



MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD TO BE HELD IN PUBLIC ON TUESDAY 30 JULY 2019 AT 10:00-14:30 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
10.00	1.	TB/19/23 Oral	Welcome and apologies To welcome attendees and note any apologies received.	HL	Information
10.05	2.	TB/19/24 Oral	Declarations of interest To request and record any notifications of declarations of interest in relation to today's agenda.	All	Assurance
10.10	3.	TB/19/25 Attachment	Minutes of the meeting held in public on 23 May 2019 To approve the minutes of the meeting held on 23 May 2019.	HL	Decision
	4.	TB/19/26 To follow	Matters arising To review the action schedule arising from previous meetings.	HL	Information
10.15	5.	TB/19/27 Attachment	Report from the Chair To receive a report from the Chair.	HL	Information
10.25	6.	TB/19/28 To follow	Report from the Chief Executive To receive a report from the Chief Executive.	GE	Information
STRATEGY & PLANNING					
10.35	7.	TB/19/29 Attachment	Volunteering Strategy To approve the Trust's Volunteering Strategy.	AF	Decision
10.50	8.	TB/19/30 Attachment	Learning and Education Strategy To approve the Trust's Learning and Education Strategy.	TI	Decision
QUALITY, PERFORMANCE AND ASSURANCE					
11.00	9.	TB/19/31	Trust Board Committee Assurance Reports To receive the reports of the Board Assurance Committee meetings that have taken place since the last meeting of the Board.		Assurance

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
		Attachment	(i) Logistics and Infrastructure Committee meetings on 29 May 2019 and 04 July 2019	TdP	
		To follow	(ii) People and Culture Committee meeting on 18 July 2019	JM	
		To follow	(iii) Finance and Investment Committee meeting on 23 July 2019	FC	
		To follow	(iv) Quality Assurance Committee meeting on 26 July 2019	MS	
11.30	10.	TB/19/32 Attachment	Integrated Quality & Performance Report To receive the integrated quality & performance report.	LB	Assurance
12.00	11.	TB/19/33 To follow	Board Assurance Framework and Corporate Risk Register To receive the Board Assurance Framework and the Corporate Risk Register.	PH	Assurance
12.15	12.	TB/19/34 Attachment	Serious Incident Update To note declared and closed Serious Incidents.	TB	Discussion
BREAK					
12.55	13.	TB/19/35 Attachment	Freedom to Speak Up Quarterly Report To receive assurance on Freedom to Speak Up activities since May 2019 and the implementation of the Trust's FTSU Strategy.	PH	Assurance
GOVERNANCE					
13.05	14.	TB/19/36 Attachment	Annual Public Meeting preparation To consider the proposed arrangements for the Annual Public Meeting on 24 September 2019.	HL	Discussion
13.20	15.	TB/19/37 Attachment	Key Assurance from the Chief Medical Officer <ul style="list-style-type: none"> • Control Drug Assurance Officer Report • Responsible Officer Report To receive assurances from the Chief Medical Officer.	FW	Assurance
13.30	16.	TB/19/38 Attachment	Trust Board Forward Planner To receive the Trust Board forward planner.	PH	Information
13.35	17.	TB/19/39 Oral	Staff Story	TB	Information

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
			To hear about the experiences of a staff member.		
14.05	18.	TB/19/40 Oral	Questions from members of the public	HL	Information
14.20	19.	TB/19/41 Oral	Any other business	HL	Information
14.25	20.	TB/19/42 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
14.30	21.	TB/19/43 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 24 September 2019 in the conference room, London Ambulance Service HQ, 220 Waterloo Road, London SE1 8SD.				
Additional reports, circulated for information only:					
TB/19/44 Quality Report					



TRUST BOARD: Public meeting – Thursday 23 May 2019

DRAFT Minutes of the public meeting of the Board held on 23 May 2019 at 13.30pm in the Conference Room, Headquarters, 220 Waterloo Road London SE1 8SD

Present		
Name	Initials	Role
Heather Lawrence	HL	Chair (from item 6)
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
Jayne Mee	JM	Non-Executive Director
Theo de Pencier	TdP	Non-Executive Director (In the Chair until item 5)
Mark Spencer	MS	Non-Executive Director
Paul Woodrow	PW	Director of Operations
Fenella Wrigley	FW	Medical Director
In attendance		
Katy Crichton	KC	Freedom of Information to Speak Up Guardian (for item 16 only)
Ross Fullerton	RF	Chief Information Officer
Philippa Harding	PH	Director of Corporate Governance
Patricia Grealish	PG	Director of People and Culture (for item 9 only)
Benita Mehra	BM	Director of Strategic Assets and Property (until item 15)
Rita Phul	RP	Corporate Secretary

1. Welcome and apologies (TB/19/01)

- 1.1. Theo de Pencier (TdP) welcomed all to the meeting.
- 1.2. The Board noted that the Chair of the Trust was delayed at another event and would join the Board meeting shortly.

2. Patient Story (TB/19/02)

- 2.1. The Chair regretfully informed the Board that the Patient Story would not be presented due to unforeseen circumstances and that it was hoped to present the story at a future Trust Board.

3. Declarations on interest (TB/19/03)

- 3.1. There were no interests declared in any matter on the agenda.

4. Minutes of the meeting held in public on 26 March 2019 (TB/19/04)

- 4.1. The minutes of the meeting held in public on 26 March 2019 were approved as an accurate record of the meeting subject to the following amendments:
 - 4.1.1. It was noted that minute TB/18/151 para ref 9.4 would be amended to read, '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. The confirmation would be evidenced prior to the Hear and Treat numbers being included'.
 - 4.1.2. Clarification was sought regarding minute TB/18/160 para ref 16.4, and the recording of NHS numbers for **all** patients. It was confirmed that the correct metric was **5%** of patients recorded from quarter 3 were required to have their NHS number captured. The minute would therefore be amended to read, 'The Board noted that the recording of NHS numbers for 5% of all patients would be obligatory from quarter 3 of the following financial year and the use of iPads and technology would assist with progressing this obligation'.

5. Matters Arising (TB/19/05)

- 5.1. The Board reviewed the action log. Action reference TB/18/130 was considered, and it was noted that the increase in turnover was discussed further by the People and Culture Committee at its meeting on 20 May 2019. The Board observed that considerable research had been undertaken over the past six years, to understand the rise of staff turnover and analyses were now complete with next steps being defined.
- 5.2. Action reference TB/18/134 was highlighted and it was noted that the Freedom to Speak Up issues would be addressed under item 16 on the Trust Board agenda (ref: TB/19/16).
- 5.3. The Board reviewed the risk of the failure of the Uninterruptible Power Supply (UPS), which had been retained on the Board Assurance Framework (BAF), as captured by action reference TB/18/148 para 6.3. A brief update was provided to the Board, noting that, following the UPS installation there had been a component failure. The Board was assured that a "lessons learned" exercise had taken place and feedback would be provided to the Board (once considered by the Logistics and Infrastructure Committee) detailing the process from inception to UPS completion. Board members noted that it was anticipated the Logistics and Infrastructure Committee would support the removal of the risk from the BAF following its meeting in July 2019.

Action: Following the Logistics and Infrastructure Committee meeting on 07 July 2019, BM to provide feedback to the Board on lessons learnt from the UPS installation at Bow Road.

- 5.4. Board members considered action reference TB/18/148 para 6.6 observing that a complete implementation of roster reviews had been undertaken and positive feedback had been received regarding the process and implementation of the rosters. The Board gave praise to the work undertaken by Paul Woodrow and Stuart Crichton with regard to the roster review.

6. Report from the Chief Executive (TB/19/07)

- 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 Trust's March/April performance details would be reported as part of the Integrated Performance Report, agenda item 13 (ref: TB/19/13).
- 6.3. Board members considered the significantly improved call answering performance at both the Trust's 111/integrated urgent care (IUC) services in North East London (NEL) and South East London (SEL) over the past three months. It was also noted that the number of calls abandoned by patients had fallen to the extent that the Trust was now meeting its contractual standards against this metric. GE informed the Board that the number of weekly assurance calls with commissioners and Healthy London Partnership (HLP) colleagues were decreasing with a view that these would end in May when the Trust reverted to standard contract management arrangements. The Board was assured that staff were being given recognition and thanks for this achievement, and GE particularly noted thanks to Paul Woodrow, Athar Khan, Fenella Wrigley and the teams at Barking and Croydon who had supported each other during the challenge of improving the call answering performance.
- 6.4. The Board observed that there was still further work to be undertaken to continue this improved performance, but that the Trust was now in a more stable position, and this was reflected in the view of the commissioners. The Board noted that London Ambulance Service NHS Trust (LAS) was now one of the few providers in the country who operated both 999 and 111/IUC services.
- 6.5. Board members discussed the Emergency Services Network (ESN) Programme which was implementing new secure communications for the emergency services in England and Wales, and would replace the Airwave radio service currently used in the 999 control room and across ambulance operations. The Board was assured that the outcomes of the Programme were being regularly reviewed and did not currently constitute a BAF level risk.
- 6.6. The Board noted the pilot site for the Aggregated Data Collection (ADS) which the Trust had been chosen to participate with four other health organisations across the UK, as determined by NHS England. The aim of the ADS within the IUC environment was to stimulate benchmarking and standardisation opportunities between providers. Members sought details of a timeframe for the pilot.

Action: Lorraine Bewes (LB) to confirm the exact dates of the pilot for the Aggregated Data Collection project and to inform the Board.

- 6.7. Members of the Board sought clarification regarding the expansive letter that had been received from the Chair of the London Assembly Health Committee and noted that a detailed response had been provided to the London Assembly in response to questions and concerns.
- 6.8. The Report of the Chief Executive was noted to have provided good clear updates highlighting key areas of the organisation.

7. Report from the Chair (TB/19/06)

- 7.1. The report from the Chair was noted.
- 7.2. The Board noted the Prime Minister's Serious Youth Violence Summit which the Chair had attended on 3 April 2019. Members considered the contributions that LAS currently made to address knife crime, and the Chair's proposal to make knife crime a particular focus for the organisation.
- 7.3. Board members discussed the role health services were undertaking in response to violence, and the need to train and deliver education to young people likely to become engaged in knife crime. Members considered utilising the forthcoming Volunteering Strategy to focus on a Cadet Academy with the purpose of engaging 14-18 year olds and involving them across the LAS workforce. It was noted that the new Director of Communications and Engagement appointment would play a large role in progressing this initiative.
- 7.4. The Chair highlighted the positive approach and feedback she had noted on attending the Chief Executive's roadshow at the Trust's South East London 111/IUC service.
- 7.5. Board members received an oral update from the Chair, who had attended a roundtable seminar hosted by Moorhouse Consulting, which explored workforce challenges in the NHS. The Board observed the three main characteristics believed to be key to an organisation: courage, agility and talent. The Board reflected on themes arising from Vodaphone, who were presenting at the roundtable, and had highlighted their experience of cultural issues and the empowerment work undertaken. It was noted that the Board might consider referring to this work when addressing work culture in future discussions.
- 7.6. The Board received an update regarding the Chair's visit to the Westminster Ambulance Station and her liaison with Lauren Wills, a Clinical Team Manager, who had exercised positive listening and professionalism at all times. The Chair expressed her enthusiasm at meeting a great ambassador for the Trust and that Lauren was the type of exemplar that LAS needed.

8. Annual Accountability Statements 2018/19 (TB/19/08)

- (i) Annual Report**
- (ii) Annual Governance Statement**
- (iii) Annual Accounts**
- (iv) Annual Quality Account**
- (v) Patient Experiences Annual Report**

- 8.1. The Board received a tabled paper (ref: TB/19/08) presented by Philippa Harding (PH), proposing changes reflecting the Audit Committee's feedback on the Annual Accounts and Annual Report following its consideration of these at its meeting earlier that day. It was noted that the Annual Quality Account had been considered by the Quality Assurance Committee at its meeting on 7 May 2019.
- 8.2. The Chair of the Audit Committee provided assurance to the Board that the accounts had been reviewed as satisfactory by the Trust's external auditors Ernst and Young. It was recommended that the Board formally approve the accounts and any minor changes to be undertaken by delegated authority to Garrett Emmerson, who would sign the accounts as Accounting Officer.
- 8.3. Members noted the Annual Report in relation to which minor comments and proposed amendments had been received from Board members in advance of the meeting. These would be incorporated following the Board meeting.
- 8.4. Board members noted that the Quality Account had received positive feedback from commissioners, objectives had been identified for the following year, and was recommended to the Board for approval by the Quality Assurance Committee. It was noted that the statutory documents had also been reviewed and signed off.
- 8.5. The Chair of the Trust recorded her thanks to the Finance team for completing the accounts and achieving a clean bill of health along a tight deadline. Thanks were also recorded to the Quality team for their hard work in achieving the deadline for the Quality Account. It was noted that the Chair would prepare a letter of thanks to both the Finance team and the Quality team.

Action: The Chair to provide a letter of thanks to the Finance team and Quality team.

RESOLVED:

- 8.6 The Board resolved to approve the following annual accountability documents, subject to the amendments identified in the paper tabled at the meeting:
- 8.6.1 2018/19 Annual Report
 - 8.6.2 2018/19 Annual Governance Statement
 - 8.6.3 2018/19 Annual Accounts
 - 8.6.4 2018/19 Annual Quality Account
 - 8.6.5 2018/19 Patient Experiences Annual Report

9.0 Learning and Education Strategy (TB/19/09)

- 9.1 Patricia Grealish (PG) and Angela Flaherty (AF) presented the proposed Learning and Education Strategy. The draft Strategy had been considered by the People and Culture Committee at its meeting on 20 May 2019 and the Chair of that Committee provided an oral update on the comments that had been made at that meeting.
- 9.2 The Board observed that the proposed Strategy incorporated five principles of life-long learning to attract and retain a skilled, motivated and sufficient workforce at the Trust. Board members also reflected on the embedding of the Trust's values and individual accountability for learning and professionalism within the draft Strategy.
- 9.3 The Board reflected on the need to overcome learning challenges and prepare the Trust for the future. To achieve this the Board noted the six themes developed to set out what and how the Trust would deliver on its strategic learning and education aspirations. The three 'what' themes were considered – Patient, Care and Safety at the Heart of Our Learning, Professional Career Enhancing for Our People, and Leadership and Management Development. Board members also reviewed the three 'how' themes – Innovating Learning, Learning Together and Inspiring Learning Environment.
- 9.4 Board members discussed the funding of the elements of the draft Strategy and were assured that most of the elements had already been incorporated into the Trust's budget.
- 9.5 The Board noted that there had been a robust debate at the People and Culture Committee and there had been agreement that the proposed Strategy was the right progression for the organisation. Members considered that the proposed Strategy would instigate a cultural shift and the organisation should be mindful of the make-up of the workforce. Board members concurred that, following liaison with staff across the Trust, there was a general hunger for education and greater accessibility in the use of technology would be welcomed.
- 9.6 Members of the Board discussed the need to ensure the ambition for career progression was satisfied amongst the workforce, whilst addressing the continued challenging backfilling vacancies. Interchangeability was discussed in relation to the IUC service provided by the Trust, and to develop the opportunity to provide the workforce with different experiences.
- 9.7 The Board confirmed that it was content with the proposed Strategy in principle; however more detail was required, particularly with regard to an implementation plan. It was noted that the next meeting of the People and Culture Committee would take place in July and the progression of the Learning and Education Strategy would be finalised at that meeting for presentation to the Trust Board at its meeting in July for formal ratification.

Action: Patricia Grealish and Angela Flaherty to finalise the Learning and Education Strategy and present it to the People and Culture Committee on 18 July 2019 and subsequently to the Trust Board for approval on 30 July 2019.

- 9.8 The Chair noted that this would be Patricia Grealish's last attendance at the Trust Board, as she was leaving the LAS, and the Board thanked Patricia for her work over the two years she had been with LAS, wishing her well for the future.

10. Organisational Strategy 1 year review (TB/19/10)

- 10.1. Garrett Emmerson (GE) introduced the update, highlighting that the Trust's Strategy was approved by the Trust Board in May 2018, outlining the Trust's ambition to become a world-class ambulance service for a world-class city. Angela Flaherty (AF) provided an update on progress against the Trust Strategy, including an update on the implementation and aims of each strategic programme, progress on refreshing or writing all the Trust's organisational enabling strategies, how effective stakeholder engagement was being ensured, and progress on achieving emergency department conveyance and savings to the wider NHS system.
- 10.2. The Board discussed the impact of the pioneering services, particularly the Mental Health pioneering service and sought assurance that the benefits that had been identified in the Trust Strategy were being delivered. The Board noted the need to develop and embed the pioneer services before a reduction in conveyance would be achieved. It was noted that the first year of the Trust's five year strategy had seen the Mental Health pioneer service become embedded, ensuring mental health patients were receiving the right experience. Work would continue with Clinical Commissioning Groups (CCGs) and Strategic Transformation Partnerships (STPs) to boost investment into the pioneer services, and attain savings, both to the Trust and the wider NHS.
- 10.3. Members of the Board discussed the evaluation criteria to establish the savings being made by the pioneering services. Board members reviewed the data presented and sought further clarity on identifying whether the benefits highlighted on commencement of the Strategy had now been realised. On further deliberation of the statistical data presented there was a view that there was insufficient variation from business as usual, and a marked improvement was not clearly evident. GE explained to Board members that the 5 year strategy had not aimed to deliver a transformational reduction to conveyance in the first year, but had aimed to progress pioneer services, which would lead to a reduction in conveyance. The Board reflected on the changes in the environment and the need to continually evolve, ensuring the Trust was in a strong position to pitch to CCGs, STPs and other stakeholders to invest in pioneering services to reduce conveyances.
- 10.4. The Board reflected on other benefits gained from the pioneering services including greater retention of staff and the learning and knowledge gained by the workforce, particularly in relation to mental health services. GE stressed that the value of the pioneering services was not only identified by the statistical data but by patient and staff satisfaction. The Board noted that it was early days to present data that would evidence greater transformation in conveyance but that there were other achievements that had been made. The Board considered the value in an appropriate forum to further discuss statistical evaluation criteria.

Action: The Board to meet to consider the evaluation criteria and statistical data presented in relation to conveyance reduction and benefits of the pioneering services.

11. Business Plan 2019-20 (TB/19/11)

- 11.1. Lorraine Bewes (LB) presented the Business Plan 2019-20 to the Board noting the delay to the proposed budget sign off due to the ongoing contract negotiations with commissioners. The Board acknowledged the significant momentum over the last four weeks and a shift with the commissioners that had led to an equitable risk share approach being agreed against the very challenged environment in London. Members

of the Board recognised the challenging negotiations and the positive outcome with the support of commissioners.

- 11.2. Board members noted that the Heads of Term for the contract for the provision of healthcare services by the Trust in 2019/20 had been received on 23 May and, following review with the Chief Executive, were considered to be deliverable, albeit recognised as subject to risk. The Board noted that the Heads of Term would be circulated to Board members.

Action: LB to circulate the Heads of Term for the Business Plan 2019-20 to the Trust Board.

- 11.3. Garrett Emmerson applauded the work and tenacity of LB and her team to progress the contract negotiations, together with the tenacity of the Board in not signing up to a contract that would have been unsustainable and undeliverable.
- 11.4. Board members discussed the Business Plan and the control total imposed upon the Trust, recognising that there would be challenges but that the Trust would be able to deliver national performance targets. The Chair reiterated that the Board would not support a business plan or a contract that did not enable the Trust to deliver national performance targets.

RESOLVED:

- 11.5. The Board resolved to approve the delegation of authority to the Chief Executive and Director of Finance and Performance to sign the Heads of Term for the contract for the provision of healthcare services by the Trust.
- 11.6. Subject to the contract being agreed, the Board resolved to approve the Business Plan for 2019/20.

12. Trust Board Committee Assurance Reports (TB/19/12)

(i) Quality Assurance Committee meeting on 7 May 2019

- 12.1. Mark Spencer (MS), Chair of the Quality Assurance Committee, presented the report of the most recent meeting of that Committee to the Board, noting matters for escalation.
- 12.2. The Board noted other matters including the importance of ensuring the Trust was 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 achieve a good Care Quality Commission (CQC) rating.
- 12.3. The Board reviewed the risks as articulated in the Assurance report.

(ii) Finance and Investment Committee meeting on 14 May 2019

- 12.4. Fergus Cass (FC), Chair of the Finance and Investment Committee, presented the report of the most recent meeting of that Committee to the Board. The Board noted

that the key items within the report had been discussed alongside the Business Plan item.

- 12.5. The Procurement Long Term Plan was discussed including the implications of the Carter Report, noting the Annual procurement spend was approximately £80m. The Board noted the intention to save £2.4m over a three-year period, including £0.8m in 2019/20.

(iii) Audit Committee meeting on 16 May 2019 and 23 May 2019

- 12.6. John Jones (JC), Chair of the Audit Committee, presented the reports of the most recent meetings of that Committee to the Board. The Audit Committee had received five internal audit reports of which four had been rated as partial assurance and one significant assurance. The Board noted that the Head of Internal Audit Opinion for 2018/19 had been one of significant assurance with some improvements required regarding adequacy and effectiveness of the organisation's framework of governance, risk management and control. It was noted that overdue audit recommendations would continue to be monitored.
- 12.7. Board members noted that the audit plan for 2019/20 had been approved. The Board was assured that the Annual Report of the Audit Committee concluded that overall the Audit Committee had fulfilled its duties as set out in its terms of reference.

(iv) People and Culture Committee meeting on 20 May 2019

- 12.8. Jayne Mee (JM), Chair of the People and Culture Committee presented the report of the most recent meeting of that Committee, noting matters for escalation including the Disclosure and Barring Service (DBS) reiterative checking programme incorporating an annual self-check. The Board noted that a business case was being considered by the ExCo to review the costs associated with this alternative approach.
- 12.9. The planned Culture and Civility Review was noted by the Board, including that the review would not be an organisation-wide survey, but would be a targeted pilot in a small number of areas to test the approach. The Board noted this would involve approximately 500 members of the workforce.
- 12.10. The Board noted that the Paramedic Band 6 implementation was on track but that pressure was often brought to bear to include other training into the Core Skills Refresher (CSR) training cycle that could impact on the Trust's ability to deliver the Band 6 training (which could put funding at risk).
- 12.11. Board members discussed healthy eating and Trust vending machines, acknowledging that there needed to be a balance between healthy eating and staff needs.

13. Integrated Quality and Performance Report (TB/19/13)

- 13.1. Lorraine Bewes (LB) presented the Integrated Quality and Performance Report, highlighting that the overall operational performance was busy, a C1 mean was maintained and C2 performance remained stable; C3 and C4 remained a challenge. Board members noted appraisal completion had not achieved target but was now on an improving trajectory.

- 13.2. The Board was informed that, following the review by NHS England (NHSE) the Trust had recalibrated its Hear and Treat activity and performance and conveyance to Emergency Department (ED) was now at 59.4% of incidents attended, making LAS compliant with national guidelines and moving the Trust into the top performing quartile. Board members thanked Fenella Wrigley for her work in progressing Hear and Treat numbers to be calibrated within the Trusts activity and performance.

14. Board Assurance Framework and Corporate Risk Register (TB/19/14)

- 14.1. Philippa Harding (PH) provided an update to the Board Assurance Framework (BAF). Board members noted the proposal that BAF Risk 52 be replaced with the same risk, articulated for the current financial year. It was agreed that the position would remain subject to the Trust contract being approved.
- 14.2. The Board noted that BAF Risk 50 could be de-escalated if the risk did not change.
- 14.3. It was noted by the Board that BAF Risk 56 would remain as a long term workforce risk. Board members discussed the recruitment of an overseas workforce, noting the shortage of paramedics in the UK. The Board was assured that the Trust was exploring ways to encourage UK paramedics to join the Trust, and also exploring recruiting from Canada, but that the workforce risk would remain a long term challenge.

15. Serious Incident Management and SI Thematic Review (TB/19/15)

- 15.1. The Board received an update from Trisha Bain (TB) highlighting the training of over 25 staff to provide a more consistent supportive approach to the reporting of serious incidents.
- 15.2. Board members noted that, as there would not be a private Trust Board session in May, Serious Incident summaries would be circulated to Board members in correspondence. These had already been considered by the Quality Assurance Committee at its meeting on 7 May 2019.
- 15.3. The Board noted a focus on ensuring that systems learning was identified and shared more robustly across the organisation, which was being supported by the new Serious Incident Assurance and Learning Group.
- 15.4. TB informed the Board that a Serious Incident summary was circulated to the directorate each week and could be circulated to Non-Executive Directors should they wish to receive it. The Board was in agreement that this would be valuable to receive.

Action: TB to include Non-Executive Directors on the circulation list to receive the Serious Incident monthly summary report.

16. Freedom to Speak Up (FTSU) Quarterly Report (TB/19/16)

- 16.1. The Board was presented with the annual report of the Freedom to Speak Up Guardian, Katy Crichton (KC), who informed the Board that quarter four had seen 59

FTSU concerns raised, which compared to just eight cases raised during Q1-Q4 2017-18.

- 16.2. In addressing an action to identify the duration of each concern, KC advised the Board that there was currently no framework to establish these metrics, and liaison with other providers indicated this was also the case elsewhere. The Board observed that each matter was individual and often it was challenging to obtain speedy responses to emails and behavioural issues also took time to resolve. Work would continue on the development of appropriate metrics.
- 16.3. KC highlighted her involvement with the National Ambulance Network (NAN) of Guardians, who met quarterly to share good practice and provide mutual support. The Board observed that KC had been invited to become the Co-Chair of the NAN, which was seeing her involvement as a guardian broaden and would provide greater involvement with the National Guardian's Office (NGO).
- 16.4. The Board considered the number of Black and Minority Ethnic (BME) individuals raising FTSU concerns and noted that BME staff were considered the part of the workforce least likely to speak up. The Board reflected that the Trust had a workforce of 15% BME.
- 16.5. Members of the Board noted the high proportion of FTSU concerns raised by corporate teams. KC advised that corporate and Emergency Operations Centre (EOC) staff had more engagement with managers, and were therefore potentially more likely to experience line manager behaviours and therefore engage more with an FTSU advocate.
- 16.6. KC informed the Board that work was progressing to recruit more voluntary FTSU advocates to support the FTSU work.
- 16.7. The Board commended KC for her exemplary work with FTSU and for the excellent quarterly report produced which was highlighted as a good mix of process, lack of jargon and good case studies. Board members considered the issues raised and appreciated the valuable insights these afforded.
- 16.8. The Chair thanked KC for her work, together with other FTSU advocates, and extended thanks to Fergus Cass and Philippa Harding for the support and leadership they had provided in relation to FTSU.

17. Annual Corporate Governance Review (inc Self Certification of Compliance with Provider Licence) (TB/19/17)

- 17.1. Board members received the Annual Corporate Governance Review noting a number of proposed minor amendments to enhance the Trust's corporate governance framework.
- 17.2. The Board was required by NHS Improvement (NHSI) to confirm it was content that the Trust remained compliant with the conditions G8 and FT4 of the NHS provider licence.

RESOLVED:

17.3. The Board resolved to self-certify that the Trust was compliant with conditions of G6 and FT4 of the NHS providers licence.

17.4. The Board resolved to approve the proposed minor amendments to the Trust's corporate governance framework.

18. Trust Board Forward Planner (TB/19/18)

18.1. Philippa Harding (PH) presented the Trust Board Forward Planner, noting that there would be some movement around the organisational strategies and joint work undertaken with the Trust and South Central Ambulance Service NHS Foundation Trust.

18.2. Board members agreed that there would not be a Trust Board meeting in August.

18.3. It was noted that the Annual General Meeting would take place on 24 September and a paper would be presented to the Trust Board in July setting out proposed arrangements for this meeting.

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

19.1. There were no questions from the public.

20. Any Other Business (TB/19/20)

20.1. There was no other business.

21. Review of the meeting (TB/19/21)

21.1. Board members confirmed the Board papers were of good quality and specifically the Integrated Quality and Performance Report.

Meeting Close (TB/19/22)

The meeting closed at 17.00. The next Trust Board meeting in public will take place on 30 July 2019, London Ambulance Service NHS Trust Headquarters, 220 Waterloo Road London SE1 8SD.

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	CLOSED	Research had been undertaken and analyses were now complete with next steps being defined.
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/18/150 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	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/18/153(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.
TB/19/05 para 5.3	Following the Logistics and Infrastructure Committee meeting on 29 May 2019, BM to provide feedback to the Board on lessons learnt from the UPS installation at Bow Road.	Benita Mehra	23/05/19	30/07/19	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/19/07 para 6.6	Lorraine Bewes (LB) to confirm the exact dates of the pilot for the Aggregated Data Collection project and to inform the Board.	Lorraine Bewes	23/05/19	30/07/19	CLOSED	Completed. Minor adjustments being made by Advance in relation to configuration.
TB/19/08 para 8.5	The Chair to draft a letter of thanks to the Finance team and Quality team and Philippa Harding to provide appropriate names to address the letters.	Philippa Harding	23/05/19	30/07/19	On track	
TB/19/09 para 9.7	Patricia Grealish and Angela Flaherty to finalise the Learning and Education Strategy and present it to the People and Culture Committee on 18 July and the Trust Board on 30 July.	Patricia Grealish, Angela Flaherty	23/05/19	18/07/19	CLOSED	Presented to the PCC on 18 July and on Trust Board agenda ref TB/19/30
TB/19/10 para 10.4	The Board to meet to consider the evaluation criteria and statistical data presented in relation to conveyance reduction and benefits of the pioneering services.	Philippa Harding	23/05/19	TBC	On track	
TB/19/11 para 11.2	LB to circulate the Heads of Term for the Business Plan 2019-20 to the Trust Board.	Lorraine Bewes	23/05/19	30/07/19	CLOSED	
TB/19/15 para 15.4	TB to include non-executive directors on the circulation list to receive the Serious Incident monthly summary report.	Trisha Bain	23/05/19	30/07/19	CLOSED	
TB/19/17 para 17.3	PH to present the Annual Corporate Governance Review and Self Certification of Compliance with Provider Licence to the Trust Board meeting in July for formal ratification.	Philippa Harding	23/05/19	30/07/19	CLOSED	Ratified at the Board meeting on 23 May 2019.



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Report from the Chair			
Agenda item:	05			
Report Author(s):	Heather Lawrence, Chair			
Presented by:	Heather Lawrence, Chair			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
The Chair's report provides an overview of meetings and events attended with external stakeholders of the London Ambulance Service NHS Trust 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

1. I have attended meetings at a national, regional and local level since the last Board meeting and unsurprisingly there are common themes arising at each meeting. The emphasis being on system working and the development of Strategic Transformation Partnerships (STPs) /Integrated Care Systems (ICSs), workforce in particular culture and Workforce Race Equality Standards (WRES). The other main topic has been about the requirement to reduce capital spend in each organisation by 20%

Baroness Dido Harding's Advisory Group

2. I attended this meeting convened as a single agenda item meeting relating to capital spend for 2019/20. Julian Kelly Chief Financial Officer for NHS England and NHS Improvement, set out the requirement for NHS organisations to reduce their capital spend in year due to an overspend of circa £2B. Those present raised concerns over issues such as backlog maintenance, the issue of safety and the importance of digital developments to enable transformation of care. Trusts had already been asked to submit plans for a reduced capital spend but the result was insufficient. A letter was subsequently sent to Chairs and Chief Executive Officers (CEOs) setting this out. The eventual reduction required per trust is 20% of planned capital spend in year. The Trust Board papers for this month and separately the centre will be looking at alternatives to private finance initiative (PFI) and to set out the case to the Treasury for additional capital in future years.

Chair and Chief Executives NHS Providers Network

3. These meetings are an opportunity to network with Chairs and CEOs from across the country.
4. There were presentations from Peter Wyman, Chair of the Care Quality Commission (CQC) (attached as an annex to this report) and John Ashworth Shadow Secretary of State for Health, followed by presentations from two ICSs and a panel discussion.
5. Peter Wyman set out the CQC strategy 2016-2021 outlining the following strategic focus:
 - A more targeted, responsive and collaborative approach to regulation, so more people get high quality care
 - Encourage improvement, innovation and sustainability in care
 - Deliver an intelligence driven approach to regulation
 - Promote a single shared view of quality
 - Improve their efficiency and effectiveness
6. One of the presentations on STPs/ICS was given by Croydon Health and was centred on the presentation given by Matthew Kershaw at a previous London Ambulance Service NHS Trust (LAS) Board development session. The focus of both presentations and the panel discussion was on what can be planned and provided at what level, the development of Primary Care Networks for populations of 30-50k and the additional pharmacists, physiotherapists and paramedics they need to recruit. In discussion it becomes clear that none of the STP/ICSs have thought about where ambulance services fit with their model with the resulting danger that our services are only considered in a crisis situation, however in London this is beginning to change for the better.

London Senior Leaders Gathering

7. David Sloman, London Regional Director, arranged this gathering for London Chairs and Chief Executive Officers (CEOs). NHS England Chief Executive Simon Stevens, and NHS Improvement Chair Baroness Dido Harding presented at the meeting with Lord Prior in attendance. The meeting was an opportunity to meet with other senior leaders from across London's NHS to discuss the implementation of the Long Term Plan and Interim People Plan and 2019/20 Objectives. Capital and workforce issues were also raised. David Sloman shared the values and aspiring values he expected CEOs to demonstrate. He was challenged to why inclusivity was only seen as an aspiring value.

SWL Health and Care Partnership NHS Chairs of Providers Meeting

8. This meeting occurred two days after our CEO had presented the LAS Strategy to the London Senior Leaders meeting which was clearly well received. The Accountable Officer was clear on where LAS can and cannot operate. There was a discussion about LAS' Pioneer Mental Health Service in South East London and its impact. As the CEO of St George's London Mental Health Trust has also become CEO of The Maudsley Hospital, the chairman suggested exploring if it could be adopted in South West London which I believe represents progress. Much of the meeting was taken up with process and how the STP can gain ICS status.

NCL STP Advisory Board

9. I attended this meeting at the Crowndale Centre in Mornington Crescent. The meeting was principally about process and progress being made and was well attended by mental health, community, acute and local authorities as well as HealthWatch. A key item was a presentation by the lead Finance Director on how to address the £200M deficit in the sector. The first stage of this was a process to address procurement, pathology and outpatient-sand back office inefficiencies across the sector. Once again I was informed that Garrett Emmerson's presentation to the London Senior Leaders meeting had been well received, which meant that my contribution as to the role of LAS was acknowledged.

McKinsey 'Women as Leaders'

10. Discussion focused on 'The future of women at work: Transitions in the age of automation'. A new report by the McKinsey Global Institute (MGI) explored how anticipated changes in the workplace, including the advent of artificial intelligence, will affect women. The discussion also examined how women can prepare for these shifts by improving their skills and access to technology.

Visit to LAS by Health Minister Stephen Hammond, Minister for Health

11. The Minister visited the LAS and was given a tour of the Emergency Operations Centre (EOC) which concluded with him listening to a call. Following this, due to his interest in workplace culture he met Katy Crichton, Freedom to Speak Up Guardian, and Pauline Cranmer, Head of Emergency Care Services, to discuss the organisational culture. He was also keen to understand how to attract Non-Executive Directors and I offered my perspective on this, which included addressing the remuneration differential between non-foundation trusts and foundation trusts.

Visit to Hazardous Area Response Team (HART)

12. As reported at the June Trust Board development meeting, I had an excellent visit to the Hazardous Area Response Team (HART), where I met with the staff and was shown the equipment used in each major incident scenario. All staff were positive, engaged and proud of what they do. We are in the process of arranging a session for Trust Board members to visit the site to receive an update briefing and to receive assurances on the Trust approach on major incidents, including marauding terrorist attacks, and how we work with the other emergency services when these events occur. This will also include the special funding streams and lessons learnt from recent events of this nature.

Association of Ambulance Chief Executives Chairs meeting

13. This meeting has now become an excellent opportunity to share and learn from other Ambulance Trusts.
14. Some agenda items discussed/presented were:
 - Diversity on Boards - Bo Escritt the National Programme manager was introduced.
 - Kings Fund report on 'Volunteering in the Ambulance Service'
 - ICS development and the role of the ambulance sector
 - A debate around the suggestion all ambulance trust should be in the business of NHS 111
 - Capital
15. There is much overlap on the issues discussed with other meetings I have attended.

Workforce Race Equality Standards (WRES) Experts celebration event

16. I attended the morning session of this event where there were some powerful and impressive presentations of people's personal journey's and what organisations are doing to address these issues. One particular presentation demonstrated how they are addressing inclusivity within their organisation and I intend to follow up on this.

Heather Lawrence OBE
Chairman

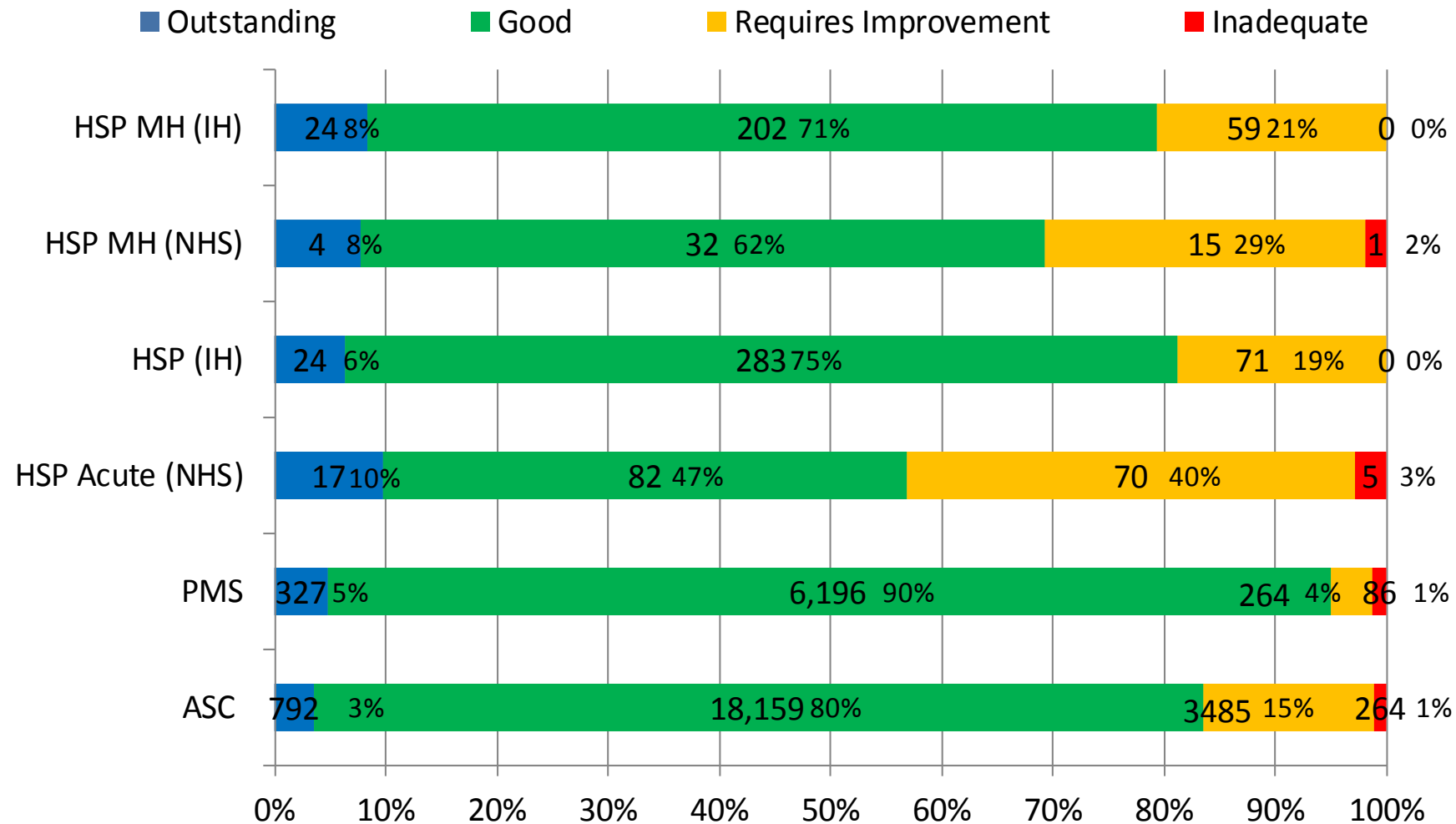
CQC: an update

Peter Wyman CBE DL
Chair, CQC

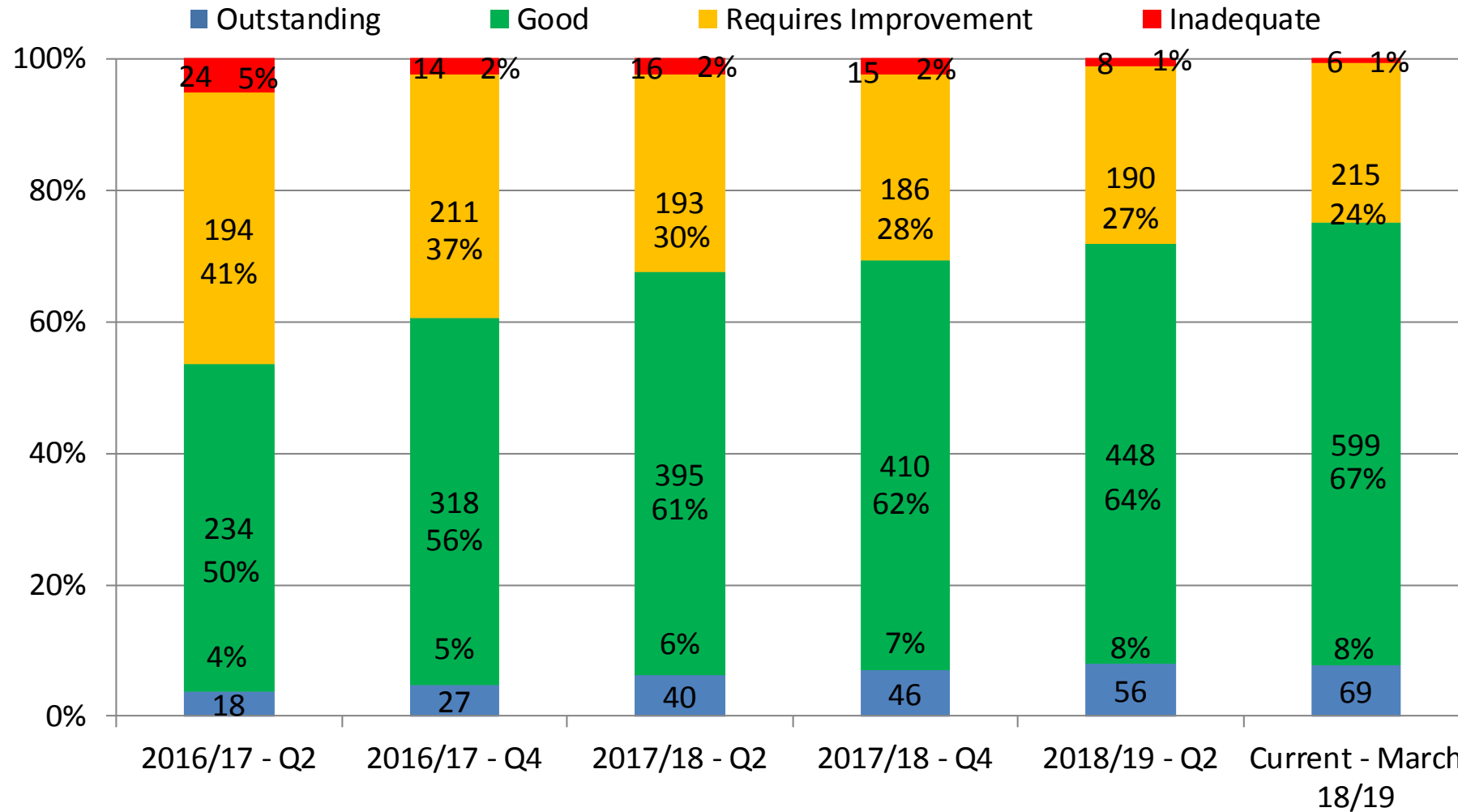
NHS Providers – Chairs and Chief Executives Network – 4 July 2019



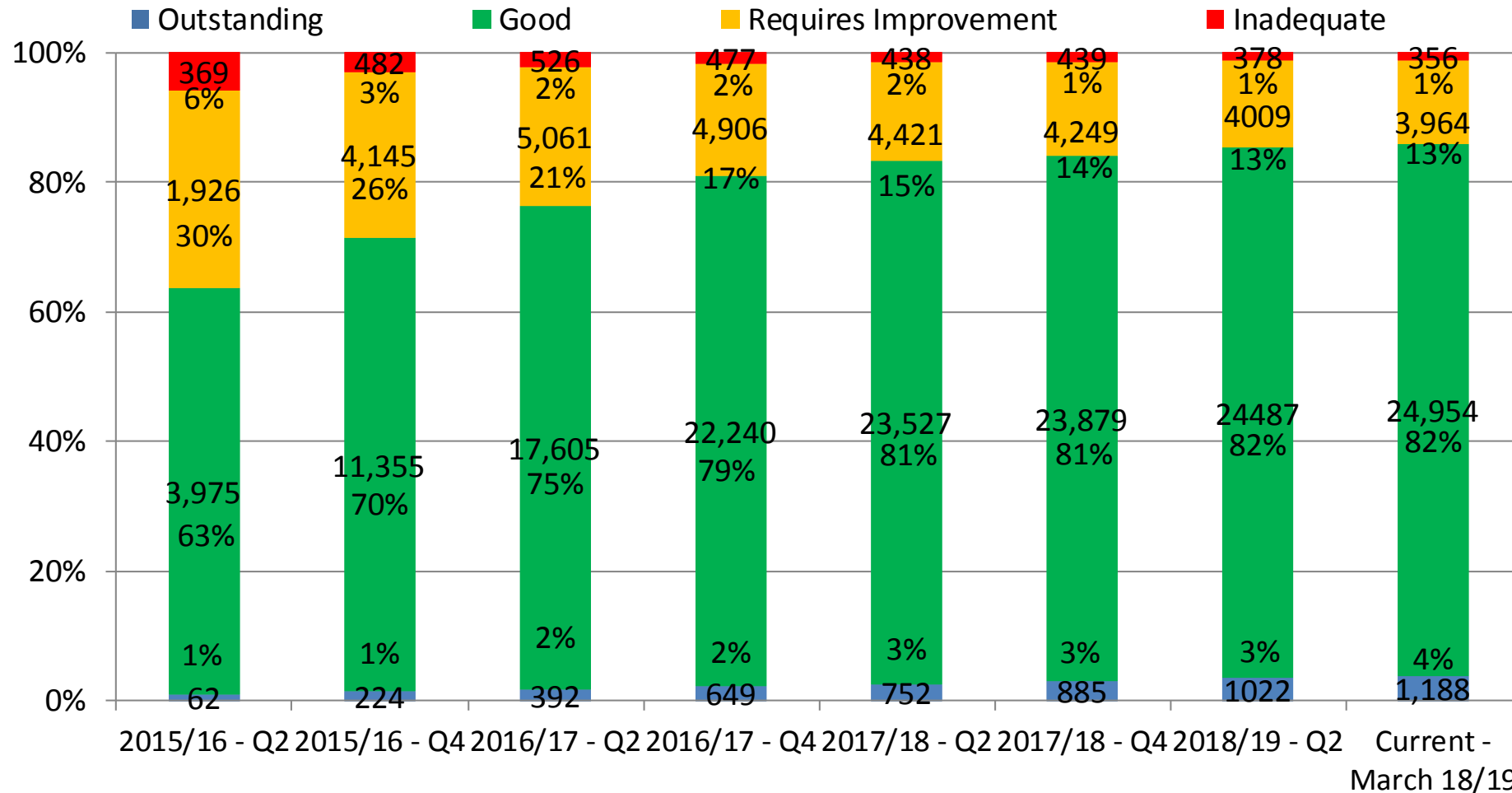
What is the quality of the rated services



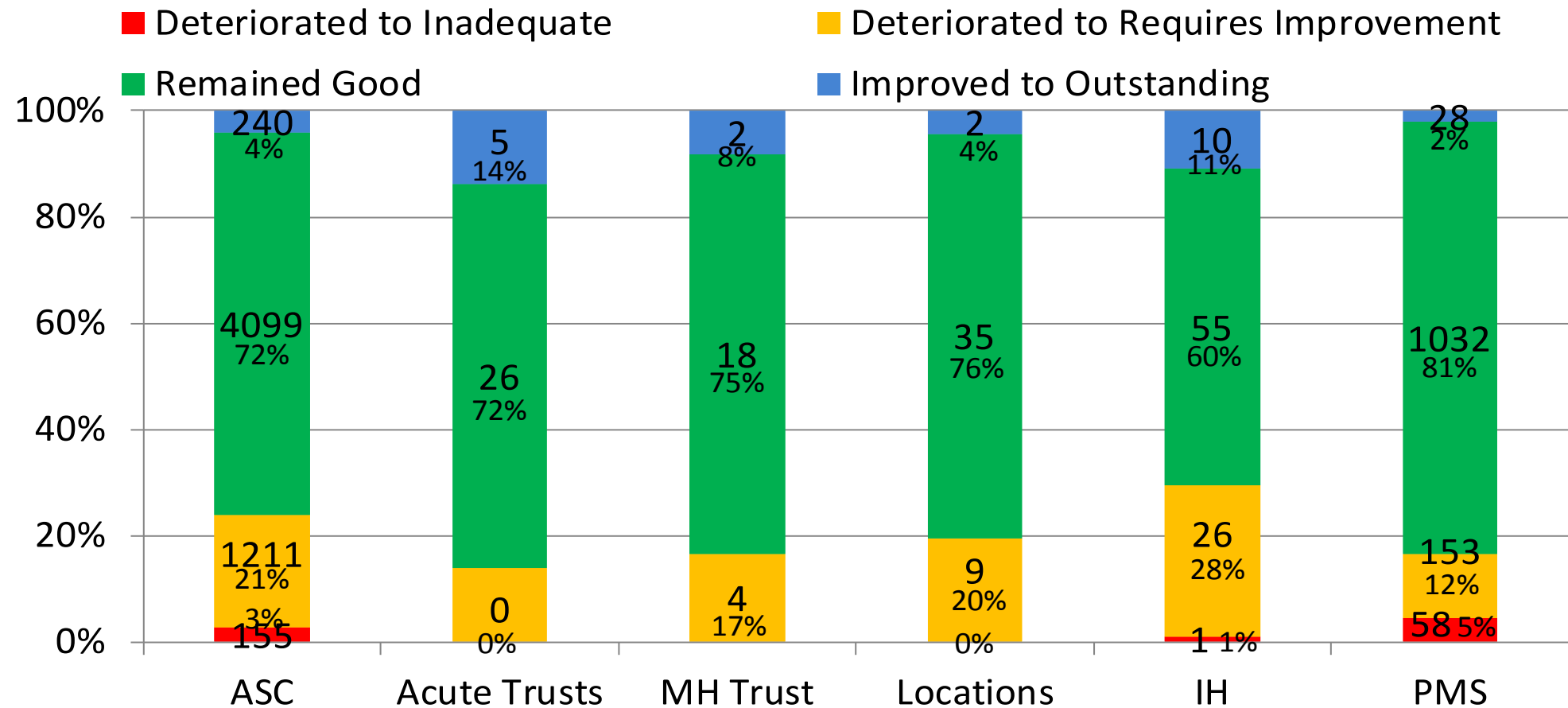
Hospitals: changes in quality over time



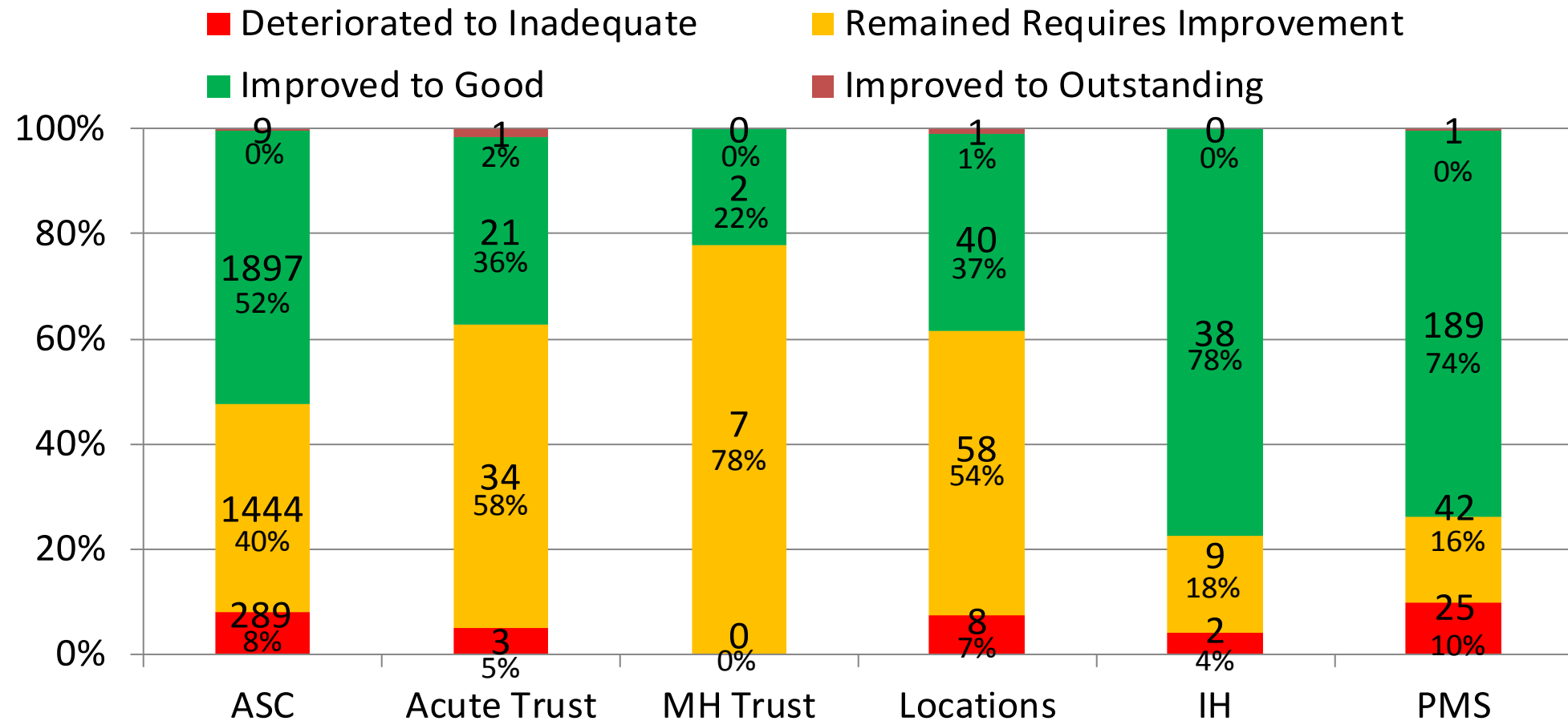
Changes in quality over time



Do locations rated Good deteriorate?



Do locations rated Requires Improvement improve?



A more targeted, responsive and collaborative approach to regulation, so more people get high-quality care

1. Encourage improvement, innovation and sustainability in care
2. Deliver an intelligence-driven approach to regulation
3. Promote a single shared view of quality
4. Improve our efficiency and effectiveness





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 @CareQualityComm

Peter Wyman CBE DL
Chair



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report Title:	Report from the Chief Executive			
Agenda item	06			
Report Author(s):	Garrett Emmerson, Chief Executive			
Presented by:	Garrett Emmerson, Chief Executive			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>The Chief Executive's report gives an overview of progress and key events within the 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 from the Chief Executive

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

Operational Performance

999 Operations

2. As can be seen from the table below, the Trust continued to achieve the national key standard for Category 1 life-threatening calls during the months of May and June for both the mean and 90th centile performance. Against the predicted monthly contract value, face to face incidents in May finished 2%, and 4% in June, above the predicted forecast. The proportion of face to face Category 1 incidents continues to surpass NHS England's 8% baseline with the proportion increasing to 12,022 (12.2%%) in May and 12,512 (13.1%) in June.

	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)
May 2019	00:06:08	00:10:10	00:17:36	00:35:42	02:02:53	03:13:50
June 2019	00:06:35	00:10:59	00:21:29	00:44:37	02:38:23	03:34:04
Year to Date (2019/20)	00:06:17	00:10:32	00:18:50	00:38:31	02:11:48	03:26:12

3. Despite demand being well above forecast, and the additional challenge of the May bank holiday weekends, robust operational planning has enabled the Trust to reach its Category 1 life-threatening patients faster than the previous May (the mean performance by 38 seconds and the 90th centile by 1 minute 11 seconds). Category 1 mean performance was also improved in June by 38 seconds, and the 90th centile by 46 seconds, when compared to June 2018.
4. The Category 2 mean and 90th centile targets were both met in May. This is an improvement on May 2018 when the Category 2 mean delivered 18 minutes 43 seconds compared to 17 minutes 36 seconds in 2019 (a difference of 1 minute 7 seconds). The Category 2 90th centile delivered 35 minutes 42 seconds in May 2019 which was an improvement of 2 minutes 31 seconds on 2018 performance, even though the target was met in both months.
5. The increase in demand impacted on the delivery of meeting the national standard measure for Category 2 incidents in June. Demand was heightened in June due to increased temperatures and a number of central London events. However, our resourcing was impacted too because of lower than normal levels of overtime take up and higher than normal levels of annual leave requests. The Category 2 mean was missed by 3 minutes 29 seconds.
6. In terms of call handling, in May 2019, 90% of calls were answered within 5 seconds and with a median call answering of 0 seconds (50% or half of all calls received were answered immediately). For the month of June, calls answered within 5 seconds or less decreased to just under 80%, with the median again recorded at 0 seconds. The year to date call answering position is 87%, with a mean of 8 seconds.
7. When benchmarked across 13 key metrics included in the National Ambulance Services Balanced Scorecard, we continue to be one of the highest performing Ambulance Services. The Trust is frequently best in class for the Category 1 mean

and 90th centile measures and improvements continue to be made in areas such as conveyance to emergency departments. The latest scorecard shows the Trust performing third best nationally for avoiding unnecessary conveyances to emergency departments (55.97% of all incidents were conveyed to emergency departments).

8. Despite this position, Operations is working to address its Category 2, 3 and 4 performance against the national standards which has been challenged since late May. An Operating Plan for 2019/20 is due to be published in July which will provide the tactical overview for maintaining the effective and continued delivery of emergency ambulance services over the year. This will include the performance trajectory for 2019/20 together with the 12 month rolling average trajectory.
9. The recent roster review has now concluded. The objective of the review was to review the double crewed ambulance (DCA) and fast response unit (FRU) rosters across the Trust and implement the new roster keys which were created using post ambulance response programme (ARP) data. Staff engagement has been key, with 16 separate roster teams (made up of 10 staff including Trade Union representatives) representing the views of local staff. The output of this work has been the creation of 189 new operational rosters which were all live by the end of quarter 4, 2018/19. The feedback from our staff has been overwhelmingly positive as witnessed at this spring's roadshows. It should also be noted that the project delivered under budget. Since the rosters have gone live, the team have monitored the impact to ensure there were no negative impacts using statistical process control (SPC) chart. However, operational vacancies are still creating a performance challenge. Now that the core rosters are live, the Trust's Head of Scheduling is working with relief and staff side colleagues to explore new relief rosters and more supportive guidance of how relief staff should be deployed. A plan with recommendations is being produced so that the Trust can consider the lessons learnt and what the future considerations should be for the next generation of rostering.

111/IUC Operations

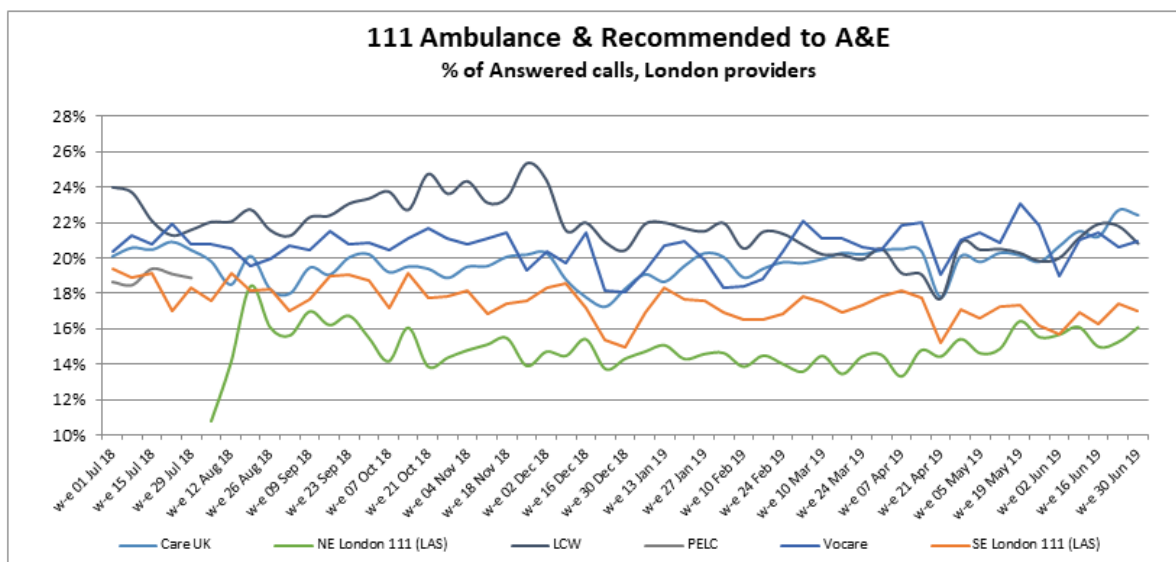
10. Call answering performance has been maintained in line with the improvements made over the previous five months, with North East London (NEL) hitting the 95% performance target in May. When compared to May 2019, South East London (SEL) call answering performance has improved by 18.5% since March 2019 while NEL has improved by 30.5% since February 2019.
11. The overall performance for NEL and SEL for May and June is shown in the table below:

Location	Month	Total Calls Offered (Inc Balanced calls)	SLA calls in 60s (Target 95%)	Abandonment rate	Calls to Ambulance
SEL	May-19	38444	92.7%	0.7%	8.3%
	Jun-19	37056	88.9%	1%	8.4%
NEL	May-19	48529	95.8%	0.4%	7.4%
	Jun-19	46311	91.7%	1%	7.2%

12. Call abandonment rates continue to be maintained below the 5% national standard at 1% or lower.
13. Referrals to 999 services remain within the 10% national standard for both NEL and SEL. The performance of this metric has remained steady at approximately 8% for SEL

while NEL has decreased from 8.1% in April to 7.2% in June. This continues to remain the lowest rate of all London providers with the London June average being 9.9%.

14. The London Ambulance Service NHS Trust (LAS) continues to support the wider system through delivery of its Integrated Urgent Care (IUC) services in SEL and NEL. When looking at the number of calls which are referred to 999 and Emergency Departments, LAS continues to refer fewer cases than other London providers. Whilst performance for this metric has remained consistent for LAS, there has been an increasing number of cases referred into these services by other providers during May and June as can be seen in the graph below.



15. The sustained improvement throughout May and June has resulted in NEL commissioners formally closing activities concerning its improvement plan. All on-going service improvements are now being reviewed at 'business as usual' contract review meetings.

Finance & Performance

16. There are a number of new financial risks to meeting the Financial Control Total, which without mitigation would deteriorate the position in total by c£11m.
17. At its May meeting, the Trust Board approved the Business Plan based on income and activity assumptions in the agreed Heads of Term and subject to final contract signature to deliver the national standards for the full year. However the activity and acuity assumptions underpinning the 999 income plan of £368m are running ahead of those envisaged in the contract and the settlement from commissioners does not fully cover the cost of delivering the Ambulance Response Programme standards. Mitigations are also being identified in response to factors that have created a significant risk of not achieving the control total, which include: the cost of handling activity growth as above; cost of increases in the Integrated Urgent Care/111 service where the percentage of calls needing clinical triage is above the level specified in the contract; the impact of a re-banding challenge on the Emergency Ambulance Crew role and a shortfall in delivery of planned cost improvement programme projects. The Business Plan will be updated in the light of the final contract agreement and it is planned to bring this back for final approval by the Board in September.
18. As reported elsewhere on the agenda, the Trust ended month 2 with a £1.2m deficit, which is £1.4m better than plan. Income at the end of month 2 was £0.3m higher than planned. Incident activity and call levels remain high. Pay expenditure was £0.7m

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.

19. The Forecast and Planning Team have devised a performance trajectory for 2019/20 offering a detailed plan for Operations, Scheduling and Fleet for the remainder of the year, and once agreed will act as the target for performance standards between Commissioners and LAS.
20. Data Quality training has been incorporated into the Trust's Corporate Induction since June 2019, meaning all new LAS staff will now receive basic training on the importance of Data Quality and how individual staff can contribute to ensure better quality data.
21. The LAS forecasting team met with our counterparts at South Central Ambulance Service NHS Foundation Trust (SCAS) to discuss possible collaboration regarding forecasting and planning of both 999 and IUC services. From the meeting, an initiative was proposed. The potential value of this is now being discussed by the Executives from each Trust.
22. Following the successful "data dive" event in March 2019 between LAS and King's College London's Centre for Urban Science & Progress (CUSP), two summer interns have been working with the Performance & Analytics teams and Workforce Informatics to turn the findings from the event into tangible working products for the LAS. The students are developing tools to help uncover geo-spatial insight from our workforce and demand data.

IM&T

23. Our Clinical Chief Information Officer and Chief Information Officer hosted a visit by Matthew Gould, CEO of NHSX, in late June. Matthew spent the morning in the Waterloo EOC listening to 999 calls, observing dispatch and talking about our clinical systems with the Clinical Hub team. Matthew spent the rest of his day with an ambulance crew where he was able to experience first-hand the challenges of meeting the needs of a wide range of patients in Central London. Matthew will take his experiences into his new role leading the national efforts to deliver digital transformation of health & social care.
24. We experienced 3 brief interruptions to the 999 telephony service in June as a result of maintenance performed by two suppliers - BT and Vodafone. There was no harm to patients identified as a result of these interruptions and corrective actions have been put in place.
25. The pilot of the Summary Care Record application (SCRa), accessed by our frontline ambulance crew on their personal issue iPad, continues to be very successful with excellent feedback from crews and an improvement in patient care already observed. This pilot is the first time in the country that records held on the national NHS database, known as the Spine, can be securely accessed without the use of a physical NHS SmartCard. The secure capabilities of the iPad are used by the SCRa application to authenticate the user.
26. Every patient with a GP record in England has a Summary Care Record. Where the GP has enabled access to extended information, there is much richer patient data available to view. However, this is only available for a small percentage of our patients. Later this year when the OneLondon Local Health & Care Record is available, we will be able to access a much richer set of patient data on scene which will improve further our ability to deliver the right care to the patient. In the meantime, we are now working with NHS Digital to deploy the SCRa to all of our crews this year.

27. In May we supported the Digital Urgent & Emergency Care Conference hosted by NHS England. There was strong recognition from many of the speakers throughout the day of the innovative work LAS is leading in applying digital tools to improve patient care. Our Chief Information Officer joined a panel discussion at the conference where the focus was on joint system working to deliver the Long Term Plan.
28. In June we launched a new IT management tool which provides all staff with access to real-time information about IT service issues. This system has been jointly procured and implemented with the London Fire Brigade which, in time, will help us improve our collaboration in supporting London's emergency services.
29. Our 999 & 111 clinical systems have been successfully updated to the latest version of the Adastra platform. This enables us to direct book appointments into the Royal London Urgent Treatment Centre and improve our reporting of the use of taxis for patients who do not require an ambulance.
30. Our plans to consolidate our database infrastructure and reduce the cost of Microsoft licences are delivering to target. Since April we have successfully reduced our conference calling costs by 70% and reduced the cost of mobile data and telephony by over £25k per month.

Strategy & Communications

31. 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. A stakeholder strategy document has been drafted awaiting our new Director of Communications and Engagement, Antony Tiernan to be in post in August 2019 to scope further milestones. At today's meeting, Trust Board is considering the volunteering strategy, which sees the Trust focusing initially on enhancing our existing Emergency Responder and Community First Responder schemes as well as establishing a London Ambulance Service Cadets scheme. This strategy will also sit within the remit of the new Director of Communications and Engagement to implement.
32. The strategy team is supporting the Pioneer Services programme which has seen the following key progress over the last couple of months:
 - The 6 month mental health pioneer service pilot has now finished and is currently undergoing a formal and thorough evaluation. We are continuing to provide this service in South East London. In order to progress the roll out of this service across London, we are working with the Mental Health Trusts in South London to explore how we can work collaboratively to expand the pilot, make a smoother patient journey and deliver improved patient care. We have supported Oxleas in submitting a bid for additional funding which will, in part, support the further roll out of this service.
 - The Falls Service pilot in North West London continues, providing 7/7 daytime cover with a falls ambulance intermittently supplemented by a falls car. Initial data shows a reduction in Emergency Department conveyance rate. The pilot will be evaluated in September.
 - The End of Life strategy has been produced and awaiting approval by the SRO. Pan-London Care Coordinators have been appointed and induction events have been held for them.
 - We have completed recruitment for our Advanced Paramedic Practitioners - Urgent Care (APP-UC) and seven job offers have been made, bringing the total number of potential new APP-UC for this year to 11. This will allow us to roll out the APP-UC model across each of our five sectors.

London Blue Light Collaboration

33. The three emergency services (LAS, LFB and MPS) successfully submitted a bid for funding for a tri-service prevention team. This funding stream emanates from the Home Office and will see a team of six staff (two from each service) created to deliver preventative messages to all schools in the London area over a four year period. Particular messaging will be around knife crime and the traumatic injuries that occur.

LAS & SCAS Collaboration

34. Numerous meetings have been convened between heads of service in both LAS & SCAS to scope, define and prioritise potential collaborative opportunities. Once complete the analysis and outcomes will be discussed by the two Trust Boards.

Communication and Engagement

35. I attended the Central Criminal Court on 27 and 28 June to hear the Chief Coroner give his conclusion at the Inquests into the deaths of the eight victims of the horrific London Bridge terror attacks which took place on 3 July 2017. Several members of staff who responded to the attack gave evidence, as did our Director of Operations, Paul Woodrow, and Medical Director, Fenella Wrigley. Following the conclusion of the trial, I read a pre-prepared statement to camera as part of a coordinated media response with the Metropolitan Police Service and the City of London Police. The statement was uploaded to the Pulse (our intranet) to ensure it was available to staff at the same time as it was read to the media. I also used my vlog to pay tribute to staff who responded and for giving evidence in the Old Bailey courtroom, often in very trying circumstances. The fact that, of the 48 people that we took to hospital on that night – many of whom had very serious injuries – all survived is huge tribute to the work of our people who responded to the terrible attacks.
36. One of our end of life care paramedics, Caroline Phillips, featured in a live BBC Radio London Drivetime interview, in which she explained the role of our end of life care team in supporting our crews, how we use resources such as Coordinate my Care, and how we are able to better care for and respect the wishes and needs of patients nearing the end of life.
37. We collaborated with emergency services partners and agencies to support the launch of the Tidal Thames Water Safety Forum's Safer Thames campaign at an event in May attended by His Royal Highness the Duke of Cambridge.
38. We issued press releases confirming that Antony Tiernan will be joining us as Director of Communications and Engagement on 20 August 2019, and that Ali Layne-Smith will be joining us at the beginning of September as Director of People and Culture. The article about Antony appeared in the leading PR magazine PR Week and the story of Ali's appointment was covered in Recruiter Magazine and Employee Benefits. In addition, news of the appointments gained really positive engagement on our social media channels.
39. We also launched our new podcast, 'Behind the Sirens' in June. The podcast aims to give the public and our stakeholders a better idea of what we do. Each episode focuses on a different area of the organisation, getting an insight from those on the front line. The initial run of 5 episodes, released each Sunday, will focus on; Mental health, being

a Paramedic, staff welfare, being a call taker and being Gold/responding to major incidents.

40. In May, we celebrated the outstanding work and achievements of our colleagues at the annual VIP Awards event. The Awards are one of my highlights of the year, and for the first time our values and behaviours formed part of the programme. More than 250 people joined us to celebrate the long service, public recognition, values and behaviours awards, as well as the Chief Executive commendations and the VIP Awards. Our VIP Employee of the Year was Hollie Thomson-Young, a Paramedic from the South West Sector. Hollie received the award to recognise her amazing work when a member of the Croydon Group suffered a devastating stroke. Hollie set up a fundraising page to raise money for essential work to help with home adaptations and raised more than £40,000, an incredible achievement.
41. As part of my wider engagement with staff I continue to hold regular sessions with our leaders and frontline people. I held a Facebook Live session with Trisha Bain to answer people's questions and quality improvements we have made since our last CQC inspection, while we also focused on this at our Senior Managers Meeting. In July, we held an Extended Leadership Group meeting focusing on our culture, finance and performance. This temperature check of the organisation was very useful in identifying what we need to focus on over the remaining nine months of the year.

Quality Improvement

42. The Health Assure system is now 100% updated and, from June 2019, is now being used to assess our quality standards, both corporately and operationally. This will mean 'real-time' monitoring of quality standards and proactive identification of any remedial actions. Scorecards are developed and being monitored via QOG and performance meetings on a monthly basis.
43. We continually monitor the Towards Outstanding plan and have included in a refreshed plan the newly developed CQC national '7 steps to assurance' model. The model provides levels of assurance against all action on the plan – this is being populated and will be presented at meetings from July onwards.
44. Recruitment to the Safeguarding team is complete and trajectories for training now agreed with commissioners. In addition to their safeguarding training roles, the Quality Governance Directorate is re-aligning roles and developing new roles to ensure that the team cover both 111/IUC and 999 in their systems and processes. Two QGAMS have been agreed one additional for IUC/111 and also EPRR/HART teams – this will then represent full cover across the trust in relation to quality governance and assurance remit.
45. A fourth cohort of staff have now completed the Quality Service Improvement Review (QSIR) training course. A total of 80+ staff have been trained, the directorate will now integrate those trained into sector quality teams to take forward the newly created quality plans. In addition the teams will support the delivery of projects and programmes across the organisation aligned to the quality priorities. List of projects have been circulated and staff being assigned
46. The new Head of Health and Safety along with the People and Culture team are working on introducing a campaign to prevent MSK injuries and provide the appropriate rehabilitation in a timely manner to staff. In addition a programme of regular stress audits of teams across the trust are being developed to have proactive monitoring and resolution of issues going forward.

47. A review of the RIDDOR reporting has identified inaccuracies in recording of harm level – this has now been resolved and more appropriate identification of actions that need to be taken to support staff following this type of incident has been shared with all locality general managers.
48. The Chief Quality Officer has been invited to confirm the Trust acceptance as an early adopter to implement the NHS Serious Incident framework. This involved moving towards a more thematic approach to investigations rather than individual investigations. The Commissioners will be asked to approve this approach and the NHSI team will present to the Board in September to gain approval to proceed.
49. In conjunction with this the Health and Safety Investigation Bureau (HSIB) is working closely with the Trust on national learning from maternal deaths. The team will also present to the Board in September (once agreed) to present the national picture on the investigations and learning.
50. Following on from the mental health 'whose shoes' event, commissioners in North East sector have contacted the MH nurse and CQO to support the commissioning of an additional 3 mental health nurses to pilot the approach in this sector. A meeting is being arranged to finalise the arrangements, this will also work in conjunction with the pilot that we are hoping to take forward in the South Sector with the support of the Mental Health trusts in that area.
51. The Capgemini project has concluded with the agreement to develop an integrated Mental health Hub for all blue light services to utilise and signpost patient in a mental health crisis or who require support. A project manager has been allocated and the work will be taken forward.
52. Both mental health providers in the South East (SE) have now got formal support for the Mental Health pioneering services to be piloted across the SE sector. This involves providing mental health nurses. The rotational model will be tested, and governance and supervision processes agreed, to hopefully start the pilot by Q3.
53. The Portfolio Management Board is now working with the finance teams to ensure that the agreed programmes within the business plans are resourced, monitored and reported to ensure successful delivery. A demand management process has been agreed and all projects request within the Trust are being assessed to agree 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 and Clinical Directorate

54. LAS Medical Directorate has, over the past 2 years, undergone substantial change and has experienced significant growth (from 48 to 237 team members). In the light of this, Dr Fenella Wrigley, Chief Medical Officer, supported by Patricia Grealish, Director of People and Culture commissioned a programme to review the intra-directorate teamwork and communication to ensure it reflects the values, beliefs, and behaviours of the organisation. Following an initial series of cross directorate workshops the Team Development Sessions continue, working to engage the Medical Directorate in collaborative and innovative working, with targeted sessions for Senior Leaders and Managers. The feedback has been positive, with members of staff emailing to say that they found the experience helpful in understanding colleagues work and the opportunity to network with other teams. Further sessions will take place this month, and an analysis is underway of the report provided by the external facilitators. This work is being integrally linked to the Staff Survey plans where the three Medical and Clinical Directorate Staff Survey Champions are working hard on their action plans having looked at the results of the survey on a departmental level. They are working

with staff in local areas to identify the positive results to celebrate and have identified areas for improvement. The team development is a one year programme the methodology and outcomes of which will be shared internally.

55. Clinical Education and Standards (CES) continue to work hard on delivering courses for TEAC, EAC and paramedic training as well as return to work and Core Skills Refresher (CSR). A mock OFSTED inspection was conducted in CES to consider our position in relation to the apprenticeship program delivered for TEACs. Overall, there were many positives and it was felt we would likely pass an inspection, however, there are several areas for improvement if we are to be confident of a high rating. For example, the need for now robust governance and improved continuous improvement processes. There was also valid feedback provided in regards to improved professional development for tutors and increased access to link tutors for Learners in sector. An action plan has now been developed. CARU are contributing to the content of the upcoming CSR featuring evidence-based practice, and have also recorded video presentations explaining what clinical audit and research is and how it contributes to the development of clinical practice.
56. CES and IM&T are progressing the implementation of a student management system. In the interim, marking of portfolios within the TEAC program remains impacted, due to CES staff supporting driving programs, which has resulted in delays of progression to EAC status. This is being addressed by improving the portfolio process. However, this is unlikely to have significant impact until mid-year. Recent adverts for Tutor posts (specifically to support Barking and the Academy at Fulham) received no applications, which is impacting on the delivery of programs. Driving training capacity continues to be an issue due to two of the main agency providers withdrawing staff at late notice. Nine training places have been secured with SCAS. Recruitment to the Associate Driving Instructor (DI) posts to support the team is progressing; and it is envisaged that 5 will achieve qualification status over the summer.
57. CES has been working with the University West London (UWL) to develop an innovative program for entry to paramedicine. The program is a Masters in Paramedicine, designed for other health and clinical science graduates to transition to the pre hospital environment and register as a paramedic. In June, the HCPC approved the program and complimented UWL and LAS on the innovation, seeing this as a concept for the future. Enrolments have now commenced and the first cohort of 30 is planned for September 2019.
58. All CARU monthly reporting, and progress against both the clinical audit and research programmes, are on track. Of particular note during May, the Continuous Re-contact Clinical Audit resulted in 16 Clinicians receiving positive feedback, 21 Clinicians and 2 Emergency Medicine Despatchers receiving constructive feedback and 3 cases being referred for further consideration and learning opportunity. LAS is imminently embarking on a feasibility study with London's Air Ambulance, called Sub 30, which will establish whether a pre-hospital advanced physician/paramedic cardiac arrest team that is pre-hospital extra-corporeal oxygenation (ECMO) capable can establish ECMO flow within 30 minutes of patient collapse in refractory cardiac arrest.
59. The automatic alerting system of the Public Access Defibrillators remains unreliable, and it is understood that this is related to ongoing Geotracker issues. The challenges with downloading defibrillators remains an issue but there is close cross-departmental working on going to resolve these issues.
60. Within Medicines Management, a gap analysis and action plan against the Gosport Report has been written for LAS and this is being monitored through the Quality Oversight Group. The Medicines Management Policy TP008 has been revised and published. During the review period two sub-policies have been created, namely: Safe and Secure handling of Controlled Drugs (CD) sub-policy TP122 and Patient Group

Directions (PGD) sub-policy TP123. All policies have been approved by the Quality Oversight Group and a Medical Bulletin was issued to all staff. The increased support by the QGAM group on medicines management compliance appears to be having a positive impact on working with and sharing understanding and learning with operational staff as there have been no unaccounted for losses of schedule 2 controlled drugs and reporting of documentation errors remains consistent with the previous month. Monthly figures are reported through the Performance Review pack. A plan for the next phases of the secure drug room roll out has been agreed. The final draft proposal for the paramedic prescribing pilot has been submitted to HEE and we await feedback and outcomes. In the event that we are successful we will look for volunteers to undertake the training.

61. Focus on Infection Prevention and Control continues with support being given by the local Operational IPC Champions. 18 group stations submitted OWR hand hygiene data for May 2019. The May OWR data submission rates for hand hygiene has increased from the 13 submissions reported in April 2019, this is thought to be as a result of a more proactive approach to data collection within the IPC team, working more collaboratively with station staff.
62. As reported above, we have completed the Advanced Paramedic Practitioner Urgent Care (APP-UC) recruitment. To support this we have been successful in being awarded some funding from Health Education England to support some of the costs of the APP UC MSc.
63. APP UC are commencing placements in Queen Mary Roehampton Minor Injuries Unit (MIU) and Charring Cross Urgent Care Centre this month, which will provide support for minor injury and illness competencies. We continue to explore further practice and innovation to support the clinical practice of the APP UC group and provide more care closer to home for our patients. This includes blood chemistry and gases teaching to support roll out of the point of care (bedside) i-stat device. The APP Critical Care (APP CC) group continue to attend our sickest and most seriously injured patients and provide support through on scene management and debriefs with the crews.
64. The Chief Medical Officer attended and led the most recent APP CC mortality and morbidity session where a case was reviewed in detail and the welfare of the group was explored and talked about. The APP Critical Care Practice Development Manager has commenced in post and is focused on quality improvement, development and audit. In addition two APPs are undertaking short secondments to focus on clinical data capture and produce individual governance data for all APPs within this programme. This will demonstrate the clinical/Leadership contribution for our patients/staff within London. Another APP is seconded to focus on the governance/education side of the programme and ensure the processes which were put in place at the inception of the programme 5 years ago remain fit for purpose. The Clinical Operations lead is working closely with operations to establish a development programme for the new Clinical Team Managers to support their clinical development.
65. The Joint Royal College Ambulance Liaison Committee (JRCALC) 2019 guidelines are in the process of being released nationally over the next couple of weeks. The current version of the JRCALC app will automatically be updated on iPads in early July by the publishers and the new JRCALC pocket book will be published at the end of July/early August 2019 and rolled out to staff during this time. A Medical Bulletin has been issued to advise staff of changes during the roll-out period.

People and Culture

66. The work of the ESR Project Team is progressing well. It is heartening to report that 99% of our 5,863 substantive staff have successfully logged into MyESR and 97% of

this group have successfully completed E-Learning. We continue to see really strong take up of e-learning courses since OLM go live in September 2017.

67. Non Payroll Workers are now on ESR (including 111 Agency Staff). This is a key development as ESR will become the entry point for all workers, both Payroll and Non Payroll, and will populate other systems including our Rostering system (GRS) and Active Directory. The e-form to support this activity has been implemented.
68. The ESR-GRS Interface went live on 16 May 2019 and will populate our rosters system with new starters, leavers and updates to key staff information. The GRS to ESR Absence Interface will automatically populate ESR with Sickness absence information from GRS, replacing the current manual process. The absence interface is due to commence go-live in August.
69. The Employee Relations (ER) Tracker is a new system that will track all of our ER cases and will significantly enhance our reporting on the number of live cases and how long they take to progress. The system went live on 13 May and at the date of writing 130 cases have been recorded.
70. The Trust continues to monitor Statutory Mandatory training compliance through the workforce dashboard and through performance review meetings. Compliance at the end of May for all statutory mandatory elements was as follows:

• Trust compliance	88%
• Sector Operations	92%
• Corporate	91%
• EOC, the subject of the CQC Must Do action	85%
• Information Governance	90%
71. PDR appraisal rates remain at 76% at end of May 2019. Some of the low completion rate has been attributable to non-compliance with the electronic notification process, and instructions for correct submission has now been communicated to all. The draft Appraisal and Management guidance and toolkit has been completed and will be reported to Executive Committee in July 2019. The Policy has been developed in partnership with Trade Unions as required by the 2018 Pay Framework and its implementation will meet our obligations to comply with this.
72. In addition, as part of the ESR Transformation Programme, we are looking to implement online appraisals using the ESR module. A solution for the technical issues encountered has now been identified by the National ESR Team and this should enable us to take this work forward by the end of this financial year.
73. Recruitment to call handler positions in EOC has been extensively reported over the past year / 18 months and, as forecast, the restructure and planned recruitment and training activities have now delivered a full establishment for call handlers.
74. Work on the Staff Survey action plans continues to be led by our staff survey consultant. We launched a Pulse Survey in June alongside the Friends and Family Test questionnaire (FFT). The Pulse check gathered feedback about the success of interventions implemented as part of the local action plans being rolled out. We achieved a 21% response rate which again has outperformed previous response rates.
75. The quarterly WRES Action Plan Group, chaired by the CEO has ensured strong focus on delivering planned outcomes. 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). Preparation for our WRES and WDES returns for 18/19 is underway and these are due to be submitted in August 2019.

76. The Trust has achieved its 18/19 target of 15% BME representation and final cleansing of the data is focussed on updating the 3% of records where the ethnicity is 'unknown'.
77. Gender Pay results for 17/18 show an improvement in the bonus gap. The pay gap has remained at 5%. Our third Women's breakfast took place on 18 July 2019. Work will also be undertaken to look at the various special interest networks and we plan to hold an 'inclusion' event with participants from across all groups.
78. A full review of Occupational Health Services is underway to scope a new tender for 2020. Engagements sessions are being held with staff for input on priorities around OH, including a pulse survey (during July), and focus groups in all sectors. A timeline has been prepared for the project, which will be finalised and circulated at the end of June concluding in a procurement process in December.
79. It should be noted that since the Improvement Plan was implemented with PAM Group last year, significant progress has been made on improving the standard and responsiveness of services with PAM. A number of elements remain of high focus, among them the completion of the immunisation programme and the management of Physio for which demand is increasing significantly. This latter has put the budget under pressure and a cost pressure has been declared as a result. It has been agreed that it is not right at this time to seek to limit access to the number of physio sessions and that this should form part of the review of services for the re-tender of the contract.
80. The Reverse Mentoring Celebration Event was held on 11 June 2019. The event was also open to prospective mentors/mentees and we currently have 10 expressions of interest for the next cohort. Following the success of the programme and as a pillar of our culture change work, we will be looking to scale up the programme by taking on 15 pairs for Cohort 2 and will run a third Cohort starting in Jan/February 2020 using service development monies.

Assets & Property

81. There is still work to be done to address some of the issues we have with our aging estate, including in respect of broken shutters and doors. As part of this, we have been focused on the selection and appointment of fixed term maintenance suppliers to deal with electrical, mechanical, water services, and buildings maintenance. These suppliers are now being mobilised to ensure that there is minimal operational disruption.
82. Asset surveys, drawings and specifications are underway and will form part a procurement exercise that 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 for a roll out by the end of the financial year.
83. Phase Three of the refurbishment works at the Trust's Waterloo Headquarters is underway, with work having commenced on the first floor, to provide open plan office space for the Operations Management Team. A quiet room has also been introduced. Design of the 2nd floor east is due to commence, with tenders planned for September.
84. As part of plans to deliver 20 secure drugs rooms in 2019/20, detailed drawings are being developed for our Cody Road and Waterloo HQ sites.
85. The roll out of the Advanced Life Support (ALS) bags continues. West Ham has been operating with ALS bags for a couple of weeks and the next location (Silvertown) is being mobilised. Primary Response Bags (PRBs) have been ordered and roll out will commence from September

86. The build of the box bodies for the DCA Mercedes chassis that were ordered last year is underway - 19 box bodies have already been completed and a further 22 of these box bodies are currently on the manufacturer assembly line. All 92 box bodies will have been built by the end of the financial year. As there are some modifications to this version of the DCA, the driver training team are due to start developing the training module that will be delivered across the sectors and will commence in August/September.

Garrett Emmerson
Chief Executive Officer



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Volunteering Strategy			
Agenda item:	07			
Report Author(s):	Adam Levy, Head of Strategic Development Sarah Fonteriz, Strategy Lead Angela Flaherty, Interim Director of Strategy			
Presented by:	Angela Flaherty, Interim Director of Strategy			
History:	Discussed at Trust Board Briefing Session in December 2018.			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>The Volunteering Strategy is part of the London Ambulance Service NHS Trust's 'strategic framework' of enabling strategies which supports the main organisational strategy (2018/19 - 2022/23). It is a new document which has been produced following engagement with staff and key stakeholders, and it is aligned to national priorities, including through the Mayor of London, Helpforce and the NHS Long Term Plan.</p> <p>Whilst we have some volunteers within our organisation and have had different volunteering schemes in the past, this is the first time that we have developed a single strategic approach to volunteering within the London Ambulance Service NHS Trust and identified how it will support us in achieving our strategic and operational ambitions. This document outlines our proposed range of volunteering opportunities as well as the benefits that volunteering can bring to our patients, our organisation and the volunteers themselves. It also outline the ways in which we will measure how successfully we implement this strategy.</p> <p>Our four volunteering themes include:</p> <p>Specialist Volunteers – Building on our existing Community First Responder and Emergency Responder schemes, we want to increase the number of clinically trained specialist volunteers who we can utilise to respond to patients as well as the range of patients they see, to improve patient outcomes, quality of care and performance.</p> <p>Generalist Volunteers – We plan to expand our pool of volunteers by introducing a range of non-specialist roles whereby members of the public can get involved in what we do, learn about the ambulance service and help us to improve patient care for Londoners. These roles could be in patient facing (but non-clinical) roles or support services.</p> <p>Cadet Scheme (young volunteers) – our ambition is to set up a cadet scheme, giving young people - particularly from deprived or disadvantaged backgrounds - an opportunity to volunteer</p>				

with us. Whilst being enjoyable for those involved, it will provide a structured learning and development opportunity, providing the cadets with skills for life.

First Aid Training & Defibrillator Placement - it is our vision to sign up 1% of the London population as 'Life Changers'. Community First Aiders will be key to us achieving this and we will use our train-the-trainer programme, proactively targeting community groups where we can reach large numbers. We will also increase the number of public access defibrillators across London, focussing on mobile defibrillators (e.g. taxis) as well as areas of high footfall and high risk.

Recommendation(s):

The Trust Board is asked to approve the proposed Volunteering Strategy.

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

Volunteering Strategy

July 2019

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1 Foreword by Director of Communications & Engagement (to be added)

2 Introduction

The London Ambulance Service NHS Trust (LAS) is the busiest ambulance service in the UK and one of the busiest in the world. Over recent years, the context within which we work has changed significantly, and it will continue to change into the future. Recognising the opportunities and challenges emerging, our 2018/19 – 2022/23 organisational strategy sets out how we intend to respond to achieve our ambitions and goals. As part of that strategy we acknowledge that there is an opportunity to enhance the way we work with volunteers to benefit our patients, the volunteers themselves as well as our organisation.

About the organisation

We are the only pan-London NHS provider trust, delivering urgent and emergency care services accessible to all people who live, work and travel in London. Covering an area of 620 sq. miles, we answer over 1.9 million 999 calls and attending more than 1.2 million incidents every year. We also deliver NHS 111 Integrated Care Services in South East and North East London that will see us answer an estimated 1.4 million urgent care calls in 2019/20. As well as delivering this emergency and urgent care, we also deliver patient transport service, non-emergency transport service and neonatal transport services.

Our organisational strategy to deliver our vision and purpose

Our vision is: 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.

In 2017, we launched a new organisational strategy ¹ based on the most extensive engagement exercise we have ever undertaken as a Trust. Our strategy describes how we will achieve our vision. It details what we will look like in five years' time, and how we will get there, achieving our four goals:

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

This strategy will play an essential role in delivering on the goals of coordinating urgent and emergency care pathways, delivering more care on scene and avoiding taking patients to hospital. We will do this by focussing on three themes:

- **Strategic theme 1:** providing comprehensive urgent and emergency care coordination, access, triage and treatment, with multichannel access for patients

¹ *A world class ambulance service for a world class city, Strategy 2018/19 – 2022/23.* London Ambulance Service

- **Strategic theme 2:** providing a world class urgent and emergency response with enhanced treatment at scene and for critically ill patients a faster conveyance to hospital
- **Strategic theme 3:** collaborating with NHS, emergency services and London system partners to provide more consistent, efficient and equitable services to Londoners

Our organisational strategy is ambitious, comprehensive and has implications for all aspects of the way we work now. Delivering it will further transform and improve the care that Londoners can expect from the LAS. A broad and structured volunteering strategy is a key way in which we can achieve our strategic vision.

Developing our volunteer strategy

The volunteer strategy is one part of our 'Strategic Framework' of enabling strategies which, together, support our main organisational strategy (2018/19-2022/23).

Whilst we have some volunteers within our organisation and have had different volunteering schemes in the past, this is the first time that we are developing a single strategic approach to volunteering within the London Ambulance Service and identifying how it will support us in achieving our strategic and operational ambitions. This document outlines our proposed range of volunteering opportunities as well as the benefits that volunteering can bring to our patients, our organisation and the volunteers themselves. As one of our enabling strategies, we also outline the ways in which we will measure how successfully we implement this strategy and the impact that it will have on our patients, our people and our organisation.

3 Why we are developing our volunteering strategy

As part of our overall Trust strategy, we identified an opportunity to set up a volunteering service, to utilise the passion for volunteering and for the NHS that exists in our capital. This is entirely aligned with the new NHS Long Term Plan as well as various other external priorities.

A passion for volunteering in our country and for the NHS

We know that there is an appetite and enthusiasm amongst members of the public to volunteer and to give back to the community. An estimated 3 million people volunteer with the NHS², with 22% of adults taking part in formal volunteering at least once a month³. The London 2012 Olympics was perhaps the most visible outpouring of enthusiasm for volunteering in a generation and was considered to be one of the highlights of those Games.

There is now a move within the NHS to increase innovative volunteering. This drive to increase the use of volunteers, included in our organisational strategy, is aligned to national priorities, including through the Mayor of London, Helpforce and more recently the NHS Long Term Plan.

How volunteering makes a difference

A successful volunteering scheme is one that provides benefits to the volunteer as well as to the organisation that the volunteer is committing their time to. Crucially for NHS organisations, there must also be benefits to our patients. Below are some of the key benefits of volunteering schemes:

To people, patients and service users	
<ul style="list-style-type: none">• Enhances patient experience and outcomes (in the case of CFRs we are able to reach patients more quickly)• Enables people to take control and manage their own health and wellbeing	
To the organisation	
<ul style="list-style-type: none">• Extends and adds value to services• Facilitates new approaches to health and care including community centred approaches• Enables the organisation to engage with communities in new ways• Helps to connect up services and provide more integrated care• Engages hard to reach groups and tackles health inequalities	<ul style="list-style-type: none">• Helps change the culture of organisations and the way they operate• Supports governance and accountability• Brings unique perspectives and credibility• Helps access new skills, knowledge and experience• Helps free up staff time• Improves overall staff satisfaction and organisational culture• Creates a potential recruitment pathway into the organisation
To volunteers	
<ul style="list-style-type: none">• Supports the health and wellbeing of the volunteer• Provides opportunities to meet people and get to know the community• Develops skills and experience through volunteering	

² <https://www.england.nhs.uk/participation/resources/volunteering-guidance/>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/734726/Community_Life_Survey_2017-18_statistical_bulletin.pdf

Alignment with the NHS Long Term Plan and national direction of travel

“Volunteers contribute across a range of NHS roles, from first responders and care companions to trust governors and transport volunteers. They enable staff to deliver high-quality care that goes above and beyond core services. Well-designed and managed volunteering programmes improve satisfaction and wellbeing ratings for staff, as well as volunteers and patients. Local volunteering allows older people to stay physically active and connected to their communities, and younger people to develop skills and experience for work and education. But not all NHS organisations offer these opportunities for their local community, as the ratio of staff to volunteers in acute trusts ranges from 2:1 to 26:1. We will therefore encourage NHS organisations to give greater access for younger volunteers through programmes such as #iWill and an increased focus on programmes in deprived areas, and for those with mental health issues, learning disabilities and autism. And we will back the Helpforce programme with at least £2.3 million of NHS England funding to scale successful volunteering programmes across the country, part of our work to double the number of NHS volunteers over the next three years.”

NHS Long Term Plan, January 2019

The new **NHS Long Term Plan**, published in January 2019 commits to providing well-designed volunteering initiatives that will benefit staff, patients and volunteers.

Helpforce, as identified in the long term plan, is becoming an increasingly prominent part of the NHS voluntary sector. Helpforce has formed a strategic partnership with the Royal Voluntary Service (RVS) which is one of Britain’s largest volunteering charities with over 25,000 volunteers supporting thousands of older people each month in hospitals and the community. RVS has been part of the NHS since its inception. In September 2018, Helpforce and NHS England announced a new programme to increase innovative volunteering in the NHS. The programme will build upon Helpforce’s existing work with 15 NHS Trusts and identify 10 volunteering initiatives from across the country that have the potential to be scaled up and adopted across the NHS.

Most recently, in May 2019, **The Kings Fund** published a report entitled ‘*Volunteering in Ambulance Services – developing and diversifying opportunities*’, which identifies and explores potential opportunities for developing volunteers. It also aims to support commissioners and national bodies to identify ways in which ambulance services can contribute towards social action and volunteering as partners within the wider health and care system. It highlights areas which we may wish to consider as part of our volunteer scheme once it is fully established and there are opportunities to share best practice with other Trusts.

Volunteering is also prominent within the **emergency services**, with both the police and fire services having fully established cadet programmes and volunteering schemes in place, the most well-known probably being the Police Special Constable, with approximately 20,000 across the UK.

Internal Drivers

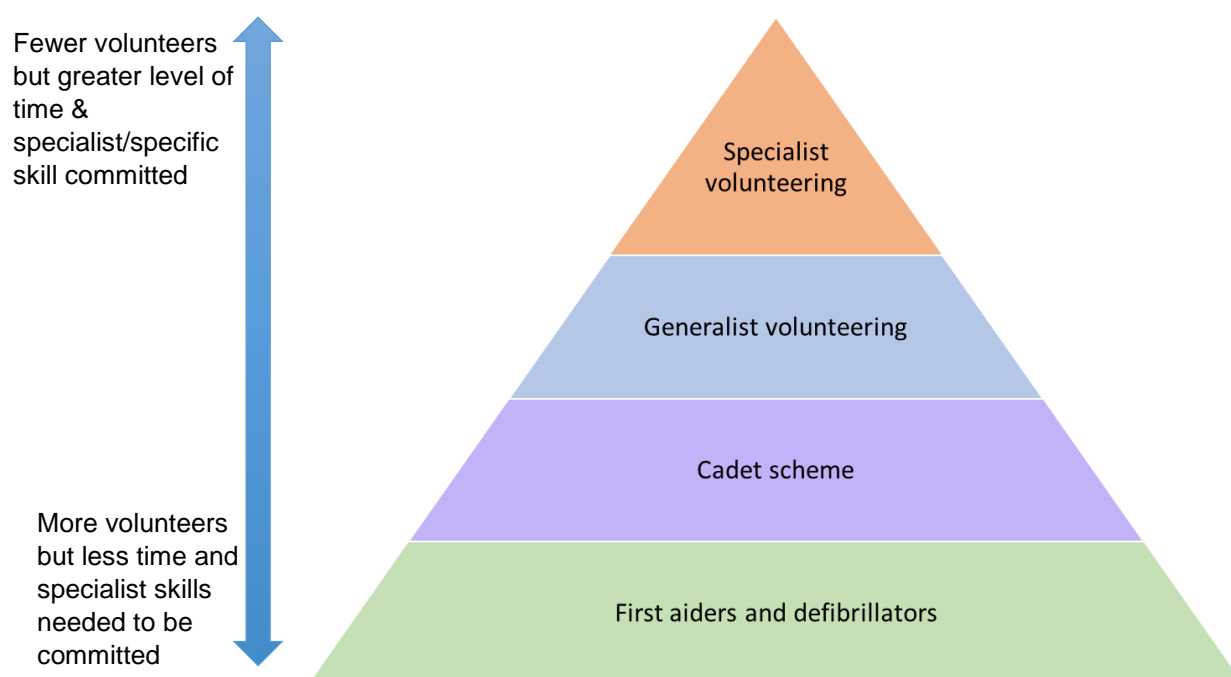
A number of our strategies and delivery plans will have close links with the new volunteer service:

- **Clinical Strategy** - we will consider the innovative supportive roles that could be delivered by our volunteers. For instance learning from other Ambulance Services by utilising our Community First Responders to treat more patient cohorts
- **Public & Patient Involvement Strategy** – we will look to extend our work with patients and the public by extending this to volunteers
- **People & Culture Strategy** – there may be opportunities for volunteers to provide skills that contribute to the wellbeing of our staff.

4 Our volunteering vision – ‘London Ambulance Service Life-Changers’; our volunteer community

Building on the volunteering that already takes place within the London Ambulance Service and looking at the additional benefits that could be realised, we have identified four areas of focus for our volunteering service

Figure 1: Our volunteering framework



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

In line with our aspiration to be a world-class ambulance service, we are ambitious in our plans and want to sign up 1% of the London population as accredited ‘London Ambulance Service Life-Changers.’ This could be someone who regularly gives their time to volunteer with us as a specialist or generalist volunteer, one of our new cadets, or someone who has received training through an accredited London Ambulance Service programme or session. Whilst 1% might not sound a lot, with London’s population, by recruiting or accrediting around 100,000 new volunteers, we can make a huge impact on people’s lives across London. We will redesign our public training programme to provide accreditation to each of the 100,000 people who complete it as a ‘London Ambulance Service Life-Changer’.

Our intention is that our volunteer strategy will not only benefit our patients and our volunteers, but in establishing our volunteer scheme, we will continue to work closely with third sector organisations, such as Age UK and Samaritans, on joint projects which use volunteers to achieve positive health outcomes. This will enable us to focus on certain patient cohorts, such as frequent fallers, by helping them get the right care in a proactive way rather than a reactive way. This should have a positive impact by reducing

demand and making ambulance crews more readily available for patients with life-threatening injuries and illnesses who need a time-critical response.

Whilst we will still run our specialist, patient-facing, volunteer programmes internally, we will seek to form partnerships with volunteering organisations who will be able to support us to manage our generalist volunteers. We will work with these volunteering organisations to create a 'volunteer bank' so that they can then match up suitable people with opportunities that we are able to create. Not only will this mean that we will manage our volunteering scheme in the most efficient and effective way, but we will also be able to be flexible and agile in how we fill volunteer roles.

We know that it requires investment and funding to run a well governed volunteering scheme which will provide benefits to our patients and our organisation. We will identify funding and sponsorship opportunities from available grants and supportive organisations to expand our volunteering scheme.

We also recognise that we need to be realistic in that we cannot do everything at once. We already run specialist volunteering schemes and carry out a great deal of work in training members of the public and defibrillator placement. We will continue to do this and seek ways to expand them to provide greater benefits. However, we do not have a fully established generalist volunteering scheme or cadet scheme, which will both require resource and focus to set up. We have therefore taken the decision to prioritise the cadet scheme in year one of this strategy, with the generalist volunteering scheme then being the focus in year two.

5 Our four volunteering themes

This section details what our ambition is for each of our four volunteering themes as well as some of the key ways in which we will achieve that ambition and the benefits we seek to achieve.

5.1 Specialist patient-facing volunteers

We already use volunteers effectively on the frontline to support our service. We have a well-established system of voluntary responders who are dispatched alongside our crews or from their own homes. There are three different types of volunteer responder:

Emergency responders	Community first responders	Volunteers at public-access defibrillator sites
<ul style="list-style-type: none">• Approximately 130 clinically-trained volunteers responding on blue lights alongside ambulances to 999 calls.• The ER model is run solely by London Ambulance Service. These are uniformed volunteers (a variation on our standard uniform) and they sign on for shifts from a local ambulance station.• Many have a background in the police force or military services.• 60 training places per year	<ul style="list-style-type: none">• Approximately 150 defibrillator-trained St John Ambulance volunteers responding to 999 calls in their own car alongside ambulances.• 144 training places per year	<ul style="list-style-type: none">• 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

Crucially, all these volunteers carry or have access to defibrillators; a machine that can restart the heart when it stops beating. Early use of a defibrillator doubles the chance of survival for cardiac arrest patients. In 2017/18, volunteer responders attended 13,261 emergencies. They were the first on scene in 7,796 of these cases.

Our ambition

Our Community First Responders and Emergency Responders already provide a vital part of our response to patients and there are countless people who are still alive today because of these volunteers. There are also many patients who, because of our volunteers, received better care and had a better experience in what is often an extremely distressing time for them. We know the value that our specialist patient-facing volunteers bring and we want to expand these schemes. Not only do we want to increase the number of CFRs and ERs who we are able to call upon, but we want to see whether we can use them to support our delivery of care to a broader range of patient groups. We see the expansion of these specialist schemes as a crucial way in which we can deliver upon our strategic vision and goals and will make sure that we invest in their support and training and provide them with the appropriate governance upon which they can rely.

What we will do – specialist volunteers

- **Increase number of volunteer responders** - we want to double the number of CFRs and ERs we have volunteering with us and responding to patients. We also want to ensure we have a more even geographical spread across London. To achieve this we will require additional managers, trainers and assessors in order to assist with the larger numbers. As with our substantive workforce, we want our volunteer responders to reflect the diversity of the London population and to therefore have more impact on reaching communities with known health issues
- **ER & CFR management models** – we will explore ways of enhancing the management model for responders to ensure that these schemes are run as effectively and efficiently as possible, whilst ensuring that we have the appropriate governance, processes, training, recruitment and communications
- **Expanding the patient cohorts our volunteers can attend** - we will identify whether there is a broader range of patient groups that our specialist volunteers can attend. For instance other Ambulance Trusts successfully and safely use their CFRs to attend non-injured fallers
- **Staff volunteer responders** – we know there are a number of staff who are signed up to receive GoodSAM alerts. We could encourage more staff to sign up for the benefit of their local communities
- **Voluntary responder group charity** – we will explore options for fundraising and sponsorship to be able to fund additional responder vehicles and training

The benefits

- Faster response times and improved survival rates thanks to a larger pool of CFRs and ERs
- Improved patient care - with volunteer responders treating patients and preserving life while our crews are on their way
- Equity of provision - with a more even spread of responders across London there we will see an improvement in response times and care provided to patients
- Improved morale and job satisfaction amongst the CFRs - we know they want a more structured approach to management of the scheme and this is what we achieved for the ERs.
- By improving the management model for ERs and CFRs we will save time by streamlining processes and achieve better value for money.

5.2 Generalist volunteers

Our ambition

We want to expand our pool of volunteers by introducing a range of non-specialist roles whereby members of the public can get involved in what we do, learn about the ambulance service and help us to improve patient care for Londoners. We currently have a very small number of individuals who volunteer with us in this way, but this is not done in a strategic organisation-wide manner. We want to develop a suite of volunteering opportunities for non-clinical members of the public who want to volunteer with us. This group of volunteers will fall into two categories:

- Directly delivering care
- Supporting our organisation

We know there is an appetite for this type of volunteering as it is most similar to the volunteering that takes place in hospitals up and down the country every week.

However, we need to be realistic in terms of how much we can achieve in the first year of this strategy and so we plan to phase implementation to ensure we have the capacity to do so effectively. We plan to launch implementation of this element of our volunteering strategy in 2020/21.

What we will do – generalist volunteers

- Develop a partnership with volunteer organisation(s) who will support us to recruit volunteers into these non-patient facing roles in order to achieve improvements to patient care or a more efficient and effective service. We want to form a partnership with this volunteer organisation who will manage our 'volunteer bank'.
- We will develop a range of volunteering opportunities for people to directly deliver care or support to patients. These roles could include:
 - Volunteer non-emergency patient drivers
 - Visiting frail, elderly, lonely or socially isolated patients following a fall where we have not conveyed
 - Looking after pets to enable someone who needs hospital treatment to agree to being conveyed
 - Ring backs to lower acuity patients waiting for an ambulance during busy times
- We will develop a range of volunteering opportunities for people to support our organisation in a non-directly patient facing way. These could include:
 - Assisting with infection prevention and control audits
 - Helping our teams at public events
 - Pastoral support to EOC
 - Careers advice and support to new applicants and current staff
 - Assisting with the upkeep of our historic collection. This might potentially a particularly attractive opportunity for retired LAS staff still looking to stay involved
- The majority of the suggestions included above were outputs from our volunteering workshop which brought together patient representatives, our staff, voluntary sector organisations and stakeholders. Building upon these suggested volunteering opportunities, we will conduct a detailed assessment of what opportunities should be established for volunteers. This will need to take account of the benefits that those voluntary roles would deliver and the attractiveness of it as a voluntary role
- We will learn from best practice from other national and international ambulance services. We will also work with our blue light partners to learn from their established volunteer schemes.

The benefits

- Volunteers will bring key skills with them from many walks of life including the corporate sector and our staff will benefit from working closely with them. In turn volunteers will learn new skills through their roles with us
- Volunteers will allow us to provide a better quality of service to our patients

5.3 LAS Cadet Scheme

Cadet schemes are an excellent way for young people to learn, gain experience and contribute positively to an organisation and the local community.

We know of a number of cadet schemes available to young people such as St John Ambulance cadets, sea cadets, and those run by other emergency services including fire cadets and volunteer police cadets.

Although they do not have a cadet scheme as such, British Red Cross has volunteering opportunities for young people aged 14+.

There are also many youth engagement programmes and charity partnerships overseen by organisations such as ASDA, John Lewis, Unilever and Deutsche Bank.

Examples of cadet schemes and youth engagement programmes:



Volunteer Police Cadets

Inspiring and Supporting Young People

Empowering young people to lead social action in their communities

The police have junior cadets (13–15 year olds) and senior cadets (16–18 year olds). Typical activities include:

- Local crime prevention initiatives, including leaflet deliveries and phone marking
- Stewarding at events
- 'Mystery Shopper' operations to detect underage sales of fireworks, alcohol and knives
- Helping at large, high profile events such as the London Marathon, Trooping the Colour or Remembrance Sunday



ASDA Foundation

Since 2013, Asda Foundation has had a strategic partnership with the UK Charity, Active Communities Network. Together they have run projects which include:

- Year round activities comprising of sport and positive activities to engage at risk young people at key times.
- Personal and social development sessions to help young people overcome behavioural, educational and lifestyle problems and build self-confidence, communication skills and aspirations.
- Accredited and vocational training programmes to encourage young people to volunteer in their own communities and access further education.
- Pathways into work experience, work placements, and traineeships / jobs to improve employability, entrepreneurship and employment.



Unilever

Since 2014, Unilever UK has been a key partner of the Team London Young Ambassadors Programme, which is the Mayor's volunteering programme for primary and secondary schools across the capital.

The programme forms part of Unilever's "brightFuture" campaign and looks to inspire a movement of social good, supporting young people to develop community projects on social issues they are passionate about.

Participating schools receive workshops and materials to deliver their projects and achievements are recognised at events such as WE Day UK, a global celebration of young people making a difference in their communities.

Our ambition

Our ambition, which was a theme that came through very strongly at our volunteering strategy workshop, is to set up a cadet scheme, giving young people an opportunity to volunteer with us. The importance of opportunities for young people, particularly from deprived or disadvantaged backgrounds, as a means of helping them to '*find their passion*' and their places in society was also a strong theme of our recent involvement in a knife crime event run by The Princes Trust.

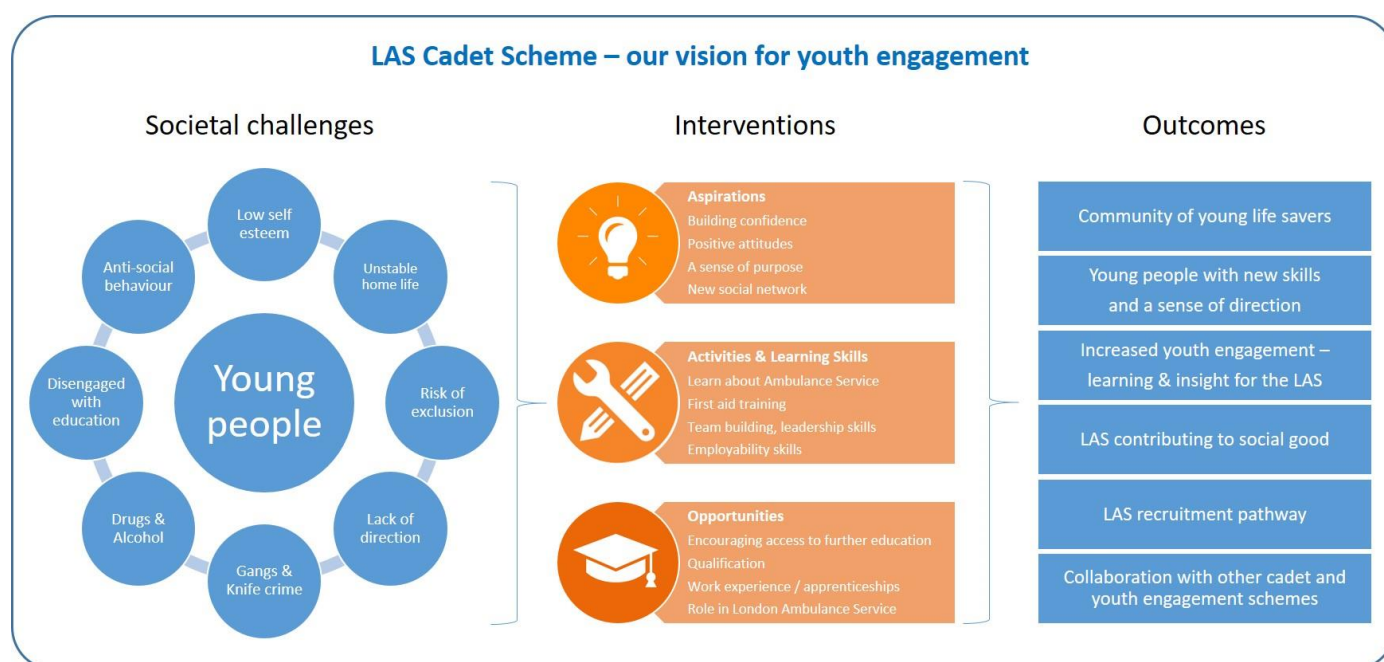
We will open up our doors to involve young people in all that we do, with a focus on not only frontline activities, but the organisation as a whole; for example, offering experience in Communications, Fleet workshops and admin support, giving young people access to real workplace experience opportunities.

We will look to recruit a diverse base of cadets, providing them with exciting learning and personal development opportunities such as spending time in the control room, receiving resuscitation training and gaining experience in different environments to find what they are passionate about. They will also take part in community-focussed initiatives and social action campaign such as #EndLoneliness.

Our cadet scheme will be an integral part of our organisation and our cadets will have unique opportunities to get involved in what we do and experience what it is like to be a part of one of the busiest ambulance services in the world. Our cadet scheme will, whilst being enjoyable for those involved, provide a structured learning and development opportunity for these young people to help develop them and provide them with employability skills, as well as skills for life. In particular this includes:

- Team work
- Lifesaving skills, over and above basic life support
- Leadership
- Self-confidence and self-awareness

We will look to understand best practice from other emergency services that operate cadet schemes. Our cadet scheme will be an ideal avenue for recruiting new staff once cadets are old enough to apply for apprenticeships or substantive roles, having already formed a personal connection with our organisation.



Current youth engagement work

The London Ambulance Service has a wealth of knowledge and experience in terms of public education and youth engagement. We will build upon the youth engagement work that is already being carried out by the Trust, incorporating these initiatives into our cadet scheme where appropriate and involving staff who have a passion for working with young people.



- **LAS Youth Ambassadors** - the Trust has recently held two Youth Ambassador days (in May & July 2018). The aim is to teach young people about the ambulance service as well as learn from them about the health issues affecting young people across London. The attendees were identified through the IntoUniversity programme which encourages children from disadvantaged or non-academic families to go to university.
- **Junior Citizen Scheme** – each year up to 40,000 Year 6 children (10 – 11 year olds) attending Primary schools throughout London can participate in a unique learning experience called 'Junior Citizen'. Co-ordinated by the Metropolitan Police Service the events are supported by a large and diverse selection of agencies including London Ambulance Service. The children participate in scenarios such as finding someone unconscious.
- **Safe Drive Stay Alive** - a partnership between the emergency services, Boroughs and Transport for London. It started in 2006 in Havering and has now spread to 18 boroughs. It is aimed at young people just as they start to drive. It takes place at a local theatre and is a powerful 90 minute stage production. The aim is to reduce the disproportionate number of road casualties amongst young road users.
- **Knife crime presentations** – our staff volunteer their time to work on projects in collaboration with the police and we also attend individual requests from schools, colleges and youth offending teams.



What we will do – youth engagement

- Set up a cadet scheme (age range to be decided) as an extension of our existing youth ambassador scheme, including a structured learning pathway
- Initially we will look to recruit 25 young people in North East London, with a particular focus on hard to reach and vulnerable communities
- Explore opportunities to work closely with other cadet schemes and youth engagement programmes, as well as national cadet groups such as YOU London (practitioner led) and Youth United (a national group of cadet organisations with a strategic focus) for the sharing of best practice
- Examine ways of creating a pathway for cadets to join the LAS full time and offer workplace experience in areas such as IT, finance, vehicle maintenance, clinical audit and research, media & communications
- Outline a range of opportunities for cadets which are appealing to them and will offer employability skills as well as skills for life. We will also ensure these activities benefit the Trust and patients, and look to measure the impact and contribution made by the cadets.
- We will focus our recruitment and publicity campaigns in ways that will attract a diverse cohort of cadets, to appropriately reflect London's diverse population.
- Cadet schemes are usually offered in partnership with a local further education college. We will explore this option.

The benefits

- Encourage young people to learn life-saving skills which will benefit them and their local communities
- An opportunity for young people to gain a better understanding of how the Ambulance Service operates
- Creates a pool of young people who will acquire employability skills and be enthusiastic about the possibility of working for the London Ambulance Service in the future

- Provide the young volunteers with an opportunity to obtain a BTEC qualification.
- There are opportunities for blue light collaboration, with young volunteers working on joint projects across the LAS, LFB and MPS.
- Young volunteers will be able to assist us at public education events, e.g. Safe Drive Stay Alive and anti-knife crime events

5.4 Community first aiders and defibrillators

Our ambition

It is our vision to improve the health and wellbeing of all the people who live and work in London, not only those who we directly respond to as an emergency. There are two key ways in which we can make that positive impact on people, in particular supporting their chances of survival following a cardiac arrest:

- Creating our community of 'Life-Changers'
- Increasing and improving defibrillator placement across London

Community first aiders

It is our vision to sign up 1% of the London population as 'Life Changers' and Community First Aiders will be key to us achieving this. This is an ambitious vision but one which could have a significant effect on the health and wellbeing of communities. We will redesign our public training programme to provide accreditation to each of the 100,000 people who complete it as a 'London Ambulance Service Life-Changer'.

A person's chances of survival following a cardiac arrest decrease by about 10% with every passing minute. With this in mind, we want to greatly increase the number of Londoners trained in resuscitation skills. We want people to be confident that they could help if they found themselves in such a situation as a bystander.

For many years, we have delivered basic life support training, largely through the British Heart Foundation 'Heartstart' programme. We have also trained members of the public as part of a 'train the trainer' programme. This was hugely effective. For example we trained a dentist who was a member of a Mosque, who then proceeded to train around 1000 members of his Mosque through a course of structured sessions.

The amount of training has reduced over the past few years but we want to reverse this trend. As part of our 'Life Changers' scheme, we want to enhance the basic life support and defibrillator training across London. We will do this largely by relaunching our 'train the trainer' programme and proactively targeting community groups where we can reach large numbers, meaning the greatest benefits would be seen. These groups could include: religious groups, community groups, youth clubs and volunteer organisations.

We will also use our communication channels such as Twitter to target those who have already undertaken training; a 'call to action' asking for trained first aiders with resuscitation skills to contact us and register so that we have a large pool of volunteers in the community who can respond to our GoodSAM alerts.

What we will do – community first aiders

- Reinvigorate and extend our train the trainer scheme
- Expand the training we already deliver in businesses, schools and in the community

- Create links/partnerships with other training providers so they can help us to turn London into a community of first aiders
- Our Communications team will use social media to identify those who are trained in first aid and willing to register with us.

Defibrillator Placement

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

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

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

If we are able to increase the number of defibrillators that we have across London, focussing our efforts on the following three categories, we can further increase the number of people whose lives are saved by bystander defibrillator use.

We were the first ambulance service in the UK to roll out a community emergency life support app: GoodSAM. The app allows us to notify registered volunteer responders to cardiac arrests that they are nearby. Our ability to dispatch volunteers who are within 200m of the incident to the patient is crucial in improving outcomes for these patients.

What we will do – defibrillators

- Increase the number of public access defibrillators across London, focussing tactically on three specific types:
 - **Areas of high footfall**, e.g. community centres and night clubs (we have already worked hard to achieve coverage at shopping centres and train stations)
 - **Areas of high risk**, e.g. GP surgeries, sports centres, gyms and care homes
 - **Mobile defibrillators**, e.g. working with TfL to place defibrillators on London taxis, or with Uber to place defibrillators on their vehicles. This could also include specific training for their staff
- We will work with other defibrillator providers to identify defibrillators that are already in the community, but not yet on our database. This would allow us to better direct bystanders if they have called 999 for someone who has suffered a cardiac arrest.
- We will seek to enhance how we use the GoodSAM app, including by enabling video calls which will be linked into our control room. This will allow our clinicians to better provide expert guidance to those volunteers who are attending patients whilst they wait for an ambulance crew to arrive.
- We will identify companies with defibrillators and encourage them to join our accreditation scheme so we can increase the number of defibrillators people can be sign-posted to on GoodSAM.
- We will work closely with The British Heart Foundation (BHF) and the National Defibrillator Network (NDN) who plan to link UK ambulance services with the public in a bid to help save more lives from

out-of- hospital cardiac arrest (OHCA). BHF have joined forces with UK ambulance services, the NHS, Microsoft and Microsoft solutions provider, New Signature, to develop a national defibrillator map.

- We will develop social media campaigns to help locate defibrillators and promote our accreditation scheme.

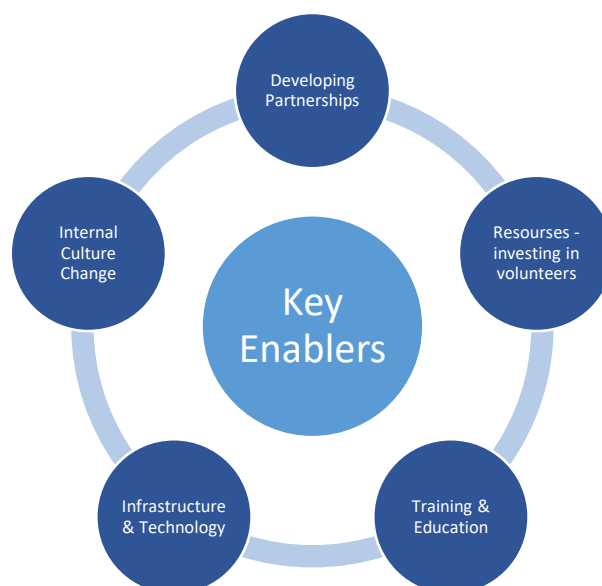
The benefits

- Improved cardiac arrest survival rate
- More trained members of the public who can provide CPR until our crews arrive which is vital in those first few minutes.
- A better understanding of defibrillator locations

6 Key enablers to delivering our volunteering strategy

We are proud of the ambitions that we have included in our volunteering strategy and we are excited about its prospects. However, we know that in order to deliver upon these ambitions we must commit the right resources to implementing this strategy. We must invest in our volunteers; providing them with the right training, development opportunities, technology and equipment to carry out their chosen voluntary roles. We also do not want to deliver upon this strategy in isolation. We want to continue with long-established partnerships, and develop new ones, to utilise those organisations with volunteering expertise.

The key enablers outlined below are crucial in helping us to establish and effectively run our volunteering schemes and will form the basis for developing an action plan for the planning and mobilisation stages.



6.1 Working in partnership

A key factor in successfully realising our volunteering ambitions will be forming a framework of partnerships with other organisations who we can work alongside in order to recruit, manage and support our volunteers. Collaborating with others will allow for the sharing of best practice and the Trust will gain greater 'pulling power' amongst volunteers through our association with experts in the field. A number of representatives from the organisations described in this section attended our volunteer strategy development workshop and have helped us to steer the direction of travel of this strategy.

The framework will identify the benefits of engaging with each organisation and outline our proposed ways of working. For some partnerships, we may enter into formal arrangements with a Service Level Agreement and for others it may be a more informal association with a series of meetings and the sharing of knowledge and expertise.

There are a large number of organisations who we would want to work with. For some this would mean the continuation of long-standing and productive partnerships, whilst for others we would seek to set up new arrangements:

- **Helpforce & RVS**

Helpforce is becoming an increasingly prominent part of the NHS voluntary sector. They have formed a strategic partnership with the Royal Voluntary Service (RVS) which is one of Britain's largest volunteering charities. We already have an established relationship with RVS and ran a joint pilot which helped cut emergency calls and visits to A&E amongst frequent fallers in two London boroughs.

The NHS Long Term Plan describes how Helpforce has been backed with at least £2.3 million of NHS England funding to scale successful volunteering programmes across the country, as part of an ambition to double the number of NHS volunteers over the next three years.

Sir Thomas Hughes-Hallet, Chair and Founder of Helpforce:

"We can create a future where safe and reliable volunteering in the NHS is part of our everyday lives, helping patients and our brilliant frontline staff to get the very best from the health service."

- **St John Ambulance**

We have worked closely with St John Ambulance (SJA) for many years and indeed a number of our staff are SJA volunteers in their spare time. Our areas of joint-working include: SJA providing a contracted response for our bariatric patients; supporting us at events in a first aider capacity; and working with LAS to recruit and train new Community First Responders. In the case of a major incident, we also have an agreement in place for SJA volunteers to support the Trust by transporting pre-assessed patients to hospital.

SJA has well-established volunteer and cadet schemes run on a national basis and we have an opportunity to tap into this knowledge and experience, building upon our existing relationship and exploring new collaborative volunteer opportunities.

- **British Red Cross**

Whilst we do not currently have any formal arrangements with British Red Cross (BRC), our Emergency Planning team does work alongside them at stadia and events. We have also utilised their emergency care expertise in the past by contracting private ambulance services to support us at times of high demand.

Similarly to SJA, BRC has a national scheme for volunteers, including young people and adults. In the event of a major incident they have Emergency Response Volunteers who support the emergency services at rest centres. More recently, BRC have launched a 'connecting communities' scheme in partnership with the Co-Op which aims to combat loneliness. Volunteers encourage people to get involved in activities, act as mobility aids for wheelchair users and listen to people who are in crisis or who just need to talk.

- **Macmillan**

LAS and Macmillan already have a partnership in place, with Macmillan nurses working in our End of Life Care team. Volunteer organisations such as Macmillan are experts in their field and are connected to a network of volunteer managers who are able to share best practice. They have resources, tools and valuable knowledge and experience surrounding grant applications and fundraising.

- **Blue light partners**

The London Fire Brigade and Metropolitan Police Service each have their own cadet schemes and we have expressed a joint desire to work collaboratively between our respective, but still separate, schemes. This will allow our cadet schemes to maintain their distinct identities, affiliated with a particular emergency

service, but would enable the cadets to share experiences, learn about our blue light partners and develop links and friendships with a broader group of people.

What we will do - working with partners:

- Hold partnership development meetings with each organisation and identify areas in which we can support each other and work collaboratively
- Seek guidance from partner organisations surrounding best practice when establishing a volunteer service.
- Formalise agreements where required and set out a way of working
- Identify funding opportunities available through our partner organisations or from the wider volunteer sector.
- Access Helpforce's range of supporting services, digital tools and resources.
- Explore the possibility of utilising RVS's existing pool of volunteers who are already DBS checked.

6.2 Resources to truly invest in our volunteers

In order to run an effective and efficient volunteer scheme, we will need to invest in its setup and ongoing running. There are a number of ways in which appropriate resourcing will be necessary:

Leadership & management

- **Organisational leadership** – Our volunteer scheme will be overseen by our Director of Communications & Engagement as Senior Responsible Officer. This executive member oversight will ensure that the scheme will be given the appropriate oversight and organisational reputation. Progress and scheme updates will be reported to the Executive Team and Trust Board.
- **Recruitment** - we will recruit a Head of Volunteering / Volunteer Services Manager who will have overarching responsibility for setting up and managing the new volunteer service and ensuring cohesion with the existing areas (volunteer responders, defibrillator placement and resuscitation training). We will also need to identify and recruit to a sufficient volunteer management team.

Governance

Before we launch our volunteer scheme, we will ensure suitable frameworks are in place (e.g. developing a volunteer policy and a volunteer charter) and we will take special consideration of areas such as governance, training compliance, health and safety, employer liability, DBS checks and patient confidentiality.

We will monitor these areas closely, using appropriate systems, and embed volunteering within our organisation's governance processes. Once our volunteering scheme is fully embedded we will look to achieve the 'Investing in Volunteers' accreditation which is the UK quality standard for all organisations that involve volunteers in their work. Effective governance is a key area for achieving this 'badge' of good practice in volunteer management.

Financial investment

Although volunteers give their time for free, volunteer schemes themselves are not free to run. As well as the organisational infrastructure required to run an effective volunteering scheme, there will also be other costs such as expenses, training costs, equipment and uniforms. A business case will be developed outlining all of the anticipated costs of running our volunteering scheme.

Additionally to an internal business case, we will seek to identify external funding streams that might be available to us.

What we will do – financial investment:

- **Fundraising** – a fundraising strategy will be developed detailing how the Trust will raise money to invest in our volunteer service, possibly using our Charitable Trust for this purpose
- **Applying for grants** – we will identify and apply for any available grants
- **CSR Programmes** – partnerships could be formed with companies who have Corporate Social Responsibility (CSR) programmes, utilising the skills and capabilities that their organisations might possess
- **Other funding opportunities** – we will seek advice and funding opportunities from organisations who act as an authority in the field of volunteering, such as Youth United for cadets and the National Council for Voluntary Organisations (NCVO)

Communicating externally to build reputation and attract new volunteers

The volunteer scheme will require support from our communications team to ensure that it is properly communicated to both internal and external audiences. As a new scheme it will be imperative that we work to build the reputation of our volunteer schemes and encourage people to join us in voluntary roles.

What we will do – communications:

- **Social media** – key messages for volunteering will be incorporated as part of the Service's social media activity. This will include raising the profile of the LAS volunteer scheme, helping to recruit new volunteers and sharing success stories.
- **Website** – there will be a dedicated volunteering page on the LAS public website, which explains the importance of volunteers to the Trust and the benefits it provides for volunteers, staff, the organisation and most importantly patients. It will build upon the existing content for the Voluntary Responder Group will outline the various volunteering opportunities available, as well as signposting readers to submit an expression of interest.
- **Annual review** – we will produce an annual Volunteering Review. It will highlight progress and achievements, as well as providing key measures such as number of volunteers recruited. It will also outline the positive impact seen through the work of our volunteers and refer to our Volunteering Action Plan.

6.3 Training and education

We will ensure that volunteers and cadets have the right skills and knowledge for their role. This will involve some skills-matching; placing a volunteer in an area where they have a special interest (e.g. mental health) and can apply a particular skillset. The Trust will also invest in the volunteers by providing them with training.

What we will do – training & development:

- **E-learning & training courses** - we will provide appropriate training and education for all of our volunteers, suitable for the role that they will be undertaking. This will include online modules as well as courses delivered in person such as resuscitation training. Governance and monitoring standards will be key to ensuring training compliance.
- **Patient safety** – where volunteers have patient facing roles or access to patient data, we will ensure clinical quality and patient confidentiality are adhered to by undertaking the appropriate training courses and governance processes.

- **Cadet activities** – we will map out a range of training options and activities that would be suitable for LAS cadets. We will also look to offer training and collaborative projects through partners, for example the LFB cadets. We are not simply looking to teach our young volunteers about the LAS, but to give them life skills which will benefit the community that they live in.
- **Career pathways** – for both volunteers and cadets, we will create clear career pathways to encourage those people who might consider a substantive role within the Trust. For our cadets we will seek to accredit them programme that they complete in order to provide them with a qualification upon 'graduation'.
- **Capacity** - an increase in volunteer numbers, in particular ERs and CFRs, will mean an increase in the amount of training required. This increase in capacity, and the associated financial implications, will need to be considered by our training and education teams.

Our volunteers will become an integral part of our organisation and, as with all of our staff, we will make sure that they have the right skills and training to effectively carry out the role required of them.

6.4 Infrastructure and technology

The volunteer service will be a new function within the Service with its own management structure, systems and software. Technology will play a key role for the management team and volunteers, and it will be crucial to the successful implementation of the volunteer service.

What we will do – infrastructure & technology:

- **Managing resources** – We will need to determine what the most effective system and process is for managing our volunteers. We will look at whether we can use existing systems or whether we would need to invest in and develop a new one.
- **Equipment** - we will ensure that our volunteers have the right equipment and uniforms for them to carry out their roles safely and effectively
- **GoodSAM** – As we seek to increase the number of volunteers we have, we will encourage them all to register with GoodSAM to increase the number of community responders who can reach people in cardiac arrest more quickly. We are already working with the GoodSAM team to identify further improvements to functionality which can make the life-saving app even more effective.
- **Defibrillator placement** – our ambition to see more defibrillators placed across London will mean supporting more organisations as part of our accreditation scheme. We will need to ensure our defibrillator team has the capacity to support additional members and where possible technology will be implemented to streamline processes such as remote downloading of defibrillator data.

6.5 Internal Culture Change

As our volunteering scheme is a new initiative for our organisation, we will ensure that we are communicating effectively with our staff to keep them informed about the changes and help them to understand the added value that volunteers will bring. It will inevitably take some time to embed this new scheme within our organisation, but ultimately our aim is for staff to welcome the volunteer service as a positive addition which will benefit staff, the Service and our patients, as well as the volunteers themselves.

Once our new volunteer scheme is in place, our staff will be made up of a voluntary and substantive workforce, and we will look to embrace volunteers as part of a single 'LAS family'.

What we will do – internal culture change:

- **Leadership** – our Executive and leadership teams will lead the way in promoting the volunteer schemes and the substantive senior manager role will ensure that it receives appropriate support and management.
- **Staff support**
 - **Defining roles** – to help staff understand the volunteering vision, the Trust will communicate effectively with staff using internal channels and provide a clear outline of the roles that volunteers will be undertaking.
 - **Demonstrating benefits** - to obtain 'buy in' from our staff it is important for them to understand the reasons behind introducing a volunteer scheme and the benefits it will bring. It will be made clear that volunteers are not filling existing roles; they will be adding value and supporting our staff.
 - **Staff volunteer champions** - it is important to keep staff informed and involved at all stages. For staff with experience of volunteering or cadet schemes, we will seek their knowledge and guidance, and give them opportunities to get involved. A network of staff volunteer champions will be created, with sectors representatives acting as a local 'go to person' for volunteers and the volunteer management team.
 - **Patient safety** – we will communicate with staff surrounding clinical quality, risk and governance and ensure that staff have confidence in volunteers. For example, it is important that there is a continued appetite to dispatch calls to our volunteer responders where appropriate.
 - **Internal communications** - as our volunteering scheme is a new initiative for our organisation, we will ensure that we communicate effectively with our staff, seeking their input, keeping them informed about the changes and helping them to understand the added value that volunteers will bring.

7 How we will measure the effectiveness of our volunteering scheme

As a key enabling strategy for our organisation, we want to know how successful we have been in implementing it and the impact that it has for our patients, our people and our organisation. This section outlines the key commitments that form common themes throughout this volunteering strategy and details the key metrics that we will use to assess their impact.

7.1 Volunteer numbers

COMMITMENT 1 – by 2023 we will ‘recruit’ 100,000 new volunteers who will become ‘London Ambulance Service Life-Savers’

We are being ambitious in aiming to significantly increase the number of people who volunteer with us or who receive training from us. This figure will include the total number of:

- Our Community First Responders (CFRs)
- Our Emergency Responders (ERs)
- Our generalist volunteers
- Our cadets
- The people who we have directly trained or have received training through an LAS ‘train the trainer’ scheme
- Year on year increase in the numbers of first responders registered on the GoodSAM database

COMMITMENT 2 – by 2023 we will double the number of Community First Responders and Emergency Responders

We will use the following metrics to identify how successful we have been in achieving this commitment and the impact that has had.

- Increasing the number of CFRs and ERs from 280 to 560 by 2023
- An increase in the number of emergencies that volunteer responders attended from a baseline 13,261
- An increase in the number of times where volunteer responders were the first on scene from a baseline of 7,796

7.2 Cadet scheme

COMMITMENT 3 – by the end of 2019/20 we will have designed and established a cadet scheme and will have recruited a first cohort of 25 young people

The following milestones that should be achieved in 2019/20 will determine how successful we have been in achieving this commitment:

- Our cadet scheme will be designed, with a core set of activities and development opportunities identified throughout the year
- We will recruit 25 young people as cohort 1

7.3 Generalist volunteers

COMMITMENT 4 – by the end of 2020/21 we will have designed and established our generalist volunteer scheme and will be recruiting generalist volunteers to work in our organisation

Generalist volunteers will become a key part of our organisation, but we are planning on rolling out this element of our volunteer scheme in year 2. Key metrics and deliverables will be identified during that planning phase.

7.4 Defibrillator placement

COMMITMENT 5 – we will increase the number of defibrillators that are available for public access each year

Cardiac arrest survival rates dramatically increase when they occur close to a static defibrillator site. Therefore, we will measure the effectiveness of this commitment through the following metrics:

- Total number of public access defibrillators in London
- Total number of people who survive cardiac arrests through use of a public access defibrillator
- Overall cardiac arrest survival rate for our patients

These five commitments and the associated metrics or deliverables will provide a measurable assessment of the impact of our volunteer scheme and how effective we have been in delivering it.

Volunteers give their time and effort to causes that they are passionate about and so it is incumbent upon us to effectively implement the infrastructure in which they will operate, and also to demonstrate the tangible difference that those volunteers are making to the communities around them.



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Learning and Education Strategy			
Agenda item:	08			
Report Author(s):	Patricia Grealish, Director of People and Culture Tina Ivanov, Interim Director of People and Culture Strategy team			
Presented by:	Tina Ivanov, Interim Director of People and Culture			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>The Learning and Education Strategy has been developed with widespread engagement and has already been considered by the Executive Committee and by the Trust Board in May 2019. Comments were captured from colleagues and have been incorporated into the updated strategy document attached.</p>				
Recommendation(s):				
<p>The Trust Board is asked to consider and approve the updated strategy and implementation plan.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
<p>The Trust has a BAF risk related to sustainable workforce. Providing appropriate, future proofed skills for our people is fundamental to building a capable and motivated workforce sufficient for the needs of our patients.</p>				

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 type="checkbox"/>
Ensuring staff are valued, respected and engaged	<input checked="" type="checkbox"/>
Partners are supported to deliver change in London	<input type="checkbox"/>
Efficiency and sustainability will drive us	<input type="checkbox"/>



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 within the context of the supportive organisation framework

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 opportunities.
2. It is 'principles led, outcomes oriented', and 'values based' and sets our own values - Respectful, Professional, Innovative, Collaborative – at its heart. It also clearly frames the work that we do in the out of hospital/urgent care setting, not solely a model of emergency care. This is vital to acknowledge for the attraction and retention of our talent for the future.
3. The London Ambulance Service has consistently invested in its workforce and this has continued in the last 2 years as the Trust's organisational and associated clinical strategy have been finalised and launched. The Trust is not starting out on this journey but continuing to extend, develop and build upon the work that has already been done and that which is already underway with the development of the education offer for our front line colleagues.
4. 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).
5. 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.
6. This is a strategy for all our people, clinical and non-clinical, 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. This includes the ambition to establish a volunteer 'force' that can work alongside and complement our own employed workforce.
7. 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'.

8. 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 of operation).
9. 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, the NHS interim People Plan and the vision to be a first class employer, valuing and developing the skills, diversity and quality of life of our people.
10. 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)

11. 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 Continuous Professional Development (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

12. 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.
13. It should be recognised that this will be building on already strong foundations, where progress in building in-house 'educator' capacity has been significantly enhanced over the last few years.
14. We now need to take this opportunity to bring together our training teams to build capability and capacity and take advantage of the additional resilience that this will present.
15. 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.**
16. 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.
17. Our workplace must reflect how ways of learning have evolved by using informal channels not only centrally controlled opportunities.
18. We must improve the way we communicate and market the learning opportunities for our people and must ensure that we include all colleagues – clinical and support – in our learning frameworks.

19. To overcome today's learning challenges and be ready for the future we have developed six 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 / Augmented 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

20. 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.
21. Implementation, including associated risk identification and management, will be overseen by the People and Culture Committee (PCC).
22. The 2019/20 Budget and Business Planning process has identified funding for key activities and developments within the strategy. Funding for future years set out in the implementation plan will be sought via the business planning cycle.

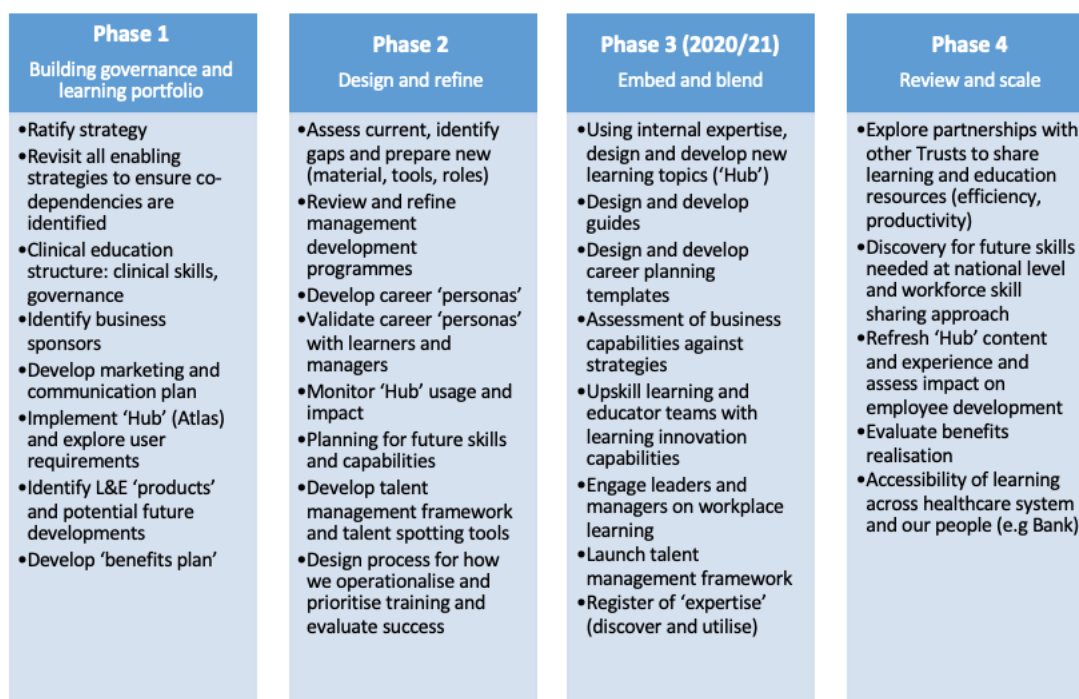


Figure 3. High level roadmap for Learning and Education Strategy

Co-dependencies

23. The Learning & Education strategy will work with and support the Trust's complementary enabling strategies:

- Clinical
- People & Culture
- Estates
- Fleet and equipment
- Digital
- Quality
- Volunteering

24. The Trust's enabling strategies are being developed in parallel, 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 Service NHS Trust

- 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
- NHS Interim People Plan

Introduction

25. 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.

26. 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.

27. 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.

28. 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 educators will need to develop new skills and confidence in using digital tools to design and deliver interactive learning.

29. 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.

30. Setting **personal responsibility** for learning and, self-learning on a continuous basis will be at the heart of our learning journey.

31. 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 educators, 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

32. We engaged with over 200 stakeholders, managers and leaders to listen to their experience and build this into our strategy.

33. 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

34. 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.

35. 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.

36. 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. This will align with our strategy to reduce conveyance to emergency departments
- **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 people encompasses not only those we employ but extends to the community of volunteers that currently work for the Trust and upon which we will build over the next 5 years
- **Our trainers and educators** – 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. We will seek to ignite the desire in our local communities to both be employed by the Trust and to volunteer for us
- **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

37. 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
38. 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.
39. 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

40. 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

41. 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

42. 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

43. 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

44. 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

45. 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 (AtLAS)
- Increased the range of university programs available for staff to access with bursary support
- Provided a fully funded Access course at open University, for staff to develop skills in online learning and degree-level study, as a taster for further study
- 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
- Embraced apprenticeships across the Trust in both clinical and non-clinical roles
- We have organised and run our first Careers Event attended by many teams from across the organisation

46. 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

47. 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.
48. 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.

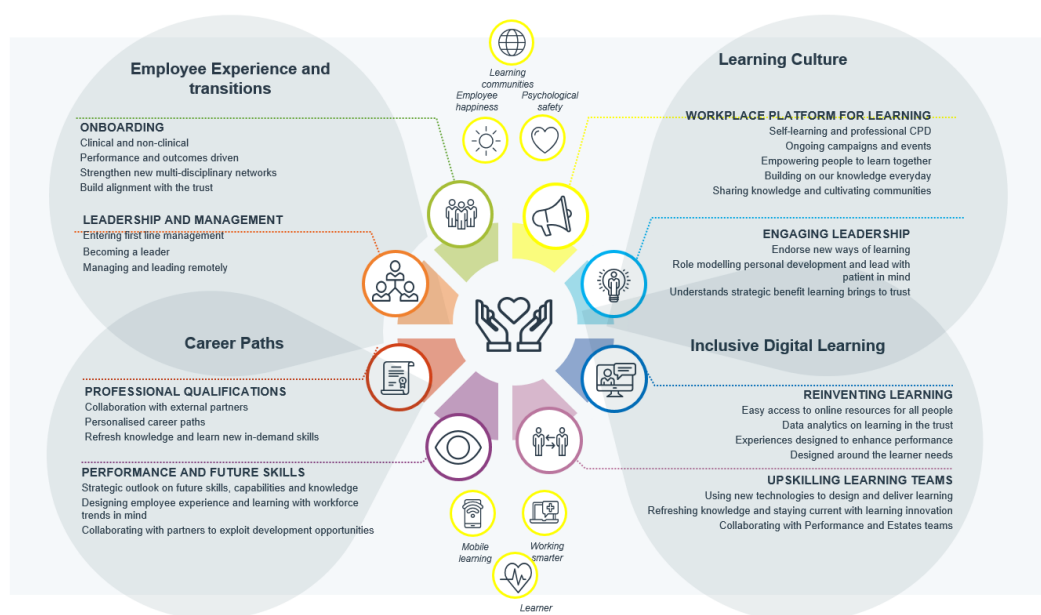


Figure 4. Learning and Education 2023 Framework

- **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 educators to exploit the full potential of digital.
49. 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.

50. We will use our systems – ESR principally – to capture technical qualifications and ensure these are validated as appropriate.

Learning innovation principles

51. 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.
52. We recognise in our current governance processes, the need for competencies that enable our people to demonstrate that they have and maintain the knowledge and skills to carry out their role. We will build upon this and define or develop competencies where relevant and ensure that we can evidence these where appropriate.
53. 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.
- 54. 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.**
55. Building on the 'five principles' for CPD used widely across healthcare organisations, we will assess ourselves against four key areas that will guide (see **Figure 5** below) how we 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 four themes for learning, underpinning the Learning and Education 2023 framework:

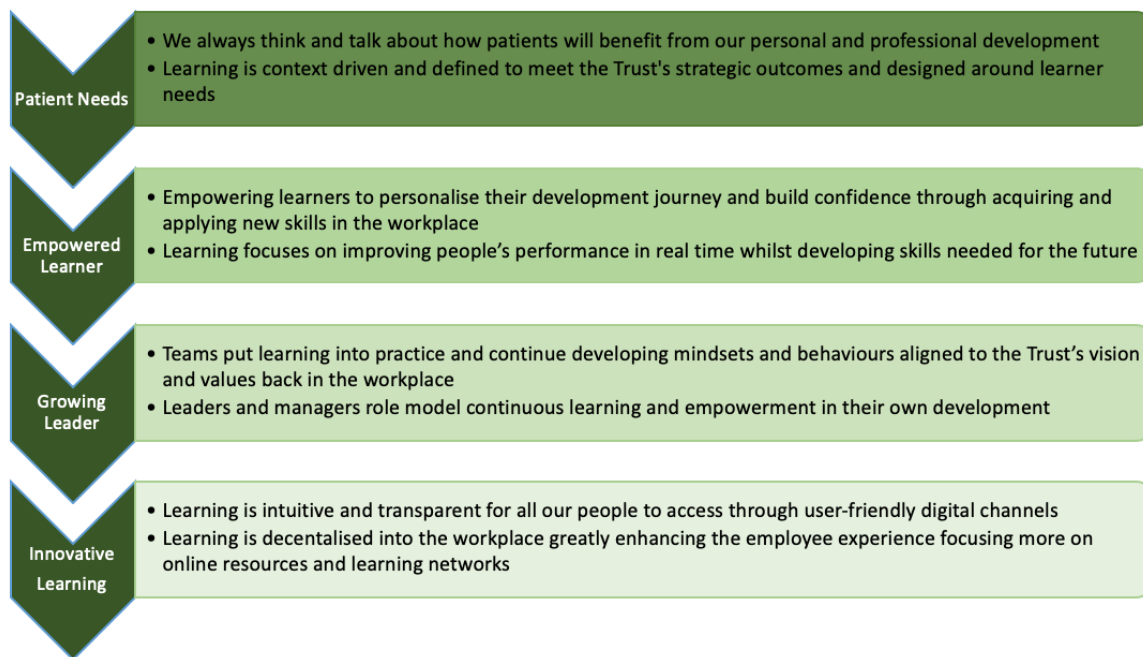


Figure 5. Learning principles of the London Ambulance Learning and Education 2023 Framework

Learning and Education Themes

56. 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.
57. 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.
58. The order is not a prioritisation - all themes must be addressed with equal weight. Prioritisation will come within the action plans for each theme.
59. Themes one to three outline **what** learning areas we will address over the next 4 years.
60. 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

61. 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.
62. 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.

63. 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.

64. We recognise that our front line colleagues need the time and space to learn both informally and formally. We will challenge ourselves continuously to ensure that we balance learning with operational needs, but acknowledging that access to continuous learning is a commitment to our people (employees, workers and volunteers).

Key challenges we must address

- Ensuring tutors and educators 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
- Setting competency at the heart of our clinical and leadership development and education activities
- 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
- Ensuring that learning is linked to and aligned to our performance management tools (appraisal, OWR, CISO)

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

65. We want our people (employees, workers and volunteers) 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.
66. 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.
67. We will seek to make learning dynamic whenever the opportunity presents itself (e.g. ride outs to observe or experience, or job shadowing or secondments to learn whilst doing)
68. 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.
69. 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.
70. 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.

71. 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.
72. 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.
73. 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 are illustrative examples 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

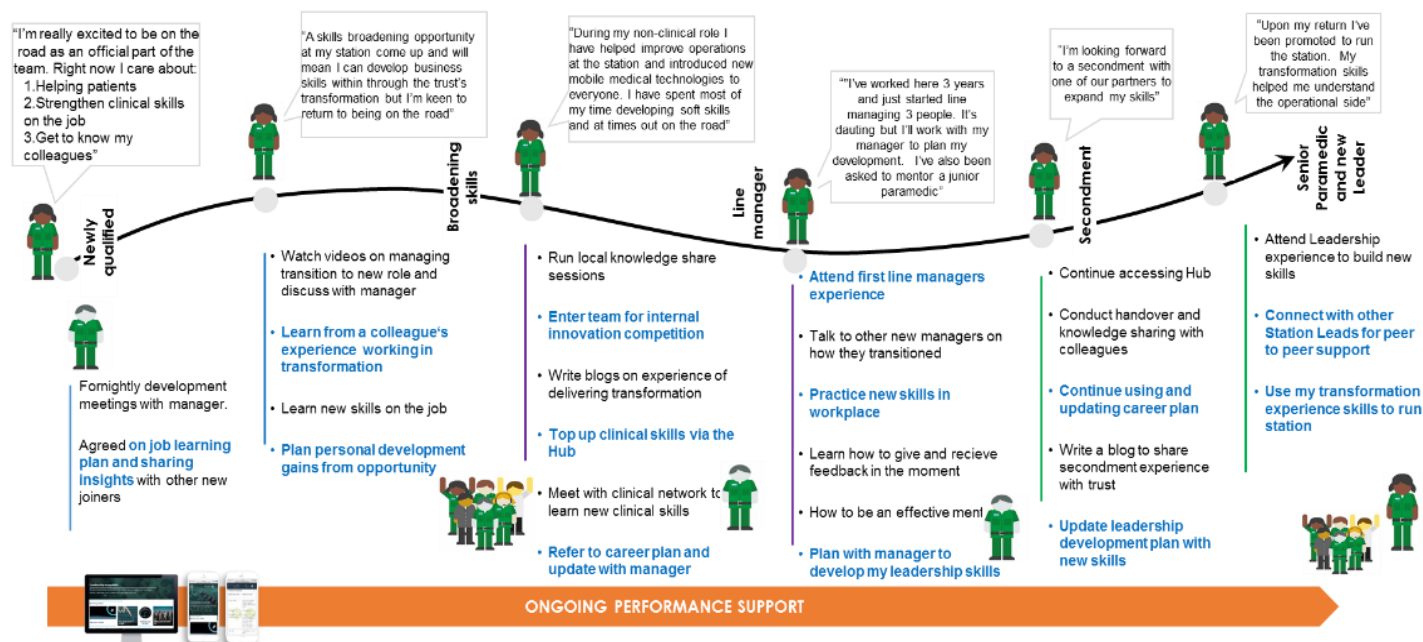
Individual commitments

- 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

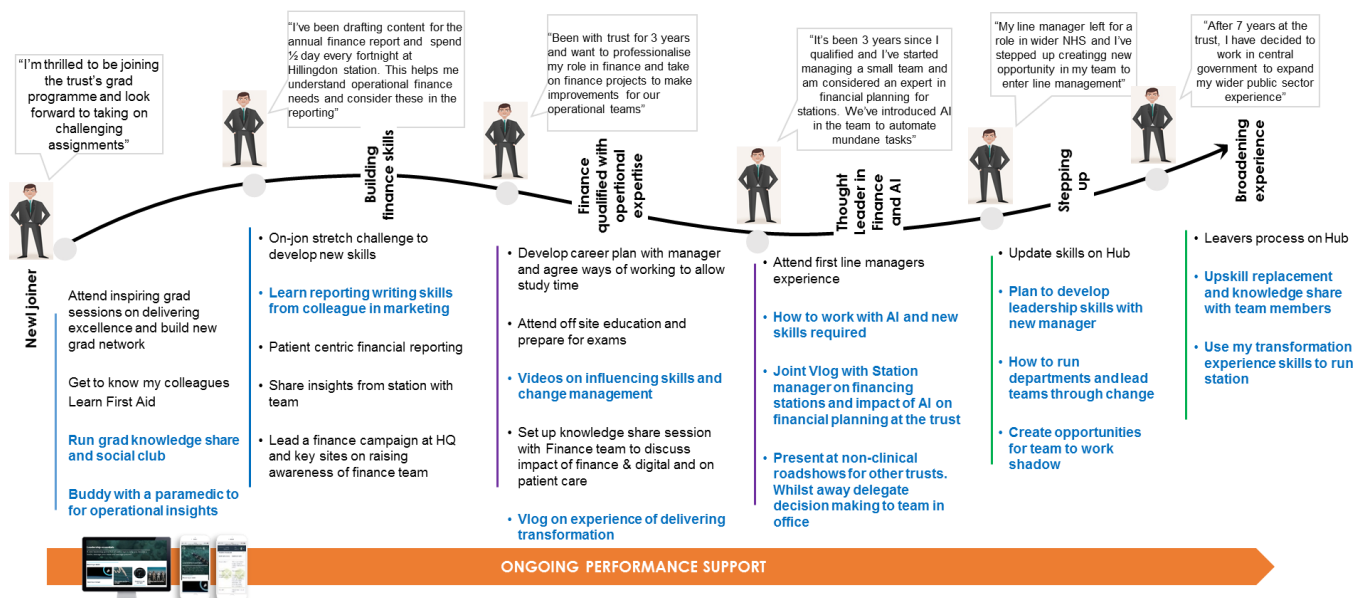
- Work with Trust's Talent team to ensure appropriate learning interventions will be available
- Use mapped out career paths to develop guides and stories for people to access as resources for shaping their own career paths
- Review the clinical training functions remit and roles across the Trust and 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

74. 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.
75. 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.
76. 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.

77. 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.

Figure 6. London Ambulance, Leadership Development Pathway

Banding	Leaders of Tomorrow	Management Essentials	Engaging Leader	Visible Leader	Transformational Leader
VSM					To be designed in collaboration with CEOs Office
9					
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		A Management Toolkit designed to refresh mandatory, role essential and skills elements for all managers and with skills development aimed at Bands 3-6 and anyone new to a leadership role			
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 targeting 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				

78. 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

79. 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.

80. 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).

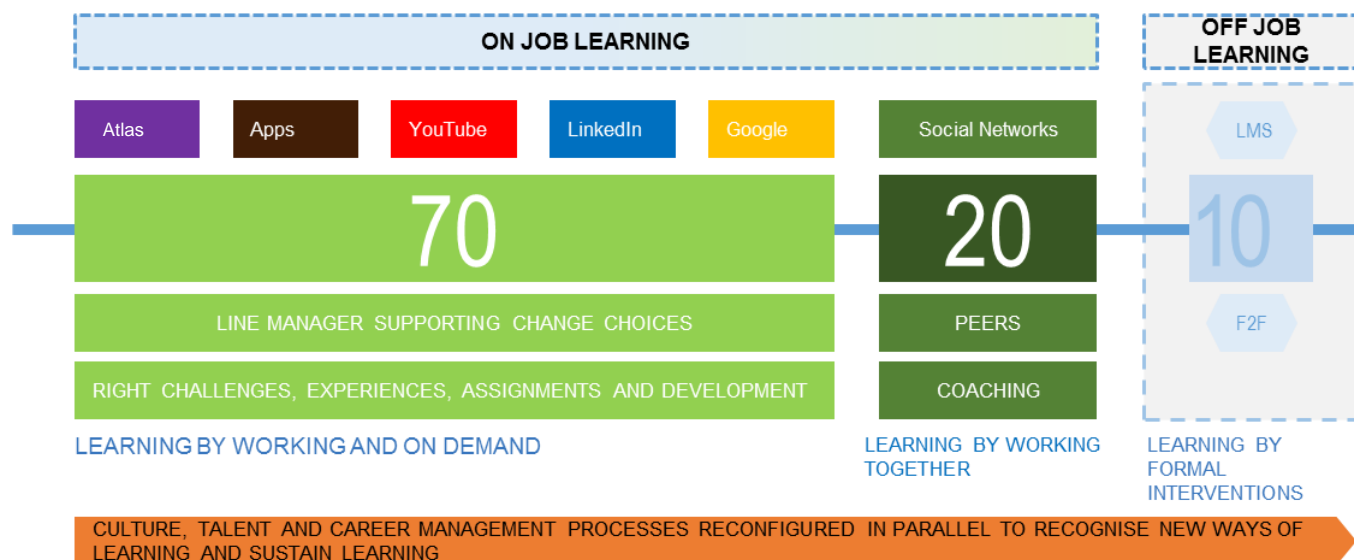


Figure 7. Learning interventions 'in balance'

81. 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.
82. We will consider and introduce habit-building activities that nudge behaviours in the right direction.
83. 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.
84. 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.
85. 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.
86. 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).
- 87. 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. NB. This will be**

delivered through maximising a recently commissioned system Totara – named **AtLAS**. We envisage **AtLAS** will be our ‘Hub’ through which people will access and be signposted to learning and education as well as having opportunity for shared learning spaces via virtual meetings. The roll out of the Digital Strategy will increasingly support this through the improved WiFi across the Trust’s estate.

88. Our people will be able to develop their personalised development journeys and access methods of learning that break free from classroom and e-learning where relevant. We will increasingly enable through AtLAS and Sharepoint the ability to collaborate and learn through live forums. 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. AtLas - the Learning and Education Hub

89. People will receive supportive and helpful notifications for statutory, mandatory and refresher training as well as information on upcoming engaging learning events.
90. 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

91. 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.
92. 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.
93. Learning together is embedded in many professional learning frameworks and is of course not new.
94. 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).

95. 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.
96. 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 **AtLAS**. This move towards learning is already demonstrated by our newly colleagues in clinical teams who often learn and prepare for exams together.
97. 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

98. 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.
99. 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.
100. 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 and educators will be confident to design learning with technology.
101. 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 and educators to support and deliver quality learning and education.
102. 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.
103. We will introduce a mobile training facility for our front line people to be able to access high impact learning and development.
104. 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

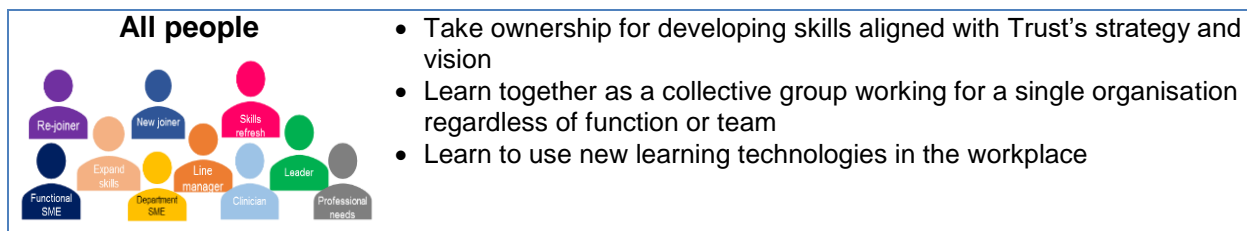
Priority actions

- 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 and educators on proposed changes to learning and work with them co-design our ideal environment

Responsibilities

105. 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:
Learning and Teaching Teams – “educators” 	<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 and educators 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
Strategy 	<ul style="list-style-type: none"> • Working together to align plans and milestones • Ensuring the right enablers are designed around learner and educator 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



Resource and cost implications

Resource:

- “Teach the teacher”. Create teaching teams and ‘leads’, prioritising identification and upskilling of ‘leads’
- Learning team and tutors and educators will need to invest time in upskilling and be prepared to pilot new ways of delivering learning whilst maintaining high education standards. This will be highly dependent on ability of our estates team to deliver the envisaged strategy to rationalise and modernise the training facilities
- 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
- A clear plan to identify and invest in the training and skills needs of our ‘educators’
- 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 2020/21 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.
- All educators will be trained on the effective use of **AtLAS** and funding has been identified through HEE.
- Additional funding will be sought in the 2019/20 business planning cycle for further developments as the strategy evolves.

Long-term objectives

106. 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.

107. 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

108. We will align measures of learning and education effectiveness with our People and Culture approach to avoid duplication (for example, multiple surveys).
109. 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)).
110. We want to keep measurement of learner experience and success of our offer simple and straightforward for all to understand.
111. We will use the quarterly local staff surveys which supplement national annual staff survey as the formal channel (Friends and Family Test).
112. 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.
113. 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.
114. 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.
115. Taking a customer view point on measuring success, we have identified three areas.
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 modified version of the Kirkpatrick model that adapts 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 **AtLAS** and collating data via surveys and targeted interviews. The learner can help by utilising the digital platform of **AtLAS** 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 **AtLAS** with managers being trained on how to have development/coaching conversations. Guides will be available.

Summary and Delivery

116. 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.
117. 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.
118. The Outline Delivery Plan illustrates, at a high level, the key objectives, principal actions and intended outcomes associated with the six themes.
119. 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 and educators to shape the future ways of learning (not just learning specialists)
120. 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.

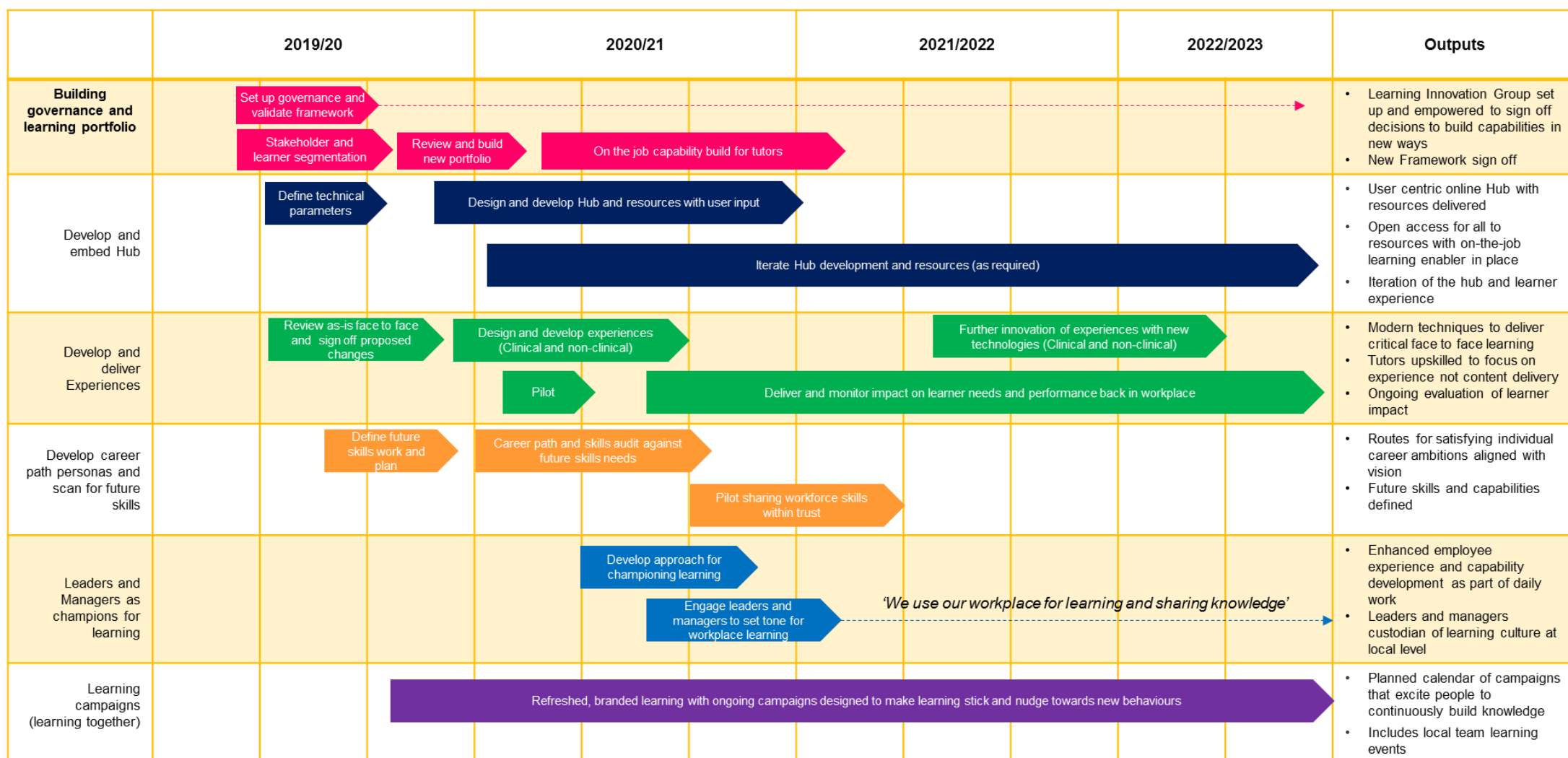


Figure 8. High level timeline for Learning and Education Strategy

Appendix A: Action plan

This action plan should also be viewed in conjunction with the People and Culture Strategy action plan which makes reference to a number of learning and education activities, such as reviewing our on-boarding experience and refreshing statutory and mandatory e-learning.

Learning governance

LEARNING GOVERNANCE. Objective	Actions	Success Measure
Establish effective governance structure for driving Learning and Education Strategy	Define scope, responsibilities, broader learning team structure (clinical and non-clinical), new ways of working against strategic outcomes and vision for the learning teams	Executive led group to manage and monitor learning and training is established and monitoring is in place reporting to People and Culture Committee and Trust Board.
	Review clinical training functions across the Trust and incorporate clinical education under a single structure and leadership	
	Review current learning portfolio, courses, coaching, e-learning products etc (feedback, attendance, mandatory vs soft skills, impact on career development and behaviour change, costs etc)	
	Agree ways of working and reporting with digital and estates strategies. Develop joint plan that incorporates learning and education needs	
	Conduct review of external learning partners and suppliers inc capability to align with Trust's learning and organisation vision OR where the Trust needs to internally complement industry recognised learning	
	Identify learning interventions that need to be refreshed with learner, organisation and patient outcomes in mind	
	Review and amend policies and guidance for learning and education	
	Work with Finance to understand impact on existing learning budgets and structures and improvement areas for financing learning in new ways	

LEARNING GOVERNANCE. Objective	Actions	Success Measure
	Identify and introduce SLAs and measures for learning success resulting from business insights and needs.	

Theme 1. Quality, Patient Care and Safety at the Heart of Our Learning

THEME 1. Objective	Actions	Success Measure
Statutory and mandatory training supports our quality and patient safety and staff safety priorities, and compliance is improved.	<p>Undertake a review of all elements of our statutory and mandatory training framework</p> <p>Enhance the accessibility and deliverability of all statutory and mandatory training elements.</p> <p>Ensure statutory and mandatory training content is informed and directed by quality and patient safety concerns and issues.</p>	Statutory mandatory training is recognised as being relevant and essential and compliance is high
All staff develop and maintain a strong quality and patient safety focus throughout all areas of work	<p>Increase the capacity to provide our training to a larger number of multi-disciplinary staff.</p> <p>Process by which learning from incidents and complaints informs education and training programmes and interventions</p> <p>Conduct ongoing communications campaign (videos, posters, lunch and learns etc) designed to aide line management dialogue and team development</p> <p>Review Trust strategy on future patient needs and multi-disciplinary teams against the new learning portfolio of interventions and identify practical approaches for embedding these into learning context against learner needs.</p> <p>Develop guides / learning sessions for tutors and educators on how to design learning centred around patient and learner needs – shifting away from text book content delivery</p>	<p>Improved patient experience and outcomes</p> <p>Incidents and complaints are recognised by all staff as being opportunities to learn and improve</p> <p>Improved staff experience, engagement and retention</p>

THEME 1. Objective	Actions	Success Measure
	Upskill learning team and tutors and educators on building Trust capabilities which focusses on right people with right skills to problem solve patient needs	
All learners and trainees receive an education and training which is underpinned by quality and patient safety considerations	Agree frequency to monitor patient-centricity in how we deliver learning and collaborate on updating, amending or upskilling on specific areas	London Ambulance standards are recognised as outstanding
	Share key messages and principles for learning with external partners and ensure they embed these in future design through collaboration with the Trust	Excellent levels of learner and trainee satisfaction
	Review the capacity and capability of our delivery structure and propose changes to improve the capacity and capability of the team	Improved staff experience, engagement and retention

Theme 2. Professional career enhancing learning for our people

THEME 2. Objective	Actions	Success Measure
All staff receive an excellent on-boarding experience (clinical, corporate, local)	Agree with People and Culture Committee organisation level messaging on transformation of overall Trust to develop narrative for new ways of learning	Staff give excellent feedback on the quality of induction, feel competent and support to undertake their new roles and are appropriately 'welcomed' to our Trust.
All learners and trainees receive an excellent experience during their placements or education journey within our Trust Programmes are designed or commissioned and implemented to underpin the delivery of excellent patient care, and	Work with cross section of Trust leaders through to new entrants to develop an organisation wide vision and culture for future learning and call to action for all people (clinical and non-clinical)	More of our people are following a recognised career pathway and are fully supported to progress
	Work with Leaders and Managers to explore cultural barriers (existing rituals, structures, processes behaviours etc) and concerns (managing remote teams, trust, calling out mistakes etc) to workplace learning and overcoming these. Develop these into an action plan with sponsorship from Executive team.	More staff are benefiting from relevant and accessible CPD opportunities. Improved retention and better staff experience. Improved patient experience.

THEME 2. Objective	Actions	Success Measure
support the professional and career development of our staff	Design and deliver events for managers and leaders building awareness of workplace learning and 'point-of-need' access to learning resources. Task managers to share future ways of learning with local teams and embed self-organised team learning into workflows (supported by senior level messaging)	
	Develop toolkits for managers to self-manage team engagement on learning and create local culture of continuous learning on the job	
	(Pre-Hub digital element) Working with the learning campaign gather list of interest groups in the Trust to pilot approach for informal learning communities. Test and iterate along the way. Measure impact on individual and community growth/development	
	Develop simple and user-friendly guides on setting up learning communities	
	Source ongoing people success stories and share across Trust via blogs, etc	

Theme 3. Leadership and management development

THEME 3. Objective	Actions	Success Measures
The leadership, management and governance of the organisation assure the delivery of high quality person-centred care, support learning and innovation and promote an open and fair culture	Review our current leadership development pathway to ensure that it fully supports our needs and priorities.	Wide understanding of the leadership skills and behaviours needed to deliver organisational success and embed our values in the provision of the highest standard of patient care.
	Continue to promote participation in the NHS national leadership programmes. Evaluate the outcomes of our new Visible Leader and Engaging Leader programmes and refresh for future cohorts.	A diverse, capable and expanding leadership group across all levels and disciplines.
The capability and effectiveness of our managers is improved.	Conduct focus groups with current leaders and aspiring leaders to understand development and day to day role challenges, and what needed to improve performance	Improved retention and better staff experience.
	Design and develop a user-friendly informal self-assessment of skills and capabilities against future strategic needs, for individuals to develop career plans with managers (recognising development will not always be done in classrooms).	Improved patient experience
	Design and develop variety of online resources related to developing tactical soft skills at point-of-need, such as Chairing Meetings, Giving Feedback, Collaborating with Stakeholders etc)	Line managers and supervisors are confident and competent in their effective management of people and resources, and are fully familiar with the correct application of Trust policies and procedures.
	Agree format of learning identified by People and Culture strategy. Design and develop these as online learning (videos, infographics, blogs etc) or face to face experiences depending on impact required	Staff are better support by their line manager or supervisor.
	Work with Talent team to design and develop meaningful formal opportunities (secondments, competitions, coaching etc) that will accelerate development relating to broadening and recognising additional skillsets (not just promotions)	Improved retention and better staff experience.
	Review, design and develop impactful approaches to delivering clinical education through flipped classroom, learning communities, online user-friendly resources. Pilot, iterate and gather feedback.	Improved patient experience

Theme 4. Innovating learning

THEME 4. Objective	Actions	Success Measure
All opportunities to assess, test and apply innovative educational technologies are pursued	<p>Improve / expand our e-learning and other web/IT based applications.</p> <p>Implement student management system for engaging management of the student journey</p>	<p>High numbers of staff access a range of technology based applications to enhance and improve the overall learning experience.</p> <p>Improved retention and better staff experience.</p> <p>Improved patient experience</p>
Application of simulation training is enhanced	Identify ways in which the current portfolio of simulation training can be further expanded and accessed by all staff groups	<p>More teams benefiting by participation in simulation training</p> <p>Demonstrable increase in research activity (publication) related to practice based education and its relationship to learning and patient outcomes.</p>
Our Trust provides leading research in practice based education	Establish a research focus to inform and develop practice based education across all areas	

Theme 5. Learning together

THEME 5. Objective	Actions	Success Measure
All opportunities by which to increase the application of multi-disciplinary learning and education are pursued	Review new learning portfolio against the 70/20/10 framework ensuring the Trust's context and learning needs drives the balance across the framework's components, whilst giving people an enhanced user experience	Participation in inter disciplinary learning is demonstrably increased and positively evaluation.
	Consult and collaborate with the Diversity and Inclusion team for ongoing advice on digital and community inclusion	Improved team working and cohesion
	Define the as-is and future state of the technical capabilities including access, to support digital elements of the Hub	Improved retention and better staff experience.
	Define learning and education analytics providing insights into usage through to behaviour change	Improved patient experience
	Conduct focus groups with segmented workforce to establish Hub requirements, content, features and experience in accessing resources/opportunities	
	Review and prioritise components of the Hub that can delivered as a quick win to pilot with teams	
	Identify scope for curating engaging learning from trusted online sources, particularly in relation to soft skills	
	Plan with digital strategy for ongoing maintenance, SLAs, change controls, user support etc of digital Hub	

Theme 6. Inspiring learning environment

THEME 6. Objective	Actions	Success Measure
We have the necessary capability and capacity to deliver excellent education and training in inspiring environments	Design and develop policy for workplace learning to guide and support our people	Our Education Team is recognised as being highly effective in design / commissioning and delivery of high quality, relevant and accessible learning and education.
	Review our physical infrastructure and propose ways in which this should be consolidated, modernised and improved.	The establishment of our Hub as the central point of our learning and education community.
	Determine how our staff are afforded sufficient 'time' to learn.	Improved retention and better staff experience and improved engagement
Our learning and education, and leadership development provision meets or exceeds recognised 'best practice' standards.	Agree how teams/groups demonstrating collective learning will be rewarded or acknowledged by senior leaders	Accreditation is attained and maintained.
	Using Design Thinking techniques, such as Day in Life of, mock set up of proposed classrooms etc invite tutors and educators and learners to observe how they access information in the building, overcome challenges in the workplace, use learning facilities etc to design a people-centred working and learning environment	Improved retention and better staff experience and improved engagement.
	Collaborate with Communications and PR teams to use comms channels across sites (plasma screens, notice boards etc) for ongoing promotion of bite-size learning on trending patient needs, including touch screens for monitoring morale, satisfaction with learning etc	
	Agree approach for using physical space to brand continuous patient-centred learning as a way of working (messages painted on wall, pictures of patients and quotes etc)	
	Collaborate with estates to design learning environments in the workplace (flexible open spaces, booths, etc) and formal classrooms with inclusion of digital equipment and strong wi-fi connections for new technologies such as VR simulations and flexible classroom space for tutors and educators to set-up as required	

THEME 6. Objective	Actions	Success Measure
	Explore options on collaborating with external innovative physical spaces with flexible areas and state of the art technologies, and associated costs and terms and conditions	
	Co-design internal classrooms with tutors, educators and learners	
	Redesign canteens, staff rooms, reception areas etc with patient centred messaging and trending patient needs, people stories etc	



Assurance report:

Logistics & Infrastructure Committee

Date: 29/05/2019

**Summary
report to:**

Trust Board

**Date of
meeting:**

30/07/2019

**Presented
by:**

**Theo de Pencier, Non-
Executive Director, Chair of
Logistics and Infrastructure
Committee**

**Prepared
by:**

**Philippa Harding, Director
of Corporate Governance**

Matters for escalation:

- Emergency Services Network Programme (ESN) – the Trust has a number of Mobile Data Terminals (MDT) which require replacement and it is planned that this should be done as part of the national ESN Programme. There are risks that this programme will be delayed, however, which would mean that the Trust is at risk of having no longer term plan to replace its outdated MDTs. The Committee considered that this could be a Board Assurance Framework (BAF) level risk and asked for further work to be undertaken ahead of its meeting in July to analyse this risk and its mitigations further.

Other matters considered:

- IM&T and Strategic Assets and Property Directorate projects.
- The Trust's ability to store bunkered fuel has been addressed as part of its preparations for any uncertainty arising from the UK's exit from the European Union.
- The Committee received an oral update on the Estates and Fleet Strategies. The Estates Strategy is due to be discussed by the Board in June and will be re-submitted to the Committee for detailed consideration at its meeting in July. The Fleet Strategy will be refreshed in 2020.
- The IM&T team is ensuring that it is aware of the long term "health" of the services that it provides to the organisation. This will ensure that future technology-related decision-making is well informed.
- Health and Safety – the new approach to reporting is useful and the Committee is now considering the level of detail that would be appropriate to provide assurance in relation to specific Health and Safety incidents.
- Cyber – the Trust's cyber programme continues to progress. It has retained its Cyber Essentials accreditation and work on patching is improving.
- Lease reviews - the Committee received confirmation of a central record of all leases held by the Trust, forthcoming lease breaks and end dates.

**Key decisions
made / actions
identified:**

- The Committee requested further information about the Trust's plans for Emergency Operations Centre (EOC) systems and Electronic Patient Care Record (EPCR) next steps.
- The Committee commissioned a briefing on the Trust's readiness for its Data Protection and Security Toolkit submissions in October 2019 and March 2020.

Risks:

- The KitPrep project timescales may not be met as a result of ongoing technical problems at the Logistics Support Unit in Deptford. Work continues to establish what is causing these issues and how they may be resolved.

Assurance:

- The quality of the reports provided to the Committee has improved and this provides some assurance that appropriate performance monitoring systems are being developed.
- The Committee was assured by the provision of information about the leases held by the Trust.
- Following a review of the Trust's procurement and estates operation, the Committee was presented with an action plan relating to the findings of this review and the Committee took assurance from both of these pieces of work.



Assurance report:

Logistics & Infrastructure Committee

Date: **04/07/2019**

Summary
report to:

Trust Board

Date of
meeting:

30/07/2019

Presented
by:

Theo de Pencier, Non-
Executive Director, Chair of
Logistics and Infrastructure
Committee

Prepared
by:

Theo de Pencier, Non-
Executive Director, Chair
of Logistics and
Infrastructure Committee

Matters for escalation:

- Cyber security (BAF Risk) – the constraint on funding and resourcing, and acknowledging that more work needed to be undertaken to address the cyber risk. Consultancy spend could be likely to provide the support required to address the risk.

Other matters considered:

- Strategic assets and property – The Trust had vacated Morley Street and would be vacating Union Street. The new open plan layouts in the Waterloo Headquarters building would operate on a 7/10 ratio, accommodating for the requirement of fewer desks per person.
- The Fleet team was working with a maturing workforce and utilising agency staff who were operating through a managed service; a recruitment plan was being developed to replace the agency staff and permanent appointments would be made by the end of 2019/20.
- IM&T – Following three disruption episodes experienced with the Trust's 999 telephony, the Trust needed to ensure that service levels and contract management were addressed and in place to properly assist in the event of pursuing possible compensation claims.
- The Estates Strategic Intent document was reviewed.
- Collaborative working with the West Midlands Ambulance Service NHS Foundation Trust to consider the CAD replacement and implementation deliverables.
- Recommendation to partake in the Natural Language Processing pilot (NLP), used to aid computers to understand the human's natural language, subject to available funding.
- Consideration of the telemedicine scope and opportunity, utilising applications and enabling technologies to improve the care and services provided to patients.

Key decisions made / actions identified:

- Recommendation that the Bow Bow Uninterruptible Power Supply (UPS) be de-escalated from the Board Assurance Framework (BAF).
- The plan for the future IMT function to be deferred to September in consideration of the restructure of the Trust's directorate, impacting the IM&T team and its work which would be split into three different reporting lines. Recruitment would continue in the meantime.

Risks:

- Continued risk associated to the Emergency Services Network (ESN) comprising two aspects; one related to the sustainable airwave infrastructure and the other related to the satellite navigation units being fit for purpose.

Assurance:

- An update that the Trust had undertaken a nationally co-ordinated review of stocks in order to ensure preparedness for the UK's exit from the European Union (EU) assured the Committee that the Trust was meeting current requirements.
- The Committee sought further assurance for the Bow UPS and requested the receipt of a quarterly maintenance outcome update.
- Terms of Reference for the Health and Information Oversight Group were currently being reviewed to ensure the correct clinical oversight was being provided in relation to access to data and management of data. Output from the Group would be periodically presented to the Logistics and Infrastructure Committee.



Assurance report: People & Culture Committee

Date: 18/07/2019

Summary report to:	Trust Board	Date of meeting:	30/07/2019
Presented by:	Jayne Mee, Non-Executive Director, Chair of People and Culture Committee	Prepared by:	Rita Phul, Corporate Secretary

Matters for escalation:

- Challenges associated with the recruitment and retention of paramedics continues and potential opportunities associated with recruitment in Canada have not been realised as anticipated. Alternative approaches to recruiting are being considered, including greater development of the UK market, improved incentives and continued recruitment from Australia. The Strategic Workforce Planning Group will be discussing the workforce plan and the Trust's operating model requirement alongside the skill mix for the future which will provide greater clarity over what is required now and for the future
- The successful banding challenge in relation to the Trust's Emergency Ambulance Crew (EAC) role has resulted in an evaluation outcome of Band 5. The Band 5 will be implemented with a clear statement about the affordability of this for the Trust and the subsequent requirement for a priority review of roles, bandings and deployment of core front line clinical roles.

Other matters considered:

- An NHS Improvement pilot offering funding to retain nurses was discussed and the possibility of investigating whether there is any similar funding available for Paramedics, which in particular could be used to retain international.
- The first formal meeting of the Strategic Workforce Planning Group meeting took place on 27 June 2019, confirming Terms of Reference for the Group together with the key strategic objectives. The Chair of the Committee made the point that urgent discussion and modelling was required from this Executive Group re the Workforce Plan.
- The Committee received the NHS Interim People Plan, noting that the full plan would be available in November 2019 (although there is now some speculation this may not be the case) The Plan acknowledges that workforce supply is the most serious risk facing the NHS in England. The Committee is assured that the Trust's People and Culture Strategy and the proposed Learning and

	<p>Education Strategy are well aligned to the national agenda and implementing the five key themes recommended by the NHS. These will be reviewed again on release of the full People Plan.</p> <ul style="list-style-type: none"> • The first feedback of the Culture Civility Review being conducted by Professor Duncan Lewis has indicated a good response rate.
<p>Key decisions made / actions identified:</p>	<ul style="list-style-type: none"> • There is still a low take up of exit interviews, losing the Trust an opportunity to better understand the key reasons for staff exiting the organisation. An alternative approach is being considered, with better utilisation of retention interviews and the development of a career hub. • Equality and Inclusion reporting – preparation for collection of Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) is underway and due to be submitted in August 2019. The Trust has achieved its 2018/2019 target of 15% BME representation. • The Committee received the Learning and Education Strategy and Implementation Plan and discussed the need for there to be consistency between the actions required for implementation and key milestones. The Strategy and Implementation Plan will be supported via the Programme Management Board (PMB) and the Committee will receive the next iteration in September, following scoping to be undertaken at the PMB.
<p>Risks:</p>	<ul style="list-style-type: none"> • The Trust has undertaken a review of investigation and disciplinary processes in the London Ambulance Service NHS Trust (LAS) following a tragic event at another NHS trust. The Committee sought further assurance that the recommendations made by NHS England and NHS Improvement's Advisory Committees have been effectively implemented into the Trust's disciplinary processes. Whilst significant action has already been taken to meet the recommendations, it is recognised that the Trust has more to do to fully consider these recommendations and implement them. The Chair of the Committee asked that a detailed implementation plan come to the next meeting and that this should be a top priority for the new Head of Engagement.
<p>Assurance:</p>	<ul style="list-style-type: none"> • The Committee received assurance that significant amounts of work continue.



Assurance Finance & Investment report: Committee

Date: 23/07/2019

Summary report to:	Trust Board	Date of meeting:	30/07/2019
Presented by:	Fergus Cass, Non-Executive Director, Chair of Finance & Investment Committee	Prepared by:	Fergus Cass, Non-Executive Director, Chair of Finance & Investment Committee

Matters for escalation:

- A recovery plan is being developed, aimed at achieving response time targets in a context where the settlement with commissioners doesn't fully cover the cost of delivering Ambulance Response Programme (ARP) standards and where activity levels are running ahead of those envisaged in the contract.
- Mitigations are being identified in response to factors that have created a significant risk of not achieving the control total; these factors include: the cost of handling activity growth; cost increases in the Integrated Urgent Care (IUC)/111 service; the re-banding of the Emergency Ambulance Crew (EAC) role; and a shortfall in delivery of planned Cost Improvement Programme (CIP) projects.
- A recovery plan is being produced to deal with resource and cost challenges in the IUC/111 service, where the deficit in the first three months of 2019/20 significantly exceeded budget. The percentage of calls needing clinical triage is above the level specified in the contract; the implications will be discussed with the commissioners.

Other matters considered:

- Work is in hand to prioritise the 2019/20 capital programme, which was originally budgeted at £20.9m; this follows a national request to reduce the Trust's capital expenditure by 20% (£4.2m).
- New accounting rules will affect the treatment of leases in the financial accounts: the impact is being evaluated.
- A review of the total procurement spend of approximately £87m has identified an "influenceable" amount of £64m. It is intended to develop a strategy that will seek significant savings on this figure.
- The Committee was updated on the project to strengthen procurement and contract management procedures relating to Estates, where annual purchases are approximately £11m. Tenders for facilities management services will be conducted later this year; interim contracts have been awarded in key maintenance areas. All purchase orders are now going through the e-financials system.

- Plans and timelines for procurement collaboration with South Central Ambulance Service (SCAS) will be firmed up.
- In an update on the impact of the Carter Review, it was indicated that a reduction in conveyance rates to 52% from the current 59% could generate savings of around £20m per annum; realisation would require investment and negotiation with commissioners. Data from Carter, from the Patient Level Information and Costing System (PLICs), and from the Model Ambulance portal is being used in financial planning and in setting CIP targets.
- A three-year projection of income and expenditure, using assumptions from NHSI guidance, indicates a cumulative efficiency requirement in the range £22 - £37m. A further iteration is planned, incorporating the cost of delivering the Trust strategy.
- A report on the increase in agency costs in the IUC/111 service in 2019/20 indicated that the main factors were (1) a delay in transferring all temporary staff into a managed service and (2) an increase in agency staff required to deliver service improvements.

Key decisions made / actions identified:

- The Committee received an update on the contract negotiations with commissioners, noting: that income from the settlement falls £5.3m short of that projected in the business plan, assuming no change in activity; that activity is likely to exceed the contracted level, with some, but not all, of the cost being borne by commissioners; and that additional resources would be needed to deliver the ARP response time targets. As noted, a recovery plan is being developed.
- The loss to the end of June was £2.9m, which is £0.6m better than plan. Income was £0.5m ahead of plan, mainly due to activity above the threshold at which commissioners will pay for overperformance. Costs in total were in line with plan: the favourable impact of vacancies and of savings in non-pay expenditure was offset by the cost of overtime and temporary staff. Delivery of CIPs is behind plan; achievement of the year's target will require additional savings. Cost pressures have contributed to a risk of missing the full-year control total by an estimated £11m; mitigations are being identified.
- The results to date include a cumulative loss of £2.7m attributable to the IUC/111 services; this is £2.5m adverse to budget and reflects the cost of hiring staff to deliver the clinical assessment service. As noted, a recovery plan is being prepared.
- Cash was £13.4m at the end of June, £5.1m below plan. This was due to delays in agreeing the 2019/20 contract and late payment of CCG debts. The position is expected to be on track by August.
- The Committee discussed the business case for the installation in Trust vehicles of a driver safety, asset management and security system. The plan was supported in principle but further work was

recommended in order to determine the scope and timing of the project, taking capital constraints into account.

Risks:

- The Committee recommended continued inclusion on the Board Assurance Framework (BAF) of a risk relating to delivery of the control total in 2019/20, reflecting the issues summarised in the “Matters for escalation” above.
- It also recommended that the following risks should remain on the BAF: (1) delivery of the strategy in the light of resource and contracting constraints (2) business continuity in the event of a “no-deal” departure from the European Union.

Assurance:

- The Committee reviewed financial performance, including cash flow, to the end of March 2019 (Month 3), the full year forecast for 2019/20, and the risks associated with that forecast. Background information and explanations of variances were provided, including the latest expectations relating to activity levels and costs. Salient figures and key actions have been noted above. From this review the Committee took assurance that reporting and forecasting processes are operating effectively.
- The Committee received an update on the development of the Enterprise Project Management Office (EPMO) and on the progress of its work. The Committee took assurance that the EPMO and related processes provide an appropriate framework to enable delivery of the Trust’s portfolio of programmes and projects.



Assurance Quality Assurance report: Committee

Date: 26/07/2019

Summary report to:	Trust Board	Date of meeting:	30/07/2019
Presented by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee	Prepared by:	Philippa Harding, Director of Corporate Governance

Matters for escalation:

- The Committee received a presentation from Chris Huntley-Sharpe (Head of First Responders) about the Trust's volunteer Emergency Responders and Community First Responders. There are many lessons to be learned from the manner in which this part of the organisation works, that could be useful for the Trust's core services, including training and self-rostering.
- The Committee received information about the action being taken to improve the quality of the Trust's 111/Integrated Urgent Care (IUC) service in North East London (NEL). There are operational, quality and financial challenges to be addressed in this service and a co-ordinated approach is required. A number of concerns have been raised through Freedom to Speak Up with regard to the culture and operational management of this service and these have been fed into a quality improvement plan. In light of the level of expenditure on agency in this service in 2018/19 and to date in 2019/20, it is clear that a financial recovery plan is also required. These two pieces of work must not move forward in isolation.

Other matters considered:

- The Committee considered the outcomes of serious incidents (SIs) in April and May and a thematic review of these. This information is provided elsewhere on the Board agenda.
- The Trust has undertaken a root cause analysis of "ineffective breathing calls", which had been identified as a consistent factor in SIs. The Committee reviewed an overview of the findings of this work and the actions to be taken as a result.
- The Committee noted the Quality Impact Assessment scores relating to the Trust's 2019/20 Cost Improvement Programme.
- The Annual Report of the Trust's Clinical Audit Research Unit and its updated Research Policy were noted by the Committee.
- The Committee noted the Controlled Drugs Accountable Officer and Responsible Officer Reports from the Chief Medical Officer. These are available elsewhere on the Board agenda.

Key decisions made / actions identified:

- The Committee received an oral update on quality issues arising after the completion and submission of the written reports. There is a need to ensure that there is an appropriate Committee scheduling and reporting cycle which enables discussion of the most up-to-date quality issues facing the Trust. In light of this, the Committee requested a review of the quality reporting and meeting schedules.
- The Trust's annual Safeguarding Report was discussed and Committee members asked for further information about safeguarding allegations made against staff members and the action taken in response to these.

Risks:

- The Committee considered the Board Assurance Framework (BAF) and high level Corporate Risk Register (CRR) risks. It was clear that the risk associated with the Trust's ability to provide its 111/IUC service remains appropriate for the BAF.
- The Committee noted the impact on performance of current staffing/resourcing levels, particularly at times of high demand, such as those associated with hot weather. Further work should be undertaken to ensure that appropriate resourcing arrangements are in place at times of anticipated high demand.

Assurance:

- The Committee took assurance from the work undertaken to understand the causes of SIs (particularly those in relation to "ineffective breathing calls") and amend practice in light of this information.
- The Quality Impact Assessment provide assurance that the Cost Improvement Programme will not have a detrimental impact upon quality in 2019/20.
- The annual reports provided to the Committee by the Clinical Audit Research Unit, Safeguarding and Infection Prevention and Control teams provide assurance in relation to the operation of those teams.



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Integrated Quality and Performance Report			
Agenda item:	10			
Report Author(s):	Key Leads from Quality, Finance, Workforce, Operations and Governance			
Presented by:	Key Leads from Quality, Finance, Workforce, Operations and Governance			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This high level Integrated Quality and Performance Report serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across London Ambulance Service.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are escalated on the front summary pages in the report.</p> <p>It is designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.</p>				
Recommendation(s):				
<p>The Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
<p>This report contains an overview of Trust Risks directly linked to the BAF but does not itself raise any risks.</p>				

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

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

London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

Analysis based on Year to May 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:**

Update on performance:

Provide outstanding care for **our patients**

999 Performance in all national measures have broadly remained stable over time. April and May performance for Category 3 and 4 90th percentile is outside the standard, but in May the trust has scored 4th in all ambulance trusts for Cat 3 90th percentile. 999 call answering within 5 seconds also continued to be below 95% in April-May with call volume higher than the equivalent time in the previous year. 111 Performance on calls answered within 60 seconds SLA has markedly improved at North East London (NEL) returning a performance of 95.8% in May, which is above the target. Abandoned calls sat comfortably within the target at under 1% at both sites. Work continues to develop the Clinical Assessment Service with Commissioners especially with regards to the flow of cases through the service; enabling the Trust to enhance KPI compliance within the 7 Priorities. **See page 12 ongoing work to improve our position around Priorities 1-7**

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

Appraisal – compliance has stabilised during Q1 at 76% against the 85% target. A deep dive of the compliance scores by Sector and Directorate has been undertaken (refer to slide 20 of this pack) and the monitoring of improvements to deliver the target will be formally reported to ExCo. We are forecasting a worse case gap of 198FTE across our Sector Operations frontline posts. A significant number of activities are underway to close this gap. Turnover rates at over 12% predominantly due to Sector Operations and a special task and finish group is underway to review and address this.

Previously, Data Quality issues were identified in grading RIDDOR reports where incidents were graded as low harm instead of moderate. The spike in moderate harm reflects more accurate reporting levels. Full Quality Assurance is now in place.

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

The Trust is £1.4m ahead of plan year to date, reporting a £1.2m deficit for the period to the end of May. Income is higher than planned due to increased apprenticeship funding (£0.3m) and vacancies across operations have resulted in pay expenditure £0.7m lower than planned. The Trust has a use of resources score of 3 in May in line with plan, however this is expected to change to a 1 by the end of 2019/20.

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

Despite seeing a fewer number of delays, an increase the number of hours lost to hospitals has increased in May. There is organisational focus as well as a cost improvement programme to recover this situation with action plans focusing on clarification of targets, improving the process and sharing good practice across sectors.

ED conveyance during May saw an improvement of 0.8% in comparison to April. On going dialogue continues to happen between the LAS and our commissioners to finalise the baseline figures for 2019/20 ED Conveyance and H&T activity. Our national position saw us achieve 2nd best for H&T, leaving us at 7th position for ED conveyance.

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 continued to be within the top three performing Ambulance Services in April and May. We were frequently best in class for the Category 1 Mean and 90th Centile measures.*
- *NEL/SEL call answering performance continues to improve with some measures now above the national target*

- *Good progress with ESR transformation programme with delivery of the Employee Relations Tracker and Non-Payroll Workers in ESR.*
- *A full review of Occupational Health Services is underway to scope a new tender for 2020.*
- *Staff sickness – attendance policy in roll out phase. 5% target will be set for 19/20.*

- *The Trust has delivered all its financial targets for the first two months of 2019/20*
- *The Trust has agreed the activity and financial elements of the 2019/20 A&E Contract with commissioners and is now working to finalise the contract.*

- *We are contributing to the Collaborative Contact & Response (CCR) programme. This programme has now been established with baseline assessments and scoping completed (BP19).*
- *We have achieved the ED conveyance target in May (BP19).*
- *H&T performance is steadily improving in 2019/20*



Patients Scorecard

May 2019

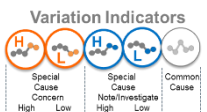
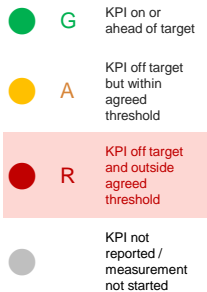
Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance				Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 10)
Category 1 response – Mean	mm:ss	May-19	●	07:00 A	00:06:08	00:06:05	00:06:21	06:54	06:08	1
Category 1 response - 90th centile	mm:ss	May-19	●	15:00 A	00:10:10	00:10:10	00:10:34	12:03	10:10	1
Category 1T response – 90th centile	mm:ss	May-19	●	30:00 N	00:18:23	00:17:53	00:19:22			
Category 2 response – Mean	mm:ss	May-19	●	18:00 A	00:17:36	00:17:02	00:19:10	0:21:01	0:11:49	3
Category 2 response - 90th centile	mm:ss	May-19	●	40:00 A	00:35:43	00:34:20	00:39:19	0:42:57	0:21:31	3
Category 3 response – Mean	h:mm:ss	May-19	●	1:00:00 A	00:53:44	00:49:42	00:54:16	1:00:29	0:32:07	4
Category 3 response - 90th centile	h:mm:ss	May-19	●	2:00:00 A	02:02:51	01:55:41	02:10:17	2:23:27	1:10:04	4
Category 4 response - 90th centile	h:mm:ss	May-19	●	3:00:00 A	03:13:50	03:14:46	03:04:56	02:53	01:45	7
Call Answering Time - 90th centile	ss	May-19	●	24 I	3	2	22			
ROSC at Hospital	%	Jan-19	●	33% N	37.4%	36.0%	35.7%	30.0%	37.4%	1
Severe Sepsis Compliance - (national AQI reported quarterly)	%		●	N/A		89.0%				

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+



Note: ROSC at Hospital and Sepsis is measured quarterly

*National average YTD



Patients Scorecard (NEL IUC)

May 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance					Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (out of 10)
Percentage of answered calls answered in 60 seconds	%	May-19	●	95.0% A		95.8%	93.6%	N/A	88.0%	95.8%	1
Percentage of calls abandoned after 30 seconds	%	May-19	●	5.0% A		0.4%	0.6%	N/A	2.0%	0.4%	1
Total calls - Priority 1: dealt within 15 min	%	May-19	●	95.0% C		69.5%	66.8%	N/A			
Total calls - Priority 2: dealt within 30 min	%	May-19	●	95.0% C		50.2%	44.8%	N/A			
Total calls - Priority 3: dealt within 60 min	%	May-19	●	95.0% C		72.4%	67.2%	N/A			
Total calls - Priority 4: dealt within 120 min	%	May-19	●	95.0% C		78.9%	76.8%	N/A			
Total calls - Priority 5: dealt within 180 min (NEL only)	%	May-19	●	95.0% C		86.2%	86.5%	N/A			
Total calls - Priority 6: dealt within 240 minutes	%	May-19	●	95.0% C		92.9%	90.3%	N/A			
% of calls closed with no onward referral (health advisor and clinician)	%	May-19	●	33.0% A		18.7%	18.6%	N/A			
% of calls transferred to 999	%	May-19	●	10.0% A		7.4%	7.1%	N/A	9.7%	7.4%	1
% of calls recommended to ED	%	May-19	●	5.0% A		9.5%	9.2%	N/A	9.5%	9.0%	3

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

● G KPI on or ahead of target

● A KPI off target but within agreed threshold

● R KPI off target and outside agreed threshold

● KPI not reported / measurement not started

Variation Indicators

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



Patients Scorecard (SEL IUC)

May 2019

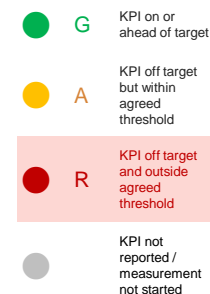
Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance					Benchmarking (Month)		
				Target & Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 10)
Percentage of answered calls answered in 60 seconds	%	May-19	●	95.0%	A	92.7%	88.9%	83.8%	88.0%	95.8%	2
Percentage of calls abandoned after 30 seconds	%	May-19	●	5.0%	A	0.7%	1.2%	2.0%	2.0%	0.4%	2
Total calls - Priority 1: dealt within 15 min	%	May-19	●	95.0%	C	79.0%	83.0%	80.5%			
Total calls - Priority 2: dealt within 30 min	%	May-19	●	95.0%	C	59.0%	64.8%	62.3%			
Total calls - Priority 3: dealt within 60 min	%	May-19	●	95.0%	C	55.0%	77.8%	67.1%			
Total calls - Priority 4: dealt within 120 min	%	May-19	●	95.0%	C	66.0%	79.0%	73.0%			
Total calls - Priority 6: dealt within 240 minutes	%	May-19	●	95.0%	C	85.0%	89.1%	87.5%			
Total calls - Priority 7: dealt within 360 min (SEL only)	%	May-19	●	95.0%	C	87.0%	90.4%	89.0%			
% of calls closed with no onward referral (health advisor and clinician)	%	May-19	●	33.0%	A	16.0%	17.9%	15.2%			
% of calls transferred to 999	%	May-19	●	10.0%	A	8.3%	8.5%	9.0%	9.7%	7.4%	2
% of calls recommended to ED	%	May-19	●	5.0%	A	9.1%	9.0%	10.2%	9.5%	9.0%	2

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

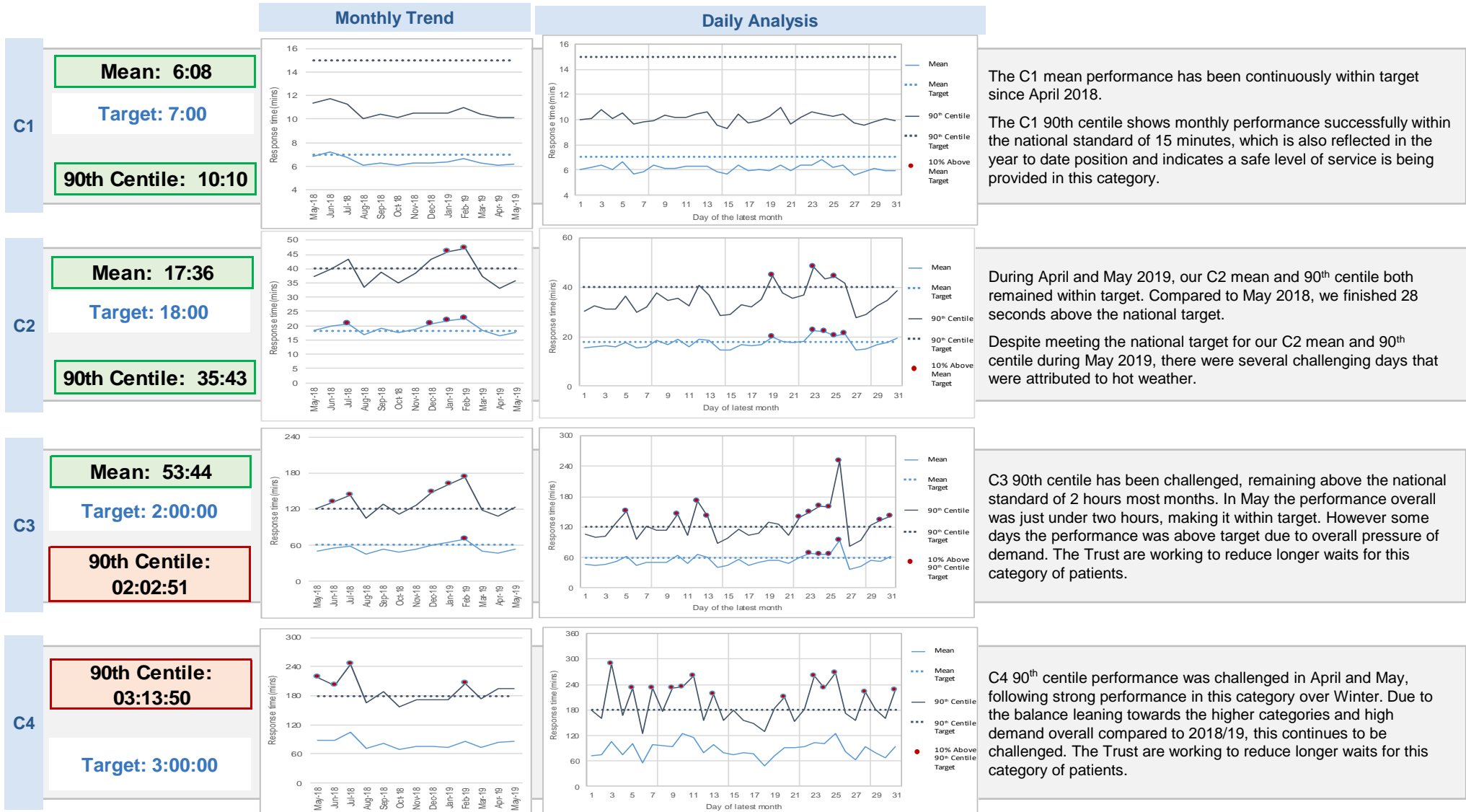


1. Our Patients

999 Response Time Performance



The May Category 1 mean returned 6 minutes 8 seconds while the Category 1 90th centile was 10 minutes 10 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 first in the Category 1 mean measure and ranked first in the Category 1 90th centile measure when compared to all Ambulance Trusts across England.





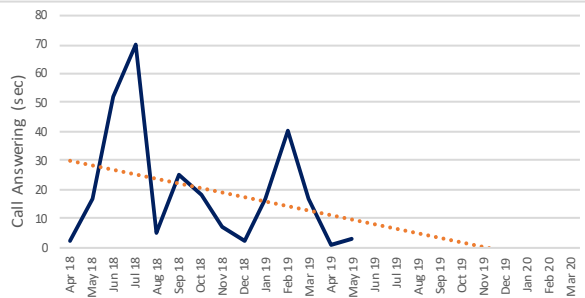
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

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

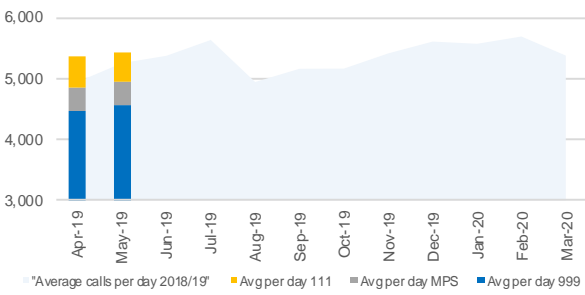
999 Calls Received

April and May 2019 saw a higher number of calls compared to an equivalent period in 2018/19. Call answering performance is showing a positive downward trend and we are clearly exceeding our target on call answering 90th centile, which is less than 24 seconds.

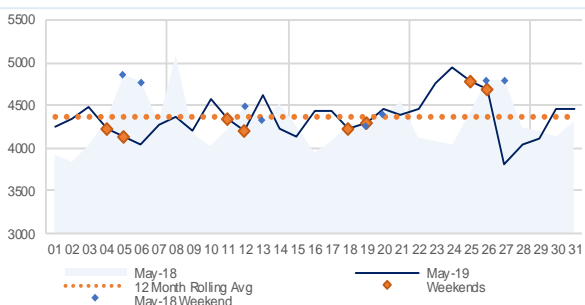
Performance (90th Centile)



Average Calls Per Day



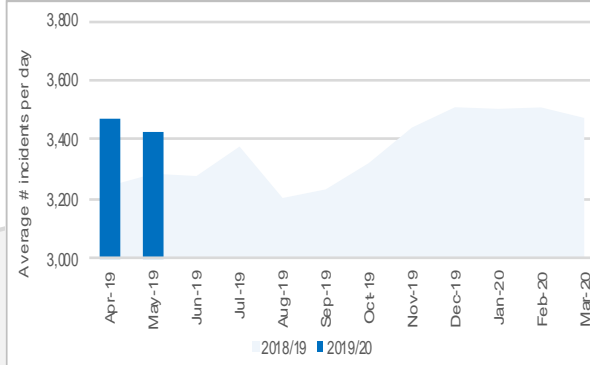
Daily Calls Answered



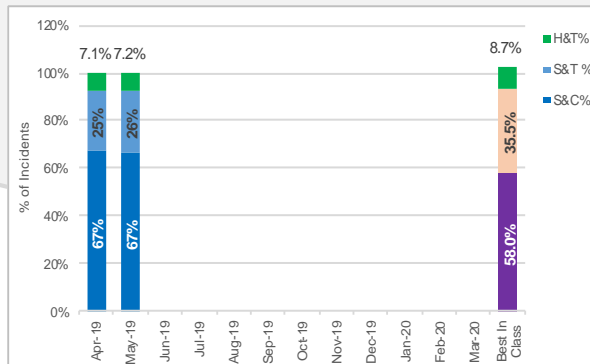
Incidents and Response Type

April and May 2019 delivered continued pressure on the Trust, with the average number of incidents per day remaining higher than in 2018/19. Performance improved for ED conveyance and Hear and Treat compared to 2018/19 due to concentrated effort on improving these measures.

Incidents



Response Type

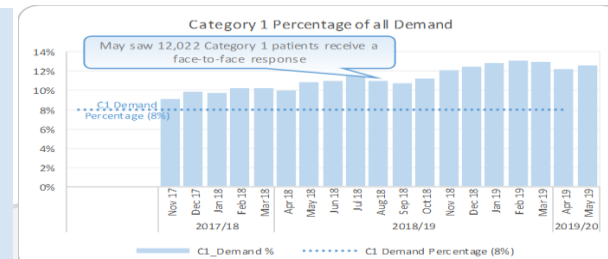


During May 2019, SWAS was best in class achieving 35.5% and 58.0% for their S&T and S&C outcome; leaving the LAS at 26.6% (7th place) and 67% (9th place) for these response types.

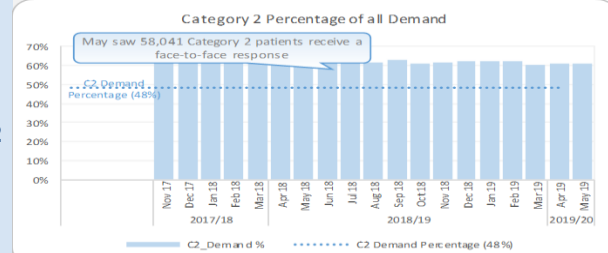
NWAS was best in class for achieving H&T at 8.6%, with LAS following at 2nd place with 7.2%

Incident Category (By Month)

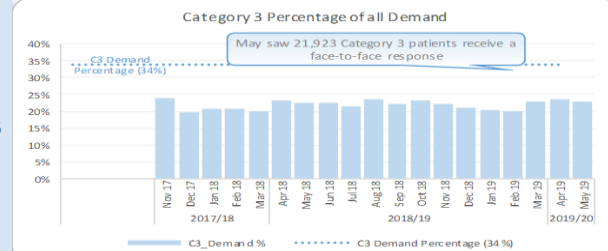
C1



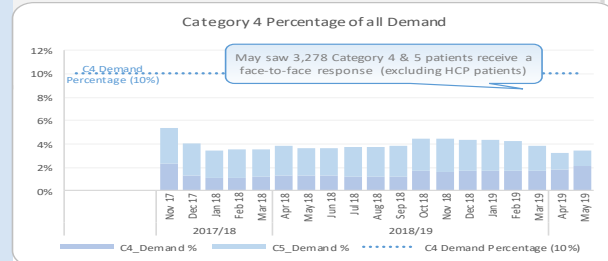
C2



C3



C4/C5

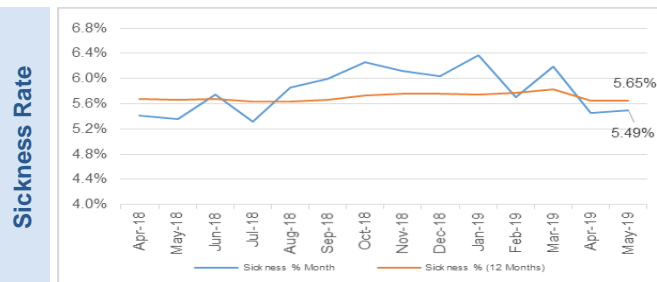
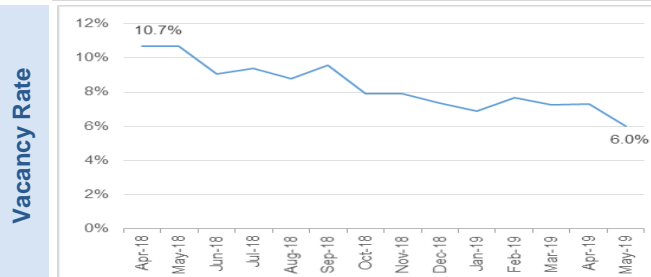
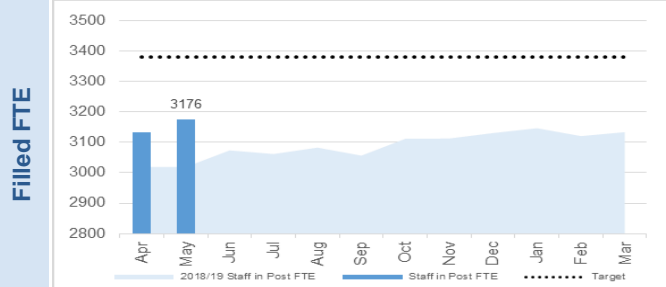




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

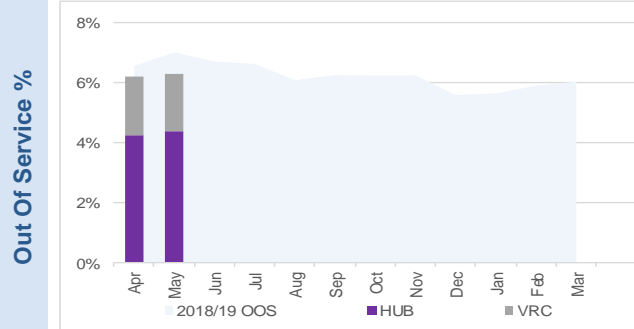
Frontline Operational Staff

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. There has been recruitment improvement in April/May 2019 compared to the same period last year. (See Our People section of this report for further detail across the organisation)



Vehicle Availability and Patient Facing Hours

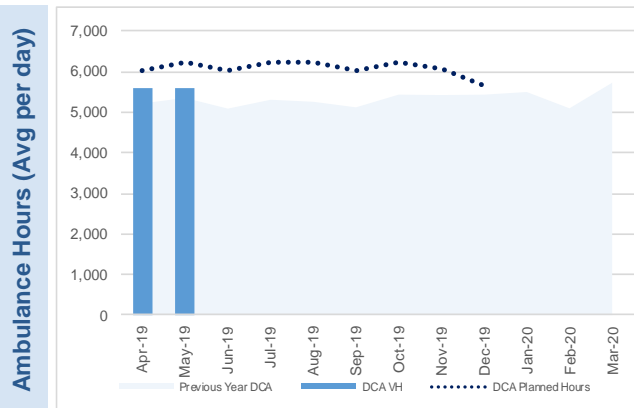
Overall Out Of Service rate remained around 6%, a marginal improvement of 0.7% from the previous year. The steady improvement in OOS associated with vehicle and equipment issues has faltered. This is directly attributable to the pattern of the new rosters. Fleet and Logistics are challenged by PVR currently. Operational demand for vehicles is set well above the rostered requirement.



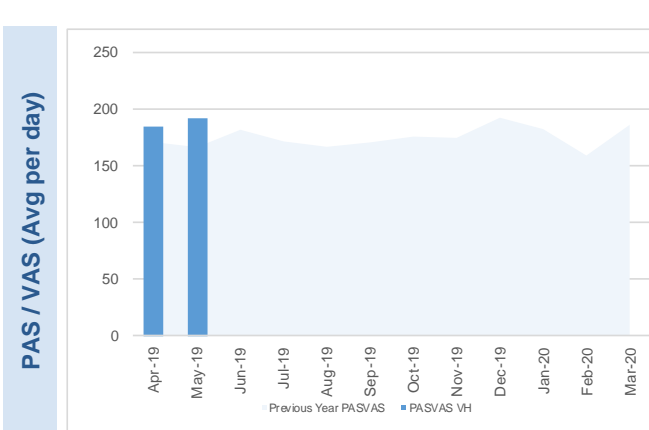
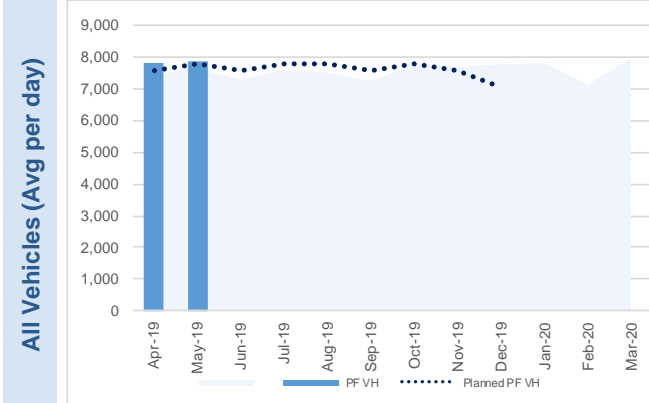
Note:

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



The Trust has provided an average of 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.





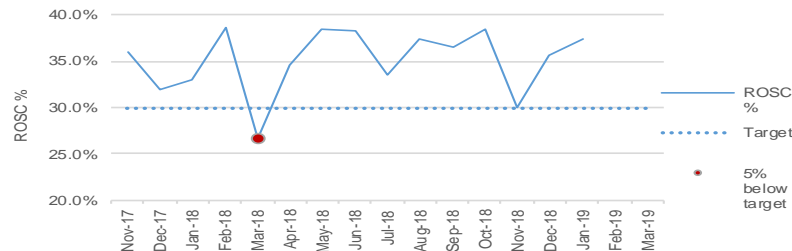
Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. **The data presented is from January 2019, which is the most recent month published by NHS England.**

During January 2019, CARU reported the average response times for cardiac arrest patients as 8 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 73 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 69 minutes.

ROSC at Hospital

Month:
37.4%

Target: 33%



In January 2019, the internal target for Overall Return of Spontaneous Circulation (ROSC) at hospital was met with 37% of patients achieving ROSC and sustaining it to arrival at hospital. The LAS ranked 1st nationally and performed well above the national average of 30%.

Sepsis Care Bundle

Month: TBC

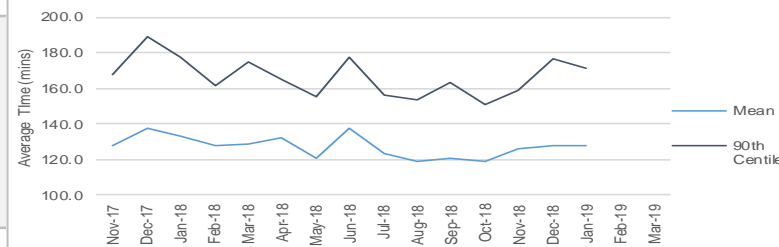
Target: TBC

Our year to date performance for the Sepsis Care Bundle is 89%, which is considerably above the national average (73%). The next quarterly submission is due on 22nd July for data relating to incidents from March 2019. CARU are currently processing the 3,658 records that were generated during this period by staff using the illness code of 'severe sepsis'. As this will be the first submission using NEWS2 criteria (which was rolled out to LAS frontline staff for use during December 2018), the sample will be larger as NEWS2 includes patients over the age of 16 (whereas NEWS used data for patients over the age of 18).

STEMI call to angiography

Mean: 02:08

Target: TBC



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

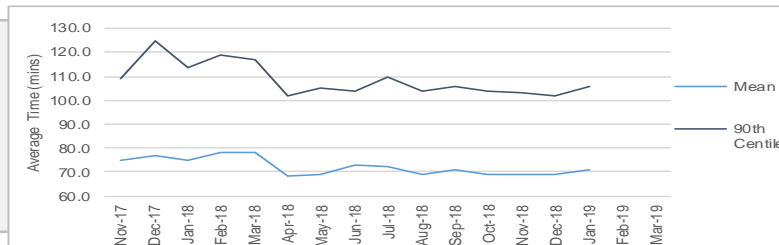
The LAS performance was better than the national average for the mean (2:09) and ranked 4th when benchmarked against other ambulance services.

Similarly, the LAS performed below the national average for the 90th centile (2:51 vs 2:57) and ranked 5th. It should be noted that both the mean and 90th centile were extended compared to our year to date average of 2:04 and 2:41 respectively.

Stroke call to door

Mean: 01:11

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 (1:15). The LAS ranked 3rd when compared to other Ambulance Trusts for the mean.

The 90th centile was below the national average (1:46 vs 1:51) and the LAS ranked 4th.

1. Our Patients

111 IUC Performance



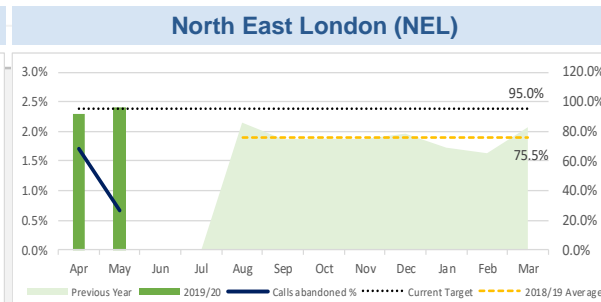
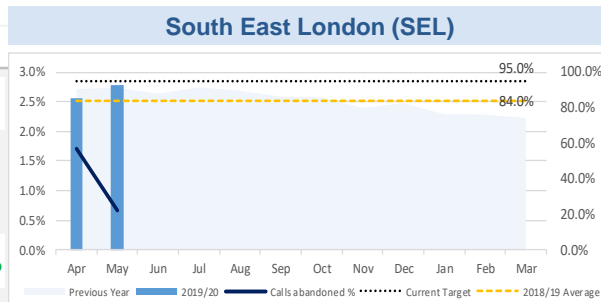
Call answering performance has significantly improved at both North East London (NEL) and South East London (SEL) over the past three months. SEL performance against the call answering service level agreement (SLA) of 95% of calls in 60 seconds has improved by 7.6% since April however still under target, while NEL has improved by 4.0% and are currently performing just above the target.

Call Answering & Abandoned Calls

SEL: 92.7% / 0.7%

Target: 95% (CA) and 5%

NEL: 95.8% / 0.4%



The performance of 111/IUC services is critically important during bank holiday periods given the closure of some primary care services and are continually improving month on month.

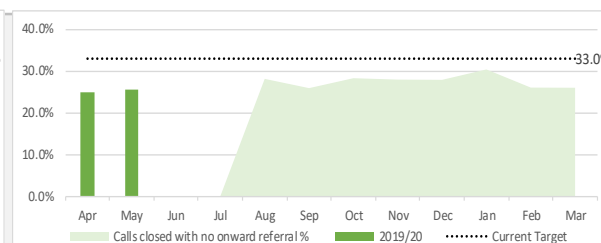
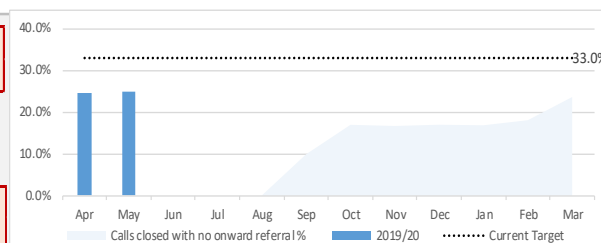
The number of calls abandoned by patients has fallen to the extent that we are now meeting our contractual standards against this metric.

% of calls closed with no onward referral

SEL: 25.0%

Target: >33%

NEL: 25.4%



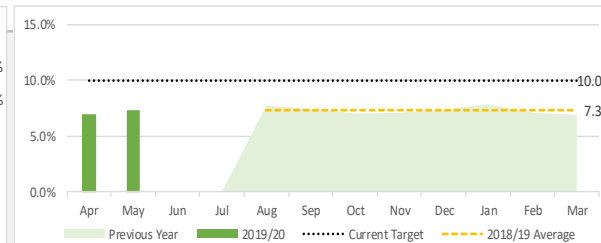
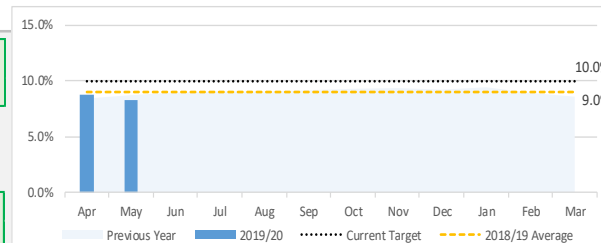
We are continuing to work to identify which patients benefit most from being managed via the CAS so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard 111 service and releases pressure on the wider healthcare system.

Calls Outcome: Transferred to 999

SEL: 8.3%

Target: <10%

NEL: 7.4%



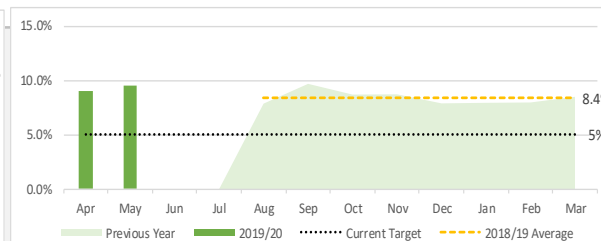
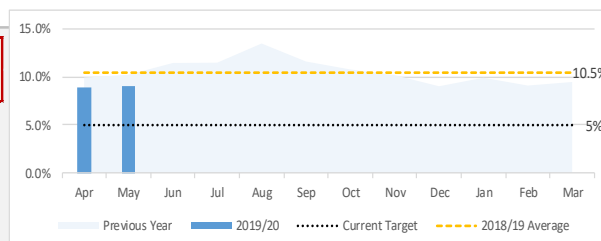
Referrals to 999 services remain within the 10% national standard for both NEL and SEL. During May, NEL delivered 7.4%, with SEL delivering 8.3%. This performance compares positively against the London average of 9.7% and remains the lowest of all providers in London, indicating the benefits of a clinical assessment service (CAS).

Call Outcome: Recommended to attend ED

SEL: 9.1%

Target: <5%

NEL: 9.5%



The development of our IUC services has enabled NEL and SEL to consistently outperform other providers in terms of A&E avoidance, however there is still a lot more work to do to minimize the recommendation for patients to attend A&E.





Priority Performance within CAS






Work continues to develop the Clinical Assessment Service with Commissioners, especially around the flow of cases through the service. In particular there are:

- Establishment of the CAS Transformation Group with Commissioners; this has commenced and is an ongoing project
- Deep dives into outcomes and CAS flow; this has started with the mobilisation of SEL in May 2019 and is an ongoing project
- Introduction of simulation software to enhance CAS modelling and call flow; due to be a 6 week project to begin in August 2019
- Utilisation and productivity reviews of clinical group and individual Clinicians; the reviews have begun and is an ongoing project

This work looks to enhance KPI compliance (Priorities 1-7) within the Clinical Assessment Service and increasing our ability to close cases within IUC with no onward referral.



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.1	We will deliver our national performance and quality standards by optimizing our operational response model and delivering our operational plan	Paul Woodrow		LAS continues to be one of the best performing Ambulance Services and met the national performance standards for Category 1 and 2 incidents in April and May. Category 2, 3 and 4 performance against the national standards has however been challenged since late May. Operations are due to publish an Operating Plan for 2019/20 in July and this will provide the tactical overview for maintaining the effective and continued delivery of emergency ambulance services over the year. This will include the performance trajectory for 2019/20 together with the 12 month rolling average trajectory.
BP.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.	Paul Woodrow		Performance of the CAS to meet targets for Priorities 1-7 KPIs continue to be below contracted standards. There is a BAF risk concerning the IUCs' ability to meet its contractual KPIs within the CAS as a result of challenged availability of clinical resources. A revised resourcing model for the CAS is being undertaken to establish optimal clinical staffing requirements based on case volumes over the past 12 months. This is the subject of on-going focus at our fortnightly executive-led resourcing meetings.

-  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



2. Our People

Trust wide Scorecard

People Scorecard

May 2019

May 2019				Current Performance							Trajectory	Benchmarking			
Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status	Target and Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months		FY19/20 Trajectory		National Data	Best In Class	Ranking (out of 11)
Staff Engagement Theme Score	Yearly	(n)		<div></div>	6.5	Internal	6.2	6.2							
Staff Survey Response Rate	Yearly	%		<div></div>	≥65%	Internal	65%								
Vacancy Rate (% of establishment)	Monthly	%	May-19	<div></div>	5%	Internal	4.5%	4.6%	4.5%						
Staff Turnover (% of leavers)	Monthly	%	May-19	<div></div>	10%	Internal	12.3%	12.3%	12.3%						
Equality, Diversity & Inclusion Theme Score	Annual	(n)		<div></div>	8.3	Internal	8.0								
BME Staff Engagement Theme Score	Yearly	(n)		<div></div>	6.4	Internal	6.1								
% of BME Staff	Quarterly	%	May-19	<div></div>	17.5%	Internal	15.1%	15.1%	14.3%						
Staff Sickness levels (%)	Monthly	%	May-19	<div></div>	5%	Internal	5.0%	5.0%	5.4%						
Health and Safety (% of RIDDOR reports mtg <15day or less tgt)	Monthly	%	May-19	<div></div>	100%		81%	85%	82%						
MSK Related Staff Injuries (Staff Survey)	Yearly	%	May-19	<div></div>	<48%	National									
Rate of working days per 1,000 incidents lost due to MSK injuries	Monthly	(n)	May-19	<div></div>	3.5	Internal	0.41	1.64	3.46						
Bullying & Harassment (Safe Environment Theme)	Yearly	(n)			7.3	Internal	6.1								
Flu Vaccination Rate (Trust Total / CQUIN)	Monthly	%	May-19		75%	National	Flu vaccination data will be available from Q3								
Statutory & Mandatory Training (85% or above)	Monthly	%	May-19		85%	Internal	88.0%	88.0%	88.0%						
Staff PDR Compliance (85% or above)	Monthly	%	May-19		85%	Internal	76.0%	77.0%	82.0%						
Level 3 Safeguarding Training Completed (90% target over 3yr period) - reporting from Sept 19	Monthly	%			>90%	National									

- 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

2. Our People

Vacancy Rates, Staff Turnover and Sickness



Trust

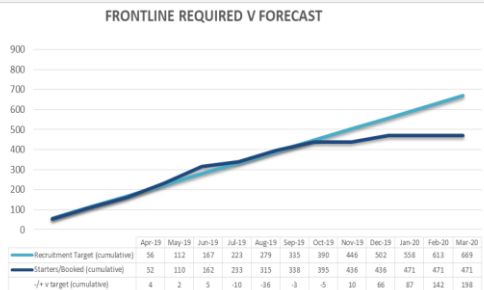
Monthly Trend

Frontline

Recruitment

Month:
110FTE

Target:
112FTE



Required Frontline:
669FTE

Forecast
Supply:471FTE

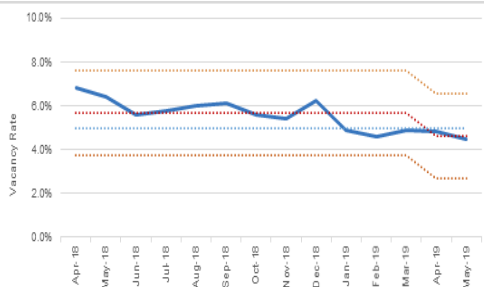
Forecast Gap:
198FTE

In order to mitigate risks associated with the current EAC Band 4 role and, recognising speed of conversion to 'in ops', it has been agreed for 2019/20 that the current gap for EACs will be converted to paramedics. It is expected that the additional paramedics required will be recruited from a second trip to Australia. Following our successful recruitment activities in Australia with in excess of 200 offers there are currently 233 Paramedics (International Paramedics and UK Paramedics) who have been allocated start dates and are expected to join the Trust between May 2019 and February 2020. There are a significant number of activities underway to close the forecasted (worst case) end of year 198fte gap.

Vacancy Rate

Month: 4.9%

Target: 5%



All Frontline: 6%

Paramedics: 9.6%

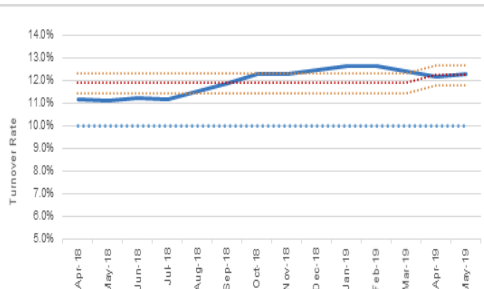
EOC: Fully
established
(Call Handlers)

Our overall vacancy rate is slightly below target at 4.9%. EOC Recruitment – the significant contribution by the recruitment team has achieved good results for 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. Following discussions at the Operational Resourcing Group, the Head of Recruitment recommended a revised NQP welcome and Incentive package for consideration. This has been revised and is now valued circa £10K per NQP new joiner. Consideration was given to the cost of the international welcome package and intelligence on the sums offered by other UK Ambulance Trusts as they seek to attract paramedics in ever larger numbers.

Staff Turnover

12 Month
Rolling:
12.3%

Target: 10%

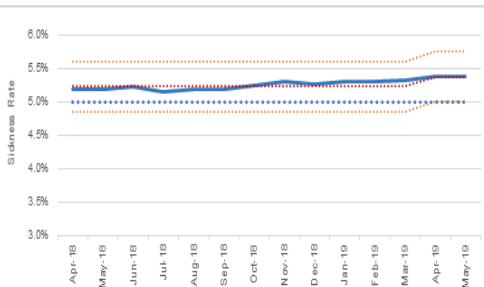


Staff turnover rates remain above the average for FY18/19 at above 12%. A significant analysis of leaver's data is underway and has been used to inform discussions with different stakeholders and will inform activities / actions that may be needed to address any increasing trends. The data has been provided over a 6 year period, focused on our core front line roles. Meetings have been arranged in June and will coincide with the first meeting of the ExCo led Strategic Workforce Planning Group. The on-line exit questionnaire form is now in place and this will provide with additional intelligence on our leavers. Information will be available in Q2.

Sickness

12 Month
Rolling:
5.4%

Target: 5%



Staff sickness rates remain consistent with the previous 12 months at 5.3%. Whilst this is marginally above target there is no cause for concern or further action. We have completed the refresh of the Managing Attendance policy which will be rolled out in Q1 19/20.

The Trust is below the National Ambulance Trust average of 5.8% for sickness.

Our top two reasons for absence continue to be Musculoskeletal Injury 41% and Mental Health 11%.

CHART KEY

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



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 337 resulting in **3.42 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below.

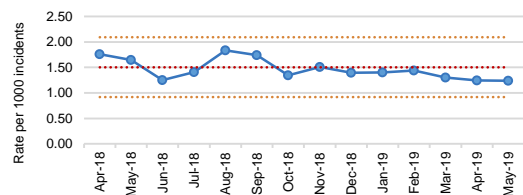
122 (36%) of the H&S related incidents reported during May - 2019 resulted in Low Harm.

16 (5.0%) of the H&S related incidents reported during May - 2019 resulted in Moderate Harm.

In line with the Trust Risk Management Strategy all RIDDOR incidents are graded as minimum moderate harm, this also aligns with the HSE RIDDOR requirements. This will help ensure management attention is focussed on proportionate interventions. (Hence the spike in April & May 2019).

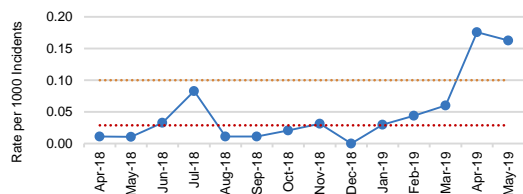
Month: 1.24

Low Harm



Month: 0.16

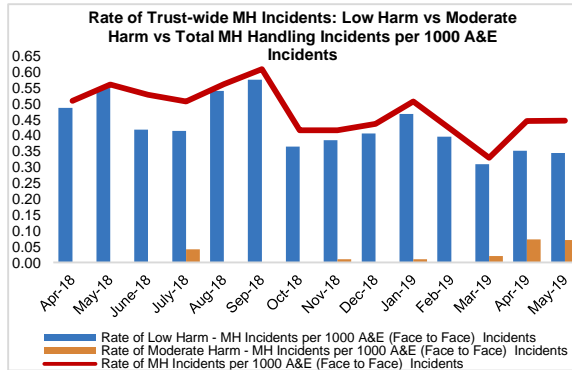
Moderate



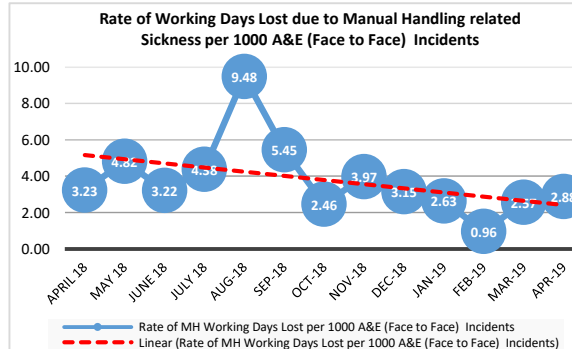
Manual Handling

- 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 Trust wide Fire risk assessment compliance is 93% (May'19) and are on course to complete the outstanding stations by end of June'19.
- Practical Manual Handling training has started for all frontline staff on CSR 2019.1 from April 2019.

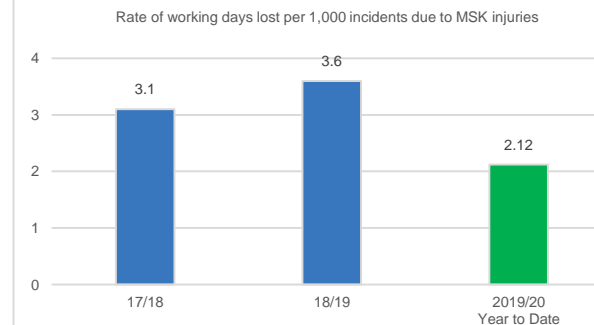
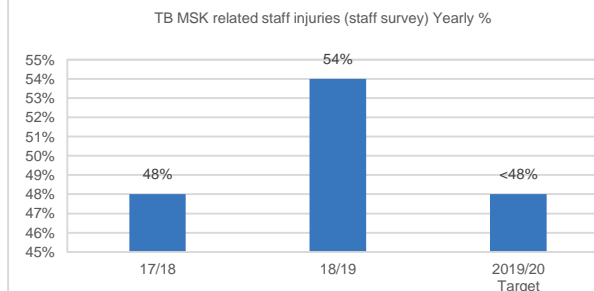
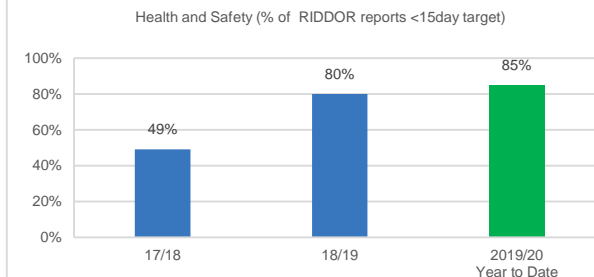
Manual Handling



Manual Handling Related Sickness



New Indicator 2019/20

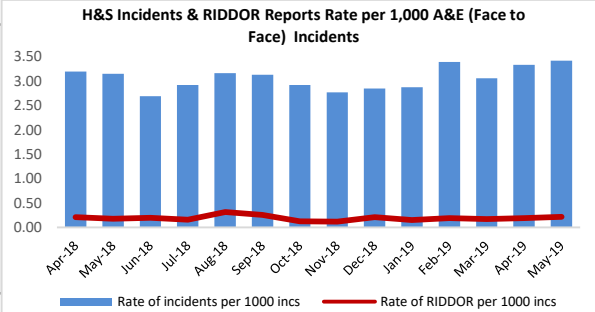




The analysis below looks at 1) H&S Incidents rate & RIDDOR Report Rate *per 1000 A&E (face to face) incidents* 2) RIDDOR Incidents by Cause and 3) Assaults on Staff :

Rate of Incidents

Monthly Trend

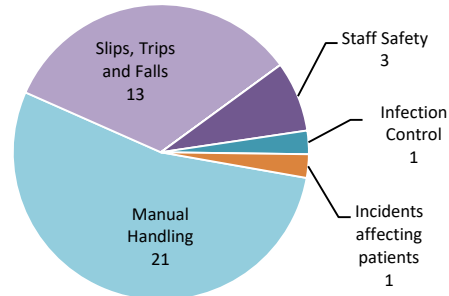


The graph on the left highlights the YTD rate of H&S and RIDDOR incidents per 1000 A&E incidents attended by the Trust.

There is no benchmark/comparable data was received from any of the other ambulance Trusts during May 2019.

RIDDOR by Cause

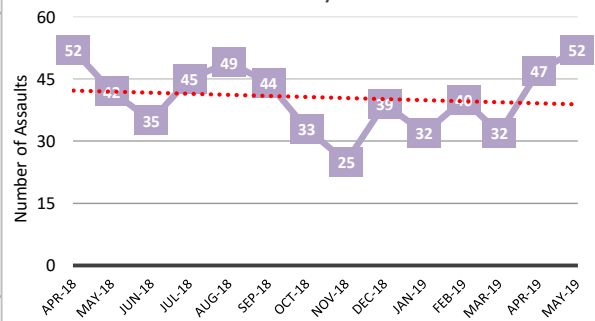
RIDDOR Reportable Incidents by Cause - YTD



- Total of 39 RIDDOR incidents reported to the HSE during 2019/20 (up to May' 19)
- 4 out of the 21 incidents reported outside the 15 days timeframe.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in May 2019 was **81%**.
- Manual Handling & Slip, Trip, Falls incidents account for the highest number of RIDDORs reported across the Trust during 2019/20 (up to May' 19).

Assaults

Assaults on Staff by Patients



There was increase in the number of assaults on staff by patient related incidents in May 2019 and the trend is downward.

The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.



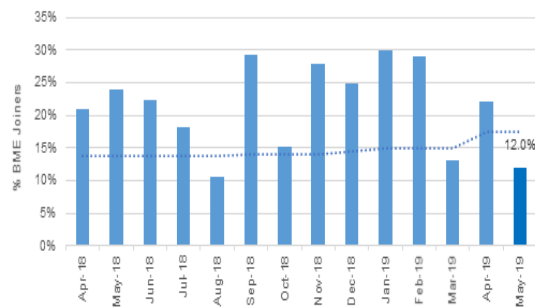
Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

Equality, Diversity and Inclusion 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 2018 to May 2019 compared to the current Trust BME profile.

BME Starters



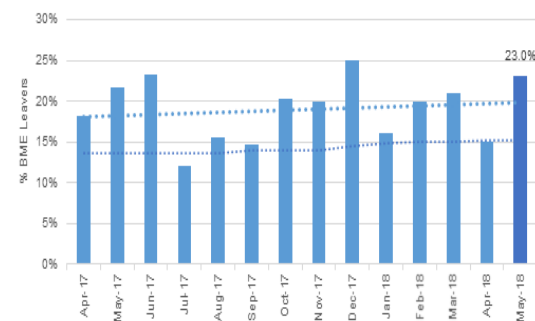
New format WRES Action Plan well underway with work now starting on planning the engagement event to co-produce the plan for 19/20 (July 2019). The quarterly WRES Action Plan Group, chaired by the CEO is bringing strong focus on driving this work forward.

Trust has achieved its 18/19 target of 15% BME representation. Work is underway to update the 3% of records where the ethnicity is unknown.

Our second Women's breakfast was well attended and our next meeting is planned for 18 July 2019.

Preparation for our WRES and WDES returns for 18/19 are underway and are due to be submitted in August 2019.

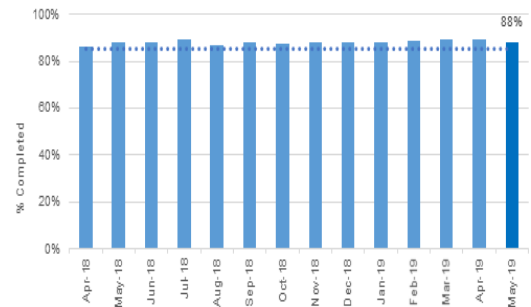
BME Leavers



Statutory and Mandatory Training and Appraisals

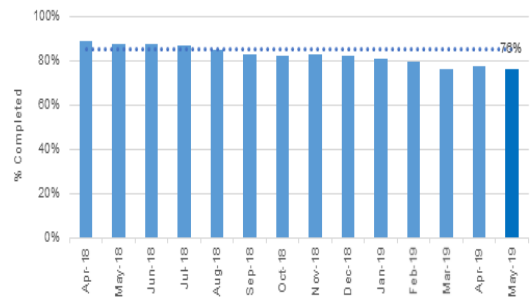
- Trust compliance in Statutory and Mandatory training is **87.9%** and over 99% of our 5,863 substantive staff have logged into MyESR. 97% of this group have completed E-Learning. 2,061 E-Learning Courses have been completed in May 2019 and over 145,000 have been completed since our OLM go-live in September 2017.
- Appraisal completions at 76.2% at the end of May.

Statutory & Mandatory



Trust compliance is 88% with Sector Operations at 93% and Corporate 92%. EOC, the subject of the CQC Must Do action, is at 85%. Information Governance is at 89.8% for May and will increase alongside CSR completions.

Appraisal Compliance



PDR Appraisals were at 76.2% at the end of May 2019. Appraisal compliance has stabilised but is below target. An improvement plan is being implemented for Corporate and Operational teams and weekly reports will be provided to Directors from June to facilitate the required improvement.



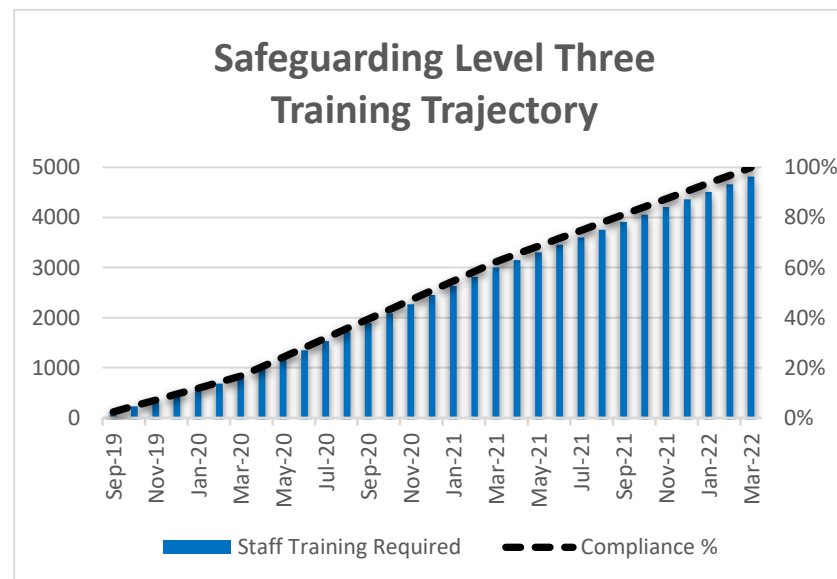
Background

1. Safeguarding Level 3 is now a National Requirement for all clinical staff as of the 1st April 2019
2. As at this date there are 4,816 staff who need to be trained.
3. We will be reporting and monitoring this from September when the Safeguarding team will have recruited additional trainers in post and additional training sessions will be rolled out from this point.
4. A training plan has been agreed with our Commissioners to deliver the training to all clinical staff by March 2022, and targets have been set for each of the years 2019/20, 2020/21 and 2021/22 as follows:

	Year Start	Year End	Compliance Target	% Completed
Year 1	Apr-19	Mar-20	800	17%
Year 2	Apr-20	Mar-21	3,000	62%
Year 3	Apr-21	Mar-22	4,816	100%

5. This is an additional requirement to the current 24 hour allowance for CSR training. Discussions are on-going to plan for this abstraction.





Safeguarding Trajectory










Ref	Business Plan Deliverable	SRO	Status	Comment
BP.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.	Tina Ivanov		Work has been taking place across the organisation, both corporately and locally since the staff survey results were published in February 2019. Over 40 action plans have been developed by Staff Survey Champions based on local staff survey results and details of these were shared at the CEO roadshows. We have launched the Pulse Survey for this quarter which is an opportunity for staff to answer the 'Staff Friends and Family Test' questions and other staff survey questions. Corporate Action Plan has 3 focus areas: appraisal quality, bullying and harassment, and Health and Wellbeing
BP.4	We will complete the restructuring and recruitment of all Directorates to produce an efficient and lean organisation.	Tina Ivanov		Significant support is ongoing to some large scale organisational restructures and is proving challenging and removing focus from development activities. Part of this work sits within the Assets and Property function and, in particular with the fleet team. A fleet workshop to further inform the ongoing consultation around proposed changes was undertaken in June with the output focused on finding a clear route forward to complete the restructure and implementation changes. These changes will see the introduction of new management roles and a programme to enhance the skills of the team.
BP.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.	Tina Ivanov		This programme is on track and has so far seen delivery of the Employee Relations Case Management System which will enable stronger oversight of all Employee Relations cases and be able to track and monitor timescales and support lessons learnt. 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. Authority 2 Recruit E-Form – this e-form will replace the current Workforce Control Panel and Recruitment Authorisation Form using Selenity's Workflow solution. The Project team are currently testing the newly designed form with a plan to go live by the end of July. ESR Manager Self Service - functionality in ESR that enables line managers to see a whole range of information in ESR about their allocated staff. The Project Team are currently reviewing and testing the functionality that we will use within MSS with a view to implementing Online Appraisals, management of the new Pay Progression process and ESR Business Intelligence Reporting. A plan is currently being developed to roll out MSS Trust Wide by the end of Mar-2020
BP.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.	Tina Ivanov		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, chaired by the CEO is bringing strong focus on driving this work forward. The second meeting of the Work Race Equality Standard action plan oversight group was held and chaired by the P&C Director. The action plan has senior nominated leads who will be involved in the delivery of the plan. The Trust has achieved its 18/19 target of 15% BME representation and final cleansing of the data is focussed on updating the 3% of records where the ethnicity is 'unknown'. Gender Pay results for 17/18 show an improvement in the bonus gap. The pay gap has remained at 5%. We have now received confirmation of the Workforce Disability Equality Scheme (WDES) standards and we have started to populate the data. The WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used to develop a local action plan, and enable the service to demonstrate progress against the indicators of disability equality



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.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.	Tina Ivanov		A full review of Occupational Health Services is underway to scope a new tender for 2020. A pulse survey has been prepared for rolling out with all staff, through the month of July, and will be posted online and sent via communications. Focus groups will be held in all sectors to gain feedback from staff on priorities around OH, staff support and any associated services. A timeline has been prepared for the project, which will be finalised and circulated at the end of June concluding in a procurement process in December
BP.8	We will continue to implement our Clinical Education programme to deliver mandatory training and upskill our operational workforce.	Tina Ivanov		Clinical education strategy workshop and alternative care pathway workshops have both been held. This, alongside the workforce planning workshop will enable the clinical education strategy to be completed
BP.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.	Fenella Wrigley		Student records have been archived and moved to a secure facility. An electronic Student Management System has been procured and implementation has begun. This will ensure a single source of information for learners in programs, and many of the paper records will be transitioned to electronic files this year.
BP.10	We will roll-out training and development for all our leadership and management staff across functional and operational teams.	Tina Ivanov		Leadership development programme in delivery phase and Management Essential programmes also underway. 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. First cohort of visible leaders completed with second and subsequent cohorts planned. Continuous improvement will be built into the leadership development pathway elements as delivery progresses

-  G Business Plan deliverable on track
-  A Business Plan deliverable off track but with plan in place to resolve issues
-  R Business Plan deliverable significantly off track
-  C Business Plan deliverable complete
-  Business Plan deliverable not started



Appraisal Narrative

We started the 2019/20 year with an Appraisal compliance rate of 76% and this has stabilised as at the 31st May 2019.

Appraisal compliance has stabilised but is below target. An improvement plan is being implemented for Corporate and Operational teams and weekly reports will be provided to Directors from June to facilitate the required improvement.

This will be formally brought to the ExCo on a quarterly basis.

Appraisal Position as at 31st May 2019

	PDR			
	2019/20 30-Apr	31-May	19/20 target	To complete
308 London Ambulance Service NHS Trust	77.4%	76.2%	85.0%	-8.8%
308 Corporate L3	73.4%	76.4%	85.0%	-8.6%
308 CHX Chief Executive L4	91.7%	83.3%	85.0%	-1.7%
308 CORP Corporate Governance L4	91.7%	91.7%	85.0%	6.7%
308 SAP Strategic Assets & Property L4	16.5%	29.5%	85.0%	-55.5%
308 FIN Finance L4	97.0%	100.0%	85.0%	15.0%
308 IM&T Information Management & Technology L4	92.1%	87.3%	85.0%	2.3%
308 MED Medical L4	86.1%	87.0%	85.0%	2.0%
308 NED Chairman & Non Executive L4	0.0%	0.0%	85.0%	-85.0%
308 PER Performance L4	93.3%	100.0%	85.0%	15.0%
308 P&C People & Culture L7	88.5%	90.5%	85.0%	5.5%
308 Q&A Quality & Assurance L4	96.8%	92.3%	85.0%	7.3%
308 S&C Strategy & Communications L4	76.0%	87.5%	85.0%	2.5%
308 RSA Resilience & Specialist Assets L6	86.4%	91.2%	85.0%	6.2%
308 999 Operations L5	60.6%	64.7%	85.0%	-20.3%
308 999 Clinical Hub L6	62.5%	62.8%	85.0%	-22.2%
308 999 Emergency Operations Centre L6	63.9%	68.3%	85.0%	-16.7%
308 111 & Integrated Urgent Care Services L5	52.3%	26.5%	85.0%	-58.5%
308 ECS Emergency Care Services L5	82.0%	80.0%	85.0%	-5.0%
308 ECS SEC North Central Sector L6	87.5%	88.0%	85.0%	3.0%
308 ECS SEC North East Sector L6	72.1%	72.6%	85.0%	-12.4%
308 ECS SEC North West Sector L6	81.6%	78.3%	85.0%	-6.7%
308 ECS SEC South East Sector L6	90.6%	87.8%	85.0%	2.8%
308 ECS SEC South West Sector L6	82.1%	80.5%	85.0%	-4.5%
308 SECM Sector Operations Management L5	63.6%	45.5%	85.0%	-39.5%



Public Value Scorecard

May 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance							Outturn		Benchmarking		
				Target and Type (Internal / Contractual / National / All)	Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months		FY19/20 Forecast	FY19/20 Plan	National Data	Best In Class	Ranking (out of 11)
Control Total (Deficit)/Surplus	£m	May-19	●	0.0 A	(0.4)	0.1	(1.181)	(2.542)			0.024	0.024			
Performance Against Control Total	£m	May-19	●	0.0 A			100%				100%	100%			
Use of resources index/indicator (Yearly)	Rating	May-19	●	1 A	3	3	3	3	2		1	1			
% of Capital Programme delivered	%	May-19	●	100% A	102%		92%				100%	100%			
Cash position	£m	May-19	●	15.1 A	11.6	19.7	11.6	19.7	22.0		15.1	15.1			
Agency Ceiling Compliance (%)	%	May-19	●	92% A	8%	8%	18%	18%			92%	92%			
Capital plan	£m	May-19	●	20.8 A	0.593	0.584	0.947	1.031			20.8	20.8			
CIP Savings YTD	£m	May-19	●	14.8 A	0.525	0.590	0.831	0.928			14.8	14.8			
	%	May-19	●	100% A	89%		90%				100%				
CIP Savings achieved - % Recurrent	£m	May-19	●	11.5 A	0.307	0.563	0.613	1.031			11.5	11.5			
	%	May-19	●	100% A	55%		59%				100%				
Commercial income generation	£m	May-19	●	0.25 I	0	0	0	0			0.25	0.25			
Corporate spend as a % of turnover	%	May-19	●	<7.0 I	7.0	7.0	7.0	7.0			7.0	7.0			
Cost per incident	£m	May-19		£347 I							£ 332	£ 332			
Average Jobs per shift	%	May-19	●	5.3 I	5.3		5.3								

● 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 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.

Urgent Care & Emergency Services CQUIN	Description	Owner	CQUIN YTD	CQUIN Target	Total Value FY19/20	Value Paid YTD	% of Total Value Realised YTD	% of Total Value Realised Target
Staff Flu Vaccinations	To improve the uptake of flu vaccinations amongst frontline healthcare workers with a target of 80% in 2019/20	Fenella Wrigley	Sept. 2019	>80%	£843k	£0k	0%	100%
Access to Patient Information – Assurance Process	Achievement of NHS Digital's assurance process for enabling access to patient information on scene, by ambulance crews via one of the four nationally agreed approaches i.e. SCRa (Q1, Q2, Q3 & Q4)	Ross Fullerton	TBC		£1,687k	£0k	0%	100%
Access to Patient Information – Demonstration	Achieving 5% of face to face incidents resulting in patient data being accessed by ambulance staff on scene. (Q3 & Q4)	Ross Fullerton	Q3	>5%	£843k	£0k	0%	100%
Locally Determined	Discussions to commence with commissioners on viable CQUIN schemes for 2019/20	TBC	TBC		£843k	£0k	0%	100%
TOTAL					£4,2182k	£0,000k	0%	100%

Discussions continue with commissioners in relation to how the remaining 0.25% of CQUIN will be measured in 2019/20.



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.

SEL IUC 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	To be determined following national guidance	TBC	TBC	TBC	£132k	£0k	0%	100%
Calls answered in 60 seconds	Proportion of calls answered in 60 seconds	Paul Woodrow	85.1%	>95%	£22k	£0k	0%	100%
Cat 3 & 4 ambulance revalidation	Proportion of calls initially given a category 3 or 4 ambulance disposition that are revalidated	Paul Woodrow	76.2%	>80%	£22k	£0k	0%	100%
ED Disposition revalidation	Proportion of calls initially given an ED disposition that are revalidated	Paul Woodrow	44.7%	>80%	£22k	£0k	0%	100%
Call back targets	Proportion of call back targets being met	Paul Woodrow	Varying targets		£22k	£0k	0%	100%
TOTAL					£220k	£0k	0%	100%

The total value of the SEL IUC CQUIN is due to half to £110k. This follows national directive to reduce CQUIN value. LAS are currently discussing with commissioners how this is implemented ahead of signing the National Contract Variation.



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.

NEL IUC CQUIN	Description	Owner	CQUIN YTD	CQUIN Target	Total Value FY18/19	Value Paid YTD	% of Total Value Realised YTD	% of Total Value Realised Target
Staff Survey	Achieving a base line for NHS annual staff survey questions on health and wellbeing, MSK and stress.	Tina Ivanov	30.5%	> 45%	£11k	£5k	50%	50%
Staff Flu Vaccinations	Improving the uptake of flu vaccinations for all NEL IUC staff	Fenella Wrigley	37.31%	> 75%	£11k	£0k	0%	0%
111 Referrals	Increasing the proportion of NHS 111 referrals to services other than to the ambulance service or A&E departments	Paul Woodrow	Amb – 7.87% A&E – 8.76% DoS - 14	Amb – 10.42% A&E – 11.73% DoS - >1	£21k	£16k	75%	100%
Calls closed as Self-Care*	Measuring the total numbers of calls closed which do not require onward referral, reducing pressure on the wider health service.	Paul Woodrow	27%	>33%	£64k	£0k	0%	0%
End to End Reviews	Tracking patient journeys across the entire patient pathways and systems for appropriateness of disposition and patient experience.	Paul Woodrow	10 per month	7 per month	£43k	£0k	0%	100%
Referrals & Management of Patients within the CAS*	To promote hear and treat to support enhanced clinical decision making and avoid unnecessary A&E attendances and subsequent admission.	Paul Woodrow	Not met	95% across 7 priorities	£65k	£0k	0%	0%
TOTAL					£215k	£0k	0%	100%

The total value of the NEL IUC CQUIN is due to half to £107k. This follows national directive to reduce CQUIN value. LAS are currently discussing with commissioners how this is implemented ahead of signing the National Contract Variation.

*Partial Payment schemes are still to be agreed



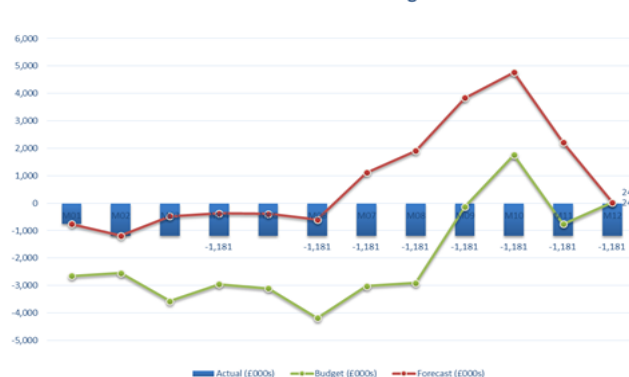
The full year forecast outturn for the Trust is £0.024m surplus at the end of May, which is on plan to meet our Control Total of £0.024m surplus. The month ended with a cash position of £11.6m.

YTD outturn vs budget

FY: £0.024m

**Budget:
£0.024m**

Cumulative Net Position - Budget vs Actual



- The Trust is £1.4m ahead of plan for the year to the end of May 2019, with a £1.2m deficit due to higher than planned income and lower than planned staff costs due to vacancies.
- The full year forecast outturn for the Trust at month 2 is £0.024m surplus which is on plan to meet the control total surplus of £0.024m.
- The Trust has signed the Heads of Terms at £362.7m but had included £368.1m in the budget as over performance. YTD the main contract activity is 2.3% (£1.4m) higher than the 1.5% tolerance agreed in the Heads of Terms, we have included £0.5m in the position as over performance as at M2.

Financial Position Metrics

	Month 2 2019-20			YTD Month 2 2019-20			Full Year 2019-20
	Budget	Actual	Variance fav / (adv)	Budget	Actual	Variance fav / (adv)	Budget
Surplus / (Deficits)	109	(419)	(529)	(2,542)	(1,181)	1,361	24
EFL				12,381	6,987	5,394	19,088
CRL				15,213	14,320	893	20,526
Suppliers paid within 30 days - NHS	95%	88%	(7.0%)	95%	89%	(6.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	82%	(13.0%)	95%	83%	(12.0%)	95%
EBITDA %	5.3%	4.0%	(1.3%)	1.3%	3.6%	2.3%	6.2%
EBITDA	1,802	1,350	(452)	849	2,357	1,508	24,128
NRAF (net return after financing)				4.47%	4.47%	0.0%	(1.9%)
Liquidity Days				(2.34)	2.21	4.55	(2.21)
Use of Resources Rating				1.0	1.0	0.0	1.0

- YTD capital spend was £0.9m which is £0.1m behind YTD plan of £1m. The CRL for 2019/20 is £20.8m which has not been agreed.
- Non-NHS 82.6%, NHS 95% 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: £11.6m

Plan: £19.7m

Actual Cash at end of May 2019 vs Planned Cashflow



- Cash is £11.6m as at 31 May 2019, £8.1m below plan. The main reason for the short fall is that the CCGs are not paying the planned contract income for 2019/20 as the contract income has not been agreed. CCGs are currently paying the contract income based on last year's value. In May the lead commissioners agreed that the LAS could raise invoices for £6.8m to assist the LAS cash position. In June the contract Heads of Terms were agreed and the Trust has now invoiced for the revised contract value for 2019/20



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 2 – May 2019)

	Month 2 2019-20 £000			YTD Month 2 2019-20 £000			Full Year 2019-20 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Full Year Forecast	Variance fav/(adv)
Income									
Income from Activities	33,388	33,135	(253)	65,136	65,207	71	397,937	397,942	5
Other Operating Income	305	485	180	582	857	275	6,579	6,538	(40)
Total Income	33,692	33,619	(73)	65,718	66,063	346	404,515	404,480	(35)
Operating Expense									
Pay	(24,466)	(24,666)	(199)	(49,809)	(49,159)	651	(297,785)	(295,885)	1,899
Non Pay	(7,423)	(7,604)	(180)	(15,060)	(14,548)	512	(85,822)	(87,363)	(1,541)
Total Operating Expenditure	(31,890)	(32,269)	(380)	(64,869)	(63,706)	1,163	(383,606)	(383,248)	358
EBITDA	1,802	1,350	(452)	849	2,357	1,508	20,909	21,232	323
EBITDA margin	5.3%	4.0%	(1.3%)	1.3%	3.6%	2.3%	5.2%	5.2%	0.2%
Depreciation & Financing									
Depreciation & Amortisation	(1,313)	(1,388)	(76)	(2,626)	(2,777)	(150)	(16,319)	(16,635)	(317)
PDC Dividend	(388)	(388)	(0)	(776)	(776)	(0)	(4,656)	(4,656)	0
Finance Income	10	14	4	16	14	(2)	117	106	(11)
Finance Costs	(2)	(10)	(8)	(4)	(12)	(8)	(27)	(35)	(8)
Gains & Losses on Disposals	0	4	4	0	13	13	0	13	13
Total Depreciation & Finance Costs	(1,693)	(1,769)	(76)	(3,391)	(3,538)	(147)	(20,885)	(21,208)	(323)
Net Surplus/(Deficit)	109	(419)	(529)	(2,542)	(1,181)	1,361	24	24	0
NHSI Adjustments to Fin Perf									
Remove Depr on Donated assets	3	3	(0)	6	6	(0)	38	38	(0)
Remove STP funding 2016/17	0	0	0	0	0	0	0	0	0
Adjusted Financial Performance	113	(416)	(529)	(2,536)	(1,175)	1,361	62	62	0
Net margin	0.3%	(1.2%)	(1.6%)	(3.9%)	(1.8%)	2.1%	0.0%	0.0%	0.7%

Income

- The Trust has signed the Heads of Terms at £362.7m but had included £368.1m in the budget as over performance. YTD the main contract activity is 2.3% (£1.4m) higher than the 1.5% tolerance agreed in the Heads of Terms, we have included £0.5m in the position as over performance as at M2.

Operating Expenditure (excl. Depreciation and Financing)

- Substantive vacancies £2.3m offset by temporary staff costs of £1.7m.
- Underspend on fuel and fleet repair £0.5m.
- YTD non-Pay is £365k underspend due to underspend on the following:
Make ready contract £190k, Drugs £247k, Medical & surgical items £132k, Course and conference fees £101k, Fuel £260K, Uniforms £37k, Accident repairs and Fleet parts £165k, Unallocated service developments £421k.

And overspend in the following:

- Subsistence £36k, GP Services £483k, Private Ambulance £386k, Professional fees & consultancy £303k, Depreciation £150k,

EBITDA

- The Trust delivered an EBITDA of £2,357k to May which represents EBITDA margin of 3.6%.

Depreciation and Financing

- Overall Financial Charges are £0.2m lower than plan at the end of May.



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 2 – May 2019)

	Apr-19 Actual £000	May-19 Actual £000	May-19 YTD Move £000	May-19 YTD Plan £000	May-19 Var £000
Opening Balance	21,718	16,799	21,718	21,718	0
Operating Surplus	990	1,360	2,350	940	1,410
(Increase)/decrease in current assets	(1,780)	(4,789)	(6,569)	(670)	(5,899)
Increase/(decrease) in current liabilities	(1,147)	(1,498)	(2,645)	1,818	(4,463)
Increase/(decrease) in provisions	222	235	457	(638)	1,095
Net cash inflow/(outflow) from operating activities	(1,715)	(4,692)	(6,407)	1,450	(7,857)
Cashflow inflow/(outflow) from operating activities	(1,715)	(4,692)	(6,407)	1,450	(7,857)
Returns on investments and servicing finance	0	14	14	16	(2)
Capital Expenditure	(3,204)	(499)	(3,703)	(3,500)	(203)
Dividend paid	0	0	0	0	0
Financing obtained	0	0	0	0	0
Financing repaid	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(3,204)	(485)	(3,689)	(3,484)	(205)
Movement	(4,919)	(5,177)	(10,096)	(2,034)	(8,062)
Closing Cash Balance	16,799	11,622	11,622	19,684	(8,062)

Operating Position

- There has been a net outflow of cash to the Trust of (£8.1m), this is £8.1m lower than the planned outflow (£2.0m).
- Cash funds at 31 May stand at £11.6m.
- The operating surplus at £2.4m is £1.4m above plan.

Current Assets

- The movement on current assets is (£6.6m), (£5.9m) higher than planned movement.
- Current assets movement was lower than planned due to receivables (£5.0m), accrued income (£0.2m) and prepayments (£1.1m).

Current Liabilities

- The movement on current liabilities is (£2.6m), a (£4.5m) lower than planned movement.
- Current liabilities movement was lower than planned due to trade and other payables (£5.0m), accruals £0.6m and Deferred income £0.04m.

Provisions

- The movement on provisions is £0.5m, is a £1.1m higher than planned movement.

Capital Expenditure

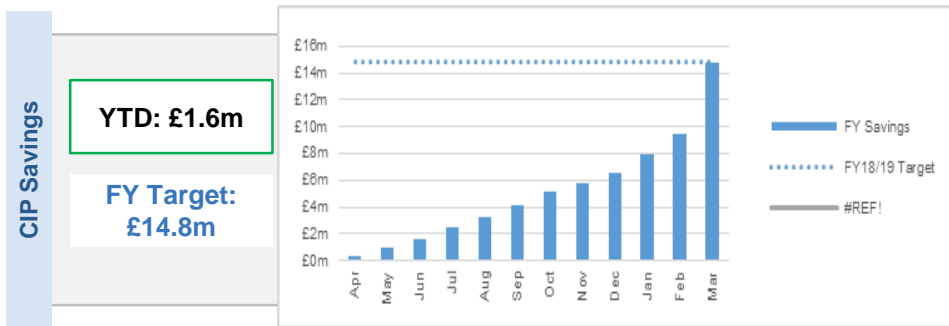
- Capital cash outflow is £3.7m, is a £0.2m above plan.



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.

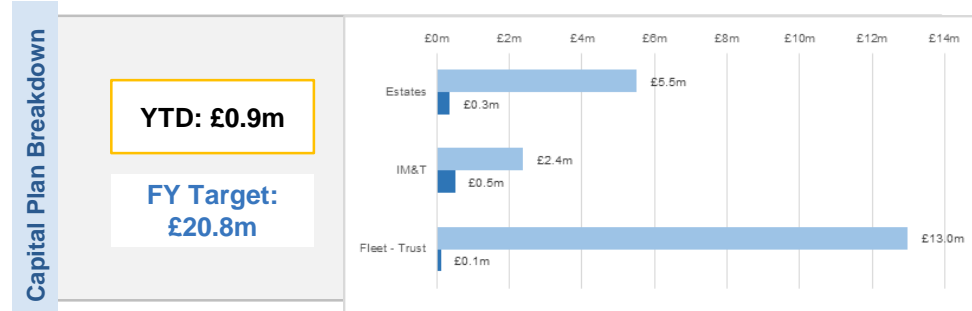
Cost Improvement Programmes (CIPS)

The Trust delivered its £14.8m CIP target in 2019/20 through enhanced programme governance. The Trust delivered 80% of its CIP recurrently.



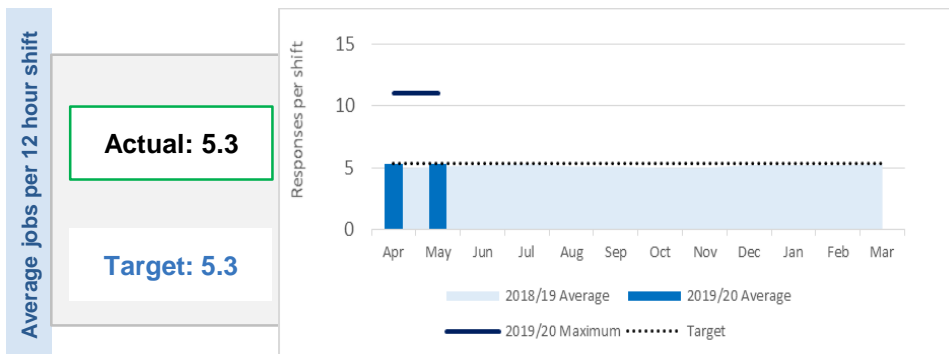
Capital Plan

- YTD Capital spend is £0.9m against a budget of £1m, £0.1m behind plan.









- The CRL for 2019/20 is £20.8m which has not been agreed.






Jobs per shift (DCA)



Operations are tracking the performance of jobs per shift on a monthly basis and are consistently hitting the agreed target. While there is no programme of work focusing solely on this metric, a number of our efficiency and productivity schemes will impact this number. For example success in improving Handover to Green times and reducing OOS CIPs would improve the Jobs per shift measure



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.11	We will deliver our control total and maintain our use of resources rating with NHSI.	Lorraine Bewes		The Trust Control total is currently on track. However, due to a combination of factors including above forecast demand in 111/IUC requiring higher agency usage for which additional income will be sought, a recent successful banding challenge to core frontline role in 999. An impact assessment for both will be completed for Mth3 financial report
BP.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.	Lorraine Bewes		A revised forum for consideration of future contracting / commissioning arrangements is being established. A range of potential options for discussion are being developed. In parallel the Trust has engaged with the regional regulator to realise a new model of integrated urgent care delivery (111).
BP.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.	Lorraine Bewes		The Trust is on target to deliver £14.8m of efficiencies and productivity. However, going forward the final contract settlement may require an additional £2.7m trust wide to support additional investment in resource. To provide sufficient assurance non-recurrent mitigation has been sought to underpin the overall plan. The Trust is also working through collaboration opportunities with South Central Ambulance Service as part of 5YR efficiency plan.
BP.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.	Benita Mehra		The Trust is progressing a twin approach for both operations and corporate estate. The former is being addressed by the draft Estates Strategy whilst the latter is work in progress – introducing 7:10 ratio at Waterloo and Pocock St. alongside the closure of Morley St. in year and Union St. at end of financial year.
BP.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.	Lorraine Bewes		Recruitment has been completed for the commercial role, starting later this year. In parallel the Trust has sourced advice from other public sector organisations regarding potential opportunities to generate commercial revenue through ideas such as advertising
BP.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.	Benita Mehra		Business case for Driver safety system and Asset management nearing final draft. Due for submission to PMB, ExCo and FIC in July. Scoping for a procurement model has been completed to permit an OJEU tender to be completed at pace.

-  G Business Plan deliverable on track
-  A Business Plan deliverable off track but with plan in place to resolve issues
-  R Business Plan deliverable significantly off track
-  C Business Plan deliverable complete
-  Business Plan deliverable not started



Partners Scorecard

May 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance			Trajectory	Benchmarking (Month)		
				Target and Type (Internal / Contractual / National / All)	Latest Month	Year To Date (From April)		National Data	Best In Class	Ranking (out of 11)
Hospital handover	minutes	May-19	●	18.5 I	19.3	19.5	TBC			
Post-handover (Handover 2 Green)	minutes	May-19	●	16.0 I	16.6	16.5	TBC			
See and Convey – to ED (Contractual Position) **	%	May-19	●	58.25% C	58.3%	58.7%	TBC	58.4%	53.2%	7
Hear and Treat % **	%	May-19	●	7.9% C	7.2%	7.2%	TBC	6.5%	8.7%	2
Savings delivered to wider urgent & emergency care system through management of IUC services (£m) – Still being developed	£m			TBC	This metric has proved difficult to ascertain in a way that can be tracked on a regular basis. As part of the long term financial plan development we are refreshing our strategy modelling over July and August and the specifics for this metric will come out of that work in a way that can be tracked on a regular basis through the IPR.					
CQC rating - Overall	Annual Rating			O / S N	TBC	Awaiting CQC Inspection				
CQC rating - Well-led	Annual Rating			G N	TBC					
Cyber Essentials Plus Accreditation	%	May-19	●	100			TBC			

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

- 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

**Pending agreement with commissioners

4. Our Partners

Maximising safe non-conveyance to ED



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

We saw a lower number of delays in May, compared to March, however the overall number of hours lost has gone up with over 1,200 hours lost from our arrival to patient handover over 30 mins. King Georges, Whipps Cross and Queens Romford had the greatest proportion of handovers exceeding 30 minutes. Northwick park had the highest number of lost hours over 30 minutes, at 243 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	1,671	1,595	269	17%	52.4	21.8
	North Middlesex	2,731	2,621	476	18%	74.2	18.9
	Royal Free	1,664	1,564	208	13%	46.7	15.7
	University College	1,992	1,893	130	7%	15.0	21.9
	Whittington	1,508	1,451	132	9%	21.9	13.7
North East	Homerton	1,391	1,337	21	2%	1.8	16.1
	King Georges	1,290	1,228	273	22%	26.3	12.7
	New ham	1,969	1,875	283	15%	22.2	24.1
	Princess Royal	1,954	1,839	214	12%	86.1	20.5
	Queens Romford	3,152	3,054	675	22%	80.2	19.0
	Royal London	2,341	2,251	215	10%	13.3	22.7
	Whipps Cross	2,003	1,882	566	30%	83.6	21.5
North West	Charing Cross	1,283	1,248	76	6%	6.1	21.2
	Chelsea & West	1,361	1,297	56	4%	10.8	19.6
	Ealing	1,365	1,326	35	3%	3.9	18.5
	Hillingdon	1,925	1,880	168	9%	25.5	12.7
	Northwick Park	3,318	3,219	516	16%	243.0	23.4
	St Marys	1,991	1,890	310	16%	52.2	20.5
	West Middlesex	1,986	1,949	48	2%	4.3	18.4
South East	Kings college	2,288	2,156	304	14%	57.2	21.7
	Lewisham	1,630	1,499	240	16%	90.8	22.0
	Queen Elizabeth II	2,640	2,536	60	2%	22.1	21.3
	St Thomas'	2,573	2,440	123	5%	9.6	16.7
South West	Croydon	2,504	2,418	331	14%	88.6	17.2
	Kingston	1,782	1,742	61	4%	8.7	14.6
	St Georges	2,158	2,073	340	16%	49.8	24.8
	St Helier	1,424	1,386	159	11%	45.3	17.9
	TOTAL	53,894	51,649	6,289	12%	1,242	19.3

Patient Handover to Green

In May, we didn't see a change to March in handover to green performance. Over 4,400 hours were lost due to patient handover to green exceeding the 14 minute threshold. There is organisational focus as well as a cost improvement programme to recover this situation with action plans focusing on clarification of targets, improving the process and sharing good practice across sector.

Sector	Station Group	Handovers to Green	Handovers Exceeding 14 mins	% over 14 mins	Total Time Lost (hours)	Avg Time PH to Green	90th Centile PH to Green	Avg mins lost per breach
North Central	Camden	2,906	1,610	55%	241.6	16.2	29.1	9.0
	Edmonton	3,706	1,881	51%	288.4	15.9	28.0	9.2
	Friern Barnet	2,218	1,188	54%	174.9	16.1	28.8	8.8
North East	Homerton	3,254	1,916	59%	270.8	16.5	28.7	8.5
	New ham	4,977	2,779	56%	387.9	15.9	28.7	8.4
	Romford	4,448	2,500	56%	325.0	16.1	26.8	7.8
North West	Brent	4,409	2,305	52%	376.5	16.4	29.3	9.8
	Fulham	2,460	1,363	55%	201.4	16.5	29.0	8.9
	Hanwell	3,332	1,902	57%	248.0	16.2	27.3	7.8
	Hillingdon	1,969	1,103	56%	149.9	16.4	27.8	8.2
Westminster	Westminster	1,763	979	56%	124.9	15.4	26.7	7.7
South East	Bromley	2,682	1,593	59%	216.7	16.2	29.7	8.2
	Deptford	5,583	2,977	53%	426.0	15.9	29.3	8.6
	Greenwich	3,191	1,607	50%	168.7	15.3	28.4	6.3
South West	Croydon	2,871	1,740	61%	191.2	15.8	26.0	6.6
	New Malden	1,739	991	57%	129.4	16.1	29.5	7.8
	St Helier	1,673	853	51%	88.6	14.6	23.0	6.2
	Wimbledon	2,081	1,207	58%	169.3	16.3	29.1	8.4
Other	IRO	9	7	78%	1.6	14.0	35.2	13.7
	NETS	987	244	25%	23.8	5.0	18.0	5.9
	Other	1,768	1,007	57%	153.5	15.6	30.8	9.1
	Training	1,509	626	41%	82.0	13.5	25.0	7.9
	TOTAL	59,535	32,378	54%	4440.1	15.5	28.1	8.2

Max average breach value
Value >10 mins per breach

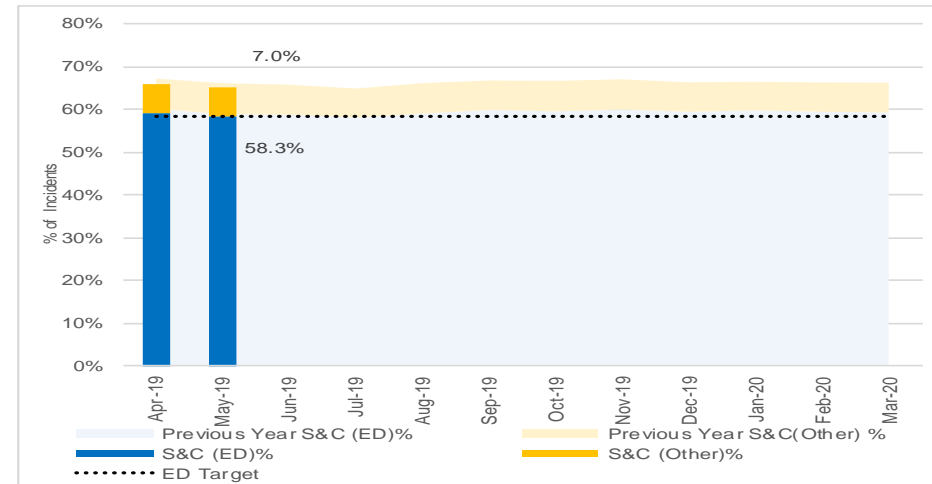
Max average breach value
Value >7 mins per breach



See and Convey to Emergency Department

		May-19	Year To Date	Year-end Target
See & Convey to Other % (Excl. HASU & Cath Lab)	LAS	7.02%	6.93%	
	Target	N/A		
ED conveyance % (Excl. HASU & Cath Lab)	LAS	57.9%	58.66%	
	Target	58.25% **		

The conveyance to emergency departments target (58.25%**) was delivered in May (57.9%). The metric has been steadily improving and we are currently fourth best nationally. The Programme Manager to support the emergency department conveyance programme was appointed in May and is working closely with a number of directorates including Operations.

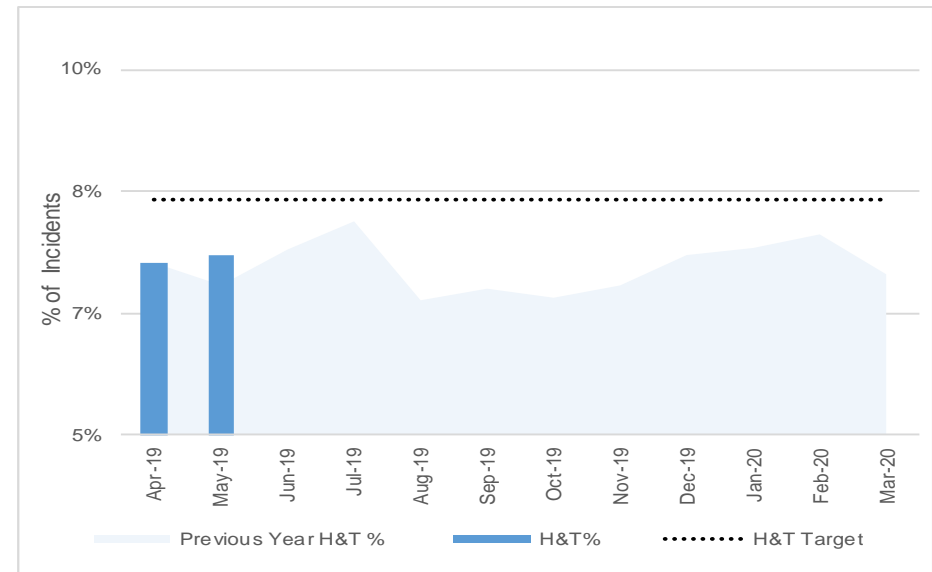


Hear and Treat %

		May-19	Year To Date	Year-end Target
Hear & Treat %	LAS	7.21%	7.16%	
	Target	7.9% **		

Hear and treat delivered 7.2% in May against the Trust target of 7.9%. These results are an improvement on 2018/19 rates and impending recruitment to the new CHUB structure will further help to support an improved position.

****Pending agreement with Commissioners****





Quality Action Plan Summary - Quarterly Reporting

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL LED

- Continue to improve **Medicines Management**. Team capacity increased: 1. MSO (Medication Safety Officer) appointed in stand-alone role 2. Pharmacy Technician commenced in post with initial focus on ensuring legal & safe practices for handling medicines in the LSU (Logistical Support Unit).
- Gosport Working Group convened.
- 111 / IUC** – 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.
- Mental Health** pioneer to be included in ED Conveyance programme. Funding form STPs being sought for South East, with plans being developed to roll-out across SE by end of year.
- APP** showing positive reductions in ED conveyance (2%)
- Falls** pilot went live in NW London in March and it is achieving a reduced level of ED conveyance compared to the BAU response
- Are the facilities and premises appropriate for the services that are delivered?
- Operational **Estates** Strategy presented to Board, allied to ongoing delivery of **Maintenance**
 - **Make Ready** □ **Group Stations** □ **Drug storage**
- Spatial Development** work completed on 3rd floor of Waterloo HQ, with work commencing on 1st floor.
- Freedom to Speak Up** – Annual report produced together with action plan for delivery of strategy in 2019/20. In quarter four 2018/19, 59 cases were raised. By way of comparison there were eight cases raised during Q1 – Q4 2017-18.
- Agreement of NHS Standard Contract with commissioners for Emergency Service & Urgent Care

		Progress Status			
		Complete	G	A	R
TOTAL	83	83			
Safe	14	14			
Effective	19	19			
Caring	4	4			
Responsive	3	3			
Well Led	31	31			
Use of Resources	12	12			

Progress will be measured against 7 levels of assurance



A completed action at level 7 will represent achievement of a sustained improvement, with evidence of delivery of the majority or all of the agreed actions and clear evidence of the achievement of desired outcomes over a defined period of time i.e. 3 months.






- 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



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.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.	Ross Fullerton		Adastra now live in clinical hub providing access to directory or services and detailed local care records.. Summary care record application being piloted in Camden with full roll out planned in 19/20. EPCR approach being revised in partnership with other Ambulance Trusts
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	Paul Woodrow		An improvement programme has been undertaken by LAS in collaboration with the wider health community to identify and resolve ambulance handover delays. This work is being supported by NHS Improvement under the Emergency Care Improvement Programme (ECIP). A pan London group, made up of regulators, commissioners and LAS's Director of Operations and Medical Director, meets regularly to ensure continuous focus on this area.
BP.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.	Trisha Bain		An agreement has been reached with South East providers to support the roll out of the service across the south east. The support equates to 6 Mental Health Nurses to work with LAS paramedics across the sector. We are also ensuring we agree governance and supervision which will allow this model to be tested and utilized for other pioneering services going forward. Evaluation for all Pioneering services will be available in September
BP.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.	Fenella Wrigley		LAS is working closely with NHSE and HLP to support the development of 111 / IUC specifications based on experience of delivering two IUCs across London. Areas of focus. The LAS continues to engage in the pan London ACP group which is co-chaired by LAS and Commissioners. Additional ACP are being designed to ensure accessible 24 hours per day for all clinicians
BP.21	We will deliver the key elements in our Quality Plan for 2019/20 to improve patients' experience and quality of care for patients.	Trisha Bain		We will deliver the key elements in our Quality Plan for 2019/20 to improve patients' experience and quality of care for patients. All actions from the 2018/19 Quality Plan have been completed. A revised Towards Outstanding Plan has been agreed. Included within the plan is the newly recommended '7 Steps to Assurance Model' from the Chair of the Well-Led CQC reviews. The first updated review is taking place in July and shared at Quality Committee and with Commissioners
BP.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.	Benita Mehra		Secure Drug Rooms - Balance of Phase 1 (5) and Phase 2 (15) Interserve will be fulfilling the project management and delivery of the programme in year. ALS (Advanced Life Support) bags continue to be rolled-out and well received by staff. Roll-out of Primary Response bags due by September. Multi-Dose Drug Packs roll-out start date is dependent upon Kit Prep2. User requirement currently being defined.



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.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.	Philippa Harding		Challenges with recruitment have resulted in reduced capacity to deliver. This is being addressed through the use of additional agency resource and work is being undertaken to establish the viability of the introduction of a managed service to sit alongside information security
BP.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.	Lorraine Bewes		The Trust continues to play a major role working with other emergency services exploring opportunities to share resource and expertise including support for patient groups such as Mental Health

-  G Business Plan deliverable on track
-  A Business Plan deliverable off track but with plan in place to resolve issues
-  R Business Plan deliverable significantly off track
-  C Business Plan deliverable complete
-  Business Plan deliverable not started



Our vision is to be a world class ambulance service in a world class city. We want to be London's primary integrator of access to urgent and emergency care 'on scene', 'on phone' and 'on line'. Our strategic themes are:

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

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

Delivering our 5 Year Strategy – Strategic Programmes

Programme	Key Progress & Achievements since last IPR	Priorities for coming months
iCAT London	<p>SEL IUC – full mobilisation of IUC services achieved from 7 May. Croydon Avaya telephony switchover on track for 10 July 'go live'. Final telephony configuration and testing running to plan. BI have confirmed that all required reporting will be in place for 10 July. Call balancing at Croydon being coordinated with NHSE for switchover.</p> <p>CHUB IUC Desks - IM&T NSR investigation and report completed and agreement received to progress and complete the outstanding IM&T works for Barking and Croydon. Evaluation of network performance and connectivity for Pinner site required and underway.</p> <p>The Hays Managed Service project for the provision of temporary agency 111 IUC resources for NEL and SEL is progressing for 'go live' from 06 July. Nine of 11 agencies have been signed to the MSP with the final two expected to be in place by 'Go Live'.</p>	<ul style="list-style-type: none"> • Croydon Avaya telephony switchover • Hays Managed Service 'go live' • Progress further elements of the iCAT strategy • Identify and progress further IUC improvements opportunities • Finalise and implement CHUB Barking and Croydon sites • Complete evaluation and progress CHUB Pinner site
Pioneer Services	<p>Discussions are taking place with Mental Health Trusts in south London regarding collaborative service delivery for that area as a next step following the six month pilot evaluation of the specialist response vehicle taking place in June/July 2019.</p> <p>The Falls Service pilot in NW continues, providing 7/7 daytime cover with a falls ambulance intermittently supplemented by a falls car. ED conveyance rates for the pilot are c. 35% as opposed to 75% for BAU. The evaluation takes place in September.</p> <p>The End of Life strategy has been sent to the SRO for approval. Care Coordinators have been appointed pan-London and induction events held for them.</p> <p>Seven new Advanced Paramedic Practitioners (Urgent Care) have received job offers from the first assessment centre, a second will be held to try and achieve closer to fourteen</p> <p>The Maternity project is on hold pending commissioner approval of the business case to fund seven midwives in the control room to provide 24/7 coverage.</p>	<ul style="list-style-type: none"> • Complete the six month evaluation and obtain agreement from the mental health Trusts to their participation in a collaboration. • Agreement and finalisation of a charter between LAS and hospices regarding patients at the End of Life. • Hold a second assessment centre to fill all authorised vacancies for APP(UC) for a start in post early September. • Business case approval by commissioners to recruit 6 WTE Band 6 midwives and one WTE Band 7. • Commence the Falls evaluation early September.



Programme

Key Progress & Achievements since last IPR

Priorities for coming months

Spatial Development

- The spatial programme is continuing at a pace, with the quiet room having been set up at Waterloo.
- The finance team have relocated to union street and Morley street has been returned to the landlord.
- The design has been developed for the first floor and the communal space, this work was then tendered and work has now commenced.
- Designs for the refurbishment of Pocock street and the second floor are being developed, with works planned to be undertaken later in the year.

- Finalise designs for the refurbishment for the second floors in HQ and Pocock street. 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 relocated to Union Street, with Morley street returned to the landlord on 31st May 2019. This will yield annual revenue savings of £120k.

Connecting Clinicians

- 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 alongside ePCR. Explore with other ambulance trusts the most appropriate way to procure a new CAD/EPCR system, rather than go it alone. Continue to meet with key stakeholders to discuss at a high level the requirements of the new CAD/EPCR system.
- The new Summary Care Record additional (SCRa) mobile application pilot has been successful. Full rollout plan is almost complete and Training is underway to support a full rollout which will be handed over to the EPMD to complete.

- Develop programme scope for new CAD – ePCR programme.
- Explore procurement of new CAD-ePCR system with other Trusts.
- Plan pan London roll out of SCRa mobile application
- Prepare system specification for 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 funded in 2019/20. Designs and plans have also been prepared for the 3 sites. The review of the 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 and now West Ham with the next site being Silvertown. 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 iPads.
- ALS Rollout commenced 8 April in NE sector; Silvertown roll out commences in the next few weeks. Collate learning to inform rollout at the next hub. Primary Response bag order placed and roll out for the autumn.
- 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.

- Heads of Term has been agreed.
- A block contract has been agreed with the contract value being £362M, discussions continue around Hear and Treat targets.
- Final NHS National Standard Contract and CQUIN guidance publications now published.
- The substantive Head of Contracts, Commissioning, and Costing has started in post.

- LAS/Commissioners avoided national arbitration and agreed Heads of Terms at the end of May.
- Finalisation of non-financial contract schedules continues.
- Contractual requirements requiring operational delivery to be agreed in advance and then this agreement communicated back to Operations. These will include local work plans 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 presented our STP engagement CQUIN to commissioners and they have confirmed full award for Q4, which is that we have successfully achieved 100% of this CQUIN. Commissioners are particularly pleased with the support they have received from SEMs.
- Partnership working has continued with the Mental Health Trusts in South London to develop collaborative models of service delivery to reduce ED conveyance and improve patient outcomes. Results of the evaluation have been promising. We have held discussions to expand the pilot with SLAM and OXLEAS.

Key priorities for the coming months

- Following SEL STP's recent designation as an Integrated Care Systems (ICSs) status, we will engage them on their next steps and plans and determine the impact on LAS.
- Continue to gather intelligence on STP plans for the creation ICSs and agree how to influence to ensure LAS is integral in STP thinking.
- Detailed 'STP Insight Packs' have been finalised and are now ready for circulation to ELG and others who would find them useful.



Enabling Strategies

Strategy	Lead Director	Progress since last IPR	Key progress over coming months
People & Culture Strategy	Tina Ivanov, Director of People & Culture	Discussions held with Communications to progress the design work.	Finalise design work and publish on the Pulse and in the RIB.
IM&T, Data & Digital Strategy	Ross Fullerton, Chief Information Officer	Discussions held with Communications to progress the design work (Strategy document and Executive Summary).	Finalise design work and publish on the Pulse and in the RIB.
Clinical Strategy	Fenella Wrigley, Medical Director	Draft iterations underway in discussion with the SRO Fenella Wrigley.	It is planned to present the draft strategy to ExCo 21.08.19 and QAC 03.09.19, ready for submission to Trust Board 24.09.19.
Quality Strategy	Trisha Bain, Chief Quality Officer	The strategy was agreed by Trust Board in March 2019 along with the annual Quality accounts. Design work completed.	Strategy has now been uploaded to LAS website, the Pulse and external NHS websites including NHS Choice.
Estates Strategy	Benita Mehra, Director of Strategic Assets & Property	Further iterations have been developed in preparation for the Board Briefing session in June 2019.	The draft strategy was presented for discussion at the Board briefing session on 25.06.19. It is planned to go to Trust Board in July 2019.
Volunteering Strategy	Fenella Wrigley, Medical Director	The draft strategy was shared for review and comments with Garrett and Fenella. Comments incorporated and final draft complete.	An action plan will be developed. The document will be presented to ExCo on 17.07.19, with a pre-meet with the Chair on 23.07.19 prior to submission to Trust Board 30.07.19.
Stakeholder Engagement Strategy (previously Patient and Public Involvement Strategy)	Antony Tiernan, Director of Communications and Engagement	An outline stakeholder engagement strategy has been produced. It is being considered by the Executive Team.	Next steps to be confirmed.
Learning & Education Strategy	Tina Ivanov, Director of People & Culture	The strategy was presented to May Trust Board (23.05.19). It was agreed it would go to the next People and Culture Committee.	The strategy is planned to be presented to the People & Culture Committee 18.07.19.
Commercial Strategy	Lorraine Bewes, Director of Finance	Currently awaiting the new Head of Commercial post holder to be in their new role anticipated by July.	Once in post, development of this strategy will progress.



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Board Assurance Framework and Corporate Risk Register			
Agenda item:	11			
Report Author(s):	Frances Field, Risk and Audit Manager			
Presented by:	Philippa Harding, Director of Corporate Governance			
History:	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 Trust 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
1.	BAF Risk 57 There is a risk that the Trust will not deliver the required control total and national performance standards as a result of potential increased activity and system challenges in 2019/20.	Lorraine Bewes, Director of Finance and Performance	Finance and Investment Committee	Note amended articulation of this risk proposed following discussions amongst ExCo members.
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	Tina Ivanov, Interim Director of People and Culture	People and Culture Committee	
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 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	Amendment anticipated ahead of next Board meeting.
5.	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	Paul Woodrow Director of Operations	Quality Assurance Committee	

	its strategy.			
4.	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 risks for removal/de-escalation 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.	Benita Mehra, Director of Strategic Assets and Property	Logistics and Infrastructure Committee	LIC proposed for de-escalation at the next Board meeting, subject to the receipt of the full consultants' report in correspondence

Risk discussions since the last consideration of the BAF

Risk, Compliance and Assurance Group

Discussion of current risks:

- At its meeting on 16 July 2019 the Risk Compliance and Assurance Group (RCAG) discussed BAF risk 57 and requested the re-articulation of the risk to reflect the additional emerging funding costs in year and for further details to be included around controls, assurance and actions. The risk was re-articulated and updated subsequent to the meeting.
- The RCAG discussed Datix ID 706 relating to Emergency Operations Centre (EOC) training space limitations at its meetings on 30 May and 16 July 2019. The Group noted that EOC training space limitations would be discussed at a project board meeting on 23 June 2019, where options would be reviewed, following which an update would be reported to the Executive Committee (ExCo). The Group noted a paper would be presented at ExCo on 31 July 2019, outlining the initial scope of moving EOC training to Bow, the implications identified, and a view of looking at other external options.
- The Group discussed the risk described in Datix ID 844 at its meetings on 30 May and 16 July 2019, which is included on the Corporate Risk Register relating to issues with Kitprep at Deptford. The Group was informed that the Wi-Fi at Deptford was working, but the Kitprep app did not work on the Wi-Fi, only on 4G. An assurance report outlining the background of the issue and an action plan is expected by the ExCo at its meeting on 31 July 2019. The RCAG noted that the impact of the risk is on medicines management and the Trust's ability to trace and pack medicines and the risk has been re-articulated to reflect this. The Group had

previously agreed that the risk was incorrectly scored and the risk score was subsequently reduced.

Horizon scanning risk discussions:

5. At its meeting on 30 May 2019 the RCAG noted that a risk relating to operational vacancies was scheduled for discussion at the next Operations Resourcing Group. This would take into account the performance, financial and resource elements of the risk. Subsequent to the RCAG meeting a workshop was arranged to discuss a range of issues impacting on 999 performance, including operational vacancies. In the time passed from the workshop, the Trust's vacancy position for front line staff has improved significantly. While it remains a concern, it has been decided not to articulate it as a risk in itself. As the Trust performance remains a challenge, there are ongoing discussions focused on creating a plan to remedy this situation. Recruitment and retention remain a key part of these discussions. It is considered that BAF risk 56 sufficiently covers the recruitment position.
6. The Group noted that there was a potential BAF level risk relating to delivery of the ESN programme, which was discussed at the Logistics and Infrastructure Committee on 29 May. The RCAG agreed that the risk would be drafted and would be presented to ExCo. The risk was subsequently discussed at the Logistics and Infrastructure Committee on 4 July 2019 (see paragraph 10 below).

Logistics and Infrastructure Committee

Discussion of current risks:

7. At its meeting on 4 July 2019 the Committee received an update regarding the replacement and upgrade of the Bow Uninterruptible Power Supply (UPS). Members observed the sequence of events, noting the equipment was upgraded and installed in February 2019 and rigorous testing had been undertaken following installation. Members noted that a power failure took place on 14 March 2019. The power failure was due to a failure at a UKPN substation, resulting in the UPS equipment going to bypass. However, the bypass interface generator did not kick in as predicted and led to a bypass switch independently becoming operable. The bypass switch superseded all other elements of the system. BM informed the Committee that the bypass switch had now been made inoperable
8. The Committee questioned the requirement for a bypass switch and was informed that the need arose from there being two UPS units previously, and the switch would allow both to be de-escalated and the site to continue to be operational in the event that there were issues with the UPS. It was noted that there were now three UPS units at the site and there would not be a recurrence of the same. It was noted that the switch had originally been installed by the suppliers of the UPS units as best practice. Committee members noted the reference to the consultant's conclusion following a root cause analysis report, which recommended the removal of the switch and replacement with a manual switch to provide greater robustness. Members expressed an interest in receiving the Hulley and Kirkwood Consultants Report.
9. The Committee sought further assurance for the Bow UPS and requested an update at the next Logistics and Infrastructure Committee meeting together with the receipt of a quarterly maintenance outcome update. However the risk was not considered to be such that it required to continue on the Board Assurance Framework (BAF) and the Committee agreed to recommend to the Board that it should be de-escalated at the next Board meeting, subject to the receipt of the full consultants' report in correspondence.

Horizon-scanning discussion of risk:

10. Committee members considered the continuing risk associated with the Emergency Services Network (ESN) programme. It was noted that there were two aspects of the risk; one related

to the sustainable airwave infrastructure and the other related to the satellite navigation units being fit for purpose. The Committee observed the infrastructure was due to be extended and that a report would be circulated to provide the details regarding the extension.

People and Culture Committee

Discussion of current risks:

11. The People and Culture Committee at its meeting on 18 July 2019 focussed on the action that the Trust is taking to address its strategic workforce risk (BAF Risk 56). Consideration was given to the outcome of the first formal meeting of the Strategic Workforce Planning Group and how this group will work to address this risk. The Committee also received the NHS Interim People Plan, noting that the full plan would be available in November 2019. The Plan acknowledges that workforce supply is the most serious risk facing the NHS in England. The Committee is assured that the Trust's People and Culture Strategy and the proposed Learning and Education Strategy and Implementation Plan, are well aligned to the national agenda and implementing the five key themes recommended by the NHS. These will be reviewed again on release of the full People Plan.

Horizon-scanning discussion of risk:

12. The Trust has instigated a review of its investigation and disciplinary processes following a tragic event at an NHS trust. The Committee sought further assurance that the recommendations made by NHS England and NHS Improvement's Advisory Committees have been effectively implemented into the Trust's disciplinary processes. Whilst significant action has already been taken to meet the recommendations, it is recognised that LAS has more to do to fully consider these recommendations and implement them.

Finance and Investment Committee

Discussion of current risks:

13. The Finance Committee at its meeting on 23 July 2019 considered BAF Risk 57 against the mitigations noted in Risks and Mitigation section of the Month 3 Finance Report and the actions set out in the finance and performance recovery plan which is included in the Contract Settlement 2019-20 financial risk report. A further update can be found in the Chief Executive's Report (ref: TB/19/28).

Executive Committee

Discussion of current risks:

14. The Executive Committee at its meeting on 17 July 2019 discussed the BAF and agreed that it did not have any further changes to propose that have not been set out elsewhere in this report.

Horizon scanning – follow up work

15. To update the Board on further progress with the horizon scanning discussion reported to the last Trust Board on 23 May 2019:
 - The potential risks associated with changes to the GP contract and the implications that this might have for the recruitment and retention of paramedics have been incorporated into BAF risk 56.

- Possible risks associated with the implementation of changes to the national specification for ambulances will be incorporated into the vehicle replacement strategy for 1920/21.
- Some elements of the potential opportunities/risks associated with delivery of the Carter Report have been incorporated into BAF risk 55. A cyber update report was provided to the Logistics and Infrastructure Committee (LIC) on 4 July which provided information on the actions being taken by the Trust in relation to the Carter Report. The Committee was assured that work continued to progress with regard to cyber security and the Carter Report recommendations. The Committee were also presented with a report relating to Carter and efficiency productivity, where members considered nine recommendations where efficiencies could be found. It was noted at the Committee that an update report would be presented to the Trust Board in July.

Corporate Risk Register

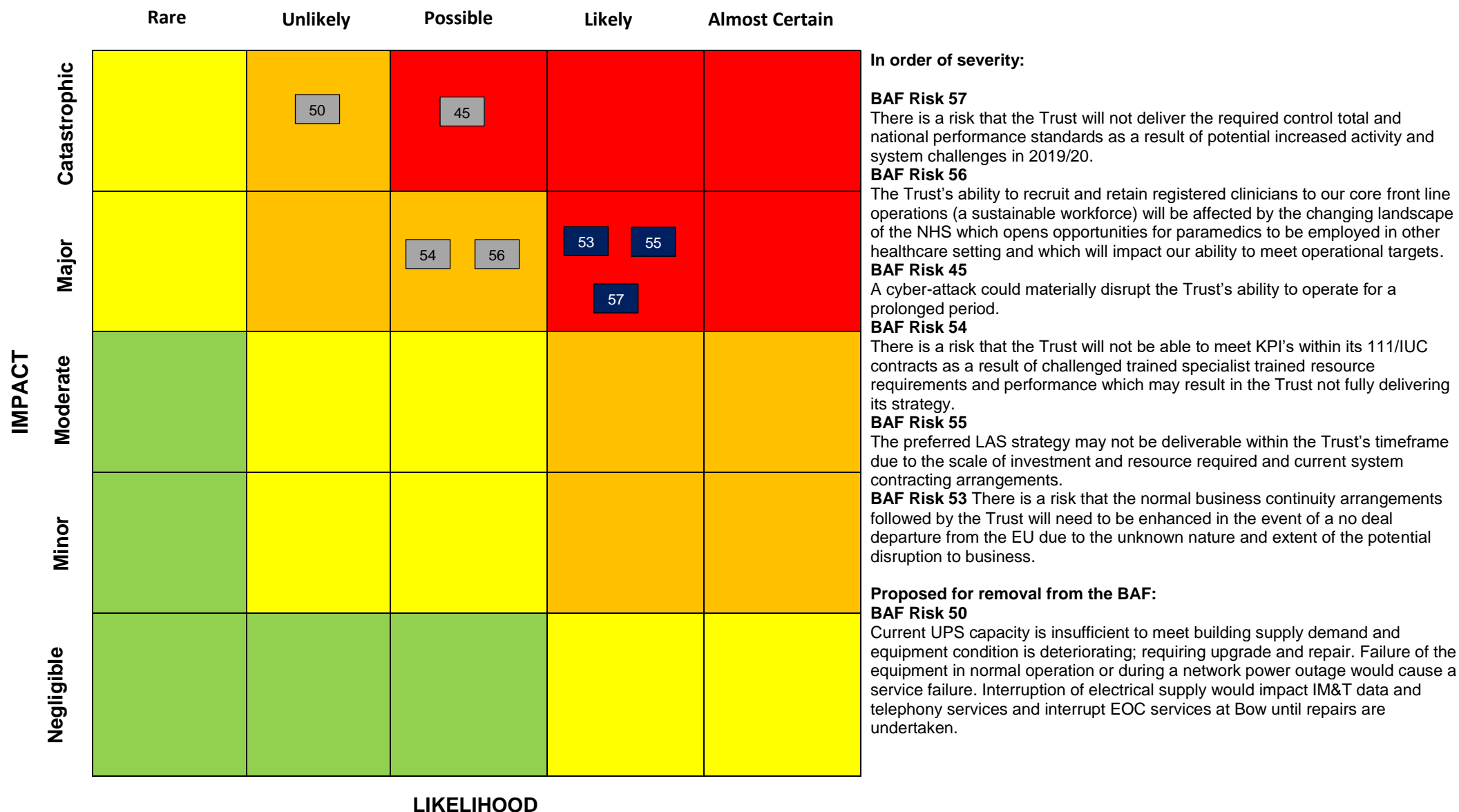
Highly-rated CRR risks not included on the BAF

16. 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 844 - There is a risk of project slippage due to an undefined technical solution (Kit prep / Wi-Fi) for medicines packing and management at Logistics Support Unit Deptford. This may lead to the maintenance of paper based systems and poor data collection if not properly managed.

Frances Field
Risk and Audit Manager

Board Assurance Framework – June 2019



Risk Severity

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

Key

	Net risk rating
	Gross risk rating = net risk rating

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

GOAL 1 Provide outstanding care for our patients

- DELIVERABLE**
1. We will deliver the key deliverables in our Quality Plan for 2018/19 to improve patients' experience and quality of care for patients using our service.
 2. We will deliver our post-ARP transformation plan to ensure we can meet national performance and quality standards.
 3. We will continue the roll-out of our urgent care Advanced Paramedic Practitioner service across all five STP areas to improve patient care and reduce the need for patients to go to hospital and develop a new paramedic practitioner role.
 4. We will complete our new five-year strategy document and publish new or revised 'daughter documents' containing detailed plans on how we will deliver it.
 5. We will pilot the new 'Pioneer Services' set out in our new strategy.
 6. We will implement a 'frequent caller plan' to improve the care we provide those patients to better meet their needs and reduce the impact of their calls on our wider patient response times.
 7. We will continue to improve the quality and security of our drug management through the roll-out of our Secure Drugs Room project, primary response bags, vehicle based drugs pack, internal order drug system and enabling applications.
 8. We will improve the quality of care we deliver to patients and our work with partners across the system by introducing new capability that builds on the roll out of iPads to our front-line clinicians.

Links to Deliverables	BAF Risk	Further mitigation required
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"> • The project concluded on the 10th February. On the 14th March the UPS at the Bow site did not trigger and this lead to an investigation via the project team. • 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. • The conference room has been taken out of action and set up to support EOC if in the event Bow was to fail.
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 of 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	<p>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</p>	<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"> • Seeking additional stakeholder support from the wider urgent care system in London. • 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
20	57 There is a risk that the Trust will not deliver the required control total and national performance standards as a result of potential increased activity and system challenges in 2019/20.	<ul style="list-style-type: none"> Ongoing negotiations with commissioners to confirm details on the 2019/20 contract. Ongoing review and monitoring of our CIP delivery. Discussions with regulators and commissioners regarding additional funding for potential cost pressures.
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"> Initiate 19/20 cyber programme to obtain Cyber Essentials plus and towards ISO 27001: <i>Complete</i> Scope and design 9/20 cyber programme: On Target Develop and obtain funding for 19/20 cyber programme: <i>In Trust Business Plan as a cost pressure</i> Deliver 19/20 cyber programme
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. Re-cost our base service assumptions and confirm the cost of delivering the LAS strategy. Establish cost of delivering enabling strategies in 5 year strategy. Develop maturity of our costing and understanding of profitability by service line (SLR). Present case to NHSE and CCGs re packaging of our pioneering services.
Proposed for removal from the BAF		
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	<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.

	of electrical supply would impact IM&T data and telephony services and interrupt EOC services at Bow until repairs are undertaken	
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BAF Risk no. 57 There is a risk that the Trust will not deliver the required control total and national performance standards as a result of potential increased activity and system challenges in 2019/20.

Risk Classification: Finance	Risk Owner: Lorraine Bewes	Scrutinising Committee: Finance & Investment Committee		
Date risk opened: 19/06/19	Date risk expected to be removed from the BAF: March 2020			
Change since last review:				
Underlying Cause/Source of Risk: The Trust has set a 19/20 plan to realise a balanced control total which also assumes delivery of national performance standards. A number of potential cost pressures have been identified in year which were not included in the original plan.		Gross Rating	Current/Net Rating	Target Rating
		16	16	8
Existing Controls		Positive Assurance of Controls		
<ol style="list-style-type: none">1. Comprehensive resource model developed which links workforce, frontline fleet capacity, finance, and demand to forecast ability to deliver national response performance standards.2. Heads of Terms agreed with Commissioners with Hear & Treat increases and timing of delivery of national performance standards still being agreed before the contract can be signed.3. CIPs managed through business planning/programme office, improved governance remains in place to ensure effective identification, implementation and tracking of CIPs in 2019/20.4. Recruitment and retention to clinical posts is a key area of focus to secure permanent clinical workforce required Gaps in Controls <ol style="list-style-type: none">1. Formal terms of reference for the operational performance meetings are yet to be agreed.2. Commissioner contract details still be to be agreed.		<ul style="list-style-type: none">• Monthly finance reports to the ExCo and the Finance and Investment Committee• Bi-monthly Integrated Performance Reports to the Trust Board• YTD Incident levels remain above contract threshold levels• Integrated Urgent Care recover plan will be tracked through the Integrated Urgent Care Programme Board and monthly financial reporting to the FIC, ExCo.• The operational improvement plan will be tracked through weekly operational performance meetings.		
Further Actions		Responsible Person/s		Due Date
<ol style="list-style-type: none">1. Negotiations with commissioners to confirm details on the 2019/20 contract.2. Review and monitoring of our CIP delivery.3. Discussions with regulators and commissioners regarding additional funding for potential cost pressures.4. Further work is required on CIPs to ensure the Trust has identified sufficient schemes to deliver the recurrent requirement in 2019/20.5. Review of level of clinical triage being reviewed with a view to opening contract variation discussions with commissioners.6. The service has produced and is implementing an IUC recovery plan with interventions including rostering to meet demand.7. Clarity is being sought on the scope of application of the revised banding i.e. EACs/TEACs or both groups. Paying EACs only would cost the Trust £2.6m in 2019/20 and both staff groups would cost £4.1m8. Initial discussions with commissioners have been opened to look at getting the re-banding pressure funded.9. Production of an operational improvement and recovery plan to ensure delivery of national performance trajectories agreed with commissioners within resources available.		<ol style="list-style-type: none">1. Lorraine Bewes, Director of Finance2. Lorraine Bewes, Director of Finance3. Lorraine Bewes, Director of Finance4. Lorraine Bewes, Director of Finance5. Fenella Wrigley, Medical Director6. Fenella Wrigley, Medical Director7. Lorraine Bewes, Medical Director8. Lorraine Bewes, Director of Finance9. Paul Woodrow, Director of Operations		<ol style="list-style-type: none">August 2019August 2019Sep 2019August 2019Mid Aug 2019Mid Aug 2019End Sep 2019End Aug 2019End July 2019

Signed: Lorraine Bewes

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:		Proposal to reduce current rating to 8 following discussions at EU Exit Preparedness Meeting on 29 May 19, noting the mitigations in place.		
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>5. Fuel stocks confirmed which address the civil contingency act requirement to supply 20 days’ supply.</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>		
Further Actions		Responsible Person/s		Due Date
<div>1. Outputs from direct reports 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>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>July 2019</div> <div>September 2019</div> <div>July 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: 31 March 2020			
Change since last review:				
Underlying Cause/Source of Risk: 1. Target Operating Model still in development and costing and affordability of strategy uncertain. 2. Commissioners do not prioritise investment in pioneer services and other enablers of strategy due to the size of financial deficits and fragmented commissioning perspective (see 3).		Gross Rating	Current/Net Rating	Target Rating
		16	16	12
3. Current fragmentation of system contracting arrangements with split responsibility for 999 and IUC services prevents a joined up view of the potential for pan-London system benefits from having LAS streamlined co-ordination of integration of 999 and urgent care.				
4. Changes in London commissioning structure moving from 999 commissioning split over 32 CCGs to 5 CCGs is both a risk and an opportunity to align London commissioning of urgent and emergency care with LAS strategy. Risk that commissioning knowledge of ambulance services is dissipated but opportunity to streamline London-wide commissioning of urgent and emergency care service from LAS.				
5. Uncertainty over implications of moving to Integrated Care Systems for current host commissioning approach and where funding decisions will be made – London-wide, region wide or at place and borough. Risk that we are not sufficiently aware of local priorities for funding to make successful business cases for relevant commissioning place.				
6. 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.				
7. Need for appropriate enterprise programme approach/resource to deliver transformation and efficiency projects.				
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. Heads of Terms for 19/20 agreed with part year funding of ARP for 19/20 and FYE in 20/21 subject to agreement on efficiency delivery. 3. Resource model linking workforce, fleet and other resource inputs to productive hour outputs and predictive performance response is in place.However currently not achieving the performance standards and agreement on budget, performance trajectory and CIP delivery to deliver the Business Plan is outstanding. 4. Carter report on unwarranted variation is being used to inform benchmarking and SCAS alliance to support benchmarking approach. Further validation of the Carter data is required for target setting. 5. Prioritised business plan including organisation goals, outcomes, metrics and budget.		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.		
Gaps in Controls 1. Contract for 19/20 not yet agreed. To be actioned by July 19. 2. .Resource model that delivers Business Plan not yet agreed. To be actioned as an immediate priority.				
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.		1. Financial Controller		Q2 19/20
2. Complete directorate level benchmarking process for identifying additional opportunities for efficiency improvement and development of an evidence-based strategic multi-year savings programme.		2. Head of Business Planning/Financial Controller		Q1 19/20
3. Confirm target operating model, demand & capacity plan, workforce plan and budgets for next 3 years.		3. Head of Business Planning to coordinate		Q2 19/20
		4. CEO supported by CMO, CFO and Director of Strategy		Completed mid-June 19
				Q2 19/20

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. 5. Re-cost our base service assumptions and confirm the cost of delivering the LAS strategy. 6. Establish cost of delivering enabling strategies in 5 year strategy. 7. Develop maturity of our costing and understanding of profitability by service line (SLR). 8. Present case to NHSE and CCGs re packaging of our pioneering services.	5. Financial Controller/Head of Commissioning, Contracting and Costing to coordinate 6. Head of Business Planning/Financial Controller 7. Head of Commissioning, Contracting and Costing 8. CEO supported by CFO, Director of Strategy	Q2 19/20 Q3 19/20 Q3 19/20
Signed: Lorraine Bewes, Chief Finance Officer		

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:		<ul style="list-style-type: none">Secure Internet Access is now complete and rolled out for all users using the LAS Corporate networks allowing the retirement of legacy security systems.Cyber Essentials Plus discovery is complete and scoping has started for initial deliveries for 2019/20NHSD are supporting the programme through a centrally funded capability (provided by PA Consulting) to provide analysis and assurance on our plan to achieve Cyber Essentials Plus as well as clinical engagement with cyber issues.		
Underlying Cause/Source of Risk: The changing sophistication and nature of cyber threats poses a risk to the Operation of all technology dependant organisations including the LAS. The Trust has established an ongoing cyber programme to identify and address gaps in technology and business cyber risk mitigation. This is a holistic reaction to the constantly evolving cyber threat covering skillsets, processes, governance and technical solutions		Gross Rating	Current/Net Rating	Target Rating
		20	15	10
Several security solutions have now been procured or updated, enabling the Trust to react more dynamically to new and emerging threats. The Cyber Programme continues with both legacy remediation work streams and with pro-active security posture improvement work streams. To supplement this activity the LAS has also accessed centrally funded resources through NHSD so as to accelerate improvements in cyber maturity and provide additional assurance.				
Existing Controls		Positive Assurance of Controls		
<ol style="list-style-type: none">Existing defences have mitigated threats to-date; these include various technical and procedural elementsThe continuation of a professional cyber team as a managed service from Nov 17 extended to Nov 19Introduction 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)Undertaking of several further audits and tests to identify additional mitigations (added to the Cyber action plan).18/19 Programme of planned improvements delivered.19/20 Programme of planned improvements in scoping phase.Active monitoring of the action plan of remediation mitigations identified by audits quterly: <i>Report submitted to L&IC for June meeting, next Quarter L/C Sept 19</i>Excercising of cyber incident plans scheduledDefine rolling cyber exercise plan including relevant partner: <i>09/04/19: plan in place</i>		<ol style="list-style-type: none">The Trust Obtained the Cyber Essentials acreditation in April 2018Cyber Reports to Information Governance Group of cyber-related incidents each quarterUndertaking of several audits and tests including the NHS Digital led review of LAS cyber security to identify additional mitigationsAdditional NHSD assurance support through CORS programmeCareCert notifications performance measured and reported as part of the IM&T's KPIs (reported to IM&T SMT and ExCo monthly)Reporting of action plan progress at LI&C and Board		
Gaps in Controls <ol style="list-style-type: none">Gaps in Controls are documented in the action plans and the Programme. The most significant residual themes are discussed in detail at the Logistics and Infrastructure committee		Gaps in Assurance <ul style="list-style-type: none">NHSE have asked all Trusts to provide a plan to achieve addional 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
<ol style="list-style-type: none">Initiate 19/20 cyber programme to obtain Cyber Essentials plus and towards ISO 27001Deliver the 19/20 the cyber projects (as detailed below): On Target<ul style="list-style-type: none">Secure Email (NHSmail)Single-Sign-On (SSO)Identity Management (IdM)Security Information & Event Management (SEIM)Network Segregation		<ol style="list-style-type: none">Vic Wynn, Head of IM&T Strategy Security & ArchitectureVic Wynn, Head of IM&T Strategy Security & Architecture		<ol style="list-style-type: none">CompleteJune 2020
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:		Performance improvements are being maintained on track to remove the risk end October 2019.		
Underlying Cause/Source of Risk: Ability to recruit and retain advanced clinical medical staff such as GPs. Call answering 96% within 60 seconds, call abandonment <2% in NEL / <5% SEL.		Gross Rating	Current/Net Rating	Target Rating
		16	12	8
Existing Controls		Positive Assurance of Controls		
<ol style="list-style-type: none">1. Daily monitoring of metrics including safety.2. Clinical escalation plan developed and implemented3. 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.8. Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan.9. Agile approach to the mitigation of risks in place.10. Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan.11. Phased approach to implementation of SEL based on learning identified during the NEL mobilisation.12. Secured the support of regulators and commissioners in identifying further potential sources to recruit and retain medical staff within the CAS.		<ul style="list-style-type: none">• 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• NEL IUC has had additional performance management measures (put in place by NEL commissioners and HLP/NHSE) lifted in line with improved performance and is now subject to routine contractual performance management.		
Further Actions		Responsible Person/s		Due Date
1. Additional capacity and capability engaged to assist in the delivery of the improvement plan.		Athar Khan, Assistant Director of Performance		End July 19
2. The development of an internal LAS bank contract for GPs and other advanced practitioners to assist in the direct recruitment of GPs and advanced clinical practitioners.		Julie Cook, HR Business Partner for Integrated Urgent Care		End Aug 19
Signed: Paul Woodrow				

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: 30 September 2020			
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		
<ol style="list-style-type: none">1. The Trust has built strong pipelines for paramedic recruitment overseas which will allow it to respond to an under supply in the UK market2. 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.3. Engagement in national workforce planning group to influence debate on challenges of English Ambulance Trusts with funded paramedic places4. 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 colleagues5. The Trust is developing a paramedic apprenticeship to attract and retain local employee6. The Trust is developing accessible career pathways for non-registered clinical roles		<ol style="list-style-type: none">1. International recruitment campaign is being planned for Summer / Autumn 20192. First formal meeting of the Strategic Workforce Planning Group will take place on 27 June 2019.3. London Ambulance already host the national strategic workforce planning group (a sub group of AACE HRDs)4. Planning for paramedic apprenticeship is underway to meet deadline of December 2019 introduction5. Skills Mix Matrix is the subject of ongoing executive meetings to enable decision to be reached by July 2019		
Further Actions		Responsible Person/s		Due Date
<ol style="list-style-type: none">1. Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers2. Consider different non-registered clinical skills mix models which will support our diversity and provide an internal development route to registered clinician3. Develop a training package that will support apprenticeships at L3 (Band 4 role); L4 (Band 5) role4. Establish an apprenticeship programme for paramedics		<ol style="list-style-type: none">1. Directors - Medical, Operations, and People and Culture2. As above3. Deputy Director of Clinical Education and Standards (DD, CE&C)4. DD, CE&C and Apprenticeship Facilitator		<ol style="list-style-type: none">July 2019July 2019Aug 2019Dec 2019
Signed: Tina Ivanov				

PROPOSED FOR REMOVAL FROM THE BAF

BAF Risk no. 50 Current UPS capacity is insufficient to meet building supply demand and equipment condition is deteriorating; requiring upgrade and repair. Failure of the equipment in normal operation or during a network power outage would cause a service failure. Interruption of electrical supply would impact IM&T data and telephony services and interrupt EOC services at Bow until repairs are undertaken.

Risk Classification: Strategic Assets and Property	Risk Owner: Benita Mehra	Scrutinising Committee: Logistics & Infrastructure Committee
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Date risk opened: 20/02/2018	Date risk expected to be removed from the BAF: May 2019
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Change since last review: The risk was discussed by the Trust Board on 26 March who were informed 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 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:	Gross Rating	Current/Net Rating	Target Rating
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.	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 reissued 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.	1. Benita Mehra	Completed
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.	2. Benita Mehra	Completed
3. The conference room has been taken out of action and set up to support EOC if in the event Bow was to fail.	3. Benita Mehra	Completed

Signed: Benita Mehra

706	Estates	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.	27/10/2017	25	<p>Future space requirements are being considered as part of the Estates strategy.</p> <p>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	30/05/2019	20	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.	8	An agreement to draw up and present a business case. Support in the location of a future proof and appropriate venue that suits both training and supports meeting room and CAD team support	Option paper being written for presentation to ExCo.	↔
844	Fleet and Logistics	There is a risk of project slippage due to an undefined technical solution (Kit prep / Wifi) for medicines packing and management at Logistics Support Unit Deptford. This may lead to the maintenance of paper based systems and poor data collection if not properly managed.	01/10/2018	20	<ol style="list-style-type: none"> 1. IM&T have attempted to put in a temporary solutions (ADSL) to support access to WIFI at Deptford. 2. Access to guest (LAS) WIFI is also available but this is time limited. 3. One BT and two IM&T engineers are exploring the issue to fix it. 	Crichton, Stuart	11/07/2019	16	BT and two IM&T engineers provide status reports into the ongoing problem with suggested solutions.	4	meetings with suppliers has taken place, with discussion around a formal framework for support and deliverable presented. Supplier to confirm with board desire to continue with product. Situation requires LAS to revisit and re-scope needs and prepare for market testing if necessary. Discussion with internal stakeholders has taken place with a view of defining an interim lean manual process	As per actions noted	↓



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Serious Incident Update			
Agenda item:	12			
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 May and June 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):				
<p>The Board is recommended to review and comment on the information provided.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
<p>N/A</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 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"/>

Incident and Serious Incident (SI) Annual Report 2018/19

Introduction

1. This paper provides an overview of incidents reported and Serious Incidents (SIs) declared to the Clinical Commissioning Group (CCG). This paper will provide a thematic overview of 2018/19 and key objectives for delivery in 2019/20.
2. This report should be read in conjunction with the quarterly thematic reports which have been produced and shared throughout the year.

Key changes in 2018/19

3. The Quality Directorate has expanded over the course of 2018/19, and the Quality Intelligence and Improvement team were established in April 2018. This team have taken forward the development of the Datix Risk Management system, and improvements include:
 - easier access to the system for staff across the organisation to report an incident
 - the development of quality intelligence (incidents, risks, etc.) dashboards accessible at an operational level to support improvements in data analysis and report production so that
 - as a result, key stakeholders across the organisation can see themes and trends emerging in their areas using available quality intelligence
4. As detailed in the quarterly thematic reports produced and shared throughout the year, the Serious Incident process and management pathway has been reviewed and significantly improved to ensure that:
 - key internal and external milestones were clear and met
 - that responsibilities for all involved in the process were agreed and communicated
 - that robust and well informed recommendations and actions are formulated to ensure the Trust is learning from incidents
 - and to formalise key points for escalations where there are issues with throughput.
5. These improvements will support the Trust to continue to undertake robust investigations, and to submit all SI reports within the 60 working day deadline.
6. The new agreed pathway is now being implemented in stages, and the expected improvements will be evident over the coming year. It was agreed that Root Cause Analysis and Duty of Candour Training would be delivered for the central team, Quality Governance and Assurance Managers (QGAMs) and 60 Lead Investigators to support capability and uniformity of approach, which will improve the quality and throughput of reports. Cohort one was delivered in June 2019.
7. In January 2019, the Trust's Learning From Experience Group was amalgamated with a new Serious Incident Assurance and Learning Group, which reports into the Trust's Quality Oversight Group (QOG). 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.

Incident Reporting, Themes and Learning

8. During 2018/19, from a total of 3,479 patient safety incidents reported on the London Ambulance Service NHS Trust (LAS) Risk Management system (Datix). There has been an increase of 15% patient safety incidents reported when compared against 3,024 reported in 2017/18.
9. During 2018/19 the South East London NHS 111/IUC (Integrated Urgent Care) service run by LAS

reported on a separate Risk Management (Datix) System. The Trust launched the North East London (NEL) NHS 111/IUC service in August 2018, and they began reporting on this separate system. These incidents are not included in this section of the report.

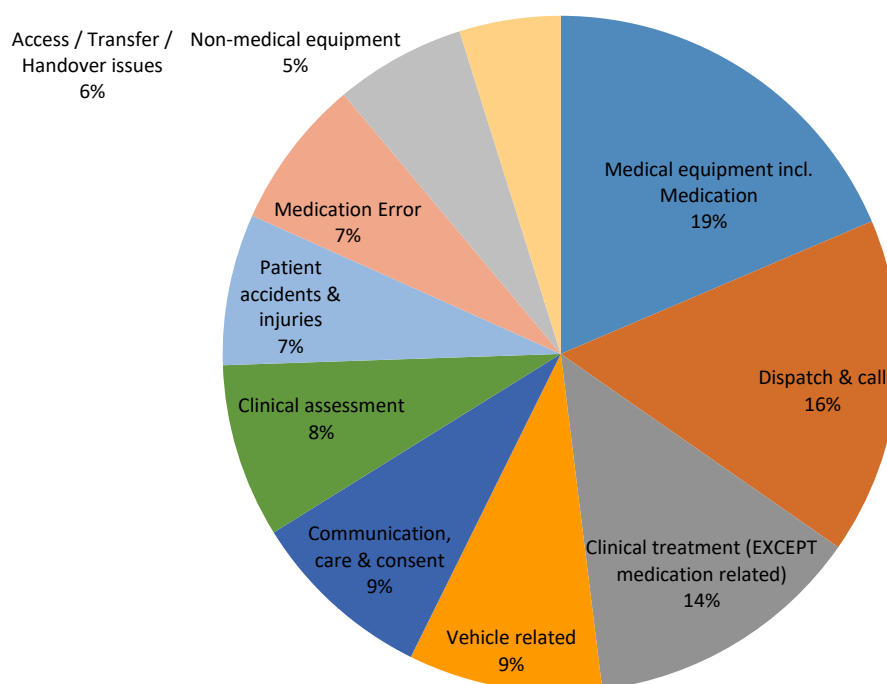
10. The severity of reported incidents (table 1) has indicated that the number of no and low harm incidents have increased, while the number of moderate and above incidents reported have decreased. This would indicate that the reporting culture continues to improve, whilst the levels of harm continue to decrease. The Quality Governance Department continue to encourage staff on the importance of reporting of all incidents whether there has been harm or not.

Table 1 Severity of incident reported

Severity of Incident reported	2017/18	2018/19
None - No harm as a result	2361	2696
Low - Minimal harm	339	537
Moderate - Non-permanent harm	145	89
Severe - Permanent or Long-Term Harm	67	38
Death - Caused by the incident	112	68

11. There has been a focus on staff training over the last year for incident reporting, and staff training will account for some of the decrease in level of severity, as the training provides staff with an understanding of the NPSA harm categories for incidents. However, the training has also focused on the importance of capturing no and low harm incidents to ensure the organisation promptly acts on and learns from incidents to reduce the risk to our patients.
12. The top categories of incidents reported (graph 1) indicated that Medical Equipment including medication, dispatch and call management and clinical treatment issues have been recurring themes throughout the year. The intelligence systems team continue to work with key stakeholders across the Trust to streamline reporting categories to ensure that reported incidents are captured correctly.

Graph 1 of top 10 reported categories of Incidents

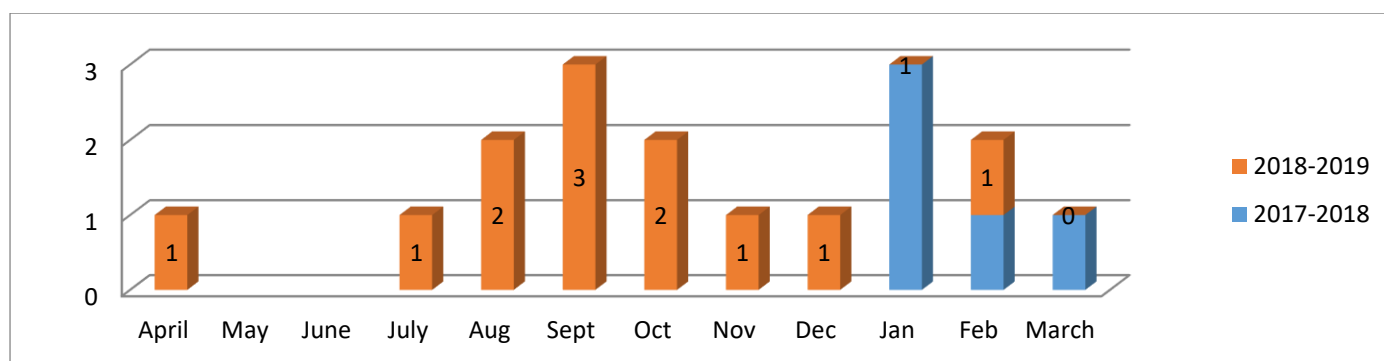


13. The LAS has a tiered system for incident learning, which encompasses individual learning via specific support and feedback, sector level monitoring and action on incidents to higher level thematic / strategic learning within sectors, and across the Trust.
14. The Sector level achieves learning from incidents in a number of ways including:
- Automated emails are sent to the reporter on the incident on the completion of the investigation and any subsequent learning that has been identified.
 - Face to face discussion, personal reflection and feedback to teams.
 - QGAMs support learning alongside Senior Sector Clinical Leads with local operational team meetings.
 - Sector Quality Meetings which includes incident themes collated from the Quality Governance Team.
15. At a thematic/ strategic level learning from incidents occurs in the following ways:
- Themes from incidents are provided via the monthly Sector and Trust Quality Reports to Trust Board and Quality Oversight Group (QOG).
 - Specific learning events are run for themes across the Quality and Medical Directorates.
 - LiA Minute Monday - infographics on key clinical themes shared on the Trust's Listening into Action Facebook Group.
 - The Trust INSIGHT Magazine which shares case studies and reflection of staff involved in incidents.
 - Delivery of case based discussion events and workshops where learning from incidents can be shared.
 - One page infographics depicting closed serious incident investigations are shared to the Sector teams for dissemination.
 - The Trust's Serious Incident Learning and Assurance Group (SIALG) analyse trends and emerging themes from incidents of all levels of severity, to facilitate a proactive approach to early warning and risk mitigation. Any identified themes, learning and actions required are sent out across the Trust in an infographics for staff.

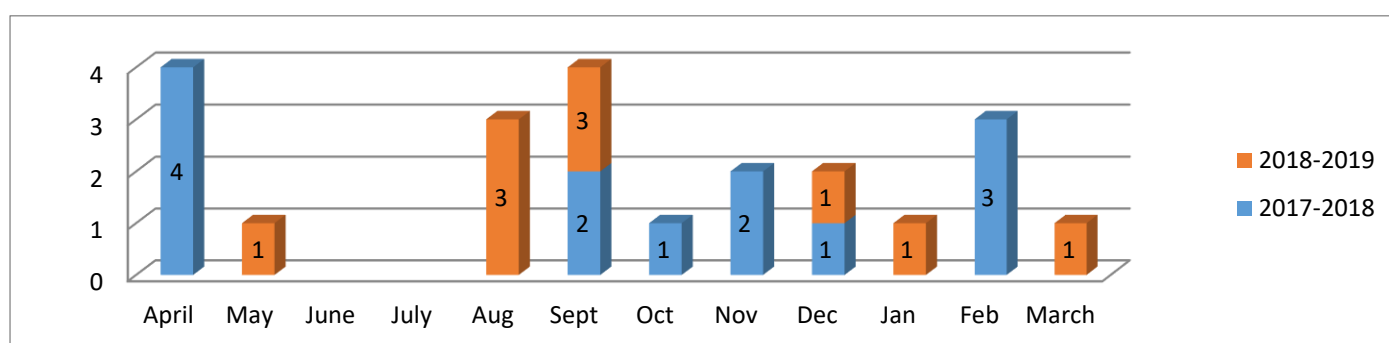
Serious Incidents, Themes and Learning

16. During 2018/19, from a total of 3,489 reported incidents affecting patients, 106 incidents (3%) were declared as a Serious Incident, 29 of which were declared as level 1 investigations, and 77 were level 2 investigations.
17. All level 2 investigations have been recorded on StEIS, and the Level 1 investigations started to be recorded on StEIS from 1st March 2019.
18. The SI themes have been explored and analysed throughout the quarterly thematic reports in detail. The top three themes for Serious Incidents are NoC- ineffective breathing (graph 2), delayed defibrillation (graph 3) and delay in responding to patients (graph 4).

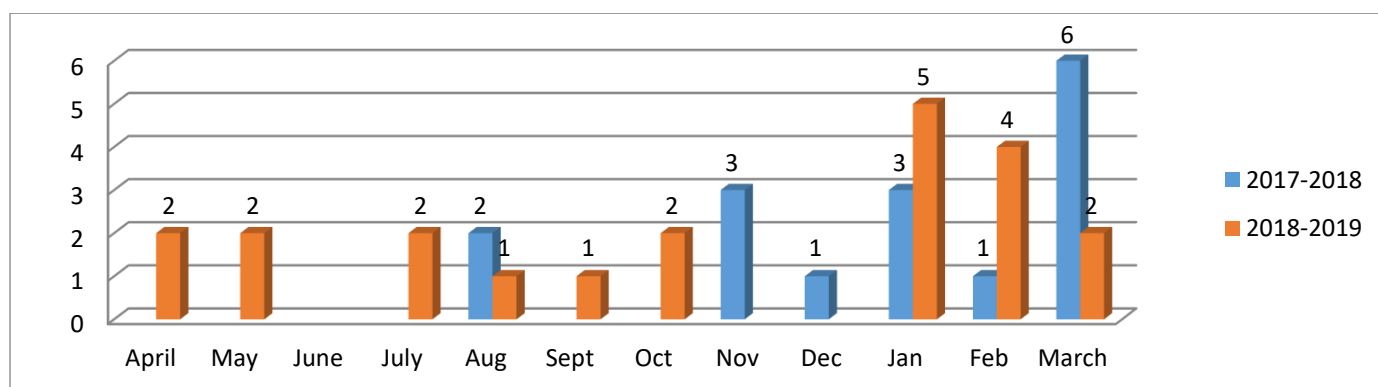
Graph 2 Number of NoC declared SI's declared by month



Graph 3 Number of Delayed Defibrillation declared SI's by month



Graph 4 Number of Delayed Response declared SI's by month



19. Below are some examples of where the Trust has made improvements as a result of serious incident investigations:

- Movement to AED mode in LP15s for the initial management of all cardiac arrest patients
- Elements of human factors training in core skills refresher courses for both EOC and frontline operations
- Non 50 call sign FRUs deployed to lower category calls where there is a clinical need
- FRUs deployed to patients with chest pain and shortness of breath or clammy if no ambulance immediately available for dispatch

- Guidance issued to staff on the management of patients presenting with atraumatic chest pain
- Nature of Complaint (NoC) training delivered in core skills refresher courses for all EOC staff
- Ineffective breathing infographic developed for EOC staff
- Policies that have been identified to be unfit for purpose have been reviewed and updated
- Incorporation of case studies, both clinical and EOC, to the internal learning from incidents in the Insight magazine
- Update of the Clinical Hub Standard Operation Procedure

20. As a result of learning from experience, the Trust has seen a decrease in SIs declared for delayed defibrillation from 2017/18 to 2018/19 with n=13 to n=10 respectively. There is still work to do on this theme; the Quality and Medical directorate will be undertaking a further thematic analysis to examine the effectiveness of previous actions and to see what additional actions can be taken to improve the delivery of care to cardiac arrest patients.
21. There has also been a decrease in the of SI's declared for NoC - Ineffective breathing over 2018/19: Q2 n=6, Q3 n=4, Q4 n=2. A detailed action plan is in place to continue to support and embed learning to mitigate against this risk.
22. The Quality Governance and Assurance team and the Serious Incident Assurance and Learning Group continue to monitor ongoing and emerging Serious Incident themes and ensure that actions from investigation are embedding and shared across the Trust for learning purposes.

Focus for 2019/20

23. The key objective will be for the Quality Team to continue to build on and develop a culture of patient safety across the Trust. This will include the following key actions as well as other local action plans already in place:
24. The 2 Trust Datix systems (LAS and 111) were integrated on 01 April 2019. This has streamlined systems management providing an integrated system for managing incidents. The team will continue to work with Integrated Urgent Care teams in the South and East to complete their transition onto the main LAS Datix system.
25. Continue to review the Datix system to resolve minor issues, setting up reports, designing bespoke listing pages and ensuring appropriate system access and email notifications.
26. Whilst continuing with classroom style incident reporting training, the team will build and launch an e-learning package of training to offer an alternative to class room training to reach more staff working on the front line.
27. Monitoring the implementation of the new SI process and resolve any issues or update sections as they arise. There will be the need to review this when the new SI Framework is released by NHS England and NHS Improvement.
28. Lead on ensuring that systems learning is identified and shared more robustly across the organisation. This will include working with key stakeholders and Serious Incident Assurance and Learning Group members to ensure that trends and emerging themes are identified from quality intelligence sources, and are acted upon promptly.

Helen Woolford

Head of Quality Intelligence and Risk

Serious Incident Update May 2019 (April Data)

Completed investigations

1. During April 2019, seven completed Serious Incident (SI) Root Cause Analysis (RCA) reports were submitted to the Clinical Commissioning Group (CCG). The details of these incidents will be provided in future SI Update Reports when they have been approved and closed by the CCG.
2. All reports which were due in April 2019 were submitted within the 60 working day deadline.

Serious Incident closures

3. There were 3 SI investigation reports approved and closed by the CCG during April 2019. The Executive Summaries of these reports are provided in a separate report.
4. These 3 investigations generated **18** actions which are detailed in the table below. Of these:-
 - 17 have been completed and closed.
 - 1 is ongoing and is within the assigned target completion date.
 - No actions have breached the assigned deadline.

StEIS & Datix Number	Incident type	Sector	Number of actions and completion Red indicates overdue action	Date for completion	Date submitted to CCG
2018/21751 20343	Medical equipment incl. Medication	North East Sector	Paramedic A, B, C and D must undertake reflective accounts of the incident specifically in relation to early application of pads in a cardiac arrest and ensuring the LP15 in AED mode	Completed	11/02/2019
			Student A to discuss incident with Higher Education Tutor and incorporate this incident as a reflective academic work.	Completed	
			Paramedic A, B, C and D to undertake core skills refresher training in regard to cardiac arrest management specifically in relation to the early application of defibrillator pads and access of defibrillator advisory mode. Understand the impact of being too task focused.	Completed	
			EZIO - The stocking, distribution and auditing of EZIO driver devices must be undertaken centrally ensuring a consistent and traceable system is in place.	Completed	
			Paramedic B to have an Operational Workplace Review (OWR) completed specifically in relation to their interaction, instruction to and process of supervising a student.	Completed	
18/24554 21379	Dispatch & call	EOC	Redistribute the LAS bulletin 'Dispatch of solo clinicians to patients with chest pain' (23/03/2018) and explain to all staff and have each staff member sign for the document. Action for Head of 999 services.	Completed	08/01/2019
			Allocator A's line manager will complete their feedback and reflective session and ensure completion of all required changes to meet the expected dispatch procedures for this type of call. Action for EOC Watch Manager.	Completed	
			Collate relevant SI reports, findings, conclusions and learning. Apply themed review methodology and produce report identifying recommendations for implementation.	31/05/2019	
			EMD B will complete their feedback and review session and ensure completion of all required changes to meet the expected call handling procedures. This will be reviewed 2 months following feedback to ensure compliance. Action for Senior QA Manager.	Completed	

2018/26756 22008	Clinical assessment	North West Sector	EMD A to receive feedback on the appropriate use of language line.	Completed	05/02/2019
			EMD B to receive feedback on the appropriate use of language line and the call handling.	Completed	
			EOC staff to receive guidance on language line use.	Completed	
			The EAC and TEAC involved crew should receive feedback on appropriate use of referral tool.	Completed	
			Local management team supported by the QGAM to emphasise the importance of completing a NEWS score on all referrals made.	Completed	
			NW Sector QGAM share final investigation report to all sector QGAMS for dissemination at monthly Quality meetings.	Completed	
			Service wide mandatory NEWS score e-learning course established in Core Skills refresher (CSR) for all operational staff.	Completed	
			Clinical Audit and Research Unit conduction of audits for all non-conveyance incidents.	Completed	
			The completed report is to be shared with the Head of Midwifery/Community Midwifery team to share learning and review practice.	Completed	

SI Activity by Month

- During April 2019, seven incidents were declared as SIs after review at the Serious Incident Group (SIG). Fig. 1 shows the monthly distribution of declared SIs across the Trust compared to the previous two years. The overall total for 12 months in 2017 and 2018 is 94 and 87 SI were declared in 2017 and 2018 respectively so no increase in the number. **35** SIs were declared from January to April 2019.

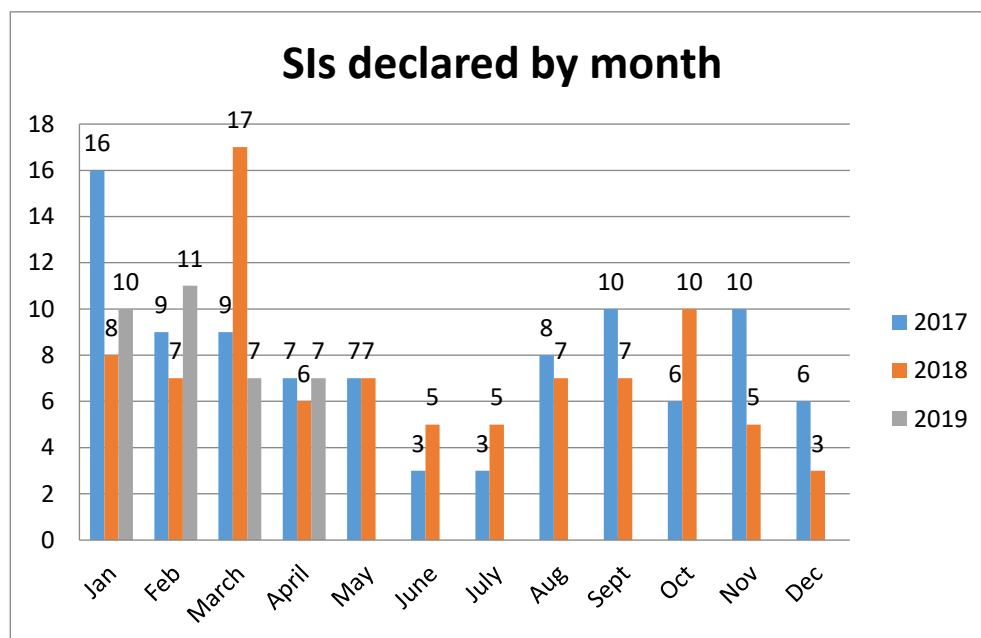


Fig. 1: Serious Incidents Declared/Month

CCG Feedback – April 2019

- The CCG raises queries from their reviews of SI reports submitted by the London Ambulance Service NHS Trust (LAS). The Quality, Governance & Assurance Team analyse the themes in order to continually improve the quality of investigations, reports and actions.
- In April the three SIs were closed without any queries raised.

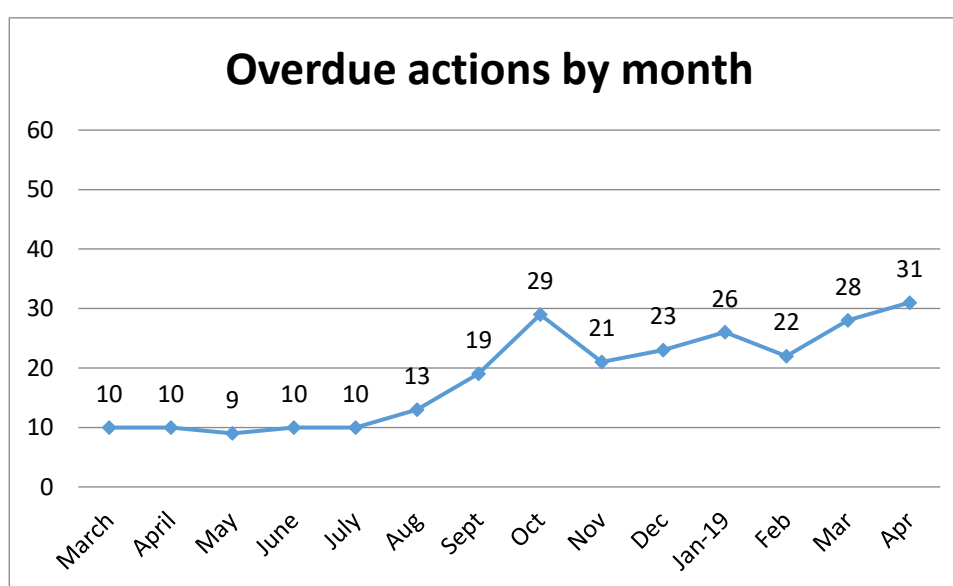
SI Category Themes – April 2019

- A trend analysis of SIs is published quarterly, which provides meaningful information for Trust wide prioritisation, learning and risk management from the last quarter's root cause analysis. The next thematic report will be published in July 2019.

9. The three SIs closed in April 2019 will be incorporated into the quarterly report but the main issues from each was:-
- Guidelines from a LAS Cardiac Circular regarding Advanced Life Support were not fully complied with as there was an over-focus on implementing a treatment plan to address a perceived reversible cause of blood loss.
 - The bulletin “Dispatch of solo clinicians to patients with chest pain” was not complied with as a Fast Response Unit was not dispatched to a patient with chest pain, with difficulty speaking between breaths when an appropriate resource, a double crew ambulance was not available after 8 minutes. This was due to a cultural reluctance on the part of the Allocator to dispatch another sector’s resource.
 - A patient was not conveyed to hospital on the first LAS attendance for further assessment and treatment for breathing difficulties due to a NEWS score assessment not being carried out as the crew were falsely assured by a slight improvement on scene and that a postnatal midwife visit was due that day.
10. The Executive Summaries of these reports are provided in the separate Executive Summary Report.

Overall SI Action Compliance

11. At the end of April 2019 there were 31 SI actions overdue which is significantly higher than the target of <10 (see Fig 2 below).
12. The remedial action implemented in November 2018 was named individuals from the Quality, Governance and Assurance Team took responsibility to follow up personally with the action owners and to escalate to the Deputy Director for Quality, Governance & Assurance where no headway was being made. Action owners are being contacted individually and offered support and guidance to complete the implementation of these.
13. A regular status report is provided and there is focus at all levels of the organisation on completion of actions.



Actions & Assurance

14. There is a focus on the follow up of SI action completion to reduce the number of overdue actions to below the target of 10. The Quality, Governance and Assurance Team will continue to monitor and escalate to the relevant senior managers to address these and achieve the set KPI of <10.
15. High level reports are presented to individual meetings on a monthly and bi-monthly basis to ensure learning from incidents is considered in proposed changes across the Trust. Examples include the Serious Incident Assurance and Learning Group, Patient Safety Group, Clinical Standards Working Group, Infection Prevention and Control Committee, Control Services Quality & Business Group and Clinical Education and Standards Group.

Dr Trisha Bain
Chief Quality Officer

Serious Incident Update June 2019 (May Data)

Completed investigations

1. During May 2019, nine completed Serious Incident (SI) Root Cause Analysis (RCA) reports were submitted to the Clinical Commissioning Group (CCG). The details of these incidents will be provided in future SI Update Reports when they have been approved and closed by the CCG.
2. All reports which were due in May 2019 were submitted within the 60 working day deadline.

Serious Incident closures

3. There were 10 SI investigation reports approved and closed by the CCG during May 2019. The Executive Summaries of these reports are provided in a separate report.
4. These 10 investigations generated **43** actions which are detailed in the table below. Of these:
 - 21 have been completed and closed.
 - 13 were ongoing and are within the assigned target completion date.
 - 9 actions have breached the assigned deadline.

StEIS & Datix Number	Incident type	Sector	Number of actions and completion Red indicates overdue action	Date for completion	Date submitted to CCG
2019/479 23328	Dispatch & call	EOC	EMD A must complete a reflective session on their handling of this call and implement the required changes in practice identified.	Completed	02/04/2019
			EMD A must satisfactorily complete a 4 week quality assurance monitoring programme of their calls.	31/05/2019	
			The required actions identified in the Trust's ongoing thematic review of NOC and ineffective breathing must be effectively implemented.	Completed	
			The LI must provide input of the findings of this investigation into the Trust thematic review.	Completed	
			Review the management of dispatch of crews completing their statutory vehicle checks and implement a consistent process.	30/06/2019	
2019/1665 23770	Dispatch & call	EOC	EMD A must attend a feedback and reflection session on their management of this call and be supported to implement the changes in practice required.	Completed	16/04//2019
			EMD A must commence an individual performance improvement action plan with an increased level of audit and supervision until they have achieved the appropriate level of compliance with policy and protocols.	Completed	
			LAS must complete the thematic review on the management of breathing in NOC and implement the actions required to address the identified issues.	Completed	
2019/1672 23844	Dispatch & call	South West Sector	The implementation of the security aspects of OP/18 - Procedure for Station Duties must be reviewed in this Location Group to ensure that compliance does not delay accessibility of vehicles and equipment for authorised users.	30/06/2019	16/04/2019
			All vehicles keys should have keyrings which are clearly marked with the vehicle fleet number.	30/06/2019	
			The Location Group Manager must ensure that all equipment required for statutory vehicle checks is easily accessible.	30/06/2019	
			The operational policy on the management of shift changeover must be reiterated to all staff.	31/08/2019	
			The approach to management of dispatch of crews completing statutory vehicle checks must be reviewed by EOC so that the process is consistently implemented throughout EOC.	30/06/2019	

			The Procedure for Vehicle Equipment Use and Inventory Checks (OP/26) and Out of Service (OOS) Policy and Procedure for Crew Staff and Vehicles (TP/91) must be reiterated to all crews to ensure that the appropriate Cat 1 equipment checks are carried out and delays are not incurred by unnecessary checks.	30/06/2019	
			Vehicle Prep and inventory completion must be monitored and issues addressed to ensure compliance so that crews are able to have trust in the system and will not feel the need to make additional checks	30/06/2019	
			The current review of the Procedure for Dispatch of Resources by EOC (OP/23) must include the monitoring of mobilisation and actions to take when this appears to be delayed.	30/06/2019	
2018/23783 20930	Dispatch & call	North West Sector	EMD B and C to receive specific targeted reflective feedback session from their manager – to include in-depth review of Control Services Training Bulletin, Nature of Call (NOC) – Additional Codes (TB: 04/17 Revised .2)	Completed	21/12/2018
			The OP23 policy should be amended under section 14 (Managing Calls with no Obvious Resource Availability) to state that: 'a GB should be actioned as soon as it is first identified no resource is available.	Completed	
2019/2584 24197	Dispatch & call	North West Sector	Paramedic A and EAC A must complete a reflective exercise with regard to compliance with Cardiac Circular 007 in using the LP15 in AED mode until at least until the arrival of additional resources to assist with resuscitation events.	31/05/2019	30/04/2019
			The LAS should undertake a roster review to maximise the maintenance of DCA cover pan-London.	Completed	
			The Forecasting and Planning team should review their modelling to identify any areas for improvement.	31/05/2019	
			The Medical Director should review the Surge Escalation plan to determine whether there are any further mitigation that can be included to reduce hospital waiting times during periods of escalation.	Completed	
2019/3890 24176	Dispatch & call	South East Sector	The Allocator must be provided with feedback on the regular use of the suggestions function where there is no resource identified for a call in line with OP23.	Completed	14/05/2019
			Paramedics A and B must be provided feedback on the use of analgesia for patients experiencing a STEMI	15/06/2019	

			The Forecasting and Planning (F&P) team should review their modelling to identify any areas for improvement.	26/05/2019	
			The LAS should undertake a roster review to maximise the maintenance of DCA cover pan-London.	Completed	
			The Medical Director should review the Surge Escalation plan to reflect the changes following implementation of the new Ambulance Response Programme.	Completed	
2019/1617 23203	Medical equipment incl. Medication	North West Sector	The London Paramedic Programme induction course should be reviewed to ensure the learner outcomes include content on the availability, and use of manual suction for new staff.	Completed	09/04/2019
			MRU must be reminded that manual suction should be brought to scene for a cardiac arrest.	30/04/2019	
			Interserve must store the manual suction devices in the oxygen barrel bag and advise staff accordingly.	31/05/2019	
2019/1584 23212	Dispatch & call	South East Sector	The Chub must review its induction process for new starters and include a period of shadowing with a RMN for an adequate period of time.	Completed	09/04/2019
			A precis of the final report should be shared via Emergency Operations Centre Quality Assurance Bulletin.	31/05/2019	
			A precis of the final report should be shared in the Chub Learning from Experience article.	31/05/2019	
			The CA must refresh themselves on Mental Health risk assessment and call management.	Completed	
			The EOC must clarify to staff what the expectations are in relation to staying on the line with vulnerable patients.	01/07/2019	
			EMD C and D must be given feedback in relation to their handling of their call.	Completed	
2019/1691 23725	Clinical treatment (EXCEPT medication related)	South East Sector	Staff must provide assurance that they understand and can demonstrate the requirements of 007 cardiac care guidance. Action - Clinical Team Manager (CTM) to Include LP15 familiarisation as part of yearly Occupational Workplace Review (OWR). Paramedic A and EAC A must review cardiac circulars and resus guidelines and update themselves with LAS guidelines and Lifepak LP15 operating procedure with their CTM. Action - CTM to arrange time and facilitate review of LP15 user procedure and simulation exercise to refresh skills.	Completed	16/04/2019
			The service must provide staff with training to increase confidence and leadership skills in cardiac arrests. Action - The service must formulate and implement regular monthly station updates and scenario based training on cardiac arrest scenarios. Monitor attendance.	Completed	

			A precis of the incident with identified learning will be included in a quarterly infographic and shared across the organisation with CTMs for onward dissemination to all operational staff. Action - Senior Quality Governance Manager to precis the incident and learning, produce infographic and disseminate to Sector Clinical Leads and CTMs.	Completed	
2019/2562 24019	Access / Transfer / Handover issues	South West Sector	The Sector Engagement Manager must liaise with the appropriate managers at the hospital to present the findings of this investigation and reiterate the agreed LAS Hospital Transfer Flowchart and request that this is communicated effectively to all relevant staff.	30/06/2019	30/04/2019
			The potential for misunderstanding of terminology by non-LAS staff and the impact of this on this call must be communicated to EOC staff in a case study to emphasise the need to clarify and check understanding on calls to manage expectations.	30/06/2019	
			The need to ascertain whether the patient's condition has deteriorated on all calls including those for hospital transfers must be communicated to all EOC staff in a case study to demonstrate the lost opportunities for escalation and Chub review.	30/06/2019	
			The LAS should undertake a roster review to maximise the maintenance of DCA cover pan-London. The Forecasting and Planning team should review their modelling to identify any areas for improvement.	Completed	

SI Activity by Month

- During May 2019, 16 incidents were declared as SIs after review at the Serious Incident Group. Fig. 1 shows the monthly distribution of declared SIs across the Trust compared to the previous 2 years. The overall total for 12 months in 2017 and 2018 is 94 and 87 respectively so no increase in the number. 52 SIs were declared between January and May 2019.

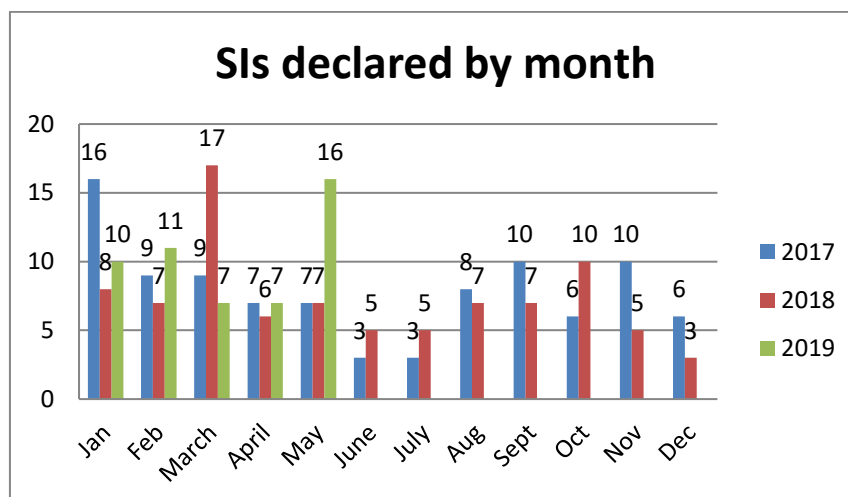


Fig. 1: Serious Incidents Declared/Month

- This shows a spike in the number in May 2019 compared to other months of this year. However the number declared in the same period January to May for the last three years is similar.

January to May	2017	2018	2019
Number of SIs	47	53	51

- There has been a change in the London Ambulance Service NHS Trust (LAS) reporting of SIs. Up until February 2019 all SIs for Level 2 comprehensive investigations were recorded on StEIS. The ones for Level 1 local concise were recorded internally. From March 2019 all SIs both Level 1 and Level 2 investigations are recorded on StEIS which may result in an increase in the overall numbers of SIs recorded from this time compared to previous years.

CCG Feedback – May 2019

- The CCG raises queries and/or gives feedback from their reviews of SI reports submitted by the LAS. The Quality, Governance & Assurance Team analyse the themes in order to continually improve the quality of investigations, reports and actions.

Incidents of delayed defibrillation.

9. This has been an ongoing theme in SIs and a thematic review was undertaken and serial actions have been implemented over the last two years. It has been noted by the LAS and commented on by the CCG that these are still occurring. On analysis LAS have noted that the contributory factors have changed so another thematic review has been commissioned to inform the strategy to effectively address this issue.

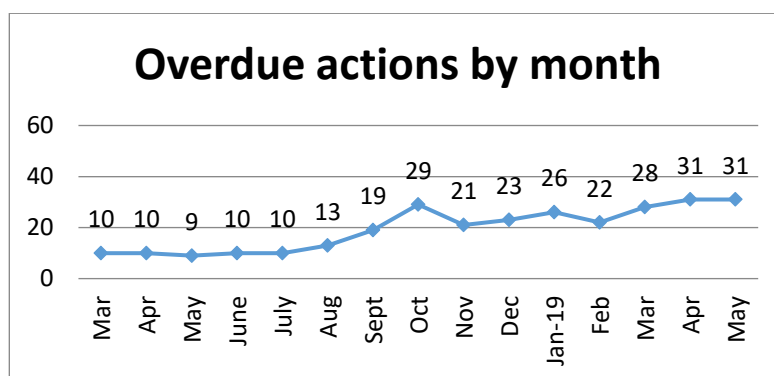
SI Category Themes – May 2019

10. A trend analysis of SIs is published quarterly, which provides meaningful information for Trust wide prioritisation, learning and risk management in the last quarter. The next thematic report will be published in July 2019.
11. The 10 SIs closed in May 2019 will be incorporated into the quarterly report but the main issues from each was:-
 - Ineffective breathing was not identified at pre-triage/Nature of Call (NOC) so a Category 2 was obtained instead of Category 1. 3 resources dispatched were cancelled for higher priority calls and would not have been had this been a correct priority. There was also a delay in activation by the dispatched crew as it was shift changeover and statutory vehicle checks were being undertaken.
 - It was not recorded at pre-triage/NOC that the patient was not breathing and although identified there was a delay in obtaining the Category 1 priority and cardio-pulmonary resuscitation instructions were not provided to the caller until the ambulance arrived.
 - There was a delay in dispatch due to a number of held calls and it being shift changeover with crews carrying out statutory vehicle checks. There was also a delay in activation by the dispatched crew due to the checks and not being immediately aware of the dispatch.
 - There was a delay in dispatch due to high demand on the service at this time and on the third call from the patient's family it was not noted that the caller stated that the patient was no longer completely alert so an upgrade in priority was not made which may have resulted in an earlier response.
 - Two SIs related to delays in dispatch due to significantly high level of demand on the service despite the Trust implementing all of the required mitigating actions to minimise delays.
 - Effective suction to clear the airway of a patient in cardiac arrest was delayed due to manual suction not being immediately available.
 - There was a delayed response to the patient as the mental health risk assessment carried out by the Clinical Hub did not result in the required upgrade in priority, which was exacerbated by high demand on the service and a significant number of held calls.
 - LAS policy was not followed as the charge was removed and a shock was not delivered when advised by the defibrillator to a patient who did not have a pulse. This resulted in a delayed shock for ventricular fibrillation.

- A hospital transfer for a patient requiring treatment in a specialist cardiac centre did not meet the target mean response time or 90th centile due to demand on the service. There were also missed opportunities on follow up calls from the hospital to review the priority due to deterioration in the patient's condition.

Overall SI Action Compliance

- At the end of May 2019 there were 31 SI actions overdue which is significantly higher than the target of <10 (see Fig 2 below).
- The remedial action implemented in November 2018 was named individuals from the Quality, Governance and Assurance Team took responsibility to follow up personally with the action owners and to escalate to the Deputy Director for Quality, Governance & Assurance where no headway was being made. This did have some impact with some reduction in overdue actions over February 2019, however the numbers of overdue actions have increased. Action owners are being contacted individually and offered support and guidance on the best way forward.
- A regular status report is provided and there is focus at all levels of the organisation on completion of actions.



Actions & Assurance

- There is a focus on the follow up of SI action completion to reduce the number of overdue actions to below the target of 10. The Quality, Governance and Assurance Team will continue to monitor and escalate to the relevant senior managers to address these and achieve the set KPI of <10.
- High level reports are presented to individual meetings to ensure learning from incidents is considered in proposed changes across the Trust. Examples include the Serious Incident Assurance and Learning Group, Patient Safety Group, Clinical Standards Working Group, Infection Prevention and Control Committee, Control Services Quality & Business Group and Clinical Education and Standards Group.

Dr Trisha Bain
Chief Quality Officer



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Quarterly Freedom to Speak Up Report			
Agenda item:	13			
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 the last report to the Board in May 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 May 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 one 2019/20, 67 cases were raised. By way of comparison there were 118 cases raised during Q1 – Q4 2018-19.
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.

Q1

- **How many new speaking up cases were raised?**

67

- **Are there any areas of the service that have featured more than others?**

Colleagues working in non-operational areas of the service are proportionally raising a higher number of concerns than operational colleagues. There are also a number from staff within the Trust's 111/Integrated Urgent Care (IUC) Service. The number of concerns from Emergency Operations Centre (EOC) colleagues has lessened as expected after the completion of the EOC restructure.

- **Any actions taken as a result of investigation into these cases?**

FTSU concerns have helped to enable managers to have some difficult conversations with staff on matters that would not have otherwise have been known to them. Other concerns have addressed several patient safety issues with clarification of policies and procedures, in some cases with the member of staff having the opportunity to meet and discuss their concerns with the relevant executive lead. FTSU has also assisted with communication issues that continue to arise regarding organisational processes.

- **Any themes arising?**

As in the last Board report, internal investigation processes are considered to be lengthy and stressful for those staff who turn to FTSU. Lack of communication or incomplete communication compound these issues. Difficult relationships that fall short of bullying and harassment (B&H) are also a theme, and the FTSU Guardian continues to work closely with the Dignity at Work Facilitator (Amanda Stern) to find resolutions in these situations.

6. In Q1, the top 5 categories of concern can be broken down as follows;

- B&H: 63% operational, 37% non-operational
- Management: 80% operational, 20% non-operational
- Patient safety: 100% operational
- Process: 68% operational, 32% non-operational
- Staff safety: 100% operational

7. 67 concerns were raised in Q1, one anonymously. 29 cases were closed and feedback was obtained for 20 concerns, all of which answered 'yes' in answer to the question 'would you speak up again?' and 'no' to 'have you suffered any detriment as a result of speaking up?'.

8. As of the end of Q1, there are 19 concerns that remain open from 2018/2019 and 39 from Q1 2019/20. Almost half of the open 2018/19 concerns are related to a single unresolved issue.

Progress against LAS FTSU Strategy:

Theme 1 - Engaging senior leaders to ensure that FTSU is given appropriate prominence within the Trust

9. 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.

10. What we have done since the last report to the Board:

- a) At the last Board meeting, it was suggested that it would be useful to have an understanding of the categories of concern by area. In future, to ensure that any trends and themes are picked up for specific areas or department, the categories of concern will be recorded by area and reported at the quarterly FTSU meeting. This should provide further assurance that local problems are being identified. These figures could potentially be included in future Board reports, but only if there continues to be a sufficient number to protect staff identities. The results of this analysis can be found later in the report (paragraph 17).

- b) More multi-directorate reviews have now taken place as a result of issues raised through FTSU, with the involvement of both the Chief Executive and Chair. Members of the executive leadership team have also taken FTSU issues forward by individually challenging difficult relationships or behaviours.
- c) The Gosport Working Group has now been established, along with an action plan based on the recommendations of the Report of the Gosport Independent Panel on what happened at Gosport Ware Memorial Hospital, unheeded warnings and the deaths that resulted.

Theme 2 - Ensuring that all members of staff know and understand about FTSU and the role of the Guardian

11. 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.

12. What we have done since the last report to the Board:

- a) 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. In June 2019, a further 12 advocates were recruited from areas of the service that were not already represented, including Non- Emergency Transport (NETs), the south-west sector and motorcycle response unit (MRU). In addition to the FTSU Guardian, there are now a total of 32 FTSU advocates.
- b) The FTSU Guardian wrote a blog that featured on the Pulse relating to some of the experiences that staff had shared around peer civility that was viewed by nearly 350 staff, and the annual report has been circulated to the advocates.

Theme 3 - Ensuring that the systems/process/structures are in place to support raising concerns and responding to these and learning from them

13. 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.

14. What we have done since the last report to the Board:

- 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. This work continues although has not moved forward this quarter due to capacity. In order to ensure that this does not become a sustained

issue in the future, action has been taken to secure additional support resource for the FTSU Guardian.

- b) The Guardian attended, and will continue to attend where possible, the Significant Incident Learning group to ensure that there is cross over with other reporting methods including Datix.

Theme 4 - (With the People and Culture Directorate) facilitating cultural change

15. 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.

16. What we have done since the last report to the Board:

- a) The Guardian has been part of the Civility Review steering group, led by Dignity at Work Facilitator Amanda Stern, which has been focussing on encouraging staff to complete the online survey. The group will continue to meet to assess the results.
- b) The 2018/19 concerns raised have now been analysed according to the areas defined in the annual report as requested at the Board meeting in May 2019. It was found that the main category of concerns raised from staff in sector related to process – these are concerns that relate to lengthy or biased investigations, failure to follow policy, insufficient information or a lack of support. Process concerns make up just over half of the total concerns from sector. Approximately a third of concerns from sectors relate to B&H, with environmental/infrastructure issues in third place. In EOC the vast majority of concerns relate to process. This may be particularly high because of the restructure. There are also a number of issues around perceived B&H and difficult relationships. 111/IUC and corporate services are slightly different. In 111/IUC, patient safety and conflict were the predominant themes. The vast majority of concerns raised in corporate services were relating to B&H and relationships with managers. In contrast only 5% of concerns raised in corporate services relate to processes. The Guardian will continue to work with the Dignity at work Facilitator, Amanda Stern, to discover the cause for this disparity. There is the potential that B&H is under-reported in sector, or if B&H really is more prevalent amongst colleagues in corporate services.
- c) The Guardian has continued to visit various locations across the organisation and has given presentations to over 150 staff from EOC, IM&T and OPC staff and undertaken operational shifts in Ilford with an Advanced Paramedic and Isleworth with a paramedic first response unit.

Q1 2019/20 Learning and Actions:

17. Concerns raised contributed to:

- a) The clarification of existing policies to ensure that EOC and frontline staff were working to the same operational standards
- b) A change of policy that appeared to unfairly disadvantage part-time staff
- c) Improved team dynamics through working with senior managers in areas where behavioural issues were reported

- d) A revised action plan for NEL111/IUC that addresses ongoing patient safety and staff welfare issues
- e) Additional training offered to staff required to use new software in EOC
- f) Some additional awareness work that iPads can be adapted to assist some staff with dyslexia
- g) organisational awareness of missing equipment and the lack of a corresponding health and safety policy
- h) Staff raising B&H concerns that they felt unable to raise elsewhere
- i) reflection on ensuring that future communications include all staff roles, particularly on sensitive topics
- j) The FTSU theme of communication in general with further issues relating to lack of contact through the grievance or disciplinary process
- k) Early resolution of potentially volatile situations through coaching staff to have early courageous conversations or use of managerial channels to raise concerns

18. Feedback from Q1

- "It's the chance for your voice to be echoed to places it might not of otherwise been heard"
- "it was a great starting platform for me and it provided reassurance on the right way forward"
- "you technically unknowingly stopped me leaving the service so it does make a difference even when its tough!"
- "I am very happy with the outcome of my concern"
- "I was about to email you to say how thankful I am for your efforts in this, I just don't think my concerns would have been taken as genuinely if it was just me representing myself"
- "I would recommend you as way of getting things done"
- "I would be more inclined to speak up again now that I have come forward and seen the -process"

19. 100% positive feedback from 25 members of staff who have provided feedback this quarter, all of which report that they would speak up again and that they have not suffered any detriment.

National Guardian's Office (NGO):

20. 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 fourth quarter of 2018/19 (1 January to 31 March). The latest results are set out below - 97% of trusts have provided data this quarter.

Q4 data headlines:

- 3,404 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
- 928 of these cases included an element of patient safety / quality of care
- 1312 included elements of bullying and harassment
- 122 related to incidents where the person speaking up may have suffered some form of detriment
- 506 anonymous cases were received

- 5 trusts did not receive any cases through their Freedom to Speak Up Guardian
- 220 out of 227 NHS trusts sent returns

21. The Guardian and Dignity at Work Facilitator attending the London Region Guardian meeting in June. The Guardian and two FTSU advocates also attended the East London NHS Foundation Trust (ELFT) FTSU conference. Every two months, the Guardian continues to attend action learning supervision meetings sponsored by ELFT that aim to establish what support is needed for Guardians.

National Ambulance Network of Guardians (NAN):

22. 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.
23. The most recent meeting (May 2019) was held at LAS HQ, with the Guardians welcomed by the CEO and Executive Lead for speaking up, Philippa Harding. Attendees at the meeting included Fatima Fernandez, Lorraine Turnball of the NGO and a representative from NHSi

Conclusion

24. 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.
25. The NGO's recent case reviews and guidance to the Board are continuing to demonstrate the value of the Guardian role.
26. 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.
27. The Board is asked to note the contents of this report.

Katy Crichton
Freedom to Speak Up Guardian



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Annual Public Meeting preparation			
Agenda item:	14			
Report Author(s):	John Chilvers, Stakeholder Communications Manager Philippa Harding, Director of Corporate Governance			
Presented by:	John Chilvers, Stakeholder Communications Manager			
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 Service holds an Annual Public Meeting (APM) each year, looking at performance in the previous financial year, financial governance and clinical quality. Thought has been given to how to improve attendance at the APM and extend its remit beyond its statutory function.</p> <p>The meeting provides the Board with an opportunity to engage the public and stakeholders and gives them an opportunity to showcase and celebrate the work of the Trust. To encourage engagement we plan to deliver a more engaging APM that will also offer opportunities for people who cannot attend in person to engage with us.</p> <p>This report provides an overview of the plans for the APM.</p>				
Recommendation(s):				
The Board is asked to review and endorse the approach set out in the plan.				
Links to Board Assurance Framework (BAF) and key risks:				
The Annual Public Meeting provides the public with an opportunity to scrutinise the running of the Service and provides assurance on quality governance and financial governance.				

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 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 type="checkbox"/>
Ensuring staff are valued, respected and engaged	<input type="checkbox"/>
Partners are supported to deliver change in London	<input type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>

Annual Public Meeting

Background

1. The Annual Public Meeting (APM) provides an opportunity to showcase the work of the Trust to the public and stakeholders and provides them with an opportunity to scrutinise us.
2. In previous years the APM has been poorly attended, with the audience largely consisting of staff and members of the Patients' Forum. The agenda has been based on the content of the Annual Report, which is available online in advance of the meeting. The meeting has also taken place during the day making it difficult for many people to attend the meeting.
3. Last year we made a number of changes to the format of the APM, moving it to the evening and live streaming the APM so it was available to those who could not attend in person. Last year's APM has been watched by 1,156 people.

The APM

4. The APM will be on Tuesday 24th September at 5:30pm-8:00pm. It will be held at China Exchange, 2A Gerrard St, London W1D 6JA.
5. The APM will be used to review the year, looking back at our performance, accounts and quality report for 2018/19, as well as showcasing different elements of the work we do. The proposed theme is "How the London Ambulance Service works as a system player".
6. The AGM will have a shorter formal meeting at the start, followed by a presentation, and then proceed into a 'fête style' stall arrangement, showcasing the work of different teams in the organisation and how this relates to the meeting theme. There will also be a couple of stalls reserved for external organisations that we work closely with. Refreshments will be provided for attendees during this part of the event.
7. Members of the public and all other attendees will be encouraged to tour the different stalls to learn about that area of work. In addition to this there will be the opportunity to speak to members of the executive team and network with other attendees.
8. The formal part of the meeting at the beginning of the event will be livestreamed across all our social media platforms. For the second half of the AGM the live-stream will tour all the stalls and a member of the communications team will interview them.
9. Further information about the indicative agenda for the meeting can be found below:

The agenda (indicative)

Timing	Duration	Session	Lead	Session Content
5.30pm	10	Welcome from Chair	HL	
5.40pm	15	Annual Report: A year in retrospect	GE	GE to provide an overview of the past year and plans for the future
	10	Standing accounts	LB	
	10	Quality account	TB	
6.15pm	20	General questions	HL	Questions from the public
6.30pm		Fête style showcase with refreshments		Possible stalls <ul style="list-style-type: none"> • Mental Health team • Urgent Care APP's • Falls team • End of life team • Maternity team • HART • CRU • Community responder team (CPR demo) • Recruitment team • Staff wellbeing team • LGBT network • 111 IUC team • London Air Ambulance
8pm		CLOSE		

10. Arrangements are being made for an external stakeholder to present to the Board following the statutory section of the meeting. Details of this will be provided once confirmed.

Communications and engagement plan

11. The APM will be published through our communications channels, using twitter, Facebook and the website to inform the public of the APM. We also plan to work with local Healthwatches to promote it through their channels to patients and members of the public.
12. Stakeholders will be invited to attend; this will include Strategic Transformation Partnerships, Members of Parliament and London Assembly Members, other NHS Trusts, Local Authority Health Directors and other key stakeholders.
13. The APM will also be promoted to staff, encouraging their participation. We will use the Pulse, Routine Information Bulletin and LiA Facebook.
14. The live stream will be available on YouTube after the event for people who were unable to watch it live.

John Chilvers
Stakeholder Communications
Manager

Philippa Harding
Director of Corporate
Governance



Report to:	Trust Board			
Date of meeting:	26 July 2019			
Report title:	Controlled Drugs Accountable Officer Report			
Agenda item:	15(i)			
Report Author(s):	Sumithra Maheswaran, Trust Pharmacist			
Presented by:	Dr Fenella Wrigley, Chief Medical 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 legislation surrounding the use of medicines in humans is reported in the Medicines Act 1968, Misuse of Drugs Act 1971, Safe Custody Regulations 1973 and the Human Medicines Regulations 2012. The Chief Medical Officer for the London Ambulance Service NHS Trust (LAS) is the named controlled drugs accountable officer (CDAO) for the LAS. The Chief Pharmacist reports to the Chief Medical Officer. The purpose of the report is:</p> <ul style="list-style-type: none">• To outline the scope of work (999 and IUC) and governance structure for pharmacy oversight• To ensure that "safe management of controlled drugs" is maintained as an organisational priority.• To provide assurance on the systems and processes within LAS that lead to the safe management of controlled drugs.• To highlight any risks and action plans to mitigate the risk• To describe the range of incidents reported to the CDAO over the past 12 months.• To outline the programme around Gosport and any other legislative changes• To update the Quality Assurance Committee on the major Controlled Drugs concerns raised in the last 12 months.• To highlight the recommendations from the recent Care Quality Commission (CQC) reports on controlled drugs and progress against them. <p>There has been an extensive positive cultural shift throughout the LAS over the years, with a much wider understanding of the importance for the safe, secure and legal handling of Controlled Drugs. The Secure Drugs Room project plan has been published and this will help to move forward with providing assurance, as will developments with pharmaceutical waste disposal mechanisms, calculations training and review of Kit Prep.</p> <p>The Gosport Working Group has been formed and will be meeting regularly and reporting to Quality Oversight Group.</p>				

Recommendation(s):
The Board is asked to note the report.
Links to Board Assurance Framework (BAF) and key risks:
N/A

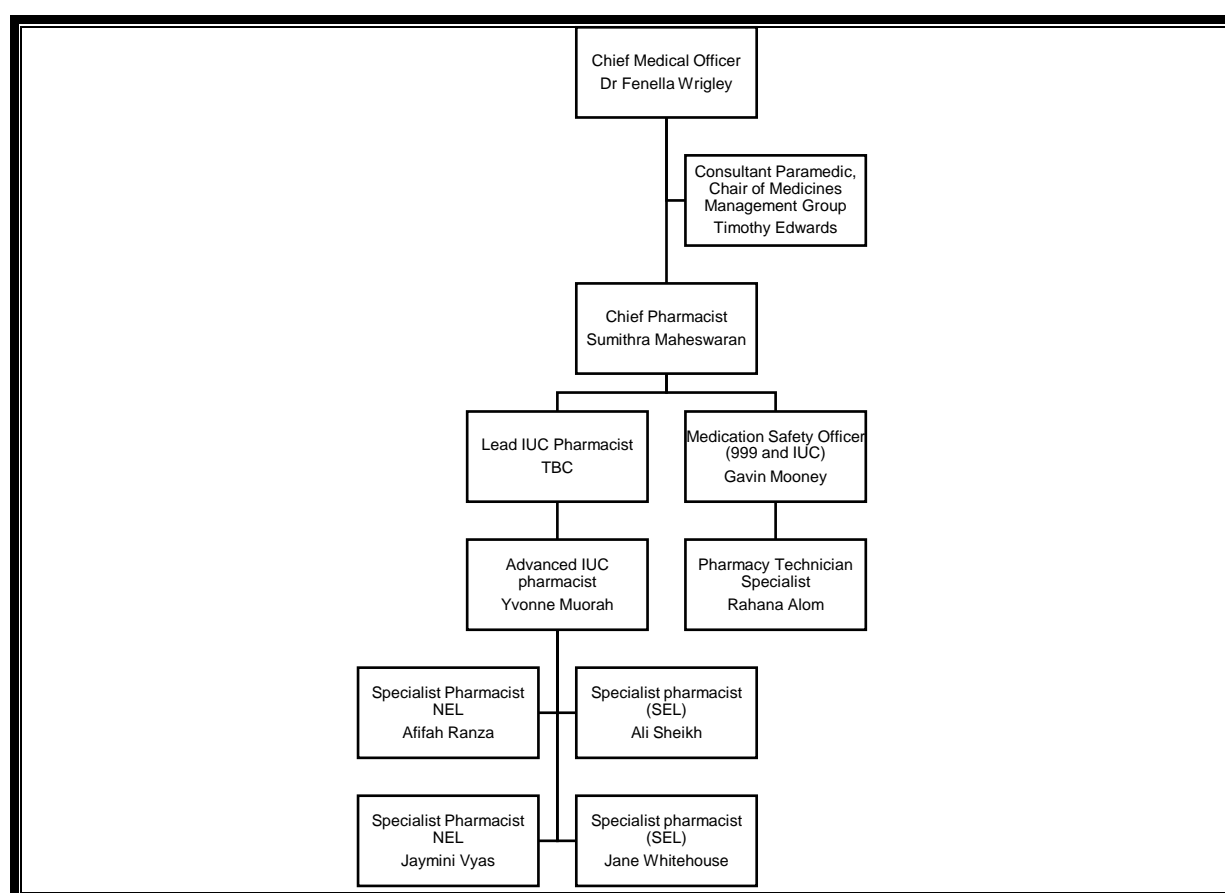
Please indicate which Board Assurance Framework (BAF) risk it relates to:	
Clinical and Quality	<input checked="" type="checkbox"/>
Performance	<input type="checkbox"/>
Financial	<input type="checkbox"/>
Workforce	<input type="checkbox"/>
Governance and Well-led	<input type="checkbox"/>
Reputation	<input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

Controlled Accountable Officer's Report June 2019

1. The legislation surrounding the use of medicines in humans is reported in the Medicines Act 1968, Misuse of Drugs Act 1971, Safe Custody Regulations 1973 and the Human Medicines Regulations 2012. The Chief Medical Officer for the London Ambulance Service (hence forth referred to as the 'LAS' or the 'Trust') is the named controlled drugs accountable officer (CDAO) for the LAS. The Chief Pharmacist reports to the Chief Medical Officer. The purpose of the report is to provide assurance on key areas surrounding controlled drugs.

Outline the scope of work (999 and IUC) and governance structure for pharmacy oversight

Pharmacy structure (June 2019)



2. The Medicines Management Group (MMG) is responsible for the oversight of medicines management for the Trust, and a consultant paramedic is Chair for this group. In addition:
 - There is an IUC prescribing committee that meets quarterly and reports into the MMG.
 - Senior clinicians in IUC meet with medicines management commissioners on a quarterly basis.
 - Trust PGD group meets quarterly and reports to the MMG.

- The MMG reports to the Quality Oversight Group (QoG) on a bi-monthly basis.
3. The LAS has employed a **full time Chief pharmacist** since January 2017. The medicines management team has been expanding at pace over the year and since 1st April 2019, a **Medication Safety Officer (MSO)** has been appointed in a stand-alone role.
 4. A new **pharmacy technician** position has been created and the post holder commenced on 13th May 2019. The pharmacy technician will facilitate the continuous delivery of a Trust-wide high quality medicines management service initially by carrying out a service evaluation for medicines management principles using expert knowledge. The initial focus for the pharmacy technician is to carry out a gap analysis and ensure that there are legal and safe practices for handling medicines at the Logistics Support Unit (LSU) this will encompass the delivery of bespoke training to staff.
 5. Since 1st August 2018 the Trust has employed pharmacists in clinical roles in the **Integrated Urgent Centre Clinical Assessment Service (IUC CAS)**. These roles are part-funded by NHS England as part of the "Integrated Urgent Care (IUC) Pharmacists Programme". ¹ Pharmacists working in IUC undertake queries related to medicines (such toxic ingestion of medicines, drugs in lactation), prescribing and minor ailments. All clinicians in IUC have access to 'MedicinesComplete' thereby ensuring robust resources are used when undertaking queries. There are regular monthly pharmacist audits undertaken and feedback given during 1:1s. Prescribing audits are undertaken using ePACT2 data where areas of concern or at the request of commissioners e.g. nitrofurantoin prescribing.

Medical Gases

6. Medical gases are supplied directly to Trust premises via BOC. The Trust is able to track and manage deliveries to stations via access to the Accura system. There is a weekly review with the contract manager from BOC to provide assurance.

"Safe management of controlled drugs" is maintained as an organisational priority.

7. Over the past few years the Trust has undertaken a series of projects to ensure that we handle medicines in a legal, safe and secure manner in accordance with legislation and good practice. Such projects include: the adoption of Perfect Ward, Tamper Evident Device (TED) bags for the internal transport of controlled drugs, Secure Drugs Rooms (SDR). The Trust pharmacist has been a key stakeholder in these projects and provides subject matter expertise. In 2018 we also obtained our Home Office license for Controlled Drugs.
8. Work has started in 2016/17, to review pharmaceutical waste processes where significant work was undertaken at the LSU which then guided the operations policies for this remit. We have been carrying out a large piece of work reviewing the segregation and disposal of pharmaceutical waste at station level and operationally since 2017/18. The details of the requirements have been shared with the Estates team, who will be procuring the products.
9. Staff are able to report incidents and raise questions and concerns. There is a greater organisational understanding of the drug journey.

10. Bi-monthly MSO reports are presented at MMG, CD reporting has specific categories on Datix™, daily Perfect Ward audits are carried out. A pharmacist-led CD audit has been drafted and, with a larger medicines management team, this can be rolled out quarterly over the year to add further assurance from a subject matter expert view point.

Assurance on the systems and processes within LAS that lead to the safe management of controlled drugs.

Please refer to end-to-end process map

Policies and Procedures

11. The Trust medicines policy (TP008) has been reviewed, updated and a new sub-policy for controlled drugs (TP122) has been published, which provides more background to controlled drugs legislation, systems and processes.

Audit

12. Daily Perfect Ward audits conducted, audit reports collated and reviewed with actions. Medman is reviewed with specific section for controlled drugs which has been included since summer 2017. The summary reports are collated for the MMG. Monthly PGD audits are conducted via Clinical Performance Indicators.

Incidents

13. Incidents are reported on Datix™, data is collated as part of MSO report and presented at MMG.

PGD review

14. In 2017 a detailed review of Patient Group Directions was carried out which included:
 - Re-writing PGDs in situ (including midazolam, ketamine and co-codamol (new))
 - PGD group establishment
 - Process for application and approval for new and edited PGDs.
 - PGD policy writing
 - Robust process for breaches. All cases are referred to SIG – breach of a PGD is illegal.
 - Audit of PGDs for example midazolam and ketamine audit.
 - Clinical performance indicators capture PGD compliance.

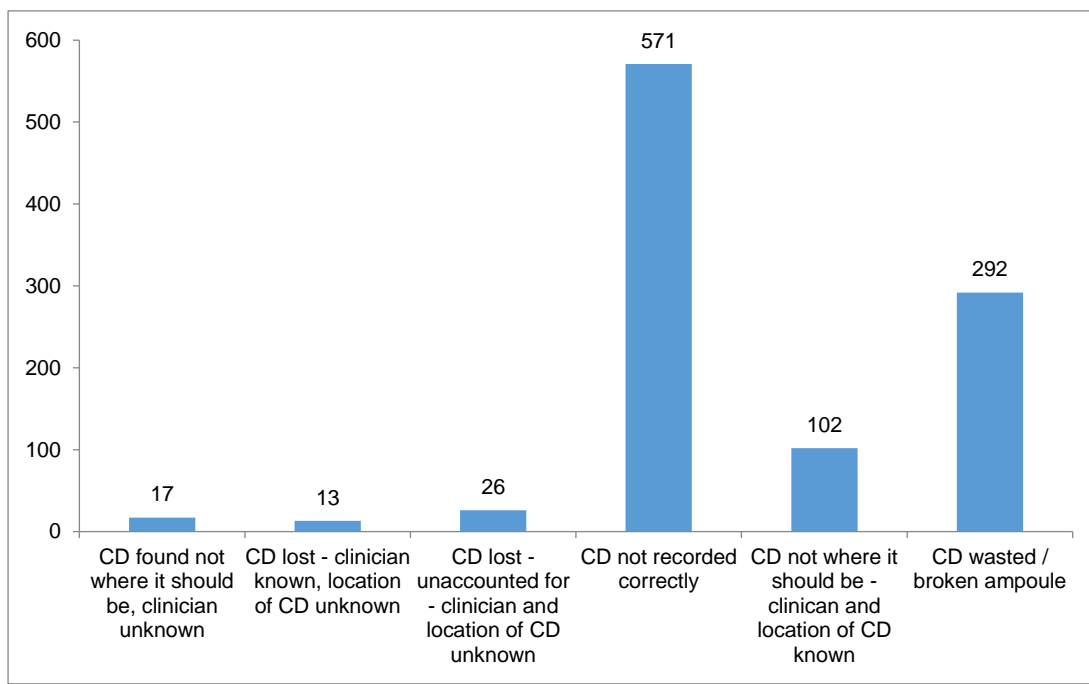
The latest PGD audits (May 2019) for Ketamine and Midazolam indicate 100% compliance with the PGDs.

External stakeholder engagement

- Attendance at the local CD Local intelligence Network
- CD occurrence reports completed quarterly to London Region CDAO.
- MSO is part of the NHS E&I MSO network.
- Representation at the Ambulance pharmacist's network.

- We receive regular updates directly from the DHSC regarding medicines supply issues. Recently midazolam supply issue therefore MSO wrote a plan and shared with the MSO network.
- Robust relationships with external stakeholders, such as the CDLO team.
- Chief pharmacist member of the London Regional Medicines Optimisation Committee which ensures that urgent and emergency care is captured in medicines optimisation work which is cascaded nationally.
- Regular horizon scanning for innovative products and solutions.
- Steering Group representation for the latest edition of the “Professional Guidance on Safe and Secure Handling of Medicines Guidelines 2018” (often referred to as the “Duthie Report”) which has proved valuable in ensuring national good practice guidance incorporates the pre-hospital setting.

The range of incidents reported to the CDAO over the past 12 months



CD not recorded correctly

15. Electronic CD registers are part of the 2019/20 business plan. (e-CD registers were recommended post-Shipman 2005).

Drug administration errors

- Midazolam s/c injection in End of Life Care. 10mg administered in error. Dose should have been 2.5mg. Investigation ongoing.
 - Morphine sulphate injection 10mg administered in 2 year old rather than 1mg. Patient required naloxone at ED. Investigation ongoing.
16. Calculation errors in both cases. Calculations sessions being drafted for evening classes. Initial calculations paper given to APP UC during routine clinical governance training day, which was well received therefore intention is to have a pan-service roll out over the next year, led by the MSO. Also plan to link calculations package to

Royal College of Paramedics, Undergrad schools and other Trusts to share good learning in line with WHO Medication Safety Without Harm challenge and Get It Right First Time Programme (RNOH and NHSI).

Breakages

17. Common amongst Ambulance services. However multiple bulletins issued reminding staff to handle with care. Breakages appear more common due to the regular transactions and that morphine is regularly placed back into the CD safe at the end of shift.

Unaccounted losses

18. Mostly oramorph due to poor documentation and most of these have been reconciled, however 6 losses reported to Home Office since Sept 2019

Programme around Gosport and any other legislative changes

19. The LAS Gosport Working Group convened on the 14 May 2019 with the aim of working through the independent panel report chapters and providing assurance that the LAS has safe systems and processes in place. An action plan has been formulated and stakeholders assigned to complete the plan. Stakeholders include: Freedom to Speak Up, medicines management EoLC nurse, QGAM 111, QGAM 999, legal, safeguarding. Meeting will be held bi-monthly and reporting into QOG.
20. For medicines: A gap analysis has been conducted using themes from Gosport, Shipman and WHO meds safety challenge and action plan incorporated.
21. Since 28 February 2019, Electronic Prescription Service permits dispensing of Schedule 2 and 3 CDs at Community Pharmacies. As per guidance from the CDAO - prescribing has been blocked on Adastral® and face to face arranged should patient require. This is until we have a regular/substantive workforce and the situation will be reviewed regularly.

Falsified Medicines Directive

22. 'From **9th February 2019**, market authorisation holders are required to place two safety features on all new packs of prescription medicines placed on the market in Europe:
 - a **unique identifier** (UI) in the form of a 2D data matrix (barcode) which can be scanned at various points along the supply chain to determine its authenticity; and
 - an **anti-tamper device** (ATD).
23. In order to comply with the requirements of FMD, pharmacy contractors will be required as part of the dispensing process (from 9th February 2019 and for products that bear safety features) to:
 - **check the anti-tampering device** (ATD) to ensure it is intact prior to dispensing; and
 - **change the status of the pack** in the UK's National Medicines Verification System from "active" to "inactive—supplied". This involves scanning the 2D

barcode on each pack and communicating with the National Medicine Verification System (NMVS)'. (PSNC 2019).

24. The MHRA (Oct 2018) have confirmed that in the event of a no-deal EU Exit – the FMD will no longer be mandatory, especially as not all products will come with a barcode. However we are working with the assumption that this is a mandatory requirement therefore incorporated into Business Plan 19/20.

WHO Global Patient Safety Challenge

25. In March 2017 WHO launched its third Global Patient Safety Challenge: Medication Without Harm. NHSI have reviewed and

Carter report (September 2018)

26. The LAS is working with national ambulance colleagues and the Specialist Pharmacy Service to reduce unwarranted variation. As such, the Trust has been part of the Task and Finish Group for National PGDs.

Major CD concerns raised in the last 12 months

Oramorph diversion in September 2018

27. Two cases North Central Sector.
- Diversion of wastage product – staff member dismissed. HCPC informed. Oramorph bottle size changed to reduce risk, wastage and aids dose titration.
 - Inadequate completion of documentation and reconciliation of oramorph indicates diversion. Staff member resigned. HCPC informed. Improved processes for reporting discrepancies on Datix™ at the LSU so anomalies are highlighted in a timely manner. Paper for Drug and Alcohol Testing being written.

Record keeping – forgery of signatures in CD register

28. One case South East Sector
- Local intelligence, excellent incident reporting and CCTV in secure drugs room integral to identifying this issue. Staff member dismissed, appeal ongoing.

Highlight the recommendations from the recent CQC reports on controlled drugs and progress against them.

Recommendation	Reason	Progress
Access to drug cabinets	Codes written on doors	Secure rooms cabinets-electronic key access. Room doors are swipe access. Old style rooms – Perfect Ward audit tool daily checks.
Transport of controlled Drugs	Secure system for the transport of CDs from main to satellite stations	Tamper Evident Device (TED) bags process with associated transport

Recommendation	Reason	Progress
		registers and audit of compliance.
Pharmaceutical waste	No clear process for segregation	Current process in place where drugs are placed into a container with form and sent back to LSU. Discussions with Estates for a process for pharma waste disposal in clinical bins at scene/station.
CD Destruction	LSU staff unclear of process	Process reiterated, policy clear and in place. LSU staff to be enrolled onto Buttercups medicines management training program as part of PDP Pharmacy Technician in post mostly based as LSU, who will help with training.
CCTV	Recommendation from CQC, police and NHSE	CCTV at secure room sites. Work ongoing and review of CCTV at LSU
Oramorph bottle sizes	Volume too large and not appropriate	Changed from 1x20ml to 2x5ml bottles.

Highlight any risks and action plans to mitigate the risk

Risk	Reason	Action plan
Secure Drugs rooms	Two tier system Recent request (June 2019) for clarification as to progress	Plan written for phase 1 completion and 2
Pharmaceutical Waste Disposal	Previous inspections noted poor processes for segregation and recording of waste	System set up for all waste to be segregated and sent back to LSU for destruction. Ongoing work with Estates team to have pharma waste disposal at stations.
Calculation errors	Recent increase in medication errors due to incorrect calculations	Extra training for staff
Electronic track and trace	Not fully functional	Daily scrum meetings Paper is back up and used in a recent drugs recall.
Temperature control and monitoring at stations	International requirement for all medicines	LSU compliant SDR stations compliant
Falsified Medicines Directive	EU Directive since 09/2/19. However EU Exit No Deal may change position.	ePMO support requested to ensure LAS is ready post EU Exit
EU Exit	Medicines supply	Chief Pharmacist on working group.

**Sumithra Maheswaran,
Trust Pharmacist**



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Responsible Officer Report			
Agenda item:	15(ii)			
Report Author(s):	Victoria Ward, Business Manager to the Chief Medical Officer			
Presented by:	Fenella Wrigley, Chief Medical Officer			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>This annual report aims to help the Trust Board assess its effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance, and forms part of the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation which was first published by NHS England in April 2014.</p>				
Recommendation(s):				
<p>The Board is asked to note the content of this report, and confirm that the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) through the Statement of Compliance.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
<p>This report is a requirement of the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation, published by NHS England and part of the current legislation for all healthcare organisations acting as designated bodies. Breaching this by not returning the statement of compliance would incite an immediate independent review visit by NHS England.</p>				
Please indicate which Board Assurance Framework (BAF) risk it relates to:				
Clinical and Quality	<input checked="" type="checkbox"/>			
Performance	<input type="checkbox"/>			
Financial	<input type="checkbox"/>			
Workforce	<input checked="" type="checkbox"/>			
Governance and Well-led	<input checked="" type="checkbox"/>			
Reputation	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
This report supports the achievement of the following Business Plan Workstreams:				

Ensure safe, timely and effective care	<input checked="" type="checkbox"/>
Ensuring staff are valued, respected and engaged	<input checked="" type="checkbox"/>
Partners are supported to deliver change in London	<input type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>

Background

1. This report aims to help the Trust Board assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance¹, and forms part of the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation which was first published in April 2014. The FQA continues to support future progress in designated bodies and provides the required level of assurance both within organisations and to the higher-level responsible officer (the Medical Director of NHS England – London). This Board Report template now includes the qualitative questions previously contained in the AOA, as per the recommended template provided by NHS England.
2. Included within the report is the Statement of Compliance, linked together through the annual audit process of revalidation. These are requirements for all healthcare organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.
3. The over-riding intention is to inform the Trust Board by setting out the key requirements for compliance with regulations and key national guidance, and provide a format to review for these requirements, so that as an organisation we can demonstrate not only basic compliance but continued improvement over time. Completion of the Board Report will therefore:
 - help the designated body in its pursuit of quality improvement,
 - provide the necessary assurance to the higher-level responsible officer, and
 - act as evidence for CQC inspections.

Victoria Ward,
Business Manager to the Chief Medical Officer

¹ Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Designated Body Annual Board Report

Section 1 – General:

The Board of London Ambulance Service NHS Trust (LAS) can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: 05/06/2019
Action from last year: None required
Comments: Only 1 doctor held a prescribed connection to us as of the 31/03/2019 when the AOA audit took place.
Action for next year: Review the prescribed connections of all doctors contracted to LAS

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None required
Comments: Dr Fenella Wrigley is the appropriately trained licensed medical practitioner who is appointed as Responsible Officer.
Action for next year: None required

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year: None required
Comments: The Responsible Officer (RO) is required to attend 3 of 4 national meetings for Medical Directors acting in the RO role each year.
Action for next year: None required

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: None required
Comments: We have recently increased our prescribed connections, by 1 other doctor.
Action for next year: As question 1.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: None required
Comments: A policy is being drafted that covers medical revalidation.
Action for next year: To have the policy finalised.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: None required
Comments: Due to the niche remit of the LAS as a designated body, and small number of doctors connected to the organisation, a suitable peer has not yet been identified.
Action for next year: To undertake a peer review.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: None required
Comments: Locum or short-term placement doctors are only employed through agencies on the NHS Care Framework, and therefore the agency will act as their designated body responsible for continuing professional development, appraisal, revalidation, and governance.
Action for next year: None required

Section 2 – Effective Appraisal

4. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: None required
Comments: All appraisals are undertaken on the standard template, and in line with NHS England recommendations with trained appraisers.
Action for next year: None required

5. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: None required
Comments: Not applicable.
Action for next year: None required

6. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: None required
Comments: A policy is being drafted that covers medical revalidation.
Action for next year: To have the policy finalised.

7. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: None required
Comments: To avoid any conflict of interest, as per national guidelines, appraisers are sought externally to the organisation, and the information shared through the Information Management for Revalidation guidelines.
Action for next year: If the number of prescribed connections increases, we will train an appraiser to sit within the organisation.

8. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: None required
Comments: As appraisers are external to the organisation, their compliance with performance review and training/development sits with their own designated body.
Action for next year: None required

9. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

governance group.

Action from last year: None required

Comments: Due to the small designated body size, assurance is sought through this board report only.

Action for next year: None required, unless directed by the Trust Board.

Section 3 – Recommendations to the GMC

10. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: None required

Comments: Recommendations are made within the given timeframe.

Action for next year: None required

11. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: None required

Comments: This will form part of the new medical revalidation policy.

Action for next year: None required

Section 4 – Medical governance

12. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: None required

Comments: This is included within the Trusts' operational policies and procedures.

Action for next year: None required

13. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: None required

Comments: This will be included within the medical revalidation policy.

Action for next year: None required

14. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None required

Comments: This will be included within the medical revalidation policy.

Action for next year: None required

15. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors³.

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

Action from last year: None required
Comments: Not applicable due to the small number of connections.
Action for next year: None required

16. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation⁴.

Action from last year: None required
Comments: The principles of the NHS England Information Management for Revalidation guidance is followed.
Action for next year: None required

17. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None required
Comments: The Trust has a Dignity at Work Policy and Procedure, which has been reviewed in line with the Equality Act 2010. This will be referenced within the medical revalidation policy.
Action for next year: None required

Section 5 – Employment Checks

18. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: None required
Comments: The Trust has a clear and robust recruitment process that is governed by its national standards and frameworks as laid out by NHS Employers.
Action for next year: None required

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of last year's actions**
We have met the requirements for quality assurance as set out by NHS England and the GMC.
- **Actions still outstanding**
There are no actions outstanding.
- **Current Issues**
There are no immediate issues identified.
- **New Actions:**
A new medical revalidation policy will be written to take into account the overarching governance requirements that are set out in current legislation surrounding the registration and licensing of doctors.
We will also review the number of prescribed connections, to ensure that are processes are suitable for the small designated body status.

Overall conclusion:

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

We ask the Trust Board to approve the Board Report, and sign the Statement of compliance as outlined in Annex A.

Statement of Compliance:

The Board of London Ambulance Service NHS Trust (LAS) has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body
[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _

Name: _ _ _ _ _ Signed: _ _ _ _ _
Role: _ _ _ _ _
Date: _ _ _ _ _



Report to:	Trust Board			
Date of meeting:	30 July 2019			
Report title:	Trust Board Forward Planner			
Agenda item:	16			
Report Author(s):	Philippa Harding, Director of Corporate Governance			
Presented by:	Philippa Harding, Director of Corporate Governance			
History:	This planner is based upon previous years' Board agendas and guidance relating to best practice in the construction of Trust Board agendas			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This report provides the Board with an updated forward plan for Board meetings until the end of the 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

Area	Lead	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	
	All	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	
	HL	Matters arising & action log	Matters arising & action log	Matters arising & action log	Matters arising & action log	Matters arising & action log	
	TB	Staff Story	Patient Story	Staff Story	Patient Story	Staff Story	
	HL	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	
Strategy & Planning	LB	Clinical Strategy	Estates Strategy Fleet Strategy			Operational Plann Approval Business Plan Approval	
	LB						
	FW						
	BM						
	BM	Volunteering Strategy	Patient Engagement Strategy	WRES Action Plan Strategy Update			
	FW						
	TB						
	PG						
	PG						
AF							
Quality, Performance & Assurance	LB	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	
	PH	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	
	TB	SI Thematic Review	Quality Accounts & Quality Priorities - biannual report	SI Thematic Review	SI Thematic Review	Quality Accounts & Quality Priorities - biannual report	
	TB						
Annual Reporting	LB, PH		Unaudited Charitable Funds Annual Report & Financial Statements for 2018/19			Approach to Annual Report & Accounts	
	PH						
	JJ						
	TB						
	TB						
	LB						
	FW			CARU Annual Reports			
Governance	PH	Annual Public Meeting preparation Freedom to Speak Up Quarterly Report		Freedom to Speak Up Quarterly Report	Approach to Annual Corporate Governance Review	Annual Corporate Governance Review	
	PH				Freedom to Speak Up Quarterly Report		
	PH						
	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	
	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	
	HL	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	
Additional reports	TB	Quality Report	Quality Report	Quality Report	Quality Report	Quality Report	



Report to:	Trust Board			
Date of meeting:	30 July 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 final May quality report containing April 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">• The timely response to complaints with the low compliance rate in April being attributed to the late receiving of crew statements, QA's, and Clinical Opinions. The position is now improved and we are meeting our targets. The additional support put into the service will be on-going and the improvement is therefore expected to be sustained.• CPI audits remains a focus for the medical directorate <p>In general, the document demonstrates improvement across the quality agenda and supports the aim of reaching a Care Quality Commission (CQC) 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 April 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 18-23
2. Effective	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Clinical Ambulance Quality Indicators • Clinical Audit Performance 	24 25-27 28
3. Caring	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Mental Health • Maternity • People and Public Engagement 	30 31 32-3 34

Section	Content	Pages
4. Responsive	<ul style="list-style-type: none"> • Trust-Wide Scorecard • Frequent Callers • Complaint 	36 37-39 40-41
5. Well Led	<ul style="list-style-type: none"> • Learning from our actions • Learning from Sis • Learning from Claims, Inquests and Deaths 	43-44 45 46
6. Quality Action Plan, Projects & Programmes	<ul style="list-style-type: none"> • Engagement and communication programme • Project Management Office (PMO) Overview 	48 49-50
7. Clinical and Quality Risks	<ul style="list-style-type: none"> • Clinical and Quality Risks Summary 	52

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	Over 90% implementation of all actions in the Gosport Enquiry Action Plan by April 2020	●	<p>The total number of adverse patient events was 239 resulting in 2.7 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>The 2 Trust Datix systems (LAS and 111 systems) were integrated on the 1st April 2019. This has streamlined systems management, provide an integrated system for managing complaints and incidents, and reduce licensing costs.</p> <p>There were no identified delayed safeguarding referrals in April.</p>	●
	>90% completion of actions on the trust-wide security implementation plan	●		
	Increased scores in relation to learning from and reporting incident in the annual staff survey compared to April 2019 baseline	●		
	Reduction in both incident of and sickness rates for MSK injuries from April 2019 baseline	●		
Effective	Reduce the average handover to green response time in all sectors from 17 minutes to 15 minutes by April 2020	●	<p>ROSC at Hospital(* data from Dec-18) is 35% which is above the national standard.</p> <p>The Sepsis care bundle performance for December 2018 was 90%; the highest achieved by the LAS to date and well above the national average of 73%.</p> <p>In March 2019, defibrillator downloads were matched to 24% of cardiac arrests, which met and exceeded the agreed target of 20% set by the Commissioners.</p>	●
	Meet service wide NHS 111 and IUC quality targets evidenced via agreed indicators by April 2020. Increased consultant complete episodes from April 2019 baseline	●		
	A reduction in nature of call incidents from January 2019 baseline	●		
Caring	Mental Health response car service to be rolled out across a minimum of the South East sector during 2019-20	●	<p>The Mental Health Joint Response car continues to response to incidents in the South East. Those paramedics who work on the car have been extended for a further 3 months to see the end of the second phase of the pilot.</p> <p>The maternity team have developed a MiDOS "Map my Maternity" App to support front line in accessing correct maternity pathways for patients. This has been tested and will be launched in May 2019.</p>	●
	Evidence of increase in skills and knowledge for staff groups in supporting patients who are at the end of their lives	●		
	Ensure that over 90% of NHSI patient involvement KPIs are met during 2019-20 from January 2019 baseline	●		
Responsive	To be in the top 3 ambulance trusts demonstrated by our score on the aggregate AQIs, consistently throughout 2019-20	●	<p>In April we received 88 complaints, with a new theme appearing regarding complaints relating to ARP Category 5 being received. The complaints team are working with operations on this matter.</p> <p>There were 48 complaints that breached the 35 day response target in April. The current average is 52% for 2019/20.</p>	●
	To respond to over 75% of patients complaints within the 35 day target from the 68% April 2019 baseline	●		
Well led	Gain a rating of 'good' for the Use of resources domain in the 2019-20 CQC inspection	●	<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>	●
	Quality Improvement teams in each sector and sector quality improvement programmes developed and delivered by April 2020	●		

Executive Summary - Quality Summary Scorecard

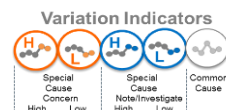
April 2019				Current Performance				Benchmarking		
Indicator (KPI Name)	Basis	Data From Month	Target Status	Statistical Process Control Icon	Target	Latest Month	Year To Date Actual	National Data	Best In Class	Ranking (out of 10)
Rate of Patient related Adverse Events per 1,000 Incidents	Rate	Apr-19	●		5.0	3	3.5			
Patient related Adverse Events - NO HARM	Count	Apr-19	●		N/A	185	185			
Patient related Adverse Events - LOW	Count	Apr-19	●		N/A	30	30			
Patient related Adverse Events - MODERATE	Count	Apr-19	●		N/A	8	8			
Patient related Adverse Events - SEVERE	Count	Apr-19	●		N/A	9	9			
Patient related Adverse Events - DEATH	Count	Apr-19	●		N/A	7	7			
Medication Errors as % of Patient Adverse Events	%	Apr-19	●		N/A	3%	3.3%			
Needle Stick Injuries as % of Staff Adverse Events	%	Apr-19	●		N/A	0%	1.0%			
Number of SEL 111 adverse incidents	Count	Apr-19	●		N/A	40	40			
Number of NEL 111 adverse incidents	Count	Apr-19	●		N/A	32	32			
ROSC at Hospital (AQI)	%	Dec-18	●		30%	35%	35%			
ROSC at Hospital UTSTEIN (AQI)	%	Dec-18	●		N/A	70%	63%			
STEMI to Angiography (AQI) (Mean)	hh:mm	Nov-18	●		N/A	02:08				
STEMI care bundle (AQI)	%	Oct-18	●		74%	76%	75%			
Stroke Call to Arrival at Hospital (AQI)	hh:mm	Nov-18	●		N/A	01:09				
Stroke on scene time (CARU continual audit)	hh:mm	Feb-19	●		00:30	00:31				
Survival to Discharge (AQI)	%	Nov-18	●		N/A	7%	8%			
Survival to Discharge UTSTEIN (AQI)	%	Dec-18	●		N/A	31%	31%			
STEMI- On scene duration (CARU continual audit)	hh:mm	Feb-19	●		N/A	00:40	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

Percentage of reported incidents against total 999 contacts	1.5%
Number of Overdue Incident Investigations	20
Number of SI's declared in Q1	1
Number of Overdue LARS Reviews	0
% of HealthAssure Population	100%

North Central Sector

Percentage of reported incidents against total 999 contacts	0.8%
Number of Overdue Incident Investigations	15
Number of SI's declared in Q4	0
Number of Overdue LARS Reviews	1
% of HealthAssure Population	100%

North East Sector

Percentage of reported incidents against total 999 contacts	1.3%
Number of Overdue Incident Investigations	33
Number of SI's declared in Q1	0
Number of Overdue LARS Reviews	0
% of HealthAssure Population	100%

KEY

An overdue incident is an incident which is still open under investigation after 25 working days.

LARS is the Location Alert Register



South West Sector

Percentage of reported incidents against total 999 contacts	1.0%
Number of Overdue Incident Investigations	35
Number of SI's declared in Q1	1
Number of Overdue LARS Reviews	0
% of HealthAssure Population	100%

Clinical Contact Centres

Percentage of reported incidents against total 999 contacts	0.3%
Number of Overdue Incident Investigations	80
Number of SI's declared in Q1	5
Number of Overdue LARS Reviews	0
% of HealthAssure Population	4%

NHS 111/IUC

Percentage of reported incidents against total 111 contacts	0.2%
Number of Overdue Incident Investigations	59
Number of SI's declared in Q1	0
% of HealthAssure Population	100%

South East Sector

Percentage of reported incidents against total 999 contacts	1.9%
Number of Overdue Incident Investigations	50
Number of SI's declared in Q1	0
Number of Overdue LARS Reviews	0
% of HealthAssure Population	100%

The scorecard below provides an overview of the Operational performance of the Trust in April. 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.

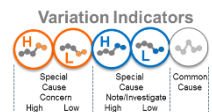
NHS 111 call answering 95% within 60 secs was below target for both NEL and SEL, with NEL having only 65% of calls answered within 60 seconds.

The REAP levels have remained steady at level 2 and there have been no Surge plan triggered.

April 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	Apr-19	●		07:00	06:04	06:04	07:01	06:04	1
Category 1 response - 90th centile	mm:ss	Apr-19	●		15:00	10:11	10:11	12:19	10:11	1
Category 2 response - Mean	mm:ss	Apr-19	●		18:00	16:27	16:27	21:13	12:14	2
Category 3 response - Mean	h:mm:ss	Apr-19	●		1:00:00	0:45:37	0:45:37	1:01:15	0:35:09	5
Category 4 response - 90th centile	h:mm:ss	Apr-19	●		3:00:00	3:14:39	3:14:39	3:06:37	1:55:46	5
Call answering - 999 (less than 5 seconds)	%	Apr-19	●			92%	92%			
Call answering - NHS 111 SEL (less than 60 seconds)	%	Mar-19	●		95%	85%				
Call answering - NHS 111 NEL (less than 60 seconds)	%	Mar-19	●		95%	92%				

- 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



*April 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.



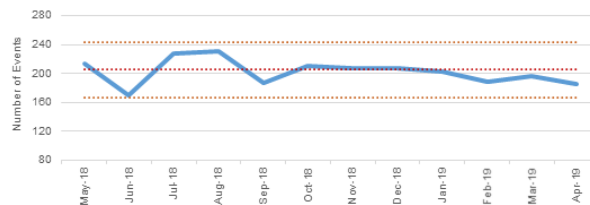
Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

The total number of adverse patient events was 239 resulting in 2.5 events per 1000 incidents. The breakdown of these events is shown in the analysis below:

Monthly Trend

No Harm/Near Miss

Latest Month:
185



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

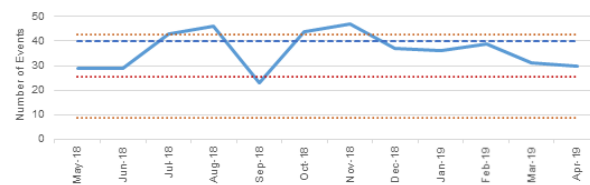
The intelligence team are working with key stakeholders to streamline reporting categories and are deliver training out planned training events and locally at stations.

The 2 Trust Datix systems (LAS and 111 systems) were integrated on the 1st April 2019. This has streamlined systems management, provide an integrated system for managing complaints and incidents, and reduce licensing costs.

There was 1 Quality Alert made to a hospital in April regarding a patient on arrest trial who was transferred away to another hospital resulting in the delay of treatment.

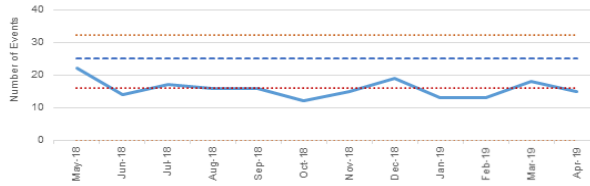
Low Harm

Latest Month:
30



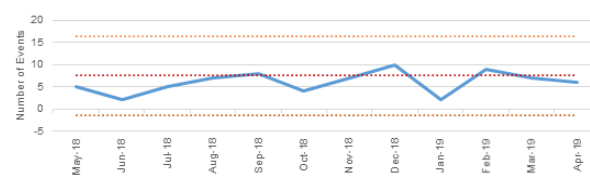
Moderate Harm

Latest Month:
8



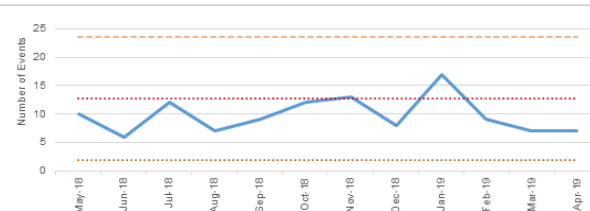
Severe

Latest Month:
9



Death

Latest Month:
7



No significant variation when compared to mean and limit thresholds

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.

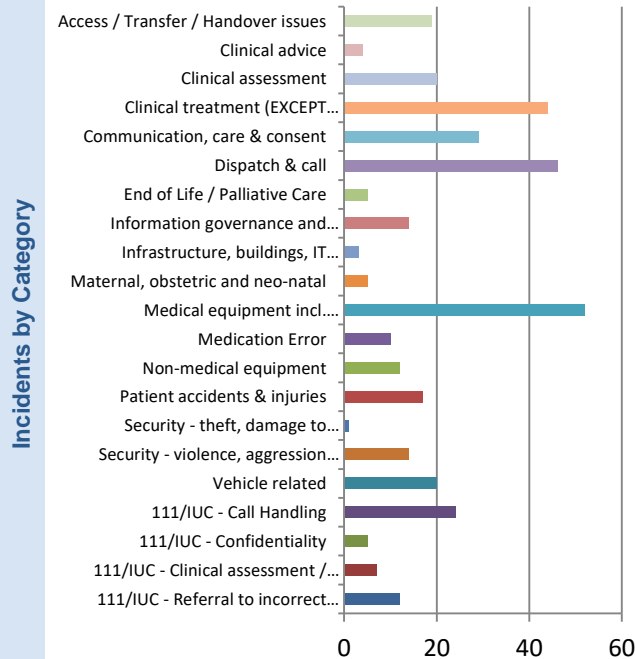
Serious Incidents

During April 2019, 5 reported incidents were declared as SIs after review at the Serious Incident Group (SIG). Fig. 1 shows the monthly distribution of declared SIs across the Trust compared to the previous 2 years.

The overall total for 12 months in 2017 and 2018 is 94 and 87 respectively so there has been no increase in the number of SIs in 2018. To date, **33** SIs has were reported between January, February, March and April 2019.

There were three SIs closed in April and these investigations found that education & training and staff factors were the most prevalent contributory factors, which was followed by human task factors. These included:

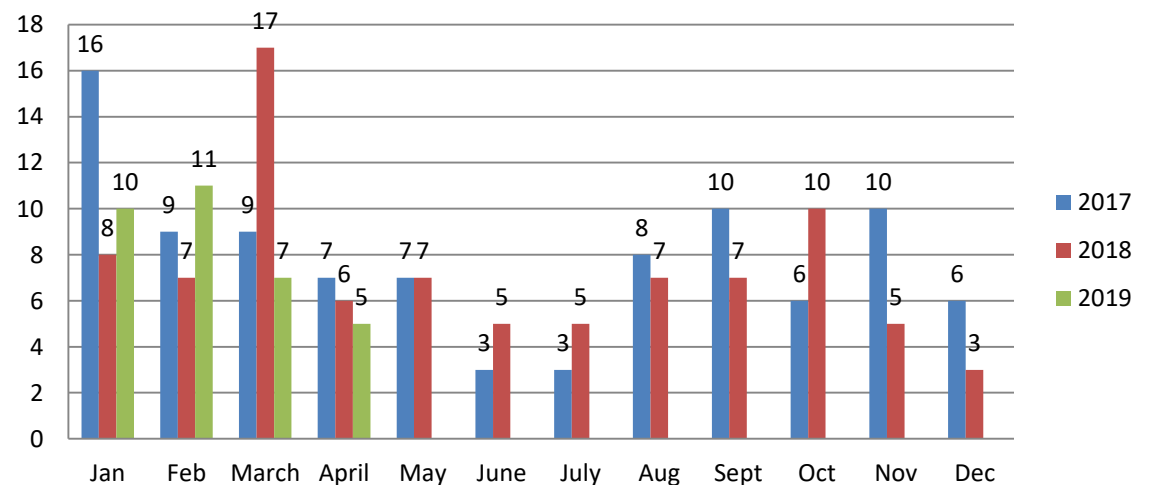
- Education and training – ensuring staff had the competence with regards to carry out specific assessment, attend required Core skill refresher training.
- Staff factors - Guidelines, policies and procedures – ensuring up to date guidelines available to staff and supported to utilise available decision making aids.



Data Source:

Quarterly Analysis

SIs declared by month





Monthly IPC Training Compliance April 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%, but with level 1 and level 2 showing a very slight decrease when compared to March 2019 figures:

Performance achieved in April 2019:

- Level 1 –95.36% compared to 95.47% in March 2019
- Level 2 –92.60% compared to 92.91% in March 2019
- **Assurance:**
- Monitored via ESR
- Monthly Quality reporting
- Oversight at Quarterly ICDG, IPCC and QOG

Actions taken:

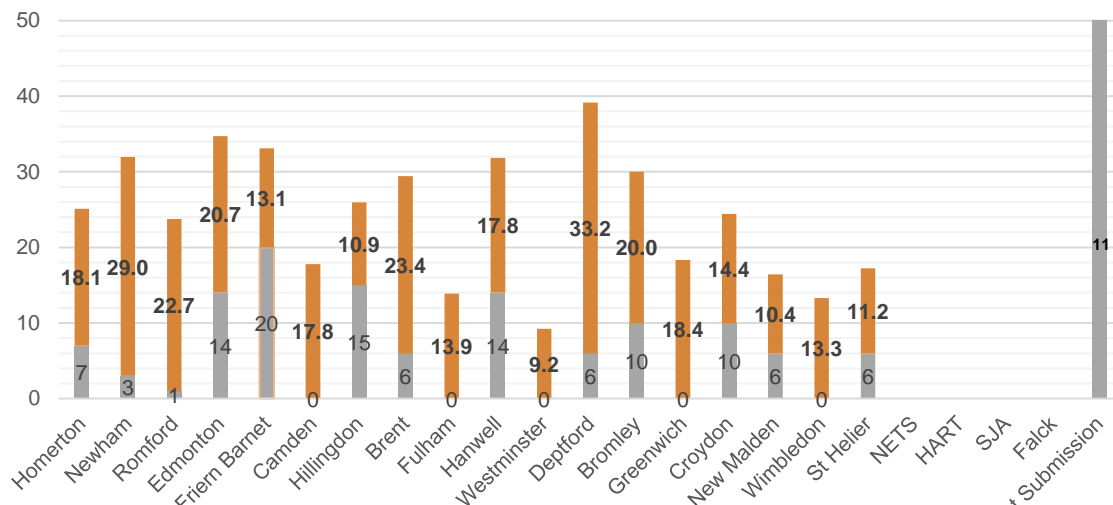
- Monitoring process in place



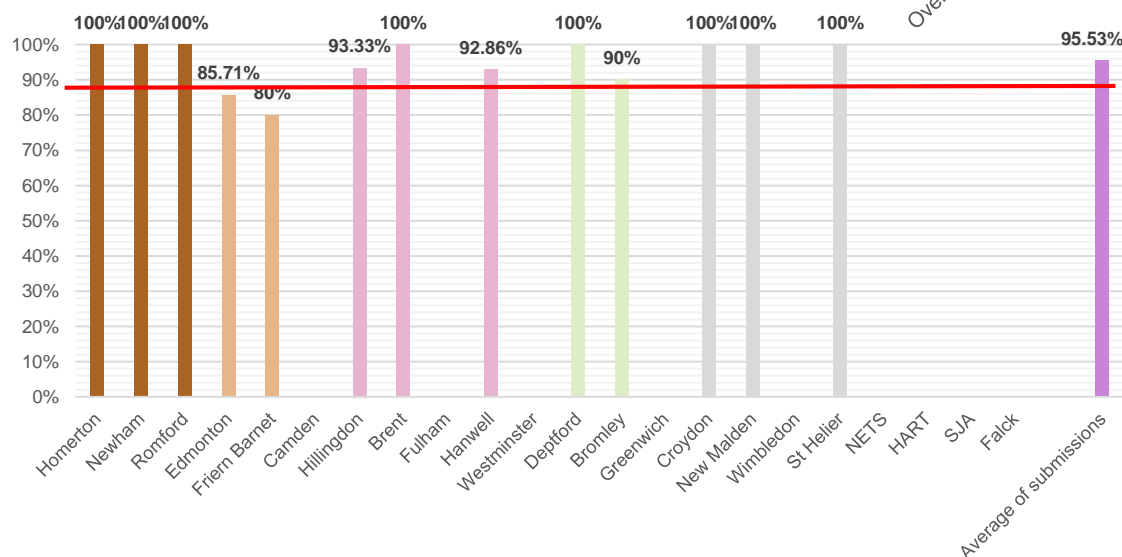
Owner: Sharon Egdell | Exec Lead: Dr. Fenella Wrigley

OWR Submissions April 2019

■ Group Submissions ■ Expected Submission Per Month



OWR Hand Hygiene Compliance April 2019 (Target 90%)



Hand Hygiene Performance

- 13 group stations submitted OWR data for April 2019. The April OWR data submission rates for hand hygiene has declined from the 15 submissions reported in March 2019.
- Of the 13 submissions, the Trust OWR hand hygiene compliance for April 2019 was 95.53 %, showing a an increase from 94.49% reported in March 2019 and remaining above the Trust performance target of 90%. OWR submissions were not received from Camden, Fulham, Westminster, Greenwich and Wimbledon.
- 0 group stations 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 decrease when compared to 8 group stations achieving the 10% objective in March 2019 . **(For ease of reference the graph now shows the actual number of OWR submissions as grey and the trajectory objective of 10% of front line staff ,as orange).**
- **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
- IPC Champion role to raise standards and ownership at local stations by providing practical Hand Hygiene at stations.

Actions

New:

- IPC Champion meeting held on 11.4.19 with an educational focus on Hand Hygiene
- For ease of reference the OWR submission graph now shows the actual number of OWR submissions as grey and the trajectory objective of 10% of front line staff ,as orange (calculated on a monthly basis from workforce figures received)

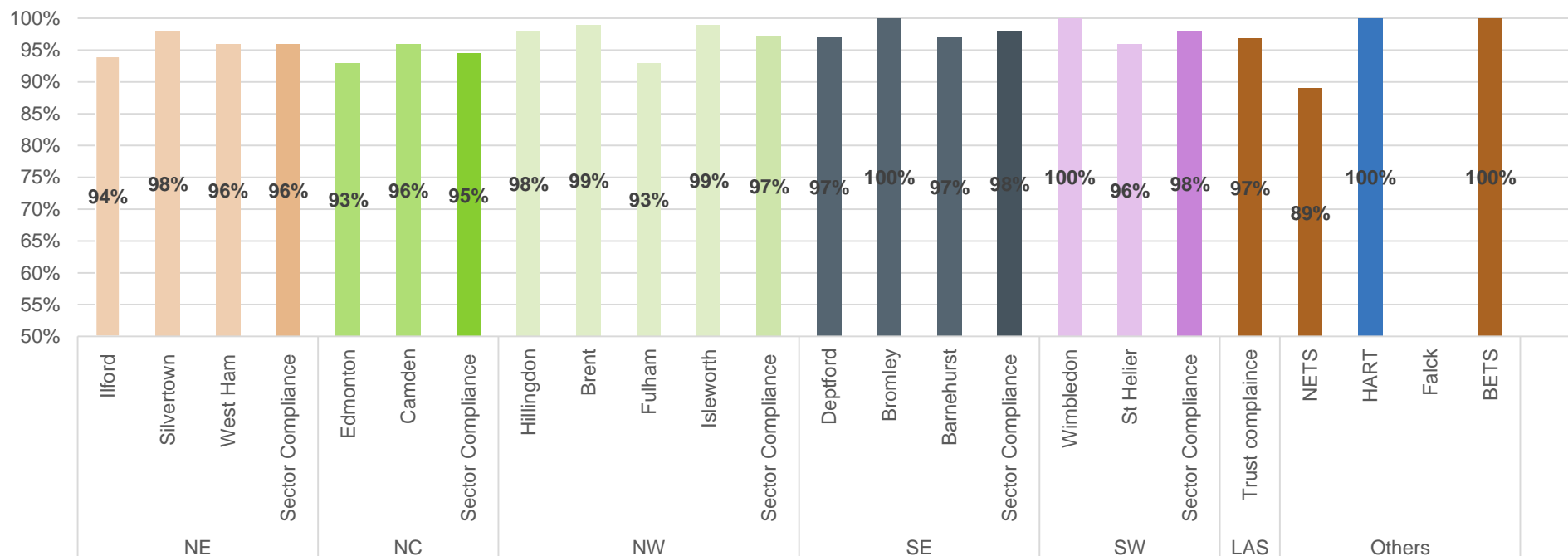
Previous:

- 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



Owner: Sharon Egdell | Exec Lead: Dr. Fenella Wrigley

VP Deep Clean A&E Vehicles April 2019 (Target 95%)



Performance

- Data for each Hub including PTS and HART submitted by the VP Contract Manager.
- Trust compliance showed a slight decrease at 97%, when compared with 98% in March 2019. However, this score still exceeds 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 April 2019 (Target 90%)



Performance

- 12/20 Group Stations/Services submitted data for analysis, compared to 13/20 Group Stations submitting in March 2019, demonstrating a slight decrease.
- Overall Trust compliance for April has shown a decrease to 95.22 % from 97.92% reported in March 2019. This score still exceeds the Trust performance 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:

Premises cleaning policy currently under routine review

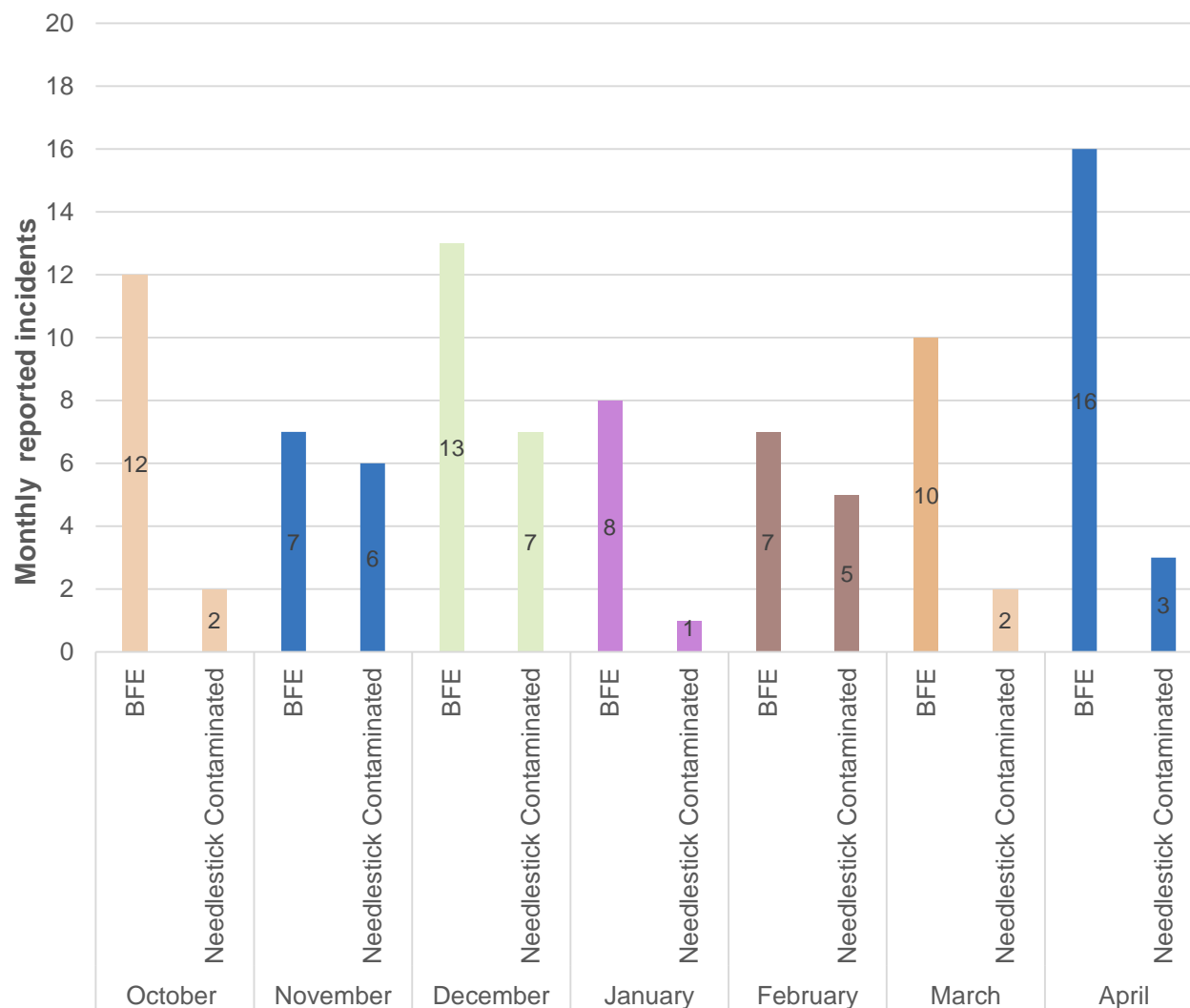
Previous:

All station validation audits for 2018-19 have now been completed by the IPC team



Owner: Sharon Egdell | Exec Lead: Dr. Fenella Wrigley

Sharps and Body Fluid Exposure (BFE) Datix reported incidents



Performance

- The reported data of 19 incidents is for contaminated sharps and BFE only- *clean sharps incidents have been extracted as these fall within Health & Safety remit, not IPC*
- 16/19 incidents reported in April were as a result of exposure to body fluids (BFE)
- 3/19 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:

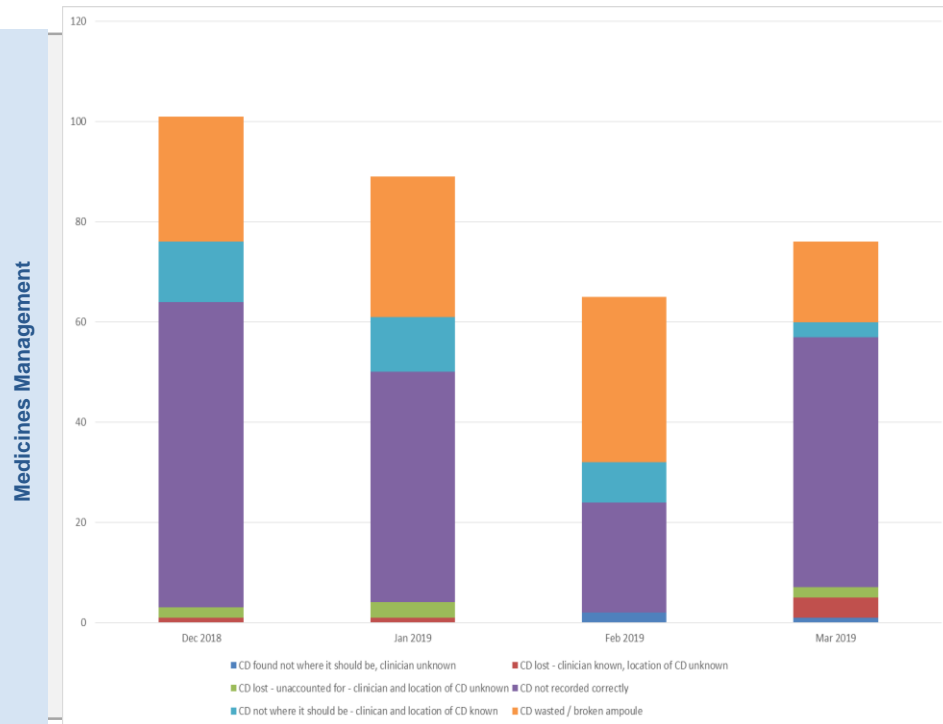
- BFE incidents discussed at ICDG meeting held 24.4.19
- Escalated to Quality Oversight Group meeting 23.4.19
- Education IPC lead continues to explore opportunities for audio visual training / simulation

Previous:

- 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
-



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



- No unaccounted for loss of injectable morphine
- Total of other controlled drug (CD) incidents including
 - Morphine or diazepam retained off duty (n=3)
 - CD safe malfunction (n=1) or unsecured (n=1)
 - No morphine available at shift start (n=1)
 - Residual morphine left in drugs bag (n=2)
 - Documentation error (n=46)
 - CD breakages (n=23)
- Non-controlled drugs (schedule 2) incidents
 - Kitprep discrepancies or malfunction (n=27)
 - Loss of hydrocortisone (n=1), salbutamol (n=3), paracetamol (n=2) haloperidol (n=1) & general drugs pack (n=1)
 - Out of date drugs (n=3) or incorrect tag (n=1)
 - Drugs room door entry system malfunction
 - Non-LAS drug (furosemide) found on LAS vehicle
 - Failure of pharmacy to deliver drugs to patient (n=1)
 - Delay in diazepam administration by non-LAS clinician (n=1)
 - Inappropriate administration of GTN (n=1), hydrocortisone (n=1), ipratropium (n=1) and paracetamol (n=2)

Actions

- Core skills refresher material for medicines management developed and approved for release
- Bulletin regarding new presentation of Oramorph.

Assurance

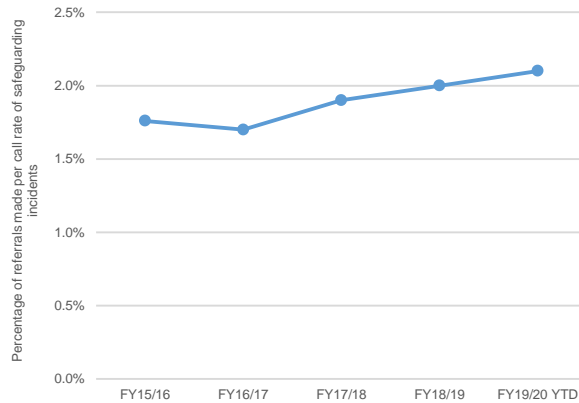
- No unaccounted for losses of schedule 2 CDs
- Morphine retained off-duty identified in a timely fashion in all cases



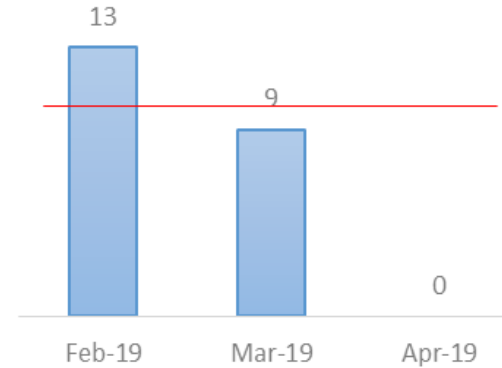
Referrals

**Monthly
Rate: 2.1%**

**Missed
Referrals: 0**



Delayed Referrals



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

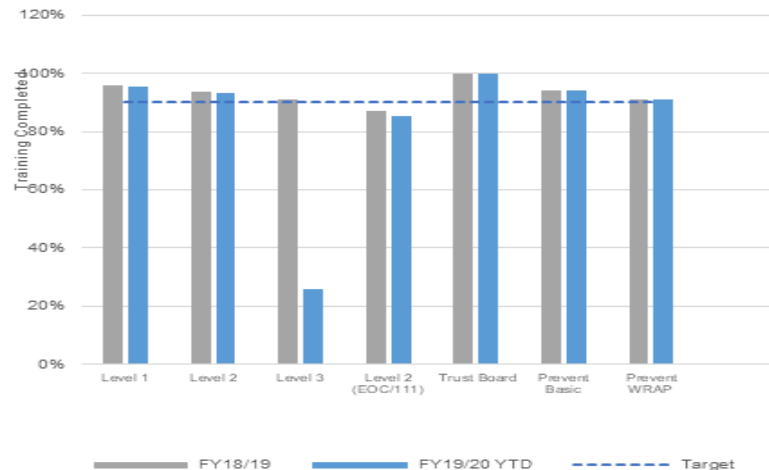
There were no identified delayed referrals in April.

Delivery of Training

Level 1: 96%

Level 2: 93%

Level 3: 26%

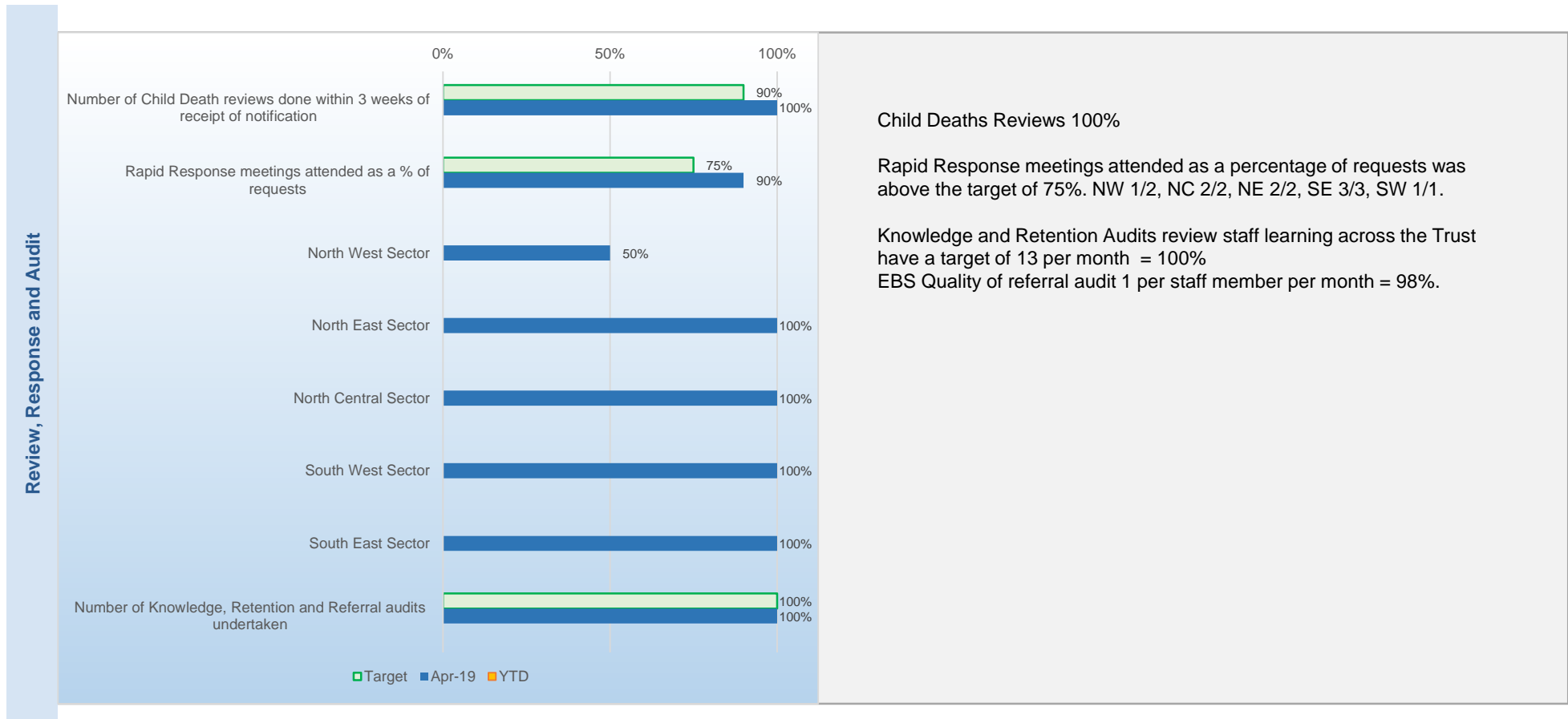


Safeguarding Training level 3 continues to increase with a training plan in place for the coming year.

L2 Control services are currently running CSR including safeguarding.



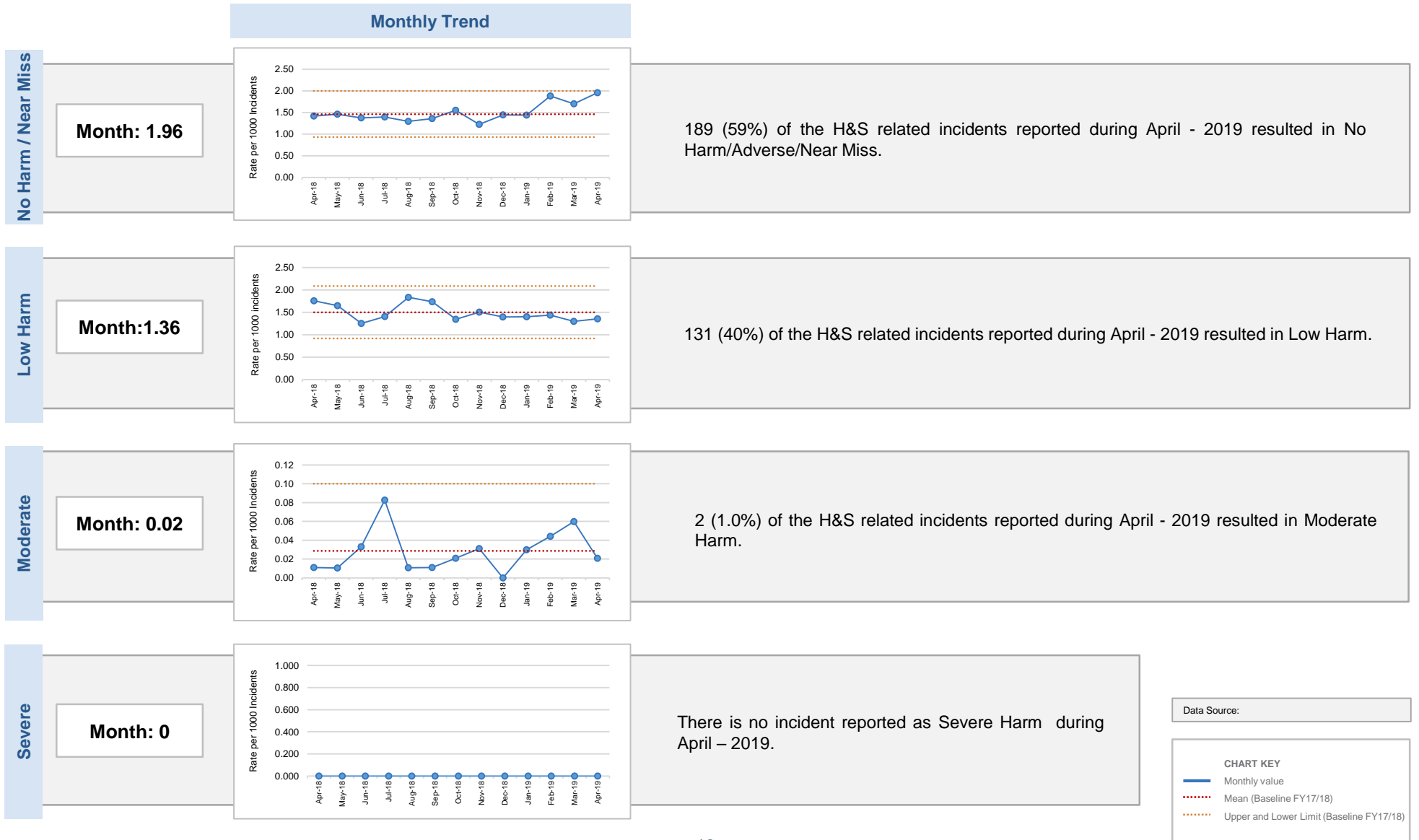
Owner: Alan Taylor | Exec Lead: Dr. Trisha Bain

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



Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

The total number of H&S incidents was 322 resulting in **3.33 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below:





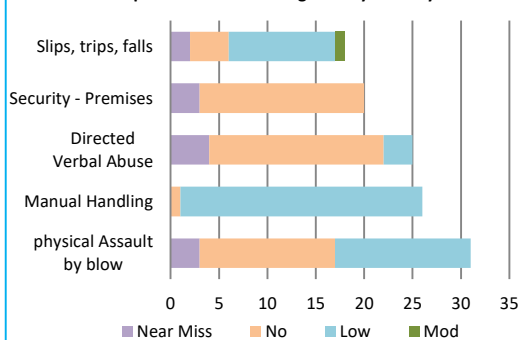
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

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

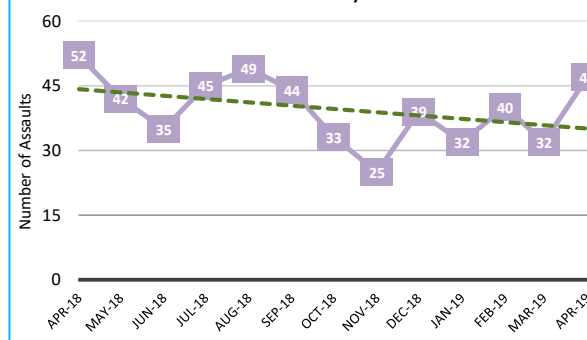


- Physical Assault by blow (kick, punch, push etc.), Manual Handling – lifting patients (MH), and Directed verbal abuse incidents account for the highest numbers reported during April 2019.
- Practical manual handling training is on CSR 2019:1 from April-2019.

Assaults on Staff

Assaults on Staff

Assaults on Staff by Patients

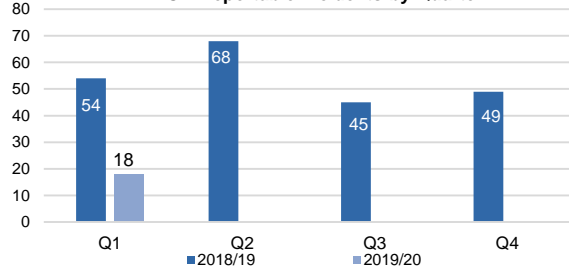


- There was a slight increase in the number of assaults on staff by patient related incidents in April 2019 and the trend is down-word.
- The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

RIDDOR Incidents

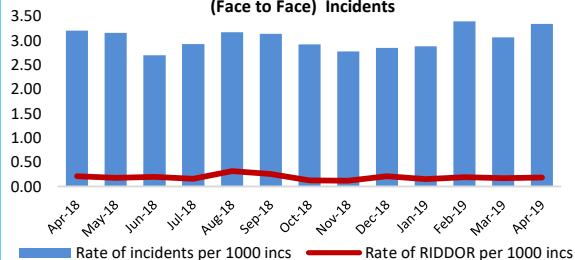
Number of incidents

RIDDOR Reportable Incidents by Quarter



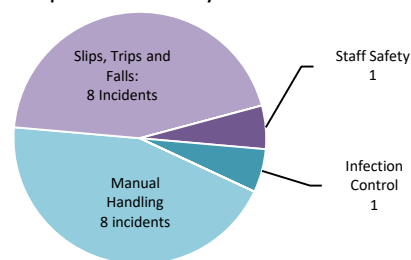
Rate of Incidents

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



RIDDOR by cause

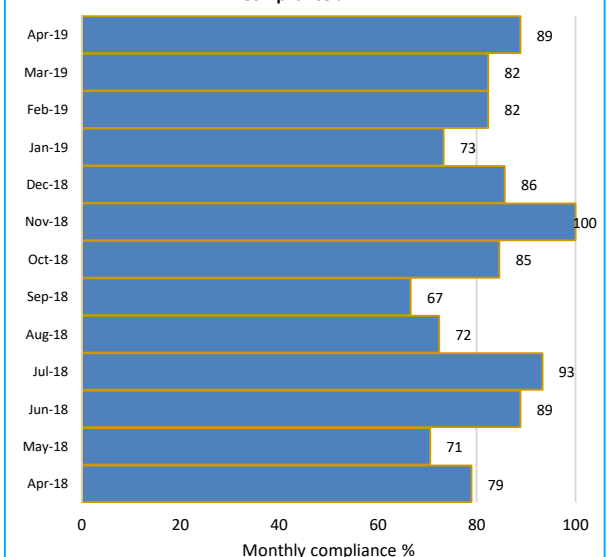
RIDDOR Reportable Incidents by Cause - YTD



- Total of 18 RIDDOR incidents reported to the HSE during 2019/20 (April' 19)
- 2 out of the 18 incidents reported outside the 15 days timeframe.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in April 2019 was **89%**.
- Manual Handling & Slip, Trip, Falls incidents account for the highest number of RIDDORs reported across the Trust during 2019/20 (April' 19).

Reporting Time Lag

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

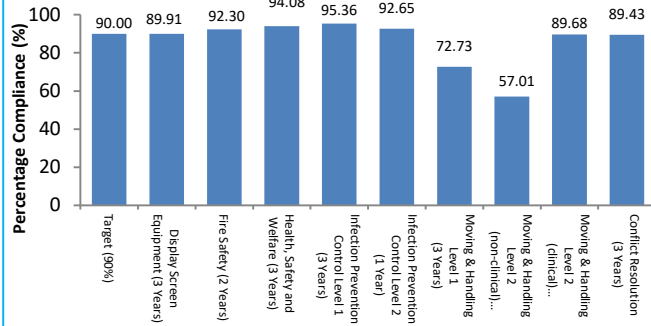




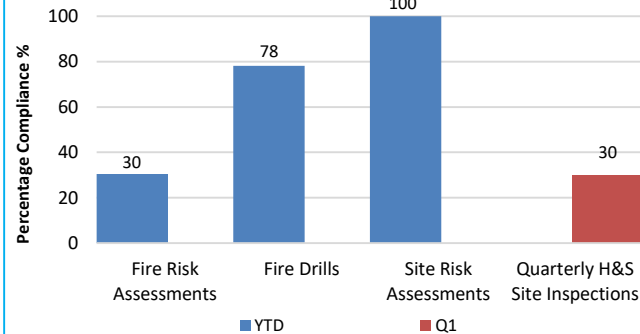
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Mandatory & Statutory Compliance & Manual Handling (MH) related Incident, Sickness and Severity Rates

Mandatory Training Compliance



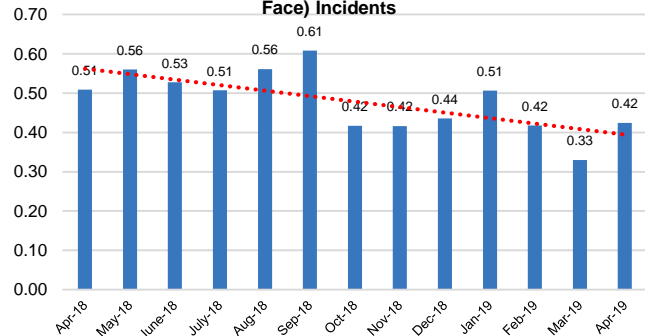
Statutory Reports & Monitoring Compliance



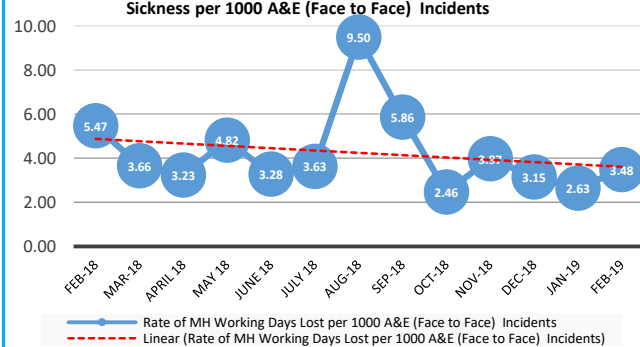
Key Updates:

- 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, 27 sites has been completed (up to April-19).
- 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.

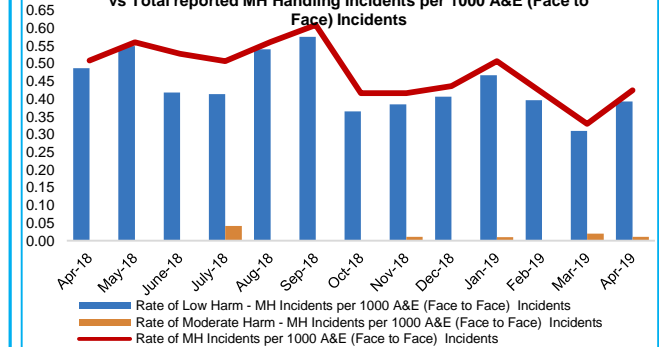
Rate of reported MH Incidents per 1000 A&E (Face to Face) Incidents



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

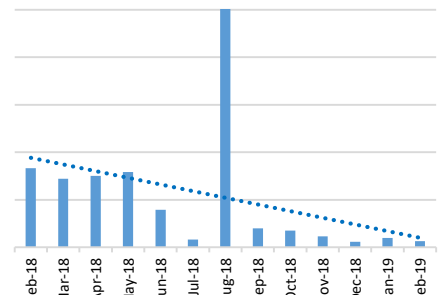


Rate of Trust-wide MH Incidents: Low Harm vs Moderate Harm vs Total reported MH Handling Incidents per 1000 A&E (Face to Face) Incidents

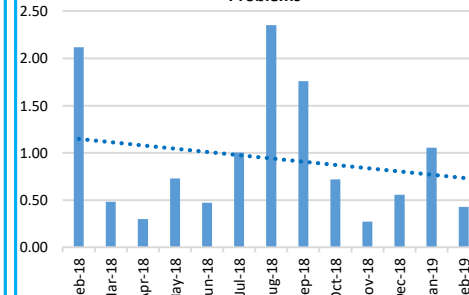


Breakdown of MH Working days Lost

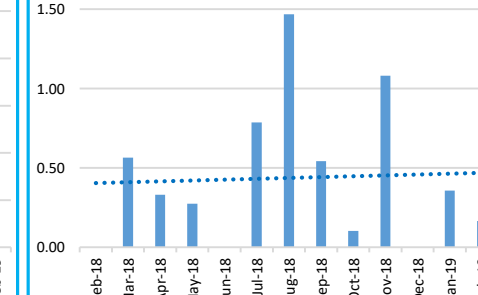
Rate of working days lost per 1000 A&E (face to face) incidents due to Musculoskeletal Problems



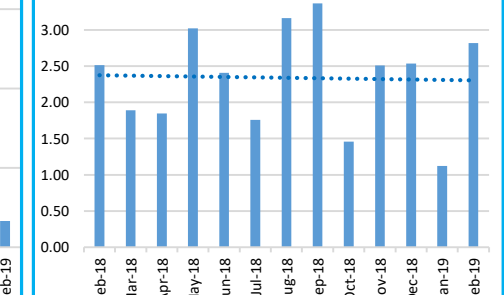
Rate of working days lost per 1000 A&E (face to face) incidents due to Back / Spinal Problems



Rate of working days lost per 1000 A&E (face to face) incidents due to Breaks / Fractures or Dislocations



Rate of working days lost per 1000 A&E (face to face) incidents due to Injury (unspecified)

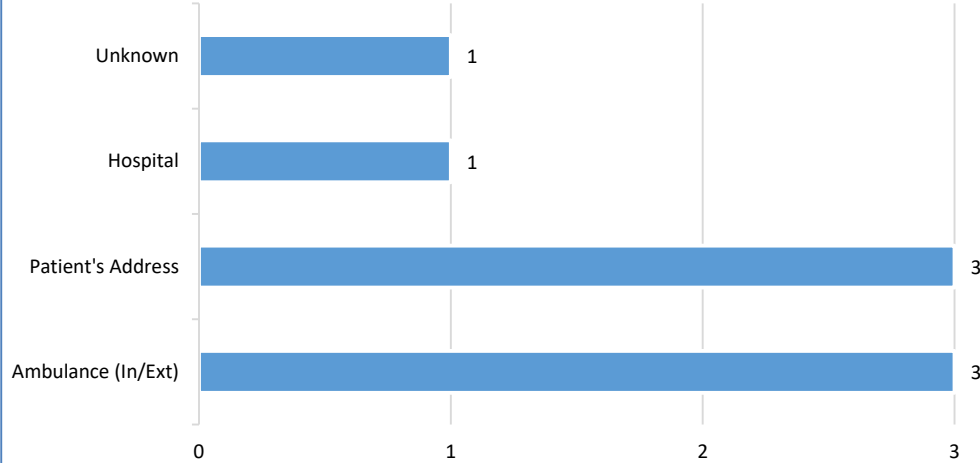




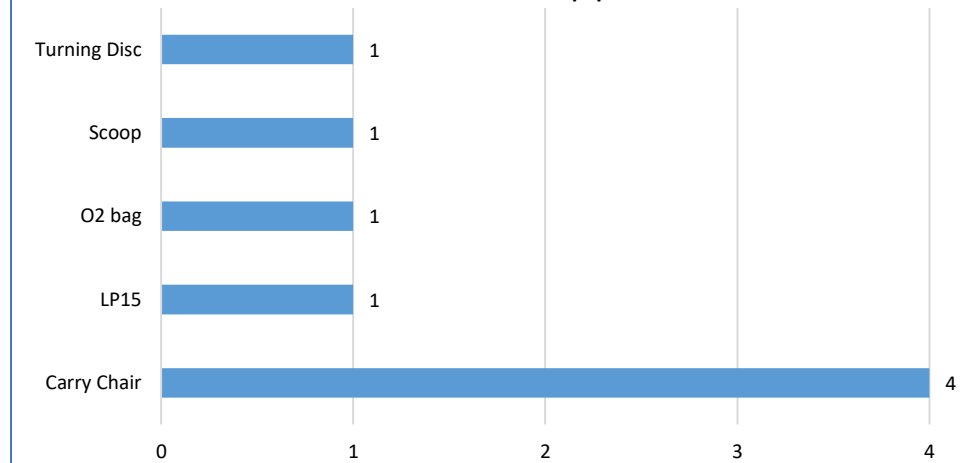
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Reported RIDDORs related to Manual Handling Incidents (Thematic Analysis) – 2019/20 (April' 19)

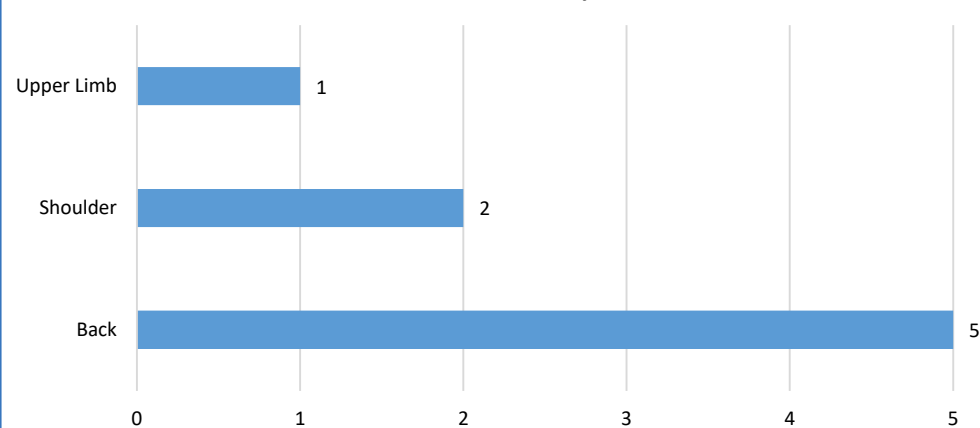
MH RIDDOR Incidents - Location



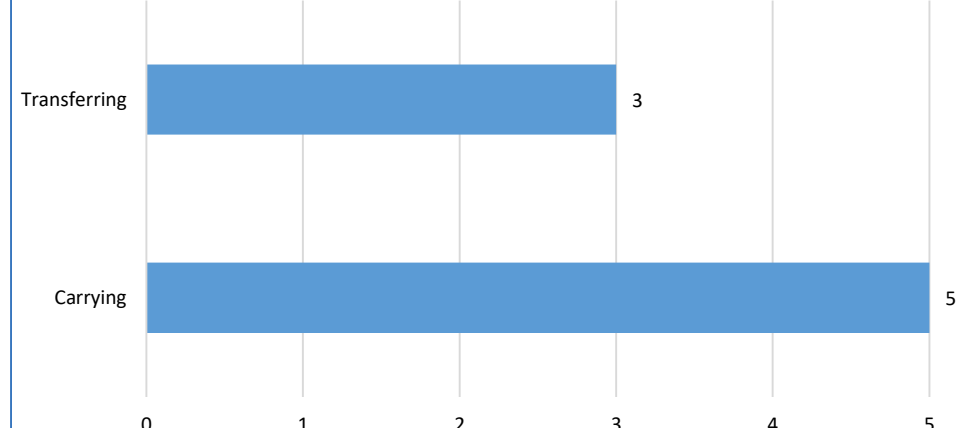
MH RIDDOR Incidents – Equipment Involved



MH RIDDOR Incidents – Body Part



MH RIDDOR Incidents – Action Involved



The above graphs provides details from the thematic analysis of 8 reported RIDDOR incidents during 2019/20 (In April' 19) related to Manual Handling:

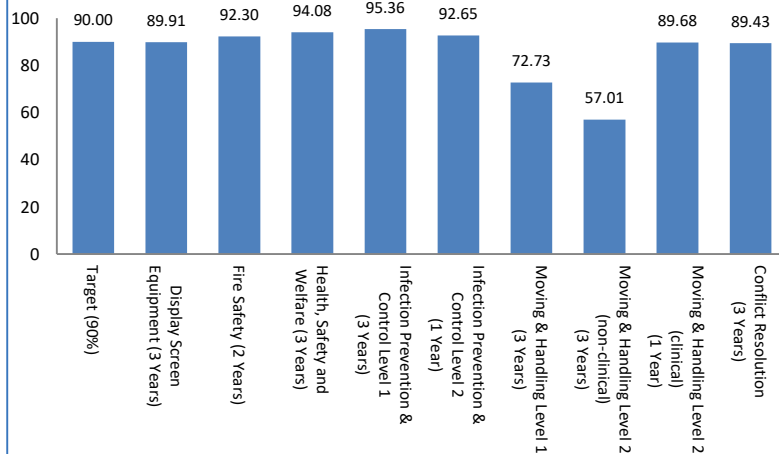
- 1). The largest number of (75%: n=6) the reported RIDDOR incidents occurred in Patient's Home (37%: n=3) & inside or outside the Ambulance (37%: n=3). 25% (n=2) of the reported RIDDOR incidents occurred in Hospital and in a unknown location.
- 2). 4 of the reported RIDDOR incidents occurred while using Carry chair to assist patients. 4 other reported RIDDOR incidents occurred using while assisting patients involving LP15, O2 bag, Scoop, and Turning Disc.
- 3). 5 of the reported RIDDOR incidents resulted in Back injury, 2 of the incidents has resulted in Shoulder injury, and 1 of the incident resulted in Upper Limb injury respectively.
- 4). 5 of the reported RIDDOR incidents occurred as a result of Carrying action and 3 other incidents occurred during transferring.



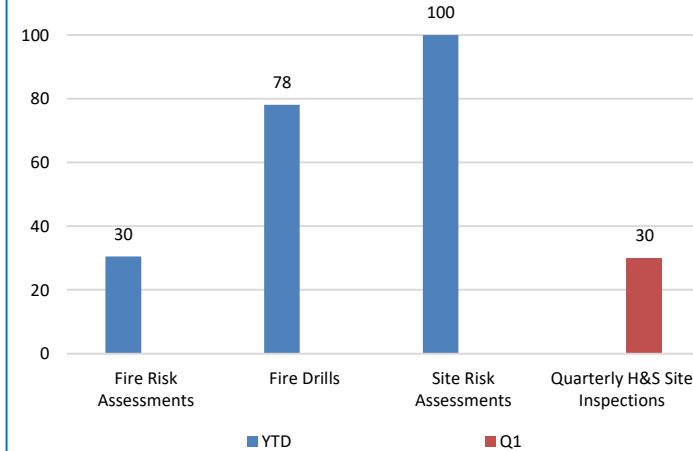
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Quality Directorate

Mandatory Training Compliance



Statutory Reports & Monitoring Compliance

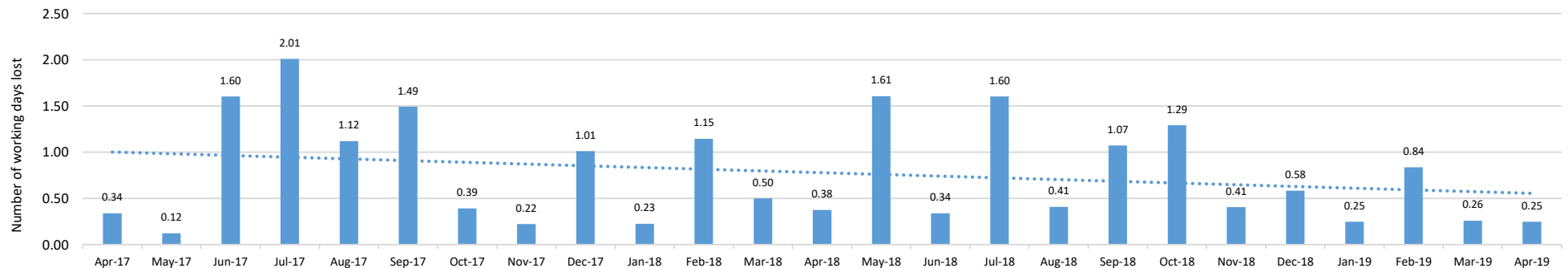


Key Updates:

- Practical manual handling training is on CSR 2019:1 from April-2019.
- Practical Moving and Handling Training is to be delivered again for the 2nd consecutive year, this will build on the practical elements of last year's training, giving more time to staff to practise techniques.
- Trust wide compliance for the completion of Fire Drills is currently 78%.
- The Fire Risk assessment programme has started, with higher priority sites identified to be completed first. FRAs are planned to be completed by end of Q1 (2019/20). The frequency of fire drills from 1 every 6 months to 1 every quarter to continue to provide further assurance regarding fire risks.

People & Organisational Development

Anxiety/Stress/Depression/Fatigue sickness related working days Lost per 1000 A&E face to face incidents attended (2017/18 & 2018/19)



Year	Anxiety/Depression/Stress/Fatigue – Working Days Lost
2017/18	904
2018/19	856
2019/20 (to date)	24

Key Updates:

The two (GRS & ESR) systems we have record different things in different ways. We suspect based on what we've seen, that there is inconsistency in how sickness is recorded by the scheduling team. This will improve as the GRS/ESR interface goes live, as there will be greater consistency. There is a deep dive into sickness absence due once the interface is live.

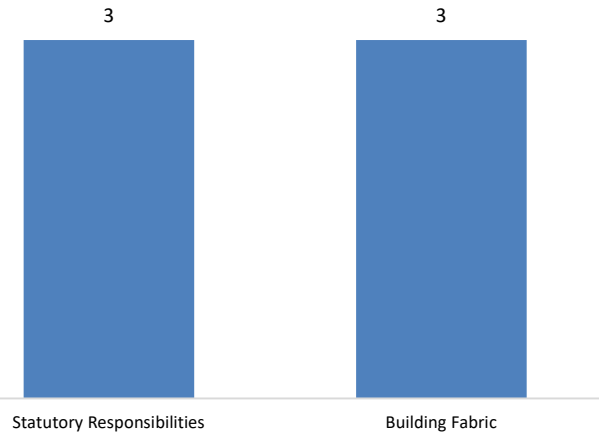


Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

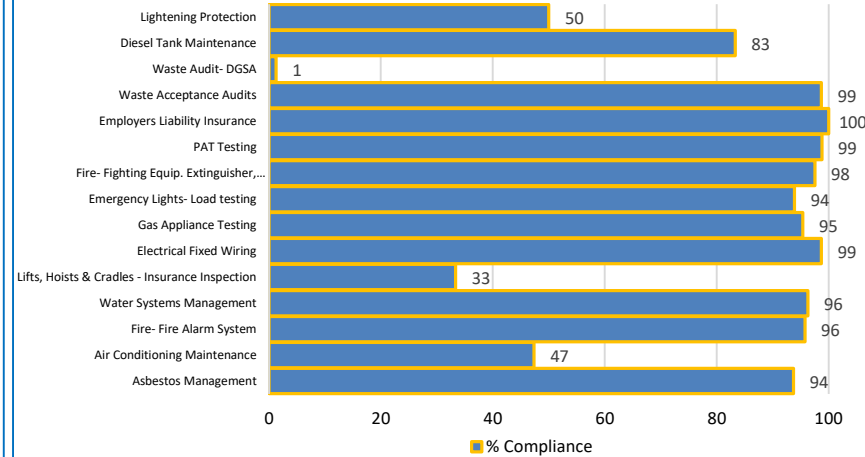
Estates

H&S related Estates incidents by Quarter (2019/20)

■ Q1



Estates Statutory Compliance Dash Board



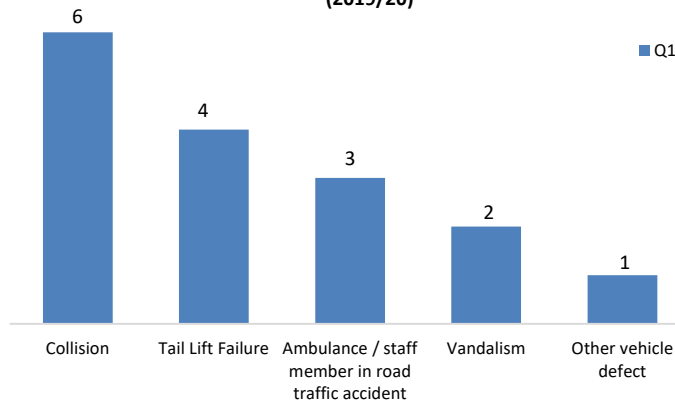
Key Updates:

- Total of 6 (H&S) Estates related incidents reported during April' 19. The breakdown of incidents are given in the dash board.
- Statutory compliance dash board from the Estates provides the current Trust-wide Estates related Statutory compliance rates.

Fleet and Logistics

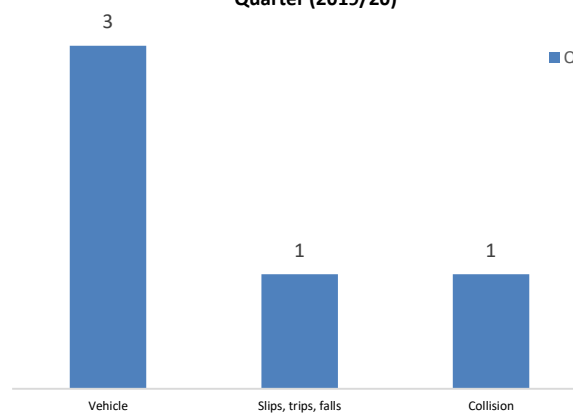
Fleet and Logistics-H&S related Incidents by Quarter (2019/20)

■ Q1

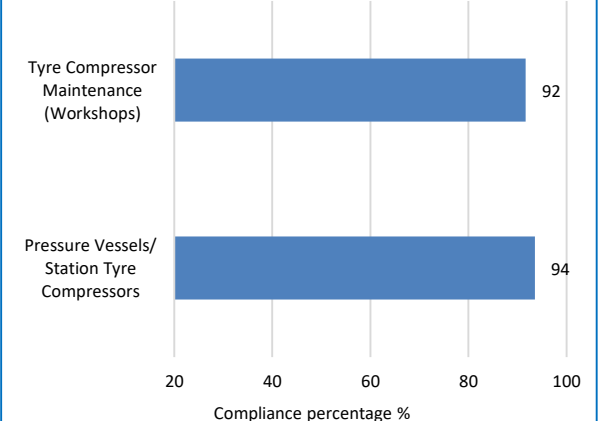


Fleet and Logistics Staff - H&S related Incidents by Quarter (2019/20)

■ Q1



Fleet Statutory Compliance Dash Board



Key Updates:

- Total of 21 (H&S) Fleet & Logistics related incidents reported during April' 19. The breakdown of incidents are given in the dash board. Statutory compliance dash board from the Fleet & Logistics provides the current Trust-wide F&L related compliance rates.

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

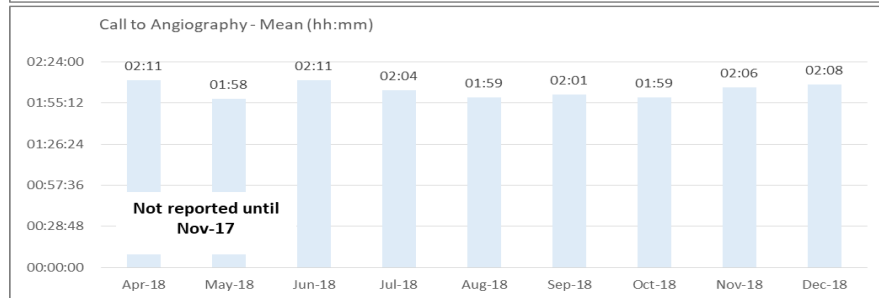
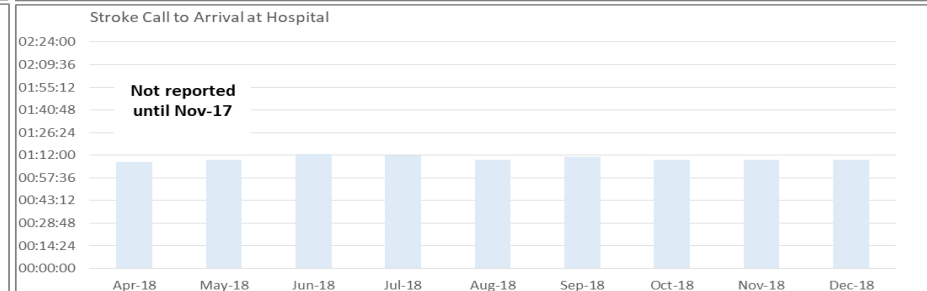
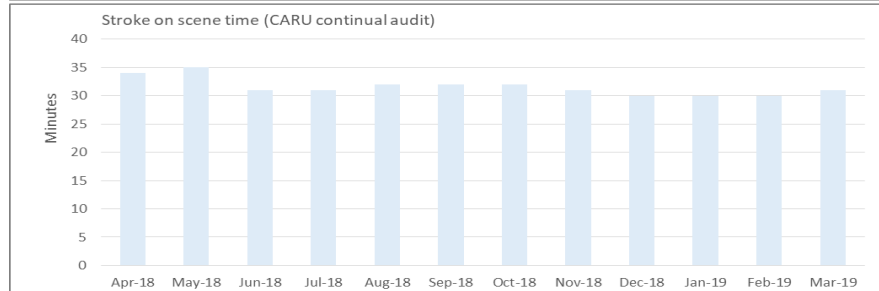
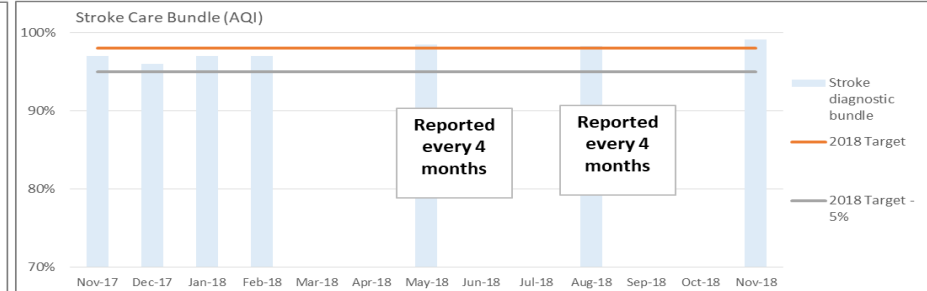
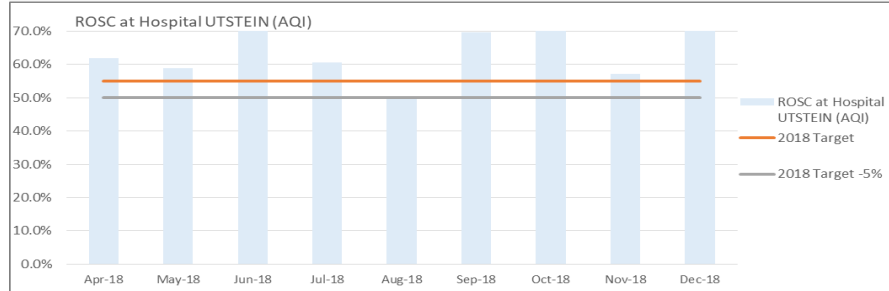
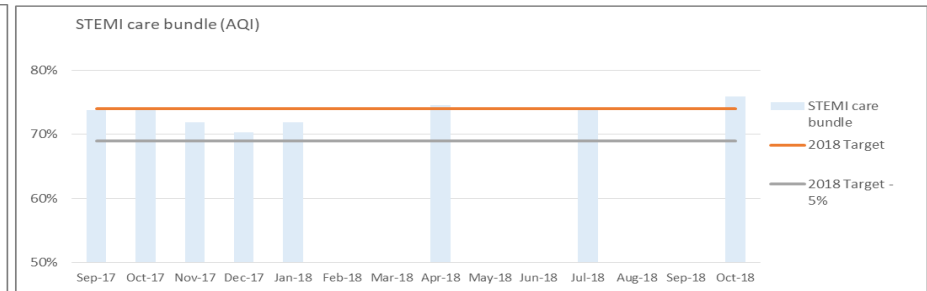
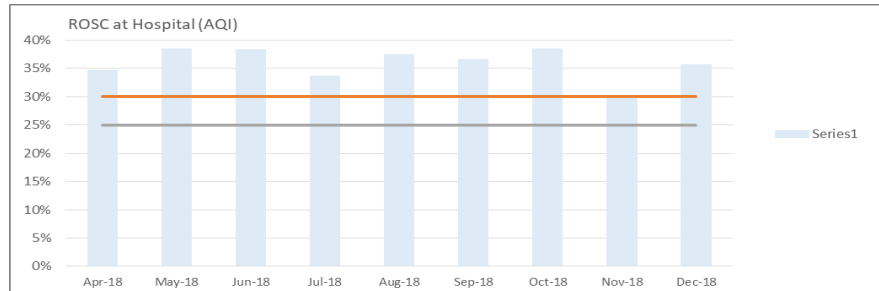
Measures	Target / Range	RAG	YTD 17/18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	>30%	G	0	30%	36%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	R	53%	57%	70%					↔			LQ1b		
STEMI care bundle (AQI) (Reported every 4 months)	74%	G	70%							↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%	R	97%	99%						↔			LQ3b		
Stroke on scene time (CARU continual audit)	00:30	G		31	32	31	32	31		↓					
Survival to Discharge (AQI)			10%	7%	7%					↑					
Survival to Discharge UTSTEIN (AQI)			38%	24%	31%					↑					
STEMI- On scene duration (CARU continual audit)				39	39	39	40	40		↔					
Call to Angiography - Mean (hh:mm)				02:06	02:08										
Stroke - Call to Arrival at Hospital - Mean (hh:mm)				01:09	01:09										
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	85%							↔		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD										↔			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	98%							↔		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	97%							↔		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	G	92%							↔		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	97%							↔		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	96%							↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)		G	0%												
Documented Care - Glycaemic Emergencies Compliance (CPI audit)	95%	G	97%							↔			LQ12		

Clinical Performance Indicators

- In March, CPI training was delivered to seven paramedics on restricted duties, five student paramedics, five Team Coordinators, one Urgent Care APP, one First Responder and one Web Development Manager.
- CPI auditors placed ten datix reports and contacted EBS to discuss the potential for four retrospective safeguarding referrals.
- The March 2019 CPI Monthly Report was released at the end of April and we will be returning to regular reporting.



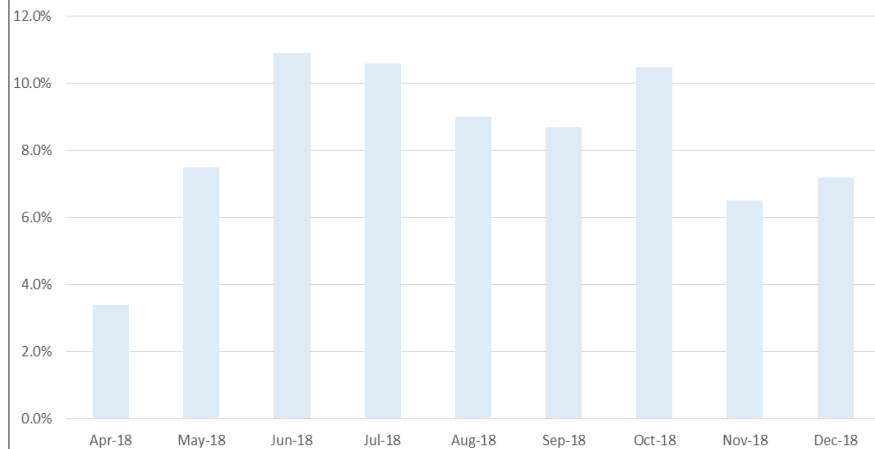
Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley



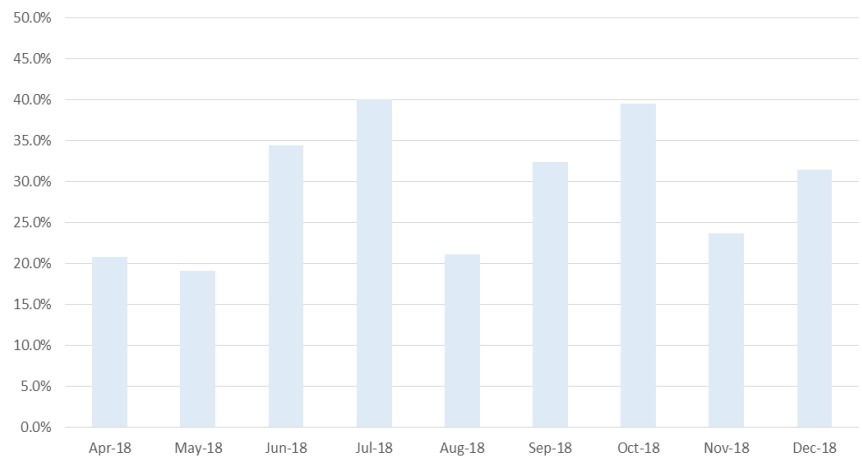


Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Survival to discharge (AQI)



Survival to Discharge UTSTEIN (AQI)



AQI: Narrative

In December 2018, ROSC on arrival at hospital for both the overall and Utstein comparator group were above the national average (35% and 70% respectively vs. national averages of 29% and 55%). The survival to discharge figures for the overall group was slightly below the national average at 7.2% (compared to 7.9%). The Utstein survival figure was 31.4%, which was above the national average of 29.3%. In March 2019, defibrillator downloads were matched to 24% of cardiac arrests, which met and exceeded the agreed target of 20% set by the Commissioners.

In December 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 8 minutes (faster than the national average by 4 minutes) and a 90th centile of 2 hours and 57 minutes (faster than the national average by 5 minutes). The average on-scene remained at 40 minutes in March 2019.

In December 2018, the mean and 90th centile for call to hospital for suspected stroke patients remained at 1 hour and 9 minutes and 1 hour and 42 minutes respectively, which was below the national average (by 5 minutes and 8 minutes respectively). The average on-scene time for FAST positive stroke patients was 31 minutes in March 2019.

The sepsis care bundle performance for December 2018 was 90%; the highest achieved by the LAS to date and well above the national average of 73%.

AQI: Actions

The LAS has continued to participate in the pilot testing of data linkage between ambulance service records and those held by the Myocardial Ischaemia National Audit Project (MINAP). The LAS has fed back to NHS England and MINAP on the challenges of providing data from ambulance service records within the proposed system. It is hoped that this feedback will inform the live system, which is due to go live during 2019/20.

* 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 April:
 - 27 crews were recommended for feedback (11 constructive & 16 positive)
 - 20 EMDs were given constructive feedback
 - 2 Datix forms completed
 - 1 unexpected death – under investigation
 - 1 severe re-contact – under investigation

The Continuous Re-contact Clinical Audit Report for 2017-18 was disseminated on 18th April.

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 April, the LAS referred 17 potential participants, and 4 were recruited.

The current recruitment total for AIR-CGM is now 13 participants.

ARREST is a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.

32 patients were recruited in April; the current total recruitment is now 285.

26 paramedics were trained in April, bringing the total of trained paramedics to 484.

MDPS 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.

A staff survey will be going out to all control room staff in May.

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 19/20	Feb-19	Mar-19	Apr-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Mental Health related calls as percentage of all calls			8%	7.5%	8.2%	8.0%	↓				
Mental Health related MPS calls as percentage of all calls			2%	2.0%	2.2%	2.2%	↓				
Mental Health related Incidents as percentage of all calls			5%	4.54%	5.30%	5.06%	↓				
Mental Health related HCP Incidents as percentage of all calls			0%	0.33%	0.36%	0.33%	↓				
Mental Health Related Incidents			8179	7187	8839	8179	↓				
Mental Health Calls closed w ith Hear and Treat			286	379	318	286	↓				
Mental Health incidents closed w ith See and Treat			3296	2776	3589	3296	↓				
Total MH incidents conveyed as a %			62%	63.8%	64.8%	61.9%	↓				
Mental Health Patients conveyed to an ED			88%	87.9%	88.0%	87.9%	↓				
Mental Health Patients conveyed to an ACP (including other)			12%	12.1%	12.0%	12.1%	↑				
Birth Imminent Incidents			167	143	175	167	↓				
Conveyance rate of birth imminent			95%	87.0%	89.7%	95.0%	↑				
Head out/head visible Incidents			19	14	17	19	↑				
Haemorrhage after 24 weeks Incidents			191	187	220	191	↓				



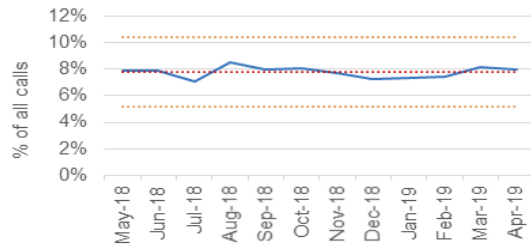
Owner: Carly Lynch | Exec Lead: Dr Trisha Bain

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

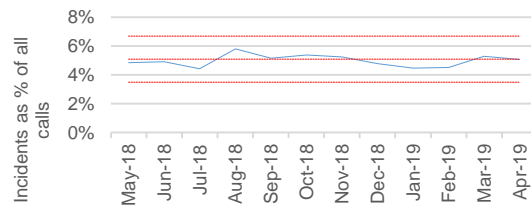
MH as % of all calls

Latest Month:
8.0%



MH related incidents

Latest Month:
5.3%



MH Incident Response

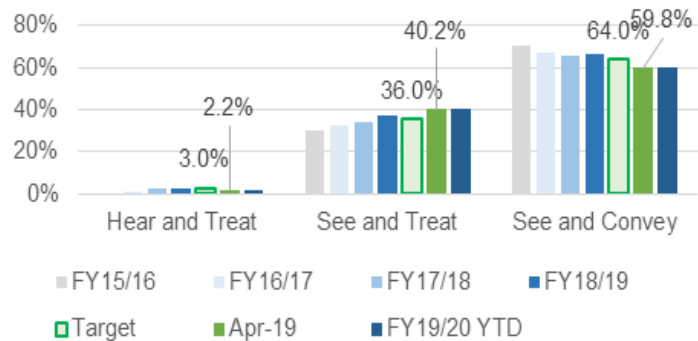


CHART KEY

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

Data Source:

Highlights:

Mental Health Joint Response car continues in the South East – Paramedics have been extended for a further 3 months to see the end of the second phase of the pilot.

We welcome Jackie Bailey and Tendai Guya, our New Mental health nurses. They are progressing well through their induction period.

ITV news filmed the MHJRC over the course of a shift. The report headlined the 6 o'clock news on the 8th May.

We are pleased to share with you the MHJRC the 3 month pilot evaluation report.. We will shortly begin evaluating the second phase.

First MHJRC CPD evening ran on Thursday 2nd May . It was well attended and positively received. Plans to take the evening format to each sector across London.

“....the MH CPD event last night was fantastic. Liam did a brilliant job facilitating the event and the knowledge from the MH nurses were invaluable. This event really highlighted the difficulties we have on the road and gave us some tools and knowledge to help us deal with these patients in the future.”

Lowlights

We still have gaps in the Mental Health Nursing Rota. 7 Nurses at short listing to be interviewed on the 23th May.

Plans for May:

An article in the Guardian.

CPD evening in each Sector.

111 Training delivered by one of the Paramedic from the Team.

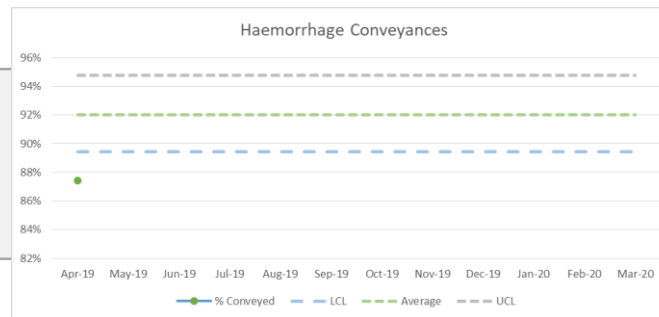
Continuing to engage with key stakeholders about next steps for the Mental Health Car.



Total Maternity Calls in 2018 is 8505 - Average range 600-700 pm
Total April Calls = 697 Calls Triage

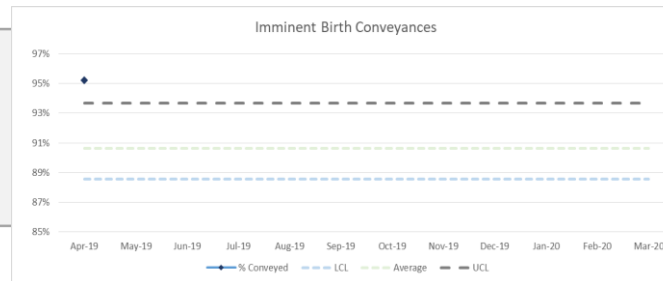
Haemorrhage conveyance

Latest Month:
95% (n=167)



Imminent birth conveyance

Latest Month:
95% (n=167)



Head out and visible conveyance

Latest Month:
84% (n=19)

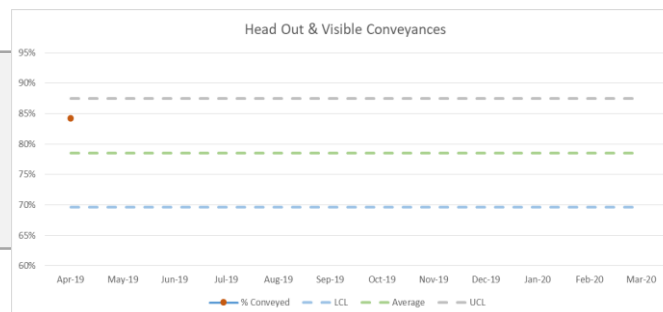


CHART KEY
 Monthly value
 Mean (Baseline FY17/18)
 Upper and Lower Limit (Baseline FY17/18)

Data Source: Incidents

Highlights:

Breech Birth CSR – Roll Out and feedback received

Birthing Barometer – Bi-annual Staff Survey – 350 responses

MiDOS “Map my Maternity” App – Tested ready for May 2019 Launch

Maternity Organisation Chart – Tested ready for Map 2019 Launch

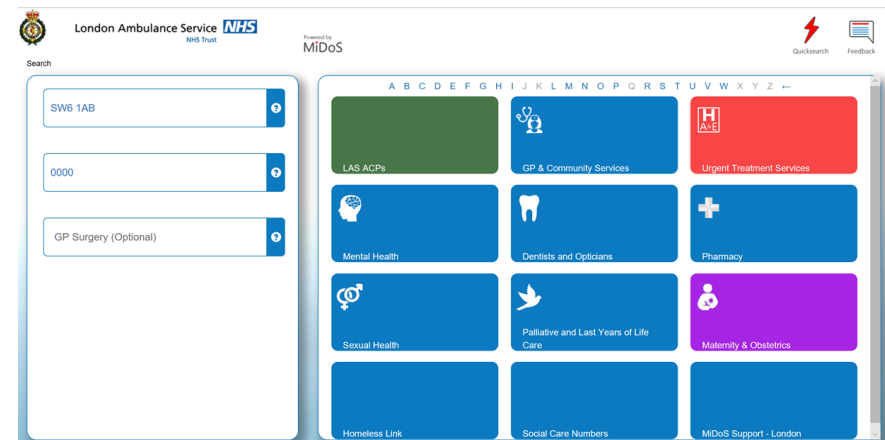
Maternity Incident & Excellence Reporting Tool – Stakeholder Engagement undertaken.

Exceptions (Improvement Outstanding):

- Oversight of maternity complaints

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.

3 Top Priorities from 1,2,3 :**Safety and Learning Culture:** -

Testing of Maternity Incident & Excellence Reporting – including the Pan London Map of Maternity Leads

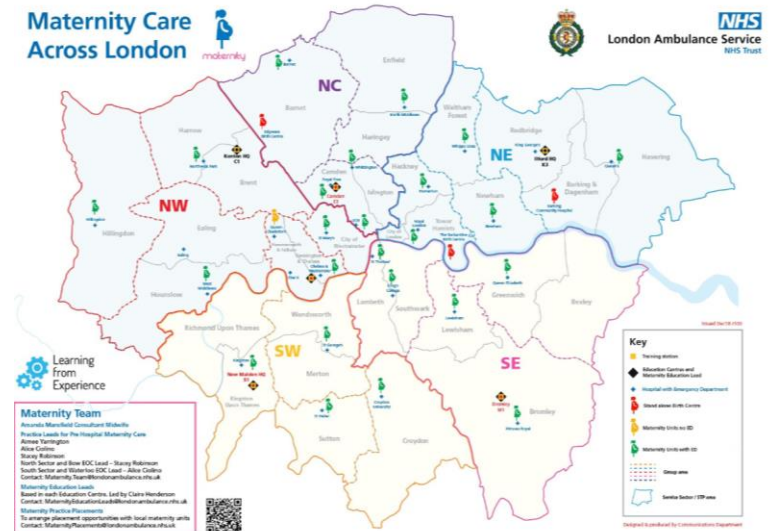
Birthing Barometer:

Analysis of staff survey 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.

*Just wanted to thank you for the super breech birth session CSR1. It was fantastic - the next best thing to actually being at a real breech birth - which may be a tad difficult to facilitate for all of us!!
I wish all of the sessions were as good as that one!*





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 April we held 29 events across London covering the following types of activity:

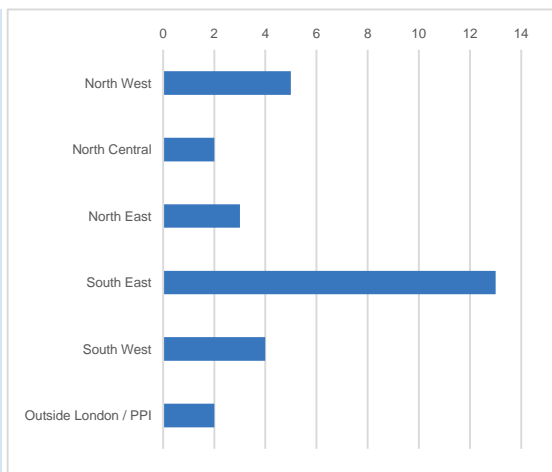
Engaging with different groups:

- Kingston Young Carers event
- Visits to schools, scouts and brownie groups
- Faith groups, e.g. Easter events and a large Sikh community event
- Deaf people (Deaf Day and lip-reading event)

Projects on specific topics:

- Careers: Events in schools, job fairs and through Blue Light Experience
- Knife crime: Your Life, You Choose and school / college events
- Road safety: Biker Down in Heston

Events by Area (Current Month)

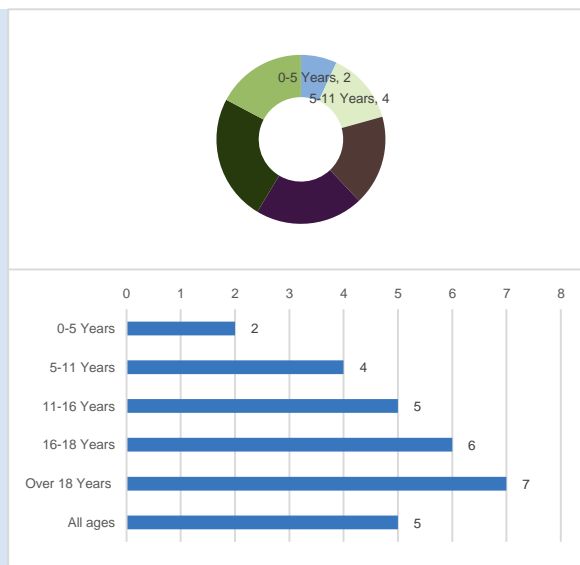


Public Engagement Activities

Supplementary information

No. of public engagement events: April 2019	29
Approximate audience numbers: April 2019	8,225
Public engagement: no. of hours: April 2019	120
No. of staff on LAS Public Education Facebook group	775
No. of staff on contact list	1,430

Age Profiles (Current Month)



Headlines from April

Feedback

We received the following feedback from a **Your Life, You Choose** event:

“We think that it was special afternoon for us because some of us had never seen a paramedic before.”

Following a visit to a **primary school in Lewisham**, we received this message:

“Thank you for visiting, we ALL loved you coming to our class.”

Patient involvement in the LAS Strategy Pioneer Services:

A meeting was held between the leads for each of the pioneer services within the LAS Strategy, to share information about the different patient engagement methods and activities underway.

All the pioneer services are now either already engaging with patients routinely in developing their plans, or are planning engagement activities in the forthcoming months. The level of activity possible is partly dependent on resources available for this work.

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 19/20	Feb-19	Mar-19	Apr-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Rate of Frequent Callers per 1,000 Calls			0.00	3.67	3.71	4.10	↑				
Number of Frequent Caller calls			0.00	5872	6875	6810	↓				
Total Frequent Callers			0.00	609	619	598	↓				
Number of Public Engagement Events			19.00	33	45	19	↓				
Number of service re-design projects involving patients/public			5.00	5	5	5	↔				
Number of LAS accesses to CMC care plans			891	602	736	891	↑				
Rate of Complaints per 1,000 incidents			0.91	1.0	1.0	0.9	↓				
Complaints Response (35 Working Day Breach) YTD			48.00	35	55	48	↓				
Complaints Acknowledged within 3 working days			100%	100%	100%	100%	↔				



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

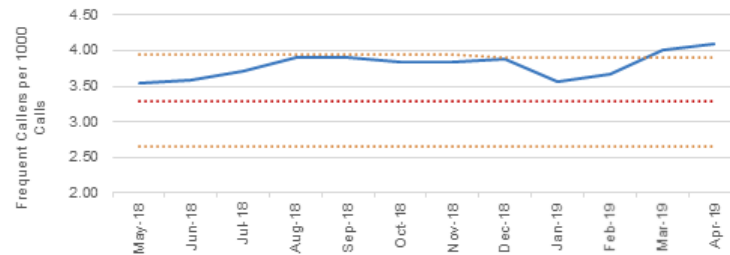
Responding effectively to frequent callers is a significant challenge and one that requires support from our various partners. We have a dedicated Frequent Caller Team working alongside a number of 'High Intensity User' initiatives across London, all aiming to better support these patients and ensure 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:
4.1%



Calls from Frequent Callers as a proportion of total calls to LAS = 4.1 % for April 2019

Data Source:

Frequent Caller Team (FCT) April 19 updates:

Last month the Frequent Caller Management Database (FCMD) identified 598 new & existing frequent callers meeting the national definition.

100% of patients were matched with their NHS numbers. The Frequent Caller Team (FCT) continue to attend multi-disciplinary meetings and 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, many of the staff and the focused work they were conducting was incorporated into new Frequent Attender Forums. Nearly every hospital now has a Frequent Attender Forum, we are currently working with Healthy London Partnership and NHSI/E to map all forums pan London to include location, format and impact. This enables the FCT to liaise and bring to the discussion both Frequent Attenders to EDs and Frequent callers to the LAS.

Both the High Intensity User (HIU) project and Serenity Integrated Mentoring (SIM) 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. The SIM project has been rolled out to twelve boroughs in South London.

Frequent Caller Team (FCT) challenges:

Supporting EDs in using Coordinate my Care. There is still some resistance in regards to working with this system



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

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

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

Sector	CCG	Patients	Apr-19	Calls last quarter	Calls last 12 months	12 month cost	Patients with care plan
SE	LAMBETH CCG	22	520	1322	2821	£313,777	1
NE	NEWHAM CCG	28	402	1059	2550	£323,212	2
SW	CROYDON CCG	32	392	896	2750	£320,064	3
NC	ENFIELD CCG	26	375	1046	3307	£318,453	0
NE	WALTHAM FOREST CCG	17	366	923	1761	£189,315	0
NW	CENTRAL LONDON (WESTMINSTER) CCG	14	340	779	2332	£214,325	1
NW	HILLINGDON CCG	25	298	839	2519	£281,914	4
NW	HOUNSLOW CCG	23	290	888	3119	£228,584	4
SE	SOUTHWARK CCG	31	260	808	2299	£295,781	2
SE	BEXLEY CCG	9	254	468	1140	£104,657	0
NC	ISLINGTON CCG	21	244	495	1064	£134,653	1
NE	CITY AND HACKNEY CCG	24	234	730	2167	£253,610	6
NC	HARINGEY CCG	18	228	650	1843	£203,765	2
SE	LEWISHAM CCG	19	227	627	1308	£145,430	2
NE	HAVERING CCG	15	209	517	1637	£245,202	2
NW	WEST LONDON CCG	22	209	592	3115	£257,479	4
NC	BARNET CCG	22	191	593	1573	£193,250	0
NW	EALING CCG	21	182	788	2176	£237,334	0
SW	MERTON CCG	18	173	527	1298	£186,379	0
SE	GREENWICH CCG	17	167	503	1624	£236,221	3
NW	HAMMERSMITH AND FULHAM CCG	19	160	546	1619	£209,320	1
NC	CAMDEN CCG	22	158	463	1240	£166,406	3
NE	TOWER HAMLETS CCG	13	138	504	1135	£159,997	2
SW	SUTTON CCG	14	112	354	869	£122,149	1
NE	BARKING AND DAGENHAM CCG	14	104	330	1035	£139,527	0
NW	HARROW CCG	12	102	287	875	£96,998	2
SW	RICHMOND CCG	12	102	300	1070	£83,847	3
SW	WANDSWORTH CCG	16	93	399	1217	£141,711	1
NW	BRENT CCG	16	86	369	1044	£131,388	1
SE	BROMLEY CCG	13	78	233	607	£97,487	0
NE	REDBRIDGE CCG	17	76	361	975	£131,840	0
SW	KINGSTON CCG	6	40	77	186	£33,426	0
Top 5							
SE	LAMBETH CCG	75(f)	219	402	472	£44,000	Chest pains, falls
NE	WALTHAM FOREST CCG	60 (m)	214	554	1072	£97,346	Breathing issues
NW	CENTRAL LONDON (WESTMINSTER) CCG	93 (f)	192	396	1216	£62,646	Breathing issues
SE	LAMBETH CCG	65(m)	153	470	1056	£71,856	Catheter issues, MH
SE	BEXLEY CCG	48 (m)	132	246	641	£27,220	MH, Anxiety

Data Source:



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

CASE STUDY – Ms C

Presenting Situation

76 year old female with no previous long term clinical conditions. Previously living with her partner, who left her before Christmas – she is now socially isolated and anxious. She has experienced a deterioration in her mobility over the past two years and is currently bed-bound in her own privately owned 3rd floor accommodation. She self-funds a 4x daily double handed package of care, is visited twice weekly by her private physiotherapist and once weekly by her care coordinator. She is currently on the waiting list for the befriending service.

Since December 2018 Ms C has been experiencing significant difficulties with tolerating distress and frequent panic attacks, exacerbated since her partner ceased his caring role and her regular benzodiazepine prescription also ceased. Secondary to this Ms C is isolated, experiences boredom, and has trouble coping with her perceived loss of control. Historically, she will attempt to avoid distress and “escape” unpleasant emotions, however due to changes to her mobility and no longer having access to benzodiazepines, she is unable to use these coping mechanisms.

Intervention

Ms C has identified that she finds reassurance helpful. She uses her local mental health crisis line and Silverline, however she has also been in frequent contact with the LAS which assist her in feeling reassured and validated (200+ calls in April). As part of her panic attacks, Ms C experiences chest pain, leading to worries about her health, triggering contact with emergency services. When LAS arrive she states she does not have chest pain and does not want to go to hospital. She has not been conveyed in 2019 so far.

Ms C has identified a long term plan to relocate into residential care, which will meet most of her needs, however in the interim she is engaging with her care coordinator around distress tolerance.

Staff from the FCT attended a Multi-disciplinary team (MDT) meeting recently with the CMHT staff – psychologist and care coordinator. Ms C has insight to her condition and it is felt she will respond well to Cognitive Behavioral Therapy. The psychologist's assessment and treatment plan was taken into account in how LAS worked with the patient. The care coordinator is also arranging befriending services to visit Ms C. Staff from the LAS Medical Directorate and the CHUB were also involved with agreeing the most appropriate response, which included a temporary restricted send.

Outcome

The Frequent Caller Team will continue to monitor LAS calls.

A review MDT meeting will be held.

An Individual Dispatch Protocol flag has been placed on the address, so that call takers, CHUB staff and crews know what the agreed response is.

It is thought that the frequent calling is a response to Ms C's partner leaving her, and with support and therapy her calling can be reduced.

The council are exploring long term accommodation options with Ms C.

Challenges / Areas for Development

Patients who experience a sudden change in circumstances (e.g. loss of carer support, relationship breakdown, prescription changes) may be more vulnerable to a deterioration in their mental wellbeing. Some patients may become reliant on calling LAS whilst their needs are reviewed and they adjust to their new situation. The FCT would benefit from easier access to discussions with Medical Directorate around possible restricted/no sends, where appropriate.

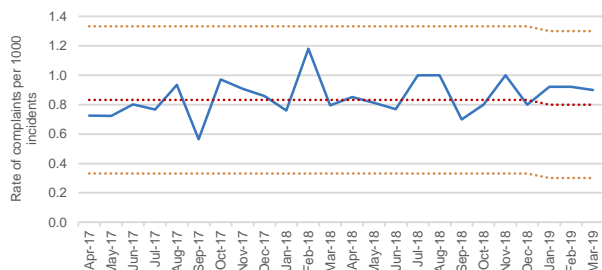


Owner: Gary Bassett | Exec Lead: Dr Trisha Bain

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

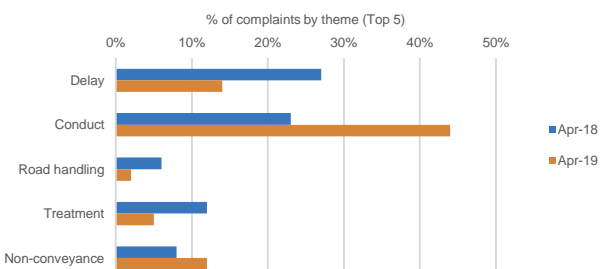


In April we received 88 complaints. There has been an increase in complaints relating to ARP Category 5 (12 this month) but complaints regarding Category C3 are still the highest (27 in April).

We managed 340 PALS in April - this includes 162 enquiries, 65 lost property, 45 requests for medical records and 36 appreciations.

17 Health Partner Alerts were also received during April. Although NHS IUC services are sharing the Patient Experiences Datix module, only 6 complaints have been received in April. This is despite 75 cases recorded on Datix by these services.

Categorisation



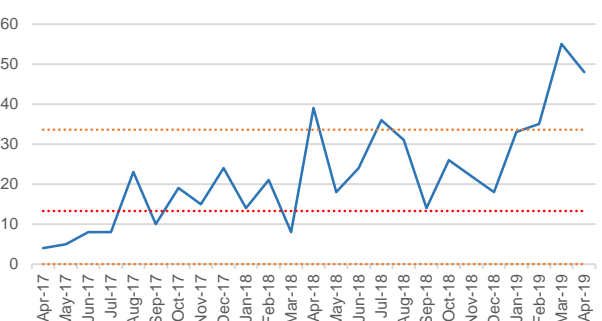
The percentage of complaints regarding staff communication and engagement continue to increase. During April there were 39 in this category, against 12 'delay' complaints. This is consistent with the trend since 2018.

There were 6 complaints attributed to NHS 111 in April, 5 relating to NELIUC and 1 to SELIUC.

There has been an increase in complaints regarding non-conveyance and we will be monitoring this in the coming months.

Responding to complaints

Latest Month:
48



There were **48 complaints that breached the 35 day response target** in April. The current average is 52% for 2019/20.

This can largely be attributed to the concomitant affects of demand to the Trust as regards the impact on achieving crew statements, QA, NHS111 and Clinical Opinion reports. It is hoped the improved provision of clinicians dedicated to the team will assist with throughput performance.

CHART KEY

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

Data Source:



Case examples

Case Example

The patient's husband complained that there was a delay in taking his pregnant wife to hospital as they were booked into a unit outside London. In this case the booked hospital was over 40 miles away and would have taken over an hour to reach. We concluded that the crew should have been aware of policy in these circumstances and to have exercised judgement to have more rapidly taken the patient to hospital. It was also noted that the ambulance staff omitted to record a second set of clinical observations and did not check when the patient had last felt her baby move. We recommended that feedback was offered to the staff on these points;

PALS enquiry

The patient's son (who was not at the scene) queried the delay in an ambulance attending his father following an HCP call from his father's GP. It transpired that coincidentally a call had been received regarding the patient's wife who had fallen (the couple lived in a care home). This had caused confusion and after checking with EOC it transpired that the crew had assisted the patient's wife and the call had subsequently been closed. The duty officer was able to contact the patient's GP to arrange for the call to be re-opened, reassure the son that a second ambulance would be sent and apologised for the delay. An ambulance was dispatched immediately.

Actions and Learning

Department issues

- As the new Specialist Administrator becomes more familiar with the processes of the department, we will develop the Duty Team function to promote more efficiencies and improved turnaround of PALS cases.
- Recruitment for 2 further PED Officers is underway. We do not expect these staff to take up their role until at least June 2019.
- Senior clinical staff are now providing clinical advice to the team on a rota basis each week. The team includes Senior Clinical Leads, QGAM's and staff from the Medical Directorate.
- We have also secured assistance from the Clinical Hub where a member of their team will visit the team one day per fortnight to review CHUB cases.

- We will audit the Datix Action Chains which staff are now completing at the end of Quarter one to gauge effectiveness.
- We have requested access to the daily IDM GRIP reports which contain useful information when considering the information we need to include in our complaint responses.
- There is a project to migrate recorded 999 calls to the RedBox system and we have asked that PED has access to that as listening to the 999 calls is pertinent to many complaints and PALS enquiries.
- We have proposed that EOC Quality Assurance team have access to Datix to improve the facilitation of QA reports.

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



April has been our busiest month to date with receiving 103 Excellence Reports. Operations are the largest group to report and receive Excellence Reports. Excellence Reports have been used to not only thank staff for their outstanding demonstrations of excellence but also they have featured in INSIGHT magazine in order to share learning and promote learning from excellence.

Some examples of excellence reports:

Reported about 111

This call handler was the *voice of calm* after a very stressful resuscitation call to a 46-year-old with terminal cancer whose family hadn't expected her to die that night. It was a fraught situation but mostly sad and it wasn't clear how the patient should be managed either expected or unexpected and who the patient should be referred to. After liaison with the APP desk, the police, the hospice and of course the family, the call handler was like a shining light & I couldn't be more grateful!

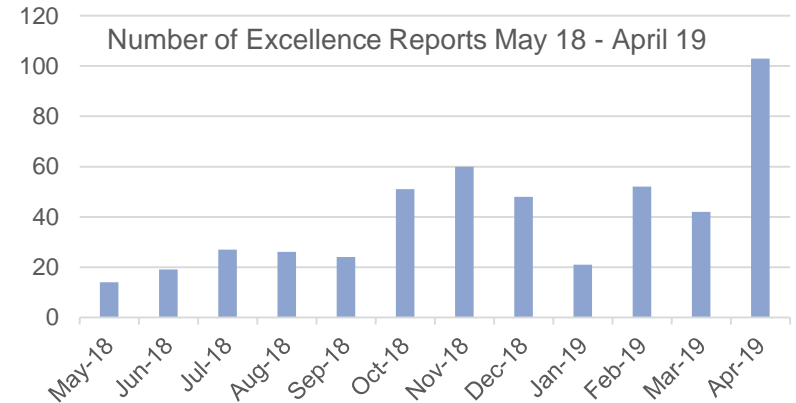
Obtained information and details from a carer regarding a vulnerable adult to pass as a safeguarding concern. The information was of good quality and detail, a face to face crew attending did not need to add much more to pass the referral into a local authority.

Reported about control services

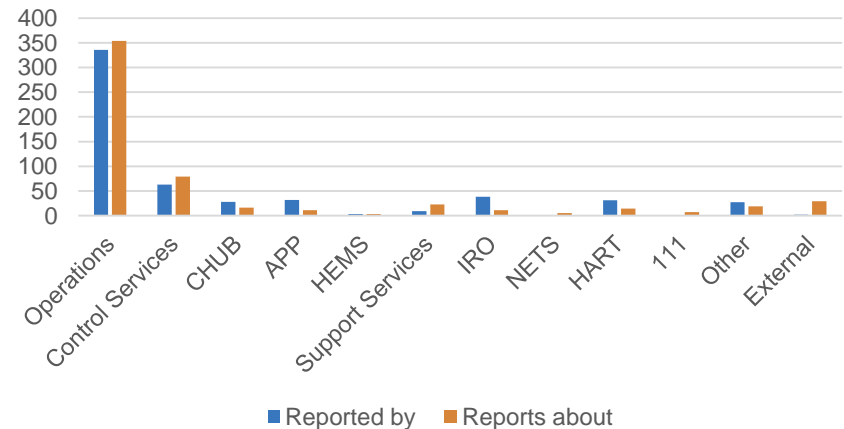
Took a difficult call, 12-year-old cardiac arrest, on arrival of the crews they advise the father was being instructed to deliver CPR on the telephone and it was effective. *The crew staff achieved ROSC, and this would not have been possible without the pre-arrival instructions being given.* The EMD should be very proud!

Reported about operations

This crew resuscitated a 22-week-old baby that was later found to be 32 weeks, *They both did a wonderful job* and both went to see the baby on Saturday and she is doing really well. What a lovely outcome and well done to both of them.



Staff groups reporting/being reported for Excellence Since Feb 17





The North West have taken the lead from the South East with regards to numbers of reports submitted however the South East have received the largest number of reports

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 them to complete more comprehensive paperwork which is more representative of their clinical encounter. To date 5 workshops have taken place accommodating 103 staff

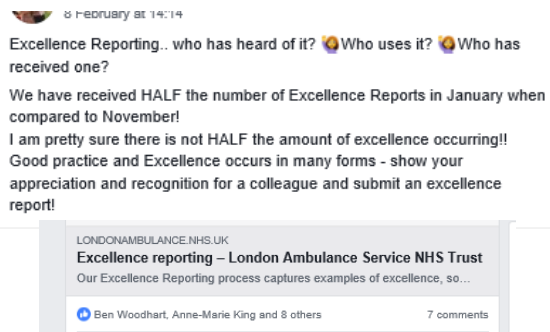
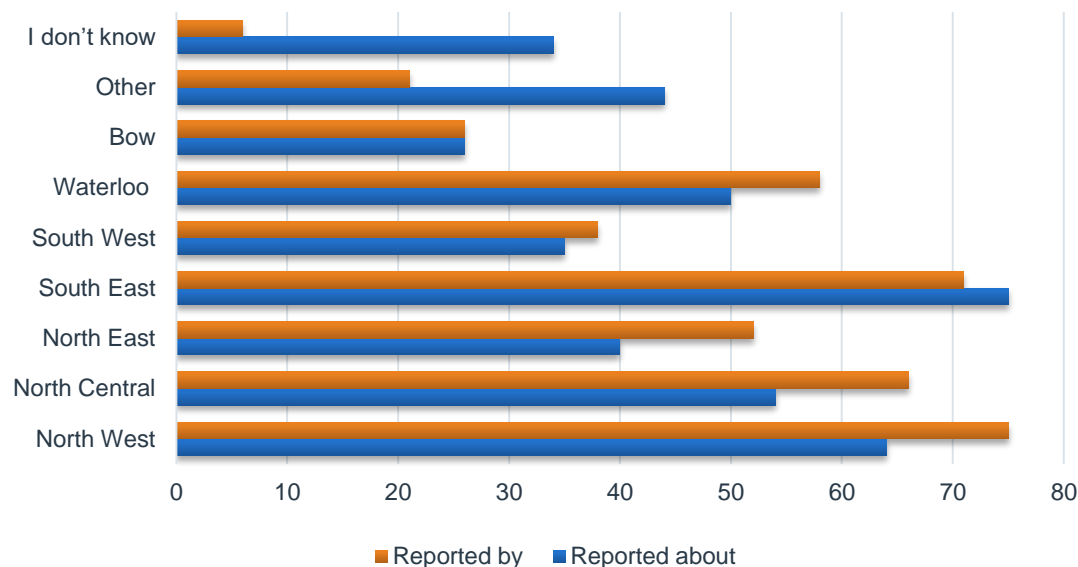
Case based discussion events (INSIGHT live) – occur at a local level with facilitation by a member of LfE. An element of teaching regarding a specific topic i.e. human factors, mental health, followed by a case review. Cases are from serious incident investigations or the re-contact audit.

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 led to 9 reports being submitted over the three following days

Sector/Location of reports (since August 18)





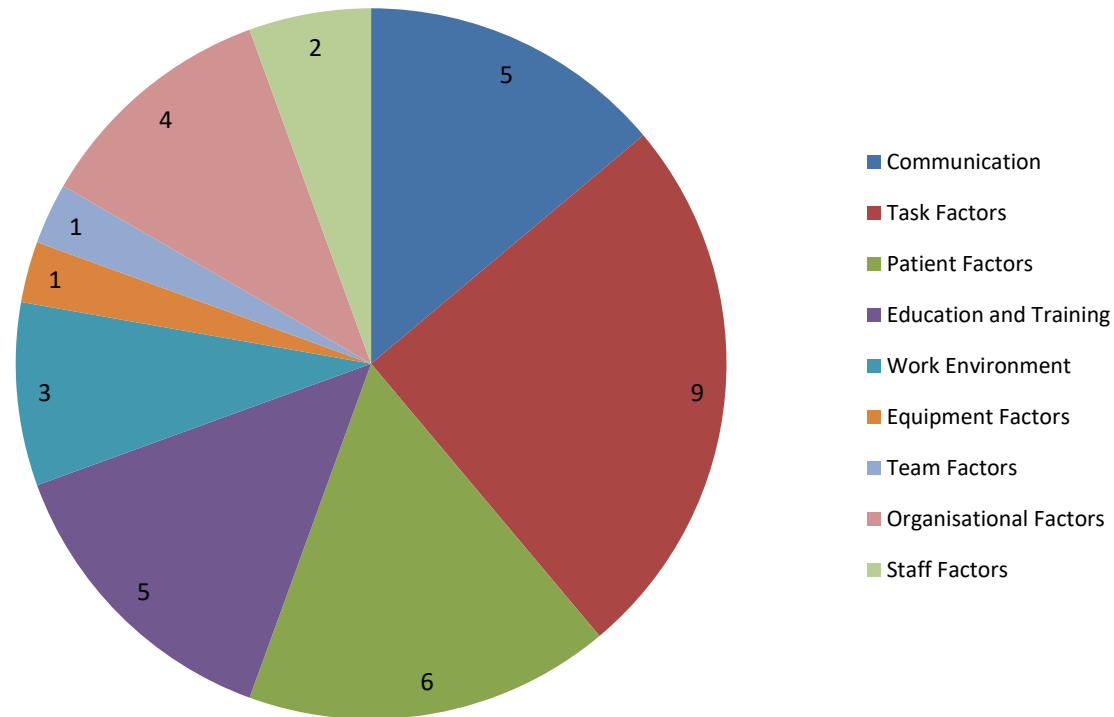
Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

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



Top 5 SI Contributory Factors

Owner: Laura O'Donoghue | Exec Lead: Philippa Harding

Inquests

Latest Month:
1.1

	2018-19		2019-20	
	Mar	Apr	Mar	Apr
Total Prevent Future Deaths in Month	0	0	0	0
Total Inquests where LAS asked to give evidence - In month	6	7	6	5
Total Inquests where LAS asked to give evidence - Year to date	67	74	65	70

- No PFDs were received in April. A PFD action tracker has been created to capture the evidence of the completion of actions.
- A member of the team spoke at the Incident Response Officers' away day in April, contributing to the learning from major incidents and providing an overview of claims and inquests.
- Members of the team also contributed to EPRR's Major Incident bulletin.

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

- 2 claims were reported to NHSR in April, 1 of these was a clinical claim, concerning clinical assessment and the decision not to convey the patient to hospital. The other claim was an Employer's Liability Claim which concerned injuries sustained when lifting equipment.
- No claims were closed by NHSR in April 2019.
- Legal Services welcomed one of the Trust's Health and Safety leads to our April 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.



Due to the expansion of the Medical Directorate over the last 18 months, a programme of work was created to define our team dynamics together and work collaboratively. The aim was to underpin what positive working looked like for us, and ensure engagement across different teams to maximise the use of skills and resources.

The outputs of these workshops were designed by external consultants, Work With Impact, to not just benefit the Medical Directorate but also count towards the professional development for staff. This also led to an opportunity for managers to reflect on the feedback from the Staff Survey and ensure we built in activities/interventions that will address the work experience that has been fed back by those who responded.

We look forward to continuing this work throughout the year, and supporting all staff to achieve their individual and team goals.



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)	Amber	Fenella Wrigley	<ul style="list-style-type: none"> The SMS system was purchased in March 2018 and is currently being embedded. There is a red level BAF risk in place for this with the aim of reducing this risk by July 2019.
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 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.