal report to the Trust Board in July.

8. Digital Strategy (TB/18/150)

- 8.1. Ross Fullerton (RF) re-presented the Digital Strategy, thanking Sheila Doyle and members of the Logistics and Infrastructure Committee for their contributions to the strategy.
- 8.2. The Board reflected on the key message of the strategy; that it was fundamental to the delivery of the Trust's strategy and was developed with input from STPs, national colleagues and the Patients Forum. Key challenges were noted, particularly the financial aspect. The Board was assured that the Trust continued engagement with NHS Improvement, NHS England and STPs to maximise funding opportunities. The deliverability of the strategy would be dependent on focus, commercial partner engagement, close working with Greater London Authority (GLA) colleagues and other partners.
- 8.3. Board members discussed the high expenditure requirements to implement the strategy and concern was expressed at the open ended financial cost and delivery. Board members were assured that this was due to the pursuit of external funding and the Trust anticipated success in achieving financial support to deliver the strategy.

Action: RF to provide a detailed cost plan to the Board for delivery of the Digital Strategy outlining cost, prioritisation and approach.

RESOLVED:

- 8.4. The Board resolved to approve the Digital Strategy with the caveat that cost, prioritisation and approach was clarified in a detailed plan to be circulated to the Board. The Digital Strategy was not required to be re-presented to the Board.

9. Business Planning 2019/20 (TB/18/151)

(i) Draft Business Plan 2019/20

(ii) Business Plan NHSI Operational Narrative 2019/20

- 9.1. Lorraine Bewes (LB) introduced the report highlighting to the Board that the two documents presented were to be finalised, and the Board's approval was sought with regard to content and approach of the Business Plan.
- 9.2. The Board observed that the deadline for submission of the Business Plan was 4 April 2019 and noted that the Trust's Business Plan proposals were subject to the outcome of the contract negotiations with commissioners. The Board was made aware that the Trust was currently in a NWL STP dispute resolution and awaited an outcome this week, which would finalise the Business Plan.
- 9.3. There was discussion regarding the contract negotiation between the Trust and the commissioners, and the expectation from the commissioners that LAS should deliver to the full Ambulance Response Programme (ARP) standard without a sufficient increase to funding.
- 9.4. Board members noted the change in metrics and that confirmation had been received that Hear and Treat numbers could be included in the Trust's deliverables, which would greatly impact the LAS efficiency total.
- 9.5. The Business Plan content was discussed and it was noted that clearer deliverables for the Trust Strategy would be welcomed.

RESOLVED:

- 9.6. The Board resolved to agree the approach of the Business Plan, noting that an agreement of the budget or bridging could not be agreed until the outcome of mediation.
- 9.7. The Board noted that, in the event that mediation should progress to arbitration, a task group should be established including both Executive Directors and Non-Executive Directors. It was agreed this would be discussed outside the Board meeting.

10. Trust Board Committee Assurance Reports (TB/18/152)

(i) Logistics and Infrastructure Committee (TB/18/152(i))

- 10.1. The Board received an update from Theo de Pencier (TdP), as Chair of the Logistics and Infrastructure Committee, on the business conducted by the Committee at its meeting on 5 February 2019, noting the concern regarding cyber security and the need to ensure the Trust's robustness.
- 10.2. Board members noted the Health and Safety report and that the Logistics and Infrastructure Committee, the People and Culture Committee and the Quality Assurance Committee would each receive a relevant part of the report, with a full Health and Safety report provided to the Board on a quarterly basis.
- 10.3. Estates, key leases and the capital plan were key risks considered by the Logistics and Infrastructure Committee.

- 10.4 The Board considered the expenditure on telephony (conference calls and data usage) and was assured that mobile phone costs were being addressed and a deep dive being undertaken to identify the increase in the cost of conference calls.

(ii) Audit Committee (TB/18/152(ii))

- 10.5 John Jones, Chair of the Audit Committee, provided a report on the business of that committee at its meeting on 11 February 2019. The Board noted that corporate governance matters were being addressed and the matters for escalation were noted.
- 10.6 The Board observed that four Internal Audit reports had been produced and significant assurances had been received for the majority of these. Complaints Handling Internal Audit report had received partial assurance and it was noted that this had been addressed.
- 10.7 Cyber security was considered and the Board noted the requirement to be explicit in the risks on the Board Assurance Framework (BAF), identifying that Cyber Essentials had been achieved and the Trust was progressing to Cyber Essentials Plus and ISO27101 accreditation. The Board expressed interest in understanding the key points in relation to achieving ISO accreditation.

Action: RF to present a briefing to the Board regarding ISO accreditation and the key points in achieving this.

(iii) Finance and Investment Committee (TB/18/152(iii))

- 10.8 Fergus Cass, Chair of the Finance and Investment Committee, presented the report setting out the business conducted at its meeting on 7 March 2019. The Board considered capital spend, noting that the current forecast for this would be achieved.
- 10.9 The Board noted the work proceeding on the procurement strategy and that improvements were being considered.

(iv) People and Culture Committee (TB/18/152(iv))

- 10.10 The Board received a tabled report from Jayne Mee, Chair of the People and Culture Committee, on the meeting that had taken place on 12 March 2019, noting that the meeting was inquorate and this had not been known until the start of the meeting. The Board noted the importance of attending meetings or sending apologies well in advance of meetings.
- 10.11 Board members noted the continuing concern regarding the quality of appraisals and that this would be addressed via a corporate action plan in response to the staff survey. It was noted that a key area of issue with regard to appraisals was the quality of appraisals, as had been highlighted in the staff survey, and this remained a main area of focus. It was noted that each ambulance station was working towards an action plan to address the progress of ensuring appraisals were taking place. Ambulance stations identified as requiring support to complete appraisals would be presented to the Executive Committee to assist managers in progressing this area.
- 10.12 Staff turnover was considered by the Board and the demonstrable trend in terms of increasing staff turnover. The Board noted that a deep dive into staff turnover would be undertaken and further investigative work would be required, which would be

reported to the People and Culture Committee in May. Patricia Grealish (PG) highlighted that the Trust faces a continuing challenge, particularly in the emergency ambulance crews, and that improved work opportunities needed to be provided to retain staff. There was discussion regarding the correlation of the role of associate nurses and paramedics.

- 10.13 It was noted that the staff survey results had been circulated but that some non-executive directors had not received this.

Action: PG to recirculate the staff survey results to the Board.

- 10.14 The Board noted that PAM had been extracted from the Trust's physiotherapy contract following continuous poor performance, and the contract would continue to be monitored with consideration being given to future occupational health requirements.
- 10.15 The Disclosure and Barring Service (DBS) reiterative checking process was discussed and the Board noted the proposal by the People and Culture Committee to discontinue the recheck practice. The Board was assured that the safeguarding policy had been strengthened to meet this proposal.
- 10.16 The Board noted that a deep dive was scheduled to address sickness absence.
- 10.17 Assurance was given to the Board on the creation of the Strategic Workforce Group and its link to the People and Culture Committee.

(v) Quality Assurance Committee (TB/18/152(v))

- 10.18 Mark Spencer, Chair of the Quality Assurance Committee, presented the tabled report on the meeting of the Committee that had taken place on 13 March 2019, noting that the issue with wifi at Deptford was related to router issues and not wifi.
- 10.19 The Board noted the review of Secure Drugs Rooms and the plan to implement these across 20 LAS sites.
- 10.20 Board members noted the work being undertaken on Patient Specific Protocols and considered CQC preparedness.
- 10.21 It was noted that the Clinical Strategy Refresh was under review and would be presented to the Committee and the Board in May.

11. Integrated Quality and Performance Report (IPR) (TB/18/153)

- 11.1. The Board noted the report which provided an overview of key areas. Board members observed good clinical performance notably that the Trust had the highest Return of Spontaneous Circulation (ROSC) score in London.
- 11.2. Board members considered the work being undertaken to reduce conveyance to Emergency Department (ED) and that the change to Hear and Treat recording would also impact this improvement.
- 11.3. The Recruitment trajectory was discussed and the Board expressed concern that the numbers continued to decrease. Members sought assurance in addressing this issue

and that a report should be presented to the People and Culture Committee and Board to identify the challenge with recruiting to the Trust and identify potential solutions.

Action: PG to address the recruitment trajectory and present a report to PCC followed by a report to the Board.

- 11.4. The Board noted that the Emergency Operations Centre continued to make progress following the restructure and it was anticipated the changes would provide greater career opportunities, helping to address some of the key staff satisfaction issues.

12. Board Assurance Framework (BAF) and Corporate Risk Register (CRR) (TB/18/154)

- 12.1 Philippa Harding (PH) presented the BAF and CRR to the Board. It was noted that the UPS would remain a BAF risk, as already discussed earlier in the meeting. Two new risks were noted; the Trust to meet KPIs within the 111/IUC contracts and the preferred LAS strategy not deliverable within the Trust's timeframe due to the scale of investment and resource required. Board members were content with the proposed inclusion of these on the BAF.
- 12.2 The Board noted that Executive Directors and Non-Executive Directors were encouraged to reflect on horizon scanning in relation to risk.

13. Gender Pay Gap (TB/18/157)

- 13.1 The Board noted the Trust's obligation to publish specific figures regarding gender pay.
- 13.2 The Board reflected on the report, noting key points including pay and bonus and the issue regarding part time staff, generally constituting women employees.
- 13.3 The Board noted the Gender Pay Gap report.

14. Report of the Trust Secretary (TB/18/158)

- 14.1 The Board received the report of the Trust Secretary and approved the proposed membership and Terms of Reference for the Board Assurance Committees in 2019/20.

15. Trust Board Forward Planner (TB/18/159)

- 15.1 Philippa Harding (PH) presented the updated Trust Board Forward Planner to the end of the 2019/20 financial year.
- 15.2 The Board approved the Trust Board Forward Planner.

16. Staff Story (TB/18/160)

- 16.1 The Board was presented with a staff story highlighting the use of technology and the challenges faced by front line staff in the use of technology.

- 16.2 The staff members highlighted the use of Co-ordinate my Care (CMC) to improve end of life care and progress to more efficient working. The challenges of technology were discussed and staff members emphasised the need for better training for staff to help alleviate the fear of using technology including the excessive number of passwords for different applications.
- 16.3 There was discussion regarding mandating the use of iPads and whether to link this to processing patient record forms (PRFs) by making PRFs unavailable on hard copy.
- 16.4 The Board noted that the recording of NHS numbers for all patients would be obligatory from the following financial year and the use of iPads and technology would assist with progressing this obligation.
- 16.5 The Board thanked the two members of staff for their contribution.

17. Serious Incidents (TB/18/155)

- 17.1 The Board considered the Serious Incidents and noted the completed actions. The Board was made aware of the Serious Incident Assurance Learning Group which had now been set up to progress serious incident actions.

18. Approach to Annual Report and Accounts (TB/18/156)

- 18.1 PH presented a report to the Board providing information about the approvals process (and associated timetable) to be followed in the production of the 2019/20 Annual Report and Accounts.
- 18.2 The Board considered the report and approved the proposed approach.

19. Questions from members of the public (TB/18/161)

- 19.1 There were no questions from the public.

20. Any Other Business (TB/18/162)

- 20.1 There was no other business.

21. Review of the meeting (TB/18/163)

- 21.1 Board members confirmed the Board papers were excellent and the best that had been received in the past three years.
- 21.2 The Board reflected that challenges had been constructive and acknowledged the amount of work being undertaken by the Executive.
- 21.3 The Board discussed the balance between the Chief Executive's Report and the Integrated Performance Report, and the need to discuss organisational performance appropriately. Members highlighted the value in receiving the Chief Executive's Report which addressed some of the key issues for the Trust.

21.4 It was noted that challenges were more evenly addressed and did not fall primarily to Operational and Medical directorates, indicating greater working between the directorates.

21.5 The Chair noted the valuable input from Mark Spencer and Karim Brohi, particularly in relation to the clinical strategy.

22.Meeting Close (TB/18/164)

The meeting closed at 14.30. The next Trust Board meeting in public will take place on 23 May 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/18/130	PG to investigate and report to the Board the reasons behind the increase in turnover as indicated in the IPR.	Patricia Grealish	29/01/18	30/07/19	On track	Reports have been taken to People and Culture in March and May looking at the reasons for turnover and areas to focus on to address these.
TB/18/134	KC's future reporting to provide indication of length of time of open FTSU issues.	Katy Crichton	29/01/18	23/05/19	CLOSED	To be presented to the Board in May
TB/18/147 para 5.3	PG to circulate to the People and Culture Committee, the Trust's response to the NHSI interim workforce implementation.	Patricia Grealish	26/03/19	23/05/19	CLOSED	Completed
TB/18/148 para 6.3	Risk of UPS failure to be retained on the BAF	Philippa Harding	26/03/19	23/05/19	CLOSED	Completed
TB/18/148 para 6.6	PW to liaise with Stuart Crichton to confirm roster review updates at future Board meetings.	Paul Woodrow	26/03/19	30/07/19	On track	Roster review update to be provided to the Trust Board at its meeting on 30 July 2019
TB/18/148 para 6.7	BM to provide to the Board the rollout schedule for ALS bags.	Benita Mehra	26/03/19	23/05/19	CLOSED	Completed. This has been uploaded to the Convene Document library for viewing.
TB/18/148 para 6.10	PG to review mandatory requirements to undertake the flu vaccination at other similar organisations.	Patricia Grealish	26/03/19	23/05/19	CLOSED	Being completed as part of the review of policy (see below)
TB/18/148 para 6.10	The Executive Committee to review the potential for mandating flu vaccinations and to consider this at the People and Culture Committee.	ExCo	26/03/19	10/07/19	On track	Proposed Immunisation Policy to be reported to People and Culture Committee in July. Work underway
TB/18/148 para 6.10	A report to be presented to the Trust Board in autumn to confirm the Trust's decision regarding mandating the flu vaccination.	Patricia Grealish	26/03/19	24/09/19	On track	
TB/18/149 para 7.4	LB to prepare a progress report in June, on the collaboration of LAS and SCAS, providing a definitive draft delivery programme, to be followed by a formal report to the Trust Board in July.	Lorraine Bewes	26/03/19	25/06/19	On track	

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/18/150 para 8.3	RF to provide a detailed cost plan to the Board for delivery of the Digital Strategy outlining cost, prioritisation and approach.	Ross Fullerton	26/03/19	30/07/19	On track	To be discussed at the Logistics and Infrastructure Committee on 29 May and an update provided to Trust Board on 30 July 2019.
TB/18/152(ii) para 10.7	RF to present a briefing to the Board regarding ISO accreditation and the key points in achieving this.	Ross Fullerton	26/03/19	23/05/19	On track	To be discussed at the Logistics and Infrastructure Committee on 29 May and an update provided to Trust Board on 30 July 2019.
TB/18/152(iv) para 10.13	PG to recirculate the staff survey results to the Board.	Patricia Grealish	26/03/19	23/05/19	CLOSED	Completed. Also published to Convene.
TB/18/153(iv) para 11.3	PG to address the recruitment trajectory and present a report to PCC followed by a report to the Board.	Patricia Grealish	26/03/19	30/07/19	On track	Report to People and Culture Committee on Strategic Workforce Planning on 20 May 2019.



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Report from the Chair			
Agenda item:	06			
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 Chair's report provides an overview of meetings and events attended with external stakeholders of the Service 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 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"/>

Report of the Chair

Women's Breakfast

1. Our second Women's Breakfast took place on 28 March 2019 and was again well attended. We were delighted to welcome Emma Kenelm (Global Marketing Director for Ola) to the meeting, who shared her experience of building her career with the group, and who was very well received. The next meeting is planned for 18 July 2019.

Prime Minister's Serious Youth Violence Summit

2. I represented the London Ambulance Service NHS Trust (LAS) at the Prime Minister's Serious Youth Violence Summit on 3 April 2019, which was hosted by The Rt Hon Matt Hancock MP, Secretary of State for Health. It was an opportunity for all involved to share what they are doing to address this difficult issue and was an excellent networking event. Mental Health, excluded school children, and the need for information sharing between agencies were key areas of focus. Subsequently I received separate letters from the Prime Minister and the Secretary of State for Health. The Secretary of State asked each attendee to write to him setting out what actions we intend to take to help tackle this issue. The activity we already take is set out below.
3. LAS has a small Patient and Public Involvement Team who, supported by voluntary work undertaken by our paramedics:
 - reach 3,900 youngsters in 26 secondary schools a year as part of a one day multi-agency project on the consequences of knife crime;
 - work with the Metropolitan Police Service (MPS) Gang Unit to provide anti knife crime sessions that young people from Pupil Referral Units attend; 150 young people attended last year;
 - jointly with the MPS East Kent Area Knife Crime, carried out workshops attended by 2,040 students in 2018; and
 - Work with youth offending teams.
4. The LAS digital strategy which aims to ensure our systems are fit for the future and interoperable to enable relevant and timely information sharing, is an important tool in this area. Access to accurate data patient information will allow our crews to make informed decisions. It is therefore important that we secure capital funding to invest in this and deliver it in a timely manner.
5. As the volunteering strategy is developed, we must ensure that a key aim is to recruit young people with a view to motivating them differently as well as encouraging them to have a career in the LAS.
6. I would like the Board to consider making Knife Crime a particular focus for the organisation and welcome input from colleagues.

South East London 111/IUC Roadshow

7. On 25 April 2019, I joined the Chief Executive at his South East London (SEL) 111/IUC roadshow in Croydon. It was encouraging to see the progress that had been made and the positive feedback from staff, notwithstanding there is still progress to be made

Informal Trust Board Briefing

8. On 30 April 2019, we had an informal Trust Board briefing /strategy session focussing on wider system working and Trust engagement with Strategic Transformation Partnerships (STPs) / Integrated Care Systems (ICSs). We discussed the NHS Long Term Plan and associated potential legislative changes. These make it very clear that all NHS providers/organisations need to work with stakeholders from across the system, including local authorities and other partners, to deliver improvements in health and social care, through streamlined commissioning arrangements. As a pan-London provider, LAS does not fit neatly into the ICS structure and it would need to engage more effectively with the system, including at:
 - System level (five ICSs)
 - Place level (Boroughs)
 - Locality level (neighbourhood).
9. The Trust needs to engage with STPs/ICSs as they develop, and access the views of their stakeholders and patients. This needs to be done in a constructive manner which enables as great a level of patient engagement as possible.
10. As part of this discussion, Matthew Kershaw, Interim Chief Executive at Croydon Health Services NHS Trust, presented his research findings and learnings (whilst a Visiting Senior Fellow at the Kings Fund) on integrated care governance from across the country. Sir Andrew Morris, Non-Executive Director at NHS Improvement and former Chief Executive at Frimley Health NHS Foundation Trust, also shared his experience of wider system working and engagement.
11. Malcolm Alexander, Chair of the Patients' Forum (PF), also attended the session to outline the work of the PF, including proposals for a PF/LAS Co-Production Charter. It was helpful for the Board to hear how the PF's role had changed over time from its original statutory function to an organisation that represented patients and was working in partnership together with the Trust to help ensure continuous improvement.
12. Board members explained to the Chair of the PF that it is important that, in working with patient representatives, we have engaged with a wide variety of patient groups, and that any relationship should be focussed on the patient experience and not one where the PF is seen as an extra regulator to the Service. Whilst the Board very much desires to be able to work towards a Co-produced Patients Charter, it was unable to sign the one produced solely by the PF.
13. To take this forward, with the aim of being able to work with the PF to agree a co-produced charter, we agreed to establish a group of Non-Executive and Executive Directors to:
 - Clarify existing patient involvement/engagement structures;
 - Confirm Trust requirements with regard to patient involvement/engagement; and
 - Recommend appropriate approaches to patient involvement/engagement
14. Subsequent to this, the group will meet with representatives of the PF to see if a co-produced patients' charter can be agreed by the Board.

Moorhouse Consulting Barometer on Change 2018-19 Health Roundtable Event

15. On 9 May 2019, I attended a roundtable seminar hosted by Moorhouse Consulting, which explored workforce challenges in the NHS. It was based on Moorhouse's 2018 annual Barometer on Change report, which looked at challenges that organisations are facing in the current climate and what they can do to thrive in change more effectively. There were presentations by Vodafone, and a former BP employee who is now at Moorhouse. Other leaders from across the Health Care sector also attended, including from Health Education England, Healthy London Partnership, NHS England/Improvement, NW London CCGs and OHSEL, as well as representatives from Vodafone, Channel 3 Consulting, and Innovation Age.

16. Moorhouse believes there are three key characteristics that organisations need:

- **Courage** – the importance of developing clarity of purpose and standing for something in the face of adversity
- **Agility** – the business model to test, listen, learn and adapt, exploring opportunities and executing against them.
- **Talent** – the ability to harness individual potential, building authentic relationships and supporting employees to be their best.

17. Key themes from the Vodafone experience were:

- Cultural issues
- Talent management- focus not just at the level below Directors
- BAU v Automation of processes
- Investment in technology
- Everyone feeling they are on the team
- Uniform processes across the business (even if in different countries)
- It takes longer than you think

18. The Board, in discussing culture, may want to refer back to the Moorhouse work.

Visit to Westminster Ambulance Station

19. On 9 May 2019, I undertook a visit to Westminster Ambulance station, meeting the Westminster Group Manager, James Johnson, and two Clinical Team Managers, Lauren Willis and Ralph Chadkirk. I then went to the St Johns Wood station which looked to be in a good and orderly state. Lauren and I then visited St Mary's to meet with crews. In the event none of the two crews we spoke to were from the Westminster locality. One crew were very positive and professional. The other crew expressed frustration with their management, decision making, and, for the iPara, there were issues relating to the availability of driving tests and supervision. These are issues that are known and being addressed. I was extremely impressed by the way Lauren responded to them in a positive, listening and constructive manner that was also inspirational. She was truly an excellent ambassador of the Westminster Locality and of LAS.

Patients Forum Meeting

20. The Chief Executive and I attended the Patients' Forum meeting on 13 May 2019 to update on the LAS Strategy and pioneer services. We briefed the wider membership of the Forum on the discussions that took place at the informal strategy session of the Trust Board on 30 April 2019.

Heather Lawrence OBE
Chairman



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report Title:	Report from the Chief Executive			
Agenda item	07			
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 Service since the last time the Board convened.</p> <p>The report is structured in sections, covering key areas of focus of the Trust and Board.</p>				
Recommendation(s):				
<p>The Board is asked to note this report.</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 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 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 of 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. As can be seen from Figure 1 below, the Trust continued to achieve the mean (7 minutes) and 90th centile (15 minutes) national response time standards for Category 1 life-threatening calls during the months of March and April 2019. The proportion of face to face Category 1 incidents stood at just over 12% of total incidents in both March (12,566) and April (11,459), which is above NHS England's 8% baseline for calls in this category. Demand was 1.3% above plan in March 2019, and in April 2019 activity was almost 7% higher than that seen in April last year.
3. Despite demand being above forecast, and the additional challenge of the Easter bank holiday weekend, robust operational planning has enabled the Trust to reach its Category 1 life-threatening patients faster than the previous April (the mean performance being better by 48 seconds and the 90th centile better by 1 minute 4 seconds). Category 1 mean performance was also better by 1 minute 6 seconds in March 2019, when compared to the same period last year.
4. The increase in demand did, however, impact on the Trust achieving the Category 2 mean response time national standard of 18 minutes in March, and the Category 4 90th centile response time national standard of 3 hours in April. While the Category 2 mean target was missed by 16 seconds in March 2019, this is a significant improvement of over 5 minutes when compared to the Category 2 mean performance in March 2018. There was also a slight improvement (28 seconds) in Category 2 mean response time performance in April 2019 when compared to April 2018.
5. The Trust has also seen a significant improvement in Category 3 performance, with response time decreasing from 2 hours 51 minutes in March 2018 to 1 hour 57 minutes in the same period this year, an improvement of approximately 54 minutes. At the time of preparing this report, all national performance standards for May are being met apart from Category 4 90th centile performance (3 hours), which is off target by 19 minutes 32 seconds.
6. In terms of call handling, in March 2019, 88% of calls were answered within 5 seconds and 92% in April 2019. In 19/20 year to date, the call answering position is 92% with a mean call answering of 4 seconds. This compares favourably to FY 18/19, where call answering for the year stood at 87%, with a mean call answering of 8 seconds.
7. When benchmarked across the 13 key metrics included in the weekly National Ambulance Services Balanced Scorecard, we continue to be one of the highest performing Ambulance Services (the Trust is ranked third nationally in the latest national scorecard but regularly fluctuates between first, second and third position). The Trust is frequently best in class for the Category 1 mean and 90th centile measures and improvements are also being seen in areas such as conveyance to emergency departments. The latest scorecard (for week commencing Monday 29 April 2019) shows the Trust performing third best nationally for avoiding unnecessary conveyances to emergency departments (57.29% of all incidents were conveyed to emergency departments). In addition to this, the Trust's hear and treat rates had also improved to 7.7%, which places us in fourth position.

	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)
March 2019	00:06:18	00:10:24	00:18:16	00:37:13	01:57:56	02:53:42
April 2019	00:06:03	00:10:11	00:16:27	00:32:55	01:48:23	03:14:39
Year to Date (2019/20)	00:06:03	00:10:11	00:16:27	00:32:55	01:48:23	03:14:39

Figure 1: LAS performance against Ambulance Response Programme targets

8. Operations are focused on driving performance, quality and productivity improvements throughout 2019/20. The operational scorecards have been refreshed to incorporate the Trust's business plan deliverables, while cost improvement programme (CIP) project initiation documents (PIDs) have been completed for a variety of operational efficiencies including pre and post-handover review times, improving attendance and reducing out of service. The implementation of a new Operational Compliance and Standards Forum will commence in June 2019 and will ensure that Operations has the appropriate governance in place to assure the delivery of scorecard, business plan and CIP deliverables. The terms of reference for this forum have been reviewed and are supported by the Director of Corporate Governance and the Chief Quality Officer.

111 Operations

9. Call answering performance has significantly improved at both North East London (NEL) and South East London (SEL) over the past three months. SEL performance against the call answering service level agreement (SLA) of 95% of calls in 60 seconds has improved by 10.9% since March, while NEL has improved by 26.5% since February.
10. The performance of 111/IUC services is critically important during the Easter and bank holiday periods given the closure of some primary care services. Call answering performance for both NEL and SEL was excellent during the Easter period with an average performance of 98% for NEL and 96% for SEL. The overall performance for March and April is shown in Figure 2 below:

Location	Month	Total Calls Offered (Inc Balanced calls)	SLA calls in 60s (Target 95%)	Abandonment rate	Calls to Ambulance
SEL	Mar-19	38444	74.2%	3.5%	9.4%
	Apr-19	37056	85.1%	1.7%	8.7%
NEL	Mar-19	53254	82.8%	2.0%	8.2%
	Apr-19	50982	91.8%	0.9%	8.1%

Figure 2: SEL & NEL Performance Metrics

11. In addition to the improvements in call answering performance, the number of calls abandoned by patients has fallen to the extent that we are now meeting our contractual standards against this metric. Only 0.9% of calls to NEL were abandoned in April and 1.7% to SEL (against a contractual target of 2% abandonment for NEL and 5% abandonment for SEL).
12. Referrals to 999 services remain within the 10% national standard for both NEL and SEL. During April, NEL delivered 8.1%, with SEL delivering 8.7%. This performance

compares positively against the London average of 9.9% and remains the lowest of all providers in London, indicating the benefits of a clinical assessment service (CAS).

13. We are continuing to work to identify which patients benefit most from being managed via the CAS so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard 111 service and releases pressure on the wider healthcare system. The graph in Figure 3 below shows that the development of our IUC services has enabled NEL and SEL to consistently outperform other providers in terms of A&E avoidance.

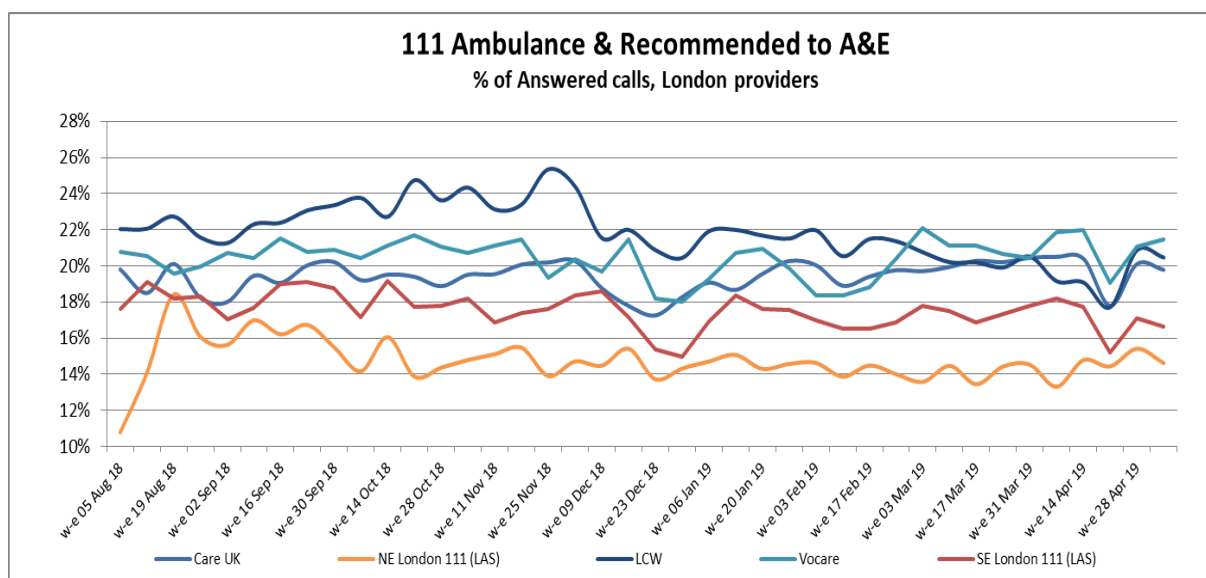


Figure 3: 111 calls recommended to A&E by London Providers

14. Following the improvements documented above, the number of weekly assurance calls with commissioners and Healthy London Partnership (HLP) colleagues are decreasing with a view that these will end in May when we will revert to standard contract management arrangements. In the meantime, our executive-led task and finish group continues to implement the service improvements which are required to further enhance both NEL and SEL services with this work scheduled to be completed by the end of May.

Finance & Performance

15. As reported elsewhere on the agenda, the Trust ended 2018/19 with a £6.6m surplus, which is £2.2m better than plan. This is due primarily to the receipt of additional Provider Sustainability Funding from NHS Improvement at the end of 2018/19. All financial targets were met in 2018/19 (subject to audit) and the Trust achieved the highest possible Use of Resources score of 1. Income at the end of the year was £8.1m higher than planned. Incident activity and call levels remain high and this trend has continued since Q2. Pay expenditure was £8.5m lower than plan due to frontline vacancies partially offset by private ambulance and agency usage. The Trust continues to focus on frontline recruitment and retention to reduce reliance on overtime and PAS whilst maintaining safe and effective rosters.
16. The Trust has been chosen as a pilot site by NHS England for the Aggregated Data Collection (ADS) with four other health organisations across the UK. The aim of the ADS within the IUC environment is to stimulate benchmarking and standardisation opportunities between providers.

17. Following the successful “data dive” event in March 2019 between LAS analytics teams and King’s College London’s Centre for Urban Science & Progress (CUSP), KCL will be offering two student summer placements to help implement the findings from the event. The students will work in partnership with the LAS for 6 weeks this summer, packaging up the developed algorithms and analytics into dashboards, tools and BAU reporting.

IM&T

18. Since early April, 60 clinicians operating from Camden have been participating in a ground-breaking trial of access to patient records on-the go. Until now, a credit-card size smartcard has been required for access to the national Summary Care Record application (SCRa). This new pilot has been developed with NHS Digital to provide secure access to records from personally issued iPads. This is the first time any NHS organisation has been able to access the NHS Spine without a physical smartcard and will simplify how we join up patient records. Data available includes information on long-term medical conditions, prescriptions, allergies, and previous treatments. Immediate feedback has been positive and a full report on the outcome of the pilot will be provided in due course.
19. The rollover of the GPS clock, known as the GPS Epoch, occurred on 06 April. This is similar to the Year 2000 bug experienced with computers and given the age of some of our navigation equipment the likely outcome was unknown. Substantial effort was put into mitigating the risks and the event was managed successfully with no impact on ambulance operations.
20. The National Audit Office has published a report into delays and cost overruns at the Emergency Services Network programme which is implementing new secure communications for the emergency services in England & Wales. The new capability will replace the Airwave radio service currently in use in the 999 control room and across ambulance operations. We have been working closely with the Department for Health and Social Care (DHSC) led Ambulance Radio Programme (ARP) who are liaising with the Home Office and the ESN programme on behalf of the ambulance sector. There are multiple aspects of the overall ARP programme, including:
- new control room systems and infrastructure
 - new mobilisation capability (to replace existing data terminals custom-built by LAS)
 - in vehicle Wi-fi and communications hub
 - new secure network for voice and data
 - new handsets
21. The latest announcement is primarily related to the network and handsets. London will likely be last to go live with the new network and handsets due to complexity of high density buildings and making the system work reliably on the underground. In the meantime DHSC are working with ESN on ensuring provision of Airwave until the new capabilities are deployed. Airwave is beyond design life and will need some investment centrally. They have highlighted some potential costs to trusts but these are as yet unquantified. We are reviewing trust risks with regard to the ARP and ESN programmes and will continue to liaise with partner organisations.
22. A revised procedure for managing security patching of the Computer Aided Dispatch (CAD) systems was successfully implemented in April. The CAD will now be patched more frequently and with a reduced need to implement paper operations in the control room. We have implemented electronic transfer of 111 patient events from Herts Urgent Care (HUC) removing the need for 60 manual transfers per month. A more reliable method of accessing the Adastral urgent care system is now live in 111; this

has eliminated issues with electronic prescriptions and enhances the security controls regarding access to patient data.

23. The capital plan was delivered successfully last financial year. New smart screens have been implemented at all ambulances stations. These provide crews with information about vehicle allocation and allow corporate and local messaging to be shared with staff 24/7. The programme to deploy upgraded WiFi and networks is on track to complete WiFi rollout by June and all sites will have fast internet connections by August. Windows 7 is not supported after this financial year; new PCs and laptops have been delivered to replace our older equipment and the rollout of Windows 10 is ahead of schedule.

Strategy & Communications

24. We continue the process of refreshing all of our 'enabling strategies' and writing new ones for areas of our organisation where they do not currently exist. At today's meeting, Trust Board is considering the Learning and Education strategy which, for the first time, pulls together all training and development across the Trust into a single strategy and governance approach. This will ensure a more equitable and strategic approach to planning and delivering training for all our staff. This strategy has been informed through a number of staff engagement sessions focussing on all areas of the organisation and all staff groups.
25. The strategy team is supporting the Pioneer Services programme which has seen the following key progress over the last couple of months since the last Trust Board:
26. Completion of the interim 3 month evaluation of the Mental Health Pilot. This has shown a significant improvement in emergency department conveyance rates from 53% to 19%.
27. Launch of the falls service pilot. Whilst this is in early stages, we have seen promising initial data from the pilot which shows a reduction in conveyance rate from c. 75% to c. 35%
28. Approval has been granted for the recruitment of the fourth cohort of Advance Paramedic Practitioners for Urgent Care, which will commence this month.
29. This month represents the end of year one of our 2018-2023 organisational strategy. A separate paper is being presented to Trust Board at this meeting with a detailed review of how successfully we have started to implement this strategy and what benefits we have been able to achieve so far. Due to the ever-changing nature of the NHS and our own organisational developments, we will refresh our organisational strategy over the next few months to make sure that our ambitions are still correct and our modelling on which it is based is as accurate as possible based on last year's data.

London Blue Light Collaboration

30. Ongoing development work continues with all of the three emergency services (LAA, LFB and the MPS).

External Communications

31. The Trust engaged in a number of media communications over the past few weeks including the following:

- ITV News London followed a mental health nurse and paramedic who respond in our new mental health car on a shift to gain an insight into how the initiative is helping our patients receive better care for their needs. This feature-length report demonstrated to a key London audience the positive work we are doing to improve the provision of care to those experiencing mental health problems.
- We shared positive stories with the media about the family nature of our workforce which helped promote the Trust as an attractive place to work. This included paramedic twin brothers Christopher and Mark whose final shift before retirement was filmed by ITV News London and Trainee Emergency Ambulance Crew Amelia, who is following the footsteps of both her mother and father by joining our team, who featured in various London newspapers.
- Several national newspapers, including the Daily Mail, have covered over the past three months the story of “999 twins” Natalia, our paramedic and Mel, a Met police officer who spoke of how women shouldn’t be put off working in the emergency services and their experiences as identical twins both working in London’s blue light services.
- We worked closely with colleagues at NHS Digital to publicise to the health tech media a trial taking place at Camden Ambulance Station where clinicians are able to view patient information, such as Summary Care Record data on their iPads.
- We hosted Steve Powis, NHS England Medical Director at Waterloo HQ and delivered Basic Life Support (BLS) training to him and his staff. Steve shared his training on social media and has now joined the GoodSam app.
- Following an expansive letter from the Chair of the London Assembly Health Committee, we drafted a detailed response to all his questions and concerns. The letter covered 7 areas of enquiry, including our progress at increasing our number of staff from the BAME community and incidents we attend at prisons.

Internal Communications

32. Throughout April and May, I’ve been out on the road seeing staff across the service as part of my spring roadshows. The sessions have been very well attended with some c1,800 staff coming along in person, and even more joining online via LiA through the live streamed sessions. The question and answer sessions have been extremely constructive and informative, as well as a great way for me to hear first-hand from our teams on the various topical, current issues arising. I always find the roadshow sessions hugely valuable and remain committed to ensuring that they are a regular feature in my calendar.
33. We also have the VIP awards to look forward to in May. The awards are a great way to celebrate the fantastic work of our staff each and every day, and this year, I’m very pleased that we are also giving out some new awards in line with our values and behaviours. We are expecting around 300 of our staff to be at the awards ceremony on May 16th and I look forward to celebrating with our 2019 employee of the year!

Quality Improvement

34. The annual quality account has now been finalised and priorities outlined. The document is being circulated widely and will be used to update all quality plans, both at corporate and operational levels. The priorities are focused on areas that will bring additional improvements to patients in relation to safe and high quality care.

35. The Trust continues to work with system wide partners in relation to expanding the mental health pioneering service pilot. There is increased interest across the organisation and many sectors are keen to have the service in their area. We are currently working with operations and the strategy teams to identify solutions to funding and support.
36. The Quality Governance team has now launched the new Serious Incident Assurance and Learning Group and also the revised Serious Incident investigation process. In addition, the first cohort of staff are being trained in Root Cause Analysis training, these actions will further enhance the timeliness, quality and spread of learning from incidents.
37. The National Quality Board has launched their consultation on Learning from Deaths for Ambulance services. The Chief Quality Officer and Medical Director are reviewing the document and will send back comments in due course.
38. Preparation for the CQC inspection is on-going, and a series of operational forums are being organised to share our quality improvement journey alongside the issuing of a handbook that outlines our improvements over the year.
39. Recruitment to the Safeguarding team has been successful and we have recruited two heads of adult and children safeguarding. Both individuals are highly experienced and, on starting in post, they will lead the development and delivery of the Level 3 training across the Trust. LAS are at the forefront of providing this training to all staff.
40. The Chief Quality Officer has been selected to the panel for the National Quality Annual Conference on 4th June 2019. The conference will host over 250 delegates from across the country focusing on sustaining improvement.
41. A third cohort of staff have now completed the QSIR training course. This will bring the total to over 70 staff trained. The names of those trained have now been provided to the PMO who will assign them projects to support and use their newly acquired skills. The current projects supported will focus on delivery of CIP.
42. The Q&A directorate have now ensured that all of the team are trained in incident investigation and also participating in the visible leadership courses. The team also support the leadership programme by presenting quality improvement project and change management techniques.
43. The new Head of Health and Safety and the People and Culture directorate are working together to develop the MSK reduction campaign to ensure that all relevant aspects are covered. In addition the monitoring of stress has been included in the newly revised Health and Safety report alongside a review of auditing of stress levels.
44. The Programme Management Office have now developed all relevant systems and processes to 'launch' the function following the May programme management Board. Recruitment to project managers has been completed.
45. The Chief Quality Officer (CQO) and the quality directorate are meeting with the SCAS teams to discuss opportunities for joint working on 17th May 2019.
46. The Capgemini project is concluding and the MPS with LAS are now awaiting the imminent funding support to both develop a single mental health hub to support system wide signposting of patients in mental health crisis and the LAS mental health pioneering pilot across SE sectors.

47. Our commissioners responded to the annual quality account very positively. The working relationship with all CCG/STP leads at the monthly meeting with the CQO and medical director remains positive and supportive.
48. The Portfolio Management Board has finalised plans with finance teams to ensure that the agreed programmes within the business plan are resourced, monitored and reported to ensure successful delivery. However, these will be reviewed at the Programme Management Board (PMB) on 15 May to align the current financial position. The agreed demand management criteria will be used on all projects to amend those that will be taken forward in 2019-20. This will bring value for money by ensuring that the programmes will be delivered and the productivity and efficiencies savings realised.

Medical Directorate

49. The Medical Directorate began a programme of Team Development Sessions in April and May that looked at improving collaborative working across an expanding directorate. After positive feedback from members of staff, a programme of work has been developed that will continue throughout the next year. This will focus on a range of topics, and look to provide professional development for individuals and departments alike.
50. Updated guidance from NHSI requires all NHS trusts to provide hand wipes for use in the absence of soap and water. We have therefore rolled out the Clinell antibacterial hand wipes and updated the IPC handbook (which is available on The Pulse) to reflect this.
51. All IPC champions have now been trained and have access to the IPC Perfect Ward App. This will enable the quarterly station audits to be completed on the app, rather than paper questionnaires which are submitted via email. The IPC team are working with the operations team to improve the audit rate in OWR - current recruitment to vacant Clinical team manager posts will assist in this. There is cross-country directorate working on-going to finalise plans for the fit testing of FFP3 masks.
52. A piece of governance work has begun to review the policies held across the Medical Directorate to ensure that they are up to date and relevant to all staff and all relevant information is captured in an easy to use format. A database of policy review dates will ensure that going forward these are maintained throughout the year.
53. Recruitment to the new rotational paramedic role has begun - this allows for a one year development secondment opportunity gaining experience in frailty, mental health and the wider urgent care system. The next step will be to look at a rotational role for non-registrant staff members. In addition to this we are in discussion with partners about development opportunities in London to support the NHS 10 year plan.
54. As mentioned above, 10 Advanced Paramedic Practitioner for Urgent Care roles are being advertised to expand the programme to cover all 5 STPs and further contribute to reducing unnecessary conveyances to hospital.
55. In accordance with the recommendations of NHS England London and NHS Improvement, we have introduced, with commissioner support, the Coordinate My Care (CMC) program which is accessible as an app on all of the ambulance clinician Trust iPads. CMC enables clinicians to access up to date information compared to PSPs which, due to the fact they are paper based, may be out of date or obsolete. We are working on promoting this pan-London through the STPs and A&E Delivery Boards.

56. As a Trust we are commissioned to achieve a 30% download rate from defibrillators by Q4 2019-20; but this currently sits at between 20-24%. Issues have been identified with incompatibility between the bespoke software and different brand of defibrillators, as well as security constraints on LAS computers. These issues are being addressed by IM&T.
57. The lack of availability of driving instructors remains a national problem with courses having to be cancelled at short notice. This is recognised as causing frustration for Frontline staff. All possibilities for additional trainers continue to be explored and Clinical Education and Standards have recruited 6 full time driving instructors, and commenced training internal staff as instructors. The current aim is to have 20 full time driving instructors by October 2019. A one week non blue light course will be rolled as an interim program for those staff who are currently awaiting emergency driving courses - this would enable them to undertake some driving during shifts.

People and Culture People and Culture

58. It is pleasing to see the work of the ESR Project Team progressing well; the project manager is now reporting monthly to the PMB. Ten key projects have been identified for delivery in 19/20, including:
 1. Non Payroll Staff
 2. Rostering Interface (ESR to GRS)
 3. Employee Relations Case Management System
 4. Recruitment E-Form
 5. Manager Self Service
 6. ESR Property Register
 7. Active Directory Interface (Bi-Directional)
 8. Occupational Health Interface (Bi-Directional)
 9. Absence Interface (GRS to ESR)
 10. Attendance Interface (GRS to ESR)
59. The implementation of the Employee Relations Case Management System has gone well and final amendments are with our supplier, Selenity. Go live is anticipated on 13 May 2019. Once live, we will have stronger oversight of all Employee Relations cases and be able to track and monitor timescales and support lessons learnt. We will then devolve administration of appeals and tribunals to the HR team making preparation and planning much more efficient (this is currently done centrally and presents a single point of failure).
60. Over the last couple of months work has been undertaken by the ESR Transformation Team to set up Non Payroll Workers (agency staff) on ESR (including 111 Agency Staff). This is a key development to support good governance of agency staff as ESR will become the entry point for all workers, both Payroll and Non Payroll, and will populate other soon to be interfaced systems including our Rostering system (GRS) and Active Directory.
61. Statutory Mandatory Training continues to be closely monitored through various governance meetings – including monthly performance reviews and the People and Culture Committee. The new reporting format introduced in the last quarter of 18/19 is working well and is now used to make reports to CQRG as part of our quarterly workforce report.
62. Compliance at the end of March for all statutory mandatory elements was as follows:

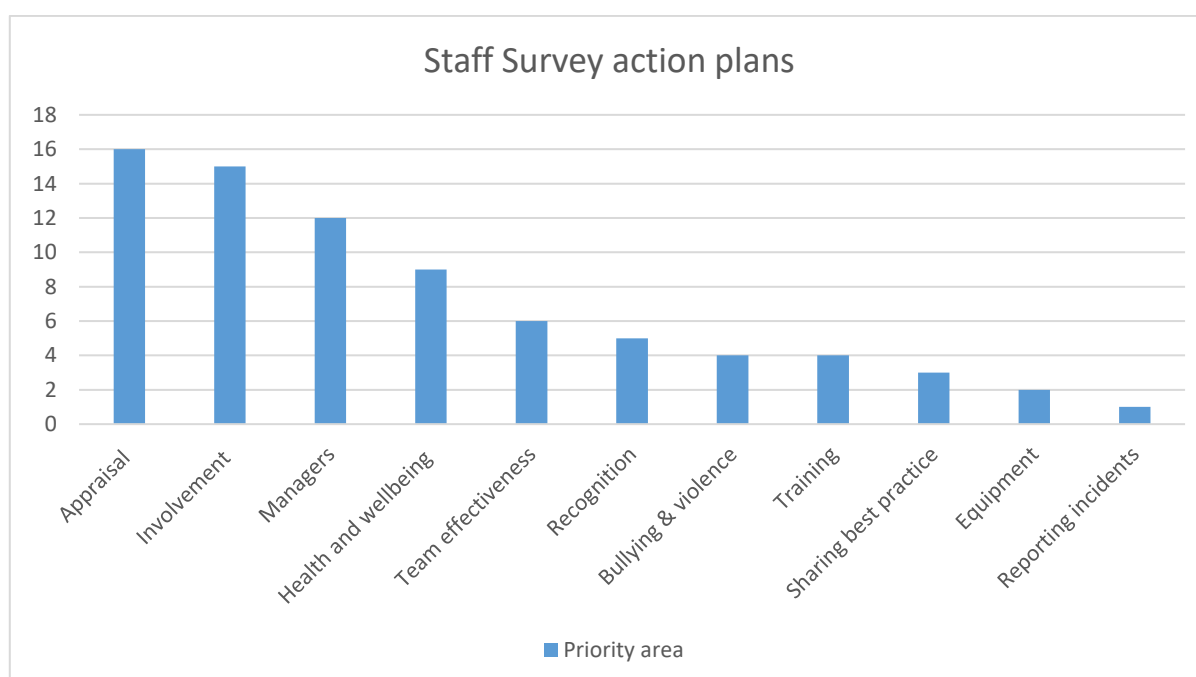
• Trust compliance	90%
• Sector Operations	93%
• Corporate	91%
• EOC, the subject of the CQC MustDo action	85%.

- Information Governance 89%
- CSR2018.1 is 95%, CSR 2018.2 is 80% and CSR 2018.3 is 93%

63. Disappointingly, PDR Appraisal completion ended the year on 76.2%. This is predominantly linked to a number of Corporate staff (67% compliance) who have become non-compliant and People and Culture Business Partners are working with their colleagues to achieve 85% compliance. Weekly reports are provided to Corporate Directors to facilitate the required improvement.
- Trust total 76%
 - Corporate 67%
 - Operations 78%
 - Sector Operations 84%
 - Best performing sectors: North Central 89%
 - North West 87%
 - South East 91%
64. Appraisal completion is reported monthly via the performance review meetings for each team and will be provided as part of a quarterly report to ExCo for 19/20 to ensure visibility and focus on this vital work. Again, to note, appraisal completion is part of the implementation of the 2018 Pay Framework, and a task and finish group is currently working on this project to complete ahead of March 2020.
65. We have been working hard on ensuring establishment of strong controls around our agency spend. We have had confirmation of an adjustment to our ceiling from NHS Improvement which was increased to £7.9m for 18/19. The end of year position on agency spend as at Month 12 is £7,299,408 against the agency ceiling of £7,930,000, a gap of £630,592 (positive). People & Culture Business Partners have been working closely with Directors and their teams to facilitate the required changes and they have been well supported by colleagues in Recruitment, the Corporate People & Culture team, Payroll and Procurement.
66. There has been significant activity to look at ways to reduce the 111 agency costs. This includes the introduction of a managed service with Hays, establishing bank rates for GPs and clarifying and confirming overtime rates for our Advanced Practitioners. Our adjusted cap for 19/20 has been increased to £8.8m total spend. We will be setting and managing to target run rates into 19/20 to be well within the £8.8m cap.
67. We will establish a control total for each directorate and each will be required to provide a clear plan to manage their agency costs within the control total. This will include identifying opportunities for managed services and moving staff from agency to bank or fixed term contracts. Spend against this control total will be monitored on a monthly basis and will be reported through the monthly performance review process.
68. Recruitment to call handler positions in EOC has been extensively reported over the past year / 18 months. Whilst we have more recently been forecasting an end of year gap of 35 FTE, we have recently refreshed the reporting for EOC recruitment trajectories in line with the new organisational structure. This has resulted in an improved forecast of 24 FTE and the management team and the recruitment team are confident that the restructure and planned recruitment and training activities will enable us to reach establishment within Q1 2019/20.
69. The consultation process for the EOC restructure has concluded with the implementation in April 2019. It is anticipated that this will improve retention and other management capacity issues and will be monitored closely.
70. Current activity in EOC is focused on maximising training places and ensuring the implementation of a new training estate to replace Southwark Bridge Road before the

Trust is required to leave in December 2019. Different solutions are being considered, with Bow being the preferred option.

71. We are subject to oversight by OFSTED for our apprenticeship arrangements and we have been notified of a scheduled visit to audit our arrangements which will begin on 13 May (for 5 days). We will of report on outcomes in due course. As a new Employer Provider this is not an unexpected event as it is part of the governance process for apprenticeships. Some of our processes are well developed and embedded, eg the data collection and management of the Levy processes. Some ongoing learner support processes are developing as we go proceed through the journey to our first end point assessments, eg the tracking of learners post classroom phase.
72. Our staff survey network is again this year a key part of the way we ensure a bottom up response to our workplace experience reported through the staff survey. A meeting was held on 11 April 2019 to discuss action plans, resolve issues or queries and offer support to those who were finding it challenging to make progress locally. Since they were published in February 2019, the results of the survey and have been shared widely across the organisation. Locally, each Champion has analysed their results and in partnership with their colleagues, local trade union reps and local management team have developed an action plan to address issues arising from the staff survey. Staff Survey Action plans have featured locally as part of the discussions at the CEO Roadshows coming to a conclusion on 13 May.
73. Analysis has been undertaken on the 27 completed action plans received so far. The table below highlights the priority areas identified across all the action plans.



Priority areas for action plans

74. Within all departments/group stations the main area for action is in relation to appraisals. This includes ensuring time is allocated and planned in advance for the completion of appraisals, improving quality through reviewing the process and ensuring managers who will be completing the appraisal have attended training.
75. Staff involvement was the second priority area across the action plans. Many areas are planning to continue with their local forums to involve staff in improvements and

decision making, creating discussion forums, suggestion boxes, working project groups and 'bright ideas'.

76. As a result of the changes at management level, visibility/awareness of senior management remains a key priority for many areas. Structure charts with photographs and contact details was an action identified supported by individual emails to staff. Regular station/team meetings, managers spending time in the mess room, open door policy and managers ensuring they move around all the stations within their Group.
77. The focus of health and well-being related mainly to improvements in musculoskeletal injury rates through improved access to training, increasing availability of exercise and yoga classes. Two group stations have set up a running challenge against each other. One Group station is planning to have a monthly 'Feel Good Friday' with communications about health and wellbeing, socials and promotion of things to do in the local area.
78. In order to address issues relation to bullying and violence, actions include promoting LINC support workers, 'scene awareness' events, confrontation avoidance courses and dynamic risk assessments.
79. The new format WRES Action Plan is well underway with work now starting on planning the engagement event to co-produce the plan for 19/20 (July 2019). The quarterly WRES Action Plan Group brings strong focus on driving this work forward. We will be engaging with the national WRES lead, who is working across all Trusts to identify best practice and offer practical advice and support on our work in this area.
80. One of our key performance indicators is the BME representation in our overall workforce. The 2018/19 target of 15% overall BME representation was achieved by 31 March 2019. We recognise that this is a small step on our journey to be truly diverse, but it is a reflection of the hard work that has been undertaken across the organisation.
81. At the Extended Leadership Group meeting on 28 March 2019, we facilitated a discussion around culture and culture change with around 60 senior leaders in the organisation. This is part of our ongoing culture change work in the year ahead across all management roles and management groups. This work will be continued at future ELG meetings and will be informed by a planned Cultural Review.
82. The roll out of the Visible Leader programme continues and the first cohort of the Engaging Leader programme has been delivered with a very encouraging number of participants (20). Both these programmes are planned for delivery across the remainder of this year and into next (for Engaging Leader) as we training in excess of 800 managers across all roles in the organisation. This work is a pillar of the work to change our culture to align with our strategy and values.
83. We are planning our first Celebration event for our first cohort of the Reverse Mentoring Programme – this is planned for 11 June 2019 – and have been awarded funding by HEE to run a second cohort of the scheme in 2019/20. Recruitment to the programme will commence in June/July 2019. I also participated in our first careers development 'speed dating' event, where BME colleagues at the start of their careers had an opportunity to meet and discuss career development with a number of senior colleagues. The event was well supported, with 18 members of staff attending. We also plan to make these events a regular occurrence go give more staff exposure to the senior team.

Assets & Property

84. Phase Two of the refurbishment works at the Trust's Waterloo Headquarters has concluded and this has enabled the People and Culture (P&C) teams to operate from a single site, with teams moving from Union Street and Cody Road. The P&C team departure from Union Street has enabled the Finance Team to move there temporarily. This will allow the lease at Morley Street to be relinquished by 31 May 2019. Phase Three of the refurbishment works is underway, with surveys of the first floor being undertaken. Once completed, works will commence in the first floor east area to provide open plan office space for the Operations management team. This is due to complete by the beginning of August 2019.
85. A full estate asset condition survey is due to commence in June and will cover all buildings and equipment, alongside a set of updated drawings. On completion of the asset surveys, a procurement exercise will commence for the maintenance of facilities management, for both soft services including cleaning, security, pest control etc, and hard services that will include electrical, mechanical, water services, and building fabric.
86. The Uninterruptable Power Supply (UPS) replacement project concluded in February 2019, but in March the UPS encountered a very short-term failure. The root cause analysis identified a single component failure that was remedied in March 2019.
87. Surveys have commenced for the 20 secure drugs rooms that form part of phase two of the project for delivery in 2019/2020. The roll out of the Advanced Life Support (ALS) bags commenced at Ilford, with all learnings in respect of processes and equipment being taken on board prior to the next stage of the roll out at West Ham. The roll out of ALS bags will complete by September 2019. Primary Response Bags (PRBs) have been ordered and the UK-based supplier is expected to supply the bags in June. Roll out will then commence, with completion due in October 2019.
88. Following the ordering of DCA Mercedes chassis in 2018/19, roll out of the box bodies are planned to commence in June.

Garrett Emmerson
Chief Executive Officer



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Annual Accountability Statements 2018/19			
Agenda item:	08			
Report Author(s):	Philippa Harding, Director of Corporate Governance			
Presented by:	Trisha Bain, Chief Quality Officer Philippa Harding, Director of Corporate Governance Lorraine Bewes, Director of Finance and Performance			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>The Board is requested to approve the following annual accountability statements for 2018/19:</p> <ul style="list-style-type: none">i) Annual Reportii) Annual Government Statementiii) Annual Accountsiv) Annual Quality Accountv) Patient Experiences Annual Report <p>The Annual Quality Account and the Patient Experiences Annual Report were considered by the Quality Assurance Committee at its meeting on 07 May 2019. The remaining documents are due to be considered in detail by the Audit Committee at its meeting on 23 May 2019. Any amendments following this meeting will be tabled at the Board meeting.</p>				
Recommendation(s):				
<p>The Board is requested to approve the attached annual accountability statements for 2018/19.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
<p>Risk 219 - Failure to maintain an effective financial control environment could lead to poor decision making and the waste of public funds.</p>				
Please indicate which Board Assurance Framework (BAF) risk it relates to:				
Clinical and Quality	<input type="checkbox"/>			
Performance	<input type="checkbox"/>			

Financial	<input checked="" type="checkbox"/>
Workforce	<input type="checkbox"/>
Governance and Well-led	<input checked="" type="checkbox"/>
Reputation	<input type="checkbox"/>
Other	<input type="checkbox"/>
This report supports the achievement of the following Business Plan Workstreams:	
Ensure safe, timely and effective care	<input 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"/>

ANNUAL REPORT 2018/19

1. Chair's Foreword

London Ambulance Service is defined by its people and the considerable achievements in this report are a tribute to their hard work and dedication.

In May, NHS Improvement took us out of 'special measures' and I am grateful for the resilience and resourcefulness our staff have shown throughout some testing years. They were rightly recognised by CQC inspectors for going "above and beyond".

Londoners also rate us highly. At a time when the public is losing confidence in institutions, people have faith in us and highly value our staff. According to a survey by the London Assembly, nine out of 10 Londoners have trust in London Ambulance Service.

To maintain that trust, it is essential our workforce better reflects the diversity of the patients we serve. We are committed to our Workforce Race Equality Standard action plan and have launched sponsorship and mentoring schemes to help Black and Minority Ethnic staff develop their careers within the Trust.

This year we have met our target of 15 per cent BME representation. But we are far from complacent. I recognise the culture at London Ambulance Service needs to be more inclusive and truly reflect our values which demand we are: respectful, professional, innovative and collaborative. We have commissioned a review to look at how best to engage stakeholders to ensure they are well informed; and that we are meeting patients' needs as we adapt to the changing demands made of us.

This work should give us a more powerful voice in decision-making on health and care planning and provision for London and allow us to push ahead with system-wide improvements. This is crucial now we are working within the context of the NHS Long Term Plan which was published in January 2019. We value the work the Patients' Forum has provided to us in helping us move forward with our strategy.

As well as looking forward, we have had a chance to reflect on just how far we have come in this milestone year, with the NHS turning 70. We are no longer "ambulance drivers" but a professional and highly skilled organisation. We are pioneering medical and technological innovation with ambitions beyond pre-hospital care. We are not just an emergency response service: we work to make London a better and safer place.

I am particularly proud of the work we do to protect those who are vulnerable and prevent them from coming to harm. Our education team has never been in more demand for the workshops they run teaching schoolchildren and young people about the dangers of carrying a knife. We see first-hand the devastation knife crime causes in our communities.

I was privileged to be invited by HRH the Prince of Wales to Clarence House in December to discuss knife crime with charities and young people who have been affected. This event gave real urgency to my ambition to develop this work further.

Responding to knife crime has also seen us working collaboratively with the rest of the health sector as well as our colleagues in the Metropolitan Police Service and London Fire Brigade. We will draw on these partnerships further as demand grows for our service.

We also owe a real debt of thanks to our team of volunteers. Emergency responders and community

responders are clinically trained to respond to 999 calls across London alongside our staff. Beyond that we have trained thousands of people in life-saving skills and how to use a defibrillator and so they can treat patients until we arrive.

I would also like to thank Jessica Cecil and Robert McFarland who have stepped down from their roles on our Trust Board after many years of dedicated service. I am delighted however to welcome two new Non-Executive Board members – Professor Karim Brohi and Dr Mark Spencer - who will bring immense clinical expertise to their roles. One from the perspective of advanced trauma care, the other from urgent care. They join a Board rich in experience and passion who are helping us improve our processes and how we are run.

All the improvements set out in this report have been driven forward by our Chief Executive Garrett Emmerson. He heads a leadership team of people with exceptional skills, knowledge and experience. Among them are Director of Operations Paul Woodrow who was awarded an OBE in the New Year's Honours list while our Head of Emergency Care Pauline Cranmer received the Queen's Ambulance Service Medal.

Looking back at our achievements of the past year helps us to move forward. We can celebrate our successes while learning from our mistakes and reflect on the work we still have to do.

None of it would be possible without the continuing commitment of our staff but also our partners who are working with us to deliver the best care for those who live in, work in and visit our city.

HEATHER LAWRENCE OBE

2. Chief Executive's Foreword

Following our exit from NHS 'special measures' in May 2018, this has been a year of consolidation for London Ambulance Service, building on an immense amount of work over the last few years by all of our staff, as we continue to face significant challenges.

Like other NHS trusts we are managing increasing public demand while striving to recruit and retain skilled staff. The squeeze on public funding only intensifies the pressure - on our service and the wider NHS.

December and January have been our two busiest months since our records began with crews responding to more than 100,000 999 incidents each month. Demand for our 111 integrated urgent care services is also at record levels. Calls to our south east London service have gone up by 14 per cent in the last year while our north east service answered 67 per cent more calls in March than when it launched eight months ago.

Within that context though, our performance has been consistently among the best in the country. Compared to other ambulance trusts our response times for our most life-threatening emergencies (category 1) continue to be among the fastest. Our south east London 111 service has the best call answering response times in London and the north east London service, the lowest transfer of calls to 999 ambulance services.

However, not all 999 calls require an ambulance. Reducing unnecessary trips to hospital is already a defining part of our strategy. We have developed pioneer services which will help us achieve our aim of reducing the proportion of patients we take to hospital.

These bespoke services for maternity patients, urgent care, mental health patients, elderly fallers and end-of-life care mean we are providing the best possible care for people. They also provide the best

possible value for the tax-paying public. With that in mind, we have delivered a balanced budget, meeting our control total of £4.3 million.

Digital innovation will enable us to make further improvements in care and efficiency. Ambulance crews all have iPads to help them access patient records and stay connected to colleagues. Better use and analysis of our data is enabling us to deliver safe, effective and consistent care for our communities. We are investing in our digital strategy and the possibilities for our staff and our patients are both inspiring and exciting.

Equally ambitious is our goal to increase volunteering and we aim to recruit one per cent of Londoners to become “Life Changers” – in the long term this could create around 100,000 new volunteers.

This year we have also agreed a partnership with South Central Ambulance Service (SCAS) to share learning and best practice. The collaboration will see us work together to procure vehicles, equipment and IT systems.

We are moving forward at a great pace - transforming our 999 emergency service into one that meets the changing and complex needs of our communities. The job of my team is to ensure no one is left behind: our services must be well led and staff must be supported in their demanding jobs - whether they are on the road, in our control rooms and call centres, or working to support these frontline teams.

None of the progress we have made could have happened without the extraordinary people who work at London Ambulance Service. I know I speak for the whole leadership team when I say it was a great honour to see the Service recognised by His Royal Highness, The Prince of Wales when he visited in November. He finished his visit by thanking everyone across all departments for the work they do every day.

It is a sentiment I can only echo as we strive towards becoming a world-class ambulance service for this world-class city.

GARRETT EMERSON

3. About Us

At London Ambulance Service, we answer up to 6000 999 calls and attend more than 3,000 emergencies every day – making us the busiest ambulance service in the UK.

We are the only London-wide NHS trust and employ more than 5,800 people across 83 sites. Our teams serve more than eight million people who live and work in the London area, covering 620 square miles.

Demand for our services increases every year and in 2018/19, we answered more than 1.9 million emergency calls and treated more than 1.2 million patients.

We also deliver 24-hour NHS 111 integrated care services in south east and north east London to help patients whose needs are less severe. The combined services are expected to answer around 1.4 million calls next year.

Our fleet is constantly being developed and we respond in ambulances, cars, motorbikes, on bicycles or by helicopter.

Working across one of the world’s most dynamic and diverse cities presents specific challenges. We therefore work hard to ensure our services are accessible to all Londoners.

INFOGRAPHIC

Our services are contracted by 32 clinical commissioning groups (CCGs) and NHS England. Our work demands close collaboration with hospitals, mental health trusts and other specialist trusts across London. We also work with the five sustainability and transformation partnerships (STPs) across the city.

We are in a unique position to play a leading role in integrating access to emergency and urgent care right across London.

In addition we work and plan with the capital's other emergency services, London's Air Ambulance and London's Resilience Forum to ensure we are ready to respond to major incidents and keep our city safe.

We are governed by a Trust Board, which meets every two months. It is made up of 13 voting members: a non-executive chair, seven non-executive directors, and five executive directors (including the chief executive).

3.1 Our services

To meet the needs of all Londoners requiring emergency and urgent care we provide the following services:

- Taking and prioritising and allocating 999 calls
- 999 emergency and urgent care response
- Clinical telephone advice – providing advice to members of the public with less serious illnesses and injuries
- Dispatching and providing paramedics for London's Air Ambulance
- Non-emergency transport service for patients who do not need clinical intervention during the journey.
- NHS 111 service for south east and north east London
- Planning for, and responding to, large-scale events or major incidents.

Our main role is to respond to 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible. However, many of our patients do not need an ambulance on blue lights and sirens; nor to be taken to hospital. We have a range of clinicians to respond to less critical situations and part of their skill is deciding the most appropriate pathway for their patient.

Frontline services are structured across five sectors of London which gives us the flexibility to respond to local need.

MAP SHOWING OUR SECTORS

3.2 Our vision, purpose and values

We are an ambitious organisation: we want to achieve outstanding care for our patients while providing a rich and supportive workplace for our people. Over the last year, in consultation with our staff, we have developed our vision, purpose and values to give a clear focus to all that we do. They define who we are and set out our direction and standards for transformation.

Vision

Building a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care – on scene, on phone and online.

Purpose

We exist to:

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

Values **SET OUT IN PANELS**

Respectful

- Caring for our patients and each other with compassion and empathy
- Championing equality and diversity
- Acting fairly

Professional

- Acting with honesty and integrity
- Aspiring to clinical, technical and managerial excellence
- Leading by example
- Being accountable and outcomes-orientated

Innovative

- Thinking creatively
- Driving value and sustainable change
- Harnessing technology and new ways of working
- Taking courageous decisions

Collaborative

- Listening and learning from each other
- Working with partners
- Being open and transparent
- Building trust

3.3 Performance Summary

Measure	2018/19	2017/18
Total 999 calls	1,585,488	xxx
Incidents attended	1,140,980 (face to face only)	xxx
Average response time	Category 1 00:06:28	xxx

NHS 111 services		Apr 2017- Mar 2018	Apr 2018-Mar 2019	
Measure	National target	SEL	SEL	NEL**
Total number of calls	-	364,024	415,175	356,659
Average calls per day	-	1000	1141	1474
Calls answered within 60 seconds	95%	322,279 (90%)	337,662 (84%)	253,636 (76%)
Calls abandoned after 30 seconds	No more than 5%	3564 (1%)	8217 (1.9%)	15,614 (4.5%)
Calls referred to 999***	<10%	8.20%	9%	8%

**NEL went live on August 1, 2018

***Calls referred to 999 - covers data until Feb 24, 2019 (for the period 2018-2019)

Finances	2018/19	2017/18
Total Budget	£366.3 million	£364.6 million
Year-end surplus	£6.6 million	£5.7 million

4 Our Patients

4.1 Who we care for

We care for a growing population. The birth rate is high and Londoners are living longer. As the population ages, health needs become more complex and more long-term. Our service has had to adapt to meet the changing demands made of it. As well as providing emergency care, we also respond to urgent care patients.

We have clinicians who are trained to assess, diagnose, treat and refer patients – without them ever needing to go to hospital. We are supported by partners who make it possible to deliver world-renowned healthcare in an ever-evolving environment.

The size, diversity, history and capital status of London brings tremendous opportunities but also creates unique challenges.

4.2 Responding to critical care patients

FURTHER DETAIL ON PATIENT OUTCOMES TO BE ADDED

Critical care patients include those who have experienced cardiac arrest, heart attack, stroke and major trauma. We have specially trained paramedics to treat and assess these patients and ensure they are taken to a specialist unit which is best equipped to treat their condition.

We have now recruited our fourth cohort of critical care paramedics – bringing the total number to 34. Non-clinical staff have also been recruited to support the team.

We have four fast response cars providing 24/7 cover across London, and we are looking to increase this further.

4.3 Responding to urgent calls

Not all the calls we receive are for life-threatening conditions emergencies. These calls are transferred to experienced clinicians in our control rooms to further assess the patient's needs.

We are continuing to invest in this “hear and treat” service and have created a multidisciplinary team to ensure the most appropriate care for callers.

We also have 19 advanced paramedics specially trained to respond to urgent calls. They treat patients at the scene, or in their home, usually avoiding an unnecessary trip to hospital.

The success of our urgent care response has led to pioneer services being developed in maternity, elderly falls, mental health and end-of-life care.



Callers with urgent needs are increasingly using our 111 integrated care service which allows patients to speak to doctors, nurses and pharmacists 24 hours a day. Patients can use this service to book GP appointments and referrals as well as receiving clinical advice.

4.4 Improving care

Quality of care and patient experience remain at the heart of what we do at London Ambulance Service. We have departments whose sole focus is to examine audits and research to improve clinical outcomes. Our Patient Experience Team finds ways to involve the public in our learning and development.

Clinical Strategy Refresh

Our organisational strategy sets out how we intend to deliver our ambitions and goals as an NHS Trust. We refreshed our Clinical Strategy to ensure alignment and enable us to deliver outstanding urgent and emergency care.

At the same time we identified the following drivers:

- The need for a clear clinical career structure for both registered and non-registered clinicians.
- NHSE and College of Paramedic recommendations to establish parity of esteem between urgent and emergency care, including mental health.
- The Carter report identifying areas of potential efficiency improvement to move towards a more autonomous ambulance service able to treat and manage more patients with the aim of avoiding conveyance to hospital where possible.
- A need to broaden the workforce to meet patient demands, including greater use of Allied Healthcare Professionals, advanced paramedics and rotational paramedics.
- The opportunity to more fully embrace modern technology, including electronic patients records (EPCR), Skype, artificial intelligence (AI) and remote working.
- The Association of Ambulance Chief Executives 'Vision for the ambulance service: 2020 and beyond', which outlines the steps for ambulance services to 'reposition' themselves at the centre of urgent and emergency care provision.
- The implementation of NHS England's Ambulance Response Programme (ARP) providing a new framework for assessing performance.

Coordinate My Care

All frontline ambulance crews have iPads which enables them to access the Coordinate My Care app. This gives clinicians up to date information and is in accordance with recommendations made by NHS England and NHS Improvement.

We have worked closely with paediatric units to encourage them to use CMC and have received positive feedback. We are now pushing other healthcare providers to adopt this technology to improve the care provision for all the patients we look after.

Clinical Audit and Research

Our Clinical Audit and Research team has been recognised nationally for its good practice; the implementation of award-winning initiatives; and a varied programme of research. Studies have been undertaken into wide-ranging areas including cardiac arrest, strokes and maternity emergencies.

The team has written more than 10 publications in peer-reviewed scientific journals, such as The Lancet and New England Journal of Medicine, and contributed textbook chapters on evidence-based practice for paramedics. The impact of our work is changing national guidelines, ensuring that innovations in healthcare can be shared across the UK.

Our successful applications for research funding from the National Institute of Health Research (NIHR) mean that we are able to continue this work into 2019/20.

4.5 Patient and public engagement

The people who we care for – and their families – are at the heart of everything we do. By listening to patients and the public we can improve safety and outcomes. By working in partnership with stakeholders, patient focus groups and wider system partners we can ensure communities are empowered to help to shape the future of health services.

London Assembly

This year the London Assembly Health Committee conducted a nine-month investigation into the work of London Ambulance Service. It also commissioned new research and conducted an online focus group to get the views and perceptions of Londoners' about ambulance services.

Both pieces of work fed into a report which aims to strengthen the partnership between the Greater London Authority and London Ambulance Service. We have agreed to report annually to the Health Committee which is particularly interested in us developing effective engagement with Londoners.

The LAS Patients' Forum

The Trust continues to work closely with its Patients' Forum, an independent lay organisation that takes an overview of our work from the perspective of patients and their families. The Forum provides representatives for all our governance committees and its own monthly meetings are hosted at our headquarters, supported by the Patient & Public Involvement Team.

Patients' Forum members meet regularly with our leadership team, our commissioners and other key organisations such as the CQC, to highlight areas of good practice and areas where development is required.

Friends and Family Test (FFT)

The Trust continues to be required to record Friends and Family Test (FFT) responses from "see and treat patients", although the response rate remains low. The total number of FFT responses received

in the period April 2018 to February 2019 was 31. Almost all patients who responded to the question said they would either be “extremely likely” or “likely” to recommend their friends and family to London Ambulance Service if they needed similar care or treatment.

The National Ambulance Service Patient Experience Group is in discussions with NHS England and NHS Improvement, to highlight the limitations of this methodology and discuss alternative methods of engagement. The requirement to record FFT responses will probably end in 2019/20.

Community Engagement Events

Paramedics and ambulance staff have a valuable opportunity to improve the health, wellbeing and outcomes among the more vulnerable people in society.

We are leading the way in delivering preventative interventions and commit to a wide range of public events. Our Public Engagement and Education team was asked to attend 763 events in 2018/19. Of these, the team was able to attend 528: that is 69 per cent of all requests made. This is due to the ongoing support of more than 1,300 staff on our database, with more than 300 individuals taking part in multiple events, often in their own time.

We use a closed Facebook group for staff involved in public engagement as another method of communication and engagement with them. Through this group we provide information about the team and forthcoming events, and staff can post their own ideas and questions for members of the team to answer. This has been extremely successful, and the group has over 700 members.

The Public Education Officers focus mostly on activities involving children and young people, such as awareness sessions on the dangers of using alcohol and other legal highs; careers in London Ambulance Service; and multi-agency road safety events such as Safe Drive Stay Alive and Biker Down. Many of these are carried out with partner organisations.

We have delivered our knife crime presentation to tens of thousands of young people including gang members, ex-offenders and pupils in referral units. There is unprecedented demand for our hard-hitting sessions and we regularly visit secondary schools across London to educate children about the grim reality of carrying knives. We also use these opportunities to teach CPR and other life-saving skills.

We have developed some new resources to support all our educational activities: a book for young children (“Brett and Shudi tell you about the ambulance service”), a 360 degree virtual ambulance which can be shown on an iPad or other tablet device, and a recording of a child making a 999 call.

Staff development and training

The Patient and Public Involvement Team ran a four-day course in November 2018 for staff who volunteer to undertake patient engagement work for the Trust. The course is well-established and updated and adapted each year from the feedback received and the Trust’s changing public education priorities. The course includes skills training (e.g. presentation skills), knowledge (e.g. disability awareness) and self-awareness activities such as an introduction to the Myers-Briggs Type Indicator (personality types).

The Trust Board meetings are held in public and regularly hear a patient story, usually told directly by the patient involved. This helps to ensure patients feel heard by the organisation and provides an opportunity for Board members to hear about patients’ experiences first-hand and for these experiences to provide learning for colleagues across the Service.

5. Our People

We employ more than 5,800 people – our numbers have risen by more than 10 per cent in the last year to keep up with growing demand for our services. With close to 300 volunteer responders, London Ambulance Service has more than 6,000 people helping to keep Londoners safe.

Most of our staff are in direct contact with our patients - whether in ambulances on the road or in our 999 and 111 call centres.

Our frontline crews and call handlers in our 999 and 111 centres could not work without the considerable effort of the people working behind the scenes to support our service. These include those looking after our vehicles, equipment and buildings; IT, finance, education, communications, people and culture and many others.

Our strategy presents opportunities for our employees to extend their skills and experience as well as setting out the need to attract skilled professionals to the service – such as midwives, mental health nurses, pharmacists, GPs and other allied healthcare professionals.

INFOGRAPHIC with following numbers

- 2,148 paramedics
- 1,405 non-registered clinicians (T/EAC, EMTs)
- 500 control staff supporting the 999 call handling service
- Over 300 staff covering our 111 services
- 38 nursing and midwifery staff
- Over 150 staff providing our NETS service

The average length of service with us is eight years but more than a third of staff have worked for London Ambulance Service for more than 10 years.

5.1 Diversity and Inclusion

We are working towards ensuring our workforce reflects the diversity of the population it serves in London. We end 2018/19 achieving the target we set ourselves for 15 per cent of our workforce from Black and Minority Ethnic backgrounds.

Regular discussions are held at our Equality Group and People and Culture Committee to gain views, input and ideas on how to further improve.

Our gender split is 44 per cent female and 56 per cent male and our gender pay report shows that while the Trust is doing fairly well overall, we need to close the gap at the higher levels of the organisation and over bonus payments. We are working to solve these problems, and have set up a working group to investigate this data and to recommend improvements.

We already have a range of family-friendly policies and our maternity policy is being revised. We are training our staff to help them guard against unconscious bias, particularly for more senior posts. We will do all we can to discover and remove the barriers which stop women moving into senior posts. We have a bold Workforce Race Equality Action Plan to address our ongoing challenges in this area. We are also developing an action plan which focuses on disability.

Progress during the year 2018/19 includes:

Co-designing and launching our second Workforce Race Equality Standard Action Plan. This plan goes further than before and we have set out three main themes: Senior Trust Leadership, Workplace Experience and Recruitment and Development.

We have launched two mentoring schemes – Reverse Mentoring and Sponsorship Mentoring, with the latter scheme specifically targeted to support BME colleagues with their progression through the organisation.

We have trained a wide range of colleagues in interview skills to ensure that we have appropriately trained people and can field diverse interview panels.

We have BME representation on all interview panels for senior posts.

Improved the diversity of our non-executive directors.

Refreshed the work of the BME Staff Network so that a programme of work can be planned and delivered.

Launched our Women's Network with the first two events in January and March 2019.

Developed our plans to establish our base data for the Workforce Disability Equality Scheme.

Held "big conversations" about race and bullying and harassment with our senior management group (top 500 people) to support our culture development work.

Engaged with our partner universities to gain their support to improve the diversity of students on paramedic science courses.

Performance against WRES indicators

In 2018/19 we have again reported against eight of the nine WRES indicators and have shown some good progress, with the focus on addressing areas where there is clearly more work to be done:

WRES Indicators		2015/16	2016/17	2017/18	2018/19	Movement
Workforce indicators	Indicator 1: Percentage of staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	BME: 11%	BME 12.7%	BME 13.5%	BME 15%	↑
	Indicator 2: Relative likelihood of staff being appointed from short listing across all posts.	No data	1.7 times more likely to be appointed if white than BME	1.8 times more likely to be appointed if white than BME	2 times more likely to be appointed if white than BME	↔
	Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	No data	BME staff are twice as likely to enter the formal disciplinary process compared to white staff.	BME staff are twice as likely to enter the formal disciplinary process compared to white staff.	BME staff are 1.6 times as likely to enter the formal disciplinary process compared to white staff.	↓
	Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.	No data	No data	No data	Under collection	
National staff survey indicators	Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Difference:	White: 56% BME: 35% 21%	White: 56% BME: 34% 22%	White: 57% BME: 39% 18%	White: 58% BME: 42% 16%	↔
	Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. Difference:	White 38% BME 40% 2%	White: 32% BME: 32% 0%	White: 31% BME: 38% 7%	White: 28% BME: 32% 4%	↓
	Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progressing and promotion. Difference:	White: 63% BME: 42% 21%	White: 74% BME: 57% 17%	White: 62% BME: 47% 15%	White: 68% BME: 51% 17%	↔
	Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues Difference:	White: 13% BME: 25% 12%	White: 9% BME: 18% 15%	White: 11% BME: 19% 8%	White: 10% BME: 17% 7%	↔
	Indicator 9: Percentage difference between the Organisations Board voting membership and its overall workforce. NB. Only voting members of the Board should be included when considering this indicator.	White: 100% BME: 0%	White: 100% BME: 0%	White: 100% BME: 0%	White: 93% BME: 7%	↑
Board representation indicator						

5.2 Recruiting new people

In 2018/19 we recruited over 850 people across our core front line roles. Our overall vacancy rate on 31 March 2019 was 4.6 per cent; an improvement on our 5.9 per cent vacancy rate last year.

We work closely with our partner universities offering paramedic science degrees and have recruited more than 180 paramedic students this year.

We had a successful recruitment trip to Australia and made 202 offers of employment, 88 per cent of whom have graduated. We expect them to start between now and July and from January to March 2020. We have made similar trips for the last few years and now have more than 500 international paramedics working for the Trust, representing a quarter of our paramedic workforce. We have a very strong partnership with Australian universities, employers and other key stakeholders to continue our work to address the shortage of skills in the UK.

We have created extra positions in our 999 control rooms to handle the increasing number of calls we receive. Nearly 170 emergency call handlers have joined our team after an impressive recruitment drive.

We have also completed a restructure across these teams to ensure clarity of role; create clearer career paths; and to improve the terms and conditions of employment on offer.

Progress during 2018/19:

- We have further developed our key workforce planning tool to ensure we managed recruitment in an informed and responsive manner.
- We have collaborated with other ambulance trusts to build a picture of paramedic workforce requirements to inform national discussions on investment required from NHS England and Health Education England.
- We have launched our Strategic Workforce Planning Group to give assurance of a sustainable paramedic-led workforce for Londoners.

5.3 Retaining, developing and supporting our people

We have improved the reporting and analysis of our workforce to understand the nature of turnover across the organisation to design interventions to retain our paramedics and other trained and skilled staff members.

The Trust continues to experience higher than average turnover rates at 11.5 per cent. Retention efforts have focused on our EOC team including: a restructure to address role clarity and lack of progression; the introduction of a part time roster; a range of well-being initiatives to support employees and improve attendance; and the implementation of professional apprenticeship pathways. Other initiatives to improve retention include the new eForms system and more comprehensive use of exit questionnaires.

It is essential people feel they can enjoy a meaningful career within London Ambulance Service. The introduction of our pioneer services has made a major contribution to this and we will continue to better define and evolve career pathways to offer options for progression and training to support retention. We recognise that this work will need further investment as the vision for the NHS Long Term Plan offers increasing opportunities for our people outside the traditional ambulance setting.

Appraisal

Appraisals are essential in developing and retaining employees. They allow managers to improve performance and efficiency by ensuring people develop their potential. Appraisals should also identify training needs and can be an opportunity to spot and nurture talent. At London Ambulance Service, they are treated as a conversation in which the organisation can also learn from the employee.

Everyone has the opportunity for these career conversations which focus on continuous development. We have ensured that 85 per cent of people are able to engage in their appraisal discussion but now we need to ensure the appraisal process is meaningful and translates into culture and behaviour change for the organisation.

We are planning to introduce online appraisals which will improve the way we capture training needs

and career development activities.

The LAS Academy

We launched our internal academy in 2016 and year on year we increase the number of places available for our staff to pursue a paramedic career. We now offer 108 places each year.

The Trust's bursary programme has resulted in 285 staff enrolled into further education courses, supported by Health Education England investment.

Coaching and Mentoring

At London Ambulance Service, we recognise we can boost performance and productivity by empowering our people. Coaching is a proven way to motivate staff and it also leads to increased confidence which in turn increases creativity, learning and knowledge.

We have established a Coaching Steering Group to encourage a coaching style of management and encourage people to develop their leadership style. We have also introduced two mentoring programmes during the year.

The **Sponsorship Mentoring** Programme is focused on supporting the progression of our BME colleagues to improve representation in senior posts.

The **Reverse Mentoring** Programme has been designed to become a vehicle of culture change for the Trust. Mentors come from a variety of roles across the organisation and the mentees – executives and senior managers – develop their knowledge or skill in a certain field. This innovative programme is funded by Health Education England

Induction

Integrating new staff into our organisation is fundamental to ensuring the best workplace experience. We aim to welcome all our people through the induction process: setting them up with an understanding of the Trust's vision and values and ensuring they have all they need to succeed at work. Improvements have been made across the year, including combining clinical and non-clinical staff into one induction event. The Trust has commissioned and completed a project to look at this in greater depth and identify key areas for improvement. The actions identified will be delivered during 2019/20.

Emotional and mental wellbeing

Working in a demanding environment like London Ambulance Service can be stressful and challenging. We continue to develop our LINC Peer Support network led by our in-house psychotherapy specialist and work with our external partners to offer support for the physical and mental wellbeing of our staff. This ranges from physiotherapy to counselling interventions to suit the needs of individual staff members.

Freedom to Speak up

In 2018/19 the Trust:

- Appointed a full-time substantive Freedom to Speak Up Guardian following a competitive recruitment process. This role was appointed to on a part-time basis in July 2018 and became full time in December 2018. The Guardian has monthly 1:1s with the Chief Executive and is able to take an external leadership role as co-chair of the National Ambulance Network of Guardians and part of a supervision research group looking at implementation support for Guardians.

- Ensured that Trust Board members undertook a self-assessment of leadership and governance arrangements in relation to Freedom to Speak Up using the self-review tool provided by NHS Improvement and the National Guardian's Office.
- Developed a Freedom to Speak Up Strategy, that was approved by the Trust Board in September 2018.
- Appointed a network of 20 Freedom to Speak Up Advocates, ensuring that they have received training from the National Guardian's Office
- Implemented a revised communications plan to improve the visibility of Freedom to Speak Up and the Guardian across the Trust, leading to a significant increase in the number of concerns received.
- Begun development and implementation of a detailed improvement action plan to ensure the delivery of the Trust's Freedom to Speak Up Strategy, evidence the Trust's commitment to embedding speaking up and help oversight bodies to evaluate how healthy it's speaking up culture is.
- Continued quarterly Freedom to Speak Up steering group meetings, which since January 2019 have been expanded to take place alongside quarterly Dignity at Work meetings.
- Continued to report quarterly to the Trust Board on the progress of FTSU activities within the Trust.

The Trust's Freedom to Speak Up Strategy has the following 4 themes:

- 1> Engaging senior leaders to ensure the FTSU is given appropriate prominence within the Trust
- 2> Ensuring that all members of staff know and understand about FTSU and the role of the Guardian
- 3> Ensuring that the systems/processes/structures are in place to support raising concerns and responding to these and learning from them
- 4> (With the People and Culture directorate) facilitating cultural change

There has been a significant increase in concerns raised in 2018/19 as a result of increase communications and engagement activity:

Q1	1
Q2	16
Q3	42
Q4	59

5.4 Recognising our people

We continue to recognise the great work of our people across the Service - our annual VIP Awards are a clear example of this.

In 2018/19 there were over 360 members of staff recognised through the award nominations process. The annual employee of the year accolade was open to a Service-wide staff vote.

The event was very well attended and feedback continues to suggest that the VIP Awards remain an important element of the way that staff are recognised for the great work they do each and every day.

We also continue to recognise the day-to-day contributions of staff through internally publishing the names of all those who receive a letter or message of thanks; or reach long-service milestones.

Our Service and our people have also been recognised by our peers, partners and the public. Here are some of the awards and nominations we received:

April 2018:

- London Ambulance Service won an Outstanding Emergency Response award at the European Emergency Number Association annual conference. We were honoured alongside London Fire Brigade and the Metropolitan Police Service for our exceptional work in responding to the tragedies of 2017.

May 2018:

- Paramedics James Lafferty and Caroline Appleby and emergency ambulance crew Sherridan Best won the Emergency Lifesavers Award at ITV's NHS Heroes award ceremony for saving the life of Britain's youngest gunshot victim.
- Clinical team leader Jim Bradley from Wimbledon was named VIP Employer of the Year for "going above and beyond" to support his colleagues.

June 2018:

- London Ambulance Service won the award for Best Use of ESR at the Healthcare People Management Awards.
- Paramedic Natalia Croney was awarded a High Commendation from Metropolitan Police Commissioner Cressida Dick after helping detain an armed man.
- Higher education programme manager Paul Bates received a Fellowship to the College of Paramedics for his outstanding contribution to the professional body and to the education and development of the paramedic profession.

September 2018:

- The Service was shortlisted as NHS Trust of the Year in the HSJ Awards. We were the only ambulance trust to be nominated in this category.

January 2019:

- Director of Operations, Paul Woodrow, was awarded an OBE in the Queen's New Year's Honours List for his services to NHS leadership.
- Pauline Cranmer, Head of Emergency Services Care, received the Queen's Ambulance Medal for distinguished service.

February 2019:

- Dispatcher Amanda Cassidy won the honour for Services to the Public in the APD Control Room Awards for her brave work in educating young people about knife crime.
- London Ambulance Service was shortlisted alongside London South Bank University in this year's Student Nursing Times Awards for Student Placement of the Year: Community.

March 2019

- Board member Jayne Mee was invested into the Order of St John for services to St John Ambulance.

5.5 Staff survey results

We had the highest ever response rate to our 2018 NHS Staff Survey which was sent to everyone to complete online. The number of completed questionnaires was 65 per cent – an 11 per cent increase on last year and significantly higher than any other service in the country but we are aiming for an

even higher response rate.

The survey revealed significant improvements including:

- Freedom to Speak Up
- bullying
- effective feedback
- fair treatment of staff after an incident
- senior management communication
- recognition for good work

We have provided a 24-hour telephone number alongside the Datix system to make it easier to report incidents. Through Datix, staff are now receiving feedback on the incidents and team leaders and managers can respond directly.

Over the last year there have been several initiatives to improve communication between senior management and staff as well as empowering more people to be involved in decision-making. This has included regular senior manager meetings, CEO roadshows twice a year, weekly CEO video updates and Facebook live sessions.

However we still have some way to go. Staff Survey Champions are trying to boost engagement through improvement groups, discussion forums and suggestion boxes. Some also produced newsletters and held activities locally to encourage better communication. Recognition for good work has increased through schemes put in place by champions to say thank you and celebrate staff anniversaries on time.

Of the 34 staff survey questions, the top 10 with the highest percentage difference are listed below, as well as the historical data for the last four years.

Most improved from last survey	2014	2015	2016	2017	2018	2017-18 change
Q17d. Staff are given feedback about changes made in response to reported incidents	-	31%	43%	45%	54%	+ 9%
Q17a. Organisation treats staff who are involved in an error, near miss or incident fairly	-	30%	45%	44%	53%	+ 9%
Q21c. Would recommend organisation as a place to work	19%	29%	42%	42%	50%	+ 8%
Q4g. There are enough staff at this organisation	10%	15%	23%	24%	31%	+ 7%
Q5a. Satisfied with recognition for good work	19%	23%	32%	29%	36%	+ 7%
Q9b. Communication between senior management and staff is effective	15%	17%	26%	24%	31%	+7%
Q9c. Senior managers try to involve staff in important decisions	12%	13%	23%	19%	26%	+7%
Q14. Organisation acts fairly: career progression	55%	60%	72%	59%	66%	+7%
Q17c. When incidents are reported, the organisation takes action to ensure that they do not happen again.	-	38%	50%	52%	59%	+ 7%
Q18c. Would feel confident that organisation would address concerns about unsafe clinical practice	33%	34%	49%	49%	56%	+7%

Our staff think highly of the care we give, feel increasingly confident that they can raise issues and are becoming more positive about their immediate managers. However only half our staff would recommend London Ambulance Service as a place to work.

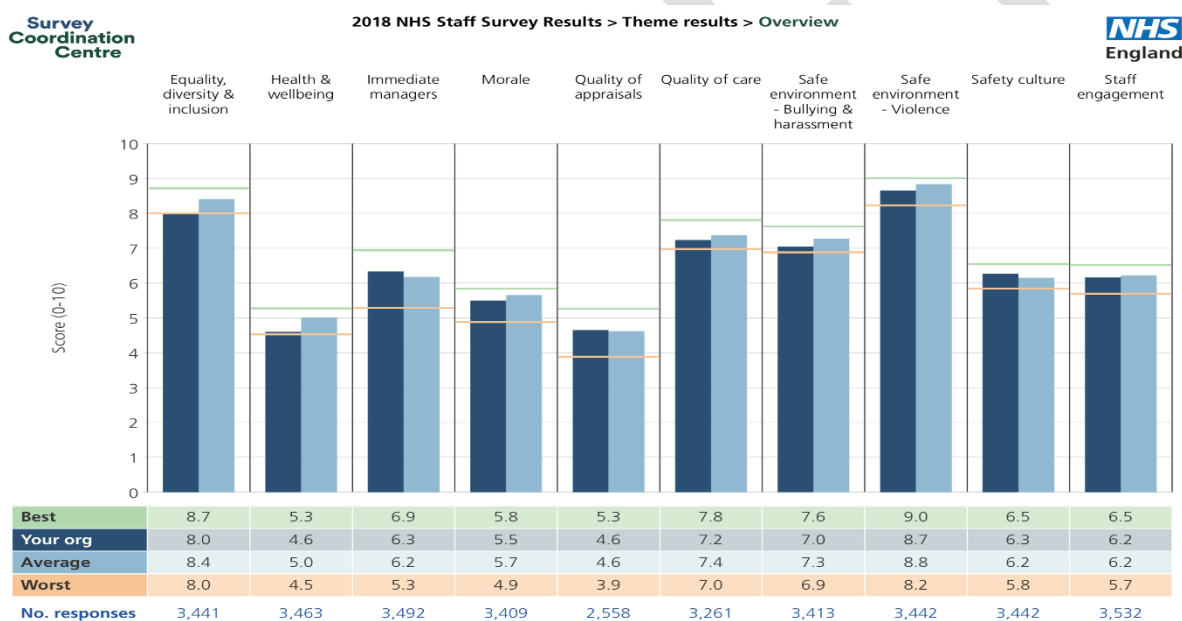
Change is not happening fast enough in the areas that matter to our people. We have recognised that managers need to be more consistent in dealing with welfare and wellbeing. Urgent work is being done to improve staff morale; and health and well-being. Every effort is being made to eradicate bullying culture once and for all.

We have made a commitment to ensure we live the visions and values of the Service every day. This means empowering people to challenge behaviour and give honest feedback; we have developed courses to improve communication and given extra training to managers.

Our Dignity At Work week helped to raise awareness of how seriously we take bullying and we have employed experts to develop this further.

London Ambulance Service needs to be an environment where staff feel valued and listened to and crucially, safe. As mentioned earlier, while we have increased the quantity of appraisals, the quality of appraisals must also rise if they are to be meaningful.

Analysis of feedback through ten key themes shows while we are bottom in one of these indicators, we are above average or average in four areas. The graph below sets out the analysis which shows there is still significant work to do if we want to be an employer of choice in the ambulance sector



5.6 Volunteers

We are grateful to all our volunteer responders who have committed more than 23,000 hours of their own time to support our teams.

We have three different types of volunteer responder:

- **Emergency Responders** – 131 clinically-trained volunteers responding on blue lights alongside ambulances to 999 calls.
- **Community First Responders** – approximately 150 defibrillator-trained St John Ambulance volunteers responding to 999 calls in their own car alongside ambulances.
- **Volunteers at public-access defibrillator sites** – people who work at the 750+ public locations with defibrillators and are trained to respond to emergencies and use the machines while an ambulance is on the way.

Emergency responders

This year Emergency Responders (ERs) were issued the national standard ambulance uniform; a standardisation in their recruitment; and access to the same e-learning opportunities that all members of London Ambulance Service have. We have also created a monthly ER communications bulletin, rostering system and dedicated intranet pages, ensuring their positions are embedded within our organisation.

We have converted ERs and Community First Responders' training to a FutureQuals Ambulance Service First Responder qualification, increasing their skillset and ability to assess patients with new equipment.

Additional charitable funds have paid for three new replacement response vehicles and training for five ER blue-light drivers.

Public defibrillators

Our Cardiac Arrest Report shows the survival rate for patients defibrillated before an ambulance crew arrives dramatically contributes to a patient's successful recovery.

The long-held ambition to have defibrillators available at all London Parkrun sites was finally realised. The individual sites fully funded this project.

We trained London black cab drivers in basic life support skills and fitted vehicles with defibrillators for a pilot scheme we trialled this year.

We developed a scheme, called Teach the Beat, to recruit and train volunteer trainers to deliver our life support skills course. The scheme is a natural extension of the work we do to increase the number of accredited defibrillator sites across the capital.

6. Our Partners

One of our three themes in our strategy is: "collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners." We want to continue to develop collaboration, partnerships and innovation across the full range of public services in London and will support all opportunities to improve patient outcomes and experiences and improve public value.

6.1 Our NHS partners

We work in a complex NHS system where we regularly collaborate with many partners. As the only pan-London NHS provider trust we believe we can be an integral partner in the development of the urgent and emergency care sector in London. We work closely with London's five STPs to improve the delivery of care to our patients as the STPs evolve into Integrated Care Systems (ICS).

We continue to work with the 32 CCGs in London who commission our 999 services, led by Brent CCG as the lead commissioner. We meet regularly with the CCG representatives to discuss how the different services they commission interact with each other; how we can better use the care pathways available to us; where those pathways work well; and where we struggle to access them.

We are also working increasingly closely with other NHS provider organisations to investigate how we can collaborate to provide the best possible care for our patients. We have started work with mental health trusts to ensure patients with mental health needs are treated in the most appropriate way and in the most appropriate setting. We also work with community healthcare

trusts and acute hospital trusts to ensure our plans are aligned and we are all working together on joint initiatives and priorities.

6.2 Working with our emergency services partners

We work closely with the other emergency services to keep Londoners safe and enable us to work efficiently and effectively. While we have a very clear responsibility to respond to major incidents together, we routinely work in collaboration on several initiatives. We have office space at London Fire Brigade's headquarters in Union St and share some space at fire stations. We are investigating whether there are more opportunities to work like this and what the benefits might be.

6.3 Working with London's public services

We have a close relationship with the Mayor of London and the London Assembly and regularly discuss how we can work together for the benefit of the people who live, work and travel in London. We also work with London's Local Authorities to ensure any developments or plans at a local level include an assessment of the impact that they might have on our ability to respond to patients.

6.4 Working with South Central Ambulance Service

London Ambulance Service and South Central Ambulance Service have agreed to formally work together in response to the Carter review into productivity. We have formed an alliance to identify and assess opportunities to improve services, expand capacity, achieve efficiencies, increase value for money and lead the digitisation of healthcare provision in the urgent and emergency care. Two joint executive team meetings have been held where overviews of the two Trusts' positions have been discussed and challenges identified, allowing directors to identify areas where collaboration will be most beneficial.

These meetings have also allowed the development of Joint Collaboration Principles which set out our intent to share expertise and best practice; and collaborate with a view to reduce costs, accelerate operational/clinical/financial improvements and performance, and maintain/improve the quality of services being provided to patients.

7. Our Public Value

The Trust is committed to providing the best possible value for the tax-paying public, who pay for what we do. We must balance our budget and invest in the service developments necessary to improve our operational productivity. This allows us to play our part in creating a sustainable NHS by reducing our costs per incident in each year. This has meant a robust focus on the review of all budgets to ensure they are fit for purpose, and money is directed towards the most valuable activities. We have also developed and prioritised activities which will deliver a positive return on investment in the future – like investing in electric vehicles. This will maximise the public value of our service in the medium term.

In 2018/19, the Trust delivered a strong final performance and improved the efficiency and value of the services we provide to the public. We have delivered a balanced budget, meeting our control total of £4.3m. This has helped maintain our use of resources rating of 1 – the best rating NHS trusts can achieve. Additionally, we have delivered the entirety of the capital plan, improving on the position of previous years. This has included significant upgrades to our existing fleet, improvement of our estate and laying the foundation for a more technology-driven organisation that will yield significant efficiencies for years to come.

The Trust has also put in greater controls to address agency expenditure and held a major recruitment drive to replace temporary corporate staff with a permanent workforce. We have seen a

reduction in the use of agency in the last quarter of the year and we should stay within our agency ceiling for 2019/20.

The Trust has also delivered its 2018/19 service development programme to budget.

7.1 Efficiency achievements

To deliver a sustainable NHS, all providers are required to find efficiency savings: to allow the health service's budget to provide more care for more patients each year. The efficiency and productivity programme delivered £12.3 million or 3.2 per cent of overall income.

A Quality Impact Assessment policy was updated and approved by the Executive Leadership Team at the beginning of the year. This provided the necessary assurance to the Trust Board that efficiency savings were made without compromising quality and safety. Most of these schemes involve more efficient deployment of operational staff alongside a focus on improving contract arrangements and better control of clinical consumables.

7.2 Carter Review and Recommendations

As referred to in the previous section, Lord Carter of Coles published his review '*Operational productivity and performance in English Ambulance Trusts: Unwarranted variations*' in September 2018. The report highlighted the potential opportunity to save £200m in productivity and efficiency benefits by 2020/21, by reducing variation across the 10 ambulance trusts. The review also proposed that tackling avoidable conveyance to hospital and reducing pressure on emergency departments and wards would save a further £300m.

The Trust found many of the recommendations in the Carter review matched those set out in our five-year strategy as well as identifying key challenges and actions for the Trust. As well as our collaboration with SCAS, we have embarked upon a range of initiatives which include reducing avoidable conveyances; upskilling the paramedic workforce to increase "see and treat" rates; increasing clinical effectiveness in clinical hubs; and increasing opportunities for patients to be conveyed to alternative care pathways.

8. Quality and performance

Our focus on the quality of clinical care and patient experiences ensures that we continuously improve our services. Quality drives the direction of our work and puts patients at the centre of everything we do.

We use key performance indicators (KPIs) to measure our quality of care, as well as for response times and finances.

Progress is monitored by our Board, sub-committees and the management team; and findings are published in our board papers which are available at meetings and on our website.

8.1 Quality matters

London Ambulance Service was rated "good" and the care we give to patients was judged to be "outstanding" by Care Quality Commission (CQC) inspectors in May. This gave assurance to our regulators that we could be taken out of special measures.

We are striving for an "outstanding" rating for all our sites and services by 2020. To achieve this, we have delivered a comprehensive action plan based on the CQC inspection findings and established our own quality priorities.

Those priorities focused on patient safety, patient experience and effective care. We set ourselves goals for each of those areas and made significant progress. This has improved outcomes for our patients and staff. We will strive to maintain this through our quality improvement plans for 2019-20 and beyond.

Quality Improvements in 2018/19

- Introduced Sector Senior Clinical Advisors to address quality, clinical effectiveness and supervision and compliance against quality and performance standards.
- Recruited a risk manager to strengthen and embed our risk management systems and processes and ensure staff are trained to understand risk management.
- Implemented the Health Assure system to allow 'real-time' monitoring of quality standards.
- Cut the number of hours lost in handover delays by working closely with emergency departments.
- Implemented secure drug rooms across all sectors.
- Increased the number of defibrillator data downloads from five per cent to 20 per cent to improve management of cardiac arrest patients.
- Completed independent review of training across the organisation.
- Developed new quality indicators which are being reported through performance scorecards
- Agreed our Quality Improvement training programme and have already trained 55 people in this methodology.
- Completed roster review to better meet the organisation's resourcing requirements and enhance the working lives of our staff.

8.2 999 Performance

This is our first full year of working within the Ambulance Response Programme (ARP) which changed the way we categorise our calls in an attempt to improve outcomes by prioritising patients with the greatest need. ARP is about ensuring the right response first time: in practise this means immediately dispatching a double-crewed ambulance to the most seriously ill or injured patients, where previously we might have sent a single responder in a car. The ARP response costs more than the previous way of working.

The main 999 performance indicators measure how quickly we reach patients following a call. Under ARP, all 999 calls are given a category which are defined as follows:

- *Category 1 (Life Threatening)*: A time critical life-threatening event requiring immediate intervention or resuscitation.
- *Category 2 (Emergency)*: Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.
- *Category 3 (Urgent)*: An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.
- *Category 4 (Less-Urgent)*: Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.
- *Category 5 (Non-Urgent)*: A non-urgent problem which requires home-management advice.
- *HCP 1-4 Hours*: A referral is received from a healthcare professional who requires an ambulance for a patient at a time to be agreed within the next one to four hours.

999 Performance April 2018 – March 2019

The table below shows how many calls we received in each category:

Category	Apr 2018 - Mar 2019
Category 1	128,505
Category 2	685,295
Category 3	243,937
Category 4	15,972
Category 5	28,304
Health Care Professional (HCP) 1-4 Hours	39676
Total Calls for face to face incidents	1,141,695
Hear and Treat Calls	87171
Total Activity	1,228,866

Response times by call category

Category	National Performance Standards	Apr 2018 - Mar 2019	No. of incidents
Category 1	7 minutes mean response time	00:06:28	128505
	9 out of 10 people reached in less than 15 minutes	00:10:45	
Category 2	18 minutes mean response time	00:19:16	685298
	9 out of 10 people reached in less than 40 minutes	00:39:29	
Category 3	60 minutes mean response time	00:53:51	243942
	9 out of 10 people reached in less than 120 minutes	02:09:47	
Category 4	9 out of 10 people reached in less than 180 minutes	01:19:27	15972
Category 5	previously known as C4H	no national target	28305
HCP 1-4 Hours	1-4 hours response is agreed in response to a call from a healthcare professional (HCP)	no national target	39676
Category O	Other Category – This is an overhang from pre ARP and has now been removed		6
	Face to Face incidents all categories		1141704
	Hear and treat incidents		86,607
	Total incidents		1228311

Comparison with other ambulance trusts

A national ambulance services balanced scorecard was introduced to monitor how Trusts are meeting ARP targets. This scorecard involves weekly reporting of 13 key metrics, including call category response standards; call answering times; time to arrival for Category 1 calls; and the number and nature of serious incidents.

Our performance in 2018/19 has been consistently among the best in the country. The Trust is frequently best in class for the Category 1 mean and 90th centile measures.

Winter planning and performance

Our preparations for winter pressures in 2018/19 were some of the most detailed we have ever done and helped to ensure that our performance remained strong despite very heavy pressure on our services and the wider NHS. Throughout the winter period we worked closely with NHS England, NHS Improvement, hospitals, clinical commissioning groups and other providers. We worked with hospitals to improve handover times and had a representative in NHS England's "Winter Room" to support planning across the whole of London. December 2018 was the Trust's busiest month on record (responding to over 101,000 face to face patient incidents) however the Trust performed significantly better this December than the same period last year.

111/Integrated Urgent Care performance

NHS 111 services across England are staffed by fully trained health advisors (non-clinicians) who will advise around 70-80 per cent of patients to contact a clinician, known as signposting. This could be advising: calling 999; visiting an Accident & Emergency (A&E) department; speaking to a GP, dentist or pharmacist. Around 20 per cent of callers will be given self-care health advice.

However, we have developed our 111 services to be able to give complete care. Our integrated urgent care (IUC) services – one in North East London (NEL) and the other in South East London (SEL) – are fundamentally changing the way patients can access health services. Patients can be given advice, a prescription, or an appointment for further assessment or treatment. As many calls as possible to NHS 111 will involve consultation with an appropriate clinician within the call centre, reducing the need for referral or additional signposting. This results in more patients being offered self-care advice, fewer ambulance journeys and A&E attendances.

The IUC clinical assessment service (CAS) contains a multidisciplinary clinical team with GPs available 24 hours a day. GPs are supported by advanced practitioners, pharmacists, dental nurses, mental health nurses, palliative care nurses and pathways clinicians. Health advisors are assisted by a triage tool to identify which clinician needs to assess the patient in a timely manner. This call streaming is expected to identify the needs of approximately 75 per cent of patients who need clinical consultation. The other 25 per cent are often calling for simple health information (for example local pharmacy location and opening times) and will not be forwarded to clinicians in line with the "consult and complete" model. Around 34 per cent of the patients who need clinical consultation can expect to have their needs resolved directly through the IUC CAS service.

The model for an IUC CAS requires access to urgent care via NHS 111, either on a free-to-call telephone number or online, providing:

- triage by a health advisor
- consultation with a clinician using a Clinical Decision Support System (CDSS) or an agreed clinical protocol to complete the episode on the telephone where possible
- direct booking post clinical assessment into a face-to-face service where necessary
- electronic prescription
- self-help information delivered to the patient.

The key performance measures are the percentage of calls which are answered within 60 seconds, calls abandoned after 30 seconds and calls which had to be referred to 999. The table below summarises our IUC performance in 2018/19 however it should be noted that our NEL IUC went live in August 2018 so there is no comparison data for 2017/18. The comparison data is available for SEL as we managed the SEL 111 service in 2017/18 before the SEL IUC went live in February 2019. SEL has seen an increase in calls which has led to a reduction in our call answering performance, but we are continuing to work to improve this.

		Apr 2017- Mar 2018	Apr 2018-Feb 2019	
Measure	National target	SEL	SEL	NEL **
Total number of calls	-	364,024	376,731	303,920
Average calls per day	-	1000	1131	1440
Calls answered within 60 seconds	95%	322,279 (90%)	310,539 (85%)	211,343 (74%)
Calls abandoned after 30 seconds	No more than 5%	3564 (1%)	6870 (1.8%)	14,579 (4.8%)
Calls referred to 999***	<10%	8.20%	9%	8%

**NEL went live on August 1, 2018

***Calls referred to 999 - covers data until Feb 24, 2019 (for the period 2018-2019)

Comparison with other NHS 111 providers in London

There are five providers of 111 services across eight areas in London. We consistently deal with more 111 calls without needing to dispatch an ambulance or recommend A&E. In respect of referrals to 999, NEL is the top performing provider in London in respect of this national standard, indicating the benefits of a CAS. The Trust does however continue to work to make improvements to its call answering times and to reduce the number of abandoned calls.

8.3 Financial performance

Our financial performance in 2018/19 is detailed in the financial statements of this report. Overall, we finish the year in a positive financial position with a surplus of 1.8 per cent of our budget. During the year we invested £21.5m on capital to modernise our fleet, IM&T systems and Estate.

	2018/19	2017/18
Total Budget	£366.3 million	£364.6 million
Year-end surplus	£6.6 million	£5.7 million

8.4 Fleet

INFOGRAPHIC TO SHOW WHAT WE ADDED TO OUR FLEET THIS YEAR

- 88 double crewed ambulances, 112 being built
- 60 fast response cars
- 20 fully-electric cars for local group managers
- 14 Hazardous Area Response Team vehicles
- 29 motorcycles
- 8 logistics vans
- 7 advanced paramedic vans being customised

8.5 Sustainability

We are committed to making improvements in all aspects of environmental performance, recognising that reducing our carbon impact is critical for the communities we serve, for patients, our finances, our city, and the planet.

The flexibility of our Make Ready system has changed the way we clean our vehicles which has saved water and the amount of chemicals we use.

We have worked hard to improve our supply chain and remove unnecessary deliveries of medical equipment, consumables and medical gases improving resilience, reducing stock and removing waste.

We have developed new vehicle-based medical kit bags which will be packed locally by Make Ready teams, again reducing unnecessary movement of materials across London.

Around 80% of the Trust's carbon footprint is generated by our fleet. In 2018, we worked with external providers to develop a bid to build the first zero emission capable ambulance but unfortunately were unsuccessful. We are now working with NHSI to try to achieve this.

We use around four million litres of diesel every year but reducing this is a priority. We have introduced much cleaner and less polluting ambulances to replace the aging fleet that was decommissioned. Taking the national ambulance specification, we are in the final stages of defining the specification for the Driver Safety and Security system and this will support a more effective operation and management of our vehicles. This will improve safety for our staff and patients, and also control the speed of vehicles when not responding to an emergency, saving fuel and reducing the most harmful emissions.

More than half of our ambulances (52 per cent) meet the standards of the new Ultra-Low Emission Zone (ULEZ). This year that will increase to 72 per cent and we plan to replace all non-compliant ambulances by 2023. From 8 April 2019, all vehicles deployed in the Mayor's new ULEZ zone will comply with the standard. We have a Memorandum of Understanding in place to ensure our response vehicles are not charged under ULEZ while we upgrade to a fully compliant fleet.

We have been looking at opportunities to introduce electric and hybrid vehicles wherever possible and are currently testing a BMW i3 range extended car for use by specialist staff. Our motor cycle response team have also trialled a zero emissions motor bike.

Our fleet management team have deployed 20 fully electric vehicles into the fleet with Local Group Managers. They managed to finish the blue light conversion on a test vehicle without using an additional power source. Charging infrastructure is being rolled out across the Trust and we are hoping to share this with City Hall, the Metropolitan Police Service, London Fire Brigade and Transport for London.

8.6 EU Exit

We set up a task group to work on EU Exit preparedness and ensure there would be no disruption in our service to patients in the event of no deal.

This involved analysing any potential risk to our suppliers and our workforce. We found no areas of high risk but have continued to monitor the situation.

We have worked with colleagues in the wider NHS to ensure we can continue caring for Londoners under all EU Exit scenarios.

The impact on front line staffing is considered minimal as we only employ 168 people from the EU. The Trust has made arrangements to allow staff special leave to make any necessary applications under the EU Settlement Scheme.

8.7 Risks and continuing challenges

We manage risk through our corporate risk registers, board assurance framework and risk management policy. The board assurance framework and corporate risk register are presented at Trust Board meetings, and further scrutiny is applied at Quality Governance and Audit Committees. The risk register is reviewed in detail by our Executive Leadership Team each month. Risk Management is an integral part of our approach to continuous quality improvement and supports delivery against key performance indicators. Full details can be found in our annual governance statement.

8.8 Anti-bribery/ anti-slavery

The Trust does not tolerate any form of fraud, bribery or corruption by its employees, partners or third parties acting on its behalf. We investigate allegations fully and apply sanctions to those found to have committed a fraud, bribery or corruption offence. The Trust contracted its internal audit provider to provide its local counter-fraud specialist (LCFS) services in accordance with Secretary of State Directions. The Board's Audit and Risk Committee formally approves the counter-fraud annual workplan and progress reports are provided to the committee at each of its meetings.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). The Trust fully supports the government's objectives to eradicate modern slavery and human trafficking and encourages its staff to pursue training, such as the one developed by Health Education England to train NHS staff, and direct its staff to further resources available.

9. Developing our five-year strategy

This year we carried out our most ambitious and wide-reaching engagement exercise involving patients, staff and partners to devise our five-year strategy. It resulted in a plan which will transform the way we work and allow us to best meet the urgent and emergency care needs of the people who live and work in London and those who visit our city. With demand for our services increasing, it was essential that all our changes and improvements be done in the most cost effective way.

THE ONE PAGE SUMMARY SHOULD FIT FULL PAGE



9.1 Implications of the Long Term Plan

In January 2019, NHS England (NHSE) published its new long term plan which outlines a range of ambitions and commitments covering the next ten years. We have already started working with London's STPs to analyse the key implications and how we can work to deliver the desired changes and improvements over the coming years.

We welcome the plan for its ambition and the focus on improving patient outcomes. We recognise the challenges but are pleased to see it aligns with our own strategy of reducing pressure on acute NHS services. We are working to incorporate its commitments into our own planning and deliver its aims alongside those of our own strategy.

The new model for the NHS – Integrated Care Systems

By April 2021, each STP will have evolved into an Integrated Care System (ICS), which will have overall commissioning responsibility for all services within their locality. We are working with commissioners and STP colleagues to identify the most effective way of commissioning and planning our pan-London urgent and emergency care service within this new setup.

Boosting out-of-hospital care

Improving care while keeping patients out of hospital is a key part of the long term plan. We welcome commitments to improve community based urgent care services and additional support for people living in care homes. Crucially, the long term plan commits to developing Primary Care Networks which will provide a multidisciplinary approach to community care, seeking to improve prevention activities and enhance public health.

Pre-hospital care

The plan puts ambulance services at the centre of the urgent and emergency care system. It focuses on the development of a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, 999 services and GP out-of-hours services. As an existing 111 provider and with an

ambition to play an increasingly prominent role in the urgent and emergency care sector, we will be working with commissioners to develop this service.

We also welcome the commitment within the plan to provide more consistent Urgent Treatment Centre provision which will enable our crews to take patients to the most appropriate place for their care.

Mental health provision

Improving care for patients with mental health needs is a priority of the long term plan. London Ambulance Service is already providing many of the services listed for development in the plan. For example, the plan commits to a 24/7 mental health crisis response by 2020/21. We are already working with London's mental health trusts to see how we can work in collaboration to best provide emergency mental health services.

Digital and Technology

Digital and technological innovation is at the heart of many of the desired improvements. We are already working with NHS Digital and are continuously looking to improve our digital infrastructure. Ensuring our crews have access to comprehensive patient notes will allow them to make the best decisions and provide the best quality of care for patients.

Next Steps

We will continue to work with STPs and other partners to respond to and implement this new long term plan. Supporting documents and plans will be produced by NHSE over 2019 and we will incorporate all of these into our own planning and strategy.

SECTION TWO – ACCOUNTABILITY REPORT

10. Annual Governance Statement - PROVIDED SEPARATELY

11. Remuneration Report

Our Remuneration and Nominations Committee consists of the Chairman and the six Non-executive Directors. The Chief Executive is usually in attendance but is not present when their own remuneration is discussed.

The Remuneration and Nominations Committee is responsible for advising the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors. It makes recommendations to the Board on all aspects of salary, provisions for other benefits (including pensions and cars), as well as arrangements for termination of employment and other contractual terms.

In formulating their recommendations to the Board, the Committee takes into account a number of factors, including the requirements of the role, the performance of the individuals, market rates, affordability, and the NHS Very Senior Managers Pay Framework.

Executive directors are subject to normal terms and conditions of employment. They are employed on permanent contracts which can be terminated by either party with six months' notice.

Their performance is assessed against individually set objectives and monitored through an appraisal process.

For the purposes of this report, the disclosure of remuneration to senior managers is limited to our executive and non-executive directors. Details of remuneration, including salaries and pension entitlements, are published on pages 2 to 5.

Banded Remuneration analysis

The banded remuneration of the highest paid director in the London Ambulance Service in the financial year 2018/19 was in the range of £210,001 to £215,000 on an annualised basis. The pay multiplier in 2018/19, based on annualised salary, was 5.92 times the median remuneration of the workforce, which was £35,865. In 2017/18, the banded remuneration of the highest paid director was £210,001 to £215,000. The pay multiplier in 2017/18, based on annualised salary, was 5.61 times the median remuneration of the workforce, which was £36,504.

In 2018/19, one (2017/18, one) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £285,001 to £290,000 (2017/18 £285,001 to £290,000).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The change in ratio was due to:

- Increase in pay received by highest paid director in 2018/19 compared with 2017/18.
- The reduction in overtime being worked by frontline staff in 2018/19 compared with 2017/18.

The appointment and remuneration of the Chairman and the non-executive directors are set nationally. Non-executive directors are normally appointed for a period of four years and usually serve two terms in office.

The information contained below in the Salary and Pension Entitlement of Senior Managers has been audited by our external auditors.

Salary and pension entitlements of senior managers

A) Remuneration 2018/19

Name and Title	Salary (bands of £5,000) £'000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Heather Lawrence, Chairman	£35,001-£40,000	£0	£0	£0	£0	£35,001-£40,000
Jessica Cecil, Non-Executive Director (from 1 st April 2018 to 28 th February 2019)	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Robert McFarland, Non-Executive Director (from 1 st April 2018 to 28 th February 2019)	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
John Jones, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Fergus Cass, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Theo de Pencier, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Sheila Doyle, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Jayne Mee, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Amit Khutti, Associate Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Karim Broki, Non-Executive Director (from the 1 st March 2019)	£0-£5,000	£0	£0	£0	£0	£0-£5,000
Mark Spencer, Non-Executive Director (from the 1 st March 2019)	£0-£5,000	£0	£0	£0	£0	£0-£5,000
Garrett Emmerson, Chief Executive	£205,001-£210,000	£0	£5,001-£10,000	£0	£0	£210,001-£215,000
Lorraine Bewes, Director of Finance and Performance	£130,001-£135,000	£0	£0	£0	£0	£130,001-£135,000
Paul Woodrow, Director of Operations	£125,001-£130,000	£7,100	£0	£0	£10,001-£12,500	£135,001-£140,000
Fenella Wrigley, Medical Director	£110,001-£115,000	£4,700	£0	£0	£0	£115,001-£120,000
Patricia Bain, Chief Quality Officer	£125,001-£130,000	£0	£5,001-£10,000	£0	£0	£130,001-£135,000

A) Remuneration 2017/18

Name and Title	Salary (bands of £5,000) £'000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Heather Lawrence, Chairman	£35,001-£40,000	£0	£0	£0	£0	£35,001-£40,000
Jessica Cecil, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Robert McFarland, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
John Jones, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Fergus Cass, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Theo de Pencier, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Sheila Doyle, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Jayne Mee, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Amit Khutti, Associate Non-Executive Director	£0-£5,000	£0	£0	£0	£0	£0-£5,000
Garrett Emmerson, Chief Executive (from 30 May 2017 to 31 March 2018	£170,001-£175,000	£0	£0	£0	£0	£170,001-£175,000
Andrew Grimshaw, Acting Chief Executive (from 1 April 2017 to 29 May 2017) and Finance Director (from 30 May 2017 to 16 June 2017)	£30,001-£35,000	£0	£0	£0	£37,501-£40,000	£70,001-£75,000
Lorraine Bewes, Director of Finance and Performance (from 17 June 2017 to 31 March 2018)	£100,001-£105,000	£0	£0	£0	£0	£100,001-£105,000
Andy Bell, Acting Director of Finance (from 1 April 2017 to 31 May 2017)	£20,001-£25,000	£0	£0	£0	£12,501-£15,000	£30,001-£35,000
Paul Woodrow, Director of Operations	£115,001-£120,000	£7,100	£0	£0	£10,001-£12,500	£135,001-£140,000
Fenella Wrigley, Medical Director	£105,001-£110,000	£4,700	£0	£0	£12,501-£15,000	£125,001-£130,000
Patricia Bain, Chief Quality Officer	£120,001-£125,000	£0	£0	£0	£0	£120,001-£125,000

Salary and pension entitlements of senior managers (continued)

B) Pension benefits

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2018	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019
Heather Lawrence, Chairman	**	**	**	**	**	**	**
Jessica Cecil, Non-Executive Director (from 1 st April 2018 to 28 th February 2019)	**	**	**	**	**	**	**
Robert McFarland, Non-Executive Director (from 1 st April 2018 to 28 th February 2019)	**	**	**	**	**	**	**
John Jones, Non-Executive Director	**	**	**	**	**	**	**
Fergus Cass, Non-Executive Director	**	**	**	**	**	**	**
Theo de Pencier, Non-Executive Director	**	**	**	**	**	**	**
Sheila Doyle, Non-Executive Director	**	**	**	**	**	**	**
Jayne Mee, Non-Executive Director	**	**	**	**	**	**	**
Amit Khutti, Associate Non-Executive Director	**	**	**	**	**	**	**
Karim Broki, Non-Executive Director (from 1 st March 2019)	**	**	**	**	**	**	**
Mark Spencer, Non-Executive Director (from 1 st March 2019)	**	**	**	**	**	**	**
Garrett Emmerson, Chief Executive	*	*	*	*	*	*	*
Lorraine Bewes, Director of Finance and Performance	*	*	*	*	*	*	*
Fenella Wrigley, Medical Director	£0-£2,500	£0-£2,500	£35,001-£40,000	£80,001-£85,000	£667,855	£0	£660,242

Paul Woodrow, Director of Operations	£0-£2,500	£0-£2,500	£40,001-£45,000	£110,001-£115,000	£769,518	£96,367	£888,971
Patricia Bain, Chief Quality Officer	*	*	*	*	*	*	*

*Garrett Emmerson, Lorraine Bewes and Patricia Bain are not members of the NHS Pension Scheme.

**Non-executive directors do not receive pensionable remuneration, there are no disclosures in respect of pensions for non-executive directors.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No. 1050 Occupational Pension Schemes (Transfer Values) Regulations 2008 (23).

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Table 1: Exit packages

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
		£s		£s		£s		£s
£150,001 - £200,000	1	160,000						
Totals	1	160,000	Nil	Nil	Nil	Nil	Nil	Nil

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Reporting of other compensation schemes – Exit packages

	Agreements Number	Total value of agreements £000s
Voluntary redundancies including early retirements contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring MHT approval	0	0
Total	0	0

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Off-Payroll engagements

Table 1: Off-Payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2019	0
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one & two years at time of reporting.	0
No. that have existed for between two and three years at the time of reporting.	0
No. that have existed for between three and four years at the time of reporting.	0
No. that have existed for four or more years at the time of reporting.	0

Table 2: New Off-Payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to the entity) and are on the departmental payroll.	0
Number of engagements reassessed for consistency/ assurance purposes during the year.	0
Number of engagements that saw a change to IR35 status following the consistency review.	0

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board member, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year.	0
Number of individuals that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both off-payroll and on-payroll engagements.	16

12. Staff report

Average Staff Numbers

The average number of staff has increased over last year 5,493 (2017/18 5,138) as the trust continues to recruit additional paramedics.

Staff Category	Total Number	Permanently employed Number	Other Number
Medical and Dental	6	3	3
Ambulance Service	2,748	2,708	40
Administration and estates	1,550	1,459	91
Healthcare assistants and other support staff	1,142	1,139	3
Nursing, midwifery and health visiting staff	45	27	18
Scientific, therapeutic and technical	2	2	0
Total	5,493	5,338	155

The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year. The “contracted hours” method of calculating whole time equivalent number should be used, that is, dividing the contracted hours of each employee by the standard working hours.

Staff Composition

At the end of March 2019, we had a workforce of 5,780 staff, made up of 3,049 men and 2,731 women. This was broken down as follows:

	Total	Female	Male
Directors	19	10	9
Senior Managers	220	85	135

Employees	5,541	2,636	2,905
Total	5,780	2,731	3,049

Over the course of the year, a total of 705 people left the service – a turnover rate of 12.4 per cent, compared to 10.8 per cent in 2017/18.

While we were able to recruit new staff during the year, we also saw existing frontline staff leaving in greater numbers than usual, 259 paramedics left during 2018/19.

Staff Sickness

The average working days lost in 2018/19 was X.X (2017/18 11.7). The data is based on calendar years January 2018 (2017) to December 2018 (2017). This information is supplied by Department of Health and is due later in the year.

Staff Policies

We embrace our obligations under equalities legislation, including the Equality Act 2010. Our aim is to ensure that equality and inclusion is integral to everything we do.

We welcome people to our organisation from any background, who are committed to providing high-quality care that meets the needs of the diverse communities we serve. We aim to provide innovative and responsive healthcare which meets the needs of all these communities, providing better healthcare for all.

Our policy is to treat everyone fairly and without discrimination, and we want to ensure that:

- patients and customers receive fair and equal access to our healthcare service;
- everyone is treated with dignity and respect; and
- staff experience fairness and equality of opportunity and treatment in their workplace.

We want to be an employer of choice, and to attract the best and most talented people from all walks of life to a career where they can develop to their full potential.

As an employer, we are focusing on:

- celebrating and encouraging the diversity of our workforce and creating a working environment where everyone feels included and appreciated for their work;
- promoting and providing training and employment opportunities regardless of age, disability, gender reassignment, marital status, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other aspect of an individual person's background; and
- fostering creativeness and innovation in our working environment, so that all staff can deliver to the best of their ability and help us take forward our equality and inclusion goals.

Expenditure on Consultancy

In 2018/19 the trust spent £0.4m on various consultancy projects covering strategy, organisational and change management, performance improvement and technical services.

Accountable Officer: Garrett Emmerson, Chief Executive

Organisation: London Ambulance Service NHS Trust

Signature:

Date:

SECTION THREE – FINANCIAL REPORT

13. Financial Statements

provided separately prior to final layout for publication

DRAFT

Annual Governance Statement 2018/19

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of London Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in London Ambulance Service NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

Risk management is a key component of enhancing patient and staff care and is an integral part of the Trust's strategic management. It is the process whereby the Trust methodically addresses the risks related to its activities with the goal of achieving sustained benefits to patient care and to the London Ambulance Service NHS Trust (LAS) Strategy. The focus of risk management at the LAS is about being aware of potential problems, working through what effect they could have and planning to prevent the worst case scenario. This is achieved through ensuring clear leadership and accountabilities throughout the Trust.

The Chief Executive is accountable to the Board for the quality of risk management arrangements within the Trust. Operationally, responsibility for the implementation of risk management has been delegated to the Chief Quality Officer and the Director of Corporate Governance.

The Director of Corporate Governance supports Executive Committee (ExCo) members and Non-Executive Directors in carrying out their responsibilities for risk

management and takes the lead, on behalf of the Trust Board, for maintaining the Board Assurance Framework (BAF). The BAF defines the principal risks to achieving the Trust's strategic objectives, together with associated controls, sources of assurance and action plans. The Chief Quality Officer is the quality governance lead for the Trust. She is responsible for the Trust's Risk Management Strategy and Policy and Incident Management Policy, including Serious Incidents. She is responsible for promoting and ensuring the implementation of Trust-wide systems and processes to enable the Trust to meet requirements in relation to clinical governance and risk, up to and including the Trust's Corporate Risk Register. The holders of these two positions have continued to drive forward a significant workplan in 2018/19 to strengthen the Trust's risk management processes, at all levels of the organisation, from Board to station-level. This has included an increased focus on strategic risk and the BAF by the Board, ExCo and Board Assurance Committees, the embedding of appropriate Quality Assurance structures and a clearly articulated Quality Assurance Framework. The Trust's focus has continued to be on learning from good practice in this area, both internally and externally.

ExCo members individually and collectively have responsibility for providing assurance to the Trust Board on the controls in place to mitigate their associated risks to achieving the Trust's strategic objectives, including compliance with the Trust's licence.

The Trust Board's Assurance Committees have responsibility for providing assurance in respect of the effectiveness of these controls. A system of "key issues" assurance reports to the Trust Board is in place to highlight any risks to compliance. Board Assurance Committees are well attended by ExCo members and Non-Executive Directors as well as by other key Trust staff.

The Quality and Corporate Governance Directorates also have a number of experienced and appropriately qualified staff to lead, support and advise staff at all levels across the organisation with the identification and management of risk.

Training

The Trust provides a comprehensive mandatory and statutory training programme which includes governance and risk management awareness, ensuring that staff are trained and equipped to identify and manage risk in a manner appropriate to their authority, duties and experience.

The Trust's Risk Management Strategy and Policy sets out the approach that it takes to the provision of training in relation to risk management. An e-learning package 'Introduction to Risk Management' has been developed and is available to all staff through the Trust intranet. Staff have access to comprehensive risk guidance and advice via the Quality and Corporate Governance Directorates; those who are identified as requiring more specialist training to enable them to fulfil their responsibilities have this provided internally, learning from good practice, as well as

being able to access external training courses as appropriate. Leadership development programmes have also been developed for all staff, which address the importance of managing risk. Training compliance is reported to the Trust Board and ExCo by the People and Culture Directorate. The Trust Board receives training every two years, to ensure that the requirements for understanding and discharging duties in relation to risk management at Board level is reviewed and refreshed, thereby maintaining compliance with nationally agreed policy and practice. The Trust Board last received such training in December 2018.

The Trust's mandatory and statutory training programme is regularly reviewed to ensure that it remains responsive to the needs of Trust staff. There is regular reinforcement of the requirements of the Trust's Mandatory Training Policy and Training Needs Analysis (which includes elements of governance and risk management training) and the duty of staff to complete training deemed mandatory for their role. Despite significant operational pressures, the Trust has been able to achieve target levels of compliance with mandatory and statutory training requirements and this focus continues into 2019/20. Monitoring and escalation arrangements are in place to ensure that the Trust maintains its current good performance and can ensure targeted action in respect of areas or staff groups where performance is not at the required level.

The risk and control framework

Risk Management Strategy and Policy

The Trust is committed to having a risk management culture that underpins and supports the business of the Trust. The Trust intends to demonstrate an ongoing commitment to improving the management of risk throughout the organisation.

The Risk Management Strategy and Policy provides the overarching principles, framework and processes to support managers and staff in the management of risk by ensuring that the Trust is able to deliver its objectives by identifying and managing risks, enhancing opportunities and creating an environment that adds value to on-going operational activities. The Trust has adopted a holistic approach to risk management incorporating both clinical and non-clinical risks. Including but not limited to; strategic, financial, operational, regulatory, environmental and reputational risks.

The Trust's Risk Management Strategy and Policy is an integral part of the Trust's approach to continuous quality improvement and is intended to support the Trust in delivering the key objectives within the Quality Strategy as well as ensuring compliance with external standards, duties and legislative requirements.

Identifying and reporting risk

Risks are identified routinely from a range of reactive & pro-active and internal & external sources including workplace risk assessments, analysis of incidents, complaints / PALS, claims, external safety alerts and other standards, targets and

indicators etc. These are appropriately graded and ranked and included on the Trust's Corporate Risk Register and Board Assurance Framework (BAF). A Risk, Compliance and Assurance Group (RCAG) exists to review and monitor risks added to the Risk Register and regular reports from the Corporate Risk Register and the BAF are submitted to the relevant Board Assurance Committees and Trust Board. The Audit Committee has the delegated authority on behalf of the Trust Board for ensuring these arrangements are in place. The Trust recognises that, as risks can change and new risks can emerge over time, the review and updating of risks on the risk register and within the BAF is an ongoing, dynamic process. The BAF and Risk Register have continued to be kept under review and amendment during 2018/19 and the agenda of the Trust Board and Board Assurance Committees are closely aligned to these as a result.

In accordance with the Trust Board's Scheme of Delegation, responsibility for the management / control and funding of a particular risk rests with the Directorate / Sector / Station concerned. However, where action to control a particular risk falls outside the control / responsibility of that domain, where local control measures are considered to be potentially inadequate or require significant financial investment or the risk is 'significant' and simply cannot be dealt with at that level, such issues are escalated to the appropriate Corporate Committee, the RCAG, the ExCo or the Trust Board for a decision to be made.

Managing risk

Risk management is embedded in the activity of the organisation by virtue of robust organisational and committee structures which were reviewed and strengthened during 2017/18 and continued to bed down in 2018/19.

Of fundamental importance to the early identification, escalation and control of risk is the Trust's commitment to the ongoing development of a culture where incident reporting is openly and actively encouraged and the focus when things go wrong is on 'what went wrong, not who went wrong', and a progressively 'risk aware' workforce. In 2018/19 the Trust appointed a substantive full time Freedom to Speak Up Guardian (FTSUG), supported by a 'hub and spoke' model of 20 Freedom to Speak Up Advocates. As a result, the number of concerns raised by members of staff across the Trust during 2018/19 has increased significantly throughout the year. FTSU concerns have been investigated and have led to improvement in processes in a number of different parts of the service. Further information about this can be found in the Annual FTSU report.

Business Planning and Service Development proposals do not proceed without an appropriate assessment of and therefore recognition / acceptance of the risks involved and the involvement of the relevant expertise. The Trust's ExCo reviewed and agreed the approach to be taken to quality impact assessments (including equality and data protection assessments) in December 2017. This has been adopted in the Trust's Business Planning activities for 2018/19.

The Trust's BAF is designed to assist the Trust in the control of risk. The BAF

incorporates and provides a comprehensive evidence base of compliance against a raft of internal and external standards, targets and requirements including CQC registration requirements, Data Protection and Security Toolkit Standards, Safety Alerts etc. Assurance to the Trust Board on compliance with these requirements is provided via regular BAF / risk register reports and is supported by a robust Internal Audit Programme.

Key risks facing the organisation in 2018/19, identified in the order in which they were added to the BAF, were:

BAF Risk 45 A cyber-attack could materially disrupt the trust's ability to operate for a prolonged period.		
BAF Risk 47 The Trust may be unable to maintain service levels due to insufficient staff in the Emergency Operations Centre (EOC).		De-escalated January 2019
BAF Risk 49 The Trust may not have sufficient capacity and capability to deliver the level of efficiency programme to bridge the gap to deliver the required control total for 2018/19.		De-escalated November 2018
BAF Risk 50 The main power supply to Bow is lost as a result of UK Power Networks having a failure on their system impacting on our ability to provide a continuous service to our control room		
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		De-escalated November 2018
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.	Added November 2018	
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.	Added January 2019	
BAF Risk 54 There is a risk that the Trust will not be able to meet KPI's within its 111/IUC contracts as a result of challenged specialist trained resource requirements and performance which may result in the Trust not fully delivering its strategy.	Added March 2019	
BAF Risk 55 The preferred LAS strategy may not be deliverable within the Trust's timeframe due to the scale of investment and resource required and current system contracting	Added March 2019	

arrangements.		
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The Trust Board considered its approach to risk management and its risk appetite at a Board development session in December 2018. The Trust's Risk Appetite Statement was approved by the Board at its meeting on 29 January 2019 and now forms part of the BAF.

The Trust also has in place a range of mechanisms for managing and monitoring risks in respect of quality including:

- The Trust has in place a Quality Strategy which has been approved by the Trust Board. The Trust Board also agrees annual quality objectives.
- The Trust has in place a Quality Assurance Committee (a committee of the Board) which meets bi-monthly and is chaired by a Non-Executive Director. The Quality Assurance Committee is responsible for monitoring performance against the agreed annual quality objectives. The Committee provides a report of each meeting to the Trust Board.
- The Trust publishes an Annual Quality Account.
- Performance against key quality indicators is reported to the Trust Board in the Integrated Quality and Performance Report.
- Quality improvements – including the response to CQC findings and recommendations are progressed through the Trust's Quality Improvement Programme
- As part of its Quality Assurance Framework, a programme of announced and unannounced (Executive and Non-Executive) Director Visits is also in place in order to ensure that there is 'Board to Station oversight and ownership of quality & safety issues.
- The Trust has identified Non-Executive Directors to lead in respect of specific aspects of governance and risks. These roles are reviewed annually.
- The Trust acts upon patient feedback from complaints and concerns and from feedback from Patient & Public Involvement (PPI) representatives (e.g. Health Watch).
- Patient and Staff Stories are presented respectively to alternate meetings of the Trust Board monthly and actions and lessons learned are widely shared.

In 2018/19, the Trust has taken significant steps to establish and embed Data Quality Assurance, primarily through the following:

- The establishment of a system of systematic reviews by a newly established Data Quality Assurance team, supported by the recruitment of specialist staff.

- The establishment of a new Integrated Performance Report following Trust Board feedback.
- The approval of a new Data Quality Strategy (including a governance structure, policy and implementation plan).

However, there is still further progress to be made with regard to Data Quality Assurance and some elements of this framework are relatively new (such as underpinning KPI confidence reports and the Highlight Report system); therefore time is required to ensure that they are embedded in practice.

With regard to complying with the recommendations of “*Developing Workforce Safeguards*”, the Trust:

- deploys sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively
- has a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times
- uses an approach that reflects current legislation and guidance where it is available.

In 2018/19 the Trust retained a focus on the strategic risks associated with workforce, through the BAF and through the People and Culture Committee. The People and Culture Committee has had a specific focus upon the development of a workforce planning model, providing assurance to the Board on this. The ExCo has also agreed to meet as a Strategic Workforce Planning Group in 2019/20, to provide additional oversight in this area.

CQC registration and compliance with the NHS provider licence

The trust is fully compliant with the registration requirements of the Care Quality Commission.

During 2018/19, the Trust received announced and unannounced visits by the CQC. A Well-Led Review was conducted in March 2018 and the outcome of this inspection was the removal of the trust from special measures and an improved rating of Good overall. The Trust also had an unannounced visit in November 2018 in relation to security arrangements in its Emergency Operations Centre and its Urgent and Emergency Care sites. The report of this visit is on the CQC website. The findings identified concerns relating to safeguarding and security access issues. A comprehensive action plan was developed and is complete. Medium to long term solutions have been included in the 2019/20 Business Plan and will be implemented over the next year.

The Trust Board has assessed itself in compliance with the relevant aspects of the NHS provider licence at its meeting in May 2019. This assessment was reached

following an internal review of the Trust's corporate governance framework.

With respect to condition FT4 (NHS Foundation Trust governance arrangements) the Board reviews the terms of reference of its Assurance Committees on an annual basis to ensure their effectiveness and last did so in March 2019. The Trust has an Audit Committee consisting of Non-Executive Directors. The Audit Committee regularly meets with the internal and external auditors without the presence of executive directors or staff. In addition, the Local Counter Fraud specialist presents a report to every meeting of the Audit Committee on measures to tackle Fraud, Bribery and Corruption and also the importance of reporting concerns as appropriate. The Trust also has a Remuneration and Nominations Committee consisting of the Non-Executive Directors, joined when appropriate, by the Chief Executive, the Director of People and Culture and the Director of Corporate Governance. In addition, the Board has established a Quality Assurance Committee, a People and Culture Committee, a Finance and Investment Committee and a Logistics and Infrastructure Committee. Each Committee is chaired by a Non-Executive Director. All Committees and sub Groups undertake an annual self-assessment of their effectiveness, which is reported to the Board (or the appointing Committee in the case of sub groups). The Audit Committee also submits an Annual Report to the Trust Board.

The terms of reference also serve to define the responsibilities, accountabilities and reporting lines of each Assurance Committee. The Board receives a report following each Assurance Committee meeting, written by the Non-Executive Director Chair, and is therefore able to both receive assurance but also challenge any of the decisions made. Each Assurance Committee also has at least one identified lead Executive Director. The responsibilities of the Board and its Directors are defined in the Trust's Standing Orders and Standing Financial Instructions.

The Board has a schedule of business, which is reviewed at each formal meeting of the Board. The schedule defines when reports will be submitted, ensuring that the Board can operate timely and effective scrutiny of its operations. Key performance reports covering corporate, clinical, quality, workforce, finance and operational performance are received at each formal meeting of the Board and are made available on the Trust's website.

The Remuneration and Nominations Committee reviews when necessary the directorate portfolios, and there is a clear organisational structure with staff and managers identified within each directorate, who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence. Elsewhere within this report can be found the Trust's duty to operate efficiently, economically and effectively. During 2018/19 the Board and its Assurance Committees received a number of reports on progress against the Lord Carter review to identify efficiencies in ambulance services across the NHS.

The reports submitted to each formal meeting of the Board enables timely and effective scrutiny and oversight by the Board of the Licensee's operations. These are also published on the website. In addition, directors have access to up to date

operational information, as well as receiving the details of any serious incidents reported.

The Trust is compliant with health care standards that are binding which is demonstrated by the Trust being rated as “Good” overall following the CQC inspection in 2018. As part of gaining assurance Board and ExCo members are encouraged to visit staff in the sectors with each director allocated to a particular sector. In addition, at each meeting of the Board there is an opportunity to hear either a staff or patient story.

The Quality Assurance Committee receives regular reports from clinical and operational staff and through a number of documents such as the Serious Incident Reports, Quality Oversight Group, and claims and inquests update are able to have oversight and challenge the Trust in relation to the quality of patient care. The Trust’s Medical Director, the Chief Quality Officer and the Director of Corporate Governance attend all meetings of the Committee. In addition, the Committee is chaired by a clinician who is a Non-Executive Director of the Trust.

The Board received and approved the Going Concern statement at its meeting in May 2019. This statement is approved on the basis that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the financial statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Trust exercises tight financial control and through reporting to the Board and detailed scrutiny and challenge at meetings of the Finance and Investment Committee, the Board has reasonable assurance over the effectiveness of its financial reporting. In addition, the Trust’s Auditors’ opinion presented to the Board in May 2019 provided assurance as to the effectiveness of financial reporting and control.

Roles and Responsibilities

The Trust Board holds overall responsibility for the management of risks within the Trust. The Board ensures significant risks to the Trust’s ability to provide a quality service are identified and managed. They review all significant risks at each formal meeting.

Non-Executive Directors seek assurance in relation to the performance of the ExCo in meeting agreed goals and objectives. They should satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented.

The Chief Executive is responsible for ensuring that a system is in place for reporting of all incidents.

All ExCo members hold responsibility for the identification and management of their risks and ensure they are documented, registered and updated in a timely fashion for

the relevant forums to review. They are responsible for the risk management process within the Trust and as such ensure:

- the review of risk and risk registers is maintained in accordance with Trust strategy
- all staff have the ability to identify risks and propose they are assessed and entered onto the relevant section of the Trust Risk Register
- monitoring and timely review of the Risk Management Strategy and associated policies
- provision of expert advice into the incident reporting process
- all Managers within their Directorate are familiar and act in accordance with Trust policies
- incidents are reported and investigated in accordance with the Trust's Incident Reporting Process.

There were a number of changes to the Trust's senior personnel in 2018/19:

- Jaime O'Hara left the role of Director of Strategy and Communications in August 2018
- Jill McGregor left the role of Director of Performance in January 2019
- Mark Spencer and Karim Brohi were appointed as Non-Executive Directors in March 2019
- Jessica Cecil left the role of Associate Director in January 2019
- Robert McFarland left the role of Non-Executive Director in February 2019

The Board Assurance Committees and Executive Groups of the Trust provide a process for escalation of assurance and risk through The Trust organisational committee structure which supports delegated risk management systems within the Trust.

The purpose of the Executive Committee (ExCo) is to lead and manage the performance of the Trust within the strategic framework established by the Trust Board. The ExCo makes proposals to the Trust Board on key policy and service issues for Trust Board decision. The ExCo has established the following sub-groups:

- the Risk Compliance and Assurance Group (RCAG) - to oversee the governance of the risk management process and management of risks rated greater than 15;
- the Information Governance Group (IGG) - to ensure that the London Ambulance Service NHS Trust has clear direction of and management support for the activities required to comply with data quality principles; Caldicott principles; Information Security Management (ISO/IEC 17799 / ISO/IEC 27001); data

protection legislation; the Freedom of Information Act 2000; the Data Security and Protection Toolkit; records management as defined by the Care Quality Commission (CQC); the Public Records Act; and the Information Governance Alliance Records Management Code of Practice for Health and Social Care.

- the Preparedness for EU Exit Focus Group – to provide feedback to the ExCo on the actions being taken to manage any risks to the Trust’s clinical, quality, operational and financial position identified, as a result of the UK’s departure from the EU.

The Audit Committee monitors financial risks and reviews the BAF. It critically reviews and reports on the relevance and robustness of the governance structures and assurance processes on which the Board places reliance.

The Finance and Investment Committee has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board upon the risks relating to the efficient and effective delivery of strategic and operational plans and objectives. It monitors financial risks and reviews the BAF advising the Board of any material risks arising.

The Quality Assurance Committee has responsibility for providing the Trust Board with assurance on the achievement of strategic objectives in relation to the provision of a high quality, safe, and effective service. The Trust’s definition of quality encompasses three equally important elements:

- Care that is safe – working with patients and their families to reduce avoidable harm and improve outcomes.
- Care that is clinically effective – not just in the eyes of clinicians but in the eyes of patients and their families.
- Care that provides a positive experience – to patients and their families.

The People and Culture Committee has responsibility for providing the Trust Board with assurance on all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks.

The Logistics and Infrastructure Committee has responsibility for providing the Trust Board with assurance on and overseeing strategic development and investment in Fleet, Estate and IM&T whilst ensuring compliance with all regulatory and statutory duties as appropriate

Public Stakeholder involvement

The Trust ensures that its Commissioners are provided with regular reports and review meetings to understand the risks which may impact on the Trust.

The Trust Board meets at least six times a year in public and its papers are available on the Trust website. The Board seeks to have as an item of business on all agenda either ‘a patient story’ or ‘a staff story’ that enables members of the public or staff to

present their experiences to the Board. There is also the opportunity either through the Trust website or at the meeting on the day to pose questions to the Trust Board on any matter of concern. This is all part of the Board's desire to be as open and transparent as possible. All matters are discussed or determined in public unless the matter would not be disclosed under Freedom of Information regulations.

In addition to the above the Trust engages with the Greater London Assembly and other appropriate Health Overview and Scrutiny Committees (HOSCs), and also local Healthwatch organisations across London.

During consultation of the draft annual Quality Account engagement meetings are set and held around London for various stakeholders to attend for example the public, Commissioners and HOSCs.

The Trust's comprehensive internet website provides the public with ready access to information across all areas of Trust activity and the organisation also uses its newsletter for members to inform the public of new developments and items of interest.

Corporate Governance Statement

The Trust, under Condition FT4 of its Licence, is required to submit to NHS Improvement a Corporate Governance Statement by and on behalf of the Board of Directors confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks. The Statement was drafted and approved by the Trust Board and submitted to the Regulator within the prescribed timescales. The Regulator received the statement and did not require a statement from its auditors either:

- confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or;
- setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

The Trust Board and its Assurance Committees each have an individual schedule of business, which ensures timely performance reporting through the correct governance process.

The Board receives regular reports from its Assurance Committees which provide assurance on detailed review and oversight from its own agenda items and reporting groups. The Board also receives a quality and performance report showing operational, financial, quality, clinical and corporate on trends, themes and key performance indicators.

The reports often show national benchmarking information from the other nine English ambulance trusts e.g. ambulance response targets (ARP), ambulance quality indicators (AQI), finance and workforce.

The Trust has an approved Quality Impact Assessment Framework document. The Board of Directors is responsible for ensuring that transformational programmes designed to provide improved efficiencies do not adversely impact on the quality of the service to patients.

The trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

In response to its obligations to report on the Workforce Race Equality Standard, the Trust has co-produced with a range of stakeholders an extensive action plan.

Carbon Reduction

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

To reduce our carbon emissions and increase efficiency the Trust is investing heavily in replacing a large proportion of its current fleet with new, 'greener' ambulances and cars. It is anticipated that by 2020, the majority of LAS vehicles will meet the Euro IV standard in line with the introduction of the London Ultra Low Emission Zone (ULEZ).

Review of economy, efficiency and effectiveness of the use of resources

The Trust secures the economic, efficient and effective use of resources through a variety of means:

- A well-established policy framework (including Standing Financial Instructions)
- An organisational structure which ensures accountability and challenge through the committee structure

- An clear planning process
- Effective corporate directorates responsible for workforce, revenue and capital planning and control
- Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.

The Trust has in place a performance management framework aligned to both the corporate and sector divisional management structure. The framework includes a performance dashboard which includes a series of performance metrics and reflects metrics based on the Carter Report recommendations. The Trust Board reviews the operational, productivity and financial performance, and use of resources both at Trust and Divisional level. More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the quality and performance report provided to each Board meeting.

The Board's business includes comprehensive reviews of performance against clinical, operational, workforce, corporate and financial indicators through the quality and performance report at each formal meeting. Any emerging issues are identified and mitigating action implemented.

The Finance and Investment Committee which is Chaired by a Non-Executive Director with other Non-Executive Directors also members, provides assurance to the Trust Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaces with the other Board Assurance Committees, in particular the Logistics and Infrastructure Committee, as appropriate. This Committee also has responsibility for providing assurance with regard to the Trust's procurement policies and procedures.

The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.

The Trust has a Local Counter Fraud Specialist (LCFS) supported as required by other qualified LCFS. Any concerns can be directed to the team and, any information is treated in the strictest confidence.

External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present.

Information governance

The Trust continues to strengthen its arrangements for Information Governance. An executive-led Information Governance Group exists as well as an Information Governance Strategy and Policy, along with a dedicated Information Security

Policy.

Information governance incidents are reported on DatixWeb and the Information Governance Manager is alerted by email whenever an incident is reported on the system. These incidents are checked by the Information Governance Manager and, where appropriate, by the Quality Governance and Assurance team. Where there has been an incident such as a loss of information outside the LAS where we are aware, or there is a risk, that personal data has been accessed or disclosed by one or more members of the public, a report is made on the Data Security and Protection Toolkit within 72 hours of the notification of the incident reaching the IG Manager. Each of these reportable incidents is assessed using the 5x5 Breach Assessment Grid in the Guide to the Notification of Data Security and Protection Incidents. This document provides detailed guidance on the reporting of these incidents and should be read by all staff who have reporting rights in the Toolkit before any report is made. The Breach Assessment Grid assesses the Impact and Likelihood that harm as occurred and where the incident is assessed that it is (at least) likely that some harm has occurred and that the impact is (at least) minor, the incident is reportable and full details will be automatically emailed to the Information Commissioners Office (ICO) and the NHS Digital Data Security Centre (DHSC). The DHSC will also be notified where it is (at least) likely that harm has occurred and the impact is at least serious.

Three information governance incidents were reported to the ICO in 2018/19. No action was taken by the ICO as a result of these.

The Trust was able to submit a fully compliant Data Security and Protection Toolkit.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

In addition to the monthly review of quality data undertaken through the Commissioners' Quality Review Group, the following arrangements are in place to assure the Board that the Quality Account presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data:

Governance & Leadership:

- A Board member, the Chief Quality Officer, leads on quality and advises the Trust Board on all matters relating to the preparation of the Trust's Annual Quality Account.
- The Trust's Director of Performance is responsible for providing the information and performance data which informs the Annual Quality Account.

- The Trust's Director of Performance is responsible for ensuring that there are mechanisms in place for assuring the quality and accuracy of the performance data which informs the Annual Quality Account including external testing as appropriate.

Policies & Plans in ensuring quality of care provided:

- Policies and procedures are in place in relation to the capture and recording of patient data.
- Clinical coding follows national guidelines in addition to a local policy, as per the Audit Commission's guidelines.

Systems & Processes:

- Systems and processes are in place for the audit and validation of performance data both centrally and at operational level.
- The Trust's Datix reporting system has been reviewed in 2018 and restructured, ensuring regular (weekly) validation, weekly, prior to submission to national datasets.

Data Use & Reporting:

- A monthly Integrated Performance Report which outlines the Trust's performance against key quality and other objectives including benchmarking and comparative data, and are the subject of discussion and challenge at every monthly Trust Board meeting and also informs the annual Quality Account.

The Trust has consulted with its commissioners, patients' forum, Healthwatch, CCG and STP leads and Trust staff during 2018/19 in relation to the progress made on the Trust's 2018/19 Quality Strategy and to agree its 2019/20 priorities.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee [and risk/ clinical governance/ quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the

system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee and Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of deep dive and internal audit work. The BAF and monthly integrated quality and performance reports provide me with evidence that the effectiveness of the controls in place to manage the risks to the organisation achieving its principal objectives have been reviewed.

The Trust received the following Head of Internal Audit Opinion for 2018/19:

“Our overall opinion for the period 1 April 2018 to 31 March 2019 is that based on the scope of reviews undertaken and the sample tests completed during the period, that significant assurance with some improvements required can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.”

Maintenance and review of the effectiveness of the system of internal control has been provided by comprehensive mechanisms already referred to in this statement. Further measures include:

- Regular reports to the Trust Board from the Trust’s BAF and Risk Register including NED review / challenge.
- Regular risk management activity reports to the Trust Board covering incidents, complaints/PALS and claims analysis and including details of lessons learned / changes in practice.
- Receipt by the Trust Board of minutes / reports from key forums including the Audit Committee, Finance & Investment Committee and the Quality Assurance Committee.
- The ongoing development of the BAF
- Consideration of a monthly Quality Improvement Programme report, allowing the Trust Board to monitor improvements in this area.
- The provision and scrutiny of a monthly Integrated Quality and Performance Report to the Trust Board, which covers a combination of specific licence and

key contractual obligations and including the identification of key risks to future performance and mitigating actions. The Trust's performance management arrangements were strengthened during 2017/18 including through the introduction and embedding of Executive Performance Reviews and some changes to Director portfolios.

The validity of the Corporate Governance Statement has been provided to me by the relevant Board Assurance Committees – most notably the Audit Committee, which have considered and commented on this statement, and by the external auditors.

All of the above measures serve to provide ongoing assurance to me, the Executive Committee and the Trust Board of the effectiveness of the system of internal control.

Conclusion

Whilst the Trust continues to work to improve its control environment, as set out above, no significant control issues have been identified.

Signed.....

Chief Executive

Date: xx May 20xx



PATIENT EXPERIENCES

ANNUAL REPORT

2018/2019

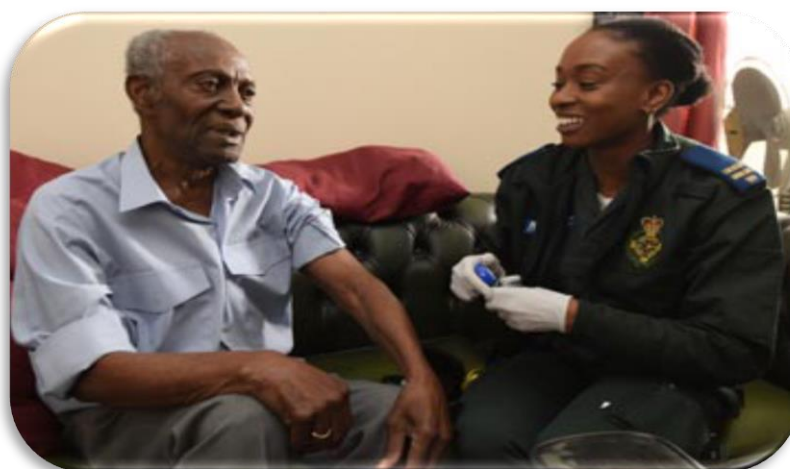


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Listening to the patient and service-use experience enables the Trust to improve and develop our service. One of the major ways we do this is via our Patient Experiences team, who manage the following portfolios.

- Complaints
- Patient Advice and Liaison Service (PALS)
- Solicitor and other requests for medical records and witness statements.

This report provides an overview and analysis of activity including cases investigated by the Health Service Ombudsman; examples of lessons learned and the action taken by the Trust arising from service-user feedback and complaints.

1. Context

This year, the Trust received 1,950,764 calls to our Emergency Operations Centre, just under 3% higher than the previous year (1,892,659). This constitutes a daily average of 5345 x 999 calls. We attended 1,136,884 of these calls with a 0.09% ratio of complaints being made.

Complaints handling features

- We manage our complaints handling process in accordance with the Health Service Ombudsman's good practice guidance, *Principles of Remedy*
- Each complainant received a response that was personally reviewed and signed by the Chief Executive (or a deputising Director).
- All complaint responses include information about the recourse opportunity to, and contact details for, the Health Service Ombudsman.
- Our website offers information about how to make a complaint about the service we provided.
- Activity and themes arising from complaints are regularly reported to the Trust Board
- We now monitor public websites such as *Patient Opinion* and *NHS Choices*.



- Our Serious Incident Assurance and Learning Group (which is an amalgamation of the previous trust wide Learning from Feedback Group with a new Serious Incident Assurance and Learning agenda) reviews the themes and issues emerging from complaints (and triangulates them with other themes established via quality intelligence monitoring including incidents, audits, etc.) and the action taken to improve services and the experience of patients. Assurance of effectiveness is provided via the Trust's reporting and governance structures.

Collaborative work was led by the Chair, the Deputy Director of Quality Governance and the Head of Patient Experiences in conjunction with the LAS Patient's Forum, in reviewing a sample of responses to complaints to ensure these fully take into account the impact an event may have had in terms of the patient experience, as well as reviewing the content and tone of responses.

Overview

2. Summary of complaints, PALS, Quality Alerts

The total number of enquiries to PALS and complaints this year was 5333. This comprised 4319 PALS enquiries and 1014 complaints; the latter represents an approximate 7% increase over the previous year (938).

19 cases involved treating the referring professional as acting on behalf of the patient¹. This brings the matter back within the NHS complaints procedure and enables the patient a recourse opportunity and advocacy assistance.

This year we assumed full responsibility the management of complaints about South East and North East London Integrated Urgent Care services. These amounted to 31 relating to NELIUC and 39 to SELIUC are included in the overarching total above.

¹ This is considered best practice in the light of Section 8 of The Local Authority Social Services and NHS Complaints (England) Regulations (2009) as one responsible body (health and social care providers) cannot use the complaints procedure to 'complain' about another.



This year we were also afforded formal responsibility for responding to Health Professional Quality Alerts - as the table below demonstrates this area of work has increased substantially in consequence with 234 approaches being made, an approximate 80% increase now that we have this centralised functionality..

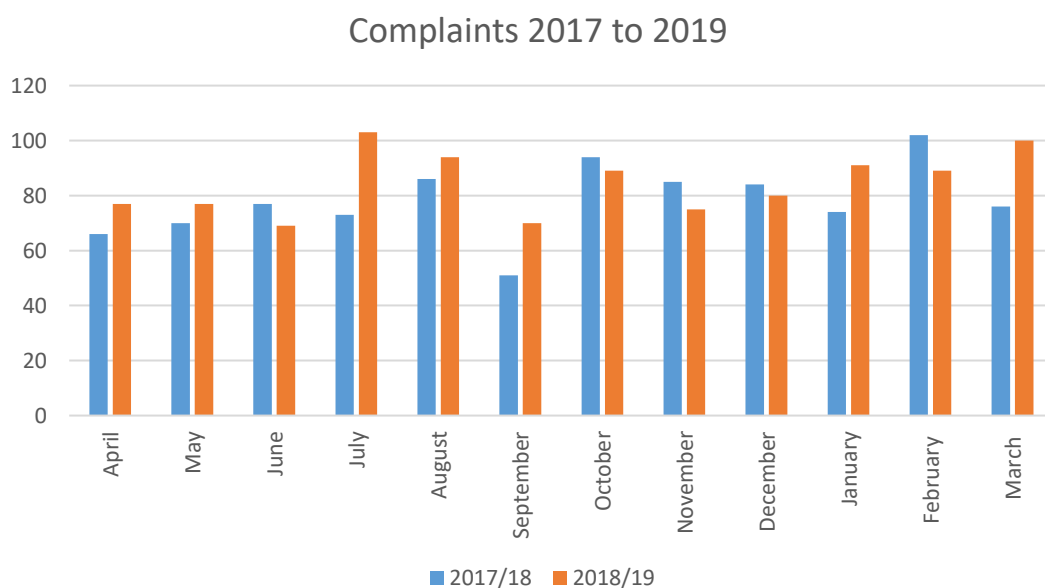
Table 1 'HCP referral' cases

	<i>Recorded under PALS</i>			<i>Recorded as complaints on behalf of the patient</i>						
Title	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
HCPR	79	51	78	21	50	82	71	64	44	234

Historical benchmarking

Complaint volumes have continued to level out since the exceptional demand in 2014/15. We therefore use the data for 2015/16 (1051) as our benchmark. The following graph demonstrates complaint numbers received April 2017 - March 2019.

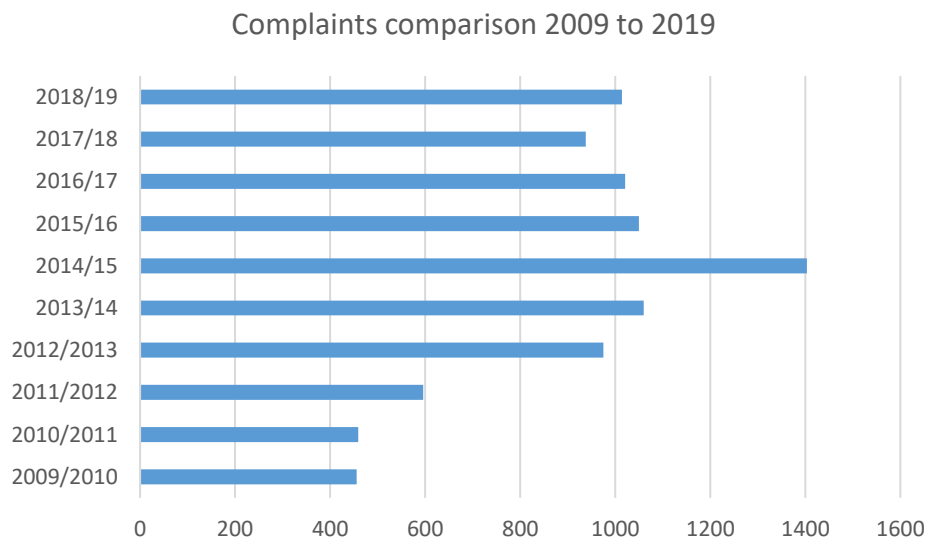
Graph 1 The following graph demonstrates complaint comparisons





Graph 2 shows complaints received by year indicating the fluctuation in volumes since 2009. 2018/19 is more comparative to 2016/17.

Graph 2 Complaints comparison 2009/10 to 2018/19



When the complaint volume is matched with the rise in demand, this indicates a fairly constant rate at 0.09%. This is illustrated in Table 2 below:



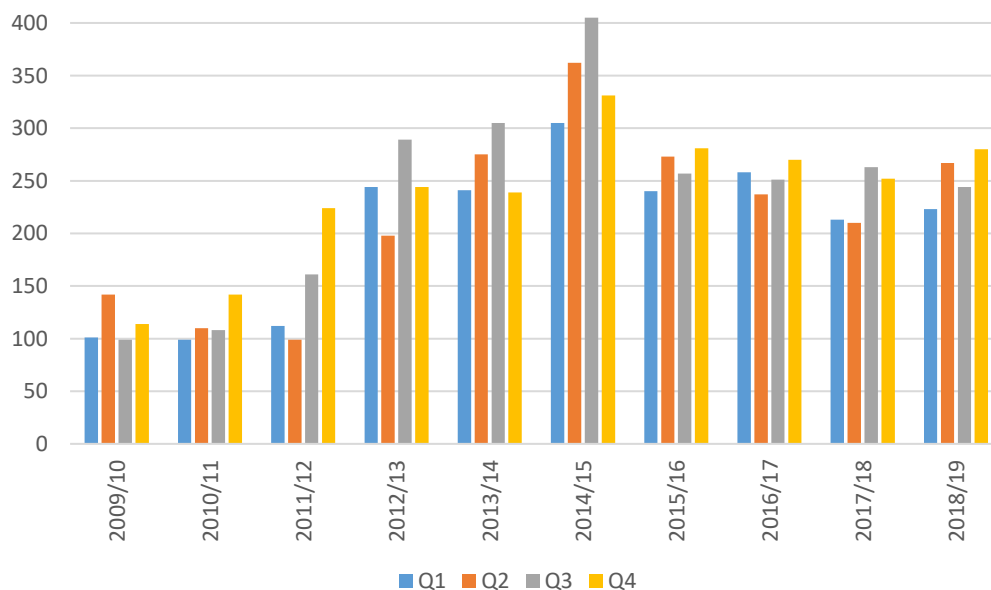
Table 2: Complaints 999 incident ratio against demand

Month	Face to face incidents	Complaints received	Percentage of complaints against calls attended (rounded)
Apr-18	90474	77	0.09
May-18	94647	77	0.08
Jun-18	90907	69	0.08
Jul-18	96660	103	0.10
Aug-18	92660	94	0.10
Sep-18	90388	70	0.07
Oct-18	92377	89	0.10
Nov-18	96158	75	0.08
Dec-18	100906	80	0.08
Jan-19	100666	91	0.09
Feb-19	90902	89	0.09
Mar-19	100139	100	0.09
Total	1136884	1014	0.09
		Average	0.09%

Graph 3 Complaints by quarter 2009 to 2019.

NHS Digital now request complaints data on a quarterly basis:

Complaints by quarter 2009 to 2019



3. Performance and response timeframes 2018/2019

We achieved 100% acknowledgement of complaints within 3 days, in accordance with Reg 13(3) of the NHS complaints regulations.

The NHS works to a locally determined set of targets; in our case, the base line target is 35 working days (an extension is agreed with the complainant if appropriate, see below).

In those cases where the 35 day target was assigned, we have achieved a turnaround of approximately 63%.

Unfortunately, it is problematic to benchmark against other ambulance services as not all ambulance Trusts offer the same services (NHS 111, PTS, IEU) and moreover use differing models and methodologies to capture and analyse complaints. The National Ambulance Patient Experience Group have set out a briefing explaining the significant structural changes that would need to be put in place to enable a universal approach.



Graph 4 The following graph illustrates compliance within 35 day target

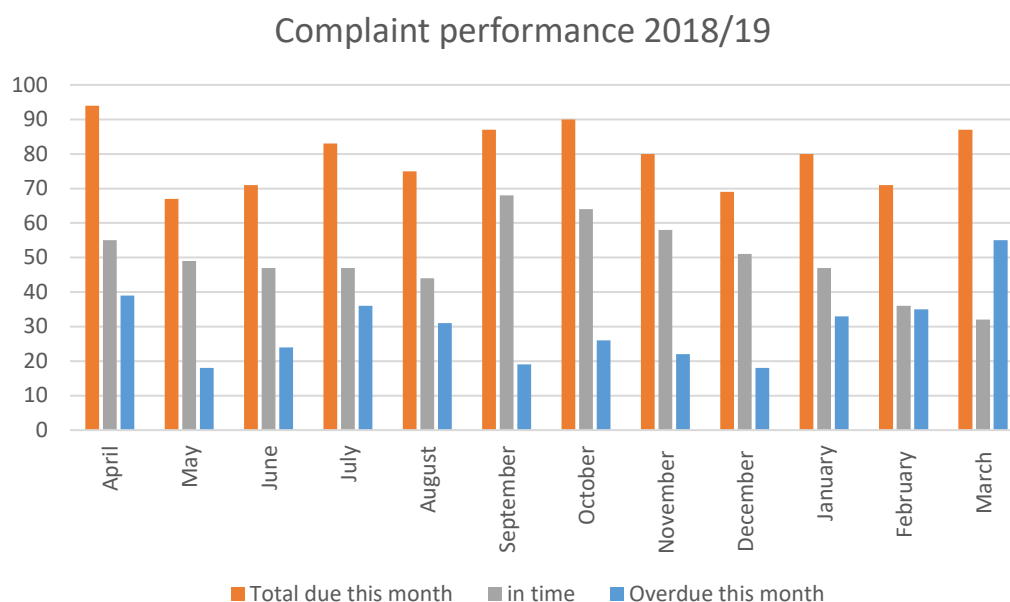


Table 3 Complaints by Department Area 2018/19

Complaint area	Data
Sector Services	491
Control Services	344
Not LAS / Other organisation	90
111 and Integrated Urgent Care Services	31
Central Operations	24
Non-Emergency Transport (NETS)	10
Other department	8
Insufficient information	6
HR & Workforce	4
Clinical Education and Standards	3
Finance and Performance	3
Total	1014

Table 4 Complaints by the top 5 subjects 2018/19

2018/2019	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Conduct and behaviour	20	25	20	31	21	19	28	28	23	31	23	33	302
Delay	18	17	11	18	14	15	12	11	13	19	19	18	185
Treatment	9	12	8	9	8	5	11	7	11	10	4	2	96
Road handling	5	8	7	14	17	6	6	3	10	7	4	7	94



Non-conveyance	6	4	9	7	8	6	8	6	11	5	5	7	82
Totals above	58	66	55	79	68	51	65	55	68	72	55	67	759
Annual totals	77	77	69	103	94	70	89	75	80	91	89	100	1014

Other themes include:

- Call management errors
- Damage to property – for example forced entry
- The patient being referred to an Alternative Care Pathway rather than being taken to hospital
- NHS 111 call management and delays in clinical call back

4. Analysis/Themes

The highest volume of complaints were about staff engagement and communication. This is a complex issue as the very nature of emergency care determines that misunderstanding can easily accrue. There is also anecdotal evidence that a delay in an ambulance response can affect the relationship between patients and staff from the outset.



5. Governance and Learning mechanisms

We provide summary activity reports to the Quality Oversight Group, Control Services Governance Group and the Serious Incident Assurance and Learning Group (which is an amalgamation of the previous Learning from Feedback Group with a new Serious Incident Assurance and Learning agenda). These forums review and bring together lessons learned from external sources, adverse incidents, litigation, comments, concerns, complaints, audits, major incidents, safeguarding and information governance issues.

Patient stories continue to be a powerful tool to describe patients' experiences and these and the learning that has resulted are presented to the Trust Board.

From a national perspective, we also report on quarterly basis to NHS Digital.

Our '*Talking with Us*' Complaints and '*Thanking our staff*' leaflets have been made available on all our vehicles and each complainant receives a '*Feedback on Complaints*' form with every complaint response. An on-line version of the latter is now available on the internet for complainants.

http://www.londonambulance.nhs.uk/talking_with_us/enquiries_feedback_and_compla.aspx

Examples of learning/outcome

Complaints continue to be a powerful tool to describe patients' experiences and the learning is identified through analysis of themes of complaints, and is presented through the Trust governance processes and forums. The theme of staff attitude has been an area of focus, and below provides an overview of the theme and how we are learning and addressing the theme with clear actions:

Our practice when we receive a complaint about staff attitude and behaviour is to additionally review the care provided, which has often demonstrated a correlation.

In relation to staff attitude, whilst much learning from complaints outline specific examples of learning for individuals, from a systems perspective, this theme is being addressed via key works including:



- *inclusion in key trust quality and performance reports to operational and executive management to raise awareness of – and to act upon - the theme*
- *engagement by the Head of Patient Experiences with the operational management teams*
- *engagement by the Quality Governance and Assurance Managers with operational staff in their areas both via their sector quality governance meetings and informal interactions*
- *HR led leadership development programmes.*

More broadly, we include examples of learning on the Trust website and disseminate these across the Trust via in our *Insight* magazine, *Clinical Update Bulletins* and *Control Services Bulletins*. To widen the learning in appropriate cases, we also share these with the National Ambulance Patient Experiences Group.



6. Changes to service provision/case examples

Operational concerns

Example one

The patient's daughter complained that the attending staff were reluctant to remove the breathing tube from her mother after she died at home.

The patient's death was treated as 'unexpected' as the attending staff were unaware that there was a CMC record in place and the wrong pathway was followed.

We were satisfied that the crew proceeded as they did based on the information they had available but advised the family that the Trust is undertaking a lot of work about CMC and end of life care to improve our practice, including workshops, a mapping exercise, preparing new guidance for staff teams and exploring their respective training needs.

Towards that objective, this incident raises a range of learning issues and an anonymised account of it will be used as illustrative of how opportunities to have regard for the patient's wishes and thus avoid the additional distress that can be caused to families and relatives.

The family were invited to meet with representatives of the Trust how they could become involved.

Example two

The patient complained that he was incorrectly given an increased dose of adrenalin intravenously when he suffered an allergic reaction.

The matter was simultaneously reported by the member of staff and the matter was considered by the Serious Incident Group (but not declared)

The member of staff had checked the clinical guidelines about adrenaline dosage but overlooked the indicated route. She later advised a Clinical Team Leader (CTL) that she should have considered the intramuscular route for adrenalin and the CTL in turn advised the hospital.

The staff member has been reminded of their responsibility to check all equipment as the stethoscope had become disassembled and the importance of verifying the use of adrenalin when treating anaphylaxis patients. The staff member has also been temporarily withdrawn



from working as a Fast Responder and will be fully supported by a CTL in their development until they are confident enough to return to the role.

The complaint was upheld.

Example three

We received a complaint from a member of the public that staff at Waterloo have been littering the street with cigarette stubs.

Arrangements were made in collaboration with our Estates department and cleaning contractors to remove these on a weekly basis.

The complainant was advised that we also promote non-smoking with support for staff who wish to give up. We will also remind them of their responsibility to dispose of cigarette stubs appropriately.



Example four

Complaint hosted by Acute Trust seeking why patient wasn't immobilised following a fall from height.

The crew omitted to clearly document any examination findings in relation to their assessment of the patient's cervical spine although they were able to determine the presence of midline thoracic spine tenderness. National clinical guidelines indicate that patients who are alert and have no abnormal neurological findings may be assisted to self-extricate where midline spinal tenderness is present, but a trolley bed should be placed as close to the incident scene as practicable; the patient was instead permitted to walk all the way to the ambulance. The crew



then omitted to immobilise the patient using a cervical collar and blocks which is not consistent with national clinical guidance.

Extensive feedback will be given to the crew with a particular focus on spinal assessment and immobilisation.

Example five

A complaint was made that the patient sustained an injury after the attending staff trapped his arm between the stretcher and the ambulance.

An apology was offered. The crew have reflected and learnt from the incident including checking 'pinch point' areas to ensure patients are in the correct position to be transferred; and to balance the risk when considering using trolley straps or blankets in order to maintain the patient's limbs in a safe position.

Example six

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

Health Partner Alert

Example seven

The patient's GP raised a quality alert that despite the DNAR being made available to the attending staff, chest compressions were undertaken on the patient.



This incident was referred to SIG and although not declared it was agreed that a clinical team leader should feedback familiarisation and support to the staff involved about the validity of a DNAR and where to get help with resuscitation decisions before they are made.

Feedback from the local CTL is that the crew undertook a reflective practice session and he is satisfied that learning has been understood. This incident has been flagged for consideration in the Insight Magazine.

A response was provided to the GP advising that this could be shared with the family.

Control Services

Example eight

The patient's mother complained that an ambulance was not sent for her son who had collapsed suddenly injuring his head.

The Quality Assurance review of the 999 call indicated that the call handler of the initial call should have applied the Traumatic injuries protocol to assess a head injury which would have achieved a higher priority outcome being determined. The EMD will receive extensive feedback

Example nine

We received a complaint that the call handler could have managed the 999 call more proactively when the caller found the patient wandering in the street.

We confirmed that the EMD should have attempted to do more to assess the patient's presentation as he was clearly very vulnerable. The EMD should also have considered seeking advice from a supervisor and contacted the police directly.

NHS111

Example ten

A patient complained that despite advising NHS111 that they intended to make their own way to hospital, this was not acted upon and an ambulance attended and arranged for a forced entry.

We have agreed to reimburse the family for the costs incurred in the repair.



Example eleven

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.

Financial Remedy

Example twelve

The patient's daughter complained that the attending staff accidentally damaged the patient's stair lift when removing the patient from the property. The attending staff were a St John vehicle attending on our behalf. We have agreed that St John Ambulance would reimburse the family on receipt of an itemised invoice.

Example thirteen

The patient's son complained that due to confusion over the repatriation booking of his mother who was returning from abroad, resulted in the family booking a private ambulance which incurred substantial costs. We erroneously agreed to arrange the ambulance, unfortunately the booking did not meet the eligibility criteria for us to arrange an ambulance and the family had no option but to book a private vehicle. The other agencies involved declined to contribute. As the primary responsibility lay with our mistake, we agreed to compensate the family and are currently awaiting their confirmation of acceptance.

Positive Feedback from complainant

A colleague of the patient complained about the way in which their 999 call was managed. Following our response, the following comments were received:

Thank you very much for your response to my complaint, I could not ask for more feedback than this and I am comfortable that it is being dealt with appropriately.



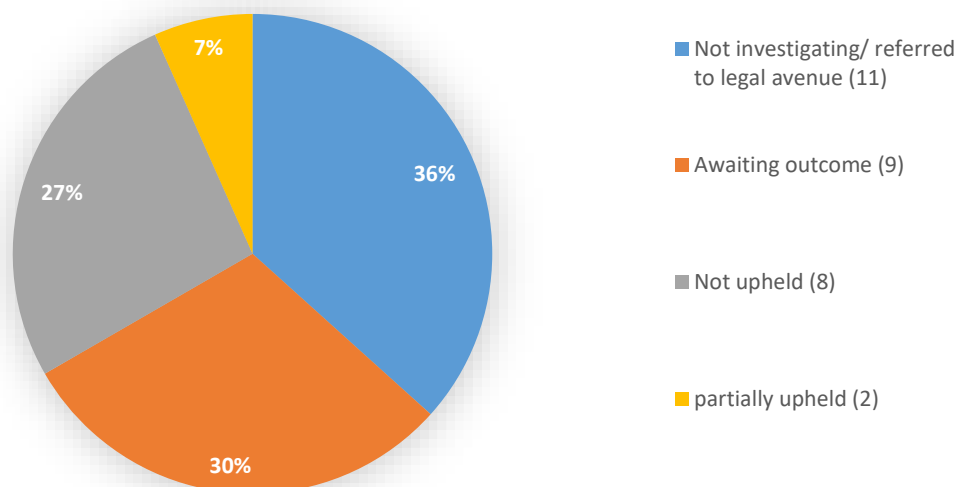
I just want to add that I have always had an exemplary service from the NHS Ambulance service and really appreciate the good work everyone does and also the seriousness that you take patient welfare into consideration

7. Ombudsman cases

The Ombudsman continues to investigate a high proportion of complaints across all NHS Trusts, especially where a death has occurred.

Pie chart 1 showing requests by the Ombudsman and outcomes:

Ombudsman referrals 2018/2019



8. PALS

PALS offer immediate assistance including liaising with other departments and agencies. During 2018/19 there were 4319 contacts from patients, carers, relatives and the public.

The most common subjects of enquiry are hospital destination, lost property and requests for medical records; policy and practice enquiries are also common from academics, students, other health and social care agencies and members of the public. Bereavement related enquiries are a further consistent theme.



9. Solicitor enquiries

The team includes a specialist who process all requests for medical records, including those made by a solicitor acting on behalf of the patient or relatives, where legal action is not intended against the Trust. Additionally, we facilitate requests for witness statements, which are obtained via a face-to-face interview with staff.

The provision of medical records no longer attracts a fee - 1651 requests were made by solicitors for medical records and requests to interview operational staff – see below

Table 5 Solicitor summary

	2016/17	2017/18	2018/19
April	93	115	133
May	113	147	139
June	114	139	116
July	125	133	127
August	103	123	133
September	109	98	125
October	111	129	172
November	103	139	116
December	84	121	148
January	106	125	123
February	124	166	141
March	136	133	178
Totals	1321	1568	1651





NHS

London Ambulance Service
NHS Trust



Quality Strategy:
Visions 2020
(refreshed)

Quality Account:
2019-2018

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CQUINS 2018-19 : UPDATE

Foreword

The London Ambulance Service is the only pan London Trust and is the busiest ambulance service in the country responding year on year to increasing demands. Our Trust was inspected February 2018 by the CQC, who gave us an overall rating of 'good' in their final report. The outcome from the inspection also gave assurance to our regulators that we could be removed from Special Measures status, a significant achievement for the organisation. The care we give to patients was rated as outstanding, a number of services were rated as 'good' but the standards observed were not consistent nor of the quality the Trust aspires to deliver.

During the year we have delivered a comprehensive action plan against our CQC inspection findings and also our quality priorities, we will outline these in various section of this report. Also in 2018-19 we have revised our Trust wide strategy and set out an ambition to provide a world class service. As identified in our previous strategy, we want to strive for 'outstanding' Care Quality Commission (CQC) rating across our sites and services by 2020.

We hope our commitment to improvement and our determination to get things right for our patients, people and stakeholders is clear in this strategy. We are working to harness opportunities to continuously improve in order to provide safe, high quality, patient-centred care for all our patients. In addition we need to ensure that our staff are provided with the skills and support to deliver the right care and feel motivated and able to do so.

To achieve this, we are rolling out a programme of developing our pioneering services for specific patient groups, that include mental health, fallers, end of life care and maternity services. At the same time, patients will have a stronger voice than ever before through the implementation of our new Patient and Public Engagement, Volunteering and stakeholder strategies. We will continue to work more closely with the people and the communities we serve to make sure that the care they receive is centred on their needs.

This strategy is the plan by which we will continue our journey to achieve our ambitions and a positive outcome in subsequent CQC inspections as continuous quality improvement becomes our business as usual.

Dr Patricia Bain
Chief Quality Officer

Statement of Directors responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHSI has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporates the above legal requirements) and the arrangements that NHS trust boards should put in place to support the data quality for the preparation of the quality account. The London Ambulance Service, whilst not a Foundation Trust has prepared the annual quality account in line with this guidance ensuring directors have taken steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2018 to March 2019
 - papers relating to quality reported to the board over the period April 2018 – March 2019
 - feedback from commissioners dated April 2019
 - feedback from Overview and Scrutiny Committee dated March 2019
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019
 - the 2018 national staff survey
- The quality report presents a balanced picture of the NHS trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

Chair

Date

Chief Executive

Date

Section 1:

Introduction to our Quality Strategy & Accounts 2019/20

The quality strategy for the Trust, aims to bring together our plans in line with our overarching strategy, business planning process and the CQC quality assessment framework. The purpose of the strategy is to set out the goals and targets for London Ambulance Service (LAS) in providing high-quality services over the next year and, therefore, delivering our vision and objectives.

Developing our Trust-wide strategy

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.

Our trust strategy focuses on improvement, and therefore supports delivery of our vision and objectives. It sets out a number of the key enablers and examples of the projects required to improve performance to illustrate the breadth of our work programme.

These objectives have quality embedded in them. This shows the commitment and reality that quality drives all that we do.



The Trust's vision

The London Ambulance Service is uniquely placed to play a wider role within the London health economy.

Our ambition is to become a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care on scene, on phone and online.

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

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

Our Purpose

We exist to:

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



London Ambulance Service
NHS Trust

Our vision

Building a world-class ambulance service for a world-class city

London's primary integrator of access to urgent and emergency care
on scene | on phone | online

Our purpose

We exist to:

Provide outstanding care for all of our **patients**

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

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

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

Our values & behaviours

Respectful

Caring for our patients and each other with compassion and empathy
Championing equality and diversity
Acting fairly

Professional

Acting with honesty and integrity
Aspiring to clinical, technical and managerial excellence
Leading by example
Being accountable and outcomes orientated

Innovative

Thinking creatively
Driving value and sustainable change
Harnessing technology and new ways of working
Taking courageous decisions

Collaborative

Listening and learning from each other
Working with partners
Being open and transparent
Building trust

What is the Quality Strategy?

Our quality strategy is the plan through which we focus on the quality of clinical care and patient experience to ensure that we continuously improve our services. It ensures that quality drives the overall direction of our work and that the patient is at the centre of everything that we do.

This strategy sets out our definition of quality, and describes our vision and direction, ensuring that quality is our number one priority. It sets out our five quality goals and associated targets and a number of projects which we must focus on to ensure we can evidence that our services are safe, effective, caring,

well led and responsive. This year we will also include our Use of Resources to provide evidence of our commitment to ensure we are providing public value. It describes how we have further strengthened our governance arrangements to ensure delivery and sustainability from 2019/20 and beyond. The

strategy also outlines our current position, showing the improvements we have made in our 2018-19 Quality Account priorities and what we are building on going forward.

We set out an ambitious strategy in 2018/19 and have delivered against all our key priority areas. Our commitment is to make quality central to all that we do. This is evident in our development of new ways of working through our programme management office, quality improvement training and cultural and leadership programmes. These will drive and support the development of a continuous and sustainable improvement culture. Through our Integrated Urgent Care and our pioneering service development



work we have strengthened our system wide partnerships and have worked with all relevant stakeholders to ensure integration of healthcare across the wider integrated urgent and emergency care system.

It provides a modern approach to continuous improvement and acknowledges that our people are central to delivering our strategy.

We will continue to use the implementation of the Quality Strategy to strengthen confidence and pride in the services we provide. We want patients to be confident that the Trust is among the best in the world.

We want people working in and with the Trust to be confident that they are providing the best service they can, are valued and are important. The implementation of the People and Culture strategy has made real progress in these areas throughout the year and this work continues. We want a shared pride in the Trust and assurance that it is the very best it can be.

How we developed the strategy

The strategy has been informed by the reports and recommendations from key stakeholders, staff and patient representatives and the CQC framework. We also assessed our progress against priorities in our last quality account.

Comparison was also undertaken of trends and variation from a range of intelligence including:

- Patient surveys
- Staff surveys
- Governance data, e.g. incidents, complaints, claims and audit

This was then merged with feedback from key stakeholders, including our people and our commissioners.

We have therefore been careful to develop goals and targets that are



measurable whilst trying to encapsulate our commitment to the qualitative elements of our work.

This will provide clarity for our patients and external stakeholders, and ensure that our people have tangible, measurable and reportable goals to aim for. These targets will be redefined each year in our annual quality account, with progress monitored through the Trust's governance system. We believe that if we can meet our targets under each quality domain, we will see significantly improved outcomes for our patients and a better and safer working environment for our people. Our goals and targets have been selected to have the highest impact across the Trust and are purposely challenging.

We recognise in particular that we need to improve many of our processes and systems to ensure better outcomes and experience for our patients and staff. Much work has been focused on risk management and corporate and clinical and quality governance systems and processes. These programmes have been established to deliver specific time bound programmes of work. We will focus

heavily on cultural change and the health and safety of our staff in 2019-20.

What is our definition of quality?

We have based our definition of quality on the CQC's framework, which draws on the Francis, Keogh and Berwick reviews and recommendations.

Our approach aligns Berwick's improvement principles which are embodied within safe, effective, caring, responsive and well led domain and this year Use of resources. The combination of performance in each of the domains determines the overall quality of the healthcare we provide and support to our staff. We believe that we can improve services only by supporting continuous improvement in all areas hence our commitment to this driver.

The previous quality account and improvement programme for the Trust focused on making immediate quality improvements and ensuring that we achieve our rating of 'good' in our CQC inspection in 2018-19. This strategy and our priorities for 2019-20 and beyond will strive to bring the trust to an 'outstanding' rating.

The quality domains

The quality domains are outlined below, together with the descriptor of what these mean. The domains match those used by the CQC to ensure we are focused on making improvements which are aligned with our regulatory body's expectations.

Safe

People are protected from abuse and avoidable harm

Caring

Staff involve and treat people with compassion, kindness, dignity and respect

Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Responsive

Services are organised so that they meet people's needs

Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

Delivering the Strategy:

How will the strategy be delivered and progress monitored?



Quality Goals and Targets

The strategy will be delivered through the achievement of our quality goals, which are supported by specific annual targets. These are outlined under each quality domain and have been chosen to ensure that we focus on making improvements where they are most needed, and on sustaining improvements that have already achieved. We believe that if we can meet our goals and targets in these priority areas, we will see significantly improved outcomes for our patients and a better and safer working environment for our staff. The goals and targets under each domain are incorporated into the quality report and performance scorecards, ensuring they can be tracked from station to board. This will provide clarity on the Trust's priorities and will show the impact of the improvements we have made during 2019-20.

Building Delivery Capacity and capability

Last year our strategy focused on ensuring that the right skills and capacity were built across the organisation in relation to quality improvement methodology. We have completed our 3rd cohort of training programmes and this will continue throughout 2019-20. Our focus this year is on building a culture of safety and continuous improvement to ensure all of these changes are embed and sustained

In particular we also want to focus on the health, safety and well being of our staff. There is much evidence that when staff are healthy, feeling valued then the patient care they provide is also improved.

Building a Safety Culture

Integral to all programmes must be the aim of robust patient and staff involvement so they support the development of what represents a high quality and efficient service. It

is important that we continue to explore further ways of getting feedback from staff via Quality Champions, incident feedback and learning mechanisms, staff surveys and Chief executive roadshows in addition to our patients and carers and community groups, and continued engagement with the Healthwatch, Patients Forum and other key groups.

The importance of ensuring that we build a safety culture was outlined in the CQC document December 2018 'Opening the door to change': NHS Safety Culture and the need for transformation. Our strategy will be built around the principles outlined in this document.

Creating alignment: Our Priorities

Alongside the quality goals and targets, we have developed measurable and structured improvement projects aligned to our strategic and business objectives. These projects have been informed by analysis of a number of measures of our performance including:

- Our strategic intent
- Current performance against national and local targets
- Our quality account
- Areas of known risk
- Our business planning objectives
- Our CQC inspection and report during 2018
- Review of the key lines of enquiry that the CQC publish.

Each project has been assessed for their potential to positively impact on the Trusts strategic goals and targets and we are confident that we have the necessary work in progress to deliver our objectives.

Progress with these improvement projects will be reported via the Trust's governance and performance and programme management

structures. This will allow us to measure and monitor the milestones, outcomes and timeframes of the projects, with clear lines of accountability and responsibility to the project owners. Executive oversight of quality of care in the Trust is through the Quality Oversight Group, which will report quarterly progress and exception to the Quality Assurance Committee. Trust board reporting will occur on a quarterly basis. Our annual Quality Account will report on progress against the strategy and confirm the targets for the following year.

Education and training

We recognise that our staff are the key to delivering the strategy and we need to train and support people to make continuous improvement and develop systems and processes further. We have therefore agreed to adopt a standardised approach to improvement using the Quality, Service Improvement Re-design model: QSIR to ensure staff have the tools they need to sustain improvement.

Our aim this year is to add to this and focus on providing all staff with understanding of Human Factors and the concept of safety systems. Understanding of human factors is a key element of building a better patient and staff safety culture.

We will also explore the opportunities for simulation training and the provision of appropriate facilities to provide staff with 'real life' scenarios, some of which will be based on serious incidents that have occurred within the organisation. We will explore opportunities to share and expand this provision with our alliance partners South Central Ambulance Service (SCAS).

Investigation and Learning Incident investigation and solution development has long been recognized as important, however

it needs to be effectively implemented (CQC 2018) – we will focus on strengthening our investigation processes, learning and implementation of actions and ensuring they are monitored robustly. We have introduced a Serious Incident Assurance and Learning Group to focus on this aim. In addition we will explore the opportunity to develop an Investigation and Learning Unit which will be a central team who focus on providing support for investigations and sharing learning in a more consistent and effective way. The Unit will also eliminate the current issues with capacity in relation to undertaking SI investigations within the Trust.

We will also ensure that the methodology used on our patient incident investigation is utilized for our staff safety incidents. This improved methodology will provide more accurate information in relation to the contributory factors that impact on health and safety incidents.

We will utilize the staff who have been trained throughout 2018-19 to support the improvement projects at sector and directorate level. These staff will provide others with the skills and tools to empower them to lead their own Quality Improvement (QI) projects. QI improvement plans have been developed by staff at every level, with the focus to build capacity across the workforce. These plans will be continually reviewed throughout the year and monitored via the quality oversight group.

Standardising processes

Finding the time to implement change in different settings is a clear barrier to implementation (CQC 2018). There is a need to reduce the pressure on staff and one way of doing this is to adopt greater standardization where it is safe and feasible to do so. However this needs to be done without reducing the ability of staff to work



flexibly and use clinical judgement whilst ensuring that the tolerance for 'work arounds' is reduced.

Any standardization would need to relate to processes that lend themselves to it; that there is extensive co-production with the frontline staff in developing the processes; include mechanisms for discretion.

We also need to allow our staff time to be involved in the development of improvement programmes. In that regard we need to work with the operational management teams to ensure that abstraction is considered both fairly and proportionately whilst the demand in operational delivery is considered.

Leadership and Governance

We need to continue to ensure that our governance and leadership affects the Trust positively. Effective governance systems are essential to ensure that risks are managed and improvement implemented in a way that acknowledges workloads and competing priorities. Staff need to understand the governance processes and be provided with information to ensure they are used and navigated appropriately.

Strengthening our learning frameworks and time to learn as well as monitoring more closely actions from patient and staff incidents will be a key focus in 2019-20.

Supporting staff

There is a well established relationship between staff experience and patient experience that underlines the need to give priority to both these issues. The People and Culture, Clinical and the Health and Safety Strategies set out many areas to improve, monitor and support staff in their working environment. The organisation aspires to create an environment that mean staff enjoy their work, have career progressions and one that avoids the risk of staff burnout in the face of rising demands for care and maintains their wellbeing and safety. With that regard we are including specific targets within our quality priorities in relation to musculo-skeletal injuries and staff well-being to ensure they are minimized. This will be the focus of a comprehensive campaign during 2019-20.

Learning from patient and staff experiences

The organisation, through its various strategies sets out its commitment to listening and learning from the experiences of patients and carers and staff ensuring their full participation in design, re-design, assessment and governance.

We have established innovative methods of engaging with patients as part of our pioneering services programme and will continue to build on this by developing a patient and stakeholder strategy that ensures we collate and act on feedback from all of these various sources to improve the quality and safety of care for our patients. Likewise through our Health and safety strategy for our staff.

Section 2:

Looking Forward: Our Quality goals and targets 2019-20

Our goals are set out under each of the quality domains. The targets which support the delivery of these goals have been developed for our year one of the strategy. Each year we will review progress and ensure our targets are focused on areas where improvement is most needed and will be defined within our annual quality account.



Safe

People are protected from abuse and avoidable harm

Goal: To eliminate avoidable harm to patients in our care and our staff as shown through a reduction in number of incidents causing severe and extreme harm. We believe harm is preventable not inevitable.

We want to ensure our patients and staff are as safe as possible while under our care and employment and that they are protected from avoidable harm. Our goal will be to be below the national average for the number of patient incidents causing severe and

extreme harm in year one and continue to reduce the number throughout the years of the strategy. In addition to be within the top quartile for staff safety measures nationally. Throughout the year, we will be focusing on achieving sustainable improvements in the target areas outlined below; these targets aim to reduce avoidable harm in specific priority areas and set the trajectory to ensure that we can achieve our goal of eliminating avoidable harm and improve safety and well-being of our staff by the end of year 2020.

Over 90% implementation of all actions in the Gosport Enquiry Action Plan by April 2020

Target 1

During the latter part of 2018, the findings of the Gosport Enquiry (January 2019) published. The report and its recommendations have been included in the regulatory assessment process to ensure that the issues highlighted in the report are not repeated across the NHS. The enquiry outlined failings in safety culture, prescribing and monitoring of drugs and incidents and implementation of medicine guidelines and policies. The Chief Pharmacist, working with the Freedom to Speak Up guardian, members of the quality and medical directorate, conducted a gap analysis against the recommendations.

The action plan was approved at the quality assurance committee and by the Board. The actions within the plan will be monitored via the Quality Oversight Group and evidence presented for assurance purposes.

Actions both at directorate, sector and trust wide have been identified. These actions will be included in performance meetings reports and available on the website. We will be

able to identify areas for further improvement via the regular auditing of compliance carried out at sector level. Any further actions will be added to the plan. Our regulators will be able see, assess and access evidence with regard to our improvement status at the via our Health Assure system.

Target 2

Improving station security

Security of our premises and access to our systems were challenged during the year. This has led to additional scrutiny by our regulators in relation to station and system access.

The situation involved a significant number of changes to our security systems and processes, some of which involved immediate, short and medium to long term solutions.

A comprehensive improvement plan has been developed and it is critical that the organisation ensures that this plan is embedded and we have evidence of implementation.

In addition, we need to continue to horizon scan risk relating to access to our premises and systems . During the year we will:

- Ensure our site access is secure
- Zero tolerance to security breaches
- Our estate is fit for purpose

- Issuing of uniforms and ID badges follows a robust process
- we create a culture that is 'OK to Challenge'- this will be supported by a trust wide communications campaign.

It is recognised that security is a multi-factorial system problem and we need to work together to identify issues at each stage and resolve them. We will continue to work to reduce the risk of these types of incidents happening during 2019-20 and beyond.

>90% completion of trust-wide security implementation plan

Reduction in similar security incidents from April 2019 baseline

Target 3

During 2018-19 the Trust made significant improvements in serious incident investigation methods and some improvements in learning from incidents.

However we know we can do more to improve the position and also to support our overarching aim which is to develop a culture of patient safety, as set out in the opening pages of this document.



We will therefore build on the work to:

- Reporting excellence and increasing the number of learning events in every sector
- Introducing Excellence in Safety awards
- Ensure that our Serious Incident Assurance and Learning Group provides evidence of implementation of actions
- Utilize those staff trained in QI to support implementation of safety and quality improvements
- Work towards increasing the amount of human factors training in the organization
- Explore the development of an investigation and learning unit.

Increased scores in relation to learning from and reporting incident in the annual staff survey compared to April 2019 baseline

Target 4

A specific aim this year is to ensure that the number of incidents and the sickness levels related to musculo-skeletal injuries is reduced. We have made progress during 2018-19, with the rate sickness decreasing from 7.1 to 1.7 per 1000 incidents. However the level of response within the staff survey identifying staff suffering from these injuries has increased from 47% to 52%. This does not include success rates.

The human suffering and the loss of quality of life is considerable, In addition the cost to the trust for each incident is on average above 50k per staff member who take over 6 days in sickness absence (HSE 2019) this is believed to be an underestimation of cost.

Clearly we need to focus on this and during the year we will run a 'Reduce MSK' campaign sponsored by our Chief Executive and Chief Quality Officer. The campaign will aim to improve training ,

equipment provision, monitoring and investigation of further causal factors for every incident above moderate harm. This information will be used to continually identifying and implementing change. An overarching programme of work will be developed and monitored via the Health and Safety Committee and to the Board on a quarterly basis.

Reduction in both incident of and sickness rates for MSK injuries from April 2019 baseline

Caring

Staff involve and treat people with compassion, kindness, dignity and respect

Goal: To provide our patients with the best possible experience. Improving the care we give to vulnerable groups.

We know that treating our patients with compassion, kindness, dignity and respect has a positive effect on recovery and clinical outcomes. To improve their experience, we need to listen to our patients, their families and carers, and respond to their feedback.

We will aim to improve our position, with our goal being to ensure that patient involvement in all service redesign programmes and our patient involvement framework is implemented. In addition we will provide the best possible care to patients with mental health conditions and who are at the end of their lives to evidence our services are caring and patient centred in all aspects.

Target 1

Our work supporting patients with mental health and with sometimes complex medical conditions has been acknowledged as exemplary. As part of our Strategic Intent, we are aiming to improve and develop services that are recognised as 'pioneering' in relation to this patient group. Our aim during 2018-19 was to pilot our approach to responding differently to this cohort of patients

We have designed a pilot evaluation framework which have established a strict set of evaluation criteria for the pilot before it started operating, so we have clarity about what we are measuring and what our baseline is, so that we are able to formally and accurately evaluate the benefits or challenges associated with the pilot. Additionally we have worked to identify a trajectory of ED conveyance reduction attributed to each pioneer service.

The mental health service, is one that involves a registered mental health nurse who will respond alongside a paramedic to patients with mental health needs. We have successfully recruited paramedics to staff this pilot alongside our existing mental health nurses and the pilot officially commenced in November 2018 for a period of six months. The pilot will place in South East London. We have had discussions with our partners within

South East London to support the development of our Mental Health service. We ran a 'Whose Shoes' engagement event in February 2019.

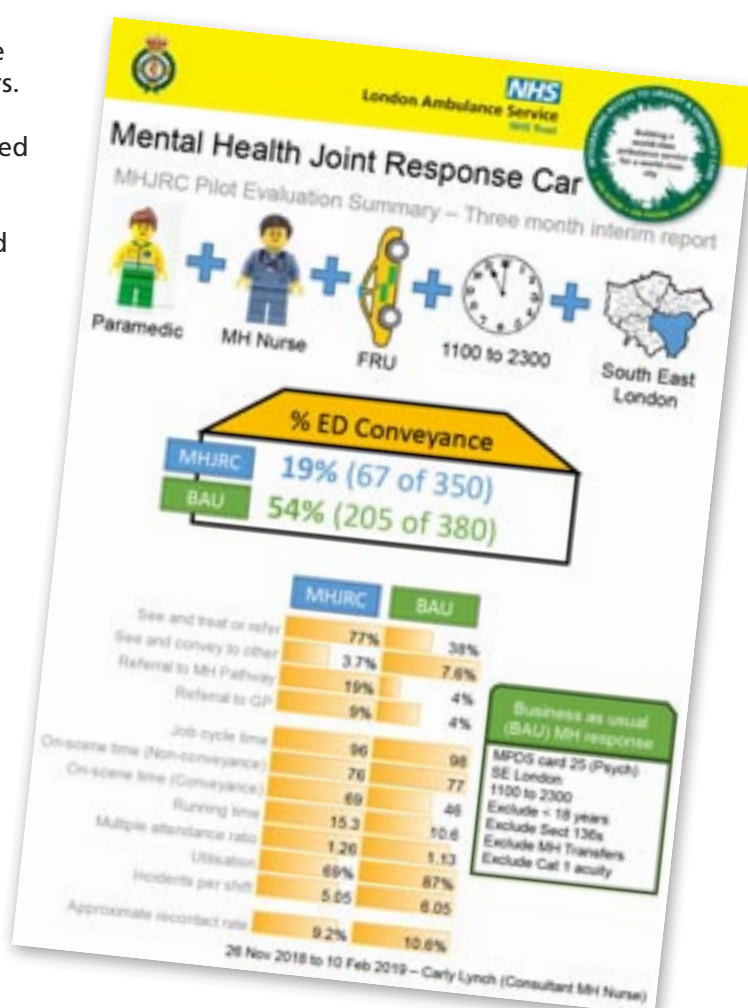
Mental Health ED conveyance actual vs plan

The pilot has shown extremely promising results in terms of reduction in conveyance to emergency departments and increasing our see and treat numbers. Patients have therefore benefited from prompt, appropriate care and been directed to relevant pathways more quickly.

We will therefore continue to work with key stakeholders to provide a system wide development of the service, This is likely to include roll out of the services to all areas in the trust and working with our experts in mental health organisations to ensure we have seamless,

timely and appropriate care across the pan-London healthcare service provision.

Mental Health response car service to be rolled out across a minimum of the South East sector during 2019-20





Target 2

End of Life care provision is sometimes a very challenging and very emotive part of the care we provide to our patients. During 2018/19 we were fortunate to gain Macmillan care funding to employ a full-time end of life consultant nurse.

Our main strategy is to ensure that all of our staff are trained and feel confident in supporting patients and their carers when their loved ones are at the end of their life. Performance metrics are being developed to monitor progress against this improvement programme. Our aim is to increase the level of skills and knowledge to our staff and ensure they feel confident in providing the best care to patients at the end of their lives.

Evidence of increase in skills and knowledge for staff groups in supporting patients who are at the end of their lives compared to baseline position from January 2019 in-house survey

Target 3

The LAS currently involve many patients in the development of its improvement activities. However the NHSI have, during 2018-19, produced a framework for organisations to provide evidence that they are assuring regulators and themselves that they are doing everything they can to gain feedback from patients and involve them in the development of services.

The trust has refreshed its previous

patient and public involvement key actions and made additional amendments to include the key indicators from this report.

We have a clear implementation plan that covers 5 main improvement areas:

- Involvement in individual care and treatment
- Service delivery, development and transformation
- Strategy planning
- Assurance
- Meeting statutory and regulatory obligations.

Meeting these requirements will involve multiple stakeholders and staff across the organization as well as engagement with external stakeholders. We will ensure that the plan is monitored through the Patient Involvement Group and with oversight via the Quality Assurance Committee reporting to the Board.

Ensure that over 90% of NHSI patient involvement KPIs are met during 2019-20 from January 2019 baseline



Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence

Goal: Ensure staff compliant in providing 'best practice' care and to be in the top quartile for all national clinical audit outcomes.

Clinical audit is a key improvement tool through which we continually monitor and improve the quality of care that we provide. By fully taking part in national clinical audit programmes, we are able to benchmark our performance against our peers, ensure the care we provide is evidence-based and measure improvements on a

year-by-year basis.

We aim to be in the top quartile for outcomes for all those national clinical audits in which we are eligible to participate and where data is analysed this way. This enables us to have evidence that each of our services is effective and promotes a good quality of life for our patients. Further assurance of this will be provided by compliance and training that meets the changing nature of service delivery.

Target 1

We have chosen this target to ensure that we can provide a timely response to all patients in all of our performance metrics. Currently our handover to green, the time it takes

for our crews to make themselves available for another call after hospital attendance, has improved from the position earlier in the year. However, our category 2 calls are not always consistently met across the organisations and for all CCGs.

Further improving handover to green in all areas of the trust will, in part, provide further opportunities to respond more quickly to all calls. Clearly we will continue to work with our system wide partners to improve the handover times at emergency departments which





will also provide us with more resources to respond to calls.

We will continue to use our performance reviews to assess progress against this measure. When improvements are identified we will develop solutions during the early part of 2019. Ultimately the aim is to ensure our staff continue to provide the quickest response to all of our patients with the aim of providing them with the most clinically effective care in a timely manner.

Reduce the average handover to green response time in all sectors from 17 minutes to 15 minutes by April 2020

Target 2

During 2017-18 the LAS, successfully bid to run the NHS111 and integrated urgent care (IUC) service across North East London. The LAS now provides these services in both North East and South East of London.

Our strategy sets out our aim to be the single point of access to health care services in London. The emergency services have a key set of nationally agreed quality indicators that the trust monitor regularly. However for integrated



urgent care these set of indicators have yet to be agreed. We therefore need to ensure that we are monitoring the response and the care we provide to evidence our competence in delivery and ability to expand these services across all of London. We aim to provide and exemplary service to all of our patients.

During 2018-19 the LAS worked with the business intelligence team to ensure that we develop methods to collate and report on IUC and NHS111 indicators. In doing so we will have clear evidence of areas where we have improved patient outcomes and also have the ability to highlight areas where we may not be meeting the standards of care that we strive to deliver.

Meet service wide NHS 111 and IUC quality targets evidenced via agreed indicators by April 2020

Increased consultant complete episodes from April 2019 baseline

Target 3

We recognized that a consistent theme in our incident investigations related to our questioning in relation to the 'nature of the call' when patients called our emergency operations centre.



We implemented actions, however the issues still remain. We will therefore conduct a 'deep-dive' into the service and the way in which these calls are handled to identify any further and perhaps stronger controls i.e. the use of technology to alert and inform call handlers.

Following the deep dive we will develop an improvement plan which will be monitored via the Serious Incident Assurance and Learning Group. We will adopt a standardised approach to the actions across both of our emergency operation centres at Bow and Waterloo.

As part of our aim to improve our patient safety culture we will engage as many staff within the departments and our QI trained staff to support the learning and development of improvement plans.

We will agree the implementation plan with the senior leadership team to gain their support and agreement to enable a critical mass of staff to be involved and to ensure we have realistic and timely plans.

Improvement plan agreed and actions signed off by senior leadership team.

A reduction in nature of call incidents from January 2019 baseline

Responsive

Services are organised so that they meet people's needs

Goal: To consistently meet all relevant national performance target standards through responsive patient care.

Having responsive services that are organised to meet people's needs is a key factor in improving patient experience and in preventing delays to treatment, which can cause harm to our patients. Our engagement events have shown that our patients agree.

To do this, we will continue to review our processes to ensure they are as efficient as possible, while keeping the needs of our patients central.

As well as the national targets above, we will focus on the following targets to improve our responsiveness as a Trust to patients who complain.

Target 1

Over the last 12 months the Trust has consistently been one of the strongest performing ambulance services. It is currently the third highest national performer in

implementing the new ARP standard response times.

Subsequent to this all ambulance trusts are now monitored against a set of 13 newly developed Ambulance Quality Indicators (AQIs). These AQIs are part of our

Board reporting framework and will be monitored bi-monthly at Board and monthly by executive leads at monthly performance meetings.

Our aim is to be in the top 3 ambulance trust, as measured by the aggregate score consistently



across 2019-20. Additional recurrent funding has been secured over the last six months for additional frontline and Emergency Control Services staff, and we have also introduced an additional Incident Response Team to further strengthen our resilience capability.

To be in the top 3 ambulance trusts demonstrated by our score on the aggregate AQIs, consistently throughout 2019-20

Target 2

One of the targets that the trust did not meet was the % of patients receiving a response from our complaints team within the 35 day target. The final outcome was 68% against a target of over 75%. We will therefore carry over this priority area to 2019-20. Further analysis of the barriers in meeting this target were identified:

- Inclusion of NHS111/IUC centre complaints which increased the number of complaints being handled
- Delay in recruiting additional staff to the team to provide clinical opinions
- Inefficient systems and process that led to delays in signing off complaints

We will therefore address these issue and continue to monitor progress against this target via the Quality Oversight Group, Quality Assurance Group and the Board.

To respond to over 75% of patients complaints within the 35 day target from the 68% April 2019 baseline



Well Led

The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture

Goal: To increase the percentage of our people who have been trained and provided with leadership development.

Evidence shows that people who are engaged and happy in their jobs, respected and given opportunities to learn provide better care for their

patients. Our goal is to increase the percentage of people who would recommend our Trust as a place of work. By supporting our people to develop, we are improving the culture and ethos of the Trust – both as a place to work, and as a patient. This goal will be supported by the targets outlined below.

Well led

During 2018-19 we have strengthened further our governance systems and processes and set out additional key strategies e.g. Patient and Public Engagement, Refreshed our Health and Safety Strategy and Clinical Strategy and working towards approving our Volunteering and Estates strategies all of which, will act as key enablers going forward to the delivery of our strategic objectives.

Target 1

The CQC key lines of enquiry now include Use of Resources assessment domain that applies to ambulance trusts for the first time. During

2019-20 we will be inspected by the CQC on this domain as part of the annual well-led review.

Throughout 2019-20 our Director of Finance will lead the on-going assessment against the criteria set out in this key line of enquiry. The improvement plan developed from that assessment will aim to be assessed as good and to then further our plans for the next inspection to meet the criteria to gain outstanding rating for this domain in 2021-22.

Gain a rating of 'good' for the Use of resources domain in the 2019-20 CQC inspection

Target 2

Develop and implement quality improvement 'hubs' in every sector. This will comprise of business partners within the quality and assurance directorate, clinical sector leads, compliance leads and QI trained staff. The teams will be responsible for engaging with staff to develop improvement plans and ensuring that these are delivered. The plans will be aligned to strategic priorities within the business plan and our quality account priorities. The teams will also encourage innovative practice and tests of change for these ideas using the Trusts standard methodology.





Quality Improvement teams in each sector and sector quality improvement programmes developed and delivered by April 2020

High performing organisations see quality improvement and leadership development as two sides of the same coin – thoroughly connected and synergistic. We continue to invest in our staff through our leadership development programmes and both the People and Culture and Quality directorate will continue to work together to deliver training to support the success of this initiative. Developing a culture of professionalism, with all staff to ensure they are clear about their roles and responsibilities is paramount.

Outcomes will be monitored via our current governance and performance management arrangements.

The Trust will continue to implement all of our strategies throughout 2019-20 and progress the additional activity outlined below:

- Continue to embed and deliver the Integrated Urgent Care service and NHS 111 functions to ensure full organisational integration
- Implement our refreshed Health and Safety strategy
- Working with STPs in developing and implementing system-wide improvements in delivering mental health services
- Complete the re-structures of the estates and finance directorates to full recruitment
- Develop and implement our Enterprise Programme Management Office (ePMO) function
- Continued implementation of the Quality Improvement Plans and development of patient and staff safety culture across the organisation

- Explore the development of an Investigation and Learning Unit
- Maintain the focus on culture and holding people to account
- Implement the newly revised rosters, annual leave and end of shift arrangements
- Ensure that the estate is secure and safe
- Continue to strengthen IM&T resilience and improvement
- Continue to develop and implement Equality and Diversity Action Plans
- Develop plans to ensure that our staff survey results meet the criteria for an outstanding rating in 2020
- We will continue to deliver our Workforce Race Equality Standard (WRES) Action Plan, and develop a response to the newly required Workforce Disability Quality Standard (WDES) together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation.

Section 3:

Looking Back: Quality performance 2017-18

The progress against our targets and goals we set out in our Quality Account 2017-18 are outlined here, under the quality domain headings.

Quality Priorities 2018-19

The priorities for 2018-19, as set out in our previous Quality Account, (2018) are highlighted below against the 3 domains for quality, Patient Safety, Experience and Effective care. Progress against each of the domains is provided, where relevant impact key performance indicators are included.

During 2018-19 we introduced and established additional roles to support patient safety across the organisation. The Medical Director has introduced Sector Senior Clinical Advisors who work closely with the Quality Governance and Assurance Managers (QGAMs) and the newly created operation compliance function to address quality, clinical effectiveness and supervision and

compliance against quality and performance standards.

In addition we have successfully bid to be the provider of NHS 111 and Intergrated Urgent Care services in the North and South of London. The quality, medical and operational directorates are working closely to ensure we have robust governance processes that are aligned to the current Trust processes to ensure that quality of care and patient safety are not compromised.

We have also recruited an experienced risk manager who is working through an improvement programme to strengthen and embed further our risk management systems and processes and ensure staff are trained to understand risk management.



Target 1: 90% implementation of Health Assure

The Head of Quality Intelligence and Risk has worked with locality and corporate managers to populate the Health Assure system.

The system allows 'real-time' monitoring of quality standards and will be further developed during 2019-20 to include monitoring of policies, audit, NICE guidelines and safety alerts.

The original target set out in the quality account 2018-19 was to have complete implementation by late 2018. However the trust undertook a significant re-structure of the operational teams during 2018-19. This meant that various roles and responsibilities changed. The target was therefore extended until March 2019 to ensure that those whose responsibility it was to implement the system were correctly identified. The Locality General Managers have led this work and have put significant effort into ensuring that the evidence and rating for all of the CQC domains were uploaded and met the deadline in February 2019.

We are currently working with all staff and providing them with the support to ensure that we have regular monitoring via scorecards within the performance meetings and the quality report.



The reports will be reviewed at the sector governance meetings led by the QGAMS and any issues/risks that need resolution will be actioned with the support of the quality directorate. If a trust wide issue is identified from the sector meetings, an improvement project will be developed, where appropriate, to ensure we have a standardized approach to resolution and implementation. All projects will be monitored via the Programme Management Board.

Target 2: Handovers over 15, 30, and 60 minute target and total time lost to reduce quarter on quarter against same period 2017-18

In winter 2015, the LAS, NHS England and NHS Improvement highlighted a lack of consistency in handover procedures and the use of Hospital Arrival System (HAS) PIN. This programme resulted in a series of improvement interventions at ten emergency departments in London. In 2017 the ECIST completed a series of 13 site visits and assessments leading to detailed improvement recommendations. Homerton emergency department was visited as a good practice site. Follow up visits commenced in October 2018 to measure progress against the individual recommendations made by the Emergency Care Improvement Programme (ECIP). This work included widespread sharing of patient flow guidance with operational leads at each acute site and the identification of direct LAS contacts for each Trust.

Following a trial in December 2017 using national early warning score (NEWS) to monitor patients awaiting handover, the NEWS2 score card has been implemented across LAS where the anticipated wait exceeds 30 minutes, and the Trust is working with emergency departments to develop the card for urgent and emergency care settings.

LAS continues to work with local emergency departments to support ECIST initiatives to reduce handover delays; by identifying patients who could either wait or be seen in a hospital chair (#fit2sit), a standard process for patient cohorting and reviewing conveyance choices and alternative pathways. The standard process for cohorting includes a requirement to record any instance of cohorting on Datix.

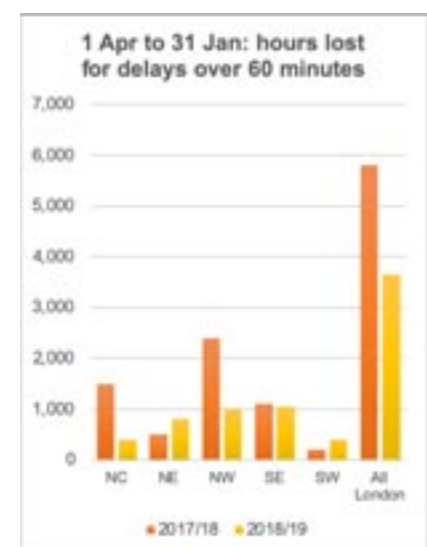
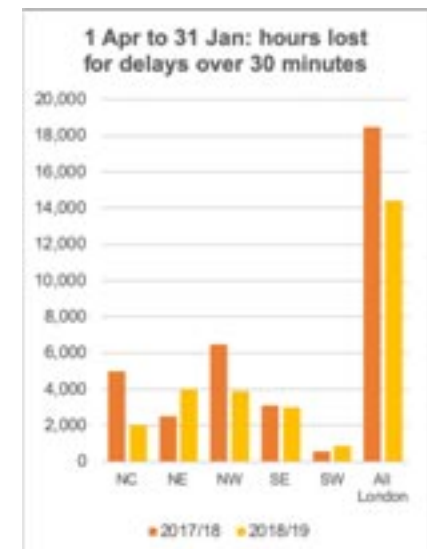
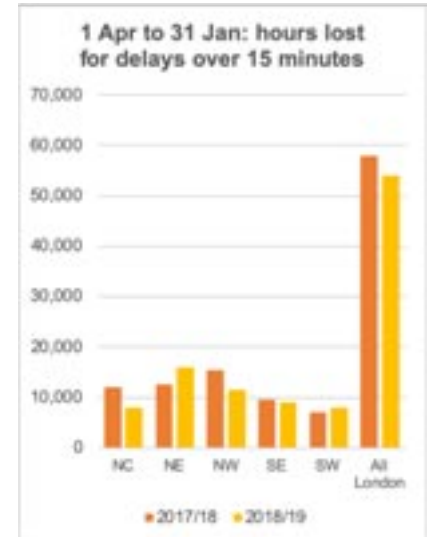
The LAS Medical Director is the executive lead for hospital handover with an LAS senior manager embedded in the NHS England Winter Room. The Trust shares its predictions of conveyance numbers by week, day and hour with each emergency department and the Winter Room. LAS also shares a daily report detailing the time lost at emergency departments to handovers greater than 15, 30 and 60 minutes. LAS holds fortnightly meetings with NHS Improvement relationship leads and STPs to plan and manage the process.

Comparing the period of 1 April 2018 to 31 January 2019 with the same period in 2017/18

- The number of conveyances to emergency departments across London has increased by 2%
- The total number of hours lost across London due to delays over 15 minutes has improved by 7% (ca 3,951 fewer hours)
- The total number of delays over 30 minutes has decreased by 2% (ca 1,456 drop), mainly in North Central London (ca 5,563 = 36%)
- The total number of delays over 60 minutes has decreased significantly on last year by 35% (ca 3,200 drop), mainly in North Central London (ca 2,014 = 69%) and North West London (ca 1,790 = 54%).

The bar charts shows the hours lost to handover for London overall and by STP for the year from 1 April 2018 to 31 January 2019.

We will continue working with our stakeholders to improve these indicators further.



Target 3: 100% completion of secure drug rooms roll-out across all sectors by March 2019 to agreed stations

During the year the Estates department, liaising closely with the medical directorate, have worked to implement secure drug rooms across all sectors in 2018-19.

This has been successfully completed across the majority of sites. Currently 4 more sites have to be implemented and these will be completed by June 2019.

We have seen very positive outcomes in terms of the reduction in secure drug related incidents. In addition the rooms and the CCTV have also helped support investigations when issues have arisen with missing drugs.

The metropolitan police continue to work closely with the Trust in ensuring that we have a collaborative approach to reducing medicines management issues. The relationship is mutually beneficial and positive. The organization will continue to monitor and strengthen its systems and processes in relation to medicines management, evidenced by our new priority to ensure that recommendations from the Gosport enquiry are fully implemented.

Target 4: Increase the number of defibrillator downloads year on year to 20% by end of 2019

The aim of downloading defibrillator data is to ensure that we have a more comprehensive and trust-wide understanding of the management of patients in cardiac

arrest. This data will support learning for our crews both for individual cases and issues that reflect a trust wide problem.

The medical directorate have worked with operational teams to increase the number of downloads, which as of April 2018 was below 5%. Our commissioners also set us a contractual target to increase this number to 20%.

As of March 2019 we have met that target (29%). We will however continue to increase this percentage and are aiming for >30% during the coming year. Importantly the impact of understanding more the issues our staff face, both in knowledge, understanding and equipment utilization, has led to a reduction in serious incidents related to the management of patients in cardiac arrest.



Patient Experience

Target 1: Reduction in calls generated by those classified as frequent callers from April 2018 baseline

Responding effectively to frequent callers is a significant challenge and one that requires support from our various system wide partners. During the year the LAS increased the number of staff within the dedicated frequent caller team. This allowed a frequent caller manager to be assigned to each of the 5 sectors to work closely with managers on supporting this work.

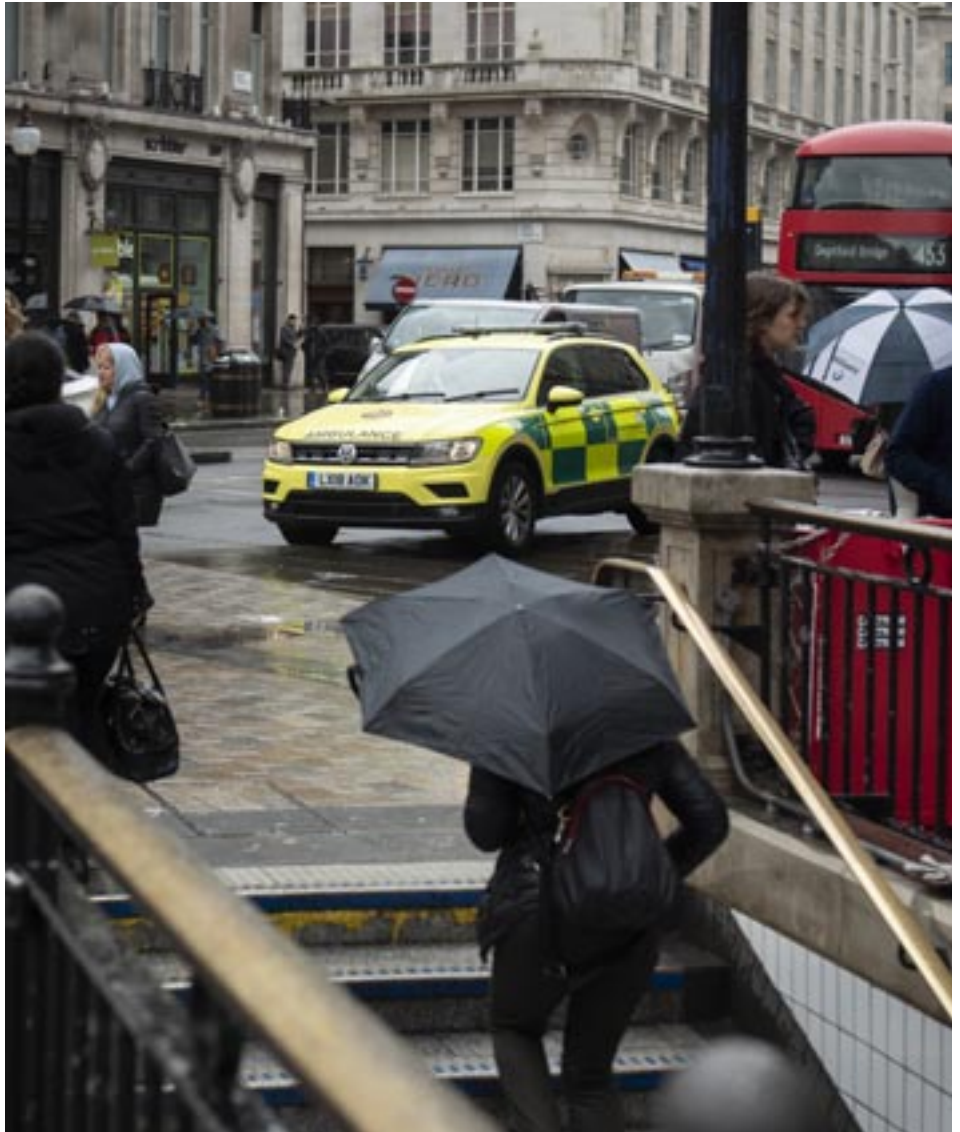
The team have worked alongside a number of 'High Intensity User' initiatives across London. The aim of these is to better support these patients and ensure they seek help from the most appropriate service. The team attended multi-disciplinary meeting to discuss specific cases, share our data and formulate strategies to reduce calls to LAS.

In addition the use of Co-ordinate My Care (CMC), a system that collates information that can be shared across healthcare providers to ensure a holistic approach to care, has been promoted.

However, familiarization and training in the system has proved challenging, as has ensuring all providers use the system consistently.

The team have focused on the top 5 patients each month to target strategies. We have seen reductions in North Central and South West sectors, minor increases in North and South East sectors, however marked increases in North West sector.

From a position at April 2018 of 3.8 calls per 1000 calls we are currently at a position of 3.57 calls per 1000 calls. Although not significant it does show improvement. The



challenge is that as we solve cases, more cases enter the system. A continued and focused effort is needed and will continue as part of the plan – London collaborative partnerships that LAS are fully engaged with.

Target 2: Evidence of patient involvement in QI and service re-design programmes

Following the launch of our 2018-19 strategy, the Trust introduced a pioneering improvement programme. The programme included key areas of focus to improve patient care for specific groups, they included:

- Patients in mental health crisis

- Patients who have fallen
- Patients at end of life
- Maternity patients

A patient engagement and involvement methodology was developed for each of these programmes. The 'Whose Shoes' methodology was incorporated into the improvement plans. This methodology involves inviting patients, carers, stakeholders to a half day session that includes:

- Introducing the context, issues and sharing of patient stories
- Round table discussions using real patients stories, feelings, thoughts about the care they have received, both positive and negative
- Teams discuss the scenarios and

identify the issues and solutions to these

- An artist then captures these themes and solutions on a large picture wall, the wall is then produced for the Trust to take back and display and use to develop plans.

Over 200 patients carers have been involved in these sessions and the evaluations have been extremely positive.

In addition our patient engagement teams have organized public engagement events to support patients and members of the public to gain feedback in relation to the development of the organisation. In total they have held over 500 events during the year with an approximate audience number of 73,600. Knife crime has been a specific focus not only in terms of prevention but also how to manage victims and increase the opportunity to gain a better outcome

Target 3: Reduce the number of conveyance (20%) and employ 2 WTE practice development midwives and deliver training programme in 2018-19

Maternity Services was and remains a key focus of our pioneering services programme discussed in Target 2. We have recruited an additional 3 midwives (1 more than the target set) during the year to support our Consultant Midwife in her role.

The work of the maternity team has been positively received and nationally recognized. The LAS receives on average 600-700 calls per month that relate to maternity care. During 2018 the total number of calls was 8505.

The Maternity Pioneer programme was launched in November 2018,

delayed recruitment to the team meant this was later than envisaged. The team have focused on developing training and education materials and delivering training to staff across the organization. The aim is to ensure that maternity patients are managed appropriately and to reduce unnecessary conveyances to an emergency department. A business case is currently being considered to increase the team and the impact on conveyance figures. We have seen a reduction in conveyance of patients with haemorrhage from an April 2018 baseline of 96% to a current rate of 91%.

We hope this position will be improved, if successful in gaining funding, to increase the team and therefore their availability to manage calls directly within the clinical hub and when responding to patients in their homes.



Clinical Effectiveness

Target 1: Root and branch independent training review completed

The Trust commissioned a comprehensive review of training provision across the organization.

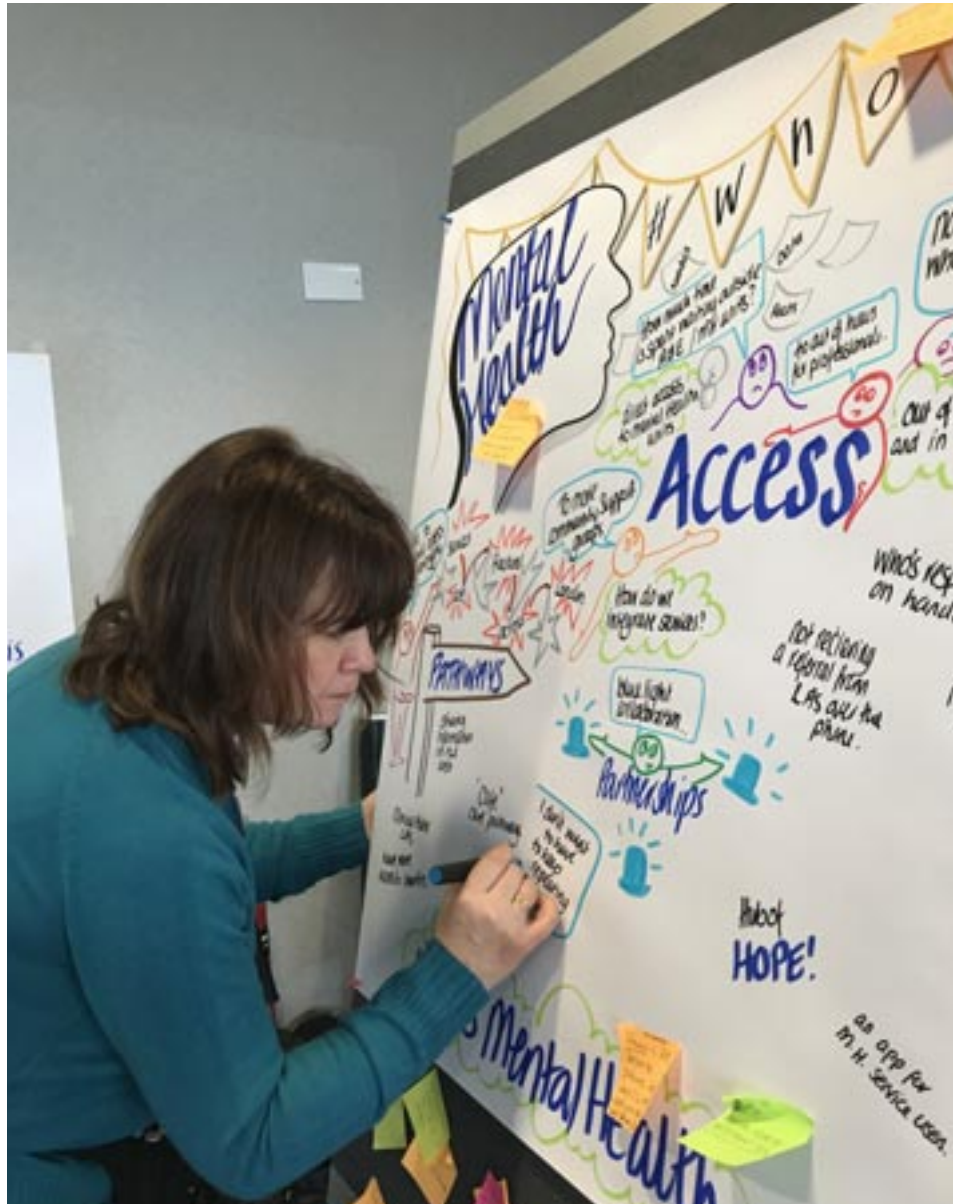
The review included:

- Quality of the training
- Governance
- Monitoring and reporting systems
- Facilities

The findings of the review highlighted the positive elements of the current provision and also areas for improvement.

The priority recommendations are:

- An overarching Training and Education Strategy is developed informed by the Trust's organisational strategy and other enabling strategies in addition to developments in the Healthcare System relevant to a modern, efficient education offer (e.g. Carter)
- Rationalisation of training estate is prioritised as an element of the Trust's estate strategy for 19/20
- Funding is agreed for the sourcing of a student management system (capable of interface with OLM) which will vastly improve the learner experience, remove our reliance on paper and deliver visibility of compliance
- Funding is agreed for archiving all existing paper records providing a digital copy as a part of the project
- The clinical training functions across the Trust are reviewed and clinical education is brought under one clinical education and standards lead
- An Education Group is formed lead by Executive Directors: People, Medical, Quality and Operations and formed with the inclusion of Deputy Director of Clinical Education and Standards,



Head of Leadership and Performance, Diversity Lead and others that are considered relevant senior managers

- Investment in the creation of key collateral to improve the candidate and learner experience
- Investment in the creation of a Training and Development Hub providing a one stop 'virtual' hub for sharing tools, case studies, learning materials and holding 'virtual' classes.

An action plan was developed into a trust-wide improvement programme and is being monitored via Programme Management Board and both the People and Culture committee and Quality committee.

Target 2: New quality indicators developed and being reported via performance scorecards by December 2018

During the year the new AQI indicators were launched nationally. These indicators reflect 13 key performance metrics that relate to all ambulance services nationally.

The Trust and its commissioners monitor these on a monthly basis via the Commissioning Quality and Risk Group and through various other performance meetings internally and externally.

Recent assessments show that the LAS is one of the highest performing ambulance services for the majority of the indicators and has maintained a top three position throughout the latter half of 2018-19.

The performance has maintained the organization in the Level 2 Strategic Oversight Framework (SOF). We aim to maintain or exceed this positive position during 2019-20.

Target 3: QI training plan agreed 100 % of identified key first cohorts trained by September 2018

Working with the NHSI and with their support during 2018 we agreed and developed our Quality Improvement training programme and approach.

Our chosen methodology was and remains, the Quality Service development and Improvement Re-design (QSIR) approach. Using the capability model outlined in our 2018-19 quality account, we calculated the number of staff required to be experts to deliver the programme and the number to be trained within the first cohort.

An initial cohort of 25 staff were identified from both operational and corporate teams. These staff started their training course in May and finished in November 2018. During this time we identified staff for further cohorts 2 and 3. We have now completed 3 courses and have trained a total of 55 staff in QI methodology. Four other members of staff have undertaken the QSIR assessment and will be trained as trainers by early 2019.

In addition we trained 12 members of staff in Agile programme improvement methodology. This approach uses programme and change management principles but allows more rapid change to occur. This can be used alongside the QSIR



methods to allow rapid improvements methodology, where needed, i.e. high risk situations. Examples of this approach have been used by the Trust in relation to CQC regulatory standards and mobilization of new services.

We have now paused the programme whilst we develop the QI hubs in sectors so that staff trained can start to participate and utilise their skills this year. Once we have additional staff trained as trainers we will then start Cohort 4. We are also working with other ambulance services to agree a standardised approach to QI via current networking opportunities.

Target 4: At least 2 sector roster reviews completed by Sept 2018 and remaining sectors April 2019

LAS committed to undertake a pan-London roster review as soon as possible after the Ambulance Response Programme (ARP) was implemented on 1 November 2017. The aim of the review was to better meet the organisation's resourcing requirements and enhance the working lives of our staff through improved rosters.

The roster data sets were agreed by the Trust in early 2018 together with the core principles of the roster review which were created in collaboration with staff side colleagues.

As part of the roster review,

16 operational groups were established and four working party events were held. Between July and December 2018, each of these groups voted for, and agreed, new rosters. LAS has now written over 170 core rosters which cover both double crewed ambulances (DCAs) and fast response units (FRUs) as some stations have split their roster to provide different patterns.

The new LAS rosters will go live over a five week period which starts on 25 February 2019 and concludes at the end of March 2019.

A project group is working in parallel with the roster review to develop new processes and policies for our staff who are not on core rosters and are known as relief staff. The intention of this work is to improve the work/life balance of these staff members while ensuring that we meet the requirements of our patients in the post-ARP period. Once the main relief patterns are agreed, the project group will focus on the 'flexible relief' patterns to ensure that the LAS has the required level of relief cover needed.

Conclusion

Our progress during 2018-19 has been significant and has brought about much improved outcomes for our patients and staff, as demonstrated in this section of the report. We will strive to continually improve and sustain that improvement through our quality improvement plans for 2019-20 and beyond.

Section 4:

Statements of assurance from the Board

Statements mandated by NHS England

Each year we are required to report a number of mandatory statements, which you will find reported in this section:

Data Quality Assurance

The London Ambulance Service manages data quality for Accident & Emergency information, using a bespoke application developed internally. All information received from the 999 CAD system, Command Point, Mobile Data Terminals (MDT) and Patient Report Forms (PRFs) is processed through this application. Within the application, records that satisfy any of the pre-defined validation rules are presented for reviewing, and can be amended where necessary, if there is adequate evidence available to do so.

Records are reviewed for:

- Illogical time sequences between timestamps
- Unlikely gaps between timestamps
- Incorrect hospital codes
- Missing timestamps where one would be expected
- Conveyances by non-conveying vehicles
- Patient Handover breaches at hospital
- Mismatched Patient Report Forms (PRFs)
- Discrepancies between Command Point, MDT, and PRF data.

A facility is available to allow staff, outside of management, information to request a review of any data items. These data quality queries are submitted via the Business Intelligence (BI) Portal for consideration by the Data Quality team to ensure that they meet

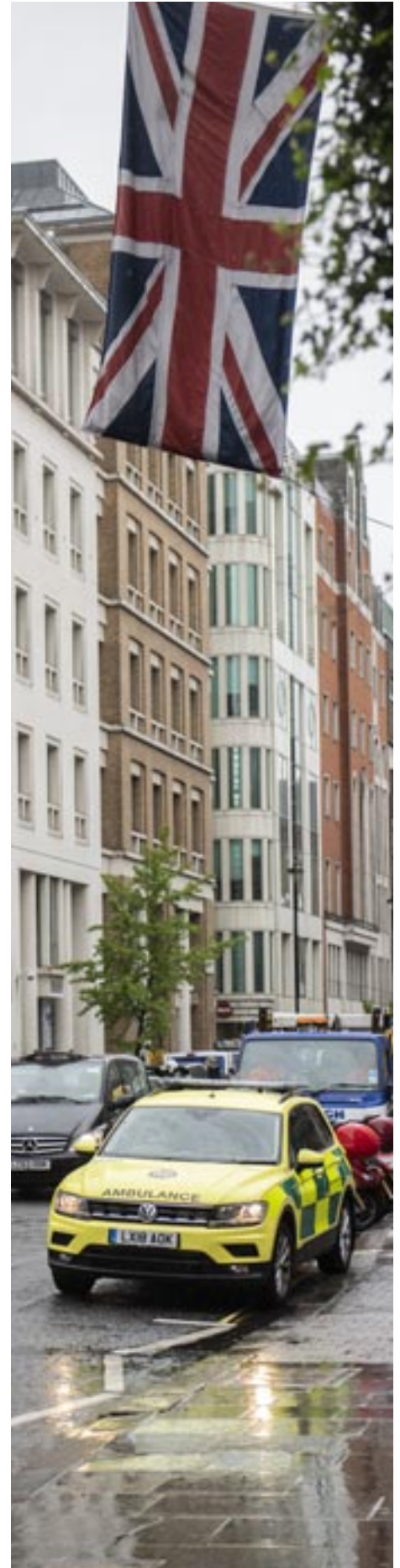
agreed rules. No-one outside of the Data Quality team within MI can make amendments to any records. There is an audit history for any record flagged for reviewing, and all changes and actions taken (or not taken as the case may be) are logged with the username/change made/date/time.

All reports produced by the Business Intelligence team follow a pre-determined check list to ensure accuracy and compliance with Ambulance Quality Indicator guidance. Every report is peer reviewed and approved by a senior member of the team prior to publication.

A report demonstrating compliance against the Ambulance Quality Indicators (AQI) guidelines is submitted annually to Executive Leadership Team (ELT) for approval. A data quality strategy is under development to be approved by the Trust Board in 2018.

Income

The income generated by the NHS services reviewed in 2018 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2017/18.



Clinical Audit and Effectiveness

Ambulance Quality Indicator performance – STEMI & Stroke care bundles

The London Ambulance Service NHS Trust submitted the following information regarding the provision of an appropriate care bundle to STEMI patients and diagnostic bundle for stroke patients to NHS England for the reporting period 2018/19 and 2017/18 (Table below).

Clinical Effectiveness and Audit

The London Ambulance Service NHS Trust has a robust and diverse clinical audit and research programme focusing on a range of clinical areas of both local and national importance. During 2018/19, the LAS examined the care provided to a wide range of patient groups and conditions including cardiac arrest, acute coronary syndromes, heart failure, stroke, major trauma, severe sepsis, respiratory and paediatric care. We also continued to audit the quality of care and appropriateness of decisions made for patients who were discharged of our care.

Our research programme continued to grow with the LAS participating in clinical trials examining cardiovascular care, maternity triage and diabetes management. We had 11 publications in peer-reviewed scientific journals and were involved in three successful applications for research funding.

During 2018/19, we supported the development of new NHS England Ambulance Quality Indicators on behalf of the National Ambulance Service Clinical Quality Group and our Head of Clinical Audit & Research was elected the chair of the National Ambulance Research Steering Group and awarded a Visiting Professorship by Kingston University and the St George's University of London.

In addition, we won the Clinical Audit Award 2018 from the Clinical Audit Support Centre for our Clinical Performance Indicators initiative highlighting how clinical audit can improve patient care and service delivery. Furthermore, the Clinical Audit Support Centre selected the London Ambulance Service NHS Trust to showcase good clinical audit practice -the first time an ambulance service has been selected. The article was published on their website and tweeted as part of clinical audit awareness week.

Clinical audit

During 2018/19, one national clinical audit and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the London Ambulance Service NHS Trust participated in 100% of national clinical audits, which it was eligible to participate in.

The national clinical audit and national confidential enquiries that the London Ambulance Service NHS Trust was eligible to participate in during 2018/19 are as follows:-

NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

- Outcome from cardiac arrest:
 - Number of patients
 - Return of Spontaneous Circulation (ROSC)
 - Survival to discharge
 - Post-resuscitation care bundle
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke
- Outcome from sepsis.

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

Table 1	2018-19*		2017-18	
	LAS average	National average (Range)	LAS average	National average (Range)
STEMI patients	74.3%	80.1% (69.3% – 92.5%)	70.7%	76.6% (64.6 – 90.9)
Stroke patients	98.4%	98.3% (94.7% – 100%)	96.8%	97.1% (95.0 – 99.6)

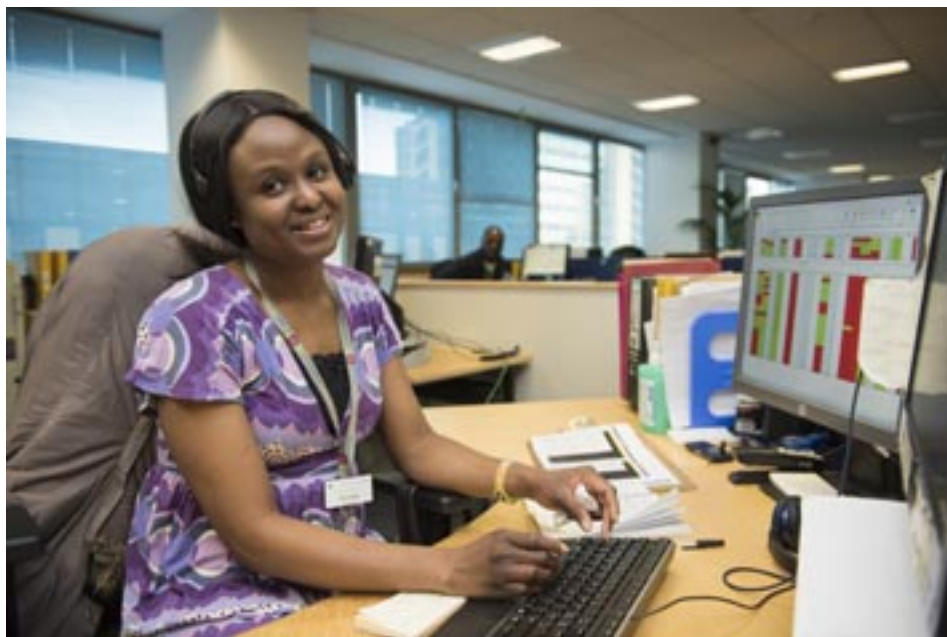
*At the point of preparation of this Quality Account, NHS England reported data for April to September 2018.

National Clinical Audit	Number of cases submitted	Percentage of cases submitted as eligible for inclusion
NHS England AQI: Outcome from cardiac arrest a) Total number of cardiac arrests	a) 4,787	100%
NHS England AQI: Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a) 3,544 b) 497	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 3,356 b) 445	100%
NHS England AQI: Outcome from cardiac arrest – Post resuscitation care a) Care bundle delivered to non-traumatic adult cardiac arrests who achieve ROSC (includes 12 lead ECG assessment, blood glucose and blood pressure measurements, and provision of oxygen and fluids)	a) 290	100%
NHS England AQI: Outcome from acute STEMI a) Time from call to angiography for confirmed STEMI patients: Mean and 90th centile b) Care bundle delivered to suspected STEMI patients (includes provision of GTN, aspirin, two pain assessments and analgesia)	a) 1,058 b) 768	100%
NHS England AQI: Outcome from stroke a) Time from call to arrival at hospital for suspected stroke patients: Mean and 90th centile b) Diagnostic bundle delivered to suspected stroke patients (includes assessment of FAST, blood pressure and blood glucose)	a) 5,553 b) 11,005	100%
NHS England AQI: Outcome from sepsis – Sepsis care bundle a) Care bundle delivered to adult suspected sepsis patients with a National Early Warning score of 7 and above (includes: a set of clinical observations, provision of oxygen, fluids and pre-alert)	a) 3,002	100%

The London Ambulance Service NHS Trust considers that the data in the table above is as described for the following reasons: this data is captured by the LAS from clinical records completed by ambulance clinicians attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported directly to NHS England.

The reports of the above national clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust has taken actions to improve the quality of healthcare provided. Furthermore, the reports of 8 local





clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust intends to take actions to improve the quality of healthcare provided (see Appendix 1).

Research

The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service NHS Trust from 1st April 2018 to 27th February 2019 that were recruited during that period to participate in research approved by a research ethics committee was 240. These patients were recruited into a range of interventional and observational studies.

Serious Incidents (SIs)

A total of 334 cases were reviewed by the Serious Incident Group in 2018/19 (April 2018 – February 2019). Of these, 77 incidents were deemed to meet the criteria to be declared as serious incidents to NHS England.

The Quality Directorate has expanded over the course of 2018/19. The Quality Intelligence and Improvement team were established which consisted of a Head of Quality Intelligence and Improvement, an Intelligence

Systems Manager and two System Administrators.

This team have taken forward the Datix Risk Management system to make access to the system easier for staff across the organisation to report an incident. The system has also been updated to provide between reporting improvements data collection so that key stakeholders across the Organisation can see themes and trends emerging in their areas by the implementation of dashboards.

There is also enhanced training for those involved in investigating incidents and Serious Incidents to ensure that completion of the system is more accurate and therefore data capture, analysis and reporting is more effective. The Team have also recruited a Trust Risk Manager who supports the corporate and clinical risk management process across the Trust. This role also supports the Serious Incident Process by helping to support and identify emerging risks from incidents and Serious Incidents to ensure mitigating actions are addressed.

The Quality Governance and Assurance Managers (QGAMs) responsible for leading on sector level quality and assurance have

moved from the Operational directorate into the Quality Directorate. This is to ensure that a consistent approach to quality governance, assurance and improvement is further developed in the organisation, in line with the organisation's quality strategy.

As at February 2019 a total of 81 managers have been trained to investigate serious incidents. To assist in times of high operational demand, significant efforts have been made to utilise managers from other areas of the Trust. The Quality, Governance & Assurance Team (QGAT) has worked hard to ensure SI investigations are aligned to key internal milestones and external deadlines; however, due to competing priorities and capacity this can be a significant challenge to achieve. As of November 2018, the Trust had over the last 13 months submitted all SI reports within the 60 working days required. 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 moving forwards.

Quarterly thematic reviews have shown issues concerning call handling and dispatch and clinical treatment. A review of contributory factors has revealed that 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 Serious Incidents for shared learning across the Trust to drive further improvement in this area. This

theme is also being monitored by the newly formed Serious Incident Assurance and Learning Group.

Learning from experience

Below show some examples of where the Trust have made improvements as a result of serious incident investigations:

- 1 The development of clinical decision support tools for non-registrants and newly qualified paramedics
- 2 Movement to AED mode for the initial management of all cardiac arrest patients
- 3 Elements of human factors training in core skills refresher courses for both EOC and frontline operations
- 4 Non 50 call sign FRUs deployed to lower category calls where there is a clinical need
- 5 FRUs deployed to patients with chest pain and shortness of breath or clammy if no ambulance immediately available for dispatch.
- 6 Guidance issued to staff on the management of patients presenting with atraumatic chest pain
- 7 Training on the management of tracheostomy patients delivered in core skills refresher courses for clinical staff
- 8 Nature of Complaint training delivered in core skills refresher courses for all EOC staff
- 9 Ineffective breathing infographic developed for EOC staff
- 10 Policies that have been identified to be unfit for purpose have been reviewed and updated
- 11 Incorporation of case studies, both clinical and EOC, to the internal leaning from incidents in the Insight magazine
- 12 Update of the Clinical Hub
- 13 Implementation of the new End of Shift process for operational staff
- 14 Inclusion of obstetric emergency management training in core skills refresher courses for all clinical staff.

Future developments

The Trust's Learning From Experience Group has been amalgamated with a new SI Assurance and Learning Group which will report into the Trust's Quality Oversight Group (QOG), and the first meeting was held in 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 utilising a multi-platform approach for communication.



Duty of Candour

Duty of Candour training is part of the mandatory training for all relevant members of staff and is valid for three years. Additionally all Lead Investigators are provided with the regulation 20 compliance requirements, its place within the serious incident process and the history of the regulation.

The role of the QGAMS and members of the central governance team will include the requirement to have a robust working knowledge of the Duty of Candour process, and these individuals will be responsible for ensuring compliance with all investigations that they are supporting. Further support regarding the Duty of Candour is found in both the revised Duty of Candour Policy and Serious Incident Policy. To improve the monitoring of Duty of Candour compliance in relation to serious incidents and those graded as moderate harm, the Datix Web system was developed to include a section dedicated to the individual stages and allows for compliance reports to be reviewed. Work continues to ensure that this section of the Incident form is completed.

The Trust is going to provide externally led training for the central Governance team, the QGAMs and Lead Investigators for Duty of Candour. This is to ensure that Trust continues to improve provision of Duty of Candour, as well as maintains its compliance and ensure that individuals remain up to date in their knowledge. This external training is to be delivered during 2019/20.



CQC

Following the February 2017 Care Quality Commission (CQC) inspection of the service, the LAS developed a Quality Improvement Programme (QIP) which was a single overarching plan to address quality improvement in the Trust. A clear programme of delivery, accountability and governance was established, led by the Chief Quality Officer to ensure oversight and leadership in the delivery of our QIP via Executive Leadership Team meetings and via Quality Oversight group, Quality Assurance Committee and Board.

This Quality Improvement plan has been delivered the majority of actions completed, with a number of actions being incorporated into business as usual for Directorates; projects of a more complex nature, which are yet to be completed, were incorporated into the 2018/19 Business Plan.

The CQC has conducted a Well-Led inspections of The London Ambulance Service NHS Trust on March 2018 .

The outcome of the inspection was the removal of the Trust from special measures and an improved rating of Good overall



We also had an unannounced visits in November 2018 in relation to security arrangements:

- Emergency Operations Centres
- Urgent and Emergency Care sites

The report from this is on the CQC website. The findings identified concerns re safeguarding and security access issues. A comprehensive action plan was developed and is complete, medium to long term solutions have been included in the 2019-20 business plan and will be implemented over the next year.

We are awaiting our Well-led review in 2019.

Safeguarding

The London Ambulance Service NHS Trust has continued to ensure the safeguarding of children and "adults at risk" remains a focal point within the Trust which is committed to ensuring all persons within London are protected at all times.

The Trust has seen an increase in incidents and safeguarding concerns raised by our staff to 2.1% of incidents and report around 2000 concerns a month to the local authorities. We have worked hard with local authorities to increase the feedback from the concerns raised and we are now receiving about 15% feedback on concerns raised.

We have the following safeguarding policies in place

- Safeguarding Children Policy TP018
- Safeguarding "Adults at Risk" policy TP019
- Domestic Abuse policy TP102
- Safeguarding Supervision policy TP119
- Chaperone policy TP118
- Prevent policy TP108
- Allegations Against Staff policy HR039.

We have also improved our safeguarding governance arrangements and have the following

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

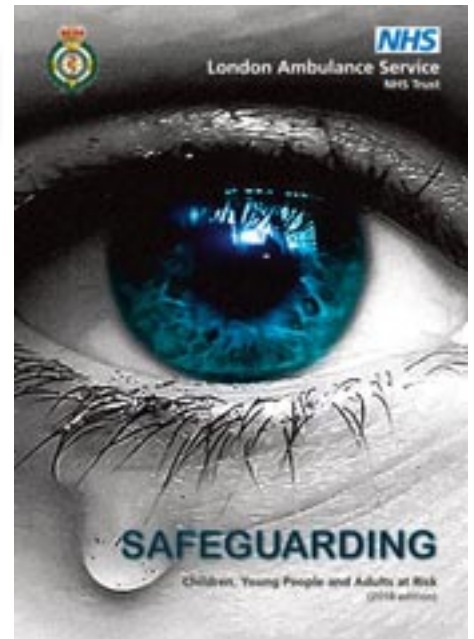
SAG has a sub group and three practice review groups

- Safeguarding Operational Group
- Review groups
 - Safeguarding Incident Review Group
 - Care home concerns review group
 - Prevent Review Group.

We have also appointed a Safeguarding Governance and Training Lead to provide assurance and ensure best practice is adopted. The Trust has undertaken a number of quality audits of safeguarding throughout the year these include

- Auditing knowledge and retention of staff learning
- Quality of concerns/referrals raised
- Quality of training delivery
- Child FGM
- Discriminatory abuse
- Historic CSA/CSE
- Patients with a Learning Disability and safeguarding concerns.

An internal audit was undertaken by Grant Thornton and reviewed our safeguarding policies/safer recruitment and referral processes. Full LAS safeguarding governance and assurance can be found in our safeguarding annual report for 2018/19 which will be published on our website.



The Trust continually seeks to learn from practice and we have detailed in the safeguarding annual report is the learning from safeguarding cases in 2018-19.



The Trust has produced a new Safeguarding pocket book for staff which is also available on their iPads

The Trust has also produced a domestic abuse poster to support the education provided to staff on domestic abuse.

Partnership working is vital to protect people from abuse and neglect and the Trust has a good working relationship with a wide range of partners including

- London Safeguarding Boards (64)
- London Fire Brigade
- London Safeguarding Adult Network
- London Homeless Health Programme
- Metropolitan Police Service
- NHS England
- Red Thread
- Women's Aid
- Multi Agency Risk Assessment Conferences
- Silverline.

The Trust is committed to protecting those most at risk of abuse and neglect and the Safeguarding Team continues to support and educate staff to recognize signs of abuse and neglect and report concerns and monitors and assure safeguarding practices thorough on going audit and review groups. To enable this to continue the Trust is increasing the safeguarding team in 2019 to enable specialist training delivery and supervision as well as local safeguarding specialist support to managers and staff.



Staff Survey

Introduction

The 2018 NHS Staff Survey was held between 28th September and 30th November 2018. All staff were sent the questionnaire to complete electronically on-line. The eligible sample was 5481 (compared with 4970 in 2017). 3564 surveys were completed, giving an overall response rate of 65%. This is an increase of 11% compared to last year, which equates to 900 additional surveys completed.

LAS achieved the highest response rate of all the Ambulance Trusts.

The average response rate across all Ambulance Trusts was 49%. LAS' response rate is therefore significantly higher (15%) than other Ambulance Trusts and nearly double the rate of the lowest Trust who achieved a response rate of 34%.

The results of the staff survey are published in two ways. The Trust's survey provider (Picker) provides the 'raw data' scores for every single question and benchmarking with other Ambulance Trusts for who they are also providing the results. This year 5 other Ambulance Trusts used Picker, therefore our comparison data only takes into account half of the Ambulance Trusts. In addition to this year's results, Picker provide historical data back to 2014.

Scores are broken down into 5 main areas

- Your job
- Your personal development
- Your managers
- Your organisation
- Your health, wellbeing and safety at work.

This report is only available to individual Trusts and is not publicised more widely. The main published report is a benchmarking report prepared by the National Survey Co-ordination Centre, on behalf of NHS England, containing the results for themes and questions and historical results



back to 2014 (where possible). The report this year has changed and results are presented in the context of the best, average and worst results for all Ambulance Trusts. Data in this report is weighted to allow for fair comparisons between organisations. Further changes this year, include the 32 Key Findings now being presented as key themes. The ten key themes cover ten areas of staff experience and present the results from these areas in a clear and consistent way. All of the themes are scored on a 0-10 scale, where a higher score is better than a lower score. The themes are listed below:

- Equality, diversity and inclusion
- Health and Wellbeing
- Immediate Managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment – Bullying and harassment
- Safe environment – Violence
- Safety culture
- Staff engagement.

Picker local report

Compared with the 2017 survey, LAS was significantly better on 34 questions and significantly worse on 2 questions. The remaining 46 questions showed no significant difference.

The overall average positive score was 55% which was a 2.8% increase on last year.

Significant improvements since 2017

Of the 34 questions, the top 10 with the highest % difference are listed below:

Areas for development since last survey

The table below highlights the 4 areas which Picker identified as the

questions where responses were worse than last year, as well as the historical data for the last 4 years.

Taking Action

The Staff Survey Champions network will be used again this year to develop local action plans. There is a network of 40 Champions covering the whole Service, working in partnership with local union reps who will work with their colleagues in identifying areas for improvement locally and potential actions to take forward.

Champions have been provided an

overview of the survey outcomes, reports on local results and support in the development of action plans. A pulse check will be undertaken during June to measure progress locally on the action plans to determine whether they are having an effect.

A Corporate Action Plan will also be developed focusing on three key areas:

- Quality of Appraisals
- Health and Wellbeing
- Bullying and Harassment

Most improved from last survey
Q17d. Staff are given feedback about changes made in response to reported incidents
Q17a. Organisation treats staff who are involved in an error, near miss or incident fairly
Q21c. Would recommend organisation as a place to work
Q4g. There are enough staff at this organisation
Q5a. Satisfied with recognition for good work
Q9b. Communication between senior management and staff is effective
Q9c. Senior managers try to involve staff in important decisions
Q14. Organisation acts fairly: career progression
Q17c. When incidents are reported, the organisation takes action to ensure that they do not happen again.
Q18c. Would feel confident that organisation would address concerns about unsafe clinical practice

Least improved from last survey
Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours
Q11f. Have not felt pressure from colleagues to come to work when not feeling well enough?
Q16b. In the last month have not seen any incidents that could have hurt service users
Q28b. Disability: Organisation made adequate adjustment(s) to enable me to carry out work?

Freedom to speak up

Freedom to Speak Up Guardians have been introduced in each NHS Trust, as a result of the recommendations in the Francis Report. A Guardian was appointed at the LAS in October 2016, and undertook this role in addition to her core role as Head of Patient & Public Involvement and Public Education. She stepped down at the end of December 2018, to be replaced by a full-time Freedom to Speak Up Guardian, who was tasked with promoting the role in the Trust and facilitating the recruitment of a permanent Guardian.

Since the role was introduced in 2018/19 the Trust has:

- Appointed a full-time substantive Freedom to Speak Up Guardian following a competitive recruitment process. This role was appointed to on a part-time basis in July 2018 and became full time in December 2018. The Guardian has monthly 1:1s with the Chief Executive and is able to take an external leadership role as co-chair of the National Ambulance Network of Guardians and part of a supervision research group looking at implementation support for Guardians.
- Ensured that Trust Board members undertook a self-assessment of leadership and governance arrangements in relation to Freedom to Speak Up using the self-review tool provided by NHS Improvement and the National Guardian's Office.
- Developed a Freedom to Speak Up Strategy, that was approved by the Trust Board in September 2018.
- Appointed a network of 20 Freedom to Speak Up Advocates, ensuring that they have received training from the National Guardian's Office Implemented a

revised communications plan to improve the visibility of Freedom to Speak Up and the Guardian across the Trust, leading to a significant increase in the number of concerns received.

- Begun development and implementation of a detailed improvement action plan to ensure the delivery of the Trust's Freedom to Speak Up Strategy, evidence the Trust's commitment to embedding speaking up and help oversight bodies to evaluate how healthy it's speaking up culture is.
- Continued quarterly Freedom to Speak Up steering group meetings, which since January 2019 have been expanded to take place alongside quarterly Dignity at Work meetings.
 - Continued to report quarterly to the Trust Board on the progress of FTSU activities within the Trust.

The Trust's Freedom to Speak Up Strategy has the following 4 themes:

- 1> Engaging senior leaders to ensure the FTSU is given appropriate prominence within the Trust
- 2> Ensuring that all members of staff know and understand about FTSU and the role of the Guardian
- 3> Ensuring that the systems/processes/structures are in place to support raising concerns and responding to these and learning from them
- 4> (With the People and Culture directorate) facilitating cultural change.

Increase in concerns raised in 2018/19:

Q1 1
Q2 16
Q3 42
Q4 54 as of February 2019

Freedom to Speak Up

A confidential and impartial way of raising concerns

If you feel unable to approach a manager, or have already done so and your concern has not been addressed, the Freedom to Speak up Guardian is a confidential single point of contact who can be reached at: speakup@londonambulance.nhs.uk

Speak to the Trust's **Freedom to Speak Up Guardian**
It's quick, easy and confidential.



Information Governance

London Ambulance Service NHS Trust submitted their GDPR compliance Assessment Report with an overall compliant statement.

National Reporting

London Ambulance Service NHS Trust did not submit records during 2018-19 to the secondary users service for inclusion in the Hospital Episode Statistics.

London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2018-19 by the Audit Commission.

Section 5:

Reporting on core indicators

In October 2017/18 the ambulance response categories changed

following the national implementation of Ambulance

Response Programme (ARP).

Category	Percentage of calls per Category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	<ul style="list-style-type: none"> 7 minutes mean response time 15 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 30 seconds from the call being connected 	The first emergency vehicle that arrives on scene stops the clock (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	<ul style="list-style-type: none"> 18 minutes mean response time 40 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock.
Category 3	34%	<ul style="list-style-type: none"> 60 minutes mean response time 120 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first emergency vehicle arriving at the scene of the incident stops the clock.
Category 4	10%	<ul style="list-style-type: none"> 180 minutes 90th centile response time 	The earliest of: <ul style="list-style-type: none"> The problem being identified An ambulance response being dispatched 240 seconds from the call being connected 	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

April 2018 to January 2019 categories (YTD)

An overview of the Ambulance Response Programme performance standards is outlined in Table 1 including the expected percentage of calls per category as was suggested before the implementation of ARP

Category 1 (Life Threatening) A time critical life-threatening event requiring immediate intervention or resuscitation.

Category 2 (Emergency) Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.

Category 3 (Urgent) An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed

within a clinically appropriate timeframe.

Category 4 (Less-Urgent)

Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.

As already mentioned, prior to the implementation of ARP it was expected that Category 1 incidents would attribute approximately 8% of overall incident activity. However, the graph opposite demonstrates levels have been above this guideline, and that there has been steady growth since Nov-17. The LAS C1 demand makes up on average 10.8% of incidents, but reached 12.5% in Jan-19.

Category 1 Percentage of all Demand

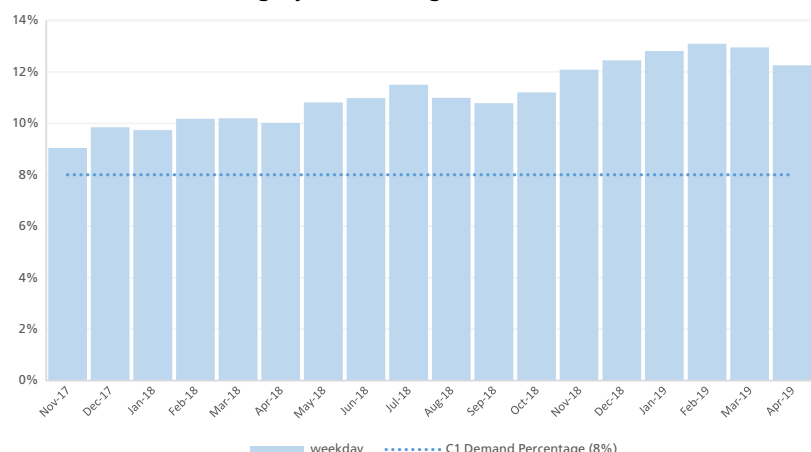


Table 2 demonstrates our achievement in these categories of demand so far during 2018/19. The

values presented represent the key indicators and their resulting performance month on month from

April 2018 up to and including January 2019.

Table 2	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 Mean (01:00:00)	C3 90 th Centile (02:00:00)	C1 90 th Centile (03:00:00)
Apr-18	00:06:49	00:11:15	00:16:44	00:32:47	00:43:33	01:40:21	02:56:27
May-18	00:06:52	00:11:21	00:18:28	00:37:24	00:50:09	02:00:59	03:37:04
Jun-18	00:07:10	00:11:45	00:19:48	00:40:03	00:54:49	02:12:09	03:21:36
Jul-18	00:06:44	00:11:14	00:20:47	00:43:19	00:58:32	02:22:54	04:05:24
Aug-18	00:06:03	00:10:04	00:16:49	00:33:34	00:44:22	00:44:22	02:45:26
Sep-18	00:06:16	00:10:28	00:19:08	00:38:56	00:52:21	02:07:43	03:08:17
Oct-18	00:06:06	00:10:10	00:17:29	00:35:08	00:47:21	01:52:13	02:36:42
Nov-18	00:06:16	00:10:29	00:18:47	00:38:14	00:52:37	02:06:05	02:51:50
Dec-18	00:06:17	00:10:29	00:20:41	00:43:25	01:00:34	02:28:12	02:52:12
Jan-18	00:06:20	00:10:30	00:21:36	00:46:09	01:05:24	02:41:49	02:51:25
YTD 2018/19	00:06:40	00:11:02	00:19:39	00:40:31	00:57:51	02:17:50	02:32:41

*Please note January 2019 may be subject to change following internal Data Quality processes.

Performance in all 7 national measures have broadly remained stable over time. The C1 mean performance has been continuously within target since April 2018 with the exception of June 2018 where, following an extended period of extreme temperatures, the C1 mean finished just above the seven minute target.

December 2018 and January 2019 saw the Trust's busiest months on record, with over 100,000 incidents attended in both months. Despite this, in January 2019 the C1 mean performance saw a minimal 3 second increase on December 2018 to 6 minutes and 20 seconds, and both months remained within the 7 minute national target. The C1 90th centile shows monthly performance successfully within the national standard of 15 minutes, which is also reflected in the year to date position at 11 minutes and 2 seconds, and indicates a safe level of service is being provided in this category.

Overall, the LAS response time performance to the most critically ill

and injured patients remains within the national standards even in periods of extreme demand; however, response times continue to be a challenge for Category 2 patients. The C2 mean has been above the 18 minute target by a few minutes each month during 2018/19, with the exception of April, August and October. The year to date position is 1 minute and 39 seconds above the national standard; however, the C2 90th centile broadly remains stable and the year to date position stands just 31 seconds above the national standard. This demonstrates that although challenged, patient safety in this category can be seen to be maintained with long waiting times minimised.

C3 mean demonstrates a stronger picture where the LAS has achieved the national target for 8 of the 10 months year to date, with current overall performance within the national standard by 2 minutes and 9 seconds. During the two months where the C3 mean fell outside of the target the LAS saw

unprecedented levels of demand. C3 90th centile has been challenged, remaining above the national standard of 2 hours most months, except for April, August and October 2018. The year to date performance is above the national key standard by 17 minutes and 50 seconds, the Trust is working to reduce longer waits for this category of patients.

Although C4 90th centile performance has been challenged in some months, particularly with the month of July 2018, the Trust saw extreme temperatures impacting on our demand during this period. Despite December 2018 and January 2019 being the Trust busiest months on record for face to face incidents we were able to maintain a strong position with C4 90th centile performance, maintaining patient safety within these periods of higher than forecast demand. The cumulative C4 90th centile year to date performance now stands at 2 hours, 32 minutes and 41 seconds remaining within the national key standard of 3 hours.

Complaints and Patient Advice & Liaison (PALS) 2018/19

Introduction

Our approach is to use all patient feedback as a learning opportunity. Trends and emerging themes are regularly reported through the Trust's governance processes and to widen the learning, we publish anonymised case examples on the Trust website and contribute anonymised case examples to our 'Insight' publication which is disseminated across the Trust. We similarly report cases of significance to the National Ambulance Service Patient Experiences Group (NASPEG), comprising all UK ambulance services.

Engagement with patients is at the heart of the NHS complaints procedure and our complaints charter – www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf was designed in collaboration with our Patient's Forum. We publish information about communicating with us in other languages –

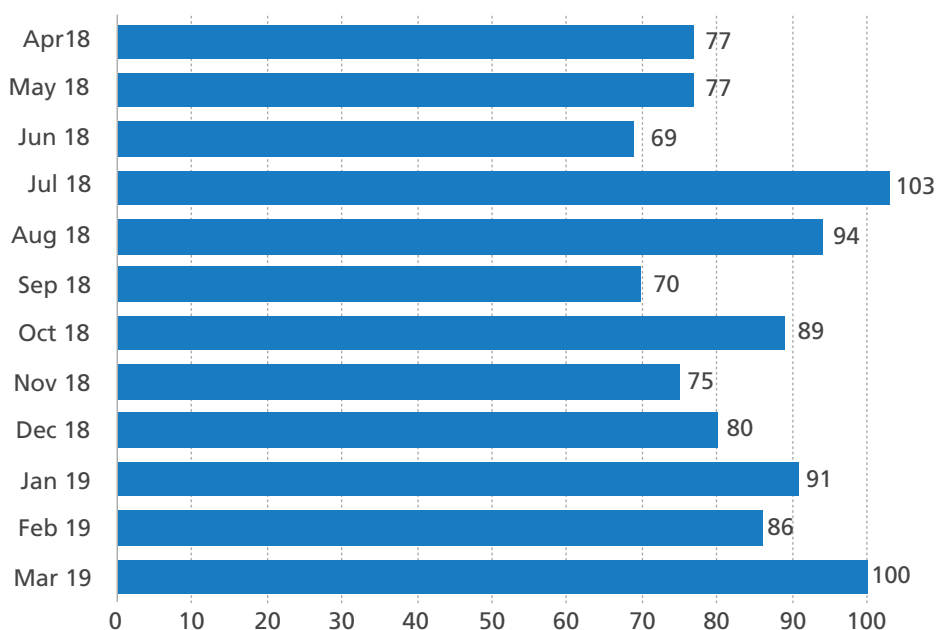
www.londonambulance.nhs.uk/talking-with-us/enquiries-feedback-complaints/communicating-us-languages/ and in easy read format – see link from www.londonambulance.nhs.uk/talking-with-us/enquiries-feedback-complaints/

We also work very closely with advocacy providers, especially POhWER, the largest provider in London.

We have an exemplary record with the Health Service Ombudsman who recently visited the Trust and complimented our complaints management process.

Activity

For the year ending 2018/19, the volume of complaints increased over 2017/18, totalling 1014 against 938 in 2017/18. Enquiries continue to increase 4319 against 4278 being received in 2017/18. NHS 111 complaints (via LAS) are also hosted by the team.



During 2018/19 we managed 70 NHS111 complaints – 31 for North East London Integrated Urgent Care and 39 for SEL IUC.

During 2018/19 the team also took responsibility for the management of Quality Alerts from other Health Care Professionals. A total of 234 such requests have been received throughout the year.

The Resource Escalation Action Plan (REAP) was used during persistent periods of high 999 call demand meant that the REAP level for this year was mostly implemented at moderate or severe. The daily average for 999 calls is currently 5345. The average percentage of complaints received against calls attended is [0.08%].

Complaint risk score: 2018/19 ytd

During 2018/19, 26 complaints and one PALS enquiry were referred to the Serious Incident Group. Of these, 9 were declared as Serious Incidents.

Complaints are graded using the Trust's Risk Matrix as follows:

Risk grade 2018/19	Data
Low	919
Moderate	94
Significant	1
Total	1,014

Themes

These continue to be dominated by staff conduct and delayed response. In the case of an ambulance request this may be delay arriving at the scene. With NHS111 it is usually the delay in a clinician ringing the caller back.

However, many complaints increasingly involve multiple issues, for example, call management + a delayed response + attitude of crew staff + care provided.

The top five key subjects were as follows:

Complaint outcomes

Where a complaint is upheld or partially upheld, the learning identified is actioned accordingly. This can involve a range of measures including feedback, reflective practice and bespoke training held locally, with emerging themes reported through the governance structure The Patient Experience Annual Report, published later this year, will provide a comprehensive analysis.

Table showing outcomes of complaints 2018/19:

Outcome of cases 2018/19	Data
Not upheld	573
Partially upheld	132
Referred to other agency	94
Under investigation	76
Upheld	73
Actioned	40
Insufficient information / no response	26
Total	1,014

Performance

We aim to achieve a 75% target response rate (against the 35 day response target) but this can prove challenging when other contributing departments are obliged to prioritise demand management at times of operational pressure.

To further improve this we are:

- Arranging a clinical advisor to be available to the team in situ to triage cases before referral to the Medical Directorate
- Establishing a working relationship with the new Clinical Sector Leads
- Improving the format of the statement pro forma and accompanying guidance
- Arranging more resources to the duty function so that more approaches can be resolved more quickly
- Improving systematic notification from Governance & Assurance as to when an SI report, that is being used the substantive response to the complaint, had been agreed by commissioners and may thus be released to the complainant.

We do however continue to experience external factors that can influence performance, for example telephony and IT problems.

2018/2019	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Conduct and behaviour	20	25	20	31	21	19	28	28	23	31	23	33	302
Delay	18	17	11	18	14	15	12	11	13	19	19	18	185
Treatment	9	12	8	9	8	5	11	7	11	10	4	2	96
Road handling	5	8	7	14	17	6	6	3	10	7	4	7	94
Non-conveyance	6	4	9	7	8	6	8	6	11	5	5	7	82
Totals above	58	66	55	79	68	51	65	55	68	72	55	67	759
Annual totals	77	77	69	103	94	70	89	75	80	91	89	100	1014

Examples of learning/outcome

Complaints continue to be a powerful tool to describe patients' experiences and the learning that has resulted is presented through the governance process. Below are examples of identified themes and associated individual complaints.

Staff attitude

Our practice when we receive a complaint about staff attitude and behaviour is to additionally review the care provided, which has often demonstrated a correlation.

In relation to staff attitude, whilst the cases below mainly outline specific examples of learning for individuals, from a systems perspective, this theme is being addressed via key works including:

- inclusion in key trust quality and performance reports to operational and executive management to raise awareness of – and to act upon – the theme
- engagement by the Head of Patient Experiences with the operational management teams
- engagement by the Quality Governance and Assurance Managers with operational staff in their areas both via their sector quality governance meetings and informal interactions
- HR led leadership development programmes.

Example one – attending staff attitude

A complaint was received from a patient's nephew who was upset at the poor attitude and comments made by the attending staff.

The Patient Report Form was poorly completed and despite being asked to leave the premises by the patient, no visual observations were recorded. Prior to making any decision regarding conveyance or referral, at minimum a primary survey should have been completed including observation and an assessment.

We concluded that it was not reasonable for the crew to suggest non-conveyance without any of these assessments and within the first few minutes of patient interaction. This suggested an element of pre-judgement surrounding the patient's presenting complaint and the crew forming a somewhat biased.

We arranged for a Clinical Team Leader to hold a reflective practice exercise with them focusing on these issues.

Example two – attending staff attitude

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 we expect - there was minimal assessment documented and limited exploration surrounding the causes of the patient's symptoms. No pain score was assessed, no analgesia 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 was asked to arrange a bespoke programme for the staff as part of their personal development programme and to closely monitor their performance for a period to be decided according to their progress.

Delay

Example three – delay/call management

The patient's son complained that he was advised there would be a 2 hour wait for an ambulance when the patient was experiencing signs and symptoms of a stroke. He later took the patient to hospital by other means.

The Quality Assurance report identified that the call handler should have triaged the call as a Category 2 priority as the patient was not alert, additionally they should not have advised that the patient could take sips of water which is not appropriate when symptoms of a stroke are in evidence. Extensive feedback was given to the (relatively new) call handler and we asked that they were supervised for a period of time decided by their line manager.

Example four – call management

The complaint was that the call handler could have managed the 999 call more pro-actively when the caller found the patient wandering in the street.

We confirmed that the EMD should have attempted to do more to assess the patient's presentation as he was clearly very vulnerable. The EMD should also have considered seeking advice from a supervisor and contacted the police directly. Feedback was offered to them on these points.

Example five – Delay/NHS111

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 were asked to arrange a meeting with all the providers involved towards establishing a care plan to manage the patient's needs.

Treatment

Example six – Treatment

A complaint was made that the patient sustained an injury after the attending staff trapped his arm between the stretcher and the ambulance.

An apology was offered. The crew reflected on what happened including the checking of 'pinch point' areas to ensure patients are in the correct position to be transferred; and to balance the risk when considering using trolley straps or blankets in order to maintain the patient's limbs in a safe position.

Example seven – Treatment

Complaint hosted by Acute Trust seeking why patient wasn't immobilised following a fall from height.

The crew omitted to clearly document any examination findings in relation to their assessment of the patient's cervical spine although they were able to determine the presence of midline thoracic spine tenderness. National clinical guidelines indicate that patients who are alert and have no abnormal neurological findings may be assisted to self-extricate where midline spinal tenderness is present, but a trolley bed should be placed as close to the incident scene as practicable; the patient was instead permitted to walk all the way to the ambulance. The crew then omitted to immobilise the patient using a cervical collar and blocks which is not consistent with national clinical guidance.

Extensive feedback was given to the crew with a particular focus on spinal assessment and immobilisation.

Example eight – financial remedy

Example (a)

The patient's daughter complained that the attending staff accidentally damaged the patient's stair lift when removing the patient from the property. The attending staff were a St John vehicle attending on our behalf and SJA agreed to reimburse the family accordingly.

Example (b)

The patient's son complained that due to confusion over the repatriation booking of his mother who was returning from abroad, resulted in the family booking a private ambulance which incurred substantial costs. We erroneously agreed to arrange the ambulance, unfortunately the booking did not meet the eligibility criteria for us to arrange an ambulance and the family had no option but to book a private vehicle. The other agencies involved declined to contribute but as the error was primarily our responsibility, we agreed to compensate the family in accordance with the Ombudsman's guidance.

Example (c)

The patient's son complained that the patient was expected to walk to the ambulance and as she did so she caught her finger in the door and fractured it. Although this was an accident, the crew should have considered using a wheelchair for the patient and failed to log an incident report. Consequently we offered a compensatory payment.

Quality Alert

The patient's GP raised a quality alert that despite the DNAR being made available to the attending staff, chest compressions were undertaken on the patient.

This incident was referred to the Serious Incident Group, and although not declared, it was agreed that a Clinical Team Leader should feedback to the staff

involved about the validity of a DNAR and where to seek help and advice about resuscitation decisions. A response was provided to the GP advising that this could be shared with the family.

Themes

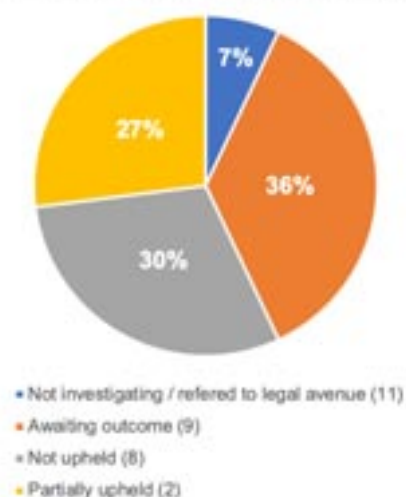
- Delay caused by demand exceeding resourcing. On some recent occasions, less than adequate resourcing to EOC has been identified
- Triage errors, including technical and procedural errors
- Poor staff interaction with patients etc
- The application of the *health professional protocol* post ARP.

Ombudsman cases

The Ombudsman continues to investigate a high proportion of complaints across all NHS Trusts, especially where a death has occurred.

Pie chart showing requests by the Ombudsman and outcomes:

Ombudsman referrals 2018/2019



Patient Engagement

The LAS Patients' Forum

from the point of view of service users, carers and the public. The Forum provides representatives for all the Trust's governance committees and its own monthly meetings are hosted at LAS Headquarters, supported by the Patient & Public Involvement Team.

In the year 2018-2019, Patients' Forum meetings included the following topics and speakers:

- Ending ambulance queues at London's A&E Department: panel discussion and presentation including the LAS Director of Operations
- Developing the LAS Emergency Operations Centre, presented by the Deputy Director of Operations – Control Services
- LAS – Out of Special Measures, presented by the Chief Quality Officer and LAS Lead Commissioner
- Diversity and Leadership in the NHS is not an optional extra, presented by Roger Kline, Research Fellow at Middlesex University
- Urgent and Emergency Care for Homeless People in London, presented jointly by the LAS Adult Safeguarding Team and Shelter
- Epilepsy as a Medical Emergency, presented by an LAS Advanced Paramedic Practitioner, a patient and his carer
- Development of Maternity Services at the LAS, presented by the Consultant Midwife
- Digital Developments in the LAS, presented by the Chief Clinical Information Officer and Chief Information Officer for the LAS
- The London Assembly Review of the LAS, presented by the Chair of the London Assembly Health Committee
- Creation of a patient and public

involvement panel with the LAS Academy

- Development of patient specific information leaflets to provide advice about care
- Work with the chair and the complaints team to improve responses
- Develop a complaints charter
- Co-production charter to enhance public involvement in LAS developments.

Patients' Forum members meet regularly with senior LAS colleagues, LAS commissioners and other key organisations such as the CQC, to highlight areas of good practice and areas where development is required.

Patients' Forum members have continued to be directly involved in the work of the LAS Academy. Together with staff from the Academy, they have formed a Patient and Public Involvement Panel, and attend steering group meetings. They have developed a teaching programme detailing patient and public involvement in the Academy's syllabus, and take part in assessment centres for the recruitment of students.

Friends and Family Test (FFT)

The Trust continues to be required to record Friends & Family Test (FFT) responses from See & Treat patients, although the response rate remains low. The total number of FFT responses received in the period April 2018 to February 2019 was 31. Almost all patients who responded to the question said they would either be "extremely likely" or "likely" to recommend their friends and family to the LAS if they needed similar care or treatment.

The National Ambulance Service Patient Experience Group is in discussions with NHS England and NHS Improvement, to highlight the limitations of this methodology for ambulance service patients and discuss alternative methods of



patient engagement. It is likely that the requirement to record FFT responses will be lifted in the year 2019-2020, and replaced by evidence of the use of co-design methodologies in service improvements.

Community Engagement Events

The LAS remains committed to supporting a wide range of patient engagement and public education events with LAS presence requested at 763 events in the year April 2018 – March 2019 (as at end of February 2019). Of these, we were able to attend 528, 69% of all requests made. This is due to the ongoing support of over 1,300 staff on our database, with more than 300 individuals taking part in multiple events, often in their own time.

We use a closed Facebook group for staff involved in public engagement, as another method of communication and engagement

with them. Through this group we provide information about the team and about forthcoming events, and staff can post their own ideas and questions for members of the team to answer. This has been extremely successful and the group has over 700 members.

The Public Education Officers continue to focus mostly on activities involving children and young people, such as awareness sessions on the dangers of carrying knives and of using alcohol and other legal highs, careers in the LAS, and multi-agency road safety events such as Safe Drive Stay Alive and Biker Down. Many of these are carried out with partner organisations.

We have developed some new resources to support these activities: a book for young children ("Brett and Shudi tell you about the ambulance service"), a 360 degree virtual ambulance which can be shown on an iPad or other 'tablet' device, and a recording of a child making a 999 call. These are used to inform and enhance our public education activities with children.

Blue Light Collaboration

We continue to work closely with our partners on the "prevention" sub-group of the Blue Light Collaboration project, to ensure we make the best use of the resources available and share good practice. The Head of Patient & Public Involvement and Public Education and Head of First Responders are both active members of the steering group.

integral part of our developments in maternity services, mental health, end of life care and other services.

The patient experience teams at NHS Improvement and NHS England are keen to ensure our methodologies are shared across the country, via the National Ambulance Service Patient Experience Group.

Staff development and training

The Patient & Public Involvement Team ran a four-day course in November 2018 for staff who volunteer to undertake patient engagement work for the Trust. The course has been running for a number of years now and is well-established, being updated and adapted each year according to the feedback received and the Trust's changing public education priorities. The course includes skills training (e.g. presentation skills), knowledge (e.g. disability awareness) and self-awareness activities such as an introduction to the Myers-Briggs Type Indicator (personality types). This year we supported 11 members of staff through the Programme; they gave excellent feedback about what they had gained from the course.

At alternate meetings the Trust Board hears a patient story, usually told directly by the patient involved. This helps to ensure patients feel heard by the organisation, and provides an opportunity for Board members to hear about patients' experiences first-hand.

Patient and Public Engagement Improvement

A new implementation plan are shortly to be approved by the Executive Committee and Trust Board, setting out the priorities from 2019 to 2021.

The five aims of our new plan are:

1. **Involvement in individual care and treatment:** We will involve patients and carers in decisions about their care at all stages of the patient journey.
2. **Service delivery, development and transformation:** The Trust will actively seek the views and engagement of patients, their carers, our members of the public and the wider community in the design and delivery of services.
3. **Strategy – planning our future services:** Patients and the local community and our stakeholders will have a greater opportunity to inform how we plan and develop our services for the future.
4. **Assurance:** Our Trust Board of Directors will actively seek demonstrable evidence that Trust services are listening to, learning from and acting upon the views of patients, carers and stakeholders (NHSI Framework June 2018).
5. **Meeting our statutory and regulatory obligations:** The Trust will continue to meet its statutory and regulatory duties to involve patients and the public, Healthwatch and local authorities' health overview and scrutiny committees in our work



Section 6: Other services

5a : Non-Emergency Transport Services

The **Non-Emergency Transport Service (NETS)** was introduced in June 2015 and has continued to grow since then. NETS transports the lowest acuity patients to healthcare facilities where there is little or no clinical intervention required during the journey. As a result, the Service is able to increase the availability of frontline crews to attend life threatening calls and ensure that lower acuity patients receive transport within an agreed timeframe and therefore enhancing the patient experience.

The number of journeys completed by NETS has continued to grow in line with the development of the

service with delivery rising from approximately 100 journeys a week at commencement to approximately 800 journeys a week by the end of the financial year. The Trust is currently implementing plans to reach a target of 900 journeys per week.

The increase in the delivery of journeys during 2018/19 and between 2015/16 and 2018/19 is shown in the following graphs:

NETS pre-plan mental health community assessment journey requests from London Mental Health Trusts via its e-booking system. This project has been highly

successful with the majority of this cohort of mental health service users now seeing transport arriving at the commencement of their assessment or within 30 minutes. In addition to this, NETS has also introduced the pre- booking of journeys for end of life care patients (where journeys are time critical) and is engaging with all London hospices as part of this roll out.

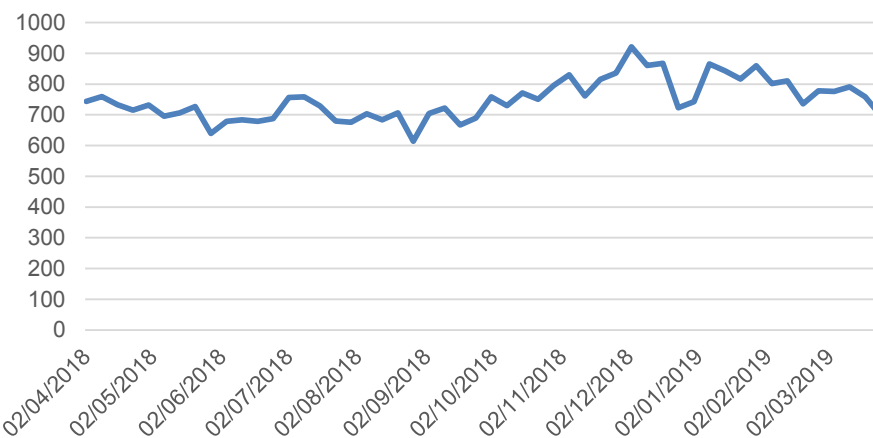
In line with the growth of NETS, there has been an increase in the number of NETS operational staff from 120 to 144. Recruitment to vacant posts is currently active with all new employees joining us under the national apprentices scheme. The first introduction of apprentices into NETS was in 2017 with another cohort of 5 apprentices joining us in 2018/19. This has proved a successful first step in an individual's career pathway as some of our first cohort from 2017 are now currently training to become Trainee Emergency Ambulance Crews (TEACs).

All existing NETS staff have completed core skills refresher training during the year which has included:

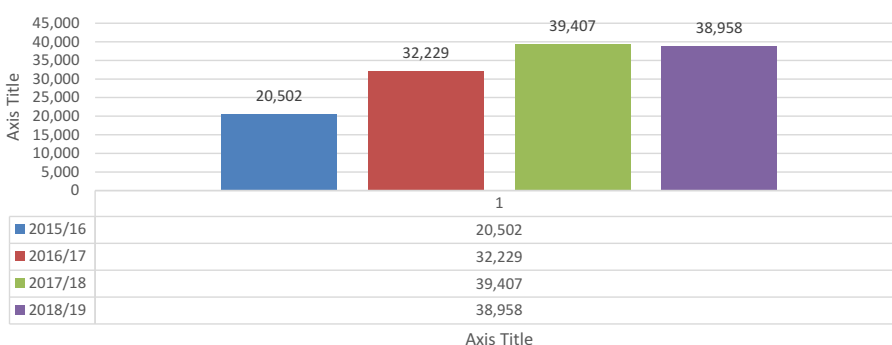
- CSR 18.1 – Conflict Resolution and Manual Handling
- CSR NETs – Safeguarding, Medicine Management for EOLC, EPRR Update, Patient Assessments and Running Calls.

The regular work based training topics have included circulation, cardiovascular, wheelchair harnessing, box splints and pedimates while other statutory and mandatory training has been delivered via e-learning.

NET Journeys Completed 2018/2019



NETs Annual Journey Activity



5b: South East London 111 - 2017/18

This report has been prepared to review the activity within LAS 111 South East London (SEL) for 2018/19 and has been broken down into nine key areas.

- Care Quality Commission Update
- Workforce Transformation
- Procurement of future services
- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Patient Experience
- Training
- Pilots and Innovation.

Care Quality Commission Update

Following a local 111 CQC inspection in September 2016 (rated "Good" overall), Integrated Urgent Care (IUC) services have since been aligned with the Trust's CQC process. LAS was last inspected in March 2018 and was rated "Good" overall.

Workforce Transformation

By 31st March 2019 all NHS111 services are required to have evolved into an Integrated Urgent Care service, providing a "consult and complete" service, reducing

referrals to other areas of the NHS. SEL have launched IUC and have begun to develop advanced clinical practitioners through a "Grow your own" scheme, led by the Integrated Urgent Care Workforce Transformation Manager.

Procurement of Future Services

In January 2018, LAS was awarded the NHS 111 Integrated Urgent Care and clinical assessment service in North East London (NEL).

On August 1st 2018, the NEL IUC service was launched. See NEL 111/IUC for details of the Service's activity to date.

LAS was successfully awarded the future IUC service for South East London and mobilization began in a phased fashion on January 29th 2019.

Incidents, complaints and feedback

Incident details

Two Serious Incidents were declared this year, one related to clinical advice and one regarding implementation of new operational processes. Both have been investigated and are with the relevant CCG for agreement.



**The NHS
non-emergency
number**

Actions identified as a result of these incidents are ongoing.

Incidents reported relate to a range of issues at LAS 111. A key trend identified over the last year has been errors in the referral of patients into an Out Of Hours (OOHs) service. The process for reporting and feeding back these incidents has changed and an action plan put in place to decrease the amount of incorrect referrals.

Additionally, the way the Directory of Services is profiled has recently been altered, which early feedback shows a decrease in the number of incidents.

Type	Mar 19	Feb 19	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	July 18	Jun 18	May 18	Apr 18
Serious incidents			0	1	1	0	0	0	0	0	0	0
Incidents			102	84	83	95	83	88	117	117	138	141
Complaints (formal)			4	3	0	5	4	4	4	7	7	4
HCP feedback			7	1	3	9	4	3	2	0	2	3
Compliments			1	0	2	1	0	2	3	1	3	6
Authorised confidentiality breaches			10	21	10	14	18	22	20	26	17	10
Wrong OOHs GP referrals			12	14	13	17	7	5	16	34	47	57

Feedback from Health Care Professionals

The main service that we receive feedback from is the GP Out of Hours (OOH) providers. The majority relate to the perceived inappropriateness of the referral and whilst several have been upheld, some are due to a lack of understanding of the IUC system.

Considerable effort has been put into improving understanding and communication channels between the IUC and 999 services and also improving understanding between the IUC service and OOHs services; a Stakeholder Engagement Manager has begun working with IUC.

Feedback to Health Care Professionals

40 feedback forms have been sent to other providers of care. Staff are encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care, or where a procedure appears to be unsafe or inappropriate. The most common issues are with regard to communication issues and handover of patients between services such as GP OOH Providers failures to accept patient referrals due to patient location, or disputes causing delay to patient care.



Authorised confidentiality breaches

Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and/or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre.

Compliments

19 compliments have been received relating to both the service and

individuals undertaking patient contact duties. Internal recognition for staff has increased, as compliments continue to be published in the Trust's weekly bulletin in addition to being displayed on site noticeboards.

Call quality and monitoring

We have continued to exceed the required standard for 1% of call audits every month including the winter months where demands on the service increased. Each staff member has a minimum of 3 calls audited each month. Where performance issues are identified the level of audit is increased. Since October 2017 compliance

Call Audit Data	Mar 19	Feb 19	Jan 19	Dec 18	Nov 18	Oct 18	Sep 18	Aug 18	Jul 18	Jun 18	May 18	Apr 18
Calls answered at 111			34,941	35,721	22,361	22,346	25,361	20,242	28,321	26,015	28,656	28,381
% Call audits (target >1%)			1.2%	1.1%	1.7%	1.6%	1.4%	1.5%	1.2%	1.5%	1.4%	1.4%
No. Call audits			423	376	378	427	356	308	341	379	406	398
No. Call Handler audits			246	218	224	254	210	191	177	211	225	223
No. Clinical Advisor audits			177	158	154	173	146	117	164	168	181	175
% Compliance (target >86%)			80%	85%	83%	84%	88%	90%	89%	90%	88%	88%



percentage (target 86%) was not being achieved. An action plan was implemented to improve compliance with a focus on key themes identified during audits. This improved compliance levels between April and October 2018 however this has since declined. A review into themes will take place to identify patterns of fluctuation.

End to End call audits

Monthly end to end call reviews are undertaken at LAS111. This year a total of 45 calls were audited by the senior management team, including the Trust's Assistant Medical Director and South East London Clinical Lead. The audits are attended by healthcare professionals from the areas of focus which ensures their input and to improve partnership working, communication and practice. The end to end audits have all highlighted areas of good practice but also areas that require some improvement and action plans have been put in place to address concerns.

Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 656 people in total to Social Services which equates to circa 0.24% of all calls taken. Referrals for adults were predominantly for welfare concerns and for children for safeguarding issues.

Patient Experience

The 111/IUC patient surveys are sent each month to around 300 patients, an increase from 250. 99 responses were received in 2018/19. Work is ongoing to implement post event text messaging which will link to an online survey, in the hope of improving rate of return.

Language line

Spanish continues to be the most requested language, followed by Hungarian.

Training

All staff have undertaken mandatory training relating to

changes made to the 111/IUC call management system "Pathways" with two version updates (15 and 16) being completed, the latter in January 2019. Following the response to a Serious Incident, a recognizing Sepsis and the Severely Ill patient workshop was written and delivered to all staff. This training is in addition to the full compliance to statutory and mandatory training as required by the London Ambulance Service NHS Trust. Agency staff are given all mandatory training including safeguarding and also offered places on all workshops that are appropriate.

Pilots and Innovation

- LAS 111 has been innovative in introducing IUC services across 40% of London in 2018/19
- Direct booking into Urgent Treatment Centres has been implemented in SEL
- Introduced Sepsis screening tool suitable for remote consultation.

North East London 111/IUC - 2018/19

This report has been prepared to review the activity within LAS 111 North East London (NEL) for 2018/19 and has been broken down into seven key areas.

- Care Quality Commission Update
- Workforce Transformation
- Service launch
- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Training.

Care Quality Commission Update

Due to the infancy of the LAS NEL IUC service, no CQC inspection has yet taken place.

Workforce Transformation

By 31st March 2019 all NHS111 services are required to have evolved into an Integrated Urgent Care service, providing a “consult and complete” service, reducing referrals to other areas of the NHS. NEL have launched the IUC service and have begun to develop advanced clinical practitioners through a “Grow your own” scheme, led by the Integrated Urgent Care Workforce Transformation Manager.

Service Launch

The NEL IUC service launched on August 1st 2018 and since then work has been ongoing with commissioners and the Clinical Lead for NEL to refine the Clinical Pathways as a deeper evidence base is gathered.

Incidents, complaints and feedback

Incident details

5 Serious Incidents were declared this year, relating to technology, clinical assessment and process



adherence. Incidents continue to be investigated and an action plan is in place to disseminate lessons learned

Incidents reported relate to a range of issues at LAS 111. Work is ongoing to identify themes, trends and create an action plan to ensure learning from incidents takes place.

Feedback from Health Care Professionals

The main service that we receive feedback from is the GP Out of Hours (OOH) providers. The majority relate to the perceived

inappropriateness of the referral and whilst several have been upheld, some are due to a lack of understanding of the IUC system.

Considerable effort has been put into improving understanding and communication channels between the IUC and 999 services and also improving understanding between the IUC service and OOHs services; a Stakeholder Engagement Manager has begun working with IUC.

Authorised confidentiality breaches

Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and/or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre.

Compliments

2 compliments have been received relating to both the service and individuals undertaking patient contact duties. Internal recognition for staff has increased, as compliments continue to be published in the Trust's weekly

Type	Jan-19	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18
Serious incidents	0	1	0	0	2	0
Incidents	36	24	48	27	55	46
Complaints (formal)	2	0	5	7	3	6
HCP feedback	14	12	10	6	32	73
Compliments	2	0	0	0	0	
Authorised confidentiality breaches	0	0	0	0	0	6
Wrong OOHs	3	1	9	3	1	0

bulletin in addition to being displayed on site noticeboards.

Call quality and monitoring

We have begun to exceed the required standard for 1% of call audits in recent months. Each staff member has a minimum of 3 calls audited each month. Where performance issues are identified the level of audit is increased.

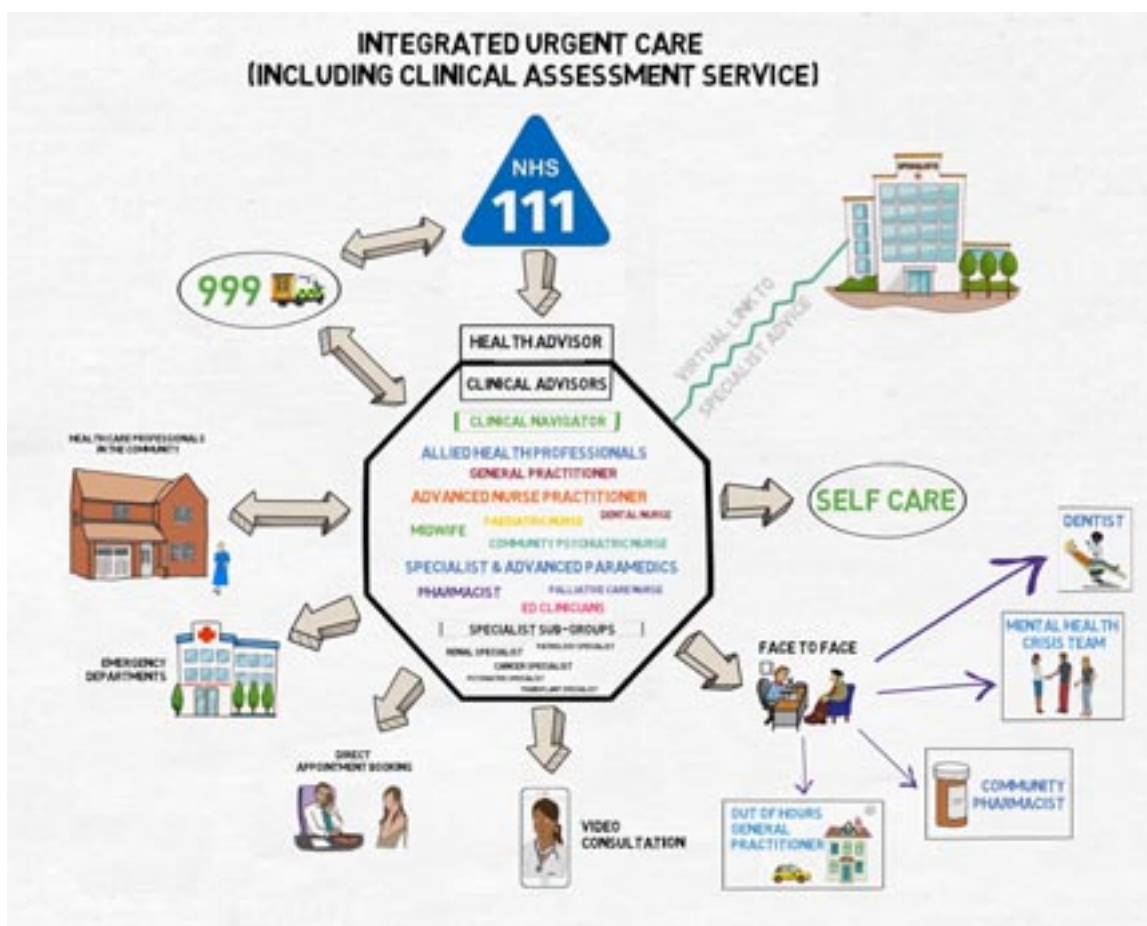
End to End call audits

Weekly end to end call reviews are undertaken at NEL IUC. Calls were audited by the senior management team, including the Trust's Assistant Medical Director and North East London Clinical Lead. The audits are attended by healthcare professionals from the areas of focus which ensures their input and to improve partnership working, communication and practice. The end to end audits have all highlighted areas of good practice but also areas that require some

improvement and action plans have been put in place to address concerns.

Safeguarding

Safeguarding process was new to all staff in NEL IUC. This process has been effective, with January seeing an equal amount of referrals to SEL IUC.



Training

All staff have undertaken mandatory training relating to changes made to the 111/IUC call management system "Pathways" with version 16 updated being completed in January 2019.

Call Audit Data	Jan 19	Dec 18	Nov 18	Oct. 18	Sep 18	Aug-18
Calls answered at 111	52231	50177	43101	39314	36722	Data not available
% Call audits (target >1%)	1.2%	0.9	1.1%	0.8%	0.8%	Data not available
No. Call audits	662	491	480	325	317	0
No. Call Handler audits	577	425	453	323	310	0
No. Clinical Advisor audits	85	66	27	2	7	0
% Compliance	30 Fails 95.5%	33 fails 93.5%	17 Fails 94%	35 Fails 89%	59 Fails 68%	N/a

Section 7:

Feedback from our partners and stakeholders

We are obligated to give stakeholders the opportunity to comment on our Quality Account and to then publish their comments in full. This year we invited the following organisations/groups to respond.

- The London Ambulance Service Commissioners 27 April 2018
- Patients' Forum response dated 14 May 2018
- Healthwatch were provided with the draft Quality Accounts in March 2018 for comment

We would like to thank those organisations/groups for taking the time to read and respond. Their comments are published in this section. To be inserted once received



PATIENTS' FORUM

FOR THE LONDON AMBULANCE SERVICE

QUALITY ACCOUNT STATEMENT FOR 2019-20 & RESPONSE TO THE LAS QUALITY ACCOUNT

APRIL 15th 2019

Dear Trisha, thank you so much for asking the Forum respond to your Quality Account priorities for 2019-2020. We have separately sent you our response to your key priorities for 2019-20, and have also sent you a list showing some of the Forum's key achievements for 2018-19.

Our statement for 2019-2020 is as follows:

1) CO-PRODUCTION WITH THE LAS

Our collaboration with you and your team is very positive and creative and has led to some important developments, including the Complaints Charter, which is now being highlighted in acknowledgement letters to all those who have made complaints to the LAS. We also value the joint development of the Patient Specific Information leaflet for patients and carers.

2) MONITORING EOC AND 111 SERVICES – MENTAL HEALTH CARE

Fifteen of our members have visited EOC in Bow and Waterloo and the 111 centre for south east London. Our theme on this occasion has been the care of patients with mental health problems. Our members were well received and learnt a great deal about the operation of these three centres. We will extend this programme to north east London in the next few weeks. As a result of our observations: **WE RECOMMEND-**

- a) Further development of mental health triage in EOC. Despite the significant developments of the mental health team, the duty of 'parity of esteem' is not being adequately exercised. As an example, most mental health related calls are not currently directed to a mental health nurse, and consequently some responses to patients lack the expertise that mental health nurses can provide, e.g. in relation to suicidal ideation. Thus, patients with similar conditions may get a very different response. We fully support the mental health car pilot that is currently being evaluated, and hope that a successful roll out across London of this service, will in time mitigate some of these difficulties and create more responsive services for patients in a mental health crisis.

- b) The LAS should make representations to national ambulance forums to improve and update the 'mental health card' used in EOC. This should include a wider range of mental health conditions and events, e.g. anxiety, depression, psychosis and risk of suicide.
- c) More mental health nurses should be employed to work in the EOCs, because when there is only one mental health nurse available, access to specialist mental health support is insufficient. If more mental nurses were available more mental health calls could be directed to a specialist local support teams. We understand that the LAS will support development, if evaluation of the mental health car provides a strong argument for roll out across London, and if funding following a successful evaluation is available from commissioners.
- d) There needs to be for greater access to psychiatric liaison/relationship building with all local mental health teams in London, to reduce the risk of patients being sent to A&E as default. At the moment it appears that where an EOC mental health nurse is already familiar with the mental health team in a particular area, that the relationship works well and local services can be accessed more easily. This collaborative working relationship needs to be developed and extended to all mental health trusts in London – including and beyond SLAM and Oxleas.
- e) The continuing use of a question to patients with mental health problems regarding their potential use of violence is inappropriate and should be stopped. Similarly, that the advice to patients in a mental health crisis waiting for a response, not to eat or drink should be abandoned as poor practice. We strongly recommend that the LAS raises these issues at national ambulance service forums, because the current situation can undermine appropriate responses to the care of patients with mental health problems and is antithetical to good clinical practice.

3) **ACCESS TO THE SECURE ENVIRONMENT FOR EMERGENCY RESPONDERS - Category 1 and 2 ARP calls.**

Currently no data is available on the time taken for paramedics to reach patients in prisons, immigration removal centres and youth offender institutions. Once an ambulance arrives at the prison gates, it appears that the clock stops, despite the fact that a core aspiration of ARP was to be 'patient centred' rather than 'target centred'. The Forum is attempting to gather data on this problem from the Home Secretary and Prison Minister.

WE RECOMMEND -

- a) The LAS collects data on the response times for all ARP Cat 1 and Cat 2 calls to the gates of all secure estate institutions in London for a period of 3 months.
- b) The LAS requests paramedics and EACs who respond to calls to the secure estate, to record the time taken from arrival at gates to patient contact, for a period of 3 months.

4) SICKLE CELL DISORDERS

There has been significant progress in relation to the training of front line staff into the needs of patients with sickle cell disorders. CARU audits have shown how this training has enhanced patient care. Work continues with the Sickle Cell Society and the LAS Academy in relation to the production of staff training videos, the first of which relates to pain control for children and young people, which should be available in 2019. **WE RECOMMEND -**

- a) That comprehensive staff training in relation to sickle cell disorders is annually kept up to date for all front line staff.
- b) That CARU carries out a new survey of people with sickle cell disorders who have used LAS services, to determine if the quality of care for patients with sickle cell disorder remains of high quality and continues to improve.

5.0 COMPLAINT INVESTIGATIONS

The Forum is working closely with the LAS Chair, Complaint's and Quality teams, to carry out joint audits of complaints. We will jointly recommend how the process can be made more sensitive and responsive to the needs of people who have complained, and how the complaints system can lead to enduring improvements in front line LAS services. **WE RECOMMEND -**

- a) Service improvements resulting from complaint investigations should be widely publicized, to give people who make complaints the assurance that their complaints contribute to enduring service improvements.
- b) The joint team reviewing complaints should have the opportunity to write to complainants to seek their views on the outcome of the investigation of their complaints.

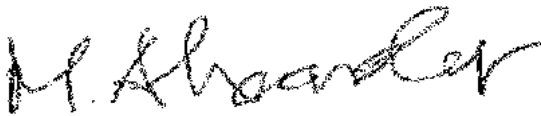
6.0 VOLUNTEER STRATEGY

- a) The Forum is disappointed at the delay in publishing the LAS volunteer strategy. We have submitted to the LAS a proposal for the development of a volunteer programme aimed at promoting greater participation of BME communities in the work of the LAS, and we would like to see the

implementation of a volunteer strategy that enhances BME community participation in the LAS.

b) We would also like to see an enhanced process, to ensure that CFR volunteers are recruited more actively in every London borough and a more effective process is introduced to ensure that they can quickly take up their CFR role after training has been completed.

Malcolm Alexander

A handwritten signature in black ink, appearing to read 'M. Alexander', written in a cursive style.

Chair

Patients Forum for the LAS

07817505193



01 May 2019

Sent by email

Private & Confidential

Mr Garrett Emmerson
Chief Executive
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London
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15 Marylebone Road
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NW1 5JD
Tel: 020 3350 4798

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Re: London Ambulance Service NHS Trust Quality Strategy: Vision 2020 and Quality Account 2019 - 2020

The North West Collaboration of CCGs has welcomed the opportunity to review your Quality Strategy and Account for 2019/20. We are pleased that the Trust has made the effort to take on board most of the comments requested by the CCGs and incorporated these in the final version of the report. We have reviewed the content of the Quality Report and are able to confirm that this complies with the requirements for NHS Trusts as set out by the Department of Health and NHS Improvement.

We acknowledged the work that the Trust has completed arising from the priorities identified last year and progress made against these. Most importantly we welcome the approach taken by the Trust to consult with the CCGs and the stakeholders in developing the priorities for 2019-20. The Quality Account provides a generally balanced report on the quality of services and identifies the areas in which the Trust has achieved success but also where there needs to be improvements.

We are pleased with the Trust being rated good by the Care Quality Commission (CQC) following a series of inspections between 2017/18. We commend LAS on the development of its quality strategy that has a focus on a safety culture built upon the improvements made against the 18/19 priorities, in particular the reduction in ambulance handover times and LAS's participation with national and local auditing. We support the priorities selected within each domain for 19/20. We wish to commend the Trust on the outstanding rating for the Caring domain received by the CQC and the ambitious goal of striving for an 'outstanding' Care Quality Commission (CQC) rating by 2020.

The CCGs endorse the Trust's stance in building on foundations laid down in the previous year and launching their Quality Improvement Programme this year which we envisage will give LAS the opportunity to sustain the improved quality in their services whilst maintaining good performance against the Ambulance Response Programme (ARP) response standards.

We acknowledge the work the Trust has undertaken to promote the wellbeing of their staff, listening to them and responding to feedback. We are also pleased with the efforts that the Trust has made in facilitating engagement with various staff groups and the notable progress made in commitments to reduce occupational injuries incurred by frontline staff. The prospective plans that ensure continuous decrease in the number of incidents and sickness levels related to musculoskeletal injuries are highly



2

welcome. London CCGs welcomed the inclusion of the Workforce Race Equality Standard (WRES) requirement under the ☐ WellLed ☐ section last year and are pleased to note that LAS achieved its target of 15% BME representation in the overall workforce by March 2019.

We particularly wish to thank the Trust for their resilience and timely response especially in December 2018 as this marked the busiest month for the service on record. We appreciate how LAS staff demonstrated commitment, responsiveness and compassion in their work, under quite challenging conditions of high demand for services. The CCGs would like to congratulate the Trust for the success of their Mental Health response car pilot that commenced in November 2018 that has shown extremely promising results in terms of reduction in conveyance to emergency departments.

Although the Trust has made a number of key achievements including the strengthening of their governance arrangements, the CCGs are keen to see how the LAS learn from deaths. It is encouraging that the Trust has set up the Learning from Serious Incident Assurance group and we look forward to outputs from this group.

The CCGs look forward to continuing to work with the Trust to monitor progress against the set priorities for 2019/20 through CQRG in order to gain assurance of continuous improvement of the quality of emergency and urgent care services provided across London.

Yours sincerely

Dr Madhukar Patel
Chair, NHS Brent CCG

Cc:

Dr Trisha Bain, Chief Quality Officer, LAS
Diane Jones, Chief Nurse/Director of Quality, NWL CCG
Dr Kuldhir Johal, LAS Clinical Quality Review Group Chair
Sheik Auladin, Managing Director, NHS Brent CCG
Simbarashe Tome, Assistant Director of Quality and Safety, NWL CCG
Jennifer Roye, Deputy Director for Quality & Safety, NWL CCG



Appendix 1: Clinical Audit: Learning outcomes

National clinical audits

The reports of the national clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust has taken actions to improve the quality of healthcare provided:

- Produced a 'STEMI care bundle' infographic outlining the key clinical and documentation requirements. The infographic was released to all frontline clinical staff via the Trust's Digital Pocket Guide application and hard copies were also provided to individual staff members for their personal folders and at each station
- Released monthly infographics promoting the key findings of the review of cardiac arrest, STEMI and stroke care
- Education was provided to staff through Core Skills Refresher Training and through the publication of cardiac arrest and STEMI 'clinical updates' in bulletins and newsletters
- Provided both constructive and positive feedback to staff regarding inappropriate triage decisions, incomplete care bundles, and extended times.

Local Clinical Audit Activity Continuous monitoring

We also continuously audit the wider care provided to patients who suffers either a cardiac arrest; acute coronary syndromes (including STEMI, new onset Left Bundle Branch Block and high risk ACS), suspected stroke (including FAST positive stroke), major trauma, or were discharged of our care but re-contacted the Service within 24 hours having severely deteriorated or died unexpectedly. Findings from these five continuous audits are shared internally and staff receive feedback to support learning where indicated.

Clinical Performance Indicators (CPIs)

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provided to eight patient groups (cardiac arrest, difficulty in breathing, glycaemic emergencies, mental health - both diagnosed and undiagnosed, severe sepsis, elderly fallers and patients discharged on scene). We also quality assure the documentation of 2.5% of all clinical records completed by ambulance clinicians. Staff receive individual clinical feedback from these audits highlighting areas of good practice and those in need of improvement.

Clinical audit projects

The reports of 6 local clinical audits were reviewed by the provider in 2018/19 and the London Ambulance Service NHS Trust plans to take the following actions to improve the quality of healthcare provided against each audit as detailed below:

Assessment and management of patients presenting with acute heart failure

- Share the findings with the national guidelines developers and request that they consider removing from the national guidelines the recommendation to use salbutamol in the management of heart failure
- Consider changing local practice of salbutamol administration in the management of heart failure
- Distribute the key findings in a Trust-wide clinical newsletter, together with an infographic that will be displayed in all ambulance stations
- Ensure all current training materials are updated with the findings from this acute heart failure clinical audit.

Management of paediatric pyrexia re-audit

- Report findings to the LAS Clinical Practice Working Group for discussion as to how documentation of care could be improved for paediatric patients with pyrexia who are not conveyed to hospital
- Distribute the key findings in a Trust-wide clinical newsletter.

Transient loss of consciousness (TLoC) re-audit

- Report findings to the LAS Clinical Practice Working Group for discussion as to how documentation of care could be improved for patients suffering from a T-LOC.

Patients who severely deteriorated or died unexpectedly within 24 hours of being discharged at scene

- Declare one serious incident identified by this continuous audit
- Investigate further potential incidents or concerns, including potentially inappropriate discharge of patients, drug administration errors and lack of adherence to LAS protocols
- Flag five cases to other organisations for their investigation
- Provide constructive and positive feedback to individual clinicians as appropriate
- Highlight four potential patient safeguarding concerns to the LAS Safeguarding Team to consider making retrospective safeguarding referrals
- Ensure the LAS Frequent Callers Team are aware of three frequent callers identified and provide up to date details
- Provide examples of patients both appropriately and inappropriately discharged at scene for an Admission Avoidance Training day for clinicians

- Supply anonymised re-contact cases for case-based discussion events aimed at improving documentation by clinical staff
- Share complex electrocardiograms (ECGs) for use in ECG training events and teaching classes for clinicians to show ECG progression in deteriorating patients
- Include articles on the risk of rhabdomyolysis in elderly fallers and exercising caution in attributing patients' symptoms to anxiety in the Trust-wide clinical newsletter
- Make clinicians aware of the support options available when managing end-of-life care patients
- Propose that the assessment and management of patients with diarrhoea/vomiting is included in the Clinical Audit Work Plan 2019-20
- Share re-contact details with the leads for the Service's five pioneer services to see whether any learning can be undertaken as the services are developed: urgent care response; falls; mental health; end of life care, and maternity.

Patients who severely deteriorated or died unexpectedly within 24 hours of being discharged over the phone (Hear & Treat)

- Provide constructive and positive feedback to individual Clinical Advisors, where necessary
- Share re-contact details with the leads for the relevant pioneer services (urgent care, falls, mental health and end of life care).

Patients who severely deteriorated or died unexpectedly within 24 hours of being advised to call 111

- Provide constructive and positive feedback to individual Emergency Medical Dispatchers
- Share the findings relating to the following MPDS protocols with the LAS Serious Incident Assurance and Learning Group:

Abdominal pain/ problems;
Pregnancy/ childbirth/
miscarriage; Traumatic injuries,
and Unconscious/ fainting

- Share re-contact details with the relevant pioneer services leads for urgent care; falls, mental health and maternity.

A further **2 local clinical audit projects** (Spinal Injuries and the Administration of Hydrocortisone) have been completed and the recommendations are currently being developed. These will be reported in the 2019/20 Quality Account.

In addition, a further **4 local clinical audits** have been started by the provider in 2018/19 as detailed below:

Management of alcohol intoxication re-audit

The LAS attended nearly 48,000 alcohol-related incidents in 2017/2018, making up just over 4% of the annual LAS workload. The clinical manifestations of acute alcohol intoxication are mixed and vary in severity. Alcohol-intoxicated patients can be challenging to assess; however, this must be done accurately and comprehensively to offer the most suitable care. The LAS first assessed the treatment and management of intoxicated patients in 2012, highlighting room for improvement. Following an article published in the Clinical Update and a poster highlighting the key findings and reminders of the importance of eliciting a full and accurate history of the presenting complaint a re-audit was undertaken in 2016. Despite some improvements, more work was needed and further promotion was undertaken. This further re-audit aims to assess for improved management of alcohol intoxication since the last clinical audit.

Management of maternity emergencies re-audit

Obstetric (maternity) emergencies were originally audited in 2013, and

identified that some areas of care required improvement. Following the original clinical audit, a Maternity Prehospital Screening and Action Tool, and Maternity Care Policy were introduced by LAS, as well as revised and updated Maternity Care national guidance. This re-audit will examine whether recommendations made from the original clinical audit have improved the care LAS deliver in this area, and for the first time we will look at how we manage eclampsia, one of the most dangerous complications of pregnancy.

Administration of tranexamic acid (TXA)

Tranexamic acid (TXA) was introduced into the LAS in 2013. TXA is a prescription only medication that has been authorised for use by paramedics under a patient group direction (PGD). Since its introduction there have been several incidents of incorrect administration therefore this clinical audit will seek to determine compliance to the PGD across the Service.

Management of Chronic Obstructive Pulmonary Disease (COPD)

Over-oxygenating COPD patients has been shown to have a host of negative effects including increasing acidosis, length of hospital stay and likelihood of being admitted to intensive care. Exacerbation of COPD is a common reason for patients calling 999 therefore it is important to know that we are managing this group of patients appropriately.

Research activity

In 2018/19 our research programme continued to go from strength to strength, seeing successful applications for external research funding, publications in top ranking scientific journals, and participation in large-scale, multidisciplinary research projects.

Completed Projects

PARAMEDIC-2: a pre-hospital double-blind randomized-controlled trial exploring the effectiveness of

adrenaline on patient outcomes following cardiac arrest. The results were published in July 2018 in the New England Journal of Medicine, with our Head of Clinical Audit and Research as a named author. The paper was listed as one of the top 100 papers for 2018 (#27) in terms of the Altmetric score (<http://www.altmetric.com/top100/2018/>). The results of the trial are being considered alongside international resuscitation guideline changes.

RIGHT-2: a randomised controlled trial to determine whether glyceryl trinitrate, GTN, improves outcome in patients with ultra-acute stroke when administered as soon as possible after onset. We finished patient recruitment in May 2018 and the results were published in The Lancet in February 2019.

Current Projects

ARREST: a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest. At the time of writing, we have recruited just over 200 patients this year into the trial. In addition, 316 paramedics received protocol training plus Good Clinical Practice training to enable them to participate in interventional research.

AIR CGM: a prospective observational study assessing the impact of using CGM within 72 hours of a severe hypoglycaemic episode in patients with Type 1 diabetes treated by ambulance clinicians for severe hypoglycaemia and discharged at scene. This trial has just started and will be reported in more detail in next year's report.

MPDS Births: a mixed methods study, using focus groups, questionnaires and routinely collected data, to determine the accuracy of the current telephone triage protocol used by Emergency Medical Dispatchers to identify and triage maternity emergency calls. This

trial has also recently started.

The London Ambulance Service NHS Trust has also this year been involved in three successful applications for external research funding from the National Institute of Health Research, for projects due to start in 2019/2020, looking at Major Trauma triage, the management of frequent callers, and decision making around terminating resuscitation attempts.

In addition, during 2018/19, we provided data relating to 6,224

patients to the National Out-of-Hospital Cardiac Arrest Outcomes project. This registry is being used to look at the variations across England in outcomes from cardiac arrest and provide evidence to help inform treatment and improve survival.

In 2018/19, the London Ambulance Service NHS Trust co-authored eleven papers that were published by peer-reviewed scientific journals, and three posters were accepted at conferences. We also have one additional paper currently in press.



Appendix 2: CQUINS 2018-19 : UPDATE

1A	National: Introduction of Health and Wellbeing Initiatives – Improving Staff Health and Wellbeing	Percentage point improvements to staff survey results on 3 questions against a 2016/17 baseline.
1B	National: Introduction of Health and Wellbeing Initiatives – Healthy food for NHS staff, visitors and patients	Continuing improvements to healthy food provision delivered in 16/17 and extending requirements for 17/18 & 18/19.
1C	National: Introduction of Health and Wellbeing Initiatives – Improving the uptake of flu vaccinations for front line staff within Providers.	Achieving an uptake of flu vaccinations by frontline clinical staff of 75% for 2018/19
12	National: Ambulance Conveyance	A reduction in the proportion of ambulance 999 calls that result in transportation to a type 1 or type 2 A&E Department.
STP1	National: Supporting Local Areas	Support engagement with local STP initiatives
L1	Local: Digitalisation	Further developing devices capabilities to enhance clinical decision making and improve patient experience.

CQUIN Scheme	Total Available	Predicted achievement	Predicted achievement
HWB1A – Staff Survey	£267,080	£0	0%
HWB1B – Healthy Food	£267,080	£267,080	100%
HWB1C – Flu vaccinations	£267,080	£200,310	75%
CQUIN12 – Reduction in Conveyance	£801,239	£320,495	40%
STP Engagement	£3,204,955	£3,044,707	95%
Digitalisation	£3,204,955	£3,204,955	100%
Total	£8,012,386	£7,037,546	88%



Quality Strategy:
Visions 2020
(refreshed)

Quality Account:
2019-2018

London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London
SE1 8SD

www.londonambulance.nhs.uk



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Learning and Education Strategy, 2019-2023			
Agenda item:	09			
Report Author(s):	Patricia Grealish, Director of People and Culture			
Presented by:	Patricia Grealish, Director of People and Culture			
History:	Consideration by the Executive Committee on 15/05/19 (ref: ExCo/19/41) and the People and Culture Committee on 20/09/19 (ref: PCC/19/10)			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information

Background / Purpose:

The Learning and Education Strategy is one of the key enabling strategies to the Trust's vision and organisational strategy. It aims to set 'nurturing talent' at its heart to build a motivated, skilled and sustainable workforce.

Recommendation(s):

The Board is asked to consider and approve the Strategy, noting that an implementation plan will be submitted to the People and Culture Committee to give assurance on progress of the strategy.

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

A sustainable workforce goes to the heart of the Trust's emerging risks in the light of the NHS ten year plan and the pressures on the health system over the next 10 years to attract and retain skilled employees.

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

Clinical and Quality	<input 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"/>

A Learning and Education Strategy for London Ambulance Service Trust

VISION. To support all of our people – clinical or corporate support – to deliver outstanding and compassionate patient care

Executive Summary

1. Learning goes to the heart of what must be seen as vital for employees and organisations alike. Our 'Learning and Education Strategy' must deliver an adaptable learning infrastructure which fully embraces digital.
2. It is 'principles led', outcomes oriented', and 'values based' and sets our own values - Respectful, Professional, Innovative, Collaborative – at its heart.
3. The new language of work is that of 'workscape' and 'learnscape' and is set upon the backdrop of a digital revolution creating a need for employees with new skills, and employers concerned at how to find and retain talent; and of a move to dynamic learning that enables knowledge to stay current in a fast changing world (lifelong learning).
4. More than any enabling strategy the Learning and Education strategy must be the bridge by which our people cross over to deliver on our ambitious organisational strategy.
5. This is a strategy for all our people, recognising that the Trust must respond to the challenges of a changing environment and will need to develop a very different workforce for the future.
6. Some predictions are of a gloomy future where machines take the place of the jobs of people. The world of service in which the Trust operates makes it, alongside any other health service, imperative to really identify the 'human' value of the work we do – so what is the particular knowledge, skills and mindsets we need, and will need, that require that 'human touch'.
7. Whilst this Strategy does not set out to establish that, it does set the Trust on the path to building a learning ecosystem that will establish 'lifelong' collaborative learning, learning leadership, and embracing the digital future (such that we can envisage and afford within our sphere).
8. We are delighted to set out how we will transform our learning and education offer for our people to enable easy access through user-friendly digital channels *anywhere, anytime, and on any device*, and introduce performance enhancing classroom experiences. This strategy sets out challenging but realistic goals to transform the quality of learning, education and training at London Ambulance over the next four years. The strategy is aligned to our organisational strategy and the vision be a first class employer, valuing and developing the skills, diversity and quality of life of our people.
9. Learning in any organisation plays a strategic role in five key areas (**Figure 1** below). This focus is vital to respond to an increasingly competitive market for talent, in the context of multi-generational workforces, the fourth revolution (digital), and a much greater focus on keeping knowledge current and, people engaged within an organisation.



Figure 1. the strategic role of learning at London Ambulance Service
(ref.Nick van Dam, Best practices in learning and talent development)

10. We will be aligning our 'Learning and Education Strategy' to all our values, but in particular, **professional**, aligning it with the health system principles for CPD (**Figure 2** below), which are also adopted by the College of Paramedics.

The five principles

CPD and lifelong learning should:

- 1 Principle 1:**
be each person's responsibility and be made possible and supported by your employer;
- 2 Principle 2:**
benefit service users;
- 3 Principle 3:**
improve the quality of service delivery;
- 4 Principle 4:**
be balanced and relevant to each person's area of practice or employment; and
- 5 Principle 5:**
be recorded and show the effect on each person's area of practice.

Figure 2. Principle for CPD and lifelong learning in health and social care

Challenges and opportunities for transforming learning and education

11. The Trust has committed to an ambitious strategy that will improve patient care over the next four years. This requires a shift towards organising ourselves as effective teams with diverse skillsets to deliver patient care, enabling our people to keep their knowledge and skills current and being prepared to build new skills for future patient services.

12. To realise our organisational vision we must address:

- Challenges with access to learning through a process which is cumbersome, requires manager approvals, business cases and is often blocked due to constrained budgets
- Our learning and education infrastructure, which is reliant on paper within an education environment which is often out of date and not equipped for a modern learning experience and a digital experience which is not engaging
- The lack of a single governance approach which limits our ability to assure the quality of our training and prevents us from planning our training needs more strategically
- **Ensure that we clearly articulate a learning offer this is accessible and for all our people whatever their role in the Trust.**

13. Our people have a positive digital and learning experience when they are on placements, learning on the job from experienced colleagues or in their personal lives using smart devices to easily access information at point of need and weave the learning into real-time.

14. Our workplace must reflect how ways of learning have evolved by using informal channels not only centrally controlled opportunities.

15. To overcome today's learning challenges and be ready for the future we have developed 6 themes setting out **what** and **how** we will deliver on our strategic learning and education aspirations:

What

- **Learning Theme 1: Quality, Patient Care and Safety at the Heart of Our Learning** – learning and education will be informed by our need to continuously improve our quality and safety standards and put patients at the heart of all we do
- **Learning Theme 2: Professional Career Enhancing Learning for Our People** – careers are developed and sustained at the Trust through an individual's employment journey with us so that our workforce can meet current and future patient needs. Leaders and managers champion workplace learning and knowledge sharing across teams
- **Learning Theme 3: Leadership and Management Development** – we will develop and retain effective and inspirational leaders, who are focused on delivering our mission, vision and values through their engaged teams

How:

- **Enabling Theme 4: Innovating Learning** – exploiting digital to access learning at point of need in fair and inclusive ways
- **Enabling Theme 5: Learning Together** – learning through informal communities in the workplace and learning from incidents, our approach will promote effective teamwork, and better understanding for a positive culture and excellent patient outcomes
- **Enabling Theme 6: Inspiring Learning Environment** – reinventing our physical learning space and equipping it with modern technology (such as Virtual Reality simulations) and, making the most of our office environment as a platform for continuous learning, our estate and infrastructure will encourage high quality learning and education and provide an outstanding learner experience

Delivering the strategy

16. We will work closely with the technology, estates and people and culture teams to drive learning forward in our Trust. A high level roadmap (**Figure 3** below) for transforming learning brings together key actions highlighted in the strategy with an overall aim for scaling learning innovation in conjunction with recommendations in the Carter Review.
17. Implementation, including associated risk identification and management, will be overseen by the People and Culture Committee (PCC).
18. The 2019/20 Budget and Business Planning process has identified funding for key activities and developments within the strategy. Other elements which remain to be funded in future years are highlighted.

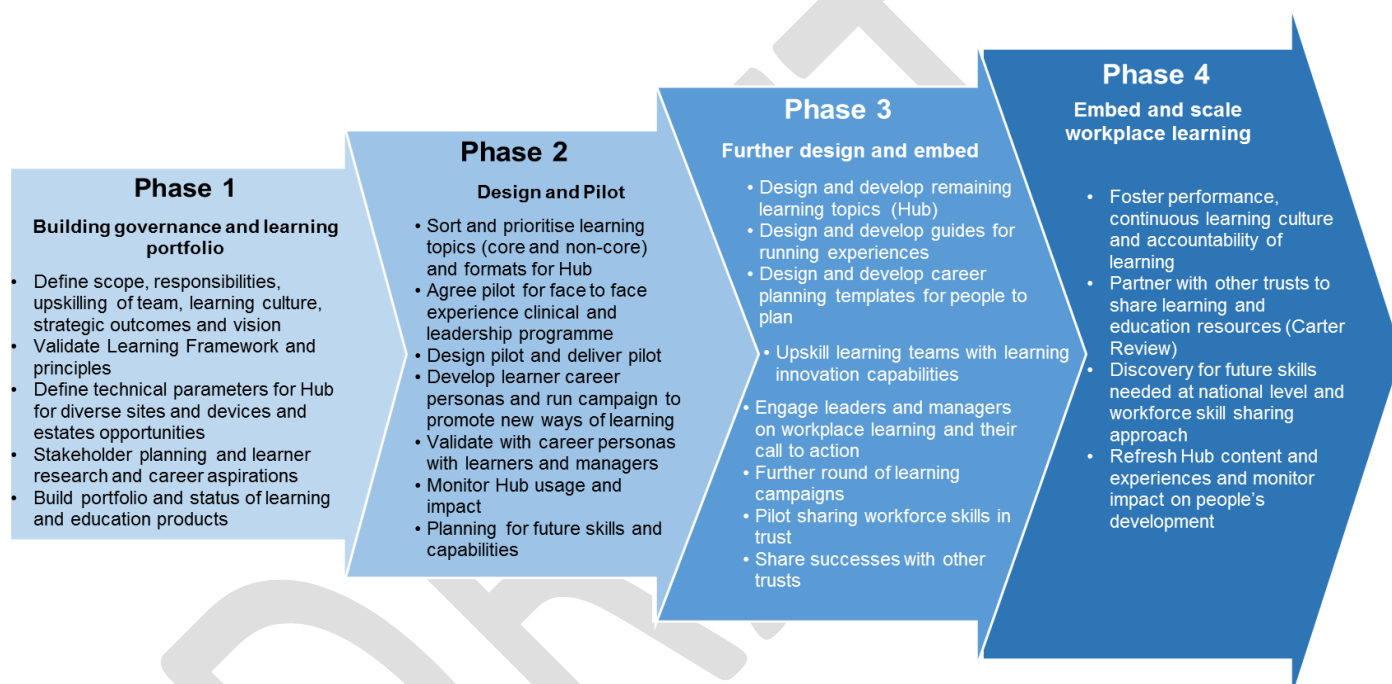


Figure 3. High level roadmap for Learning and Education Strategy

Co-dependencies

19. The Learning & Education strategy will work with and support the Trust's other enabling strategies:

- Clinical
- People & Culture
- Estates
- Fleet and equipment
- Digital
- Quality
- Volunteering

20. The Trust's enabling strategies are being developed in parallel together, and our Learning and Education and People and Culture Strategies will be reviewed for specific actions that need cross referencing as the other strategies are finalised. To develop this strategy, we have also considered the following:

Internal to London Ambulance

- Care Quality Commission Reports: 2015, February 2017, May 2018
- Workforce Race Equality Standard Report 2017
- London Ambulance Trust Business Plan 2018/19
- Chief Executive Objectives 2018/19
- Staff survey responses 2016/17 and 2017/18
- Gender Pay Report 2017/18

External

- Lord Darzi Report, Better Health and Care for All 2018
- Skills for London, Mayor's Office, 2018
- Carter Review on NHS productivity 2015/2016
- Carter Review on Ambulance Productivity October 2018
- IUC/NHS 111 Workforce Blueprint
- Association of Ambulance Chief Executives Strategic Objectives 2018
- Inter-professional CPD and Lifelong Learning Working Group principles for CPD, January 2019
- NHS Long Term Plan

Introduction

21. The 2018/19 – 2022/23 five year forward view trust strategy has outlined a compelling vision to, 'build a world-class ambulance service for a world-class city' This 'Learning and Education Strategy' sets out how people's development in clinical and non-clinical skills will be enhanced in new and innovative ways in support of the underpinning goals to realise our vision:
- Provide outstanding care for our **patients**
 - Be a first-class employer, valuing and developing the skills, diversity and quality of life of our **people**
 - Provide the best possible value for the tax paying **public**, who pay for what we do
 - **Partner** with the wider NHS and public sector to optimise healthcare and emergency services provision across London.
22. To guide our people the organisational strategy outlines the values and behaviours - Respect, Professional, Innovate and Collaborate - that should be embedded across the people journey to bring the vision and goals to life.
23. These values act as an enabler for our organisation to move away from historical 'command and control' structures, towards a flatter, empowering and, agile organisation. This change will have an important impact on the leadership and management development pathways needed to equip our people to lead and career manage multi-disciplinary teams in agile environments, where problem solving and expertise can come from any level of the organisation.
24. There will be opportunities through the introduction of modern facilities and technologies that empower our people to access learning at any time, from any device and, at the point of need. Enabling technologies such as mobile devices, digitally enhanced learning spaces, video and augmented reality will transform how we deliver clinical and non-clinical education. In response our trainers will need to develop new skills and confidence in using digital tools to design and deliver interactive learning.
25. By exploiting these new and often emerging enablers our people will benefit from a richer, supportive working environment with greater opportunities for learning that sticks and, is meaningful to their career development.
26. Setting **personal responsibility** for learning and, self-learning on a continuous basis will be at the heart of our learning journey.

27. The **aim of this strategy** is to support and empower our people to deliver outstanding and compassionate patient care by:

- Introducing a Centre of Excellence for high quality healthcare education and training
- Delivering training which directly benefits quality and patient safety
- Developing leadership capacity and capability to attract and retain talent through our bespoke Leadership Development Pathway alongside system wide development offerings
- Promoting and supporting the career aspirations of all our people
- Setting self-learning and personal responsibility at the heart of our learning journey
- Achieving greater productivity through effective use of trainers, technology, space and frontline time
- Further embedding our approach to rich 'on the job' learning as the dominant learning experience at the Trust, supported by collaborative learning through classroom and digital content
- Ensuring fair and transparent access to learning and development opportunities for all our people

28. We engaged with over 200 stakeholders, managers and leaders to listen to their experience and build this into our strategy.

29. These are covered through **SIX** key themes that emerged from our engagement with teams and in alignment with the Trust's overall strategy

Themes outlining what areas of learning will be innovated:

1. Quality, patient care and safety at the heart of our learning
2. Professional career enhancing learning for our people
3. Leadership and management development

Themes outlining how we will bring about learning innovation:

4. Innovating learning
5. Learning together
6. Inspiring learning environment

Why we need this strategy

30. Our future end to end urgent and emergency response services will be enhanced so that patients benefit from the digital innovations we introduce and our people are trained and utilise specialist skills immediately on scene.

31. Our leaders, managers and staff have fair and easy access to a wide variety of training and development that enhances their skills and career opportunities

32. The way we deliver and access learning today at London Ambulance Service needs to transform in equal measure and must evolve into an effective enabler that equips our

people with the right skills – available via any device and, at any time. Our learning landscape needs to be credible to support our organisational strategy. So that:

- **Our patients** – get the highest quality of care, assessment and enhanced treatment from multi-disciplinary teams at scene and in the community, reflecting the changing nature of patient needs and expectations
- **Our people** – receive learning delivered in memorable, engaging and innovative ways enabling strong performance across multi-disciplinary teams on the job, utilising new ways of delivering training
- **Our trainers** – have flexibility in how they deliver learning without being transactional and focussing on the learner experience
- **The Trust is at forefront of future skills** – so we plan for capabilities needed alongside strategic workforce planning and digital innovation
- **Easy access to learning** – our people are set up to proactively learn at their point of need to either solve organisational problems or enhance their career
- **High quality learning centres** – are available at sites so we incorporate digital with face to face learning
- **In an evolving urgent and emergency care sector** – our staff are equipped to work alongside partners and deliver healthcare across traditional boundaries

An evolving learning industry focused on performance

33. Externally, many organisations across sectors are recognising that learning processes, systems and delivery have become antiquated with the rise of digital platforms crossing the boundary from work into personal lives
34. We can now learn about anything quickly, on demand, through online channels - YouTube, LinkedIn, TEDTalk, Skype, Google Hangouts, Huff Post, and many more. The norm is to 'Google our way' through problem solving for real-time improvement in our performance. However, most organisations lag behind in this virtual, real-time learning trend and continue to deliver courses with heavy content through lengthy classroom training or e-learning to develop new skills and knowledge.
35. Now that we don't need to rely on attending courses for knowledge, our expectation for how we receive face to face learning has changed. By taking away content delivery (which can be accessed anytime), learners expect a memorable experience that brings vision, theories and, concepts to life through context-based immersive scenarios. All focused on enhancing performance. This means shifting away from lecture style training and using the environment in more creative ways where the learner is in control of problem-solving situations.

Our mission – Learning and Education transformation

Shaping our future as a world class patient-centric urgent and emergency service, by giving our people opportunities to improve performance and achieve their potential through continuous learning support by innovative, easy to access and user-friendly learning channels

36. Our learning vision is aligned with the Trust's broader set of priorities outlined in the overall strategy.

- **Achieve growing potential** highlights that we need our people to be ambitious, curious and open minded about their development and transfer learning back into the workplace so that teams and the trust benefits every time.
- **Continuous learning** underpins the mindset our people and leaders need to have as we move towards pioneering services and respond to skills demands required by the London community.
- **Innovative** refers to the use of improved technologies providing the infrastructure and tools for people to connect and collaborate online. It is also acknowledges innovative learning in the workplace through networks, experiences, action-learning sets; learning from incidents (e.g. Schwartz Rounds)
- **Easy to access and user-friendly** is an important element that will impact the learner experience and decision to engage with digital channels in the future. This must be seamless and enjoyable to interact with

37. This transformation will build on our **key strengths** of:

- Pride in our heritage of providing a critical service with over 100 years' experience in planning for and delivering urgent and emergency care to patients
- Great people working at the Trust with specialist skills, who care about their work and want to see improvements take place
- A thriving community of clinicians who, as part of their DNA, always learn together
- Our ability to collaborate with external partners and learn from each other

38. We have to overcome a number of **barriers** to learning, which include:

- Feeling unable to participate in learning opportunities without manager permission and approval of business case or constrained budgets
- Difficulty in accessing learning and development opportunities on existing systems
- Poor learning infrastructure prolonging reliance on outdated paper-based ways of working for logging learner records and general administration
- Losing sight of existing skills and capabilities we already have against the future skills the Trust needs to realise its strategic vision

39. For the Trust to successfully transform and innovate learning we need our people to:

- Be empowered to own and work with managers to personalise their learning journey and be given space to undertake learning on the job (not just classroom or e-learning).
- Apply learning with the aim to always improve ways of working for the benefit of patient outcomes
- Have a mindset of team and personal growth by continuously learning new skills and sharing knowledge with each employee taking personal responsibility for their own learning journey

40. We also **need our leaders and managers** to:

- Take collective responsibility, supporting new and effective learning in the workplace
- Lead by example through role modelling visible behaviours, transferring and sharing their learning with teams
- Encourage developmental dialogue as part of our daily interactions
- Celebrate learning successes as a team and, encourage and enable self-learning

Progress on Learning and Education

41. Working closely alongside the People and Culture strategy we have:

- Prioritised recommendations from the training and education review
- Introduced a catalogue of training courses for all people to access
- Developed OLM optimisation – ensuring a single point of capture for all training activities
- Developed coaching and mentoring including a dedicated programme for BME staff
- Introduced a 'management essentials' toolkit to support managers to lead and manage their teams
- Developed career pathways to show opportunities for growth and development
- Implemented MyESR across the London Ambulance with over 98% of staff now able to update their own employee record and complete eLearning via mobile devices
- Launched our Leadership Development Pathway with the start of the Visible Leader and Engaging Leader programmes
- Procured and are implementing our digital Student Management System
- Have started the work to digitise our clinical training and portfolio records and create the right environment to enable digital training records for the future
- We have organised and run our first Careers Event attended by many teams from across the organisation

42. We recognise that we still have some way to go to truly transform our learning offer for all our people, and ensure it is aligned to our vision, but the Trust is committed to establishing the right environment and resources to enable the 'Learning and Education Strategy' to take this work forward.

Learning and Education 2023 Framework

43. Our **Learning and Education 2023 Framework** (See **Figure 4** below) has been designed following consultation with our people and leaders and, captures the commitment to put our patients first in everything we do. For a future-ready workforce our people need to be empowered to learn in ways that go beyond the need for classroom training or e-learning. We recognise this is a journey that will transform the learning culture at the Trust enabling a shift towards on the job, experiential learning and training.
44. The Learning and Education 2023 Framework takes a system-wide view of the key elements that need to come together for a modern, high calibre clinical and soft skills education offer for all our people – both clinical and support.

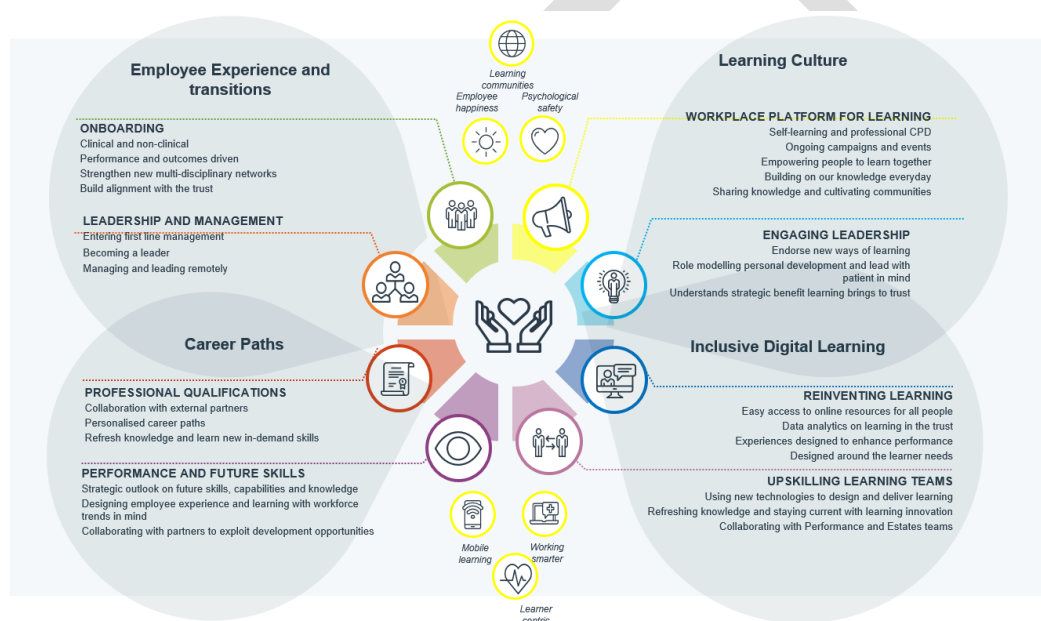


Figure 4. Learning and Education 2023 Framework

- **Employee experience and transitions:** we will focus efforts to improve the new joiner onboarding process and support people transitioning to new roles either through promotion or role transfer.
- **Learning culture:** we will work closely with leaders and managers to set the right tone for workplace learning and embedding growth mindsets and behaviours across the trust.
- **Career paths:** we want to retain talent and invest in professional development aligned to the trust's vision. This includes learning teams focussing their efforts on strategic planning for future skills and addressing shortfalls.
- **Inclusive Digital Learning:** we will ensure people who are mobile, work from home or the office have access to user-friendly learning and can collaborate with other learners. This will also require efforts to upskill learning teams and tutors to exploit the full potential of digital.

45. Underlying the framework is the concept of mutually supportive relationships that help learners progress towards their personal learning goals. In this context, everyone is accessing content and learning daily and adopts a self-learning mindset.

Learning innovation principles

46. Our purpose for our 'Learning and Education Strategy' is to set challenging but realistic goals to improve the quality of how we develop all our people within the Trust. Throughout our engagements with clinical and non-clinical people we consistently heard that access to learning requires management permission, takes place outside of the workplace or working hours, is often blocked due to budgetary reasons or decision makers lack appreciation for the value learning can bring to the workplace by releasing people.

47. We need to shift mindsets around how we learn in the trust if we are to build and embed our new pioneer services. We need to support the People and Culture strategy to 'establish ourselves as an employer of choice for long-term careers in the NHS...' with the learning and education strategy taking the lead in helping our people to develop new skills and grow their careers.

48. We want our people to work towards a collective goal centred around patient needs; to have control of their development journey; and to improve their skills and knowledge on an ongoing basis.

49. We will implement a set of principles (see **Figure 5** below) that guide how we must engage with learning throughout the organisation. These **principles reinforce the message of learner and manager empowerment**, forging the link to **the benefits to our patients** of acquiring new skills. Our principles for learning underpinning the Learning and Education 2023 framework:



Figure 5. Principles of the London Ambulance
50. Learning and Education 2023 Framework

Learning and Education Themes

51. At the heart of our strategy is evolving learning and education into our DNA, reflecting modern ways of accessing knowledge for all our people, including leaders, living the learning principles every day.

52. We have identified **SIX** learning and education themes with action plans against each. It is vital the learning is seen as the responsibility for all and we have set out commitments needed at organisational, manager and individual levels in the Trust for our new ways of learning succeed.
53. The order is not a prioritisation - all themes must be addressed with equal weight. Prioritisation will come within the action plans for each theme.
54. Themes one to three outline **what** learning areas we will address over the next 4 years.
55. Themes five to six are the enabling (**how**) themes pivotal to delivering our vision for learning innovation.

Learning Theme 1: Quality, patient care and safety at the heart of our learning

56. Our people take pride in serving our diverse capital city by providing vital lifesaving services every day. This theme covers our ambition to deliver high quality services through multi-disciplinary teams and the ever-increasing need for being skills-led in how we equip our people across clinical and non-clinical services. Having the right people and skills addressing our challenges, rather than being hierarchy-led.
57. We want to emulate the compassion of the patient-centric delivery of our clinical educational programmes and weave this into broader non-clinical learning and educational programmes. All non-clinical people will have an appreciation of how enhanced treatment on scene drives our daily behaviours and of the need for learning in these roles. Similarly, our clinical teams will be required to work with the latest medical technologies from logging patient information to using devices to save lives. Throughout we will not just look to the product or text-book insights to professionalise our skills, but will strengthen these with a strong focus on the context in which these tools and skills are applied.
58. We will design learning taking into consideration our values, our learning principles and by setting our patients at its heart. This includes collaborating with our partners and volunteers where at times we will need to draw them in as subject matter experts to shape our learning experience.

Key challenges we must address

- Ensuring tutors are fully engaged in the strategy and that they are equipped to translate our strategic aims into a learning offer
- Being clear on how to incorporate 'patient first' into design of new learning products

Our commitments

Organisational commitments

- Endorse the importance of weaving 'quality and patient safety' messages into how we deliver and receive learning
- Design learning environments and resources with patient stories and patient needs as visual reminders and cues for all people

- Role model and continuously share in every engagement with our people how leaders reflect this theme in their ways of working
- Monitor/review that patient-centricity is current in our learning and education

Management commitment

- Coaching teams to always think big picture when making decisions
- Setting learning objectives aligned with individual and organisation aims

Individual commitment

- Take responsibility for personal learning and aligning it with the patient in mind
- Be empowered to always ask about patient needs and Trust services when undertaking learning

Priority actions

- Improve understanding of patient-centric ways of working and gaps in skills
- Learning and Education Group is formed and led by Executive Directors: People, Medical, Quality and Operations and formed with the inclusion of Deputy Director of Clinical Education and Standards, Head of Leadership and Performance, Diversity Lead and others that are considered relevant senior managers
- Review current clinical and non-clinical learning and education to incorporate consistent linkages with the Trust's pioneering services

Learning Theme 2: Professional career enhancing learning for our people

59. We want our people to work in an environment where there is a strong culture of on-the-job learning. This requires digital and cultural enablers to work alongside each other, for people to thrive in their development. Examples will include less rigid processes allowing people to access learning in 'one click', sharing links to content such as TED Talks, blogs, videos with each other, setting up informal learning networks for knowledge sharing.
60. Our leaders have said they "*want people to access learning relevant to their personal development, not only statutory/mandatory training*". We will make learning a visible part of the organisation and our culture, with leaders and people at all levels embracing and taking ownership for it. Our people take responsibility for their learning and their career development, with managers encouraging and supporting individual learning outcomes.
61. Our ambition is that the careers of all our staff are developed and sustained to ensure our workforce can meet current and future patient needs. This means we must develop our learning offering to meet our future workforce skills ambition, as well as continuing to deliver learning to satisfy the skills demands of today. We must ensure all our people, in whatever role they undertake, can identify progression and development routes that they aspire to.
62. We will focus on **defining the future capabilities** needed within the Trust; where they come from, what the gaps are and develop appropriate learning and education interventions. We recognise other enabling strategies have indicated a need for upskilling current teams with the capabilities required to drive transformation. The digital strategy

has identified over 40 new capabilities or significant changes to roles expected from transforming the digital and data landscape. This is an exciting opportunity that will give our people relevant skillsets to move the organisation forward. For example, colleagues in Finance have proactively looked into capability gaps against the Trust strategy and have identified new roles.

63. We will assist teams and individuals to clarify their learning needs to support career decisions that have not historically been recognised. We will utilise our **Learning and Education Hub** to support career planning conversations.
64. We recognise that not everyone will seek to develop their skills and career through training but will seek experiential learning through secondments or project-based development opportunities. These opportunities will be able to be accessed and applied for via the Learning and Education Hub and be recorded on an individual's continuous professional development (CPD) log.
65. For our clinical teams, who are in mobile roles, they will be encouraged to work with different colleagues, as a way of expanding networks and cross team learning as we develop our path towards multi-disciplinary team working.
66. When we combine our new 'Learning and Education 2023 Framework' with elements of a Learning and Education Hub people will be able to access different ways to grow in their career by accessing creative ways to learn (other than e-learning or classroom training), and opportunities to gain experience. Below is an illustrative example of how our people in clinical and non-clinical roles will be able to access opportunities flexibly across the Trust.

Key challenges we must address

- Recognise that not all people will want to participate in learning to be promoted. We must understand people's motivations for development and ensure the Trust can support these
- Overcome the cultural barriers where learning may be seen as a privilege, is always formal and completed either through classroom or e-learning
- Engage managers on the value of workplace learning
- Create a culture of trust and treating people as responsible adults who balance the business as usual job with micro-learning in the workplace
- Technology barriers to access rich online learning content in the workplace, at home and whilst on the go
- Leaders and managers must empower and enable people the time and space to get together and learn

Our commitments

Organisational commitments

- Be clear on the knowledge, skills, experience and personal characteristics needed for people to progress towards their ambitions whilst remaining aligned to Trust's vision
- Learning is not isolated to a department or team and, ownership is encouraged across the organisation with easy to access resources and experiences

- Give people constant, evolving, and engaging learning tools
- Develop a theme and brand associated with continuous learning that all people can recognise and engage with

Management commitments

- Hold career or role enhancing personal development (appraisal) conversations with individuals whilst also addressing any development areas in a positive way
- Give people the time and opportunity to learn on the job and create time for knowledge to be shared across the team
- Be open and creative in how teams access learning without allowing funding constraints to block development

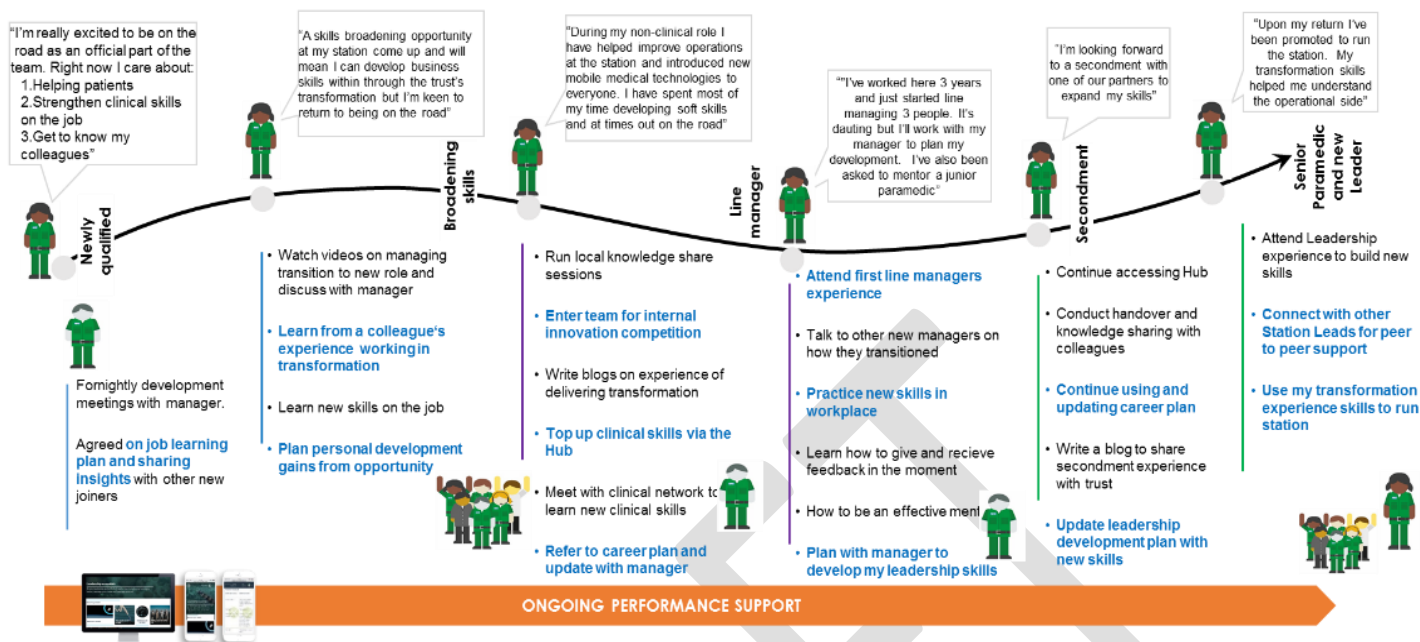
Individual commitments

- Take responsibility for planning career journey
- With the right cultural enablers in place, commit to utilising creative ways to develop personalised learning journeys
- Work with your manager as an enabler but always take ownership of your learning journey

Priority actions

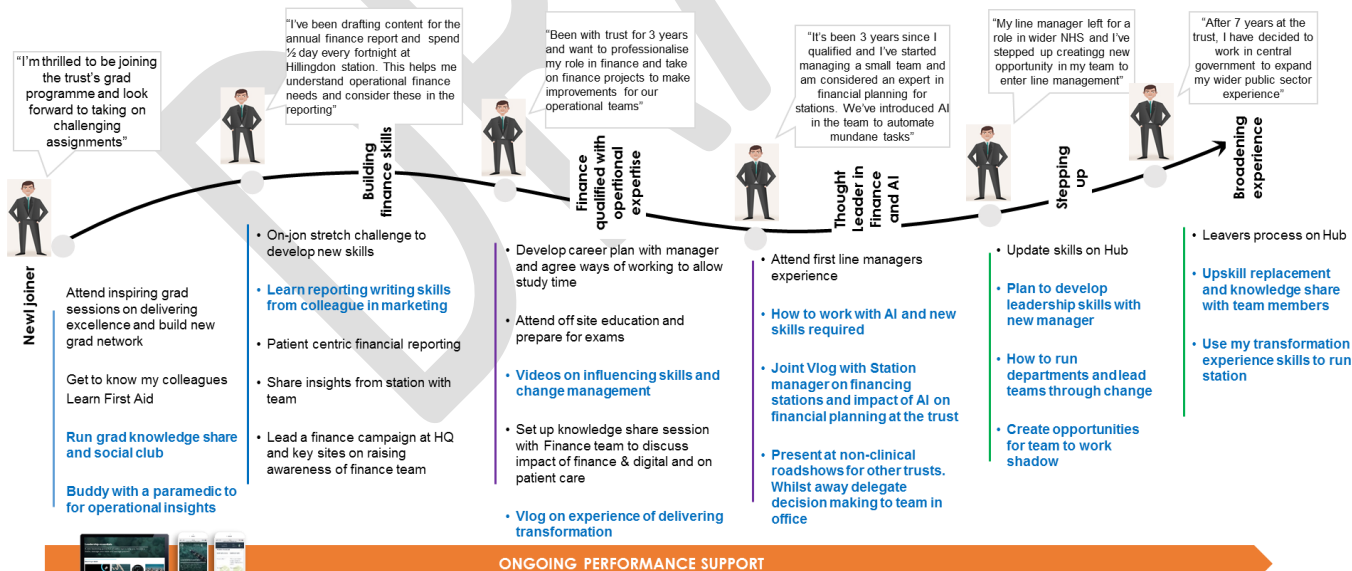
- Work with Trust's Talent team to ensure appropriate learning interventions will be available
- Use mapped out career paths to develop guides and stories for people to access as resources for shaping their own career paths
- Review the clinical training functions remit and roles across the Trust and establish clinical education under one clinical education and standards lead
- Through this strategy communicate our learning vision that relates to all people (clinical and non-clinical) illustrating the value of learning in realising the Trust's overall vision
- Tailor engagement with leaders and managers to embody the learning culture and vision and support them in driving out new ways of learning to teams

Rachel is a newly qualified paramedic who aspires to run an ambulance station whilst remaining closely aligned to her paramedic background



Example 1: Clinical – newly qualified paramedic

Marko works in finance studying for his chartered qualification. He wants to broaden his understanding of operations and impact of AI on finance



Example 2: Graduate joining Finance team

Learning Theme 3: Leadership and management development

67. The Trust's strategy will require our leaders and managers to develop new capabilities and skills that represent the future ways of working. Our people will be more exposed to complex systems, multi-skilled teams, technologies and the changing landscape of patient-needs. This means leaders and managers must be the engine for collaborating across teams and organisations, joining forces to solve problems.
68. Leaders must be the drumbeat of inclusion and engagement across all our workforce. We require them to not only role model on the job learning but to demonstrate the connection to frontline operations, so that all see and understand the changing dynamics new skills have on the patient experience. This is the same for clinical and non-clinical alike. Our support teams ensure that we are able to deploy a compassionate, well-resourced and skilled front line team for our patients – our front line and clinical colleagues rely on our multi professional support teams to enable their work.
69. Leaders play a huge part in the experience of our people working at the Trust. We will work to ensure that this is positive and that leaders connect strategic decision making with frontline insights and patient needs.
- 70. Our Leadership Development Pathway (see Figure 6) will evolve over time and support all levels of the organisation and all of our people across the organisation, in gaining a range of management, people and leadership skills. We will ensure that we have a clear way to develop our programmes through feedback from our learners.**

Banding	Leaders of Tomorrow	Management Essentials	Engaging Leader	Visible Leader	Transformational Leader
VSM					
9					To be designed in collaboration with CEOs Office
8d					
8c				The Visible Leader is aimed at Bands 8b-c across the Trust. It builds on embedding skills and developing strategic focus and will be co-facilitated by NHS Elect	Dependant on work area/role
8b					
8a			The Engaging Leader is aimed at Bands 7-8a across the Trust. It builds on embedding skills and developing strategic focus and will be co-facilitated by NHS Elect		
7					
6					
5	COMING SUMMER 2019 An aspirational programme targetting high performing staff through VIP Awards, PDR or nominations. Run annually building an alumni. Evidencing movement into or upward Leadership roles as well as being part of a "Growing our Own" culture.				
4					
3					
2					
Open Access	NHS Employers Leading Healthy Workplaces Leadership Development Programme (Ambulance Service Specific designed course with Zeal) Coach to Lead / Reverse Mentoring / Sponsorship Mentoring / NHS Leadership Academy / Bursary Funded Programmes				

Figure 6. London Ambulance, Leadership Development Pathway

71. Our leaders and managers will be empowered to give people the time and opportunity to learn and build new capabilities

Key challenges we must address

- Convince local managers of the value of training and work together to identify how mobile teams can learn safely and on an ongoing basis
- Provide the right amount of time to upskill teams. We must embed a learning culture which does not see learning as only the 1-3 days a year that may be planned for but as a continuous ongoing process that is part of how we work and grow

Our commitments

Organisational commitments

- Develop leaders through learning experiences designed around potential future challenges they will face
- Provide the tools, policies and processes needed for effective management to be delivered consistently and transparently

Management commitments

- Give genuine time for people to learn together and transfer knowledge into their work, in a fair and transparent way
- Identify personal development needs to improve leadership/management skills

Individual commitments

- Take the initiative in seeking support from leaders/managers to build new capabilities that are relevant to the organisation
- Share continuous improvement ideas and solutions that you and others can lead on with discussion and support from leaders/managers

Priority actions

- Review the existing Leadership Development Pathway and identify areas for further development aligned to Trust's strategic aims.
- Roll out a refreshed leadership/management learning experience
- Collaborate with the Talent Management team to align outcomes and learning
- Establish a talent management programme with fair and transparent access for all staff

Enabling Theme 4: Innovative Learning

72. This strategy calls for our learning portfolio to innovate so that our people can access information and knowledge without needing to go through weighty processes, manager approvals or wait for scheduled courses. We want our people to be able to address their learning needs gaps at the point they are identified.

73. We will create something for everyone, where the learning experience feels different in a meaningful way and, reflects modern ways of learning. Drawing on our 'Learning and Education 2023 Framework' to keep us focussed on areas of learning that will be innovated, we will further reinforce this by moving towards a 'balanced' and blended approach to learning that establishes a 70:20:10 framework. This will guide our efforts on the type of learning interventions we develop in future (see **Figure 7** below).

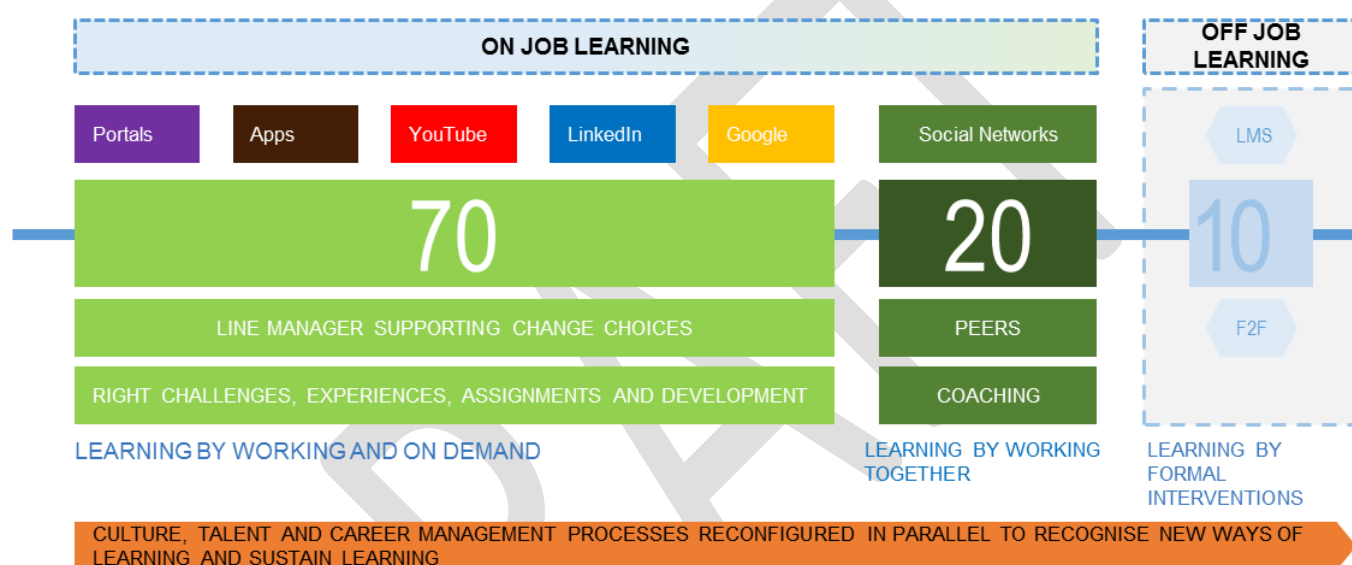


Figure 7. Learning interventions 'in balance'

74. The 70:20:10 approach will move us to a greater emphasis on the learning experience on-the-job, and will be facilitated with online performance support resources such as videos, checklists, infographics and innovation competitions, for a variety of skills that will help people improve and succeed at the point of need. This blend of learning is demonstrably more effective than classroom training alone.

75. We will consider and introduce habit-building activities that nudge behaviours in the right direction.

76. We will respond to the new 'workscape' which introduces artificial intelligence, virtual reality, machine learning and which continuing to produce machines capable of completing simple tasks but also of taking over the creative and intellectual work of humans, by putting digital skills at the heart of our lifelong learning approach for our people.

77. We will introduce structures for internal coaching, mentoring and knowledge sharing sessions in creative ways, including, for example, guides for how to run local informal sessions. Over time we will benefit from investing in a growing pool of new generation coaches/mentors from within the organisation making it more important to harness communities of practice where specialist experience and skillsets are accessible for all learners and volunteers.
78. People on structured clinical and non-clinical talent schemes will need to participate in off the job learning to gain accreditation. However, the Trust will provide context based learning through online resources and/or coaching/mentoring to supplement any training provided by external partners.
79. Overall the power of learning will shift to our people by bringing together all of the above, through the introduction of the London Ambulance Service 'Learning and Education Hub' (Hub) (see **Figure 8** below).
- 80. The Hub represents dynamic ways for our people to access learning; through digital platforms with online learning resources; workplace knowledge sharing events; tracking skills; collaborating across teams to solve problems.**
81. Our people will be able to develop their personalised development journeys and access methods of learning that break free from classroom and e-learning. The Hub will have tools/resources that can be used straight away, for example 'how do I design and run a team knowledge-sharing lunch and learn?', or "how can you tell if someone is having a seizure?" that is available for our mobile teams via iPads and mobile phones or for our office based teams at a fixed location via desktops, mobile phones or home working people via laptops, mobile phones.



Figure 8. The Learning and Education Hub (Hub)

82. People will receive supportive and helpful notifications for statutory, mandatory and refresher training as well as information on upcoming engaging learning events.

83. Like Facebook / LinkedIn the Hub is self-managed and will be used to log people's skills, experiences, and allow others to endorse colleague skills. Maintaining an up to date skills log will mean the trust will always have an overview of the skills landscape and be aware of the upcoming gaps as the learning team focus on planning for future skills.

Key challenges we must address

- Collaborating with the digital strategy to ensure the criteria for the 'Learning and Education Hub' is in-scope and that internal networks can sustain streaming of rich media without impacting quality and learner experience
- Investing in developing tailored and, curating rich media online resources, such as videos
- Ensuring that the 'Learning and Education Hub' is designed and developed with a strong user centric approach

Our commitments

Organisational commitments

- Leaders are clear on how the **Hub** works and sponsor the use of it by all people
- Provide the necessary tools/resources in an incremental and agile way for all people to access

Management commitments

- Make time to understand how the **Hub** works and use it as an enabler for developmental conversations

Individual commitments

- Use the **Hub** to access learning at point of need as well as to plan for in-year continuous development

Priority actions

- Investment in the creation of a Learning and Education Hub providing a one stop 'virtual' hub for sharing tools, case studies, learning materials and holding 'virtual' classes
- Conduct discovery activity with the Trust's digital team and develop joint plan for designing and delivering the **Hub**
- Engage with learners for suggestions on content and features that should be included for the **Hub**
- Identify potential partnering with external learning innovation experts to develop digital platform
- Implement maintenance plans to ensure content is current and supported by digital infrastructure
- Upskill learning team with administration rights on managing the **Hub** and keeping learners engaged
- Ensure the Trust's inclusion agenda is consulted and incorporated into the development of digital or community learning

Enabling Theme 5: Learning Together

84. Multi-disciplinary learning has been shown to strengthen teamwork, communication and, in turn, improve the patient experience. National work undertaken, for example, by Prof Michael West (King's Fund), demonstrates the connection between effective teamwork and increased patient satisfaction and outcomes.
85. Research shows us that teams that have the opportunity to take time out to reflect on their work, on their objectives and their contribution to their work are more effective and innovative.
86. Learning together is embedded in many professional learning frameworks and is of course not new.
87. Our leaders and people must be supported to bring learning conversations to life, including learning from incidents and sharing mitigating actions in an open and non-threatening and supportive environment. Through our work on defining the right learning culture, we will introduce flexible learning approaches and positive learning rituals and routines designed to nudge people to learn together within the Trust and with our partners (London Fire Brigade, Metropolitan Police Service).
88. Our **Hub** will be an important part of this team and will empower the organisation to take control of learning. We will take the opportunity digital offers to connect virtual teams to participate in community based learning to support the continuous learning cycle. This includes delivering knowledge sharing events online, recognising the value of 'time' and that travelling to a location is often not a good way to use it.
89. Our approach to collaborative learning will encourage people from across the organisation to connect on topics that matter to them, and take ownership to learn and share together, face to face or via the **Hub**. This move towards learning is already demonstrated by our newly colleagues in clinical teams who often learn and prepare for exams together.
90. We will recognise individuals and teams who make learning together part of their day to day lives at the Trust and encourage leaders to champion knowledge sharing.

Key challenges we must address

- Giving people the time and opportunity to gather (face to face or virtually) and learn
- Creating a safe place for people to seek learning opportunities with colleagues

Our commitments

Organisational commitments

- Demonstrate the value of peer to peer learning opportunities in the workplace and through virtual channels
- Ensure the Trust's inclusion agenda is consulted and incorporated into the development of any community based learning

Management commitments

- Champion local learning rituals and encourage teams to learn self-organise when opportunities for cross team learning arises

Individual commitments

- Take personal responsibility for connecting with colleagues and developing open learning communities bringing common interests together

Priority actions

- Pilot approach for sourcing interest groups in the Trust and self-managing shared learning activities with a clear transfer back to workplace
- Develop simple and user-friendly guides on setting up learning communities and what effective learning looks like
- We will build upon our current successes and identify further opportunities to design and implement multi-disciplinary learning and education interventions and, promote their benefits

Enabling Theme 6: Inspiring Learning Environment

91. We serve a thriving city where people can go online using any device from a multitude of inspiring, free public access buildings, to work, learn or connect with others. London as a city is a physical platform for modern ways of accessing learning.
92. So that we can establish the right infrastructure to effectively support planning, design, delivery, administration and evaluation of the range of learning and education activity across the Trust, we need the right environment – within which all functions are undertaken.
93. We will emulate that platform across our Trust estate so that classrooms are equipped with technologies that support blended learning in real-time. Our office space will have access to streaming technology to support communication and learning - corporate messages, patient and people stories, podcasts or webinars and, our tutors will be confident to design learning with technology.
94. Our digital efforts aim for the Trust to be paper-free, with learner record management systems online. This will release much-needed physical space for tutors to support and deliver quality learning and education.
95. Through consolidation of our training locations, our new learning suites will contain state of the art facilities designed to deliver immersive experiential learning rather than lecture style training. We will make the most of virtual reality (VR) technologies for simulations, engineered scenarios for learners to trouble-shoot, live feedback on performance, live polling via mobile phones, as well as quiet study areas with natural lighting.
96. We will introduce a mobile training facility for our front line people to be able to access high impact learning and development.
97. With digitally enhanced physical environments our ability to design innovative learning will be transformed.

Key challenges we must address

- Estate rationalisation is currently planned for 2021, with planning commencing in 2019/20. This is not ideal and will mean a carefully planned phased approach will be required to optimise digital developments and drag on our valuable training teams

- Close collaboration with the estates and digital strategies will be required to incorporate the needs of future ways of learning

Our commitments

Organisational commitments

- Enhance the workplace with learning technologies that enable interactive and remote collaboration on learning and education for all people
- Encourage the use of online tools for learning rather than defaulting to place based, classroom style training
- Design the workplace with users learning needs in mind

Management commitments

- Encourage teams to participate in micro learning (bite-sized) opportunities around the workplace and not restrict people to allocated day(s) of formal learning

Individual commitments





- Learn to use new technologies and the physical space to enhance every day learning

Priority actions

- Define requirements for enhanced physical learning environment with digital and estates strategies
- Reconfigure existing space, where possible, as a quick win to enhance the learning environment
- Explore options for collaborating with innovative firms to utilise space with in-built technologies (whilst remaining close to the training estates consolidation plans)
- Engage with tutors on proposed changes to learning and work with them co-design our ideal environment

Responsibilities

98. This strategy cannot be defined, designed, developed or delivered in isolation and will require close collaboration through the joint digital and estates steering committee.

Who	Responsible for:
People and Culture: Learning team 	<ul style="list-style-type: none"> Developing governance by embedding principles and our 'Learning and Education 2023 Framework' into the Trust Develop plan to deliver this strategy. Flexing the approach as required along the way Review current learning offering and content against strategy and identify areas for improvement (with external partners) Upskill tutors on learning technologies and new ways of delivering learning including digitisation of records Engage and support leaders and managers around new ways of learning Monitor feedback and results against key performance indicators
Co-dependent strategies 	<ul style="list-style-type: none"> Working together to align plans and milestones Ensuring the right enablers are designed around learner and tutor needs Advise on how learning and education can maximise on planned digital, data and estates activities
Leaders and Managers 	<ul style="list-style-type: none"> Investing in own development and of local teams in new ways Role modelling on the job learning and enhancing own skills Shifting mindsets to consider creative ways to learn other than classroom and e-learning Leaders to sponsor use of the Hub Support people in taking ownership of development journeys and give them space to learn
All people 	<ul style="list-style-type: none"> Take ownership for developing skills aligned with Trust's strategy and vision Learn together as a collective group working for a single organisation regardless of function or team Learn to use new learning technologies in the workplace

Resource and cost implications

Resource:

- Learning team and tutors will need to invest time in upskilling and be prepared to pilot new ways of delivering learning whilst maintaining high education standards
- Learning team will need to programme manage and drive innovation across the Trust, whilst also reinventing their internal ways of working to focus on strategic learning
- Increased expectation on leaders and managers to work closely with local teams and individuals to take ownership of learning and career development.

Budget:

- A number of decisions have been supported through the service development planning for the Trust and, in particular the 2019/20 Business Planning Cycle

- This has resulted in ensuring sufficient funds / plans are in place to support estates rationalisation (planned for 1920/21 and for the digital transformation for our clinical learner journey management and student records management)
- The Trust's digital strategy has identified resource to support the roll out of enhanced technology to facilitate collaborative and online communication – which in turn will support the aspirations set out in this strategy for a 'Learning and Education Hub' and for enhanced digital learning experiences.
- Additional funding will be sought in the 2019/20 business planning cycle for further developments as the strategy evolves.

Long-term objectives

99. Once the **Hub** and new learning offers have been embedded, our medium to longer term objectives are to scale these across the health system and other Trusts, giving other people access to rich learning resources, encouraging sharing of skills and knowledge, and bringing about the consistent approach to education and engagement highlighted in the Carter Report.
100. The Carter report also indicates that increasing employee engagement will lead to driving performance improvements and maximising positive patient experiences. The London Ambulance Service will pioneer modern team-based learning approaches designed to interweave with the engagement and inclusion agenda.

Measuring success

101. We will align measures of learning and education effectiveness with our People and Culture approach to avoid duplication (for example, multiple surveys).
102. Our measures will focus on two areas;
- Do employees feel they are growing in their role or towards a specific goal and
 - Would an employee recommend the Trust's learning and education offer to other colleagues (a Net Promoter Score (NPS)).
103. We want to keep measurement of learner experience and success of our offer simple and straightforward for all to understand.
104. We will use the quarterly local staff surveys which supplement national annual staff survey as the formal channel (Friends and Family Test).
105. These will be effective pulse checks where we can organise mini-engagement activity to understand more on elements of learning that are effective and areas for improvement. Throughout the implementation stages we want to remain flexible so that people are receiving learning that meets their development needs.
106. The **Hub** should be designed with effective ways to capture learning data analytics so that we can track popular resources being accessed (where, who) and conduct sentiment analysis of any online comments not only in relation to learning but to other topics that may be discussed in open forums. We will use data to tell rich stories of how people are learning differently and changing their ways of working.

107. This strategy emphasises organisation and learner empowerment with continuous access to learning, making it vital to monitor feedback regularly and refresh service / intervention offers to meet their needs.
108. Taking a customer view point on measuring success, we have identified three areas. The table (**Table 1**) below is an illustrative example of how learning should be measured in the Trust:
1. **Net Promoter Score:** Can be measured at different levels in the organisation and ultimately will tell us how satisfied learners are. This should be the guiding result on how effective the learning is internally. Ideally measured bi-annually via the Employee Survey.
 2. **Learning impact of interventions / service:** Using a slimmed version of Kirkpatrick model that accelerates to measure performance or application of learning to overcome challenges (rather than measure knowledge retention). The learning team will proactively drive this encouraging interaction with **Hub** and collating data via surveys and targeted interviews. The learner can help by utilising the digital platform of **Hub** to promote their insights, experience and use content available to them
 3. **Individual patient-centric planning** – Individuals will be empowered to access self-assessment tools to identify skills and behaviour gaps against the Trust's vision and work with managers/coaches to plan to address these. Logs can be kept on the **Hub** with managers being trained on how to have development/coaching conversations. Guides will be available.

Net Promoter Score (NPS) – As an organisation how likely will our learners (and tutors) be to recommend the learning and education offer to a friend or colleague?			
Aim: Recommended NPS score of 80% or more for customer advocacy			
Measuring learning impact using focussed approach to the Kirkpatrick Model		Individual patient-centric career path/ learning journey	
Reaction: Immediate	<ol style="list-style-type: none"> 1. Measure basic analytics on Hub: number of visits to content, sharing content, likes. 2. Anecdotal feedback on knowledge gained and learner experience 3. Number of local knowledge sharing events taken place 	Pre learning:	<ol style="list-style-type: none"> 1. Completed self-assessment to inform development plan for organisational skills needs and gaps. 2. Collaborating with manager/coach to identify individual strengths and gaps in soft skills needed inform development plan 3. Agree with manager/coach successful measure for individual's growth and development
Learning and Behaviour Ongoing – developing new habits	<ol style="list-style-type: none"> 1. Application of learning in interest of patient-needs and organisation vision 2. Types of workplace opportunities arisen to put learning into practice 3. Comment online how the learning has been applied to solve challenges 4. Types of topics covered in local knowledge share and how link to learning completed via Hub 5. Feedback from manager, colleagues, partners etc on observed changes in behaviour 	Learning and Behaviour	Measure listed to the left, plus: <ol style="list-style-type: none"> 1. Ongoing monitoring and flexing development plan and outcomes 2. Measure and log progress against desired individual outcomes as agreed with manager/coach using self-assessment progress checks 3. Using new technologies to learn and share learning 4. Collaborating with teams / communities to drive relevant topics
Organisational results:	<ol style="list-style-type: none"> 1. Employee retention, promotions, internal mobility etc – insights from HR 2. Increased on the job performance – Manager feedback, organisation SLA results, Employee survey 	Individual results	Measures listed to the left, plus: <ol style="list-style-type: none"> 1. New capabilities developed 2. Confidence in applying new skills and teaching others 3. Manager and organisation

Table 1. Measuring success

Summary and Delivery

109. Innovating our learning and education through this strategy will need cultural change so that people want to engage with learning, rather than have to do so. This strategy sets the direction and pace of change in alignment with digital, estates and people and culture strategies to ensure we achieve excellence in developing and supporting our people. It is intended to be agile and flexible and should consider any emerging themes or new developments that may occur, without losing sight of the need to innovate learning and education.

110. We will need to set up a programme of change working in collaboration across our clinical and non-clinical learning teams, NHS learning providers, learning technologies and experience specialists and the whole organisation.
111. The Outline Delivery Plan illustrates, at a high level, the key objectives, principal actions and intended outcomes associated with the six themes.
112. Delivery will require a programme of work which:
- Is phased, prioritised and follows agile principles with incremental releases of new interventions
 - Is tightly embedded with digital, estates and people and culture programme efforts
 - Establishes learning innovation governance in the form of a steering group empowered make decisions
 - Flexes to align or address unexpected challenges, without losing sight of the need to innovate
 - Engages learners and tutors to shape the future ways of learning (not just learning specialists)
113. The phases translated into our timeline (**Figure 8** below) currently indicate a set of deliverables from 2019/20 to 2022/23. This timeline will be reviewed and developed alongside our other enabling and co-dependent strategies as part of the initial implementation phase of the strategy.

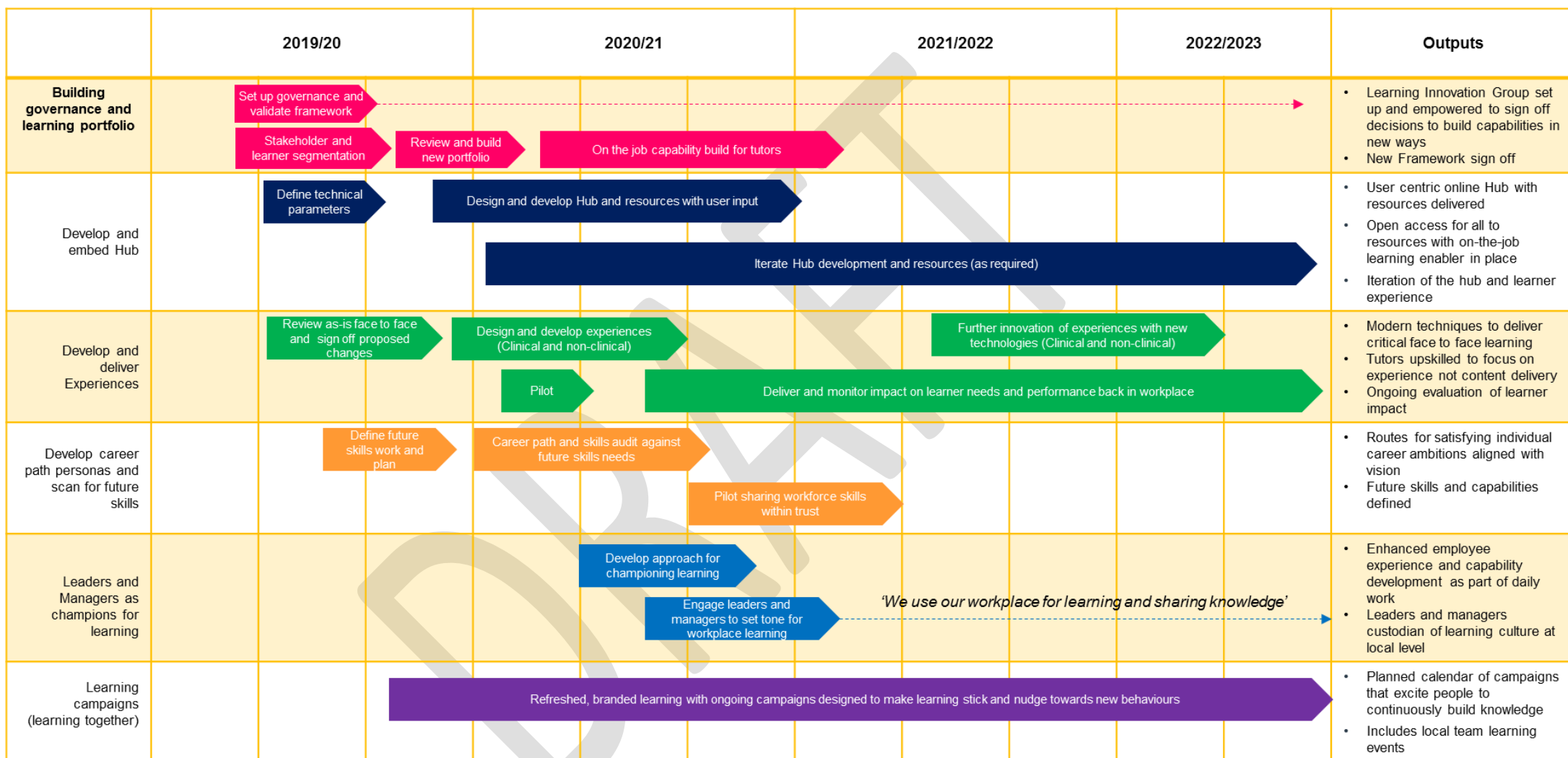


Figure 8. High level timeline for Learning and Education Strategy

Respectful | Professional | Innovative | Collaborative

Building a world-class service for a world class city



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Organisational Strategy 1 year review			
Agenda item:	10			
Report Author(s):	Adam Levy, Head of Strategic Development Angela Flaherty, Interim Director of Strategy & Engagement			
Presented by:	Angela Flaherty, Interim Director of Strategy & Engagement			
History:	Consideration by the Executive Committee on 15/05/19 (ref: ExCo/19/42)			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>The London Ambulance Service NHS Trust's organisational strategy was signed off by Trust Board in May 2018, which outlined our ambition to become a world-class ambulance service for a world-class city. This strategy detailed how we want to change and improve the way in which we provide urgent and emergency care to the people who live, work and travel in London. It seeks to improve the care we provide for all of our patients and, crucially, to do so in the most cost effective way to generate savings for the NHS as a whole.</p> <p>As part of our new strategy, we identified two key ways that we would deliver our strategy:</p> <ul style="list-style-type: none">• The delivery of a number of strategic programmes to oversee the changes and service developments needed for implementation of our strategy• Refreshing or writing a series of enabling strategies that examine the implications for all functional areas of our organisation <p>This paper provides an update on:</p> <ul style="list-style-type: none">• Progress on the implementation and aims of each of our strategic programmes• Progress on refreshing or writing all of our organisational enabling strategies• How we are ensuring we have effective stakeholder engagement• How much of our overall goal of reducing emergency department conveyances and making savings to the wider NHS system we have achieved <p>We will continue to drive forward progress on each of our strategic themes, sign off and implement our enabling strategies and build strong and effective relationships with our key stakeholders. Trust Board will receive regular oversight of all of these activities through delegated committees and the Integrated Performance Report.</p> <p>Whilst a significant amount of work went into the development of our 2018-23 strategy with particular focus on detailed modelling, we are now in a position to fill in some of the assumptions that were made with actual data from the past year. That, in conjunction with the publication of the</p>				

new NHS long term plan and an ever-changing urgent and emergency care sector has led us to the view that it would be sensible to refresh our organisational strategy, particularly focussing on updated modelling.

The strategy team will lead on this work with the intention of presenting it to Trust Board for consideration in November 2019 instead of a standalone 18 month strategy review

Recommendation(s):

This report seeks to provide Trust Board with information about and assurance on progress of delivery of our new organisational strategy.

Trust Board is asked to note the 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 Workstreams:

Ensure safe, timely and effective care	<input checked="" type="checkbox"/>
Ensuring staff are valued, respected and engaged	<input checked="" type="checkbox"/>
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>



London Ambulance Service
NHS Trust

London Ambulance Service Strategy 2018-2023

One year review, May 2019

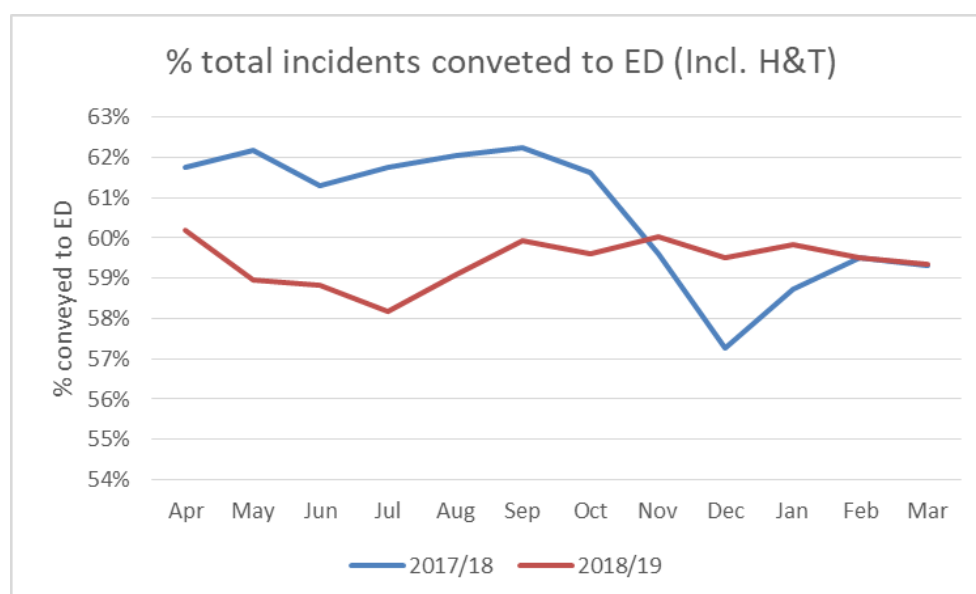
1. Introduction and our key strategy goals

Our 2018-23 organisational strategy was signed off by Trust Board in May 2018, which outlined our ambition to become a world-class ambulance service for a world-class city. This new strategy detailed how we want to change and improve the way in which we provide urgent and emergency care to the people who live, work and travel in London. It seeks to improve the care we provide for all of our patients and, crucially, to do so in the most cost effective way to generate savings for the NHS as a whole. It also targets a reduction in avoidable ambulance conveyance to Emergency Departments (ED) of around 10%, from 63% to just above 53% over the next five years and identifies a potential saving to the NHS as a whole of between £12m - £36m a year.

As part of the work to respond to the Carter Review and the development of our 2019/20 contract we have agreed to change the methodology of measuring ED conveyances to now include Hear & Treat discharges in our overall activity. This inclusion of Hear and Treat increases the total number of incidents we record as having attended. Our strategy identified the number of patients who we thought we could avoid taking to emergency departments. This number has not changed, but now represents a slightly smaller percentage of our overall incidents. As a result, our overall target for reducing ED conveyances is now 8.6%

Our year-end position for 2018/19; year one of our strategy, was an overall ED conveyance percentage of 59.4%. This represents an overall ED conveyance reduction of 0.8% from our previous year baseline of 60.6%¹. This decrease, whilst only a small amount, is in the context of a significant increase in our overall demand, including an overall increase in acuity of incident which limits our ability to provide a non-ED conveyance outcome. We are also only in the planning pilot phase of our pioneer services, detailed later in this document, which have therefore not had a chance to fully impact upon conveyance rates as we would expect to happen in year 2 and beyond.

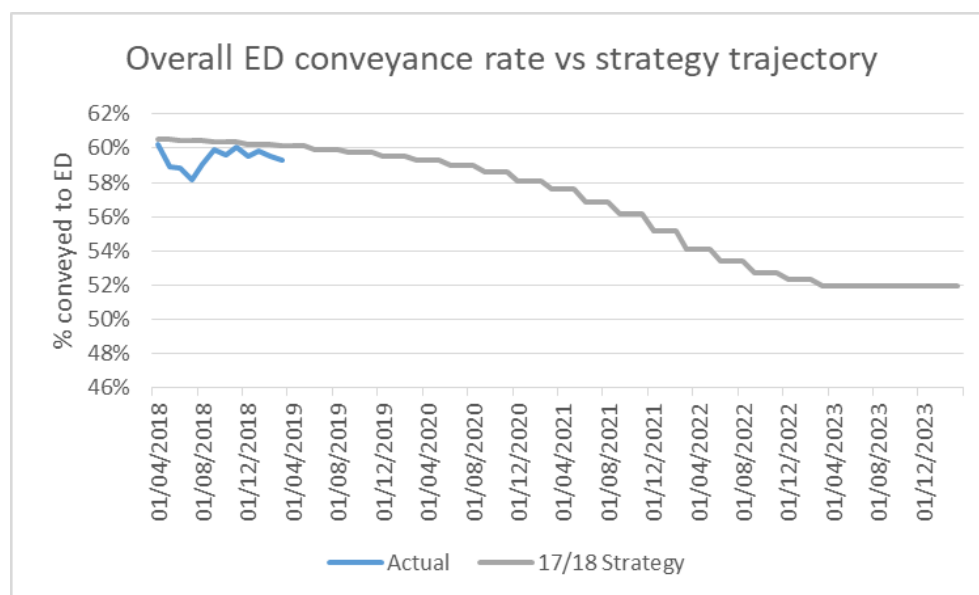
Figure 1: Overall ED conveyance rate 2017/18 vs 2018/19



This ED conveyance reduction has ensured that we have achieved our year 1 objective as detailed in the graph below, showing that we have remained below our 2017/18 strategy trajectory for the whole year.

¹ This figure differs from the 1% increase in conveyance rate that we reported through our ED conveyance CQUIN. The reason for this is that the CQUIN uses a baseline of December 2017-June 2018, whereas this report uses the full year 2017/18 as the baseline, which does include some months before ARP was fully implemented.

Figure 2: Overall ED conveyance rate vs strategy trajectory



As outlined previously, the second overall aim of our strategy is to make savings of between £12m-£36m per year for ourselves and the wider NHS by the end of 2023. Primarily through or work to reduce ED conveyances we estimate that we have avoided £1.57m of costs in 2018/19 through our strategic initiatives. The bulk of these avoided costs have been through our initiatives for our urgent care and mental health patient cohorts.

2. Background

Our strategy details how we intend to achieve this vision through three strategic themes:

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

This theme introduces our desire to develop an integrated clinical assessment and triage service; iCAT London. This service would sit behind both 111 and 999 services across London with an expanded range of methods for patients to get in touch with us. Our strategy outlines our belief that by implementing iCAT across London as a whole we could provide a better service for patients and generate savings to the health system in London as a whole.

This theme is being taken forward through our iCAT strategic programme (outlined in section 3), supported primarily by our IM&T, Data and Digital strategy and Clinical strategy (outlined in section 4)

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

We will continue to provide high quality of care to everyone who needs us, especially those most critically ill and injured which for a number of our patients means identifying their needs, dispatching resources and conveying them to a specialist centre for treatment as quickly as possible. Our strategy also introduced our five pioneer services, specialised responses for specific patient groups:

- Urgent care response
- Mental health
- Palliative & End of Life care
- Falls
- Maternity

These pioneer services will change how we respond to these patient groups, placing emphasis on improving the quality of care they receive, improving their experience of being treated by the London Ambulance Service and, where possible and clinically appropriate, treating them over the phone or in their own home thereby reducing the need to take them to hospital.

This theme is being taken forward through our Pioneer Services strategic programme (outlined in section 3), supported primarily by our clinical strategy (outlined in section 4)

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

We want to play an increasingly pivotal role in the development of services across London, supporting patient outcomes and experiences whilst improving public value. Our strategy details that, using our insight as the only pan-London NHS provider, we believe that we can help NHS England, STPs and commissioners to identify those services that are best able to manage demand as well as where there are inconsistencies.

This theme is being taken forward through our commissioning and contractual form strategic programme (outlined in section 3) as well as changes to the structure of our stakeholder engagement functions (outlined in section 5)

3. How we said that we would deliver our strategy

We identified two key ways that we would deliver our strategy:

1. The delivery of a number of strategic programmes to oversee the changes and service developments needed for implementation of our strategy. Each year these strategic programmes are assessed, prioritised and resourced through our annual business planning process
2. Refreshing or writing a series of enabling strategies that translate the overall strategy to a functional level

3.1 Strategic Programmes

As part of the 2018/19 Business Plan, we set up six strategic programmes which were tasked with starting to deliver the main changes that need to take place across our organisation to deliver our strategic ambitions. Each of these programmes had programme and project management resources and reported to a Portfolio Management Board (PMB) on a two monthly basis. PMB, a subset of the Executive Committee, maintains oversight of delivery, risks and issues as well as resourcing implications. The six strategic programmes for 2018/19 were:

- iCAT London
- Pioneer Services
- Spatial Development
- Connecting Clinicians
- Ready, set, go (medicine management)
- Commissioning and contractual form

Detail on progress against each of these programmes is included in section 3.

Our six month strategy review detailed that good progress had been made on each of our strategic programmes with tangible outputs and/or detailed preparatory work evidenced.

As part of our 2019/20 Business Plan these programmes have been refined, but all of the key work that needs to take place to deliver on our strategy is included within that new programme structure. These programmes for 2019/20 are:

- IM&T essentials
- Productivity & efficiency
- Strategic assets & property
- Strategic
- Compliance

3.2 Enabling strategies

Following the publication of our organisational strategy we embarked on a process of refreshing, rewriting or newly developing a suite of enabling strategies. Each of these strategies are being supported by the strategy team, ensuring that there is alignment across them all as well as to our Trust strategy. There are a number of key principles that have been adhered to through the development of these strategies:

- Direction has been set by Trust Board as well as regular reviews, utilising the informal Board sessions and ad hoc briefings
- Staff engagement and co-design at the appropriate level has been undertaken through a variety of means including workshops and other engagement sessions
- Where appropriate we have engaged with external stakeholders to prevent developing in isolation
- Where necessary analysis and modelling has been undertaken

Our six month strategy review detailed that whilst at that point no enabling strategies had received formal sign off, a number of them were in drafting stage and had been through the board development process to inform priorities and direction of travel.

The table below provides a status update for all of the organisational enabling strategies. Further detail on the strategies that have been progressed to drafting or sign off stage is provided in section 4.

Figure 3: Progress summary of enabling strategies

Strategy	Lead Director	Development stage	Board Engagement	Final sign-off
People & Culture Strategy	Patricia Grealish, Director of People & Culture	Approved by Trust Board	NED briefing session in July 2018	November 2018
Digital Strategy	Ross Fullerton, Chief Information Officer	Approved by Trust Board	August 2018	March 2019
Quality Account/ Strategy	Trisha Bain, Chief Quality Officer	Approved by Trust Board	None	March 2019
Learning & Education	Patricia Grealish, Director of People & Culture	Sign off	December 2018	May 2019
Operational Estates Strategy	Benita Mehra, Director of Strategic Assets & Property	CEO review	June 2018	tbc
Volunteering Strategy	Fenella Wrigley, Medical Director	CEO review	December 2018	July 2019
Clinical Strategy	Fenella Wrigley, Medical Director	Drafting	October 2018	July 2019
Patient & Public Involvement & Engagement	Trisha Bain, Chief Quality Officer	Drafting	tbc	tbc
Fleet Strategy (refresh)	Benita Mehra, Director of Strategic Assets & Property	Drafting	June 2018	tbc

4. Progress on strategic programme

Our strategic programmes all report into our Portfolio Board. This section provides a brief summary of each of those programmes and the main progress that has been seen over the last six months.

4.1 iCAT London

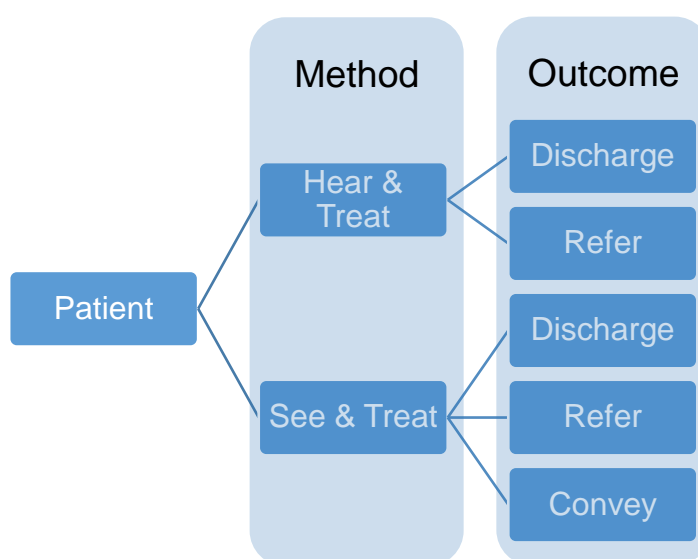
SRO Fenella Wrigley, Medical Director

The Integrated Clinical Assessment and Triage (ICAT) programme seeks to provide patients a single point of access to clinical assessment. The objective is to improve clinical decision making and clinical care with resulting enhancements to patient care. The table below provides a summary of our proposed iCAT service model:

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

Once fully implemented, patients will be able to access ICAT services via 111 or 999 and be assessed by a single integrated assessment and triage team. With the exception of Category 1 and Category 2 ambulance situations, patients will fall into one of the following;

Figure 4: ICAT patient flow outline



Utilisation of the principles of Integrated Urgent Care should result in patients receiving health advice, a face-to-face consultation, including ambulance attendance, or a prescription.

There are three key building blocks for the development of ICAT, on which a significant amount of work has already been undertaken;

iCAT building block 1 - Mobilisation of the North East London (NEL) Integrated Urgent Care Clinical Assessment Service (IUC CAS) for East London Health Care Partnership (ELHCP). Key achievements so far:

- Successful mobilisation of the NEL IUC CAS to 'Live' on 1 August 2018
- Full mobilisation of SEL IUC on 7 May 2019
- As of the end of 2018/19, our South East London Service has had an average ambulance dispatch rate of 8.64% over the last year, whilst in North East London it was even better at 6.95% since August 2019 when it went live. This is in comparison to an average ambulance dispatch rate for the other three sectors of 9.98% in North West London, 10.05% in South West London and 11.42% in North Central London.
- In order to mobilise we established a multidisciplinary workforce to work together in a way that had not existed beforehand
- Through mobilisation we set up our e-prescribing functionality which allow us to send prescriptions electronically to any community pharmacy. This improves access for patients to their medicines when urgently needed, whereas they would have otherwise potentially have needed to wait for a GP appointment or go to an emergency department

iCAT building block 2 – Transformation of the South East London (SEL) 111 to a SEL IUC CAS

- Mobilisation of the SEL IUC CAS with a phased implementation from 26 February 2019 to full service implementation from 7 May 2019
- We have been accredited as a GP Registrar training centre, which is the first one that exists as part of an IUC CAS. This provides us with a more stable pipeline of GPs who also have a much better understanding about the wider urgent and emergency care system than they otherwise would have

iCAT building block 3 - Increasing interoperability & transformation of LAS IUC CAS and LAS CHUB

- Successful implementation of the Adastra™ system within the 999 clinical hub which has enabled greater hear and treat options for 999 callers through ability for our CHUB clinicians to book into ACPs that were previously only available through 111. Early indications are showing that Adastra has increased the efficiency and productivity of the Clinical Hub and Clinical Support desk with Hear & Treat discharges through the Clinical Hub increasing by over 50% since the Adastra functionality has gone live.
- Activation of 999 clinical hub desks co-located within the Barking and Croydon 111 IUC contact centres by the end of May 2019
- We are now able to see frailty flags from GP records. This helps us identify potentially frail patients and tailor advice and assessments accordingly. Based on effectiveness of this we will be looking to develop other flags to help us better care for other patient cohorts.

We are continuously looking to improve our IUC service offering. Some of our key next steps are:

- Scoping the use of video conferencing
- Starting to use telemedicine, to access patient readings where they can help inform advice and assessment
- Improving our remote working capabilities to increase capacity as well as improve efficiency and staff working experience

- Workforce development including rotational placements to develop advanced practitioner role. We are also expanding existing roles and considering what additional healthcare professional roles could be incorporated into our CAS to help us improve patient care and outcomes.

As well as these further improvements and developments to our existing North East and South East London services, we are actively seeking to expand our IUC footprint. To achieve this ambition we are looking to work together with other IUC providers to develop strategic partnerships.

4.2 Pioneer services

SRO Trisha Bain, Chief Quality Officer

Our Pioneer Services programme has seen the establishment of a steering group to drive forward this work and oversee progress. This programme seeks to finalise the design specification, pilot and roll out new services or service improvements for five patient specific patient groups.

We have designed a pilot evaluation framework which has established a strict set of evaluation criteria for each pilot before they start operating, so we have clarity about what we are measuring and what our baseline is, in order to formally and accurately evaluate the benefits or challenges associated with the pilot. Additionally we have worked to identify a trajectory of ED conveyance reduction attributed to each pioneer service which is included below.

The five pioneer services and the progress made on each one is outlined below:

Mental health

The most notable outcomes to date have taken place as part of our mental health pioneer service. The Mental Health Joint Response Car (MHJRC) was launched on 26th November 2018. The pioneer service model consists of a Mental Health Nurse and Paramedic responding to patients in a Mental Health Crisis in South East London. South East London was chosen as the pilot location as it has the highest prevalence of mental health incidents and was supported by the South East London Mental Health Trusts and the STPs.

A three month evaluation has been completed and showed a reduction in ED conveyances. The MHJRC has achieved an ED conveyance rate of 19%, which compares favourably with 54% which is our BAU conveyance rate for mental health patients and 59% which is our overall Trust ED conveyance rate. The job cycle time and re-contact rate is also favourable. We have appointed a Mental Health Paramedic Lead to support the work of the team. Not only does the car itself provide this benefit to the patients that it sees, but paramedics who have operated on this service tend to have a lower ED conveyance rate for mental health patients when responding on their normal shift. This demonstrates that there is knowledge transfer between the mental health nurse and the paramedic and increases the paramedic's confidence of how to treat these patients with mental health needs on their own.

Whilst we continue the South East London pilot, we can now see that it is successful in treating more patients without conveying them to Emergency Departments. Whilst we can see the success of this pilot, we are not currently receiving additional funding to roll it out across London. By conducting a formal and reliable evaluation we are seeking to identify clear and measurable benefits to the wider NHS as well as our own organisation. We believe that we will be able to put a credible business case forward to commissioners and STPs to fund a further roll out of this service. We have already been approached by one other STP who has initiated discussions about them funding an extension of the pilot in their locality.

We also have no desire to employ the significant number of mental health nurses that it would require to run a 24/7 pan-London mental health service. We are therefore working with the Mental Health Trusts to develop a collaborative approach to service provision. The intention is to work with the mental health trusts to use their staff to fill the roster, to work with our paramedics, on the fully rolled out mental health pioneer service. We have held a workshop with Mental Health providers and are due to meet again to identify an optimal crisis pathway and data points for analysis. Whilst we are still

in early discussions, there is clear enthusiasm from the mental health trusts as there are clear benefits for our respective organisations as well as the patients themselves.

The two graphs below show the progress of reducing the percentage of mental health patients conveyed to Emergency Departments. Figure 3 shows that over the course of year 1 of our strategy, the initiatives that we have put in place have been reducing the percentage conveyed to Emergency Departments. Figure 4 beneath shows that this improvement has tracked broadly in line with our strategic trajectory and gives us a starting position better than our 2019/20 business plan. It should also be noted that whilst this work has led to an overall improvement, the year-end conveyance figure is higher than the 19% for the pioneer service, so we would expect to see further improvements in 2019/20, year two of our strategy.

Figure 5: Mental Health ED conveyance actual – representing c. 9,000 incidents per month

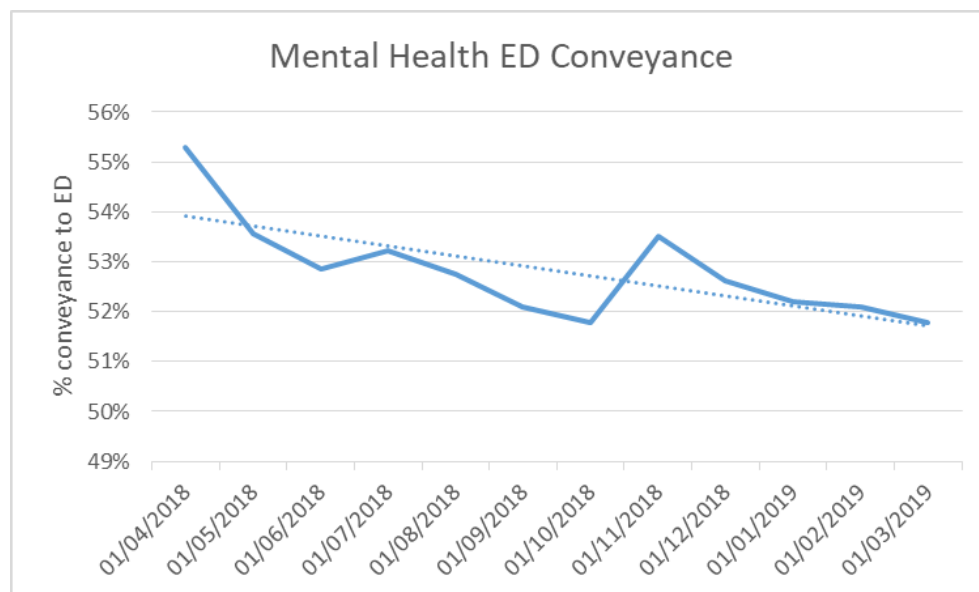
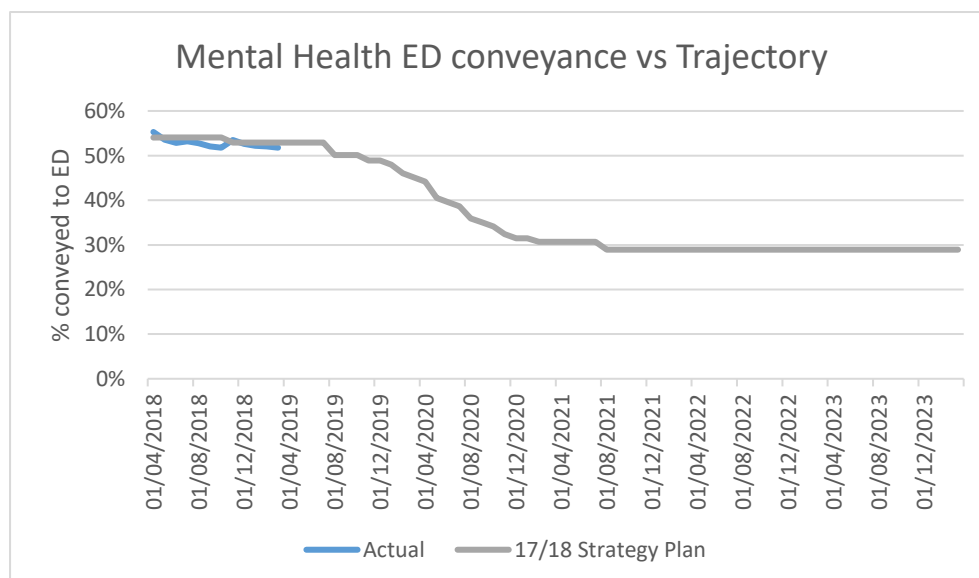


Figure 6: Mental Health ED conveyance actual vs plan



Urgent care

This patient cohort includes a variety of patient groups who are classified as ‘urgent care’ and would be suitable for a response by an Urgent Care Advanced Paramedic Practitioner (APP-UC). The main way in which we are targeting improvements in this patient cohort is through increasing our numbers

of APP-US. At the same time we are also reviewing our training and enhancing the skill sets of all of our staff to treat urgent care patients without the need to take them to emergency departments

Four APP-UC sites are now active across London; Croydon, Barnhurst, Brent and Friern Barnet. Recruitment for a fourth cohort will commence in May 2019 to enable a fifth site to be established in the remaining STP area to provide full pan-London coverage. The programme continues to demonstrate increased non-conveyance and low re-contact rates compared with standard ambulance response, indicating that the service is safe and effective. During 2019 we appointed an APP-UC practice development manager and were the recipients of a research award from the Ambulance Leadership Forum for our evaluation of the APP-UC programme.

The two graphs below show that over 2018/19, despite monthly variation, the overall ED conveyance rate for Urgent Care patients has been reducing. The ED conveyance rate for this patient cohort is lower than our strategy trajectory.

Going forward into 2019/20 we will continue to reduce emergency department conveyances for this patient cohort through increasing APP-UC numbers. We will also seek to positively impact upon this patient group through training a new cohort of 'rotational paramedics' and ensuring that our training that is provided to our whole workforce will equip them with the skills and confidence to treat urgent care patients without conveying them to EDs.

Figure 7: Urgent Care ED conveyance actual – representing c. 40,000 incidents per month

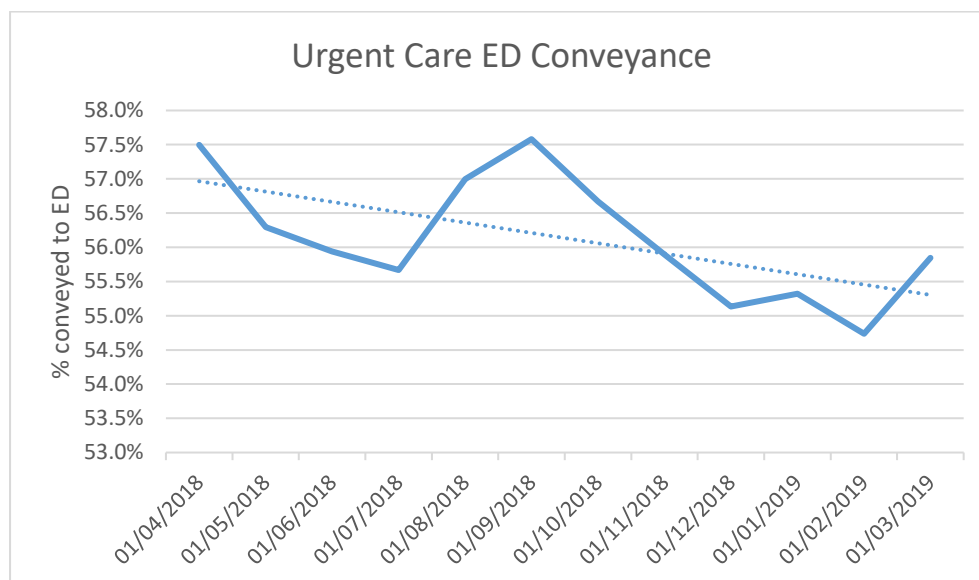
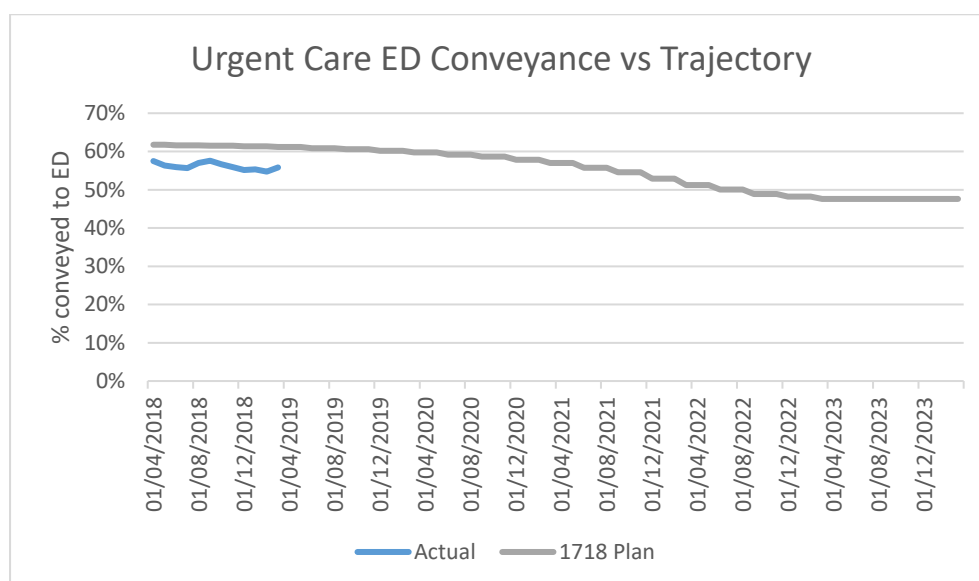


Figure 8: Urgent Care ED conveyance actual vs plan



Falls

The pilot falls service staffed by a paramedic and non-emergency transport service (NETS) staff member commenced in March 2019 operating in the North West area of London where there is a high prevalence of older fallers and support from the STP. Staff underwent additional training in assessment, risk management and onward referral of falls patients. Preliminary data suggest that the service enables a higher proportion of older fallers to receive treatment in the community compared with a standard ambulance response.

Whilst the pilot has only been operational for a few weeks we can see that compared with a BAU ED conveyance rate of between 75%-77%, the falls pioneer service is demonstrating an ED conveyance rate of between 15%-60%, with an average of around 35%. Whilst it is too early for this to be statistically significant, we can see that there is scope for this pioneer service to deliver a significant improvement to ED conveyance rates to this patient cohort.

The graphs below show that there has been a slight increase in the percentage of fallers who have been conveyed to emergency departments in 2018/19. This is however broadly still in line with our strategy trajectory which only estimated a small improvement this year. As the falls pilot was only launched in the last couple of weeks of year 1 of the strategy it will not have had any impact on this. We can see that there is benefit to be derived from this pioneer service and would expect to see that reflected in the data going forward into 2019/20.

Figure 9: Falls ED conveyance actual – representing c. 10,000 incidents per month

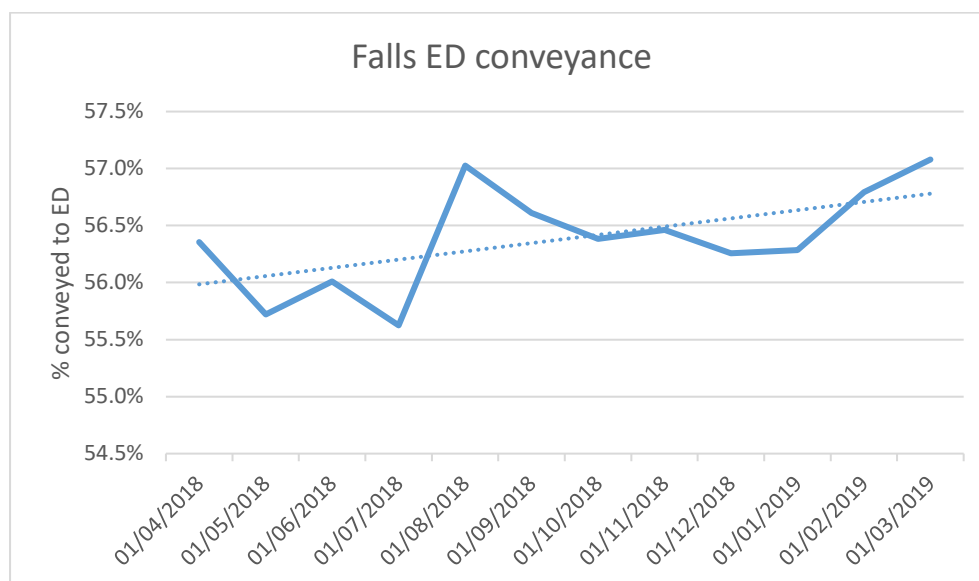
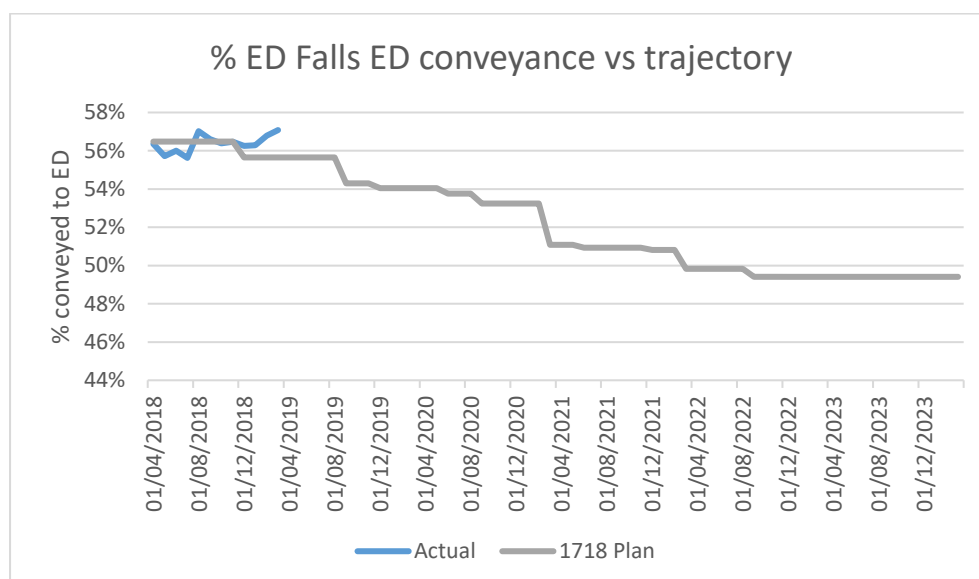


Figure 10: Falls ED conveyance actual vs plan



Maternity

Phase one of the maternity pioneer service is to introduce midwives into our control room clinical hub, working as part of the clinical team. This will provide additional 'hear and treat' capacity to treat women over the phone who are experiencing maternity emergencies, complications or concerns. This pioneer service will provide expert advice for those women and will also seek to reduce unnecessary ambulance dispatches and conveyances where reassurance and advice over the phone is sufficient. For the first time, this new model will offer all patient facing staff a midwifery advice service available to assist assessment and decision making around the care impacting directing on the quality of care we provide.

Similarly to our approach for the Mental Health Pioneer Service, we are working with external stakeholders to work toward sustainable staffing solutions such as rotational positions through both the service and pan London maternity services. The maternity pioneer will evidence its measure of impact through the development of key performance indicators that evidence the quality, safety, and acceptability of the service to our patients and staff.

The service has established a clinical model of midwifery leadership within the organisation with a Clinical Lead, the Consultant Midwife, and the team of Practice Leads for Pre Hospital Maternity Care. The established team will enable excellence in maternity care delivery and oversight for maternity clinicians rotating through the service.

The graphs on the following page show that the percentage of maternity patients conveyed to ED has slightly increased over 2018/19. It should be noted that whilst we are seeking funding for commissioners for this pioneer service, we have not been able to launch phase one of this pioneer service which has meant that it has not been able to directly impact upon this ED conveyance rate. We are developing a business case which will be presented to commissioners in 2019/20 in order to secure additional funding for this enhanced service.

Figure 11: Maternity ED conveyance actual – representing c. 1,200 per month

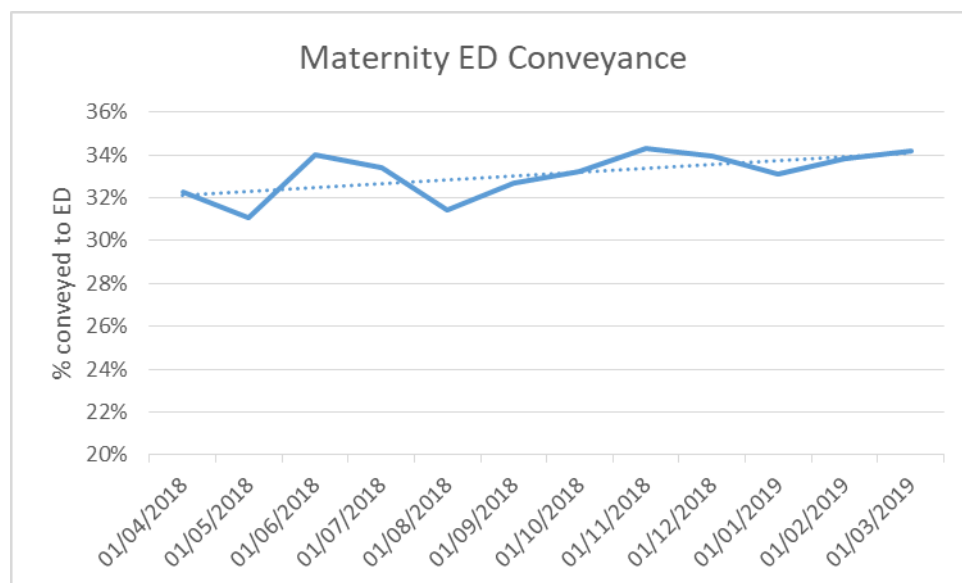
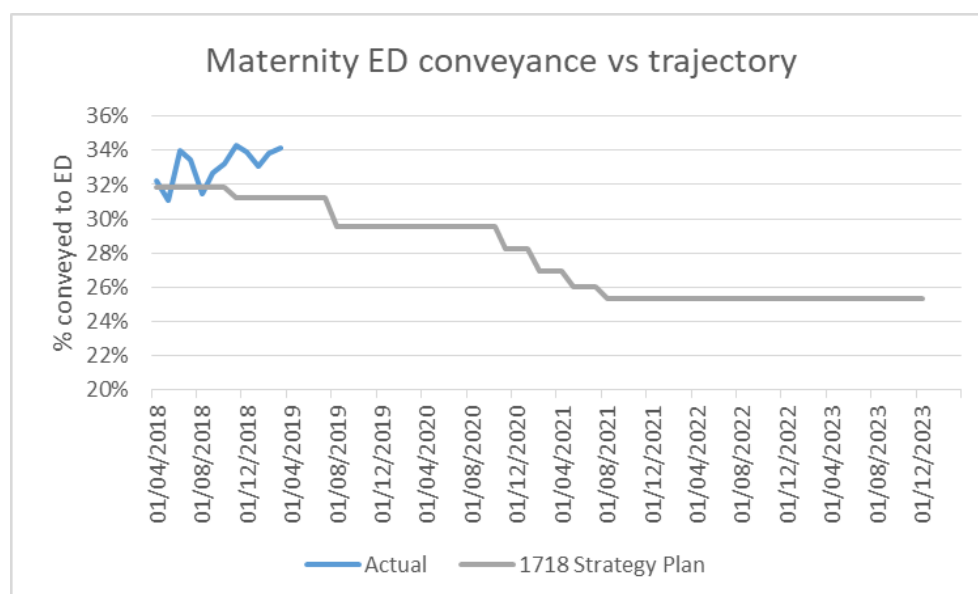


Figure 12: Maternity ED conveyance actual vs plan



Palliative & end of life care

This pioneer service has received Macmillan funding for two years, which has allowed us to employ a small team comprising of a clinician from palliative and end of life care specialism and three paramedics, to support the development of improved palliative and end of life care within our organisation. A major part of this work is engaging with stakeholders across London with the intention

of identifying and creating appropriate care pathways. A pan-London conference held in March 2019 successfully engaged hospices in discussing challenges faced for this patient population and considered possible solutions for the future, including increased support and advice for our staff whilst on scene. The team is also providing learning and education opportunities for our staff to improve their skills, knowledge and confidence when dealing with patients approaching the end of their life, as well as focussing on improving communications and interaction using electronic patient records via staff iPads. In addition, ongoing collaboration with the metropolitan police service has culminated in a mapping exercise to consider appropriate resource allocation for expected versus unexplained deaths, thus avoiding family distress.

The graphs below show that, whilst only representing a small number of patients, we are conveying fewer of them to emergency departments which indicates that for those patients and their families, they were provided a much better experience in what would have been an extraordinarily difficult and emotional situation.

Figure 13: Palliative & end of life ED conveyance actual – representing c. 250 per month

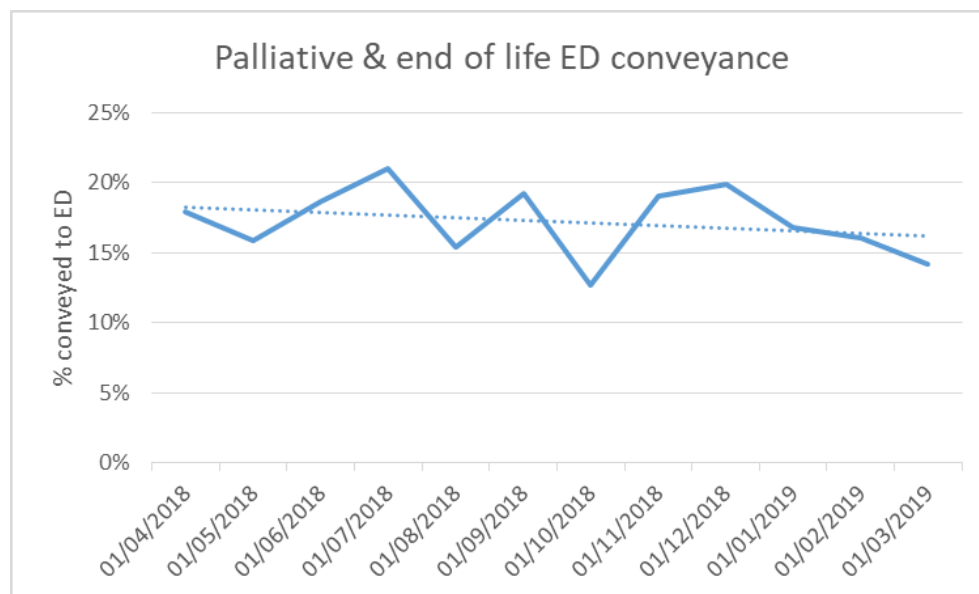
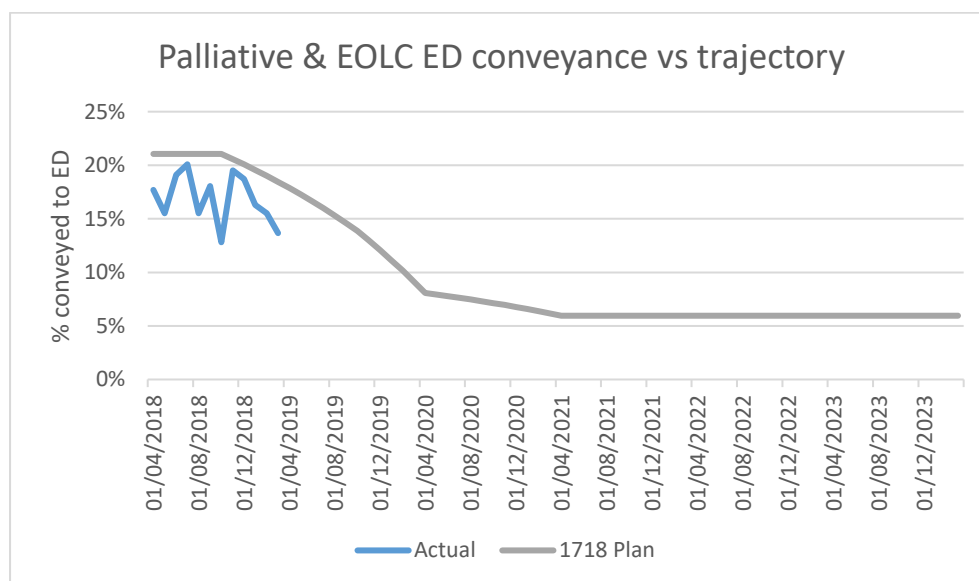


Figure 14: Palliative & end of life ED conveyance actual vs plan



4.3 Spatial development

SRO Benita Mehra, Director of Strategic Assets and Property

The spatial development programme comprises of a review of the entire estate with a view to making best use of the trust's resources, to ensure that the estate is fit for the future and provides a high quality working environment for staff. The spatial development programme has focussed primarily on the corporate estate to-date until the operational estate strategy is finalised.

The first tranche of the corporate estates project to refurbish the second floor of the Waterloo Road headquarters was successfully delivered on schedule in November 2018. The second phase of the works to refurbish the third floor East wing of the trust headquarters was completed as planned in mid-April 2019, with staff occupying the newly refurbished areas on Monday 15th April.

This work has delivered a 50% increase in occupancy (40-59) as well as four new meeting rooms available to all staff. This new area, occupied by the People & Culture Directorate, has allowed us to consolidate teams previously based in multiple locations, promoting better team communication and working.

Work is currently being undertaken to specify the requirements for the refurbishment of other areas at the trust headquarters, including; the refurbishment of the first and second floor East wings of the building, and communal areas throughout the site. Toilet areas will also be refurbished and a quiet room available to all staff will also be created. A specification for works to the front of the building is also being finalised.

We have already moved our finance team out of Morley Street with that building to be decommissioned to return to the landlord by 31 May 2019. We plan to consolidate all of our corporate and support staff on two central London sites (Waterloo HQ and Pocock Street) by the end of March 2020 when our lease at Union Street ends. Work before then will ensure we have sufficient capacity and infrastructure to accommodate the staff that were previously spread amongst five sites.

In addition to the operational estates strategy and these works to the corporate estate, improvements and efficiencies that could be seen in other areas of the estate will be identified, including; the control rooms, the training estate and vehicle maintenance facilities.

4.4 Connecting clinicians

SRO Fenella Wrigley, Medical Director

The Connecting Clinicians project has made significant progress since its inception in November 2017. After successfully rolling out iPads to over 4000 paramedics, the project focussed on providing enabling technologies to our clinicians, providing the tools to improve patient care. Key applications include:

- **Coordinate My Care (CMC)** which allows clinicians access to patient care plans
- **MiDOS** which provides our paramedics with a directory of services available to the patient. Whilst there was initially some resistance to use or lack of awareness from staff about MiDOS we have seen a significant increase in usage following an extensive internal awareness communications campaign. We are now seeing month on month increases in MiDOS usage (4196 in Jan 2019, 4361 in Feb and 4405 in March)
- **JRCalc** which provides protocols for the joint working of emergency services and
- **Waze** which provides drivers with directions, live traffic reports and alerts about: car accidents, road conditions, and hazards. This application aims to improve driving time, fuel consumption & increase cost savings.
- In addition to these applications, the project has successfully implemented Record Locator Service (NRLS) within the Clinical Hub with 100% of clinicians being trained on the system by the end of the financial year 18/19.

Our advanced paramedic practitioners worked with NHS Digital providing requirements for the new Summary Care Record additional (SCRa) mobile application. The application which went live on 17

April 2019, will provide our clinicians with mobile access to all the SCRa information available on the desktop version. Mobile access to patient information access using a virtual smart card through the use of biometric authentication will revolutionise the way our paramedics treat patients as they will have background information to support their clinical decisions. Alongside the SCRa deployment, the project produced an outline business case and full business case to support the procurement of an electronic patient care record (ePCR).

As part of the ongoing due diligence within the programme, the programme team reviewed the business case for the procurement of the ePCR alongside the business planning and priorities of the Trust. The conclusion of the review was that, although there are significant qualitative and quantitative benefits associated with the procurement of an ePCR application, the cost of procuring an ePCR in isolation was deemed to be high when compared to the other initiatives being reviewed as part of the business planning process. Alongside the review of the ePCR, an exercise was undertaken to review the costs attributed to the running and ongoing maintenance of the Computer Aided Despatch (CAD) system. The Carter Review identified the cost of operating our current control room systems are very high in comparison to all other English ambulance trusts. Internally, it was proposed that potential cost saving would be to replace CAD system and the other integrated applications.

Building further on this proposal and the experience of other ambulance trusts, it was proposed that there are further cost savings and operational efficiency gains if a fully integrated Triage, CAD and ePCR system were procured rather than a separate procurement for each system.

A paper was presented to the Executive Committee on 26 March 2019 setting out the case for LAS to replace the existing Emergency Operating Centre (EOC) systems used for call handling, triage and dispatch. The Executive Committee agreed that the Trust should build on the work already undertaken to support the ePCR development and explore and scope a programme to replace the CAD and associated systems.

4.5 Ready, set, go (medicine management)

SRO Benita Mehra, Director of Strategic Assets & Property

The Ready Set Go Programme manages the development, implementation and roll out of the storage, management, distribution and audit of medicines and consumables with the aim to achieve:

- consistent patient quality
- standardisation of processes
- greater efficiencies in the use of medicines
- traceability of medication

We have made improvements to our medicine management arrangements over the past few years and this programme seeks to continue those improvements in these four areas:

Secure drug rooms

This project ensures the security of medicines at station by developing and building a purpose high spec secure drug room with CCTV and 'smart' key systems at 29 stations. This project is underway and 80% complete with 24 rooms already in use. Feedback from staff on the new rooms has been very positive and benefits are already being realised with any incident investigation time being reduced along with a clear and transparent audit system. The new processes also mean time savings for the band 7 APP clinicians and MRU/CRU whose packs are now routinely delivered to station. Phase 2 of the project is currently also in planning.

All IT systems and dependencies relating to the secure drug rooms are currently being transitioned into IM&T BAU. Anticipated completion dates for phase 1 and 2 are September 2019 and March 2020. A full benefit realisation review will take place once all rooms are complete.

Multi-dose drug packs

Multi-dose drug packs of the "station-based drugs" project brings together the currently loose drugs, which are either signed out by the individual clinician or vehicle into a pouch. These drugs are

currently stored in containers on station and are not necessarily secure and are not carried in secure, appropriate or auditable ways. A pilot pack has been approved and pilot locations have been identified.

The business case for the pouches has been approved and the pouches are ready to be ordered. The project is currently waiting for the update of kit prep development to incorporate the new packs and packing processes which has been hindered by the wifi issues (in progress to resolve).

Primary response bags

This project is replacing the vehicle-based equipment bags and will develop a modular restocking system for the equipment bags during a shift that eliminates the current inventory of loose consumables. We identified that the SCAS style bags were appropriate and a pilot is being prepared based on the LAS ALS design together with the SCAS primary response bags. Each bag content is modular with spare modules to be placed in the ambulances by VP.

The business case has been approved subject to an update on the benefits realisation case and is partially funded for the rollout of Advanced Life Support bags.

Kit prep

The kit prep pack audit system has been in use for almost 2 years in stations. The Logistics packing app is integral to supporting the packing of drug packs with info being entered and printed of kit prep (pack list) and management of multi-dose drug packs. The next phase of roll out will provide crews with the ability to run the kit prep app on their iPads instead of hand writing the drug forms.

The Kit Prep app development was delayed due to wifi implementation. A BT survey at LSU was completed and a report confirming requirements concluded in February 2019. The wifi Rollout date is yet to be confirmed.

4.6 Commissioning and contractual form

SRO Lorraine Bewes, Director of Finance

Negotiations with the Trust's lead commissioner are still ongoing with regard to our 2019/20 contract. The Trust continues to keep NHSE/I informed of the progress of these negotiations and for the current contract year will still be contracted using the NHS Standard Contract. As part of the 19/20 negotiations the Trust has managed to secure funding previously received outside agreed contracting arrangements within the contract terms. This has provided additional assurance over the receipt of £13m relating to pay awards and winter resilience.

For 2018/19, the Trust is currently working with commissioners to validate the level of reported over-performance. This is likely to result in an additional £4.3m-£4.6m income.

The Trust provided a formal response to NHSI's consultation on the proposed Integrated Care Provider contract. The response highlighted the need for ambulance services/111 to be included within the scope of integrated provision on the basis that the contract should allow and support system wide integration and innovation and not impose restrictions on such developments. NHSI is currently reviewing consultation responses and will issue a report once they have complete their review. In the interim, the Trust continue to review alternative commissioning arrangements for future contract years.

5. Progress of development of our enabling strategies

5.1 People & Culture Strategy – signed off by Trust Board

SRO Patricia Grealish, Director of People & Culture

The People and Culture Strategy aims to create a richer, more supportive working environment with greater opportunities for learning and career development, attracting and retaining the best people in the country from all walks of life.

Background to strategy development

In late 2017 we developed and published a People and Organisational Development (P&OD) Strategy (2017-2020). In response to the publication of our new organisational strategy, as well as the restructure of P&OD to People and Culture, this strategy has been reviewed to ensure it reflected the changes happening across the Trust and is aligned to the new Trust strategy.

Progress

In May 2018, work commenced on the refresh of the People and Culture Strategy. A gap analysis was conducted initially to review the original People and Culture Strategy (2017) with the newly published Trust strategy (May 2018) to identify synergy and gaps. LAS staff were engaged with the development of the strategy during a workshop which focused on the Trust's new vision, values and behaviours and staff were asked their views on specific questions on areas to inform the refresh of the strategy.

Further engagement and input was sought from our Non-Executive Directors (Jayne Mee, Bob McFarland and Jessica Cecil) to gain insight and views on future direction of the strategy. We ensured that Unions were engaged with regularly throughout the development of this strategy with updates provide at Staff Council and feedback taken into account.

The draft final version of the Strategy was presented to ExCo in October 2018, and signed off by Trust Board in November 2018.

Key strategy development milestones

Figure 15: People & Culture strategy development timeline



5.2 Digital Strategy – signed off by Trust Board

SRO Ross Fullerton, Chief Information Officer

The Digital Strategy (renamed from IM&T strategy) details a technology roadmap to support our organisational transformation. It outlines that we not only want to use available technology, but want to lead the way in developing, piloting and utilising new technology to improve productivity, efficiency and patient care.

Background to strategy development

In September 2017, we set out our IM&T strategic vision in a slide pack presentation, presented to Trust Board. The LAS commissioned PA Consulting in May 2018 to assist with identify the LAS Digital Capability Opportunities within the local, regional and national context. With the publication of our new organisational strategy, we commenced the development of a new digital strategy which focussed on three key areas; iCAT, ambulance operations and Pioneers and Sustainable and effective corporate functions.

Progress

In May 2018, work commence on the development of a new IM&T, digital, data strategy with initial focus on understanding the external landscape / national context and its opportunities for the LAS. A

gap analysis was undertaken focusing on what we knew from previous strategic work and cross-checking with the new Trust Strategy.

A significant amount of engagement has occurred to inform and support the development of the IM&T, data and digital strategy. Our Chief Information Officer met and engaged with the Pan-London Digital Governance Group, London CIO Council, National Chief Information Officers (CIO) and Chief Digital Officers (CDO), the Chief Digital Officer for London as well as with providers and Commissioners. There has also been significant 'user' engagement nationally for the elements of IM&T programmes which the LAS will be part of. Specific project level engagement and workshops have informed the development of the strategy including the electronic patient care record (e-PCR) project. Needs analysis meetings were held with all Directors to understand their technological, data and digital needs arising from their strategies and work plans. Extensive input was sought from the IM&T Senior Managers through a series of workshops.

A Board briefing session took place in August 2018 for further engagement and input from Trust Board. The strategy was presented to Trust Board in November 2018 which led to a further stage of refinement, with changes including closer alignment with the new NHS long term plan, alignment with our organisational strategy and more detail on costs and affordability.

The revised Digital strategy was presented to and signed off by Trust Board in March 2019

Key strategy development milestones

Figure 16: Digital strategy development timeline



5.3 Quality Strategy – signed off by Trust Board

SRO Trisha Bain, Chief Quality Officer

Our quality strategy is the plan through which we focus on the quality of clinical care and patient experience to ensure that we continuously improve our services. It ensures that quality drives the overall direction of our work and that the patient is at the centre of everything we do.

Background to strategy development

Our quality strategy is produced alongside our quality account each year. The strategy was informed largely by the reports and recommendations from key stakeholders, staff and patient representatives and the CQC framework. This included comparisons of trends and variations from a range of intelligence including patient surveys, staff surveys and governance data such as complaints and incidents.

The quality strategy identifies a number of key goals and targets, which are aligned to the CQC domains and will be monitored and reported at our committee structure through to Trust Board.

5.4 Clinical Strategy

SRO Fenella Wrigley, Medical Director

Our clinical strategy describes the way in which we will deliver outstanding care to all of our patients. It outlines the overarching clinical leadership, accountability, responsibility and behaviours required to deliver clinical excellence in a changing NHS. It provides the framework against which developments in clinical practice will be made, and against which we will measure progress.

Background to strategy development

Our Clinical Strategy (2016-2021) was approved by the Board at the end of January 2017. It was developed with feedback from staff, the Patients' Forum and a significant number of external stakeholders. It sets out the Service's aim, commitment and expertise to be the provider of emergency and urgent care - with an integral role in the development and delivery of NHS 111 - for patients in London.

Whilst our clinical strategy was only signed off relatively recently, with the publication of our new trust strategy, as well as the changing nature of the NHS and other key enablers it is the right time to refresh this clinical strategy. This refresh will ensure that it is up to date, aligned with our overall strategy and ambitious is what it seeks to deliver.

Progress

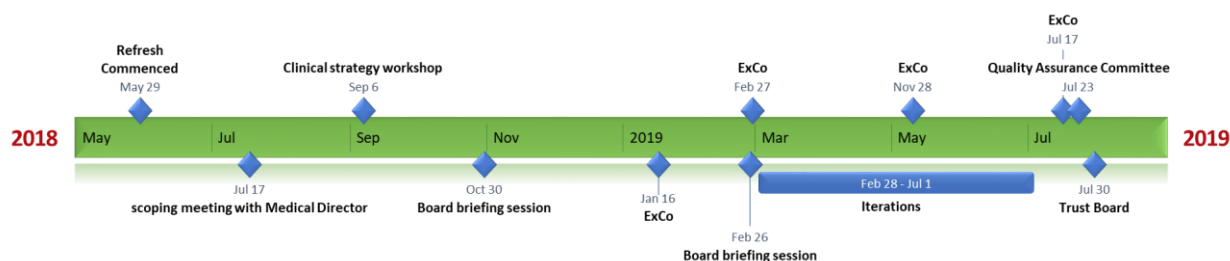
In mid-July 2017, work commenced to review the Clinical Strategy. We ran a clinical strategy development workshop which included c.90 members of staff, non-executive directors, patient representatives, commissioners and other external stakeholders. The workshop focussed on our key challenges and opportunities to improve in both the urgent and emergency care spaces as well as the implications on our clinical training and education. The outputs of this workshop were used to inform a discussion at a board briefing session where Trust Board also considered the implications of the Carter Review on our future clinical response model.

At the time of writing this report, the strategy is being drafted and further conversations are being had to finalise the vision for our clinical response model, how we can improve the care we provide to our patients and how the clinical strategy as a whole needs to evolve to deliver our organisational strategy.

It is planned to present a final draft version to ExCo, Quality Assurance Committee and then Trust Board in July 2019.

Key strategy development milestones

Figure 17: Clinical strategy development timeline



5.5 Learning & Education Strategy – Presented for sign off in May

SRO Patricia Grealish, Director of People & Culture

Our Learning and Education Strategy details how we will transform our learning and education offer for all our people to easily access through user-friendly digital channels from anywhere, anytime, any device, and introduce performance

enhancing classroom experiences. This strategy overhauls how learning is designed, managed and delivered to be patient-centred and create thriving multi-disciplinary communities across the trust, as one organisation

Background to strategy development

This strategy is a newly developed one, pulling together all learning and education activities across the Trust. Historically within LAS, training and development has been managed and monitored completely separately for clinical and non-clinical staff. Clinical and non-clinical skills have also been largely separate. It was decided that a single learning & education strategy, encompassing a shared governance approach to all learning and education across the Trust should be developed.

This work is also predicated on the review of our training and development undertaken by ReThink in 2018, which provided a number of recommendations, including the development of a single strategy.

Progress

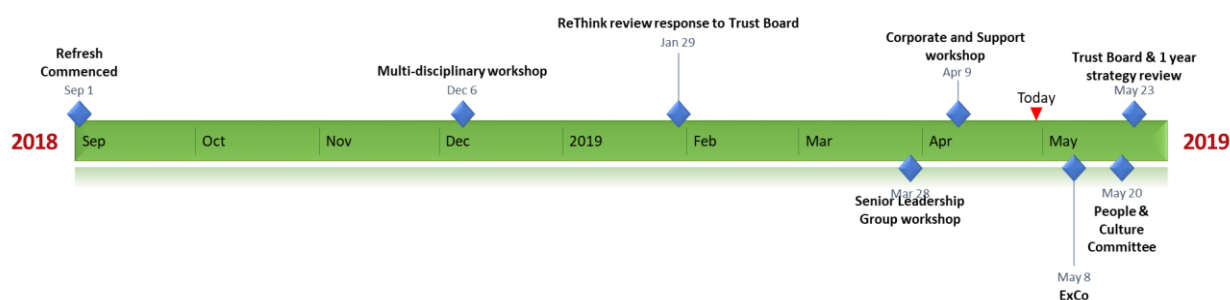
Following kick off meetings with the Director of P&C, we held a workshop in December 2018 with senior managers and trainers to start developing our key themes and priorities for this new strategy. Common themes were identified, particularly about improved processes, improving the learner experience and utilising modern technology. In January 2019 the Trust response to the ReThink review was presented to Trust Board, including the commitment to developing this strategy and including all relevant themes and priorities from the review within it.

In order to get a broader range of staff input, two further workshops took place in early 2019. In March we utilised the Senior Leadership Forum to build on the outputs of the initial workshop and discuss, based on the emerging themes, what that looked like in a world-class organisation and what initiatives or changes needed to be made accordingly. Having identified that the majority of input that we had received thus far was regarding clinical training, we ran a workshop focussed on corporate and support staff development needs. This workshop was well attended and provided viewpoints from a broad range of individuals including senior managers, station administrators and corporate staff from a number of directorates.

Following these workshops, we have been working with the Director of People & Culture and Chief Executive to iterate and refine the strategy which is being presented to Trust Board at this May meeting.

Key strategy development milestones

Figure 18: Learning & Education strategy development timeline



5.6 Operational Estate Strategy

SRO Benita Mehra, Director of Strategic Assets & Property

Our estates strategy outlines our current operational estate, the expected requirements on that estate in the future and how we plan to develop our operational estate to meet those requirements.

Background to strategy development

Over the past five years we have conducted a number of reviews into our estate, but have not finalised an estates strategy to outline what changes we need to make and how we will make them. The reviews that have taken place are:

- 2018 Currie & Brown; Corporate estate – office accommodation review
- 2017 Citrica & Knight Frank Estate strategy report following planning workshops
- 2016 ORH station location optimisation report
- 2012 '6-facet survey' looking at the quality of our estate

Progress

In May 2018, work commenced on the development of a new Estates Strategy. A workshop took place in June 2018 for LAS senior managers to contribute to a shared vision for what our estate needs to be and do now and in the future. A separate workshop also took place focussing on our fleet which will be a key input for our estates strategy

At the end of June 2018 a Board briefing session took place focussing on estates which included a significant amount of modelling work which contributed to the Trust Board discussion about our future operational estate.

Since those development workshops and meetings a significant amount of iterative development has taken place with the CEO regularly reviewing progress and directing further improvements to the document. A number of substantive additions have been made including more detailed benchmarking between ourselves and other ambulance trusts, a greater level of analytics to identify the proposed locations of our future estate and a high level plan for operational estate development by site.

Following approval by the Chief Executive it is proposed that this document will be shared with Trust Board members in June or July for discussion. Final details to be confirmed.

Key strategy development milestones

Figure 19: Operational estate strategy development timeline



5.7 Fleet Strategy

SRO Benita Mehra, Director of Strategic Assets & Property

Our fleet strategy outlines the future requirements for our fleet and how our vehicles will support the delivery of world class patient care. Our fleet strategy needs to detail how we will ensure our fleet is best placed to meet our future needs, including being environmentally friendly, utilising modern technology and providing our staff with a high quality working environment.

Background to strategy development

A Trust fleet strategy was signed off by Trust Board in May 2017 which spanned 2017-2020.

The strategy set out an analysis of the operational and technical challenges that impact the Trust in its development of a robust fleet strategy to support the vision of the organisation. The aim of the strategy is to configure the Trust's operational fleet, bringing it into line with the changing operating model, allowing frontline staff to respond quickly to emergency calls, improve clinical outcomes by maximising clinical time with the patient and, in the process allow for the most efficient use of time and resources.

Progress

As we have an existing strategy we are not currently developing a new one. However, following the ULEZ requirements being made clear as well as the national ambulance specification being published, we are focussed on ensuring our fleet will be compliant with these requirements within the necessary timeframe.

5.8 Volunteering Strategy

SRO Fenella Wrigley, Medical Director

Our volunteering strategy will establish a volunteering scheme, identifying an expanded range of opportunities for members of the public to volunteer directly with us, or contribute to the health and wellbeing of their local community.

Background to strategy development

Whilst we have a number of existing volunteers, most notably Emergency Responders and Community First Responders, we have not previously had a strategy which outlined a broad vision for volunteering within the London Ambulance Service. Our ambition to expand on what we already do and set up a 'community of life changers' is outlined in our organisational strategy.

Progress

In August 2018, planning commenced to develop the Volunteering Strategy and a workshop was held in September 2018 to inform its development. This event was attended by a wide range of staff, some of our current volunteers, Heads of Volunteering from NHS Trusts and other key stakeholders including St John Ambulance, London's Air Ambulance and HelpForce. It was an energetic workshop which provided a large number of suggestions of what volunteering opportunities we could look to develop.

Additionally, we have carried our extensive research into what volunteering takes place within the NHS, within other Ambulance Trusts in the UK and abroad as well as in other organisations who we could learn from. This has included a number of conversations with the heads of volunteering from MPS and LFB who are particularly keen to work with us to align our respective cadet schemes to offer joint opportunities and a broader network for the cadets themselves.

A Board briefing session took place in December to discuss the key priorities where it was agreed that in year 1 of the strategy we would focus on setting up a cadet scheme and expanding our specialist frontline volunteering. Our generalist volunteering scheme would then be set up in year 2. Following further iterations of the strategy, it will be presented to Trust Board in July for consideration and sign off.

Key strategy development milestones

Figure 20: Volunteering strategy development timeline



5.9 Patient & Public Engagement Strategy

SRO Trisha Bain, Chief Quality Officer

Our existing Patient & Public Engagement strategy outlines how we will engage with our patients, patient representatives and the public to ensure that their input and experiences improves the way that we deliver our service.

Background to strategy development

We have an existing Patient & Public Involvement strategy which was produced in 2017. We also have a significant amount of patient and public engagement work that takes place around the Trust which is reported in the PPI annual report

Progress

This strategy remains in the drafting stage with iterations refining the content, specifically in regards to whether it includes the broader organisational stakeholder engagement or remains a standalone strategy focussing on patient and public engagement.

If this strategy does include the wider stakeholder engagement area, a great deal of work has been taking place that will feed into it. The strategy team has developed a set of detailed STP Insight packs which details the key stakeholders within each STP, the associated CCGs and local authorities. The packs include the STP priorities and the key forums in which we engage with them. In addition, Judy Hague was commissioned to carry out a separate piece of work looking at our key organisational stakeholders, and this work would also be ready to feed into a broadened engagement strategy.

Key strategy development milestones

Figure 21: Patient & public engagement strategy development timeline



6. Effective stakeholder engagement

One of our three strategic themes as outlined in our new 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, within 2018/19 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. The main changes that we have made are:

- Our Stakeholder Engagement Managers transferred from the Operations Directorate to our Strategy team, ensuring a greater focus on the key strategic engagement issues within each sector.
- We have established a Strategic Partnerships function and recruited a Head of Partnerships to lead it.
- Our STP engagement CQUIN was refocussed to ensure that we are working at a local level on shared priorities. We have received 100% of the CQUIN award from all five sectors in quarters 1, 2 & 3 and are expecting to be similarly successful in quarter 4.

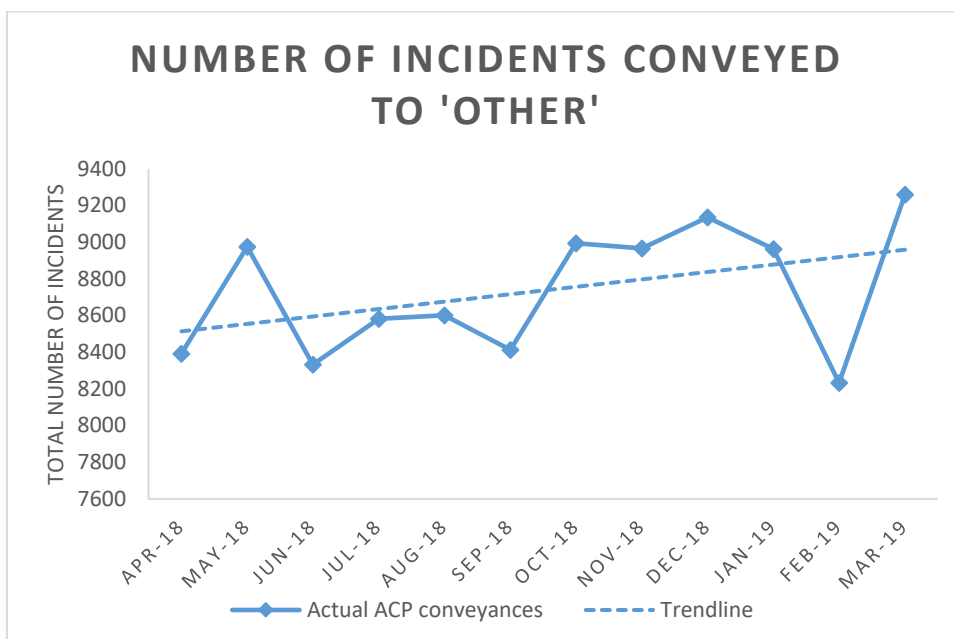
This past year has seen a significant amount of strategic partnership working with our key stakeholders. Some of the key achievements and activities that have been undertaken are:

- We have started working at a strategic partnership level with London's Mental Health Trusts, which has led to some joint areas of work and the starting point for a collaborative expansion of our Mental Health pioneer service across London. We have engaged with the Cavendish Square Group (Mental Health Trust Chief Executive Group) and have developed a closer relationship with a number of mental health providers who are looking to work together with us to develop a collaborative model of service delivery
- We have built on our existing work with the Metropolitan Police and London Fire Brigade to build a stronger level of collaboration and partnership working. We are seeking to collaborate on providing a more joined up response to people in a mental health crisis, no matter which emergency service they come in to contact with
- As part of the STP engagement CQUIN we have, utilising a successful bid for funding from Health Education England, rolled out a scheme in North West London for our staff to shadow rapid response teams. This experience and improved knowledge about those teams will enable our staff to increase the number of referrals into that pathway. This has contributed to North West London having improved see & treat rates and lower conveyance rates. This scheme is being seen as best practice and is being replicated across other sectors
- Within the last six months in particular, we have increased our engagement with STPs, participating more consistently in strategic forums, particularly in South East, North Central and South West STPs. Further work is underway to identify strategic engagement opportunities in North East and North West London
- We co-chair the pan-London ACP and demand management group, working with commissioners and STP colleagues to identify issues, inconsistencies, or best practice with pathways and improve their provision and usage.
- Our Stakeholder Engagement Managers and Assistant Directors of Operations have been ensuring they are responsive to the needs of their respective STPs. For example:
- We assisted South East London in identifying the root causes of demand increases from Greenwich
- In South West London we worked on a deep dive into handover delays at particularly problematic hospitals and identifying actions which will seek to improve turnaround times going into 2019/20
- In North East London we have been supporting particularly challenged hospitals by providing a mobile management vehicle to engage with staff about conveying decisions to encourage them to use ACPs for suitable patients in the future.

The key metric that we identified for this theme was to increase the number of patients who are conveyed to appropriate care pathways as opposed to emergency departments. Figure 21 below

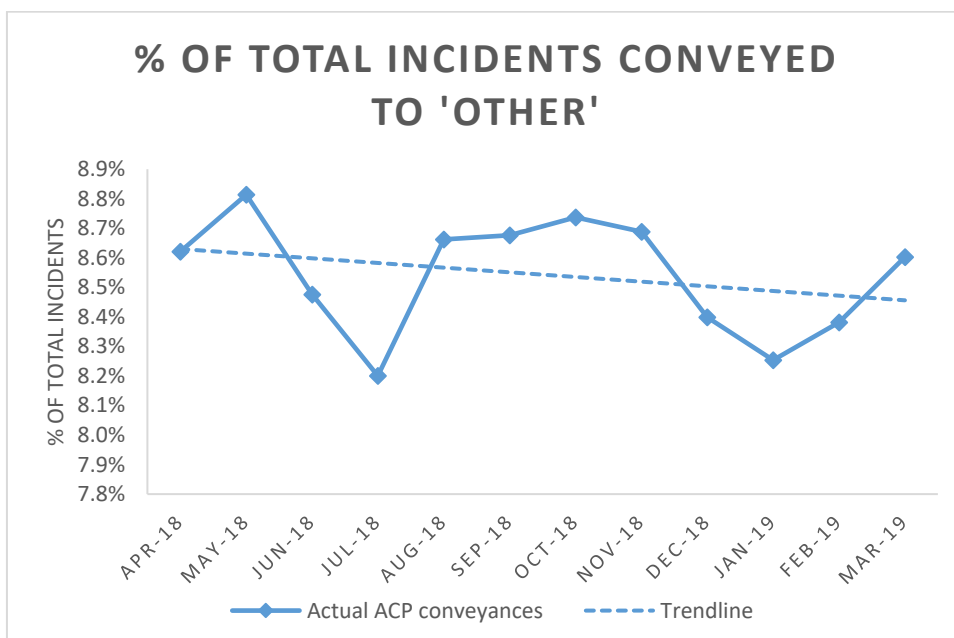
shows that through 2018/19, the first year of our new strategy, we steadily increased the absolute number of patients who we conveyed to non-emergency department care pathways. Whilst there is monthly variation, there was a very clear upwards trend in this.

Figure 22: 2018/19 number of incidents conveyed to 'other'



However, as Figure 22 below shows, this has correlated to an overall decrease in the total percentage of incidents responded to that we have conveyed to pathways other than emergency departments.

Figure 23: 2018/19 Percentage of total incidents conveyed to 'other'



Whilst it is crucial that we continue to promote ACP usage, the total growth the number of patients who are conveyed to an ACP as opposed to an emergency department is a positive sign that usage of these pathways are becoming more commonplace within our organisation. There are a number of mitigating circumstances in why the percentage of total incidents conveyed to 'other' locations has not increased:

- The total number of incidents we respond to has increased, particularly the higher acuity patients who are not suitable for conveyance to an ACP
- Our staff sometimes find that some of the processes hinder their ability to access ACPs, such as lengthy delays in being able to make the referrals. We are working with commissioners and system partners to improve this as well as working with our staff to ensure that they are using MiDOS to improve their visibility of what pathways are available for them to access
- We have seen an overall increase in our Hear & Treat rates over 2018-19 which would have provided appropriate care for patients over the phone, who would have otherwise been suitable for an ACP referral. The more effective our 'hear and treat' is, the higher the overall acuity of our face to face responses will be, necessitating conveyance to emergency departments.

Whilst improved partnership working is a priority in and of itself, it is also a key enabler of all of our other priorities and the changes we have made to this function will seek to support all the work we do as part of our strategy. We have made good progress over the past year in developing some key partnerships and working with our system partners to improve our ACP usage. This work will continue in 2019/20 and plans are already in place to improve the effectiveness of this work to deliver greater outcomes in year two of our strategy.

7. Key dependencies

Within our strategy we identified four key dependencies that would impact on our ability to successfully deliver our strategy. The table below outlines what those dependencies are and where they are being monitored and progressed:

Figure 24: Key dependencies outlined in 2018/23 organisational strategy

Dependency	What that means	Where progress is primarily being monitored
Closer clinical working with partners	<ol style="list-style-type: none"> 1. For iCAT London, we will need to be able to access specialist advice from staff at other providers 2. We need to be able to access shared care records 3. We need to be able to refer to local community teams & partners populate shared records 	<ol style="list-style-type: none"> 1. iCAT strategic programme 2. Connecting Clinicians strategic programme 3. Connecting Clinicians strategic programme
Digital interoperability	<ol style="list-style-type: none"> 1. Technical ability to access shared records in EOC and on the road 2. Support NHS Digital & influence national initiatives 	<ol style="list-style-type: none"> 1. IM&T enabling strategy 2. IM&T enabling strategy
Approach to commissioning	<ol style="list-style-type: none"> 1. Ensure we have the right incentives in place through our contracts with commissioners 2. Contracts and payment mechanisms will need to reflect savings that we make for the wider system 3. We need to develop our strategy in collaboration with commissioners 	<ol style="list-style-type: none"> 1. Commissioning & contractual form strategic programme 2. Commissioning & contractual form strategic programme 3. Changes to stakeholder engagement function
Funding from commissioners	<ol style="list-style-type: none"> 1. We are likely to need additional funding to roll out our pioneer services once they have been piloted 	<ol style="list-style-type: none"> 1. Pioneer services strategic programme 2. Commissioning & contractual form strategic programme

8. Next steps

We will continue to drive forward progress on each of our strategic themes, sign off and implement our enabling strategies and build strong and effective relationships with our key stakeholders. Trust Board will receive regular oversight of all of these activities through delegated committees and the Integrated Performance Report.

As outlined in section 2.1, as part of our 2019/20 business plan we have refreshed our strategic programmes, but will continue to drive these forward through our Portfolio Management Board. All of the key actions that were included in our 2018/19 programmes, if not completed, are included within our 2019/20 programmes.

Whilst a significant amount of work went into the development of our 2018-23 strategy with particular focus on detailed modelling, we are now in a position to fill in some of the assumptions that were made with actual data from the past year. That, in conjunction with the publication of the new NHS long term plan and an ever-changing urgent and emergency care sector has led us to the view that it would be sensible to refresh our organisational strategy, particularly focussing on updated modelling.

The strategy team will lead on this work with the intention of presenting it to Trust Board for consideration in November 2019 instead of a standalone 18 month strategy review.

Angela Flaherty

Interim Director of Strategy

23 May 2019



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Business Plan 2019-20			
Agenda item:	11			
Report Author(s):	Murray Keith, Head of Business Planning			
Presented by:	Lorraine Bewes, Director of Finance and Performance			
History:	Consideration at Board Development Session on 26/02/19 (ref: TBD/18/28), at Trust Board meeting on 26/03/19 (ref: TB/18/151) and at Finance and Investment Committee meeting on 14/05/19 (ref: FIC/19/13)			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
The Trust Annual Business Plan includes details of its financial and operational plan for 2019/20.				
Recommendation(s):				
The Trust Board is invited to approve the Business Plan 2019-20, subject to ongoing commissioner negotiations				
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 checked="" type="checkbox"/>
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>

London Ambulance Service NHS - Business Plan: 2019/20

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1 Chair's Introduction



Welcome to our 2019/20 Business Plan, which describes how London Ambulance Service will deliver on its service to Londoners and continue on our path to achieving our vision of becoming a world-class ambulance service for a world class City.

The London Ambulance Service (LAS) plays a vital role to our capital city, serving one of the most socially and culturally diverse populations in the world. With ever increasing numbers of people living, working and travelling in London we expect that our skilled and dedicated staff will answer approximately 3.5m calls this coming year between our 999 and 111 services, and provide direct face-to-face care to over 1.2 million people who need our help.

We are now entering the second year of our 2018-2023 organisational strategy and I am extremely proud of the progress that we made over the past year. More than ever before, our organisational strategy and our business plan reflect the fact that we are an integral part of the National Health Service (NHS) in London. This means that we play a

vital role in ensuring that patients get the right care at the right time in the best way to meet their individual needs, including conveyance to the most appropriate place of care for that patient.

At a time when all staff in the NHS are under increasing pressure, we know we have more to do to build on staff support, education and training and in developing an inclusive culture across the whole organisation. It is a time of rapid change and we must help our staff embrace digitalisation and the use of their iPads to access care pathways thus enabling them to make decisions to see and treat rather than see and convey

With the publication of the NHS long term plan in January 2019, we now know what the system priorities are for the coming years. We were pleased to see the commitments within the long term plan which align with our organisational strategy; treating more patients outside of emergency departments, improving mental health care provision, greater integration of services and improved technology to improve care. As part of the long term plan, London's Sustainability & Transformation Partnerships will start to evolve into Integrated Care Systems and 2019/20 will be a crucial year for us to work together with our system partners to influence and implement the long term plan.

The NHS long term plan, together with the recommendations from Lord Carter's review into unwarranted variation in ambulance trusts, have shaped this business plan to ensure that we are aligned with local, regional and national priorities. Our Trust Board has considered all of these drivers and how our priorities in 2019/20 can help us achieve our strategy of delivering a world-class ambulance service, moving towards an outstanding CQC rating, improving the care we provide for patients, whilst doing so as efficiently and effectively as we can.

Heather Lawrence OBE, Chair

2 CEO Foreword



The London Ambulance Service exists to provide outstanding care for our Patients; to be a first class employer to our People; to provide excellent Public value for the taxpayer and to work with our Partners collaboratively in the wider NHS and emergency services colleagues for the benefit of London as a whole. This Business Plan sets out how we will go about doing this in 2019/20.

For our patients, we will improve the quality of care that we provide to all of our patients, whether they call 999 or 111. We will continue to seek ways of getting to our most critically ill and injured patients as quickly as possible and conveying them to them to the best place for their care as quickly as possible. Increasingly though, we are making sure that patients who do not need to go to hospital are treated in the most appropriate way for their individual needs. That could mean with advice over the phone, treatment in their own homes, conveyance to a care setting appropriate for their needs or referring them to a community provider. We will provide our staff with the training and education necessary to support them to make the best decisions for each individual patient.

For our people, we will work to improve the day-to-day experience that our staff have of working for our organisation, ensuring that we are a world-class employer. We want to become a more inclusive and diverse organisation and, whilst we have made great improvements already, we know that we can become more representative of the people we serve and provide a better working environment for our BME staff. We will improve the health and wellbeing of our staff and provide a greater depth of training and development opportunities for all of our people, including leadership and management training across the Trust.

In terms of **public value**, we will deliver a more cost effective and efficient service, saving the taxpayer £14.8M through cost improvement programmes and efficiencies. We will seek to implement all applicable recommendations from Lord Carter's Review. We will deliver our control total and maintain our 'use of resources' rating with NHS Improvement (NHSI)

For our partners, we will maximise the number of patients who we safely and appropriately treat in a way other than conveying them to emergency departments. We will work in collaboration with London's Sustainability and Transformation Partnerships (STPs) to respond to and implement the NHS's new long term plan and will work with other system providers to seek the most efficient and effective way to provide the best possible care to our patients. We will also continue to work in collaboration with the other blue light emergency services for the wider benefit of the people who live, work and travel in our city safely every year.

This business plan outlines how we will make sure that we continue to be there when Londoners need us the most, providing them with high quality and compassionate care that meets their individual needs.

Garrett Emmerson, CEO

3 Introduction to the Business Plan

3.1 Brief intro to LAS

We are the busiest ambulance service in the country. Over 6,000 staff serve 8.8m people in the capital, responding to nearly 2 million 999 calls and over 1.1 million incidents each year. While our main role is to respond to emergency 999 calls, many of our patients have less serious conditions but need simple access to urgent care for assessment and advice. Instead of being sent to hospital by ambulance on blue lights, they often need more appropriate care somewhere other than at hospital. We also, therefore, provide a range of care in addition to our 999 call handling and conveyance service, including:

- NHS 111 and Integrated Urgent Care Service – delivering integrated NHS 111 and clinical assessment service in North East London and South East London;
- Dispatching and providing clinicians for collaborative responses e.g. London's Air Ambulance, Joint Response Unit with the Metropolitan Police;
- 'Hear and Treat' clinical telephone assessment;
- Planning for, and responding to, large scale events or major incidents.
- Providing dedicated specialist responses to deal with Hazardous and Major Incidents

3.2 The purpose of the business plan, how it was created

Due to rising demand for our services and financial pressures across the NHS, we face challenges to deliver the outstanding care Londoners rightly expect from us. This Business Plan helps us determine what we will prioritise our fixed budget to deliver and how this will allow us to meet our strategic objectives.

Our Regulators also require us to produce a Business Plan each year to show how we are meeting our statutory and contracting duties and that, in particular, our capacity and budget assumptions are aligned with our commissioners' intentions. This business plan will support London's five Sustainability and Transformation Partnerships to produce new five year plans detailing how we will transform healthcare in the capital and improve outcomes for patients.

3.3 Integrated Business planning model, how it has been used

This business plan is underpinned by our integrated business planning model developed over the past six months. The model uses the historic relationship between resourcing, productivity and performance to calculate the resources we need to deliver the required Ambulance Response Programme (ARP) performance targets with our planned productivity levels. The model also considers how we expect demand to grow over the next five years and the implications of making changes to our current operational response, e.g. treating more people on scene rather than conveying to hospital. In turn, this informs our financial plan for future years, detailing the resources we need to deliver performance, and the required operational productivity and back office efficiency needed if we are to improve our financial performance.

4 What we have achieved in 2018/19

2018/19 has been another busy year for the Trust. In addition to our 999 service, in 2018/19 we mobilised two new contracts in London to provide 111 Integrate Urgent Care services in North East London and South East London. These contracts demonstrate the first step to delivery of our strategic theme of becoming the primary integrator of urgent and emergency care in London.

We have published our new five-year strategy, and have begun implementation of many of the key elements of this. This has been done through the delivery of our 2018/19 business plan. A summary of the progress against the four P's set out in the strategy is below, and further detail of progress against each 2018/19 business plan deliverable is set out in Appendix II.

Our patients:

We continue to provide a high quality service for our patients, performing in the top three Ambulance Services in England across 13 key metrics included in the National Ambulance Services Balanced Scorecard. We have frequently been the best in class for the Category 1 Mean and 90th Centile measures, and have remained within the national standards even in period of extreme demand during winter. Our C2 mean performance remains stable and whilst the year to date position stands just above the national standard this demonstrates that although challenged, patient safety in this category can be seen to be maintained whilst long waiting times minimised. The Trust has also met all our Quality priorities and is in the process of developing new priorities for 2019/20.

Our people:

The Trust has made good progress against the 2018/19 business plan deliverables with respect to our people. We have completed the restructure of our main organisational directorates and are currently refreshing the EOC recruitment trajectories in line with the new organisational structure. We are confident that the restructure and planned recruitment and training activities will enable us to reach establishment within the first quarter of 2019/20. In the past year we published our new five year strategy. This set out our new Vision, Purpose, Values and Behaviours and we have been rolling them out via a number of routes including the CEO Roadshows. The roadshows have proven to be a very popular vehicle to share new information and receive direct feedback from frontline and corporate staff.

We have also responded to all the key issues identified in the 2017 Staff Survey and delivered the actions within the Workforce Race Equality Standard (WRES) Action Plan.

And finally, the Trust has implemented the Clinical Education Strategy, training all paramedics throughout the year in addition to providing leadership and management training to non-front line staff. This includes the new Visible Leader and Engaging Leader leadership programmes.

Public value:

The Trust continues to seek to provide maximum public value for the service provided to the public. In 2018/19, we have met our control total, delivered the £12.3m CIP programme with 80% delivered recurrently, delivered all of the capital plan and met the majority of our CQUIN targets for the year

Our Partners:

The Trust have made good progress against the strategic ambition of becoming London's primary integrator of urgent and emergency care services in London, having been awarded and mobilised new Integrated Urgent Care / 111 contracts in North East and South East London.

Additionally, in 2018/19 we have continued to engage well with our partners to address key issues such as demand management, the use of alternative care pathways and delays in hospital handover. We also continue to engage with our emergency services partners in London to explore opportunities for collaboration to improve our response to incidents and increase the efficiency of emergency services in London.

5 Our Strategy, Vision, Purpose, Values and Behaviours

Our vision is:

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

The London Ambulance Service has four goals:

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



Our values and behaviours

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

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

6 Drivers of Change

The scale of the service we provide grows each year alongside demographic pressure. Our business plan is based upon us meeting more patient demand each year. The Trust forecast expects face to face incidents to continue to rise at 1.2% each year. Furthermore, cases are becoming ever more complex, with the amount of time a job takes - our Job Cycle Time – continuing to increase. The Ambulance Response Programme (ARP) has also set more demanding response time targets, effective from November 2017, giving a target response time for every patient for the first time.

It's clear that unless we develop a proactive response to this growth in patient demand, case complexity and expectation of performance improvement the Trust will experience upward pressure on our costs. Therefore, working alongside commissioners the Trust is seeking to evolve new ways of working to respond to these pressures without compromising quality but still remaining within the required financial envelope.

6.1 Meeting Demand

In 2018/19 we have experienced substantial additional costs related to the delivery of the standards demanded by ARP nationally. This has directly led to our deficit position in 2018/19. The number of patient needing help will also grow next year – in addition to the more demanding response standard. In 2019/20 we will require more ambulance hours than ever before to meet this, which will come at an additional cost.

Meeting patient demand at the new standard will necessitate the Trust increasing resource, but this isn't sustainable for a constrained healthcare system. Therefore, we recognise the need to realise greater productivity benefits to meet the public need with the available resources.

Finally, we know about certain cost pressures that we face which will make even maintaining our current service challenging, for example: our CNST contributions continue to rise.

6.2 Lord Carter's report into unwarranted variation in NHS ambulance trusts

The Carter report, published in September of last year demonstrated the differences between the ten ambulance trusts providing services in England. We believe savings of these proportions are available if we apply ourselves over the three years of this plan. Benchmarking against peer groups has highlighted a number of key areas we know we can improve are:

- Corporate expenditure: the Carter review shows the LAS to be in the middle of the ten UK ambulance trusts for Corporate spend as a share of turnover. A reduction of 11% corporate spend would move us up to 4th place and 16%, 3rd place. Whilst some different accounting policies and organisation structures may explain some of the difference nationally we accept there is opportunity to improve here. Improving our cost efficiency away from the front line forms a core part of this year's plan.
- Key patient groups: We have the highest Job Cycle Time for dealing with mental health calls. We are targeting this group through having mental health specialist clinicians in our control room to support callers early in the triage process, and also by supporting our clinicians on scene.
- Hear and Treat: LAS was originally shown to be an area where the Trust was an outlier. However, following guidance from NHSE the Trust has been authorised to include referrals to 111. As a result the Trust is now in the top quartile which has in turn also helped to demonstrate a reduction in the % of ED Conveyance.

6.3 Efficiency Requirements

In order to deliver a sustainable NHS all providers are required to deliver efficiency savings each year, to allow the health service's budget to stretch to more care for more patients each year. Each year in our business plan we will deliver cost efficiency. This will allow us to balance our budget, free up the money to invest in the developments necessary to improve our operational productivity, and will allow us to play our part in creating a sustainable NHS by reducing the real terms cost per incident in each year. As a minimum we plan to play our part by delivering national target 1.1% efficiency saving from our budget each year.

We have in the past been delivering efficiency savings - 3.1% was delivered in 2018/19, largely through reducing the size of our corporate functions and through less reliance on overtime and incentives for frontline staff with the improvement in recruitment. Whilst these will continue to be a key part of our plan, this approach is not sustainable. Therefore, in later years of this plan we will be investing in the frontline to allow them to deliver more, better and different types of care.

6.4 Being a System Partner

We know the wider health service is under extreme pressure as the population grows and ages faster than budgets grow. We feel it first-hand, read it in the news and hear it from our colleagues in other trusts.

In 2015 the NHS committed to delivering £22bn of savings in return for a £8bn investment. Savings on such a scale are unlikely to be achieved by each trust working in isolation, but could happen through changing how patients move along care pathways. We realise that we, as the only pan-London healthcare provider, have a key role to play. Working with other providers to give patients alternatives to A&E has therefore become a key part of our plan.

7 Improving productivity and quality

This section outlines the planned productivity changes over the next five years, and the planned available patient facing vehicle hours produced to deliver performance. Over the next year, we plan to reduce ED conveyance.

7.1 Emergency Department Conveyance

As outlined above, reducing avoidable and unnecessary conveyances to A&E is a crucial part of our strategy and integral to supporting NHS providers in London to deliver the NHS Long Term Plan. This is because of the following factors:

1. **Patients:** Where patients can remain at home or receive more effective care through their GP or a more suitable alternative care pathway this should happen. Throughout this plan we are targeting taking fewer patients to A&E than we would under our current way of working.
2. **The ambulance service:** Conveying a patient to A&E takes time – to get there, to hand the patient over at hospital and to get back on the road. On average, calls where we don't take

the patient to A&E are shorter than call where we do. From the Carter review, we know this trend is consistent across the country. Whilst if we spend more time with the patient to help them stay at home the gap between the time for a conveying and non-conveying will likely reduce, there is clear opportunity for that by avoiding waiting in queues outside A&Es, the trust to improve the number of patients we can see whilst improving the care we offer.

- 3. The wider NHS:** A&Es are under huge pressure, with A&E's across London struggling to meet their 4 hour waiting time targets. As a significant part of A&E demand is contributed by us, it's our responsibility to play our part in relieving A&E demand. Furthermore we have the opportunity to mitigate avoidable hospital admissions if we can avoid bringing the patient to A&E in the first place. This in turn relieves pressure on the inpatient wards. Both effects means that our target reduction in patients taken to A&E has the potential to make significant savings.

7.2 Hear & Treat

Our five year strategy outlines our ambition to become the primary integrator of Urgent and Emergency Care, on scene, on phone and on-line. To do so, we will develop an integrated clinical assessment and triage (iCAT) service that will support NHS 111 and 999 services and provide added clinical capability to treat patients safely over the phone, or on scene through clinical support for our frontline paramedics.

7.3 Hospital Handover

When we've decided a patient needs to go to A&E, we should do it quickly, getting the patient the care they need, and freeing our crew up to deal with the next patient. To do so, this means working with hospitals in London, both EDs and other hospital services to reduce delays in handing over patients to Hospital care. Over the next year, we plan to reduce hospital handover time from 19.00 mins to 18.30 mins.

7.4 Handover to Green

Handover to green is the key part of Job Cycle Time which is within our control. Whilst our job cycle time is in line with other ambulance trusts', we see an opportunity to improve this, and plan to do so consistently over the course of the next five years. Over the next year, we plan to reduce handover to green time from 17 mins to 16 mins.

7.5 Delivering performance: High level outputs of the business planning model

In order to sustain our performance level in the face of growing demand in 2019/20 we plan to put out more ambulance hours than ever before. This will sustain our performance in line with national targets whilst we invest in making the operational improvements necessary to meet growing demand more cost-effectively than by growing patient facing vehicle hours just as quickly.

There are three core drivers of the operational requirement for patient facing vehicle hours. These are:

1. **Activity growth:** The scale of the service we provide grows each year due to demographic pressure. Our business plan is based upon us meeting more patient demand each year. Based on long term trends, we expect face to face incidents to continue to rise at 1.2% each year. As 2019/20 will be a leap year, we expect the total number of incident we'll attend grow by 1.5%.
2. **Hitting the ARP Performance targets:** Historically, the C2 mean has been the most challenging target to hit, therefore, we will plan to meet or exceed the C2 mean, and by doing so will also meet or exceed the other ARP performance measures. This target will be met initially quarterly then each month, at a pan-London level as we are commissioned to do by London's CCGs. This will of course be subject to the commissioner contract agreement.
3. **Improving the productivity of ambulance operations:** Over time, the impact of the productivity changes outlined above (reducing avoidable conveyances to ED, addressing Hear & Treat, and reducing Hospital Handover and Handover to Green time) we will reduce number of vehicle hours needed to deliver performance targets.

To deliver the available patient facing vehicle hours (PFVH) we will need a changing workforce. We expect to grow our substantive workforce next year, filling existing vacancies and new posts, and we will continue to make use of overtime to give the flexibility to manage peaks and troughs in demand.

8 How we will measure our success in 2019/20

This section outlines the goals and relevant outcomes we plan to achieve and how we will measure their delivery in 2019/20. The outcomes are closely aligned with the five-year strategy, and have been shaped by the external financial pressures and new reports such as the Carter Report.

For each of the outcomes we have a set of metrics we will use to report on progress against delivery. A summary of the outcomes below and further details on the metrics are outlined in the following sections.

Goal	Outcome
Patients	1: Deliver the national quality standards for 999
	2: Deliver the national quality standards for 111 / IUC
People	3: Improve workplace experience, engagement and recognition
	4: Become a more inclusive organisation, increasing diversity within our workforce
	5: Improve the health & wellbeing of our staff
	6: Deliver our training and development programmes for all staff
	7: Improve leadership and management across the Trust
Public Value	8: Deliver strong financial performance
	9: Increase the efficiency and productivity of the organisation
Partners	10: Maximise safe non-conveyance to ED
	11: Optimising the delivery of 111 / IUC services across London
	12: Delivering statutory responsibilities and mandatory standards

Trust Corporate Scorecard

	Outcome	Exec Lead	Indicator (KPI Name)	Frequency	Basis	17/18	18/19	2019/20 Target
Our Patients	1. Deliver the national quality standards for 999	PW	Category 1 response – Mean	Monthly	hh:mm:ss	00:07:13	00:06:29	00:07:00
		PW	Category 1 response - 90th centile		hh:mm:ss	00:11:53	00:10:47	00:15:00
		PW	Category 1T response – 90th centile		hh:mm:ss	00:22:52	00:19:39	00:19:00
		PW	Category 2 response – Mean		hh:mm:ss	00:21:33	00:19:22	00:18:00
		PW	Category 2 response - 90th centile		hh:mm:ss	00:44:41	00:39:43	00:40:00
		PW	Category 3 response – Mean		hh:mm:ss	01:00:28	00:54:14	01:00:00
		PW	Category 3 response - 90th centile		hh:mm:ss	02:28:11	02:10:58	02:00:00
		PW	Category 4 response - 90th centile		hh:mm:ss	03:32:59	03:05:44	03:00:00
		PW	Call Answering Time - 90th centile		hh:mm:ss	00:01:06	00:00:24	<=00:00:24
		FW	ROSC at Hospital	Monthly - 4 Month Time Lag	%	32.5%	35%	33%
		FW	Severe Sepsis Compliance - (national AQI reported quarterly)		%	n/a	89%* (National average 70.6%)	Not Set

*Based on quarter 1 – quarter 3 data

	Outcome	Exec Lead	Indicator (KPI Name)		Frequency		Basis		17/18	18/19	2019/20 Target
Our Patients	2. Deliver the national quality standards for 111 / IUC	PW	Percentage of answered calls answered in 60 seconds	NEL	Monthly		%		n/a	76%	>=95%
				SEL					89%	84%	
		PW	Percentage of calls abandoned after 30 seconds	NEL			%		n/a	4%	5%
				SEL					1%	2%	5%
		PW	Total calls - Priority 1: dealt within 15 min	NEL			%		n/a	63%	>=95%
				SEL					n/a	79%	
		PW	Total calls - Priority 2: dealt within 30 min	NEL			%		n/a	59%	>=95%
				SEL					n/a	59%	
		PW	Total calls - Priority 3: dealt within 60 min	NEL			%		n/a	59%	>=95%
				SEL					n/a	55%	
		PW	Total calls - Priority 4: dealt within 120 min	NEL			%		n/a	68%	>=95%
				SEL					n/a	66%	
		PW	Total calls - Priority 5: dealt within 180 min (NEL only)	NEL			%		n/a	74%	>=95%
		PW	Total calls - Priority 6: dealt within 240 minutes	NEL			%		n/a	85%	>=95%
				SEL					n/a	80%	
		PW	Total calls - Priority 7: dealt within 360 min (SEL only)	SEL			%		n/a	87%	>=95%
		PW	% of calls closed with no onward referral (health advisor and clinician)	NEL			%		n/a	24%	33%
				SEL					n/a	16%	
		PW	% of calls transferred to 999	NEL			%		n/a	7%	<10%
				SEL					8.0%	9%	
		PW	% of calls recommended to ED	NEL			%		n/a	9%	<5%
				SEL					10.0%	11%	

	Outcome	Exec Lead	New Indicator 2019/20	Frequency	Basis	17/18	18/19	2019/20 Target
Our People	3. Improve workplace experience, engagement and recognition	PG	Staff Survey engagement score	Yearly	(n)	5.9	6.2	6.5
		PG	Staff survey completion	Yearly	%	53.6%	65%	≥65%
		PG	Vacancy rate (% of establishment)	Monthly	%	5%	4.9%	5%
		PG	Staff turnover (No. of leavers)	Monthly	%	11%	12.4%	10%
	4. Become a more inclusive organisation, increasing diversity within our workforce	PG	Workforce race Equality Standards	Annual	(n)	7.8	8	8.3
		PG	BME Staff Survey engagement score	Yearly	(n)	6.1	6.1	6.4
		PG	% of BME Staff	Quarterly	%	14%%	15%	17.5%
	5. Improve the health & wellbeing of our staff	PG	Staff Sickness levels (%)	Monthly	%	5.2%	5.5%	5%
		TB	Health and Safety (% of RIDDOR reports mtg <15day or less tgt)	Monthly	%	49%	82%	100%
		TB	MSK related staff injuries (staff survey)	Yearly	%	48%	54%	<48%
		TB	Rate of working days per 1,000 incidents lost due to MSK injuries	Monthly	(n)	6	3	2
		PG	Bullying & Harassment incidents (Staff Survey)	Yearly	(n)	6.9	7.0	7.3
		PG	Flu vaccination rate (Trust Total / CQUIN)	Monthly	%	53.5% / 56.9%	60.1% / 67.9%	75%
	6. Deliver our training and development programmes for all staff	PG	Statutory & Mandatory Training (85% or above)	Monthly	%	87.0%	90%	85%
		PG	Staff appraisal compliance (85% or above)	Monthly	%	86.0%	76%	85%
		TB	Level 3 safeguarding training completed (90%annual target over 3yrs	Monthly	%	>85%	>85%	>90%

	Outcome	Exec Lead	New Indicator 2019/20		Frequency		Basis	17/18	18/19	2019/20 Target
Public Value	8. Deliver strong financial performance	LB	Control Total (Deficit)/Surplus		Monthly		£m	(2.4)	4.4	0.0
			Financial Performance				£m	3.2	6.6	0.0
			(Deficit)/Surplus				£m	5.6	2.2	0.0
		LB	Performance Against Control Total							
		LB	Use of resources index/indicator (Yearly)				Rating	1	1	1
		LB	% of Capital Programme delivered				%	93%	98.6%	100%
		LB	Cash position				£m	30.3	21.7	15.1
	9. Increase the efficiency and productivity of the organisation	LB	Agency Ceiling Compliance (%)		Monthly		%	100%	93%	92%
		LB	Capital plan				£m	25.0	21.8	20.8
		LB	CIP Savings YTD				£m	9.2	12.3	14.8
							%	52%	100%	100%
		LB	CIP Savings achieved - % Recurrent				£m	8.4	9.9	11.4
							%	48.0%	80%	77%
		LB	Commercial income generation				£m	n/a	n/a	0.25
		LB	Corporate spend as a % of turnover				%	6.4	7.0	<7.0
		LB	Cost per incident				£	£315	£332	<£347
		PW	Average Jobs per shift				(n)	5.1	5.2	5.3

	Outcome	Exec Lead	New Indicator 2019/20	Frequency	Basis	17/18	18/19	2019/20 Target
Our Partners	10. Maximise safe non-conveyance to ED	PW	Hospital handover	Monthly	minutes	21.0	19.8	18.5
		PW	Post-handover (Handover 2 Green)	Monthly	minutes	16.7	16.2	16
		PW	See and Convey – to ED	Monthly	%	63	59.4	58.25
		PW	Hear and Treat % *	Monthly	%		7.07	7.90**
	11. Optimising the delivery of 111 / IUC services across London	LB	Savings delivered to wider urgent & emergency care system through management of IUC services (£m) – Still being developed	Quarterly	£m	TBC	TBC	TBC
	12. Delivering statutory responsibilities & mandatory standards	TB	CQC rating - Overall	Yearly	Rating	RI	G	O / S
		TB	CQC rating - Well-led	Yearly	Rating	RI	G	G
		RF	Cyber Essentials Plus Accreditation	Monthly	%	100	100	100

*2018/19 Hear and treat has been recalibrated to accommodate the new guidance from NHSE

*2017/18 Hear and treat not available due to moving to ARP in 1 Nov 2017

** To be agreed with Commissioners

9 How we will deliver our targets in 2019/20

This section outlines the deliverables and the respective interventions that will contribute towards the delivery of our goals and the respective outcomes. Interventions are the prioritised service developments, capital projects and specific BAU activity.

For each outcome, we have identified the deliverables to help achieve our targets. This is underpinned by the key milestones and interventions that support delivery. Behind this, there is a set of programmes and projects, established to align with the five-year strategy, and reported through the Trust's Portfolio Management Board. These programmes and projects will deliver the capital plan and service developments.

A summary of the deliverables and the interventions is outlined in the following sections.

9.1 Our Patients

	Outcome	Deliverables	Interventions
Our Patients	<i>Outcome 1: Deliver the national quality standards for 999</i>	1. We will deliver our national performance and quality standards by optimizing our operational response model and delivering our operational plan	<ul style="list-style-type: none"> • Avaya 999 Upgrade • EOC CAD: New CAD planning • EOC CAD updates • Emergency Services Network: Replacement MDT (MDVS) • Falsified Medicines Directive (FMD) Scanning System Request • Ora-morph storage and handling
	<i>Outcome 2: Deliver the national quality standards for 111 / IUC</i>	2. We will deliver our national 111 / IUC performance and quality standards through provision of an appropriate commissioned clinical decision support system and organisation of clinical teams in 111, 999 and Clinical Hub, to provide holistic clinical oversight, thereby making the best use of all available clinical resources.	<ul style="list-style-type: none"> • iCAT - Development programme • iCAT - increase in CHUB resource

9.2 Our People

	Outcome	Deliverables	Interventions
Our People	Outcome 3: Improve workplace experience, engagement and recognition	3. We will complete action plans across all functional and operational areas of the business to respond to the key issues identified in the 2018 Staff Survey and implement the planned actions in time for the 2019 Staff Survey.	<ul style="list-style-type: none"> • Bank: Feasibility & Implementation • EOC Desks and Chairs • ESR Transformation • Appraisal improvement programme to address appraisal quality • Reverse mentoring
		4. We will complete the restructuring and recruitment of all Directorates to produce an efficient and lean organisation.	
		5. We will implement new business systems and technology to support more efficient and flexible ways of working and the wellbeing of our staff, enabling us to be more innovative in use of technology.	
	Outcome 4: Become a more inclusive organisation, increasing diversity within our workforce	6. We will continue to deliver our Workforce Race Equality Standard (WRES) Action Plan, and develop a response to the newly required Workforce Disability Quality Standard (WDQS) together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation.	<ul style="list-style-type: none"> • Dignity at work programme to explicitly address bullying and harassment • Cultural and inclusivity training
	Outcome 5: Improve the health & wellbeing of our staff	7. We will improve the health and wellbeing of our staff, improving our occupational health service whilst also addressing health & safety issues to ensure both the physical and mental health of our staff created by high risk of trauma and stress.	<ul style="list-style-type: none"> • Life-packs, Tempus packs and Defibrillators • Occupational Health review • Health and Safety Action Plan • Health and Wellbeing work plan • Mental Health wellbeing plan

	Outcome	Deliverables	Interventions
	<i>Outcome 6: Deliver our training and development programmes for all staff</i>	8. We will continue to implement our Clinical Education programme to deliver mandatory training and upskill our operational workforce.	<ul style="list-style-type: none"> • Level 3 Safeguarding training • EOC Training Relocation • Training Estate Transformation • Student Digital Records and Management System • Student Records Archive
		9. We will securely archive our existing student records and move to a digital student record management system for future training delivery following the CQC recommendations, mitigating the associated BAF risk.	<ul style="list-style-type: none"> • Training Estate: Additional Education Centre • Additional staffing to deliver 2019/20 CES programme • Conflict Resolution Training • Training of Rotational Paramedics • Upskilling Band 6's
	<i>Outcome 7: Improve leadership and management across the Trust</i>	10. We will roll-out training and development for all our leadership and management staff across functional and operational teams.	<ul style="list-style-type: none"> • Deliver management led culture change programme

9.3 Public Value

	Outcome	Deliverables	Interventions
Public Value	Outcome 8: Deliver strong financial performance	11. We will deliver our control total and maintain our use of resources rating with NHSI.	<ul style="list-style-type: none"> • CIP Programme • Ongoing budget management, performance management and business planning
		12. We will establish a new approach for the contract with commissioners and STPs, by incentivisation of behaviours that improve outcomes for our patients whilst providing better support for the London's health system.	
	Outcome 9: Increase the efficiency and productivity of the organisation	13. We will deliver and share visibility with commissioners of our Cost Improvement Programme (CIP) efficiency savings in 2019/20 whilst developing further efficiencies to inform the 5Yr STP Plans.	<ul style="list-style-type: none"> • CIP programme schemes • Implement ED, Hospital Handover, and OOS Action Plans • Post-Handover • Workshops Improvement and Compliance • Urgent Care Advanced Paramedic Practitioners • Improved Alternative Care Pathway usage • Pre-Handover • Fleet Replacement DCAs, EPRR • Fleet Improvement: Driver Safety and Security Systems, including CCTV • Bunkered Fuel • Estates Asset Management • Estates Consolidation
		14. We will rationalise our corporate, operations and training estate making best use of digital technology to improve existing space, and ensuring our facilities and estate enables flexible working.	
		15. We will identify new commercial opportunities to generate additional income of £1m for the Trust by 2022. We will review a range of areas including provision of training and utilisation of sponsorship opportunities.	
		16. We will modernise and manage our fleet with new driver safety and security systems, whilst introducing engineering quality standards within the workshops, and in parallel ensuring all our vehicles meet the requirements of London's Ultra Low Emission Zone (ULEZ) before exemption period is complete.	

9.4 Our Partners

	Outcome	Deliverables	Interventions
Our Partners	Outcome 10: Maximise safe non-conveyance to ED	17. We will improve the quality of care we deliver to patients through ongoing digital transformation to reduce our reliance on paper forms and to digitally connect and share information with other relevant health system partners.	<ul style="list-style-type: none"> • Connecting Clinicians: ePCR • Pioneer: Mental Health • Pioneer: Maternity • Pioneer: Falls • Training of Rotational Paramedics • Upskilling Band 6's
		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	
		19. We will begin delivering our new 'pioneer services' set out in our strategy, specifically focusing on mental health, falls and supporting staff to refer to alternative care pathways across the London health economy that improves outcomes for patients and reduces conveyances to ED.	
	Outcome 11: Optimising the delivery of 111 / IUC services across London	20. We will work with the London Health system to achieve our vision to become the primary integrator of emergency and urgent care (999, all 111/IUC providers), including bidding for 111 contracts as necessary and strengthening relationships with other health system partners.	<ul style="list-style-type: none"> • iCAT development

	Outcome	Deliverables	Interventions
	Outcome 12: Delivering statutory responsibilities and mandatory standards	21. We will deliver the key elements in our Quality Plan for 2019/20 to improve patients' experience and quality of care for patients.	<ul style="list-style-type: none"> • Carry over of 2018/19 cyber programme • Cyber managed service • GDPR Compliance • EPRR: Command and control to meet national standards • Ready Set Go: Secure Drug Rooms: Phase 1 completion • Ready Set Go - Secure Drug Rooms: Phase 2 • Cyber 19/20+ programme • Security: Estates • Ready Set Go: Primary Response Bags and Advanced Life Support Bags • Ready Set Go: Multi-dose • Quality Improvement Plans • Delivering our quality account priorities for 2019/20
		22. We will respond to the CQC recommendations by continuing to improve the quality and security of our drug management through the roll-out of our Secure Drug Rooms, Primary Response / ALS bags, Vehicle-based multi-dose drug packs and enabling IT applications and the delivery of all other actions within the Towards Outstanding plans by April 2020.	
		23. We will be fully compliant with Data Protection Legislation, ensuring the Trust understands the importance of data protection, and reviews new projects and policies against their impact on information governance.	
		24. 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 and strategic commitment to collaborate, innovate and maximise the efficiency of our combined public service provision.	

10 How we will fund our plan

This section shows our overall income & expenditure, cash flow and balance sheet plan, the capital plan and the operational workforce required to meet performance at the planned productivity levels outlined in Section 7.0. The plan maintains the current arrangements regarding the NHS 111 Integrated Urgent Care contracts (South East London and North East London).

10.1 Trust Income

The table below sets out the income plan for 2019/20 that delivers a balanced budget, against the expenditure plan in Section 10.2.

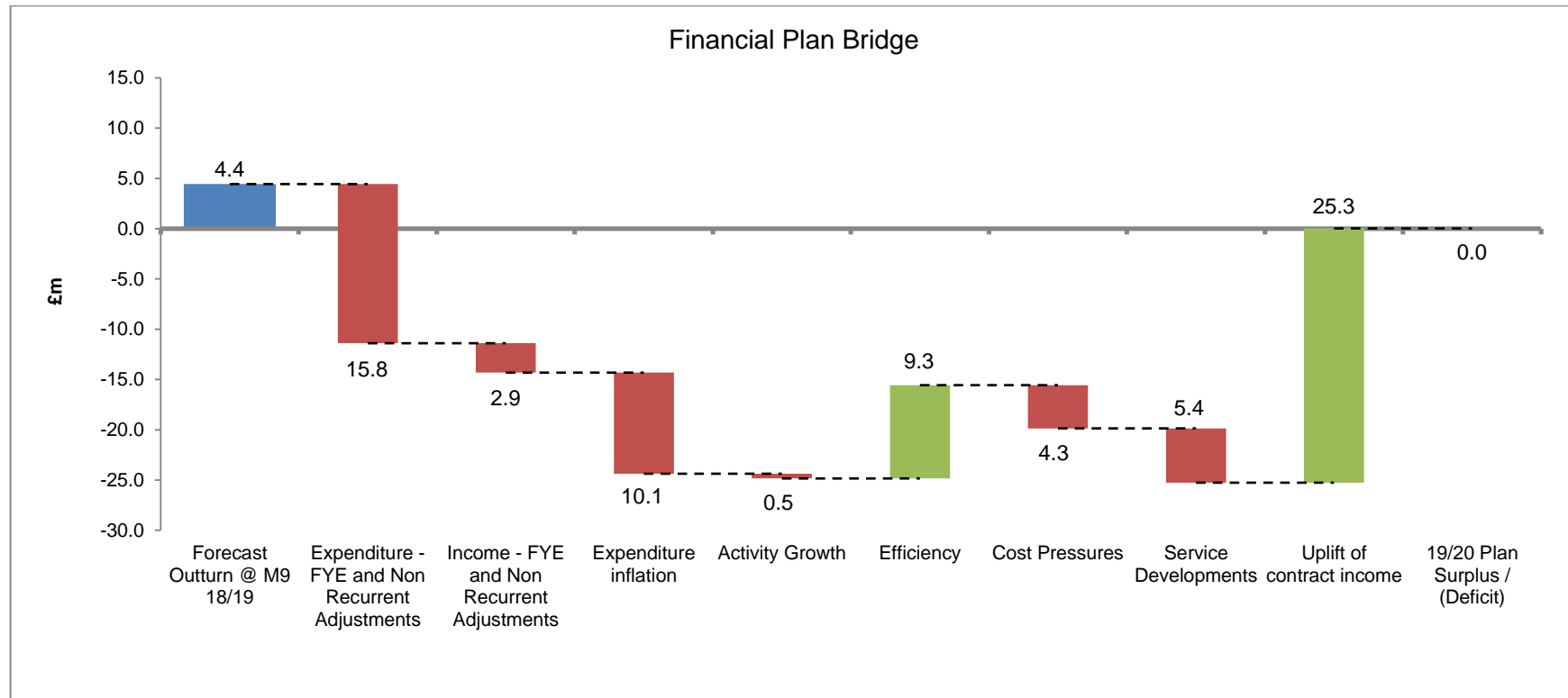
The income and expenditure for integrated and urgent care contracts in North East and South East London have been reflected in the financial plan in accordance with the values outlined in the contract and the documents used to win the bids.

Income	2018/19 (£m)	2019/20 (£m)	Notes
Patient Care Income	377.8	397.7	Includes items such as the core emergency care contract (subject to agreement with commissioners), 111 contracts, Rta income, Heathrow contract and stadia attendance income
Other Operating Income	12.0	6.6	Includes items such as apprenticeship levy income, neonatal contracts, training & development income and provider sustainability funding (PSF). The decrease is due to a reduction in PSF as a result of a lower planned surplus in 2019/20
Total	389.8	404.3	

10.2 Finance side of the business plan – detail

Our business plan is based upon the growing patient volumes and inflationary cost pressures we anticipate, along with us undertaking interventions to improve our operational productivity and cost efficiency. Following the introduction of the new ARP response standards, we have found that we need to put out more ambulances to meet these more demanding standards. We plan, in 2019/20, to put out more ambulance hours than ever – in addition to improving our productivity – in order to meet the nationally mandated performance standards.

Our plan is summarised in the bridge below between our 2018/19 and 2019/20 budgets:



The table below details how the corporate and operational expenditure budgets have been established and their delegation by Directorate.

Directorate	18/19 Budget Expenditure	Budget adjustments	2019/20 Base budget	Activity Cost Growth	Pay inflation	Reserves	2019/20 Cost Pressures	2019/20 Service Development funding	2019/20 CIP	2019/20 Total Budget Expenditure
Central Corporate	20.8	0.9	21.7	0.0	0.0	0.0	0.0	0.0	(1.6)	20.1
Central Income	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Chairman & Non-Executives	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Chief Executive	3.1	0.0	3.1	0.0	0.1	0.0	0.0	0.0	0.0	3.2
Corporate Governance	5.8	(0.2)	5.6	0.0	0.0	0.0	0.3	0.0	0.0	5.9
Finance	3.7	(0.1)	3.6	0.0	0.1	0.0	0.0	0.0	(0.2)	3.5
Fleet & Logistics	39.4	0.0	39.4	0.1	0.3	0.0	0.8	1.1	(1.5)	40.2
IM&T	14.9	0.1	15.0	0.0	0.2	0.0	2.1	0.7	(0.5)	17.5
Medical	20.3	0.8	21.1	0.0	0.6	0.0	0.0	0.7	(0.1)	22.3
Operations	239.2	15.1	254.3	0.4	8.2	0.0	0.6	1.1	(4.0)	260.6
People & Culture	9.3	(0.1)	9.2	0.0	0.2	0.0	0.0	0.7	0.0	10.0
Performance	1.2	0.2	1.4	0.0	0.1	0.0	0.0	0.0	0.0	1.4
Quality & Assurance	5.9	0.3	6.2	0.0	0.2	0.0	0.4	0.2	(0.2)	6.8
Strategic Assets & Property	10.9	(1.1)	9.8	0.0	0.0	0.0	0.2	0.9	(0.9)	10.1
Strategy & Communications	2.5	0.0	2.5	0.0	0.1	0.0	0.0	0.0	0.0	2.5
London Ambulance Service Total	377.3	15.9	393.2	0.5	10.1	0.0	4.3	5.4	(9.0)	404.3

10.3 Assumptions

10.3.1 Growth

We believe that patient demand is going to continue to grow at the rate that we have seen historically, which the number of incidents the Trust will attend each day is growing by 1.2% each year. As 2019/20 will be a leap year, we expect the total number of incidents we'll attend to grow by 1.5%. This growth is a key assumption in our expectation of the amount of people we'll need to have out on London's roads helping patients.

10.3.2 Inflation

Inflation is a key driver of our costs.

10.3.2.1 Pay

The agenda for change pay deal announced in June 2018, results in all Agenda for Change staff getting a 6.5% pay rise over the next three years. We factor this into our business plan.

10.3.2.2 Non-Pay

Our other costs, such as fuel, maintaining vehicles and drugs are all rising, and we factor the cost of these in, based on planning guidance from NHSI.

10.3.2.3 Income

Based on the NHSI planning guidance, we'll receive an increase in our income from the London Clinical Commissioning Groups to pay for these pay and non-pay inflationary pressures. Our plan allows us to manage the difference between the income we receive to pay for inflation and the actual cost to us of that inflation.

The assumptions are summarised below:

	2019/20 (Year 1)	2020/21 (Year 2)	2021/22 (Year 3)	2022/23 (Year 4)	2023/24 (Year 5)
Pay Inflation	3.9%	3.0%	3.0%	3.0%	3.0%
Non-Pay inflation	1.5%	2.0%	2.0%	2.0%	2.0%
Tariff Inflator	3.7%	2.7%	2.7%	2.7%	2.7%
Baseline Activity Growth	1.5%	0.8%	1.2%	1.2%	1.5%
National required Cost Efficiency	1.1%	1.1%	1.1%	1.1%	1.1%
Target Efficiency	£9.3m	£8.0m	£8.0m	£8.0m	£8.0m
Efficiency Identified	£9.3m	£5.3m	£0.9m	£0.0m	£0.0m
Productivity Benefits Identified	£3.0m	£4.4m	£4.8m	£0.0m	£0.0m

10.3.3 Cost Pressures

The Trust has identified £4.3m of cost pressures for 2019/20. These are unavoidable costs to ensure the Trust meets its contractual obligations and regulatory and safety standards. The specific pressures are outlined below.

Pressure	Description	Total – 2019/20 (£'000)
Level 3 Safeguarding	Provision of Level 3 safeguarding training to front line staff to enable them to complete Safeguarding referrals directly to the Local Authority.	350
Vehicle Make Ready Contract	London Living Wage uplift for Interserve contract & above inflation growth	783
IMT Cyber Security	Establishment of a specific cyber security team to ensure the Trust meets Cyber Essentials and implement specific cyber security projects to mitigate the risk / threat of cyber-attacks.	474
GDPR Compliance	Establishment of an information governance team to ensure the Trust is GDPR compliant.	150
EPRR Command and Control	Provision of additional training for the emergency preparedness, resilience and response team to ensure they meet new regulatory standards.	555
Training	Relocation of EOC training facility	200
CNST	Increase in Clinical Negligence costs	150
IMT Licensing and infrastructure	Inflationary pressures and new technology requirements to maintain the infrastructure to run an ambulance service.	1,610
Total		4,272

10.3.4 Service Development

Over the next three years, we plan to improve the service we offer to patients, improve how we look after our people and improve our operational productivity to deliver this service within the resources of the NHS. The cost of making these changes – some tactical and some long term – are all included in our plan. These developments are summarised in the Appendix I.

10.3.5 ARP Funding

In 2018 the Trust adjusted its operating model to support ARP standards, however these changes did not deliver the nationally mandated performance standards (performance of 19:47 against a target of 18:00). In 19/20 the Trust expects to be able to provide the resource necessary to deliver the national performance standards if additional recurrent funding of £12.6m is received.

10.4 Statement of financial position

Statement of Financial Position details assets and liabilities of the Trust and how these are financed.

Statement of Financial Position (SOFP)	Actual year ending 18/19 £'000	Plan year ending 19/20 £'000
Non-current assets		
Intangible assets	5,746	2,291
Property, plant and equipment	165,304	175,476
Total non-current assets	171,050	177,767
Current assets		
Inventories	2,637	2,826
Receivables	32,508	25,715
Other current assets		
Cash and cash equivalents	21,718	15,145
Total current assets	56,863	43,686
Current liabilities		
Trade and other payables	(37,816)	(39,014)
Provisions	(11,114)	(3,889)
Other liabilities	(218)	(100)
Total current liabilities	(49,148)	(43,003)
Total assets less current liabilities	178,765	178,450
Non-current liabilities		
Borrowings	(107)	(107)
Provisions	(8,111)	(8,291)
Total non-current liabilities	(8,218)	(8,398)
Total net assets employed	170,547	170,052
Financed by		
Public dividend capital	64,356	64,356
Revaluation reserve	54,070	58,083
Other reserves	(419)	(419)
Income and expenditure reserve	52,540	48,032
Total taxpayers' and others' equity	170,547	170,052

10.5 Cash flow

The cash flow plan sets out the impact of the Trust activities on the cash available to the Trust. Principle movements in the cash position are as follows:

Statement of Cash Flow (SOCF)	Actual year ending 18/19 £'000	Plan year ending 19/20 £'000
Cash flows from operating activities		
Operating surplus/(deficit)	10,824	4,590
Non-cash income and expense:		
Depreciation and amortisation	15,205	16,316
Net Impairments	298	0
(Increase)/decrease in trade and other receivables	(8,634)	1,530
(Increase)/decrease in inventories	109	0
Increase/(decrease) in trade and other payables	(308)	1,058
Increase/(decrease) in provisions	1,380	(3,708)
Net cash generated from / (used in) operations		
Interest received	165	114
Purchase of intangible assets	(2,974)	0
Purchase of property, plant and equipment and investment property	(25,224)	(22,000)
Proceeds from sales of property, plant and equipment and investment property	165	0
Net cash generated from/(used in) investing activities	(27,868)	(21,886)
Cash flows from financing activities		
Public dividend capital received	4,662	0
Other Interest	(14)	0
PDC dividend (paid)/refunded	(4,236)	(4,656)
Net cash generated from/(used in) financing activities	412	(4,656)
Increase/(decrease) in cash and cash equivalents	(8,582)	(6,756)
Cash and cash equivalents at start of period	30,300	21,718
Restated cash and cash equivalents at start of period	30,300	21,901
Cash and cash equivalents at end of period	21,718	15,145

10.6 Capital plan

Throughout the extensive business planning process each Directorate has identified capital requirements for the next five years. These have been assessed and prioritised by the Executive Leadership to establish the capital plan outlined below. This includes investment in:

- **The LAS estate:** We will continue to invest in the estate we have to ensure it is fit for purpose and maximises corporate and operational efficiency. We will make improvements to our Headquarters enabling us to rationalise our corporate service estate.
- **The LAS fleet of vehicles:** We will continue our vehicle replacement programme, completing the conversion of 112 DCAs in 2019/20. We will upgrade our entire fleet, in line with the model ambulance specification currently subject to consultation to be finalised 2020/21. In addition we will be developing a business case to support the installation of a driver safety and security system to improve safety of our people, our patients and our assets.
- **LAS technology and systems:** We will continue to invest in new technologies, both physical hardware and new software and systems. This will ensure our staff can work productively and flexibly as required and enable our operational teams to have more support to provide better assessments on scene, increasing their ability to safely avoid conveyances to Emergency Departments.
- **Operational productivity and clinical quality:** We will invest in new products and services to improve operational productivity and quality. These include new paramedics and advanced life support bags, enhancing the security of our drug rooms and stores, purchasing new defibrillators / life-packs and a new asset management to improve the tracking and management of medical items and consumables.

Additionally, the available capital is outlined below. This includes the Trust's internally generated capital. The Trust is over-committed on its capital plan in 2019/20 recognising that not all capital projects will proceed as planned and there will be delays / reductions in some capital expenditure. The capital plan will be reviewed and assessed throughout the year to ensure it is targeted towards the Trust's biggest priorities.

Capital Plan	2019/20 (£k)
Fleet Renewal & Technology	11,240
IM&T	1,360
Operational Productivity & Clinical Quality	6,218
Strategic Assets & Property	5,626
Total	24,444

Funding Plan	2019/20 (£k)
Internally Generated (Depreciation)	16,316
Cash reserves (18/19 Provider Sustainability Funding)	4,537
Total Capital Expenditure	20,853

10.7 Cost Improvement Programme

For 2019/20, our efficiency plan is outlined in the schemes below (NB. RAG rating reflects original NHSI submission 4th April)

Project Descriptions	Type of Expenditure / Income	Recurrent / Non Recurrent	Directorate	Status	Efficiency Programme Area	Risk Rating	Plan £'000	QIA Req'd	QIA Status
Estates Relocations and Consolidation	Non Pay	Recurrent	Property	Plans in Progress	Estates and Facilities	Medium	207	Yes	In Progress
Procurement Fleet	Non Pay	Recurrent	Fleet & Logistics	Plans in Progress	Fleet	Medium	248	Yes	In Progress
Drugs, Medicines and Equipment	Non Pay	Recurrent	Medical / Fleet & Logistics	Plans in Progress	Workforce (Other)	Medium	535	Yes	In Progress
Clinical Education Standards Transformation	Non Pay	Recurrent	Medical	Plans in Progress	Workforce (Other)	High	18	Yes	In Progress
Asset Management	Non Pay	Recurrent	Fleet & Logistics	Plans in Progress	Procurement	Medium	51	Yes	In Progress
Workforce productivity (Cash Releasing)	Pay (WTE reductions)	Recurrent	Operations	Plans in Progress	Workforce (Other)	High	1,506	Yes	In Progress
Driver Safety Systems	Non Pay	Recurrent	Fleet & Logistics	Plans in Progress	Fleet	Medium	249	Yes	In Progress
ESR Transformation	Non Pay	Recurrent	People & Culture	Plans in Progress	Corporate and Admin	Low	18	No	N/A
Effective Fleet Management	Non Pay	Recurrent	Fleet & Logistics	Plans in Progress	Fleet	Medium	321	Yes	In Progress
Corporate Efficiency	Non Pay	Recurrent	Various	Plans in Progress	Corporate and Admin	Medium	732	Yes	In Progress
Procurement - Influenceable Spend	Non Pay	Recurrent	Finance	Plans in Progress	Procurement	Medium	1,233	Yes	In Progress
Headcount reduction	Pay (WTE reductions)	Recurrent	Various	Plans in Progress	Corporate and Admin	Low	150	Yes	In Progress
Soft Facilities Management	Non Pay	Recurrent	Property	Plans in Progress	Estates and Facilities	Low	324	Yes	In Progress
Commercial Income	Income	Recurrent	Finance	Plans in Progress	Other Savings plans	Medium	252	No	N/A

Workforce productivity (Cash Releasing)	Pay (WTE reductions)	Non Recurrent	Operations	Fully Developed	Workforce (other)	High	3,444	Yes	In Progress
Fleet Savings	Non Pay	Recurrent	Fleet & Logistics	Fully Developed	Fleet	Low	1,344	No	N/A
IT Savings	Non Pay	Recurrent	IM&T	Fully Developed	Corporate and Admin	Low	1,176	No	N/A
Growth absorbed through productivity	Pay (WTE reductions)	Recurrent	Various	Fully Developed	Workforce (other)	Medium	3,000	Yes	In Progress
Total							14,808		

Risk to Delivery:

Low	No anticipated risk arising from QIA. No risk of non-delivery
Medium	Minimal actual or anticipated risk arising from QIA and/or medium risk of non-delivery
High	Actual or anticipated risk arising from QIA and/or high risk of non-delivery

10.8 Operational Workforce

The workforce plan has been produced as part of the Trust's business planning process, and is derived from the business planning model that forecasts the resources required to meet ARP performance targets, given the planned productivity changes and assumed growth in demand.

This section explains the key changes in the Trust's overall WTE plan and then shows how frontline operational resources for our 111 and 999 services are aligned in terms of budget, people and activity plans. The WTE plan is based on the substantive WTE's required to meet the operational plan. However, in practice, this does not necessarily translate directly to the internal workforce plan for recruitment purposes, as Operations will use a range of options for deployment e.g. overtime, use of PAS/VAS in certain circumstances.

Planned efficiencies in 2019/20 will deliver the equivalent of 55 WTE ambulance staff. With improved recruitment and retention LAS will reduce its current vacancy rate and therefore reliance on overtime, the Trust currently covers c.300 WTE per month through overtime, a significant proportion of which is paid at premium rates. These reductions are key work streams within the Trust's CIP.

	Forecast Out-turn 18/19	Plan year ending 19/20	Plan year ending 19/20	Plan year ending 19/20
	WTE	WTE	WTE Change	% Change
ALL STAFF	5,695.0	6,073.6	378.6	6.7
Bank	42.8	45.8	3.0	7.1
Agency staff (including, Agency, Contract and Locum)	85.2	172.1	86.9	102.1
Substantive WTE	5,567.0	5,855.8	288.8	5.2
Registered Nursing, Midwifery and Health visiting staff	27.7	32.6	4.9	17.7
Scientific, Therapeutic & Technical Staff	0.0	4.9	4.9	-
Qualified Ambulance Service Staff	2,835.7	2,818.1	(17.6)	(0.6)
Support to clinical staff – EACs	1,199.0	1,328.4	129.4	10.8
NHS Infrastructure Support – Mgrs, Admin & Clerical	1,502.5	1,659.2	156.7	10.4
Any others	0.0	0.0	0.0	-
Total Medical and Dental Staff	2.2	12.6	10.4	479.8
Bank	42.7	45.8	3.0	7.1
Total Non-Medical -Clinical Staff	42.7	45.8	3.0	7.1
Registered Nurses	0.0	0.0	0.0	-
Qualified Scientific, Therapeutic and Technical Staff	0.0	0.0	0.0	-
Qualified Ambulance Staff	41.5	45.6	4.1	9.7
	WTE	WTE	WTE Change	% Change
Support to clinical staff	1.0	0.0	(1.0)	(100.0)

	Forecast Out-turn 18/19	Plan year ending 19/20	Plan year ending 19/20	Plan year ending 19/20
Total Non-Medical- Non-Clinical Staff	0.2	0.2	0.0	0.0
Total Medical and Dental Staff	0.0	0.0	0.0	0.0
Agency staff (including, Agency, Contract and Locum)	85.2	172.1	86.9	102.1
Total Non-Medical -Clinical Staff	16.6	25.7	9.1	54.3
Registered Nurses	0.0	0.0	0.0	0.0
Qualified Scientific, Therapeutic and Technical Staff	0.0	0.0	0.0	0.0
Qualified Ambulance Staff	0.0	0.0	0.0	0.0
Support to clinical staff	0.0	0.0	0.0	0.0
NHS Infrastructure Support	68.6	144.9	76.3	111.4
Total Non-Medical- Non-Clinical Staff	68.6	144.9	76.3	111.4
Total Medical and Dental Staff	0.0	1.5	1.5	-

10.9 Financial Risks

In addition to the budgets detailed above there are a number of risks to delivery of the Trust financial target. These are detailed below:

Revenue Risks	Impact £'m	Likelihood	Value £'m	Mitigations
Commissioners don't agree to meeting the cost of Growth, ARP or strategic initiatives across the trust	6.3	50%	3.2	Negotiation with Commissioners is on-going following STP level mediation
The trust is unable to identify and deliver sufficient schemes to meet the CIP target in each year	9.2	20%	1.8	Throughout the business planning process the business planning team has worked extensively with Directorates to identify challenging and achievable CIP schemes. These have been agreed in the budget setting process and will be tracked and monitored throughout the year
The trust is unable to deliver the required level of productivity to meet demand growth	3.0	25%	0.8	The Trust has identified specific interventions to improve the operational productivity of front line services. These align with the five-year strategy, Carter recommendations and commissioner requirements.

				The Trust has established specific action plans for each area and these will be monitored throughout the year for progress
The trust is unable to deliver the required operation changes to meet CQUIN targets (c.£4m in 2019/20 and beyond)	4.2	10%	0.4	The Trust have an extensive productivity improvement programme targeting key measures of productivity such as ED conveyance. These will ensure we meet the CQUIN targets as key outcomes for the programme
IUC cannot be delivered within the level of resource agreed with commissioners (15% overspend across two contracts)	2.7	50%	1.4	Implementation of tighter financial controls
We are unable to get Capital Resource Limit cover for the PSF cash from NHSI	3.0	25%	0.8	Ongoing engagement with NHSI
Implications of the EU exit	6.2	20%	1.2	Ongoing working group exploring and planning for the implications of the EU exit actively mitigating these risks
TOTAL			9.5	

11 Strategic Risk and Mitigation

At LAS a rigorous approach to identifying and mitigating risks has been developed and implemented across our organisation. This is summarised in the Trust's Risk Management and Strategy Policy most recently updated in March 2018 which states:

"The Trust recognises that the principles of governance must be supported by an effective risk management system that is designed to deliver improvements in patient safety and care as well as the safety of its staff, patients and visitors. This strategy and policy describes a consistent and integrated approach to the management of all risk across the Trust. The Trust is committed to having a risk management culture that underpins and supports the business of the Trust."

The Trust Board has set the 'risk appetite' for the organisation and remain accountable for ensuring that these thresholds are achieved and managed appropriately. These have been considered throughout the 2019/20 business planning process.

Additionally, other risks to the delivery of 2019/20 business plan were identified. These have been considered and mitigated through the process as explained below.

Risk	Mitigation
The 18/19 base budget has assumed fuel prices remain at £1.22 per litre on average over the year. This is consistent with external forecasts but there is a risk that if fuel price were to rise, the cost of this will need funding from elsewhere in the budget	The business plan is based on external forecasts (fuel price to remain constant / reduce) and contingency is planned into the budget for unforeseen changes in external factors.
The business plan intends to reduce Hospital Handover time from 17 minutes on average to 15 minutes on average. This significantly depends on the ability of hospitals to hand patients over to, presenting a risk that this is not deliverable.	The Trust are working closely with Hospitals in London to improve hospital handover, with stakeholder engagement managers and relevant operations managers exploring solutions. If this is not achieved, further reduction in Handover to Green and other productivity measures will be required.
Business as usual pressures and the threat of other major incidents continue to risk the delivery of business plan and associated projects in 2019/20	The ExCo took the decision to take account of a set number of unplanned Major incidents through the year. This will mean we are resourced appropriately should these incidents occur.
Our projects, closely associated with the pace of National Programmes, may be impacted if the central progress is slower than that anticipated	We continue to work closely with national and regional bodies on to ensure we are providing the best services for our patients today and planning the best service developments for the future. We work closely with these teams to understand expected timescales for delivery and adapt appropriately where necessary.

The significant amount of programme activity (including possible restructure and major fleet and estate modernisation), desired pace for change, along with possibility of a Major Incident, will put significant strain on supporting directorates such as Performance, Corporate Governance, and Communications.	The ExCo Business Planning session allowed all directors to view the draft portfolio of programmes for 19/20 in the round. This included an assessment of the impact of each programme on all directorates. Directors have been asked to consider the overall impact on their area and feedback before plans are finalised.
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12 Governance: How we will assure the delivery of the business plan

12.1 Governance processes

The business plan will be overseen and managed through the Trust's existing governance arrangements as outlined below:

Mechanism	How they will assure the business plan
Trust Board	The Trust Board leads the organisation by setting the strategy, vision, mission, values and culture. They are ultimately responsible for the delivery of the business plan. The Trust Board will: <ul style="list-style-type: none"> • Approve spending on large programmes and capital expenditure • Review progress of the business plan deliverables • Receive updates on strategic priorities
Executive Committee (ExCo)	Our ExCo, which is led by our chief executive, consists of the executive directors who are on the Trust Board and five other directors. The ExCo leads and manages the performance of the Trust within the strategic framework established by the Trust Board. In doing so, they are responsible for: <ul style="list-style-type: none"> • the development and implementation of strategy, operational plans, policies, procedures and budgets • the monitoring of operational and financial performance • the assessment and control of risk • the prioritisation and allocation of resources. ExCo members individually and collectively have responsibility for providing assurance to the Trust Board on the controls in place to identify, manage and mitigate risks to successful operation of the Trust.
Portfolio Management Board (PMB)	The PMB is responsible for prioritising the Trust's portfolio of programmes and projects, including the delivery of CIPs and business cases. The PMB will receive reports on key programmes, resolve issues, mitigate risks and escalate where required to ExCo.
Enterprise Portfolio Management Office (ePMO)	The ePMO reports into the PMB via the Chief Quality Officer. Its core function is to provide independent assurance to programmes and projects delivered by the Trust together with providing advice and guidance; methodology; standards and tools.. The ePMO will monitor, track and assure all programmes and projects within this business plan. As and when new priorities emerge, they will be required to go through the ePMO led Demand Management process to assist PMB in prioritising these.

Mechanism	How they will assure the business plan
Board Assurance Committees	<p>The Trust Board has established the following Committees (all chaired by a non-executive director) to provide it with assurance in relation to the effectiveness of the controls in place to identify, manage and mitigate the risks to the successful operation of the Trust:</p> <ul style="list-style-type: none"> • Quality Assurance Committee - provides the Trust Board with assurance on the provision of a high quality, safe, and effective service • Finance and Investment Committee – focusses on the Trust’s financial and investments policies, management and reporting, as well as overseeing its performance reporting framework. • Audit Committee – focuses primarily on the risks, controls and related assurances that underpin the achievement of the Trust’s objectives. • People and Culture Committee – considers all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks • Logistics and Infrastructure Committee - provides assurance on and oversees strategic development and investment in Fleet, Logistics, Estate and IM&T • Remuneration and Nominations Committee - appoints and, if necessary, dismisses the executive directors, establishes and monitors the level and structure of total reward for executive directors, ensuring transparency, fairness and consistency. <p>After every meeting, each of these Committees provide the Trust Board with a report on how it has fulfilled its duties.</p>

12.2 Board Assurance Committees

The Trust Board has established the following Committees (all chaired by a non-executive director) to provide it with assurance in relation to the effectiveness of the controls in place to identify, manage and mitigate the risks to the successful operation of the Trust:

- **Quality Assurance Committee** - provides the Trust Board with assurance on the provision of a high quality, safe, and effective service
- **Finance and Investment Committee** – focusses on the Trust’s financial and investments policies, management and reporting, as well as overseeing its performance reporting framework.
- **Audit Committee** – focuses primarily on the risks, controls and related assurances that underpin the achievement of the Trust’s objectives.
- **People and Culture Committee** – considers all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks
- **Logistics and Infrastructure Committee** - provides assurance on and oversees strategic development and investment in Fleet, Logistics, Estate and IM&T
- **Remuneration and Nominations Committee** - appoints and, if necessary, dismisses the executive directors, establishes and monitors the level and structure of total reward for executive directors, ensuring transparency, fairness and consistency.

After every meeting, each of these Committees provide the Trust Board with a report on how it has fulfilled its duties.

Clinical Council

The Clinical Council exists to provide assurance to the Executive Leadership Team and Trust Board that the clinical elements of the Trust Strategy and Improvement plan are being implemented effectively and in a timely manner

Corporate Committees

Corporate Committees, such as the Quality Oversight Group, exist to ensure that cross-directorate risks and issues are being managed and mitigated appropriately.

Directorate management

Operations Directorate

The Operations Directorate manages its business through station level meetings, to sector level meetings, which escalate issues up to the Operations Board as necessary.

Corporate Directorates

Corporate Directorates, which are not as large as the Operations Directorate, have team meetings and directorate-wide meetings to manage their risks and business as appropriate.

Appendix I: Strategic Programmes and Improvement projects

To manage the delivery of the business plan, each service development, cost pressure and efficiency project has been grouped within the four portfolios used by the Portfolio Management Board. Within these portfolios, projects have been grouped into programmes with formal project and programme management support and reporting requirements. Each Programme will include a Programme SRO, a Programme Manager and a Programme Board chaired by the Programme SRO and including all relevant stakeholders to drive and direct the programme.




The progress of the programmes will be reported through to the Portfolio Management Board and through the Chair of the PMB to Executive Committee and the Trust Board. Escalation of key risks and issues will be raised through Programme Management via the Programme Board to the Executive led Portfolio Management Board.







The strategic programmes, their sub-projects (where identified), the SRO and key stakeholders are outlined below:







	Strategic Programmes	Projects / Action	Programme SRO	Key stakeholders
Trust wide strategist Programme	Pioneer services & ED Conveyance	Pioneer Falls Pioneer Maternity Pioneer Mental Health UC Apps Improved ACP usage Training of rotational paramedics Upskill Band 6	Quality	Medical, Operations, Fleet and Logistics
	iCAT	ICAT	Medical	Operations, IM&T, People and Culture, Quality
	Spatial Development	Consolidation of Corporate Estate Rationalisation of CETS training estate Relocation EOC training Rationalisation of operational estate Consolidation of operational teams Security Restructure property team Electrification of fleet	Strategic Assets (Property)	All Directorates
	Drugs, consumables and equipment		Strategic Assets (Fleet and Logistics)	Medical, Operations, IM&T
	Asset Management	End to end tracking and management of medical equipment Tranman deployment		
	Fleet	Replacement of fleet Bunkered fuel Blue light conversion Fleet improvement: Driver safety and security systems Workshop improvements Restructure of fleet maintenance Consolidation of vehicles		
	Ready Set Go	Multi Dose Secure Drug rooms phase 1 & 2 Primary response bags/advanced life support bags		
	Security	Protection of staff Sensitive spaces		
	IM&T Essentials	Avaya 999 upgrade EOC CAD Updates IM&T Cyber MS Office 365		
	New CAD & EPCR	New EOC CAD Connecting clinicians		
	ESR	Employee Service Records		
	Culture			
	Clinical Education Planning & Digitisation	Archiving of paper student records Digitising student records Reduce the footprint		






Appendix II: Progress against the delivery of the 2018/19 business plan

Ref	Our Patients - Business Plan Deliverables	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		Gap analysis completed, evidence has confirmed we have maintained good rating across all domains. Preparation for CQC has commenced.
BP.2	We will deliver our post-ARP transformation plan to ensure we can meet national performance and quality standards	Paul Woodrow		Now moved to BAU
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		Funding approved recruitment commencing with final group to be located in North East sector
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 strategy for People and Culture has been signed off by Trust Board. IMT & Digital was signed off by Trust Board in March. Remaining strategies are in progress across the organisation.
BP.5	We will pilot the new 'Pioneer Services' set out in the strategy	Trisha Bain		Work for all Pioneering services continue – evaluation, measurement and monitoring shows positive outcomes across all programmes. Specific focus on expanding Mental Health pilot across SE London with support of Oxleas and SLAM.
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		Focussed work in developing more impact KPIs which will be tracked via monthly performance reviews
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 with delivery in progress to be concluded by November. Secure Drug Rooms Phase 2 delivery continues. Multi-dose packs on hold pending software solution with Perfect Ward.
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		Now moved to BAU

Ref	Our People - Business Plan Deliverables	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		We have refreshed reporting for EOC recruitment trajectories in line with the new organisational structure. The management team are confident that the restructure and planned recruitment and training activities will reach establishment within Q1 2019/20. Focus is on identifying new training estate for EOC new recruitments and internal upskilling requirements.
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 workshop has been held with outputs informing the development of the Trust Education Development Strategy being led by Dir of People & Culture, The numbers of recruits and training places has been mapped for 19/20 to ensure demand is met

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
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Ref	Public Value - Business Plan Deliverables	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		Reduce Appropriate Conveyancing has been identified as a programme of work which will continue in 19/20 including improved use of ACPs. Following the review by NHSE the Trust has recalibrated its Hear & Treat activity and performance. As a result of this the Trust has also been able to restate a reduction to 59.4%.
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		Moved to BAU with a programme of continuous development.
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		Move to BAU
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		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. We are anticipating notification of award for the next phase by the end May.

Ref	Public Value - Business Plan Deliverables	SRO	Status	Comment
BP.20	We will deliver our control total and maintain our use of resources rating with NHSI.	Lorraine Bewes		The Trust delivered its control Total in 18/19 and received an additional £2.6m of bonus incentive funding. The final Trust outturn was £6.9m
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 has delivered a total of £12.6m of efficiency savings, 80% 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		Move to BAU
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		The Trust has delivered £21.5m against a £21.8m capital resource limit
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		Q4 CQUIN has yet to be finalised with Commissioners. Risk included in financial forecast on Conveyance, Flu, Staff Health & Wellbeing results.



Assurance report: Quality Assurance Committee

Date: 07/05/2019

Summary report to:	Trust Board	Date of meeting:	23/05/2019
Presented by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee	Prepared by:	Philippa Harding, Director of Corporate Governance

Matters for escalation:

- Cost Improvement Programme (CIP) Quality Impact Assessments – the Committee emphasised the importance of ensuring that there is clarity about the process for completing these and that they have been done in a timely manner to inform the Finance and Investment Committee and Trust Board's consideration of the Business Plan 2019/20.

Other matters considered:

- Towards Outstanding Plan – good progress is being made with regard to the Trust's preparations for its forthcoming CQC Well Led inspection. The Committee emphasised the importance of being clear that the trust is looking to achieve excellence as an end in itself and in order to ensure that patients receive the best quality care, not just in order to get a good CQC rating.
- Quality Report -
 - On scene time for stroke patients – the action that is being taken to improve this was noted.
 - The Committee also noted that metrics were being reviewed for 2019/20.
- Clinical Council – the Committee received a briefing on the work and make up of the Clinical Council.
- Health and Safety reporting – there is a proposed new structure for this reporting, which will enable focussed scrutiny by the Quality Assurance Committee, the People and Culture Committee and the Logistics and Infrastructure Committee.
- Infection Prevention and Control – the Infection Prevention and Control team continues to make progress despite resourcing challenges.

Key decisions made / actions identified:

- Failure to identify ineffective breathing at NOC SI deep dive – the Committee was presented with the initial findings of this deep dive. Further action is required to respond to the issues that have been identified and provide assurance that this is appropriate. This will be provided to the Chair of the Committee in order to decide what else needs to go to the next meeting of the Committee.
- Quality Report -
 - The Committee requested further information about potential issues relating to the provision of HR business partner support to teams.
- The Committee reviewed and agreed to recommend to the Board approval of the Trust's Quality Account and the Patient Experiences Report for 2018/19.

Risks:

- The Committee has asked for further information about how the Trust uses its "Listening Into Action" Facebook page, in order to ensure that it is clear about the information that its being shared through this tool.
- Quality Report -
 - Financial costs for the provision of EOC chairs and desks – the Committee noted that these did not seem to have been accounted for in the 2019/20 Business Plan.
- Serious Incidents – failure to shock when advised by AED – the Committee noted the ongoing issues in relation to this and requested further information about the causes and proposed solutions to address it.
- It was noted that it was likely that a workforce risk would be proposed for inclusion on the BAF and the Committee was supportive of this.

Assurance:

- The Committee has identified that further assurance is required with regard to the appropriateness of the Trust's response to the issues identified within the failure to identify ineffective breathing at NOC SI deep dive.
- The Committee discussed the manner in which reports should be commissioned and sponsored in order to provide assurance to Board Assurance Committees.



Assurance report: Finance & Investment Committee

Date: 14/05/2019

Summary report to:	Trust Board	Date of meeting:	23/05/2019
Presented by:	Fergus Cass, Non-Executive Director, Chair of Finance and Investment Committee	Prepared by:	Fergus Cass, Non-Executive Director, Chair of Finance and Investment Committee

Matters for escalation:

- The Committee is not yet in a position to provide assurance on the Trust's annual financial plan for 2019/20, as the core contract income is still under discussion with commissioners. The amount currently offered by the commissioners is below what the Trust believes is the minimum necessary to deliver its services in line with national performance standards. Moreover, the Committee is of the view that even the income that the Trust would be prepared to accept would leave little safety margin, notwithstanding tight budgetary controls and a demanding CIP programme; as a result there would be significant risks to achievement of the planned breakeven control total. The latest position will be presented to the Board; the Committee has requested that the briefing to the Board should include the quality, safety and performance implications of the final agreed settlement.
- The Committee was briefed on the methodology for management of change programmes in 2019/20. It noted that the programmes have been selected through a thorough process of evaluation and prioritisation. The efficiency requirement included in the proposed annual plan is £14.8m (3.6% of operating expenditure). In relation to the Cost Improvement Programme (CIP), the Committee noted that a delivery risk of £5.6m has been identified, reflecting slippage in project delivery; while mitigations have been identified, the Committee supported the intention of the Executive Team to take a more strategic approach to the Cost Improvement Programme - drawing on the Carter Report and on the Model Ambulance database - and to strengthen programme and project management.
- The Committee noted a risk to the Trust's cash position due to a combination of the timing of receipts and payments in the

months ahead and the fact that, pending agreement of the 2019/20 contract, commissioners are currently paying at the same rate as in 2018/19, thus taking no account of increases that they have already accepted. This is being addressed as a matter of urgency.

Other matters considered:

- The Committee discussed the latest progress update in relation to the Carter Report on ambulance services. This update included consideration of activities that are already in hand and an examination of the scope for further action that could deliver a step-change in clinical productivity and corporate efficiency. As this work proceeds it will benefit from the database that is being developed in the NHS Model Ambulance portal. The Committee looks forward to seeing an evaluation of the potential benefits of the areas being investigated, including the potential impact of reduced conveyance and of improved clinical workforce productivity.
- The Committee reviewed a paper produced jointly by the Finance Department and the People and Culture Department regarding spending on agency staff. It noted: that the ceiling imposed by NHSI in respect of 2019/20 is £8.8m and that the Trust intends to spend less than this; that strong controls are being established to ensure clear accountability; and that a number of process improvements are in hand, especially in relation to the Electronic Staff Record (ESR) system, in order to support effective control. The Committee will revisit this in future meetings. The report on learnings from the underestimate of 2018/19 agency spending in the North East London (NEL) IUC/111 service will be circulated to the Committee.
- The Committee noted that dedicated resource has been put in place to strengthen financial control and reporting around the NEL and South East London (SEL) IUC/111 services.
- The Committee was briefed on the discussions taking place to improve the service provided by East Lancashire Financial Services (ELFS) and to comply with the Better Payment Practice Code.

Key decisions made / actions identified:

- The Committee reviewed the latest iterations of: the 2019/20 Financial Plan, the 2019/20 Business Plan, and the Cost Improvement Programme (CIP). Aspects considered included: changes compared with 2018/19; key assumptions; activity levels; planned staffing; reserves and contingencies; the underlying deficit (before Provider Sustainability Funding); and deliverables and KPIs. Key conclusions are indicated above, under Matters for Escalation.
- The Committee reviewed the Procurement Long Term Plan, including the implications of the Carter Report and arrangements for collaboration with other Trusts. Annual procurement spending is approximately £80m. The Committee noted the intention to save £2.4m over a three-year period, including £0.8m in 2019/20, and discussed whether this represented a sufficient level of ambition. Further work will be done to clarify whether the planned savings are appropriate in relation to that part of the total procurement spend that the Trust can actually influence.
- At its next meeting in July the Committee will review the Five Year Financial Strategy.
- Highlights of the Month 1 Finance Report were discussed. This report is subject to revision, as the basis of determining contract income has not yet been agreed. It was noted that activity in the month was 1.4% above the draft contract. Staff vacancies were the main factor behind an underspend on operating costs: the implications for performance and response times are being followed up.

Risks:

- The Committee recommended inclusion on the BAF of a risk relating to delivery of the control total in 2019/20, reflecting unresolved issues related to contract negotiations, uncertainties around costs, and limited reserves.
- It recommended continued inclusion in the BAF of risks related to delivery of the Trust's strategy (BAF Risk 55) and a "no-deal" exit from the EU (BAF Risk 53).
- As noted above, it also discussed a short-term risk to cash flow, which arises from the timing of receipts and payments in the months ahead and the level of payment being received from commissioners.

Assurance:

- The Committee noted the Month 12 Finance Report for 2018/19. The full-year forecast seen by the Committee in March 2019 indicated a control total of £4.3m; the actual outturn was a surplus of £6.6m. Differences from the forecast were explained: the principal factor was an additional £2.6m of Provider Sustainability Funding (PSF).
- Cash is £21.7m at 31 March 2019, £7.1m above plan and £4.1m above the forecast seen by the Committee in March.
- Capital spending in 2018/19 was £21.5m, just £0.3m below the plan. This reflects the actions that were taken to deal with the shortfall that had emerged earlier in the year.



Assurance Audit Committee report:

Date: 18/04/2019

Summary report to:	Trust Board	Date of meeting:	23/05/2019
Presented by:	John Jones, Non-Executive Director, Chair of Audit Committee	Prepared by:	John Jones, Non-Executive Director, Chair of Audit Committee

Matters for escalation:

- The Trust Board to note the submission of the draft annual accounts and draft annual governance statement to NHSI by the due date.

Other matters considered:


- The Audit Committee reviewed the following reports for 2018/19 -draft annual accounts, draft annual governance statement and the draft annual report.
- A report on the Losses and Special Payments for 2018/19 was reviewed by the Committee. These now form part of the annual accounts for 2018/19.
- The Internal Audit Annual report for 2018/19 was received and reviewed by the Committee together with the draft Head of Internal Audit Opinion for 2018/19.
- A report on progress on overdue internal audit recommendations was received. This shows 11 (last meeting 19) items overdue of which 5 (last meeting 6) are high priority. Following the last meeting the Chief Executive has reviewed these, with the Executive Team and a plan to achieve these recommendations has been set with the final items being cleared by November 2019.
- An update on the internal Audit plan and Counter Fraud activity to date was presented by Grant Thornton and reviewed by the Committee.

	<ul style="list-style-type: none"> Two new internal audit studies had been completed – <ul style="list-style-type: none"> an audit of IT Department Budget Controls 2018/19, an audit of Consultancy Spend Review The final Internal Audit plan for 2019/20 was discussed and agreed. Activity by the Counter Fraud team was discussed, in particular: <ul style="list-style-type: none"> completion of the 2018/19 self-review tool which is due for submission by 30th April 2019 a draft Sanctions and Redress Policy for the Trust was reviewed an update on proactive referrals The Committee's forward plan was reviewed.
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Key decisions made / actions identified:	<ul style="list-style-type: none"> The Audit Committee approved the draft annual accounts and the draft annual governance statement for submission to NHSI by the due date of 23rd April 2019. The Internal Audit Plan for 2019/20 was approved. The Sanctions and Redress Policy was approved.
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Risks:	<ul style="list-style-type: none"> No new risks were noted at the meeting.
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Assurance:	<ul style="list-style-type: none"> The draft Head of Internal Audit Opinion for 2018/19 is: <p><i>“Our overall opinion for the period 1 April 2018 to 31 March 2019 is that based on the scope of reviews undertaken and the sample tests completed during the period that significant assurance with some improvements required can be given”</i> The final wording is to be reviewed by the Head of Internal Audit following the completion of all audit reports.</p>
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- 
- The assurance rating for the internal audit reviews were:
 - The audit of IT Department Budget Controls 2018/19 was **Partial Assurance** with improvement required. Ten recommendations were made with one high priority recommendation.
 - The audit of Consultancy Spend review was **Partial Assurance** with improvement required. Four recommendations were made.



Assurance Audit Committee report:

Date: 16/05/2019

Summary report to:	Trust Board	Date of meeting:	23/05/2019
Presented by:	John Jones, Non-Executive Director, Chair of Audit Committee	Prepared by:	John Jones, Non-Executive Director, Chair of Audit Committee

Matters for escalation:

- No items for escalation.

Other matters considered:

- The updated Annual Report from the Internal Audit service (Grant Thornton) was received and includes the final Head of Internal Audit Opinion – see assurance section.
- Two new internal audit studies had been completed and were presented to the Committee–
 - an audit of Payroll (including Recruitment checks),
 - an audit of Data Quality
- In addition a review of previous internal audit recommendations was carried out to seek assurance that those marked as completed have been fully implemented. Based on a sample this concluded that 72% were fully implemented, 11% partially implemented with 17% showing no evidence yet to demonstrate implementation. All high priority recommendations had been fully implemented. It was agreed that this exercise would be repeated on a half yearly basis going forward.
- A report on progress on overdue internal audit recommendations was received. This shows 12 (last meeting 11) items overdue of which 5 (last meeting 5) are high priority. It was agreed that in presenting future summaries there would be a requirement for the Audit Committee to agree any late implementation date change after being presented with the reasons for this.

- The Annual report of the Counter Fraud Service for 2018/19 was presented, including:
 - the 2018/19 Self-Review Tool submission which is a green rating as being compliant with the NHS Provider Standards.
- The Counter Fraud Work plan for 2019/20 was presented and discussed.
- An update on proactive referrals to the Counter Fraud service was discussed
- A progress report on the external audit of the annual accounts for 2018/19 was presented by Ernst and Young. Work is progressing satisfactorily and they are on track to complete their audit by the due date.
- An updated Annual Governance Statement for 2018/19 was presented and will now be finalised for Audit Committee and Trust Board consideration on 23 May 2019.
- The updated Board Assurance Framework (BAF), which shows six red risks, was reviewed. These are also subject to monitoring by respective Board Assurance Committees .Two potential additions to the BAF were commented on and will be subject to further discussion at the Trust Board.
- The Gifts and Hospitality Register and the Register of Interests were reviewed by the Committee by correspondence outside the meeting.
- The Committee's forward plan was reviewed.

Key decisions made / actions identified:

- The Counter Fraud Work Plan for 2019/20 was approved.
- The Annual Report of the Audit Committee was approved and this is on the Trust Board agenda today.

Risks:

- No new risks were noted at the meeting.

Assurance:

- The final Head of Internal Audit Opinion for 2018/19 is:

*“Our overall opinion for the period 1 April 2018 to 31 March 2019 is that based on the scope of reviews undertaken and the sample tests completed during the period, **significant assurance** with some improvements required can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control”*

- The assurance rating for the internal audit reviews were:
- The audit of Payroll (including Recruitment checks) was **Partial Assurance** with improvement required. Seven recommendations were made with one high priority recommendation. Four of these recommendations (three medium, one low) were not accepted by management and will be subject to further discussion with auditors and project sponsors.
- The audit of Data Quality was **Partial Assurance** with improvement required. Six recommendations were made which have all been agreed.
- Both representatives of the internal (Grant Thornton) and external (E & Y) auditors were present at the meeting.



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Audit Committee Annual Report			
Agenda item:	12(iii)			
Report Author(s):	John Jones, Audit Committee Chair			
Presented by:	John Jones, Audit Committee Chair			
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:

The Audit Committee's Terms of Reference state that the Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts. The attached report provides this information. Highlighted in yellow are those sections which are due to be confirmed on Thursday 23 May 2019.

Recommendation:

The Board is asked to note the attached annual report of the Audit Committee.

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 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"/>

Annual Report of the Audit Committee 2018/19

Scope of the report

- 1 This report outlines how the Audit Committee has complied with the duties delegated by the Trust Board through its Terms of Reference (See Annex A), and identifies actions to address further developments in the Committee's role.

Constitution

- 2 The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the NHS *Audit Committee Handbook* published by the HFMA and Department of Health.
- 3 In accordance with the terms of reference, the membership was three non-executive Directors, with a quorum of two, including one with recent relevant financial experience. The Director of Finance and Performance and the Director of Corporate Governance attend all Audit Committee meetings. The Non-Executive Chair of the Quality Assurance Committee is invited to attend all Audit Committee meetings as an observer and attended twice during the year. The appropriate internal audit and external audit representatives and the local counter fraud specialist attended all Audit Committee meetings in 2018/19.
- 4 A schedule of attendance at the meetings is provided in Annex B which demonstrates full compliance with the quorum requirements and regular attendance by those invited by the Audit Committee.
- 5 The terms of reference state that the Audit Committee should meet at least four times per annum. Six meetings were held within the last financial year on 16 April 2018, 17 May 2018, 24 May 2018, 3 September 2018, 5 November 2018 and 11 February 2019.
- 6 The Audit Committee has an annual forward planner with meetings timed to consider and act on specific issues within that plan.
- 7 The Audit Committee Chair reports to the Trust Board following each meeting.

Governance, Risk Management and Internal Control

- 8 The Audit Committee reviewed relevant disclosure statements for the 2018/19 financial year, including the Annual Governance Statement (AGS) at its meetings on 18 April and 23 May 2019. The Committee agreed that the AGS was consistent with its view on the Trust's system of governance and internal control and supported the Trust Board's approval of the AGS. The Audit Committee has also reviewed internal and external audit opinion and other appropriate independent assurances.
- 9 The Audit Committee received updates at all of its meetings on the management of organisational risks, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. Overall, the Audit Committee's view is that the system of risk management in the organisation is adequate in identifying risks and allows the Board to understand the appropriate management of those risks.
- 10 The Audit Committee reviews the Board Assurance Framework (BAF) at each of its meetings, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. The Audit Committee can therefore demonstrate that it has reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the comprehensiveness of the assurances and the reliability and integrity

of the sources of assurance are sufficient to support the Board's decisions and declarations.

- 11 The Audit Committee received a report at each meeting on the progress made in implementing outstanding internal audit recommendations. The Audit Committee has emphasised the importance of follow up on internal audit recommendations and has been assured of the efforts by management to maintain progress on reducing the number of overdue recommendations.
- 12 The Audit Committee is assured that that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been resolved adequately.

Internal Audit

- 13 The Committee agreed to award the contract for Internal Audit Services from 2018/19 onwards to Grant Thornton at its meeting on 12 February 2018.
- 14 The Audit Committee received and approved the Strategic and Operational Internal Audit Plan for 2018/19 at its meeting on 24 May 2018. The Committee was assured that the internal audit plan and strategy had been developed with input from the Trust's directors and was consistent with the audit needs of the organisation as identified in the Trust Board Assurance Framework and that the plan would be taken forward by the Executive Committee (ExCo).
- 15 Internal auditors were present at least in part of all of the Audit Committee meetings and provided the Committee with key findings from each audit report and an update on progress against recommendations made.
- 16 In 2018/19 14 reports (12 audits and two advisory projects) were received from internal audit of which:
 - Two received significant assurance
 - Four received significant assurance with some improvements required
 - Six received partial assurance with improvements required
- 17 The head of internal audit opinion for 2018/19 was as follows:

Our overall opinion for the period 1 April 2018 to 31 March 2019 is that based on the scope of reviews undertaken and the sample tests completed during the period, significant assurance with some improvements required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control."
- 18 A review of the effectiveness of the Trust Internal Audit and Counter Fraud Service was carried out and the findings shared with Grant Thornton in November 2018.
- 19 The Audit Committee has considered the major findings of internal audit and is assured that management has responded in an appropriate manner and that the Head of Internal Audit Opinion and the Annual Governance Statement reflect any major control weaknesses. The Committee has noted the efforts made by management to facilitate swifter responses to internal audit recommendations during 2018/19. The Committee expects this improvement to continue into 2019/20.

External Audit

- 20 The Trust Board approved the establishment of an Auditor Panel at its meeting on 29 March 2016 to oversee the process for the appointment of external auditors to take effect from 1 April 2017. The Auditor Panel met three times and following a procurement process it was recommended to the Trust Board that the contract for the provision of External Audit Services be awarded to Ernst & Young LLP. The Contract is for a period of three years with the option to extend for a further two years and is effective from 1 April 2017. The Trust Board approved this at its meeting on 29 November 2016.
- 21 The Trust's external audit services were provided by Ernst & Young for the 2018/19 annual accounts audit.
- 22 The external auditors audited the Trust's accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 23 May 2019.

Management

- 23 The Committee has continually challenged the assurance process where appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance.

Counter Fraud

- 24 As with the Internal Audit Service, Counter Fraud has been provided by Grant Thornton from 1 April 2018.
- 25 The Committee received and agreed the Counter Fraud Work Plan for 2018/19 at its meeting on 24 May 2018. It received reports from the Local Counter Fraud Specialist at its meetings throughout 2018/19.

Other Assurance Functions

- 26 The Audit Committee receives a regular update on the key items of discussion at the most recent meeting of the Quality Assurance Committee and all other Board Assurance Committees. The Chair of the Quality Assurance Committee is also invited to attend all meetings of the Audit Committee and attended 5 meetings of the committee in 2018/19.
- 27 The Audit Committee reviewed performance against its terms of reference (Annex C) in February 2019.
- 28 The Audit Committee reviewed the Charitable Funds Accounts for 2017/18 on 03 September 2018.

Financial Reporting

- 29 At its meeting on 23 May 2019, the Audit Committee received and ratified the Audited Annual Accounts, incorporating the Annual Governance Statement, for the year ending 31 March 2019, prior to their submission to the Trust Board and Department of Health.

Audit Committee Terms of Reference

- 30 The Audit Committee reviewed its terms of reference at its meetings on 11 February 2019.

Conclusion

- 31 Overall, the Audit Committee has fulfilled its duties as set out in its terms of reference.
- 32 Last year, as part of its self-assessment, the Audit Committee identified the following action moving forward. Progress against this action is detailed below:

Action	Progress
Continue to improve the timeliness of response to internal audit recommendations.	Executive Leadership Team and Board Assurance Committees

- 33 Actions for 2019/20 are:

Action	Responsible
Clear all overdue internal audit recommendations	Executive Leadership Team and Board Assurance Committees
Conduct a review of the effectiveness of external audit	Director of Finance and Performance



Audit Committee

Terms of Reference (effective March 2019-March 2020)

1. Purpose

- 1.1 The Audit Committee (the Committee) has been established in order to focus primarily on the risks, controls and related assurances that underpin the achievement of the Trust's objectives.

2. Constitution

- 2.1 The Committee is a standing committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

3. Authority

- 3.1 The Committee is authorised by the Trust Board to act within its terms of reference. All members of staff are directed to cooperate with any request made by the Committee.
- 3.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.3 The Committee is authorised by the Trust Board to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the conduct of its functions.

4. Accountability

- 4.1 The Committee will report directly to the Trust Board.

5. Membership

- 5.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than three members, all of whom shall have voting rights. The Trust Chair shall not be a member of the Committee.
- 5.2 At least one member of the Committee must have recent and relevant financial experience.

6. Chair

- 6.1 One Non-Executive Director member will be the Chair of the Committee and, in their absence, another Non-Executive Director member will be nominated by the others to deputise for the Chair.

7. Attendance

- 7.1 The Director of Finance and Performance and the Director of Corporate Governance should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.
- 7.2 The Non-Executive Chair of the Quality Assurance Committee should be invited to attend all Audit Committee meetings.
- 7.3 Other Executive Committee members and officers may be invited to attend to discuss matters as directed by the Committee.
- 7.4 The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.

8. Quorum

- 8.1 The meeting will be quorate provided that two Committee members are in attendance, including the Chair of the Committee, or their nominated deputy (who must also be a Non-Executive Director). In the absence of the Chair, Committee members may nominate a deputy chair for the purposes of that meeting from their midst.

9. Meeting administration

- 9.1 A member of the Corporate Governance Team will act as the secretary to the Committee, ensuring the agreement of the agenda with the Chair of the Committee and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 9.2 The draft minutes and action points will be available to the Committee within five working days of the meeting.

10. Notice of meetings

- 10.1 Meetings of the Committee shall be called by the secretary of the Committee at the request of the Committee chair.

- 10.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.
- 10.3 Late and additional papers will be tabled at the discretion of the Chair of the Committee.

11. Frequency of meetings

- 11.1 The Committee shall meet a minimum of four times per annum. A calendar of dates will be published with the agenda setting out the dates of the meetings for the remainder of the financial year.
- 11.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

12. Duties

Purpose

- 12.1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities.
- 12.2 The Committee shall review the corporate risk register and the Board Assurance Framework and be responsible for providing assurance to the Trust Board on the identification, management and mitigation of risks to the goals and objectives of the organisation.
- 12.3 The Committee shall review the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, Care Quality Commission regulations, Internal and External Audit reports, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- 12.4 The Committee shall review the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- 12.5 The Committee shall review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- 12.6 The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.

- 12.7 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, within the context of the Board Assurance Framework, but will not be limited to these audit functions. It will also seek reports and assurances from the Assurance Committees of the Board and from directors and managers as appropriate, concentrating on the overarching systems of risk, controls and assurances, together with indicators of their effectiveness.

Internal Audit

- 12.8 The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

- 12.8.1 approval of the appointment of internal auditors and any question of resignation and dismissal. review and approval of the Internal Audit strategy,
- 12.8.2 operational plan and a more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- 12.8.3 consideration of the major findings of internal audit work (and management's response), ensuring co-ordination between the Internal and External Auditors to optimise audit resources;
- 12.8.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- 12.8.5 an annual review of the effectiveness of Internal Audit.

External Audit

- 12.9 The external auditor is appointed by the Trust Board on recommendation from an Auditor Panel established through the Audit Committee.
- 12.10 The Committee shall act as the auditor panel in line with schedule 4, paragraph 1 of the 2014 Act. The auditor panel is a non-executive committee of the board and has no executive powers other than those specifically delegated in these terms of reference.
- 12.11 The auditor panel's functions are to:
- 12.11.1 Advise the Trust Board on the selection and appointment of the external auditor. This includes:

- agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules
- making a recommendation to the board/ governing body as to who should be appointed
- ensuring that any conflicts of interest are dealt with effectively.

12.11.2 Advise the Trust Board on the maintenance of an independent relationship with the appointed external auditor;

12.11.3 Advise (if asked) the Trust Board on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable;

12.11.4 Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor;

12.11.5 Advise the Trust Board on any decision about the removal or resignation of the external auditor

12.12 The Committee shall review the work and findings of the External Auditor and consider the implications and management responses to their work. This will be achieved by:

12.12.1 consideration of the performance of the External Auditor;

12.12.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan and ensure coordination, as appropriate, with other External Auditors in the local health economy;

12.12.3 discussion with the External Auditors of their local evaluation of audit risks;

12.12.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work carried outside the Annual Audit Plan, together with the appropriateness of management responses;

12.12.5 discussion and agreement on the Trust's Annual Governance Statement.

Risk and Assurance Functions

12.13 The Audit Committee shall review the risk and assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will be achieved by:

- 12.13.1 review of the work of the Quality Assurance Committee in the management of clinical risk including assurance gained from the clinical audit function;
- 12.13.2 review of the work of the Finance and Investment Committee in the management of financial risk;
- 12.13.3 review of the work of the People and Organisational Development Committee in the management of workforce risk;
- 12.13.4 review of the work of the Logistics and Infrastructure Committee in the management of risk relating to IM&T, Estates, and Fleet & Logistics;
- 12.13.5 review of the Executive Leadership Team in the management of business risk and the systems in place to delegate responsibility for reviewing and maintaining the corporate risk register to the Risk Compliance and Assurance Group;
- 12.13.6 review the Board Assurance Framework to ensure that it is focussed on the key strategic risks to the business and clearly identifies controls and assurances in place as well as the gaps and corresponding mitigating actions to be taken in order to take assurance from the effectiveness of the systems in place;
- 12.13.7 review of the findings of any reviews by Department of Health Arms' Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc);
- 12.13.8 review the assurances provided by the internal auditors of the Trust's Shared Financial Services provider.

Counter Fraud

- 12.14 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

Management

- 12.15 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- 12.16 The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

12.17 The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the Annual Governance Statement;
- disclosures relevant to the Terms of Reference of the Audit Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- significant judgments in preparation of the financial statements;
- significant adjustments resulting from the Audit;
- letter of representation; and
- qualitative aspects of financial reporting.

12.18 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness, timeliness and accuracy of the information provided to the Board.

Whistleblowing

12.19 The Committee shall ensure that arrangements are in place for investigation of matters raised in confidence by staff relating to matters of financial reporting and control, clinical quality and patient safety, or other matters.

Other

12.20 To receive any other relevant items as identified on the Committee's forward plan.

13. Review and reporting responsibilities

13.1 The minutes of all meetings of the Committee shall be formally recorded and submitted to the Trust Board.

13.2 The Committee will report to the Trust Board after each meeting via an assurance report, which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.

13.3 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts.

13.4 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

14. Equality and diversity

- 14.1 The committee will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

Approved by the Board at its meeting on 26 March 2019

ANNEX B:

Audit Committee

Schedule of Attendance (April 2018-March 2019)

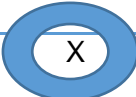
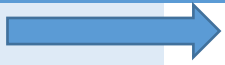

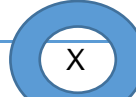



Members	16/04/18	17/05/18	24/05/18	03/09/18	05/11/18	11/02/19
John Jones	X	X	X	X	X	X
Fergus Cass	X	X	X	X	X	X
Theo De Pencier	X	X	A	X	X	X
Attendees						
Lorraine Bewes	X	X	X	X	X	A (deputy attended)
Sheila Doyle	X	X	X	X	X	X
Garrett Emmerson	X	A	X	A	A	X
Philippa Harding	X	X	X	X	X	X
Robert McFarland	X	X	X	X	X	A

Annex C – Audit Committee workplan 2018/19 – was it met?

X = planned

Y = considered

Audit Committee Workplan – was it met?	16/04/18	17/05/18	24/05/18	03/09/18	05/11/18	11/02/19
Governance and Risk Management						
Board Assurance Framework	XY	XY		XY	XY	XY
Risk Deep Dive		XY		XY	XY	
Annual Review of Risk Management Strategy and Policy				XY		
Matters Addressed by Board Assurance Committees	Y	XY		XY	XY	XY
Single Tender Waiver Register		XY		Y	Y	Y
Annual Governance Statement	Y	XY	XY			
Annual Review of Corporate Governance					XY	
Gifts and Hospitality Register and Register of Interests		XY				
Financial Reporting						
Annual Accounts and financial statements	XY		XY			
Year End Timetable					XY	
Charitable Funds Annual Accounts and financial statements				XY		
Losses and Special Payments	XY			XY	Y	
Internal Audit						
Internal Audit Progress Report and recommendations tracker	XY	XY		XY	XY	XY

Audit Committee Workplan – was it met?	16/04/18	17/05/18	24/05/18	03/09/18	05/11/18	11/02/19
Internal Audit Plan			Y	XY	XY	XY
Internal Audit Reports (including recommendations and mgmt responses)	XY			XY	XY	XY
Annual Head of Internal Audit Opinion		XY	XY			
Local Counter Fraud Service						
Report of Local Counter Fraud Specialist	XY			XY	XY	XY
Annual Counter Fraud Plan			Y			
External Audit						
External Audit Progress Report		XY		XY	XY	XY
External Audit Plan and Annual Fee Letter						XY
ISA 260 Report (including draft management representation letter)			XY			
Other Business						
Review of the effectiveness of the Committee (including the Cttee's ToR)						XY
Review of the effectiveness of int audit, local counter fraud and ext audit					XY	XY
Private meeting with Internal and External Auditors						XY
Audit Committee Annual Report		XY				



Assurance report: People & Culture Committee

Date: 20/05/2019

Summary report to:	Trust Board	Date of meeting:	23/05/2019
Presented by:	Jayne Mee, Non-Executive Director, Chair of People and Culture Committee	Prepared by:	Philippa Harding, Director of Corporate Governance

Matters for escalation:

- DBS reiterative checking programme – the Committee was informed of the ExCo agreement in principle that all members of staff should be required to sign up to the DBS update service, which would automatically notify the Trust of any changes to individuals' DBS status. This is a different approach to that previously reported to the Board (i.e. not proceeding with a further programme of DBS re-checking). The ExCo will be considering a business case for the costs associated with this alternative approach in due course.
- Learning and education strategy – the Committee was generally supportive of the strategy in principle, noting that there were language issues in relation to how it addressed individuals' responsibility to drive their own development. Also there were concerns about the resources available to implement the strategy and the capability within the Trust to do this. A more detailed oral update will be provided at the Board meeting in presentation of the strategy elsewhere on the agenda.
- Cultural and Civility Review – it was initially proposed to the Committee that this should be an organisation-wide survey; however this has been amended to a targeted pilot in a small number of areas to test the approach. The Committee was supportive of this approach, together with a focus on civility, as it was anticipated that the Board would wish to lead a wider piece of work on the organisation's culture.
- Band 6 - implementation is on track, but it was noted that pressure is often brought to bear to include other training into the CSR cycle that would impact on the Trust's ability to deliver the B6 training (which would put funding at risk).

Other matters considered:

- The new Head of Engagement is due to join the Trust at the end of July – this will enable further progress to be made in this area, as the post-holder will focus on the HR business partner model and ensuring that it is operating appropriately across the organisation.

	<ul style="list-style-type: none"> • TEAC drop-out rate – this remains stable, but work is required in order to understand the demographics of those dropping out. • Strategic Workforce Planning Group – this is key to ensuring that the Executive takes a strategic focus on workforce planning issues. The first meeting of this Group is due to be at the end of June. • Staff turnover deep dive – a lot of additional analysis had been done on this issue originally identified by the Board. A further update on this is due to the July meeting of the Committee following a series of workshops/engagement events. • Healthy workplace structure – the Committee noted the work that was planned in this area, particularly with regard to the mental wellbeing of staff members. • Carter-related activities – the Committee received information about all the people-related activities in place in response to Carter.
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Key decisions made / actions identified:	<ul style="list-style-type: none"> • Equality and Inclusion reporting – the Committee noted the importance of reporting on gender as well as race. This will be reported on in future, together with the requirements to report in line with the Workforce Disability Equality Standard later in the year. • Talent management – there are a number of issues surrounding those more experienced members of the Trust's frontline workforce who have been working in some cases for 20-25 years and who wish to continue working. The Committee has asked for this to be considered a talent management issue and for a report to be brought to a future meeting of the Committee. • Trust vending machines – the Committee asked for work to be done to review these with a view to increasing the availability of healthy snacks.
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Risks:	<ul style="list-style-type: none"> • The Committee has identified risks associated with the implementation of the proposed Learning and Education Strategy – need for resource and capability in order to implement this if it is approved. • There may be a risk to the receipt of funding for Band 6 implementation if training (CSR) is diverted to other training activity. • The Committee considered the strategic workforce risk which the ExCo was proposing to recommend for addition to the BAF and endorsed this recommendation. • It was noted that there was a possible short term recruitment and retention risk in Ops. More information on this is to come to next meeting of the Committee.
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Assurance:

- The Committee received assurance that significant amounts of work are in train. It is yet to see the outcomes of this work that will provide assurance that the organisation has taken appropriate action.



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Integrated Quality and Performance Report			
Agenda item:	13			
Report Author(s):	Key Leads from Quality, Finance, Workforce, Operations and Governance			
Presented by:	Lorraine Bewes, Director of Finance and Performance			
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"/>
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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 Year to March 2019 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 10-11
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 	12 13 14 16 17-19
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 30-31
5. Strategic Themes	<ul style="list-style-type: none"> Overview of progress against the three strategic themes 	32-35

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

Provide outstanding care for **our patients**

Update on performance:

Performance in all national measures have broadly remained stable over time. Overall, the LAS response time performance to the most critically ill and injured patients remained within the national standards. The C1 performance has been continuously within target. February and March 2019 remained busy, despite this both months remained within the 7 minute national target. The C2 mean performance remains stable and whilst the end of year position stands just above the national standard this demonstrates that although challenged, patient safety in this category can be seen to be maintained with long waiting times minimised. End of year performance for Category 3 and 4 90th percentile is outside the standard, but in the latest month the trust has scored 3rd in all ambulance trusts.

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

Appraisal – compliance has worsened during Q4 with an end of year position of 76.2% against the 85% target. A deep dive of the compliance scores by Sector and Directorate has been undertaken (refer to slide 19 of this pack) and the monitoring of improvements to deliver the target will be formally reported to ExCo. Whilst the position worsened at year end it is now on an improving trajectory. EOC recruitment - the management team are confident that the restructure and planned recruitment and training activities will enable us to reach establishment within Q1 2019/20. The focus is on identifying new training estate for EOC new recruitments and internal upskilling requirements. Turnover rates at over 12% predominantly due to Sector Operations and a special task and finish group is underway to review and address this.

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

The full year outturn for the Trust is £6.623m surplus which is £2.187m favourable to the adjusted control total surplus of £4.43m. The variance to the revised control total relates to the additional Provider Sustainability Funding (PSF) bonus payment of £2.582m and a shortfall in the national funding for agenda for change pay settlement of £96k (NHS Improvement have agreed this treatment and have overridden the control total breach) and year end impairment £298k due to property revaluation.

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

Performance on calls answered within 60 seconds SLA has markedly improved at North East London (NEL) over the past 3 months increasing by 17.5% from February returning a performance of 82.8% in March. South East London (SEL) marginally decreasing by 2% from February returning a tally of 74.2% in March. The number of calls abandoned by patients in the month of March was recorded at 3.5% for SEL and 2% at NEL, both sites were well within the national target of 5%. Since the end of March we have made further improvements.

999 call answering also continued to be below 95% in month with call volume also significantly increasing in the last 2 weeks of the month.

Following the review by NHSE the Trust has recalibrated its Hear & Treat activity and performance. Given this, conveyance to ED is now at 59.4% of incidents attended. The Trust sought further national clarification on Hear & Treat reporting. The LAS is now compliant with national guidance, moving the Trust into the top performing quartile. However, notwithstanding this reporting clarification on Hear & Treat and ED Conveyance, the Trust did not achieve the improvement in either measure, compared with the refreshed baseline for the purpose of the CQUIN. The LAS ranked highest against other Trusts in Hear & Treat achieving 7.1% at year end.

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.*

- BME staff engagement score – the WRES plan is beginning to address staff engagement.*
- Staff sickness – attendance policy in roll out phase. 5% target will be set for 19/20.*
- Bullying and harassment – written into the Corporate Staff Survey Action Plan for 19/20*
- Flu – whilst we did not achieve 75% we did significantly better than the previous year. We are mandating flu vaccination for 19.20.*

- The Trust has delivered all its financial targets for 2018/19*

We are contributing to the Collaborative Contact & Response (CCR) programme. This programme has now been established with baseline assessments and scoping completed (BP19).

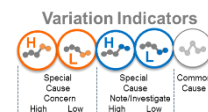
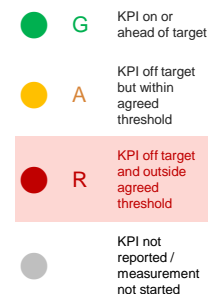


Patients Scorecard

March 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Statistical Process Control Icon	Current Performance				Benchmarking (Month)		
					Target	Latest Month	Year To Date (From April 2018)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 10)
Category 1 response - Mean	mm:ss	Mar-19	●		07:00	06:18	06:28	06:28	07:00	06:08	2
Category 1 response - 90th centile	mm:ss	Mar-19	●		15:00	10:24	10:45	10:45	12:11	10:24	1
Category 2 response - Mean	mm:ss	Mar-19	●		18:00	18:16	19:16	19:16	21:15	11:58	3
Category 3 response - 90th centile	h:mm:ss	Mar-19	●		2:00:00	1:57:56	2:09:47	2:09:47	2:25:11	1:13:04	3
Category 4 response - 90th centile	h:mm:ss	Mar-19	●		3:00:00	2:53:42	3:04:40	3:04:40	3:03:45	1:49:44	3
ROSC at Hospital	%	Nov-18	●		30.0%	30.0%	35.8%	35.0%	28.5%	36.5%	5
STEMI call to angiography - Mean	h:mm:ss	Nov-18	●		TBC	02:06	02:04	02:07	02:13	01:53	2
STEMI call to angiography - 90th centile	h:mm:ss	Nov-18	●		TBC	02:39	02:39	02:45	03:00	02:39	1
Stroke call to door - Mean	h:mm:ss	Nov-18	●		TBC	01:09	01:09	01:13	01:14	01:09	1
Stroke call to door - 90th centile	h:mm:ss	Nov-18	●		TBC	01:43	01:45	01:50	01:50	01:40	3
Re-contact rates in 24 hours (ONLY S&T and H&T)	%	Mar-19	●		7.0%	5.1%	5.2%	5.2%			
Positive compliments received	Per 1000	Mar-19	●		1.17						

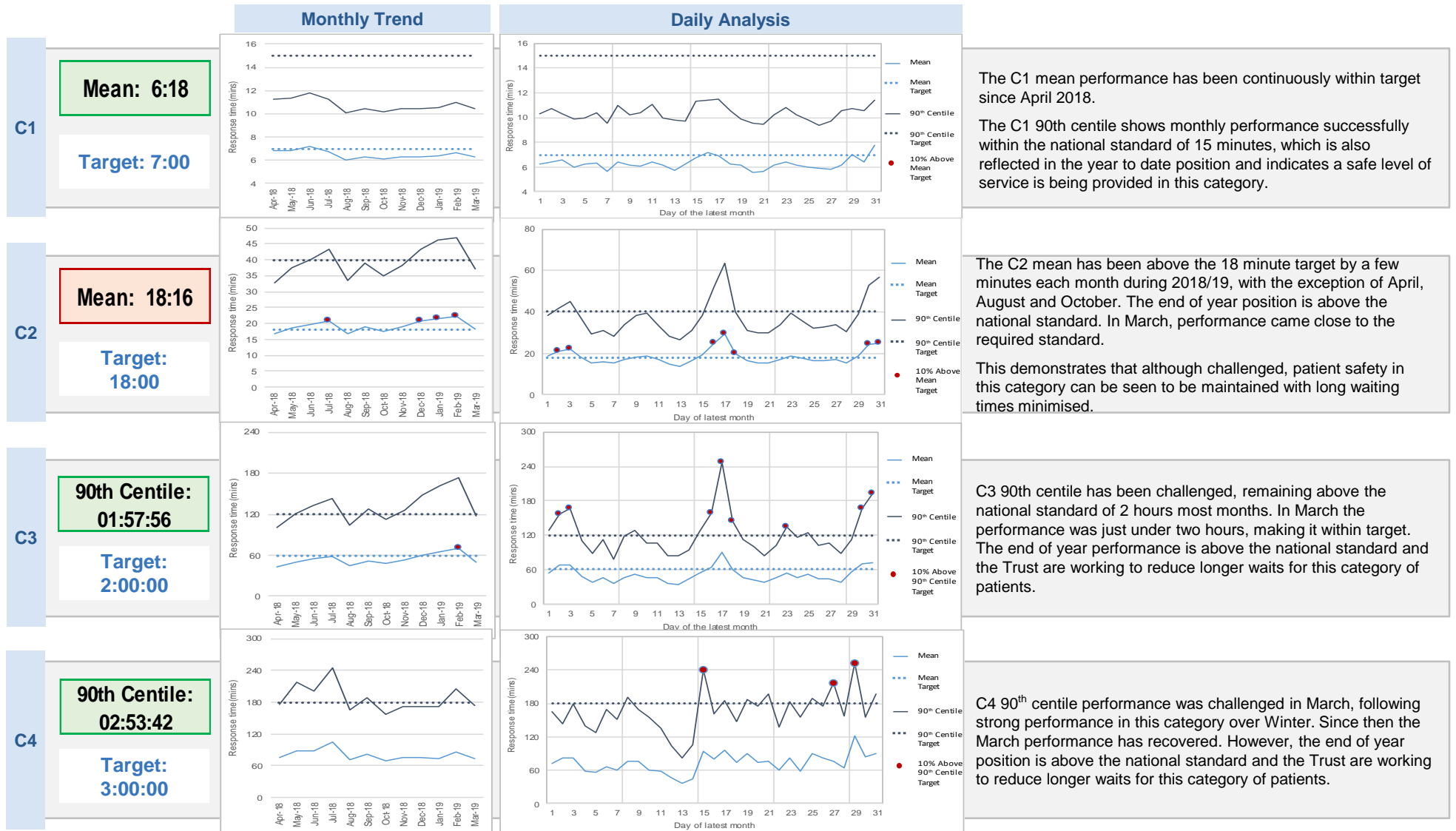
The performance of our **111 services** is measured in the **Our Partners** section of this report



Note: ROSC at Hospital is measured quarterly



The March Category 1 mean returned 6 minutes 18 seconds while the Category 1 90th centile was 10 minutes 24 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 2nd in the Category 1 mean measure and ranked first in the Category 1 90th centile measure when compared to all Ambulance Trusts across England.





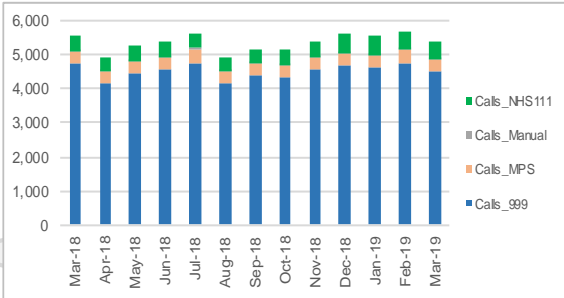
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

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

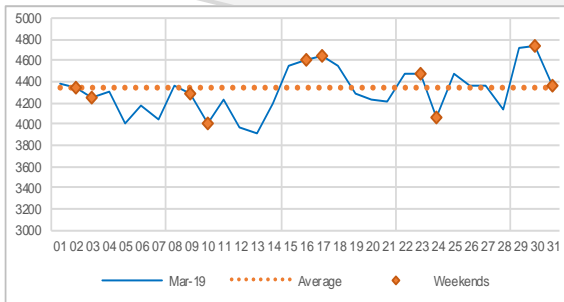
999 Calls Received

March 2019 saw a similar pattern of 999 calls received into EOC when compared to the March 2018 period. There was some reduction to the number of calls from February 2019 due to the end of the Winter period.

Average Calls Per Day



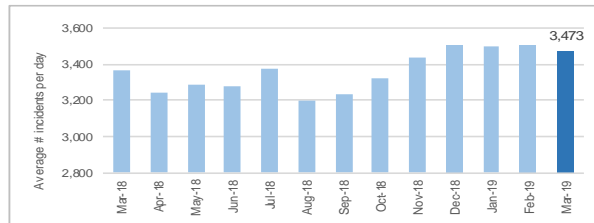
Daily Calls Answered



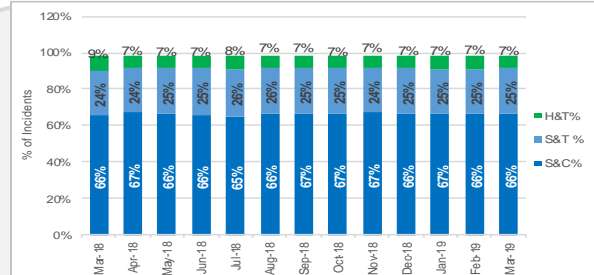
Incidents and Response Type

February and March 2019 delivered continued pressure on the Trust, with the average number of incidents per day remaining high. Performance remained broadly the same for proportions of ED conveyance, See and Treat and Hear and Treat.

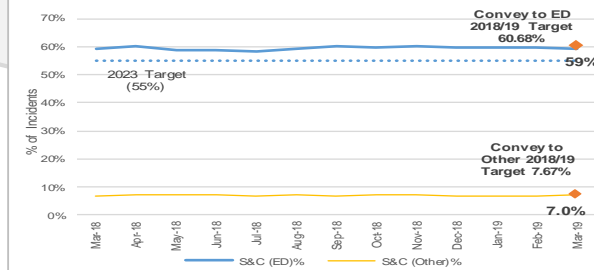
Incidents



Response Type



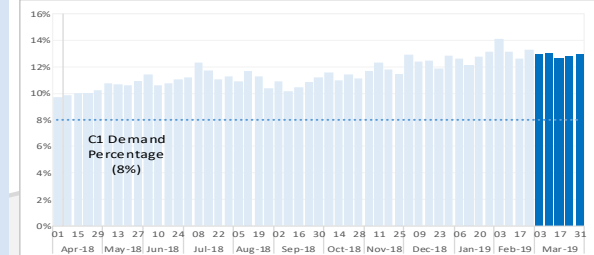
Convey to ED / ACP



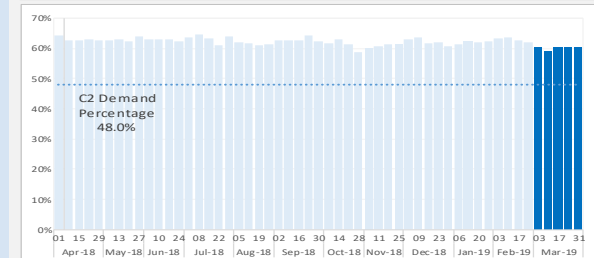
Total incidents now include those without a face to face response
Nationally Convey to ED is reported as % of total incidents (not just face to face incidents) **Mar = 59%**
Conveyed to Other (Non ED) Excludes conveyances to units such as CathLab, HASU, Arrhythmia Centre, etc.

Incident Category (By week)

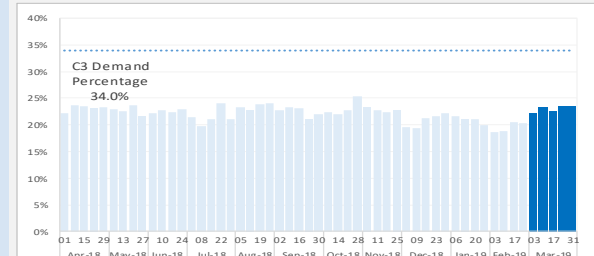
C1



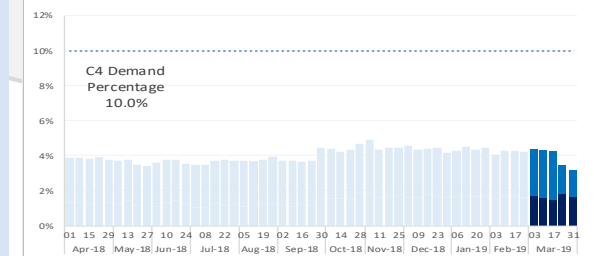
C2



C3



C4/C5



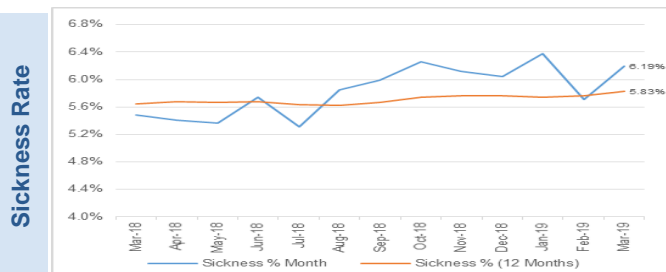
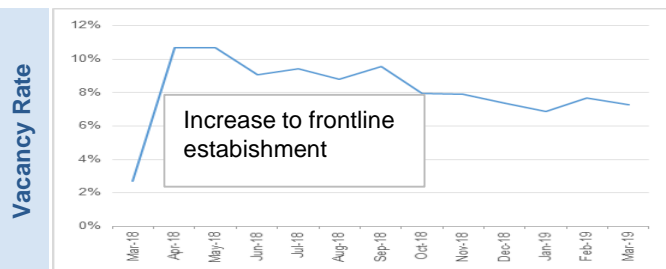
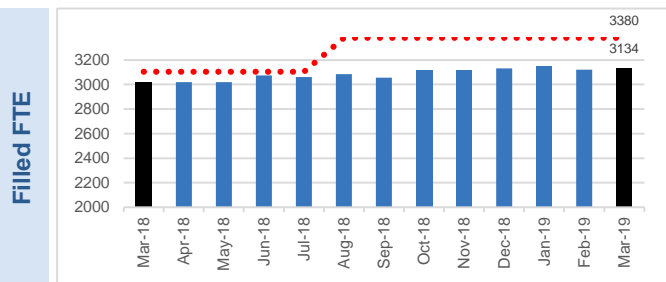


Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

Frontline Operational Staff

The number of filled operational FTE has shown a stable shortfall over 2018/19 and we continue to place considerable effort into our recruitment and retention activity.

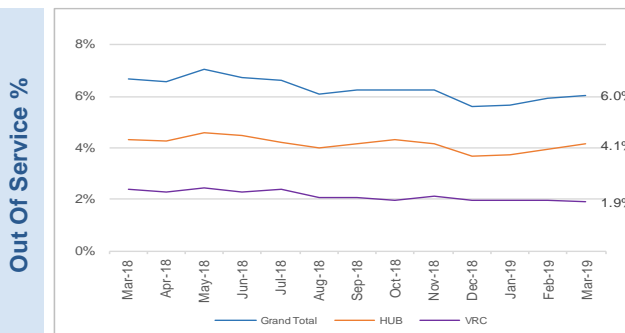
(See Our People section of this report for further detail across the organisation)



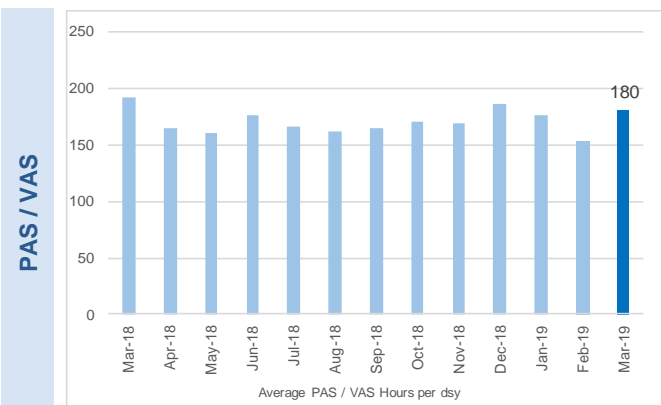
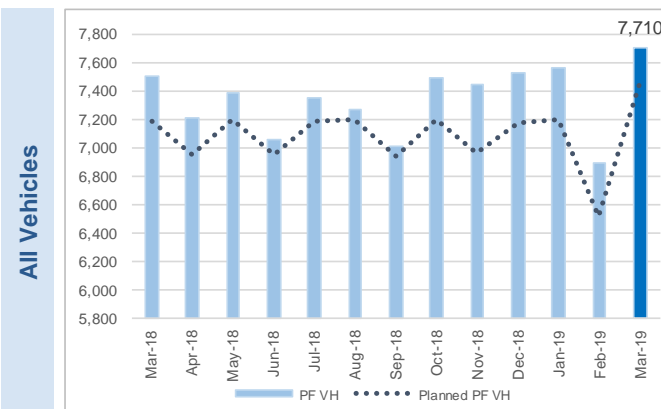
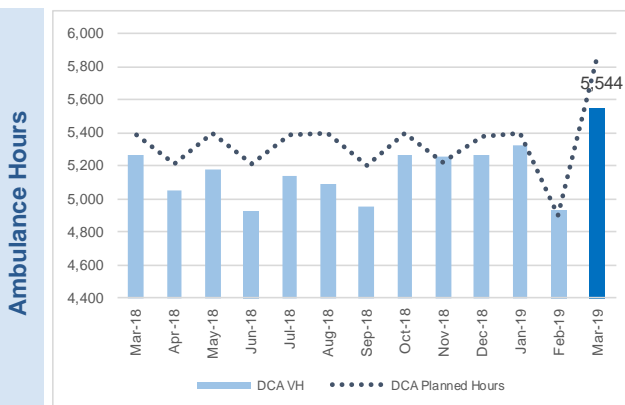
Vehicle Availability and Patient Facing Hours

Overall Out Of Service rate remained around 6%, remaining stable across 2018/19.

The Trust has provided an 7,710 patient facing vehicle hours per day in March. New rosters have been rolled out for front line staff and we expect to evaluate the impact of this roll out in the coming months.



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



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 keeping with the seasonal effect, we saw a lower proportion of delays in March, compared to the winter months. However, there were still over 1000 hours lost from our arrival to patient handover over 30 mins. King Georges and Whipps Cross hospital had the greatest proportion of handovers exceeding 30 minutes. Whipps Cross had the highest number of lost hours over 30 minutes, at 124 hours for the month.

STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 Mins	Average Arr at Hosp to Patient Handover Time
North Central	Barnet	1,704	1,636	243	15%	40.3	20.7
	North Middlesex	2,952	2,877	381	13%	44.0	20.3
	Royal Free	1,675	1,583	283	18%	58.4	15.1
	University College	1,979	1,884	118	6%	23.3	21.2
	Whittington	1,576	1,476	129	9%	22.7	14.0
North East	Homerton	1,458	1,416	34	2%	2.2	18.8
	King Georges	1,318	1,283	293	23%	34.3	13.9
	New ham	2,085	2,005	470	23%	48.1	24.0
	Princess Royal	2,014	1,876	144	8%	42.6	21.2
	Queens Romford	3,180	3,100	688	22%	90.4	18.3
	Royal London	2,461	2,365	194	8%	11.9	20.3
	Whipps Cross	1,998	1,910	623	33%	124.3	23.4
North West	Charing Cross	1,279	1,223	121	10%	13.4	19.5
	Chelsea & West	1,503	1,437	38	3%	4.9	17.6
	Ealing	1,419	1,379	52	4%	6.3	16.2
	Hillingdon	2,012	1,939	265	14%	72.2	12.5
	Northwick Park	3,299	3,214	404	13%	115.3	23.5
	St Marys	2,017	1,897	295	16%	41.3	22.1
	West Middlesex	2,052	2,008	21	1%	2.5	17.8
South East	Kings college	2,344	2,196	403	18%	70.3	23.0
	Lewisham	1,605	1,489	164	11%	46.9	22.7
	Queen Elizabeth II	2,596	2,466	50	2%	14.4	20.8
	St Thomas'	2,642	2,495	79	3%	8.3	16.2
South West	Croydon	2,577	2,479	319	13%	81.5	16.7
	Kingston	1,756	1,700	58	3%	8.2	14.0
	St Georges	2,214	2,141	432	20%	79.8	26.6
	St Helier	1,436	1,396	199	14%	59.8	17.8
TOTAL		55,151	52,870	6,500	12%	1,168	19.2

Max average breach value
Value >10 mins per breach

Patient Handover to Green

In March, we saw an overall deterioration in handover to green performance. Over 4,500 hours were lost due to patient handover to green exceeding the 14 minute threshold. This is over double the amount of hours lost in January. There is organisational focus as well as a cost improvement programme to recover this situation.

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	3,037	1,628	54%	259.6	15.9	29.7	9.6
	Edmonton	4,189	2,278	54%	375.2	16.8	30.5	9.9
	Friern Barnet	2,318	1,325	57%	199.4	16.7	30.1	9.0
North East	Homerton	3,483	2,080	60%	294.1	16.6	29.0	8.5
	New ham	4,890	2,730	56%	398.6	16.0	30.0	8.8
	Romford	4,497	2,386	53%	281.9	15.5	25.8	7.1
North West	Brent	4,455	2,358	53%	399.0	16.7	29.3	10.2
	Fulham	2,775	1,421	51%	195.3	15.6	27.8	8.2
	Hanwell	3,468	1,938	56%	246.0	16.0	27.5	7.6
	Hillingdon	2,028	1,092	54%	141.0	15.8	28.1	7.7
South East	Westminster	1,565	847	54%	112.5	15.4	26.9	8.0
	Bromley	2,984	1,677	56%	228.9	15.8	29.6	8.2
	Deptford	5,802	3,053	53%	429.3	15.7	28.7	8.4
South West	Greenwich	3,086	1,595	52%	174.3	15.6	28.7	6.6
	Croydon	2,957	1,758	59%	203.6	15.7	25.6	6.9
	New Malden	1,730	1,013	59%	137.0	16.6	28.5	8.1
	St Helier	1,824	943	52%	97.9	14.8	23.5	6.2
Other	Wimbledon	2,262	1,235	55%	154.6	15.4	27.0	7.5
	IRO	16	10	63%	4.3	20.5	71.7	25.8
	NETS	970	275	28%	24.1	4.7	19.0	5.3
	Other	1,813	1,018	56%	175.4	16.1	32.1	10.3
TOTAL	Training	1,427	685	48%	85.5	15.0	25.8	7.5
	TOTAL	61,576	33,345	54%	4617.5	15.6	28.3	8.3

Max average breach value
Value >7 mins per breach



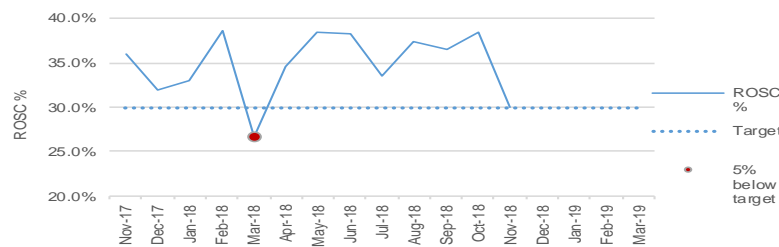
Our Trust-wide scorecard covers 3 of the key Ambulance Quality Indicators: Return of Spontaneous Circulation (ROSC) at Hospital, STEMI call to angiography and Stroke call to door.

The data presented is from November 2018, which is the most recent month published by NHS England. During this period, CARU reported the average response times for cardiac arrest patients as 9 minutes, with patients allocated a C1 response receiving an average response of 7 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 19 minutes, the on-scene time was 39 minutes and the overall call to arrival at hospital time was 75 minutes. For FAST positive 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 68 minutes.

ROSC at Hospital

Month:
30.0%

Target: 30%

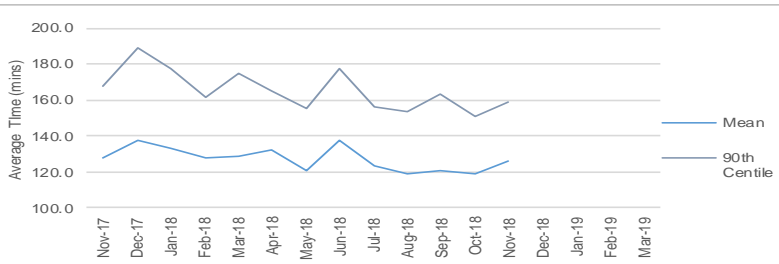


In November 2018, the internal target for Overall Return of Spontaneous Circulation (ROSC) at hospital was met with 30% of patients achieving ROSC and sustaining it to arrival at hospital. The LAS performed above the national average of 29%.

STEMI call to angiography

Mean: 02:06

Target: TBC



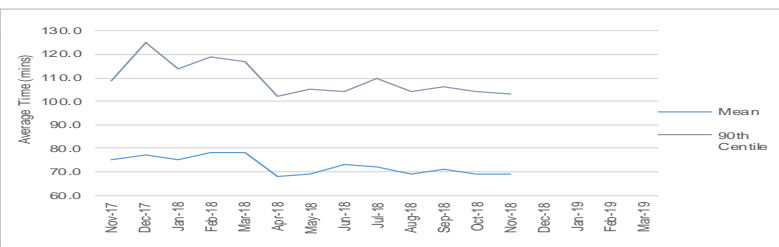
Targets currently not available for this metric to support performance assessment.

The LAS performance was better than the national average for the mean (2:13) and ranked 2nd when benchmarked against other ambulance services. Similarly, the LAS performed well below the national average for the 90th centile (2:39 vs 3:00) and ranked 1st.

Stroke call to door

Mean: 01:09

Target: TBC



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

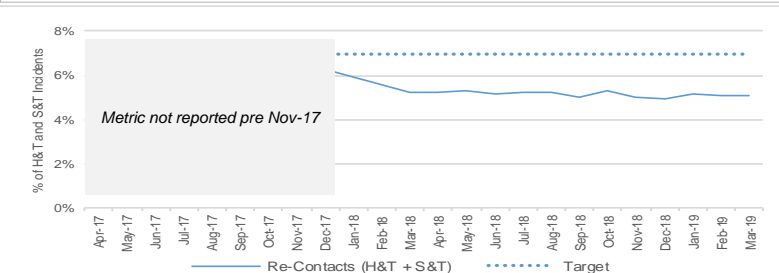
The LAS performance for call to arrival at hospital for suspected stroke patients was better than the national average (1:14). The LAS ranked 1st when compared to other Ambulance Trusts for the mean.

The 90th centile was below the national average (1:43 vs 1:50) and the LAS ranked 3rd.

Recontact Rates

Month: 5.9%

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		Gap analysis completed, evidence has confirmed we have maintained good rating across all domains. Preparation for CQC has commenced.
BP.2	We will deliver our post-ARP transformation plan to ensure we can meet national performance and quality standards	Paul Woodrow		Now moved to BAU
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		Funding approved recruitment commencing with final group to be located in North East sector
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 strategy for People and Culture has been signed off by Trust Board. IMT & Digital was signed off by Trust Board in March. Remaining strategies are in progress across the organisation.
BP.5	We will pilot the new 'Pioneer Services' set out in our new strategy	Trisha Bain		Work for all Pioneering services continue – evaluation, measurement and monitoring shows positive outcomes across all programmes. Specific focus on expanding Mental Health pilot across SE London with support of Oxleas and SLAM.
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		Focussed work in developing more impact KPIs which will be tracked via monthly performance reviews
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 with delivery in progress to be concluded by November. Secure Drug Rooms Phase 2 delivery continues. Multi-dose packs on hold pending software solution with Perfect Ward.
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		Now moved to BAU



Quarterly Reporting

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL LED

- Implementation of **Health Assure** – now populated by sectors across all domains
- Hospital Handovers** – continued reduction in significant delays & improvement in Handover to Green. Patients with suspected sepsis and NEWS of 7 or more who received Sepsis care bundle reported at 88% compliance (national average 68.5%)
- Defibrillator downloads** achieved the target of increasing to 20%
- Continued roll out of **urgent care APP service** improving patient care & reducing conveyance. Funding agreed for next 2 cohorts in 19/20 & 20/21
- Rethink!** – training review completed & implementation plan submitted following recommendations of review.
- Volunteer** strategy – enhancing Emergency Responder & Community First Responders schemes drafted and to be reviewed by Trust Board in March
- Mental Health** team hosted stakeholder event, 7th Feb at Guy's Hospital.
- Maternity** – 3 practice development midwives in post
- Patient and Public Involvement** – strategy & implementation plan drafted.
- Pioneer Services** – Mental Health Car pilot commenced in SE London; See & Treat rate increased for this group of patients
- Complaints** – clearer guidance developed to aid staff in completing statements
- Resilience** - Annual EPRR assurance, Trust assessed as substantially compliant with action plan in progress to address outstanding items
- Statutory and mandatory training** compliance currently 89.5%. ESR transformation programme continues. To date 98% of staff have successfully logged into MyESR.
- Staff Survey Action Plan** – 2018 response rate achieved 65%- top in country for Ambulance services. New action plan being developed to respond to key issues
- Equality & Diversity** - BME overall workforce achieved the target of 15% by the end of March 2019

		Progress Status			
		Complete	G	A	R
TOTAL	87	73	10	3	1
Safe	15	10	4	1	
Effective	21	21			
Caring	4	4			
Responsive	8	6	1	1	
Well Led	31	25	4	1	1
Use of Resources	8	7	1		
<p>1 actions has a Red status. The Trust wide appraisals target of 85%.was not achieved in 2018/19. Plans are in place for 2019/20 to achieve the target</p> <p>3 actions have an amber status. Implementation of an Asset & Equipment monitoring system is now in the work programme for 2019/20. The KPI for complaints response was not met in 2018/19, and will be a Quality Account priority in 2019/20. The EOC recruitment trajectory is now targeting achievement in Q1 2019/20.</p>					

- C Complete
- G On track
- A Off Track, will miss due date, with plan in place to resolve issues
- R Irrecoverable, will miss/has missed due date



People Scorecard

March 2019

March 2019					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)	2018 Survey	<div></div>	6.2		6.2					
BME Staff Survey engagement score	Y	Score (Range)	2018 Survey	<div></div>	6.4		6.1					
Staff survey completion	Y	%	2018 Survey	<div></div>	50%		65%					
Staff Sickness levels	M	%	Mar-19	<div></div>	5%	5.5%	5.3%	5.3%				
MSK related staff injuries (staff survey)	Y	%	2018 Survey	<div></div>	50%	48.3%						
MSK reduction in moderate harm	M	Count		<div></div>	0.25					<div></div>	G	KPI on or ahead of target
Bullying and Harrassment incidents (decreasing)	Y	Score (Range)	2018 Survey	<div></div>	7.2		7.0			<div></div>	A	KPI off target but within agreed threshold
% of BME Staff	Q	%	Mar-19	<div></div>	15%	15.0%	15.0%	14.2%		<div></div>	R	KPI off target and outside agreed threshold
Statutory & Mandatory Training (85% or above)	M	%	Mar-19	<div></div>	85%	90%	88%	88%				
Staff appraisal compliance (85% or above)	M	%	Mar-19	<div></div>	85%	76%	86%	84%				
Flu vaccination rate (increasing - CQUIN)	M	%	Mar-19	<div></div>	75%	68%	68%					

G KPI on or ahead of target

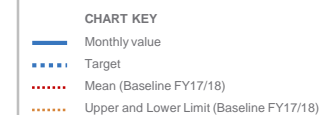
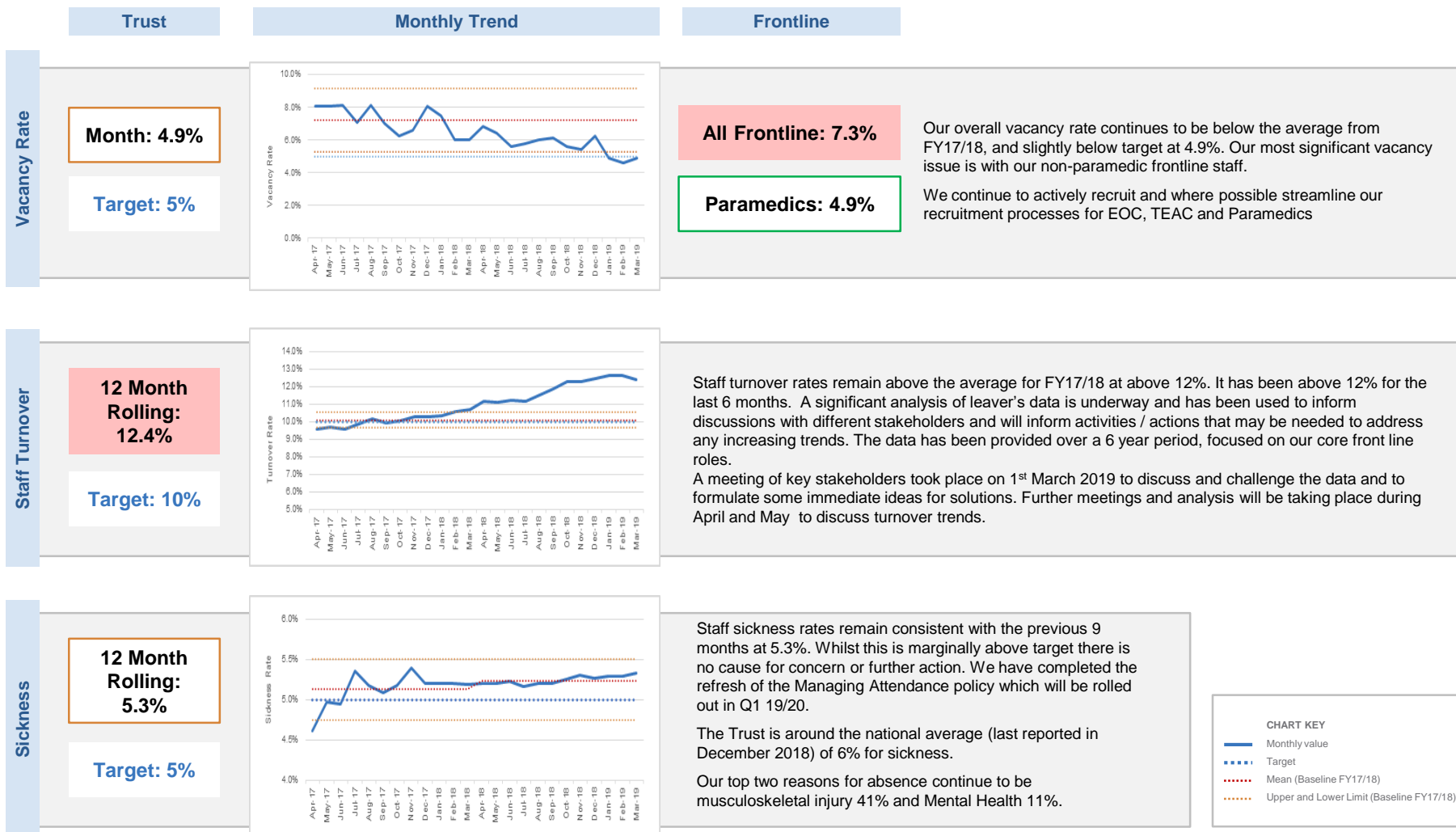
A KPI off target but within agreed threshold

R KPI off target and outside agreed threshold

KPI not reported / measurement not started



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 at 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; 64/69 actions have been completed (and continue to be embedded) and 5 actions are in progress and on schedule/behind schedule.

Adverse Staff Events

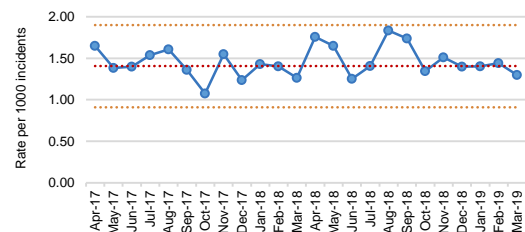
The total number of H&S incidents was 306 resulting in **3.06 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below.

130 (42%) of the H&S related incidents reported during March - 2019 resulted in Low Harm.

6 (2.0%) of the H&S related incidents reported during March - 2019 resulted in Moderate Harm.

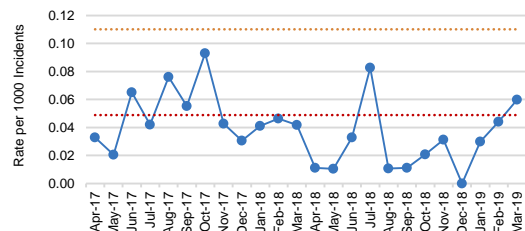
Month: 1.30

Low Harm



Month: 0.06

Moderate



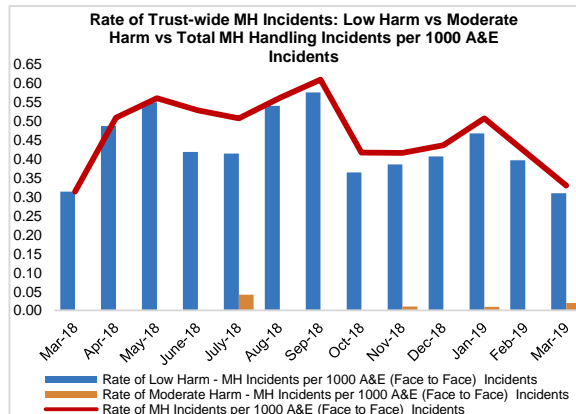
Manual Handling

- Practical manual handling training is on CSR 2019:1 from April-2019.

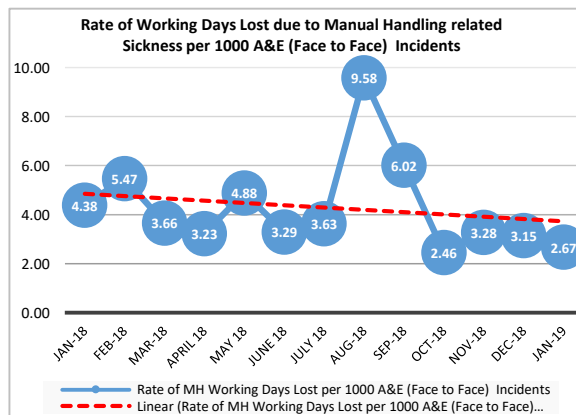
Key Updates:

- There has been a reduction in the incidents reported involving Manger Elks, Track Chairs and Tail lifts as a direct result of new equipment/vehicles being purchased by the Trust along with a redefined maintenance schedule. Monitoring of these incidents continues through various groups.
- The Fire risk assessment programme has commenced which is being undertaken by Trenton Fire.
- Practical Manual Handling training is due to be undertaken by all frontline staff on CSR 2019.1 from April 2019.

Manual Handling



Manual Handling Related Sickness

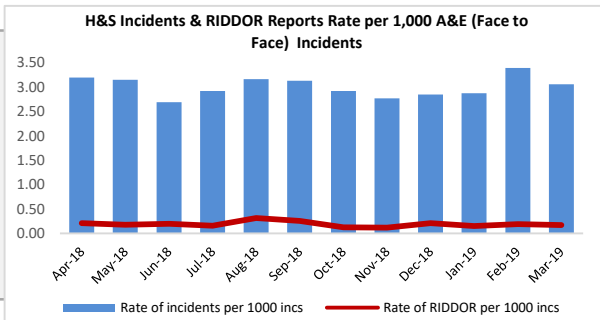




The analysis below looks at 1) H&S Incidents rate & RIDDOR Report Rate *per 1000 A&E (face to face) incidents* 2) RIDDOR Incidents by Cause and 3) Assaults on Staff :

Monthly Trend

Rate of Incidents

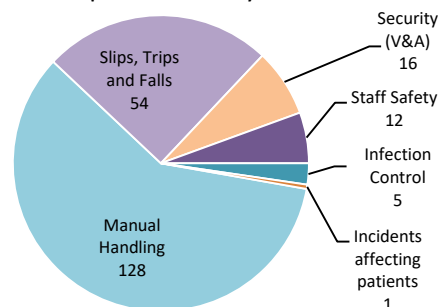


The graph on the left highlights the YTD rate of H&S and RIDDOR incidents per 1000 A&E incidents attended by the Trust.

There is no benchmark/comparable data was received from any of the other ambulance Trusts during March 2019.

RIDDOR by Cause

RIDDOR Reportable Incidents by Cause - YTD



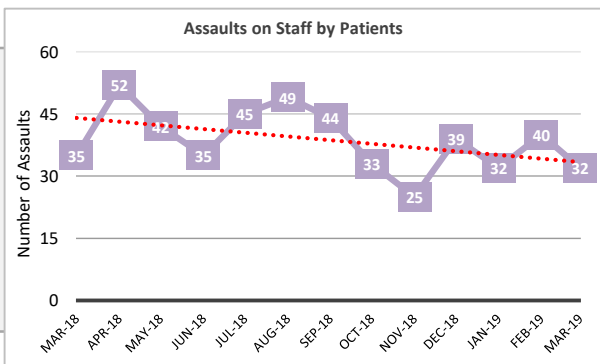
Total of 216 RIDDOR incidents reported to the HSE during 2018/19.

17 RIDDOR incidents reported in March 2019. 3 out of the 17 incidents reported outside the 15 days timeframe.

The Trust wide RIDDOR reporting time frame (<15 days) compliance in March 2019 was **82%**.

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

Assaults



There was decrease in the number of assaults on staff by patient related incidents in March 2019 and the trend is down-ward.

The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

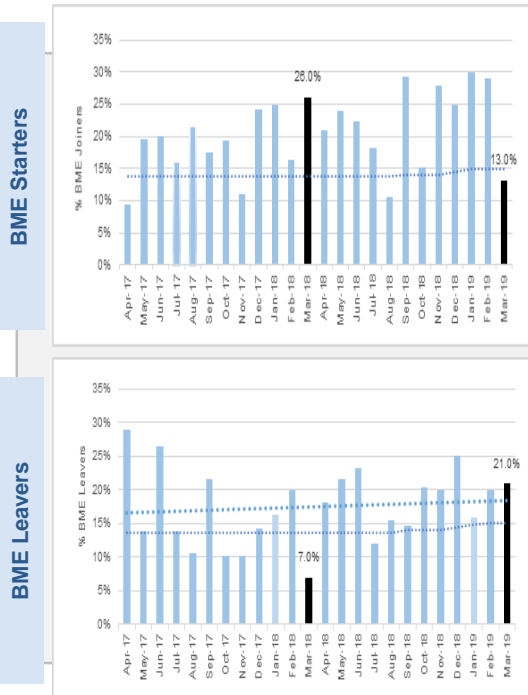


Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

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 March 2019 compared to the current Trust BME profile. This year we have recruited 252 BME staff and 123 BME staff have left.

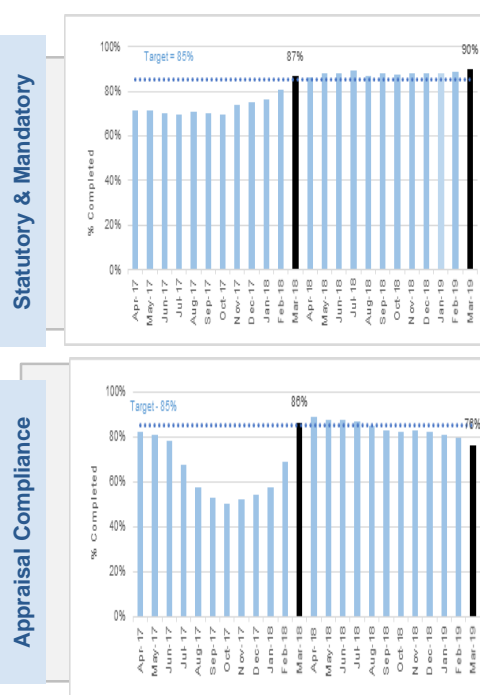


Focus on recruitment to improve BME starter levels including domestic recruitment events, training interviewers, having representative panels and reviewing decisions where BME candidates have failed assessments.

First two women's breakfast well attended and positive feedback. The Trust has achieved its target of 15% BME representation as planned by 31 March 2019. We held our first speed mentoring event for employees to meet with senior managers at the Trust. Low number of BME candidates moving into and staying in core front line roles. Feedback on female experience through selection process at senior level. Planning underway to agree action.

Statutory and Mandatory Training and Appraisals













- Trust compliance in Statutory and Mandatory training is **89.5%** and over 142,000 e-learning courses have been completed since go-live (over 3,000 in March 2019). 99% of all Trust staff have logged into ESR and over 96% have completed e-learning.
- Appraisal completions at **76.2%** at the end of March.



Trust compliance is 90% with Sector Operations at 93% and Corporate 91%. EOC, the subject of the CQC Must Do action, is at 84.5%. CSR2018.1 is 95%, CSR 2018.2 is 80% and CSR 2018.3 is 93%. Information Governance is at 88.7% for March and will increase alongside CSR completions.

PDR Appraisals were at 76.2% at the end of March 2019. This is predominantly linked to a number of Corporate staff (67% compliance) who have become non-compliant and focus is on Business Partners working with their colleagues to achieve 85% compliance. Weekly reports are provided to Corporate Directors to facilitate the required improvement.



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		We have refreshed reporting for EOC recruitment trajectories in line with the new organisational structure. The management team are confident that the restructure and planned recruitment and training activities will enable us to reach establishment within Q1 2019/20. Focus is on identifying new training estate for EOC new recruitments and internal upskilling requirements.
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 workshop has been held with outputs informing the development of the Trust Education Development Strategy being led by Dir of People & Culture, The numbers of recruits and training places has been mapped for 19/20 to ensure demand is met
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
<div>  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 </div> <div>  C Business Plan deliverable complete  Business Plan deliverable not started </div>				



BP.9 EOC Narrative

We started the 2018/19 year with an increased recruitment target of 171 FTE for EMD positions in the 999 Call Centres. Whilst we have more recently been forecasting an end of year gap of 35 FTE, we have recently refreshed the reporting for EOC recruitment trajectories in line with the new organisational structure. This has resulted in an improved forecast of 24fte which we are working with colleagues in EOC to address (see opposite).

The management team are confident that the restructure and planned recruitment and training activities will enable us to reach establishment within Q1 2019/20. Focus is on identifying new training estate for EOC new recruitment and internal upskilling requirements.

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. Professional apprenticeship pathways are being planned to improve retention but will await the completion of the EOC Restructure.

Streamlining of our selection process, including re-assessing pass rates and the introduction of online assessments and, streamlining and improvement of pre-employment checking have also assisted in the recruitment activity. A review of this new approach will be provided to the Operational Resourcing Group for decisions on the way forward.

EOC restructure – the consultation process has concluded with the implementation planned from April 2019. It is anticipated that this will improve retention and other management capacity issues and this will be monitored closely.

Current activity is focused on maximising training places and ensuring the implementation of a new training estate to replace Southwark Bridge Road before the Trust is required to leave in December 2019. Different solutions are being considered, with Bow being the preferred option. A decision is expected to be made in May 2019 to allow sufficient time to set up the accommodation, including installation of terminals capable of running the Command point training module.

BP.9 EOC vacancy position as at 31st March 2019

NB. Please note that there are a number of internal moves due to be implemented in April and May which have resulted from the current restructure in EOC. The position shown below reflects the current EOC staffing and presents the staffing position based on the planned internal moves. The internal moves are between the Emergency Call Handler, Call Co-Ordinator and Emergency Resource Dispatcher roles.

As at 31st March 2019

Role	Band	Funded FTE	Staff in Post	Vacancy FTE	Vacancy %
Emergency Call Handler	3	177	116.85	60.15	34.0%
Emergency Call Coordinator	4	111.1	147.06	-35.96	-32.4%
Total		288.1	263.91	24.19	8.4%
Emergency Resource Dispatcher	5	150	150.28	-0.28	-0.2%
Emergency Call Handling Supervisor	5	10	7.00	3.00	30.0%
Performance Manager - Dispatch	6	10	9.52	0.48	4.8%
Performance Manager - Call Handling	6	10	8.43	1.57	15.7%
Watch Manager	7	20	19.49	0.51	2.6%
Total		200	194.73	5.27	2.6%
Grand Total		488.1	458.64	29.46	6.0%

**Appraisal Narrative**

We started the 2018/19 year with an Appraisal compliance rate of 86% and this has reduced to 76% as at the 31st March 2019.

This is predominantly linked to a number of Corporate staff who have become non-compliant and focus is on Business Partners working with their colleagues to achieve 85% compliance. Weekly reports are provided to Corporate Directors to facilitate the required improvement.

This will be formally brought to the ExCo on a quarterly basis.

Appraisal Position as at 31st March 2019

	31-Jan	28-Feb	31-Mar	18/19 target	To complete
308 London Ambulance Service NHS Trust	81.0%	79.7%	76.2%	85.0%	-8.8%
308 Corporate L3	50.8%	55.8%	66.7%	85.0%	-18.3%
308 CHX Chief Executive L4	58.3%	58.3%	58.3%	85.0%	-26.7%
308 CORP Corporate Governance L4	50.0%	70.0%	66.7%	85.0%	-18.3%
308 SAP Strategic Assets & Property L4	12.9%	11.3%	12.9%	85.0%	-72.1%
308 FIN Finance L4	85.7%	92.9%	82.1%	85.0%	-2.9%
308 IM&T Information Management & Technology L4	60.3%	57.6%	73.0%	85.0%	-12.0%
308 MED Medical L4	57.8%	71.8%	82.5%	85.0%	-2.5%
308 NED Chairman & Non Executive L4	0.0%	0.0%	0.0%	85.0%	-85.0%
308 PER Performance L4	86.7%	73.3%	86.7%	85.0%	1.7%
308 P&C People & Culture L7	78.8%	77.3%	88.1%	85.0%	3.1%
308 Q&A Quality & Assurance L4	42.4%	52.5%	89.8%	85.0%	4.8%
308 S&C Strategy & Communications L4	68.2%	62.5%	79.2%	85.0%	-5.8%
308 Operations L3	85.4%	83.3%	77.6%	85.0%	-7.4%
308 CEN Central Operations L5	74.5%	67.1%	69.7%	85.0%	-15.3%
308 CS Control Services L5	81.5%	79.5%	57.4%	85.0%	-27.6%
308 CS Emergency Operations Centre L6	87.8%	86.4%	60.8%	85.0%	-24.2%
308 NETS Non Emergency Transport Service L5	63.2%	63.2%	61.4%	85.0%	-23.6%
308 OPS Director of Operations L5	81.1%	79.8%	58.8%	85.0%	-26.3%
308 111 & Integrated Urgent Care Services L5	76.2%	67.3%	58.5%	85.0%	-26.5%
308 SEC Sector Operations L5	89.1%	87.8%	84.3%	85.0%	-0.7%
308 SEC North Central Sector L6	84.8%	86.2%	88.7%	85.0%	3.7%
308 SEC North East Sector L6	84.0%	81.0%	72.4%	85.0%	-12.6%
308 SEC North West Sector L6	92.0%	90.8%	86.7%	85.0%	1.7%
308 SEC South East Sector L6	92.9%	92.1%	91.3%	85.0%	6.3%
308 SEC South West Sector L6	90.5%	88.2%	82.5%	85.0%	-2.5%
308 SECM Sector Operations Management L5	55.6%	60.0%	45.5%	85.0%	-39.5%



Public Value Scorecard

March 2019

Indicator (KPI Name)	Basis	Data From Month	FY18/19 Target Status	Current Performance						Outturn	Benchmarking		
				FY18/19 Target	Latest Month	Month Plan	2018/19 Full Year Actual	FY Plan	Rolling (12 Month Average)	2018/19 Outturn	National Data	Best In Class	Ranking (out of 11)
Control Total (Deficit)/Surplus	£m	Mar-19	●	4.4	4.2	3.0	6.6	4.4		6.6			
CIP Savings achieved	£m	Mar-19	●	12.3	1.0	1.0	12.3	12.3		12.3			
CIP Savings achieved - % Recurrent	£m	Mar-19	●	75%	80%		80%			80%			
Use of resources index/indicator	(n)	Mar-19	●	1	1	1	1	1	2	1			
% of Capital Programme delivered	%	Mar-19	●	100%	33%	9%	99%	99%		99%			

● 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

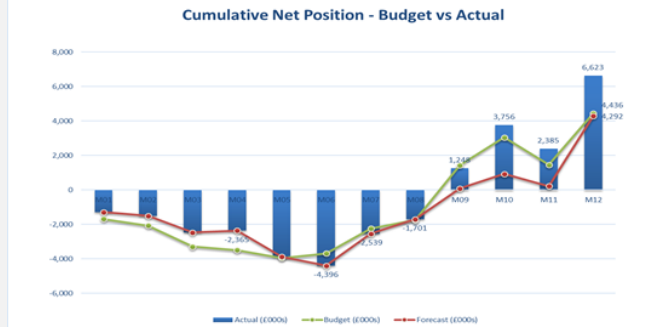


The full year outturn for the Trust is £6.623m surplus which is £2.187m favourable to the adjusted control total surplus of £4.43m. The year ended with a strong cash position of £21.7m which is £7.1m above plan.

YTD outturn vs budget

FY: £6.6m

Budget: £4.4m



- The full year outturn for the Trust is £6.623m surplus which is £2.187m favourable to the adjusted control total surplus of £4.43m. The variance to the revised control total relates to the additional Provider Sustainability Funding (PSF) bonus payment of £2.582m and a shortfall in the national funding for agenda for change pay settlement of £96k (NHS Improvement have agreed this treatment and have overridden the control total breach) and year end impairment £298k due to property revaluation.
- Main contract activity for month 12 YTD is 1.54% higher than contract, and the variable income in relation to this (£4.13m) 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 £0.5m behind planned income at the end of month 12. The Trust has included £4.75m income related to the additional costs for the implementation of ARP requested by commissioners.

Financial Position Metrics

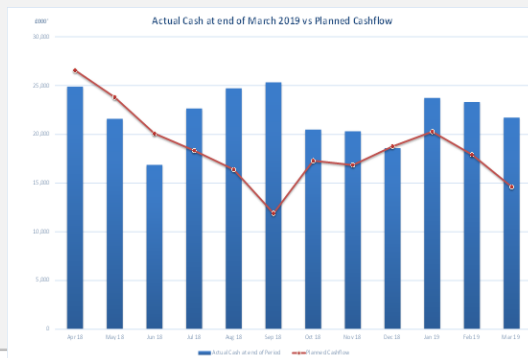
	Month 12 2018-19			YTD Month 12 2018-19			Full Year 2018-19
	Budget	Actual	Variance fav / (adv)	Budget	Actual	Variance fav / (adv)	Budget
Surplus / (Deficits)	2,976	4,238	1,262	4,436	6,623	2,187	4,436
EFL				20,350	13,244	7,106	19,088
CRL				21,788	21,484	304	20,526
Suppliers paid within 30 days - NHS	95%	67%	(28.0%)	95%	88%	(7.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	80%	(15.0%)	95%	83%	(12.0%)	95%
EBITDA %	14.5%	17.2%	2.7%	6.5%	6.8%	0.2%	6.2%
EBITDA	4,889	6,292	1,403	24,837	26,327	1,489	24,128
NRAF (net return after financing)				6.35%	7.11%	0.8%	(1.9%)
Liquidity Days				(1.40)	5.10	6.50	(2.21)
Use of Resources Rating				1.0	1.0	0.0	1.0

- Full Year Capital spend is £21.5m which is £0.3m behind plan. The Trust was awarded £4.7m capital funding from the sustainability and transformation partnership ambulance scheme to buy 25 Ambulances. This is in addition to the £17.1m already planned for 2018/19.
- Non-NHS 80%, NHS 67% performance (volume) for this month, performance is still below 95% target. The Trust is working with ELFS and our own managers to improve performance.

Cash position

YTD: £21.7m

Plan: £20.2m



- Cash is £21.7m as at 31 March 2019, £7.1m above plan. This is made up of a number of offsetting variances. An analysis of the cash position shows that receipts from income are £12.8m above planned due to £6.5m NEL contract income, NHSE £3.9m pay award funding received but not in plan and QBE £1.9m return of deposit and other £0.5m, there are higher than planned creditor payments of £4.8m due to the recovery to normal payment service by our outsourced accounts provider, NEL set-up and operating costs, higher than planned capital payments £2.3m and £4.8m on pay. These are being offset by under payments of £1.5m on provisions. The Trust also received £4.7m in capital funding.



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 12 – March 2019)

	Month 12 2018-19 £000			YTD Month 12 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	32,545	32,600	54	372,033	377,820	5,787	372,033	377,820	5,787
Other Operating Income	1,204	4,048	2,844	9,663	11,974	2,311	9,663	11,974	2,311
Total Income	33,749	36,648	2,899	381,696	389,793	8,097	381,696	389,793	8,097
Operating Expense									
Pay	(23,516)	(22,244)	1,272	(280,932)	(272,388)	8,544	(280,932)	(272,388)	8,544
Non Pay	(5,344)	(8,112)	(2,768)	(75,926)	(91,079)	(15,152)	(75,926)	(91,079)	(15,152)
Total Operating Expenditure	(28,860)	(30,356)	(1,496)	(356,858)	(363,466)	(6,608)	(356,858)	(363,466)	(6,608)
EBITDA	4,889	6,292	1,403	24,837	26,327	1,489	24,837	26,327	1,489
EBITDA margin	14.5%	17.2%	2.7%	6.5%	6.8%	0.2%	6.5%	6.8%	1.7%
Depreciation & Financing									
Depreciation & Amortisation	(1,565)	(1,835)	(271)	(16,241)	(15,503)	739	(16,241)	(15,503)	739
PDC Dividend	(350)	(252)	98	(4,200)	(4,482)	(282)	(4,200)	(4,482)	(282)
Finance Income	4	27	23	67	174	107	67	174	107
Finance Costs	(2)	(3)	(1)	(27)	(24)	3	(27)	(24)	3
Gains & Losses on Disposals	0	10	10	0	131	131	0	131	131
Total Depreciation & Finance Costs	(1,913)	(2,054)	(141)	(20,401)	(19,704)	698	(20,401)	(19,704)	698
Net Surplus/(Deficit)	2,976	4,238	1,262	4,436	6,623	2,187	4,436	6,623	2,187
NHSI Adjustments to Fin Perf									
Remove Dapr on Donated assets	3	3	0	38	38	0	38	38	0
Remove STP funding 2016/17	0	0	0	0	0	0	0	0	0
Adjusted Financial Performance	2,979	4,241	1,262	4,474	6,661	2,187	4,474	6,661	2,187
Net margin	8.8%	11.6%	2.7%	1.2%	1.7%	0.5%	1.2%	1.7%	2.4%

Income

- Main contract activity for month 12 YTD is 1.54% higher than contract, and the variable income in relation to this (£4.1m) 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 £0.5m behind planned income at the end of month 12.
- The outturn currently assumes the Trust will only achieve £4.1m of the budgeted £4.6m growth. The Trust is including £4.75m of additional income for ARP implementation which was invoiced in January. The Trust is holding a provision against this income as it is in dispute.

Operating Expenditure (excl. Depreciation and Financing)

- Pay expenditure is £8.5m lower than plan YTD, due primarily to front line vacancies.
- The underspend on front line pay is partially offset by private ambulance expenditure £4.8m.
- Non-Pay is over by £15.2m full year due to overspends on consultancy & professional fees (£0.9m), conflict resolution training (£0.3m), Subsistence (£0.9m), Uniforms (£0.5m), Adastra in EOC (£0.2m), Fuel (£0.9m), Medical gases and surgical items (£0.1m). This also includes a provision for the risk related to ARP funding in 2018/19 £4.75m

EBITDA

- The Trust delivered an EBITDA of £26,327k to March which represents EBITDA margin of 6.8%.

Depreciation and Financing

- Overall Financial Charges are £0.7m lower than plan to March 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 12 – March 2019)

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Mar-19 YTD Move	Mar-19 YTD Plan	Mar-19 Var
	Actual	Actual	Actual	Actual	Actual	Actual	£000	£000	£000
Opening Balance	25,317	20,488	20,304	18,591	23,723	23,312	30,300	30,300	0
Operating Surplus	3,627	2,499	4,720	4,241	230	5,993	26,015	24,124	1,891
(Increase)/decrease in current assets	(5,520)	(3,764)	(7,053)	(628)	(2,196)	4,212	(8,546)	(4,043)	(4,503)
Increase/(decrease) in current liabilities	(1,537)	1,928	1,034	3,820	2,596	(7,852)	7	507	(500)
Increase/(decrease) in provisions	138	(41)	137	26	162	1,887	1,379	(6,623)	8,002
Net cash inflow/(outflow) from operating activities	(3,292)	622	(1,162)	7,459	792	4,240	18,855	13,965	4,890
Cashflow inflow/(outflow) from operating activities	(3,292)	622	(1,162)	7,459	792	4,240	18,855	13,965	4,890
Returns on investments and servicing finance	19	14	12	16	16	28	174	53	121
Capital Expenditure	(1,556)	(820)	(563)	(2,343)	(1,219)	(7,968)	(28,037)	(25,926)	(2,111)
Dividend paid	0	0	0	0	0	(2,556)	(4,236)	(3,780)	(456)
Financing obtained	0	0	0	0	0	4,662	4,662	0	4,662
Financing repaid	0	0	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(1,537)	(806)	(551)	(2,327)	(1,203)	(5,834)	(27,437)	(29,653)	2,216
Movement	(4,829)	(184)	(1,713)	5,132	(411)	(1,594)	(8,582)	(15,688)	7,106
Closing Cash Balance	20,488	20,304	18,591	23,723	23,312	21,718	21,718	14,612	7,106

Operating Position

- There has been a net outflow of cash to the Trust of (£8.6m), this is £7.1m lower than the planned outflow (£15.7m).
- Cash funds at 31 March stand at £21.7m.
- The operating surplus at £26m is £1.9m above plan.

Current Assets

- The movement on current assets is (£8.5m), (£13m) higher than planned movement.
- Current assets movement was lower than planned due to receivables (£2.4m), accrued income (£4.4m) and prepayments (£2.1m).

Current Liabilities

- The movement on current liabilities is Nil, a £0.5m lower than planned movement.
- Current liabilities movement was lower than planned due to trade and other payables (£1.4m), accruals £0.8m and Deferred income £0.1m.

Provisions

- The movement on provisions is £1.4m, is a £8.0m lower than planned movement.

Capital Expenditure

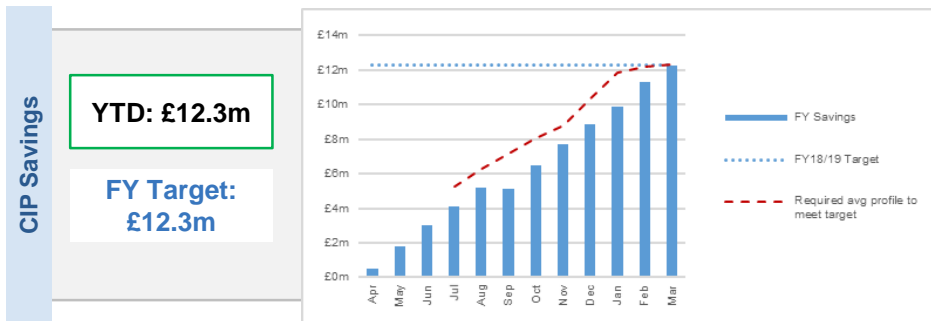
- Capital cash outflow is £28m, is a £2.1m above plan.



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.

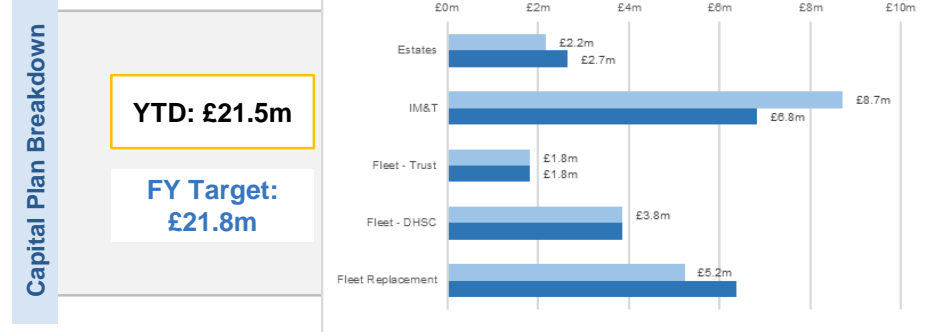
Cost Improvement Programmes (CIPS)

The Trust delivered its £12.3m CIP target in 2018/19 through enhanced programme governance. The Trust delivered 80% of its CIP recurrently.



Capital Plan

- Full year Capital spend is £21.5m against a budget of £21.8m, £0.3m 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 £4.7m 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



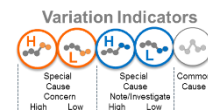
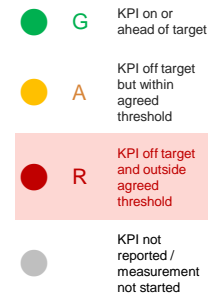
Ref	Business Plan Deliverable	SRO	Status	Comment
BP.20	We will deliver our control total and maintain our use of resources rating with NHSI.	Lorraine Bewes		The Trust delivered its control Total in 18/19 and received an additional £2.6m of bonus incentive funding. The final Trust outturn was £6.9m
BP.21	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 has delivered a total of £12.6m of efficiency savings, 80% 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		Move to BAU
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		The Trust has delivered £21.5m against a £21.8m capital resource limit.
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		Q4 CQUIN has yet to be finalised with Commissioners. Risk included in financial forecast on Conveyance, Flu, Staff Health & Wellbeing results.



Partners Scorecard

March 2019

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)	%	Mar-19	●		60.68%	59.1%	60.0%	59.4%	59.4%				
STP engagement metric (CQUIN)	£m	Mar-19	●	N/A	2.0	1.2	1.2	2.0					
Digital (CQUIN)	£m	Mar-19	●	N/A	2.1	0.3	0.3	2.1					
Call answering - 999 (less than 5 seconds)	%	Mar-19	●		95%	87.5%	95%	86.4%	86.4%				
Call answering - NHS 111 (less than 60 seconds)	%	Mar-19	●		95%	74.2%	95%	84.0%	84.0%				





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 Q3 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	Q9a = 16.0% Q9b = 48.4% Q9c = 46.0%	Q9a = 22.5% Q9b = 52.2% Q9c = 56.1%	£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	<i>Range of targets</i>		£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	68% <i>At 01/03/19</i>	>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	<i>ED Convey = 59.4%</i> <i>H&T = 7.07%</i> <i>S&T = 25.01 %</i>	ED Convey = 60.68% H&T – 4.17% S&T – 26.07%	£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	<i>Range of targets</i>		£3,205k	£2,003k	63%	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	<i>Range of targets</i>		£3,205k	£2,083k	65%	100%
TOTAL					£8,012k	£4,086k	51%	100%

4. Our Partners

Call Answering Metrics

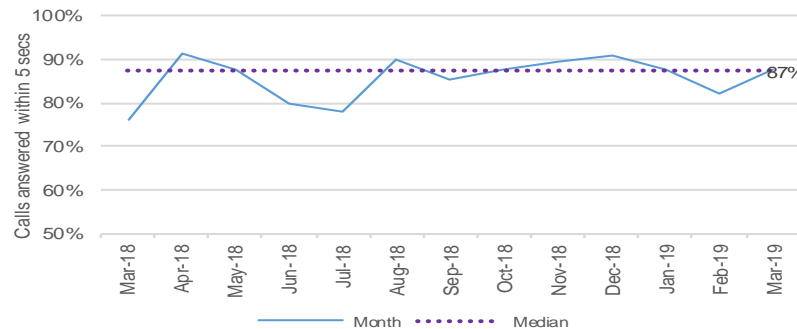


Overall, 999 performance around calls answered within 5 seconds throughout the year saw us achieve 86.4%. Work is ongoing to recruit to vacant posts in EOC which loosely translates to 6% as at March 2019. The management team are confident that the restructure and planned recruitment and training activities will enable us to reach establishment within Q1 2019/20.

The total call volumes for 111 was above the forecasted volume for the month. Our call answering within 60 seconds for the 2018/19 saw us finished at 84%. Therefore number of staff rostered per shift (based on the forecasted call volumes) struggled to fulfil call answering within 60 seconds. One of the assurances provided to commissioners is to look to recruit more staff to improve the call answering outcomes.

999 Call Answering

Month: 87%



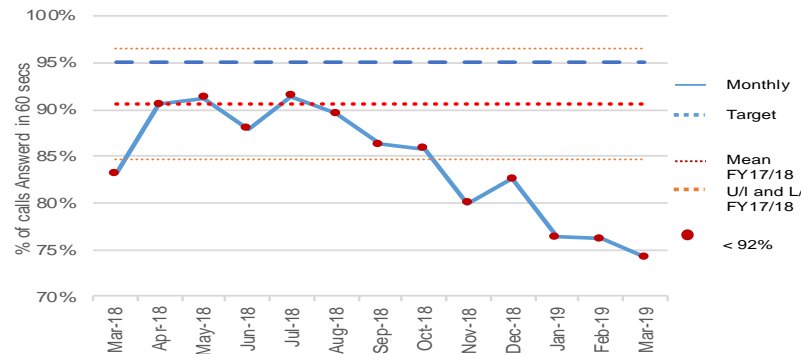
In terms of the Emergency Operations Centres (EOC), 87% of all calls were answered within 5 seconds in March, which was 5% higher than February's call answering performance.

The average call answering was 7 seconds, followed by 17 seconds for 90th centile and 55 seconds for 95th centile. 99th centile finished at 2 mins and 05 seconds.

111 SEL Call Answering

Month: 74.2%

Target: 95%



Demand: SEL answered 36,532 calls in March 2019 compared with 36,636 calls in March 2018 –a marginal decrease of 104 calls.

Efficiency: From December 2018, the percentage of calls answered in 60 seconds or less has continued to dip ending at 74% in March.

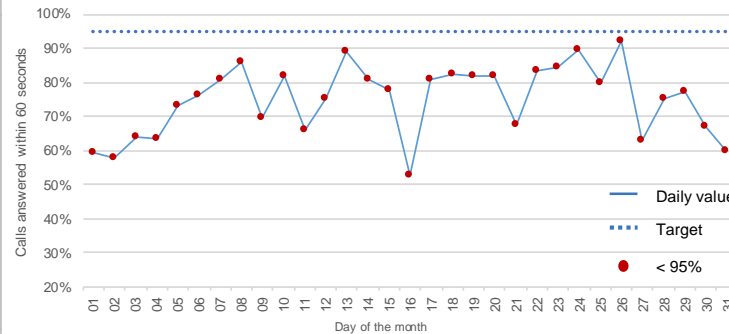
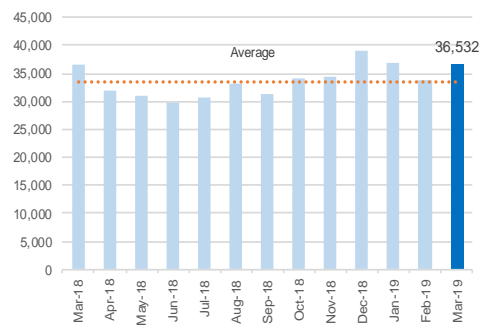
We had a very challenged month during March 2019 failing to meet the SLA of 95% due to staffing challenges. Additionally the balancing from SEL to NEL was prevalent during the weekend period when the call activity were notably higher.



Monthly Calls Answered

Daily Analysis of Calls Answered within 60 secs

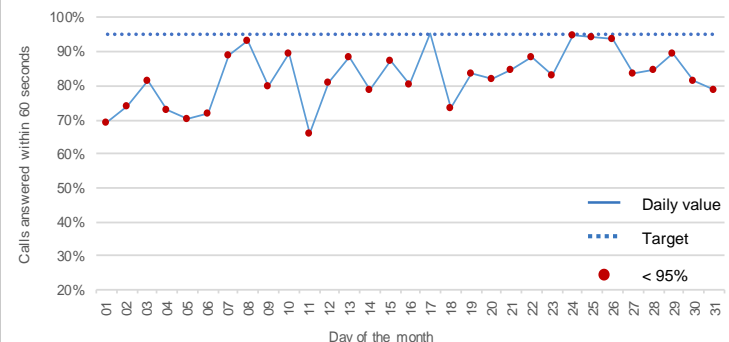
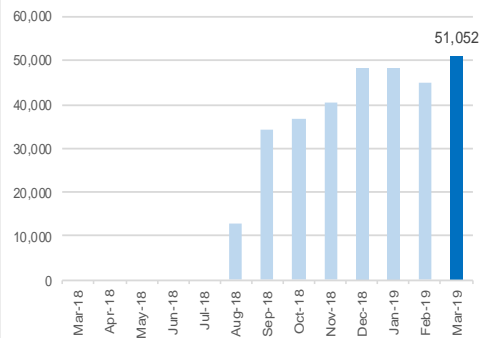
111 South East London



March 2018 and March 2019 saw above average call volumes around call answering finishing circa 3000 more calls against the yearly average.

The 95% target SLA (percentage of calls answered in 60 seconds) was not met during March 2019. However, we were able to achieve call answering performance exceeding 80% on 14 days of this month.

111 North East London







51,052 calls were answered in March, a substantial increase of nearly 6,000 calls answered when compared to February 2019. March has had the highest call answering volume since the implementation of the IUC NEL contract which was rolled out in August 2018.

Call balancing from SEL to NEL has contributed to the higher than usual call answering. Despite this, a significant improvement on the call answering measure within 60 seconds is demonstrated with a return of 83% during March.

During the month of March, 3 out of 31 days saw us achieve the 95.0% or more calls answered with 60 seconds target. Additionally, 19 out of the 31 days saw us achieve 80% or above.



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		Reduce Appropriate Conveyancing has been identified as a programme of work which will continue in 19/20 including improved use of ACPs. Following the review by NHSE the Trust has recalibrated its Hear & Treat activity and performance. As a result of this the Trust has also been able to restate a reduction to 59.4%.
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		Moved to BAU with a programme of continuous development.
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		Move to BAU
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		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. We are anticipating notification of award for the next phase by the end May.



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.16 Reducing ED Conveyance

		Mar-19	Year To Date	Year-end Target
See & Convey to Other % (Excl. HASU & Cath Lab)	LAS	7.04%	6.99%	
	Target	-	-	7.67%
ED conveyance % (Excl. HASU & Cath Lab)	LAS	59.14%	59.40%	
	Target	60.00%	60.65%	60.68%

Our organisational strategy commits to an overall ED conveyance reduction of 10% by 2023. In September 2018, Strategic Commissioning Board agreed an ED conveyance reduction of 1%, on a baseline of 61.4%. In order to achieve this, a conveyance reduction action plan was agreed.

A number of multidisciplinary workshops were held in order to identify how this work could be taken forward in a strategic way to achieve best results. The outputs of that workshop were developed into a draft action plan which was then refined through meetings with the Director of Operations, the Medical Director, the Chief Information Officer, the Chief Clinical Information Officer and other senior managers. This work has been included in the 2019/20 business planning approach and the pertinent actions have been included in the 'Productivity & Efficiency' Programme.

The Trust sought further national clarification on Hear & Treat reporting. The LAS is now compliant with national guidance, moving the Trust into the top performing quartile. However, notwithstanding this reporting clarification on Hear & Treat and ED Conveyance, the Trust did not achieve the improvement in either measure, compared with the refreshed baseline for the purpose of the CQUIN.

A variety of work is already underway with the aim of reducing avoidable ED conveyances

- Our Mental Health Pioneer Service pilot has been operating in South East London and has seen some very positive outcomes. Our interim 3 month evaluation has identified a reduction in ED conveyances from a BAU rate of 53% to 19% within the pilot. Paramedics who have staffed this pioneer service have reported that they are now more confident in treating patients with mental health needs and we will be seeking to build this into the next stage of the evaluation to quantify this additional benefit.
- Our Falls Pioneer Service pilot went live in North West London in March 2019. Whilst it is too early to provide a formal evaluation, we have seen early indications that this pioneer service will deliver the benefits we intended. The first 6 weeks of the pilot have seen an ED conveyance rate of between 15%-60%, with an average of around 35%. This compares favourably with the BAU ED conveyance rate of 75%-77%.
- We have been working with our commissioners and STPs to identify improvements to Appropriate Care Pathways and improve consistency across sectors. This has resulted in an increase in the number of patients conveyed to ACPs from c. 8,300 per month in April 2018 to c. 9,000 per month in March 2019. Due to the overall increase in incidents, this has resulted in the total percentage of incidents being conveyed to a non-emergency department location remaining fairly static over the course of 2018/19



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	<p>SEL mobilisation activities have been completed with the exception of the move to Avaya telephony at Southern House – Avaya implementation planned for June 2019. We went live with In Hours SEL 111 IUC/CAS services on 29 January and with a phased SEL 111 IUC/CAS 24 hours/day service implementation from 26 February. Full mobilisation of services was signed off by NHSE on 26 April for implementation on 7 May 2019.</p> <p>Following a significant amount of work, Adastra has been successfully implemented in the Clinical Hub. This has allowed our clinicians working in the CHUB to refer more 999 patients into appropriate care pathways rather than dispatching a face to face resource. This has led to an improvement in Hear & Treat through that functionality</p> <p>The Hays Managed Service project for the provision of temporary agency resources to support the provision of 111 IUC service for NEL and SEL is progressing to plan. IUC Improvement project has commenced and scheduled to complete by 30 May 2019.</p>	<ul style="list-style-type: none"> • Completion of the Avaya telephony implementation • Progress the Hays Managed Service project • Progress further elements of the iCAT strategy • Identify and progress further IUC improvements opportunities
Pioneer Services	<p>The Mental Health Pioneer Service interim evaluation shows an average ED conveyance rate of 19% for the mental health car compared to 54% for the BAU response. Based on this success we have initiated conversations with the Mental Health Trusts about developing collaborative service delivery for a pan-London provision. This expansion will initially focus on expanding across the South of London</p> <p>The Falls Service pilot in NW is now live providing 7/7 daytime cover with a falls ambulance (falls paramedic and NETS staff member), intermittently supplemented by a falls car (same staffing configuration). Early indications are that ED conveyance rates for the pilot are c. 35% as opposed to 75% for BAU.</p> <p>A review of NETs staff involvement in End of Life (EoL) has been undertaken, a first cut of an EoL strategy has been drafted and an EoL Care Coordinator proposal has been sent to operations for approval.</p> <p>Recruitment of an additional ten Advanced Paramedic Practitioners - Urgent Care (APP-UC) in 2019/20 has commenced.</p>	<ul style="list-style-type: none"> • Finalise and distribute the evaluation of the Mental Health service pilot following three months of operation • End-of-Life strategy draft completed and approved • Recruit APP(UC) Cohort 4 to fill current vacancies with envisaged start in post date of 9th September, operational go-live 7th October. • Business case to be approved by commissioners to recruit 6 WTE Band 6 and one WTE Band 7 midwives to provide a 24/7 presence in Control



Programme

Key Progress & Achievements since last IPR

Priorities for coming months

Spatial Development

- The Conference room furniture was delivered in April 2019, with the A/V equipment installation to complete these works scheduled for end-May 2019.
- The third floor HQ refurbishment was completed in mid-April as planned and staff from the People & Culture directorate have moved in. Works to refurbish a room on the ground floor for use as a quiet room by staff are complete with furnishing of this room scheduled for mid-May. This work has resulted in an increase in occupancy of HQ 3rd floor by 50% and an additional 4 meeting rooms for use by all staff
- Designs for the refurbishment of the first and second floors and communal areas of the headquarters are being progressed, with works planned to be undertaken later in the year.

- Finalise designs for the refurbishment of the communal areas and first and second floors in HQ and commence works to provide space for more staff within the building than can currently be accommodated to allow further consolidation of the corporate estate into fewer buildings.
- The finance team will relocate to Union Street to vacate Morley Street and allow the closure of this site. Morley Street is scheduled to be returned to the landlord on 31st May 2019. This will yield annual revenue savings of £120k.
- Upgrades to toilet facilities and the completion of a staff quiet room in HQ.

Connecting Clinicians

- ePCR procurement and Full business case was completed in 18/19 Q4, however when costs and benefits were reviewed alongside the business planning priorities, the cost of procuring an ePCR in isolation was deemed to be high. Following the Carter Review, the costs attributed to running the Computer Aided Despatch (CAD) system were reviewed and concluded that a potential cost saving would be to replace the CAD system and the other integrated applications. A paper was presented to the Executive Committee on 26 March setting out the case to replace the existing Emergency Operating Centre (EOC) systems used for call handling, triage and dispatch. The Executive Committee agreed that the Trust should build on the work already undertaken to support the ePCR development and explore and scope a programme to replace the CAD and associated systems.
- The new Summary Care Record additional (SCRa) mobile application that went live on 17 April will provide our clinicians with mobile access to all the SCRa information using a virtual smart card through the use of biometric authentication.

- Develop programme scope for new CAD – ePCR programme
- Plan pan London roll out of SCRa mobile application
- Prepare system specification new CAD system procurement
- Prepare Ambulance Despatch as-is process maps required to support the CAD procurement process

Ready, Set, Go (Medicines Management)

- **Secure Drug Rooms** – Preparations have been made for the IM&T Transition of all project systems and processes to commence and be funded in 2019/20. Designs and plans have also been prepared for the 4 postponed sites (and one extra site) from Phase 1. Fifteen sites for Phase 2 have been provisionally selected for Drug Rooms based on operational need. A review of this list has commenced by the Estates Strategy Project.
- **Multi Dose Pack** – Temporarily on hold due to delayed testing of final phase of Kit Prep 1 and development of kit Prep 2.
- **Primary Response Bags** – ALS rollout commenced on 8 April 2019 at Ilford Hub for a period of 6 – 8 weeks and on schedule. Initial feedback is very positive. Main concerns around equipment and 24 hour vehicles which are being addressed. Quick wins have been implemented
- **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 - connectivity at Deptford now resolved. Logistics app testing set to commence

- Completion of final five secure drug rooms as part of phase one of Ready Set Go programme
- Final testing of last phase of Kit prep 1, design development of Kit prep 2 and a redesign of medicine management I pads.
- ALS Rollout commenced 8 April in NE sector; Phase 1 at Ilford over a period of 6-8 weeks. Collate learning to inform rollout at the next hub. Finalise Primary Response agB design and place order
- End to end testing of kit prep 1 and design of Kit prep 2



Programme

Key Progress & Achievements since last IPR

Priorities for coming months

Contracting and contractual form

- The main work regarding contract preparation was completed as part of the business planning process reported to the Finance and Investment Committee in January 2019.
- Initial gap of £25m has been reduced to £10m. Main areas of gap is £5.4m to fund delivery of the national performance standards (ARP) and a £4.5m technical adjustment relating to H&T efficiency.
 - Final NHS National Standard Contract and CQUIN guidance publications now published.
 - The substantive Head of Contracts, Commissioning, and Costing has started in post.

- Completion of arbitration papers
- Continued liaison with NHSI to ensure their ongoing support for the LAS position.
- Finalisation of non-financial contract schedules.
- Contractual requirements requiring operational delivery to be agreed in advance and then this agreement communicated back to Operations. These will include local workplans for example CQUINs, KPIs, Quality Reporting and Service Development Improvement Plans.

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 Directors of Strategy & COO forum
- Pan-London ACP and Demand Management Board
- STP A&E Delivery Boards
- London Directors of Strategy Forum
- STP Programme & Clinical Boards
- SWL Transformation & Delivery Board
- SEL Providers Federation
- NEL Strategy Directors Meeting

Progress since the last IPR

- We have successfully achieved 100% award for Quarters 1-3 of the STP engagement CQUIN.
- We have submitted the Q4 report for the STP engagement CQUIN and we will present the evidence on 15 May 2019. Commissioners and STPs have requested that this report includes a 'statement of intent' for engagement in 2019/20 as this CQUIN will no longer exist.
- Detailed 'STP Insight Packs' have been finalised and are now ready for circulation to Trust Board and others who would find them useful.

Key priorities for the coming months

- Working with the Mental Health Trusts and commissioners, we are developing a potential partnership model for staffing our Pioneer Service and co-developing service developments as outlined in the NHS long term plan; as well as developing a proposal for commissioners.
- Gathering intelligence on STP plans for the creation of Integrated Care Systems (ICSs) and agree how to influence to ensure LAS is integral in STP thinking.
- Distributing STP Insight Packs to Trust Board and ExCo.



Enabling Strategies

Strategy	Lead Director	Progress since last IPR	Key progress over coming months
People & Culture Strategy	Patricia Grealish, Director of People & Culture	Design work on the agreed strategy document has commenced and shared with the SRO. Final design to be signed off.	Agree design work and publish on the Pulse and in the RIB.
IM&T, Data & Digital Strategy	Ross Fullerton, Chief Information Officer	Following sign-off of the strategy at the end of March 2019, the document is currently undergoing design work led by Communications.	Finalise wording for the executive summary and agree design of the full document and publish.
Clinical Strategy	Fenella Wrigley, Medical Director	The draft clinical strategy outline is currently with the CEO for comment. Further iterations of the document will be developed based on feedback / engagement.	Planned timescales are for the strategy to be presented to Quality Assurance Committee on 09.07.19 and Trust Board 30.07.19.
Quality Strategy	Trisha Bain, Chief Quality Officer	The strategy was presented to Trust Board in March 2019 along with the annual Quality accounts.	Publication of the strategy.
Estates Strategy	Benita Mehra, Director of Strategic Assets & Property	Further iterations have been developed. The estates strategy is currently in final draft form	Planned timescales are for the strategy to be presented to the Logistics & Infrastructure Committee and Trust Board within the next few months
Volunteering Strategy	Fenella Wrigley, Medical Director	The strategy has been drafted and discussed with the SRO Fenella Wrigley and currently with the CEO for comment.	Planned timescales are for the strategy to be present to Trust Board in July 2019
Patient and Public Involvement Strategy	Trisha Bain, Chief Quality Officer	The strategy has been drafted and the stakeholder engagement analysis work has been completed by Judy Hague. The findings of this analysis are being reviewed and incorporated into the strategy.	Timescales and scope of strategy to be agreed with CEO and Chair.
Learning & Education Strategy	Patricia Grealish, Director of People & Culture	An engagement workshop was held on 09.04.19 to discuss Corporate / Support staff requirements and feedback incorporated. The strategy has been drafted.	Planned timescales are for the strategy to be presented to the People & Culture Committee 20.05.19 and Trust Board 23.05.19.
Commercial Strategy	Lorraine Bewes, Director of Finance	Development of this strategy is pending the appointment of the recently advertised 'Head of Commercial' post.	Commercial Strategy update key progress: Head of Commercial has been appointed and will start in July.



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Board Assurance Framework and Corporate Risk Register			
Agenda item:	14			
Report Author(s):	Frances Field, Risk and Audit Manager			
Presented by:	Philippa Harding, Director of Corporate Governance			
History:	Consideration by Executive Committee and Board Assurance Committees			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
This paper provides the Board with an updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR) 2019.				
Recommendation:				
The Board is asked to comment on this report.				
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 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"/>			

Board Assurance Framework (BAF)

Current BAF Risks

1. The risks currently on the BAF are set out below in descending order of severity. Information about the Trust's Risk Appetite can be found on page 2 of the BAF (attached).

Severity	Risk	Risk Owner	Scrutinising Committee	Comments
3	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	
4	BAF Risk 54 There is a risk that the Trust will not be able to meet KPI's within its 111/IUC contracts as a result of challenged specialist trained resource requirements and performance which may result in the Trust not fully delivering its strategy.	Paul Woodrow Director of Operations	Quality Assurance Committee	
5	BAF Risk 55 The preferred LAS strategy may not be deliverable within the Trust's timeframe due to the scale of investment and resource required and current system contracting arrangements.	Lorraine Bewes, Director of Finance and Performance	Finance and Investment Committee	
6	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 and Performance	Finance and Investment Committee	Proposed amendment to drafting to reflect preparedness of the Trust – see attached BAF
Proposed risks for removal/de-escalation from the BAF				
	BAF Risk 52 There is a risk that the Trust will not deliver the required financial targets through an inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards.	Lorraine Bewes, Director of Finance and Performance	Finance and Investment Committee	
	BAF Risk 50 Current UPS capacity is	Benita Mehra, Director of	Logistics and Infrastructure	Proposed for closure

	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.	Strategic Assets and Property	Committee	following consideration by the Logistics and Infrastructure Committee
Proposed additions to the BAF				
1	BAF Risk 57 There is a risk that the Trust will not deliver the required control total through an inability to secure additional funding required from commissioners in 2019/20 and beyond to fund the delivery of national performance standards.	Lorraine Bewes, Director of Finance and Performance	Finance and Investment Committee	
2	BAF Risk 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets	Patricia Grealish, Director of People and Culture	People and Culture Committee	

Risk discussions in March, April and May

Board Assurance Committees

Finance and Investment Committee

Discussion of current risks:

2. The Finance and Investment Committee considered BAF Risk 52 at its meeting on 14 May 2019. At this meeting it was agreed to recommend to the Board that this should be de-escalated from the BAF (in light of the fact that the 2018/19 financial year had passed) and that this should be replaced with a similar risk relating to the delivery of the Trust's control total in 2019/20. At this meeting the Finance and Investment Committee also considered that BAF Risk 53 should be re-drafted to reflect the level of preparedness of the Trust for the uncertainties associated with the UK's departure from the European Union.

Horizon-scanning discussion of risk:

3. In light of the implications of current system contracting requirements, the Finance and Investment Committee agreed at its meeting on 12 March 2019 to propose a risk for addition to the BAF relating to the possibility that the preferred LAS strategy may not be deliverable within the Trust's timeframe due to the scale of investment and resource required and current system contracting arrangements. This risk is also in line with the horizon scanning discussion at the meeting of the Audit Committee on 11 February 2019, which referred to the risk that Strategic Transformation Partnerships may not prioritise the funding required by the Trust to deliver its strategic priorities. The proposed additional BAF risk was agreed by the Board at its meeting on 26 March 2019. Further discussion of this risk suggests that additional work is required to consider the question of whether it should also address the Trust's structural preparedness for working with the new organisational structures associated with the NHS Long Term Plan (see paragraph 21 below).

People and Culture Committee

Horizon-scanning discussion of risk:

4. The People and Culture Committee at its meeting on 13 March 2019 identified the following potential risks for further consideration by the Executive Committee (ExCo):
 - a. The workforce implications of the NHS Long Term Plan.
 - b. Risks associated with the current level of vacancies and turnover within the Operations directorate.
5. Consideration has been given to the risk associated with the workforce implications of the NHS Long Term Plan and the ExCo has agreed to recommend to the Board that this should be added to the BAF (see paragraphs 11-18 below) Following discussion at the Risk, Compliance and Assurance Group meeting on 25 April 2019, this risk has been added to the Corporate Risk Register. Further work is being undertaken with regard to determining the level of this.
6. An oral update will be provided at the Trust Board meeting with regard to the risk discussions taking place at the People and Culture Committee meeting on 20 May 2019, in light of the fact that this meeting takes place after the despatch of papers to the Trust Board.

Quality Assurance Committee

Discussion of current risks:

7. The Quality Assurance Committee meeting on 19 March 2019 agreed to propose to the Board the addition of a BAF risk relating to the Trust's ability to meet KPI's within its 111/IUC contracts as a result of challenged specialist trained resource requirements and performance which may result in the Trust not fully delivering its strategy. This proposed additional BAF risk was agreed by the Board at its meeting on 26 March 2019. Progress in mitigating this risk was noted at the Quality Assurance Committee meeting on 07 May 2019. No other potential BAF risks were identified at this meeting.

Horizon-scanning discussion of risk:

8. The Quality Assurance also considered the workforce risks referred to by the People and Culture Committee. Further information about this is set out below (paragraphs 11-18).

Audit Committee

9. The Audit Committee meeting on 16 May 2019 considered the proposed amendments to the BAF as set out in this report. There were mixed views from the Committee as to whether the security risk considered by the Risk, Compliance and Assurance Group and the ExCo (see paragraphs 11 and 19-20 below) was one that should be included on the BAF. It was proposed that this should be discussed further at the meeting of the Trust Board.

Trust Board

10. At its meeting on 26 March 2019, the Trust Board discussed the Uninterruptable Power Supply (UPS) project at Bow which had been delivered in the first week of February as planned; however a power failure in the Bow area had highlighted that the UPS did not automatically address a loss of power supply, leading to a temporary shutdown of the Emergency Operations Centre (EOC) at Bow. The Board was assured that the incident had been mitigated but that investigation continued to understand the issue. Board members were also assured that the core EOC for LAS was conducted from Waterloo, and was secure. The Board was assured that the patients affected at that time had been provided with appropriate care and conveyance. The Chair also sought assurance that staff were supported during the issues experienced at Bow and it was confirmed that staff had been involved throughout the planning of the UPS project and their support had been recognised. In light of this, Board members considered it appropriate that the risk of the failure of the UPS should continue to be retained on the Trust's BAF.

Risk, Compliance and Assurance Group

11. The Risk, Compliance and Assurance Group (RCAG) met on 25 April 2019 and discussed significant concerns in relation to the risk associated with the security of the Trust's estate, as well as the associated safety of staff. Following the meeting the risk is being assessed with a view to it being proposed for inclusion on the BAF.
12. The RCAG also discussed the risk faced by the Operations directorate associated with the number of operational vacancies currently within the organisation. It was agreed by the RCAG that this risk should be assessed by the Operations Resource Group and reviewed by the People and Culture Committee to determine the level of the risk to the organisation and whether it was a BAF level risk.

Executive Committee

Workforce risk – changing landscape of the NHS:

13. ExCo members at their meeting on 15 May 2019 considered the risks associated with the changing landscape of the NHS. It was noted that recruitment to the Trust's core front line registered clinical roles has long been a challenge. This has been due to the under supply of paramedics in the UK which the Trust has responded to by introducing internal development pathways and running recruitment campaigns overseas (Australia).
14. In December 2018, the nationally recognised role of Band 6 paramedic was mandated by NHS Employers and HEE as degree qualified role. This is a pillar of the plan to professionalise the paramedic role and provide an attractive career pathway to attract and retain talent. The NHS Ten Year Plan and Lord Patrick Carter's Review on Variation within Ambulance Trusts have further highlighted where challenges lie for the Trust to build a sustainable paramedic workforce for London. These include 'right sizing' the funded number of paramedic student places (which forecasts do not align with Ambulance Trust forecast of future demand) and developing other opportunities for paramedics to practice outside a purely Ambulance setting (for example in Primary Care).

15. For the past two years the Trust has been developing a longer term planning approach to core front line roles. Collaboration with other English Ambulance Trusts has formed part of the approach as AACE set workforce sustainability as one of the priority areas of its work programme for 2019/20.
16. A newly formed Strategic Workforce Planning Group will meet formally for the first time in June 2019. A number of informal meetings have already been held to surface the key issues for the work of the group to tackle in future. It is vital that the Group crosses all functions as the Trust developed key tools and experience to ensure consideration of all variables that may affect our ability to attract and retain qualified paramedics.
17. The paramedic role remains on the 'shortage skills' registered and is therefore suitable for visa award, which allows the Trust to continue to pursue overseas recruitment from suitable aligned countries (e.g. New Zealand, Australia, Canada).
18. Given the direction of travel set out in the NHS Ten Year Plan and the Trust's own experience over the past 5 years of the recruitment challenges – exacerbated by the London dimension (high cost of living and travel), the ExCo agreed to propose to the Board that the risk to a sustainable workforce, articulated as follows, should be added to the BAF:

"The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets"

Security:

19. At their meeting on 15 May 2019, ExCo members also considered the question of whether or not to recommend the following risk for inclusion on the BAF:

"Risk of theft, criminal damage and vandalism due to the lack of robust and inadequate security arrangements at LAS properties/sites"
20. The ExCo concluded that, whilst it was a highly rated risk, it was not one which was likely to impact upon the achievement of the Trust's strategic objectives. In light of this it has not been proposed for inclusion on the BAF, although it is on the Trust's Corporate Risk Register (CRR) (Datix ID 679). Further information can be found in paragraph 25 below and the attached CRR. It should be noted that the Audit Committee had mixed views as to whether this was appropriate and the trust Board is invited to consider the question further.

Horizon-scanning discussion of risk:

21. Following discussions at the ExCo meeting on 15 May 2019, it was agreed that BAF risk 55 may require re-drafting to address the question of whether the Trust is appropriately structured to work with new organisational structures (i.e. ICSs).

Horizon scanning – follow up work

22. Individual horizon scanning risk discussions with Directors took place early in March, giving them an opportunity to focus on matters of concern to them which could have an impact on the organisation in the future. The Risk and Audit Manager met with each Director and assembled the feedback into a themed summary of the key areas, which they felt posed the biggest risks to the organisation achieving its objectives. The table below sets out the key areas of risk identified and the action taken in relation to each:

a. There is a risk that we will not maintain our rating of good in our next CQC inspection due to the current nature of concerns being raised, in relation to the impact of re-structures across the Trust and the timescales in which to improve the position.	This risk has been reviewed by the Quality Directorate and has been assessed as a Directorate / local level risk with a current rating of 8.
b. There is a risk to reaching our rating of outstanding aim in April 2020 due to our current infrastructure shortfall and ability to support day to day delivery of our specific quality plans, alongside the drive to implement our strategic aims.	This risk has been reviewed by the Quality Directorate and has been assessed as a Directorate / local level risk with a current rating of 8.
c. There is a risk that we will not maintain good CQC rating due to the financial support to roll out secure drug rooms which have led to substantial delay to the requirements outlined in the previous CQC report.	Corporate Risk ID 736, relating to the slippage to the timescales of the Secure Drugs Room project. Risk reviewed by RCAG on 25 April 2019. The risk score has been reduced due to the mitigations in place.
d. There is a risk that our substantive workforce numbers will be affected by the changing landscape of NHS, enabling other working opportunity for paramedics to be employed which will add pressure on our workforce. (Need to have a flexible recruiting model, to compete in a highly competitive market of delivering clinical services by having a solution to deliver flexible employment solutions.)	Proposed addition to the BAF (see above).
e. There is a risk that without a Trust-wide robust structure for strategic workforce planning, we will not be able to build a sustainable workforce model.	Proposed addition to the BAF (see above).
f. There is a risk that we will not keep up with wider sector transformational change in care delivery, including digital technology and regulatory requirements, which may impact our ability to deliver our strategy.	Specific issues are being addressed around the use of iPads by paramedics by Ross Fullerton and Stuart Crichton who are assessing the level of this risk. Ross Fullerton and Vic Wynn are evaluating the level of investment money available to support the Digital Strategy to assess the level of this risk.
g. There is a risk that commissioners do not adequately fund the ARP operational model. This will make the delivery of response time standards for Cat 2 and Cat 3 patients challenging.	Factored into BAF risk 55
h. There is a risk that the organisation's progress to deliver efficiencies identified in reducing our estate footprint and optimising our triage	Reviewed by Ross Fullerton – this will be factored into the risks associated with the programme which is currently being mobilised following approval by the Board

systems (CAD), will be held back due to people's resistance to change resulting in industrial disputes. (Needs to be well planned to get the buy in of all stakeholders internal and external to understand the rationale for change.)	on 26 March 2019.
i. There is a risk that if we do not establish a clear organisational structure to drive culture change which will enable the organisation to develop (e.g. roll out our visible re-engaging leader programmes), we will not achieve the desired cultural change to deliver our strategy.	This risk is being considered by the Director of People and Culture and will be reported to the People and Culture Committee in July 2019.
j. There is a risk that if we don't work effectively with our STP's to address any conflicts early, as a result of changes in commissioners' arrangements, tariff and personnel changes, this may work against the organisation delivering its strategy.	Factored into BAF risk 55

23. At its meeting on 11 February 2019, the Audit Committee considered the content of the BAF, following discussion of this at the Board meeting on 29 January 2019. The Committee gave particular consideration to horizon scanning in relation to potential future risks. In this discussion the following risks were identified for further consideration by the ExCo:

- a. The potential opportunities/risks associated with delivery of the Carter Report.
- b. The potential risks associated with changes to the GP contract and the implications that this might have for the recruitment and retention of paramedics.
- c. The risk that STPs may not prioritise the funding required by the Trust to deliver its strategic priorities.
- d. Possible risks associated with the implementation of changes to the national specification for ambulances.

24. The fourth of these risks has already been approved by the Board for addition to the BAF (Risk BAF Risk 55 - the preferred LAS strategy may not be deliverable within the Trust's timeframe due to the scale of investment and resource required and current system contracting arrangements). Work is being undertaken to assess the others.

Corporate Risk Register

Highly-rated CRR risks not included on the BAF

25. The following two risk 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 budding 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 679 - Risk of theft, criminal damage and vandalism due to the lack of robust and inadequate security arrangements at LAS properties/sites.

Frances Field Risk and Audit Manager

Board Assurance Framework – May 2019

		Rare	Unlikely	Possible	Likely	Almost Certain	IMPACT Catastrophic Major Moderate Minor Negligible
	Catastrophic		50	45			
	Major			54	52 53 55		
	Moderate						
	Minor						
	Negligible						
LIKELIHOOD Risk Severity <div style="display: flex; justify-content: space-between;"> <div> <div style="width: 20px; height: 10px; background-color: red; border: 1px solid black;"></div> High Risk (15-25) <div style="width: 20px; height: 10px; background-color: orange; border: 1px solid black;"></div> Significant Risk (8-12) <div style="width: 20px; height: 10px; background-color: yellow; border: 1px solid black;"></div> Moderate Risk (4-6) <div style="width: 20px; height: 10px; background-color: lightgreen; border: 1px solid black;"></div> Low Risk (1-3) </div> <div> Key <div style="width: 20px; height: 10px; background-color: lightgrey; border: 1px solid black;"></div> Net risk rating <div style="width: 20px; height: 10px; background-color: darkblue; border: 1px solid black;"></div> Gross risk rating = net risk rating </div> </div>							In order of severity: BAF Risk 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period. BAF Risk 54 There is a risk that the Trust will not be able to meet KPI's within its 111/IUC contracts as a result of challenged trained specialist trained resource requirements and performance which may result in the Trust not fully delivering its strategy. BAF Risk 55 The preferred LAS strategy may not be deliverable within the Trust's timeframe due to the scale of investment and resource required and current system contracting arrangements. BAF Risk 53 (Revised wording) There is a risk that the normal business continuity arrangements followed by the Trust will need to be enhanced in the event of a no deal departure from the EU due to the unknown nature and extent of the potential disruption to business. Proposed for removal from the BAF: 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. BAF Risk 52 There is a risk that the Trust will not deliver the required financial targets through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards. Proposed for addition to the BAF: BAF Risk 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets BAF Risk 57 There is a risk that the Trust will not deliver the required control total through an inability to secure additional funding required from commissioners in 2019/20 and beyond to fund the delivery of national performance standards.

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 ensure the achievement of the organisation's strategy 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

<p>GOAL 1 Provide outstanding care for our patients</p>	<p>DELIVERABLE</p> <ol style="list-style-type: none"> 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.
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Links to Deliverables	BAF Risk	Further mitigation required
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.
1, 4	54 There is a risk that the Trust will not be able to meet KPI's within our 111/IUC contracts as a result of challenged specialist resource requirements and performance which may result in us not fully delivering our strategy.	<ul style="list-style-type: none"> • Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan. • Agile approach to the mitigation of risks. • Seeking additional stakeholder support from the wider urgent care system in London. • Phased approach to implementation of SEL based on learning identified during the NEL mobilisation. • Additional capacity and capability engaged to assist in the delivery of the improvement plan. • Further collaborative opportunities being explored with identified potential partners

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
9	56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets	<ul style="list-style-type: none"> Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers Consider different non-registered clinical skills mix models which will support our diversity and provide an internal development route to registered clinician Develop a training package that will support apprenticeships at L3 (Band 4 role); L4 (Band 5) role Establish an apprenticeship programme for paramedics

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
17	54 There is a risk that the Trust will not be able to meet KPI's within our 111/IUC contracts as a result of challenged specialist resource requirements and performance which may result in us not fully delivering our strategy.	<ul style="list-style-type: none"> • Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan. • Agile approach to the mitigation of risks. • Seeking additional stakeholder support from the wider urgent care system in London. • Phased approach to implementation of SEL based on learning identified during the NEL mobilisation. • Additional capacity and capability engaged to assist in the delivery of the improvement plan. • Further collaborative opportunities being explored with identified potential partners

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
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
20, 21, 23, 24	55 The preferred LAS strategy may not be deliverable within the Trust's timeframe due to the scale of investment and resource required and current system contracting arrangements.	<ul style="list-style-type: none"> • Develop budget and business case training programme as part of Trust Management Development programme to support financial strategy. • Complete directorate level benchmarking process for identifying additional opportunities for efficiency improvement and development of an evidence-based strategic multi-year savings programme. • Confirm target operating model, demand & capacity plan, workforce plan and budgets for next 3 years. • Present case to NHSE/I for LAS commissioning to be streamlined and to recognise specialist role for co-ordinating integration of emergency and urgent care services.
Proposed for removal from the BAF		
20	52. There is a risk that the Trust will not deliver the required financial targets through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards.	<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.
23	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	<ul 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.

Proposed for addition to the BAF

20

57 There is a risk that the Trust will not deliver the required financial targets through the inability to secure additional funding required from commissioners in 2019/20 and beyond to fund the delivery of national performance standards.

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BAF Risk no. 53 There is a risk that the normal business continuity arrangements followed by the Trust will need to be enhanced in the event of a no deal departure from the EU due to the unknown nature and extent of the potential disruption to business				
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)		
Change since last review:		Additional assurance provided (5)		
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 taking into account all of its services including 999 / 111 / IUC.		Gross Rating	Current/Net Rating	Target Rating
		16	16	8
Existing Controls		Positive Assurance of Controls		
<div>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.</div> <div>2. The Trust’s standing orders allow for urgent decisions to be taken when necessary.</div> <div>3. The Trust has business continuity plans in place which are being tested in the context of hypothetical EU exit scenarios.</div> <div>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.</div> <div>Gap in controls</div> <div>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.</div>		<div>1. Exit from the EU to be a standing item on the Executive Committee agenda going forward.</div> <div>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 with standing reports on logistics, fleet parts and fuel, procurement, drugs supplies including Frimley Park, communications and EPRR and Business Continuity.</div> <div>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.</div> <div>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.</div> <div>5. IUC/111 clinicians in the CAS are receiving increased requests for longer prescriptions which is being mitigated through a medicines bulletin being sent to staff.</div>		
6. Further Actions		Responsible Person/s		Due Date
<div>1. All teams within LAS to be added to GRS to ensure central data available on leave across the organisation.</div> <div>2. Local business continuity plans require review to ensure EU response ready – All departments to review local business continuity plans and update as required.</div> <div>3. Identify and agree preferred security solution to protect fuel stocks.</div> <div>4. Confirm level of fuel stocks to address the civil contingency act requirement to supply 20 days’ supply.</div> <div>5. Executives to present their nominated representatives to Michael Ward, to attend situation reporting meetings.</div>		<div>1. Chris Randall, Head Workforce Analytics, HR</div> <div>2. Sarah Rodenhurst-Banks, Head of Business Continuity.</div> <div>3. Justin Wand, Deputy Director of Fleet and Logistics.</div> <div>4. Justin Wand, Deputy Director of Fleet and Logistics.</div> <div>5. Executive Team</div>		<div>End May 2019</div> <div>End May 2019</div> <div>End May 2019</div> <div>End May 2019</div> <div>End May 2019</div>
Signed: Lorraine Bewes				

BAF Risk no. 55 The preferred LAS strategy may not be deliverable within the Trust's timeframe due to the scale of investment and resource required and current system contracting arrangements.

Risk Classification: Finance	Risk Owner: Lorraine Bewes	Scrutinising Committee: Finance and Investment Committee		
Date risk opened: 20/03/2019	Date risk expected to be removed from the BAF: 30/09/19			
Change since last review:				
Underlying Cause/Source of Risk: 1. Target Operating Model still in development. 2. Commissioners do not prioritise funding for Ambulance Response Programme standards and investment in pioneer services and other enablers of strategy due to the size of financial deficits and fragmented commissioning perspective (see 3). 3. Current fragmentation of system contracting arrangements with split responsibility for 999 and IUC services, 999 commissioning split over 32 CCGs and IUC services commissioned at local STP level all prevents a joined up view of the potential for pan-London system benefits from having streamlined co-ordination of integration of 999 and urgent care. 4. Size of and pace of delivery of recurrent CIPs will need to increase - need to be driven by evidence-based, relevant benchmarking metrics in order to achieve full efficiency opportunity. 5. Need for appropriate enterprise programme approach/resource to deliver transformation and efficiency projects.		Gross Rating	Current/Net Rating	Target Rating
		16	16	12
Existing Controls		Positive Assurance of Controls		
1. Robust governance process in place for CIP and Enterprise PMO architecture will be in place from beginning 19/20. 2. Resource model linking workforce, fleet and other resource inputs to productive hour outputs and predictive performance response is in place. 3. Carter report on unwarranted variation is being used to inform benchmarking and SCAS alliance to support benchmarking approach. 4. Prioritised business plan including organisation goals, outcomes, metrics and budget. Gaps in Controls 1. Contract for 19/20 not yet agreed. To be actioned by April 19.		1. Trust Board and FIC finance reports 2. EPMO established 3. Detailed review of budget through check and challenge and in depth programme prioritisation and assessment of interdependencies facilitated by EPMO.		
Further Actions		Responsible Person/s		Due Date
1. Develop budget and business case training programme as part of Trust Management Development programme to support financial strategy. 2. Complete directorate level benchmarking process for identifying additional opportunities for efficiency improvement and development of an evidence-based strategic multi-year savings programme. 3. Confirm target operating model, demand & capacity plan, workforce plan and budgets for next 3 years. 4. Present case to NHSE/I for LAS commissioning to be streamlined and to recognise specialist role for co-ordinating integration of emergency and urgent care services.		Financial Controller Head of Business Planning/Financial Controller Head of Business Planning to coordinate CEO supported by Directors of Finance & Performance and Strategy		Q2 19/20 Q1 19/20 Q2 19/20 Q1 19/20
Signed: Lorraine Bewes, Director of Finance and Performance				

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		
Change since last review:		Action 2. Report submitted to L&IC for Feb meeting, process in place to report to each LI&C: Closed Action 3. In Trust Business Plan as a cost pressure: Closed Action 6. Plan in place: Closed Assurance of controls: #1 added (to be explicit on Cyber essentials Accreditation) Action 4 amended to be explicit of intent to obtain Cyber Essentials plus and towards ISO27001		
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		
1. Existing defences have mitigated threats to-date; these include various technical and procedural elements 2. Mitigation of a number of necessary cyber mitigations 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. 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)User authentication and SQL weaknesses Weaknesses related to potential DDoS and intrusion/malware attacks		1. The Trust Obtained the Cyber Essentials accreditation in April 2018 2. Cyber Reports to Information Governance Group of cyber-related incidents each quarter 3. 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 NCSC'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.		
Further Actions		Responsible Person/s		Due Date
1. Deliver Phase 2 (18/19) of the cyber programme: <i>On target</i> 2. Actively monitor the action plan of mitigations identified by audits quarterly: Next Quarter LIC Feb 19 <i>Report submitted to L&IC for Feb meeting, Report for MAY LI&C meeting to be submitted to ExCo 17/04</i> 3. Develop and obtain funding for 19/20 cyber programme: <i>In Trust Business Plan as a cost pressure</i> 4. Initiate 19/20 cyber programme to obtain Cyber Essentials plus and towards ISO 27001: <i>In Progress</i> 5. Delivery 19/20 cyber programme 6. Define rolling cyber exercise plan including relevant partner: <i>09/04/19: plan in place</i>		Vic Wynn, Head of IM&T Strategy Security & Architecture Vic Wynn, Head of IM&T Strategy Security & Architecture Vic Wynn, Head of IM&T Strategy Security & Architecture Vic Wynn, Head of IM&T Strategy Security & Architecture Vic Wynn, Head of IM&T Strategy Security & Architecture Vic Wynn, Head of IM&T Strategy Security & Architecture		16/05/2019 Completed Completed 30/04/2019 31/03/2020 Completed
Signed: Ross Fullerton				

BAF Risk no. 54 There is a risk that the Trust will not be able to meet KPI's within our 111/IUC contracts as a result of challenged specialist resource requirements and performance which may result in us not fully delivering our strategy				
Risk Classification: Operational / Corporate		Risk Owner: Paul Woodrow	Scrutinising Committee: Quality Assurance Committee	
Date risk opened: 05/03/2019		Date risk expected to be removed from the BAF: End October 2019		
Change since last review:		Some improvement in staffing and performance but further work to be done to ensure sustainability		
Underlying Cause/Source of Risk: Ability to recruit and retain advanced clinical medical staff such as GPs.		Gross Rating	Current/Net Rating	Target Rating
		16	12	8
Existing Controls		Positive Assurance of Controls		
1. Daily monitoring of metrics including safety. 2. Clinical escalation plan developed and implemented 3. Executive oversight – direct reports meetings. 4. Thematic review of incidents and complaints weekly reflected in monthly quality report. 5. Improvement plan developed and being delivered using agile techniques. 6. Revised forecast and planning modelling to improve resource productivity and capacity particularly at weekends. 7. Scrutiny through both internal and external committees, QOG, QAG, CQRG.		• Daily performance report published to executives / commissioners. • Plan signed off by Medical Director. • IUC delivery, standard agenda item at ExCo meetings. • Evidence of completed actions stored on x drive. • Minuted meetings		
Gaps in Controls				
Further Actions		Responsible Person/s		Due Date
1. Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan. 2. Agile approach to the mitigation of risks. 3. Seeking additional stakeholder support from the wider urgent care system in London. 4. Phased approach to implementation of SEL based on learning identified during the NEL mobilisation. 5. Additional capacity and capability engaged to assist in the delivery of the improvement plan. 6. Further collaborative opportunities being explored with identified potential partners		1. Athar Khan, Assistant Director of Performance 2. Athar Khan, Assistant Director of Performance 3. Jacqui Niner, Integration and Transformation Lead 4. Fenella Wrigley, Medical Director 5. Athar Khan, Assistant Director of Performance 6. Jacqui Niner, Integration and Transformation Lead		End May 19 End May 19 End June 19 Completed End July 19 End June
Signed: Paul Woodrow				

PROPOSED FOR REMOVAL FROM THE BAF

BAF Risk no. 52 There is a risk that the Trust will not achieve the required financial targets through the inability to secure additional funding required from commissioners in 2018/19 and beyond to fund the delivery of national performance standards.				
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: May 2019		
Change since last review:		Additional control added (7). Risk to be reviewed at FIC on 14 May 2019 with a view to closure. Residual actions relating 2019/20 will be included in a separate risk.		
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		
<div>1. Commitment from Commissioners during 2018/19 contracting round to consider funding the costs of the impact of new national performance standards.</div> <div>2. Business case for commissioners in collaboration with Operations, BI, Contracting and Finance.</div> <div>3. Business case shared with Commissioners for discussion at CPM Meeting.</div> <div>4. Executive Committee paper on IT licences to be decided upon. Funding was agreed and is factored into the financial forecast.</div> <div>5. Implemented managed services solution for both SE and NE 111 services.</div> <div>6. Agency reporting embedded in CEO monthly performance review meetings</div> <div>7. Central agency committee have confirmed increase of £2.9m to 19/20 agency cap and NHSI has confirmed that 18/19 month 10 forecast of £1m adverse vs existing cap will not count as a trigger for loss of in year STF funding.</div> <div>Gaps in Controls</div> <div>Paper presented to STP Accountable Officers for approval of funding.(not approved)</div>		<div>1. Working group established between Operations, BI, Finance and Contracting to develop business case for commissioners.</div> <div>2. 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).</div> <div>3. Approved IT server licence option, which is reflected in financial forecast.</div>		
Further Actions		Responsible Person/s		Due Date
1. Further case being presented for additional funding (renegotiation) based on increased incident demand.		Lorraine Bewes, Director of Finance and Performance		May 2019
2. Directors of Finance and People & Culture to ensure allocation of agency budget to Director level and robust monthly tracking in place through performance reviews.		Lorraine Bewes, Director of Finance and Performance / Patricia Grealish, Director of People and Culture		Ongoing
Signed: Lorraine Bewes				

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		
Date risk opened: 20/02/2018	Date risk expected to be removed from the BAF: May 2019			
Change since last review: The risk was discussed by the Trust Board on 26 March who were informed that whilst the whilst the Uninterruptable Power Supply (UPS) project at Bow had been successfully delivered for the first week of February as planned, a power failure in the Bow area had highlighted that the UPS did not automatically address a loss of power supply, leading to a temporary shutdown of the Emergency Operations Centre (EOC) at Bow. The Board was assured that the incident had been mitigated but that investigation continued to understand the issue. Board members considered it appropriate that the risk of the failure of the UPS should continue to be retained on the Board Assurance Framework (BAF).				
Underlying Cause/Source of Risk: The existing Uninterruptable Power Supply (UPS) was replaced on 10 th February, however following an incident on the 14 th March, Bow was unable to maintain an uninterruptable power supply for the critical EOC operation including the computer aided dispatch.		Gross Rating	Current/Net Rating	Target Rating
		15	10	5
Existing Controls	Positive Assurance of Controls			
1. Business resilience fall back accommodation in is place for all operations currently working out of Bow and this has been tested with fall back at Waterloo and other locations across the LAS estate. The business recovery plan was enacted and LAS was able to continue to deliver services across London.	1. Ops, Strategic Assets and Property and IMT project team have been reistated 2. A risks and options paper was developed by the team on the 22/3. And this included the set of tests that would be undertaken on the equipment			
Further Actions		Responsible Person/s		Due Date
1. The project concluded on the 10 th February. On the 14 th March the UPS at the Bow site did not trigger and this lead to an investigation via the project team. 2. A root cause analysis where diagnostics were continually monitored as each test is undertake and includes the switching of each of the UPS units and was witnessed by our M&E consultant. 3. The conference room has been taken out of action and set up to support EOC if in the event Bow was to fail.		1. Benita Mehra 2. Benita Mehra 3. Benita Mehra		Completed Completed Completed
Signed: Benita Mehra				

PROPOSED ADDITIONS TO THE BAF

BAF Risk no. 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets				
Risk Classification: Human Resources		Risk Owner: Director of People and Culture	Scrutinising Committee: People and Culture	
Date risk opened: 15/05/2019		Date risk expected to be removed from the BAF: TBC		
Change since last review:				
Underlying Cause/Source of Risk: The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS (NHS Long Term Plan) which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets.		Gross Rating	Current/Net Rating	Target Rating
		16	12	8
Existing Controls		Positive Assurance of Controls		
<div>1. The Trust has built strong pipelines for paramedic recruitment overseas which will allow it to respond to an under supply in the UK market</div> <div>2. Strategic workforce planning has been developed over 2018/19 and has resulted in the establishment of a Strategic Workforce Planning Group which will be chaired by the Director of People and Culture and in which the Medical Director and Director of Operations will be essential participants.</div> <div>3. Engagement in national workforce planning group to influence debate on challenges of English Ambulance Trusts with funded paramedic places</div> <div>4. The Trust has an experienced recruitment team who have demonstrated their ability to flex to meet the recruitment targets required of the organisation and has recently moved it to HQ to give greater visibility of their work and to enable more collaborative and efficient ways of working with operational colleagues</div> <div>GAPS IN CONTROL:</div> <div>- Apprenticeship for paramedics to support development of an internal pathway</div>		<div>1. Recruitment campaign delivered in February 2019 and planned for Summer 2019</div> <div>2. 4 informal meetings of the group have taken place since January 2019 and the first formal meeting will be held in June 2019.</div> <div>3. London Ambulance already host the national strategic workforce planning group (a sub group of AACE HRDs)</div>		
Further Actions		Responsible Person/s	Due Date	
<div>1. Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers</div> <div>2. Consider different non-registered clinical skills mix models which will support our diversity and provide an internal development route to registered clinician</div> <div>3. Develop a training package that will support apprenticeships at L3 (Band 4 role); L4 (Band 5) role</div> <div>4. Establish an apprenticeship programme for paramedics</div>		<div>1. Directors - Medical, Operations, and People and Culture</div> <div>2. As above</div> <div>3. Deputy Director of Clinical Education and Standards (DD, CE&C)</div> <div>4. DD, CE&C and Apprenticeship Facilitator</div>	<div>June 2019</div> <div>July 2019</div> <div>June 2019</div> <div>Dec 2019</div>	
Signed: Patricia Grealish				

BAF Risk no. 57 There is a risk that the Trust will not achieve the required financial targets through the inability to secure additional funding required from commissioners in 2019/20 and beyond to fund the delivery of national performance standards.

Risk Classification: Finance	Risk Owner: Lorraine Bewes	Scrutinising Committee: Finance & Investment Committee		
Date risk opened: 16/05/2019	Date risk expected to be removed from the BAF: March 2020			
Change since last review:				
Underlying Cause/Source of Risk: .		Gross Rating	Current/Net Rating	Target Rating
		16	16	8
Existing Controls		Positive Assurance of Controls		
1. Comprehensive resource model developed which links workforce, frontline house, finance and response performance standards which has been agreed with commissioners.				
Gaps in Controls				
Commissioner contract and Heads of Terms still be to be agreed.				
Further Actions		Responsible Person/s		Due Date
1. Ongoing negotiations with commissioners to reach an agreement on the 2019/20 contract.		Lorraine Bewes, Director of Finance		30 May 2019
Signed: Lorraine Bewes				

Corporate Risk Register Trust Board 23 May 2019 - May 2019

ID	Description	Opened	Rating (initial)	Risk level (initial)	Controls in place	Risk Owner	Last review date	Rating (current)	Risk level (current)	Assurance	Directorate (Employee)
679	<p>Risk of theft, criminal damage and vandalism due to the lack of robust and inadequate security arrangements at LAS properties/sites.</p> <p>The impact of this risk includes:</p> <ol style="list-style-type: none"> 1. Physical harm to staff who confront or come in contact with intruders/unauthorised individuals who access LAS premises. 2. Damage to and loss of assets/resources which are critical for the delivery of the care to patients. 3. Negative reputational damage to the LAS from adverse incidents affecting staff or the Trusts inability to protect its assets. 4. Unplanned financial costs for the repair/replacement. Maintenance of assets and resources following security breaches. 	20/09/2017	15	High	<ol style="list-style-type: none"> 1. Security Management Policy implemented. 2. Violence Avoidance and Reduction Procedure implemented and communicated to all staff. 3. Organisational procedure on station duties in place and communicated to staff. 4. Incident reporting system in place to enable the prompt reporting, investigation and management of incidents. 5. Local management support, LINC and counselling services are available to staff. 6. Monitoring of incidents via the Trust's Health & Safety Committee where incident trends are reviewed and actions agreed to mitigate risks to staff. 7. Specialist advice available across the Trust via the LSMS and Health, Safety & Security Team. 8. Post Violence Support Procedure in place to support staff. 9. ESMS coordination with MPS Designing Out Crime Officers (DOCOs). 10. Staff uniform policy in place to provide guidance to staff regarding the use of uniforms outside ambulance/office premises. 11. Support available from the Metropolitan Police where acts of theft, damage, vandalism or assault are reported. 12. H & S Team pro-actively monitors all incidents reported to ensure appropriate follow up, investigation, and share lessons/alerts across the Trust. 13. ESMS ensures regular communication and follow up of incident trends with Sector QGAMs, GSMS and staff. 14. ESMS maintains regular communication with MPS DOCOs and Counter Terrorism Security Advisors, where appropriate. 15. Security awareness training incorporated into H&S training delivered across the Trust. 16. Engagement of security guards at sites where delays in garage door/shutter repairs are outstanding 	Dawson, Steve	26/03/2019	15	High	<ol style="list-style-type: none"> 1. Incidents reported on Datix. 2. Monitoring of Incident reports by Corporate Health & Safety Committee. 3. Regular review of incidents by Trust LSMS. 	Strategic Assets and Property
706	<p>EOC Training have limitations on space and building facilities which may impact ability to deliver training and current lease is due to expire in December 2019 and new space has not yet been identified. There is a risk that insufficient capacity and or site conditions could cause interruption to Training courses.</p>	27/10/2017	25	High	<p>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.</p> <p>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.</p>	Dawson, Steve	02/05/2019	20	High	<p>DDO Control Services is fully aware and briefed on the seriousness of the estate and impact on the training team. John Downard aware and supportive of the urgent review of premises and continued co-located situation.</p>	Strategic Assets and Property



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Serious Incident Update and Thematic Review			
Agenda item:	15			
Report Author(s):	Helen Woolford, Head of Quality & Intelligence			
Presented by:	Dr Trisha Bain, Chief Quality Officer			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>Attached is the final Q4 serious incident (SI) thematic report and executive summaries for SIs closed during March and April 2019.</p> <p>Included within the report is a review of all SI investigation outcomes and the themed both within sectors and across the organisation. In addition actions that have been taken and the impact on previous actions is included.</p>				
Recommendation(s):				
The completed document is being brought to the Trust Board for review and comment.				
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 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 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"/>

Introduction and Background

1. This paper provides an overview of the Serious Incidents (SIs) reported and declared to the Clinical Commissioning Group (CCG) and a thematic review of SI's closed by the CCG in Quarter 4 (Q4). This thematic review is specifically focussed on SIs by category and key contributory factors.

Context

2. During Q4, from a total of 862 reported incidents affecting patients, 29 incidents (3%) were declared as Level 2 investigation SIs. Of these declared in this quarter, 12 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 17 cases are being investigated. 19 SIs were closed after review and approval of the reports by the CCG in Q4.
3. In the previous quarterly thematic report, The Quality, Governance & Assurance Team (QGAT) described the challenges with throughput of investigations internally, and the works underway to review the SI process pathway to ensure that key internal and external milestones were clear, that responsibilities for all involved in the process were agreed, and to formalise key points for escalations. This is to ensure the Trust continues to undertake robust investigations, support staff and continue to submit all SI reports within the 60 working days. The process has now been fully reviewed with various stakeholders (including the Freedom to Speak Up Guardian) and updated. Some of the updates to the process include:
 - a. Whilst the central team will retain oversight and administration of the SI process overall, the sector Quality Governance and Assurance Managers (QGAMS – all paramedics) for the 5 operational regions of London and 111/IUC, will be the supervisors for all SIs occurring within their area of responsibility. This will create capacity by ensuring that Lead Investigators (LIs) have expert, timely support, and SIs will be quality assured on an ongoing basis by the QGAMS so that there is enough time to work collaboratively with the relevant management teams to develop robust action plans in response to the recommendations.
 - b. A number of systems improvements to Datix have also been agreed, including an SI listing report so QGAMS can see at a glance the milestones for their SIs, functionality to have better oversight of the Duty of Candour compliance, and dashboards to support reporting on SIs in their local sector governance meetings.
 - c. Supporting documents for various stages of the process have also been reviewed and updated, including Duty of Candour checklist.
 - d. The process for allocating Lead Investigators has also been updated to ensure a fair distribution of the workload and timely identification of an investigator.
 - e. Robust Root Cause Analysis and Duty of Candour Training has been agreed for the central team, QGAMS and 60 Lead Investigators to support capability and uniformity of approach, which will improve the quality and throughput of reports. The infographic for the new process is below (see appendix 1 for the process map infographics for central team and QGAMS, LIs and the wider organisation):
4. There is also a focus on ensuring that systems learning is identified and shared more robustly across the organisation. This is being supported by the new Serious Incident Assurance and Learning Group, which has a focus on assurance of SI action completion and effectiveness, as well as learning from systems quality issues and best practice. Please see appendix 1 for the group's terms of reference, and quality and safety assurance model.

Serious Incidents Declared in Q4

5. This section considers SIs declared in Q4, 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 investigation reports have been approved and the SIs closed by the CCG.

SIs Declared by Sector

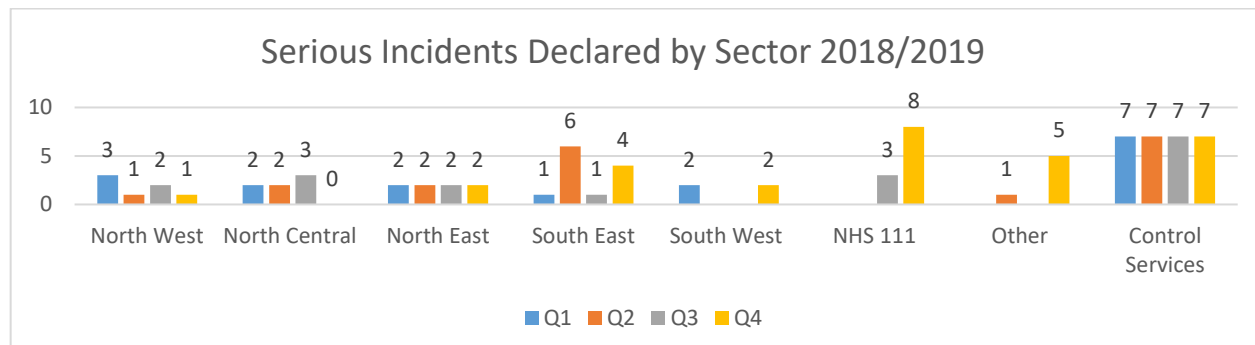


Figure 1

	Q1	Q2	Q3	Q4
Trust Total	17	19	18	29

6. Fig. 1 The Trust commenced the North East London (NEL) NHS 111 service in August 2018. The increase in SIs in this quarter can therefore be attributed to this. Operational sectors overall remain consistent, notwithstanding an increase in reported SIs in the South East sector, which is explored in more detail below. Control services continues to report similar numbers of SIs, albeit a slight increase (1) in Q4.

SIs Declared by CCG

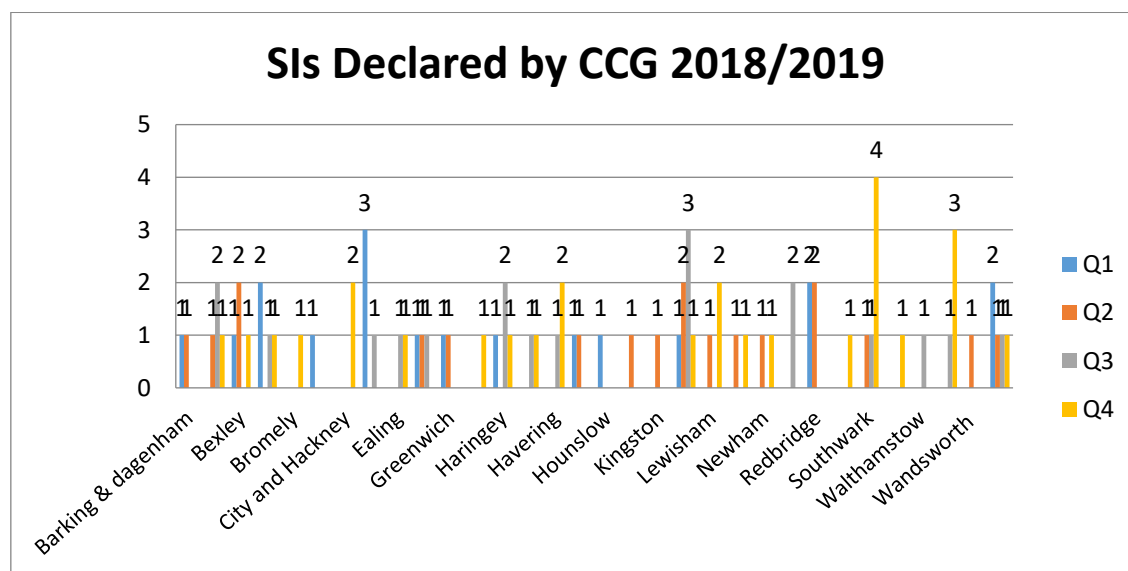


Figure 2

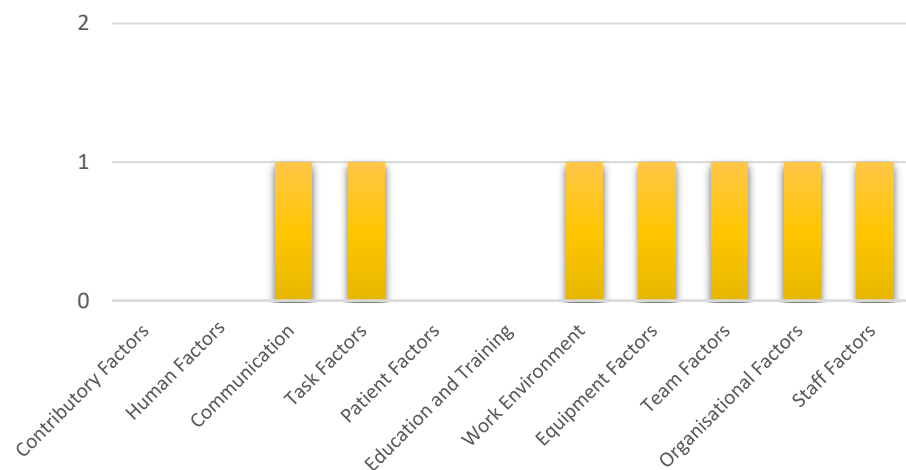
7. Fig. 2 demonstrates the distribution of serious incidents by CCG.

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 Q4, and the types of the SIs declared in Q4 by sector.

North Central

Contributory Factors North Central



There was 1 Serious Incident closed for North Central by the CCG in Q4: The SI detailed a registered healthcare professional who self-reported the diversion of Trust Oramorph for personal use due to a health related issue over the course of an 18 month period.

There were multiple contributory factors identified, including staff, task, communication, environment, and equipment and organisational factors. Key learning from this incident surrounded actions related to CD disposal and clarity around the relevant legislation, understanding of and compliance with guidelines and policies, and the communication of incident types to relevant stakeholders.

The action plan arising from this incident is being closely monitored by the new Serious Incident Assurance and Learning Group.

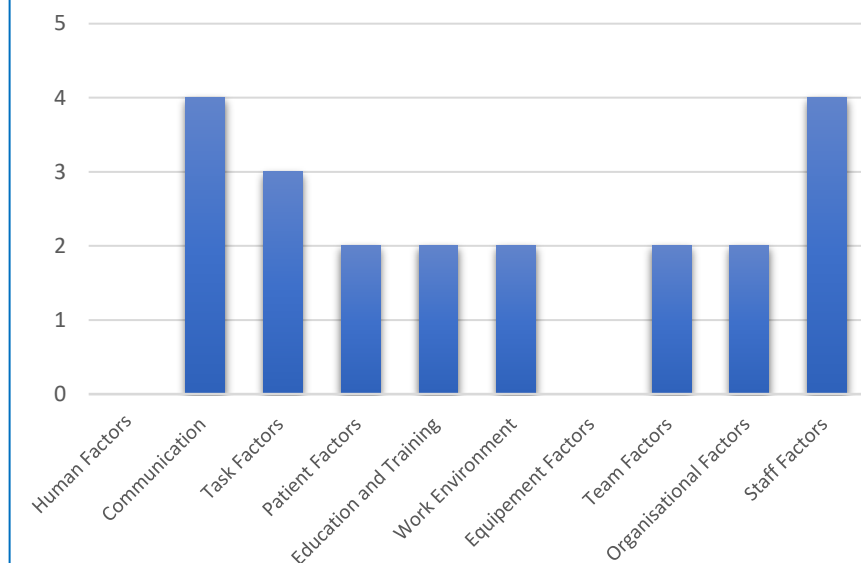
SI Categories North Central



There were 0 Serious Incidents declared for North Central in Q4.

North East

Contributory Factors North East



There were 3 Serious Incidents in the North East were closed by the CCG in Q4: Multiple contributory factors were identified across the 3 investigations, communications and staff factors were the most prevalent, followed by task factors. These included:

- Written communication – ensuring staff were issued updated guidelines
- Staff loss of situational, awareness/preoccupation narrowed/perception/viewpoint
- Guidelines, policies and procedures – ensuring up to date guidelines available to staff
- The availability and / or utilisation of decision making aids

Key learning and actions taken across the SIs in relation to these contributory factors included:

- Communication of up to date guidelines, policies and procedures.
- Methodology in place for identifying staff who had not received guidance.
- Delivery specific training in human factors.

SI Categories North East



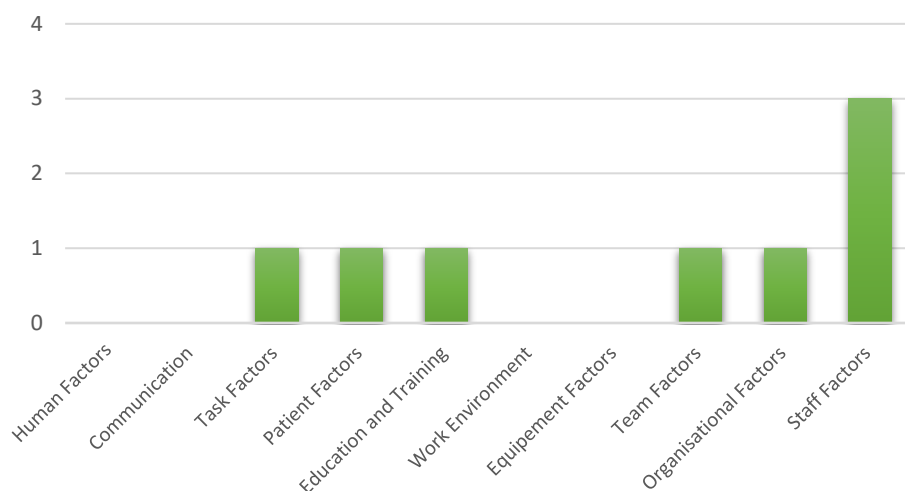
There were 2 Serious Incidents declared in the North East in Q4 – investigations are not yet complete:

- A delay in activation during shift change to a patient in cardiac arrest.
- Potential non-compliance with pathway for review of ECG and pre-alert to hospital for a patient who went into cardiac arrest while waiting to handover at hospital.

Risk Mitigation has been taken in these cases including feedback sessions and OWR with crew.

North West

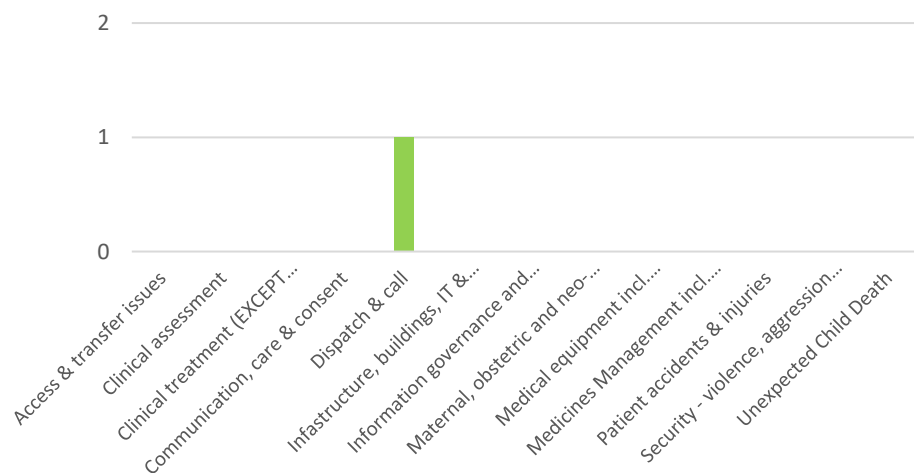
Contributory Factors North West



There was 1 Serious Incident in the North West was closed by the CCG in Q4: This SI relates to a patient who was not conveyed to hospital on the first LAS attendance. The patient subsequently suffered a cardiac arrest 50 hours later. There were multiple contributory factors identified, including task, patient and organisational, and staff factors were the most prevalent accounting for 3 CFs. Key learning and actions taken across the SIs in relation to this contributory factor included:

- Identified the importance of using a collaborative approach to clinical decision making.
- Developed comprehensive action plan to support the implementation of practice changes.
- Released Bulletin to all staff highlighting the importance of routinely using NEWS2 when assessing, treating and handing over care of patients.

SI Categories North West

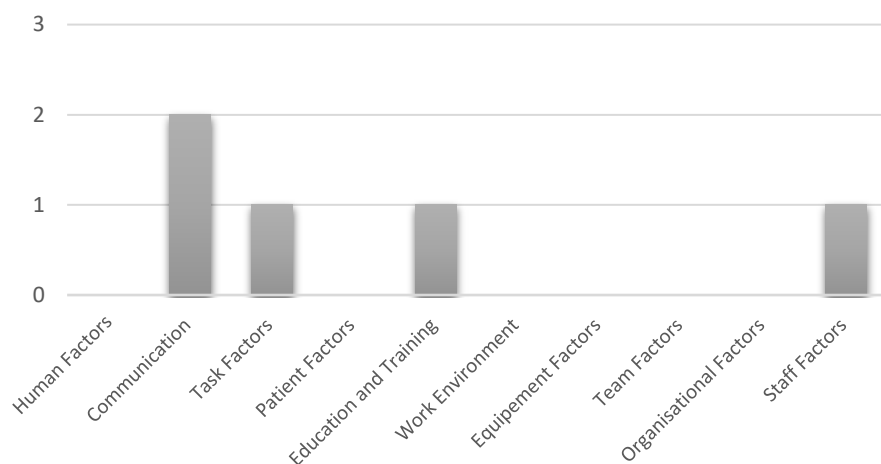


There was 1 Serious Incident declared in the North West - investigations are not yet completed:

- Issues with response time with possibility of clinical assessment issues on scene due to initial panic attack which progressed to cardiac arrest

South West

Contributory Factors South West

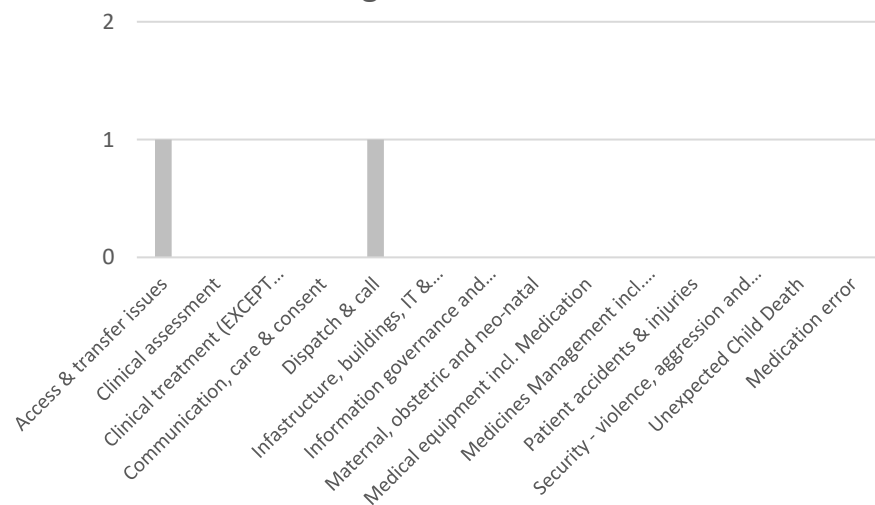


There was 1 Serious Incident closed in the South West by the CCG in Q4:

This SI relates to an unplanned breech birth for a patient who was 37/40 weeks pregnant; her waters had broken and she was having contractions every 2 minutes. Contributory factors identified were 2 communications, task, education and training and staff factors. Key learning and actions taken across the SIs in relation to this contributory factor included:

- Amended Operational policy (OP) 35 and the obstetric emergency aid memoir provided to staff.
- Clarified the pan-London policy for the attendance of a midwife at a pre-hospital birth.
- Developed an obstetric emergency update session to be delivered in a future Core Skills Refresher.
- Written article in the clinical update identifying key areas of learning.

SI Categories South West

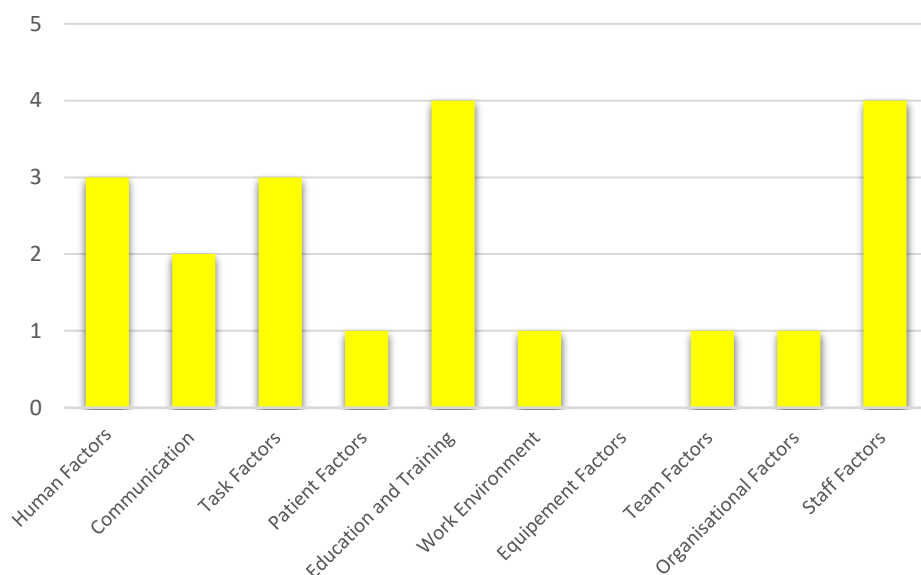


There were 2 Serious Incidents declared in South West – investigations are not yet complete:

- Failure to shock when advised by Automated External Defibrillation (AED).
- Access / Transfer / Handover issues - Patient arrested within 15 mins of arrival to the hospital.

South East

Contributory Factors South East



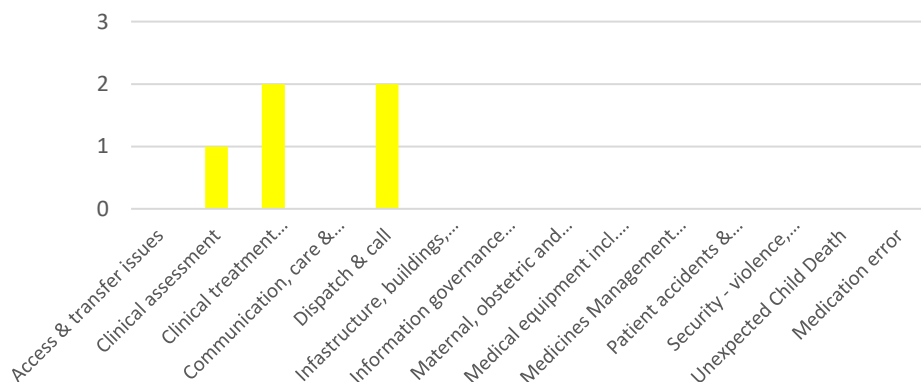
There were 3 Serious Incidents closed in the South East by CCG in Q4: Multiple contributory factors were identified across the three SIs, however education & training and staff factors were the most prevalent, then followed by human task factors. These included:

- Education and training – ensuring staff had the competence with regards to carry out specific assessment, attend required Core skill refresher training.
- Staff factors - Guidelines, policies and procedures – ensuring up to date guidelines available to staff and supported to utilise available decision making aids.

Key learning and actions taken across the SIs in relation to this contributory factor included:

- Devising plans to ensure all clinicians know how to access current guidelines, using allocated individual iPads.
- Published case studies of incidents in LAS insight magazine for shared learning.

SI Categories South East

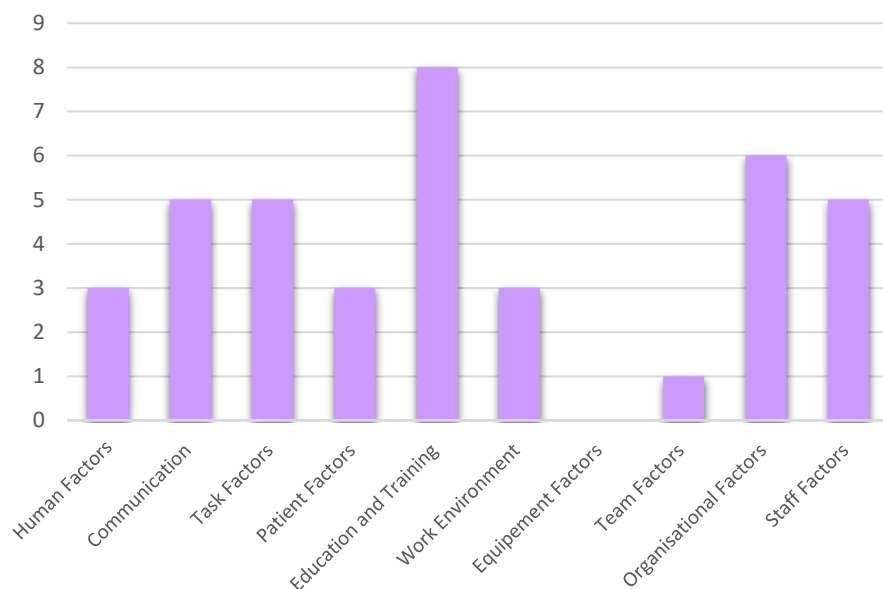


There were 4 Serious Incidents declared in the South East- investigations not yet completed:

- Suction failure resulting in a 30 minute delay in securing an airway of a cardiac arrest patient.
- Quality alert about re-contact for chest pain received from Anaesthetic SPR from local hospital.
- Failure to shock when advised by Automated External Defibrillation (AED).
- A Cricothyroidotomy was not attempted in a patient with obstructed airway.

Control Services

Contributory Factors Control Services



There were 8 Serious Incidents closed for Control Services by the CCG in Q4:

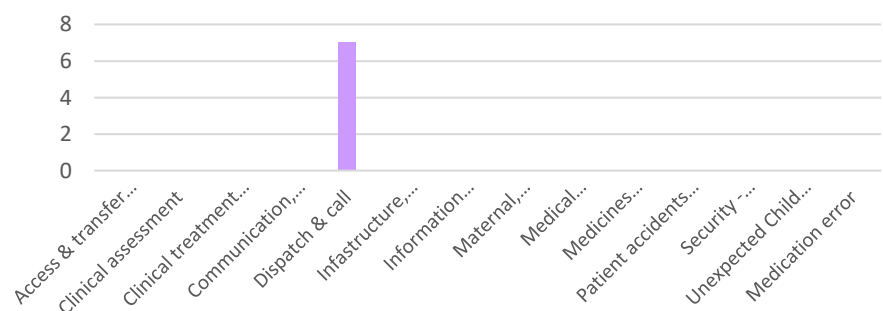
Multiple contributory factors were identified across the eight SIs, however education & training factors was the most prevalent, then followed by organisational, five of each reported for communication task and staff factors. These included:

Education and training

- Awareness of the national guidance on patient conveyance to a cardiac catheter lab.
- Awareness on when to contact the Clinical Hub for advice on the appropriateness of allocating calls
- Training around Nature of Call and implemented after bulletins and training provided.

Key learning and actions taken across the SIs in relation to this contributory factor included: Learning from incidents shared in operational clinical incidents utilising the Trust's quarterly INSIGHT, provision of cardiac care circular and inclusion within the CSR modules and incorporating magazine ensuring that every edition contains incidents involving EOC

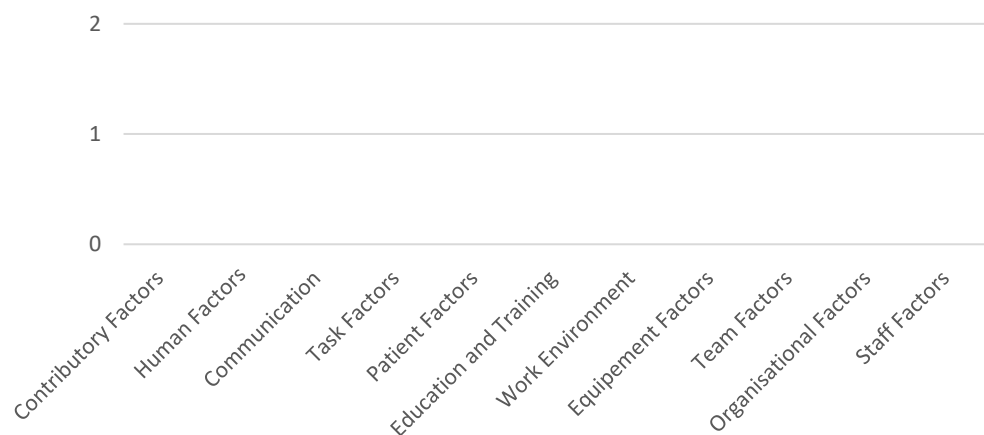
SI Category Control Services



There were 7 Serious Incidents declared in Control Services for Q4 - investigations not yet completed/closed:-

- A potential call triage error causing delay in treatment (2)
- Emergency call taken which did not include recognition of, and then correct instructions for, a patient in cardiac arrest.
- Delay in upgrading a call to a Category 1.
- Delay in dispatching for Category 2 call (2)
- Incorrectly triaged causing delay in treatment

Contributory Factors 111/IUC

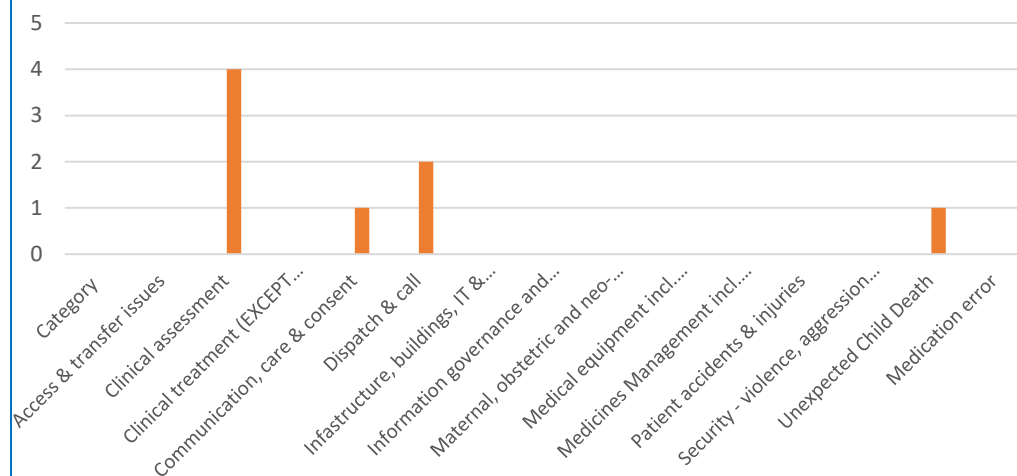


There are 2 IUC Serious Incidents which have been submitted to the lead commissioners for NEL and SEL. We are awaiting approval and closure.

In line with the National SI framework the CCG review should be completed within 20 days. Both NEL and SEL are not compliant with this. This has been raised with the appropriate parties for resolution.

- 12th February 2019
- 5th March 2019

SI Category 111/IUC

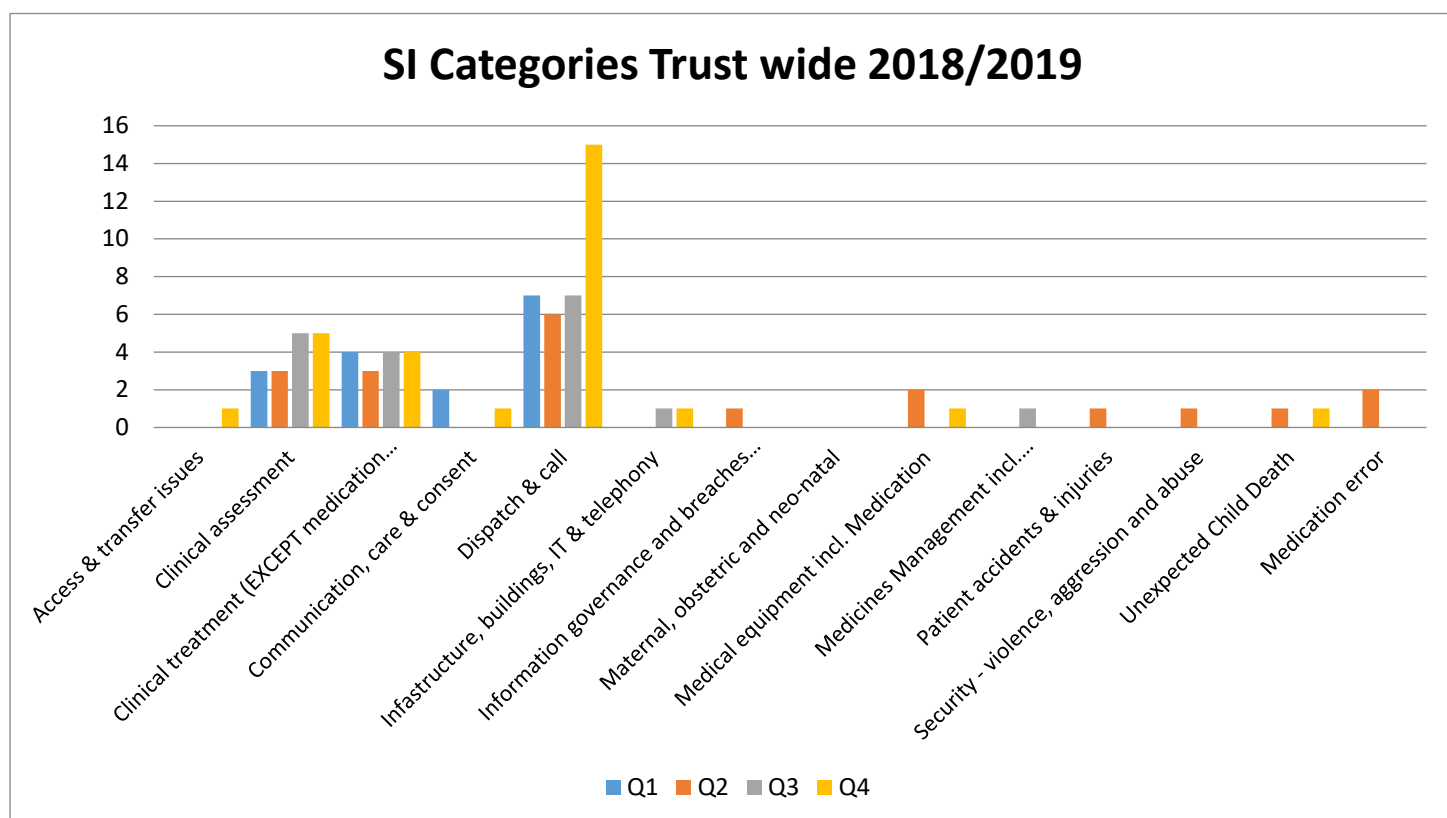


There were 8 Serious Incidents declared in LAS NHS 111/IUC services - investigations not yet completed/closed:-

- Recognition and management of patient presenting in Cardiac Arrest (3)
- Recognition of the patient presenting with Red Flag Sepsis (2)
- Incomplete/unstructured clinical assessment which led to an inappropriate referral (3)

Risk mitigation has been taken regarding insufficient staffing in NHS 111/IUC. There is a task and finish group in place to support an action plan to address some key improvement areas.

9. Overarching Serious Incident Themes are shown in the graph below.



10. Dispatch and Call continues to be a theme, with a number of SIs and incidents being identified, relating to patients who, at point of 999 call had ineffective breathing. Ineffective Breathing is part of pre-triage sieve and Nature of Call (NoC).

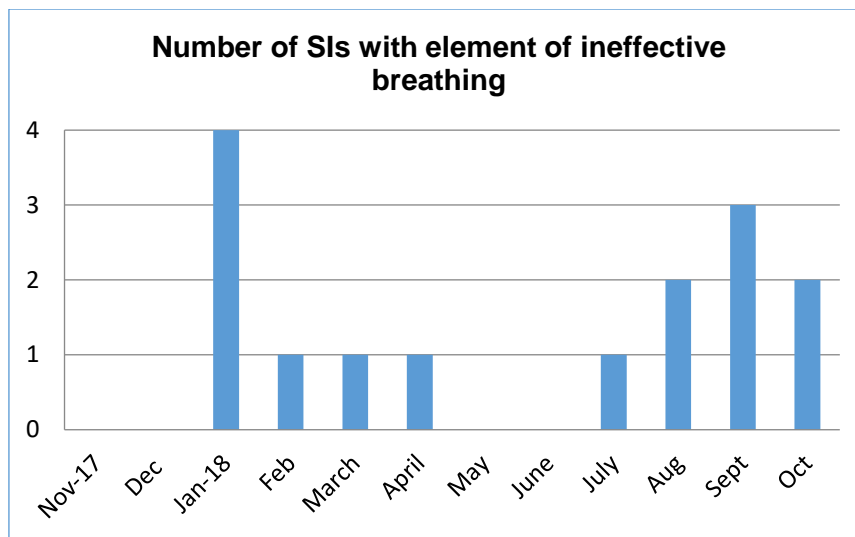
11. Nature of Call (NOC) is an additional tier of triage (pre-triage) which leads onto the pre-existing Medical Priority Dispatch System (MPDS) triage and case entry. The questions in NOC relate to whether the patient is conscious and breathing and aims to establish the status of this within the first 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. The final phase of NOC was implemented in November 2017.

12. NOC was implemented after training provided in small work based groups for all Emergency Medical Dispatchers (EMD) who are call handlers. Bulletins were published throughout the implementation to keep the whole department up to date with progress.

13. After implementation some issues were identified with the completion of NOC. These were:

- a. Failure to identify breathing difficulties in NOC such as not recognising key phrases that would indicate ineffective breathing so an ECHO determinant was not reached with no immediate dispatch of a resource to a critical patient.
- b. 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.

14. Since November 2017 there have been 15 Serious Incidents which involved NOC and breathing difficulties in some way even if not the primary issue.



Graph 1

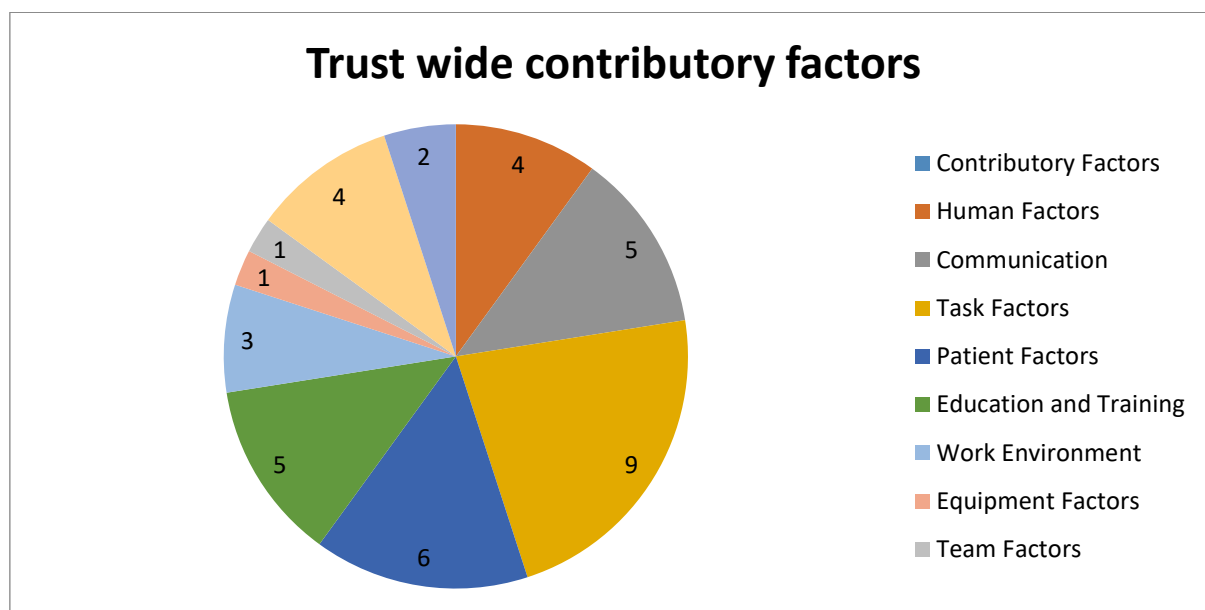
15. As a result of this a number of additional actions were taken to improve the use of NOC and breathing difficulties and also the correct transfer of this to triage and case entry. These are:

- 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 outlined 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.
- NOC additional codes added to CommandPoint to improve workflow and ease of use.
- Pop up on NOC screen providing an aide memoire on breathing assessment.

16. While the occurrence of incorrect management of ineffective breathing present at NOC reduced from January 2018 to zero in May and June 2018. Recurrence began again in July 2018 and June 2018 see Graph 1. The Trust Serious Incident Group therefore commissioned a thematic review of the 15 SIs which is nearing completion. The rationale was to better identify common themes from the EMDs involved so that further learning could be established and appropriate actions implemented to reduce the risk of recurrence even further.

17. NOC was the primary issue in 9 out of the 15 SIs with 6 having NOC as a secondary issue.

Contributory factor themes



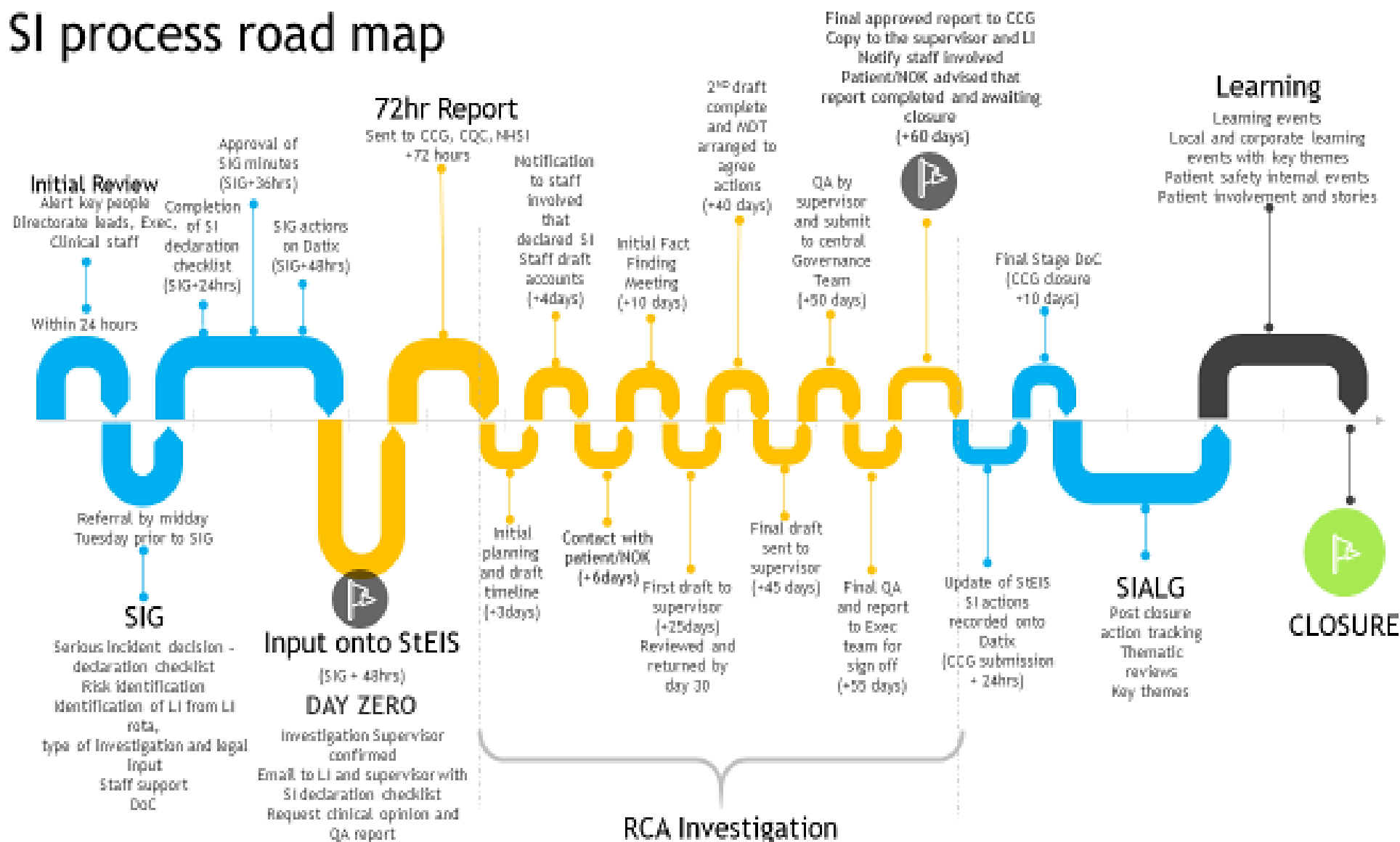
18. Task factors continue to be the highest occurring contributory factor in Q4 and is the prevailing factor for the year (22% of all contributory factors).
19. These relate mostly to staff not complying with policies and procedures in place and not due to the absence of appropriate policies. The majority 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.

Conclusion

20. 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 took place in March 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

SI process road map





Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Quarterly Freedom to Speak Up Report			
Agenda item:	16			
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 January 2019 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 FTSU across the organisation; continue to deliver a FTSU service across the Trust; and to represent the LAS at national and regional speaking up events. Due to the large volume of new concerns raised in Q2 and Q3, Katy took on the Guardian role full time in December 2018.
3. This report provides information about FTSU activities that have taken place within the London Ambulance Service NHS Trust (LAS) and nationally since the last Board update in January 2019.

LAS FTSU casework:

4. In line with the standard NHS contract, the LAS is required to report quarterly details of Freedom To Speak Up cases to the National Guardian's Office (NGO). In quarter four 2018/19, 59 cases were raised. 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 (ref: TB/17/1616) and is as follows.

Q4

- **How many new speaking up cases were raised?**

59

- **Are there any areas of the service that have featured more than others?**

There have been a number of concerns from the South East, North Central and Emergency Operations Centre (EOC), all of which have had targeted promotional work by the Guardian and advocates.

- **Any actions taken as a result of investigation into these cases?**

Some staff have contributed to the Challenging Inappropriate Behaviours campaign that will run in Q1 2019/20. FTSU issues have also contributed to departmental and process reviews across the service.

- **Any themes arising?**

Internal investigation processes are a lengthy and stressful for staff who turn to FTSU. There are also some inconsistencies around the quality of staff support, particularly whilst on shift.

6. 59 concerns were raised in Q4, one anonymously. 32 cases were closed and feedback was obtained for 27 concerns, all but two 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?'. Both of the members of staff who felt that they had suffered detriment clarified that did not think that this had not occurred directly as a result of using FTSU.
7. The total number of concerns raised in Q1-Q4 2018/19 was 118. As of the end of the year, 37 remain open.

Progress against LAS FTSU Strategy:

Theme 1 - Engaging senior leaders to ensure that FTSU is given appropriate prominence within the Trust

8. What we have said we will do:
 - a) We will work with the Trust's senior leaders to ensure that they take an interest in the Trust's speaking up culture and are proactive in developing ideas and initiatives to support speaking up.
 - b) We will work with the Trust's senior leaders to ensure that they can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.
 - c) We will work with the Trust's senior leaders to help them to use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience.
9. What we have done since January 2019:
 - a) In order to fully integrate FTSU into the LAS at the most senior level, the Guardian now attends both the extended leadership team meetings and the WRES action plan meetings, as well as having monthly 1:1s with the CEO, weekly 1:1s with the Executive Lead for FTSU and ad hoc 1:1 meetings with other Executives and senior leaders as required. At the January Board meeting, it was suggested that there should be some focus on the length of time that concerns are open for – this has been given some consideration and a proposal will be taken to the next quarterly FTSU meeting for discussion.
 - b) There have been several multi-directorate reviews that have now taken place as a result of issues raised by FTSU, with the involvement of both the CEO and Chair
 - c) In March the Guardian attended the Quality Assurance Committee with the Trust Pharmacist, and will now assist with setting up a wider Trust group to formulate a response to the Gosport Report.

Theme 2 - Ensuring that all members of staff know and understand about FTSU and the role of the Guardian

10. What we have said we will do:
 - a) We will establish a network of FTSU advocates to support the FTSU Guardian and ensure that dissemination of FTSU information is more widespread.
 - b) We will have a clear communication plan that tailors and ensures appropriate FTSU communications to different groups of staff.

- c) We will ensure that learning from concerns is clearly communicated.

11. What we have done since January 2019:

- a) 20 new FTSU advocates from across the service were appointed in November 2018 following a Trust-wide invitation for expressions of interest. Advocates will assist the Guardian in promoting FTSU in the area where they work and are a diverse group of staff covering a wide range of roles and departments. In Q4, the advocates made 8 FTSU case referrals to the Guardian. The advocates have now started to receive their official NGO training, with 14 trained at LAS HQ in March by external Guardians from East London NHS Foundation Trust and Central London Community Healthcare NHS Trust. The remaining advocates have already attended, or are booked into attend the formal Guardian training day at the NGO. Internal advocate meetings have also been held in order to ensure they are updated and to share views and ideas about FTSU. These will continue on a quarterly basis.
- b) The Guardian has worked from various locations across the service, including in sector and EOC in order to increase her visibility and ensure greater understanding of FTSU. This has now included targeting areas where there have been unsubstantiated reports of issues at the request of management teams or advocates. This is in line with the FTSU communications plan.
- c) The Guardian has been working with the Dignity at Work Facilitator and the internal communications department on the campaign "It's OK to challenge – inappropriate behaviour". This includes the anonymised experiences of colleagues who have suffered poor behaviour from their peers, and how asking for help has improved their situation. This went live on the Pulse in April 2019. The EOC senior team has asked the Guardian to be involved with their new staff engagement initiative, which will help improve communication and support for EOC colleagues at all levels. This is a project that will run in the first instance over a number of months and has the potential to significantly address some of the historical culture issues and those raised through FTSU.

Theme 3 - Ensuring that the systems/process/structures are in place to support raising concerns and responding to these and learning from them

12. What we have said we will do:

- a) We will review our FTSU Policy to ensure that it remains appropriate and easily accessible.
- b) We will clarify the systems and processes underpinning the routes through which different claims can be made.
- c) We will ensure that there are links between all parts of the organisation where concerns may be raised, to avoid casework being duplicated or missed.

13. What we have done since January 2019:

- a) The Guardian is currently working on a more condensed version of the FTSU Policy that will quickly convey the key messages and focus on answering the questions that staff have raised in focus groups about FTSU. The current policy has been informally reviewed by both the Guardian and the Executive Lead as part of their NGO training. In addition to this, an action plan has been developed in order to underpin the FTSU Strategy – See Appendix A

- b) Work has been done both in the RIB and on LIA to increase awareness of Datix as a reporting route and that this is an anonymous option. Independent access to Datix for students has also been established. This will be enhanced by the
- c) 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. FTSU presents a significant potential for cross-over with the Dignity at Work policy and, to prevent duplication and to ensure safety-netting, the Guardian 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 EOCs.

Theme 4 - (With the People and Culture Directorate) facilitating cultural change

14. What we have said we will do:

- a) We will work with the People and Culture Directorate to ensure that FTSU is reflected in all of the work undertaken to implement the People and Culture Strategy.
- b) We will ensure that there are ongoing coherent evaluations of the FTSU environment within LAS.
- c) Activities undertaken to establish a picture of the understanding of FTSU within LAS.

15. What we have done since January 2019:

- a) In response to a query raised at the January 2019 Board meeting concerning the time taken to close cases, the Guardian met with the interim Head of Employee Relations who has confirmed that internal investigation processes are being reviewed. This will include new investigation training courses for managers in summer 2019 and the introduction of a new system to track investigations on ESR. Issues raised through FTSU have also fed into the Service-wide cultural survey that will be taking place in Q1 2019/20.
- b) As the number of cases has significantly increased, it is now possible take some meaningful analysis of the feedback given, what staff groups are raising concerns and what changes have taken place as a result. This is reflected in the FTSU Annual Report (Appendix B).
- c) The Guardian has given presentations to over 80 staff consisting of new trainees and mentors and has been able to assess the growing understanding of FTSU through interactive sessions. Reassurance has also been sought via polls on the Pulse and LIA to understand the routes that staff prefer for reporting patient safety issues. The overwhelming choice was using Datix and that staff did not require the anonymity of FTSU for these issues.

National Guardian's Office (NGO):

- 16. In March 2019, the Annual Freedom to Speak Up conference was held in Westminster and was attended by the Guardian. With over 400 Guardians present, the focus was on the introduction of FTSU into Primary Care and how we can develop better engagement with staff.
- 17. The NGO has highlighted the importance of the Board being aware of the outcome of its case reviews. These can be found on the NGO website, and the Guardian is currently working on a document to summarise the 87 recommendations that have been made into a

more condensed format. Some of the main issues regard conflicts of interest, independence of investigations and settlement agreements. These are reflected in the action plan which takes the recommendations into account. A summary of the recommendations can be found in Appendix C.

18. 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 third quarter of 2018/19 (1 October to 31 December). The latest results are set out below - 97% of trusts have provided data this quarter.

- Q3 data headlines
- 3,600 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
- 957 of these cases included an element of patient safety / quality of care
- 1466 included elements of bullying and harassment
- 179 related to incidents where the person speaking up may have suffered some form of detriment
- 407 anonymous cases were received
- 11 trusts did not receive any cases through their Freedom to Speak Up Guardian
- 221 out of 227 NHS trusts sent returns

National Ambulance Network of Guardians (NAN):

19. 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.

20. The most recent meeting (February 2019) was held at East of England Ambulance Service. The LAS Guardian became the new co-chair of the network after being voted in to the position by the other Network members, the data submissions from Q3 were reviewed and there was discussion about the presentation that two of the Guardians gave at the AACE conference in March.

Conclusion

21. The LAS continues to have a high level of engagement with the NGO, the National Ambulance Network and the London Region Network of Guardians, including ongoing supervision sessions that will assist with research to be fed back to the NGO.

22. The NGO's recent case reviews and guidance to the Board are continuing to demonstrate the value of the Guardian role.

23. 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.

24. The Board is asked to note the contents of this report.

Katy Crichton

Freedom to Speak Up Guardian

Organisation	Rec. number	NGO Casework Recommendation	LAS Assessment
Southport and Ormskirk	SO1	The trust should publish its new speaking up policy	LAS Policy available on the Pulse/available to staff on suspension
Southport and Ormskirk	SO2	The trust should take steps to ensure all existing and new workers are aware of the contents of the new freedom to speak up policy.	Addressed by FTSU communication plan - see action plan
Southport and Ormskirk	SO3	The trust should implement all aspects of its draft Freedom to Speak Up action plan, by the plan's stated completion dates.	FTSU action plan in place
Southport and Ormskirk	SO4	Within three months the trust should ensure that, in accordance with its own policies and procedures and in accordance with good practice, all those managers and leaders responsible for handling concerns provide feedback to every individual who speaks up, including any actions they intend to take in response.	Assured by Guardian as integral part of case handling either directly from manager dealing with concern or passed on via Guardian if confidentiality has been requested
Southport and Ormskirk	SO5	The trust should put in place effective systems to monitor the development of a positive speaking up culture	FTSU Staff Survey 2018, poll relating to knowledge of the Guardian role, increase in number of cases, positive feedback provided FTSU action plan includes development of an evaluation framework
Southport and Ormskirk	SO6	The trust should develop an action plan to develop a working culture that is free from bullying, including providing anti-bullying training for all staff.	LAS has DAW Facilitator, trains staff in round table discussions, mediation, runs B&H awareness workshops, Professor Lewis Cultural review, comms "It's OK to Challenge Inappropriate behaviour"
Southport and Ormskirk	SO7	Trust leaders should take appropriate steps to ensure that they are visible and accessible to all workers to promote a culture of visible leadership.	Visible leadership courses exist FTSU action plan addresses this
Southport and Ormskirk	SO8	The trust should ensure that it responds to the concerns raised by its workers strictly in accordance with its policies and procedures and in accordance with good practice and report to the board evidence of this	Regular reporting to the Board on the outcomes of FTSU concerns. FTSU action plan includes the development of performance metrics and data
Southport and Ormskirk	SO9	The trust should ensure that it responds to all concerns raised by its workers in relation to the recruitment of staff strictly in accordance with its policies and procedures and in accordance with good practice.	Regular reporting to the Board on the outcomes of FTSU concerns. FTSU action plan includes the development of performance metrics and data
Southport and Ormskirk	SO10	Within 12 months the trust should provide all workers, including all managers, with regular, updated and mandatory training on speaking up and supporting and responding to people who speak up. The trust should monitor the effectiveness of this training.	FTSU action plan in place
Southport and Ormskirk	SO11	The trust should ensure that appropriate steps are taken to publicise the role of guardian and any staff supporting that role, using methods that reach all workers.	Addressed by FTSU communication plan - see action plan
Southport and Ormskirk	SO12	The trust should ensure that it provides appropriate resources for the role of Freedom to Speak Up Guardian, in line with guidance provided by the National Guardian's Office, including sufficient cover to support their work in their absence, and alternative routes to handle speaking up matters to overcome any possible conflicts.	Support for case handling/alternatives to Guardian provided by exec/non-exec lead. Advocates are now alternative contacts
Southport and Ormskirk	SO13	The trust should take appropriate steps to ensure that minority and vulnerable workers, including black and minority ethnic workers are free to speak up.	Guardian meets with WRES committee and diversity consultant, number of concerns from BME colleagues monitored, BME advocates, work with BME forum
Southport and Ormskirk	SO14	- Within six months the should trust look again at its appointment process for the role of Freedom to Speak Up Guardian and ensure a Guardian is appointed using a process that is open and fair.	Guardian appointed in July 2018 via fair and transparent recruitment process
Southport and Ormskirk	SO15	The trust should seek to share the learning of its cultural review with its workers, taking all necessary steps to protect the confidentiality of individuals.	Professor Lewis review - steering group formed. Plans are in place to share the outcomes when completed.
Southport and Ormskirk	SO16	The trust should take appropriate steps to ensure that all aspects of its work are consistent with the Francis Freedom to Speak Up principles, including where it undertakes a Fit and Proper Person review.	FTSU action plan in place

Organisation	Rec. number	NGO Casework Recommendation	LAS Assessment
Southport and Ormskirk	SO17	Within six months the Care Quality Commission should, where regulating matters relating to a fit and proper persons test under section 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, take appropriate steps to assure itself that those tests are conducted in accordance that regulation.	CQC tests application of FTSU through well led review
Southport and Ormskirk	SO18	The trust should take steps to ensure that its policies and procedures are supportive of all workers affected by the speaking up process, including those who are the subject of concerns raised.	Support routinely offered to all parties involved
Southport and Ormskirk	SO19	The trust should take steps to actively promote the use of mediation, where appropriate, to resolve issues arising from speaking up.	DAW facilitator - option of internal or external mediation
Southport and Ormskirk	SO20	The trust should take all appropriate steps to address the concerns raised by black and minority ethnic workers in the trust 2016 survey.	LAS employs diversity consultant who can support FTSUG with issues
Southport and Ormskirk	SO21	The trust should appoint a senior member of staff as equality and diversity lead and ensure that position is appropriately resourced.	Melissa Berry has been appointed as Equality and Inclusion Lead
Southport and Ormskirk	SO22	The trust should implement all the recommendations of its cultural review.	Professor Lewis review - steering group formed. Plans are in place to share the outcomes when completed.
Southport and Ormskirk	SO23	Within three months the trust should consider requesting support from the NHS England WRES Implementation Team to help meet the needs of its black and minority ethnic workers.	Melissa Berry leads on WRES action plan
North Lincolnshire & Goole	NLAG1	The trust should revise its policies and procedures relating to the reporting and handling of incidents to ensure they refer to the support available to staff to do this from the trust Freedom to Speak Up Guardian and Associate Guardians.	FTSU action plan in place
North Lincolnshire & Goole	NLAG2	The trust should revise its policy for dealing with serious incidents to ensure it provides that feedback and any learning should be shared with staff who had spoken up regarding an incident.	FTSU action plan in place
North Lincolnshire & Goole	NLAG3	The trust should revise its current speak up policy to ensure that it is in accordance with good practice and reflects the minimum standards set out in the NHS Improvement speaking up-policy for the NHS.	Policy based on CQC/NGO framework. To be reviewed in 2019/20
North Lincolnshire & Goole	NLAG4	The trust should take steps to ensure all existing and new workers are aware of the contents of its new speak up policy.	Induction/FTSU Guardian attending OPC workshops
North Lincolnshire & Goole	NLAG5	The trust should begin work to ensure that, upon the scheduled review of any trust policy and/or procedure, the policy or procedure in question is in alignment with good practice in relation to the freedom to speak up.	FTSU action plan in place
North Lincolnshire & Goole	NLAG6	The trust board should articulate a vision of how it intends to support its workers to speak up, which encompasses a strategy containing deliverable objectives within fixed timescales and under appropriate executive oversight, and to effectively communicate this to trust workers.	FTSU strategy approved by the Board includes vision
North Lincolnshire & Goole	NLAG7	Trust leaders should identify and employ a range of appropriate measures to monitor speaking up processes and culture within the trust, to ensure they are responsive to the needs of all workers and are developed in accordance with good practice.	Demographic information captured relating to concerns, trends in themes FTSU action plan includes development of an evaluation framework
North Lincolnshire & Goole	NLAG8	The trust should ensure that its bullying and harassment policy and procedure is consistent with the standards set out in the bullying and harassment guidance issued by NHS Employers, including how the trust will implement and monitor the revised policy and ensure its contents are shared with all staff.	DAW facilitator
North Lincolnshire & Goole	NLAG9	The trust should take steps to address bullying behaviour, including training for all staff relating to the awareness and handling of such behaviour.	DAW facilitator

Organisation	Rec. number	NGO Casework Recommendation	LAS Assessment
North Lincolnshire & Goole	NLAG10	The trust should continue to ensure that all investigations into the alleged conduct of workers who have previously spoken up also seek to identify whether any such allegations are motivated by a desire to cause detriment because that worker spoke up and, where such evidence is found, take appropriate action. This should include amending the trust disciplinary policy to require such action.	Consultation with exec/non-exec lead
North Lincolnshire & Goole	NLAG11	The trust should ensure that, in accordance with its own policies and procedures and in accordance with good practice, all managers and leaders responsible for handling speaking up provide feedback to every individual who raises an issue, including any actions they intend to take in response.	Assured by Guardian as integral part of case handling either directly from manager dealing with concern or passed on via Guardian if confidentiality has been requested
North Lincolnshire & Goole	NLAG12	The trust should ensure that it responds to the issues raised by its workers strictly in accordance with its policies and procedures and in accordance with good practice, including, where appropriate, investigating matters that are raised.	Assured by Guardian as integral part of case handling
North Lincolnshire & Goole	NLAG13	The trust to improve its speaking up process and culture it is recommended that, within 12 months, the trust should provide all workers with mandatory, regular and updated training on speaking up, including for those with responsibility for handling concerns. This training should be in accordance with NGO guidance and the trust should monitor that it is effective.	Almost all advocates have now received or are booked on NGO approved FTSU training
North Lincolnshire & Goole	NLAG14	The trust should allocate sufficient ring-fenced time for the Freedom to Speak Up Guardian and any Associates to ensure they can appropriately support the needs of workers to speak up.	Full time Guardian, advocates supported with TOIL for training and meetings
North Lincolnshire & Goole	NLAG15	The trust should take appropriate steps to ensure that the role and names and contact details of the Freedom to Speak Up Guardian and Associate Guardians are promoted to all workers across all three trust hospital sites.	Comms plan and on the Pulse
North Lincolnshire & Goole	NLAG16	A communications and engagement strategy should be developed to promote the Freedom to Speak Up Guardian and Associate Guardian's role, and to evaluate the impact it is having, in the longer term. This should include strategies to provide feedback on actions taken in response to speaking up and actions to tackle barriers to speaking up.	Comms plan and strategy written
North Lincolnshire & Goole	NLAG17	The Freedom to Speak Up Guardian should ensure that their regular reports to the trust board are sufficiently detailed and comprehensive to support the development of a positive speaking up culture.	Guardian reports to Board quarterly and writes own reports
North Lincolnshire & Goole	NLAG18	The Freedom to Speak Up Guardian and any Associate Guardians should begin regular attendance at regional meetings of their peers to ensure that they have access to guidance and support to undertake their work, including to assist with the writing of board reports and in order to share learning and good practice with them.	Guardian attends London region meetings and supervisory group, and is co-chair of NAN FTSUG. Advocates to attend next London region meeting and London FTSU conference
North Lincolnshire & Goole	NLAG19	The trust should ensure that all HR policies and procedures meet the needs of workers who speak up, including letters to suspended workers that accurately state their ability to access their Guardian or Associate Guardian.	With NAN
North Lincolnshire & Goole	NLAG20	The trust should continue its work to ensure that, where a worker is going through a disciplinary process that also encompasses potential patient safety issues or similar matters they have raised, the trust continues to provide that worker with all appropriate support to speak up about those matters and also takes all appropriate steps to maintain the worker's confidentiality.	
North Lincolnshire & Goole	NLAG21	The trust should take steps to actively promote the use of mediation, where appropriate, to resolve issues arising from speaking up.	DAW
North Lincolnshire & Goole	NLAG22	The trust should consider requesting support from the NHS England WRES Implementation Team to help meet the needs of its BAME workers.	Melissa Berry

Organisation	Rec. number	NGO Casework Recommendation	LAS Assessment
North Lincolnshire & Goole	NLAG23	The trust should take all appropriate steps to identify which staffing groups in the trust feel particularly vulnerable when speaking up, why this is the case and how those groups can be supported to speak up freely and protected from any detriment for having done so.	Collect demographic information. Will be recruiting student advocates from September FTSU action plan in place
Derbyshire Community Health Services	D1	The trust should publish its new speaking up policy. The new policy should be written in a way that encourages workers to speak up and is easily understood. Unnecessary references to PIDA and malicious intention in speaking up should not be present.	Policy based on CQC/NGO framework
Derbyshire Community Health Services	D2	The trust should take steps to ensure all existing and new workers are aware of the contents of the new freedom to speak up policy.	Induction/FTSU Guardian attending OPC workshops
Derbyshire Community Health Services	D3	The trust should ensure that workers who wish to raise matters with the trust non-executive director responsible for speaking up are able to do so via routes of communication that appropriately support their confidentiality.	Regular meetings/advice from FC
Derbyshire Community Health Services	D4	The trust should ensure that, in line with its practices, it continues to value the views of its workers, including consulting staff about changes to their services where appropriate.	ie restructure consultations
Derbyshire Community Health Services	D5	The trust should take all appropriate steps to ensure that all cases of speaking up are investigated within reasonable timescales and without undue delay.	New ESR system for HR, 75 investigation training places for managers
Derbyshire Community Health Services	D6	The trust should take appropriate steps to ensure that all cases of speaking up are investigated by suitably independent persons.	Examples where external investigators have been used
Derbyshire Community Health Services	D7	The trust should take all appropriate steps to ensure that responses to cases of workers speaking up, including decisions relating to the investigation of those cases, are not focused on whether or not the matters in those cases are qualifying disclosures under the Public Interest Disclosure Act.	Not yet encountered
Derbyshire Community Health Services	D8	The trust should develop a plan for embedding speaking up in the organisation. This plan should consider the use of staff inductions, team meetings, leadership training and other mechanisms to ensure that all staff have the necessary skills and knowledge to speak up well and respond to issues being raised appropriately. As part of this plan, a communication strategy should be developed to promote the trust's Freedom to Speak Up Guardian and encourage workers to speak up to them when they feel they cannot speak up using other channels.	Comms plan/strategy/inductions
Derbyshire Community Health Services	D9	The trust should ensure that their speaking up arrangements, including the support provided by the Freedom to Speak Up Guardian, appropriately protect workers' confidentiality, and demonstrates appropriate understanding and empathy for the needs of individuals.	Records accessed by Guardian only, feedback monitored for quality of interaction and staff experience
Derbyshire Community Health Services	D10	The trust should ensure that the Freedom to Speak Up Guardian records all instances of speaking up raised to them, not just those cases where workers state that they are raising a matter 'formally'.	Guardian records any concerns in which they take any form of active role
Derbyshire Community Health Services	D11	The trust should take appropriate steps to ensure that where the grievance process is used to respond to a worker speaking up the trust's grievance policies and procedures are correctly followed, including in respect of providing an initial scoping meeting to discuss the matter the worker is speaking up about and the range of alternative processes for handling it.	DAW
Derbyshire Community Health Services	D12	The trust should take appropriate steps to ensure that all workers who speak up are meaningfully thanked for doing so, in accordance with trust culture, training and good practice.	All staff who raise concerns thanked by Guardian, and where appropriate managers and CEO

Organisation	Rec. number	NGO Casework Recommendation	LAS Assessment
Derbyshire Community Health Services	D13	Capsticks HR Advisory Service should take all appropriate steps to ensure that it communicates to workers at their first contact whose speaking up concerns it is investigating of the actions it takes to ensure the independence of its investigations. This assurance should be provided to the workers concerned prior to the commencement of the investigation.	N/A
Derbyshire Community Health Services	D14	The Department for Health and Social Care should commission NHS Employers to develop and communicate guidance to NHS trusts and foundation trusts that will help ensure HR policies and processes do not present real or perceived barriers to speaking up. This should focus on how trusts can ensure that investigations into speaking up matters are undertaken by suitably independent persons and are completed within reasonable timescales, to enable workers who speak up to have trust and confidence in the process. Guidance should also be provided on how to support individuals who are speaking up about a grievance to prevent undue burdens being placed on those individuals and to ensure that they receive the support they need at what is likely to be a difficult and stressful time.	N/A
Nottingham Healthcare	NH1	The trust continues with its commitment to developing a positive speaking up culture among its workforce by maintaining the support it provides for its Freedom to Speak Up Guardian, including appropriate managerial and emotional support.	Guardian has weekly 1:1s with exec lead, monthly 1:1s with CEO, has been supported to attend London region supervision session with 7 other Guardians and has NAN buddy
Nottingham Healthcare	NH2	The trust should revise its new speaking up policy, to ensure it is in line with the NHS Improvement national speaking up policy.	Policy based on CQC/NGO framework
Nottingham Healthcare	NH3	The trust should take appropriate steps to ensure that workers who speak up in the service relating to Worker A's case, as well as across the trust as a whole, are treated in accordance with the trust's stated values, including with openness, care, compassion and respect.	Update policy to include LAS values
Nottingham Healthcare	NH4	The trust should take appropriate steps to follow their policies, ensuring that workers who take periods of sickness leave, including in relation to their speaking up, are provided with support upon returning from that leave that is in strict accordance with the values, policies, and guidance of the trust.	Service Wide
Nottingham Healthcare	NH5	The trust should take appropriate steps to ensure that all staff in Worker A's service with responsibility for supporting workers to return to work from sickness absence are properly capable of implementing the relevant policies and guidance to manage this process.	FTSU action plan in place
Nottingham Healthcare	NH6	The trust should take steps to ensure all existing and new workers are aware of the contents and meaning of its revised freedom to speak up policy.	Comms plan/induction
Nottingham Healthcare	NH7	The trust should undertake a suitably independent review of the speaking up culture in the service relating to Worker A's case and take all necessary steps to implement the review's findings without undue delay. Given the evidence of fear of speaking up in this service, the review should take all reasonable steps to protect individuals' confidentiality.	Internal Audit of FTSU planned for 2019/20
Nottingham Healthcare	NH8	The trust should take steps to ensure that its handling of all workers' cases of speaking up in the service relating to Worker A's case strictly in accordance with the trust's revised speaking up policy and procedure, including informing workers how their case will be handled, what support they will receive and providing regular feedback on the progress and the outcome of any investigations. These measures should also include specific and meaningful steps to ensure, in accordance with trust policy, that workers who speak up do not suffer recrimination or disadvantage of any sort for speaking up.	Tracked and supervised by Guardian

Organisation	Rec. number	NGO Casework Recommendation	LAS Assessment
Nottingham Healthcare	NH9	The trust should ensure that, according to the revised speaking up policy, where workers speak up in confidence, all reasonable steps are taken to respond to the issues raised and that matters are investigated as fully as possible, even where the identities of those speaking up are unknown.	Supervised by Guardian/record keeping
Nottingham Healthcare	NH10	The trust should ensure that, where investigations are undertaken in response to speaking up issues raised by its workers, the trust provides those individuals with feedback regarding the progress of those investigations in accordance with its revised speaking up policy.	Tracked and supervised by Guardian
Nottingham Healthcare	NH11	The trust should ensure that all workers in the two services to which the case studies relate receive effective communication in respect of the trust's revised speaking up policy and the role of the trust Freedom to Speak Up Guardian.	Comms plan
Nottingham Healthcare	NH12	The trust should review its communication activities to date and devise and implement a strategy that addresses any gaps identified, accompanied by measures to demonstrate its effectiveness.	Comms plan/ 2020 survey
Nottingham Healthcare	NH13	The trust should complete its planned actions regarding the implementation of its conflicts of interest policy, to ensure all staff are aware of its purpose and all relevant staff make appropriate declarations, including those relating to conflicting loyalty interests.	Advocates/executive and non-exec leads
Royal Cornwall	RC1	The trust takes appropriate measures to identify the causes of poor working relationships across the whole organisation and implements effective actions to remedy those causes, including steps to measure the effectiveness of those actions.	Cultural review
Royal Cornwall	RC2	The trust takes steps to implement national guidance from NHS England relating to the managing of conflicts of interest.	Trust Board signed off new Policy in November 2018 and this is implemented by the Corporate Governance team
Royal Cornwall	RC3	Trust leaders develop and begin the implementation of a strategy to improve the speaking up culture across its workforce. The plan should contain measures to identify the main issues the trust should address, clear actions to address those issues and steps to measure the effectiveness of those actions.	Strategy and Action plan
Royal Cornwall	RC4	The trust should review incident reporting rates and identify any areas which appear to be under-reporting and take action to address this.	Annual report/demographic summary FTSU action plan in place
Royal Cornwall	RC5	The trust should take appropriate steps to ensure that its response to workers speaking up, including the investigations of those issues and the implementation of learning resulting from them, is undertaken by suitably independent trained investigators.	75 places on investigation training courses for managers Summer 2019
Royal Cornwall	RC6	The trust should take appropriate steps to ensure that the confidentiality of workers who speak up is appropriately supported, in accordance with trust policy and procedure and good practice.	Datix/guardian records
Royal Cornwall	RC7	The trust should ensure that it responds to the issues raised by its workers strictly in accordance with its policies and procedures and in accordance with good practice.	FTSU action plan in place
Royal Cornwall	RC8	The National Guardian's Office and its partners involved in reviewing settlement agreements in the NHS, including the Department of Health and Social care, NHS Employers and NHS Improvement, should complete this review and take all appropriate steps to implement its findings.	N/A
Royal Cornwall	RC9	The trust should revise its new speaking up policy, to ensure it is in line with the NHS Improvement national speaking up policy.	FTSU action plan in place
Royal Cornwall	RC10	The trust should take steps to ensure all existing and new workers are aware of the contents and meaning of its revised freedom to speak up policy.	Communications plan and FTSU action plan in place
Royal Cornwall	RC11	The trust should put effective systems in place to monitor the development of a positive speaking up culture.	FTSU action plan in place

Organisation	Rec. number	NGO Casework Recommendation	LAS Assessment
Royal Cornwall	RC12	The National Guardian's Office should draw up national guidelines for the NHS relating to the content of speaking up training for workers.	N/A
Royal Cornwall	RC13	The trust should ensure that the content of any speaking up training it provides for its workers is consistent with guidance issued by the National Guardian's Office and NHS Improvement, including findings and recommendations from NGO case reviews and the Freedom to Speak Up Survey 2017 and board guidance from NHSI.	All advocates and FTSU staff trained in line with NGO's office guidance
Royal Cornwall	RC14	The trust should take appropriate steps to identify the necessary resources required to ensure the Guardian role meets the needs of workers and then provide those resources.	Guardian role half time to full time, 20 advocates recruited, about to advertise for 10 more
Royal Cornwall	RC15	The trust should ensure that reports for board members regarding the trust's speaking up arrangements continue to contain appropriate levels of detail, in accordance with joint guidance from NHS Improvement and the National Guardian's Office.	Guardian reports to Board quarterly and writes own reports

Freedom to Speak Up Annual Report 2018/19

Katy Crichton

**London Ambulance Service NHS Trust Freedom to Speak Up
Guardian**

Freedom to Speak Up and the Values of the LAS

Respectful – FTSU supports a culture where everyone has a voice and deserves to be heard, whatever their role in the LAS. FTSU encourages staff to challenge behaviours appropriately, but provides an alternative route to stop conflict at the earliest stage.

Professional – Patient and Staff safety is the professional responsibility of all colleagues, and FTSU allows the reporting of these issues in a confidential, impartial way.

Innovative – FTSU concerns often involve working with staff to find resolutions to unique, diverse or previously undiscovered issues that may require high levels of sensitivity or input from multiple directorates or colleagues

Collaborative – By working together with all levels, departments and directorates, FTSU aims to bring staff together to solve the issues that are raised and improve patient care and the experience of working for the LAS for everyone.

Acknowledgments

I would like to thank the staff of the London Ambulance Service for making Freedom to Speak Up (FTSU) such a success in 2018/19. Although this report is about Freedom to Speak Up, it should be noted that we have received incredible support from the Chair and CEO, the Board, ExCo and the managers who have investigated the concerns raised and make Trust-wide changes as a result.

The increased number of concerns raised through Freedom to Speak Up this year following roadshows, awareness campaigns and the appointment of advocates, can be considered to be positive. They also act to highlight the number of colleagues who lack trust in the other routes available. We still have some way to go to ensure that speaking up becomes “business as usual” in the LAS and amongst other issues, there is still a problem with how long we are taking to find a resolution to a proportion of concerns.

As the Guardian, I have processed the majority of the concerns raised, although this would have been a very difficult and lonely job had it not been for the enthusiasm and dedication of Philippa Harding and Fergus Cass, executive and non-executive FTSU leads and of course, our wonderful group of FTSU advocates. Thank you so much for all you have done this year.

Most importantly, I would like to thank the staff who raised concerns through FTSU. Speaking up isn't easy, and many of you who have shared your experiences with me have shown bravery and commitment to your colleagues and patients when it would have been much easier to keep quiet and say nothing. You have played the most important role in making the LAS a better place to work and providing a safer standard of care for our patients.

Katy Crichton

LAS Freedom to Speak Up Guardian

Forward

How does it feel to raise a concern through FTSU in the LAS? The experience of a member of staff

"I had sat in my office for several weeks worrying if I should speak to a colleague, a manager or a friend outside of work about the current state of department. Occasionally, I would convince myself that I was exaggerating the state of affairs which was causing numerous people to be unhappy and putting patients at risk.

I knew patient safety was being compromised and the organisation was at risk of some deep criticism. The LAS had just come out of special measures and had done an enormous amount of work to improve to deliver an exceptional service to London. I was not going to stand back and watch the service melt down when I, an employee of several years, could help to change it all.

Feeling somewhat isolated, I decided to contact the LAS Freedom to Speak Up Guardian. Did I risk getting the sack for speaking up? Probably. My brief email returned a very quick email back from the Guardian. We met a few days later in a coffee shop away from work which in itself was a bonus as I already felt I was going to be taken seriously.

I reluctantly expressed my concerns and as the one hour meeting turned into almost two hours, I found myself disclosing all that I knew.

The same day of the meeting, the Guardian sent me an email summarising the points I had raised. The Guardian was very clear that she wanted to record my concerns only – she was not going to pass judgement or opinion on what she had heard.

After eight months, I have seen significant changes in my place of work. It is a much more pleasant place to be. People are listened to and action has been taken.

Perhaps I have become too engrained in the LAS over the years. Or maybe I found myself far more committed to the LAS than I first thought. But one thing is for sure – that one email to the Guardian changed a whole section of the LAS.

Did I get the sack? Absolutely not. In fact, I have had messages from the Chief Executive down to thank me."

Name withheld, March 2019

2018/19 Summary

- The current LAS Freedom to Speak Up (FTSU) Guardian, Paramedic Katy Crichton, has been in post since July 2018. Our thanks to the previous Guardian, Conal Percy, who had been undertaking the role on an interim basis.
- In 2018/2019, 118 concerns were raised through FTSU. 115 were raised with the Guardian, and 3 with executive lead Philippa Harding or non-executive lead Fergus Cass.
- Members of the Board and ExCo completed the National Guardian's Office (NGO) self-review tool in summer 2018 which fed into the strategy and informed the detail of the action plan.
- A LAS FTSU strategy and action plan was developed in order to ensure the Trust is learning from concerns raised, and approved by the Board in September 2018.
- There is now a FTSU communications plan for 2019 in order to ensure effective engagement with all staff across the organisation.
- In November 2018 A diverse group of twenty colleagues from across the Trust have been recruited and trained as FTSU advocates to promote and support FTSU in their local area or department.
- The Guardian and advocates have carried out extensive promotional activities, including at the CEO Roadshows in 2018, visiting hospitals and ambulance stations across London, EOC and 111 visits and have given FTSU presentations to trainees and mentors.
- The Guardian has strengthened existing external links with the Guardians from other Trusts, and in February 2019 became co-chair of the FTSU National Ambulance Network.
- Internal links have also been improved, and the Guardian attends WRES action plan meetings, regular senior management meetings, the Dignity at Work group and is an honorary member of the LAS LGBT network as well as working closely with the LINC network and Unions.
- The Guardian now has monthly 1:1 meetings with the Trust CEO.

- The Guardian attends Board meetings on a quarterly basis to present current FTSU activities and news.

Raising Concerns in the LAS

1. The current FTSU Guardian, Katy Crichton has worked for the LAS since 2003 and is a registered paramedic. Previous Guardian, Conal Percy, had been undertaking the role on an interim basis in addition to his substantive role as Community Involvement Officer. In July 2018, Katy was confirmed as the new LAS Guardian on a part-time basis, but due to the volume of concerns raised in the subsequent months, became full-time in December 2018. At time of writing, only 3 of the English ambulance services employ a full time Guardian.
2. It is a requirement of the NGO to have named executive and non-executive leads for FTSU. In the LAS, these are Director of Corporate Governance Philippa Harding and Non-Executive Fergus Cass. Katy, Philippa and Fergus are the only members of staff who case-handle FTSU concerns.
3. Staff are able to raise concerns via the personal LAS email addresses of the above, or via the dedicated email address speakup@lond-amb.nhs.uk which can only be accessed by the Guardian. Concerns can also be raised in person, via phone, or by Datix, where there is a module specifically dedicated to FTSU. Datix also offers the opportunity to raise concerns anonymously.
4. The FTSU advocate role was introduced into the LAS at the end of 2018, with 20 members of staff from a range of roles recruited to support and promote FTSU in their workplace. Staff can also report their concerns to their chosen advocate, who will take their concern forward to Katy, Philippa or Fergus. This is done in complete confidence, and if necessary the identity of the member of staff raising the concern will only be known to the advocate. Advocates do not case handle, but can communicate with and support staff who raise concerns.

The FTSU Strategy

5. In July and August 2018, the Guardian held a series of focus groups with a variety of staff to assist the formulation of a strategy and communication plan that would incorporate the opinions and needs of colleagues from across the service. This also assisted with redesign of the LAS FTSU posters (see [Appendix A](#)) and the content of presentations that were later given at the CEO Roadshows in October 2018.
6. The focus groups found that the majority of staff were not aware of FTSU as a route to raise concerns. They also expressed a lack of trust, a perceived lack of confidentiality and lack of feedback when raising concerns through other routes in the LAS. The concept of FTSU was received extremely positively by the focus

groups who felt that colleagues needed increased awareness and the understanding that it is well supported by senior colleagues. These findings were used to inform the new FTSU strategy.

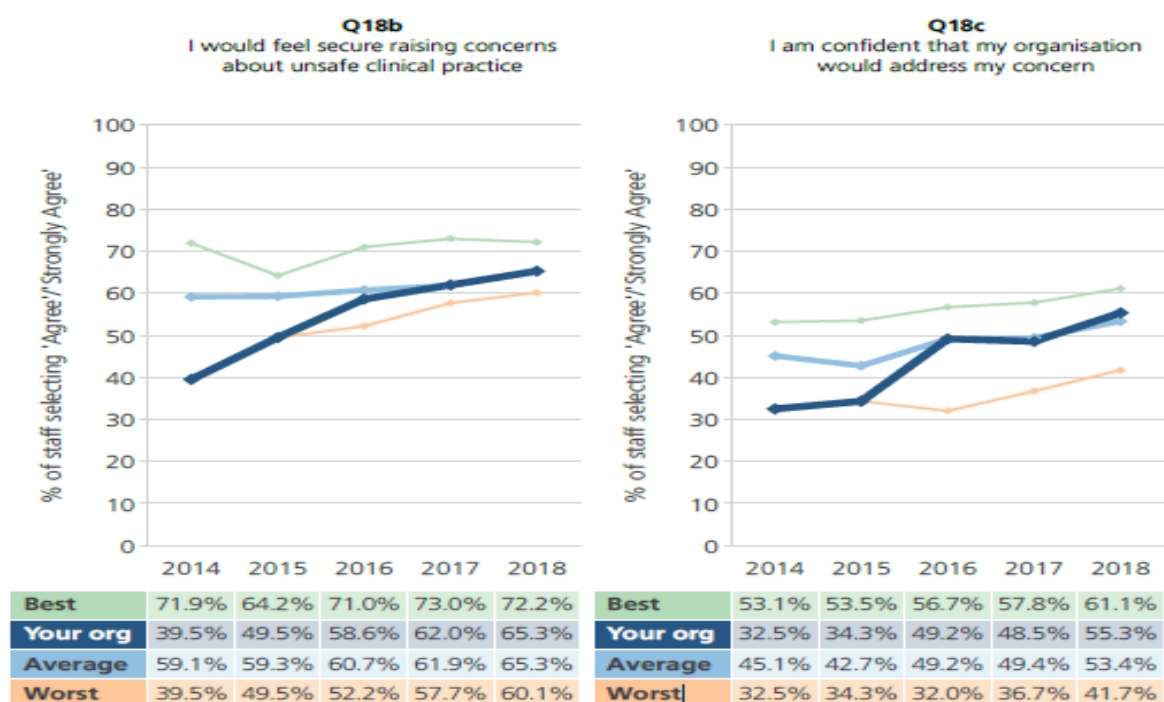
7. Also in summer 2018, Members of the Board completed the NGO self-review tool which aimed to gain a better understanding of the Board's attitude and contribution to FTSU. The results of this were also used to assist in the formulation of the new FTSU strategy.
8. Further useful information was gathered from a FTSU questionnaire that was completed in spring 2018 by over 100 members of staff. This questionnaire, which was likely to suffer from significant selection bias from staff who chose to complete it, again showed that a minority had heard of FTSU and understood the role of the Guardian, and that the majority felt that confidentiality was an issue in the Trust.
9. The various sources of information were collated and used by FTSU Executive Lead Philippa Harding and the Guardian to formulate a strategy that was endorsed at the quarterly FTSU meeting in September 2018, and later officially approved by the Board. [See Appendix B.](#)
10. As of March 2019, a provisional action plan, written to underpin the new FTSU strategy had been drafted to ensure that its aims and objectives are being met, and that the LAS is learning from FTSU in order to be an organisation that learns and adapts as a result of concerns raised. This was finalised in May 2019.

Communication and Activities

11. In order to meet the CQC requirement that all staff should be aware of FTSU and know how to utilise it, the Guardian has been using the Pulse, the Listening into Action (LIA) Facebook group and the weekly RIB to promote FTSU since July 2018. At the end of 2018, a communications plan was developed in order to support these activities through the last quarter of 2018, and the first three quarters of 2019. [See Appendix C](#)
12. The Guardian has visited a number of the watches at both EOCs, as well as ambulance stations, hospitals and offices and completed operational rideouts in order to raise awareness of FTSU. The Guardian has also been invited to attend a number of events such as a well-being day and the visit of HRH the Prince of Wales to increase the profile of FTSU in the organisation.
13. In order to ensure that FTSU is well-received and understood in all corners of the organisation, the Guardian attends meetings of the Board on a quarterly basis, the Workforce Race Equality Standards committee and the Dignity at Work group. The Guardian has also set up regular meetings with leads from both

Unions and has ongoing close contact with the LINC network. In February 2019, the Guardian became an honorary member of the LAS LGBT network as a “straight ally” and advisor.

14. In response to the Gosport Inquiry, the Guardian and Trust pharmacist were invited to attend a meeting of the Quality Assurance Committee in March 2019 to assist with their understanding of the issues that were raised in the report. A working group has now been created to ensure that these issues are tackled within the Trust, as well as a briefing to the Board
15. October 2018 was national FTSU month and the Guardian joined the CEO Roadshows, where there was a ten minute slot at each location to promote FTSU. The Guardian spoke about the origins of FTSU, the new strategy and some of the challenges that needed to be overcome in order to make FTSU a success in the LAS. [See Appendix D](#). The CEO also spoke of his support for FTSU at the roadshows, which were attended by around 1500 members of staff. At the suggestion of the CEO, the Guardian and the CEO now meet every month to discuss FTSU issues.
16. An online poll conducted at the end of October 2018 asking how many staff had heard of FTSU returned the result that over 89% of staff who answered now had. This is compared to a February 2018 survey where 36% of staff said they were aware of the Guardian.
17. The staff survey contains two questions that are considered to relate to successful a FTSU implementation. In the 2018 survey, this was question 18b and 18c which showed significant improvements since 2014. The questions and results were as follows;



The FTSU Advocates

18. The FTSU Advocate role was first advertised in the Trust in October 2018 (see [Appendix E](#)), and 20 advocates from across the LAS were recruited in November 2018 based on their expressions of interest.
19. In summary, the role of the advocates is to promote FTSU and support colleagues to raise concerns. Advocates do not case handle, but maintain the confidentiality of any staff who seek their advice, passing on details of the concern to the Guardian, executive or non-executive lead where appropriate.
20. Advocates also provide additional resilience for periods when the Guardian is on annual leave, volunteering to be a point of contact for staff who wish to speak up at these times.
21. Almost all advocates have now received training approved by the National Guardian's Office, and attend quarterly advocate meetings to ensure they are kept informed and updated with new developments both internally and externally. To reflect the valuable contribution of the advocates, it has been agreed that time in lieu can be paid for staff attending these events on rest days.



LIA Post by EOC FTSU Advocate Michael Edwards

22. Of the 118 concerns received in 2018/18, nine were reported to the Guardian through the advocates, who have embraced the FTSU ethos with enthusiasm and commitment.

"I took on the role in order to help facilitate positive change within the service and in the short time I have been an advocate, I have already been able to see the effects

this has had on improving staff welfare, maintaining patient safety and encouraging more people to Speak Up. It has been enlightening to hear from other colleagues and work with Katy in order to make sure their voices are heard and ensure appropriate action is taken, which it always is to the best of our ability.”

James, Freedom to Speak Up Advocate Camden Group Paramedic

“I became a Freedom To Speak Up (FTSU) advocate as I believe it is important for staff to have someone they can go to with their concerns and be supported. I have been able to give colleagues a voice that is heard and acted upon and have had some really positive outcomes. I am passionate about my role as a FTSU advocate as it is a key part in making the ambulance service exceptional.”

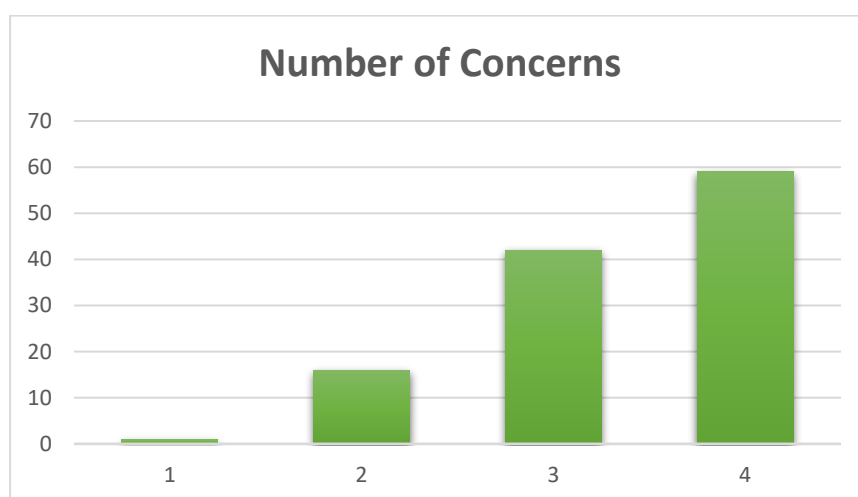
Charlotte, Freedom to Speak Up Advocate, Acting IRO Isleworth

I took on this voluntary role due to (1) Understanding the importance of the role in terms of staff at all levels being able to raise concerns in the workplace and (2) Having a passion to care and help staff alongside care and help for patients. I find the role is going well having high standards of training and deliverance - in terms of advocate meetings, pan-London ambulance network and hospital activities. I certainly look forward to contributing further as advocate towards the positive 'Collaborative', 'Respectful', 'Innovative' and 'Professional' values of our London Ambulance Service.

Muhammad, Freedom to Speak Up Advocate, Admissions Officer EBS

FTSU Concerns raised in the LAS 2018/2019

23. In 2018/19 there were 118 concerns raised through FTSU



Concerns raised by quarter 2018/19

24. The NGO requires data to be submitted according to particular categories. In 2018/19, the LAS submitted the following data;

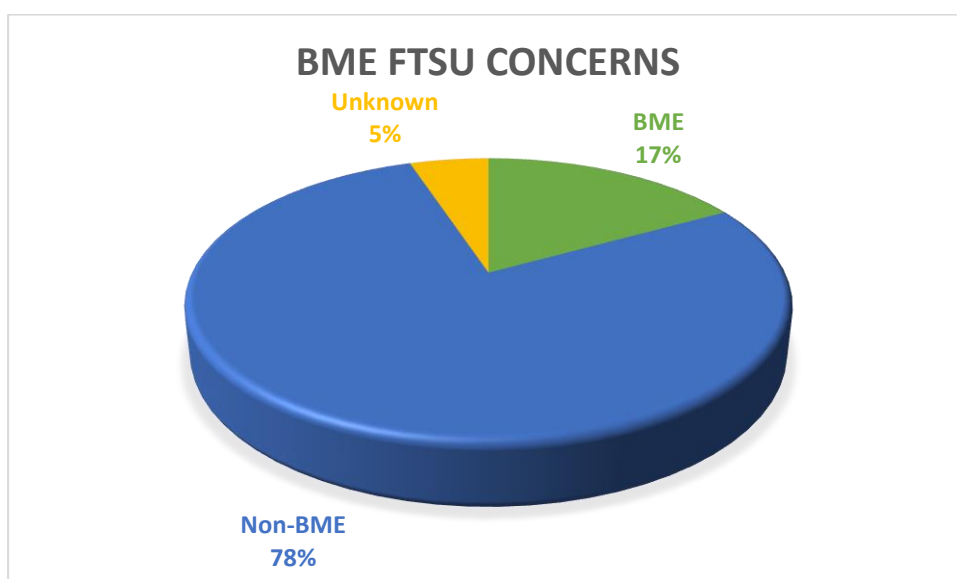
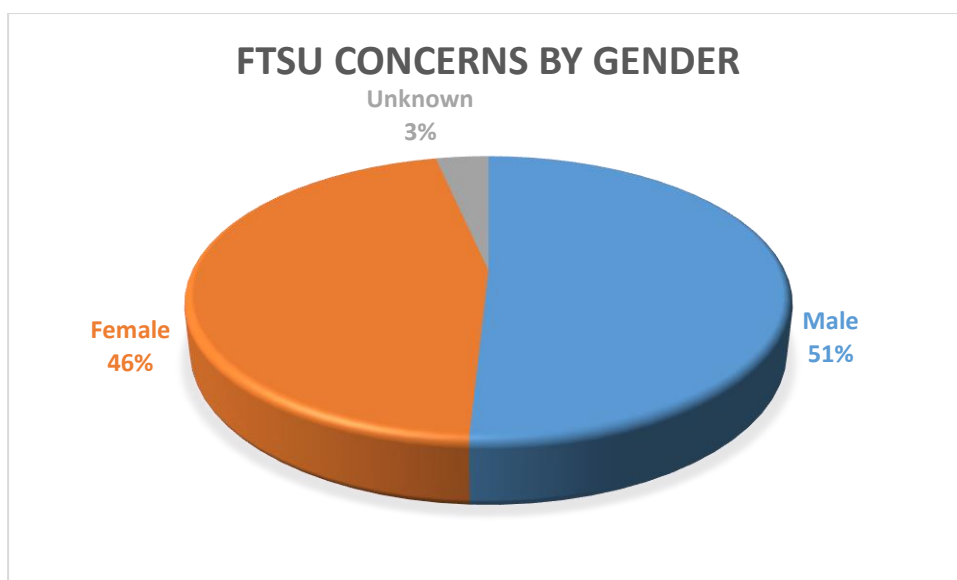
- Concerns received anonymously = 3 (2.5%)

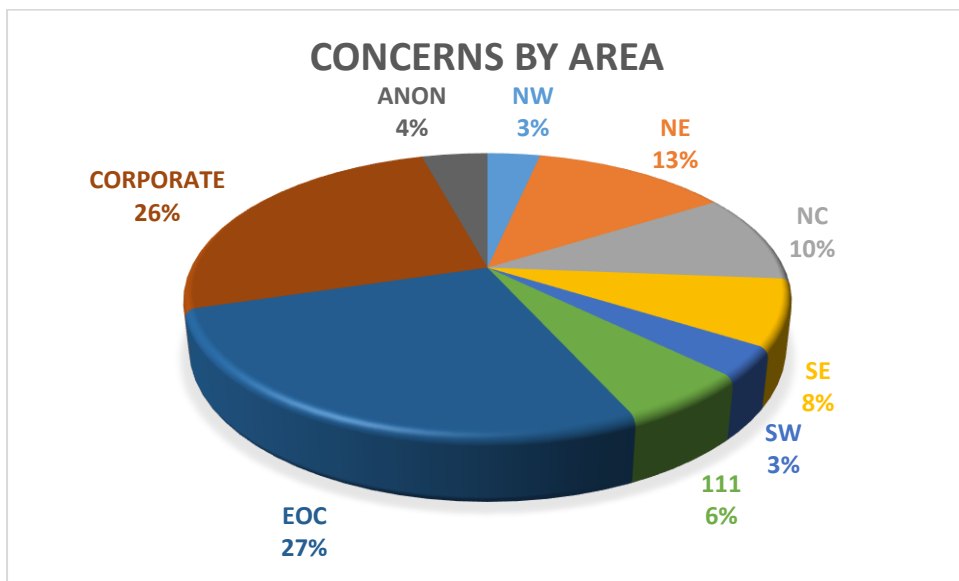
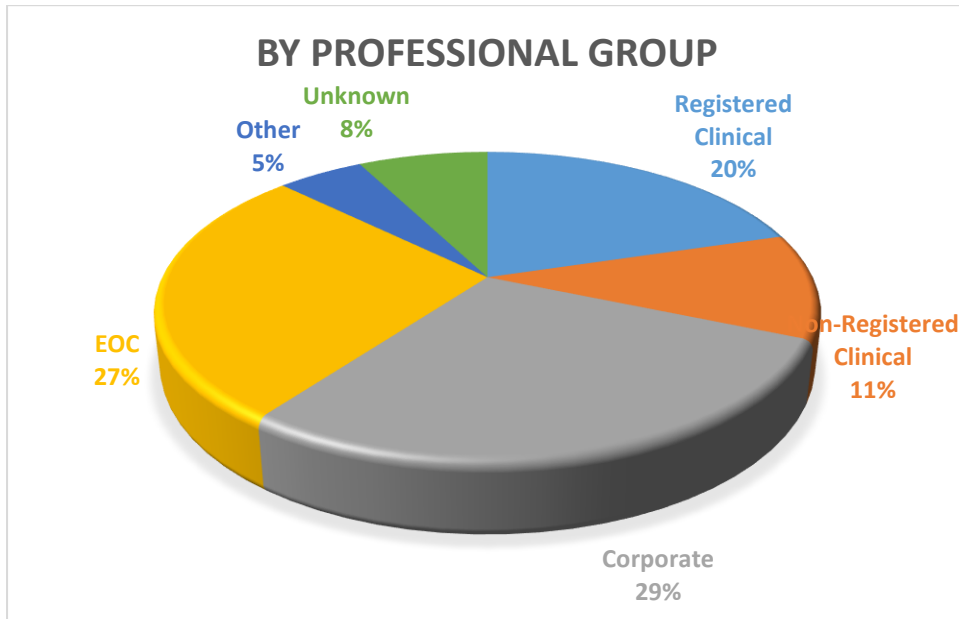
- Concerns with an element of patient safety = 10 (8.5%)
- Concerns with an element of B&H = 42 (36%)
- Where staff have reported detriment = 2 (1.7%)

25. The NGO is yet to publish the national data for 2018/19, so for the purposes of benchmarking the 2017/18 consolidated data for over 7000 FTSU concerns raised nationally was as follows;

- Concerns received anonymously = 1,254 (18%)
- Concerns with an element of patient safety = 2,266 (32%)
- Concerns with an element of B&H = 3,206 (45%)
- Where staff have reported detriment = 361 (5%)

26. In order to understand who is raising concerns in the LAS, and perhaps more importantly, who is not, the 2018/19 data was analysed.





27. It is important to note that the number of concerns raised both by gender and from BME colleagues is roughly reflective of overall representation of these groups in the LAS. BME colleagues are a staff group identified by the 2015 Francis Report to be vulnerable to not feeling able to speak up, so with recognition there is still work to be done, the above figures can be considered as positive.

28. Areas of the service that have raised the most concerns have almost all had intensive promotional activity, as can be seen in corporate services, EOC, North Central and the South East sectors. There has been less promotion in the north-

west and south-west – it is difficult to say if staff in these sectors do not know about or trust FTSU, or if there really are fewer concerns. The north east sector is the anomaly – there has been very little promotional activity here, but a large number of concerns raised. Many of these concerns from the north east have a theme of conflict. We will continue to monitor these trends and carry out additional FTSU promotional work in NE, SW and NW in order to better understand the issues.

What is the LAS learning from FTSU concerns?

29. 75 of the 118 concerns were closed by the end of 2018/19. In order to understand more about the themes that were emerging and what learning the LAS had been able to gain from these closed concerns, they were categorised according to their predominant theme.

30. It should be noted that the following closed concerns are listed by their main categories, and will be inconsistent with the data submitted to the NGO. The NGO asks for numbers of concern with “elements of B&H” or “elements of patient safety” for example, so there is often some crossover and therefore a lack of correlation with the total numbers of concerns. The concerns listed here have been placed into one category only.

Process	32
B&H	22
Environmental	5
Patient Safety	7
Staff Support	9
Total	75

Process

31. The main reason for staff using FTSU for process related issues stems from a lack of available information or insufficient communication. In some cases this is because the information that is sought is not readily available from line management teams, who in turn do not know who to ask. This can result in the initial question being forgotten or dismissed, leaving the staff member who raised it feeling frustrated and powerless, and in cases where the subject is of a personal nature, extremely stressed. Examples of this relate to skill mix issues, lack of feedback from Datix submissions or job applications, additional training needs, and the LAS internal social media policy. In all of these cases, there was no one individual in the Trust responsible for providing this information but by flagging this through FTSU, the Guardian was able to connect up the staff with the right people. In some cases, the learning outcomes were more restricted as the situations could be considered to be unique. In others, wider learning occurred – for example the scheduling team recognised an issue that was raised with them as something that could be a more extensive problem and actually changed one of their own processes as a result.

32. Insufficient communication process issues relate to how the Trust is disseminating information to its staff, but also how staff are both accessing and understanding what is being communicated. This has been the case in concerns raised about the recent rota review, or the EOC restructure. In the case of the restructure, there were at least 10 concerns raised that centred on communication despite extended consultation events and explanatory documentation – in this case there was not a lack of information but the FTSU concerns showed that the methods of communication were not effective at this time. Some of this was symptomatic of a long-standing cultural issue relating to EOC, where a perception of favouritism and fast-spreading rumours led to a lack of trust amongst staff. The issues raised through FTSU were answered with the help of the senior management team and the Guardian has kindly been included in the upcoming EOC staff engagement events that will take place in Spring and Summer of 2019.

Staff Feedback; Process

"I would be happy to speak up again. The fact that a solution has been identified, and processes changed to capture these issues at the lowest level possible is definitely a positive thing."

33. Lengthy internal investigation processes have been another reason for staff using FTSU. Again, there is no one individual or department responsible for this, but there have been 9 issues raised indicating that there is a lack of contact with staff who are going through the grievance process, or who have been informed an SI has been raised for a patient they have been involved with. For example, staff have not been contacted for months at a time and remain working alongside a colleague who they have submitted a grievance about with no support or information about what is happening. An FTSU was raised regarding the lack of support received during the SI process – specifically the member of staff was told that there was an SI relating to a patient who had suffered a cardiac arrest in their care, but no further information was provided for 3 weeks, including why an SI had been declared. These have been dealt with not only on an individual basis with the assistance of the Guardian, but the learning has also been fed back into the SI Group as part of the review of SI processes as well as to the P&C directorate.

34. It is anticipated that some of the investigation related issues will be at least partly resolved by the introduction of a new tracking system for formal complaints and additional external investigation training courses for managers within the LAS that are taking place this summer.

B&H

35. The Guardian has worked very closely with the Dignity at Work Facilitator Amanda Stern to resolve some of the B&H issues that have been raised through FTSU. These have been resolved through round table exercises, external mediation and in situations where harassment has occurred, the grievance

process. The Guardian and Dignity at Work Facilitator have also been incorporating the anonymised experiences of staff who report B&H into service-wide communications campaigns that raise awareness on issues such as courageous conversations and the appropriate challenge of inappropriate behaviour. This has also helped to inform the organisational cultural review of B&H that will be taking place in 2019.

36. For staff who do not wish for their identity to be shared with anyone except the Guardian, there has had to be a different approach to a resolution. In some cases, this has been support from the Guardian relating to coping mechanisms or how to tackle the issue themselves. In order to maintain impartiality, other issues have been addressed by the Guardian approaching the line manager of the member of staff who is considered to be displaying inappropriate behaviour. The concern is anonymously relayed, but with the understanding that in this situation only one side of the story has been told and that all members of staff involved may need support in order for positive changes to occur. In cases involving very senior members of staff, this has included meeting with the CEO and other members of the Board to facilitate a resolution.

Staff Experiences of Mediation

"I thought that we would never speak again, but after mediation we speak and we get on well now – it is such a relief, I am happy at work and not always looking over my shoulder – thank you"

"Definitely found mediation to be a more positive experience than anticipated and got a lot from it"

Patient Safety Issues

37. There are indications that Datix, not FTSU, is the main route for raising patient safety concerns. The issues that have come through FTSU include adherence to protocols in relation to the management of medicines. There were also significant concerns raised in respect of the new 111/IUC service in North East London, particularly relating to staff training and capacity.

Case Study; Patient Safety

There were several concerns raised about patient safety and the culture at North East London (NEL) 111. These ranged from individual problems with inconsistent breaks or problematic behaviours to service wide issues of a lack of training for new staff, capacity to deal with call volumes and the clinical structure of the centre. NEL 111 has since been reviewed twice – a review of the launch was not felt to sufficiently address the issues raised through FTSU, and a second review months later showed that these were not just teething problems, and served to highlight the validity of the FTSU concerns. One member of staff who raised concerns kindly agreed to meet with members of the executive team over a period of months and was able to provide a perspective of where changes that had been implemented weren't working and suggest alternative ideas. These were incorporated into an improvement project and as a result we have increased staffing levels, developed a new operational structure which will be signed off at executive level in May, increased training of staff and monitoring of calls via more regular auditing. Feedback from commissioners reports the positive changes and their impact on the service and outcomes for patients.

Staff Support

38. These issues are very diverse in nature, but have a common theme of staff feeling unsupported by the service and their management team. This has manifested through uneven management, unmet welfare needs and perceived favouritism. Some of this relates to processes such as 'Managing attendance policy' (MAP), but in the main stems from what is considered to be a lack of support whilst at work which falls short of accusations of B&H. Although these have been resolved individually by the Guardian, there is still an opportunity for the service to improve as a whole. It is the aspiration that in the coming months a workshop will be created in order to establish what support whilst at work should look like and how it can most appropriately be delivered. This is another project that will be undertaken in conjunction with the P&C directorate and Dignity at Work Facilitator, as well as colleagues from Operations and other directorates.

Case Study: Staff Support

Two FTSU issues from the same sector concerned the support staff had been given during their sick leave had felt like a “tick box” exercise and lacked compassion. After discussion with the Guardian, it was agreed that a meeting with the sector senior manager would be the best course of action in both cases. After hearing their stories, the senior manager felt that the large workload of his management teams meant that this would not be isolated to these two members of staff. As a result he is implementing sessions for local management teams on compassionate leadership which will include suitably anonymised impact statements from the staff who raised concerns and input from the Guardian. We will look to be sharing the successes of this programme with the other sectors once it is complete.

Environmental

39. Environmental concerns have been raised about lack of chairs in EOC, maintenance issues and queries about repairs. These have almost universally been a result of extended periods of time for changes to occur prior to the FTSU contact and have now been resolved.

Summary of Service Wide Learning

- Resourcing issues – Process changed by Scheduling department
- LAS media policy – Rules changed to ensure patient confidentiality
- Rota Review – Concerns added to future rota planning
- Restructure – FTSUG to be involved in EOC staff engagement initiative
- SI Process – Issues fed back to SIG
- Investigations – P&C directorate working to improve training and process
- B&H (peers) – “It’s OK to Challenge Inappropriate Behaviours” and information for Cultural Review
- B&H (managers) – Mediation through DAW
- Alleged Medicine Misuse – Audit and Service-wide communications
- 111 – Review and adjustments to working practices
- Staff Welfare – local processes reviewed across service
- Staff Support on shift – Workshop/working group to be established

FTSU Feedback from Staff

40. Of the 75 concerns closed in 2018/19, feedback was provided by 45 (60%) of staff. At the most basic level, the feedback questions are “Would you speak up again?” and “Have you suffered any detriment as a result of speaking up?” Staff

are also invited to share any further insights into the speaking up process or their experience of speaking up.

41. Of the 45 staff who provided feedback, only one said they would not speak up again and had suffered detriment. One more member of staff reported suffering detriment only, but stated they would speak up again. The Guardian has reflected on these cases, and whilst they have been personally very difficult for the staff involved, the outcomes were considered to be fair and balanced. The views of the two members of staff have also been fed back to senior managers involved in the concerns for additional reflection.

42. Of the 45 staff who provided feedback, 43 (96%) reported a positive experience of speaking up. Some of the feedback comments provided by various colleagues who had raised FTSU concerns are as follows:

“We can’t thank you enough for supporting us through this process and actually caring about getting this sorted”

“Thank you for being in my corner”

“The fact a solution has been identified and processes changed to capture these issues is definitely a positive thing”

“I wanted to take this opportunity to say thank you for listening to me and making me feel like my voice was valid. I can’t honestly tell you what it’s meant to me”

“It’s been really positive to have an independent sounding board. This may be a greater part of the role than actually escalating issues, but providing people with the confidence, challenge and support to follow things through themselves”

“Your support and help really makes a difference, thank you for being a friendly person to talk to”

“Your involvement has resolved many of the questions I had”

“I would absolutely speak up again, was content with the process and the outcome”

“Freedom to Speak Up gives you the opportunity to speak to someone neutral”

“You make it possible for us to raise concerns in a confidential and supported manner. That action will only ever improve patient safety and colleague welfare”

“If it hadn’t been for FTSU, I probably wouldn’t have told anyone”

External FTSU Activities

43. The Guardian attended the National Guardian’s Office FTSU training session in July 2018, which is considered mandatory for all new Guardians.

44. The London region FTSU Guardian network is active in promoting FTSU activities for all NHS Trusts across London and meets twice a year. The

Guardian attended the London region meeting at North Middlesex hospital in December 2018, and in January joined a group of 7 London region Guardians who aim to establish the supervisory needs of FTSU Guardians in a series of 8 meetings through 2019, which will be fed back to the NGO.

45. The Guardian is an active member of the National Ambulance Network (NAN) of FTSU Guardians, and in 2018/19 attended NAN meetings at YAS, SECAMB and EEAST. In February 2019, the LAS Guardian was voted in as new co-chair of the NAN.

46. The Guardian also attended the 2019 NGO FTSU conference.

Aims for 2019/20

47. To maintain the success of 2018/19, the Guardian has set the following aims for the coming year;

- Complete the action plan that will ensure the FTSU strategy is being successfully implemented
- Increase the number of FTSU Advocates to 30 to cover areas of the Trust that are not currently represented
- Improve promotional materials and pages on the Pulse to reflect what happens when staff speak up
- Create a working group to understand the support needs of operational staff whilst on shift
- Target areas of the Trust that have had low volumes of concerns raised in 2018/19 for promotional activities involving the advocates and events at stations, hospitals and offices.
- Work with the Dignity at Work facilitator to improve peer relationships across the Trust via quarterly promotional themes
- Base more promotional activities on the Trust-wide learning that is occurring as a result of FTSU
- To continue to monitor the level of staff awareness of FTSU and attitudes towards it via feedback, virtual polls and use of the staff survey.
- Develop E-learning package relating to FTSU
- Develop a set of FTSU KPIs



London Ambulance Service
NHS Trust

Freedom to Speak Up

A confidential and impartial way of raising concerns

If you feel unable to approach a manager, or have already done so and your concern has not been addressed, the Freedom to Speak up Guardian is a confidential single point of contact who can be reached at;
speakup@londonambulance.nhs.uk

Speak to the Trust's **Freedom to Speak Up Guardian**

It's quick, easy and confidential.



Search **Freedom to speak up** on the Pulse for more details.

Feedback

Learning

Support



Freedom to Speak Up Strategy

Theme 1 - Engaging senior leaders to ensure that FTSU is given appropriate prominence within the Trust

What we will do:

- We will work with the Trust's senior leaders to ensure that they take an interest in the Trust's speaking up culture and are proactive in developing ideas and initiatives to support speaking up.
- We will work with the Trust's senior leaders to ensure that they can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.
- We will work with the Trust's senior leaders to help them to use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience.

Theme 2 - Ensuring that all members of staff know and understand about FTSU and the role of the Guardian

What we will do:

- We will establish a network of FTSU advocates to support the FTSU Guardian and ensure that dissemination of FTSU information is more widespread.
- We will have a clear communication plan that tailors and ensures appropriate FTSU communications to different groups of staff.
- We will ensure that learning from concerns is clearly communicated.

Theme 3 - Ensuring that the systems/process/structures are in place to support raising concerns and responding to these and learning from them

What we will do:

- We will review our FTSU Policy to ensure that it remains appropriate and easily accessible.
- We will clarify the systems and processes underpinning the routes through which different claims can be made.
- We will ensure that there are links between all parts of the organisation where concerns may be raised, to avoid casework being duplicated or missed.

Theme 4 - (With the People and Culture Directorate) facilitating cultural change

What we will do:

- We will work with the People and Culture Directorate to ensure that FTSU is reflected in all of the work undertaken to implement the People and Culture Strategy.
- We will ensure that there are ongoing evaluations coherent evaluations of the FTSU environment within LAS.
- Activities undertaken to establish an understanding of the understanding of FTSU within LAS.



Freedom to Speak Up

Background

Freedom to Speak Up is about empowering staff to speak up about a concern, demonstrating that their concern will be taken seriously and making sure that they know what has been done as a result.

Anyone is able to raise a concern and a few examples could be unsafe patient care, inadequate training, malpractice or wrongdoing.

Katy Crichton is the Freedom to Speak Up Guardian for the Service. Guardians have a key role in helping to raise the profile of raising concerns within their organisation and can provide confidential advice and support to staff in relation to concerns they have.

Freedom to Speak Up Advocates are being recruited across the Service to raise awareness and support the Freedom to Speak Up initiative.

Key messages

- Freedom to Speak Up is about empowering you to speak up about a concern, demonstrating that your concern will be taken seriously and making sure that you know what we have done as a result.
- You can report a concern completely confidentially and you will be support and updated throughout any processes that follow.
- You can contact the Freedom to Speak Up Guardian by emailing speakup@londonambulance.nhs.uk or contacting Katy Crichton directly at katy.crichton@londonambulance.nhs.uk.

Tactics

- Freedom to Speak Up Advocates to take ownership of local communications both face-to-face but also digitally for example on local Facebook groups.
- Central communications to update on Service wide activities such as training sessions and meetings to ensure openness and transparency about the Freedom to Speak Up initiative.

Timeline

Date	Activity	Communications tactics
January	EOC HQ (14) Board Meeting (29) Advocate meeting (22) Bromley (28)	<ul style="list-style-type: none">• News stories – promoting new advocates, profiles, aims of the meeting• RIB – announcing new advocates
February	Advocate Meeting (4) National Ambulance Network Freedom to Speak Up meeting EEAST (12) EOC Bow (13)	<ul style="list-style-type: none">• News story – promoting the meeting and discussions• LiA – share update following the meeting



	EOC HQ (27)	
March	Advocate training (11) EOC Bow (12) Annual FTSU conference (18) Camden (26)	<ul style="list-style-type: none"> • RIB – pre-meeting item encouraging staff to share issues/topics with their local advocate • News story – share update on the meeting and discussions
April	EOC HQ (9) Rideout AP61 (17) Advocate meetings (23,29)	<ul style="list-style-type: none"> • RIB – update and feedback • News story
May	EOC Bow (8) EOC HQ (20) National Ambulance Network Meeting LAS (22) Board Meeting (23) EOC HQ (29)	<ul style="list-style-type: none"> • RIB – pre-meeting item encouraging staff to share issues/topics with their local advocate • News story – share update on the meeting and discussions
June	EOC Bow (19) London FTSU network meeting (7) London Conference (10) Deptford Promotional Event (TBC) Rideout (24)	<ul style="list-style-type: none"> • News stories/RIB/LiA – depending on key messages/theme for the month
July	London Region Supervision (5) Diversity Awareness (TBC)	<ul style="list-style-type: none"> • RIB – pre-meeting item encouraging staff to share issues/topics with their local advocate • News story – share update on the meeting and discussions
August		
September	Advocate meetings	
October	Freedom to Speak Up month HQ staff engagement event (TBC) Sector based engagement events (TBC)	<ul style="list-style-type: none"> • New Stories/RIB/LiA – depending on key messages/theme for the month
November	Advocate meeting (TBC)	<ul style="list-style-type: none"> • RIB – pre-meeting item encouraging staff to share issues/topics with their local advocate • News story – share update on the meeting and discussions
December		



Freedom to Speak Up



- Staff need to feel confident and comfortable when speaking up about a concern and that it will be taken seriously
- A FTSU concern can be about anything – from patient safety to processes and systems
- The Freedom to Speak Up Guardian is impartial and there to support staff to raise concerns if they are unable to approach their line manager
- FTSU is completely confidential, if requested



Freedom to Speak Up



Our Strategy

- Engage senior leaders to ensure that FTSU is given appropriate prominence within the Trust
- Ensure that ALL members of staff know and understand FTSU and the role of the Guardian
- Ensure that processes are in place to support, respond to, and learn from concerns that are raised
- Facilitate cultural change



Freedom to Speak Up



- October is Freedom to Speak Up month
- More details on the pulse – speakup@londonambulance.nhs.uk
- LAS FTSU Guardian Katy Crichton



FTSU Advocates

Summary of Role

The primary functions of FTSU Advocates are to promote FTSU within the London Ambulance Service and encourage their colleagues to speak up. Advocates will signpost staff who wish to raise a concern to the FTSU Guardian, and will not have responsibility for involvement with individual cases. They will receive NGO FTSU training and be required to attend quarterly FTSU advocate meetings where possible.

Job Description

The Advocate Role

- To provide confidential advice and support to all LAS colleagues who want to speak up about a concern.
- To be approachable, to listen actively and well, to advise and to sign post people to the options available to them.
- To encourage and promote the concept of speaking up so that it continues to develop as part of our everyday life in the London Ambulance Service.

Accountabilities

- Act as a role model, demonstrating LAS values in speaking up confidently and well in their own job role. Taking every opportunity to promote a culture in the LAS where people raise and respond to concerns with kindness and compassion.
- Support colleagues to raise their concern in the best way and in the most appropriate place.
- Help colleagues to explore the options available and signposting them appropriately.
- Deal with all contacts with the utmost confidentiality except in cases where there is an unacceptable risk to a member of staff
- To raise awareness of the Freedom to Speak Up and the Dignity at Work policies. As part of this seeking opportunities to speak to colleagues at team and directorate meetings, delivering presentations and raising and maintaining awareness.
- To act as 'buddy' to another Freedom to Speak Up Advocate for the purposes of mutual support and the seeking of solutions to difficult situations
- To attend training in relation to the Freedom to Speak Up in conjunction with the National Guardian's Office and to participate in the regular sharing of experience and good practice in order to develop skills and experience relevant to the role
- To identify and refer serious allegations to the Freedom to Speak Up Guardian.
- Refer people to another Freedom to Speak Up Advocate where you feel there may be a conflict of interest for you to advise that individual

Specific skills and experience

- A clear commitment to a compassionate and positive culture at LAS and to equality in the workplace.
- No particular seniority, status, educational or professional qualifications are required.
- An understanding of the barriers to speaking up that exist in organisations and how these can be challenged and overcome.
- The ability to encourage and enable individuals to speak openly and confidently.
- Good communicator with well-developed interpersonal and listening skills.
- An approachable style and an ability to deal compassionately with individuals and groups.
- Ability to treat all disclosures and conversations in the strictest confidence by generating an atmosphere of trust.
- The ability to work autonomously and professionally
- An advocate and role model for LAS Values and Behaviours

London Ambulance Service NHS Trust

Freedom to Speak Up Action Plan 2019/20

Strategy Theme	Strategic action	Detailed action	Anticipated output	Target date	Current status	Action Lead	
Theme 1 - Engaging senior leaders to ensure that FTSU is given appropriate prominence within the Trust	We will work with the Trust’s senior leaders to ensure that they take an interest in the Trust’s speaking up culture and are proactive in developing ideas and initiatives to support speaking up.	Develop easily accessible repository of FTSU-relevant materials to ensure senior leaders are knowledgeable and up to date about FTSU and the executive and non-executive leads are aware of guidance from the NGO.	Shared and openly accessible repository of FSTU-relevant materials updated on a quarterly basis	Q2 2019/20	Partially implemented	Katy Crichton	
		Develop and regularly update a narrative/articulation of Trust's FTSU vision and key learning from issues that workers have spoken up about that is agreed by senior leaders.	Agreed Trust FTSU vision and regular reporting on key learning	Q1 2019/20	Implemented	Katy Crichton	
		Ensure issues raised via speaking up are incorporated into the performance data discussed openly with commissioners, CQC and NHSI.	Updated metrics and data for CEO performance review, Board and other reporting	Q2 2019/20	Not yet implemented	Philippa Harding	
	We will work with the Trust’s senior leaders to ensure that they can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.	Review format of regular FTSU reports to the Trust Board to ensure that they are sufficiently detailed and comprehensive (in line with NHSI/NGO guidance) to support the development of a positive speaking up culture	Updated FTSU reporting to the Board	Q2 2019/20	Not yet implemented	Katy Crichton	
		Develop a range of qualitative and quantitative measures to enable regular review of progress against the FTSU strategy and compliance with the policy.	Updated metrics and data for CEO performance review, Board and other reporting	Q2 2019/20	Not yet implemented	Philippa Harding	
	We will work with the Trust’s senior leaders to help them to use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers’ experience.	Develop methods and reporting that enable Trust leaders to demonstrate that they take appropriate steps to ensure that they are visible and accessible to all workers to promote a culture of visible leadership	Updated FTSU reporting to the Board and updated communications plan. Clear examples.	Q3 2019/20	Partially implemented	Philippa Harding	
		Ensure that Trust leadership strategy and development programmes emphasise the importance of learning from issues raised by people who speak up	Clear articulation of FTSU values in relevant leadership development materials	Q2 2019/20	Not yet implemented	Katy Crichton	
	Theme 2 - Ensuring that all members of staff know and understand about FTSU and the role of the Guardian	We will establish a network of FTSU advocates to support the FTSU Guardian and ensure that dissemination of FTSU information is more widespread.	Appoint network of advoctaes	Network of advocates exists	Q1 2019/20	Implemented	Katy Crichton
			Ensure sufficient cover for FTSUG annual leave	Arrangements in place with Advocates to cover FTSUG annual leave	Q1 2019/20	Implemented	Katy Crichton
Ensure any potential conflicts are mitigated and there are alternative routes for raising a concern should a conflict become apparent			Conflict mitigations are articulated and alternative routes for raising a concern are clear	Q1 2019/20	Partially implemented	Katy Crichton	
Ensure FTSUG and advocates are able to regularly attend meetings of peers and have access to guidance and support			FTSUG and Advocates have allocated time to enable them to access support required	Q1 2019/20	Implemented	Katy Crichton	
We will have a clear communication plan that tailors and ensures appropriate FTSU		Develop communication plan	Communication plan in place	Q1 2019/20	Implemented	Katy Crichton	

Strategy Theme	Strategic action	Detailed action	Anticipated output	Target date	Current status	Action Lead
	communications to different groups of staff.	Develop KPIs to monitor effectiveness of communication plan	Updated metrics and data for CEO performance review, Board and other reporting	Q2 2019/20	Not yet implemented	Philippa Harding
	We will ensure that learning from concerns is clearly communicated.	Ensure all workers receive mandatory, regular and updated training on speaking up (in accordance with NGO guidance), including specialised training for those with responsibility for handling concerns.	Training plan in place	Q3 2019/20	Not yet implemented	Katy Crichton, Philippa Harding
		Ensure monitoring of training effectiveness is in place	Updated metrics and data for CEO performance review, Board and other reporting	Q3 2019/20	Not yet implemented	Philippa Harding
		Gather and provide high level, anonymised data relating to speaking up for inclusion in the annual report as well as information on actions the trust is taking to support a positive speaking up culture.	Annual report produced on FTSU within the Trust	Q1 2019/20	Implemented	Katy Crichton
		Ensure feedback on FTSUG performance is gathered	Feedback on performance is requested and reported upon on a regular basis.	Q1 2019/20	Implemented	Katy Crichton
Theme 3 - Ensuring that the systems/process/structures are in place to support raising concerns and responding to these and learning from them	We will review our FTSU Policy to ensure that it remains appropriate and easily accessible.	Review FTSU policy in line with NHSI Freedom to Speak Up: raising concerns policy for the NHS	FTSU policy is formally confirmed to be in line with NHSI policy	Q2 2019/20	Not yet implemented	Katy Crichton
		Develop communication plan for the roll out of the FTSU policy in conjunction with stakeholders to ensure that all existing and new workers are aware of its contents	Communication plan in place	Q1 2019/20	Implemented	Katy Crichton
	We will clarify the systems and processes underpinning the routes through which different concerns can be raised.	Review policies and procedures relating to the reporting and handling of incidents to ensure they refer to the support available to staff to do this via FTSU	FTSU information is fed into review of policies and procedures relating to incidents	Q1 2019/20	Implemented	Katy Crichton
		Ensure that bullying and harassment policy and procedure is consistent with the standards set out in the bullying and harassment guidance issued by NHS Employers, including how the Trust will implement and monitor the revised policy and ensure its contents are shared with all staff	FTSU information is fed into review of policies and procedures relating to bullying and harassment	Q2-Q3 2019/20	Not yet implemented	Katy Crichton
		Upon the scheduled review of any trust policy and/or procedure, ensure that the policy or procedure in question is in alignment with good practice in relation to FTSU	Policy review procedure includes FTSU consideration	Q2 2019/20	Not yet implemented	Philippa Harding
		Ensure that all HR policies and procedures meet the needs of workers who speak up, including letters to suspended workers that accurately state their ability to access their Guardian	FTSU information is fed into review of policies and procedures relating to HR etc	Q2-Q3 2019/20	Not yet implemented	Katy Crichton
		Executive and non-executive leads, and the FTSU Guardian, review all guidance and case review reports from the National Guardian to identify improvement possibilities.	Regular reports to the Board on NGO casework	Q1 2019/20	Implemented	Katy Crichton

Strategy Theme	Strategic action	Detailed action	Anticipated output	Target date	Current status	Action Lead
	We will ensure that there are links between all parts of the organisation where concerns may be raised, to avoid casework being duplicated or missed.	Develop a flow chart that clearly sets out potential pathways for raising concerns	Flow chart exists and is widely available	Q3 2019/20	Not yet implemented	Katy Crichton
Theme 4 - (With the People and Culture Directorate) facilitating cultural change	We will work with the People and Culture Directorate to ensure that FTSU is reflected in all of the work undertaken to implement the People and Culture Strategy.	Together with the Dignity at Work Lead, identify which staffing groups feel particularly vulnerable when speaking up, why this is the case and how those groups can be supported to speak up freely and protected from any detriment for having done so	Vulnerable staffing groups identified and action taken to ensure that they are protected from detriment	Q3 2019/20	Not yet implemented	Katy Crichton
	We will ensure that there are ongoing evaluations coherent evaluations of the FTSU environment within LAS.	Ensure a framework exists for the ongoing evaluation of the FTSU environment within LAS	Evaluation framework is agreed and implemented	Q4 2019/20	Not yet implemented	Katy Crichton



Report to:	Trust Board			
Date of meeting:	15 May 2019			
Report title:	Annual Corporate Governance Review (incl Self Certification of Compliance with Provider Licence)			
Agenda item:	17			
Report Author(s):	Philippa Harding, Director of Corporate Governance			
Presented by:	Philippa Harding, Director of Corporate 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 report provides the Trust Board with information about the outcome of the annual review of corporate governance. It proposes a number of amendments to enhance the Trust's corporate governance framework and will ask the Board to confirm that it is content that the Trust remains compliant with conditions G6 and FT4 of the NHS provider licence.</p>				
Recommendation(s):				
<p>The Trust Board is asked to comment on the information set out in this report and approve the assertions made.</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 checked="" type="checkbox"/>
Reputation	<input type="checkbox"/>
Other	<input type="checkbox"/>
This report supports the achievement of the following Business Plan Workstreams:	
Ensure safe, timely and effective care	<input checked="" type="checkbox"/>

Ensuring staff are valued, respected and engaged	<input checked="" type="checkbox"/>
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>

Annual Corporate Governance Review (incl Self Certification of Compliance with Provider Licence)

Objectives of the review

1. Based upon the approach agreed with the Audit Committee at its meeting on 05 November 2018, an internal review of the London Ambulance Service NHS Trust's (LAS') corporate governance has been undertaken with a focus upon the following objectives:

Objective 1 – establish that effective corporate governance arrangements are embedded across the organisation;

Objective 2 – identify principal risks to achievement of objectives;

Objective 3 – identify and evaluate key controls to manage principal risks; and

Objective 4 - obtain assurance on the effectiveness of key controls.

2. Achievement of these objectives provides the Board with assurance that the LAS' corporate governance framework is fit for purpose.

Findings of the governance review

3. Annex A sets out the assurances that were sought in relation to each of the objectives of the corporate governance review and the nature of the evidence that was used to support this assurance. It also sets out detailed findings in relation to each of the objectives of the corporate governance review.
4. The review has taken account of the updated UK Code of Corporate Governance, guidance issued by NHS Improvement and the Care Quality Commission, as well as learning from corporate governance reviews at other Trusts. The main principles of the Corporate Governance Code 2018 are attached to this report at Annex C for Board members' awareness. Board members should also note that other key corporate governance documentation can be found in the Board Handbook on Convene.
5. The review indicates that the LAS has a clear and well established governance framework in place which conforms to the best practice requirements and principles set out in key guidance documents such as the UK Corporate Governance Code 2018, the NHS Audit Committee Handbook, the Healthy NHS Board and the Corporate Governance in Central Government Departments Code of Good Practice. This is, of course, a self-assessment and Board members are invited to test the assurances provided in Annex A to this report.
6. Each of the Board Assurance Committees has considered its effectiveness over the 2018/19 financial year and as part of this, work has also been undertaken to ensure the alignment of their Terms of Reference. These amended Terms of Reference, each of which have been endorsed by the appropriate Board Assurance Committee and were approved by the Board at its meeting on 26 March 2019. Similarly the proposed membership of these Board Assurance Committees for 2019/20 was also approved by the Board at its meeting on 26 March 2019.
7. It is proposed that Board and Committee reporting templates should be updated to reflect the Trust's values.

8. The Standing Orders and Standing Financial Instructions of the Board are currently being reviewed.
9. Registers of Gifts and Hospitality and Declarations of Interests have been reviewed and Board members have updated their declarations.
10. The following policies have also been reviewed as part of the Corporate Governance Review:
 - Declarations of interest
 - Fit and Proper Persons Policy

Self-certification of compliance with the Provider Licence

11. Both NHS trusts and NHS Foundation Trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution).
12. NHS Trusts are required to self-certify after the end of the financial year that they are in compliance with Conditions G6(3) and FT4(8) of the NHS provider licence:

Condition G6(3) – The Board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution
Condition FT4(8) – The provider has compliance with required governance arrangements
13. The purpose of self-certification is to ensure that providers carry out assurance on whether or not they can confirm compliance. How providers undertake this process is for them to decide. The most important aspect of any process is to demonstrate that the Board understands clearly whether or not the provider can confirm compliance and that the Board can sign off to that end.
14. Condition G6 of the NHS provider licence requires that providers must have in place processes and systems which:
 - a. Identify risks to compliance with the NHS provider licence; and
 - b. Take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.
15. Providers must annually review whether these processes and systems are effective.
16. Condition FT4 of the NHS provider licence requires that providers must:
 - a. review whether the governance systems they have in place achieve the objectives set out in the licence condition (i.e. are compliant with “those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS”); and
 - b. set out any risks identified to good governance and mitigating actions taken to avoid these risks.
17. A detailed response to the requirements of Conditions G6 and FT4 of the NHS provider licence is set out in Annex B to this report. Having considered the assurances provided in Annex A and the responses provided in Annex B, is the Board content to approve the self-certification that the Trust is compliant with Conditions G6 and FT4 of the NHS provider licence?

Conclusion

18. External review of the Trust's corporate governance framework should be supplemented by internal review. The assurances identified during the corporate governance indicate that the Trust has an appropriate corporate governance framework in place. The Board is asked to comment on this finding.
19. A number of amendments are proposed to enhance the Trust's corporate governance framework, which have come to light during the corporate governance review, and the Board is asked to agree these:
20. As a result of the assurances identified during the corporate governance review, the Board is asked to agree that it is prepared to self-certify that the Trust is compliant with Conditions G6 and FT4 of the NHS provider licence.

Philippa Harding

Director of Corporate Governance

ANNEX A – LAS Corporate Governance Review 2018/19 – assurances sought and evidence

a) Objective 1 – establish that effective corporate governance arrangements are embedded across the organisation

Assurance	Can be evidenced by	Corporate Governance Review 2019 finding
Code of corporate governance adopted	<ol style="list-style-type: none"> 1. Principles of relevant code of corporate governance embedded within corporate governance frameworks and processes 2. Awareness of the relevant code of corporate governance 	<ul style="list-style-type: none"> • The LAS Corporate Governance Framework reflects appropriate best practice, including the UK Corporate Governance Code 2018 • The main principles of the UK Corporate Governance Code are attached to this report to ensure Board members' awareness, they are also referenced in the Board Handbook, which has been established as an induction and ongoing development tool.
Review and monitoring arrangements in place	<ol style="list-style-type: none"> 1. Corporate governance arrangements are regularly reviewed 2. There are clear arrangements for monitoring compliance with corporate governance frameworks and processes 3. An annual report on compliance with corporate governance best practice is reviewed by non-executives 4. Regular internal audit reviews of corporate governance frameworks and processes take place 5. Any corporate governance weaknesses are identified and an action plan is prepared to address them 	<ul style="list-style-type: none"> • The organisation's corporate governance arrangements were reviewed by the Care Quality Commission (CQC) in a Well Led inspection in 2018. An internal corporate governance review has been established to take place on an annual basis, for consideration by the Board ahead of each new financial year. • The Annual Governance Statement (AGS), which is part of the Annual Report and Accounts, and sets out the Trust's compliance with its own corporate governance frameworks and with the UK Corporate Governance Code is supported by an annual governance review. • The AGS is reviewed in detail by the Audit Committee and presented to the Board for approval. • The Trust's internal auditors review its corporate governance arrangements on a regular basis, including the statements made in the AGS, as part of the Annual Report and Accounts. • The Director of Corporate Governance takes the operational lead in identifying and addressing any areas for development in corporate governance weaknesses
Committee charged with governance responsibilities	<ol style="list-style-type: none"> 1. Responsibility for overseeing corporate governance has been formally delegated to an appropriate committee 2. Committee terms of reference clearly demonstrating responsibility for 	<ul style="list-style-type: none"> • The Audit Committee has delegated authority for the oversight of corporate governance. At the executive level the Executive Committee (ExCo) takes the lead. • The Terms of Reference of the Audit Committee (which are approved by the Board) adhere to best practice set out in the UK Code of Corporate Governance, the NHS Audit Committee Handbook and guidance provided by the Treasury and the National Audit Office. They clearly set out the Committee's responsibilities in relation to

Assurance	Can be evidenced by	Corporate Governance Review 2019 finding
	<p>corporate governance issues have been approved by the Board</p> <p>3. Terms of reference are sufficiently comprehensive to ensure that all appropriate aspects of corporate governance are covered</p> <p>4. Agenda and minutes from the committee charged with corporate governance responsibility indicate that the responsibility is being discharged adequately</p>	<p>financial reporting; internal controls, risk management systems and corporate governance; whistleblowing and fraud; internal audit; and external audit.</p> <ul style="list-style-type: none"> • Reports of Audit Committee meetings are provided to the Board after each meeting. In 2018/19 the Board also has access to the forward plan for agendas of each meeting and the minutes of each meeting, in order to receive detailed assurance that the Committee is discharging its duties adequately. • A review of the Audit Committee's business in 2018/19 against its Terms of Reference and Forward plan indicate that it has discharged its responsibilities appropriately in 2018/19.
Governance advice and training available to key executives and non-executives	<p>1. Induction training for key new executive and all non-executives incorporates suitable coverage on corporate governance issues according to responsibilities</p> <p>2. Ongoing awareness training is provided as appropriate to key staff and all members to ensure that there is an appropriate awareness of the organisation's corporate governance frameworks and processes</p>	<ul style="list-style-type: none"> • Induction plans for new Board members have been reviewed to ensure that they cover all relevant corporate governance issues. A "Board Handbook" has been established for all Board and ExCo members to access on an ongoing basis and this will be updated on a quarterly basis and ahead of any new appointments to the Board or ExCo. This is in addition to a plan of meetings for new Board and ExCo members, including meetings with the Chair and the Director of Corporate Governance who will provide information and advice on individuals' corporate governance responsibilities. • Information about the Trust's corporate governance frameworks is available to members of staff and the public on the Trust's website. • The Director of Corporate Governance and the Committee Services team are able to provide information about the operation of the Trust's corporate governance framework as necessary

b) Objective 2 – identify principal risks to achievement of objectives

Assurance	Can be evidenced by	Corporate Governance Review 2019 finding
<p>There is a written strategy and policy in place for managing risk which:</p> <ul style="list-style-type: none"> - Has been formally approved at board level - Is reviewed on a regular basis - Has been communicated to all relevant staff 	<ol style="list-style-type: none"> 1. Existence of approved strategy and policy document 2. Evidence of formal approval (e.g. board/committee minutes) 3. Evidence of formal review (e.g. board/committee minutes, document version number and date) 4. Evidence of communication strategy, possibly covered in strategy document 5. Examples of dissemination e.g. induction, briefings, awareness sessions, policy and strategy published on intranet, strategic diagnostic questionnaire results 	<ul style="list-style-type: none"> • The Board approved the Trust's Risk Management Strategy and Policy at its meeting on 27 February 2018, following a detailed review of the draft by the Audit Committee at its meeting on 12 February 2018. This replaced the Risk Management Framework that was approved by the Audit Committee using delegated authority at its meeting on 06 November 2017. • The Risk Management Strategy and Policy includes a communication plan and training strategy as an annex, to ensure that it is disseminated and all members of staff are aware of it. • The Risk Management Strategy is kept under annual review to ensure that it remains appropriate, as part of the Trust's Annual Corporate Governance Review and will be reviewed regularly as part of the Trust's Policy Register.
<p>Clear structures and processes for risk management which are successfully implemented and:</p> <ul style="list-style-type: none"> - Board sees risk management as a priority and support it by personal interest and input - Decision making considers risk - A senior manager has been appointed to "champion" risk management - Roles and responsibilities for risk 	<ol style="list-style-type: none"> 1. Board/committee minutes 2. Internal audit reports and external audit comments on risk management system 3. Annual business plans 4. Link between internal audit and risk management functions is clearly defined in terms of reference of internal audit 5. Responsibility for risk management function is set at appropriate senior level 6. Committee reports setting out options for change include an appropriate risk assessment, including the 'no change' option 7. The corporate business plan and financial plan assess risks as appropriate and in particular take 	<ul style="list-style-type: none"> • The Board reviews the Board Assurance Framework (BAF) at each meeting and is provided with the Corporate Risk Register in support of this. • Each BAF risk has been allocated to a Board Assurance Committee for scrutiny and these are considered at each Committee meeting. The Audit Committee considers the operation of the BAF and supporting risk systems. • Internal Audit reports and External Auditors' comments are presented to the Audit Committee at each appropriate meeting. • The Internal Audit Strategy is based upon the risks identified through Trust's BAF and Corporate Risk Register. • The ECo takes collective responsibility for reviewing the content of the BAF and horizon scanning on a monthly basis, ahead of its submission to the Board. • The Chief Quality Officer is responsible for the overall operation of the risk management system, whilst the Director of Corporate Governance is responsible for supporting the Board and ExCo's consideration of risk through the BAF. • The Board reviews its Risk Appetite Statement on an annual basis and in 2018/19 has emphasised the importance of linking this with the organisation's strategy and business planning activities. The Risk Appetite Statement is due to be approved by the Board at its meeting on 29 January 2019.

Assurance	Can be evidenced by	Corporate Governance Review 2019 finding
<p>management have been defined</p> <ul style="list-style-type: none"> - Risk management systems are subject to independent assessment - Risk management is considered in the annual business planning process 	<p>account of new and emerging risks facing the organisation</p>	<ul style="list-style-type: none"> • The 2019/20 Business Plan, which is due to be presented to the Board for approval at its meeting on 26 March 2019, will include a clear link between the organisation's objectives and the risks to achieving these. • All Board and Committee reports require an assessment of the risks associated with new proposals.
<p>The organisation has developed a corporate approach to the identification and evaluation of risk which is understood by all staff</p>	<ol style="list-style-type: none"> 1. Systematic procedures for risk identification and evaluation have been agreed and published in a policy document and are consistently applied across all business units and partnerships 2. Examples of dissemination e.g. induction, briefings, awareness sessions, strategic diagnostic questionnaire results. 	<ul style="list-style-type: none"> • The procedures for risk identification and evaluation are identified within the Trust's Risk Management Strategy and Policy.
<p>The organisation has well defined procedures for recording and reporting risk</p>	<ol style="list-style-type: none"> 1. Evidenced by review of risk management strategy and policy 2. Examination of corporate and partnership risk registers 3. Key risk indicators have been determined and there is evidence of monitoring against these risks 4. Evidence of regular and frequent reporting of risk to political and management board level 5. Evidence of risk based auditing being carried out 6. Evidence of risks not properly addressed identified in internal audit reports etc being fed into the risk management process 	

Assurance	Can be evidenced by	Corporate Governance Review 2019 finding
	7. Environmental scanning reports are fed into the risk management process so as to identify new and emerging risks	
The organisation has developed a programme of risk management training for relevant staff	<ol style="list-style-type: none"> 1. Training programme for risk management 2. Training needs analysis (both specialist staff development and general awareness) 3. Regular newsletter or other means of communicating risk management issues to staff 4. Induction programme includes risk management 5. management 6. Appropriate responsibilities for risk management incorporated into job descriptions and appraisals 	<ul style="list-style-type: none"> • The training plan for risk management is set out within the Trust's Risk Management Strategy and Policy.
<p>The committee responsible for risk management adds value to the risk management process by:</p> <ul style="list-style-type: none"> - Advising and supporting management team on risk strategies - Identifying areas of overlapping risk - Driving new risk management initiatives - Communicating risk management and sharing good practice - Providing and reviewing risk management training - Regularly reviewing the risk register(s) 	<ol style="list-style-type: none"> 1. Risk management committee's terms of reference 2. Minutes of corporate risk management board 3. Reports to corporate management team 4. Low incidence of avoidable risk events occurring 	<ul style="list-style-type: none"> • The Audit Committee's Terms of Reference include responsibility for the functioning of the Trust's Risk Management systems. It reviews the BAF and Corporate Risk Register at each meeting and reports its conclusions to the Board. • The Trust's Internal Auditors make their own regular reports to the Audit Committee, based on their own work programme. The Board discusses the most significant risks and the actions identified to mitigate them, as set out in the BAF.

Assurance	Can be evidenced by	Corporate Governance Review 2019 finding
<ul style="list-style-type: none"> - Coordinating the results for risk reporting 		
<p>Managers are accountable for managing their risks</p>	<ol style="list-style-type: none"> 1. Evidence of manager involvement in risk identification and analysis process 2. Risk owners detailed in corporate /departmental risk register(s) 3. Risk owners assigned in relation to key partnerships 4. Job descriptions of managers outline their risk management responsibilities 5. Evidence of (at least) annual review of risk at service/operational levels and of partnership risks 6. Analysis of completed control and risk self-assessment questionnaires 	<ul style="list-style-type: none"> • This is being tested as part of the CQC Well-Led Review
<p>Risk management is embedded throughout the organisation</p>	<ol style="list-style-type: none"> 1. Evidence of a general risk management culture at all levels 2. Risk management training programme 3. Evidence of managers involvement in risk management aspects of business planning 4. Results of strategic diagnostic survey to ascertain the extent to which risk management is understood by each category of officer (senior management, operational managers etc) and members 	<ul style="list-style-type: none"> • This is being tested as part of the CQC Well-Led Review

c) Objective 3: Identify and evaluate key controls to manage principal risks

Example of assurance	Evidenced by	Corporate Governance Review 2019 finding
<p>There are written financial regulations in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff.</p>	<ol style="list-style-type: none"> 1. Financial regulations and instructions exist & are reviewed & updated regularly 2. Evidence of formal approval 3. Examples of dissemination e.g. induction, briefings, awareness sessions, accessible in finance manuals and/or on intranet site 4. Reports to audit committee or equivalent confirming compliance or identifying extent of non-compliance with regulations and instructions 	<ul style="list-style-type: none"> • Standing Financial Instructions and delegated authorities are approved by the Board and reviewed on an annual basis. Updated Standing Orders and Standing Financial Instructions are due to be presented to the Board in March 2019 for approval. • These documents are available publicly on the Trust's website and to all members of staff on the organisation's intranet. • Where delegations are to specific individuals these will be codified and presented in formal written information. • The Finance and Investment Committee and ExCo are regularly provided with an update on relevant changes to external financial regulations which will affect the Trust.
<p>There is a whistle blowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff</p>	<ol style="list-style-type: none"> 1. Whistle blowing policy exists and has been reviewed and updated regularly. 2. Evidence of formal approval 3. Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on website and intranet site 4. Evidence of effectiveness of policy (e.g. reports on incidence of usage, evidence on annual declarations on fraud) 	<ul style="list-style-type: none"> • The Trust has a Freedom to Speak Up Strategy and Policy in place, which was approved by the Board and is published on the Trust's intranet and website. It also has substantive full time Freedom to Speak Up Guardian, who reports directly to the Director of Corporate Governance and the Chief Executive. • The Board receives a formal quarterly report from the Freedom to Speak Up Guardian on Freedom to Speak Up activities both within the Trust and nationally. • Information about Freedom to Speak Up is disseminated through induction sessions, posters in Trust buildings, on the intranet and Routine Information Bulletins as well as on the Listening into Action Facebook group. The Freedom to Speak Up Guardian has been raising the profile of the role by visiting different parts of the Trust.
<p>There is a counter fraud and corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff</p>	<ol style="list-style-type: none"> 1. Counter fraud and corruption policy exists and has been reviewed and updated regularly 2. Evidence of formal approval 3. Examples of dissemination (briefings, induction, awareness sessions, accessible on website and intranet site) 	<ul style="list-style-type: none"> • The Trust has an Anti-Fraud, Bribery and Corruption Policy in place which is published on the Trust's intranet and website. • The Local Counter Fraud Service is provided by the Trust's internal auditors, who report on the implementation of the policy and other awareness raising activities to the Audit Committee. • The Register of Gifts and Hospitality is maintained by the Committee Services team on behalf of the Director of Corporate Governance. An annual review of this is presented to the Audit Committee.

Example of assurance	Evidenced by	Corporate Governance Review 2019 finding
	<ol style="list-style-type: none"> Evidence of effectiveness of policy (e.g. reports on identified frauds; annual AF70 returns to Audit Commission, reports on results of National Fraud Initiatives) Review of register of gifts and hospitality 	
There are codes of conduct in place which have been formally approved and widely communicated to all relevant staff	<ol style="list-style-type: none"> Codes of conduct have been agreed, including national schemes (e.g. police officers) Evidence of formal approval Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site 	<ul style="list-style-type: none"> A Code of Conduct, which has been approved by the Board is in existence and can be accessed on the Trust's intranet site.
A register of interests is maintained, regularly updated and reviewed	<ol style="list-style-type: none"> Inspection of register of interests (members and staff) Evidence of regular updating and review by senior officer(s) 	<ul style="list-style-type: none"> The Committee Services team on behalf of the Director of Corporate Governance maintains a register of interests which is reviewed on a quarterly basis. Updates to the register should be provided by Board and ExCo members on a regular basis and formal requests for updates will be circulated quarterly in 2019/20.
Where a scheme of delegation has been drawn up, it has been formally approved and communicated to all relevant staff	<ol style="list-style-type: none"> Scheme of delegation incorporates adequate controls and sanctions Evidence of formal approval Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site Regular reports on the operation of the scheme (e.g. compliance, budget monitoring, year-end balances) 	<ul style="list-style-type: none"> A scheme of delegation exists and has been approved by the Board and it is available on the Trust's intranet site. It is reviewed on an annual basis and continues to be broadly appropriate, but it is proposed that changes are made, for approval by the Board at its meeting on 26 March 2019. This will also incorporate proposed approach to the dissemination of and reporting on the operation of the scheme.
A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff	<ol style="list-style-type: none"> Procurement policy exists and has been reviewed and updated regularly to take account of new initiatives e.g. drive towards wider consortia arrangements, shared services Evidence of formal approval 	<ul style="list-style-type: none"> A significant amount of work is being undertaken on the Trust's approach to procurement following the internal audit review of procurement maturity undertaken in 2017/18.

Example of assurance	Evidenced by	Corporate Governance Review 2019 finding
	<ol style="list-style-type: none"> 3. Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site 4. Evidence of effectiveness of policy (e.g. benchmarking results, best value review, internal/ external audit review) 	
<p>Business/service continuity plans have been drawn up for all critical service areas and the plans:</p> <ul style="list-style-type: none"> - Are subject to regular testing - Are subject to regular review 	<ol style="list-style-type: none"> 1. Current business/service continuity plans exist covering all critical service areas and are readily accessible 2. Evidence of regular testing 3. Evidence of regular review in the light 4. of the results of testing and for changes in structures, procedures, information systems, responsibilities etc 	<ul style="list-style-type: none"> • A business continuity plan exists and is tested regularly. It was approved by the Executive Leadership Team within the last six months and includes arrangements for regular review.
<p>The corporate/departmental risk register(s) includes expected key controls to manage principal risks</p>	<ol style="list-style-type: none"> 1. Risk register sets out principal risks and sets out appropriate key controls to manage them. 2. Key controls are monitored, reviewed and updated regularly 3. Use of risk management workshops to underpin the process and review of register and key controls 4. Risk owners are assigned to manage principal risks 5. Partnership risks are considered 	<p>See section on risk management above</p>
<p>Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed.</p>	<ol style="list-style-type: none"> 1. Appropriate key risk indicators are documented 2. Evidence of regular monitoring 3. Evidence of changes in risk indicators (and reasons for change) emanating from appropriate 	<p>See section on risk management above</p>

Example of assurance	Evidenced by	Corporate Governance Review 2019 finding
	information sources (e.g. where internal audit findings are used to change the perceived level of risk)	
The internal control framework is subject to regular independent assessment	<ol style="list-style-type: none"> 1. Internal audit plans and reports 2. Annual report/opinion of Head of Internal Audit 3. External audit reports 	See section on risk management above
A corporate health and safety policy has been drawn up, formally approved, is subject to regular review and has been communicated to all relevant staff	<ol style="list-style-type: none"> 1. Health & safety policy exists and has been reviewed and updated regularly 2. Policy covers partnerships 3. Evidence of formal approval 4. Examples of dissemination e.g. induction, briefings, awareness sessions, inclusion of policy on website and intranet site 5. Evidence of effectiveness of policy e.g. number of cases investigated by Health & Safety Executive – and the number of cases proven 6. Review of number of reported incidences and 'near misses' 	<ul style="list-style-type: none"> • There has considered to be a significant focus on health and safety across the trust in 2018/19 and the Board has been updated regularly on the dissemination of and compliance with the Health and Safety Policy.
A corporate complaints policy/procedure has been drawn up, formally approved, communicated to all relevant staff, the public and other stakeholders is regularly reviewed	<ol style="list-style-type: none"> 1. Complaints policy/procedure exists and has been reviewed and updated regularly 2. Procedure is compliant with all relevant statutory requirements 3. Evidence of formal approval 4. Examples of dissemination e.g. induction, briefings, awareness sessions, inclusion of policy on website and intranet site 5. Leaflets/posters highlighting complaints procedure 6. Complaints files 	<ul style="list-style-type: none"> • A corporate complaints policy exists which is appropriate and reviewed regularly. The Trust has a team which co-ordinates responses to complaints and this work is reviewed by the Chief Executive and Chair on a regular basis.

Example of assurance	Evidenced by	Corporate Governance Review 2019 finding
	7. Committee reports summarising complaints dealt with analysed by outcome	

d) Objective 4: Obtain assurance on the effectiveness of key controls

Example of assurance	Evidenced by	Corporate Governance Review 2019 finding
The organisation has determined appropriate internal and external sources of assurance	<ol style="list-style-type: none"> Minutes of committee at which report on assurances was considered Sources of assurance are appropriate to the organisation 	<ul style="list-style-type: none"> The Audit Committee considers the internal audit plan which provides the trust with external sources of assurance. The Quality Assurance Committee considers and proposes Deep Dives undertaken by the Trust to provide assurance with regard to quality issues, these can include both internal and external sources of assurance. The Board and ExCo also agree on an ad hoc basis when external assurances are required in relation to particular issues.
Appropriate key controls on which assurance is to be given have been identified and agreed	<ol style="list-style-type: none"> Briefing notes, guidance, instructions etc given to appropriate managers regarding what is expected of them 	<ul style="list-style-type: none"> This information can be found in the AGS, which is part of the Trust's Annual Report and Accounts, published on the Trust's website and its intranet.
Departmental assurances are provided	<ol style="list-style-type: none"> Departmental heads sign off on adequacy of controls (i.e. provide annual governance assurance statements) Supporting documentation provided by departmental heads re review and monitoring arrangements that key controls have been in operation for the period and will continue to operate until accounts signed off. Structured process and standard documentation to ensure consistency of coverage and common understanding of level of assurance given. Completed Control & Risk Self-Assessment questionnaires Annual governance assurance statements evaluated by officer team or committee charged with the responsibility of preparing the AGS. Evaluation to include 'reality 	<ul style="list-style-type: none"> The Chief Executive will require his direct reports to provide an annual statement of assurance on the adequacy of controls, which is incorporated into the AGS. Information about the operation of key controls is gathered through the BAF and Corporate Risk Register.

	checking' of sample of assurance statements	
Internal Audit Arrangements	<ol style="list-style-type: none"> 1. Reports of Head of Internal Audit to audit committee or equivalent throughout the year 2. Annual report of Head of Internal Audit, including opinion on internal control and risk management framework 	<ul style="list-style-type: none"> • The Audit Committee receives reports from the Trust's internal auditors throughout the year, including the Head of Internal Audit Opinion, which is presented in the Internal Auditors' Annual Report.
Corporate Governance Arrangements	<ol style="list-style-type: none"> 1. Annual corporate governance assurance statement 2. Internal or external audit review of corporate governance arrangements 3. Monitoring reports to committee on delivery of action plans in response to reviews of corporate governance 	<ul style="list-style-type: none"> • There is an annual review of corporate governance which feeds into the drafting of the Trust's Annual Governance Statement.
Performance monitoring arrangements	<ol style="list-style-type: none"> 1. Annual and in-year reports on delivery of key performance indicators by internal and/or external review agencies 	<ul style="list-style-type: none"> • The Board receives an Integrated Quality and Performance Report at each meeting. • Regular reports are provided to the Board with regard to the achievement of the objectives set out in the Trust's Business Plan. • The Chief Executive holds monthly performance reviews with individual ExCo members to track delivery of key performance indicators.

ANNEX B – Self-assessment and certification of compliance with the Provider Licence

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Name Heather Lawrence

Capacity Chair

Date

Signature

Name Garrett Emmerson

Capacity Chief Executive

Date

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement

Response

Risks and Mitigating actions

<p>1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>Confirmed</p>	<p>It is essential to have robust systems of control in place for the Chief Executive Officer (and also the Accounting Officer) to sign the Annual Governance Statement. The Audit Committee reviews the content of the Annual Governance Statement and provides assurance to the Board and the Chief Executive, who also draw on a number of sources for assurance but a primary source of assurance is the opinion of the Head of Internal Audit and contained within the Annual Governance Statement. TO BE ADDED ONCE CONFIRMED.</p> <p>The Director of Corporate Governance has specific responsibility for maintaining good corporate governance and compliance, in particular complying with the Trust's licence to operate and also the requirements of its CQC registration. This individual is experienced and qualified to ensure that the Trust is aware of and complies with best practice in these areas.</p> <p>The Trust's auditors, as part of its audit of the accounts, review and test systems and procedures for rigour and report any weaknesses to the Audit Committee. The auditors also review the contents of the Annual Report and the Annual Governance Statement and would be obliged to report any concerns. Furthermore, the Trust's External and Internal Auditors attend the majority of Audit Committee meetings and Audit Committee members meet with Audit representatives on at least an annual basis without management present, which provides an opportunity for the Auditors to raise any concerns. The Chair of the Audit Committee reports to each meeting of the Board following each Audit Committee meeting, as does each of the Chairs of the Board Assurance Committees on a risk and assurance basis.</p> <p>The Trust has in place Standing Financial Instructions and a Scheme of Delegation</p>
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	<p>that governs decision making within the Trust. The SFIs set out the scheme of delegations and those matters retained for determination by the Trust Board.</p> <p>At each meeting the Trust Board receives a report on the management of strategic risks as set out in the Board Assurance Framework (BAF) and approves its content. Any risks to delivery of the Trust's strategy incorporated in this document, together with associated mitigations. The BAF was the subject of audit by the Internal Auditors in 2018/19, who were able to provide significant assurance.</p> <p>The Trust is compliant with health care standards that are binding which is demonstrated by the Trust being rated as "Good" overall following its CQC inspection in 2018. The Trust scored at level TBC for all elements of Use of Resources risk rating by NHS Improvement (NHSI). Under the NHSI Single Oversight Framework the Trust has been placed in segment 2.</p> <p>The Trust has in place policies and procedures to solicit declarations of interest from directors and senior managers, together with any declarations relating to the receipt of hospitality or external employment. These policies incorporate and raise awareness of Fraud and the content of the Bribery Act. The Board is aware of its obligations under the Bribery Act to have in place and publicise appropriate systems of propriety within the Trust. Directors and those who carry out the duties of a director are aware of the obligations under the fit and proper person test regulations. The Trust has also undertaken appropriate checks to fulfil its obligations under the regulations. The Directors are also aware of the Duty of Candour to which they are subject and encourage staff and patient feedback wherever possible.</p> <p>In conclusion the Board has appropriate systems and processes in place to have appropriate oversight of the Trust. CQC review and the NHSI Single Oversight Framework assessment, in addition to Auditors' statements all provide assurance to the Board in terms of approving this Statement.</p>
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	<p>Confirmed</p> <p>The Board is made aware of any appropriate guidance issued by CQC, NHSI or other bodies who disseminate corporate governance best practice through a number of means, including the Chair's Report, reports of the Trust Secretary, formal and informal Board briefings and briefings to Board Assurance Committees.</p> <p>An annual review of corporate governance is undertaken by the Director of Corporate Governance and presented to the Audit Committee and Board in order to inform the Annual Governance Statement and any necessary changes to be made to the Trust's corporate governance framework. This review explicitly refers to all</p>

	relevant corporate governance best practice applicable to the Trust, including that issued by NHSI.
<p>3 The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	<p>Confirmed</p> <p>Each year, in light of the annual review of corporate governance undertaken by the Director of Corporate Governance, the Board reviews the Trust's corporate governance structure. The Board Assurance Committees also each review their own performance and also their Terms of Reference, making appropriate recommendations to the Board as part of this annual review. This means that the Board Assurance Committee structure is reviewed at least once a year and changes, if appropriate, are made to the Terms of Reference of the relevant Committee or to the Committee structure. The Board approves any amendments to its corporate governance structure.</p> <p>The Trust has in place a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate. In addition the Board has established a committee consisting of the chair and the other non-executive directors to consider the remuneration and allowances, and the other terms and conditions of office, of the executive directors including the Chief Executive Officer. The Board also has in place a Quality Assurance Committee, which has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls and quality/clinical assurance to the Board. Other committees in place include the People and Culture Committee, the Finance and Investment Committee and the Logistics and Infrastructure Committee.</p> <p>Finally the Board receives reports at each meeting from Executive Committee (ExCo) members through the Chief Executive Officers Report. The ExCo is responsible for the management of the Trust and is the senior executive decision making body of the organisation. The Trust's Board Assurance Committee structure includes the relevant executive director that has the lead and responsibility for reporting to each Committee as well as the Non-Executive Chair of the Board Assurance Committee.</p> <p>The Trust's Standing Financial Instructions include a scheme of delegated authorities. The Trust refers to and is compliant with its Standing Orders.</p>
<p>4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p>	<p>Confirmed</p> <p>The Trust secures the economic, efficient and effective use of resources through a variety of means:</p> <ul style="list-style-type: none"> • A well-established policy framework (including Standing Financial Instructions)

(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;

(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;

(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);

(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

(h) To ensure compliance with all applicable legal requirements.

- An organisational structure which ensures accountability and challenge through the committee structure
- An clear planning process
- Effective corporate directorates responsible for workforce, revenue and capital planning and control
- Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.

The Trust has in place a performance management framework aligned to both the corporate and sector divisional management structure. The framework includes a performance dashboard including metrics based on the Carter Report recommendations and includes a series of performance metrics. The Trust Board reviews the operational, productivity and financial performance, and use of resources both at Trust and Divisional level. More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the quality and performance report provided to each Board meeting.

The Board's business includes comprehensive reviews of performance against clinical, operational, workforce, corporate and financial indicators through the quality and performance report at each formal meeting. Any emerging issues are identified and mitigating action implemented.

The Finance and Investment Committee which is Chaired by a Non-Executive Director with other Non-Executive Directors also members, provides assurance to the Trust Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaces with the other Board Assurance Committees, in particular the Logistics and Infrastructure Committee, as appropriate.

The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.

The Trust has a Local Counter Fraud Specialist (LCFS) supported as required by other qualified LCFS Local Counter Fraud Specialist (LCFS). Any concerns can be directed to the team and, any information is treated in the strictest confidence.

External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without management present.

The Chief Quality Officer and Medical Director submit regular reports to the Quality Assurance Committee, which escalates issues as appropriate to the Board, this includes information about patient experience and any reports of the CQC. The Board receives a report of current Serious Incidents at each meeting, and quarterly receives a report on themes and the learning that is taking place. The Serious Incident Group and the Quality Oversight Group regularly consider the identification of high risk incidents and responses to these.

The Trust publishes with the agenda for each ordinary meeting of the Board an Information Pack, this contains and is available to view on the Trust's website:

- Operational Key Performance Indicators
- Corporate & Clinical Quality Indicators
- Financial Performance
- Workforce Indicators

The Board at each meeting receives a report from the Chair of the relevant committees on any matters of risk to the Trust and also receives the minutes of each of its committees. The Board has a forward plan which it reviews at each meeting. The Board and Board Assurance Committee meetings are scheduled for the year ahead for agenda planning and the preparation of reports. There is a matrix of reporting across from committee to committee as well as upwards to the Board. Each director has responsibility for the preparation of reports. As stated previously the Board and Board Assurance Committee receive reports on the Board Assurance Framework, which has also been the subject of audit by the Trust's Internal Auditors.

The above enables effective scrutiny and oversight by the Board of the Trust's operations. The Board has resolved that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a "going concern". The statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Audit Committee recommended to the Board that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern. TO BE CONFIRMED BY BOARD IN MAY.

- 5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:
- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
 - (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
 - (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
 - (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
 - (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
 - (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Confirmed

The Remuneration and Nominations Committee of the Board regularly considers the skills mix of the Executive Board members and Executive Committee members, which are triangulated against the capabilities required to provide organisational leadership in the current climate. The Board is compliant with appropriate statutory and good practice guidance in terms membership of the Board and senior management of the organisation.

The Chief Executive is the Accounting Officer of the Trust.

In addition to the Chief Executive and the Director of Finance and Performance, the Chief Quality Officer, Operations Director and Medical Director are Executive Directors of the Trust. The Board also has two Non-Executive Directors with clinical backgrounds who are members of the Board's Quality Assurance Committee. The Board and the Quality Assurance Committee receive timely and up to date information on quality care that has been reviewed by clinicians prior to submission to the Board. The Quality Assurance Committee meets every other month and the Chair of the Committee reports to each meeting of the Board to provide assurance on matters of patient quality and safety, including learning and analysis of any incidents and near misses as part of influencing the Trust's clinical and operational procedures and policies.

The Board at every ordinary meeting receives a report of current Serious Incidents. The Trust uses Datix system for incident reporting and is working towards the implementation of an Electronic Patient Care Record System which will further assist in electronic incident reporting.

All Board papers include reference to quality impact and the Trust's Risk and Assurance Framework.

The Board has either a staff or a patient experience presentation to each ordinary meeting and actively engages with members of the Local Health Economy on matters relating to patient care and quality; this includes Healthwatch and Health Overview and Scrutiny Committees and the Health and Well Being Boards. The Board regularly interacts with the Patients' Forum.

- 6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and

Confirmed

The Board receives a report to each meeting on matters relating to the issues considered by the people and Culture Committee, in particular workforce and has in place a five year People and Culture Strategy. The Board regularly receives updates on mandatory training for both clinical and non-clinical staff. The

appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Remuneration and Nominations Committee regularly discusses the skills mix of the executive members of the Board.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name

Heather
Lawrence

Name

Garrett
Emmerson

ANNEX C Key Principles of UK Code of Corporate Governance 2018

BOARD LEADERSHIP AND COMPANY PURPOSE

- A. A successful company is led by an effective and entrepreneurial board, whose role is to promote the long-term sustainable success of the company, generating value for shareholders and contributing to wider society.
- B. The board should establish the company's purpose, values and strategy, and satisfy itself that these and its culture are aligned. All directors must act with integrity, lead by example and promote the desired culture.
- C. The board should ensure that the necessary resources are in place for the company to meet its objectives and measure performance against them. The board should also establish a framework of prudent and effective controls, which enable risk to be assessed and managed.
- D. In order for the company to meet its responsibilities to shareholders and stakeholders, the board should ensure effective engagement with, and encourage participation from, these parties.
- E. The board should ensure that workforce policies and practices are consistent with the company's values and support its long-term sustainable success. The workforce should be able to raise any matters of concern.

DIVISION OF RESPONSIBILITIES

- F. The chair leads the board and is responsible for its overall effectiveness in directing the company. They should demonstrate objective judgement throughout their tenure and promote a culture of openness and debate. In addition, the chair facilitates constructive board relations and the effective contribution of all non-executive directors, and ensures that directors receive accurate, timely and clear information.
- G. The board should include an appropriate combination of executive and non-executive (and, in particular, independent non-executive) directors, such that no one individual or small group of individuals dominates the board's decision-making. There should be a clear division of responsibilities between the leadership of the board and the executive leadership of the company's business.
- H. Non-executive directors should have sufficient time to meet their board responsibilities. They should provide constructive challenge, strategic guidance, offer specialist advice and hold management to account.
- I. The board, supported by the company secretary, should ensure that it has the policies, processes, information, time and resources it needs in order to function effectively and efficiently.

COMPOSITION, SUCCESSION AND EVALUATION

J. Appointments to the board should be subject to a formal, rigorous and transparent procedure, and an effective succession plan should be maintained for board and senior management. Both appointments and succession plans should be based on merit and objective criteria and, within this context, should promote diversity of gender, social and ethnic backgrounds, cognitive and personal strengths.

K. The board and its committees should have a combination of skills, experience and knowledge. Consideration should be given to the length of service of the board as a whole and membership regularly refreshed.

L. Annual evaluation of the board should consider its composition, diversity and how effectively members work together to achieve objectives. Individual evaluation should demonstrate whether each director continues to contribute effectively.

AUDIT, RISK AND INTERNAL CONTROL

M. The board should establish formal and transparent policies and procedures to ensure the independence and effectiveness of internal and external audit functions and satisfy itself on the integrity of financial and narrative statements.

N. The board should present a fair, balanced and understandable assessment of the company's position and prospects.

O. The board should establish procedures to manage risk, oversee the internal control framework, and determine the nature and extent of the principal risks the company is willing to take in order to achieve its long-term strategic objectives.

REMUNERATION

P. Remuneration policies and practices should be designed to support strategy and promote long-term sustainable success. Executive remuneration should be aligned to company purpose and values, and be clearly linked to the successful delivery of the company's long-term strategy.

Q. A formal and transparent procedure for developing policy on executive remuneration and determining director and senior management remuneration should be established. No director should be involved in deciding their own remuneration outcome.

R. Directors should exercise independent judgement and discretion when authorising remuneration outcomes, taking account of company and individual performance, and wider circumstances.



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Trust Board Forward Planner			
Agenda item:	18			
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 2019/20 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

		2019/2020					
Area	Lead	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
	All	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
	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
	TB	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
	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
Strategy & Planning	LB						Operational Plann Approval
	LB						Business Plan Approval
	FW						
	BM		Estates Strategy				
	BM		Fleet Strategy				
	FW	Volunteering Strategy					
	TB	Patient Engagement Strategy					
	PG	Learning & Education Strategy					
Quality, Performance & Assurance	PG				WRES Action Plan		
	AF	Strategy Update			Strategy Update		
	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
	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
	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
	TB	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	
Annual Reporting	TB			Quality Accounts & Quality Priorities - biannual report			Quality Accounts & Quality Priorities - biannual report
	LB, PH	Annual Report and Accounts (incl AGS)					Approach to Annual Report & Accounts
	PH	Self Certification of Compliance with Provdier Licence					
	JJ	Audit Committee Annual Report					
	TB	Patient Experiences Annual Report					
	TB	Annual Quality Account		Unaudited Charitable Funds Annual Report & Financial Statements for 2018/19			
	LB						
Governance	FW				CARU Annual Reports		
	PH					Approach to Annual Corporate Governance Review	Annual Corporate Governance Review
	PH		Annual Public Meeting preparation				
	PH	Freedom to Speak Up Quarterly Report	Freedom to Speak Up Quarterly Report		Freedom to Speak Up Quarterly Report	Freedom to Speak Up Quarterly Report	
	PW			Business Continuity Update		EPRR 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
	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
	HL	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
Additional reports	TB	Quality Report	Quality Report	Quality Report	Quality Report	Quality Report	Quality Report



Report to:	Trust Board			
Date of meeting:	23 May 2019			
Report title:	Quality Report			
Agenda item:	Additional report, circulated for information only			
Report Author(s):	Helen Woolford, Head of Quality & Intelligence			
Presented by:	Dr Trisha Bain, Chief Quality Officer			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>The attached final quality report for March 2019 data is attached.</p> <p>Included within the report is a review of all relevant quality KPIs and information with regard to the quality improvement agenda across the organisation.</p> <p>Progress remains good, areas of focus for improvement include:</p> <ul style="list-style-type: none">• Medicines management and the need to provide assurance relating to the Gosport Review – a task finish group has been developed to focus on this work• Security issues remain and urgent action has been escalated and a full communication to the staff disseminated w/beg 29/04/19• The deep dive relating to ineffective breathing has been completed and identified further actions relating to the system set up and understanding of the protocols by staff – action plan developed and taken forward by EOS leads• Stem and stroke remain a focus for the medical directorate <p>In general, the document demonstrates further improvement across the quality agenda and supports the aim of reaching an outstanding status in 2020.</p>				
Recommendation(s):				
The Board is asked to note the 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 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 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



Report for discussion at the Trust Board

Analysis based on March 2019 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 • Executive Summary – Sector Quality Map • Operational Context Scorecard 	3 4 5 6
1. Safe	<ul style="list-style-type: none"> • Patient Safety • Infection Control • Medicine Management • Safeguarding • Health and Safety 	8-9 10-14 15 16-17 18-21
2. Effective	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Clinical Ambulance Quality Indicators • Clinical Audit Performance 	23 23-25 26
3. Caring	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Mental Health • Maternity • People and Public Engagement 	28 29-30 30-31 32

Section	Content	Pages
4. Responsive	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Frequent Callers • Complaint 	34 35-37 38-39
5. Well Led	<ul style="list-style-type: none"> • Learning from our actions • Learning from Sis • Learning from Claims, Inquests and Deaths 	41 42 43
6. Quality Action Plan, Projects & Programmes	<ul style="list-style-type: none"> • Project Management Office (PMO) Overview 	44-46
7. Clinical and Quality Risks	<ul style="list-style-type: none"> • Clinical and Quality Risks Summary 	48









Executive Summary

- 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

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 March 2019.	Complete	<p>The total number of adverse patient events was 279 resulting in 2.8 events per 1000 incidents. There remains a continued focus on reporting Near Misses, no harm and low incidents and reporting of these is increasing.</p> <p>There has been an increase in the number of SI's declared in the last quarter of this year. The Trust commenced the North East London (NEL) NHS 111 service in August 2018 and an increase in SI's in this quarter can be attributed to this.</p> <p>The Trust's safeguarding level 3 training is above the 90% compliance target which is a great achievement by the safeguarding team who have run extra sessions over the last quarter.</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.	Complete		
Effective	Root and branch independent training review completed. Implementation plan developed by September 2018.	Complete	<p>ROSC at Hospital(* data from Nov-18) is 30% which is above the national standard. The Stroke Care Bundle (data from Nov18) was 99%; the highest achieved by the LAS to date.</p> <p>The clinical audit team have completed live pilot testing of data linkage between our records and the data held by the national stroke registry, Sentinel Stroke National Audit Project (SSNAP). The requirement for Ambulance Services to enter data via SSNAP will commence from 1st May 2019. The data populated will allow the AQI for time to arrival at hospital and to treatment to be further enhanced.</p>	●
	New quality Indicators developed and being reported via performance scorecards by December 2018.	Complete		
	QI training plan agreed and 100% of first cohort trained by December 2018.	Complete		
	At least 2 Sector roster reviews completed by September 2018 and remaining sectors by April 2019.	Complete		
Caring	Reduction in calls generated by those patients classified as frequent callers from April 2018 baseline.	●	<p>The Mental Health Joint Response Car Pilot continues to run in SE Sector and is producing positive results for the treatment to our patients. The Mental Health Team are finalizing a booklet on learning from the Mental Health Car Pilot, which will be disseminated to front line staff.</p> <p>The maternity team have run three train the trainer Sessions for the rolled out Maternity Clinical Skills Refresher 2019 V1 – Breech Birth. Over 3000 front line staff will receive this training throughout 2019/20.</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.	Complete		
Responsive	We will review our operational model by quarter three and work towards delivering the revised standards as set out in ARP.	●	<p>In March we received 100 complaints bringing the total for 2018/19 was 1017 which is an 8% increase when compared to 2017/18.</p> <p>There were 55 complaints that breached the 35 day response target in March. The annual average for 2018/19 is that 37% of complaints were responded to out of time.</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.	Complete	<p>The Trust has a focus on case based discussion events (INSIGHT live). 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.</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.	●		

Executive Summary - Quality Summary Scorecard

March 2019

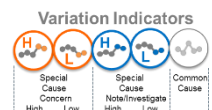
Indicator (KPI Name)	Basis	Data From Month	Target Status	Statistical Process Control Icon	Current Performance				Benchmarking		
					Target	Latest Month	Year To Date Actual	Rolling	National Data	Best In Class	Ranking (out of 10)
Rate of Patient related Adverse Events per 1,000 Incidents	Rate	Mar-19	●		5.0	2.8	2.8	2.8			
Patient related Adverse Events - NO HARM	Count	Mar-19	●		TBC	197	2412	2,368			
Patient related Adverse Events - LOW	Count	Mar-19	●		TBC	31	411	340			
Patient related Adverse Events - MODERATE	Count	Mar-19	●		TBC	13	182	206			
Patient related Adverse Events - SEVERE	Count	Mar-19	●		N/A	6	75	80			
Patient related Adverse Events - DEATH	Count	Mar-19	●		N/A	7	127	158			
Medication Errors as % of Patient Adverse Events	%	Mar-19	●		TBC	4%	6.4%	4.8%			
Needle Stick Injuries as % of Staff Adverse Events	%	Mar-19	●		TBC	0%	1.0%	1.3%			
Number of SEL 111 adverse incidents	Count	Mar-19	●		TBC	53	1042	TBC			
Number of NEL 111 adverse incidents	Count	Mar-19	●		TBC	29	254	TBC			
ROSC at Hospital (AQI)	%	Nov-18	●		30%	30%	0%	32%			
ROSC at Hospital UTSTEIN (AQI)	%	Nov-18	●		TBC	57%	53%	TBC			
STEMI to Angiography (AQI) (Mean)	hh:mm	Nov-18	●		N/A	02:06		TBC			
STEMI care bundle (AQI)	%	Oct-18	●		74%	76%	70%	TBC			
Stroke Call to Arrival at Hospital (AQI)	hh:mm	Nov-18	●		TBC	01:09		TBC			
Stroke on scene time (CARU continual audit)	hh:mm	Feb-19	●		00:30	00:32		TBC			
Survival to Discharge (AQI)	%	Nov-18	●		TBC	7%	10%	TBC			
Survival to Discharge UTSTEIN (AQI)	%	Nov-18	●		TBC	38%	24%	TBC			
STEMI- On scene duration (CARU continual audit)	hh:mm	Feb-19	●		TBC	00:40	TBC	TBC			

● 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



North West Sector

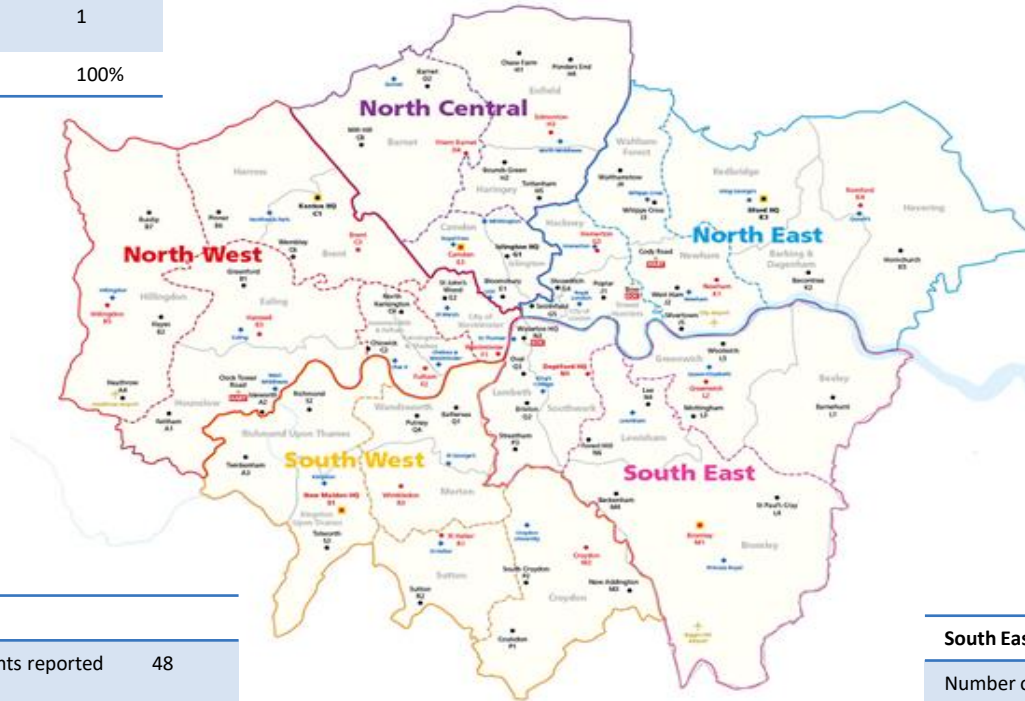
Number of Patient Safety Incidents reported in month	38
Number of Overdue Incident Investigations	15
Number of SI's declared in Q4	1
% of HealthAssure Population	100%

North Central Sector

Number of Patient Safety Incidents reported in month	20
Number of Overdue Incident Investigations	9
Number of SI's declared in Q4	0
% of HealthAssure Population	100%

North East Sector

Number of Patient Safety Incidents reported in month	33
Number of Overdue Incident Investigations	31
Number of SI's declared in Q4	2
% of HealthAssure Population	100%



NHS 111/IUC

Number of Patient Safety Incidents reported in month	106
Number of Overdue Incident Investigations	35
Number of SI's declared in Q4	8
% of HealthAssure Population	100%

South West Sector

Number of Patient Safety Incidents reported in month	48
Number of Overdue Incident Investigations	30
Number of SI's declared in Q4	2
% of HealthAssure Population	100%

Clinical Contact Centres

Number of Patient Safety Incidents reported in month	17
Number of Overdue Incident Investigations	64
Number of SI's declared in Q4	7
% of HealthAssure Population	4%









South East Sector

Number of Patient Safety Incidents reported in month	61
Number of Overdue Incident Investigations	59
Number of SI's declared in Q4	4
% of HealthAssure Population	100%

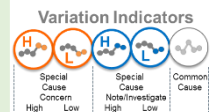
The scorecard below provides an overview of the Operational performance of the Trust in February. The Trust's response time performance was under the 7 minute target for C1 mean, and C2 was over the 18 minute target. C1 performance year to date is well under target for year to date figures as better performance becomes consistent.

NHS 111 call answering 95% within 60 secs was below target for both NEL and SEL, with NEL having only 65% of calls answered within 60 seconds.

March 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Statistical Process Control Icon	Current Performance			Benchmarking*		
					Target	Latest Month	Year To Date Actual	National Data	Best In Class	Ranking (out of 10)
Category 1 response - Mean	mm:ss	Mar-19	●		07:00	06:18	06:28	07:00	06:08	2
Category 1 response - 90th centile	mm:ss	Mar-19	●		15:00	10:24	10:45	12:11	10:24	1
Category 2 response - Mean	mm:ss	Mar-19	●		18:00	18:15	19:16	21:15	11:58	4
Category 3 response - Mean	h:mm:ss	Mar-19	●		1:00:00	0:50:11	0:53:51	1:01:24	0:32:44	3
Category 4 response - 90th centile	h:mm:ss	Mar-19	●		3:00:00	2:53:24	3:04:40	3:03:45	1:49:44	3
Call answering - 999 (less than 5 seconds)	%	Mar-19	●			87%	86%			
Call answering - NHS 111 SEL (less than 60 seconds)	%	Mar-19	●		95%	74%				
Call answering - NHS 111 NEL (less than 60 seconds)	%	Mar-19	●		95%	83%				

- 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



*Mar 19 data

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.



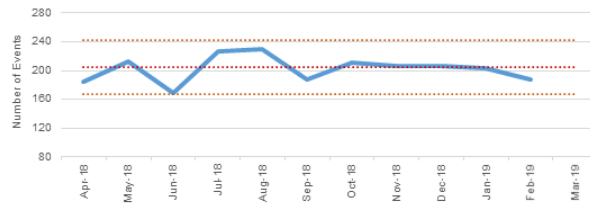
Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

The total number of adverse patient events was 279 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:
197



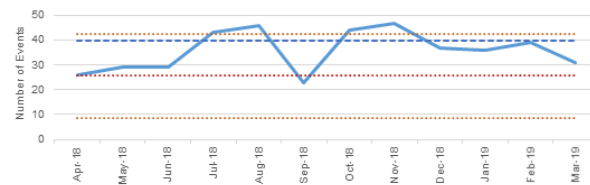
The number of reported near misses, no harm and low harm incidents remains within the upper and lower limit baseline (set on 2017/18 data) showing normal variation.

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.

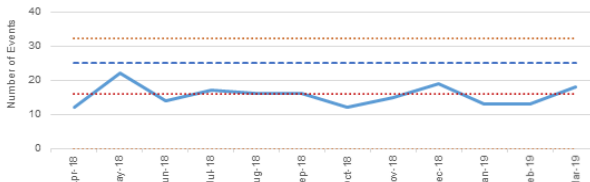
Low Harm

Latest Month:
31



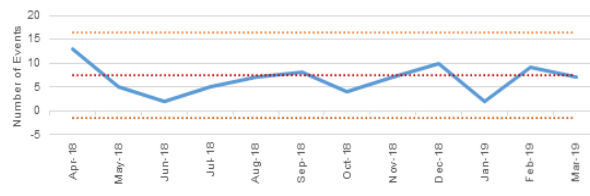
Moderate Harm

Latest Month:
13



Severe

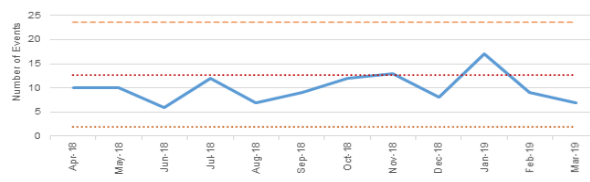
Latest Month:
6



No significant variation when compared to mean and limit thresholds

Death

Latest Month:
7



Data Source:

CHART KEY

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



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

Medical Equipment including medication, dispatch and call management and clinical treatment issues remain the recurring themes.

Actions are being taken to address these themes including:

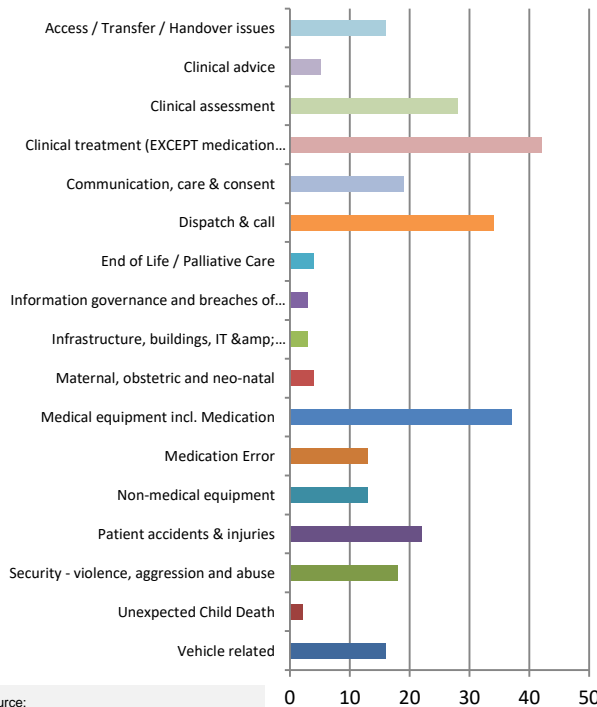
- CD disposal and clarity around the relevant legislation
- Identified the importance of using a collaborative approach to clinical decision making.
- Developed comprehensive action plan to support the implementation of practice changes.

Serious Incidents

During Q4, from a total of 862 reported incidents affecting patients, 29 incidents (3%) were declared as Level 2 investigation SIs. Of these declared in this quarter, 12 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 17 cases are being investigated.

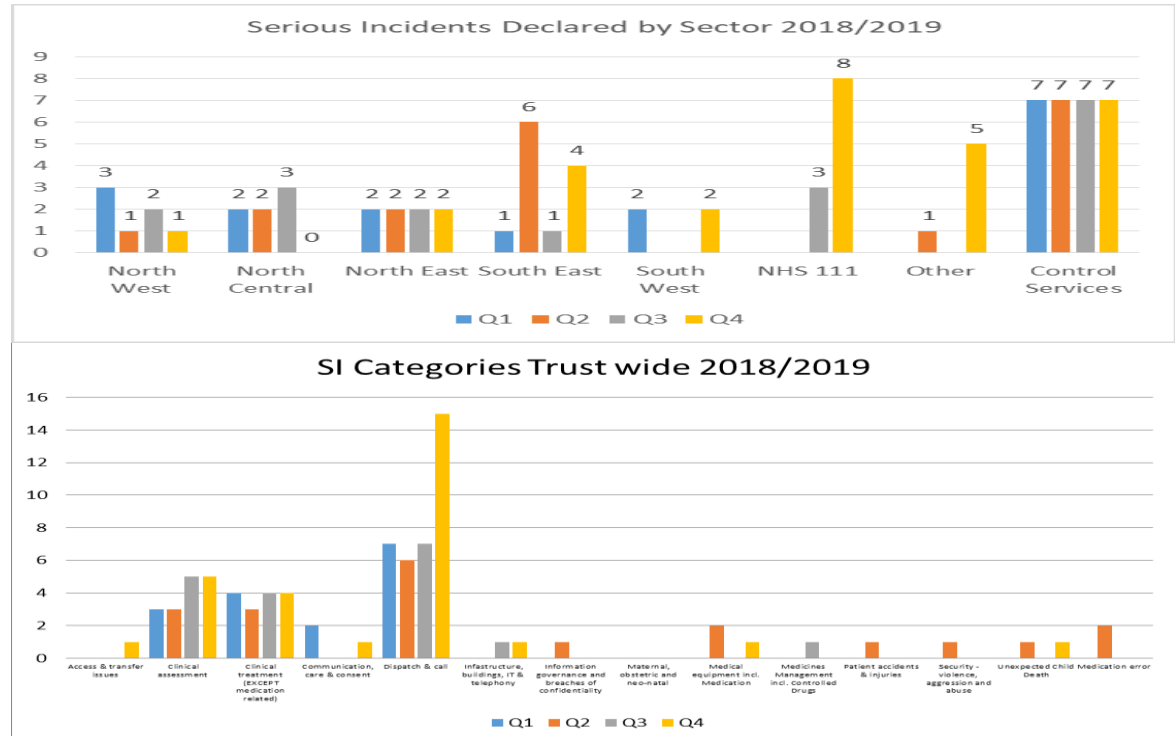
The Trust commenced the North East London (NEL) NHS 111 service in August 2018. The increase in SIs in this quarter can therefore be attributed to this. Operational sectors overall remain consistent, notwithstanding an increase in reported SIs in the South East sector, which is explored in more detail below. Control services continues to report similar numbers of SIs, albeit a slight increase (1) in Q4.

Incidents by Category



Data Source:

Quarterly Analysis





Monthly IPC Training Compliance March 2019 (Target: 90%)

IPC training compliance for Level 1 and Level 2 is monitored via ESR and compliance continues to exceed the Trust performance target of 90%, with level 1 and level 2 showing an increase from February 2019 figures:

Performance achieved in March 2019:

- Level 1 –95.47% compared to 95.12% in February 2019
- Level 2 –92.91% compared to 92.78 % in February 2019
- **Assurance:**
- Monitored via ESR
- Monthly Quality reporting
- Oversight at Quarterly ICDG, IPCC and QOG

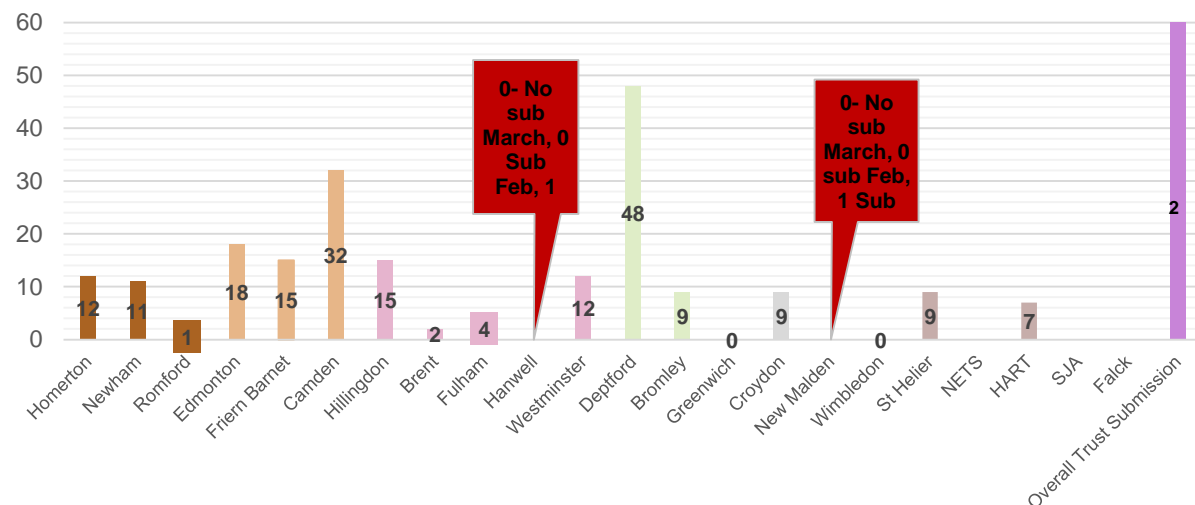
Actions taken:

- Monitoring process in place



Owner: Sharon Egdell | Exec Lead: Dr. Fenella Wrigley

OWR Submissions March 2019



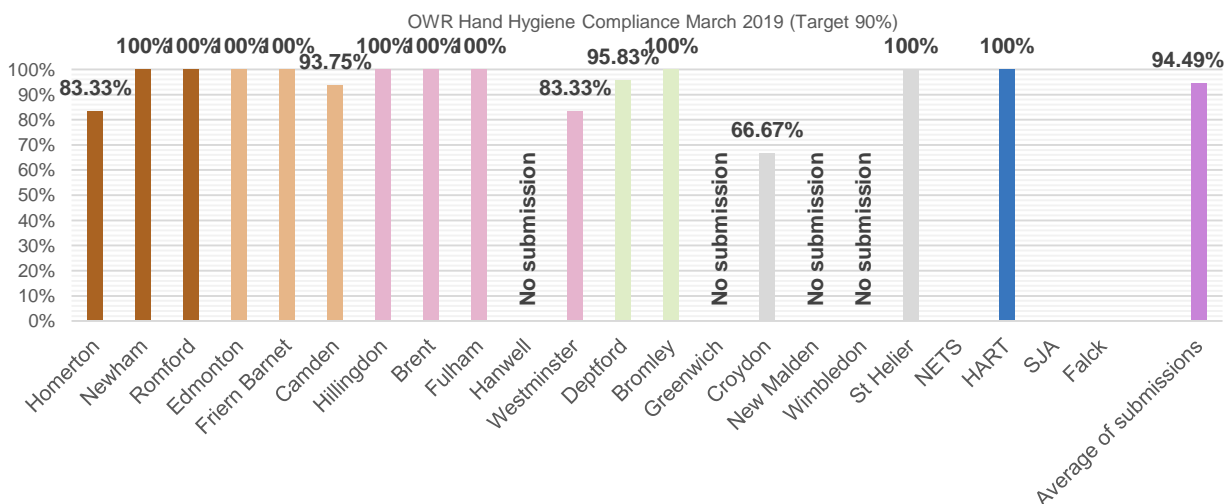
Hand Hygiene Performance

- 15 group stations submitted OWR data for March 2019. The March OWR data submission rates for hand hygiene has remained static at 15 group stations, when compared to February 2019.
- Of the 15 submissions, the Trust OWR hand hygiene compliance for March was 94.49% , showing a very slight decrease from 95% in February , but remaining above the Trust performance target of 90%.
- 8 group stations (Friern Banet, Camden,Hillingdon,Westminster, Deptford, Bromley, Greenwich and Croydon) . submitted OWR to reflect a minimum of 10% of the total front line staff per group station ,as agreed at the November 2018 and February 2019 IPCC meetings. This is a significant increase when compared to 1 group station meeting the 10% objective in February 2019 .
- 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 Champion role to raise standards and ownership at local stations by providing practical Hand Hygiene at stations.

Actions

New:

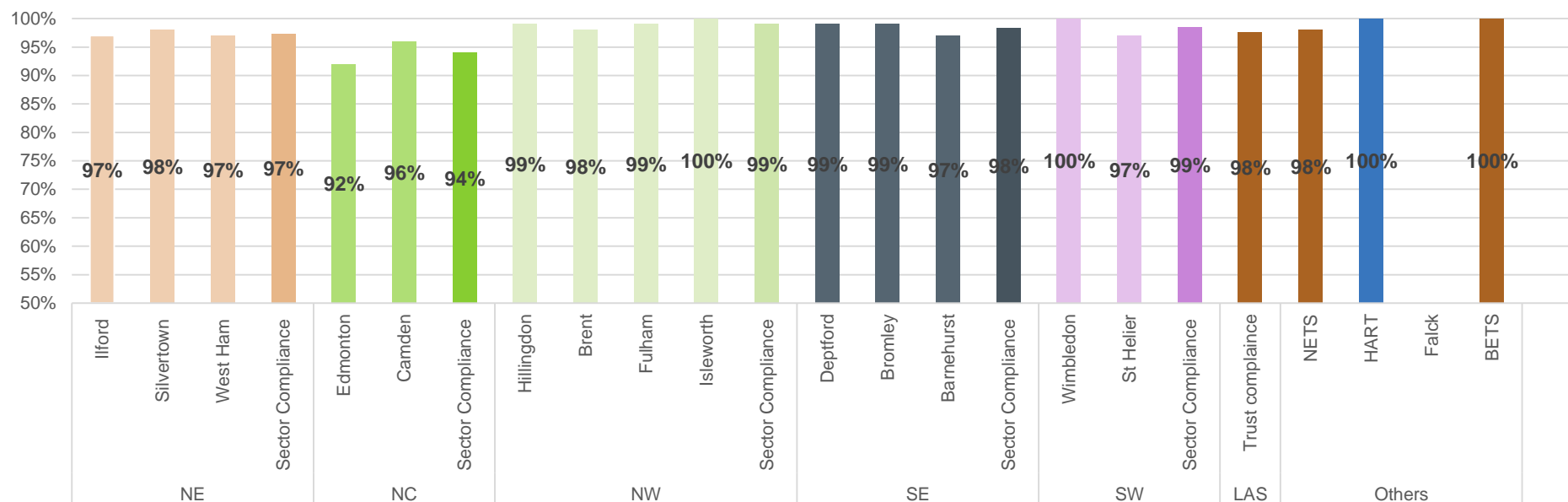
- Q1 focus for IPC champion meeting in April 2019 will be Hand Hygiene
- March 2019- Introduction of antibacterial hand wipes being rolled out on all front line vehicles, to be used when hand washing is indicated, but no soap and water available
- RIB article 2/4/19 to communicate when and how to use the new hand wipes
- Hand Hygiene Compliance will be discussed as an agenda item at April 2019 ICDG meeting
- Previous:**
- Observational hand hygiene audits at EDs in London as per audit programme
- Agreed at November 2018 and upheld at February 2019 IPCC that OWR submission each month must reflect a minimum of 10% of total front line staff per group station
- Discuss submission & compliance at Quarterly IPCC meetings
- At February IPCC, DIPC requested that group stations that have not submitted for 2 months or more are flagged on the graph as Amber/ Red as appropriate





Owner: Sharon Egdell | Exec Lead: Dr. Fenella Wrigley

VP Deep Clean A&E Vehicles March 2019 (Target 95%)



Performance

- Data for each Hub including PTS and HART submitted by the VP Contract Manager.
- Trust compliance remained static at 98%, compared with February, which is above 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 continue to monitor.
- IPC continue to monitor monthly.



Owner: Sharon Egdell | Exec Lead: Dr. Fenella Wrigley

Premises Cleaning March 2019 (Target 90%)

**Performance**

- 13/20 Group Stations/Services submission received by IPC team for analysis, compared to 10/20 Group Stations submitting in February 2019, demonstrating an increase.
- Overall Trust compliance for March was very slightly lower than the 98% reported in February, but still well above the Trust target of 90%.

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**New:**

- All station validation audits for 2018-19 have now been completed by the IPC team

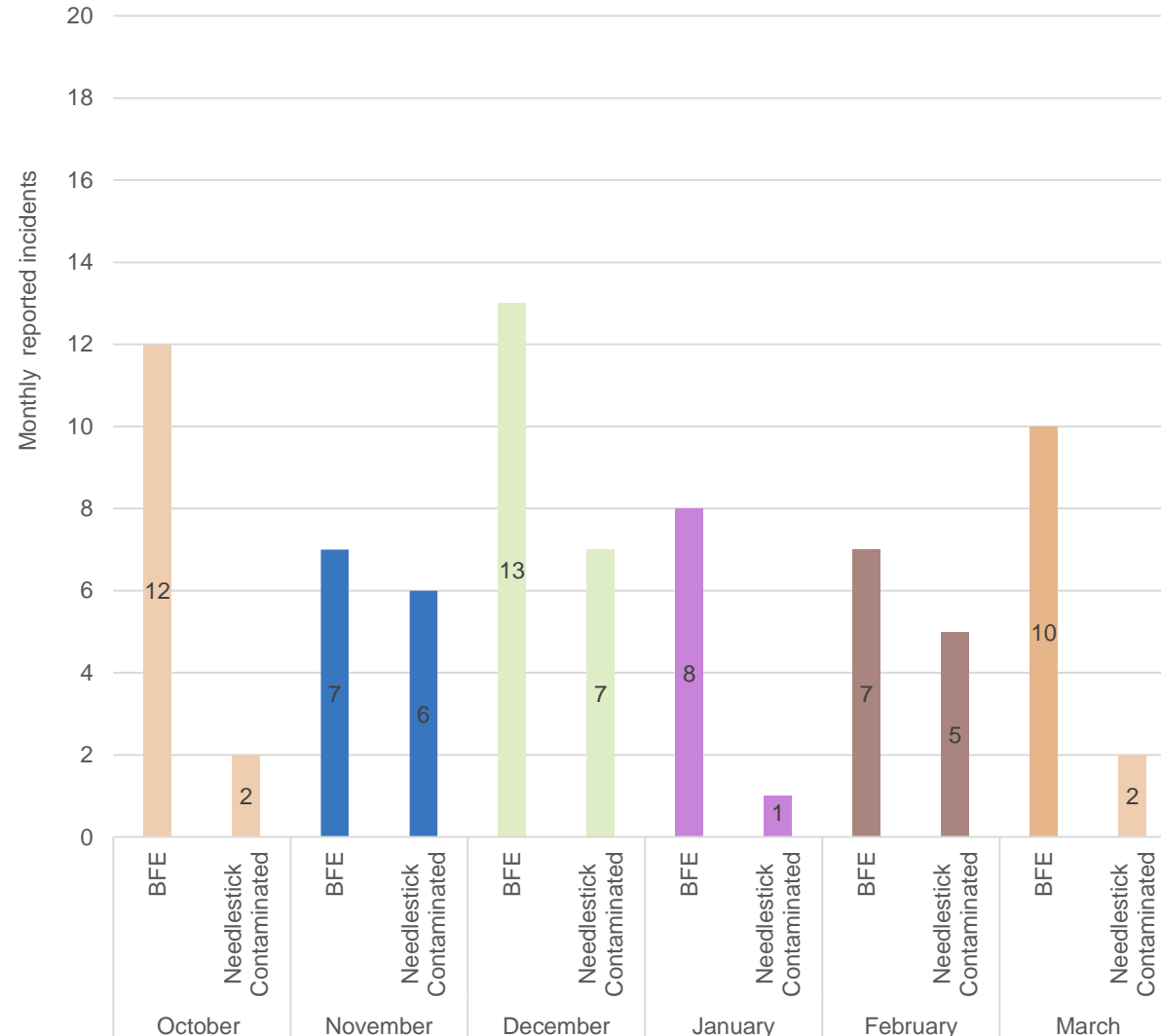
Previous:

- 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 2018
- Report performance to Sector Quality Meeting.



Owner: Sharon Egdell | Exec Lead: Dr. Fenella Wrigley

Sharps and Body Fluid Exposure (BFE) Datix reported incidents



Performance

- The reported data of 12 incidents is for contaminated sharps and BFE only- *clean sharps incidents have been extracted as these fall within Health & Safety remit, not IPC*
- 10/12 incidents reported in March were as a result of exposure to body fluids (BFE)
- 2/12 incidents reported in March were as a result of contaminated sharps injuries

Assurance

- Monthly oversight by IPC team, Monthly Quality Reports, Quarterly Sector Report, Quarterly ICDG/IPCC/QOG oversight.
- Datix incident follow-up and Datix Risk Reporting.

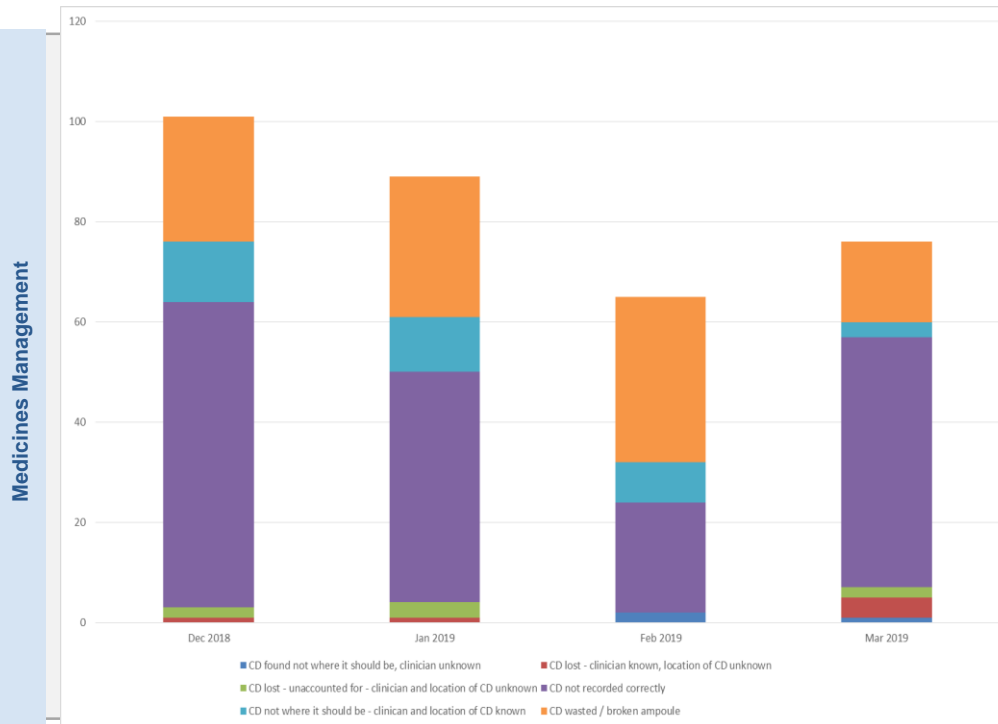
Actions:

New:

- BFE incidents will be raised at April Quality Oversight Group
- BFE incidents will be discussed at April ICDG and May IPCC meetings
- Observational ride outs by IPC team planned for 2019-20, to support/ educate frontline staff to achieve compliance

Previous:

- Daily review of incidents by IPC specialist and/ or IPC advisors highlighting to manager where necessary to request prompt action
- Interim IPC Specialist adviser has met with Occupational Health lead to discuss targeted collaborative work to address BFE incidents and the barriers to staff using appropriate PPE
- Interim IPC specialist has met with IPC Education Centre lead to discuss support from Education tutors



- No unaccounted for loss of injectable morphine
- Total of other controlled drug (CD) incidents including
 - Morphine retained off duty (n=1) or left unsecured (n=2)
 - Documentation error (n=59)
 - CD breakages (n=20)
 - Morphine contraindicated (n=2) and excessive dose by carer (n=2)
 - Inappropriate diazepam dose (n=1)
- Non-controlled drugs (schedule 2) incidents
 - Drug packs left at scene or unsecured (n=2) or stolen (n=1)
 - Entonox inappropriate use in sickle cell (n=2)
 - Kitprep discrepancies or malfunction (n=22)
 - Breakages (n=2)
 - Inappropriate doses adrenaline (n=1), amiodarone (n=1), paracetamol (n=2) and naloxone (n=1)
 - Chlorhexidine allergy (n=1)

Actions

- Core skill refresher module in preparation to include further detail relating to legal and regulatory requirements for controlled drugs and diazepam.
- RIB entry advising staff regarding increase in drugs thefts.

Assurance

- No unaccounted for losses of schedule 2 CDs
- Reduction in kitprep discrepancies
- Morphine retained off-duty identified in a timely fashion in all cases
- CCTV in drugs rooms instrumental in several medicines management investigations

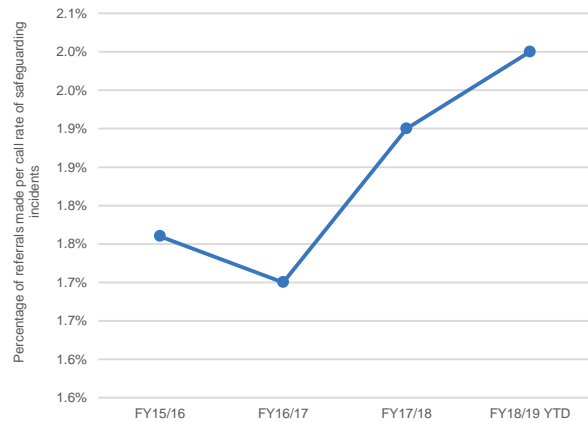


Owner: Alan Taylor | Exec Lead: Dr. Trisha Bain

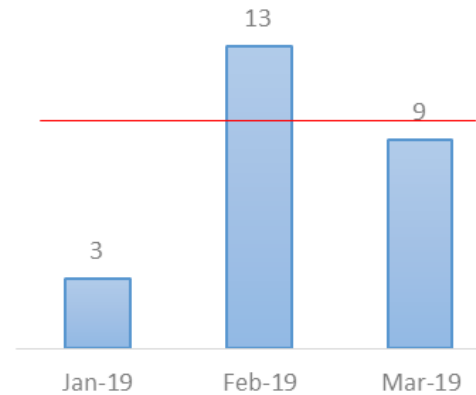
Referrals

**Monthly
Rate: 2.0%**

**Delayed
Referrals: 9**



Delayed Referrals



The referrals rate for March was 2.0%. The referral rate is within the expected level of between 1.8% and 2.5%.

Delayed Referrals (which is a shadow KPI) was 9. These were missed children referrals:

- 6 were youth violence cases
- 3 were children from MARACs

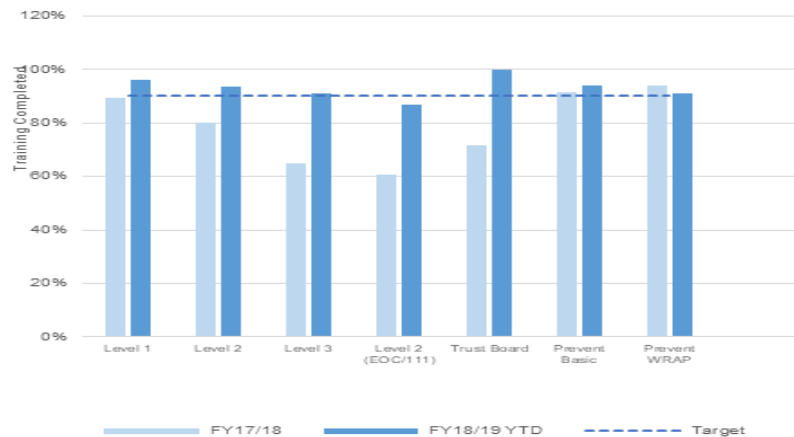
An investigation into these are currently underway.

Delivery of Training

Level 1: 95%

Level 2: 93%

Level 3: 91%



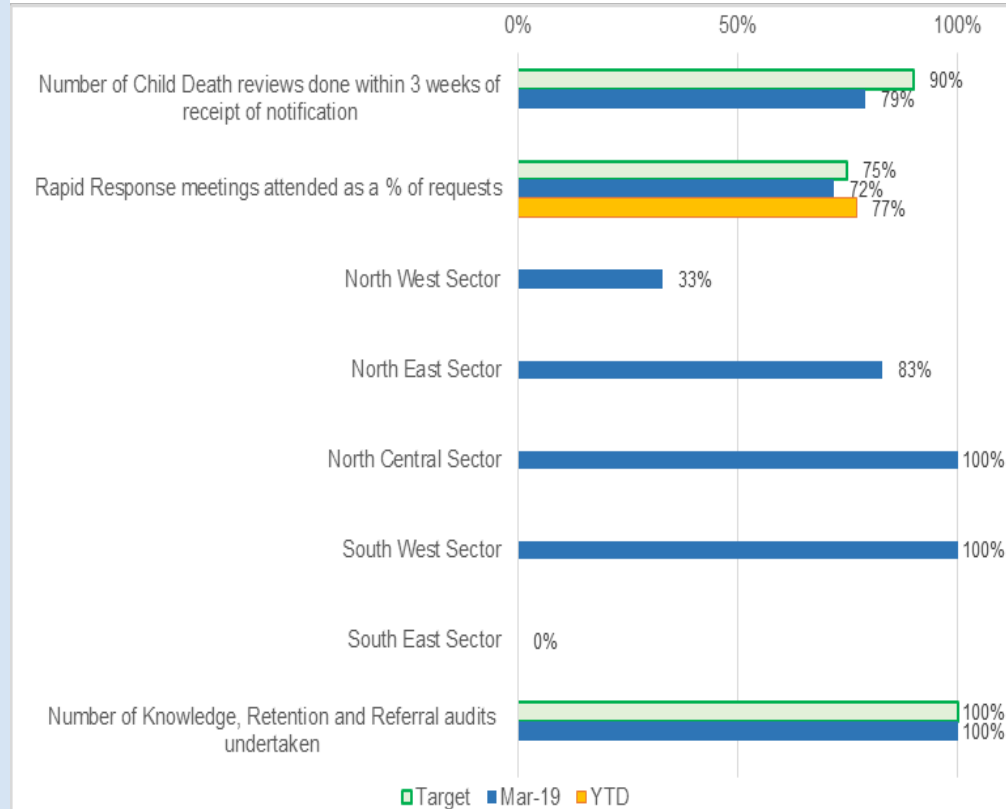
Safeguarding Training level 3 has achieved the 90% target due to an increase in more courses throughout March. L2 Control services are currently running CSR including safeguarding.



Owner: Alan Taylor | Exec Lead: Dr. Trisha Bain

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

Review, Response and Audit



There was a delay in reviewing 4 Child Deaths Reviews which was due to the need for a specialist review on these cases being needed. The reviews have now commenced,

Rapid Response meetings attended as a percentage of requests was above the target of 75%. NW 1/3, NC 1/1, NE 5/6, SE 0/0, SW 1/1.

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 = 99%.



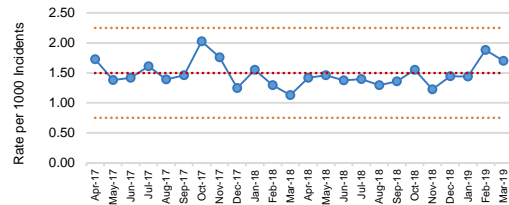
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

The total number of H&S incidents was 306 resulting in **3.06 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

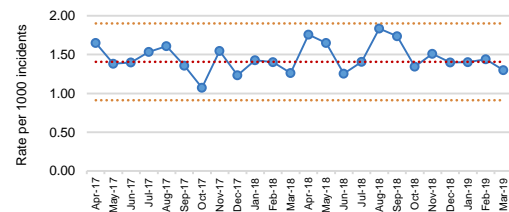
Month: 1.70



170 (56%) of the H&S related incidents reported during March - 2019 resulted in No Harm/Adverse/Near Miss.

Low Harm

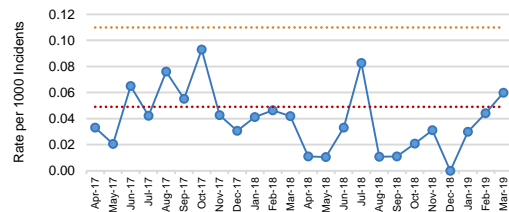
Month: 1.30



130 (42%) of the H&S related incidents reported during March - 2019 resulted in Low Harm.

Moderate

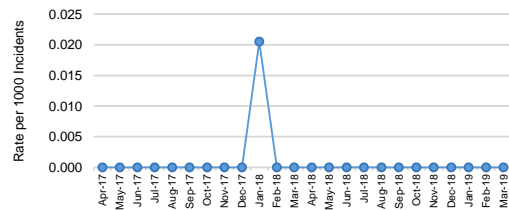
Month: 0.06



6 (2.0%) of the H&S related incidents reported during March - 2019 resulted in Moderate Harm.

Severe

Month: 0



There is no incident reported as Severe Harm during March – 2019.

Data Source:

CHART KEY

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



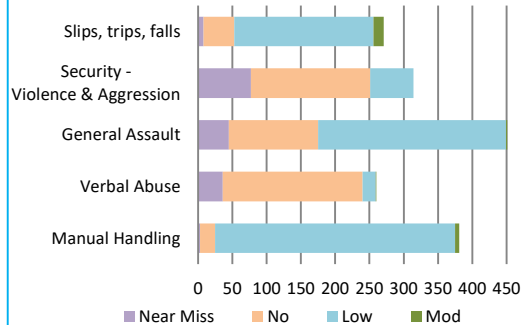
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

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 by Patients** and **3) RIDDOR Incidents**

Incident Causes

Top 5 Incident Causes

Top 5 Incident Sub-Categories by Severity - YTD

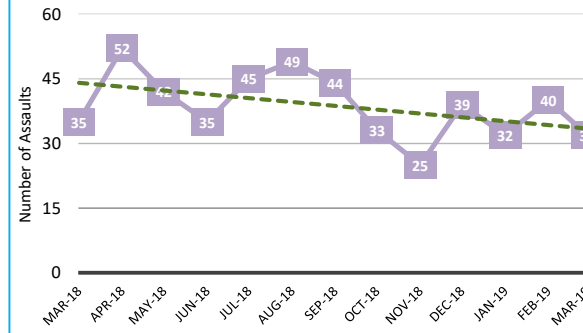


- Manual Handling – lifting patients (MH), General Assault and Security (violence, aggression & verbal abuse), incidents account for the highest numbers reported during March 2019.
- Practical manual handling training is on CSR 2019:1 from April-2019.

Assaults on Staff

Assaults on Staff

Assaults on Staff by Patients

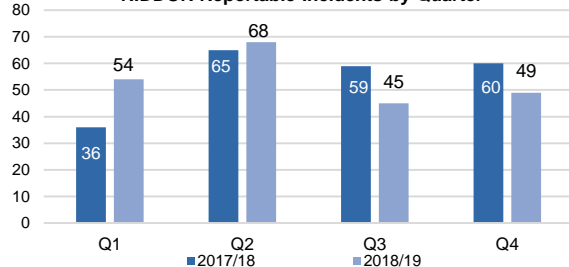


- There was decrease in the number of assaults on staff by patient related incidents in March 2019 and the trend is down-ward.
- The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

RIDDOR Incidents

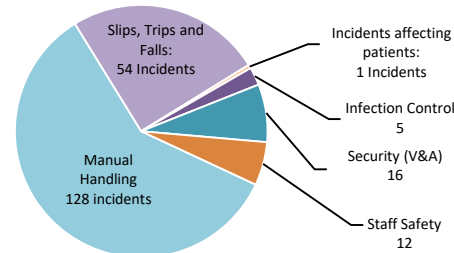
Number of incidents

RIDDOR Reportable Incidents by Quarter



RIDDOR by cause

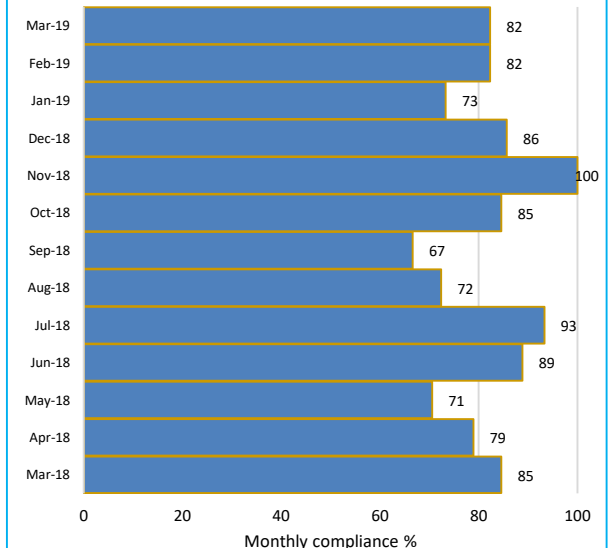
RIDDOR Reportable Incidents by Cause - YTD



- Total of 216 RIDDOR incidents reported to the HSE during 2018/19.
- 17 RIDDOR incidents reported in March 2019.
- 3 out of the 17 incidents reported outside the 15 days timeframe.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in March 2019 was **82%**.
- Manual Handling incidents account for the highest number of RIDDORs reported across the Trust during 2018/19.

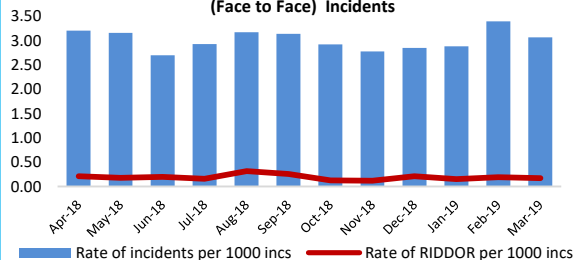
Reporting Time Lag

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



Rate of Incidents

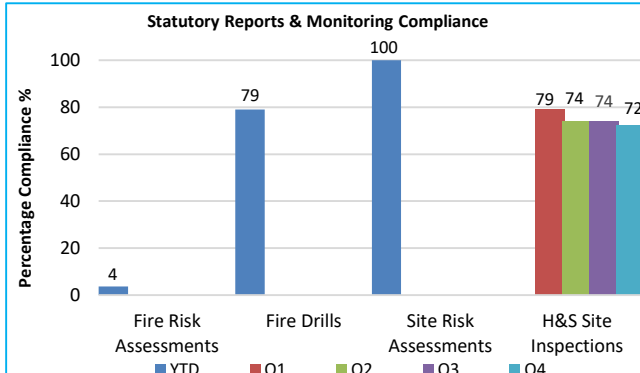
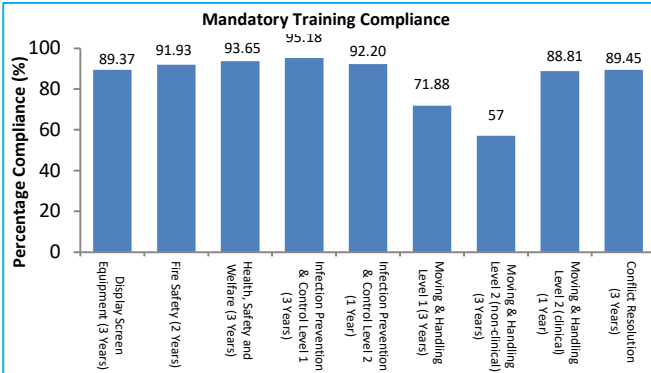
H&S Incidents & RIDDOR Reports Rate per 1,000 A&E (Face to Face) Incidents





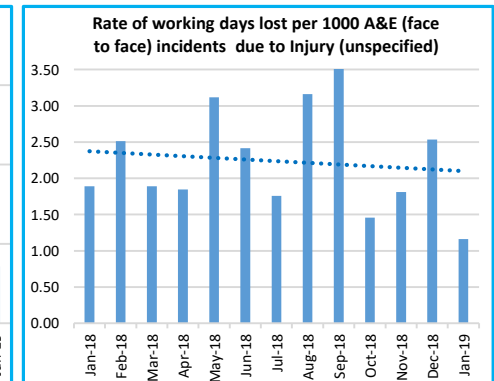
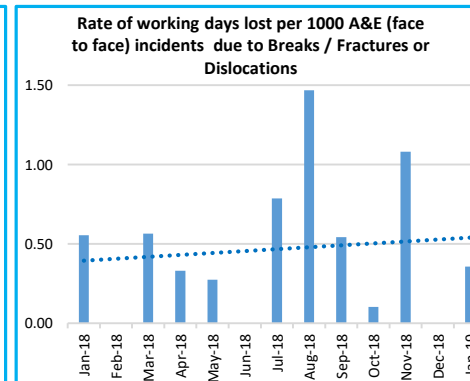
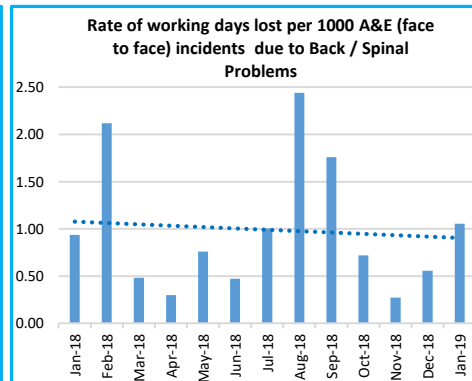
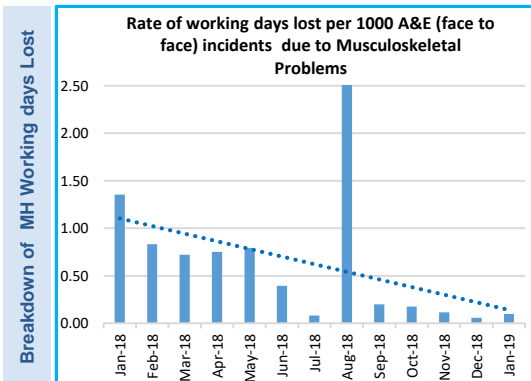
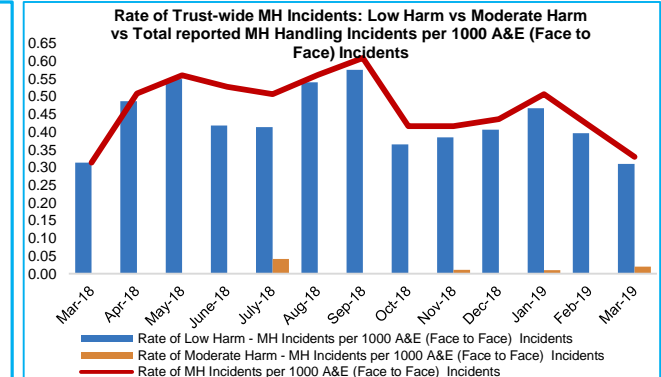
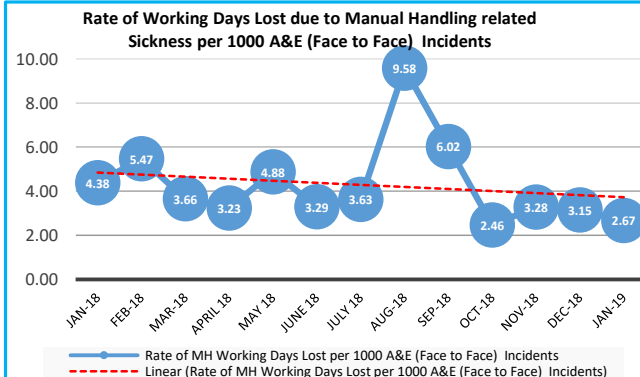
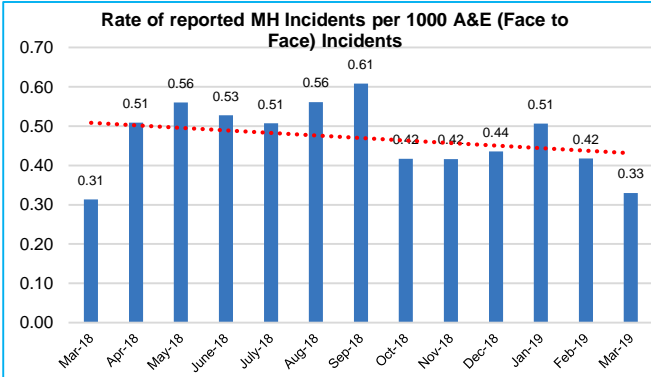
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Mandatory & Statutory Compliance & Manual Handling (MH) related Incident, Sickness and Severity Rates



Key Updates:

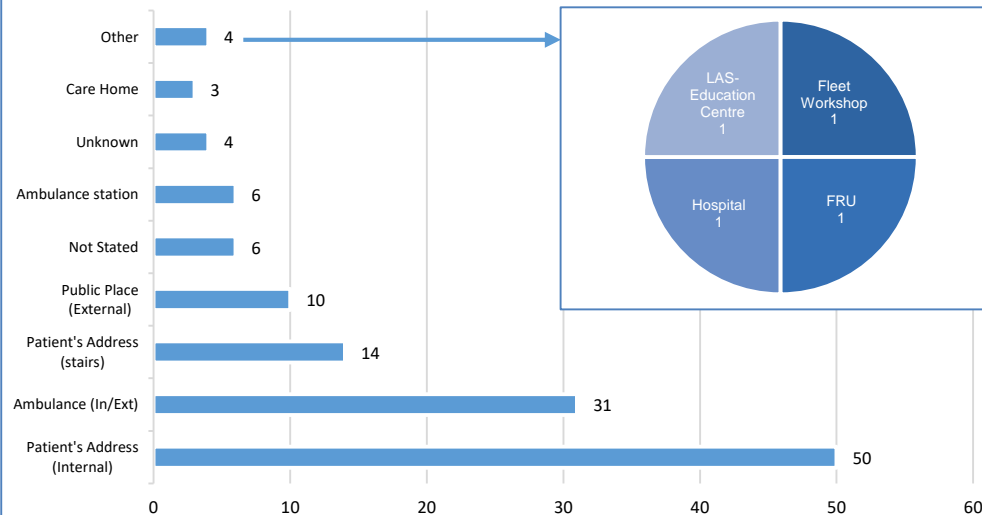
- There has been a reduction in the incidents reported involving Manger Elks, Track Chairs and Tail lifts as a direct result of new equipment/vehicles being purchased by the Trust along with a redefined maintenance schedule. Monitoring of these incidents continues through various groups.
- The Fire risk assessment programme has commenced which is being undertaken by Trenton Fire.
- Practical Manual Handling training is due to be undertaken by all frontline staff on CSR 2019.1 from April 2019.
- Breakdown of MH sickness rate (working days lost) in detail provided in the bottom 4 graphs. The analysis indicates the overall MH sickness (working days) rate trend is down-ward.



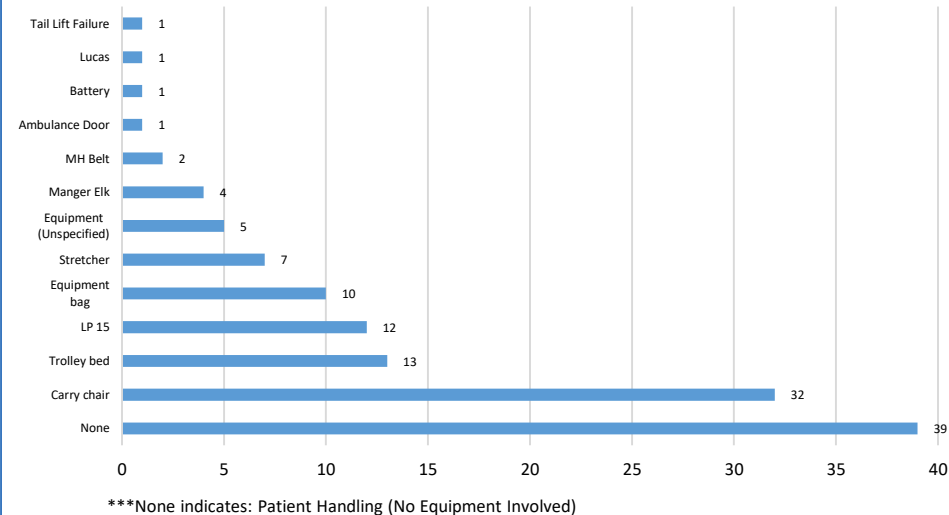


Reported RIDDORs related to Manual Handling Incidents (Thematic Analysis)

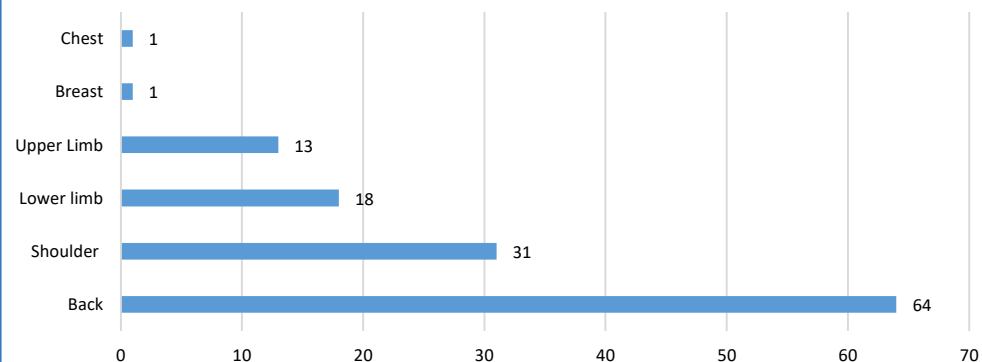
RIDDOR Incidents - Location



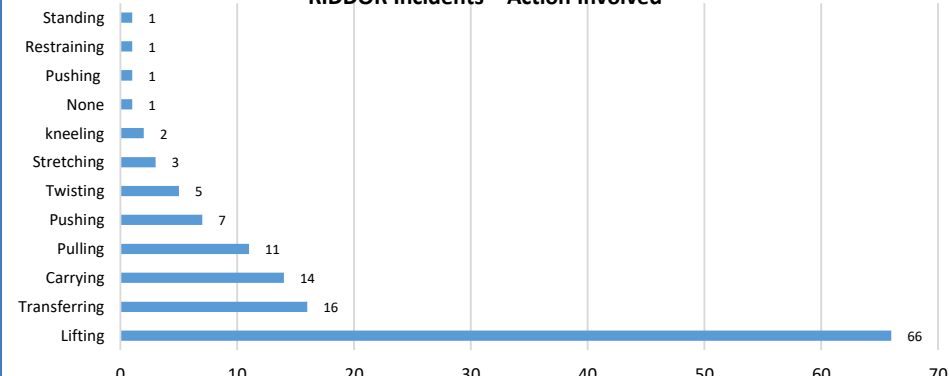
RIDDOR Incidents – Equipment Involved



RIDDOR Incidents – Body Part



RIDDOR Incidents – Action Involved



The above graphs provides details from the thematic analysis of 128 reported RIDDOR incidents during 2018/19 related to Manual Handling:

- 1). The largest number of (50%: n=64) the reported RIDDOR incidents occurred in Patient's Home (39%: n=50 inside the home & 11%: n=14 on the stairs). 24% (n=31) of the reported RIDDOR incidents occurred either inside or outside the Ambulance.
- 2). 30% (n=39) of the reported RIDDOR incidents occurred without the use of equipment, while assisting patients. 25% (n=32) of the reported RIDDOR incidents occurred while using Carry chair to assist patients.
- 3). 50% (n=64) of the reported RIDDOR incidents resulted in Back injury, 24% (n=31) of the incidents has resulted in Shoulder injury, 14% (n=18) & 10% (n=13) of the incidents resulted in Lower Limb and Upper Limb injuries respectively.
- 4). 52% (n=66) of the reported RIDDOR incidents occurred as a result of lifting action.

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

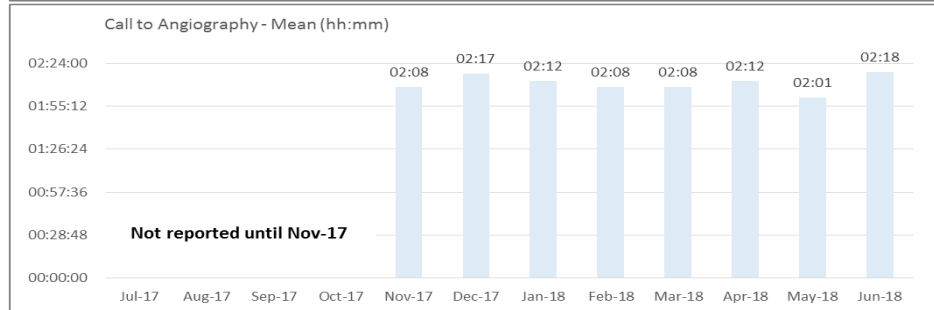
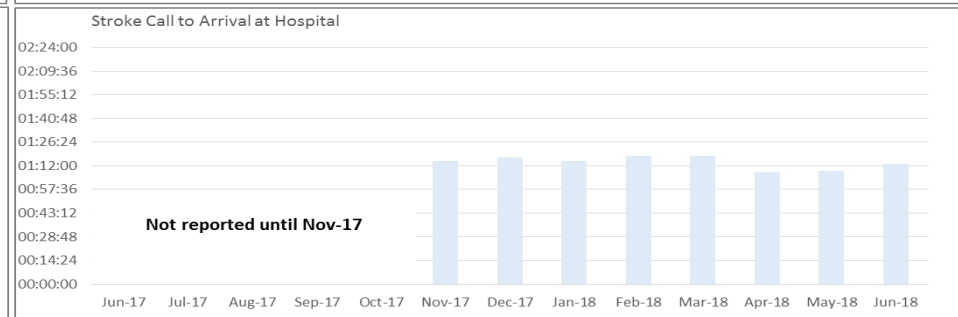
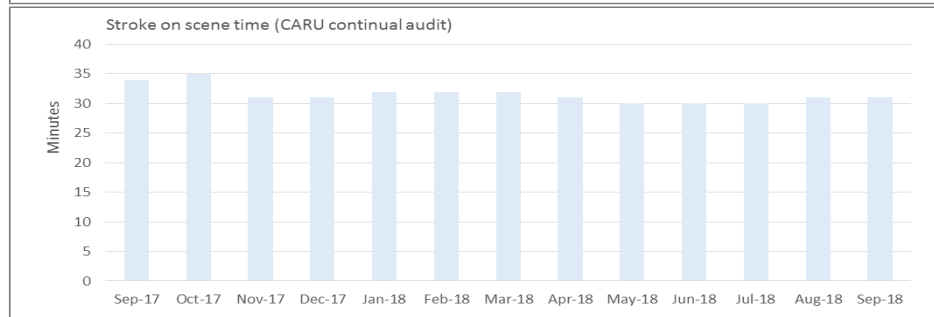
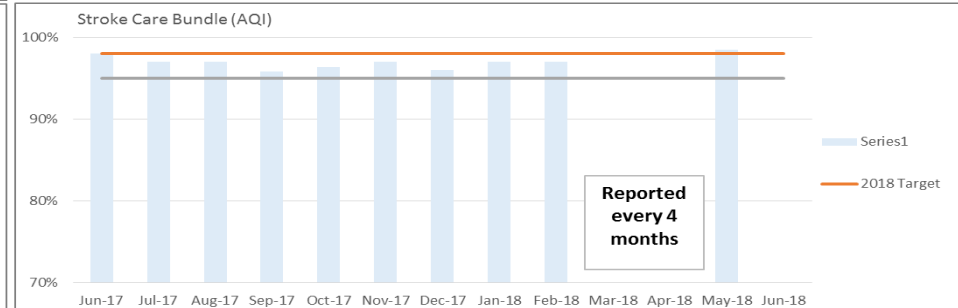
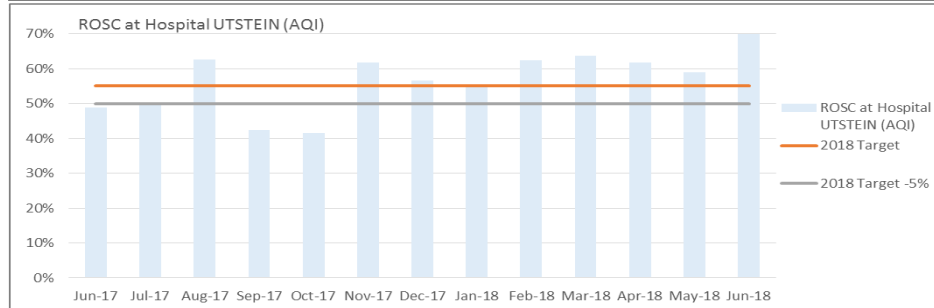
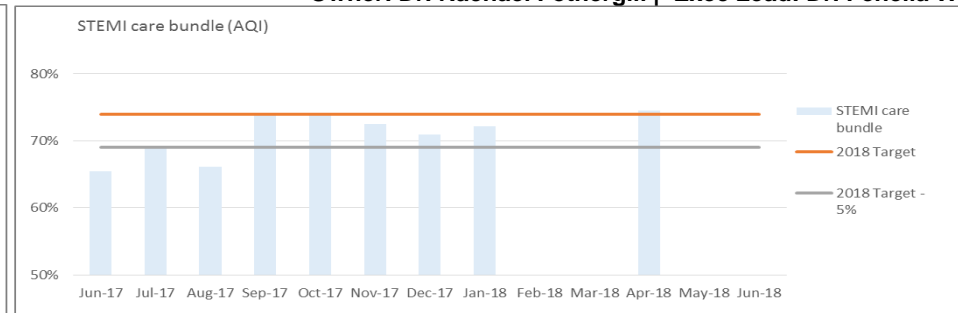
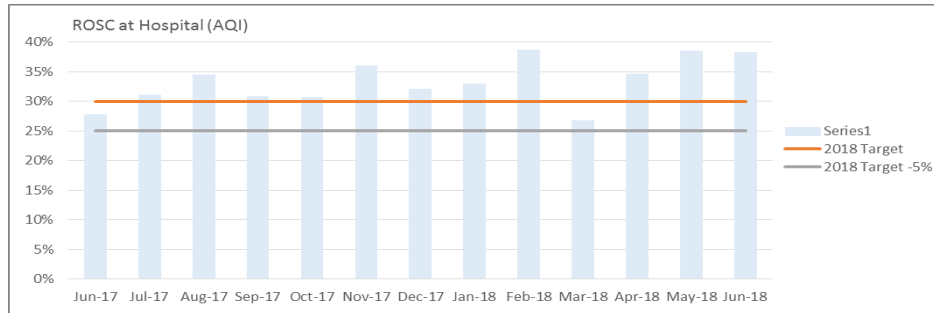
Measures	Target / Range	RAG	YTD 17/18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)		G	0	39%	38%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)		G	53%	59%	70%					↔			LQ1b		
STEMI care bundle (AQI) (Reported every 4 months)		G	70%							↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)		G	97%	99%						↔			LQ3b		
Stroke on scene time (CARU continual audit)	00:30	R		30	30	30	31	31		↔					
Survival to Discharge (AQI)			10%	8%	11%					↑					
Survival to Discharge UTSTEIN (AQI)			38%	19%	34%					↑					
STEMI- On scene duration (CARU continual audit)				39	37	38	40	39		↑					
Call to Angiography - Mean (hh:mm)				8%	10%										
Stroke - Call to Arrival at Hospital - Mean (hh:mm)				5%	5%										
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	85%	85%	88%	75%	70%	84%		↑		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD										↔			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	98%	97%	98%	97%	97%	98%		↑		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	97%	97%	97%	97%	97%	97%		↑		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	R	92%	94%	94%	92%	94%	91%		↓		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	97%	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%	90%	91%	92%							
Documented Care - Glycaemic Emergencies Compliance (CPI audit)	95%	G	97%	98%		98%		98%		↔			LQ12		

Clinical Performance Indicators

- In February, CPI training was delivered to two paramedics on restricted duties, two Team Coordinators and one Clinical Practice Development Manager.
- CPI auditors placed nine Datix reports and contacted EBS to discuss the potential for four retrospective safeguarding referrals.
- There remains an outstanding query regarding the accuracy of the CPI data being automated for the CPI Monthly Report. IM&T are investigating the issue and hope to have a resolution soon.



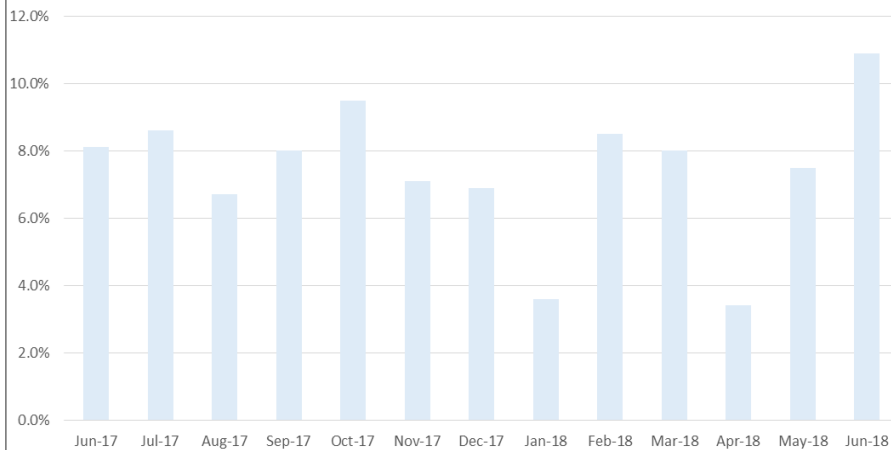
Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley



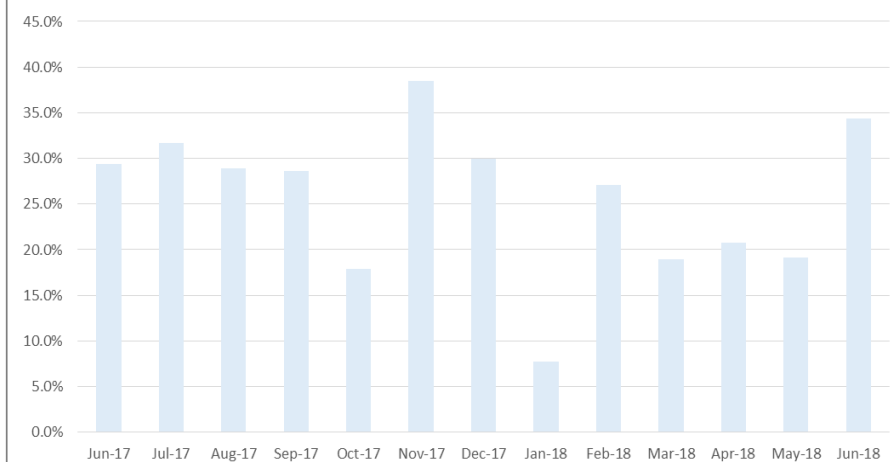


Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Survival to discharge (AQI)



Survival to Discharge UTSTEIN (AQI)



AQI: Narrative

In November 2018, ROSC on arrival at hospital for both the overall and Utstein comparator group (30% and 57% respectively) were above the national average. Furthermore, the survival to discharge figures for the overall group was above the national average at 29.5%. However, the survival figure for the Utstein comparator group was 6.5%, which was below the national average of 9.2%. In February 2019, defibrillator downloads were matched to 18% of cardiac arrests.

In November 2018, the LAS continued to perform well against the national average for the mean call to angiography time for STEMI patients with a mean of 2 hour and 6 minutes (faster than the national average by 7 minutes) and a 90th centile of 2 hours and 39 minutes (faster than the national average by 21 minutes). The average on-scene time increased by one minute to 40 minutes in February 2019.

In November 2018, the mean and 90th centile for call to hospital for suspected stroke patients was 1 hour and 9 minutes and 1 hour and 43 minutes respectively, which was below the national average (by 5 minutes and 7 minutes respectively). The stroke care bundle performance for November 2018 was 99%; the highest achieved by the LAS to date. The average on-scene time was 32 minutes in February 2019, which is a 1 minute increase from January.

AQI: Actions

The LAS has completed live pilot testing of data linkage between our records and the data held by the national stroke registry, Sentinel Stroke National Audit Project (SSNAP). The requirement for Ambulance Services to enter data via SSNAP will commence from 1st May 2019. The data populated will allow the AQI for time to arrival at hospital and to treatment to be further enhanced.

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



Clinical Audit Update

- In order to provide assurance that patients discharged of LAS care are done so appropriately, CARU undertake a continuous clinical audit of all re-contacts that occur within 24 hours of the original 999 call, where the patient has either severely deteriorated or died unexpectedly.
- As a result of our Continuous Re-contact Clinical Audit, in March:
 - 29 crews were recommended for feedback (19 constructive & 10 positive)
 - 3 Datix forms were completed: the discharge of two patients who were later transported to hospital with a pre-alert are still being investigated, and the discharge of a patient prior to their unexpected death was considered appropriate.
- The Clinical Audit & Research Steering Group met on the 28th March and agreed the following nine clinical audit projects should be undertaken in 2019-20:
 - Maternity Emergencies Re-audit
 - Non-registrant Non-conveyed
 - Sepsis Re-audit
 - Diarrhoea & Vomiting
 - Clinical care provided by the mental health car
 - Bariatric Care
 - Paediatric Pain Management Re-audit
 - Advanced Airway Management
 - Notting Hill Carnival

Research Update

- AIR-CGM is a prospective observational study assessing the impact of using continuous glucose monitoring for patients with Type 1 diabetes who have suffered a severe hypoglycaemic episode.
 - In March, the LAS identified and received verbal consent from 22 patients who were suitable to join the study (bringing the total to 51).
- ARREST is a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.
 - In March, 74 paramedics completed the study training, increasing the total number of trial trained paramedics to 458.
 - An additional 33 participants were recruited in March, taking the total number of participants recruited at the end of March to 253.
- MPDS Maternity is a mixed methods study, using focus groups, questionnaires and routinely collected data, to determine the accuracy of the current telephone triage protocol used by Emergency Medical Dispatchers to identify and triage maternity emergency calls.
 - Following the completion of the focus groups in February, a questionnaire has been designed for staff in EOC and is currently being piloted by 10 EMDs.

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

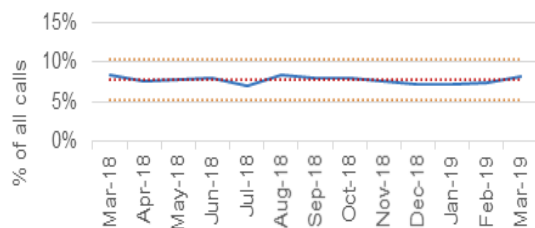
Measures	Target / Range	RAG	YTD 18/19	Jan-19	Feb-19	Mar-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Mental Health related calls as percentage of all calls			8%	7.3%	7.6%	8.6%	↑				
Mental Health related MPS calls as percentage of all calls			2%	2.1%	2.0%	2.3%	↑				
Mental Health related Incidents as percentage of all calls			5%	4.46%	4.54%	4.69%	↑				
Mental Health related HCP Incidents as percentage of all calls			0%	0.34%	0.33%	0.36%	↑				
Mental Health Related Incidents			93973	7708	7187	6945	↓				
Mental Health Calls closed with Hear and Treat			4292	364	379	355	↓				
Mental Health incidents closed with See and Treat			35749	2910	2776	2963	↑				
Total MH incidents conveyed as a %			67%	63.8%	63.8%	68.6%	↑				
Mental Health Patients conveyed to an ED			87%	86.9%	87.9%	89.6%	↑				
Mental Health Patients conveyed to an ACP (including other)			13%	13.1%	12.1%	10.4%	↓				
Birth Imminent Incidents			1499	136	143	156	↑				
Conveyance rate of birth imminent			0%	92.0%	87.0%	90.4%	↑				
Head out/head visible Incidents			186	26	14	19	↑				
Haemorrhage after 24 weeks Incidents			1885	245	187	209	↑				

Owner: Carly Lynch | Exec Lead: Dr Trisha Bain

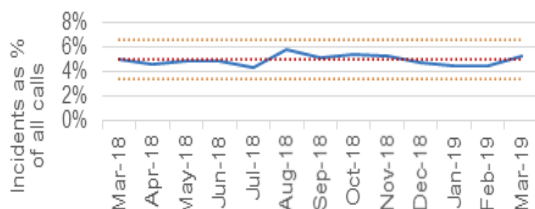
Calls and incidents related to mental health issues often require us to respond differently to other types of patient – ensuring we are able to respond both effectively and with respect is vital for these patients and this is something we are developing through our Pioneering Services Programme (see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

Trend Analysis

MH as % of all calls

Latest Month:
8.2%

MH related incidents

Latest Month:
5.3%

MH Incident Response

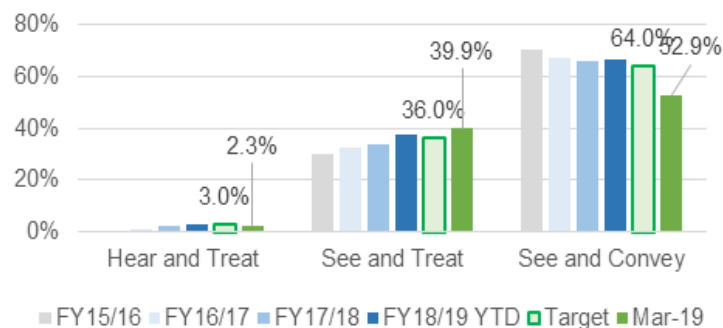


CHART KEY

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

Data Source:

Highlights:

The Mental Health Joint Response Car Pilot continues to run in SE Sector and is producing positive results on care and treatment being provided to patients. There has been an increase in the number of see and treat cases.

The Mental Health Team are finalizing a booklet on learning from the Mental Health Car Pilot, which will be disseminated to front line staff.

We have completed the train the trainer sessions for CSR 2019:1 which focuses on Personality Disorder. We received positive feedback from the trainers on the session

We presented at the Patient's Forum around the developments in Mental Health Care.

One of our Mental Health Nurses was invited to represent the team at a Nursing Research Conference – she presented her work on a Mental Health Pocket Card.



Lowlights

We still have gaps in the Mental Health Nursing rota as are awaiting staff to start.

Plans for April:

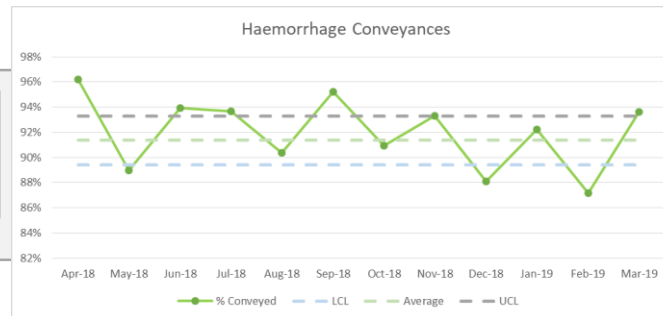
We are providing training for medical students on pre-hospital Mental Health Care.

Continuing to engage with key stakeholders about next steps for the Mental Health Car.

Total Maternity Calls in 2018 is 8505 - Average range 600-700 pm
Total March Calls = 792 Calls Triaged

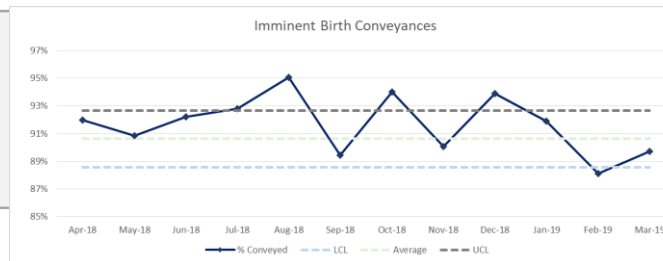
Haemorrhage conveyance

Latest Month:
93% (n=220)



Imminent birth conveyance

Latest Month:
90% (n=185)



Head out and visible conveyance

Latest Month:
88% (n=15)

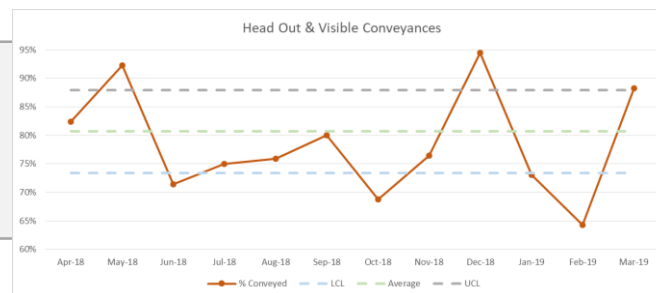


CHART KEY

Monthly value

Mean (Baseline FY17/18)

Upper and Lower Limit (Baseline FY17/18)

Data Source: Incidents

Highlights:

Train the Trainer – 3 Sessions of training all clinical tutors for the roll out of the Maternity Clinical Skills Refresher 2019 V1 – Breech Birth – Over 3000 front line staff to receive training.

Advanced Paramedic Practitioner (Critical Care) Training on Maternity Emergencies

Birthing Barometer – Bi-annual Staff Survey – 350 responses

Maternity Team providing capacity to ensure timely child death reviews

Exceptions (Improvement Outstanding):

- Monitoring of the new HCP maternity requests

ACTION: Follow up with Quality Assurance team

Outstanding

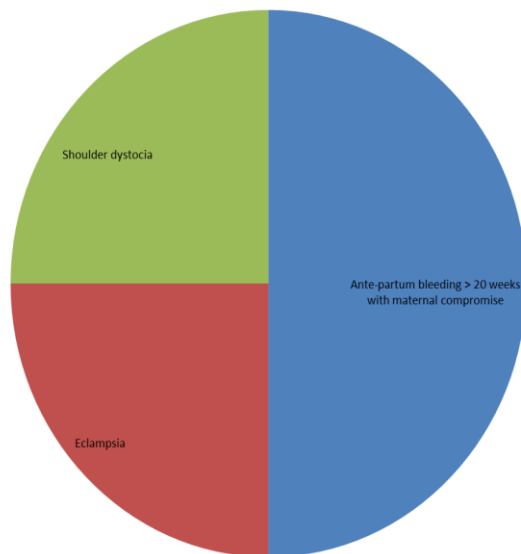
- Obstetric Emergency audit in progress
- MPDS research into sensitivity of triage system for labouring women.



Maternity 3 Top Priorities: (aligned to CQC – KLOE Domains)

- 1) Safety of our patients evidenced by responsive to incidents, evidenced organisation learning, learning from complaints
- 2) Staff are supported, and feel confident with emergency maternity care, evidence high quality record keeping in regards to attendance at a pregnant woman or newborn baby
- 3) Quality of maternity care provided by our teams is outstanding and evidences user and staff involvement.

Incidents by Sub category

**3 Top Priorities from 1,2,3 :**

Safety and Learning Culture: - Launch of Maternity Datix Incident Triggers to promote reporting – including the Pan London LAS Map of Maternity Leads

Birthing Barometer:

Analysis of the staff survey to inform ongoing forward plan for system wide maternity education

Maternity Voices Partnership:

Continuing from the “Whose Shoe’s” event in 2018, a date for the first LAS dedicated partnership group for women and their families using the service for emergency pregnancy, birth or postnatal emergencies. Date due to be confirmed.



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

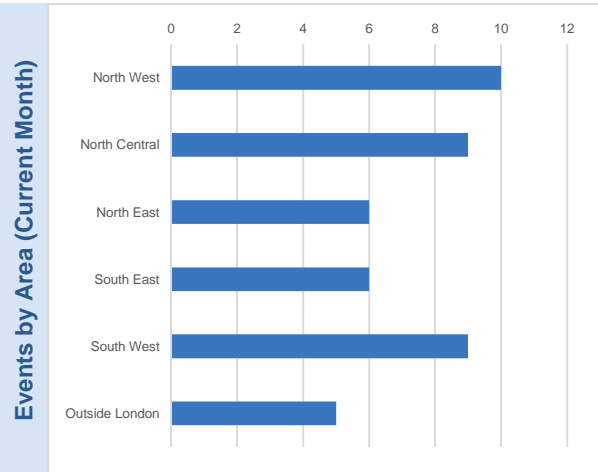
In March we held 45 events across London covering the following types of activity:

Engaging with different groups:

- Junior Citizen Scheme for all Year 6 children in Richmond.
- School visits (including faith schools) and brownies / scout groups.
- Information events, e.g. Apprenticeship schemes, 'Exchanging Places' scheme and charity events.

Projects on specific topics:

- Careers: 13 careers events in schools, colleges and universities across London.
- Knife crime: Your Life, You Choose project in two boroughs (Barnet and Brent).



Public Engagement Activities

Supplementary information

No. of public engagement events: year April 2018 – March 2019	557
Approximate audience numbers: March 2019	7,931
Approximate audience numbers: year April 2018 – March 2019	89,797
Public engagement: no. of hours (March 2019)	162
No. of staff on LAS Public Education Facebook group	767
No. of staff on contact list	1,429

Headlines from March

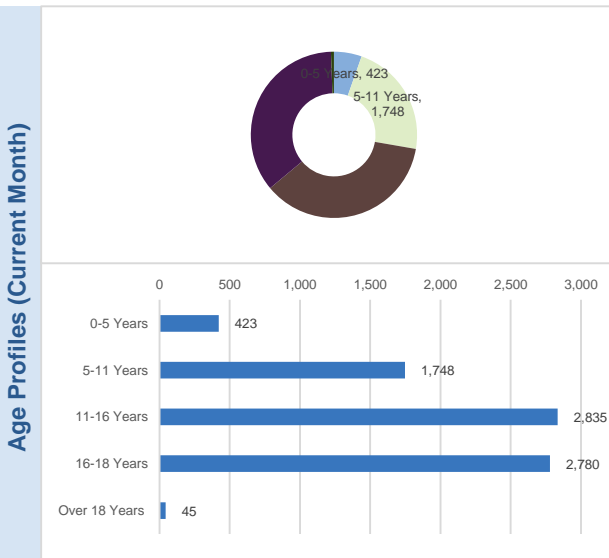
We received the following feedback from a **Jewish Community School** following a careers event:

"We just wanted to say a massive thank you to you all. This year's event was our most successful to date. We know from the feedback we have already had from students that they found talking to you both interesting and inspiring."

"We really appreciate the effort you put in to making the event fun and engaging for students, not to mention taking time out of busy work schedules to be there. We could not deliver this event without you."

We received this feedback from students attending **Your Life You Choose** in the Barnet area:

- "This has really made me think about the future - I don't want to go to prison and I will try to make smarter choices."
- "I will focus on my future and not let negativity ruin it."
- "I will be more positive and hang out with better people."
- "Your Life You Choose has taught me not to join gangs or let my friends influence me to do bad things."
- "I will be careful out on the street and make sure I stay safe."
- "I will not add people on social media that I don't know."



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	Jan-19	Feb-19	Mar-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Rate of Frequent Callers per 1,000 Calls			3.80	3.75	3.67	4.27	↑				
Number of Frequent Caller calls			19414	6255	5872	0	↓				
Total Frequent Callers			7336	647	609	632	↑				
Number of Public Engagement Events			509.00	33	33	52	↑				
Number of service re-design projects involving patients/public			40	5	5	0	↓				
Number of LAS accesses to CMC care plans			6015	621	602	606	↑				
Rate of Complaints per 1,000 incidents			0.9	0.9	1.0	0.9	↓				
Complaints Response (35 Working Day Breach) YTD			296	33	35	0	↓				
Complaints Acknowledged within 3 working days			100%	100%	100%	100%	↔				



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

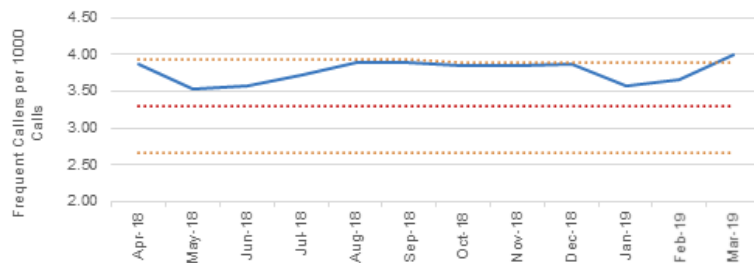
Responding effectively to frequent callers is a significant challenge and one that requires support from our various partners. We have a dedicated Frequent Caller Team working alongside a number of 'High Intensity User' initiatives across London, all aiming to better support these patients and ensure 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:
4%



Calls from Frequent Callers as a proportion of total calls to LAS = 4 % for March 2019

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

Data Source:

Frequent Caller Team (FCT) March19 updates:

Last month the Frequent Caller Management Database (FCMD) identified 619 new & existing frequent callers meeting the national definition. 100% of patients were matched with their NHS numbers. The percentage of calls went up this month due to a number of callers having mental health crises.

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

Positive developments:

Even though the 2017/2019 two year Mental Health CQUIN came to an end and some external staff were redeployed, FCT staff were able to continue to liaise with staff in regards to referral and discussions on Frequent Callers. This has also encouraged ease of arranging and attending multi-disciplinary meetings and joint working between external agencies.

Both the High Intensity User (HIU) project and Serenity Integrated Mentoring (SEM) project continue to roll out new staff in London boroughs. The SIM project sees joint working between the police, CMHTs and FCT staff. The HIU project sees joint working between local support/social workers and FCT staff.

Frequent Caller Team (FCT) challenges:

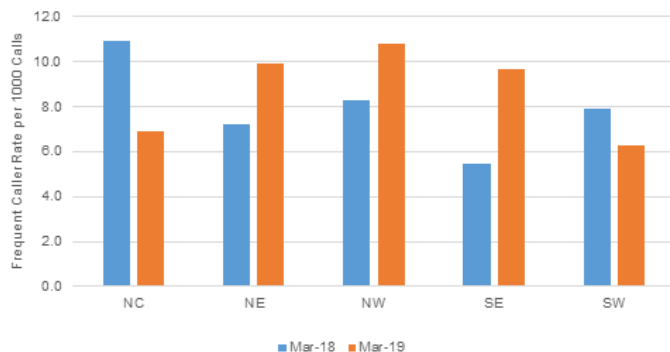
March 2019 saw the end of the MH CQUIN coming to an end. We have yet to see the review of the project and its impact across London. FCT have yet to receive feedback of how this work will be integrated into local ED/CMHT business. It may have an impact on LAS calls, as callers may no longer be receiving support in an intensive way from local agencies.



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

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

Sector	CCG	Patients	Mar-19	Calls last quarter	Calls last 12 months	12 month cost	Patients with care plan
SE	LAMBETH CCG	18	451	1028	2335	£256,357	1
NC	ENFIELD CCG	34	416	1045	3198	£328,667	0
NE	WALTHAM FOREST CCG	18	352	722	1989	£183,142	1
NW	HOUNSLOW CCG	20	341	1081	3237	£199,198	4
SE	SOUTHWARK CCG	29	341	844	2111	£256,947	2
NE	NEWHAM CCG	26	308	838	2282	£314,906	2
NW	CENTRAL LONDON (WESTMINSTER) CCG	18	279	692	2198	£209,652	1
NW	EALING CCG	23	268	832	2300	£252,431	1
SW	CROYDON CCG	30	246	765	2643	£317,207	2
NC	HARINGEY CCG	22	236	692	2164	£241,960	2
SW	MERTON CCG	18	230	478	1249	£180,645	0
NE	CITY AND HACKNEY CCG	27	229	852	2825	£289,001	11
NW	HILLINGDON CCG	25	226	924	2390	£261,181	6
SE	GREENWICH CCG	25	217	562	1801	£278,372	2
SE	LEWISHAM CCG	21	216	584	1489	£171,338	1
SW	WANDSWORTH CCG	20	216	439	1633	£201,998	1
NW	HAMMERSMITH AND FULHAM CCG	20	208	731	1647	£234,307	1
NC	BARNET CCG	23	203	644	2010	£228,143	0
NE	TOWER HAMLETS CCG	13	198	473	942	£145,638	1
NW	WEST LONDON CCG	20	188	557	3014	£234,973	2
NC	CAMDEN CCG	17	177	384	1004	£133,759	3
NE	HAVERING CCG	17	172	471	1615	£246,736	2
NC	ISLINGTON CCG	21	161	391	1047	£152,316	4
SW	SUTTON CCG	13	161	289	819	£116,357	0
SE	BEXLEY CCG	13	159	521	1093	£115,589	1
NW	BRENT CCG	19	151	412	1145	£136,247	1
NE	REDBRIDGE CCG	19	145	435	1039	£144,884	0
NE	BARKING AND DAGENHAM CCG	13	95	336	1034	£149,683	0
SW	RICHMOND CCG	11	93	308	1100	£95,107	3
NW	HARROW CCG	13	81	364	845	£97,209	2
SE	BROMLEY CCG	7	75	169	476	£70,482	0
SW	KINGSTON CCG	6	36	84	230	£42,266	0
TOP 5							
NE	WALTHAM FOREST CCG	60 (m)	210	396	900	£86,953	Breathing difficulties, Health Anxiety; Psychosis
SE	LAMBETH CCG	65 (m)	188	407	960	£67,195	Catheter issues, Mental health issues
NW	CENTRAL LONDON (WESTMINSTER) CCG	93(f)	129	293	1068	£54,091	Breathing difficulties; Health Anxiety
SE	LAMBETH CCG	75(f)	116	240	253	£26,448	Chest pains, falls
SW	MERTON CCG	59 (f)	102	122	217	£24,712	Breathing issues

Data Source:



CASE STUDY – Ms S

Presenting Situation

22 year old female with sickle cell, mental health difficulties, and emerging addiction issues. Lives with mother. Frequent Caller for past 4 years.
Chaotic lifestyle – calls late at night from various locations across London, including some 3rd party calls.
Has clinical plan which specifies not to administer pain relief other than Oramorph due to complex co-morbidities and further risk of harm from Entonox.
Patient is fully aware of her clinical plan but requests Entonox & subcutaneous morphine from crews, against advice from Haematology team.
Chief complaints when calling: Sickle cell crisis; Chest pain; Breathing difficulties.
Presenting complaints when crews on scene: sickle cell crisis; can be verbally abusive towards crews.
Provides aliases when calling LAS, so clinical plan is not accessed, resulting in inappropriate treatment being administered, putting the patient at further clinical risk.
Unable to link all calls to patient due to regular use of aliases – Frequent Caller Team rely on reports from crews who are familiar with the patient. Crews flagged concerns that patient can appear to use ambulances as a ‘taxi’ to travel from one part of London to another, and does not always require emergency treatment.
Patient not engaging with Haematology team or GP.

Intervention

Frequent Caller Team has regular liaison with High Intensity User / Mental Health A&E project attempting to engage with patient’s behaviour.
Frequent Caller Team met patient whilst an in-patient and discussed her calls to LAS, outlining acceptable behaviour, use of aliases, being transparent with LAS re. clinical plan, concerns around addition, and emphasising LAS’ wish to work in partnership with her to reduce reliance on LAS.
Patient now aware of LAS’ concerns and that LAS is closely monitoring her calls.
Patient understands that all agencies share concerns about risks to her health through inappropriate use of LAS resources.
Patient confirmed that she is aware that further exposure to Entonox may lead to progressive neurological dysfunction and progressive degenerative symptoms associated with Vitamin B12 deficiency exacerbated by Entonox use.

Outcome

Patient started engaging with sickle cell peer support.
Patient has resumed more regular contact with GP and Haematology team.
Frequent Caller Team continuing to monitor LAS calls.

Challenges / Areas for Development

Frequent Callers with chronic health problems and chaotic behaviour can be difficult to identify and therefore difficult to provide consistent treatment or boundaries.
Currently, no effective pan London NHS alert system (with patient photo) to assist LAS in identifying chaotic patients and therefore link to correct clinical care plan.

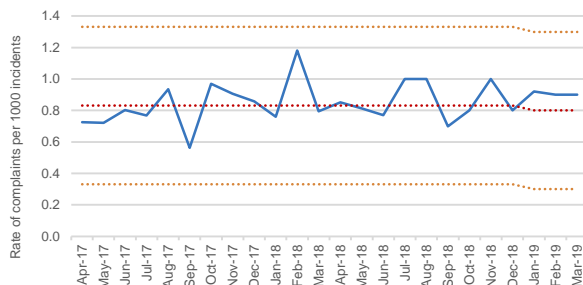


Owner: Gary Bassett | Exec Lead: Dr Trisha Bain

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

Rate of Complaints

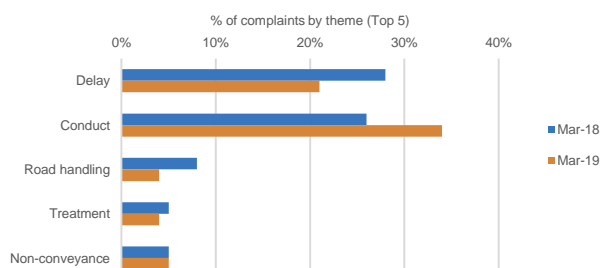
Latest Month:
0.9



In March we received 100 complaints. The total for 2018/19 was 1017 which represents an 8% increase over 2017/18.

We managed 4316 PALS in 2018/19 – a slight increase over the previous year (see over) 234 Health Partner Alerts were also received during 2018/19 against 44 in 2017/18. We also managed 92 complaints about our NHS 111 teams. This number is expected to increase in 2019/20.

Categorisation

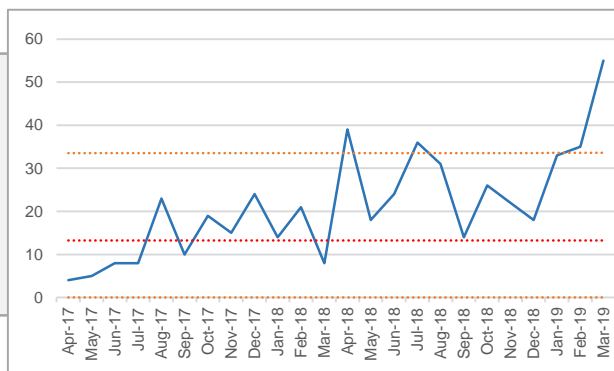


The percentage of complaints regarding **staff communication and engagement** continue to increase. During March there were 43 in this category, the highest number this financial year, against 18 'delay' complaints. This is consistent with the trend for 2018/19. The monthly average for this ratio is now 27:16.

There were 9 complaints attributed to NHS 111 in March, 9 relating to NELIUC and 5 to SELIUC

Responding to complaints

Latest Month
35



There were **55 complaints that breached the 35 day response target** in March. The annual average for 2018/19 is that 37% of complaints were responded to out of time.

This can largely be attributed to the concomitant affects of demand to the Trust as regards the impact on achieving crew statements, QA reports, NHS111 reports and clinical opinions. Please see page 2 for measures that are being put in place to mitigate this going forward

CHART KEY

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

Data Source:



Case examples

Case Example

The patient complained that he was incorrectly given an increased dose of adrenalin intravenously when he suffered an allergic reaction.

The matter was simultaneously reported by the member of staff and the matter was considered by the Serious Incident Group (but not declared)

The staff member checked the clinical guidelines about adrenaline dosage but overlooked the indicated route. She later advised a Clinical Team Leader (CTL) that she should have considered the intramuscular route for adrenalin and the CTL in turn advised the receiving hospital.

The staff member has been reminded of her responsibility to check equipment (the stethoscope had become disassembled) and the importance of verifying the use of adrenalin when treating anaphylaxis patients. She has also been temporarily withdrawn from working as a Fast Responder and will be fully supported until she is confident to return to the role.

The complaint was upheld.

Actions and Learning

Department issues

- We have successfully recruited a further Specialist Administrator who will support the duty team and provide the necessary cover for the existing admin staff.
- From 01 April the 2 x IUC111 services will be sharing the Trust's Datix. Some coding changes have been made and there will be a period of consolidation whilst multiple use becomes familiar.
- From April 2019 the Area QGAMs will be responsible for monitoring complaint throughput in their sector. Guidance has been provided.
- Datix Action Chains will be used from April and will be monitored by local LGMs
- The Quality Assurance tool will be maintained to monitor accuracy of completion and adherence to the Datix guidelines for Datix. This will be audited regularly on an ad hoc basis to monitor individual performance.
- Shortlisting is underway for the new PED Officer posts.
- The Complaints Policy (TP004) has been updated and published on the Trust intranet and website
- During March we monitored the number of enquiries to the department as the switchboard was not staffed. Over 4 hours was spent managing 100+ such calls which impacts on the duty function
- We are now able to use Datix to report on the costs paid under financial remedy – either as agreed by the PHSO or as the Trust's initiative. A budget has been formally approved to speed up the payment process

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

Currently the South East Sector have submitted and received the highest number of reports since we moved to Excellence Reporting in August 2018.

The Learning from Experience has merged to become the Serious Incident Assurance and Learning Group (SIALG). This group meets monthly to discuss themes emerging from incidents and Excellence reports. SIALG reports its findings to the Quality Oversight Group.

The messages from LfE are still ongoing and the following events are still taking place:

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”

Social media is a great way to promote Excellence Reporting. After noticing a dip in reports in January a simple message on LIA lead to 9 reports being submitted over the three following days

8 February at 14:14

Excellence Reporting.. who has heard of it? 🤖 Who uses it? 🤖 Who has received one?

We have received HALF the number of Excellence Reports in January when compared to November!

I am pretty sure there is not HALF the amount of excellence occurring!!

Good practice and Excellence occurs in many forms - show your appreciation and recognition for a colleague and submit an excellence report!

LONDONAMBULANCE.NHS.UK

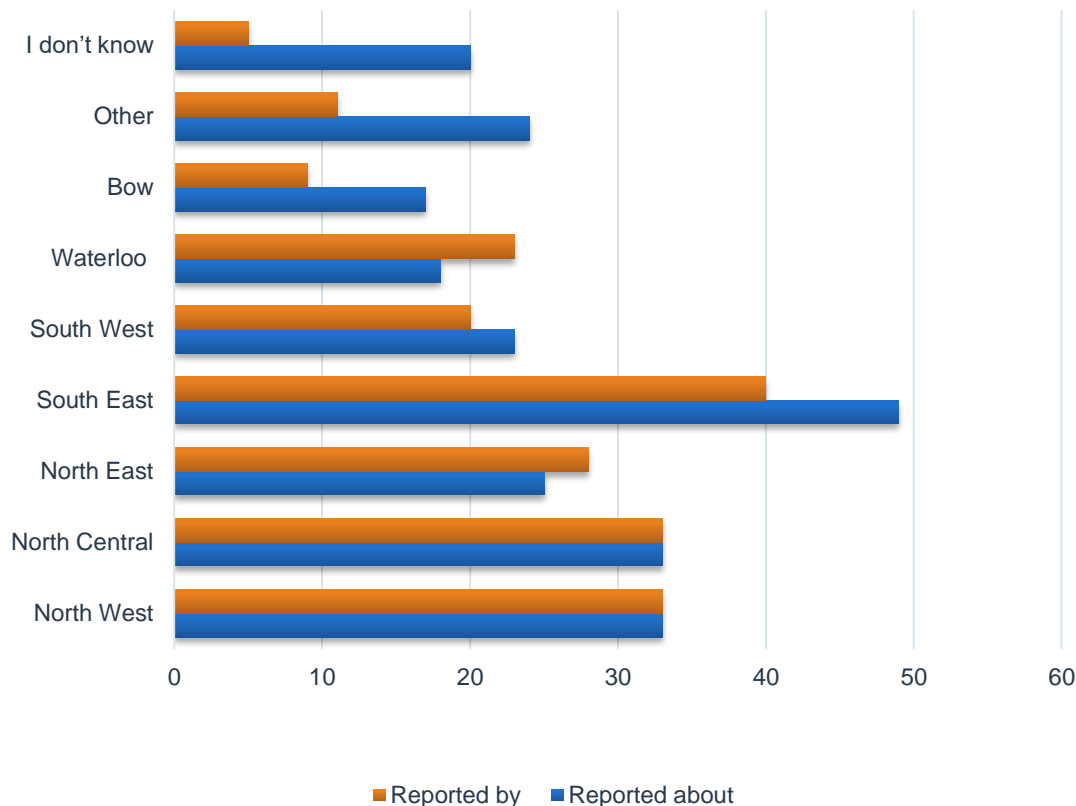
Excellence reporting – London Ambulance Service NHS Trust

Our Excellence Reporting process captures examples of excellence, so...

Ben Woodhart, Anne-Marie King and 8 others

7 comments

Sector/Location of reports (since August 18)





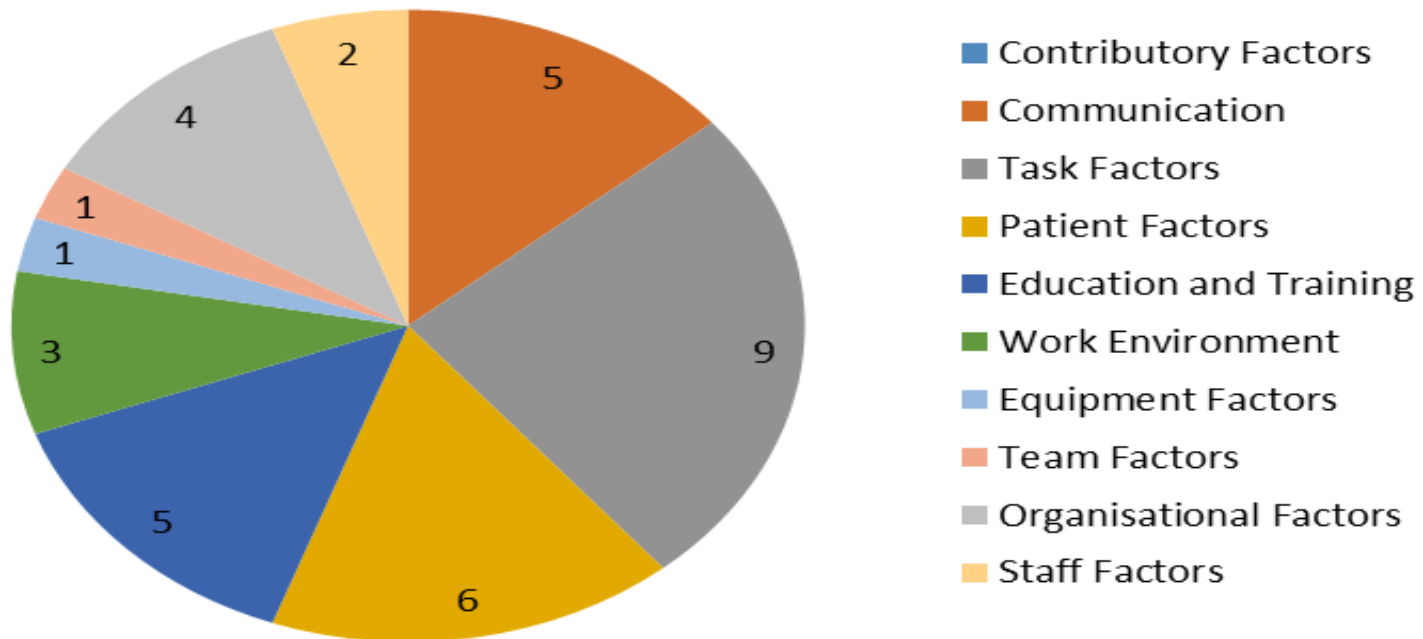
Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

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.

Task factors continue to be the highest occurring contributory factor in Q4 and is the prevailing factor for the year (22% of all contributory factors). 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.

Trust wide contributory factors



Inquests

Latest Month: 1.1		2017-18				2018-19			
		Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar
	Total Prevent Future Deaths in Month	0	0	0	0	0	0	0	0
	Total Inquests where LAS asked to give evidence - In month	4	3	5	6	3	6	4	6
	Total Inquests where LAS asked to give evidence - Year to date	53	56	61	67	49	55	59	65

- No PFDs were received in March.
- On 20 March, 20 members of operational staff attended a Coroner's Information Day at Barnet Coroner's Court, at the invitation of the Senior Coroner. This provided an opportunity to observe Court and engage in a Q&A session with the Coroner.

Claims

The NHS Resolution Quarterly Report, Q4 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

No of claims	Total Claim	Damages Reserve	Claimant Costs Reserve	Defence Costs Reserve	Outstanding Estimate	Total Payments
52	£93,777,045	£83,464,442	£8,098,188	£2,214,415	£73,802,898	£19,974,147

No of claims	Total Claim	Damages Reserve	Claimant Costs Reserve	Defence Costs Reserve	Outstanding Estimate	NHSLA Funded Payments	Total Payments
52	£93,777,045	£83,464,442	£8,098,188	£2,214,415	£73,802,898	£19,974,147	£19,974,147

- 7 claims were reported to NHSR in March, 1 of these was a clinical claim, concerning allegations around sepsis management. 5 were employer's liability claims of which 3 related to slip/trip, 1 an injury sustained whilst in a moving vehicle and 1 concerning a sharps injury. In addition there was 1 Public Liability claim concerning forced entry to property.
- NHSR closed 6 claims in March, all were Employer's Liability claims where damages had been agreed. Whilst NHSR closed the cases in March, the dates of settlement went back as far as 2016.
- Legal Services welcomed a Senior Governance Manager to the March learning meeting, to identify ways in which we can best collaborate on the dissemination of learning.

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.



Programme	RAG	SRO	Summary
Pioneering Services	Green	Trisha Bain	<ul style="list-style-type: none"> APP(UC), Falls, End of Life and Mental Health projects proceeding according to project plans, the falls pilot going live on 11th March. The maternity project is dependent on commissioners' approval of the business case and decision regarding the increased insurance premiums the Trust will be liable to pay the NHS Litigation Authority.
ProjectA	Green	Trisha Bain	<ul style="list-style-type: none"> NHS Horizons will produce a short report for the AACE and Clinical Commissioners Mental Health National Working Group. This report will include the feedback from participants of the Mental Health event with regard to their review of the Working Group's proposed plan of action.
Connecting Clinicians (relates to Education SMS)	Red	Fenella Wrigley	<ul style="list-style-type: none"> The Programme is in RED status because the scope of work and funding for the programme in the next financial year is unconfirmed. The approach to deliver the scope of work included within the iPad optimisation project and LHCRE project is uncertain.
Integrated Urgent Care (111)	Amber	Fenella Wrigley	<ol style="list-style-type: none"> IUECS Programme – Phase 1 (mobilisation) progressing to final completion and being closely monitored as AMBER given on-going IUC resource challenges. SEL Soft Launch implemented at 10:00hrs, 26 Feb <ul style="list-style-type: none"> DX Codes being phased in CAS in 3 stages <ul style="list-style-type: none"> •Phase 1 –26FEB -DX05 •Phase 2 –26MAR -DX06 NEL Improvement Project –Agile Phase 1 -COMPLETED (Timeline: Start 18 Feb – Finish 29 March) A combined SEL-NEL Improvement & Embedding Task Force (Agile Phase 2) has begun – delivery plan in progress. Multi-agency AAR has been completed (04APR19). CHUB Adastra has been implemented and in use.



Programme	RAG	SRO	Summary
Spatial Development	Amber	Benita Mehra	<ul style="list-style-type: none"> Corporate estate project 3rd Floor East work stream on target for completion. There is a risk of a delay to the HQ front-of-house project completion as the full scope of works forming this project needs to be finalised. Corporate estate project budget to be finalised. HQ front-of-house project may exceed the anticipated budget unless the scope of works is reviewed. Programme needs to be reviewed and fully defined. The outcome of the programme review may impact on the status of programme schedules or budgets following the completion of the review.
Ready Set Go	Red	Benita Mehra	<ul style="list-style-type: none"> Designs prepared for the 4 outstanding Drug Rooms and the additional Drug Room to West Ham in preparation for funding being made available in 2019/20 when tender procurement can commence. Multi-dose packs: The project is currently waiting for the update of kit prep development to incorporate the new packs and packing processes which has been hindered by the wifi issues (in progress to resolve). Testing on final app cannot be completed until kit prep app is developed; development delayed due to WIFI implementation. WiFi Access points identified and installed . Testing BT survey at LSU completed and report confirming requirements concluded 22/02/18; WIFI Rollout date to be confirmed.
Vehicle Preparations	Green	Benita Mehra	<ul style="list-style-type: none"> Repair and secure existing bunkered fuel sites - managed service sought for EU Exit. 50 cylinders returned from LFB in March and discussions with BOC ongoing about expired stock. Paper under review by Director of SA for MR Contract Strategy and approach to market.
IM&T Essentials	Red	Ross Fullerton	<ul style="list-style-type: none"> Four projects planned to be delivered by end of financial year by BT have slipped due to updates in CCNs and resources. Two projects have been put on hold. Avaya CM7 – planned testing form was cancelled and rescheduling underway. Delivery dates to be re-baselined once scope approved. For those put on hold, they will be reassessed and reviewed under the demand management process. Discussions with NEL and networks to agree if testing can commence, if not when.

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.



There are currently 37 risks listed with a risk subtype as Clinical and Quality. These risks sit across other sectors/areas of the Trust as well as within the Clinical and Quality Directorate.

The 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

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost Certain	0	0	0	0	0	0
Likely	0	0	1	1	0	2
Possible	0	0	12	1	0	14
Unlikely	0	4	9	6	1	20
Rare	0	0	1	1	0	1
Total	0	4	23	9	1	37

There is currently one risk >15 or above which is regarding a risk that the Trust is unable to effectively trace and track defibrillators and other critical medical equipment. This means that in the event of a safety recall it may not be possible to provide assurance that all potentially affected equipment has been removed from service and / or updated.

There is considerable work being done to develop and improve the VP process, including the development of an electronic VDI form. An enhanced bar code asset tracking system will be introduced by the VP team which will provide exception reports on missing equipment items.