



MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD TO BE HELD IN PUBLIC ON TUESDAY 24 SEPTEMBER 2019 AT 09:00-14:30 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
09.00	1.	TB/19/45 Oral	Welcome and apologies To welcome attendees and note any apologies received.	HL	Information
09.05	2.	TB/19/46 Oral	Declarations of interest To request and record any notifications of declarations of interest in relation to today's agenda.	All	Assurance
09.10	3.	TB/19/47 Attachment	Minutes of the meeting held in public on 30 July 2019 To approve the minutes of the meeting held on 30 July 2019.	HL	Decision
	4.	TB/19/48 Attachment	Matters arising To review the action schedule arising from previous meetings.	HL	Information
09.15	5.	TB/19/49 Oral	Board members' feedback To receive information about Board members' activities since the last meeting.	All	Information
09.25	6.	TB/19/50 Attachment	Report from the Chair To receive a report from the Chair.	HL	Information
09.35	7.	TB/19/51 Attachment	Report from the Chief Executive To receive a report from the Chief Executive.	GE	Information
STRATEGY & PLANNING					
09.45	8.	TB/19/52 Attachment	Clinical Strategy To approve the Trust's revised Clinical Strategy.	FW	Decision
10.00	9.	TB/19/53 Attachment	London Ambulance Service NHS Trust Estates Vision To approve the statement of the Trust's strategic intent with regard to its estates	KM	Decision
10.15	10.	TB/19/54 Attachment	Preparedness for UK exit from the EU To receive assurance with regard to the Trust's readiness for the UL's exit from the EU	LB	Assurance

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
QUALITY, PERFORMANCE AND ASSURANCE					
10.30	11.	TB/19/55	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. To follow (i) Quality Assurance Committee meeting on 03 September 2019 Attachment (ii) Audit Committee meeting on 05 September 2019 Attachment (iii) Logistics and Infrastructure Committee meeting on 10 September 2019 To follow (iv) Finance and Investment Committee meeting on 20 September 2019	MS JJ TdP FC	Assurance
11.00	12.	TB/19/56	Integrated Quality & Performance Report To follow To receive the integrated quality & performance report.	LB	Assurance
11.20	13.	TB/19/57	Board Assurance Framework and Corporate Risk Register Attachment To receive the Board Assurance Framework and the Corporate Risk Register.	PH	Assurance
11.35	14.	TB/19/58	Serious Incident Update Attachment To note declared and closed Serious Incidents.	TB	Discussion
11.50	15.	TB/19/59	Health and Safety Quarterly Update Attachment To note health and safety incidents within the Trust.	TB	Discussion
BREAK					
12.30	16.	TB/19/60	New Patient Safety Framework Presentation To receive information about the proposal that the Trust is an early adopter of NHS Improvement's new Patient Safety Framework	NHSI	Discussion
13.00	17.	TB/19/61	Quality Strategy - biannual update report Attachment To receive an update on progress against the Trust's quality strategy (report and presentation).	TB	Assurance
GOVERNANCE					
13.30	18.	TB/19/62	Trust Board Forward Planner	PH	Information
		Attachment			

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
			To receive the Trust Board forward planner.		
13.35	19.	TB/19/63 Oral	Patient Story To hear about the impact of the pioneer services.	TB	Information
14.00	20.	TB/19/64 Oral	Questions from members of the public	HL	Information
14.15	21.	TB/19/65 Oral	Any other business	HL	Information
14.20	22.	TB/19/66 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	23.	TB/19/67 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 26 November 2019 in the conference room, London Ambulance Service HQ, 220 Waterloo Road, London SE1 8SD.					
Additional reports, circulated for information only: TB/19/68 Quality Report					

**TRUST BOARD: Public meeting – Tuesday 30 July 2019**

DRAFT Minutes of the public meeting of the Board held on 30 July 2019 at 10.00am, in the Conference Room, Headquarters, 220 Waterloo Road London SE1 8SD

Present		
Name	Initials	Role
Heather Lawrence	HL	Chair
Trisha Bain	TB	Chief Quality Officer
Lorraine Bewes	LB	Chief Finance Officer
Fergus Cass	FC	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Garrett Emmerson	GE	Chief Executive Officer (CEO)
Amit Khutti	AK	Associate Non-Executive Director
Theo de Pencier	TdP	Non-Executive Director
Mark Spencer	MS	Non-Executive Director (until item 10)
Paul Woodrow	PW	Director of Operations
Fenella Wrigley	FW	Chief Medical Officer
In attendance		
Katy Crichton	KC	Freedom of Information to Speak Up Guardian (for item 16 only)
Ross Fullerton	RF	Director of Strategy, Technology and Development
Philippa Harding	PH	Director of Corporate Governance
Tina Ivanov	TI	Interim Director of People and Culture
Benita Mehra	BM	Director of Assets and Property
Rita Phul	RP	Corporate Secretary
Apologies		
Karim Brohi	KB	Non-Executive Director
John Jones	JJ	Non-Executive Director
Jayne Mee	JM	Non-Executive Director

Four members of the public were in attendance at the meeting.

1. Welcome and apologies (TB/19/23)

- 1.1. The Chair welcomed all to the meeting and in particular, Antony Tiernan, the Director of Communications and Engagement, who would be joining the Trust on 20 August 2019. Tina Ivanov was welcomed to her first Trust Board meeting in her capacity as Interim Director of People and Culture.

2. Declarations of interest (TB/19/24)

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

3. Minutes of the meeting held in public on 23 May 2019 (TB/19/25)

- 3.1. The minutes of the meeting held in public on 23 May 2019 were approved as an accurate record of the meeting subject to the following amendment:

- 3.1.1. It was noted that the penultimate line of minute TB/19/05 para ref 5.1 should be amended to read, 'The Board observed that considerable research had been undertaken over the past six months, to understand the rise of staff turnover and analyses were now complete with next steps being defined.'

4. Matters Arising (TB/19/26)

- 4.1. The Board reviewed the action log. An oral update with regard to action reference TB/18/130 was provided. It was noted that research and analysis was on-going, the outcome of which would be presented to the People and Culture Committee (PCC) at a meeting later in the year. The action log should be revised to reflect the update and to note that the status was '1 month late'.
- 4.2. Action reference TB/18/148 was considered and it was noted that the proposed position on mandating flu vaccinations for staff was to be presented to the PCC at its meeting on 12 September 2019. The Board was made aware of possible delays in the supply of the flu vaccine. Vaccinations would not be available until November 2019 as a result.
- 4.3. The Board considered the remainder of the Action Log and the Chair emphasised the importance of directors ensuring that updates to their actions were completed in a timely fashion to be reviewed at Board meetings.

ACTION: Directors to provide outstanding updates to the action log and amended action log to be circulated to the Board in advance of the next meeting.

5. Report from the Chair (TB/19/27)

- 5.1. The report from the Chair was noted. The Board observed the focus across the healthcare service on system working and the development of Strategic Transformation Partnerships (STPs), together with the requirement to reduce capital expenditure across all organisations by 20%. Consideration was given to the relationship with STPs and a lack of clarity with regard to the role of ambulance services within the STP model for the future.
- 5.2. Members reflected on the Chair's recent visit to the Trust's Hazardous Area Response Team (HART), noting that a Trust Board visit to the HART site was being co-ordinated so that the Trust Board could receive an update briefing and assurances on the Trust's management of major incidents, and how liaison with other emergency services worked when such incidents occur.

- 5.3. The Board considered the Care Quality Commission (CQC) update, noting that NHS trusts were generally improving their performance overall. Members noted an update regarding the London Ambulance Service NHS Trust's (LAS') forthcoming Well Led CQC inspection; the CQC inspection would take place on the week commencing 23 September 2019, and would be a pilot of a new one-day approach.
- 5.4. Fergus Cass, Non-Executive Director, provided an update of a recent visit that he undertook to the Emergency Operations Centre (EOC), noting good and widespread training preparing staff to complete assessments, and awareness of a perception of staff feeling that they were part of the organisation, and an improved morale.
- 5.5. Sheila Doyle, Non-Executive Director, reported on an NHS technology event that she had attended, which had highlighted a number of case studies associated to artificial intelligence (AI) and breast cancer screening. The Board considered the use of artificial intelligence in the NHS and the wider challenges including intellectual property and rights. The Chair endorsed the need for a continuous awareness of progressing the work of the Trust whilst being mindful of different ways of undertaking the work.
- 5.6. Board members noted the value of a regular update on Non-Executive Directors' visits and suggested that this should be included as a standing item on Trust Board meeting agendas.

ACTION: Confirm programme of Non-Executive Director visits across the Trust and to external stakeholders and ensure that feedback from these is incorporated on Trust Board meeting agendas in the future.

6. Report from the Chief Executive (TB/19/28)

- 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 observed the continued improved performance of call answering and clinical outcomes in the Trust's 111/Integrated Urgent Care (IUC) service, despite the increase in demand above forecast across recent Bank Holidays.
- 6.3. Board members recalled the Business Plan that had been agreed in principle by the Trust Board on 23 May 2019 (ref: TB/19/11), 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. The activity and acuity assumptions underpinning the 999 income plan of £368m were noted to be running ahead of those envisaged in the contract and Board members observed that the settlement from commissioners did not fully cover the cost of delivering the Ambulance Response Programme (ARP) standards. Mitigations were being identified in response to factors that had created a significant risk of not achieving the Trust's 2019/20 control total, which included: the cost of handling activity growth; cost of increases in the 111/IUC service (where the percentage of calls needing clinical triage was above the level specified in the contract); the impact of a re-banding challenge on the Emergency Ambulance Crew (EAC) role and a shortfall in delivery of planned cost improvement programme projects. The Board noted that the Business Plan would be updated in the light of the final contract agreement and it was planned to present this to the Board in September for final approval.

- 6.4. An update was provided with regard to the conclusion of the inquests into those who had died as a result of the terrorist attack on London Bridge in 2017 and tribute was paid to numerous people across the LAS, particularly those who had given strong accounts under difficult court and media circumstances, of the involvement of the service in the response to the attacks. Members reflected that the coronial process so far had highlighted some learning to be implemented with blue light service colleagues as an outcome. It was noted that, of the 48 people taken to hospital during the incidents, many of whom had very serious injuries, all 48 survived.
- 6.5. The use of iPads across the Trust was discussed by the Board in relation to the pilot of the Summary Care Record application (SCRsa) being accessed by frontline ambulance crew on their personal issue iPad. Members noted that 75% of staff were now accessing the information on their iPads, leading to an improvement in patient care, and it was anticipated that this would ripple down to all staff.
- 6.6. Consideration was given to a programme of work commissioned across the Medical directorate to review intra-directorate teamwork and communication to ensure it reflected the values, beliefs, and behaviours of the organisation. The Board noted that the feedback, following initial cross directorate workshops, had been positive, and members of staff had found it helpful in understanding colleagues work and the opportunity to network with other teams.
- 6.7. Board members received an update on assets and property, noting that delays in maintenance had been highlighted in the area of doors, gates and access to hot water. The Board understood that there had been a backlog of maintenance challenges which were being addressed with the advent of new suppliers, and these updates were being communicated to staff through Assistant Directors of Operations (ADOs), roadshows and Facebook to ensure staff were kept updated.

7. Volunteering Strategy (TB/19/29)

Angela Flaherty, Interim Director of Strategy, joined the meeting.

- 7.1. The Board received the proposed LAS Volunteering Strategy, part of the framework of enabling strategies to support the main organisational strategy, which had been produced following engagement with staff and key stakeholders, and aligned to regional and national priorities as expressed through the Mayor of London, Helpforce and the NHS Long Term Plan.
- 7.2. Board members posed a number of questions including with regard to the scale of ambition to achieve 100,000 volunteers (1% of all Londoners), and the need to understand the infrastructure and financial implications of realising this ambition. Members concurred that there was a need for greater clarity with regard to investment requirements, potential fund-raising needs, and the specialisms that might be required to achieve the ambition to develop a volunteer resource with a wide skills set. Consideration was also given to collaborative work that could be undertaken with organisations already established, such as St Johns Ambulance.

- 7.3. In response to the questions from Board members, it was noted that there was a large drive in the NHS to increase volunteering and that this was supported by the Strategic Transformation Partnerships (STPs). Members reflected on the opportunities to address funding requirements through the LAS charity, and sources of potential public funding. The recent appointment of Nish Dubey, as the Trust's Head of Commercial, was also noted in relation to generating income. Reference was given to the work being undertaken jointly with Birkbeck College and Central St Martins School of Art, case studying ways in how the Trust could partake in fundraising for LAS projects.
- 7.4. Board members considered the need for vision/strategy documents to clarify implementation plans and funding requirements. The Board agreed that further work was required in association with regard to these, but that in substance the Strategy should be approved and a plan shared with the Board at a later date, incorporating the challenges highlighted by Board members.

RESOLVED:

- 7.5. The Board resolved to approve the Volunteering Strategy.

ACTION: to present an implementation plan to the Trust Board, identifying the infrastructure, funding and specialisms required to realise the Volunteering Strategy.

8. Learning and Education Strategy (TB/19/30)

- 8.1 Tina Ivanov (TI) presented the Proposed Learning and Education Strategy together with the implementation plan, noting that the Strategy had been widely developed with widespread engagement and had previously been considered at the Executive Committee and the Trust Board in May 2019. Comments had been captured from colleagues and incorporated into the updated Strategy as presented. It was noted that the implementation plan in particular had been updated following its consideration by the People and Culture Committee at its meeting on 18 July 2019 (ref: PCC/19/26); however this updated version had not been circulated with the papers for the Trust Board meeting. It was agreed that the content of the Strategy was the Board's focus and so the failure to circulate an updated implementation plan should not prevent the item from being considered.
- 8.2 The Board observed the updated Strategy, noting that it incorporated clinical and non-clinical staff, and was produced in a more consistent and inclusive language focusing on education and learning, and not purely on training. Members reflected that the Strategy aligned with the Trust's other strategies, and in particular, the Volunteering Strategy. Clarity of the implementation plan was reviewed including lead officers, and timing of delivery. The Board noted the largest cost linked to the Learning and Education Strategy was that of the Estates Strategy, and would be an area that Ali Layne-Shaw, Director of People and Culture, would address on joining the Trust in September 2019.
- 8.3 The Board considered the paper, noting the articulation of challenges within each section and how these would be addressed and resolved. The need for monitoring the challenges was raised by members, noting that there were a large number of priorities and these should be continually assessed.

- 8.4 The current cost of training was considered by the Board and clarification sought on the current expenditure in this area. It was noted that work was undertaken in 2018 to identify the cost of training and this would be made available to Board members.

ACTION: to confirm to the Board the current cost of training for all staff Trust-wide, including the abstractions involved.

- 8.5 Board members discussed the resource implication to provide trainers, highlighting the impact of abstraction to support the learning and education hub. Interdependencies between the Learning and Education Strategy, IM&T and the estates team were considered, noting that these sat in parallel and were currently not joined up. The Board was assured that, under the new Trust executive restructure, the Director of Strategy, Technology and Development would address these interdependencies and if there was a requirement for additional resource, this would be presented to a future Trust Board meeting.

RESOLVED:

- 8.6 The Board resolved to approve the Learning and Education Strategy.

9. Trust Board Committee Assurance Reports (TB/19/31)

(i) Logistics and Infrastructure Committee meetings on 29 May 2019 and 04 July 2019

- 9.1. Theo de Pencier (TdP), Chair of the Logistics and Infrastructure Committee (LIC), presented the reports of the two most recent meetings of that Committee to the Board, noting that the first meeting had been delayed from its original date, hence the presentation of two assurance reports to the Board.
- 9.2. Board members reflected on an interesting meeting reviewing anticipated technological developments, including a Natural Language Processing (NPL) pilot that the Trust was involved with and Telemedicine, utilising applications and enabling technologies to improve the care and services provided to patients.
- 9.3. Items for escalation were considered by the Board, including the need to continue providing resource into cyber security. Ross Fullerton (RF) provided an update on cyber security, noting that there were actions outstanding on the cyber plan that were unable to be completed due to resource challenges related to the current financial envelope. Members discussed opportunities to work in collaboration with the South Central Ambulance Service NHS Foundation trust (SCAS) to address cyber security, but noted that the technologies and specification were different and joint working was not an available option.
- 9.4. Board members reviewed the proposal to de-escalate the risk relating to the failure of the Uninterruptable Power Supply (UPS) from the Board Assurance Framework, noting that the recourse of action was understood and lessons had been learned. The Board observed that there was a continued risk associated to the Emergency Services Network (ESN), but that the Board was reassured that the risk was being managed.
- 9.5. Sheila Doyle (SD) commented on the reports presented to the LIC and that the work undertaken by the team had been very impressive in identifying future opportunities and advancement.

ACTION: to circulate the NPL and Telemedicine reports that had been presented to the LIC (ref: LIC/19/30 and LIC/19/33 respectively) to the Trust Board.

(ii) People and Culture Committee meeting on 18 July 2019

- 9.6. Mark Spencer (MS) People and Culture Committee member, deputising for Jayne Mee, Chair of the People and Culture Committee, presented an update of the most recent meeting of that Committee to the Board, noting matters for escalation. Board members observed the successful banding challenge in relation to the Trust's Emergency Ambulance Crew (EAC) role, which had resulted in an evaluation outcome of Band 5 and therefore a financial risk to the organisation. Members noted that the Band 5 would 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.
- 9.7. Board members reflected on the recently published NHS Interim People Plan which acknowledged that workforce supply was the most serious risk facing the NHS in England. It was noted the full plan was expected to be available in November 2019.
- 9.8. An update was provided on the low take up of exit interviews of people leaving the Trust and that more work was being undertaken to establish why staff were exiting the organisation.
- 9.9. Consideration was given to the outcomes of the Strategic Workforce Planning Group meeting, which had held its first meeting in July. The Board noted that the new Director of People and Culture, on joining the Trust in September 2019, would undertake further work to establish the future skills mix for the Trust and the impact of rebanding. The output of this work would be discussed at the Trust Board Development session in October 2019.

(iii) Quality Assurance Committee meeting on 26 July 2019

- 9.10. Mark Spencer (MS) Chair of the Quality Assurance Committee, presented an update of the most recent meeting of that Committee to the Board, noting matters for escalation. The Board reflected on a good presentation received from Chris Hartley-Sharpe, Head of First Responders, about the Trust's volunteer Emergency Responders and Community First Responders, noting the many lessons to be learned from the manner in which this part of the organisation worked, that could be useful to the Trust's core services including training and self-rostering.
- 9.11. The Board observed that one of the recurrent themes in Serious Incidents was a delay associated with dispatch, due to vehicle checks being undertaken ahead of each incident. It was noted this was an operational matter which could be reviewed for improvement. An update was provided to the Board in relation to the reasoning for the vehicle checks, which had been previously advised by the Metropolitan Police Service following a fatal accident resulting from a tyre issue which would have been detected with a vehicle check. The Board noted that the Make Ready project would put in place checks and clearance allowing for the current 10 minute protected vehicle check time to be discontinued.

- 9.12. It was reported that a focus on improving the Trust's 111/IUC service in North East London continued. Further information about this work was due to be considered in the Trust Board meeting in Private later that day (ref: PTB/19/06).

(iv) Finance and Investment Committee meeting on 23 July 2019

- 9.13. Fergus Cass (FC), Chair of the Finance and Investment Committee, presented an update of the most recent meeting of that Committee to the Board, noting matters for escalation. The Board was assured that the Enterprise Programme Management Office (EPMO) had established strong processes and an appropriate framework to enable the delivery of the Trust's portfolio of programmes and projects.
- 9.14. The Board observed that there was satisfactory strategy and actions in place, an update of the impact of the Carter Review indicated a reduction in conveyance rates to 52% from the current 59%, which could generate savings of around £20m per annum and a three year projection of income and expenditure, using assumptions from NHS Improvement guidance indicated a cumulative efficiency requirement in the range of £22-37m.
- 9.15. Consideration was given to the development of procurement and contract management processes relating to estates, which would strengthen the processes. It was noted all purchase orders were now progressing through the e-procurement system.
- 9.16. The Board considered the update on the contract negotiations with commissioners, noting that income from the settlement fell £5.3m short of that projected in the business plan and that additional resources would be needed to deliver the Ambulance Response Programme (ARP) response time targets in 2019/20. Members noted that the cost of cost improvement programme (CIP) delivery, the re-banding of EACS, and other cost pressures had contributed to a risk of missing the full-year control total; mitigations were being identified and a recovery plan was being developed. This was expected to be circulated to the trust Board as soon as possible.

10. Integrated Quality and Performance Report (TB/19/32)

- 10.1. Lorraine Bewes (LB) presented the Integrated Quality and Performance Report, highlighting the key areas for note, including the risks to business plan deliverables. Areas of cost pressure were reviewed, noting the contract and activity position together with increased acuity. Board members observed the increase in C1 demand from 8% to 13%. Recovery plans would be put in place and the Board noted that there was acceptance from commissioners that the Trust might only be able to part deliver on the ARP target in 2019/20, amounting to 7 months out of 12. This would equate to an 18.18 min average over a rolling 12 month period.
- 10.2. Board members noted that partnership delivery was off track but was being managed and medicine management was deliverable.
- 10.3. Cat 7 reporting was noted and the Board acknowledged that this had not previously been included in the data. Fenella Wrigley (FW) provided some guidance in relation to the collation of the Cat 7 data and undertook to provide a one-page summary to Board members to explain Cat 7 reporting.

ACTION: FW to circulate a one page summary sheet to Board members to explain Cat 7 reporting.

- 10.4. Consideration was given to the unexpected high trend of BME leavers, noting that there had been a 12% increase in BME joiners but there had also been 22% BME leavers. Board members noted that the next PCC meeting would consider the Workforce Race and Equality Standard (WRES) and would address the trend in BME leavers.

ACTION: to investigate the unexpected trend of BME leavers.

- 10.5. Pioneer services were discussed, noting that the utilisation of 14 mental nurses had assisted in a 2% ED conveyance reduction in the Croydon area. It was noted that North London was demonstrating a similar drop with the support of pioneer services for mental health.
- 10.6. 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 did not expect to be presented with a business plan or a contract for approval that did not enable the Trust to deliver national performance targets.
- 10.7. Sickness was noted as a challenge for the Trust, particularly in relation to muscular skeletal injury, and the need for managers to progress away from Managing Attendance and Performance and giving more focus to understand the reasons for sickness absence. It was noted that the construction industry, with similar sickness challenges, operated a different approach with greater success.
- 10.8. An update on Health and Safety was provided, noting that all the Health and Safety team had been trained in root cause analysis. Data coding issues in Riddor were being addressed to ensure the correct coding was being used.

11. Board Assurance Framework (TB/19/33)

- 11.1. Philippa Harding (PH) provided an update to the Board Assurance Framework (BAF). Board members noted the proposal that BAF Risk 50 be de-escalated following the assurance received from the LIC and agreed that this was appropriate.
- 11.2. The Board considered the number and severity of the risks incorporated in the BAF. Articulation of BAF risk 57 was considered, and the wording was amended to read 'There is a risk that the Trust will not deliver the required control total and national performance standards whilst maintaining quality of care, as a result of potential increased activity and cost pressures in 2019/20.'
- 11.3. BAF risk 55 was reviewed and the Board concurred that the risk required further consideration to ensure that it was articulated accurately and that its mitigations were appropriate. Until this had been undertaken it was agreed that this risk should be de-escalated from the BAF.
- 11.4. All other BAF risks were considered to be appropriate and to be appropriately controlled and mitigated.

12. Serious Incident Update (TB/19/34)

- 12.1. Trisha Bain (TB) provided the Board with an update of the Serious Incidents and thematic reviews. 68 deaths were reported and the Board noted that the Trust was not a contributor. In response to Board member queries on the measures in place to ensure improvement, TB confirmed that themes were measured, reviewing reduction in incidences when interventions have been put in place and monitoring continues.
- 12.2. The Board observed that the Trust had been asked by NHS Improvement to be an early adopter of the new national Serious Incident (SI) framework moving towards a thematic approach. The change would be towards focus and reflection of incidents in place of report production. A formal report on this would be presented to the Board for approach at its meeting in September 2019.
- 12.3. Members noted the increase in deaths declared in May, but acknowledged this related to wider reporting (level 1 and level 2), which had seen an increase in numbers. The Board noted that the next Board report would separate levels 1 and 2 to provide greater clarity, together with the addition of national ratings to assist with benchmarking.

13. Freedom to Speak Up (FtSU) (TB/19/35)

- 13.1. Katy Crichton (KC) provided an update on FtSU casework. The Board noted an increase in the number of FtSU advocates, particularly in Fleet, MRU and NETs.
- 13.2. In relation to measuring the success of FtSU cases, KC advised that it was challenging to benchmark cases, but could assure the Board that of the 25 people who were willing to provide feedback on the closure of their case, all of them had confirmed that they would speak up again and had not suffered any retaliation in highlighting issues to the FtSU Guardian. Board members discussed the importance in ensuring this message was disseminated to all staff at the Trust.
- 13.3. Consideration was given to opening and closing cases and to ensure the process was accurate. Board members noted that the Trust's case work requirements had been very high and that KC had been unable to focus in sufficient detail on producing management information, however the appointment of a part time support role would assist in improving reporting on FtSU.

14. Annual Public Meeting (TB/19/36)

- 14.1. The Chair provided an update on the proposed approach to the Trust Board's Annual Public Meeting, noting that it would take place from 5.30-8pm on 24 September 2019. The formal part of the meeting would be short. The focus of the meeting would be on knife crime, systems/interoperable working, stalls and a quiz. It was anticipated there would be interactive elements to the meeting.

15. Key Assurance from the Chief Medical Officer (TB/19/37)

Control Drug Assurance Officer Report

- 15.1 The Board noted the report.
- 15.2 Board members observed the role of the Chief Medical Officer as the named controlled drugs accountable officer (CDAO) for the LAS. It was noted that the Chief Pharmacist reported to the Chief Medical Officer, providing assurance on the systems and processes within LAS that led to the safe management of controlled drugs.

Responsible Officer Report

- 15.3 The Board received the annual report which supported the Trust Board in assessing its effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance, forming part of the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation.
- 15.4 Board members noted the content of the report and acknowledged that the organisation was compliant with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) through the Statement of Compliance.

16. Trust Board Forward Planner (TB/19/38)

- 16.1 Philippa Harding (PH) presented the Trust Board Forward Planner, noting a forthcoming Board session at HART, the presentation of the Clinical Strategy and the Serious Incident Framework to the Trust Board in September.

17. Staff Story (TB/19/39)

- 17.1. Helen Woolford, Head of Quality Intelligence and Risk, James Johnstone, LGM Westminster and Dawn Whelan, Patient Experiences Officer, joined the Board to provide information about the Quality, Service Improvement and Redesign (QSIR) methodology that had been adopted by the Trust, the training on this methodology that had been put in place and the manner in which those who had been through this training were using or planning to use this methodology.
- 17.2.
- 17.3. Board members noted that QSIR was a relatively new programme and that training on it was currently being delivered to a third cohort; however, there was concern that QSIR was not sufficiently widely known and adopted by members of staff across the Trust. The Chair emphasised the importance of a clear improvement methodology that could be used by all members of staff.
- 17.4. The members of staff were thanked for their presentation.

18. Questions from members of the public (TB/19/40)

- 18.1. There were no questions from the public.

19. Any Other Business (TB/19/41)

19.1. There was no other business.

20. Review of the meeting (TB/19/42)

20.1. Members reflected on the length of the meeting, noting that it had been a long agenda; however the standard of papers was considered good and the debate had provided the right level of challenge.

20.2. Board members considered the manner in which the Staff Story had been received and emphasised the importance of ensuring that Board members were cognisant of the impact that attendance at Board meetings might have on more junior members of staff.

21. Meeting Close (TB/19/43)

The meeting closed at 14.35pm. The next Trust Board meeting in public will take place on 24 September 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/18/148 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	CLOSED	This has been circulated to the Board in correspondence.
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	CLOSED	This has been circulated in correspondence to the Logistics and Infrastructure Cttee.
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	CLOSED	This has been circulated to the Board in correspondence.
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	Over 1 month late	To be considered by the People and Culture Committee in November
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	17/12/19	On track	To be addressed at the Trust Board development session in December
TB/19/26 para 4.1	Directors to provide outstanding updates to the action log and amended action log to be circulated to the Board in advance of the next meeting.	Executive Com	30/07/2019		CLOSED	Updates included on action log
TB/19/27 para 5.6	Confirm programme of Non-Executive Director visits across the Trust and to external stakeholders and ensure that feedback from these is incorporated on Trust Board meeting agendas in the future.	Philippa Harding	30/07/2019	01/01/20	On track	Feedback has been added as a standing agenda item. Work will be undertaken with the Director of Strategic Communications to develop a programme of visits.
TB/19/29 para 7.4	To present an implementation plan to the Trust Board, identifying the infrastructure, funding and specialisms required to realise the Volunteering Strategy.	Antony Tiernan	30/07/2019	01/01/20	On track	Being developed with new Director of Communications and Engagement.

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/19/30 para 8.4	To confirm to the Board the current cost of training for all staff Trust-wide, including the abstractions involved.	Tina Ivanov	30/07/2019	30/11/19	On track	We are collecting data from a variety of sources to try and answer this question. We now have the abstraction data and are currently analysing this to produce some high level summary data to which we can then add the financial cost. It is planned to have this available for the next Board meeting.
TB/19/31 para 9.5	To circulate the NPL and Telemedicine reports that had been presented to the LIC (ref: LIC/19/30 and LIC/19/33 respectively) to the Trust Board.	Ross Fullerton	30/07/2019		CLOSED	This has been circulated to the Board in correspondence.
TB/19/32 para 10.3	FW to circulate a one page summary sheet to Board members to explain Cat 7 reporting.	Fenella Wrigley	30/07/2019		CLOSED	This has been circulated to the Board in correspondence.
TB/19/32 para 10.4	To investigate the unexpected trend of BME leavers.	Tina Ivanov	30/07/2019		CLOSED	We have had an average of 10 BME leavers during this period and apart from July (where we had 6 Finance Workplace Trainees leave, all of whom were BME) this has been fairly consistent. The graph which the Board reviewed was the number of BME leavers as a proportion of all leavers (graph 2) and this has shown an increasing trend from May to July as the number of non-BME leavers has stayed the same or not increased at the same rate. Therefore the proportion of BME leavers has increased whereas in reality the actual number of BME leavers has remained consistent.



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	Report from the Chair			
Agenda item:	06			
Report Author(s):	Heather Lawrence, Chair			
Presented by:	Heather Lawrence, Chair			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
The Chair's report provides an overview of meetings and events attended with external stakeholders of the Service since the last time the Board convened.				
Recommendation(s):				
The Board is asked to note this report.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				

Please indicate which Board Assurance Framework (BAF) risk it relates to:	
Clinical and Quality	<input checked="" type="checkbox"/>
Performance	<input checked="" type="checkbox"/>
Financial	<input checked="" type="checkbox"/>
Workforce	<input checked="" type="checkbox"/>
Governance and Well-led	<input checked="" type="checkbox"/>
Reputation	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>
This report supports the achievement of the following Business Plan Work streams:	
Ensure safe, timely and effective care	<input checked="" type="checkbox"/>
Ensuring staff are valued, respected and engaged	<input checked="" type="checkbox"/>
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>

Report of the Chair

Visit by Keziah and Oriana to London Ambulance Service

1. I hosted a visit for 12 year old twins Keziah and Oriana to London Ambulance Service. They were accompanied by their father who is the Finance Director of another Trust. Keziah has decided that she wants to pursue a career as a paramedic. It was an excellent opportunity to see what may be suitable for our volunteering scheme that we would wish to develop for young people. They visited the Emergency Operations Centre, the Cycle Response Team and sat in an ambulance. They were then taught cardiopulmonary resuscitation (CPR) by Emma Purslow one of our Public Education Paramedics before visiting the air ambulance at The Royal London Hospital where they were able to talk to the crew and sit in the helicopter. It was a much enjoyed and very successful day. All of our staff who assisted in the visit were excellent ambassadors for the LAS.

Sir David Behan, Chair of Health Education England

2. I arranged to meet Sir David to discuss and raise Health Education England awareness of two issues:-
 - The low level of paramedics from a BAME background graduating from our universities. I asked if the commissioning of places for students included a standard for BAME applications.
 - The issue of equality of qualification between Urgent Care Nurses and Paramedics given the funding provided to the forming Primary Care Networks to recruit paramedics to their team and the national shortage. We had a useful conversation and he is now aware of these issues.

Trust Board visit to HART at Clock Tower Road, Isleworth

3. The purpose of this visit was to ensure that Board members in advance of the final reports and recommendations arising from major events in 2017/18, were cognisant of the role we as the Board and our Hazardous Response team (HART) and Tactical Response Unit (TRU) teams have when there are incidents such as London Bridge, the role(s) LAS plays in a major incident and how and who can declare one. We also needed to appreciate the difference between a major incident and specialist tactical operations in response to an attack. We explored the difference between hot and warm zones, who decides on the zoning and the equipment and training required. Paul Woodrow presented a clear account of the LAS response to all of the major events and clarified the assurance process about our resilience is assessed annually by the National Ambulance Resilience Unit (NARU) and reported to the Board.
4. The HART and Tactical Response teams demonstrated their equipment and explained the types of incidents they attend together with the training that they undergo on a regular basis to remain up-to-date for example; Safe Working at Height, Urban Search And Rescue and Inland water Operations. (Communication system interoperability between our front line staff and the MET and LFB needed to be understood).

A week in the life of a London trauma surgeon

5. The BBC followed Professor Karim Brohi, the London Trauma System's Clinical Director and LAS Board Member, to film a week long diary highlighting the work of London's major trauma centres and the impact of rising knife crime in the Capital. The full article can be

found at <https://www.bbc.co.uk/news/uk-england-london-48365415>. Knife crime is more prevalent in large cities, with London topping the list. Home Office figures suggest that for every 100,000 people in the capital, there were 169 knife offences in 2018/19; the North West region was next highest with 93 knife offences per 100,000 population. Tackling violence in London is a top priority for all of us, and the issue will be a key focus of our Annual Public Meeting later today.

South West London Health and Care Partnership (SWL HCP)

6. I attended the SWL HCP Provider Chair meeting on 9 September, where we discussed the NHS long term plan, as well as progress on the development of SWL's five year strategy and organisational development plan. We also discussed the role of Primary Care Networks (PCNs) within the Integrated Care System (ICS) and the development support they would require.

Visit to EOC Waterloo

7. I visited our Emergency Operations Centre (EOC) and was pleased to see that updated guidance had been introduced which assists EOC staff in identifying early calls for patients with ineffective breathing through a refined pre-triage process. This arose from a number of Serious Incidents reported by staff both in EOC and out on the frontline. Staff fed back that they felt this was a positive change.

Heather Lawrence OBE Chairman



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report Title:	Report from the Chief Executive			
Agenda item	07			
Report Author(s):	Garrett Emmerson, Chief Executive			
Presented by:	Garrett Emmerson, Chief Executive			
History:	N/A			
Status:	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>The Chief Executive's report gives an overview of progress and key events within the Service since the last time the Board convened.</p> <p>The report is structured in sections, covering key areas of focus of the Trust and Board.</p>				
Recommendation(s):				
<p>The Board is asked to note this report.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				
Please indicate which Board Assurance Framework (BAF) risk it relates to:				
Clinical and Quality	<input checked="" type="checkbox"/>			
Performance	<input checked="" type="checkbox"/>			
Financial	<input checked="" type="checkbox"/>			
Workforce	<input checked="" type="checkbox"/>			
Governance and Well-led	<input checked="" type="checkbox"/>			
Reputation	<input checked="" type="checkbox"/>			
Other	<input checked="" type="checkbox"/>			
This paper supports the achievement of the following Business Plan Work streams:				
Ensure safe, timely and effective care	<input checked="" type="checkbox"/>			
Ensuring staff are valued, respected and engaged	<input checked="" type="checkbox"/>			
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>			
Efficiency and sustainability will drive us	<input checked="" type="checkbox"/>			

Report from 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 July and August 2019 for both the mean and 90th centile performance. The number of face to face incidents has increased by 4% in July and by 5% in August in comparison to the equivalent months in 2018. The proportion of face to face Category 1 incidents continues to surpass NHS England's 8% baseline with the proportion increasing to 12,560 (12.5%) in July but decreasing to 10,303 (10.6%) in August.

	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)
July 2019	00:06:34	00:10:56	00:21:03	00:43:44	02:39:55	03:39:02
August 2019	00:06:35	00:11:01	00:18:28	00:37:37	02:12:52	03:20:57
Year to Date (2019/20)	00:06:23	00:10:41	00:19:01	00:39:01	02:15:03	03:27:08

3. Whilst Category 1 performance was successfully delivered in July and August 2019, the Category 2 mean was not met in July or August, however the 90th centile was met in August 2019. Increased demand, periods of very hot weather and a number of London events over the summer have contributed to a challenged performance, together with higher than normal rates of annual leave (annual leave allocation was 12.96% higher in July 2019 than July 2018 while August 2019 was 4.75% higher above August 2018) and lower take up of overtime.
4. Category 2 mean delivered 21 minutes 3 seconds in July 2019, compared to 20 minutes 47 seconds in July 2018 with a 1% increase in demand (and a 17% increase in Category 1 demand). Category 2 mean delivered 18 minutes 28 seconds in August 2019 compared to 16 minutes 49 seconds in August 2018 (on a 6% increase in demand between August 2019 and August 2018). Year to date, Category 2 mean performance sits at just over 19 minutes, a minute above the national standard, whilst we've delivered a 90th centile performance of 39 minutes within the national standard.
5. Operations are focused on recovering Category 2, 3 and 4 performance against the national standards and the performance trajectory which is being agreed with commissioners. A 999 operating plan for 2019/20 was approved by the Executive Committee on 7 August 2019 which sets out the demand and capacity management strategies which Operations has committed to deliver in order to meet its performance trajectory. Progress against each of the four operating plan workstreams (efficiencies, clinical response, people and vehicles) is reviewed by the bi-weekly Operational Performance Group which is chaired by the interim Director of Emergency Ambulance Services, Pauline Cranmer.
6. In terms of call handling, in July 2019, 78.22% of calls were answered within 5 seconds, with a median call answering of 0 seconds (50% or half of all calls received were answered immediately) and a mean of 18 seconds. For the month of August 2019, calls answered within 5 seconds or less decreased to 76.48%, with the median again recorded at 0 seconds and a mean of 20 seconds. The year to date call

answering position is 83.1% with a median of 0 seconds and mean of 12 seconds. The senior Emergency Operations Centre (EOC) management team are currently reviewing call handling staffing levels and scheduling to deliver improved call handling performance over the coming months.

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 nationally and is frequently best in class for the Category 1 mean and 90th centile measures. The latest scorecard shows that the Trust is now performing fourth best nationally for avoiding unnecessary conveyances to emergency departments (55.09% of all incidents were conveyed to emergency departments).
8. Planning for winter 2019/20 is underway, with the winter planning group meetings scheduled to start in mid-September 2019. The Winter Plan 2019/20 will be presented to the Executive Committee for approval on 16 October 2019 and at the Trust Board meeting on 29 October 2019.

Operations

9. Call answering performance at both Integrated Urgent Care (IUC) sites has been challenged during July and August 2019 when compared to Spring 2019. Both South East London (SEL) and North East London (NEL) missed their call answering targets (95% answered in 60 seconds) in both July 2019 and August 2019. SEL achieved 74.9%, and NEL achieved 83.2% in July, while SEL achieved 74.9%, and NEL achieved 79.4%, in August. The comparison with other London providers is provided in the table below:

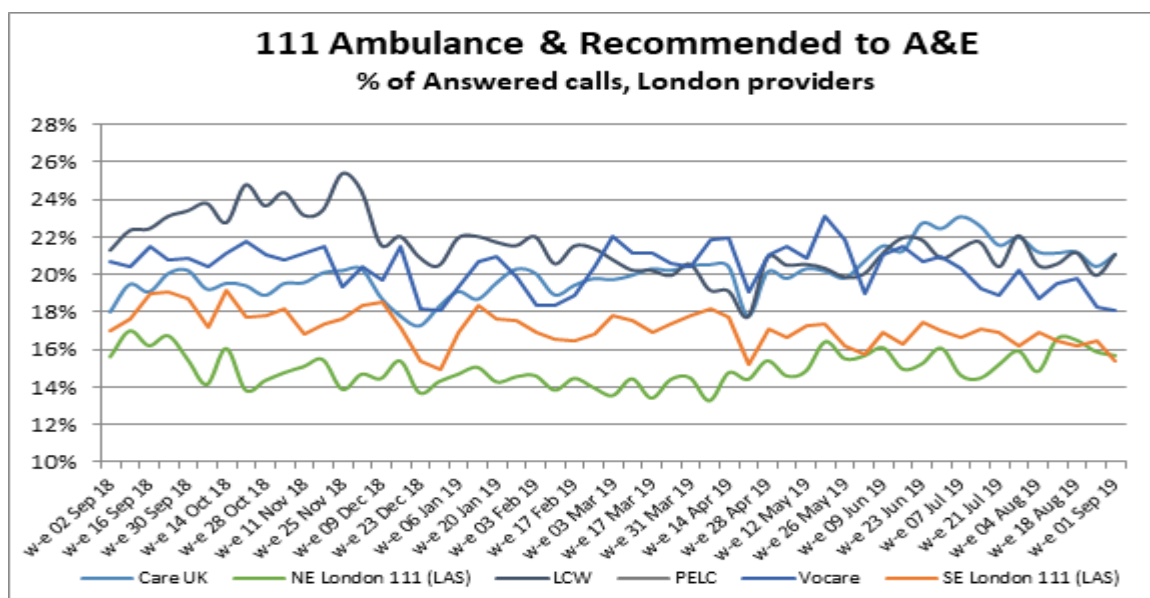
% of calls answered within 60 seconds					
	LAS SEL	LAS NEL	Care UK	LCW	Vocare
July 2019	76.65%	83.24%	77.11%	78.50%	72.94%
August 2019	74.95%	79.40%	81.73%	87.00%	71.65%

10. The overall performance for July and August 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	July-19	37,922	74.9%	4.8%	8.1%
	Aug-19	37,574	74.9%	3.8%	8.1%
NEL	July-19	50,979	83.2%	4.6%	7.2%
	Aug-19	46,613	79.4%	3.0%	7.8%

11. It should be noted that demand is approximately 15% above forecast at SEL and 10% above forecast at NEL. We have seen high volatility in the actual call volumes against predictions by week, day and hour which has challenged our ability to match staffing to demand and subsequently deliver the 60 second call answering target. We have changed, and are continuing to refine, our staffing profiles to align our staffing with these changes in demand. The senior IUC management team are also focused on a productivity review of all staffing groups, including call handling, in order to ensure efficiencies are maximised.

12. Call abandonment rates continue to be maintained below the 5% national standard at both sites while referrals to 999 services remain within the 10% national standard. The performance of this metric has remained steady at approximately 8% for both NEL and SEL. This continues to remain the lowest rate of all London providers with the London average being 10.1% in both July and August.
13. The Trust continues to support the wider system through delivery of its IUC services in NEL and SEL. When looking at the number of calls which are referred to 999 and emergency departments, we continue to refer fewer cases than other London providers as can be seen in the graph below.



Finance & Performance

14. As reported elsewhere on the agenda, the Trust ended month 4 with a £5.1m deficit, which is £2.3m worse than plan. Income at the end of month 4 was £0.7m higher than planned. Incident activity and call levels have remain high. Pay expenditure was £2.0m higher than plan due increased expenditure on clinical staff required to deliver safe clinical assessment in our IUC/111 services. The Trust has identified a number of significant risks to delivery of its control total in month 4 in addition to pressures across IUC/111 including increased pay costs for our Emergency Ambulance Crew following job evaluation and increased costs required to deliver national performance standards with increasing demand and acuity. The Trust is current assessing and implementing mitigating actions through development of a recovery plan to ensure delivery of the agreed control total by the end of the financial year and beyond.
15. Our Business Intelligence and IM&T teams commenced work on the implementation of the National AQI reporting changes, with the first reporting change to be delivered on the 17th September. This involves mapping, adjusting and testing current reports – as well as developing new reports (both internal & external).
16. Data Quality Reviews of the Trusts main systems and reporting arrangements are in progress. Initial interviews with system owners and/or relevant staff have been carried out for 10 systems/reporting arrangements and information gathering and analysis are currently underway.
17. Following the introduction of the Data Quality training video in the Corporate Induction in July 2019, a further ELearning training tool has been developed for all staff, which went live in August 2019.

Strategy

18. 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. This includes the following:
 - **Volunteering strategy** - at the July Trust Board meeting, the volunteering strategy was approved and the strategy team will support the new Director of Communications and Engagement, Antony Tiernan, to develop an implementation plan.
 - **Clinical strategy** - at today's meeting, Trust Board is considering the refreshed clinical strategy. Whilst the clinical strategy was launched in early 2017, significant progress has been made against that strategy, and the urgent and emergency care sector has developed so significantly over the last couple of years that it is the right time to refresh our clinical strategy.
 - **Estates vision** – also at today's meeting, Trust Board is considering the Estates vision document which sets out a high-level vision for the Trust's estate. We are in the process of producing a supporting document which summarises FAQs.
19. Over the coming months the strategy team will work with the various Directors and their teams to develop the detailed implementation plans for each of our enabling strategies, ensuring that they are aligned, with dependencies mapped out and incorporated into the annual business planning cycle.
20. The Blue Light Collaboration lead continues to work alongside the Metropolitan Police Service (MPS) to look at ways to better manage calls to both services in the mental health arena. A formal project group (MPS hosted) has been established to work collaboratively across the two services and to scope, design and deliver new and improved ways of dealing with patients/callers with mental health issues. This work is being undertaken in consultation with colleagues from the wider NHS and mental health trusts in London.
21. The three Heads of Control have met and agreed to establish a terms of reference (ToR) for their working group and to work collaboratively on mutually agreed areas of interest.
22. The London Situational Awareness Team (LSAT) is a unit that works for the Mayor's office and provides accurate and timely information to the Mayor and assembly members. A service level agreement is currently being drawn up as to how and when the LAS interacts with the functional group.

Quality Improvement

23. The mental health joint response car continues to produce positive results. Six month evaluation data shows that the mental health car has an 18% Emergency Department conveyance rate compared to business as usual conveyance rate of 52%. The data shows that the business as usual vehicle and mental health joint response car have similar job cycle time, on scene time, incidents per shift and re-contact rates. There has been a positive reception from key stakeholders and two mental health trusts (SLaM and Oxleas) have been successful in securing funding to provide rotational nursing posts which will support the expansion of the car. A workshop is being held on 12th September with the mental health trusts in order to agree next steps.

24. Complaints responses have seen a significant improvement over the last 2 months, with responses sent within 35 days at 90%. The current year to date average is 70%. We anticipate meeting the over 90% target consistently to the year end and beyond. To achieve this improvement the Patient Experience Department (PED) carried out a Plan, Do, Study, Act (PDSA) improvement cycle and tested the change using their experience in QSIR training.
25. The CQC have been at the Trust during the month, visiting IUC (NEL and SEL), EOC and the emergency operational stations. Well-led interviews with the Executive Team will be held on 25 September. Three reports will be produced for each review, the ratings for NEL and SEL and EOC services will be taken into account within the overall Well-led rating of the organisation.
26. The End of Life care programme (currently funded by McMillan) is being concluded and a business case to continue with the exceptional work of the team will be presented to the Executive Committee. The current cost is estimated at £300,000 per year. The team are working constantly with the Co-ordinate My Care (CMC) providers and our staff to try to ensure that the records of patients are viewed and acted upon. There has been an increase of 10% in uptake (from 20% to 30%) however this needs to be improved to a minimum of over 90% of records.
27. A third cohort of staff have now completed the QSIR training course. A total of 75 staff have been trained. We are now in a position to utilise these skills in 2 major improvement programmes – current proposals are Right care right Place (for patients) and the MSK improvement (for staff). As outlined in the bi-annual quality strategy update, the remaining actions will be to launch the QI methodology alongside the ePMO to highlight that we now have clear monitoring and assurance processes around projects and programmes and local improvement. In addition, we will ensure that all future cohorts provide evidence, during training, of conducting a project that is aligned to strategic objectives.
28. Health and safety training has been revised and positive feedback from the first session received. In addition, health and safety is now included in the induction programme. A quarterly health and safety report is now being received by the Board which provides more comprehensive information and outlines details of investigations and the targeted improvement approaches.
29. The Head of Health and Safety has set up a task and finish group with operational teams to take forward the new dynamic risk assessment process. This will also include feedback from London Bridge enquiry and provide the trust with a much more robust process for assessing risk to our staff and a more responsive approach to mitigating any risks.
30. Delivery of the implementation plan that relates to 'Focus on Musculo-skeletal injuries' campaign is now underway– an infographic poster has been distributed to staff as an initial action. The targeted approaches identified from the analysis of manual handling incidents are also being taken forward.
31. The actions from the fire risk assessments have now been distilled to common themes and are currently being costed with a business case produced for Executive Committee consideration. A programme of work will be tracked by estates via the H&S committee going forward. Compliance against legionella, water and air condition facilities is currently being re-assessed, in addition maintenance checks/programmes on buildings have been identified as requiring urgent action. This is being taken forward by the new Interim Head of Estates.
32. The Chief Quality Officer is presenting the approaches to quality improvement and regulatory standards at the NHS Providers conference in October. In addition the

Consultant Mental Health Nurse has been asked to present the work of LAS at both a national conference and the Mental Health Transformation Board in September.

33. Both quality/governance teams from SCAS and LAS held awayday event to share ideas in relation to collaboration. The outcome was that:
- Health and Safety team would share their approach to dynamic risk assessment
 - Safeguarding team will work with SCAS on supporting delivery of Level 3 training with a view to identifying shared training opportunities between organisations to support training capacity
 - As we are piloting the new national approach to SIs we will link with SCAS and test the approach in their Trust – which will provide additional data to the national team
 - The respective complaints team will work together to develop a clearer definition of how we record complaints with the aim of presenting this to national ambulance teams to resolve the current issues with lack of comparable data.

Medical and Clinical Directorate

34. LAS continues to engage with pan-London strategic leaders and LAS lead commissioners to develop proposals for delivery of an integrated 999 and 111 service to better serve the patients of London. LAS are actively engaged in pan-London Alternative Care Pathways (ACP) groups to ensure the alternative pathways are accessible to LAS clinicians and available at appropriate times. LAS is working closely with pan-London Acute Trusts to ensure patients can be directly conveyed to urgent treatment centres to reduce congestion in the emergency departments. In addition, the Senior Sector Clinical Leads are working with local clinicians to review and develop pathways for their local populations.
35. In order to test the principles of the LAS strategy of 111/IUC and 999 integration we are participating in the delivery of a 'Perfect Day', which is planned for 30 September 2019. This aims to quantify the impact the integrated service would make. 'Perfect day' is being jointly delivered by LAS, NEL STP and HLP. The LAS strategy team are integrally involved in the development of the day, which will implement all of our available strategic initiatives in North East London to understand further how they work together and demonstrate the benefits that our strategy, and all of its constituent parts, can deliver if fully rolled out. The business intelligence team will ensure that data will be captured on the day, and provide measurable outcomes for benefit realisation. Internally, an operational plan and internal communications will be circulated to the crews in preparation to support face-to-face briefings which are planned for the week before. Externally, pathways are being developed for crews, and the stakeholders are being contacted by the STPs to ensure that there is consistency with service delivery across the sector. We are using the opportunity to not only see the outputs of our different service models, but to also work with the STP and Commissioners to identify what appropriate care pathways and other referral options would assist us in delivering a markedly lower emergency department conveyance rate than we would normally be able to achieve.
36. The Falls Pioneer Service pilot is concluding and moving to the evaluation phase, which will complete by the end of the year. There has been a reduction in conveyance rates from 56.7% to 54.9% for elderly fallers in Q1 2019/20, which links to when the pioneer service pilot went live. The evaluation will determine whether the improvement is attributable to the Falls service or greater access to Pathways for all LAS clinicians.
37. A project has been started, in conjunction with the logistics team, to look at efficiency savings with Medical Equipment. The focus is the procurement of expensive consumables – reviewing both the quantity and quality of purchases and identifying saving opportunities without impacting on the quality of patient care delivery. Once

opportunity is identified, a process of assurance will take place through the Medical Directorate and the Medical Equipment Committee, to ensure patient safety is not compromised. A Clinical Practice Development Manager and Clinical Advisor to the Chief Medical Officer will provide clinical oversight. This is complementing the work being led by NHSI in respect of the Lord Carter report.

38. The Senior Sector Clinical Leads have been working closely with the recently appointed Clinical Team Managers (CTM) in Sector and they have co-designed a "Clinical Team Manager Operational Workplace Review (OWR) Process". The process, following consultation and discussions with the CTMs, was disseminated in June 2019 across the CTM grade with the first OWRs already planned. The roll out is being led by one of our Consultant Paramedics.
39. The Clinical Education and Standards (CES) Department underwent an Ofsted monitoring inspection in August 2019 for the 248 apprentices on the level 4 associate ambulance practitioner apprenticeship. All new providers are required to undergo a monitoring inspection, with assessment measured against progress. The formal results of the inspection were encouraging with "Reasonable progress" achieved against the three themes of enquiry below.
 - Leaders ensuring that the provider is meeting with all the requirements of successful apprenticeship provision,
 - Leaders and managers ensuring that apprentices benefit from high-quality training that leads to positive outcomes for apprenticeships and
 - Leaders and managers ensuring that effective safeguarding arrangements are in place.
40. The report praised the leaders, managers and knowledgeable tutors for ensuring effective training that enabled preparedness, enthusiasm and motivation for the apprentices. Some areas for improvement were identified as expected, and an action plan is in place to address the gaps.
41. Within the CES Department, the student management system (digital platform) is now fully implemented. This will replace current spreadsheets and local documents in the management of the student learner journey in CES and is expected to increase efficiency in delivering training. Further functionalities of the system are being explored to maximise the opportunities.
42. The final recruitment of APP-UC staff completed – 10 clinicians will commence in September 2019 and the induction programme has commenced. The APP-UC team have also secured funding for Post Graduate Diploma and some supervision money for each new member of staff. Two research papers have been accepted for the EMSSA 2019 conference showcasing the APP-UC and Advanced Airway Management by APP-CC. As a result of feedback at the medical directorate team development days information around the APP CC and UC skill-set has been shared with the wider workforce. This was shared this on the LIA Facebook site and the post was 'liked' 238 times and the APP(CC) presentation was viewed 119 times. This will now be shared on the medical directorate pulse pages to increase awareness regarding the department.
43. The joint research between LAA, LAS and Barts Health SUB30 is imminently due to begin. This is a feasibility study will look at whether improved survival or reduced brain damage can be achieved by delivering pre-hospital extra-corporeal membrane oxygenation (ECMO). Case reviews for SUB30 recruits are due to take place through October to December between Barts Health NHS Trust, LAA and LAS.
44. The Chief Medical Officer and Chief Quality Officer are engaged with the Violence Reduction work across London, supporting the HLP working group. In addition, the

Clinical Practice Development Manager is supporting the Metropolitan Police in their review of clinical equipment that non clinician police officers carry to enhance the immediate lifesaving first aid interventions they can provide.

45. The Medical Directorate has continued to support operations with teaching and clinical shifts. Over the August Bank Holiday the Chief Medical Officer visited both NEL IUC and SEL IUC, EOC Waterloo and EOC Bow and frontline crews deployed to Notting Hill Carnival. In addition, the Medical Directorate deployed two enhanced car teams and APP Urgent Care clinicians to provide senior clinical support at Notting Hill Carnival.

IM&T

46. Our 111 IUC teams are now live on the new Avaya telephony platform. This has also been extended to our three new clinical hub locations at Croydon, Barking and Pinner Ambulance Station. The addition of new locations makes it easier to attract staff to work clinical shifts on the clinical hub. New wallboards have also been introduced to the 111 services, providing an improved view of operational performance across the services.
47. There have been four major national outages with the Adastra system, hosted by OneAdvanced, used to manage all clinical casework in 111 and the clinical hub. Adastra is used in many out of hours services and 111 services nationally. As a consequence, when Adastra is unavailable then the whole urgent care system comes under pressure. We have well-tested contingency plans in place to continue safe operation in both services in the event of an Adastra failure. A national recovery plan is being developed with NHS England and NHS X to ensure OneAdvanced resolve the underlying causes of the issues that have occurred.
48. The new 999 telephone system has completed technical readiness and is scheduled for implementation in late September. The upgrade keeps us within support from our supplier and introduces new capabilities to more efficiently run our control rooms and 111 services. The connectivity with our new datacentres is now complete and services are now in test. The first services are planned to go live in October.
49. The new NHS network (HSCN) delivery is on-track to complete migration by the end of October. HSCN provides fast, secure connectivity to all of our sites. Upgraded Wifi has been deployed which provides broader coverage across all of our buildings. When combined, the two services provide fast, full coverage across ambulance stations, control rooms, contact centres and corporate offices.
50. We are working closely with NHS Digital to align our cyber security programme with the recently announced cyber security perimeter defence capability. This will result in adjustments to our programme in order to obtain maximum benefits from the newly announced contract with Accenture.
51. The rollout of the Summary Care Record application and NHS Identity has moved from pilot in Camden to an accelerated deployment that is starting in North East London. The intent is for all staff to have access to patient records by the end of March 2020.

People and Culture

52. As previously reported, an updated job description for Emergency Ambulance Crew (EAC) was recently evaluated by LAS's job evaluation panel. This evaluation confirmed the EAC role at a Band 5 level. There were further extensive discussions with management and staff-side representatives at a Staff Council meeting held on 31 July

2019 to discuss the cost implications, role descriptions and deployment models for front line operational staff in relation to the banding review. As a result of these and other discussions at the Executive Committee, all current Trainee EACs and EACs will be transitioned to a Band 5 role, with those in training receiving a percentage of AfC Band 5, as per Annexe 21. This will now be paid in the September payroll, backdated to 1 March 2019. LAS has currently paused recruitment to the TEAC role to develop in partnership a new non-registered role for the front-line delivery model. At the Staff Council meeting on 9 September we provided confirmation of the September payments and agreed a series of meetings to continue discussions on the future skill mix and bandings

53. 99% of our 5,863 substantive staff have logged into MyESR and 98% of this group have completed E-Learning. 2,264 E-Learning Courses have been completed in July 2019 and over 150,000 have been completed since our Oracle London Management (OLM) go-live in September 2017.
54. Work continues in developing the ESR and GRS interface - the absence interface will automatically populate ESR with sickness absence information from GRS, replacing the current manual process and, once live, we will be able to report on Trust wide sickness absence reasons for the first time. The first run for sickness data is in September 2019 and the second run for other absence data is in October 2019.
55. The Trust continues to monitor Statutory Mandatory training compliance through the workforce dashboard and through performance review meetings. Completion of and compliance with Statutory Mandatory training requirements will form part of the new PDR appraisal policy which aligns to the 2018 NHS Pay Framework; this requires all managers to ensure their staff are compliant and all individuals to be compliant before they can progress through pay steps in the Framework.
56. Compliance at the end of July was as follows:
 - Trust compliance is 83%
 - 82% Operations
 - 89% Corporate
 - EOC, the subject of the CQC MustDo action, is at 81%.
 - Information Governance is at 90% for July and will increase alongside CSR completions.
57. We started the 2019/20 year with an Appraisal compliance rate of 76%. This has stabilised and improved to 79% but is below our 85% target. An improvement plan is being implemented for Corporate and Operational teams and weekly reports are provided to Directors to facilitate the required improvement. This will be formally brought to the ExCo on a quarterly basis. The work to refresh the performance appraisal policy is nearing completion. This work will ensure compliance with the 2018 pay framework and has been completed in partnership with Trade Union colleagues. This will be the subject of a separate report in November 2019.
58. Our overall vacancy rate is below target of 5%, at 3.3%. We currently have a 3% vacancy rate in EOC, which will be fully established in August. Recruitment pipelines are in place to address turnover. The overall 111 vacancy rate is at 13% and Health Advisor and Clinical Advisor recruitment has had some success, with 24 new members of staff starting between July and September 2019. NETS recruitment is progressing well with an end of year vacancy forecast of 5%.
59. 400 Paramedics have been allocated start dates and are expected to join the Trust between May 2019 and February 2020. This is a mix of UK and International recruits. There are a significant number of activities underway to close the forecasted end of year 103 FTE gap. This includes recruiting from the current pipeline of 44 international paramedics. We are also planning for a further trip to Australia in Q4 19/20.

60. The Selenity Employee Relations (ER) Tracker (which records all ER activity across the Trust) has now gone live. We currently have 250 open cases. Investigation training for ER cases is being rolled out during August and September (75 managers signed up so far), supported by our local People and Culture teams.
61. Following the Veritas review into the disciplinary process at Imperial College NHS Healthcare Trust, an LAS task and finish group was established to review our current practices. The recommendations and action plan have been considered by the Executive Committee and will be presented to the People & Culture Committee in October.
62. The Dignity at Work Facilitator, Amanda Stern, is now progressing a programme of work for delivery in 19/20. This will include a culture and civility review, which will be discussed at the People & Culture Committee in November.
63. Work on the Staff Survey action plans continues to be led by the staff survey consultant, Delia McMillan. Mapping of employee groupings for the 2019/20 survey is now underway with lessons learnt from this year being fed in so that we are able to get better reporting for larger groups. We plan to launch the survey alongside the CEO Roadshows (w/c 23rd September) with a closing date of 29th November.
64. Progress reports for our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) will be discussed respectively at the October and November People & Culture Committee meetings.
65. The Trust has achieved its 18/19 target of 15% BME representation (currently 15.5%). Whilst overall numbers of BME staff continue to increase (currently 944), this representation varies at different levels in the organisation. We met with the College of Paramedics to discuss how they can support us to work with universities nationally to improve BME admissions onto paramedic science courses.
66. The Leadership, Education & Performance (LEAP) team are currently supporting a number of Away Days, for the Safeguarding and Scheduling teams. We are also supporting longer term team development initiatives for the First Responders.
67. A full review of Occupational Health Services is underway to scope a new tender for 2020. A progress paper will be presented to the People & Culture Committee in November.
68. Stress related illness is the highest reason for absence reported via PAM. This includes both Face to Face and telephone counselling as well as EMDR (psychotherapy treatment for PTSD).
69. Musculoskeletal is the second top reason for absence reported via The Physio Network. Demand has stabilised for this service. The current offering is assessment plus a maximum of four treatments plus home exercises to expedite recovery. For more acute problems, staff will be advised to consult their GP for on-going treatment.
70. Provisions will be put in place for self-management and exercise as part of the physio pathway going forwards. Alongside H&S colleagues, Nicola Bullen, Wellbeing Lead, is looking at prevention workstreams including exercise referrals and back care clinics to improve physical resilience. Yoga classes continue across the service with over 100 attendees per week.
71. We have ordered 4,000 flu vaccines, with an expectation to vaccinate 80% of frontline workforce. A £5 luncheon voucher will be offered to all staff who take up the vaccine. We are progressing work to facilitate peer vaccination training and a full internal promotion campaign. As there is a delay in vaccine delivery, we will start this

programme in mid-October. We will be deploying five Trust vehicles (not Ambulances) as flu buses in Sector through the flu season.

Assets & Property

72. The roll out of the Advanced Life Support (ALS) bags continues with North Central and North East almost complete. Now that the learning from two sectors is almost complete, the implementation programme is being reviewed to increase the speed of delivery. Primary response bags have been delivered and are now being packed ready for roll out.
73. Phase three of the refurbishment works (designed to allow us to consolidate our central London offices from 4 down to 2 locations) at the Trust's Waterloo Headquarters have now been completed, with open plan office space provided on the first floor. Work on communal spaces are due to complete imminently with informal seating provided to increase meeting space knowing that we are increasing the capacity in the building. Work is due to commence on the balance of the second floor, further increasing open plan office seating capacity.

Communications and Engagement

STP engagement

74. The Trust has worked with South East London (SEL) STP/ICS and with South West London (SWL) STP on their response to the Long Term Plan.
75. We have attended workshops, including with SEL STP/ICS, to begin considering SEL's population health priorities which will inform the priorities for the ICS. LAS has worked with SWL STP to assess their progress for applying to become an ICS, deploying NHSE's maturity matrix tool.
76. LAS has been working with NEL STP during what is a period of transition (they are undergoing a restructure and starting their consolidation into one single CCG) to discuss collaboration on the various workstreams that form their work programme.
77. We have successfully achieved 100% of the award for Quarters 1-4 of the STP engagement CQUIN.

Media and Campaigns

78. During the spell of hot weather in July we issued key messages on how to stay safe and well in the heat, including via a press release and a social media video clip of our Chief Medical Officer, Fenella Wrigley, which received high levels of engagement. We also facilitated media ride outs with ambulance crews to share our messaging and provide an insight into the kind of incidents we attended in the heat. The issue was covered by LBC radio, BBC London, ITV London and Channel 4 News.
79. Following on from the coverage we received in March - for International Women's Day - about our paramedic Natalia Croney and her police officer twin sister, the Mail on Sunday covered the story in their supplementary "You" magazine in July. This was the latest piece coming from ongoing collaborative work with the Met Police communications team.
80. Paramedic Kelly Taylor, from Romford ambulance station, appeared on the Victoria Derbyshire Show in July in a piece about the experiences of emergency services workers in the six months since the introduction of Assaults on Emergency Workers

(Offences) Act. This was after figures were released on the number of arrests for attacks on blue light staff. Kelly discussed her own experiences of being assaulted at work and how she has seen improvements since the law change. Reducing staff abuse is a subject area I've asked the press office to lead a campaign on which will span all our communications channels, both internal and external.

81. In August, the external communications team launched #999LIVE, a new social media campaign which will see us regularly go behind the scenes to show our followers what working in the UK's busiest ambulance service is really like. The first edition focussed on the EOC following nine members of staff in Waterloo during nine hours of their shift on Twitter, Instagram and Facebook. We saw huge reach and engagement and all our posts were seen almost half a million times. We had really good engagement from our followers, but also from our staff and other NHS and ambulance trusts.
82. Also on social media, we unveiled an innovative and extremely popular mini social-led video campaign around paramedic recruitment to coincide with football transfer deadline day. We created two short videos as a parody of Sky Sports News reports which together received on Facebook and Twitter 50,000 views, reached nearly 200,000 people and resulted in more than 500 clicks to our vacancies page.
83. Alex Ewings, Sector Clinical Lead and Co-Chair of the LAS LGBT Network, featured in the Journal of Paramedic Practice in August, in a blog-style piece. He discussed our positive involvement in Pride in London and also the important work our LGBT Network are doing for diversity and inclusion across the Service – a significant publication for our Service.
84. We posted 'live' social media content from Notting Hill Carnival on both Sunday and Monday, sharing our hot weather messaging and wider safety advice. It also offered an opportunity to highlight and thank our staff. On Twitter we reached almost 500,000 people. Our Tweets were also embedded on news pages – therefore sharing to the media our key heat messages – including the Evening Standard, Sky News and Mail Online.
85. Work on the documentary series 'Ambulance' is ramping up with ride out observations and meetings being completed in the coming weeks, ahead of filming commencing in the middle of September. This is a significant project for us.

Staff Communication

86. Preparations for the autumn roadshows – taking place from 26 September to 7 October – are well advanced. As you know, these are one of the highlights of my year and a key element of our engagement with staff. We will be incorporating a 'careers fair' into the roadshows with a careers stand, and a P&C 'one stop shop', as well as running some health and wellbeing sessions. We are keen to extend our reach and make the sessions more engaging by introducing Sli.do interactive polls and questions.

Garrett Emmerson
Chief Executive Officer



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	Clinical Strategy			
Agenda item:	08			
Report Author(s):	Fenella Wrigley, Chief Medical Officer Angela Flaherty, Deputy Director Strategy Adam Levy, Head of Strategic Development			
Presented by:	Fenella Wrigley, Chief Medical Officer			
History:	Quality Assurance Committee on 3 September 2019 (ref: QAC/19/53)			
Status:	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>The Trust's original Clinical Strategy was launched in 2016. Much has already been delivered, but some of the opportunities and aspirations have changed since then. At a national level, patient needs and expectations continue to change, driving increasing demand for services. Ambulance services, like the rest of the NHS, have workforce challenges whilst at the same time, innovation is fostering new roles, equipment and ways of working to better support patients. At a Trust level, a range of strategic drivers have emerged. Taken together, our clinical strategy must reflect and respond to the changes we are seeing.</p> <p>The attached clinical strategy outlines our key areas of work and the ways in which we are seeking to improve care for these patient cohorts over the coming few years. The key areas are:</p> <ul style="list-style-type: none">• Integrated care• Urgent care• Emergency care• 'Stages of life' care <p>This strategy outlines a large number of improvements and activities that will take place by the end of 2023. Every priority area and individual initiative is designed to improve the care that we provide, the outcomes that our patients achieve and the experience that they have whilst under our care. This strategy will also seek to reduce the number of avoidable emergency department conveyances which will also support the wider urgent and emergency care sector by reducing the demands on their services.</p>				
Recommendation(s):				
The Trust Board is asked to consider the clinical strategy and, if content, approve it.				
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

Clinical strategy

2016/17 – 2022/23 (*2019 refresh*)

Table of Contents

1	FOREWORD BY DR FENELLA WRIGLEY, CHIEF MEDICAL OFFICER	3
2	EXECUTIVE SUMMARY	6
3	INTRODUCTION AND WHY WE ARE REFRESHING OUR CLINICAL STRATEGY	10
4	OUR FUTURE CLINICAL MODEL	12
5	WHAT WE HAVE ACHIEVED SO FAR FROM OUR 2016-21 CLINICAL STRATEGY	14
6	INTEGRATED CARE	16
7	URGENT CARE	21
7.1	Frailty and elderly fallers	22
7.2	Mental health	23
7.3	Other patients with urgent care needs – our urgent care advanced paramedic practitioner programme	25
7.4	Public health – preventing people becoming unwell in the first place	26
8	EMERGENCY CARE	29
8.1	Out of hospital cardiac arrest	29
8.2	Acute cardiac conditions	34
8.3	Strokes	36
8.4	Sepsis	38
8.5	Trauma	39
8.6	Long term conditions	41
8.7	Vascular emergencies	42
9	SPECIFIC PATIENT GROUPS – ‘STAGES OF LIFE’	43
9.1	Children and Young People Paediatrics	43
9.2	Maternity	45
9.3	End of life care	46
10	ENABLERS FOR DELIVERING THIS CLINICAL STRATEGY	49
11	HOW WE WILL ASSURE CLINICAL QUALITY	54
12	AFFORDABILITY ASSESSMENT (HIGH LEVEL)	56
13	ACRONYMS AND ABBREVIATIONS	59

1 Foreword by Dr Fenella Wrigley, Chief Medical Officer

In 2016 we launched our clinical strategy and I am hugely proud of everything that we have achieved since then. The two CQC inspections that we have undergone in the past few years have both recognised the outstanding patient care that we deliver on a consistent basis and this is no less than is deserved thanks to the skill and dedication of all of our staff right across the organisation.

Whilst the NHS and the sector in which we operate has changed significantly since we launched our clinical strategy, this is most evident within the integrated care delivery. Our ambitions and role within 111/IUC has expanded and our success in bidding for and winning the North East and South East London services has made us the single largest provider within London.

Another major development for our organisation is the central role we now play within the wider urgent and emergency care sector. Whilst previously we were more reactionary to the changes happening around us, we are now key influencers in those changes. We are working hand in hand with our system partners to implement the new NHS Long Term Plan, ensuring that pre-hospital care is appropriately considered to deliver the greatest benefits for patients. This includes our work on developing specialist pathways such as trauma, cardiac, paediatrics and asthma, ensuring that patients receive the right care, in the right place at the right time.

Our unique role as a pan-London NHS provider organisation and an emergency service means that major incidents have a particularly large impact upon us and the atrocities of 2017 overtly demonstrated that. Our whole organisation's response to those major incidents and the way in which all our staff responded at the time and then supported each other in the aftermath has been humbling and only enhanced the pride that I have for working for this organisation. I have been personally involved in many of the reviews over the past couple of years and we will ensure that we implement all of the relevant learning and recommendations that have arisen from them.

Looking forward to the next 5 years we will continue working to improve outcomes and experience for all of our patients, as well as further develop our clinicians by providing learning opportunities that better reflect our patient population. Patient safety underpins every clinical development and innovation and through evidence based decision making we need to continue to adopt new ideas in order to deliver our clinical goals - this involves tolerating and managing any risks. This clinical strategy outlines a large number of initiatives that will help us to do just that and I am looking forward to providing the clinical leadership for the organisation over the coming years to see those changes delivered. I personally have a few key areas that I will ensure we are focussed on:

- We have contact with around 4 million patients each year and we must do more to promote wellbeing and help prevent people falling ill in the first place. Our public health and prevention initiatives will become increasingly important over the course of this clinical strategy
- We have a significant opportunity to integrate our Integrated Urgent Care and 999 services which is described in detail in this document. A fully integrated service, where our staff see themselves as part of one collaborative multi-disciplinary team, will provide a better level of care for every patient no matter which number they phone. An integrated service will also be a more efficient service, allowing us to re-invest to further improve the quality of service we are able to provide.
- As outlined in this clinical strategy, there is more we can do to continue to improve outcomes for our most critically ill and injured patients. I want to make sure that we are at the forefront of innovating to improve the way in which we care for these patients. We should be continually looking at what we do and challenge ourselves to continually improve the care we provide.
- I want to ensure that we invest in and continue to support our clinical tutors. Our clinical education team provide high quality training, despite having outgrown their current facilities which do not support delivery of different learning modalities. I want to make sure that our

tutors have the right infrastructure to deliver their world class training and support them to be able to continue their clinical practice and share their experience with frontline clinicians on a regular basis.

- There is no doubt a key enabler for us over the next five years is embracing the opportunities digital technology can provide to better assess and manage our patients. This includes embracing the use of telemedicine, roll out of electronic patient care records, and increasing our interoperability with other health organisations to share notes and clinical information. This is an area that organisationally we are currently lagging behind in some areas compared to some other health providers but one where all our strategies are aligned in recognising it as a key priority.

It is an incredibly exciting time to be a part of the London Ambulance Service and this refreshed clinical strategy outlines how we will continue to improve what we do so that we are ready to respond in the most appropriate way to anyone when they need us the most. The outstanding care that we provide, and the improvements that we are planning, are only possible thanks to our staff who directly deliver that care and our staff who support the delivery of that care.

Fenella Wrigley
Chief Medical Officer
September 2019



London Ambulance Service
NHS Trust

Our vision

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

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

Our purpose

We exist to:

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

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

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

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

Our values & behaviours

Respectful

Caring for our patients and each other with compassion and empathy

Championing equality and diversity

Acting fairly

Professional

Acting with honesty and integrity

Aspiring to clinical, technical and managerial excellence

Leading by example

Being accountable and outcomes orientated

Innovative

Thinking creatively

Driving value and sustainable change

Harnessing technology and new ways of working

Taking courageous decisions

Collaborative

Listening and learning from each other

Working with partners

Being open and transparent

Building trust

2 Executive Summary

The London Ambulance Service NHS Trust (LAS) is the busiest ambulance service in the UK and one of the busiest in the world. This clinical strategy sets out the ways in which we will continually strive to deliver world class care to all of our patients, ensuring that their individual needs are met in the best way to improve outcomes and their patient experience through the whole of the urgent and emergency care system.

Since the launch of our clinical strategy in 2016 we have launched our new organisational strategy, the NHS Long Term Plan has been published and the way in which deliver urgent and emergency care services has changed. We are therefore now refreshing the clinical strategy to outline the improvements we are seeking to make over the coming years to improve the outcomes we achieve for our patients.

Integrated Care

We want to become the primary integrator of access to the urgent and emergency care sector. This means that we want to provide and fully integrate 111/Integrated Urgent Care (IUC) services and 999 services across London. We currently run 40% of London's 111/IUC service provision and we can demonstrate that we deliver a far lower proportion of 111 calls that lead to an ambulance being dispatched or the patient being advised to go to hospital themselves.

Our overarching priorities within integrated care are:

- **Expanding our IUC provision** across London
- **Interoperability**; Implementing the right systems, processes and technology to enable our 111/IUC and 999 services to work together to provide the right response in the right place to every patient
- Increasing the capacity and capabilities within our integrated care functions to **increase 'consult and complete'**, without the need for dispatching an ambulance or making an onwards referral

In order to achieve these priorities, we are working towards the implementation of our Integrated Clinical Assessment & Triage (iCAT) service. This service will join up our 111/IUC and 999 services to ensure a more efficient service and seamless patient experience. Patients will, no matter whether they call 999 or 111, receive the most appropriate response for their needs whether that is an ambulance response, advice over the phone from a variety of specialist clinicians or a direct booking into wider system services such as out of hours GP appointments.

We will make best use of available technology to provide an expanded range of ways for patients to get in touch with us, better assessment capabilities including using videos and the integration of artificial intelligence as well as enhancing the working life of our staff by offering flexible and remote working opportunities.

Urgent Care

For people with urgent needs, our aim is to provide a responsive service delivering care as close to home as possible, avoiding unnecessary conveyances to emergency departments and ensuring patients are referred into the most appropriate service for their needs. Our overarching priorities within urgent care are:

- Evaluating and, where identified as the right system intervention, embedding our pioneer services across London
- Providing more learning and education for crews to enhance clinical assessment skills and confidence in treating urgent care patients
- Working with system partners to ensure a consistent range of appropriate care pathways are available, reducing the need for emergency department conveyances
- Providing our staff with the right equipment and medicines for them to provide the right care to patients first time
- Providing advice to patients through public health messaging to prevent re-contacts and people getting ill in the first place

Within urgent care, the key areas of focus and improvement priorities are:

Frailty and elderly fallers	<ul style="list-style-type: none"> • We will expand the specialist response available for elderly fallers and enhance the ability of all of our staff to provide the right treatment first time • We will work with commissioners and system partners to ensure the right pathways and community services are available for us to refer into • We will seek to prevent patients we attend from falling again
Mental health	<ul style="list-style-type: none"> • We will Roll out our mental health pioneer service, initially in South East London and then pan-London, in partnership with the mental health trusts • We will work with NHS and emergency service partners to ensure that patient with mental health needs get the right response for their needs first time • We will improve the mental health learning & education available for our staff • We will improve how we use patient, staff and stakeholder input into service design and improvements
Urgent care advanced paramedic practitioners	<ul style="list-style-type: none"> • We will continue to expand the APP-UC programme, ensuring it is as efficient and effective as possible • We will increase the skills, knowledge and range of treatment options available to our APP-UCs to provide the best patient care with fewer onwards referrals or conveyances
Public health	<ul style="list-style-type: none"> • We will promote public health and preventative messaging at point of patient contact (face to face) • We will educate the public through prevention initiatives and campaigns • We will work with system partners to reduce health inequalities and ensure our available pathways meet local needs • We will identify opportunities for non-clinical pathways and signposting

Emergency Care

Continuing to improve the clinical care and outcomes for patients with life threatening conditions remains a core priority for the ambulance service. For these patients where definitive care may only be possible in hospital, appropriate treatment on scene and early conveyance is key to improving clinical outcomes. Our overarching priorities within urgent care are:

- Providing learning and education opportunities for all our 111/IUC and 999 contact handlers and clinicians on emergency care to maintain skills and confidence
- More quickly and accurately identifying when patients are seriously ill or injured
- Providing the right treatment on scene and then quickly and safely conveying patients to the most appropriate hospital or specialist centre for their condition
- Learning from all possible opportunities to continually improve the care we provide to patients

- Working with system partners to ensure patients receive the right care for their needs, at the right place, as quickly as possible

Within emergency care, the key areas of focus and improvement priorities are:

Cardiac arrests	<ul style="list-style-type: none"> • We will treat patients suffering from cardiac arrest more quickly, delivering the right care at the right time including improving bystander CPR and public defibrillator use • We will improve training and support for our crews, including advanced paramedic practitioners • We will participate in and use high quality pre hospital care research to improve cardiac arrest outcomes and learn from best practice
Acute cardiac conditions	<ul style="list-style-type: none"> • We will improve pain assessment and management and transport patients more quickly to the appropriate place of care • We will provide crews with more regular training in identification and management of acute coronary syndromes and emergency arrhythmias • We will participate in and use research to improve outcomes from myocardial infarction and learn from best practice
Strokes	<ul style="list-style-type: none"> • We will improve early identification and ensure quicker initial treatment for patients suffering a stroke • We will ensure patients are taken as quickly as possible to the right place of care for their needs • We will improve public awareness of stroke and its symptoms
Sepsis	<ul style="list-style-type: none"> • We will provide training for all 999 & 111 contact handlers and clinicians to ensure they can provide best quality care • We will improve early identification of sepsis and the delivery of the appropriate treatment • We will participate in and use research to improve stroke outcomes and learn from incidents and best practice
Trauma	<ul style="list-style-type: none"> • We will provide appropriate training and education to our staff, ensuring that we are learning from incidents and excellence • We will ensure that we recognise the injuries that our patients have suffered and identify the correct pathway and place of care for their needs • We will ensure that patients who have suffered major trauma receive the right care for their needs by the clinicians with the most appropriate skills
Long term conditions	<ul style="list-style-type: none"> • We will ensure severe and life threatening emergencies for these long term conditions are identified quickly by call handlers and clinicians • We will review and, if appropriate, increase the range of treatment options for clinicians treating these patient groups • We will ensure that our crews are using CMC and other patient records that might be made available to them, to help identify the best treatment option for patients • We will provide, where appropriate, brief patient advice and education to help prevent deterioration and further emergencies in future
Vascular emergencies	<ul style="list-style-type: none"> • We will ensure that patients with vascular emergencies are treated quickly and we learn from how we deliver this care • We will work with our system partners to ensure that patients receive the best possible care for their needs

Stages of life

Whilst most illnesses and injuries can be seen in any patient of any age, we have identified some patient groups who, due to their stages of life, require certain specific consideration to be given to how we deliver care to them. For these patient groups, our key areas of focus and overarching priorities are:

Children and young people	<ul style="list-style-type: none">• We will improve outcomes for the most critically unwell children and young people• We will improve the care that we provide for all children and young people through improving training for our staff, ensuring they have the right equipment to treat small children and working with other agencies to tackle knife crime in the capital• We will provide more specific paediatric training and education for our staff
Maternity	<ul style="list-style-type: none">• We will continually review our maternity training to ensure that we are providing the right training in engaging and accessible ways• We will develop innovative service delivery models so we are always trying to identify ways in which we can improve the maternity care that we provide• We will work as part of the wider NHS maternity system to ensure that women are receiving the right care in the right place at the right time for their individual needs
End of life care	<ul style="list-style-type: none">• We will make the final stages of life as comfortable, pain free and dignified for patients and their families as possible and reduce unnecessary resuscitation attempts and conveyances• We will improve pathways to support patients with a plan of care to receive their care at home or in a community setting (if that is their preference) to avoid conveyance to hospital.

Enablers for delivering the clinical strategy

We identify in this document a number of key factors that are vital in enabling us to achieve the vision we have outlined:

- A clear and structured career pathway for our registered and non-registered clinicians
- Providing our staff with the appropriate learning and education to ensure that we deliver world class care for our patients
- We will use the right technology to enable us to deliver world class care. This will include a new CAD (computer aided dispatch) system, implementing an electronic patient care record (ePCR) and moving to a single triage platform across all elements of our 111 and 999 service deliver to ensure efficiency and interoperability
- Innovating using existing and emerging technology to provide better care to patients and a more joined up urgent and emergency care sector
- Providing our staff with the right equipment and medicines for them to do their job, reliably, for each and every shift

The benefits this strategy will deliver

This strategy outlines a large number of improvements and activities that will take place by the end of 2023. Every priority area and individual initiative is designed to improve the care that we provide, the outcomes that our patients achieve and the experience that they have whilst under our care. This strategy will also seek to reduce the number of avoidable emergency department conveyances which will also support the wider urgent and emergency care sector by reducing the demands on their services.

3 Introduction and why we are refreshing our clinical strategy

Our original clinical strategy was launched in 2016. Much has already been delivered, but some of the opportunities and aspirations have changed since then. At a national level, patient needs and expectations continue to change, driving increasing demand for services. Ambulance services, like the rest of the NHS, have workforce challenges whilst at the same time, innovation is fostering new roles, equipment and ways of working to better support patients. At a Trust level, a range of strategic drivers have emerged. Taken together, our clinical strategy must reflect and respond to the changes we are seeing.

The UK's population is growing, and people are living longer. While this is to be celebrated, it is placing increasing pressure on health services, impacting the clinical and financial sustainability of care provided. As well as increasing demand¹, people's expectations of the NHS are changing. And at the same time, gaps are emerging in the workforce where additional staff and skills are required.

Opportunities are emerging from a changing system

The urgent and emergency care sector has changed a lot over the last few years, and the NHS long term plan outlines further and significant changes to the sector. The evolution of Sustainability and Transformation Partnerships (STPs) into Integrated Care Systems (ICSs) will provide both challenges and opportunities for the way in which we operate.

We are playing an increasingly pivotal role in the broader urgent and emergency care sector and our position as a provider of both 999 and 111/IUC services means that we need to refresh the way in which we provide this care in an integrated joined up way. This includes increasingly providing clinical assessment and treatment remotely.

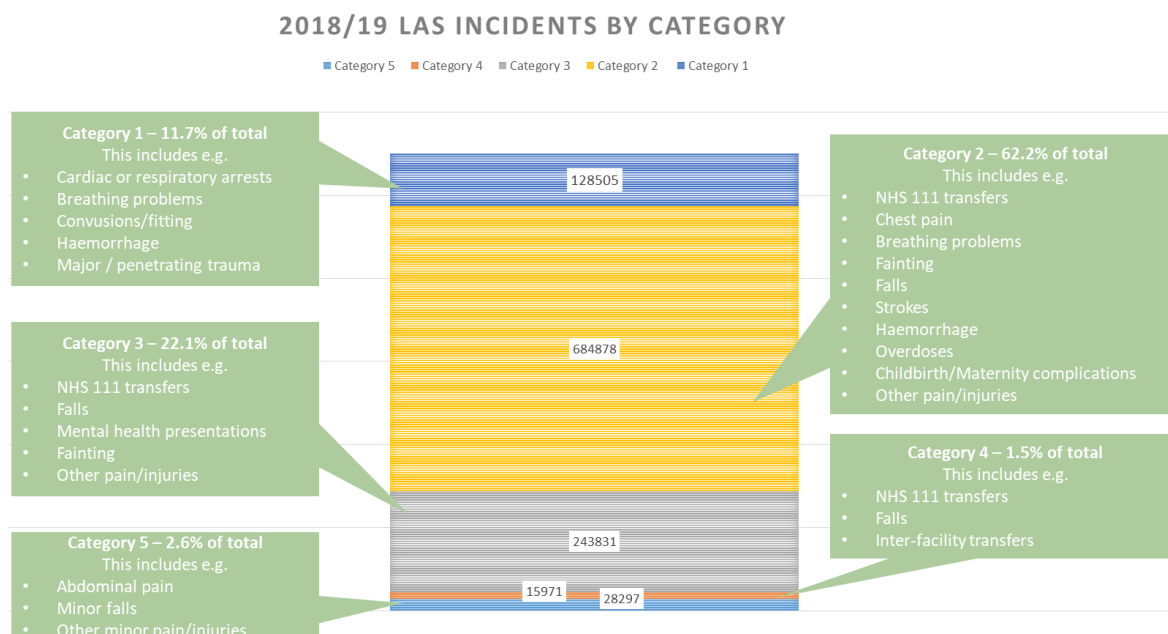
As detailed in the interim NHS people plan, we face challenges in recruiting the right numbers of paramedic. We therefore need to ensure that our clinical strategy maximises how we utilise a broad range of clinicians whilst providing a clear and structured career pathway for all of our registered and non-registered clinicians.

In addition, the Carter report identified areas of potential efficiency improvements, including managing more patients in a way that avoids conveyance to hospital where safe and appropriate. Reducing the number of people who we take to hospital is key, not only to running an efficient and effective operating model, but also to providing the best patient experience whilst supporting the wider urgent and emergency care sector which is also facing significant and increasing demand on their services.

¹ As stated in *Operational productivity and performance in English NHS Ambulance Trusts: Unwarranted variations* (NHS Improvement), future demand for ambulance services is likely to increase by at least a further 38% over the next 10 years

Whilst our continuous quality assurance and training ensures that we provide high quality care to all of our patients, this strategy focusses on the most acutely ill or injured, the largest patient cohorts and the ones where there is greatest scope for improvement. The diagram below illustrates the categories of calls and the sorts of patient complaints that they include.

Figure 1: 2018/19 LAS incidents by category



The structure of this document seeks to illustrate our response to these categories broadly in the following way; emergency care will predominantly encompass patients in category 1 and 2 whilst urgent care will predominantly encompass categories 2-4. Whilst integrated care can cover all categories, it is largely focussed on 'consulting and completing' patients in category 4 and 5.

4 Our future clinical model

Responding to the changes we are seeing requires a refresh of our clinical response model. This determines how we will provide services in a way that harnesses opportunities while tackling current and emerging challenges. This section describes the key principles that must be reflected, informing the detailed design of future model to improve patient outcomes.

Our aim is to deliver outstanding clinical care. To achieve this, our future clinical response model must improve patient care, reflect national standards, performance objectives and regulatory requirements whilst remaining affordable within current NHS financial constraints.

In our organisational strategy we have set out four goals we aim to deliver over the next few years. These are shown in Figure 2 along with the current clinical context, and how the new model must reflect these to deliver success:

Figure 2: Refreshing our clinical response model to deliver our four goals

Goal	Context	How our clinical strategy will support this
To provide outstanding care for all our patients	<ul style="list-style-type: none">• Performance against national standards is variable• Many people are conveyed to ED when they could be better treated remotely or on scene• People receive a consistent service offer irrespective of need	<ul style="list-style-type: none">• Providing more responsive services to consistently achieve performance standards• Providing suitable alternatives to treat more lower acuity patients closer to home• Developing more tailored responses for specific patient groups
To be a first-class employer, valuing and developing the skills, diversity and quality of life of our people	<ul style="list-style-type: none">• Staff morale is improving, but more work is needed to tackle issues and to reduce sickness absence• A broader skill mix is needed to improve clinical assessment and the delivery of hear and treat support, as well as to ensure clinicians can manage an extended range of needs on scene• A clear and structured career pathway is needed for all of our staff to feel like they are able to develop and progress in their career	<ul style="list-style-type: none">• A supportive workplace which makes staff feel valued and enthused• Introducing and expanding the role of other professionals e.g. APPs, GPs, nurses, mental health practitioners in the workforce• Enhancing our clinical career pathway• Providing more inter-disciplinary education, training and support
To provide the best possible value for the tax-paying public, who	<ul style="list-style-type: none">• Conveying people to hospital when not needed provides a poorer experience for the patient, is inefficient and costlier than delivering treatment remotely or on scene ²	<ul style="list-style-type: none">• Appropriate, proactive interventions to avoid clinically unnecessary conveyances where possible

² The NHS Improvement document, *Operational productivity and performance in English NHS Ambulance Trusts: Unwarranted variations* estimates that £300m could be freed up nationally and redirected towards patient care if ambulance conveyance rates were reduced to the levels seen using APPs

pay for what we do	<ul style="list-style-type: none"> • We make use of multiple sites distributed across London. Current estate is of varying size, type and fitness-for-purpose 	<ul style="list-style-type: none"> • An operational model making the most appropriate and efficient clinical use of estate
To partner with the wider NHS and public sector to optimise healthcare and emergency services provision across London	<ul style="list-style-type: none"> • There is an opportunity to enhance our 999 emergency care by further integrating with our 111/IUC capabilities of utilising primary and community care • Interoperable EPCR are needed to support the delivery of more effective, efficient care 	<ul style="list-style-type: none"> • Collaborating more closely with system partners to co-design improvements at place, neighbourhood and system levels • Joining up patient pathways across partners to provide more consistency and seamless patient care • Integrating 999 and NHS 111 call-handling and triage to improve decision-making and to better manage demand • Improving access to shared patient information to support clinical decision-making and management

Delivering this model

We recognise that to deliver this model, changes will be required in: the structure of the organisation and workforce; our culture and behaviours; workforce capabilities; and the infrastructure (estate, fleet, tools and technology) available to frontline teams to do the job. These are the building blocks at the heart of our future clinical response model and will impact every aspect of the way we will work in the future. The following sections go through our plans for each in turn, and in more detail – setting out our model blueprint model, and the enablers we will put in place.

Patient safety underpins every clinical development and innovation and through evidence based decision making we need to continue to adopt new ideas in order to deliver our clinical goals. However, to deliver this clinical strategy we will need to take some risks and manage them accordingly.

5 What we have achieved so far from our 2016-21 clinical strategy

Our clinical strategy was launched in 2016 and we have achieved a significant amount already, which is one of the key reasons why we are now refreshing it.

5.1 Integrated Care

Our involvement in 111/IUC provision has expanded significantly since we launched this clinical strategy in 2016. Integrated care has been our single biggest area of development over the last few years with some major achievements detailed below:

- Successful mobilisation both the North East and South East London services to the full IUC specification – the first in London
- We resolve more of our 111 calls without the need to dispatch an ambulance or advise the patient to make their own way to hospital, providing a better outcome for the patient
- We set up our e-prescribing functionality which allows us to send prescriptions electronically to any community pharmacy.
- We have been accredited as a GP Registrar training centre, which is the first one that exists as part of an IUC CAS
- We successfully implemented the Adastra™ system within the 999 clinical hub, enabling our CHUB clinicians to book into ACPs that were previously only available through 111
- We implemented the system to enable us to see frailty flags from GP records. This helps us identify potentially frail patients and tailor advice and assessments accordingly.

5.2 Urgent Care

- We established our Urgent Care Advanced Paramedic Practitioner programme which now has 30 advanced clinicians providing care to patients with a range of urgent care needs, providing the right care first time more often without the need for onward conveyance
- We have provided our clinical staff with instant access, through a handheld digital device, to Coordinate My Care and the bespoke ambulance directory of services
- We have been leading pan-London work on consistent access to urgent care and urgent treatment centres
- We have introduced mental health nurses, pharmacists, midwives and GPs to support face to face service delivery
- Designed as part of our 2018-23 organisational strategy, we have launched our Mental Health Pioneer Service pilot, dispatching a mental health nurse alongside a paramedic to patients experiencing a mental health crisis. This provides parity of care and reduces the number of mental health patients conveyed to hospital which is often not the best place to meet their needs
- We have also launched our Falls Pioneer Service pilot which dispatches a specialist falls paramedic to elderly fallers, improving the care they receive and reducing the number we take to Emergency Departments

5.3 Emergency Care

- We increased the number of public access defibrillators in London from c. 4,400 to 5,304
- We have worked with heart attack centres to improve pathways for patients suffering heart attacks or other coronary conditions
- Our Clinical Audit and Research team have led high quality research into cardiac care. We have also been a main contributor to national research investigating the use of adrenaline for cardiac arrests as well as research into stroke care
- We have increased the number of Advanced Paramedics in Critical Care who provide advanced care for our most seriously sick and injured patients including people who have had cardiac arrests or been involved in major trauma
- We have successfully reduced time on scene for penetrating trauma which gives patients the best chance of survival when conveyed directly to a major trauma centre
- We implemented the NEWS2 assessment tool to enable our crews to more effectively assess severity of illness

5.4 Stages of Life

- We have implemented the paediatric cardiac arrest checklist to support staff decision making when treating children suffering a cardiac arrest
- We appointed a senior clinician to oversee improvements in overall paediatric care
- We appointed a consultant midwife and established a maternity team to continue to deliver improvements in maternity care, including the introduction of a pre-hospital maternity screening tool to support clinician decision making in maternity cases
- We have established an End of Life Care team, implementing our EOLC pioneer service to improve staff confidence and the care and experience for patients at or approaching the end of their lives
- We have worked with London Coroners and paediatric leads across London to revise our guidance for the management of deceased children to ensure ongoing support for bereaved families

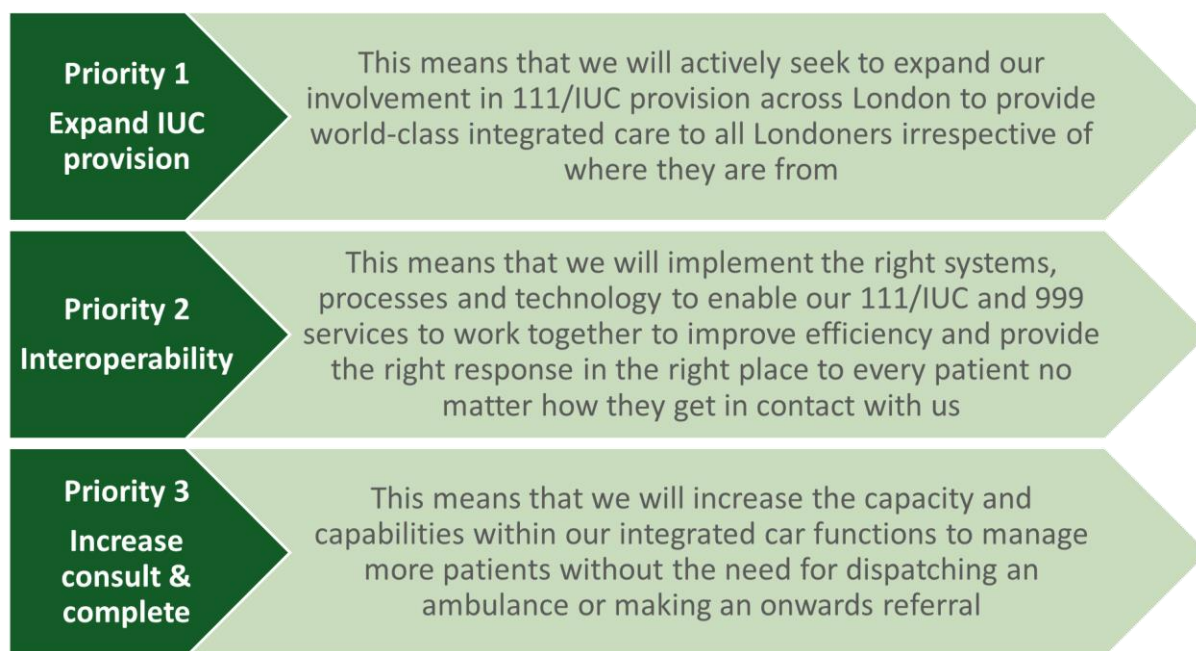
6 Integrated Care

Our strategic aim is to become the primary integrator of access to the urgent and emergency care sector. Our organisational strategy outlines our ambition in this area and as our service offer continues to expand within the urgent and emergency care sector, there is an opportunity to design and implement a more integrated, coordinated model for patient access and assessment. This new model would tackle fragmentation, give patients and clinicians a more joined up service, and improve efficiency.

The two key aspects of successfully integrating 111/IUC Clinical Assessment Services (CAS) and 999 services are becoming an IUC CAS provider across London and ensuring as much interoperability between the services as achievable.

Our overarching priorities within integrated care are:

Figure 3: Integrated care priorities



6.1 Our current 111/IUC service provision and performance

We currently run 40% of London's 111/IUC CAS service provision through our North East London and South East London services. The graphs below show that for some of the key metrics, our services perform very well compared to London's other providers.

Figure 4: 2018/19 % 111 calls leading to ambulance dispatch or ED attendance

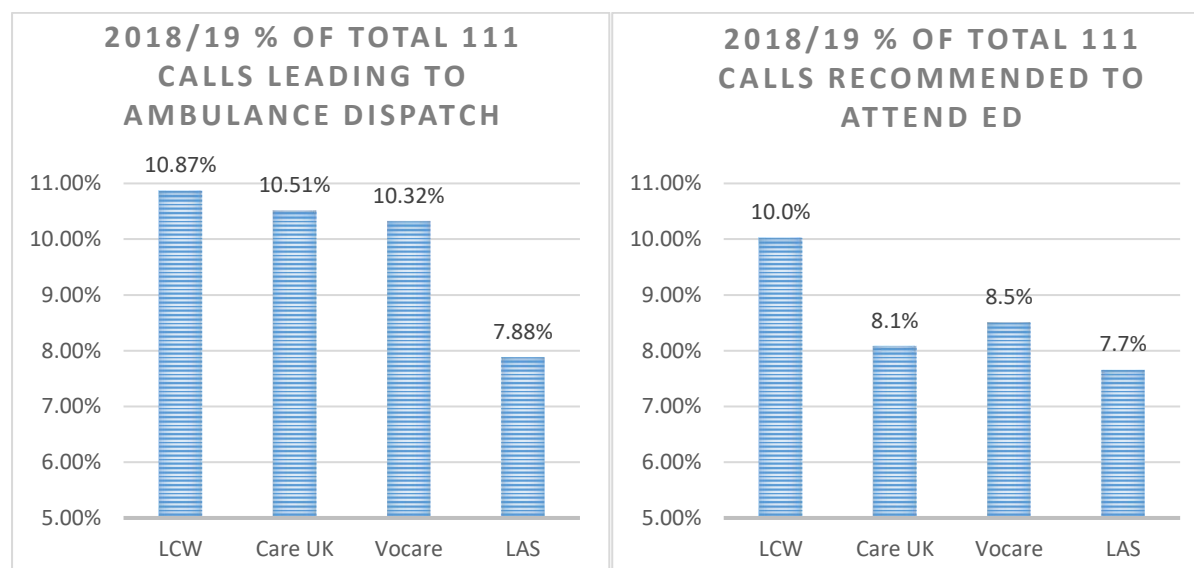


Figure 5: 2018/19 ambulance dispatch rate across London 111/IUC providers

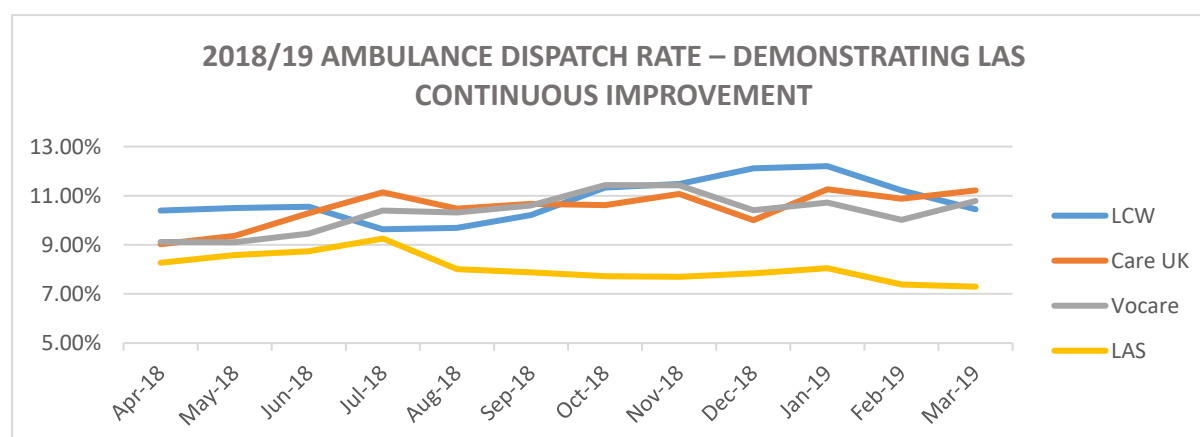


Figure 4 shows that across London, we have the lowest proportion of 111 calls that lead to an ambulance being dispatched. We also have the lowest proportion of patients who are advised to make their own way to an emergency department. This means that we are providing the right care for those patients more often without them requiring a referral or transfer to another part of the NHS system.

Figure 5 shows that not only are we performing well in these areas, but that our improvement initiatives have led to continued improvement throughout the year.

6.2 Our ambition within integrated care

We will provide an outstanding and joined up service for patients through:

- **Integrating the 999 and 111/IUC CAS systems to provide seamless care for patients regardless of access point** – making best use of clinical resources and care dispositions via 999 and 111, with seamless transfers between services (health advisory and clinical supervision) ensuring patients receive the care they need.
- **Making appropriate clinical decisions** - patients will be triaged and clinically assessed through a consistent model, making use of key data and decision-making tools to ensure that clinical risk is effectively managed, and guiding decisions about the right clinical support.
- **Making every patient contact matter by increasing the public health promotion and self-care guidance** - patients will receive the support they need, through clinically effective and robust 'hear and treat', 'see and treat' or 'see and refer' pathways. This includes providing advice about self-care, and supporting health promotion. We will continue to develop appropriate care pathways with partners providing linkages through the directory of service into the full range of primary, community and secondary care services and voluntary services where appropriate
- **Workforce Development** – identifying competency based roles to work provide care for patients accessing via 999 or 111 requiring assessment. Working across IUC providers to develop role & rotational opportunities to benefit clinicians' development, knowledge within the system and retain our skilled workforce.

What we will do – iCAT London

We have developed a model of integrated clinical assessment and triage – iCAT London – and we are working towards its implementation. Within this strategic theme, the first eighteen months of this clinical strategy have been focussed on successfully bidding for the contracts for and mobilising the 111 and IUC services for South East London and North East London. Our focus is now on developing and implementing our full iCAT model; an integrated urgent and emergency clinical assessment and decision-making hub, sitting behind – and joining up – 999 and NHS Integrated Urgent Care services. Once implemented it will be a 24/7 service offering specialist clinical advice, self-care support, and access to local emergency, urgent, community and social care services. Figure 6 and Figure 7 below demonstrate how our integrated approach will simplify the provision of IUC and 999 services, with a more efficient approach delivering better patient outcomes.

Figure 6: current configuration of 111/IUC and 999 services

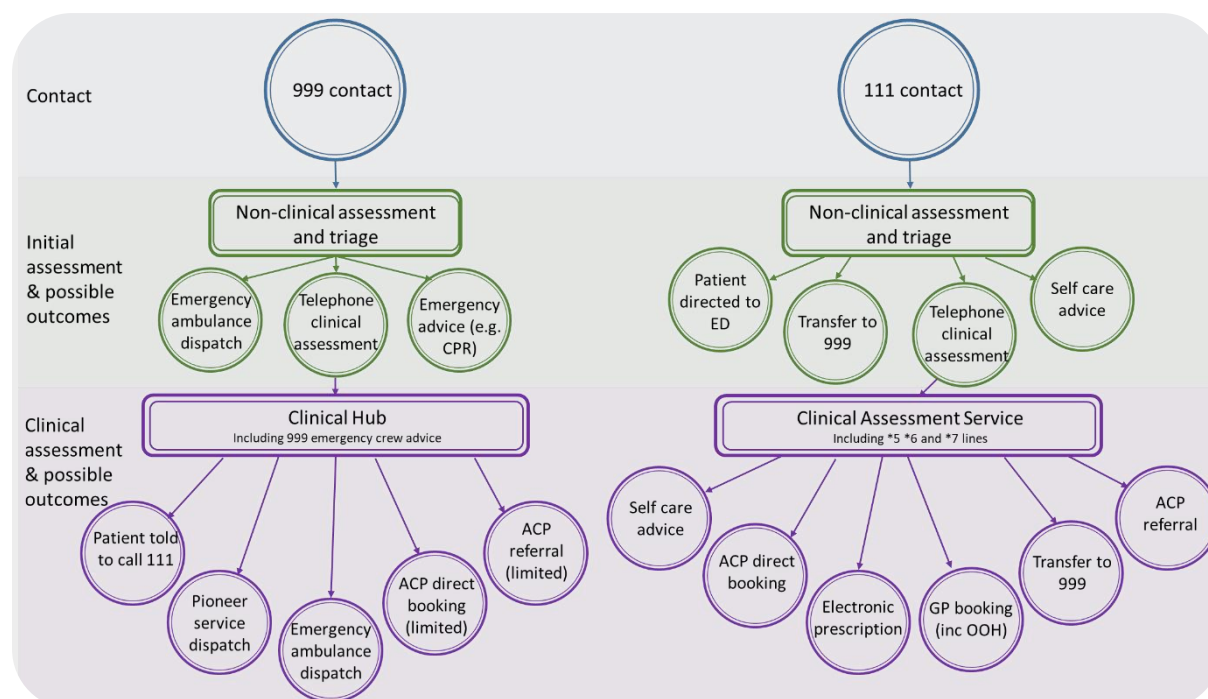
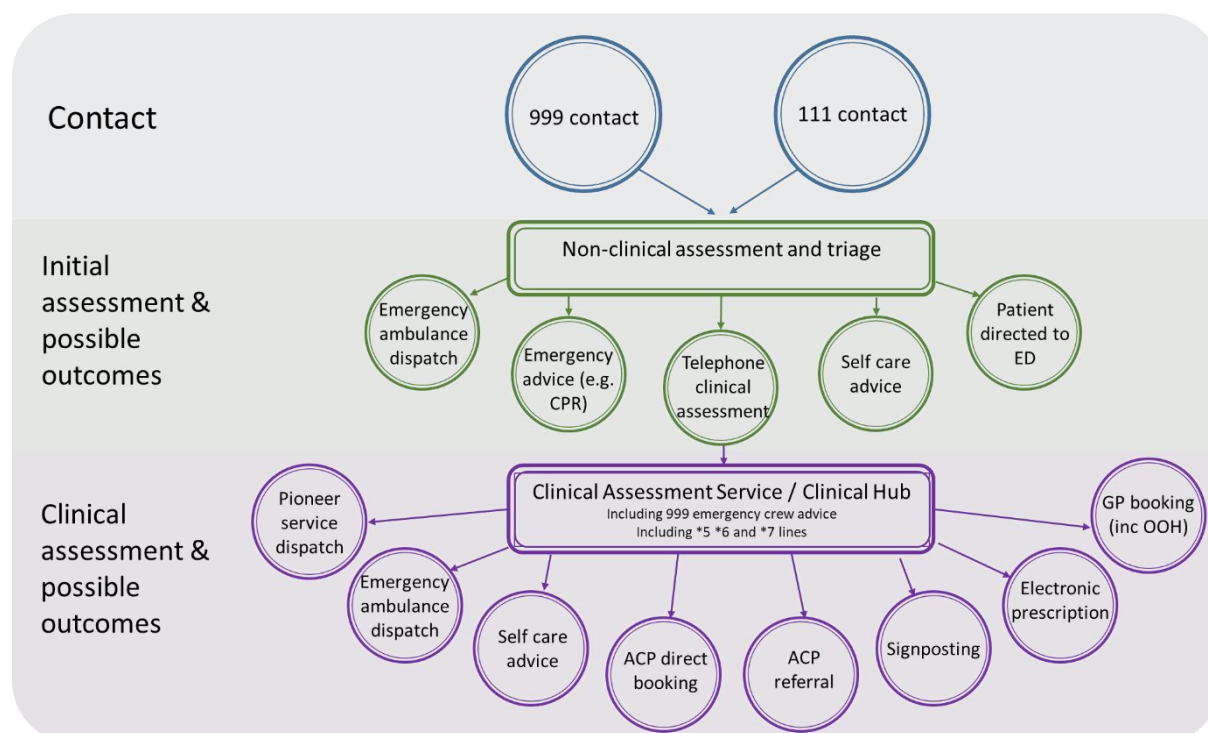


Figure 7: future configuration of integrated 111/IUC and 999 services



The functions and features of our future iCAT model:

Our ambition will be delivered through the following core features:

- **An expanded range of access channels** through a refreshed digital platform. Patients will be able to seek help and advice over the phone or, in the future using instant messaging and webchat, standard MMS messages, via mobile app, video and online portal.
- **A model of integrated urgent care (IUC)**, providing patients with easier access through a more diverse range of channels to urgent care advice and support, and a more coordinated response between providers. Patients will receive remote advice and support from an appropriate member of staff, where possible meeting their needs at that point. Should they need an onward referral, this will be coordinated including through direct booking into other services including a GP practice or an urgent treatment centre.
- **A clinical assessment service (CAS)** at the heart of integrated urgent care, providing advice to patients, call handlers and health professionals working in the community. To provide the scale and scope of advice available, iCAT will build on the existing IUC CAS and will offer an expanded range of clinical skills – including GPs, advanced practitioners, paramedics, nurses, pharmacists, dental nurses, mental health nurses, palliative care nurses, and secondary care clinicians.
- **A wider range of diagnostics** to support assessment and triage, for example tele-assessment including photos and videos. The iCAT provides a platform for future innovation including for example monitoring and responding to telehealthcare devices, as well as the integration of AI to improve diagnostic decisions.
- Making more appropriate use of an expanded and updated **directory of services** to identify and coordinate appropriate onward support for patients, and to provide the information people need to access support and to self-care.
- **Remote working** will allow clinicians to continue providing care London population and have quality of life and improved work/life balance to increase retention. Benefits to LAS and patients include rapid uplift of capacity during times of surge and escalation.
- Patient Flow developed for the IUC 111CAS to be made available for 999 Chub **allowing direct booking to wider system services** and direct access to GP and Pharmacy workforce to support consult and complete via 999.

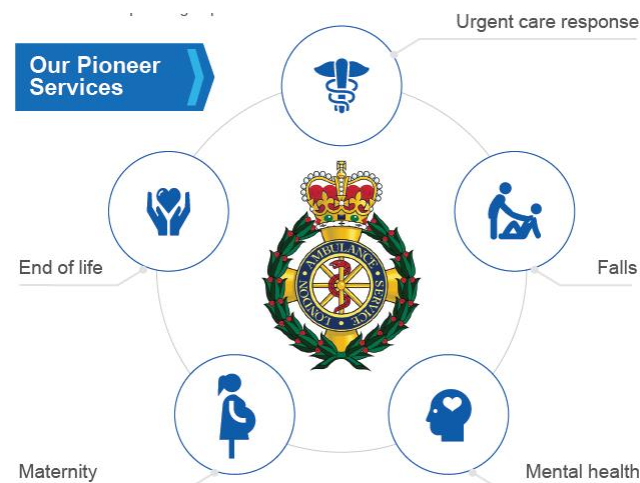
7 Urgent Care

For people with urgent needs, our aim is to provide a responsive service delivering care as close to home as possible, minimising disruption and inconvenience for patients, carers and families. In addition to on scene, support will be provided on phone and online.

As part of our 2018-2023 organisational strategy, we have launched our Pioneer Services, which identifies five urgent care patient cohorts where we think we can provide a differentiated response to improve patient care and ensure that the right care is being delivered as close to home as possible, avoiding Emergency Department conveyances where appropriate to do so. This is a key way in which we are looking to improve the care we provide to patients with urgent care needs

These Pioneer Services are:

Figure 8: Our Pioneer Services

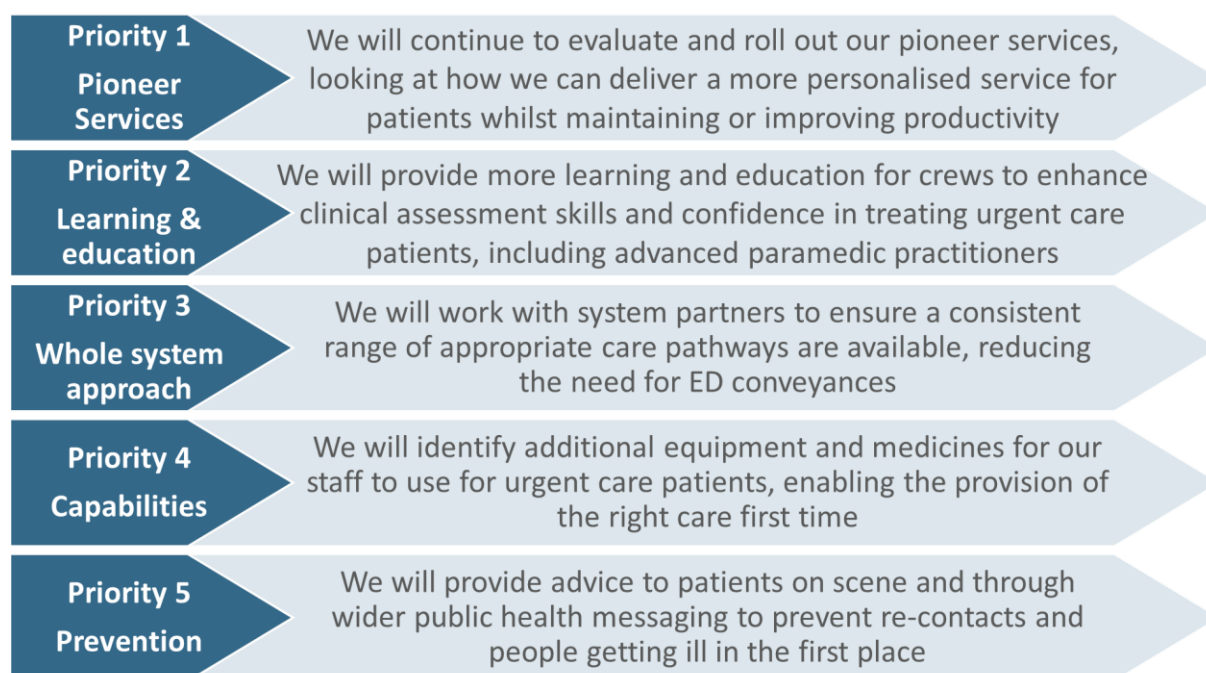


Each of these Pioneer Services is being developed to provide a bespoke service to their patient cohort, some of which include a new physical response to deliver a different kind of face to face care. Our pioneer services will see a broadening of our skill mix in order to provide the right care for those patient groups, for instance the deployment of a Registered Mental Health Nurse alongside a Paramedic for the Mental Health Service.

Where different service models are being proposed, these will be piloted and formally evaluated to make sure that we know what improvements they deliver to patient care and operational performance.

This section details a number of urgent care priority areas. It identifies what changes we have made over the last couple of years and the actions that we plan to take to improve care for these patient groups over the coming years. The recurring themes for urgent care form five key priority areas which are:

Figure 9: Urgent care priority areas



7.1 Frailty and elderly fallers

7.1.1 What we do

We are often called by patients, their family or carers, where a fall has occurred. We respond to 90,000 elderly fallers each year, accounting for around 8% of our total patients.

Our falls pioneer service is targeted at improving the care we provide for these patients and reducing the number unnecessarily conveyed to emergency departments. In March 2019 we launched the pilot for this pioneer service, utilising a specialist falls paramedic and NETS (non-emergency transport service) member of staff who received additional training in assessment and treatment of elderly patients. At the time of writing the pilot is ongoing, but the interim evaluation demonstrates that the pioneer service conveys c. 40% of patients to ED as opposed to 62% for the BAU response.

The data below shows that conveyance rates have been fairly static for elderly fallers over 2018/19, with an improvement in Q1 2019/20 which is when the pioneer service pilot went live.

Figure 10: ED conveyance rate for elderly fallers



7.1.2 How we are going to improve

Priority area 1: We will expand the specialist response available for elderly fallers and enhance the ability of all of our staff to provide the right treatment first time.

We will do this by:

- Concluding our falls pioneer service pilot and formal evaluation to identify benefits that a full roll out could deliver and what other lessons could be learned
- Identifying, as part of our new volunteering strategy, whether there could be an expanded role for volunteer responders in responding to elderly fallers

- Providing learning and education opportunities for all of our frontline crews to promote non-ED pathways where safe and encourage referrals to ACPs suitable for elderly fallers

Priority area 2: We will work with commissioners and system partners to ensure the right pathways and community services are available to respond to patients and for us to refer into when we respond to them

We will do this by:

- Working with STPs, commissioners and system partners to develop a system of appropriate pathways for fallers to be referred into, including community teams that can safely lift fallers from the floor
- Developing pathways and relationships with services that will allow our crews to safely leave patients in their own home rather than conveying them. This could include occupational therapists, falls prevention services, re-ablement services and befriending services.
- Working with the London Fire Brigade so that their staff can carry out falls prevention work when they are in people's homes

Priority area 3: We will seek to prevent patients we attend from falling again

We will do this by:

- Providing patients with immediate health promotion and falls prevention advice at the point of contact
- Delivering pro-active falls prevention interventions accessed via appropriate pathways which will provide multidisciplinary AHPs and nursing assessment to prevent further falls

7.1.3 Anticipated outcomes

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- Reduction in volume of falls calls
- Reduction in ED conveyance rates for elderly fallers
- Patients will have improved outcomes and improved ability to return to independent living through a reduction in the risks associated with response delays when an elderly person is on the floor e.g. sepsis and pressure ulcers.

7.2 Mental health





7.2.1 What we do

We are often the first point of care for patients experiencing a mental health crisis. In 2018/19 we received over 150,000 mental of these, equating to roughly 8.5% of our entire workload. As part of our 2018/19 strategy we designed a model of service delivery to respond to these patients in a different way in order to provide better care in a more efficient manner. Our pioneer service, which we launched the pilot for in November 2018, sees a paramedic respond alongside a registered mental health nurse and is transforming how we deliver mental health care

We are also working closely with the mental health trusts in London to develop a strategic partnership. This partnership is seeking to improve how we work together to provide the best, joined up care to mental health patients. Similarly we are working closely with the metropolitan police to ensure that the people with mental health needs who they come into contact with are treated in the most appropriate way for their needs.

Improving our care to patients with mental health needs was identified in our 2018/23 strategy as a key organisational priority. The information below shows how the work we are doing, especially the pioneer service, is contributing to that improved care.

Figure 11: outcomes of our mental health pioneer service pilot

Our service	Evaluation of the pilot	Benefits of this model include
 <p>Mental health nurse responding alongside paramedic – treating mental health and physical needs together, delivering parity of care</p>	 Reduction of conveyance rate from 53% to 19%  Increase in patients referred into appropriate mental health pathway from 4% to 19%  Similar levels of utilisation and productivity to 'standard' LAS crews	<ul style="list-style-type: none"> ✓ Patients receiving the right care for their needs with fewer points of contact ✓ Better use of ambulance and wider NHS resources ✓ Sharing of skills and experience between paramedics and MH nurses ✓ Improving relationship with and ability to refer into MH Trusts

Through the impact of the pioneer service as outlined above, as well as the wider work we are doing to increase the confidence, knowledge and skills of our wider workforce, we have seen a continuous decrease in the percentage of patients with mental health needs who have been conveyed to emergency departments. This is a good indicator of those patients receiving the care they need at home rather than unnecessary and potentially upsetting conveyances.

Figure 12: ED conveyance rate for patients with mental health needs



7.2.2 How we are going to improve

Priority area 1: We will roll out our mental health pioneer service in partnership with the emerging Integrated Care Systems (ICS) and mental health trusts

We will do this by:

- Continuing to develop and strengthen our strategic partnerships with the ICSs and Mental Health Trusts in London to develop a collaborative model of service delivery through our pioneer service and to improve access to mental health records
- Developing appropriate governance arrangements, dispatch mechanisms, policies and procedures to ensure the expanded mental health pioneer service works as efficiently and effectively as possible

Priority area 2: We will work with NHS and emergency service partners to ensure that patient with mental health needs get the right response for their needs first time

We will do this by:

- Ensuring that we effectively triage our mental health patients so that those who can be safely managed over the phone are managed in this way and then 'warm transferred' to appropriate community and mental health services
- Continuing to work closely with the metropolitan police to create a co-located mental health hub for access by all emergency services should they need it by 2021
- Working with voluntary and charitable mental health organisations to provide better support for patients, including signposting and handover to ongoing care including Crisis Cafes

- Continuing to share best practice with UK ambulance trusts and to stay informed on new mental health initiatives and innovative pilots elsewhere in the country and internationally.

Priority area 3: We will improve the mental health learning & education available for our staff

We will do this by:

- Improving the learning and education that we provide for our staff in relation to the mental capacity act, to help staff feel more confident in this area and support their decision making
- Providing additional training for the appropriate management of patients with drug and alcohol dependencies
- Submitting funding bids to enable the Trust to employ a Mental Health tutor on a full time basis

Priority area 4: We will improve how we use patient, staff and stakeholder input into service design and improvements

We will do this by:

- Establishing a Mental Health Voices Partnership by the end of 2020, which will act as a forum for patients, carers, staff and key stakeholders to work collaboratively to understand patient experience

7.2.3 Anticipated outcomes

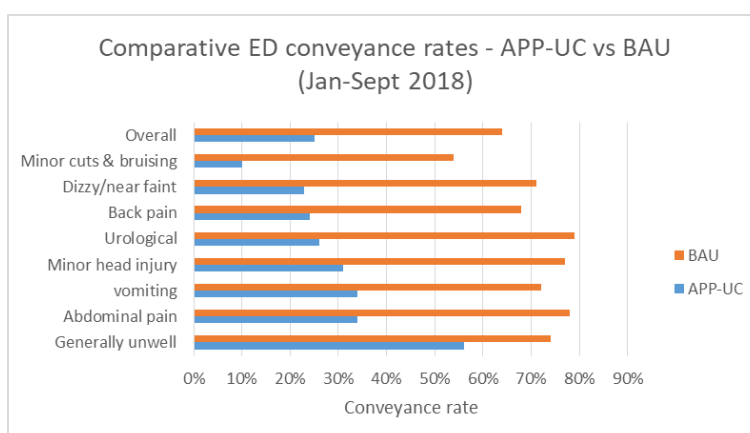
- More patients will receive the right care first time
- A reduction in emergency department conveyance rate for patients with mental health needs to 35%, assuming a full roll out of the pioneer service model across London 24/7
- An increase in the number of patients we directly refer into the relevant mental health trust or community service teams
- By making additional training available to our clinicians we expect to see an increase in levels of staff confidence with regards to their skills and knowledge

7.3 Other patients with urgent care needs – our urgent care advanced paramedic practitioner programme

7.3.1 What we do

Our urgent care advanced paramedic practitioner programme (APP-UC) was implemented as part of this clinical strategy. LAS is one of the leading ambulance trusts nationally in terms of progressing advanced practice for paramedics including the numbers of APP-UCs; with 30 across London, and scope of practice. APP-UC are experienced paramedics who undertake an MSc in Advanced Practice and are equipped with an enhanced scope of practice enabling them to treat more patients without onward conveyance or referral.

As part of a review of the impact of our APP-UC programme, a full statistical analysis was undertaken. The graph to the right shows the key findings that overall ED conveyance rates are significantly lower for APP-UCs compared with a like-for-like BAU response. The research also identified a number of common conditions where APP-UCs are particularly effective at treating patients without the need for onward



conveyance. We can also see that the conveyance difference varies significantly according to illness or injury. We can therefore seek to identify the optimal marginal gains of the APP-UC programme, and ensure we are dispatching them to the patients where they can offer the greatest benefit in comparison to if we sent a core-rostered crew.

In terms of overall contribution to trust-wide ED conveyance rate, using the data from our current urgent care APPs we can see that for every 10 APP-UCs we employ, we reduce our overall ED conveyance rate by 0.22%

7.3.2 How we are going to improve

Priority area 1: We will continue to expand the APP-UC programme, ensuring it is as efficient and effective as possible

We will do this by:

- Increasing the number of APP-UCs have from 30 in September 2019, to 70 by the end of 2022/23, ensuring that these staff provide clinical leadership to local teams as well as utilising their advanced skills to provide the best care possible for patients
- Refining dispatch model for APP-UCs to ensure we optimise utilisation and provide an efficient dispatch process, selecting the right patients for them to attend
- Promoting clinical audit and research within the APP-UC programme including developing a set of bespoke clinical performance indicators

Priority area 2: We will increase the skills, knowledge and range of treatment options available to our APP-UCs to provide the best patient care with fewer onwards referrals or conveyances

We will do this by:

- Expanding point of care testing, including some blood tests
- Expanding the range of antibiotics available for the APP-UCs to use
- Expanding the range of wound care that the APP-UCs are able to provide
- Piloting and, dependant on the success of the pilot, roll out independent prescribing for APP-UCs by the end of 2020/21

7.3.3 Anticipated outcomes

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- **Better patient care** as more patients will be able to be treated at home rather than needing an onwards referral – getting it right first time with fewer system hand-offs
- **Further reduction in ED conveyance** rates for our APP-UC cohort from a baseline of 29% to 20% by the end of 2023. This will, together with the increase in the number of APP-UCs, contribute to a further overall reduction in the Trust-wide ED conveyance rate of 1.54%
- More referrals are made to **appropriate care pathways** to ensure patients receive the right ongoing care for their needs
- **Better utilisation** rates for our APP-UCs

7.4 Public health – preventing people becoming unwell in the first place

7.4.1 What we do

The London Ambulance Service has demonstrated a continued commitment to early intervention and prevention through initiatives such as public awareness campaigns and educational programmes

aimed at a wide range of community groups. Whilst prevention and public health has not always been a core part of what we do as an ambulance service, as part of the wider health and social care system ambulance trusts have a responsibility within this area. In addition, we see around 1.2 million patients each year and have access to their homes in ways that other health professionals might not. We are therefore well placed to pick up on risk factors that might be less visible to other health professionals who they come into contact with.

We have recently appointed a dedicated lead who is responsible for overseeing public health and prevention and will drive forward our activities in this area.

Some of the key ways that we currently promote public health and prevention are:

- **Public Events**
- Prevention initiatives for **young people** on topics such as the effects of knife crime and alcohol.
- We deliver public education sessions to targeted **community groups** in order to address health inequalities and raise awareness on increased health risks associated with different ethnicities.
- Working with **partners**, using a multiagency approach to public health in delivering programmes such as 'Safe Drive Stay Alive' where we work alongside other emergency services, TfL and London borough councils.
- We ran a successful pilot with the **Royal Voluntary Society** whereby volunteers visited patients (elderly fallers who frequently call 999) and worked with them for 6-8 weeks to improve their physical function and wellbeing. This saw a reduction in 999 calls and visits to ED as well as patients feeling less lonely and more confident.
- We regularly promote **prevention messages via social media** such as drinking sensibly over New Years Eve and carrying water in hot weather. We have also run public awareness campaigns with posters on the Underground, as well as 'Act FAST' adverts on the side of ambulances to promote recognition of stroke symptoms.

We believe that there is significant scope to build on this work in a more strategic, targeted and effective way going forward.

7.4.2 How we will improve

Priority area 1: We will promote public health and preventative messaging at point of patient contact (face to face)

We will do this by:

- Completing the rollout of **the Make Every Contact Count** core skills refresher (CSR) training as part of an e-learning package for all clinical staff, promoting the concept of providing prevention and health advice for certain patients e.g. smoking cessation for COPD patients

Priority area 2: We will educate the public through prevention initiatives and campaigns

We will do this by:

- Developing a **public health strategy** which sets out our vision and plans for the various aspects of public health including prevention
- Reflecting our commitment to public health in the promotion of **workplace wellbeing** for our staff
- Developing a **communications plan** to embed public health messages in our social media calendar, e.g. National Awareness Days, Winter and Summer health messages, Ramadan fasting and partners' campaigns
- Using space within our conveying vehicles for posters showing public health information

Priority area 3: We will work with system partners to reduce health inequalities and ensure our available pathways meet local needs

We will do this by:

- Continuing to support **public health campaigns** led by health system partners and other emergency services, promoting prevention messages and healthy living, e.g. *Change 4 Life*
- Working closely with **stakeholders** and others in the health and social care system to be part of the ongoing conversations that influence the changing shape of public health in London
- Carrying out a **health needs assessment**; mapping London demographic data against our own data to identify health inequalities, illness hotspots and where preventative initiatives might have greater impact
- Exploring opportunities as part of our wider **volunteer scheme** for cadets to support wider prevention campaigns such as #EndLoneliness

Priority area 4: We will identify opportunities for non-clinical pathways and signposting

We will do this by:

- Continuing to explore the feasibility of establishing **non-clinical care pathways** such as a referral to Samaritans
- Understanding the role of the paramedic and ambulance services in **social prescribing** and identify opportunities where we can improve health outcomes. We will continue to explore the feasibility of establishing non-clinical care pathways, such as signposting to Samaritans or smoking cessation services, via the establishment of Community Support Pathways.
- Including public health in **technology and digital developments** within the Trust and identify opportunities for using iPads as part of non-clinical referrals / sign-posting patients

7.4.3 Anticipated outcomes

As outlined, this is an emerging area of our organisation and one where we do not have specific experience and understanding of expected outcomes. However, if done effectively, medium-long term benefits could include:

- Reduced demand on our services and on the wider NHS
- Reduced frequent callers

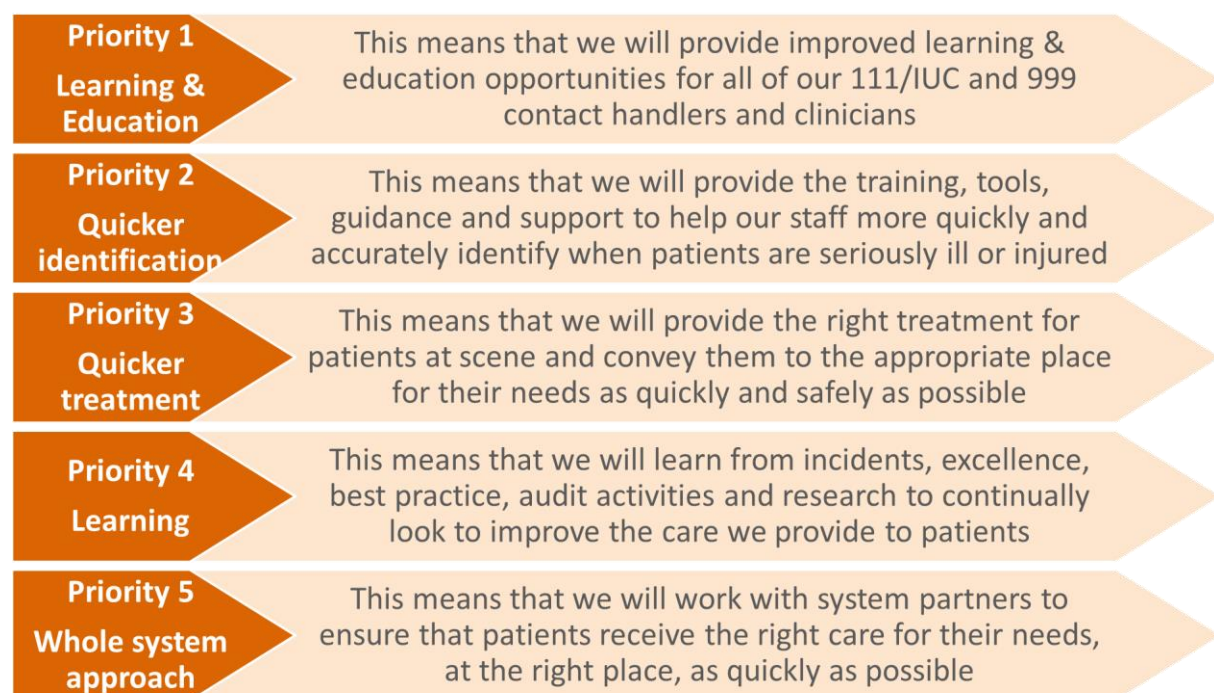
We will continue to look for further benefits as we develop our programme of work

8 Emergency Care

Continuing to improve the clinical care and outcomes for patients with life threatening conditions remains a core priority for the ambulance service. For these patients where definitive care may only be possible in hospital early conveyance from the scene is key to improving clinical outcomes. For these groups of patients guidance is provided to indicate the aspects of care which need to be delivered pre-conveyance and on route to the hospital.

This section details a number of emergency care priority areas. It identifies how we are performing, what best practice and innovation we have identified and what actions we are going to take to improve the care that we provide to these patient groups. Whilst there are a large number of actions, there are a number of recurring themes throughout this section which are our key priorities to improve over the course of this clinical strategy:

Figure 13: Emergency care priority areas



8.1 Out of hospital cardiac arrest

8.1.1 What we do

Our aim is to ensure patients who suffer an out of hospital cardiac arrest receive the right treatment by appropriately trained clinicians as quickly as possible. This is vital for their survival and long term clinical and quality of life outcomes. Since we launched our clinical strategy, some of our key achievements and improvements in indicators have been:

- Utstein return of spontaneous circulation (ROSC) sustained to hospital was the highest to date in 2018/19³ at 62.6%, which was the highest rate in England (England average of 54.2%)
- Utstein⁴ survival to discharge for 2018/19⁵ was 33.3% which is 4th highest in the England but compares well to the England average of 30.1%
- Continued high quality training including 1,000 clinicians attending 'pop up CPR' sessions
- We introduced a paediatric cardiac arrest checklist for use by all clinicians (further details in 'paediatrics', section 8.2)
- Participation in a number of high quality national research projects including 'Paramedic 2' trial investigating the effectiveness of adrenaline in cardiac arrests and the 'ARREST' trial which seeks to establish the most appropriate centre of care for patients with ROSC who do not have evidence of STR elevation myocardial infarction on their ECG
- We have supported bystander CPR through high quality CPR instructions at call taking, with 65.3% of cardiac arrests receiving bystander CPR in 2017-18, which is our highest rate to date
- Increasing the number of public access defibrillators logged in our database to 5,304, supporting the metropolitan police to equip all their police cars with defibrillators and supporting the expansion of the GoodSam app

8.1.2 Our performance and best practice

Cardiac arrests are monitored through the Ambulance Quality Indicators, looking at Return of Spontaneous Circulation (ROSC) and survival.

Figure 14: ROSC and survival 2018/19 rates in England for the Utstein group

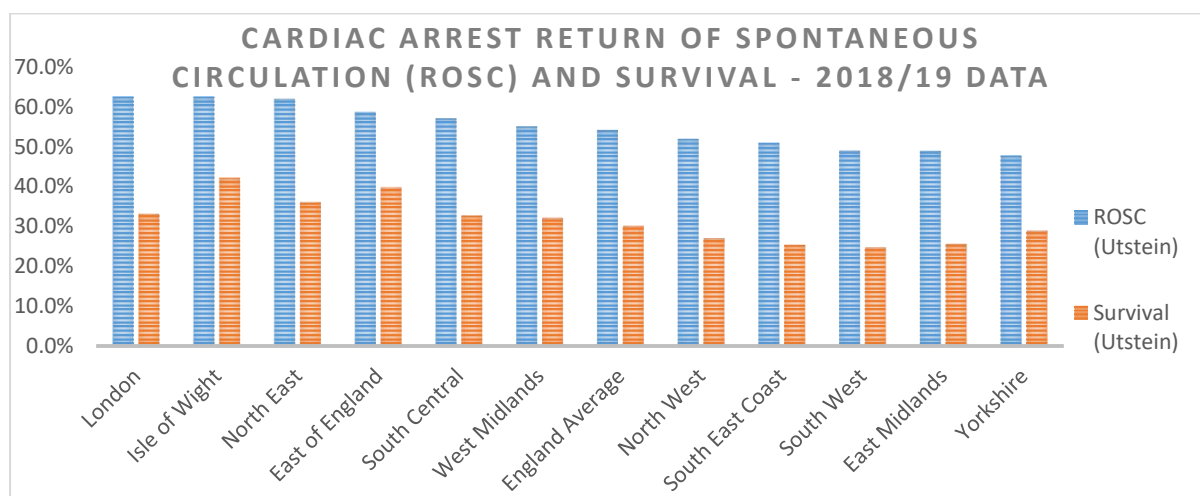


Figure 14, above, shows that we are the top performing ambulance service in England for ROSC (for the Utstein group), at 62.6% which compares favourably to the England average of 54.2%. Figure 15, below, shows that we have made year on year improvement in this indicator over the last few years at a faster rate than the UK average.

In terms of cardiac arrest survival, whilst not the highest performing trust in the UK, we compare well against the England average (LAS 33.3% compared with England average of 30.1%). Similarly to

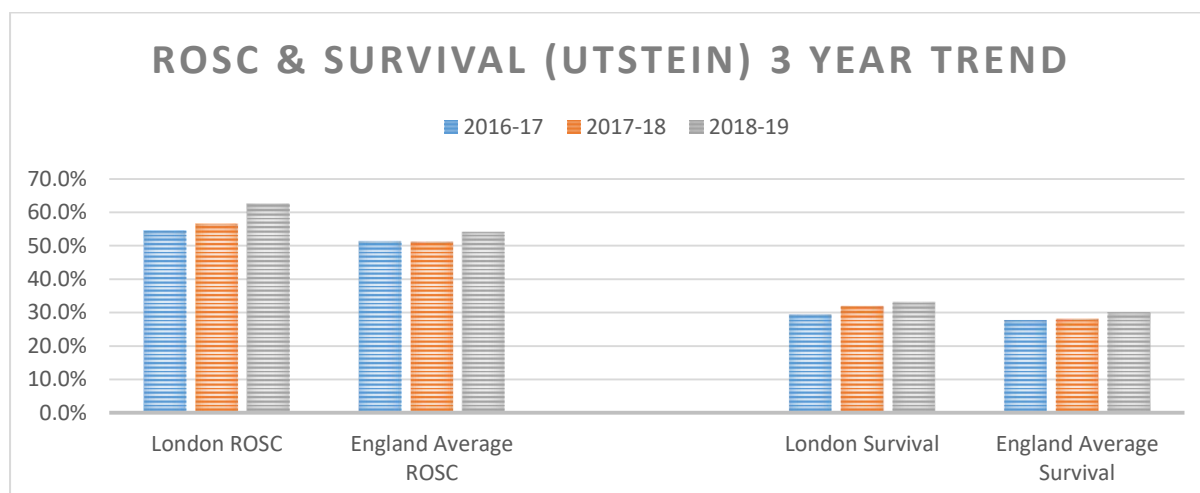
³ 2018/19 provisional data – clinical strategy to be updated in December 2019 when final validated data becomes available

⁴ Utstein represents patients whose cardiac arrest is presumed to be of cardiac cause, who were witnessed to collapse and the initial rhythm was shockable

⁵ 2018/19 provisional data – clinical strategy to be updated in December 2019 when final validated data becomes available

ROSC, we can see that our improvement plans and the initiatives we have put in place have led to a year on year improvement in this metric.

Figure 15: ROSC and survival 3 year trend

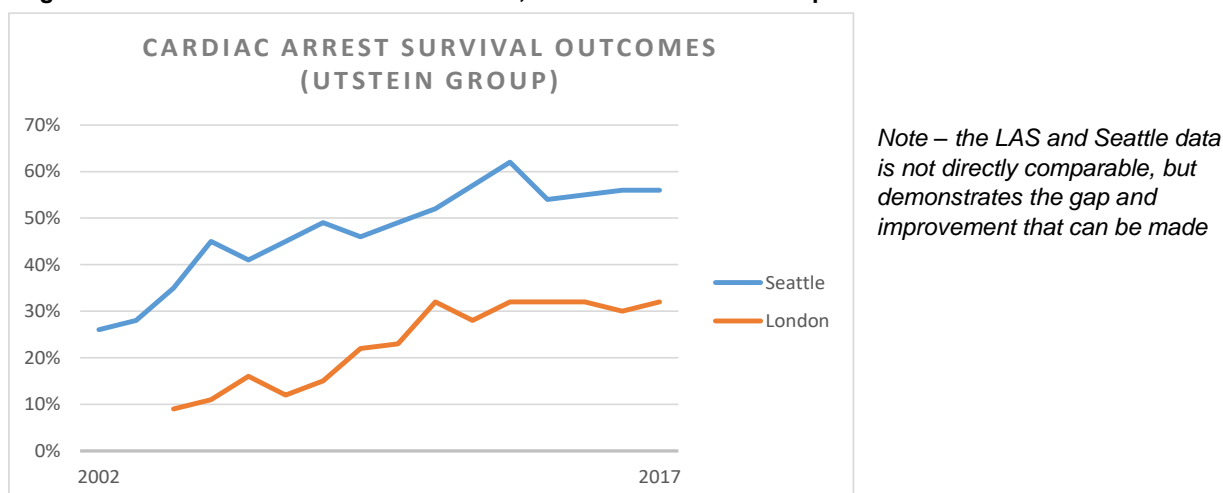


Whilst the UK data shows that we are performing well in relation to other UK ambulance services, there is still more that we can do, particularly to increase our survival from cardiac arrest rates. Seattle and King County, USA, has one of the highest Utstein survival rates in the world (56%) and overall survival of 21%. As the graph below shows, there is room for improvement in London and there are a number of lessons we have learned and incorporated within this clinical strategy based on the success that has been seen in Seattle & King County.

Seattle & King County Cardiac Arrest Case Study









Seattle and King County, USA, has one of the highest Utstein survival rates in the world at 56%. Our geography, demographics and operating models differ, but we can still see that there is learning and innovation that we can look to in order to improve outcomes in London

Figure 16: Cardiac arrest survival outcomes; London and Seattle comparison



The key contributing factors, to them being able to achieve these survival rates and how they compare to London are detailed in the following diagram:

Figure 17: Key contributing factors to Seattle cardiac arrest survival rates

	Seattle	London
 • High % of residents trained in CPR. There is a focus on re-certifying CPR training which may improve the quality of bystander CPR	75% CPR trained, including re-certification	Unknown CPR training rate – will improve no on curriculum
 • High levels of bystander CPR	70%	65%
 • High quality CPR guidance to the bystander from call taker	CPR coaching routinely reviewed	CPR coaching not routinely reviewed
 • Quick time from 911 pick up to start of compressions	2 mins 58 secs	4 mins 22 secs
 • High defibrillator availability	c. 3,200 (13 per km ²)	c. 5,300 (3 per km ²)
 • Quick face to face initial response, including from EMTs, firefighters or clinically trained volunteer responders	5.2 mins average	10 mins average
 • High quality learning from experience	Every arrest reviewed with EMT	Most arrests reviewed with CTM or APP
 • Effectiveness of chest compression measured through defibrillator data download	C.100% defib downloads	c. 20% (March '19)

Whilst there are some demographic and socio-economic differences between Seattle and London, there is some learning from this case study that we are particularly keen to replicate in London and has been incorporated into this clinical strategy:

- Improving defibrillator data downloads, using it to feedback to staff and influencing the learning and education packages that are then developed around cardiac arrests
- Introducing more regular training and skills drills for both BLS and ALS
- Increasing the number of defibrillators across London
- Developing an additional tier of specialist ALS responders in the form of our APP-CC programme

8.1.3 How we are going to improve

We will develop a cardiac arrest strategy, incorporating the priority areas below, with the aim of improving survival to discharge.

Priority area 1: We will treat patients suffering from cardiac arrest more quickly, delivering the right care at the right time including improving bystander CPR and public defibrillator use

We will do this by:

- Improving early defibrillation rates through continuing to increase the provision of public access defibrillators (PADs), targeting areas of low coverage
- Increasing the likelihood of a trained responder attending a cardiac arrest with a defibrillator, by optimising the defibrillation auto-alerting system and the GoodSAM smartphone app
- Increasing the number of people who are trained in BLS and defibrillation, in particular to a level that meets the requirements for LAS defibrillation site accreditation and GoodSAM registration
- Replacing the Lifepak 15/1000 by the end of 2020/21, including enabling functionality to remotely download defibrillator data
- Auditing the effectiveness of call taker assisted CPR and identify whether improvements can be made in the speed that chest compressions are commenced
- Continuing to promote immediate dispatch of CTMs through the '97' model to provide senior clinical leadership at cardiac arrests, in particular those involving paediatric patients
- Ensuring all patients receive timely defibrillation after the arrival of LAS clinicians

- Increasing the number and effectiveness of volunteer first responders and Co responders including Community First Responders, Emergency Responders and Metropolitan Police Service
- Reviewing paediatric advanced life support equipment

Priority area 2: We will improve training and support for our crews, including advanced paramedic practitioners

We will do this by:

- Continuing to develop the skills of Advanced Paramedic Practitioners (Critical Care) to manage complex cardiac arrests, in particular formalising the use of cardiac ultrasound and the management of paediatric cardiac arrest
- Providing clinicians with regular simulation training based on findings from cardiac arrest download review and encourage and 'all VF survives' mind-set
- Supporting further development of a structured 'hot debrief' to discuss the care provided to the patient and support the staff involved
- Continuing to deliver Pop Up CPR sessions to frontline staff
- Reviewing download data and feedback to staff with areas for improvement and of good practice (feed themes back to Education and Standards for initial training and CSR)
- Introducing annual ALS competency assessment for all registered clinicians and assessment of airway management and BLS competencies for all clinicians for both adult and paediatric resuscitation
- Improving staff training in and awareness of DNA CPR orders through CMC to reduce the occurrences of inappropriate resuscitation

Priority area 3: We will participate in and use high quality pre hospital care research to improve cardiac arrest outcomes and learn from best practice

We will do this by:

- Improving the way that we review cardiac arrest care through data downloads and increase the percentage of defibrillator downloads from 20% in March 2019 to 30% by the end of 2020/21 and 75% by the end of 2020/21 enabled by new defibrillators
- Participating in further high quality pre-hospital care research to improve the care of people experiencing cardiac arrest, for example multi centre randomised controlled trials such as the ARREST trial to establish the most appropriate centre of care for patients with ROSC who do not have a STEMI on their 12 lead ECG
- Continuing to contribute data from all cardiac arrests to local and national databases
- Working with Barts Health NHS Trust and the London Air Ambulance on the 'Sub30' pilot study which will investigate the feasibility of implementing a pre-hospital advanced cardiac arrest team to establish 'ECMO' in out-of-hospital cardiac arrest patients

8.1.4 Anticipated outcomes

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- A further increase in ROSC and survival rates for both adults and paediatrics
- An increase in the number of static defibrillators in London from c. 5,300 to 7,500 by the end of 2022/23
- 75% of defibrillator downloads by the end of 2020/21, with learning shared on an individual and service wide level to enable greater learning from cardiac arrests

- Reduction in time taken from 999 call to commencement of chest compressions as directed by telephone CPR

8.2 Acute cardiac conditions

8.2.1 What we do

The LAS is committed to ensuring that patients suffering a heart attack (STEMI and non-STEMI) are recognised promptly and treated with all clinically appropriate elements of the evidence based care bundle whilst being transferred to the nearest Heart Attack Centre without delay. Currently the Trust delivers this care to a high standard with the exception of evidencing sufficiently that the pain relief element set out in the national care bundle is administered and recorded appropriately. The Trust also has a paramedic only arrhythmia pathway where a specific group of 'emergency arrhythmias' are conveyed to an Emergency Arrhythmia Centre 24-7

Since we launched our clinical strategy, some of our key achievements and improvements in indicators have been:

- The establishment of 24-7 pathways for STEMI
- We are the only Trust in the UK to convey patients to Emergency Arrhythmia Centres
- Monthly STEMI/cardiac care packs produced by CARU and separate fully comprehensive annual STEMI and cardiac arrest annual reports
- 12 lead ECG training delivered at local level across the Trust by the Medical Directorate

8.2.2 Our performance and best practice

One of the main ways in which we measure the care that we provide to patients suffering a heart attack is the Ambulance Quality Indicator assessing the delivery of a 'STEMI care bundle'; the components of care that should be provided to heart attack patients.

Figure 18: 2018-19 STEMI care bundle compliance⁶

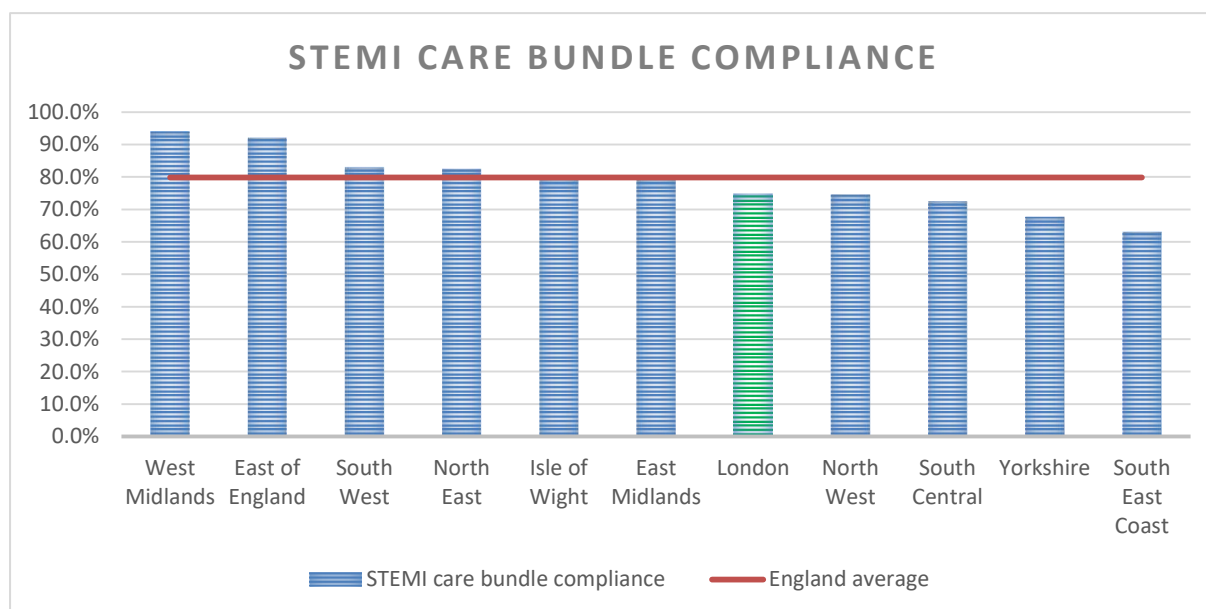


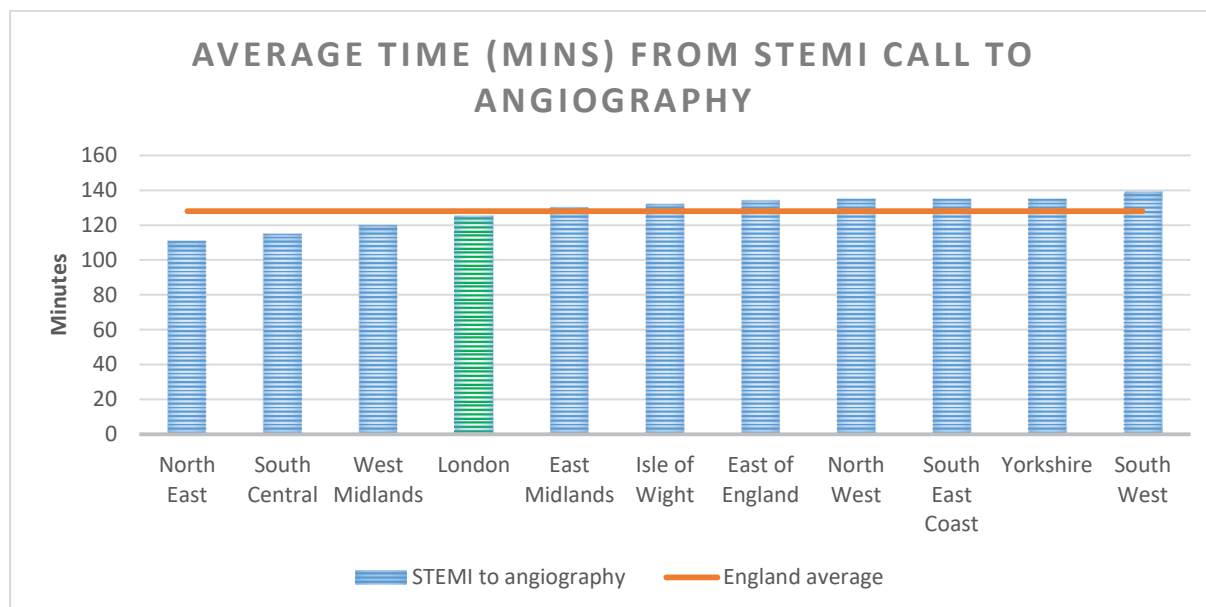
Figure 18 above shows that we are seventh in England in terms of our STEMI care bundle delivery compliance, which at 74.7% places us below the England average of 79.8% (provisional 2018/19 data). It is clear that a key part of our work going forward will be focussing on improving our care

⁶ 2018/19 provisional data – clinical strategy to be updated in December 2019 when final validated data becomes available

delivery against this indicator. We are moving in the right direction though, as our performance against this indicator has improved from 71.5% in 2016-17 when we launched this clinical strategy. The implementation of an electronic patient care record, detailed later in this strategy, will help us improve in this area.

We also measure the time it takes from receiving a STEMI call to the patient receiving angiography. Figure 19 below shows that our average time in 2018/19 of 125 minutes is slightly ahead of the England average of 128 minutes. There is however a relatively large gap between our performance and the best performing trusts (South Central at 115 minutes and North East at 111 minutes)

Figure 19: Average 'STEMI to hospital' time in England 2018-19



8.2.3 How we are going to improve

Priority area 1: We will improve pain assessment and management (part of the STEMI care bundle) and transport patients more quickly to the appropriate place of care

We will do this by:

- Improving pain assessment & management through training and support and evidenced through monthly STEMI cardiac care packs
- Reducing on-scene time for patients with STEMI, with swift conveyance to the nearest 24/7 Heart Attack Centre (HAC) centre
- Working with Heart Attack Centres to ensure timely handover for patients conveyed, including adopting a structured handover approach
- Working with London Cardiac Networks to continually review services and continue to improve timely access to specialist centres for our patients
- Working with Heart Attack Centres and national registries such as the myocardial ischemia national audit project (MINAP) to obtain information around patient diagnosis and outcome to aid learning for individual clinicians

Priority area 2: We will provide crews with more regular training in identification and management of acute coronary syndromes and emergency arrhythmias

We will do this by:

- Providing 'face to face' refresher training in identification and management of acute cardiac conditions for all operation staff with particular focus on learning from examples of good practice

Priority area 3: We will participate in and use research to improve outcomes from myocardial infarction and learn from best practice

We will do this by:

- Continuing to undertake audit to review cases and identify and learn from any 'missed' cases i.e. rare cases where STEMI or high Risk ACS patients are taken to an ED
- Using MINAP data to feedback on STEMI/non STEMI
- Improving and auditing the outcome for patients conveyed to specialist centres with other cardiac presentations e.g. cardiac arrhythmias to Emergency Arrhythmia Centres

8.2.4 Anticipated outcomes

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- STEMI care bundle compliance improved and time spent on scene reduced to improve patient outcomes
- Frequency of training provided to staff in ECG recognition increased, improving staff confidence and skills in ECG interpretation
- Work with Heart Attack Centres to share patient diagnosis and outcomes with staff for future learning
- Structured handover process between LAS clinician and HAC team improving staff experience and patient safety

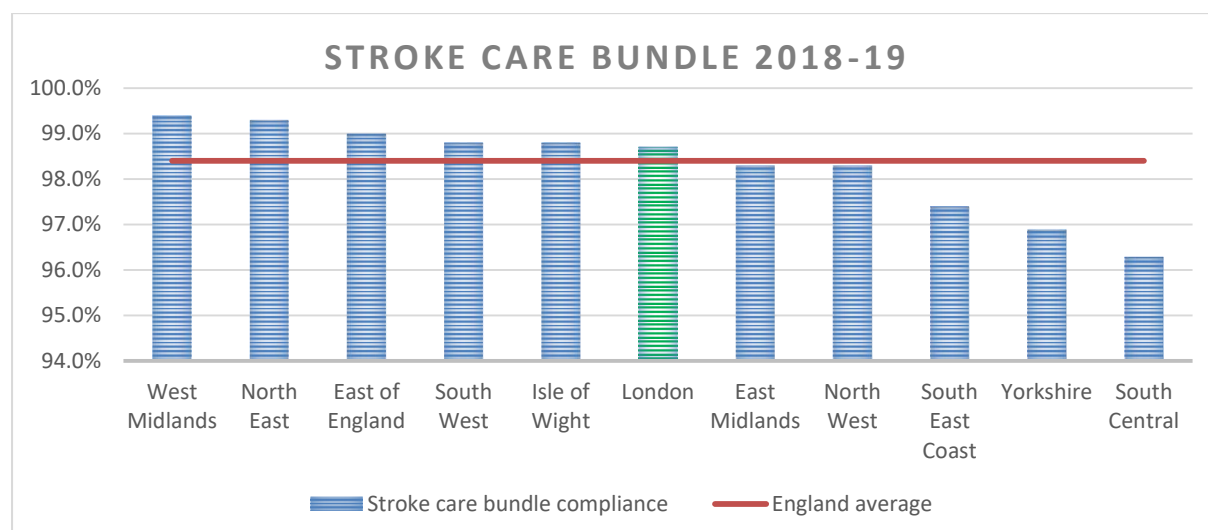
8.3 Strokes

8.3.1 What we do

London has a well-established Hyperacute Stroke Unit (HASU) network. Conveyance to the HASU is determined using an evidence based assessment and treatment with a stroke bundle.

8.3.2 Our performance and best practice

Figure 20: Stroke care bundle compliance 2018-19

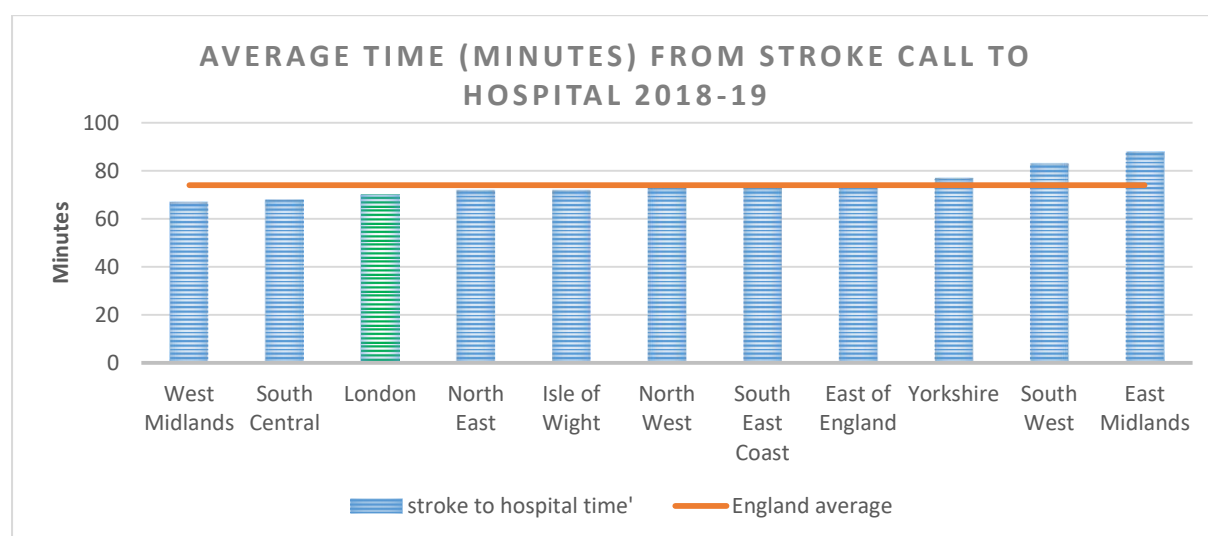


The AQI around stroke measures our effectiveness at delivering the stroke care bundle. In 2018-19 we had 98.7% (provisional data) compliance against this indicator which was just above the England average of 98.4%. Whilst this placed us sixth out of England ambulance services, a small increase of

0.7% would give us a compliance rate of 99.4%, equal with the best performing ambulance trust in 2018-19.

We also measure the time it takes from receiving a stroke call to arriving at hospital, the speed of which is crucial in improving outcomes for stroke patients. Figure 21 below shows that in 2018/19 our average 'stroke to hospital' time was 70 minutes. In London, partly helped by the short travelling distances to hospitals, we are performing above the England average (74 minutes) and within three minutes of the best performing (West Midlands at 67 minutes)

Figure 21: Average 'stroke to hospital' time in England 2018-19



8.3.3 How we are going to improve

Priority area 1: We will improve early identification and ensure quicker initial treatment for patients suffering a stroke

We will do this by:

- Implementing a training package for face to face clinicians for better recognition of subtle presentation of strokes, Transient Ischemic Attacks (TIA) and 'stroke mimics'
- Revising guidance to EOC & clinical staff on the recognition of stroke in children and subtle presentation of stroke in adults
- Exploring the use of video technology to be able to get expert advice from HASU to aid the identification of subtle presentations of stroke

Priority area 2: We will ensure patients are taken as quickly as possible to the right place of care for their needs

We will do this by:

- Providing guidance to clinicians about what aspects of care to undertake pre-conveyance and on route to minimise any delays on scene
- Working with the pan-London thrombectomy teams to ensure patients who need thrombectomy receive fast onward conveyance.

Priority area 3: We will improve public awareness of stroke and its symptoms

We will do this by:

- Supporting local and national initiatives aimed at increasing awareness of stroke across all age groups

8.4 Sepsis

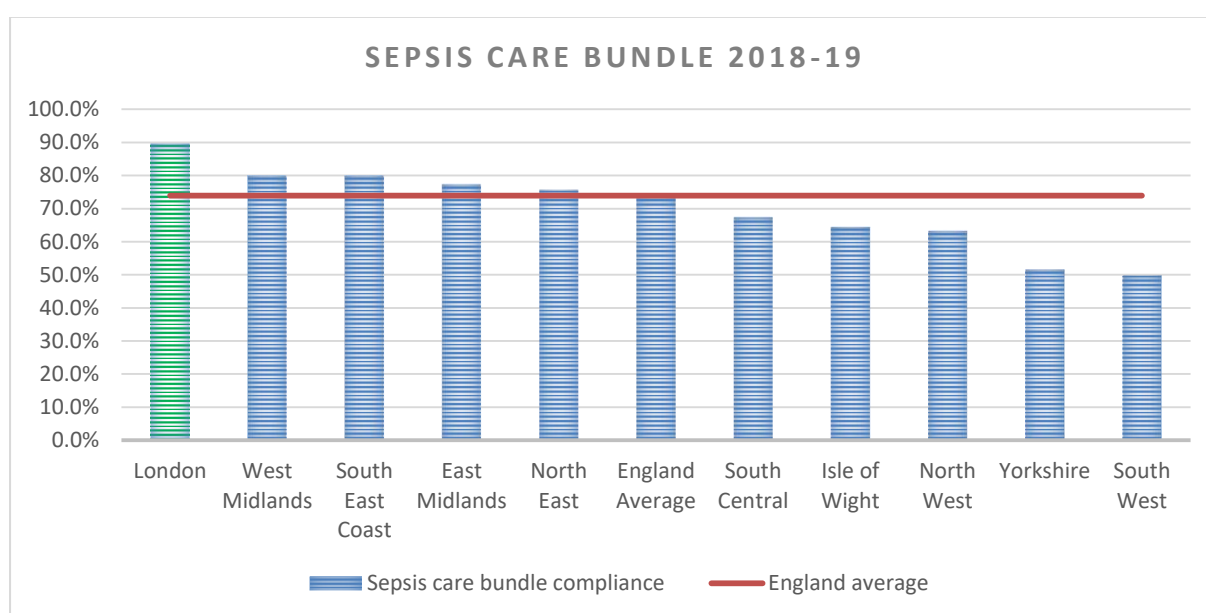
8.4.1 What we do

Sepsis is one of the leading causes of death in the developed world. Sepsis is a time critical condition which can lead to organ damage, multi-organ failure, septic shock and death. Early recognition of sepsis at 999 and 111 is essential to enable the ambulance service to initiate life-saving treatment and issue a pre-alert to the hospital emergency department.

8.4.2 Our performance and best practice

One of the key ways in which we measure and monitor the care to patients suffering with sepsis is through the LAS sepsis registry which was introduced in 2018/19. This registry monitors adult patients with a National Early Warning score of 7 and above. This is used to generate the sepsis care bundle compliance data as shown in the table below.

Figure 22: Sepsis care bundle compliance 2018-19⁷



We are performing particularly well in this area with a compliance rate of 89.5% which is almost 10% above the next best performing ambulance trusts (79.8% for West Midlands and South East Coast) and well above the England average of 73.9%

In addition to the sepsis care bundle, we have a LAS specific clinical performance indicator which was introduced in April 2016 and examines the management of adult sepsis patients. Our compliance to care is consistently over 95% and we are extending this CPI to paediatric patients for the first time this year.

8.4.3 How we are going to improve

Priority area 1: We will provide training for all 999 & 111 contact handlers and clinicians to ensure they can provide best quality care

We will do this by:

- Ensuring all 999 & 111 contact handlers are trained to recognise the signs of sepsis in all age groups as described over the phone and are adequately supported by clinicians where the signs are more subtle

⁷ Provisional 2018/19 data until December 2019

- Ensuring all frontline clinicians are trained to recognise sepsis in all age groups and expedite conveyance to ED

Priority area 2: We will improve early identification of sepsis and the delivery of the appropriate treatment

We will do this by:

- Supporting national sepsis campaigns to raise public awareness
- Equipping the e-PCR with automated calculation of NEWS2 scores which will generate a sepsis alert, improving early identification of clinical sepsis
- Training and equipping advanced paramedics to administer antibiotics for mild / moderate infection to avoid conveyance to hospital where clinically safe to do so
- Continuing to revise the pre-hospital sepsis clinical assessment and treatment algorithms for children and adults

Priority area 3: We will participate in and use research to improve stroke outcomes and learn from incidents and best practice

We will do this by:

- Undertaking sepsis audit and AQI reporting
- Ensuring learning takes place from any cases

8.4.4 Anticipated outcomes

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- Earlier identifications of patients who have sepsis
- Quicker conveyance of patients

8.5 Trauma

8.5.1 What we do

Since 2010 London has had an integrated major trauma system, with major trauma centres supported by a collaborative network of trauma units. As this system has matured over the last decade it has become world leading with one study showing a decrease in crude mortality of over fifty percent since the inception of the trauma system⁸. The London Trauma system operates a primary bypass pathway for certain injured patients direct to the major trauma centre. We convey an average of 20 patients per day to a major trauma centre with over 84 percent of patients with an injury severity score of greater than 15 (one definition of major trauma) being conveyed directly to a major trauma centre compared with 16 percent in 2007.

Since its inception the major trauma system in London has seen both a marked increase in survival and significant improvements in quality of care. This is evidenced in the clinical literature with reports of 'overall good care' increasing from 48% (pre trauma system) to 69%. Early identification of these patients with potential major trauma and where appropriate direct transfer to Major Trauma Centres both play a vital role in improving survival and minimising long-term disability.

The patient age groups and the type of events causing significant traumatic injuries is changing nationally and in addition to this the type of trauma seen in London can differ from elsewhere in the UK. There is also an increase in major trauma population in the UK amongst the elderly.

⁸ Annals of Surgery, The Impact of a Pan-regional Inclusive Trauma System on Quality of Care
(<https://www.c4ts.qmul.ac.uk/downloads/impact-of-pan-regional-inclusive-trauma-system-cole-ann-surg-2015.pdf>)

There has been significant success in improving the mortality and morbidity of some groups of major trauma patients through enhanced skills and knowledge supported by early despatch of specialist resources e.g. London Air Ambulance or our critical care advanced paramedic practitioners.

8.5.2 How we are going to improve

Priority area 1: We will provide appropriate training and education to our staff, ensuring that we are learning from incidents and excellence

We will do this by:

- Refreshing the education for our staff around changes to trauma patients in the 21st century. This will include continuing to improve education around identification of head and spinal injuries in older patients, often following relatively low-mechanism falls
- We will continue to work with the provider of our triage software to ensure that major trauma in elderly patients is recognised. We will share incidents of under triage to develop knowledge and better identification of this patient group
- Enhancing MERIT (Medical Emergency Response Incident Team) training to improve emergency preparedness
- Ensuring crews understand the need for accurate triage of major trauma patient, to reduce the over-triage (outside of the trauma triage tool) rate from 100 patients per month to fewer than 80.

Priority area 2: We will ensure that we recognise the injuries that our patients have suffered and identify the correct pathway and place of care for their needs

We will do this by:

- Reinforcing the importance of recognition and management of neck and back trauma in older people
- Using video technology in the 999 CHUB to help in the remote triage and assessment of trauma patients
- Supporting the national work to develop an evidence based triage tool which aims to identify the patient prehospital who needs to attend a major trauma centre
- Continuing to review clinical trauma resuscitation pathways & techniques where there is good evidence to support it

Priority area 3: We will ensure that patients who have suffered major trauma receive the right care for their needs by the clinicians with the most appropriate skills

We will do this by:

- Ensuring ambulance clinicians have the correct equipment to provide appropriate care on scene and on route to definitive care, looking at methods of haemorrhage control, splinting and ensuring we have methods of minimising temperature loss in the bleeding trauma patients
- Ensuring pain is assessed and managed effectively, we will consider the efficacy and applicability of novel inhaled analgesics. We will attempt to influence the legislation which restricts paramedics in what controlled pharmacological agents they can carry
- Reducing the time spent on scene, unless definitive interventions are being performed, for patients with penetrating trauma from 16 minutes we achieve currently, to 12 minutes. We will also reduce on scene time for blunt trauma from 34 minutes to 30 minutes.
- Being innovative in looking for ways to optimise the care of trauma patients. We will roll out antibiotics for open fractures to our critical care advanced paramedics and we will consider how we expand the use of sedatives and analgesics with this group of staff. We will review the evolving evidence for the use of TXA (Tranexamic acid) for patients who are bleeding. We will also scope the use of the HART team to provide enhanced clinical interventions in the 'hot zone' of an incident

- Continuing our work with London's Air Ambulance, targeting a physician-paramedic team to the most seriously injured patients.
- Continuing to work with the burns network to ensure patients with serious burns are transferred to a specialist unit as required

8.5.3 Anticipated outcomes and benefits

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- Compliance with the trauma triage tool, reducing over and under triage
- Patients suffering from major trauma will receive the right care, in the right place for their needs, first time, with fewer secondary transfers
- Patients will receive rapid pain relief on scene, with our staff having access to the appropriate range of analgesic options which are easy to administer
- Patients will receive treatment on scene and quickly be taken to hospital to receive further treatment, minimising any clinically unnecessary delays
- Patients will receive first aid interventions, such as wound packing and tourniquets, from the other emergency services and first aid providers if they are on scene before our clinicians arrive

8.6 Long term conditions

8.6.1 What we do

There are a number of long term conditions that many people live with across London. Mostly, patients manage their conditions without problems as part of their day to day lives and without needing unscheduled care. However, occasionally these manageable conditions can become emergencies requiring our assistance. Some of the common emergency calls related to long term conditions are for:

- Asthma
- Epilepsy
- Endocrine emergencies including diabetes

Whilst the treatment clearly differs for each of these long term conditions, there are a number of common actions that we need to take to maintain the high quality of care we provide for these patient groups.

8.6.2 Priority areas and specific actions

Asthma	Epilepsy	Endocrine emergencies
Every asthma attack has the potential to be life-threatening. 80 to 85 percent who die from asthma develop progressive symptoms anywhere from 12 hours to several weeks before death	For some people living with epilepsy, the risk of Sudden Unexpected Death in Epilepsy (SUDEP) – where death is not caused by injury or another known cause - is an important concern. Most, but not all, cases of SUDEP occur during or immediately after a seizure	Whilst diabetic emergencies are usually responsive to treatment and patients may be able to be discharged, there are some instances, for instance with patients with Addison's disease, which, if left untreated in can be fatal
Common priorities for long term condition related emergencies		
Ensure severe and life threatening emergencies for these long term conditions are identified quickly by call handlers		

Ensure that ambulance clinicians quickly identify severe and life threatening emergencies, and provide necessary treatment and convey the patient to the most appropriate treatment centre i.e. the emergency department

Review and, if appropriate, increase the range of treatment options for clinicians treating these patient groups

Ensure that our crews are using CMC and other patient records that might be made available to them, to help identify the best treatment option for patients. Crews should also encourage patients to create a CMC plan, in conjunction with their main healthcare provider i.e. GP, if they do not have one already and it would be appropriate to do so

Provide, where appropriate, brief patient advice and education to help prevent deterioration and further emergencies in future

8.7 Vascular emergencies

8.7.1 What we do

To improve outcomes patients with a vascular emergency (Ruptured AAA, ischaemic limb) need to be assessed, treated and conveyed to the most appropriate unit with the skill and expertise to manage the ongoing need of the patient

8.7.2 How we are going to improve

Priority area 1: We will ensure that patients with vascular emergencies are treated quickly and we learn from how we deliver this care

We will do this by:

- Reducing the time spent on scene for patients with a suspected vascular emergency
- Auditing our care and decision-making for patients with vascular emergencies

Priority area 2: We will work with our system partners to ensure that patients receive the best possible care for their needs

We will do this by:

- Working with the vascular networks to support reconfiguration of services for vascular patients
- Working with vascular centres to understand how best to recognise and triage patients with a possible leaking aneurysm, shortening the time to care
- Ensuring patients with known vascular conditions have a CMC record which is accessible by LAS clinicians and at the patients side

8.7.3 Anticipated outcomes

- Patients will receive the right treatment on scene and be conveyed to hospital more quickly, improving their chances of survival or good outcomes

9 Specific patient groups – ‘stages of life’

9.1 Children and Young People Paediatrics

9.1.1 What we do

We treat approximately 100,000 children and young people aged 0-18 each year. Whilst almost every condition, illness or injury included within this strategy can affect anyone at any age, there are certain considerations that are specific to children. The size of the child, their vulnerability and ability to describe what they are experiencing, the enhanced emotion that comes with treating potentially very young children and the potential different presentations of conditions within children all combine to mean that paediatric care requires certain priorities over and above those described previously within each section of this strategy.

Fortunately we more often than not get called to children, particularly very young children, for non-life threatening conditions. This means that most of our staff only rarely are called to treat critically unwell children. However, this leads to a challenge in maintaining their skill sets so that they are confident and able to treat critically unwell children should they be required to do so.

One area of increasing focus in London for young people is the growing prevalence of knife crime. Our immediate and most obvious role is to treat anyone who has been a victim of knife crime as quickly and effectively as possible and we outline in the major trauma sections how we are looking at new ways to stop bleeding to save more lives and improve outcomes. However, we also have a role in public education and prevention and our public education team is engaged in a widespread schools programme to educate young people about the dangers of carrying knives. This is outlined further in our patient and public engagement strategy.

One of the significant areas of development over the last couple of years is the work that has been undertaken to improve the treatment of paediatric cardiac arrests. In 2017 a review was undertaken by the APP critical care group of paediatric cardiac arrest patients in London between 2014 and 2017. The findings allowed a focused approach to identify areas of clinical care that required improvement, through education, updating the clinical resource dispatch model to ensure senior clinicians (APP-CC & Clinical Team Managers) attend all paediatric cardiac arrests to provide clinical support, and through updating the Trust clinical guidelines. It also saw the introduction of a paediatric cardiac arrest checklist to help our crews deliver effective treatment in what will always undoubtedly be a challenging and emotional situation.

We have increased awareness of paediatric sepsis by embedding the paediatric sepsis tool in our clinical training and practice across the trust. This assists our clinicians in the recognition subtle yet potentially life threatening illness and to make appropriate interventions. We have also introduced additional assessment skills and treatment options for our group of Advanced Paramedic Practitioner group.

We have introduced the *paediatric trauma tree decision making tool* to ensure that children suffering from significant injury are taken to specialist centres for trauma to receive the best treatment available in London. This may not necessarily be the nearest hospital, however the time saved by conveying to the specialist centre can significantly improve outcomes.

9.1.2 How we are going to improve

Priority area 1: We will improve outcomes for the most critically unwell children and young people

We will do this by:

- Improving chances of survival from paediatric cardiac arrests through embedding of the paediatric cardiac arrest checklist into practice and a unified training approach for our staff with a clear trust message on treatment of this patient group.
- Reducing avoidable child asthma deaths by working with Healthy London Partnerships Asthma networks and the 'Ask About Asthma' Campaign. We will also place an emphasis on our clinicians taking appropriate history and asking critical questions about how patients treat their own asthma in the future.
- Reviewing the medicines formulary for children and continuing to influence at a national level to ensure the best treatment options are available specifically for the termination of continuous seizures.
- Influencing at a national level to ensure that by the age of 16 all London's children will leave school with the skills to carry out effective CPR.
- Promoting the use of the Citizen Aid App (children's version) to all children in London to increase their knowledge of lifesaving healthcare prior to the arrival of the emergency services.
- Continuing to promote the availability and encourage the use of public access defibrillators where youngsters may be at risk of sudden cardiac arrest. Eg: sports grounds, schools and public spaces.

Priority area 2: We will improve the care that we provide for all children and young people

We will do this by:

- Auditing our assessment, care and decision-making for specific groups of paediatric patients as appropriate and in response to trends in incident reporting and research.
- Conducting a full review of all specialist paediatric equipment that our crews carry to ensure that they have the appropriate equipment should they need to use it.
- Working with the national review into paediatric conveyance to identify whether, through improving assessments, the confidence of our crews, and better referral pathway opportunities, we can reduce unnecessary emergency department conveyances for children age 1 and above.
- Supporting a multi-agency approach to knife crime prevention, seeking to find the most effective interventions to prevent knife violence by working with London's Violence Reduction unit.
- Work collaboratively with partners in London to promote children's understanding of healthy living and how they access healthcare.

Priority area 3: We will provide more specific paediatric training and education for our staff

We will do this by:

- Reviewing of all paediatric training that our staff receive to ensure that they are harmonised and aligned with best practice. We want to introduce the 'spotting the sick child' e-learning suite to ensure that all of our staff receive the same high quality consistent training by the end of 2021
- Ensuring that staff receive sufficient training to maintain skills in treating critically unwell children through the Core Skills Refresher programme.
- Developing and disseminating paediatric palliative and end of life care guidance to assist crews, families, and patients and embed the use of Coordinate My Care [CMC] in every day practice.

Whilst we look at all patient cohorts, as described through the majority of this strategy, by focussing on the specific actions outlined in this section, as well as by continuously looking for further improvement opportunities, we aim to improve the care we are able to provide to the children and young people living in London.

9.1.3 Anticipated outcomes

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- Improving outcomes for children and young people, particularly in paediatric cardiac arrest and asthma
- Improving the patient experience for children and young people

9.2 Maternity

9.2.1 What we do

We treat around 11,500 women a year for maternity related reasons. We were the first ambulance trust in the UK to recruit a consultant midwife with the focus on enhancing the safety and quality of the maternity care that we provide to women and their families. More recently we have recruited three (2 WTE) practice leads for pre hospital maternity care. This investment in maternity expertise has led to a significant improvement in the quality, quantity and consistency of training and support that we are able to provide for our staff and our intention over the course of this strategy is to maintain the high quality of maternity care that we provide.

We have also introduced a number of tools to make it easier for staff to provide high quality care to women. We introduced a pre-hospital maternity screening tool, which other ambulance services have now adopted, which provides crews with a decision support tool to rely on in what can be a challenging and sometimes chaotic environment. We have also introduced a pre-hospital communications card which helps standalone maternity units and community midwives to quickly get the right ambulance response for the needs of the woman they are with.

9.2.2 How we are going to improve

Priority area 1: We will continually review our maternity training to ensure that we are providing the right training in engaging and accessible ways

We will do this by:

- Continually reviewing and update our maternity training programme to respond to identified needs and lessons learned, for example like the specific breech birth training that was rolled out in 2018/19
- Expanding our multidisciplinary maternity training approach, offering training for our frontline clinicians and EOC staff alongside midwives from maternity unit
- Formally launching our 'Map my Maternity' tool on MiDoS. This iPad interface allows crews to access a directory of all London maternity units making sure that our patients have ongoing treatment in the most appropriate and safest place of care, as quickly as possible.

Priority area 2: We will develop innovative service delivery models so we are always trying to identify ways in which we can improve the maternity care that we provide

We will do this by:

- Producing a compelling business case, backed with data from test shifts, to secure funding to have midwives in the control room 24/7

- Developing innovative ways of supporting and engaging LAS staff and our allied partners in maternity issues with the launch of a London wide 'Maternatour'. This is a bi-annual event showing visible leadership and raising the profile of maternity
- Introducing innovative tools, such as the 'Birthing Barometer' to enable staff to provide maternity feedback, this allows continual evaluation of the maternity training programme ensuring that it is responsive to staff needs.

Priority area 3: We will work as part of the wider NHS maternity system to ensure that women are receiving the right care in the right place at the right time for their individual needs

We will do this by:

- Working with Local Maternity System (LMS) partners to improve the appropriate care pathways that are available for our staff to access, especially for early pregnancy
- Continuing our involvement in regional and national forums, contributing to the writing and updating of national and local guidelines, ensuring that there is an emphasis on the importance of considering pre-hospital maternity care
- Seeking to secure funding for and establish a permanent 'maternity voices partnership' to formalise staff, patient and partner input into all maternity service design
- Working with maternity units who are implementing electronic notes to ensure that our crews are able to access them through their iPads when treating women

9.2.3 Anticipated outcomes

As a result of the actions described above, over the course of this clinical strategy we would expect to see the following outcomes:

- Improvement in staff confidence when treating women for pregnancy related issues or concerns
- Reduction in complaints from families due to enhanced standard of maternity care
- Improved communication and working relations with our local maternity providers
- Improved outcomes and safer maternity care for women and their babies.

9.3 End of life care

9.3.1 What we do

We are often called to patients in the last stages of their life, when their symptoms have become unmanageable; for example, following a sudden crisis, deterioration or worsening of symptoms, requiring emergency pharmacological support such as pain relief.

We respond to around 6,000 palliative and end of life care patients each year. Whilst this accounts for only a small proportion of our total calls it is imperative that we get the care right for people and their families at this final stage.

Since we launched our clinical strategy we have been successful in applying for two years of funding through Macmillan for a dedicated end of life care team. This team is, through our end of life care pioneer service, dedicated to improving the skills, knowledge and confidence of our staff in treating this patient group. The work that the EOLC team is undertaking is directly in response to the staff engagement we undertook as part of our organisational strategy development where they told us they want more support to feel more confident in treating EOLC patients. Some of the key initiatives that we have undertaken in this area are:

- Running a pan-London end of life care conference to promote sharing of best practice

- Staff education and training opportunities across all staff groups to improve confidence in delivery of care
- The use of Coordinate My Care to inform shared decision making on scene
- Continued engagement and collaborative working with London hospices/key stakeholders to develop increased support and advice on scene for palliative patients
- Development and publication of guidance for staff including Advance Care Planning

The staff feedback demonstrates the training delivered has increased staff confidence from 50% to 64%.

We continually look for innovative practice within the pre hospital end of life care setting that we can replicate within LAS. Some of the areas we have identified recently are:

- **‘Project ECHO’ (Extension of Community Healthcare Outcomes) training** undertaken in Yorkshire Ambulance Service. This training, supported by hospices, enabled far reaching teaching to be available to all staff, linking to specialist teams
- **A Palliative/EOLC audit** was undertaken in South West Ambulance Service, focussing on resources sent, cardiac response, decision making and medications. This audit allowed them to fully assess how effectively they were responding to patients at the end of their lives
- **Simulation training** was carried out in South Coast Ambulance Service using manikins and actors to improve education for staff

We will incorporate these areas of best practice within our actions for improvement below

9.3.2 How we are going to improve

Priority area 1: We will make the final stages of life as comfortable, pain free and dignified for patients and their families as possible and reduce unnecessary resuscitation attempts and conveyances

We will do this by:

- Improving the education and training around end of life care, ensuring that our clinicians have a clear understanding of trust policy and JRCALC guidelines, giving them confidence to make decisions in these circumstances.
- Enhancing the skills in managing difficult conversations, including exploring simulation training and through bespoke communication courses
- Working with Hospice UK to explore project ECHO training within LAS
- Undertaking a detailed audit of EOLC service provision and use any learning from that to inform future learning & education opportunities
- Ensuring that crews understand how and when to use prescribed anticipatory care medications.

Priority area 2: We will improve pathways to support patients with a plan of care to receive their care at home or in a community setting (if that is their preference) to avoid conveyance to hospital.

We will do this by:

- Improving integration with, and access to, ‘Coordinate My Care’, with a target of 75% for viewing figures (from July 2019 figure of 37%). Incidents with staff where CMC records have not been viewed will be investigated and learning shared
- Developing stronger links with hospices and developing end of life care pathways across London, working together to support patients to receive their care at home or in a community setting (if that is their preference), to avoid unnecessary conveyance to hospital.
- Working closely with other Ambulance Trusts to share best practice

- Leading on 'staff wellbeing' at AACE national meetings, e.g. supporting staff when EOLC affects them at work or in their home life.
- Engaging with patients, carers and stakeholders to understand their experience of EOLC provided by the LAS.

9.3.3 Anticipated outcomes

Increased access to CMC – this will benefit both staff and patients, with ambulance clinicians having early access to care plans to support decision making and ensure patients receive the right care in the right place.

Training – we expect to see improved confidence in skills and knowledge, demonstrated by staff following attendance at EOLC courses.

Reduction in unnecessary conveyance – the effective use of CMC will ensure that agreed care plans are followed and, where appropriate, patients receive their care at home or in a community setting, avoiding unnecessary conveyance to hospital.

Stakeholder engagement – developing stronger links with hospices and developing end of life care pathways will see an improvement in patient care. Through engaging with patients and carers, we will have a better understanding of patient experience, which will enhance the quality of care delivered.

10 Enablers for delivering this clinical strategy

10.1 What we need from our People & Culture and Learning & Education strategies

At the heart of our organisational vision is the capability of our people to deliver outstanding care. Without our highly trained and motivated workforce we would not be able to meet the needs and expectations of the public. This section describes how we will ensure our staff have the right skills and support to develop professionally.

We will continue to improve the quality of care provided, patients' experiences, and the morale of our staff. To do this we will grow our workforce to have the capability and capacity to deliver future needs. This means providing registered and non-registered clinicians alike with the education and support to provide outstanding care.

Our people and culture strategy outlines the key overarching threads that run across all elements of the work that we do with and for our people:

- **Workforce planning.** We must build an organisation that provides a flexible and learning environment for our people throughout their careers. This will mean that we build and maintain expertise in strategic workforce planning, design flexible working blueprints
- **Inclusion.** Organisations that are committed to effectively embedding 'difference' demonstrate the ability to deliver better decisions, better performance and better outcomes, in our case for our patients. This work will sit at the very heart of transforming our culture and building a motivated workforce which delivers outstanding outcomes for our patients
- **Well Being.** In order to building a sustainable workforce we are committed to ensuring the support we give our people is the best that it can be. Increasingly this will mean greater focus on mental health as well as moving to a proactive approach to supporting well-being at work.

These overarching themes are crucial in ensuring we have an organisational culture that supports us to deliver world-class patient care.

We are currently reviewing our skill mix model and through this review will identify a clear career pathway which provides a potential route of progression for all of our clinical staff, including:

- Opportunities for EOC staff to undertake training to become front line clinicians (non-registered)
- A structured route for our non-registered clinicians to obtain registration and become paramedics
- Rotational opportunities for paramedics, which will provide staff with additional education as well as an academic module in advanced patient assessment. These paramedics will spend a year rotating through some of our key priority areas including the clinical hub, mental health pioneer response, falls/frailty and a low acuity response
- Opportunities for paramedics to progress into advanced paramedic practice, senior clinical management or clinical education

We will also proactively seek to identify and map out an organisation-wide career pathway, to demonstrate the potential career opportunities for all our staff in all job roles, so that every member of staff can aspire to progress to a more senior or different role if they want to.

Providing our staff with the necessary learning and education is fundamental in ensuring we deliver world class care for our patients. In July 2019 we launched a new trust-wide learning and education strategy which outlines our 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

The priorities for learning and development and the ways in which we will achieve our objectives is outlined in detail in our separate learning and education strategy.

10.2 What we need from our Digital Strategy

We will use the right technology to enable us to deliver world-class care

There are four key areas of technological development that we are focussing on through this strategy that will directly impact on our ability to provide world class care:

- Replacing our Computer Aided Dispatch (CAD) system
- Implementing an electronic patient contact record (e-PCR)
- Reviewing our triage platform
- Innovating using existing and emerging technology

These areas are all included in greater detail within our Digital strategy which was published in February 2019. The following sections outline our key ambition within each of the four areas identified, and the key clinical benefits that we will see because of those changes.

10.2.1 Computer aided dispatch

We will implement a new CAD system, with full roll out to be completed by the end of 2020/21

Currently we rely on a wide variety of interconnected technical systems surrounding our core CAD system (CommandPoint), such as separate mapping and triage systems, to provide the overall capabilities needed. It is now the right time to refresh the systems we use. A new CAD will provide seamless access to patient data that is available in other NHS care settings and will enable us to be digitally interoperable with other care partners.

Replacing our CAD will not just be a technical refresh, but offer significant opportunities to enable us to deliver better and more personalised care for each patient. Crucially the new CAD will enable us to respond to each patient as an individual, rather than solely based on post code. This will enhance our ability to provide the right care for each individual patient and more effectively identify patients with specific requirements to our crews. We will be able to use this functionality, as well as allowing NHS number lookup, to improve the ability of our crews to start planning patient care before they even arrive on scene.

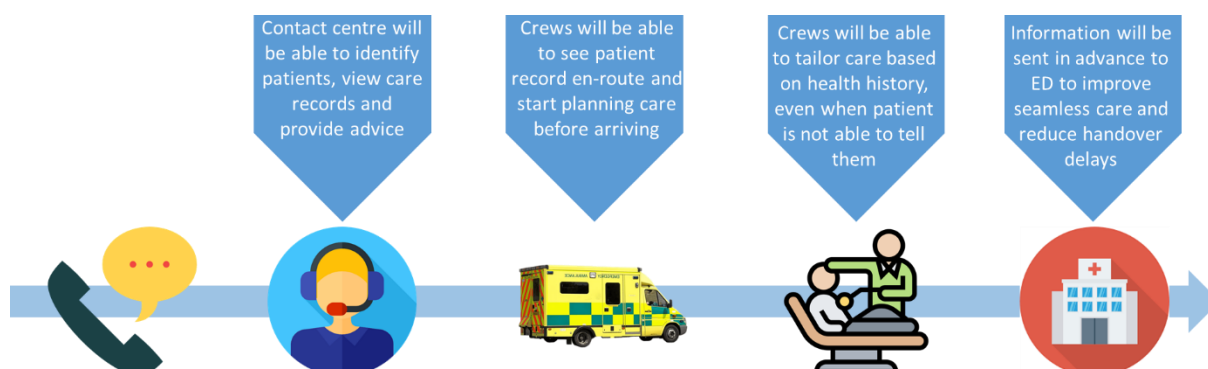
Replacing our CAD is the first step in providing more economical, more efficient, more patient-centric care.

10.2.2 Electronic patient care records (ePCR)

We will develop and implement an electronic patient care record, to go live by the end of Q2 2021/22, with further enhancements over the next few years

The introduction of an electronic patient care record will transform our ability to deliver the right care to each patient in the most efficient way possible. At a simple level, ePCR will eliminate the need for paper records, but more significantly will provide our crews with a far greater ability to assess and then determine the right course of treatment. EPCR will provide benefits for our patients and our organisation at every single point along the patient journey

Figure 23: ePCR impacts along the patient journey



The introduction of ePCR will also improve our ability to generate and use ‘big data.’ We will be able to collate information about each call, enriching the raw statistics with personal information and clinical details around the individual. For example, recording why we do or don’t convey the patient would provide the input data to analyse whether alternative care pathways are in place and functioning.

Introducing a well-designed ePCR will be the single most transformative initiative to our ability to provide world-class seamless patient care, joined up with the rest of the NHS system that has happened in recent years.

10.2.3 Triage platform

We will review the triage platforms used across our organisation to ensure that all parts of our service are interoperable, efficient and able to provide the right care for each patient first time

The Trust currently uses three triage systems – NHS Pathways and Manchester Triage System (MTS) in 111 and the 999 clinical hub and Medical Priority Dispatch System (MPDS) in 999 call handling. Each system has its strengths however none can address all of the requirements of the service nor the opportunity to deliver a more tailored and sophisticated response.

Our strategic ambition is to be the primary integrator of access to urgent and emergency care across London. We believe that this will not only provide the best patient care, but also done in the most efficient way. In order to deliver on this ambition, one of the building blocks of our iCAT (Integrated Clinical Assessment & Triage) service is to have a single, or fully interoperable triage platform across our 111/IUC and 999 services.

10.2.4 Innovating using existing and emerging technology

Whilst the CAD, ePCR and triage are the three major elements to our technological developments, there are a number of innovations that we will seek to implement over the coming years in order to help us provide world class care to all of our patients:

- **Static body/ambulance cameras:** this will provide our staff with a greater level of safety and security than they currently have. By having access to these cameras we can ensure that staff are protected and where they have been threatened or assaulted, we can use the footage as evidence to push for stronger punishments for perpetrators
- **Video triage and live streaming:** We will investigate how we can use existing smartphone and live streaming technology to help us provide care. This might include staff broadcasting from scene to the Clinical hub for advice or to keep them updated about a situation. We are also investigating

whether we can utilise existing smartphone functions enabling us to access, with permission, the cameras on the phones of the people who call us.

- **Remote access to NHS data:** We have piloted a nationally ground-breaking scheme in Camden, working with NHSX, to provide our crews with access to summary care records without needing to use smartcards or multiple usernames and passwords. We will continue to work with NHSX to further improve this process and roll it out across London.

We will continue to look for technological innovations that will help us improve the care we provide to our patients.

10.3 Providing our staff with the right tools to do their job

Each and every day our highly qualified clinicians treat thousands of people across London and their training, skills and experience allow them to deliver world class care. This is, however, only made possible if they are given the right tools with which to do their job. Ensuring that our staff have the right medicines and equipment for each and every shift is a key responsibility for our organisation and is a crucial enabler for the provision of patient care.

10.3.1 Medicines

Our ability to provide medicines to our patients is crucial to saving lives, reducing pain and providing the right care for our patients and improving the overall patient experience alongside having a positive impact on the health economy. The two broad aspects of medicines management are:

- Safe and secure storage and management of our medicines
- Providing our clinicians with the necessary medicines and training to be able to provide world class evidence based care

We have made significant improvements over the past few years in both of these areas, especially in regards to safe and secure storage. A significant contributing factor to these improvements was the appointment of a Trust Pharmacist in December 2016 and, along with a Medication Safety Officer and further pharmaceutical expertise that we plan to bring into the organisation, we want to become the best practice example when it comes to pre-hospital pharmaceutical expertise and medicines management.

Improvements in safe and secure storage and management of our medicines	Improvements in providing our clinicians with the necessary medicines to provide care
<ul style="list-style-type: none"> • Implementation of 'secure drug rooms' at stations, providing assurance over security and a greater ability to investigate when things go wrong • Implementation of 'multi-dose drug packs' which brings together 'loose' drugs and ensures they are carried in secure and auditable ways • Design of a bespoke track and trace system which allows oversight of who has handled drug packs 	<ul style="list-style-type: none"> • Improved reporting on medicines governance • Increased the range of medications within the Trust formulary for Advanced Paramedic Practitioners

We have a medicines management work plan which is updated annually and describes, in detail, the work which we are undertaking and the plans for how we will continue to improve how we use and safely store medicines.

We will make sure that, by implementing the right processes and using the right infrastructure and technology that our drugs are as safe and secure and trackable as they would be in any other setting. From that as a starting point we will then make sure that we provide the best possible care for our patients using the right medicines for their specific needs.

10.3.2 Equipment

We will continue to review the equipment available to frontline staff, ensuring they have the kit necessary to do the best possible job. We have already provided handheld devices so that all staff can access patient records. In the future, we will look to routinely embed other kit e.g. diagnostic tests for near patient testing to support more timely decision-making and care closer to home. We will also make more consistent use of asset tracking to minimise loss and non-availability of key clinical equipment, ensuring that our clinicians have the right equipment for each patient.

Two specific key areas of equipment development that we are progressing are:

- Advanced Life Support (ALS) bags – This programme is replacing the personal issue bags and will provide a more consistent and reliable distribution of ALS bags as they are packed, checked and sealed by the vehicle preparation teams on a daily basis. We have piloted this new process in North East London and will roll it out more widely this year. The key benefits if this are:
- Reduction of out of date consumables in bags, reducing risk to patients
- Bags will be reliably full and stocked with all ALS components for use when needed for patients
- Primary Response Bags – We have worked to review the content of the primary response bag and will roll out a new bag from September 2019. This bag will replace the oxygen barrel and old primary response bag. It can be used as a backpack which will be easier and safer for our staff

We also continually review any equipment related issues highlighted to us by staff and seek to resolve where possible, ensuring that our staff always have the right equipment available to do their jobs.

11 How we will assure clinical quality

We continually work to improve the quality of the service we deliver to all of our patients across London. Our Quality Strategy is the plan through which we focus on the quality of our clinical care and how we continuously improve our services. It ensures that quality drives the overall direction of our work and that the patient is at the centre of everything we do.

Our quality strategy outlines five goals, aligned to the CQC inspection framework. This section details the overarching quality goals, under which sits a number of specific targets. These can be found in our Quality Strategy.

Safe

People are protected from abuse and avoidable harm

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

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

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

Caring

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

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

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

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

Effective

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

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

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

year-by-year basis.

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

Responsive

Services are organised so that they meet people's needs

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

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

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

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

Well Led

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

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

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

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

The goals and targets outlined in our quality strategy, together with the clinical improvements outlined in this clinical strategy are the key ways in which we ensure we deliver world class care to Londoners.

12 Affordability assessment (high level)

This section outlines, for each of the areas identified within this strategy, what the key areas of investment needed will be and what level of that investment will be required. This section only includes where new investment will be required and therefore does not include a number of initiatives that are already included in our BAU budgets, including:

- Training that will occur in the existing CSR days (an additional 4th CSR day is included below)
- Initiatives that require communications and engagement with staff, such as the 'embedding' of changes
- Partnership working to improve pathways or referral options

In addition, it does not include the areas of investment required that are included in the 'enablers' section that are specifically referenced to another already existing enabling strategy. This includes the significant investment that will be required for the Digital enablers. Whilst this section outlines the necessary additional investment, we will explore opportunities for external funding that we might have not exploited previously. We will proactively explore these external sources in the first instance before requesting additional internal investment.

The figures included in this section will be further refined or identified through detailed planning.

Integrated care

These costs will be scoped through the iCAT strategic programme

Urgent Care

Strategy area	Investment required	Included in a different enabling strategy	Additional level of investment required from clinical strategy
Frailty	Set up volunteer responder service for elderly fallers	Volunteering	None – included in volunteering strategy (yet to be costed)
Frailty	Purchase of specialist lifting chairs (Raizer)	No	One off capital: c. £35,000 for full falls pioneer roll out
Mental Health	Governance and other process arrangements for Pan-London roll out of pioneer service. MH nurses funded through MH Trusts	No	Recurrent revenue c. £85,000 p.a.
Mental Health	Full-time MH tutor	No	Recurrent revenue c. £70,000 p.a.
APP-UC	Expansion of APP-UC programme inc. conversion of current establishment and additional 3 x APP-UC managers	No	Recurrent revenue c. £300,000 p.a.

APP-UC	Equipment, vehicles and training for APP-UCs (vehicles, Raizer chairs etc)	No	One off capital c. £1,640,000
APP-UC	Expanding treatment options and training costs for APP-UC	No	tbc
Career pathway	Roll out rotational paramedic model which will impact various urgent care areas including pioneer services	No	Recurrent revenue c £100,000 p.a.

Emergency Care

Strategy area	Investment required	Included in a different enabling strategy	Additional level of investment required from clinical strategy
Cardiac Arrests	Increasing number of defibrillators	Volunteering	tbc – we accredit but do not pay for many defibrillators
Cardiac Arrests	Introduction of portable ECG	No	One off capital c. £890,000
Cardiac Arrests	Replace Lifepak 15/1000	No	One off capital £18m
Cardiac Arrests	Introduce annual ALS & BLS competency assessments	No	tbc
Trauma	Use video technology for remote triage and assessment	Digital	None – included in Digital strategy

Stages of life

Strategy area	Investment required	Included in a different enabling strategy	Additional level of investment required from clinical strategy
Maternity	Pilot for 24/7 presence midwives in the clinical hub for 8 months providing hear & treat and crew advice	No	One off revenue– c. £220,000 (would then require recurrent funding if rolled out beyond pilot)
End of life care	Continued funding of EoLC team following end of Macmillan funding (Aug 2019)	No	Recurrent revenue c. £250,000 p.a.

Other

Strategy area	Investment required	Included in a different enabling strategy	Additional level of investment required from clinical strategy
Training and development	Trust wide 4 th CSR day	No	Recurrent 1,302,164 p.a.

Medicines	<p>Continued enhancements of medicines management to meet regulatory requirements including:</p> <ul style="list-style-type: none"> • Secure drug rooms • Primary response bags • Multidose packs • Kit prep 2 • Advanced life support bags 	No	<p>One off capital</p> <ul style="list-style-type: none"> • £1,355,000 • £696,000 • £551,000 • £100,000 • £368,000 <p>Total - £3,070,000</p>
------------------	--	----	---

13 Acronyms and abbreviations

ACS	Acute Coronary Syndrome	IUC	Integrated Urgent Care Service
APP-CC	Advance Paramedic Practitioner for Critical Care	IoT	Internet of Things
APP-UC	Advance Paramedic Practitioner for Urgent Care	CARU	LAS Clinical Audit and Research Unit
ALS	Advanced life support	EOC	LAS Emergency Operations Centre
AQI	Ambulance Quality Indicator	LMS	Local Maternity System
ARP	Ambulance Response Programme	LAS	London Ambulance Service NHS Trust
ACP	Appropriate Care Pathway	MTS	Manchester Triage System
AI	Artificial Intelligence	MERIT	Medical Emergency Response Incident Team
BLS	Basic life support	MPDS	Medical Priority Dispatch System
BAU	Business as Usual	MH	Mental Health
CAS	Clinical Assessment Service	MPS	Metropolitan Police Service
CPR	Cardiopulmonary Resuscitation	MPS	Metropolitan Police Service
CQC	Care Quality Commission	MINAP	Myocardial Ischemia National Audit Project
COPD	Chronic Obstructive Pulmonary Disease	NHSE	NHS England
CAS	Clinical Assessment Service	NETS	Non-Emergency Transport Service
CHUB	Clinical Hub	ROSC	Return of Spontaneous Circulation
CTM	Clinical Team Manager	STEMI	ST-Elevation Myocardial Infarction
CAD	Computer Aided Dispatch	SUDEP	Sudden Unexpected Death in Epilepsy
CMC	Coordinate My Care	VF	Ventricular Fibrillation
CSR	Core Skills Refresher		
ECG	Electrocardiogram		
EPCR	Electronic Patient Care Record		
ED	Emergency Department		
EOLC	End of Life Care		
HCP	Health Care Professionals		
HAC	Heart Attack Centre		
HASU	Hyperacute Stroke Unit		
iCAT	Integrated Clinical Assessment & Triage Service		



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	London Ambulance Service NHS Trust Estates Vision			
Agenda item:	09			
Report Author(s):	Adam Levy (Head of Strategic Development) Angela Flaherty (Deputy Director of Strategy) Benita Mehra (Director of Strategic Assets & Property)			
Presented by:	Angela Flaherty (Deputy Director of Strategy) Benita Mehra (Director of Strategic Assets & Property)			
History:	Logistics & Infrastructure Committee meeting on 10 September 2019 (ref: LIC/19/47)			
Status:	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input checked="" type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This document outlines the Trust's overall vision for how we are looking to transform our estate in order to support our ambition to become a world-class ambulance service.</p> <p>The document identifies all of the areas of our estate and the vision and principles for how we might seek to develop it to deliver benefits for our patients, our people and our partners whilst delivering good public value.</p> <p>A FAQ document has also been developed that will be published alongside this vision document. Upon publication staff will be able to ask any questions that they have and the FAQ will be updated with any recurring themes.</p>				
Recommendation(s):				
<p>The Trust Board is asked to consider the paper and confirm that it is content to proceed with the next steps as outlined in section 6.</p>				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				
Please indicate which Board Assurance Framework (BAF) risk it relates to:				
Clinical and Quality	<input type="checkbox"/>			
Performance	<input type="checkbox"/>			
Financial	<input type="checkbox"/>			
Workforce	<input type="checkbox"/>			
Governance and Well-led	<input type="checkbox"/>			

Reputation	<input type="checkbox"/>
Other	<input type="checkbox"/>
This report supports the achievement of the following Business Plan Workstreams:	
Ensure safe, timely and effective care	<input 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 Estates Vision

1. Background & introduction

This document outlines our overall vision for how we are looking to transform our estate in order to support our ambition to become a world-class ambulance service. We launched our work on our estate development in mid-2018 with a significant amount of work having been undertaken so far.

Whilst our estate has been looked at a number of times in the past, we have never successfully embarked on a strategic programme to review our estate in its entirety as opposed to a piecemeal way. Historically changes to our estate have taken place when specific needs arise, resulting in a great deal of variability in terms of quality and efficiency.

As a large public sector organisation it is incumbent on us to consider our estate and we are therefore now seeking to develop our estate in a strategic way to ensure that it is fit for the future and is an enabler to support us achieving our strategic goals whilst delivering value for money.

The rest of this document outlines our estate vision and principles, the current state of our total organisational estate as well as our initial thinking or potential options for how we might seek to develop our estate in the future.

2. Vision and principles for our estate development

The LAS strategy 2018 – 2023 outlines how we will develop our estate to support our ambition to become a world class ambulance service:

- **A future-proof operating model for our frontline estate;** enabling rapid and efficient preparation and deployment of our frontline teams whilst providing the right facilities to support crews and others during their work
- Innovative, fit-for-purpose training and development facilities; providing world class training in dedicated training centres
- **Resilient, high quality control and contact centres;** providing effective environments with the necessary capacity and resilience to respond to events
- **Transformed corporate estates;** providing a high quality working environment that supports effective individual and team working whilst making better use of space

Though the development of our estate **we will seek to adhere to the following principles:**

- Enhance the working environment for our staff
- Provide better value for money
- Improve or not negatively impact upon operational performance
- Improve or not negatively impact upon the quality of care we provide to patients
- Support better integration with other NHS or emergency services
- Collaborate or co-locate where possible
- Improve flexible working, utilising smart working principles
- Engage effectively with our staff, listening to concerns and communicating the benefits of the changes
- Engage effectively with the public and key stakeholders

Our estates development work will be long term and wide ranging but we will ensure that at every step we are being true to the principles we have agreed.

3. The case for change

The largest part of our estate is our frontline operational estate. There is large variability in the size and function of our estate. We have some large (and very large) stations which provide most of our ambulance make-ready and maintenance facilities. And we have a lot of smaller estate which are used solely as a stationing point for crews.

From our staff engagement we understand the difficulty to feel connected to peers and managers when they are dispersed across multiple locations. This reduces opportunity for peer-to-peer learning and is inefficient when crewing ambulances. Additionally, we have heard that staff, understandably, do not like working in estate which is not fit for purpose or of poor quality.

Land and real estate in London is expensive. Despite having a relatively small number of sites compared to other ambulance services, our total Net Book Value (NBV) is £116m (£109.6m for ambulance stations only), while on average it is only £46m for the other ambulance services.

The Carter Review into unwarranted variation in ambulance services outlines some key points that need to be considered when comparing ourselves to the other UK ambulance services. The key points from this work in relation to our estate are:

- London covers a much smaller geographical area than any other service (970km²), with therefore a much greater population density (9k people per sqm), ten times as many people per area than the next most densely populated trusts NWS and SECAMB
- London has the most ambulance stations per area with one station per every 13km² with the least per area being WMS with one station per every 148km²
- London has the highest population covered per operational site at 120k people (with the lowest being 36k per operational site)
- We have the oldest estate of any ambulance trust in the UK (average of 48.2 years), although we have made a significant effort to clear backlog maintenance, and as a result most of our estate is in a reasonable condition
- An ageing estate leads to higher Facilities Management (FM) costs and we have one of the highest FM costs per building across all trusts (£125k per estate). Although it should also be noted that our FM costs as a proportion of overall spend is the lowest (3.0% of annual budget compared to a range of 3.2% to 5.9% for other ambulance trusts)
- LAS has the median number of operational (73) and total sites (87), but the second largest internal area available (71,860m²)
- LAS sites are therefore the largest on average (825m²). However, it should be noted that this is skewed by a handful of very large sites (including Bromley [4,500m²] and Fulham [3,000m²]). The median area per site is 450m²
- A significant proportion of LAS estate is underutilised (19%)

Looking at other trusts in England we can see that we do not need such geographically close estate. Our current station locations are a result of previous service mergers and availability of buildings as opposed to strategic long term planning.

This need to ensure that our estate provides a consistent and high quality working environment for our staff, as well as adapting to meet future requirements caused by rising demand for our services is a key part of the case for change.

The other key elements of our case for change are:

- We have poor utilisation of space across our estate, including our corporate buildings and frontline stations
- There is a need to improve the resilience within our control services
- Logistics processes are ineffective and uneconomic
- Changing how we use our estate can help to improve team working and is a key driver for organisational culture

It is crucial that the development of our estate supports our vision and purpose. Our purpose includes our responsibilities towards our patients, our people, our partners and ensuring best value for money for the tax paying public. The diagram below looks at the key outcomes which we will seek to achieve when developing our detailed plans for each area of our estate to provide benefits for each of these four groups:

Figure 1: Key outcomes that our estate changes could provide



4. Summary of our current estate

Our current estate comprises of corporate, operational and training estate located across London. The different types of estate, and a brief description of each, is set out in table 1 below.

Table 1: Current London Ambulance Service Estate

Estate	Description
Ambulance Stations <ul style="list-style-type: none">• Maintenance• Make Ready• Group Stations Drug storage	<p>We have 68 ambulance stations located across London. Within these 68 there are the following different functional variations:</p> <ul style="list-style-type: none">- 12 contain maintenance facilities which perform planned and unplanned vehicle maintenance- 14 contain make-ready sites which clean, stock and prepare ambulances for the next shift- 18 are group stations which support activities across a geographical area- 25 stations have secure drug storage facilities. <p>Some stations perform more than one of these functions.</p>
999 Emergency Operations Centres	<p>These house the technology and staff which run our 999 contact handling, triage, resource dispatch and 999 Clinical Hub. We have two sites, based in Lambeth and Tower Hamlets</p>
IUC Contact Centres	<p>These house the technology and staff which run our NHS111/IUC contact handling, triage, and Clinical Advice Service. We have two sites, one for each of the IUC services we provide in South East London and North East London, based at Croydon and Barking respectively.</p>
Headquarters & corporate offices	<p>We have four corporate offices including our Headquarters in Waterloo which is next to an ambulance station, in a single large development. Having recently exited one corporate office (Morley Street), we have one corporate office in Pocock Street and another co-located with London Fire Brigade HQ in Union Street.</p>
Training Centres	<p>We have eight centres from which we run our clinical training and education. Six are for clinical education and training, one is a dedicated driving training centre and one is a standalone EOC training centre.</p>
Non-Emergency Transport Service	<p>We have two sites which house and dispatch the vehicles and staff for our Non-Emergency Transport Service (NETS). In addition, NETS also operate from three ambulance stations.</p>
Hazardous Area Response Team	<p>We have two strategically located sites which house and dispatch the vehicles, equipment and staff for our Hazardous Area Response Teams.</p>
Logistics Store	<p>We have a Central Logistics store based in Deptford.</p>

The next section outlines our initial thinking on whether we think each element of our estate needs development, the extent of that development and our initial thinking of what the final future state of that estate might be.

5. Strategic direction for each area of our estate

This section outlines, for each area of our estate, some of the initial options that were considered as well as our preferred option and the benefits that we believe they could deliver. Where progress has already been made, or plans have already been approved, these are outlined rather than other potential options.

5.1 Frontline operational estate – including stations, make ready & Non-Emergency Transport Service (NETS)

Our future frontline operational estate will provide a high quality and fit for purpose operational estate, which supports staff to effectively and efficiently deliver a world-class service whilst demonstrating value for money

We have started to develop a vision for our frontline estate which, whilst needing further development, is described below. This proposed approach will ensure that our frontline estate is fit for now and in the future and will be based on the anticipated demand we will receive and the level of resources we will therefore need to supply. It will acknowledge that our staff are predominantly mobile and often will only be at station at the start and end of shifts.

Current status	Current plan – operational estate strategy
<ul style="list-style-type: none">• 68 ambulance stations of varying sizes and specifications that produced c.320 ambulances each day across London• The estate growth has been organic and reactive and not the result of a strategic assessment• Larger stations support a range of LAS activities which are not directly linked to the preparation and deployment of clinical teams, including training and administrative functions• Some of our stations are much more accessible by public transport than others	<ul style="list-style-type: none">• Consolidation of stations to a smaller number of larger, high quality Ambulance Deployment Centres (ADC) spread across London• Each ADC will be aligned to an operational frontline team, supporting team-working and identity• ADCs will provide all the facilities staff need to prepare for and start their shifts. It will also contain dedicated rest and meeting spaces for staff to relax or meet with colleagues or managers for catch ups, debriefs, reviews or team meetings• Dedicated make-ready facilities at each new consolidated location, reliably providing a fully stocked vehicle at the start of shift• Development of a system of local standby points to ensure appropriate coverage of resource deployment to meet expected demand• Integration of NETS into core operational service delivery
Potential Key Benefits	
<ul style="list-style-type: none">• A frontline estate that, based on full analysis of expected future demand, efficiently supports service delivery and ensures that our staff are able to respond in the appropriate time and with the right equipment to every patient that needs us• Improving the working lives of our staff; reducing variability and ensuring that all of our staff have safe, secure, modern and high-quality places of work• Supporting better team working through co-location of all local groups to a single site, allowing more time for managers to meet with and support their teams• Co-location of make ready facilities to improve processes and more reliably provide crews with a fully equipped and fuelled vehicle at start of shift	

5.2 111/IUC contact centres and 999 Emergency Operations Centre (EOC)

Our strategy envisages future integration of 111/IUC contact centres with 999 contact handling, providing improved efficiency, resilience and operational performance whilst providing a better quality working environment for our staff. Working in partnership with our emergency service partners will enable us to provide a better response to major incidents.

Current status	Options could include
<ul style="list-style-type: none"> • 2 999 control centres – Waterloo HQ & Bow • Insufficient resilience to maintain full cover for a prolonged period if either 999 site were to become unusable • Working environments are considered poor for 999 control room staff • We currently deliver IUC services in South East London (Croydon) and North East London (Barking) • We are actively pursuing further involvement in 111/IUC services across London • We are starting to implement technology to integrate 999 and 111/IUC contact handling which will lead to integration opportunities in the future • We are implementing Clinical Hub satellite hubs in stations (currently Barking, Croydon and Pinner) 	<ul style="list-style-type: none"> • As part of our ICAT strategic ambition we want to be the integrator of access to urgent and emergency care across London. This will include running or playing a key role in 111/IUC across London and might, in the future, lead to consolidation of contact handling functions to improve efficiency and operational performance. • Efficiencies across current EOC estate (Carter) • Greater collaboration with blue light partners including co-location. This will include looking at areas where we already have existing, but separate facilities • Internal moves for LAS control rooms within London • Collaborate with other industries e.g. TfL • Collaboration/co-location with 111/IUC services
Potential Key Benefits	
<ul style="list-style-type: none"> • A more seamless and consistent service to patients who call 111 or 999 • Improved resilience & capacity within 999 and IUC services through integrating patient contact functions and ability to respond to 999 or 111 patients at all sites • Better working environments for staff, helping improved recruitment & retention which in turn will support operational performance • Better value for money through co-location/collaboration • Improved operational performance • Improved response to major incidents through closer working and collaboration on a strategic and tactical level with our emergency service partners • Efficiencies through economies of scale of providing multiple IUC services, integrating patient contact facilities 	

5.3 Headquarters & corporate offices

Our Headquarters and corporate offices need to provide high quality working environments for our corporate and support staff, improve team working and provide best value for money through consolidation.

Current status	Progress made/existing plan
----------------	-----------------------------

<ul style="list-style-type: none"> • 4 main Corporate locations, all in Zone 1 (Waterloo HQ, Pocock Street, Morley Street, Union Street) • Corporate staff also co-located with HART at Cody Road and at Ilford and Barnehurst stations • Majority of corporate staff spend most of their time in HQ buildings in Central London • There are a number of areas within corporate offices dedicated to storage, including long term storage of HR files 	<ul style="list-style-type: none"> • Redevelopment of central London offices underway to rationalise 4 sites to 2 • We have exited from Morley Street and plan to exit from Union Street upon the end of that lease, bringing those staff into Waterloo HQ • Formal agreement of hot desk policy to make better use of space (7 desks to 10 people) • All corporate staff moved from Cody Road to HQ to ensure all teams are co-located
Key Benefits	
<ul style="list-style-type: none"> • Improved team working through co-location • Longer term financial savings through exiting of leases at Morley Street & Union Street • Better working environment for staff at HQ through newly renovated building 	

5.4 Training centres

Our future training centres will be state of the art facilities, supported by mobile resources, which will better support our staff to provide outstanding care to patients and give our trainers the resources and environment they need and deserve.

Current status	Options could include
<ul style="list-style-type: none"> • 7 Clinical Education and Training locations across London, including a standalone driving training centre • 1 EOC Training facility • A great deal of training happens locally on station which is variable in effectiveness, takes place in poor facilities and does not conform to an agreed oversight and quality assurance framework 	<ul style="list-style-type: none"> • Reducing and consolidating the number of training locations from 6 to 2 (North/South or East/West) • Developing state of the art training facilities that will be able to provide the full range of training required • Opportunities to integrate with surrounding ambulance services, e.g. EEAS in the North, SCAS in the West and SECAMB in the South • Supplementing fixed training locations with mobile classrooms • Consideration to utilising alternative facilities for peak demands
Potential Key Benefits	
<ul style="list-style-type: none"> • Supporting the delivery of outstanding patient care through improved quality of training delivered through use of specialist training facilities and equipment • Improved productivity of trainers through consolidation of training sites • Access to world class training facilities supporting improvement of recruitment and retention • Providing our trainers with a much better quality working environment than they currently experience 	

5.5 Vehicle Maintenance

Our future vehicle maintenance service will demonstrate best value for money and better support operational performance by providing staff with the reliable vehicles they need.

Current status	Options could include
<ul style="list-style-type: none"> Planned and reactive maintenance undertaken across 12 station locations This includes 'light' maintenance such as changing headlights and minor repairs as well as 'heavy' maintenance that requires full workshop facilities 	<ul style="list-style-type: none"> Development of dedicated maintenance facilities which will be able to provide a better quality service, for longer hours, responding to peak demand on maintenance services Retain 'light maintenance' at deployment stations with 'heavy' or planned maintenance at dedicated maintenance sites, one per sector.
Potential Key Benefits	
<ul style="list-style-type: none"> Reducing the time our vehicles are off the road for maintenance Reducing the amount of non-patient facing vehicle movements across London 	

5.6 Specialist assets – including Hazardous Area Response Team (HART) – Tactical Response Unit (TRU), Motorcycle Response Unit (MRU) and Cycle Response Unit CRU)

Our future specialist assets will ensure that we are able to respond effectively and quickly to all incident types, especially major incidents when they occur

Current status	Options could include
<ul style="list-style-type: none"> The HART and TRU teams are located together at 2 sites in West and East London. These are specialised centres which are strategically located and would be excluded from any rationalisation of frontline operations HART use 10 units at a storage location (c. 7000 sq ft) as well as a location next to Silver Town station. These units contain vehicles, event equipment, public order response kit, MTFA & incident logs/paperwork 	<ul style="list-style-type: none"> No current plans to move the HART and TRU sites due to their strategic locations. However we will review this as the lease ends at these sites with any plans needing to maintain strategic locations We have released space at Cody Road through the consolidation of corporate buildings allowing us to move the recruitment team to HQ. This will provide the teams remaining at Cody Road with the space that they need

5.7 Logistics Store

Our future logistics store will ensure that, as effectively and efficiently as possible, our staff are reliably provided with all of the equipment, drugs and consumables they need to deliver world class care to our patients

Current status	Options could include
<ul style="list-style-type: none"> We have one centralised logistics store in Deptford, which is responsible for making sure that we have enough kit and equipment 	<ul style="list-style-type: none"> Maintain a single central logistics store Integrate with South Central Ambulance Service for greater economies of scale

to then be delivered to stations across London <ul style="list-style-type: none"> The centralised logistics store is supported by localised stores for consumables and medicines 	<ul style="list-style-type: none"> Pursue a more extensive integration model, potentially on a national basis with other ambulance trusts, or with other London NHS provider trusts
Potential Key Benefits	
<ul style="list-style-type: none"> Efficient and effective distribution of all necessary equipment whilst maximising economies of scale and efficiencies 	

6. Next steps

As detailed in the previous section, there is a significant amount of estate development work which could be undertaken to deliver transformational changes to the way in which we can deliver our urgent and emergency care services now and in the future. The scale and scope of these potential changes differs significantly for each element and can be split into the following categories:

- No current change; BAU improvements to continue through the estates team and annual business plan
- Moderate change needed; to be managed through BAU governance processes and internal programme and project management, with business cases developed as required. This will be managed and monitored through Portfolio Management Board as well as monthly internal performance reviews
- Transformational change; will require a business case and might require external funding and consultation

No current change – BAU improvements	Moderate change – internal programme & business cases as required	Transformational change – standalone business case required
<ul style="list-style-type: none"> 111/IUC estate Specialist assets Logistics store 	<ul style="list-style-type: none"> Headquarters & corporate offices Training centres 	<ul style="list-style-type: none"> Frontline operational estates (inc. NETS) Emergency Operations Centre

In support of developments for all of the areas of estate the following next steps are proposed:

- To refresh the 6-facet survey, which is now almost 8 years old, to ensure we have an up to date assessment of the physical quality of our stations
- Develop a detailed engagement plan for how we will engage with staff, the public and stakeholders, working with the Director of Communications and Engagement
- Identifying and pursuing opportunities that would provide better outcomes or better value for money or provide other improvements on the emerging operational estates strategy. This could include new opportunities to co-locate with partners or new sites becoming available for purchase/redevelopment
- We have identified the sites with the most pressing need for redevelopment and will focus on identifying potential opportunities for these sites in the first instance. This will include sites under a compulsory purchase order, sites coming to the end of a lease, buildings not fit for purpose or not safe for our staff and anywhere a commercially viable opportunity arises.

Given the categorisations in the table above, it is proposed that standalone business cases are developed for the areas of estate identified as potentially needing transformational change. These will

be developed using the requisite expertise and modelling to ensure that they will deliver the benefits needed as well as supporting improvements to operational performance. These business cases will include separate delivery plans and proposed benefits as well as outlining whether they will require staff and/or public consultation exercises to be carried out. Each one will be discussed with Trust Board in detail and will require formal sign off to proceed.



Report to:	Trust Board			
Date of meeting:	24th September 2019			
Report title:	Preparedness for UK exit from the EU			
Agenda item:	10			
Report Author(s):	Lorraine Bewes, Chief Finance Officer			
Presented by:	Lorraine Bewes, Chief Finance Officer			
History:	Following the publication of the national framework for assessing the impact of a No Deal departure from the European Union (EU) in October 2018, the Trust submitted its contract review to the Department of Health and Social Care and carried out a comprehensive review of risks to all operations from an unmanaged exit from the EU at the end of April 2019. Papers were submitted to the Audit Committee on 05 November 2018 (ref: AC18/75), the Finance and Investment Committees on 13 November 18 (ref: FIC18/58) and 15 January 2019 (ref: FIC/18/69) and the Trust Board on 29 January 2019 (ref: PTB/18/36) to provide assurance on readiness. Subsequently the Government negotiated an extension to 31 October 2019. Regular reports have been made to the Executive Committee since January 2019 and an assurance paper was received by the Audit Committee on 05 September 2019 (ref: AC/19/49).			
Status:	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information

Background / Purpose:

The government-wide preparations that were put in train in readiness for a possible departure from the European Union (EU) at the end of March (and then 12 April 2019) were based on a No Deal planning assumption that there would be no deal in place.

Following the Government's renegotiation of a possible withdrawal from the EU to 31 October 2019 and change in leadership, whilst this scenario looks increasingly likely, there is no intelligence to suggest that the substance of the risks and planning preparations that have been put in place are materially changed, other than that the risk assessment needs to factor in impacts during a lead up to winter as opposed to spring. The Trust has kept in place the weekly task and finish group reporting to the Executive Committee (ExCo) and this is scheduled to remain in place until December.

In July 19, the Trust's internal auditors assessed the Trust's arrangements for managing risks arising from EU Exit and have given a rating of significant assurance with some improvements, which have been addressed.

Following the executive re-organisation and as we move towards response readiness, the Chief Executive has agreed that Senior Responsible Officer (SRO) role for preparations going forward will transfer to the Chief Operating Officer.

This report provides a refreshed readiness assessment on the Trust's position on preparedness in the event of a No Deal departure from the European Union on 31 October 2019 and the attached

Board Assurance Framework (BAF) risk 53 has been updated to capture key controls and actions being progressed.

Recommendation(s):

The Trust Board is asked to note the activities undertaken to assess the potential impact of a No Deal departure from the EU and the outcome of the Trust's BAF risk assessment and confirm whether further assurances are required.

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

The potential for supply chain interruption and possible cost pressures arising from a No Deal departure from the European Union have implications for the delivery of the Trust's clinical, quality and financial plan deliverables in the Business Plan. The Trust's preparedness is also a matter for its reputation as a well led organisation. BAF risk 53 has been updated and is attached. No material change to the risk rating has been identified from the refresh.

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

Introduction

- 1 The government-wide preparations that were put in train in readiness for a possible departure from the European Union (EU) at the end of March (and then 12 April) were based on a No Deal planning assumption that there would be no deal in place.
- 2 Following the Government's renegotiation of a possible withdrawal from the EU to 31 October 2019 and change in leadership, whilst this scenario looks increasingly likely, there is no intelligence to suggest that the substance of the risks and planning preparations that have been put in place are materially changed, other than that the risk assessment needs to factor in impacts during a lead up to winter as opposed to spring. The Trust has kept in place the weekly task and finish group with oversight of risk assessment and actions, reporting to Executive Committee (ExCo) and this is scheduled to remain in place until December 2019.
- 3 The Trust's internal auditors, Grant Thornton, assessed in July 2019 the Trust's arrangements for managing risks arising from EU Exit and gave a rating of significant assurance with some improvement required, which is in line with management's expected assurance level. These have now been addressed. Following the Executive re-organisation and as we move towards response readiness, the Chief Executive has agreed that Senior Responsible Officer (SRO) for preparations going forward will transfer to the Chief Operating Officer.
- 4 The Trust Board, Audit and Finance and Investment Committees have previously been informed of activities in place to mitigate the risks posed in five primary key risk areas from the departure from the EU, viz:
 - (i) Supply Chain
 - (ii) Business Continuity/Emergency Preparedness, Resilience & Response
 - (iii) Workforce
 - (iv) Drugs
 - (v) Other – regulatory changes, political upheaval.
- 5 This report provides a refreshed readiness assessment on the Trust's position on preparedness in the event of a No Deal departure from the EU on 31 October 2019 and the Board Assurance Framework (BAF) risk 53 has been accordingly updated to capture new key controls and actions being progressed to address remaining gaps. The overall level of risk rating remains unchanged at this stage.

Supply Chain

- 6 A list of 17 suppliers were originally identified as having a supply chain risk in the event of a no deal exit from the EU. These suppliers have now been re-assessed to understand whether their risk has changed.
- 7 The risk level for each category remains unchanged as per the table below (rated 0 – 25):

Supply Chain category	Current risk rating
Vehicle conversions	4
Vehicle parts	9
Body armour	9
Cleaning services contract – office	12
Cleaning & preparation services contract - vehicles	16
Patient facing contracts	6

- 8 The suppliers have confirmed that the risk to their supply chains has not changed.
- 9 Some have noted that customs duties may apply which would affect the cost of goods.
- 10 The Trust is aware that fluctuations in currency and commodity pricing could result in an increase in the cost of the goods. Work is in progress currently to understand what this increase could potentially look like to the Trust.
- 11 For contracts that will be centrally managed, the DHSC will ensure supplies will be stockpiled, where they can, and are also arranging a sole channel of entry for medical supplies. Trusts have been asked not to form their own stockpiles.
- 12 The Procurement department has reviewed its own medical supply base to identify any EU Exit risks and have issued a supply survey to understand the complexities of their respective supply chains. It should be noted the London Ambulance Service NHS Trust (LAS) has already agreements in place for its key suppliers of the critical medical consumable items to hold 3 months-worth of stock on UK soil.
- 13 Furthermore, procurement has mapped the geographical location of suppliers for its key medical items and have identified only 2 have significant operations in Europe, but each have logistical depots in the UK, where they hold 3 months' stock.
- 14 The LAS central store in Greenwich holds 2 weeks-worth of stock.

Fuel

- 15 The Trust is the only ambulance service that relies entirely on pump fuel and is therefore potentially exposed during a fuel shortage.
- 16 The previous preparations included a risk evaluation of a prolonged fuel shortage, including any impact on staff getting to and from work. The review included an update of the existing fuel disruption plan which was effective during the last national fuel delivery strike and the potential re-purposing of our Nissan Leaf fleet. Consideration has been given to the potential for sharing existing fuel bunker storage with the London Fire Brigade (LFB) but this has been discounted as our sites are not compatible.
- 17 The Trust has established fuel storage at six sites to meet the minimum requirement of 20 days fuel supply required by the Civil Contingencies Act. We have 210,000 litres in stock and average daily usage of 9,263 which equates to over 22 days. Fuel monitoring equipment is now fitted at all six sites and the process for dispensing fuel has been communicated to relevant staff and fuel issuing keys issued. We now have centralised monitoring and alarms for all fuel stocks that can be accessed remotely if required. An audit of the system and our stock holding to meet resilience needs has been undertaken by Grant Thornton who were satisfied with the situation. As a result of the audit some minor follow up points to ensure all the gauges were recalibrated was identified. This is planned for completion in September.
- 18 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. The Trust has been advised that it is considered a priority service by the government for the supply of fuel in the event of a shortage but the Chief Operating Officer on behalf of the Trust will establish the detail of this national prioritisation process and how the LAS stands with respect to other blue light services.

Business continuity/Emergency Preparedness, Resilience and Response (EPRR)

- 19 Local business continuity plans have been reviewed for readiness for the eventuality of a more prolonged disruption impacting on staffing outside the frontline operational response. No areas are now red rated in relation to their preparation of business continuity plans.
- 20 All staff annual leave is now co-ordinated through GRS. The Task and Finish reporting group has requested a standing report on senior staff availability (Directors and their direct report) from its next meeting to ensure visibility for forward planning. The Task and Finish Group has also considered whether business continuity plans were in place to assist staff living in areas that may be affected by increased congestion on the roads, on their journey to work and a specific review of this is planned.
- 21 With respect to wider EPRR risks, South East Coast Ambulance NHS Foundation Trust has completed an operational exercise which has resulted in a pre-emptive request for mutual aid. LAS are fully involved and engaged in the national discussion regarding this.
- 22 The request is being clarified so that LAS can confirm its ability to respond but is likely to include a request for two motorcycles and ten personnel and senior clinicians to support the Emergency Operations Centre (EOC) with providing guidance to ambulance clinicians with regards to referral, discharge or conveyance decisions. This will probably be a staged approach from sometime in November; and NHS England is of the view that national funding will be available, though the precise route for funding is still to be clarified. There is a central understanding that a commitment from all ambulance trust Chief Executives has been made to support this process earlier in the year.

Workforce

- 23 No change. The risk remains low.

Drugs

- 24 Current Government guidance remains in line with the readiness preparations from March that whilst the six-week medicines stockpiling activity remains a critical part of the Department's UK-wide contingency plan, it is being supplemented by additional national actions.
- 25 The Government has worked to ensure there is sufficient roll-on, roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK.
- 26 The Government has agreed that medicines and medical products will be prioritised on these alternative routes to ensure the flow of all these products will continue unimpeded after 31 October 2019. This includes all medicines, including general sales list medicines.
- 27 In the event of delays caused by increased checks at EU ports, the Department will continue to develop the UK-wide contingency plan for medicines and vaccines with pharmaceutical companies and other government departments. UK health providers – including hospitals, care homes, GPs and community pharmacies – should not stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions and the public should be discouraged from stockpiling.

- 28 Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- 29 The Department of Health and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines; arrangements are also likely to be put in place to monitor the unnecessary export of medicines.
- 30 The Department of Health has put in place a "Serious Shortage Protocol". This will involve changes to medicines legislation that will allow flexibility in primary care dispensing of medicines. Robust safeguards will be put in place to ensure this is operationalised safely, including making authoritative clinical advice available.
- 31 Public Health England (PHE) is leading a separate UK-wide programme ensuring the continuity of supply for centrally-procured vaccines and other products that are distributed to the NHS for the UK National Immunisation Programme or used for urgent public health use. In addition to the national stockpiles that PHE has in place to ensure continued supply to the NHS, PHE continues to work alongside contracted suppliers on their contingency plans to ensure that the flow of these products will continue unimpeded in to the UK after exit day.
- 32 The Trust Pharmacist has reported that there are reports of supply issues with medicines via correspondence from the Commercial Medicines Unit. The most recent that affects the LAS 999 is Ketamine. Whilst these issues are not directly related to EU Exit, departure from the EU may add additional pressures. Currently there is no national Medicines and Healthcare Products Regulatory Agency (MHRA) approved stock so if we deplete our current batch then we have none. We are keeping a close eye on this as we have stock to cover a few weeks, by which time the MHRA approved product will hopefully be available.
- 33 In the event of no deal there is a requirement for medicines to go through a regulation system post Exit which may cause delays which are not within the Trust's control.

Governance and Oversight – Additional Controls

- 34 The Executive Committee conducted its assessment of the risks faced by the Trust in the event of a No Deal departure from the EU on 29 March 2019, in line with the framework mandated by the DHSC and the arrangements set up have been retained in place.
- 35 The Trust's standing orders allow for urgent decisions to be taken when necessary and the Trust has business continuity plans in place which are being tested in the context of hypothetical EU exit scenarios.
- 36 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.
- 37 Exit from the EU has been a standing item on the Executive Committee agenda throughout this financial year with regular reports from the EU exit Task and Finish Group chaired by the Chief Finance Officer. As we move to response readiness the Chief Executive has agreed that the Chief Operating Officer should take over chair and SRO role.
- 38 The Terms of Reference and membership of the focus group reflect the following enhanced oversight:

- (i) Ensure it meets fortnightly providing feedback to the Executive Committee on the actions being taken to manage any risks identified. The Chief Operating Officer has been identified as the SRO for the Trust's preparedness for the UK's exit from the EU and is chair of the group.
- (ii) The group will have enhanced reporting to assess the requirement of stocking key consumables e.g. fuel, tyres and the need to provide assurance and identify prudent measures to reduce consumption during the period.
- (iii) Identification of alternative sources of supply and risk assessment where there is reliance on third party with no alternative supply.
- (iv) Ensure appropriate alignment with Gold Group on escalation measures.
- (v) Evaluation of cost pressures including consideration for need for consignment stock, assessment of additional tariffs exposure, assessment of ability to move to OEM parts and evaluation of impact on warranties.
- (vi) Oversight and management of the procurement schedule of actions which will be reported as a standing item to the Executive Committee and Finance and Investment Committee.

Communications Plan

- 39 The Trust is maintaining a reactive approach to external communications and will keep this under review for any additional central guidance.
- 40 The Communications Team is providing a refresh of the communications plan to include what we have communicated internally and externally and what our plans are going forward and the report to be provided to the next meeting of the Task and Finish Group.
- 41 A number of National and Regional events are planned to support contingency planning during September. The Trust will be attending a Regional EU Exit event on 19th September and the national EU Exit Strategic Command Group will be reinstated during October with gradual step up of situational awareness reporting to daily reporting. The Trust is aware and ready for this. A verbal update will be made on any relevant information and assurance from the Regional EU Exit event.

Conclusions and Next Steps

- 58 The Trust Board is asked to note the activities undertaken to assess the potential impact of a No Deal departure from the European Union and the outcome of the Trust's BAF risk assessment and confirm whether further assurances are required.

Lorraine Bewes
Chief Finance Officer

BAF Risk no. 53 There is a risk that the normal business continuity arrangements followed by the Trust will need to be enhanced in the event of a no deal departure from the EU due to the unknown nature and extent of the potential disruption to business

Risk Classification: Finance		Risk Owner: Lorraine Bewes		Scrutinising Committee: Finance & Investment Committee	
Date risk opened: 17 January 2019		Date risk expected to be removed from the BAF: End of September 2019 (Latest)			
Change since last review:		Additional actions added following EU Exit Preparedness Group meeting on 28 August 2019			
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 31 October 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>6. A fuel monitoring system is installed and working to protect fuel stocks.</div> <div>7. Fuel management plan in place- (continuity) aligned to the national arrangement for fuel distribution co-ordinated by NARU – NACC</div> <div>8. Local business continuity plans reviewed and updated to ensure EU response ready.</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. Provide a standing report on senior staff availability (Directors and their direct reports) to ensure visibility for forward planning.</div> <div>2. Communications team to provide refreshed communications plan.</div> <div>3. Provide confirmation that the fuel tanks monitoring system has been correctly calibrated at all sites.</div> <div>4. Provide status of monitoring fuel security in the event of fuel disruption and update the fuel disruption plan according.</div> <div>5. Link any cost variances in supply chain to be included in budget setting requirements.</div> <div>6. Clarify our obligation and costing for providing mutual aid to SECAMB</div>		<div>1. Chris Randall, Head Workforce Analytics, HR</div> <div>2. Pauline O'Brien, Head of Media and Campaigns</div> <div>3. Steve Perks, Head of Fleet</div> <div>4. Justin Wand, Deputy Director of Fleet and Logistics</div> <div>5. James Corrigan, Financial Controller</div> <div>6. Liam Lehane, Assistant Director of Operations Resilience and Special Operations</div>		<div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div>	



Assurance Audit Committee report:

Date: 05/09/2019

Summary report to:	Trust Board	Date of meeting:	24/09/2019
Presented by:	John Jones, Non-Executive Director, Audit Committee Chair	Prepared by:	John Jones, Non-Executive Director, Audit Committee Chair

Matters for escalation:

The Annual Audit Letter for the year ended 31 March 2019 was received from the external auditors Ernst and Young. This is attached at Appendix 1.

The Committee was observed by the Care Quality Commission as part of their 'well led' review.

Other matters considered:

The latest Board Assurance Framework (BAF), which continues to show five red risks, was reviewed. These are also subject to monitoring by respective Board Assurance Committees. (Two red risks Finance & Investment Committee and one red risk for Logistics & Infrastructure Committee, Quality Assurance Committee and People and Culture)

Use of single tender waivers to August 2019 were reviewed. There were fifteen instances during this period and although individual items can be justified this continues to be too high. The Chief Executive and Executive team have given a commitment to reduce the use of single tender waivers and this will be a particular focus of the new Head of Procurement.

A report on the Losses and Special Payments to July 2019 was reviewed by the Committee. Expenditure on vehicle accidents indicates a reduction of £224k compared with the same period last year and this appears to be due to the introduction of a higher level of competitive tendering for repair work.

Internal Audit & Counter Fraud

An update on the internal Audit plan and counter fraud activity to date was presented by Grant Thornton and reviewed by the Committee. The Internal Audit Plan is in track for delivery in 2019/20 but the review of the LAS arrangements for General Data Protection Regulation (GDPR) has been delayed because of failure to recruit to vacancies. Alternative resource is now being put into place to cover this and the report is now expected for the November meeting of the Committee.

Two reports were received on assurance that audit recommendations are implemented in a timely manner:

- (a) An internal report on the status of outstanding recommendations. This concludes that there are currently 6 overdue recommendations and these are all planned to be completed by 30 November 2019. This is a considerable improvement.
- (b) A report from Grant Thornton (now produced to the Committee every 6 months) to provide assurance that previous internal audit recommendations, marked as completed, have been fully implemented. The sample reviewed concluded that all have been implemented either fully or in principle.

Two internal audit studies had been completed and the findings presented–

(a) NHS Data Security and Protection Toolkit Review

The Chief Information Officer was present to discuss the findings and inform the Committee. There was a management commitment to develop a risk-based remedial plan for software packages that are unsupported and this was part of the intention to achieve Cyber Essentials plus accreditation by 2021. This forms part of the mitigation for BAF risk 45 regarding cyber security.

The assurance rating for this internal audit review was **Significant assurance** with some improvement required (1 medium risk recommendation)

(b) Arrangements for Managing Risks arising from Brexit.

The assurance rating for this internal audit review was **Significant assurance** with some improvement required (1 medium risk and 1 low risk recommendation which have both been implemented)

The External Auditors presented their Annual Audit Letter for 2018/19 to the Committee. There were no items that required special attention from the Committee.

The Committee's forward plan was reviewed.

Key decisions made / actions identified:

Commitment from the Executive Team to reduce the use of single tender waivers to ensure value for money is demonstrated.

Risks:

No new risks were highlighted but the Committee reviewed in depth a high risk BAF item:

EU Exit preparedness.

In addition to the Internal Audit study, noted above, a report was received from the Chief Finance Officer on a refreshed readiness assessment on the Trust's preparedness for withdrawal from the EU.

The Committee took further reassurance that adequate steps have been taken to date to address this issue, which will be subject to frequent ongoing review.

Assurance:

The Annual Audit Letter for 2018/19 provides positive assurance over the financial statements for 2018/19 and arrangements of value for money.

The significant assurance given by the Internal Auditors was noted above, covering their reviews of the NHS Data Security and Protection Toolkit and Arrangements for Managing Risks arising from Brexit.

Both representatives of the internal (Grant Thornton) and external (E & Y) auditors were present at the meeting.

London Ambulance Service NHS Trust

Annual Audit Letter for the year ended 31 March 2019

June 2019

Ernst & Young LLP

Contents

Executive Summary	2
Purpose.....	5
Responsibilities.....	7
Financial Statement Audit	9
Value for Money	14
Other Reporting Issues.....	17
Appendix A Audit Fees	20

The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter 9 February 2017.

This report is made solely to the Audit Committee and management of London Ambulance Service in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit Committee and management of the Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit Committee and management of the Trust for this report or for the opinions we have formed.

Our Complaints Procedure - If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

A hand with white nail polish is writing on a document with a blue pen. In the background, there is a calculator, a white cup, and a laptop. A yellow rectangular box is overlaid on the left side of the image.

Executive Summary

Executive Summary

We are required to issue an annual audit letter to London Ambulance Service NHS Trust (the Trust) following completion of our audit procedures for the year ended 31 March 2019.

Below are the results and conclusions on the significant areas of the audit process.

Area of Work	Conclusion
Opinion on the Trust's:	
▶ Financial statements	Unqualified - the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended
▶ Parts of the remuneration and staff report to be audited	We had no matters to report
▶ Consistency of the Annual Report and other information published with the financial statements	Financial information in the Annual report and published with the financial statements was consistent with the Annual Accounts
Reports by exception:	
▶ Consistency of Governance Statement	The Governance Statement was consistent with our understanding of the
▶ Referrals to the Secretary of State	We had no matters to report
▶ Public interest report	We had no matters to report in the public interest
▶ Value for money conclusion	We had no matters to report
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £300,000 tolerance, to your audited financial statements
Reporting to the National Audit Office (NAO) in line with group instructions	We had no matters to report

As a result of the above we have also:

Area of Work	Conclusion
Issued a report to those charged with governance of the Trust communicating significant findings resulting from our audit.	Our Audit results report was issued on 22 May 2019 and presented to the Audit Committee with a verbal update on 23 May 2019
Issued a certificate that we have completed the audit in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office's 2015 Code of Audit Practice.	Our certificate was issued on 28 May 2019

We would like to take this opportunity to thank the NHS Trust staff for their assistance during the course of our work.



Janet Dawson
Partner
For and on behalf of Ernst & Young LLP



Purpose

Purpose

The Purpose of this Letter

The purpose of this annual audit letter is to communicate to Members and external stakeholders, including members of the public, the key issues arising from our work, which we consider should be brought to the attention of the Trust.

We have already reported the detailed findings from our audit work in our 2018/19 audit results report to the 23 May 2019 Audit Committee, representing those charged with governance. We do not repeat those detailed findings in this letter. The matters reported here are the most significant for the Trust.

A person wearing teal medical scrubs is holding a large yellow folder. A bright yellow rectangular box is overlaid on the left side of the image, containing the word "Responsibilities" in black text. The background is a blurred clinical setting.

Responsibilities

Responsibilities

Responsibilities of the Appointed Auditor

Our 2018/19 audit work has been undertaken in accordance with the Audit Plan that we presented to the Audit Committee on 11 February 2019 and is conducted in accordance with the requirements of the Local Audit and Accountability Act 2014, the National Audit Office's 2015 Code of Audit Practice, the auditing standards and other professional requirements.

As auditors we are responsible for:

Expressing an opinion:

- ▶ On the 2018/19 financial statements;
- ▶ On the parts of the remuneration and staff report to be audited;
- ▶ On the consistency of other information published with the financial statements, including the annual report; and
- ▶ On whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- ▶ If the annual governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- ▶ To the Secretary of State for Health if we have concerns about the legality of transactions or decisions taken by the Trust;
- ▶ Any significant matters that are in the public interest;
- ▶ If we conclude that you have not put in place proper arrangements to secure value for money in your use of resources for the relevant period; and
- ▶ Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its statement of accounts, annual report and annual governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

A hand with white nail polish is writing on a document with a blue pen. In the background, there is a calculator, a white cup, and a laptop. A yellow box is overlaid on the left side of the image.

Financial Statement Audit

Financial Statement Audit

Key Issues

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

We audited the Trust's Statement of Accounts in line with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office and issued an unqualified audit report on 28 May 2019.

Our detailed findings were reported to the 23 May 2019 Audit Committee.

The key issues identified as part of our audit were as follows:

Significant Risk	Conclusion
<p>Misstatements due to fraud or error</p> <p>The financial statements as a whole are not free of material misstatements whether caused by fraud or error.</p> <p>As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p>	<p>Our work to identify fraud risks identified those areas of the accounts that involve management estimates and judgements as the key areas at risk of manipulation.</p> <p>The results of our work on these risks are set out below.</p>
<p>Misstatements due to fraud or error - accounts payable accruals</p> <p>NHS Trusts have a statutory breakeven duty, and strict control total targets agreed with NHS Improvement to deliver. Manipulating expenditure is a key way to achieve these targets. We consider the risk applies to accounts payable accruals. Accruals involve a level of judgement in arriving at the estimated accrual. This includes applying correct cut off procedures at the financial year end to charge expenses to the appropriate financial year.</p>	<p>We associated this risk to the following significant accounts:</p> <ul style="list-style-type: none">► Statement of Financial Position - Payables (accruals) <p>We have not identified any material weaknesses in the recognition of expenditure.</p> <p>We have not identified any instances of inappropriate judgements or estimates being applied.</p>

Significant Risk	Conclusion
<p>Misstatements due to fraud or error - capitalisation of revenue expenditure</p> <p>NHS Trusts have a statutory breakeven duty, and strict control total targets agreed with NHS Improvement to deliver. Manipulating expenditure is a key way to achieve these targets.</p> <p>We consider the risk applies to capitalisation of revenue expenditure. Management could manipulate revenue expenditure by incorrectly capitalising expenditure which is revenue in nature and should be charge to the income and expenditure account.</p>	<p>We associated this risk to the following significant account:</p> <ul style="list-style-type: none"> ▶ Statement of Financial Position - Property, Plant and Equipment (additions) <p>We have not identified any material weaknesses in the recognition of capital expenditure.</p> <p>We have not identified any instances of inappropriate judgements or estimates being applied.</p>
<p>Misstatements due to fraud or error - provisions</p> <p>NHS Trusts have a statutory breakeven duty, and strict control total targets agreed with NHS Improvement to deliver. Manipulating expenditure is a key way to achieve these targets.</p> <p>We consider the risk applies to provisions. The calculation of a provision involves significant judgements and there is a risk of management override manifesting itself in the understatement of provisions to manipulate the financial position.</p> <p>We do not apply this risk to the pensions early departure cost provision as this is calculated by the NHS Pensions Agency.</p>	<p>We associated this risk to the following significant account:</p> <ul style="list-style-type: none"> ▶ Statement of Financial Position - Provisions <p>We have not identified any material weaknesses in the correctness and completeness of provisions.</p> <p>We have not identified any instances of inappropriate judgements or estimates being applied.</p>

Other Key Findings	Conclusion
<p>Valuation of land and buildings</p> <p>Land and buildings is the most significant balance in the Trust's balance sheet. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements</p> <p>The fair value of Property, Plant and Equipment (PPE) represent significant balances in the Trust's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the statement of financial position.</p>	<p>In line with the Trust's accounting policy to carry out a full revaluation every five years and desktop revaluations in the intervening years, a desktop revaluation was carried out in 2018/19. This involves updating the value of assets in line with current indices provided by the Building Cost Information Service (BCIS), and non specialised assets with reference to market movements during the period.</p> <p>In order to address this risk we carried out a range of procedures including:</p> <ul style="list-style-type: none"> ▶ Assessing the qualifications, capacity and independence of the Trust's external expert valuer (District Valuer); ▶ Sample testing assumptions used by the valuer to available market information; ▶ Checking that all assets were included in the revaluation exercise; ▶ Carrying out analytical procedures to compare valuation movement to our own market indices; and ▶ Considering if there were any factors that would require a full revaluation. <p>We have no matters report.</p>
<p>Implementation of new accounting standards</p> <p>The Department of Health Group Accounting Manual adopted International Financial Reporting Standard ("IFRS") 9 - Financial Instruments and IFRS 15 - Revenue from Contracts with Customers in 2018/19.</p>	<p>The standards have not had a significant impact on the Trust's financial statements and no adjustments were required to opening balances to reflect the retrospective adoption of the standards.</p> <p>We identified two adjustments from work performed:</p> <ul style="list-style-type: none"> ▶ The Trust incorrectly accounted for £0.830 million as a provision. This concerned CQUIN funding that the Trust do not expect to received due to performance obligations not being delivered. Under IFRS 15, the revenue should not be recognised until the performance obligation has been met. The accounting corrections are set out in section four. ▶ The Trust incorrectly accounted for £4.75 million as a provision. This concerned ARP funding for expenditure the Trust incurred in 2018/19 on the understanding that funding would be received on submission of a business case. The Trust have not received the funding, and have

been informed it is no longer available in 2018/19. Under IFRS15 the performance obligation has been met so it is correct to recognise the revenue. However, under IFRS 9 there is a potential credit loss impairment that should also be recognised, rather than a provision. The accounting corrections are set out in section four.

We have no other matters to report.

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

Item	Thresholds applied
Planning materiality	<p>We determined planning materiality to be £7.579 million (2017/18 – £3.551 million), which is 2% of revenue expenditure reported in the accounts.</p> <p>We consider revenue expenditure to be one of the principal considerations for stakeholders in assessing the financial performance of the Trust.</p>
Reporting threshold	We agreed with the Audit Committee Members.that we would report to the Committee all audit differences in excess of £0.3 million (2017/18: £0.177 million)

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- Remuneration disclosures including the exit package: we agreed all disclosures in the remuneration report back to source data, and exit packages to the agreed and approved amounts.
- Related party transactions we tested the completeness of related party disclosures and the accuracy of all disclosures by checking back to supporting evidence.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations.

Value for Money

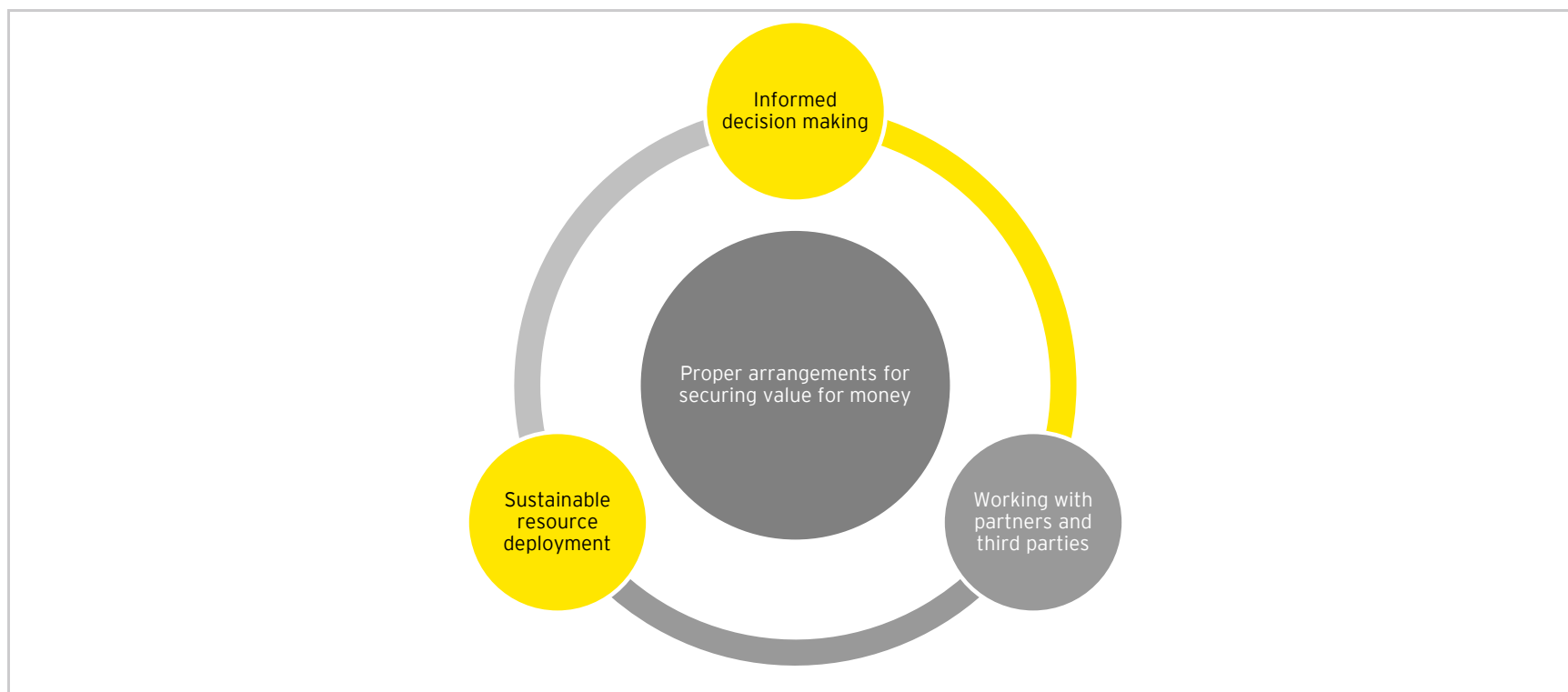


Value for Money

We are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.



We did not identify any significant risks in relation to these arrangements in our planning work. Our assessment was updated at the final audit stage and this is set out below.

We have no matters to report about the Trust's arrangements to secure economy, efficiency and effectiveness in your use of resources.

Audit findings

We have updated our initial VfM risk planning work, where we have considered:

- Our entity level controls and understanding the business assessment
- The Trust's Risk Register or Board Assurance Framework (BAF)
- The Annual Governance Statement
- Trust Board meeting minutes
- Our planning meetings with management
- Key financial and budget information
- Key performance reports
- Internal audit reports
- Information from local, national and specialist media
- Findings of other inspectorates, review agencies and other relevant bodies

The Trust ended 2018/19 with a surplus of £6.6 million against a planned surplus of £4.4 million. The Cash balances finished the year above plan at £21.7 million.

Factors that have contributed to the Trust reporting a strong surplus include:

- Higher activity levels for the main contract against the baseline contract
- Good performance against CQUIN targets
- Additional non recurrent sustainability and transformation fund income.



Other Reporting Issues

Other Reporting Issues

Department of Health Group Instructions

We completed the procedures requested of the National Audit Office with respect to the Trust's Whole of Government Accounts submission.

We are required to report to the NAO on an exception basis if there were significant issues or outstanding matters arising from our work. There were no such issues.

Annual Governance Statement

We are required to consider the completeness of disclosures in the Trust's annual governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with relevant guidance.

We completed this work and did not identify any areas of concern.

Report in the Public Interest

We have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

Control Themes and Observations

It is the responsibility of the Trust to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the Trust has put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. As we have adopted a fully substantive approach, we have therefore not tested the operation of controls.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to you significant deficiencies in internal control.

We have not identified any other significant deficiencies in the design or operation of an internal control that might result in a material misstatement in your financial statements of which you are not aware.

A 96-well microplate is shown, filled with a blue liquid. A pipette tip is visible on the left, dispensing the liquid into the wells. The background is a solid yellow color.

Appendix A

Audit Fees

Appendix A Audit Fees

As part of our reporting on our independence, we set out below a summary of the fees you have paid us in the year ended 31 March 2019.

Our fee for 2018/19 is in line with the audit fee agreed and reported in our Audit Plan and Annual Results Report.

We confirm that we have not undertaken non-audit work.

Description	Final Fee 2018/19 £	Planned Fee 2018/19 £	Final Fee 2017/18 £
Statutory Audit Fee	72,990	69,690	69,690
London Ambulance Service Charitable Fund	1,870	1,870	1,870
Total non-audit services	0	0	0

The planned audit fee was based on the following assumptions:

- Officers meeting the agreed timetable of deliverables;
- Our accounts opinion and value for money conclusion being unqualified;
- Appropriate quality of documentation is provided by the Trust; and
- The Trust has an effective control environment.

The scope of our work has increased in 2018/19 to include testing the implementation of two new accounting standards. We have agreed an additional fee of £610 for this work.

We have also experienced delays to the timetable of deliverables and some of the documentation to support the financial statements was not at an appropriate standard, e.g. fully reconciled sub ledgers for receivables and payables, and records to support property, plant and equipment. We have agreed an additional fee of £2,690 for this work.

EY | Assurance | Tax | Transactions | Advisory

Ernst & Young LLP

© Ernst & Young LLP. Published in the UK.
All Rights Reserved.

ED None

The UK firm Ernst & Young LLP is a limited liability partnership registered in England and Wales with registered number OC300001 and is a member firm of Ernst & Young Global Limited.

Ernst & Young LLP, 1 More London Place, London, SE1 2AF.

[ey.com](https://www.ey.com)



Assurance report: Logistics and Infrastructure Committee

Date: 10/09/2019

Summary report to:	Trust Board	Date of meeting:	24/09/2019
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:

- Structure of IMT department and current resourcing gaps – the Committee received an update on plans for the future of the IMT function, which will move to become the responsibility of the Chief Operating Officer following the Trust's executive restructure. There are currently gaps in the structure that are being addressed by the use of managed services; however the Committee has asked for further assurance that an appropriate plan is in place to ensure that the Trust has adequate resources in this area in the future.
- Site security – the Committee received an oral update on the work being undertaken to address the backlog of work in relation to property security. This is being taken forward as a priority by the Chief Operating Officer.
- Replacement of the Computer Aided Dispatch (CAD) system – the Committee has been made aware of the challenges faced in mobilising the programme with its partner ambulance trusts. The Committee has asked for a more detailed update to be provided to the Board in October.

Other matters considered:

- Preparedness for EU exit – the Committee received assurance about the Trust's readiness for the UK's exit from the EU.
- Accidents and Claims – the Committee was informed that accident reporting had improved and showed a downward trend; however further work is required in order to reduce the number of road traffic collisions in which the Trust is involved.
- Capital Investment Plans – the Committee received an update on the revised national position with regard to capital expenditure. Work is being undertaken on this to ensure that it is considered alongside the Trust's plans for addressing its challenged financial position.
- Estates Vision – the Committee considered the draft strategic vision for its estates, ahead of its presentation to the Board elsewhere on the agenda for this meeting. A number of detailed comments were made in relation to the need to address the NHS London Estates Strategy and improved patient outcomes.

	<ul style="list-style-type: none"> Health and Safety – the Committee welcomed a new style of report, which included greater detail about the health and safety incidents experienced across the Trust, including themes and action taken in response. This is a good comprehensive report that can be found elsewhere on the agenda for this Board meeting.
Key decisions made / actions identified:	<ul style="list-style-type: none"> Driver Safety and Security System – the Committee was informed that this would be tested through a pilot and asked for further information on the plan for this to be presented to a future meeting of the Committee.
Risks:	<ul style="list-style-type: none"> Cyber security – the Committee received a detailed update on the work being undertaken to address this BAF Risk. Further work has been undertaken to ensure that all relevant risks and their mitigations have been captured. The delay in mobilizing the replacement of the CAD system presents the Trust with a potential strategic risk. This is being investigated further and the Board will be briefed in due course. Data Security and Protection Toolkit (DSPT) – the Committee was briefed on the updated requirements of the DSPT. Whilst the Trust was able to submit a fully compliant DPST in 2018/19, new requirements indicate that this may not be the case for 2019/20. Work is being undertaken to address this. The Committee considered that there were no further risks requiring escalation to the Board Assurance Framework
Assurance:	<ul style="list-style-type: none"> The Committee welcomed the improved reporting in a some areas (e.g. Health and safety), which provided assurance with regard to the work being undertaken by the Trust.



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	Board Assurance Framework and Corporate Risk Register			
Agenda item:	13			
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 Trust 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 Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures in 2019/20.	Lorraine Bewes, Director of Finance and Performance	Finance and Investment Committee	
2.	BAF Risk 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets	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 54 There is a risk that the Trust will not be able to meet KPI's within its 111/IUC contracts as a result of challenged specialist trained resource requirements and performance which may result in the Trust not fully delivering its strategy.	Paul Woodrow Director of Operations	Quality Assurance Committee	
5.	BAF Risk 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.	Lorraine Bewes, Director of Finance and Performance	Finance and Investment Committee	Note amended wording by EU Exit Focus Group

Corporate Risk Register

Highly-rated CRR risks not included on the BAF

2. The following quality-risks currently have a rating of 15 or greater, and are not included on the BAF:
 - Datix ID 706 – EOC training have limitations on space and 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.
 - Datix ID 923 - 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.
 - Datix ID 945 - There is a risk to the integrity of the data being produced by Kitprep due to the system not working as expected which leads to inaccuracy in the Perfect Ward audit tool of expiry dates of drug packs and discrepancies when reconciling the number of drug packs with the system.
 - Datix ID 967 - There is a risk that patient safety will be adversely impacted at specific times of the week as a result of the lack of flexibility within the current Annual Leave agreement in place within operations resulting in a significant drop in the number of available staff and longer patient waiting times.
3. The last three of these risks are newly escalated in September and will be the focus of Executive and Board Assurance Committee scrutiny in the month to come.

Risk discussions since the BAF was considered by the Board on 30 July 2019 - Risk, Compliance and Assurance Group and Executive Committee

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.

4. At its meeting on 16 July 2019 the Risk Compliance and Assurance Group (RCAG) discussed Datix ID 706 relating to Emergency Operations Centre (EOC) training space limitations. 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 RCAG discussed the issue again at its meeting on 29 August 2019.
5. The ExCo at its meeting on 31 July 2019 was presented with a paper setting out EOC training space options and providing a brief background regarding the current status of the project to relocate EOC Training and CAD Test teams. Members noted that the landlord at Southwark Bridge Road (SBR) had indicated there was flexibility to remain on site until mid-2020.
6. The ExCo observed that the Trust's property at Bow was considered as a potential location for the teams but had been identified as unsuitable due to a number of issues, including size. Members raised that the inadequacy of Bow did not mean that SBR was now suitable, as there remained a health and safety risk of facilities and the impact of facilities at the property. The Committee suggested that the project be taken to the Project Management Board (PMB)

to establish what could and could not be achieved. Members agreed that a paper should be drafted detailing a clear view of alternative site options and the costs involved.

7. At its meeting on 04 September 2019, the PMB was presented with a paper which noted that the Southwark Bridge Road building required vacating during the early part of 2020 but was available until mid-2020. Members observed that potential alternative buildings had been identified but were subject to suitability checks for location and sizing. The PMB recognised that the matter was high risk, following deterioration of the building's conditions, and should be addressed urgently. Subsequent to the PMB meeting a project group was formed and agreed to develop an options appraisal paper. A meeting is scheduled to take place with the Estates team w/c 23 September 2019 to commence this process. The preparation of the paper and agreement for commissioning the project is expected to take between by mid-October 2019.

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.

8. The RCAG also discussed the risk described in Datix ID 844 at its meeting on 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 was 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.
9. At its meeting on 31 July 2019, the ExCo was presented with a Kitprep Options report, in which it was recommended that work was continued with the current supplier to allow the Trust to operate the logistics aspect of medicines tracking. The Committee noted the history of the app not working and having an undesirable impact on medicines management and expressed concern that this continued. Members discussed the progress that had been made with the introduction of the Kitprep app and the lessons learned to date, noting that the Trust had matured, however it had taken a significant amount of time to reach this position. In light of this, it was considered that a paper setting out the Trust's position and the options available to it should be produced. It was agreed that a paper to be brought to ExCo outlining alternative options for the secure drugs rooms project, including the Kitprep app, and the actions already taken by the Trust.
10. At its meeting on 04 September 2019, the PMB was presented with the paper providing an update on the current position of the Kitprep project. The current arrangements in place for medicines tracking were noted and possible alternative options were considered. Further work is being undertaken to confirm the most appropriate way forward. This will be given further consideration by the Executive in October 2019.

Datix ID 923 - 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.

11. Datix ID 923 previously BAF risk 55 was reviewed by the Trust Board on 30/07/19 who concurred that the risk had now progressed and could be de-escalated from the BAF. Further work is required to understand this risk which will be reviewed by the Finance and Investment Committee. It is due to be reviewed by the Head of Financial Services on 05.09.19.

Datix ID 945 - There is a risk to the integrity of the data being produced by Kitprep due to the system not working as expected which leads to inaccuracy in the Perfect Ward audit tool of expiry dates of drug packs and discrepancies when reconciling the number of drug packs with the system.

12. Datix ID 945 was considered by the RCAG at its meeting on 29 August 2019 and approved for addition to the Corporate Risk Register. The risk refers to the Perfect Ward audit tool not Kitprep itself, although both are supplied by the same company.

Datix ID 967 - There is a risk that patient safety will be adversely impacted at specific times of the week as a result of the lack of flexibility within the current Annual Leave agreement in place within operations resulting in a significant drop in the number of available staff and longer patient waiting times.

13. Datix ID 967 was considered by the RCAG at its meeting on 29 August 2019 and approved for addition to the Corporate Risk Register. The Group were informed that the main issue was short notice leave that is allowed under the current agreement, whereas overtime is planned in advance, as is the supplementary roster. It was proposed that there should be a limit on the amount of leave taken at any given time. The Trust is prioritising discussions with staff side on this issue and considering the revision of the current policy.

Quality Assurance Committee

14. An oral update will be provided on risk discussions which took place at the Quality Assurance Committee on 03 September 2019.

Audit Committee

15. An oral update will be provided on risk discussions which took place at the Audit Committee on 05 September 2019.

Logistics and Infrastructure Committee

16. An oral update will be provided on risk discussions which took place at the Logistics and Infrastructure Committee on 10 September 2019.

Frances Field Risk and Audit Manager

Board Assurance Framework – September 2019

		Rare	Unlikely	Possible	Likely	Almost Certain	
IMPACT	Catastrophic			45			In order of severity: BAF Risk 57 There is a risk that the Trust will not deliver the required control total and National Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures in 2019/20.
	Major			54 56	53 57		BAF Risk 56 The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets. BAF Risk 45 A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period.
	Moderate						BAF Risk 54 There is a risk that the Trust will not be able to meet KPI's within its 111/IUC contracts as a result of challenged trained specialist trained resource requirements and performance which may result in the Trust not fully delivering its strategy.
	Minor						BAF Risk 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.
	Negligible						

LIKELIHOOD

Risk Severity

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

Key

	Net risk rating
	Gross risk rating = net risk rating

Risk Appetite Statement

The London Ambulance Service NHS Trust (LAS) recognizes 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 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.	<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 <ul style="list-style-type: none"> 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 Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures 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: <i>On Target</i> • Develop and obtain funding for 19/20 cyber programme: <i>In Trust Business Plan as a cost pressure</i> • Deliver 19/20 cyber programme •

BAF Risk no. 57 There is a risk that the Trust will not deliver the required control total and National Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures 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 required5. A 999 operational improvement and recovery plan to ensure delivery of national performance trajectories agreed with commissioners within resources available has been developed.6. The service has produced and is implementing an IUC recovery plan with interventions including rostering to meet demand.7. Agreed scope of application of the revised banding which applies to both EAC and TEAC staff groups and will cost £4.1m for 19/20 (7m 20/21) Gaps in Controls <ol style="list-style-type: none">1. Formal terms of reference for the 999 operational performance meetings are yet to be agreed.2. Formal terms of reference for the IUC performance meetings are yet to be agreed3. Commissioner contract risk share be to be agreed.4. Trust Board to approve formal financial recovery plan.		<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 conclude risk share on the 2019/20 contract.2. Further work is required on CIPs to ensure the Trust has identified sufficient schemes to deliver the recurrent requirement in 2019/20.3. Present case for funding IUC additional staffing mix to Commissioners.4. Present case for funding in-year banding EAC/TEAC banding cost pressure to Commissioners		<ol style="list-style-type: none">1. Lorraine Bewes, CFO2. Lorraine Bewes, CFO3. Lorraine Bewes, CFO4. Lorraine Bewes, CFO		<ol style="list-style-type: none">6 Sept 19End Aug 1913 Sep 1913 Sep 19
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:		Additional actions added following EU Exit Preparedness Group meeting on 28 August 2019		
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 31 October 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>6. A fuel monitoring system is installed and working to protect fuel stocks.</div> <div>7. Fuel management plan in place- (continuity) aligned to the national arrangement for fuel distribution co-ordinated by NARU – NACC</div> <div>8. Local business continuity plans reviewed and updated to ensure EU response ready.</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. Provide a standing report on senior staff availability (Directors and their direct reports) to ensure visibility for forward planning.</div> <div>2. Communications team to provide refreshed communications plan.</div> <div>3. Provide confirmation that the fuel tanks monitoring system has been correctly calibrated at all sites.</div> <div>4. Provide status of monitoring fuel security in the event of fuel disruption and update the fuel disruption plan according.</div> <div>5. Link any cost variances in supply chain to be included in budget setting requirements.</div> <div>6. Clarify our obligation and costing for providing mutual aid to SECAMB</div>		<div>1. Chris Randall, Head Workforce Analytics, HR</div> <div>2. Pauline O'Brien, Head of Media and Campaigns</div> <div>3. Steve Perks, Head of Fleet</div> <div>4. Justin Wand, Deputy Director of Fleet and Logistics</div> <div>5. James Corrigan, Financial Controller</div> <div>6. Liam Lehane, Assistant Director of Operations Resilience and Special Operations</div>		<div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div> <div>Sept 2019</div>
Signed: Lorraine Bewes				

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 2019/20 NHSD 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.		Gross Rating	Current/Net Rating	Target Rating
		20	15	10
This is a holistic reaction to the constantly evolving cyber threat covering skillsets, processes, governance and technical solutions. 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 elements The continuation of a professional cyber team as a managed service from Nov 17 extended to Nov 19 Introduction of a process to review all CareCert notifications across all support teams, measured as part of the IM&T's KPIs (reported to IM&T SMT and ExCo monthly) 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 Sept meeting, next Quarter LIC Dec 19</i> Exercising of cyber incident plans scheduled Define 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 2018 Cyber Reports to Information Governance Group of cyber-related incidents each quarter Undertaking of several audits and tests including the NHS Digital led review of LAS cyber security to identify additional mitigations Additional NHSD assurance support through CORS programme CareCert 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 additional assurance in the form of the HMG's NCSC's more advanced standard of good practice Cyber Essentials Plus by 2021 The 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 27001 Deliver the 19/20 the cyber projects (as detailed below): On Target <ul style="list-style-type: none"> Secure Email (NHSmail) – Potentially delivering as further benefits or separately: <ul style="list-style-type: none"> Single-Sign-On (SSO) Identity Management (IdM) Security Information & Event Management (SIEM) Network Segregation Investigate and assess utility of centrally funded/provisioned NHSD security capabilities 		<ol style="list-style-type: none"> Vic Wynn, Head of IM&T Strategy Security & Architecture Vic Wynn, Head of IM&T Strategy Security & Architecture Vic Wynn, Head of IM&T Strategy Security & Architecture 		<ol style="list-style-type: none"> Complete June 2020 Jan 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		
<div>1. Daily monitoring of metrics including safety.</div> <div>2. Clinical escalation plan developed and implemented</div> <div>3. Executive oversight – direct reports meetings.</div> <div>4. Thematic review of incidents and complaints weekly reflected in monthly quality report.</div> <div>5. Improvement plan developed and being delivered using agile techniques.</div> <div>6. Revised forecast and planning modelling to improve resource productivity and capacity particularly at weekends.</div> <div>7. Scrutiny through both internal and external committees, QOG, QAG, CQRG.</div> <div>8. Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan.</div> <div>9. Agile approach to the mitigation of risks in place.</div> <div>10. Baseline inspection and review against CQC KLOE's which have informed a comprehensive action plan.</div> <div>11. Phased approach to implementation of SEL based on learning identified during the NEL mobilisation.</div> <div>12. Secured the support of regulators and commissioners in identifying further potential sources to recruit and retain medical staff within the CAS.</div> <div>13. Additional capacity and capability engaged to assist in the delivery of the improvement plan.</div> <div>14. There is an LAS bank contract in place for advanced practitioners</div>		<div><div>• Daily performance report published to executives / commissioners.</div><div>• Plan signed off by Medical Director.</div><div>• IUC delivery, standard agenda item at ExCo meetings.</div><div>• Evidence of completed actions stored on x drive.</div><div>• Minuted meetings</div><div>• 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.</div><div>• We are reviewing the staffing levels of clinicians in an aim to balance performance against current overspend with agency costs in the Operational Compliance and Standards Forum.</div></div>		
Further Actions		Responsible Person/s		Due Date
<div>1. The development of an internal LAS bank contract for GPs to assist in the direct recruitment of GPs and advanced clinical practitioners.</div> <div>2. The commissioning of a simulation software has been approved by ExCo which will enable a better understanding of staffing requirements and skill mix to achieve optimum performance and safety.</div> <div>3. Development of productivity measures to add to the performance score card to ensure oversight of productivity.</div>		<div>Julie Cook, HR Business Partner for Integrated Urgent Care</div> <div>Nic Daw, Head of 111 and IUC</div> <div>Nic Daw, Head of 111 and IUC</div>		<div>End Oct 19</div> <div>End Nov 19</div> <div>End Oct 19</div>
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: Ali Layne-Smith	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 roles7. A training package has been developed that will support apprenticeships at L3 (Band 4 role); L4 (Band 5) role		<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 October 2019		
Further Actions		Responsible Person/s		Due Date
<ol style="list-style-type: none">1. Determine skill mix to support patient requirements and operational delivery within the financial budget available.2. Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers3. Establish an apprenticeship programme for paramedics		<ol style="list-style-type: none">1. Directors - Medical, Operations, and People and Culture2. Directors - Medical, Operations, and People and Culture3. DD, CE&C and Apprenticeship Facilitator		<ol style="list-style-type: none">Oct 2019Oct 2019Dec 2019
Signed: Ali Layne-Smith				

Corporate Risk Register - August 2019

ID	Sector / Department	Description	Opened	Rating (initial)	Risk level (initial)	Controls in place	Risk Owner	Last review date	Rating (current)	Risk level (current)	Assurance	Rating (Target)	Risk level (Target)	Status
945	Medical Directorate	There is a risk to the integrity of the data being produced by Kitprep due to the system not working as expected which leads to inaccuracy in the Perfect Ward audit tool of expiry dates of drug packs and discrepancies when reconciling the number of drug packs with the system.	14/06/2019	15	High	Daily drug audit (Perfect Ward) Manual updates to system to rectify errors (incident reports submitted for all discrepancies and flagged to IM&T) Daily scrum until 21/06/19	Fullerton, Ross	29/08/2019	15	High	Discussed at medicines management group bimonthly and included in the MSO report Reported at performance review	6	Moderate	↔
967	People and Culture	There is a risk that patient safety will be adversely impacted at specific times of the week as a result of the lack of flexibility within the current Annual Leave agreement in place within operations resulting in a significant drop in the number of available staff and longer patient waiting times.	30/07/2019	20	High	Use of supplementary roster to aim to provide additional staffing Use of overtime OPC rostering with high focus on weekend provision PAS/VAS commission	Ivanov, Tina	29/08/2019	16	High	Performance data	8	Significant	↔
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	High	1. IM&T have attempted to put in a temporary solutions (ADSL) to support access to WIFI at Deptford. 2. Access to guest (LAS) WIFI is also available but this is time limited. 3. One BT and two IM&T engineers are exploring the issue to fix it.	Crichton, Stuart	29/08/2019	16	High	BT and two IM&T engineers provide status reports into the ongoing problem with suggested solutions.	4	Moderate	↓

Corporate Risk Register - August 2019

ID	Sector / Department	Description	Opened	Rating (initial)	Risk level (initial)	Controls in place	Risk Owner	Last review date	Rating (current)	Risk level (current)	Assurance	Rating (Target)	Risk level (Target)	Status
923	Finance	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.	24/04/2019	16	High	<p>1. Robust governance process in place for CIP and Enterprise PMO architecture will be in place from beginning 19/20.</p> <p>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.</p> <p>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.</p> <p>4. Quarter 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.</p> <p>5. Prioritised business plan</p>	Bewes, Lorraine	30/07/2019	16	High	<p>1. Trust Board and FIC finance reports</p> <p>2. EPMO established</p> <p>3. Detailed review of budget through check and challenge and in depth programme prioritisation and assessment of interdependencies facilitated by EPMO.</p>	12	Significant	↔
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	High	<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>	Mehra, Benita	30/08/2019	20	High	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	Significant	↔



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	Serious Incident Update			
Agenda item:	14			
Report Author(s):	Helen Woolford, Head of Quality Improvement			
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 checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This paper includes an outline of the current status in relation to serious incident (SIs) and aims to provide assurance to the Board that actions from closed investigations are complete or on track for completion within the provided timeframe.</p> <p>An analysis of SI activity will be provided in the following formats:</p> <ul style="list-style-type: none">• SI activity by month• Number of SIs by sector and STP• Clinical Commissioning Group (CCG) feedback• Category type (theme)• Number of outstanding (overdue) actions by sector <p>Additionally this paper will provide a monthly summary of the SI investigations that were submitted as final to the Clinical Commissioning Group (CCG) and the executive summaries from these reports (appendix 1).</p>				
Recommendation(s):				
The Trust Board is asked to comment on the contents of 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 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 type="checkbox"/>
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input type="checkbox"/>

Introduction and Background

1. This paper provides an overview of the Serious Incidents (SIs) reported and declared to the CCG and a thematic review of those SI's which were closed by the CCG in Quarter 1 (Q1) of 2019/20. This thematic review is specifically focussed on SIs by category and key contributory factors.

Context

2. During Q1, a total of 1148 patient safety incident were reported incidents, 37 incidents (3.3%) were declared as SIs following review at the Serious Incident Group (SIG). Of those declared SIs, 22 were declared Level 2 comprehensive investigations and 15 were declared Level 1's concise investigations.
3. There were 31 completed SI reports submitted to the Clinical Commissioning Group (CCG) with 19 of these being approved and closed upon review. These completed and submitted report were from those SIs declared in Q4 (2018/19). There was also 1 de-escalation submitted and approved, and the remaining 7 cases are currently under investigation within their 60 day timeframe.
4. The Trust's current position on meeting the 60 working day target for submitting SI reports to the CCG remains at 100%.
5. In the previous quarterly thematic report, it was confirmed that there would be 100 lead Investigators (LI's) trained across the Trust in Robust Root Cause Analysis and Duty of Candour Training to support capability and ensure a uniformed approach, which will improve the quality and throughput of reports. During Q1, two cohorts have been trained in Q1 (50 LI's) and we have received positive feedback from those trained regarding the training:

How did you rate the training?		%
Excellent	46	92%
Good	4	8%
Average	0	0%
Poor	0	0%
Very Poor	0	0%
Total	50	100%

6. The Quality Governance team are beginning to see the effects of this training with the investigation reports being received from theses trained LI's being of good standard. There are two further cohorts that will be trained in Q2. An update will be provided in the next thematic review.

Serious Incidents Declared in Q1

7. This section considers the SIs declared in Q1, the majority of which are still under investigation and so final outcomes, root causes and contributory factors are not yet known. This information will be provided in subsequent reports when the investigation reports have been approved and the SIs closed by the CCG.

Graph 1. SIs Declared by Sector in Q1

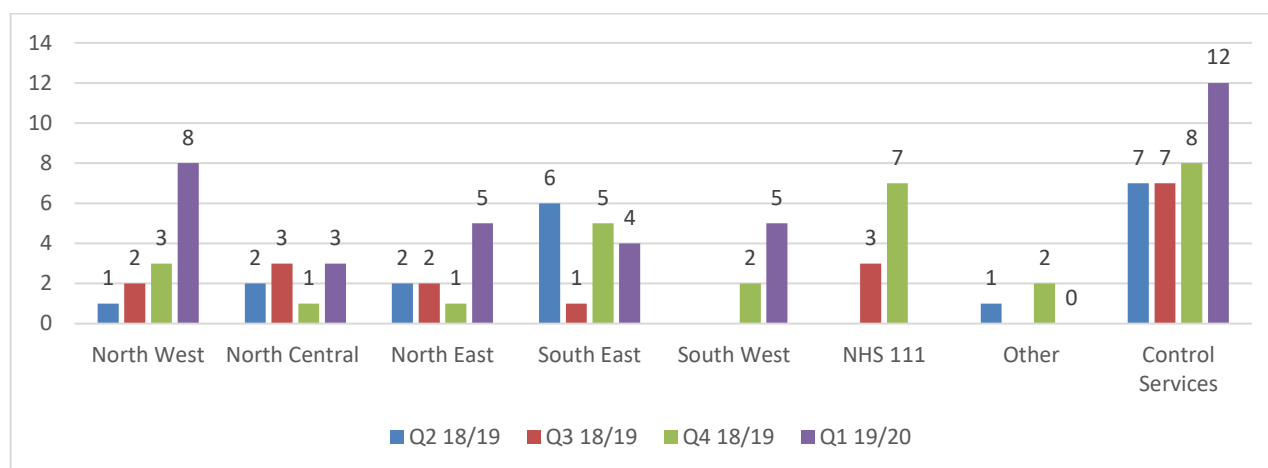
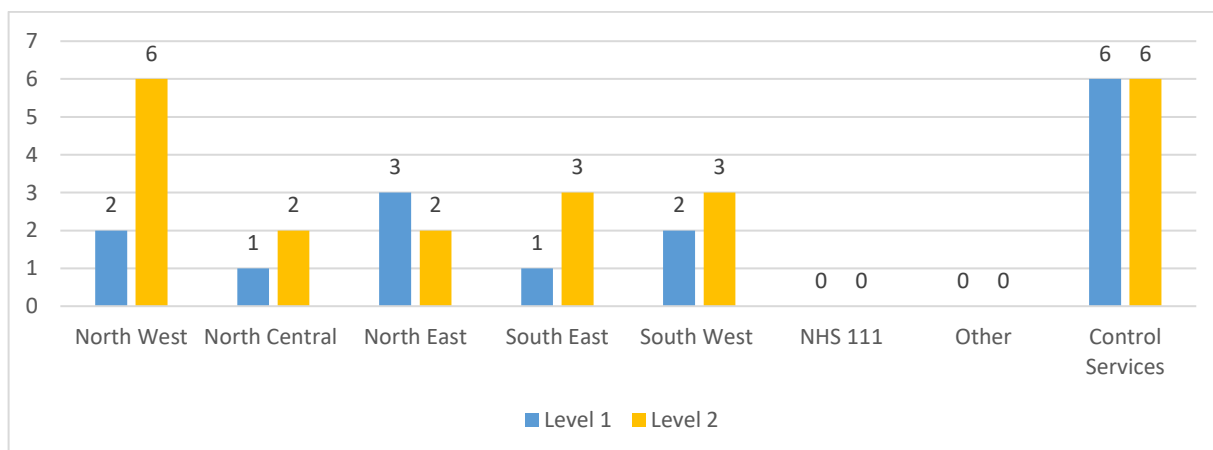


Figure 1

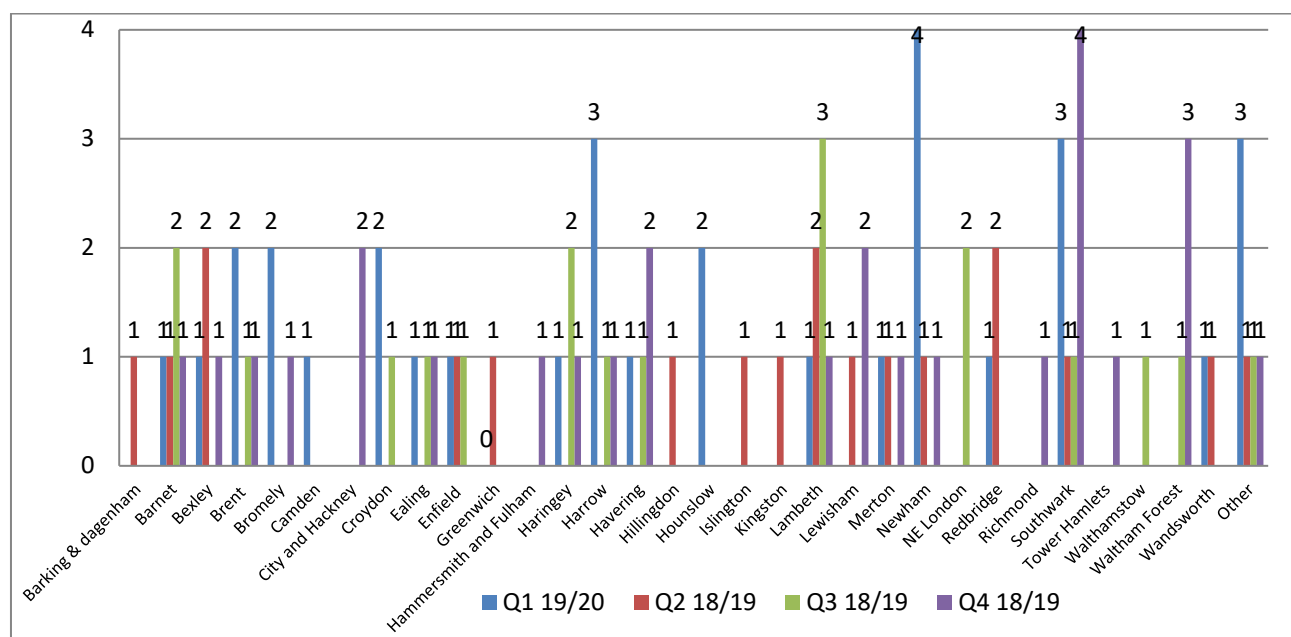
	Q2	Q3	Q4	Q1
Trust Total	19	18	29	37

8. Fig. 1 and Graph 1, the Trust commenced the North East London (NEL) NHS 111 service in August 2018. For this quarter NEL 111 reported Nil SIs. ***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 in Q1 2019/2020 from this time compared to previous years.*** Operational sectors overall remain consistent, notwithstanding an increase in reported SIs in the South East sector, which is explored in more detail below. Control services continues to report similar numbers of SIs.
9. Fig. 2 and Graph 2 shows the breakdown of both Level 1 and Level 2 investigations SIs declared in Q1

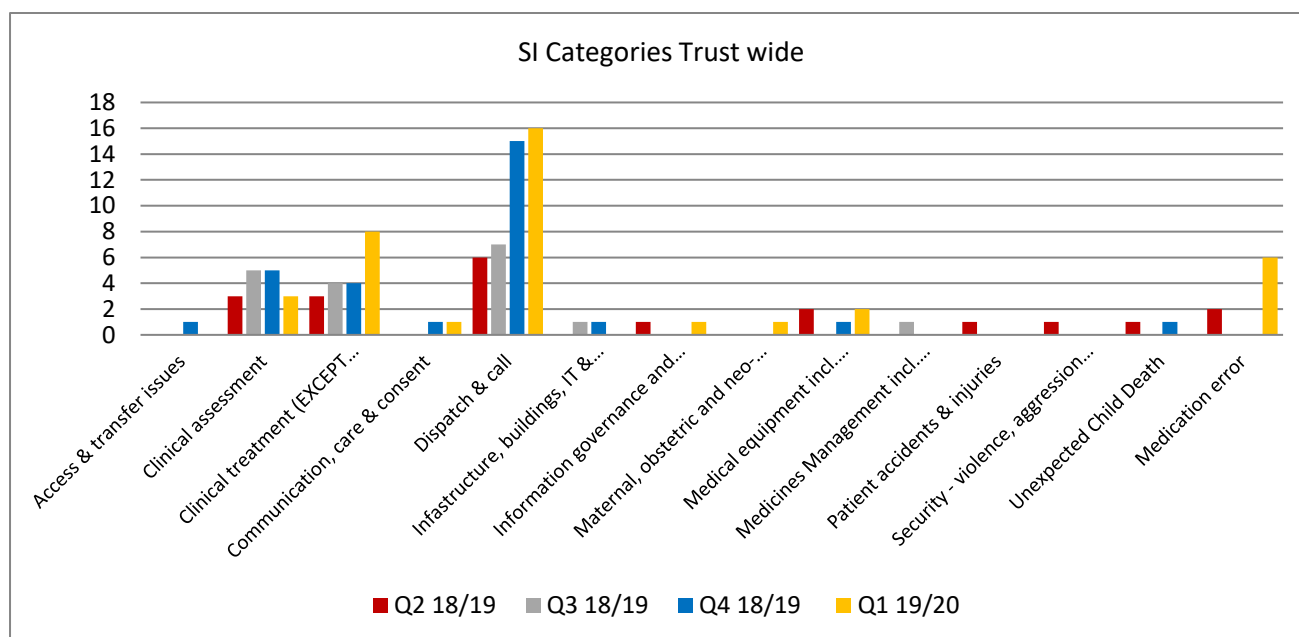
Graph 2. SIs Declared by Sector in Q1 – Levels 1 and 2 SIs



Graph 3. SIs Declared by CCG distribution



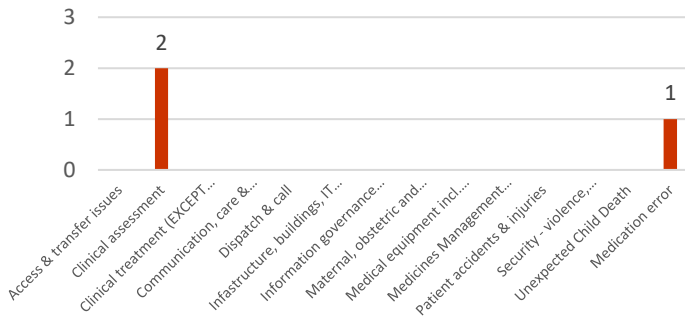
Graph 4. SI Categories



10. Graph 4 shows the categories of incidents being declared as Serious Incidents. The top three categories continue to be around Clinical Assessment, and Clinical Treatments of patients and Dispatch and Call issues.

11. Types of the SIs declared in Q1 by Sector/Department.

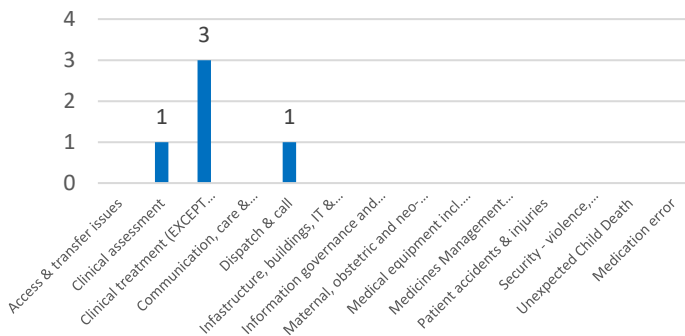
SI Categories North Central



There were 3 serious incidents declared in the North Central in Q1. These investigations not yet complete:

- A patient went into cardiac arrest during handover at a hospital.
- A patient who had a fall was not conveyed on first contact.
- A patient was administered an incorrect dose of morphine which was not in line with JRCALC guidance.

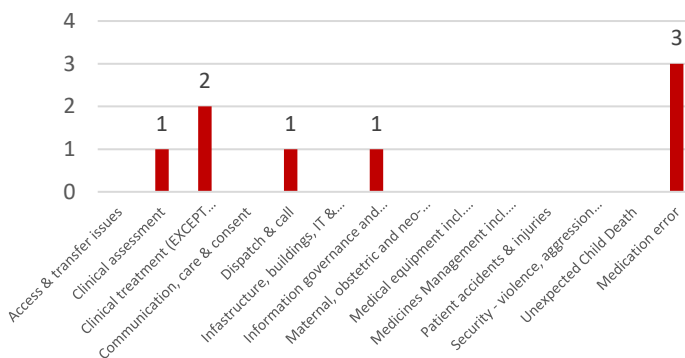
SI Categories North East



There were 5 Serious Incidents declared in the North East in Q1. These investigations are not yet complete:

- Three were regarding delayed defibrillation of patients in VF.
- There was a delayed response to a deceased patient found in a garden.
- A patient with a subdural haemorrhage was not conveyed to hospital on second contact.

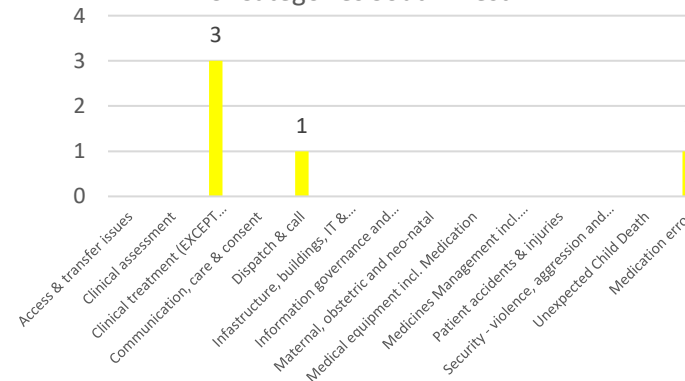
SI Categories North West



There were 8 Serious Incidents declared in the North West in Q1. These investigations are not yet complete:

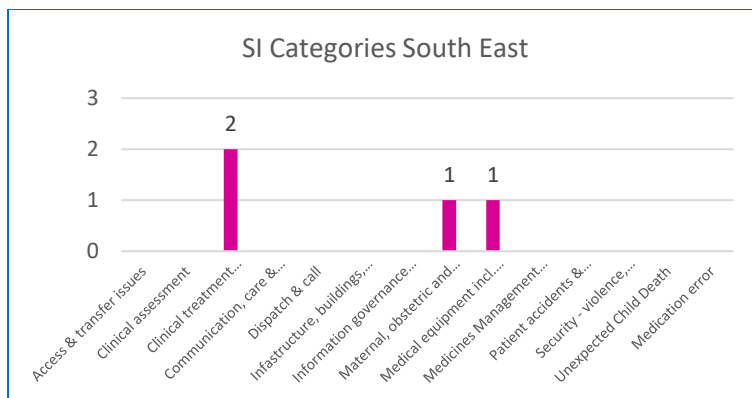
- A patient was not transferred to a Heart Attack Centre (HAC).
- A Patient with AF was not conveyed to hospital on first contact.
- A number of Patient report forms (PRFS) were misplaced.
- There were three drug administration errors
- A patient who fell from a height had an incorrect assessment against the ROLE criteria.

SI Categories South West



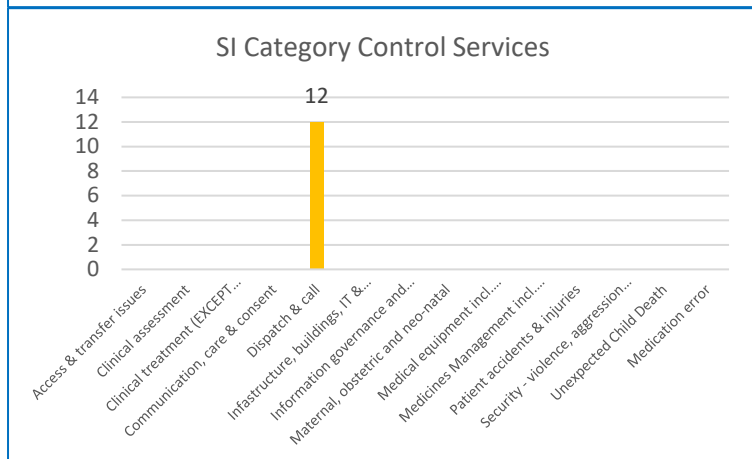
There were 5 Serious Incidents declared in South West – investigations are not yet complete:

- There was sub-optimal resuscitation of a bariatric patient.
- There was a delay in defibrillation of a patient in VF
- There was a delay in dispatch to a Category 2 chest pain call
- There was a Midazolam drug administration error for an end of life patient.
- A patient was not conveyed on first contact with the service.



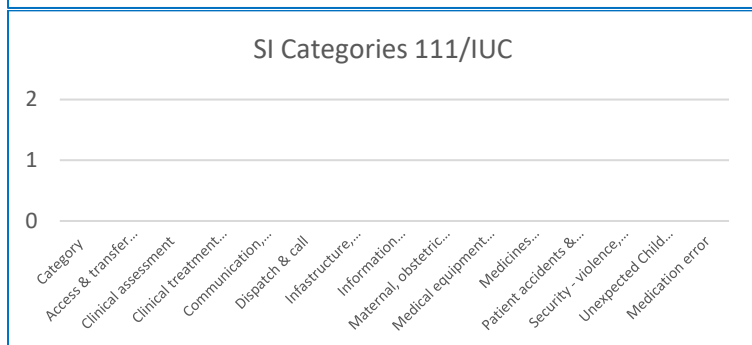
There were 4 Serious Incidents declared in the South East - investigations not yet completed:

- A re-contact audit identified that a patient with chest pains was not conveyed to hospital on first contact.
- Delayed defibrillation to a patient in VF.
- An observational kit containing paracetamol was left at suicidal patient's house.
- A women in labour was not conveyed instead went in a taxi to hospital.



There were 12 Serious Incidents declared in Control Services for Q1 - investigations not yet completed/closed:-
A call was incorrectly closed by CHUB for a patient with mental health issues.

- There were two delay in dispatching for Category 2 call.
- There were three calls incorrect triage which obtained a category 2 instead of a category 1.
- A potential delay of a Hospital transfer.
- Four calls incorrectly triaged causing delay in treatment.
- A delayed response to a HCP request.



There were 0 Serious Incidents declared for 111/IUC by the CCG in Q1.

12. 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.

Identified Themes:

13. As a result of the ongoing themes regarding delayed defibrillation in Q1, the Serious Incident Group on the 26th June 2019 decided to have a thematic review into these delayed defibrillation incidents to examine common themes and what further actions are required to support staff to ensure defibrillation is commenced in a timely manner.

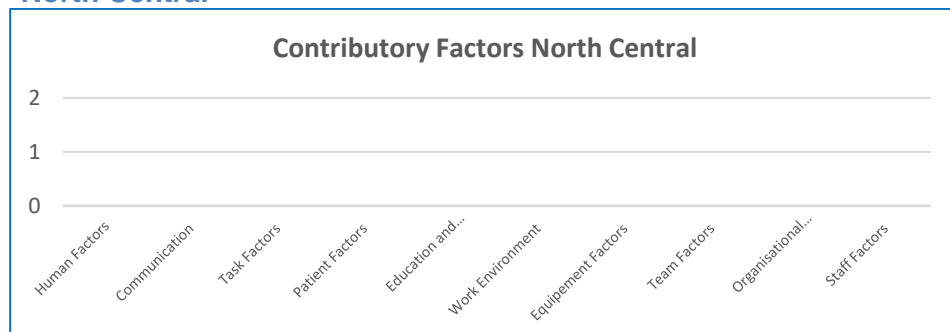
14. During this quarter, there has appears to be an emerging theme regarding PDGs and incorrect doses of drugs being administered. The Serious Incident Group on the 29th May 2019 decided to have a review into PGDs to ensure that are easier to follow. The review with the assistance of the central governance team and Trust Pharmacist.

15. Themes from SIs are discussed and monitored via the Trust's Serious Incident Assurance and Learning Group (SIALG). The outcome of these reviews will be included in future quarterly thematic reviews.

Thematic Review of closed SI's in Q1.

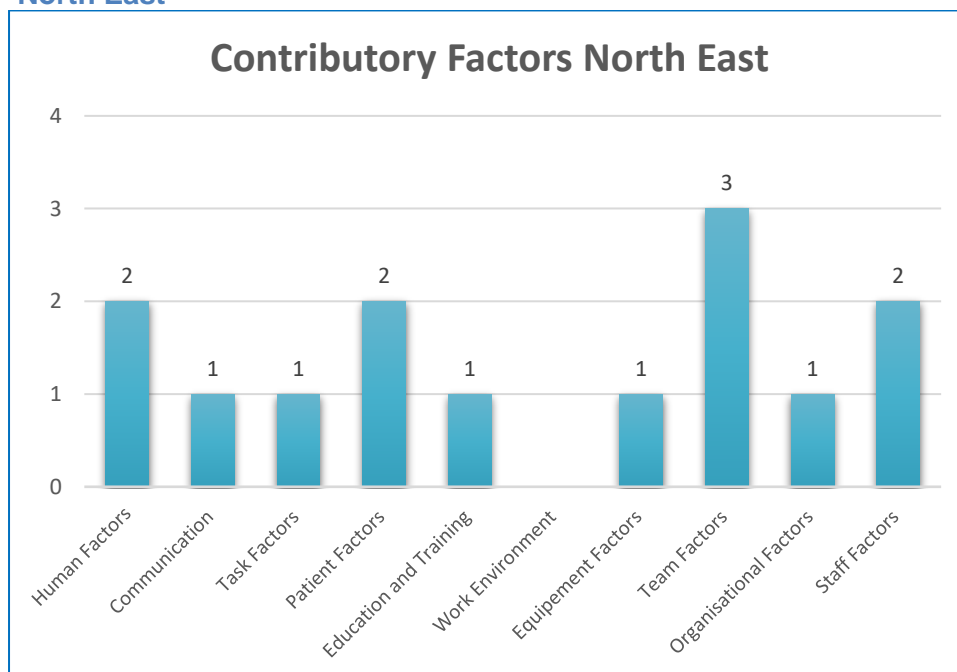
16. The following provides information on the outcome and contributory factors identified in completed investigations which have been closed by the CCG in Q1:

North Central



There were no closed Serious Incidents closed North Central sector in Q1.

North East



There were 2 serious incidents submitted and closed by the CCG from the North East sector during Q1

The main contributory factors were:

Patient factors: Patient conditions showed less defined symptoms.

Human factors: Individually the crew members obtained different information but did not take an opportunity to share all the information nor formulate a collaborative management plan.

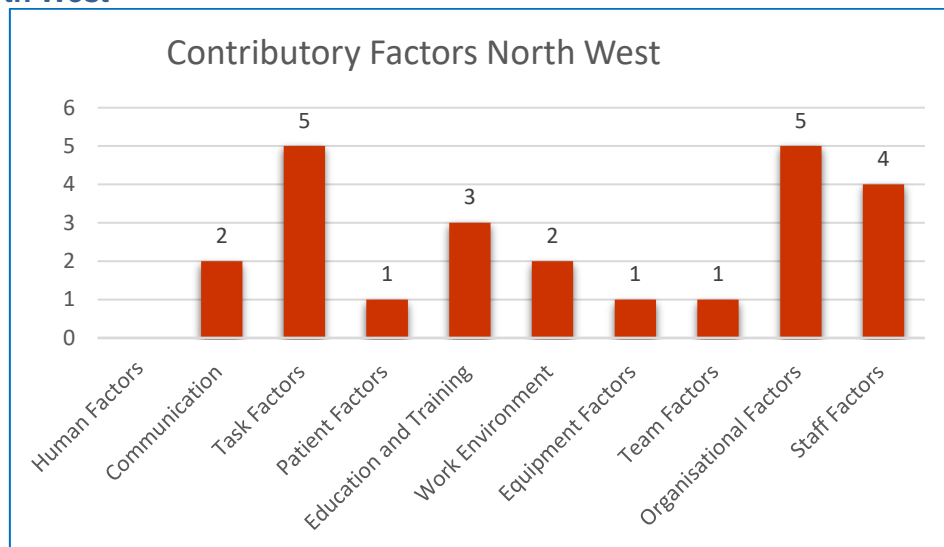
Team factor was highlighted to be the main influence to the root cause.

Staff factors: Staff were not able to manage a conflict situation effectively and narrowed focus on the conflict issues.

Key learning and actions taken across the SIs in relation to this contributory factor included:

- Checklists are developed to reduce the impact of omissions caused by staff and use a checklist to be verbalised clearly.
- Staff involved to undertake individual learning with team leaders exploring communication in challenging situations, intervention between colleagues and clinical decision making.

North West



There were 5 Serious Incidents submitted and closed by the CCG for the North West sector in Q1:

Multiple contributory factors were identified across the five SIs. Task and Organisational factors were the most prevalent:

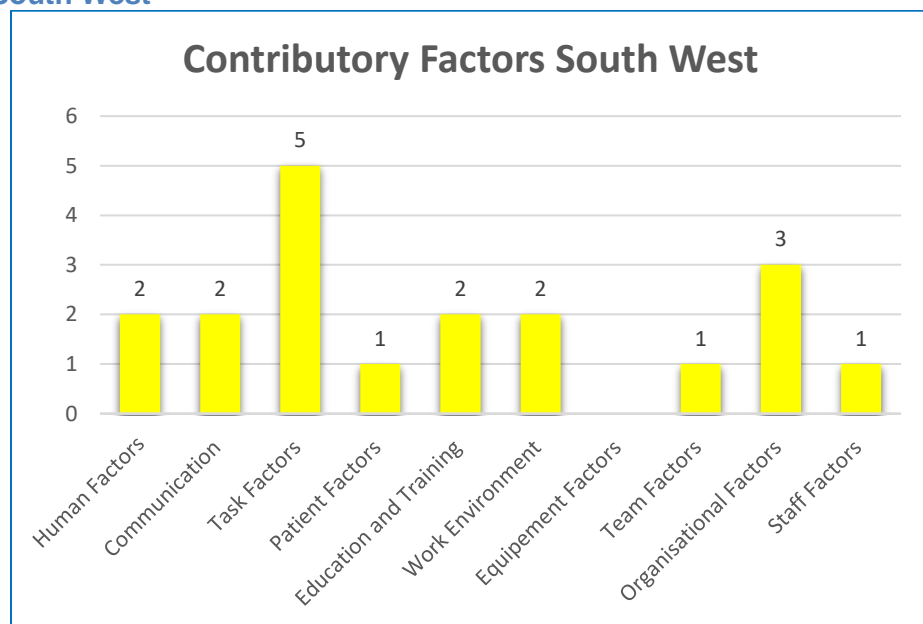
Task factors: Awareness of NEWS score assessment and the use of interpretation service using the handling policy. Awareness of the guidelines on the responsible staff designated to bring out the equipment (suction device) during intervention with patients

Organisational factors: Severe delay in the LAS handing over the care of patients due to pressures at the local hospital x3, lack of resources (resources cancelled for high priority calls due to high demand for services).

Key learning and actions taken across the SIs in relation to this contributory factors included:

- Review induction course to include contents on manual suction for new staff

South West



There were 3 Serious Incidents submitted and closed by the CCG for South West sector in Q1:

The common contributory factors identified were the task factors, then followed by the organisational factors.

Task factors: Staff did not follow JRCALC guidelines and policy on the management of shift changeover.

Statutory vehicle checks for operational teams were not adhered, not adhering to aspect of the clinical equipment checks and time frame of completion of vehicle checks.

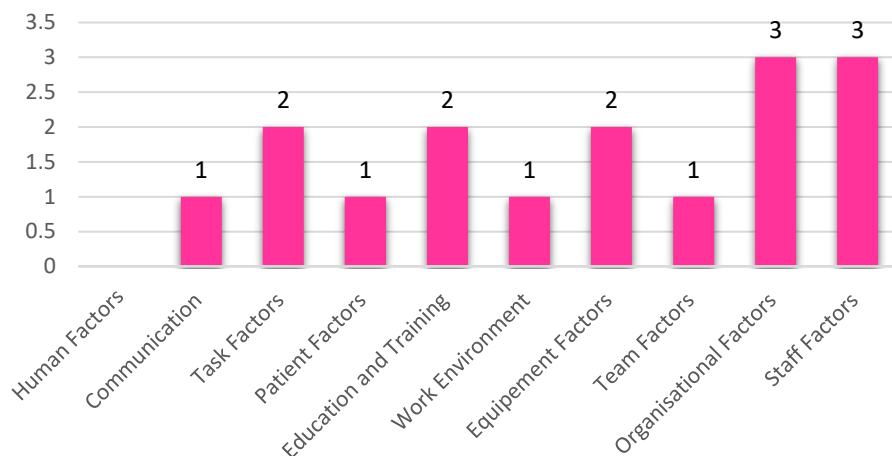
Organisational factors: Delays in dispatch due to high demand which could not be met by the available resources as well as long waiting time at hospitals.

Key learning and actions taken across the SIs in relation to this contributory factor included:

- Relevant policies reiterated to staff, appropriate checks made, procedure for station duties reviewed to ensure compliance do not delay accessibility of vehicles and equipment for authorised users.
- The LAS have now undertaking a roster review to maximise the maintenance of DCA

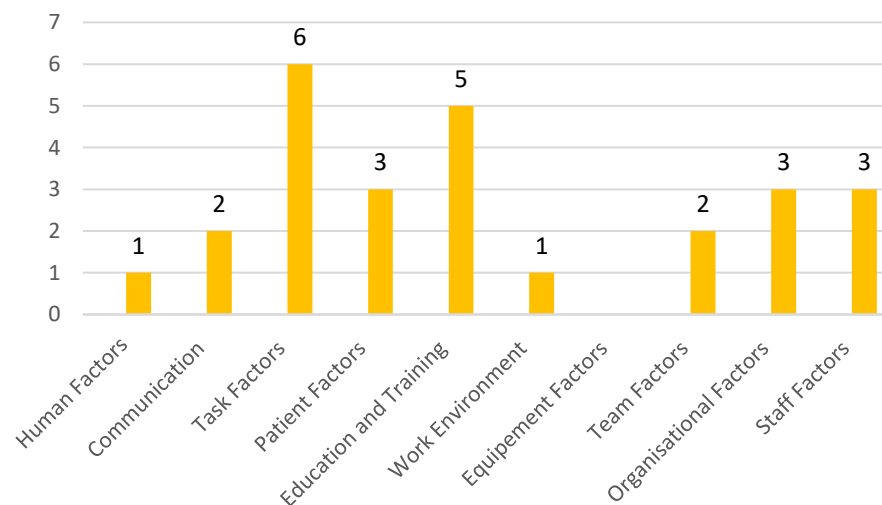
South East

Contributory Factors South East



Control Services

Contributory Factors Control Services



There were 3 serious incidents submitted and closed for by the CCG for South East sector in Q1.

The organisational and staff factors were commonly highlighted on a number of occasions.

Organisational factors: related externally imported risks (the service lost frontline ambulance provision due to queuing at EDs to hand over patients. There was significant and unpredicted high level of demand for DCAs.

Staff factors: pertain to allocator not fully complying with policy and only used the suggestions function much later after the first call. Paramedics did not administer pain relief in line with the LAS Cardiac Care Circular (CCC). Stress/distraction identified due to this incident occurring in the 10th hour of a night shift.

Key learning and actions taken across the SIs in relation to this contributory factor included:

- Staff have provide assurance that they understand and can demonstrate the requirements of 007 CCC guidance.
- The Clinical Team Manager have had to include the LP15 familiarisation as part of yearly Occupational Workplace Review (OWR).

There were 6 Serious Incidents submitted and closed by the CCG for Control Services in Q1:

Task Factors: continue to be a common theme in the root cause of an incident. Four out of the six investigations noted triage error. An emerging theme was identified in a number of cases pertaining to the use of pre-triage in order to establish the nature of the call (NOC). Two investigations noted a lack of operational resources with which to send assistance.

Education and training factors also featured as a theme for example and EMDs staff involved in related SIs have been met with and areas of improvement along with training identified.

In response to this the Head of 999, EOC Quality Assurance have completed the LAS Trust thematic review on ineffective breathing in NOC.

Plans are now in place to address the identified actions arising from the NOC thematic review. The LAS have now undertaking a roster review to maximise the maintenance of DCA

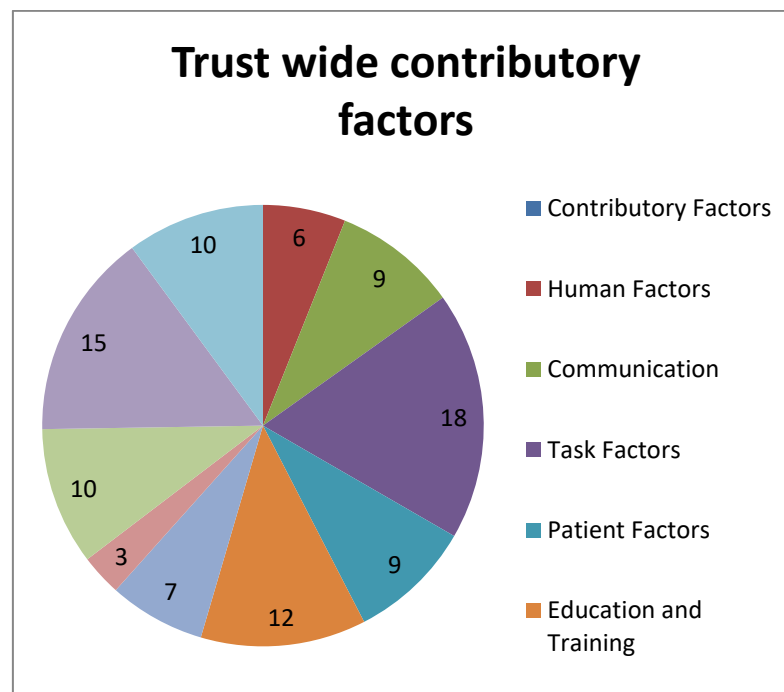
Contributory Factors 111/IUC



There were 0 Serious Incidents closed for 111/IUC by the CCG in Q1.

Trust wide contributory factor themes

Graph 4 Trust-wide Contributory Factors



17. Graph 4 shows that Task factors continues to be the highest occurring contributory factor and was the prevailing factor for last year (18% of all contributory factors) 2018/19.
18. These relate mostly to non-compliance 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.
19. There has been an increase in the use of case studies on SIs for shared learning across the Trust with Specific learning events being run for themes across the Quality and Medical Directorates, and the Trust INSIGHT Magazine is used to shares case studies and reflection of staff involved in incidents
20. The Trust also ensures that those involved receive Face to face discussion, personal reflection and feedback to teams. The Quality Governance and Assurance Managers (QGAMS) support learning alongside Senior Sector Clinical Leads with local operational team meetings and Sector Quality Meetings, these meetings include incident themes collated from the Quality Governance Team.

Conclusion

21. The central quality governance team continue to support the robust investigation of SIs and analyse and monitor themes via this report and ensuring that themes are discussed at the Serious Incident Learning & Assurance Group (SILAG). SIALG is providing improved ownership within the operational teams, trend analysis and assurance that the organisational learning has been embedded which will improve the quality and safety of the care delivered to patients.

Dr Trisha Bain
Chief Quality Officer



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	Health and Safety Quarterly Update			
Agenda item:	15			
Report Author(s):	Edmund Jacobs, Head of Health, Safety & Security			
Presented by:	Dr Patricia Bain, Chief Quality Officer			
History:	Quality Assurance Committee meeting on 03 September 2019 (ref: QAC/19/51)			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information
Background / Purpose:				
<p>The purpose of this report is to highlight key items of discussion from the Corporate Health and Safety Committee meeting held on 23 July 2019, as well as to provide an update on the Quarterly Health & Safety Review Report, in order to provide assurance/highlight any issues that might impact the successful implementation of the recommended actions. The report is supported by the following documents:</p> <p>Appendix 1: Strategic Health & Safety Action Plan for 2019-2020 (Phase 2), of the updated 2017-2023 strategy. Appendix 2: Investigation Summaries Appendix 3: Health and Safety Scorecard – providing an overview of the Trust's health and safety performance from Q1' 2019/20. Appendix 4: MSK - days lost per station/sector</p>				
Recommendation(s):				
The Trust Board is recommended to comment on the attached information.				
Links to Board Assurance Framework (BAF) and key risks:				
N/A				
Please indicate which Board Assurance Framework (BAF) risk it relates to:				
Clinical and Quality	<input checked="" type="checkbox"/>			
Performance	<input checked="" type="checkbox"/>			
Financial	<input type="checkbox"/>			
Workforce	<input 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 type="checkbox"/>

Executive Summary

Strategy Section Updates:

Legal compliance

1. The Trust wide Fire Risk Assessment (FRA) compliance is 100% as of June 2019.
2. FRA working group has been formed and is meets on a 2 weekly basis to ensure that the FRA action tracker is being reviewed and actioned on a regular basis.
3. In line with the Trust Risk Management Policy all RIDDOR incidents are now appropriately graded as a minimum of moderate harm, this also aligns with the HSE RIDDOR requirements.
4. Managing Safety course have been updated in-line with IOSH accredited training.
5. A Task & Finish Group has been set up to look at developing Operational Risk Assessment and to streamline the application of Dynamic Risk Assessment and training.
6. A total of 69 actions are on the Health and Safety Review Action Plan. 66 of the actions have now been completed, the outstanding actions are being monitored and relate to compliance with monitoring of legionella, air conditioning and water supplies via Estates team (Appendix 2).
7. The Health, Safety & Security Team have undertaken the second round of 'mystery shopper' visits during June 2019 to review standards of security at ambulance stations. Average Trust-wide security compliance in Feb 2019 was 63%, which has raised to 81% in June 2019. In Feb 2019, the number of sites that achieved 80% or over compliance was 8 stations. In June 2019, 52 stations achieved 80% or over compliance (see Appendix 3).

Policy and Governance

8. Health, Safety & Security Team have completed ISO 45001:2018 Lead Auditor training as part of internal audit programme planned in 2019/2020 and beyond. Health, Safety & Security Team are collaborative working with Quality Intelligence team to integrate H&S Audit Programme via My Health Assure.
9. The Staff Safety and Security Group met on 18th April 2019 and initially will be meeting every six weeks as agreed by the group. The agreed Terms of reference and minutes from the group are shared with Corporate H&S Committee.
10. Targeted members of the Health, Safety & Security Team have completed the Root Cause Analysis and Duty of Candour Training as part of Cohort 1 – 4 (commencing in May). This is part of a wider strategy to improve health and safety incident investigation, accident causation understanding and shared learning of lessons to improve approaches to tackling incident frequency and severity rates.
11. The RCA training will also feed into the newly developed accident and incident investigation training for managers to improve health and safety compliance and learning lessons (see Appendix 2).

12. The Health, Safety & Security Team have developed an IM&T health and safety handbook to assist them discharging their duty. In addition the IM&T have been provided with Risk Assessment template complimentary to the handbook. IM&T managers have been invited to undertake the Managing Safety cours
13. Health, Safety & Security Team have developed and presented statutory related policies: Fire Safety, Asbestos Management and Water Systems Management to Estates Department for implementation, through the consultation and the approval process.

Staff Well-being

14. Health, Safety & Security Team have developed back-care poster campaign to raise awareness around reducing musculoskeletal related injuries, to be rolled out across the Trust in August 2019.
15. A heat map/scorecard per station and sector outlining number of days lost for MSK injuries has now been produced and shared with sectors. Trajectories will be set for improvement and this information displayed at each station in future.(Appendix 4).

Lowlights:

16. Trust wide compliance for the completion (bi-annual) of Fire Drills is 73% and the compliance for completion of quarterly H&S site inspections for Q1 (2019/20) is 77%. This has been feedback to relevant sectors and actions to improve requested.
17. The Trust's health and safety mandatory training compliance current rate is 87.13% which is lower than the target of 91%. This has been feedback to relevant sectors and actions to improve requested.
18. 8 out of the 52 RIDDOR incidents reported during Q1 (2019/20) were outside the 15 days' timeframe. Health, Safety & Security Team to review our internal process to examine the drop in level of RIDDOR compliance in identified areas.

Escalations:

19. The ongoing immunisation status of front line staff was discussed at the Corporate Health & Safety Committee with new figures released giving the extent of the outstanding vaccinations required by type. The current prioritisation is for staff who require the MMR vaccines due to the prevalence and ease of transmission. This has been escalated to QOG and QAC for action.
20. The FRA Action tracked has been shared with responsible persons and action owners for action and oversight.
21. As part of the Body Worn Video (BWV) initiative by NHS England / NHS Improvement, which provides the opportunity of funding between 500 and 1000 cameras and storage for 6 months for an evaluated trial, a business case (with input from IM&T) for BWV is being produced with a view to funding the provision of BWV on an ongoing basis following the completion of a trial. Though the costs of storage have reduced, currently by about 25%, the costs of ongoing storage, maintenance and implementation remain significant, this information is included in business case, if this is not approved then the Trust will withdraw from the pilot.

SECTION 1:

22. Quarterly (Q1' 2019/20) Health & Safety Review has been conducted. The updates and developments made to improve the service are provided below:

POLICY & LEGAL COMPLIANCE

Maintenance of legislation register:

23. Programme of updating Fire Risk Assessments (FRA) Trust wide have been completed successfully and the compliance is 100% as of June'19. FRA action tracker has been developed and the identified themes have been circulated to relevant management for action. FRA working group has been formed to review actions on regular basis.
24. Annual statutory compliance (including fleet maintenance) assurance report provided to the Corporate Health & Safety Committee.

Policies and management systems aligned to operational requirement:

25. Health, Safety & Security Team have developed and presented statutory related policies: Fire Safety, Asbestos Management and Water Systems Management to Estates Department for implementation, through the consultation and the approval.
26. First Aid Policy has been updated and is currently under consultation.
27. Updated COSHH Policy is on the Pulse.
28. Health, Safety & Security Team have developed an IM&T health and safety handbook to assist them discharging their duty.
29. The Violence Avoidance and Reduction Procedure (HAS12) and the Post Violence Support Procedure (HS12B) have been reviewed and are on the Pulse.
30. Health, Safety & Security Team have completed ISO 45001:2018 Lead Auditor training as part of internal audit programme. Health, Safety & Security Team are collaborative working with Quality Intelligence team to integrate H&S Audit Programme via My Health Assure.

GOOD GOVERNANCE

Improvement in Director / Senior Management Health, Safety and Security awareness:

31. The Staff Safety & Security Group is in place and meeting is taking place six weekly. The identified issues are escalated to Corporate H&S Committee to raise awareness to Senior Management and to action accordingly.
32. Health, Safety & Security Team have undertaken the second round of 'mystery shopper' visits during June'19 to review standards of security at ambulance stations. Average Trust-wide security compliance in Feb'19 was 63%, which has raised to 81% in June'19. In Feb'19, the number of sites that achieved 80% or over compliance was 8 stations. In June'19, 52 stations achieved 80% or over compliance.

33. A Health & Safety Committee have been developed in NE and NC sectors has now established. The identified issues are escalated to Corporate H&S Committee to raise awareness of Senior Management and to action accordingly.
34. Health, Safety & Security Team are producing monthly Safety Performance report for all the Operational sectors and Quality report for the Directorates' to highlight the identified issues and themes to implement appropriate control measures and to improve staff, patient and others safety. Also to identify/support appropriate future learnings to promote awareness.
35. Health, Safety & Security Team have introduced a new procedure to monitor Police involvement in incidents of violence and abuse of LAS staff to help capture prosecutions and log outcomes also to promote awareness across the Trust.

RISK MANAGEMENT

Assess, control and minimising health and safety risks:

36. A Task & Finish Group set up to look at developing Operational Risk Assessment and to streamline the application of Dynamic Risk Assessment and training to meet on a fortnightly basis, which will help/support/improve the quality of the service the Trust provides and to promote safe systems of working.
37. Practical Manual Handling training has been delivered to front-line staff for the 2nd consecutive year throughout CSR 2019:1, this has now closed with a compliance rate of 93%, during the next 4 months the e-learning Moving & Handling package is being delivered as part of CSR 2:2019. Load handling training has also been delivered to other departments/teams where moving and handling tasks are a main part of their role, such as Fleet and Logistics.
38. Health, Safety & Security Team have developed a back-care poster campaign to raise awareness around reducing musculoskeletal related injuries, which is to be rolled out across the Trust. We are also currently working with the Communications & Wellbeing Department on the development of a section of the Pulse for Health and Wellbeing.
39. Health, Safety & Security Team have updated Stress Policy and have also updated the risk assessment template which has been provided to the task and finish group for appropriate action.

COMPETENCE

Ensuring all staff are aware of their health and safety responsibilities and receive relevant training that appropriate to the role they perform:

40. Fire Marshall Training has been integrated into the ESR system to maintain the training compliance record more accurately.
41. Health, Safety & Security Team have delivered 2 sessions of Managing Safety course, 2 sessions of Load Handling training and, 3 sessions Fire Marshall Training during Q1'2019/20.

42. Health, Safety & Security Team are looking into the feasibility of uploading Conflict Resolution handbook on to the Pulse for staff to access to improve awareness around Conflict Resolution.

Implementing arrangements for monitoring the effectiveness of training provided to staff and competency:

43. All the training delivered by Health, Safety & Security Team includes certificate of attendance and an evaluation form to understand the effectiveness of the training.

Delivering of key Health and Safety training:

44. Managing Safety course has been updated in-line with IOSH accredited training to provide the most up to date H&S related skills and knowledge required by Managers to promote safe working environment.
45. Managing Safety course now includes a manager's handbook and action plan with a view to improve the effectiveness of this course.
46. Health, Safety & Security Team are developing an accident, incident and near miss reporting and investigation training course for managers to improve health and safety compliance and learning lessons.
47. Targeted members of the Health, Safety & Security Team are undertaking Route Cause Analysis and Duty of Candour Training as part of Cohort 1 – 4 (commencing in May). This is part of a wider strategy to improve incident investigation, accident causation understanding and shared learning of lessons to improve approaches in tackling incident frequency and severity rates.

Promoting, encouraging participation and supporting initiatives that enhance OH and wellbeing for staff:

48. Health promotional campaigns including back care awareness & wellbeing are under development through a collaborative group including communications team, this will be communicated through various medium.

Adopting a preventative approach to reducing sickness absence and proactively managing cases of ill health in order to keep staff at work/facilitate a timelier return to work:

49. With the integration of ESR/GRS to improve the collection and understanding of ill-health and sickness absence data along with the introduction of investigation training for managers and the support by the wellbeing team.

Appendix 1: Strategic Health & Safety Action Plan for 2019-2020 (Phase 2, of the updated 2017-2023 strategy).

SECTION 2:

Incident Investigations:

50. During Q1' 2019/20, total of 52 RIDDOR incidents were reported and investigated. The monthly break down of RIDDOR incidents were as follows: April-18, May-21, and June-13. The learning from the incidents investigation, thematic review of incidents, and actions taken are discussed below.

Learning:

51. The Sector wide achieves learning from incidents in a number of ways including:
52. Automated emails are sent to the reporter on the incident on the completion of the investigation and any subsequent learning that has been identified.
53. Face to face discussion, personal reflection and feedback to teams.
54. Health, Safety & Security Team support shared learning alongside sector H&S Committee meetings.
55. Sector Quality Meetings which includes incident themes collated from the monthly H&S incident analysis.
56. Themes from incidents are provided via the monthly Sector and Trust Quality Reports to Trust Board and Quality Oversight Group (QOG).

Thematic Reviews:

57. A total of 52 RIDDOR incidents were reported in Q1' 2019/20. Top 2 incidents accounting for 87% of all RIDDORs are Manual Handling (60%) and Slips, Trips & Falls (27%).
58. The breakdown of the RIDDOR Reportable Incidents by Cause are given in the table below:

RIDDOR Reportable Incidents by Cause	Number of Incidents
Manual Handling	31
Slips, Trips and Falls	14
Security (V&A)	1
Staff Safety	3
Infection Control	2
Incidents affecting patients	1

59. The breakdown of the RIDDOR Reportable Incidents by Sector are given in the table below.

RIDDOR Reportable Incidents by Sector	Number of Incidents
South East	18
North East	11
North West	9
South West	6
North Central	4
Central Operations	1
CRU	1
EOC	1
Fleet & Logistics	1

60. The breakdown of the RIDDOR Reportable Incidents by Location are given in the table below:

Location of Incident	No of Incidents
Ambulance (In/Ext)	22
Patient's Address	11
Ambulance station	6
Public Place	6
Unknown	3
Hospital	2
Nursing Home	1
Care Home	1

61. The breakdown of the RIDDOR Reportable Incidents by Equipment Involved are given in the table below:

Equipment Involved	No of Incidents
Carry chair	9
Paramedic Bag	4
Trolley bed	3
4 Post Hoist	1
Cannula	1
CRU Bike	1
Gate	1
Lifting belt	1
LP15	1
Manger elk	1
O2 bag	1
Oxygen Cylinder	1
Scoop	1
Turning Disc	1
No equipment involved	25

62. The breakdown of the RIDDOR Reportable Incidents by Body Part (injured) are given in the table below:

Body Part (Injured)	No of Incidents
----------------------------	------------------------

Back	13
Ankle	7
Hip	5
Shoulder	5
Upper Limb	5
Lower Limb	4
Head	2
Knee	2
Face	1
Hand	1
Hernia	1
Lung	1
Mouth	1
Neck	1
Shin	1
Unspecified	1
Wrist	1

Key emerging themes:

Patient demographics:

63. Difficulties in extricating “weight” challenging patients.

64. Patients with mental, alcohol and drug related issues.

Environmental factors:

65. Confined spaces which make moving and handling difficult of patients.

66. Challenging environments/ terrains.

Plant/ Logistic issues:

67. Vehicle concerns and “poor planned maintenance”.

Equipment Failings:

68. Failure due to “poor planned maintenance”.

69. Availability.

70. Location/ fitting of these for use.

Personnel / Behaviours & “poor/ non appliance of training/ good practices”

71. Environmental challenges requires awareness and need to apply Dynamic Risk Assessment techniques.

72. Application of learning and techniques for safe outcomes (staff as well patients).

73. Proactive approach to reporting – faulty equipment.

74. General Health and well-being of staff.

Others

75. The above when combined have also been contributory factors in the RIDDORs reported and so it is important staff make use of all the “tools” in their tool box –Personal Health and Well-being/ Ensure any / all equipment to be used is in “good working order”/ report any faulty equipment and awareness of the clients/ environments and equipment being used and exposed to.

Actions taken & Recommendations:

76. Staff members have been referred to physio.
77. Staff members to undertake appropriate refresher training on manual handling techniques.
78. Staff members have been advised to take care/more attention when entering and exiting the ambulance and use the handrails provided to give extra stability.
79. Staff members have been advised to use Dynamic Risk Assessment (DRA) techniques during frontline duties.
80. The staff member have been advised to request the extra crews when dealing with bariatric patient.
81. Staff members have been advised to request the second vehicle when they have an issue with equipment such as Manger elk failure.
82. The staff member has been advised to use his/her conflict resolution skills to try and diffuse the aggression of the patient.
83. Staff members have been advised to do a visual check before stepping down/out from the ambulance to make sure that, the ground level is not uneven.
84. The staff member have been advised about the importance and the requirements of using PPEs when and where necessary.
85. The local management to review Risk assessment/process when and where necessary.
86. Important to remind all staff to keep to date with training in Manual Handling (Level and competence commensurate with task/ role).
87. Drive to ensure all staff have or will undertake training in Dynamic Risk Assessment. Monitor and ensure staff identified by grade /task and roles have completed training. The use of this tool and awareness would have a positive impact.
88. Importance of personal health and well-being must be emphasised by local management (LGM/CTM).
89. Staff members have been advised to report faulty/failure of equipment's through right channels and take them out of the service with immediate effect.

Appendix 2: Summaries of RIDDOR incidents investigated 2019/20 (Q1).

SECTION 3:

Health & Safety Performance Reporting:

90. Trust Wide Health and Safety incident data were reviewed, a total of 1011 incidents were reported in Q1' 2019/20. 596 of the 1011 incidents were reported as Near Miss/No Injury. 415 incidents resulted in harm with 262 reported as 'Low Harm', 53 incidents were reported as 'Moderate Harm'.
91. Top 5 incident subcategories are:
- Physical assault by blow (Kick, punch, head-butt, push, scratch)
 - Directed verbal abuse
 - Manual Handling
 - Slips, trips and falls
 - Premises
92. Total of 52 incidents have been reported as RIDDOR in Q1' 2019/20.
93. 31 (60%) of the 52 RIDDOR incidents reported in Q1' 2019/20 were related to manual handling incidents.
94. 14 (27%) of the 52 RIDDOR incidents reported in Q1' 2019/20 were related to Slips, trips and falls incidents.
95. The timeframe compliance of reporting RIDDOR incidents (<15 days) to the HSE across the Trust during Q1' 2019/20 was 85% compared to 79% in Q1' 2018/19.
96. An overview of the CAS/MHRA Alerts report – in Q1' 2019/20 all of 183 alerts received have been assessed as non-relevant.
97. Total of 481 security incidents have been reported in Q1' 2019/20. 350 related to physical/non-physical abuse of staff & 131 related to security of property and assets.
98. The Health, Safety & Security Team have undertaken the phase 2 of 'mystery shopper' visits during June'19 to review standards of security arrangements at ambulance stations. Average Trust-wide security compliance in Feb'19 was 63% (phase 1), which has raised to 81% in June'19 (phase 2). In Feb'19, the number of sites that achieved 80% or over compliance was 8 stations. In June'19, 52 stations achieved 80% or over compliance.
99. Total of 133 manual handling related incidents reported in Q1' 2019/20.
100. The Trust-wide Fire Risk Assessment compliance is 100%.
101. Trust wide compliance for the completion of Fire Drills is currently 73%.
102. A heat map scorecard relating to MSK incidents and days lost via sickness per station and sector has been produced and trajectories are being set. Information will be displayed in all stations going forward which will reflect year on year improvements (Appendix 4).

Appendix 3: Health and Safety Scorecard – providing an overview of the Trust's health and safety performance from 2019/20 (Q1).

Appendix 4: MSK days lost to sickness heat map per station and sector

Dr Trisha Bain
Chief Quality Officer

Appendix 1: Strategic Health & Safety Action Plan for 2019-2020 (Phase 2, of the updated 2017-2023 strategy)

Ref	POLICY & LEGAL COMPLIANCE (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
1.1	Maintenance of legislation register	High	Edmund Jacobs & Stephen Fitch	Trisha Bain & Benita Mehra	(i) Programme of updating Fire Risk Assessments (FRA) (ii) Annual statutory compliance (including fleet maintenance) assurance report to the CHSC.	Apr 2019	Mar 2020	(i) Fire risk assessments 100% completed (quarter 1). • Central and version-controlled compliance traction for FRA actions in place. • The identified themes have been circulated to relevant managers.
1.2	Policies and management systems aligned to operational requirement	High	Edmund Jacobs & Stephen Finch	Benita Mehra	(i) Develop/update H&S Policies to reflect LAS objectives, priorities and legislative changes.	Apr 2019	Mar 2020	• The following Policies awaiting Estates approval to circulate: Fire Safety, Asbestos Management, Water Systems Management, Control of Contractors, and PTW awaiting Estates approval to circulate for consultation • First Aid Policy under consultation. COSHH Policy is on Pulse.

Ref	POLICY & LEGAL COMPLIANCE (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
1.2	Policies and management systems aligned to operational requirement	Med	Martin Nicholas	Director of People & Culture & Trisha Bain	(ii) Develop/update Security Policies to reflect LAS objectives, priorities and legislative changes.	Apr 2019	Jun 2020	<ul style="list-style-type: none"> It was agreed at the recent SSSG that rather than security policies, procedures/protocols should be produced with priority given to Manned Guarding and ID/Access Control. A further procedure to be developed is to ensure return all LAS issued items are returned prior to an individual leaving the LAS.
		Med	Edmund Jacobs	Trisha Bain	(iii) Implement a process of audit and review.	Apr 2020	Mar 2020	<ul style="list-style-type: none"> HS&S Team completed Lead Auditor training course. Working to integrate H&S audit programme via My Health Assure

Ref	POLICY & LEGAL COMPLIANCE (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
1.2	Policies and management systems aligned to operational requirement	Med	Edmund Jacobs	Trisha Bain	(iv) Produce annual report outlining Health & Safety performance and areas of future need.	Apr 2020	Mar 2020	<ul style="list-style-type: none"> Published annual report planned to be approved by the ELT/Board.

	GOOD GOVERNANCE (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
2.1	Improvement in Director / Senior Management Health, Safety and Security awareness	Med	Martin Nicholas	Trisha Bain	(i) Arrange for Met Police Counter Terrorism Security Advisor (CTSA) presentation to ELT	Apr 2019	Mar 2020	<ul style="list-style-type: none"> To be delivered during 2019
		Med	Martin Nicholas	Trisha Bain	(ii) Improve visible leadership of Security across the Trust	Apr 2019	Mar 2020	<ul style="list-style-type: none"> Safety & Security Group in place Directors/ managers to undertake security related visits to sites. Mystery shopper inspection concluded Body Worn video (BWV) protocol being developed in collaboration Staff Side for the pilot/trial of BWV. To be appended to the CCTV Policy.

	GOOD GOVERNANCE (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
2.2	Improvement in Director / Senior Management Health, Safety and Security awareness	Med	Edmund Jacobs	Trisha Bain	(iii) H&S Committee developed within each sector and H&S sector plans in place aligned with the corporate H&S strategic plan.	Apr 2020	Mar 2020	<ul style="list-style-type: none"> Health & Safety meetings taking place. NE/NC have set up a constituted H&S Committee.
		Low	Edmund Jacobs	Trisha Bain	(i) Using data to drive improvements	Apr 2020	Mar 2020	<ul style="list-style-type: none"> Regular review and update of actions taken to address and mitigate any identified risks in place.
		Med	Edmund Jacobs	Trisha Bain	(iii) Develop a system of active and reactive monitoring for the Trust's Health and Safety performance.	Apr 2020	Mar 2020	<ul style="list-style-type: none"> The Health, Safety & Security Team have introduced a new procedure to monitor Police involvement in incidents of violence and abuse of LAS staff to help capture prosecutions and log outcomes.

Ref	RISK MANAGEMENT (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
3.1	Assess, control and minimise health and safety risks	High	Edmund Jacobs	Trisha Bain	(i) Incorporate the principles of dynamic risk assessment within the risk management and operational risk assessment framework.	July 2019	April 2020	<ul style="list-style-type: none"> Task and finish group being set up to take forward the need to review operational and dynamic risk assessment arrangements across the Trust.
		High	Edmund Jacobs	Trisha Bain	(ii) Ensure manual handling risk assessments are in place and reflective of the activities undertaken by frontline staff.	April 2019	Mar 2020	<ul style="list-style-type: none"> Planned review of training to ensure remains fit for purpose
		High	Fatima Fernandes & Edmund Jacobs	Director of People & Culture	(iii) Ensure human factors including fatigue, alcohol, drugs, night-working and stress are considered in the risk assessment process.	April 2019	Mar 2020	<ul style="list-style-type: none"> Stress Policy drafted and updated risk assessment template issued to task and finish group

Ref	RISK MANAGEMENT (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
3.1	Assess, control and minimise health and safety risks	Med	Martin Nicholas	Trisha Bain	(iv) Undertake and implement lone working and security risk assessments.	Apr 2020	Mar 2020	<ul style="list-style-type: none"> • Policy updated and includes risk assessment. • Plans in place to audit controls in quarter 3.

Ref	COMPETENCE (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
4.1	Ensure all staff are aware of their health and safety responsibilities and receive relevant training that appropriate to the role they perform	Med	Edmund Jacobs	Trisha Bain	i) Health and Safety training incorporated into the Trust's mandatory and statutory training (MAST) requirement.	April 2019	Mar 2020	<ul style="list-style-type: none"> Health & Safety induction, reintroduced on the Corporate Induction Programme Training compliance recorded using the ESR system, now includes Fire Marshall Training.
4.2	Implement arrangements for monitoring the effectiveness of training provided to staff and competency	Low	Edmund Jacobs	Trisha Bain	ii) Health & Safety Training Policy being developed with skills-based framework	April 2019	Jan 2020	<ul style="list-style-type: none"> All training delivered now includes a certificate of attendance and an evaluation form. H&S Training Policy is being drafted for consultation
4.3	Delivery of key Health and Safety training	Med	Edmund Jacobs	Trisha Bain	(i) Review and update existing training, and develop Safety for Senior Executives Course	April 2019	Mar 2020	<ul style="list-style-type: none"> Managing Safely Course, updated, now includes staff handbook and action plan.

Ref	HEALTH & WELL-BEING (Improvement)	Priority	Action Lead	Executive Lead	Action Updates	Date Assigned	Estimated Timescale	Action Status
5.1	Promote, encourage participation and support initiatives that enhance OH and wellbeing for staff.	Med	Edmund Jacobs	Director of People & Culture	(i) Promotion of wellbeing campaigns across the Trust	April 2019	Jul/Aug 2019	<ul style="list-style-type: none"> Health promotional campaigns including manual handling to be communicated.
5.2	Adopting a preventative approach to reducing sickness absence and proactively managing cases of ill health in order to keep staff at work/ facilitate a timelier return to work.	Med	Edmund Jacobs	Director of People & Culture	(i) Improve the collection and understanding of ill-health and sickness absence data	April 2019	Mar 2020	<ul style="list-style-type: none"> Work underway, to be discussed with new Director

N.B. Delivery of Action Plan associated with June 2017 review has been completed.

Appendix 2: Summaries of RIDDOR incidents investigated 2019/20 (Q1)

INCIDENT DESCRIPTIONS

103. Ambulance member staff member attempting to lift a 16 stone patient from a wheel chair onto the ambulance bed. Strained and injured back in the process.
104. Whilst lifting a patient from a carry chair to a trolley bed in the back of an ambulance and utilising appropriate lifting aids the patient suddenly slumped back in the chair. This caused the member of staff to receive a sudden jolt which has caused ongoing lower back pain.
105. Crew member was stepping off of the ambulance onto a gravel covered road, this led to her slipping slightly and rolling her ankle. Crew member visited the local UUC where it was x-rayed. No break but a lot of swelling and she is currently unable to weight bare.
106. Whilst placing the oxygen bag on to the vehicle, staff member had pain in their back resulting in the need to attend to A&E for medical attention and pain relief.
107. Member of staff knee gave way at weakened previously injured area. This occurred whilst mobilising forwards. No rotation of knee or waist. Staff member carrying Paramedic bag on back. Injury to right knee.
108. Member of staff on exiting from ambulance after arriving at a 999 call. As he put his foot to the pavement he lost his footing on an uneven surface and suffered an inversion injury to his left ankle.
109. The student was completing VDI at Nottingham Ambulance station, he went to leave the vehicle via the back door and somehow missed his footing on the ground - not quite sure what happened and then was in excruciating pain. Assisted by his mentor and other staff on station.
110. Attendant on emergency ambulance lost footing when exiting the rear door of the ambulance and fell on to road injuring left ankle.
111. When walking up a flight of stairs to a patient's address, member of staff stepped awkwardly causing a twinge to left ankle.

112. Whilst getting out of the rear door of the ambulance the Paramedic slipped and fell against the tail lift and hurt her back.
113. Whilst in a stationary ambulance the member of staff was removing a "tissue" cannula from a patient's arm. The cannula flexed and sprayed the patient's blood into his face with droplets going onto his shirt, beard, lips and possibly his open mouth. The patient then advised the member of staff that he was HIV+. Member of staff rinsed mouth, and carried out ambulance service body fluid exposure procedure.
114. Crew were using the Chair and chair tracks to carry patient downstairs. When using the tracks they did not seem to work as they should. The tracks should have resistance when pressed into the stairs, so weight of the patient is transferred so very little weight is encountered by the user. The tracks were reported to be faulty and having no resistance. This caused a sudden transfer of weight to the crew causing back and shoulder pain. The tracks were taken out of service by the crew. The fitters at K4 sent the tracks for repair as there did seem to be a fault with track tensioning.
115. Lifting patient downstairs in carry chair and tracks. Crew reported that tracks were faulty and offered no resistance as they should do when rolling downstairs. Sudden weight transfer caused a near fall. Crew member sustained shoulder and back injury. The tracks were taken out of service and left with fitters. The fitters sent the tracks away for repair. The tracks did seem to be faulty.
116. The member of staff was in the process of removing the LP15 from its cradle in the back of the Ambulance. Due to the weight of the equipment, the height it is stowed and the process of removing it from the cradle, the member of staff felt sudden pain in their shoulder. Later diagnosed by their GP as an impingement in their left shoulder.
117. While having to lift & move a critically ill patient in a carry chair felt a muscle twinge in back, but had to continue with the manoeuvre due to the time critical situation.
118. Member of staff assisting in transferring a patient who is fully immobilised on a scoop stretcher from ambulance trolley bed to hospital bed at time of handover. Lifting and twisting had sustained lower back injury, member of staff had missed 11 days due to injury. Self-care and rest at home with pain killers.

119. Member of LAS staff sustained an injury after lifting LAS trolley bed with a 20 stone patient on it, then tripping on a step and falling backwards. No fracture, soft tissue injury to left arm/wrist. Member of staff assessed by doctor at NPH. Member of staff will be off work for approx. 2-3 weeks as per DR's advice.
120. Paramedic assisting intoxicated patient who was suffering with an eye injury. Patient lashed out and kicked Paramedic in hand.
121. the tail lift over tilted causing the carry chair which had a patient in it to roll backwards on to the paramedics foot, fracturing two bones in her foot
122. Crew member was rushing to use the facilities when he tripped on the entrance step fell and injured his left knee
123. Crew member was leaning over the trolley bed trying to lift the side bars which would not move, he over extended and pulled his back
124. Pulling a stretcher from rear of ambulance. Wheel got stuck, and on pulling again, reporter felt a snap in right groin. Inguinal hernia diagnosed.
125. As the crew member was getting the bags out of the truck she caught their left index finger on the shelf. The finger bent backwards and the crew member heard crack. Finger is bruised and swollen.
126. Whilst transporting a patient on carry chair, weighing approx. 30 stone, felt a pull within the groin area which requires minimal pain relief initially. Has visited A&E for stronger pain relief since.
127. The injury was sustained by a patient of the London Ambulance Service. Our crew were treating a patient who had fallen down a flight of stairs and was having continual seizures. The patient was in the ground floor hallway on his back unconscious - when the crew arrived the patient was fitting. One crew member knelt down by the patient's right side (headend) in order to apply oxygen via an oxygen mask. The oxygen cylinder (ZD size) was placed upright to the right of his head whilst the crew member placed the mask on the patients face. Whilst doing this she felt someone pulling at a bag which was under her right leg. As the bag was removed it knocked the cylinder which fell against the patients head causing a laceration above his right eye approximately 1-2cm cm long. The laceration

bled profusely - direct pressure and a dressing were applied and the bleeding stopped. The crew were unable to make the patient aware that this injury had occurred either on scene or at hospital due to the patients presenting condition (unconscious).

128. Member of staff on duty arrived at hospital following a pre alert. Parked in ambulance bay number 5 at Northwick Park Hospital (NPH) A&E. He got out the driver seat then as he turned left to start walking toward the back of the ambulance he stepped into a pothole/crease/dip in the tarmac and twisted his left ankle. He immediately experienced intense pain and was unable to weight bare. Potholes caused by ambulance wheels approximately 5-10 cm deep.
129. Multi Skilled Technician sustained a fracture to his shoulder whilst undertaking repair work on a vehicle. The Multi Skilled Technician accidentally stepped off a ramp, without realising the ramp was not secure on the floor and fell backwards. This injury has resulted in the member of staff being absent from work for more than seven days.
130. The staff member was attending to a patient with traumatic injuries, the patient was in an awkward position, between a pallet and a wall. Whilst squatting beside the patient the staff member felt a pain in his lower back, when he stood up he felt a sharp pain in his lower back that progressed throughout the day to the point he was limping in pain.
131. A large fight broke out between several members of the public and the patients that the ambulance crew were attending to. Several people boarded the ambulance and began to attack the patient. In self-defence and in an attempt to get people off the ambulance the staff member has injured his right shoulder/back. Staff member described trying to close the ambulance saloon door but members of the public kept kicking and trying to open it. This repetitive movement appears to have caused the injury whilst trying to keep the door closed to stop people boarding the ambulance.
132. Call was made by the patient's GP who did not disclose that the patient was diagnosed with TB. The patient had coughed directly in the face of one member of staff before this information was disclosed. Following this, the crew utilised a face mask to reduce the risk of the patient coughing openly within the confined space of the ambulance.

133. The paramedic attended a patient who had fallen and was unable to get off the floor. They had been on the floor for some time and were in a lot of pain. The patient was stuck in a kneeling position. Due to the position of the patient and the space available, the crew were limited in which manual handling aids they could use. They used a lifting belt (which kept slipping) and a blanket under the patients arms to lift the patient on to the bed. This caused the paramedic to feel pain in his lower back. He immediately took analgesia but the pain worsened over the following days to the point where he reported sick on 8th May.
134. Whilst removing the stretcher from the ambulance to take a patient into casualty, the stretcher wouldn't come out of its fixings. Whilst pulling with some force, an injury occurred causing pain in the right groin area.
135. London Ambulance Service called to patient said to be having seizure outside store in public place. On arrival of crew, patient has got off bench, lunging at crew in aggressive manner. Whilst trying to prevent assault, female crew member has been pushed from behind by another member of public, forcing her to the ground causing her to hit her head against the ground. Assessed at hospital for head injury and ongoing dizziness and nausea, off work for over 7 days since incident date due to ongoing neck pain and stiffness.
136. Lifted patient over door step in carry chair, felt a pop in pelvic area. Attended A&E and was diagnosed with prolapsed bladder.
137. Crew member was lifting patient from the floor when the injury occurred, no further details are available
138. Whilst assisting an intoxicated patient left knee twisted - causing pain
139. Whilst taking fluid out of the secure drugs cupboard at Newham station, the box fell from the cupboard - JC attempted to catch the box but this struck her finger at angle causing a dislocation and rupture of finger ligament.
140. Member of staff tripped over front pannier on CRU bicycle. At end of shift putting bike back. Due to lack of space member of staff had to step over pannier, caught foot and fell to ground as carrying drugs pack at time which stopped her supporting herself when she fell.
141. Opened side door on ambulance and steps did not deploy correctly. this incident caused injury to left shin resulting in pain, swelling and cut

142. During a call a patient who was possibly under the influence of drugs and alcohol and with possible mental health problems attacked the ambulance crew in an unprovoked incident. The member of staff was strangled and sustained a fracture to their hyoid bone.
143. Member of staff put kit bag on L shoulder. instant pain felt to L shoulder area due to weight of kit bag
144. Crew member was lifting a patient from the floor to the carry chair when he felt a sharp pain to the lower back with pain radiating down the front of both legs
145. On RTC and knelt down to assist moving patient off the road. Chronic knee problem exacerbated from kneeling on the tarmac. Initially felt pain and managed to continue through the shift with PAR. Next morning woke up and knee had swollen twice the size.
146. Patient was lifted from the ground using manger elk (lifting equipment) and transferred to the carry chair. Chair was utilised with tracks to move patient down the stairs. Reporter states no pain or apparent injury whilst carrying out these techniques, however when turning to walk back to the ambulance experienced lower back pain and spasms. Initial discussion has been had regarding manual handling techniques and risk assessments. Reporter has also had treatment from the physio and has been given exercises to complete and will carry out a lifting assessment when recovered in order to mitigate future incidents.
147. Whilst lifting and mobilising a tall and obese patient, Claire injured her back. She made a TILE assessment and used the aides they had available and whilst consideration was made for additional hands and mobility aides it was decided that the patient's condition couldn't wait as they would deteriorate with any delay.
148. Member of staff returning to station in FRU, the vehicular gate was closed, they used the keypad to unlock the gate, they then put their fingers in to the very small handle as best as possible to pull open the gate. The gate was moving, they tried to remove their hand but found their fingers had got wedged into the very small handle. The staff member had to try and remove their hand, but needed an amount of force which caused pain and swelling to wrist area as used whole arm to try and yank their fingers out. After yanking their

trapped fingers out, their wrist was in pain, unfortunately they got another call, so completed the call in pain. Returned to station for the end of their shift and went home.

- 149. Has been applying cold packs to wrist area and taking anti-inflammatory's staff member was walking down the steps of the ambulance when she felt pain in her left hip causing her to limp and she was unable to weight bear. The attendants chair in the back of the ambulance had been uncomfortable during the shift and felt like the springs had all gone so the seat felt lower down.
- 150. Staff member has a diagnosed Inguinal Hernia which requires surgery, this may be as a result of moving and handling patients, especially in the carry chair. This is a common injury for men caused by lifting, this means that the staff member is unable to carry out his full duties at work.
- 151. Putting kit bags onto ambulance, EMT twisted left knee carrying bag.
- 152. Whilst attending a patient - staff removed Nasal airway adjuncts - patient expelled a large amount of sputum which splashed into crews faces. Safety goggles / visors not worn. No blood in sputum however patient HIV and HEP B positive confirmed by Kingston Hospital. First aid and faces washed. Crew seen in Kingston ED - PEP issued for 5 days - Occy health notified and appointments made - Details of GUM clinic given to obtain more medication
- 153. Staff member diagnosed with bilateral symptomatic carpal tunnel syndrome.
- 154. Whilst climbing out of the cab of the vehicle on the driver's side, the staff member went over his ankle and sprained it.

- 155. Applying DRAs when and where necessary.
- 156. Faulty/Out of service equipment/equipment not tagged needs to be taken out of the service immediately.
- 157. Ensure all equipment is in working order prior to commencing shift.
- 158. Requesting immediate backup when and where necessary.

- 159. Internal bulletin regarding newly identified risk.
- 160. Staff members who are non-compliant on mandatory Health & Safety training must undertake required training.

Key emerging themes:

➤ Patient demographics:

- 161. Difficulties in extricating “weight” challenging patients.
- 162. Patients with mental, alcohol and drug related issues.

➤ Environmental factors:

- 163. Confined spaces which make moving and handling difficult of patients.
- 164. Challenging environments/ terrains.

➤ Plant/ Logistic issues:

- 165. Vehicle concerns and “issues around planned maintenance”.

➤ Equipment Failings:

- 166. Failure due to “issues around planned maintenance”.
- 167. Availability.
- 168. Location/ fitting of these for use.

➤ Personnel / Behaviours & “non appliance of training/ good practices”

- 169. Environmental challenges requires awareness and need to apply Dynamic Risk Assessment techniques.
- 170. Application of learning and techniques for safe outcomes (staff as well patients).
- 171. Proactive approach to reporting – faulty equipment.

172. General Health and well-being of staff.

➤ Others

173. The above when combined have also been contributory factors in the RIDDORs reported and so it is important staff make use of all the “tools” in their tool box – Dynamic Risk Assessment/ Personal Health and Well-being/ Ensure any / all equipment to be used is in “good working order”/ report any faulty equipment and awareness of the clients/ environments and equipment being used and exposed to.

ACTIONS

174. Remind all staff of the importance of keeping up to date with training in Manual Handling (level and competence commensurate with task/ role).

175. Drive to ensure all staff have or will undertake training in Dynamic Risk Assessment. Monitor and ensure staff identified by grade /task and roles have completed training. The use of this tool and awareness would have a positive impact.

176. As top 3 sectors – South East, North East and North West which account for almost 75% of all RIDDOR’s during this period then target these as “Pilot” sectors. Ensure all staff are up to date in their training in particular – Manual Handling, Dynamic Risk Assessment and Health & Safety.

177. Shared Learning from all sectors – where any key and or emerging themes are observed then these are communicated and shared.

178. Importance of personal health and well-being must be emphasised by LGM/CTM. Unlike other emergency services e.g. Police and Fire service where the level of fitness to undertake the task is a requirement. It is important that all staff maintain a level of fitness to safely handle and deal with the day to day tasks/operations.
179. Reminders to all to work within Safe systems of work, this would make a positive impact. Examples of these are – ensure all faulty equipment is returned and replacements put in place so colleagues are not left without any equipment or with faulty and unusable equipment. All faults and or problems encountered with vehicles are reported as soon as possible and brought to the attention of all parties and where need be faults are clearly identified and marked so others are made aware.
180. Given that over 50% of RIDDOR's involved ambulances and stations there is a shared responsibility of all to ensure we maintain good Housekeeping, e.g. ambulances are fully operational, parked correctly, accessed/ exited safely and any spillages, breakages, hazards are removed and correctly disposed of or stored.
181. 21% of RIDDOR's reported during this period occurred on patient premises. These may not be ideal given the housing situation we have, and staff therefore need to call on additional help or if it could be flagged up at the time of the call.

STAFF SPECIFIC ACTIONS

182. Staff members have been referred to physio.
183. Staff members to undertake appropriate refresher training on manual handling techniques.
184. Staff members have been advised to take care/more attention when entering and exiting the ambulance and use the handrails provided to give extra stability.
185. Staff members have been advised to use Dynamic Risk Assessment (DRA) techniques when they are out and about.
186. The staff member has been advised to request the extra crews when dealing with bariatric patient.

187. Staff members have been advised to request the second vehicle when they have issue with equipment such as Manger elk failure.
188. The staff member has been advised to use his/her conflict resolution skills to try and diffuse the aggression of the patient.
189. Staff members have been advised to do a visual check before stepping down/out from the ambulance to make sure that, the ground level is not uneven.
190. The staff member have been advised about the importance and the requirements of using PPEs when and where necessary.
191. The local management to review Risk assessment/process when and where necessary.
192. Important to remind all staff to keep up to date with training in Manual Handling (Level and competence commensurate with task/role).
193. Drive to ensure all staff have or will undertake training in Dynamic Risk Assessment. Monitor and ensure staff identified by grade /task and roles have completed training. The use of this tool and awareness would have a positive impact.
194. Importance of personal health and well-being must be emphasised by local management (LGM/CTM).
195. Staff members have been advised to report faulty/failure of equipment through right channels and taken it out of service with immediate effect.



Health & Safety - Highlights, Issues & Actions taken

Highlights

- The Trust wide Fire risk assessment (FRA) compliance is 100% as of June'19.
- The timeframe compliance of reporting RIDDOR incidents (<15 days) to the HSE across the Trust during June' 19 is 85% compared to 81% in May' 19.
- During Q1'2019/20 H&S team have delivered 2 sessions of Managing Safety courses to 39 staff members, 2 sessions of Load Handling trainings to 9 staff members and, 3 sessions Fire Marshall Training to 23 staff members.
- The Trust's health and safety mandatory training compliance rate in June 2019 was 85.58%.
- The Health, Safety & Security team have undertaken the second round of 'mystery shopper' visits during June'19 to review standards of security at ambulance stations. Average Trust-wide security compliance in Feb'19 was 63%, which has raised to 81% in June'19. In Feb'19, the number of sites that achieved 80% or over compliance was 8 stations. In June'19, 52 stations achieved 80% or over compliance.
- **A total of 69 actions are on the Health and Safety Review Action Plan. 65 of the actions have now been completed. And the outstanding actions are being monitored.**

Issues

- 2 out of the 13 RIDDOR incidents reported during June 2019 were outside the 15 days timeframe.
- Trust wide compliance for the completion (bi-annual) of Fire Drills is currently 73% and the compliance for completion of quarterly H&S site inspections for Q1 (2019/20) is 77%.

Actions

- Collaborative working with Wellbeing team in regards to causes and proposed interventions for Manual Handling injuries – Back care awareness campaign is under development.
- FRA (Fire Risk Assessment) action tracker has been developed and the identified themes have been circulated to relevant management for action.
- Security issues relating to the outcome of the mystery shopper and the delay in resolving the maintenance issues were raised as an issue.
- Quarterly H&S inspections and Fire Drills lack of compliance has been escalated to relevant operational managers for their action.
- The Health, Safety & Security team will be delivering a 3rd session of Fire Marshall training on 11th of July.
- Proposal has been agreed to review operational risk assessments.
- Looking into the feasibility of uploading Conflict Resolution handbook on to the Pulse for staff to access to improve awareness around Conflict Resolution.



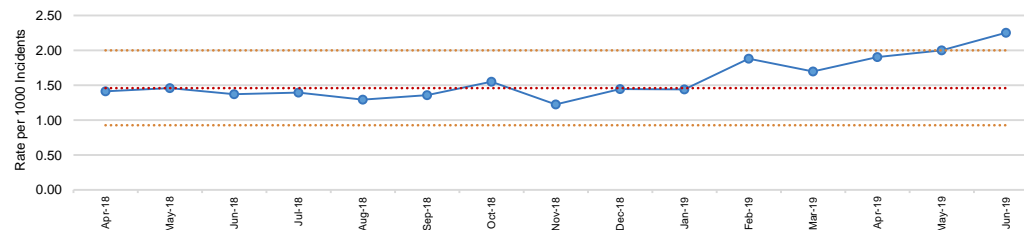
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

The total number of H&S incidents was 352 resulting in **3.69 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below:

Monthly Trend

No Harm / Near Miss

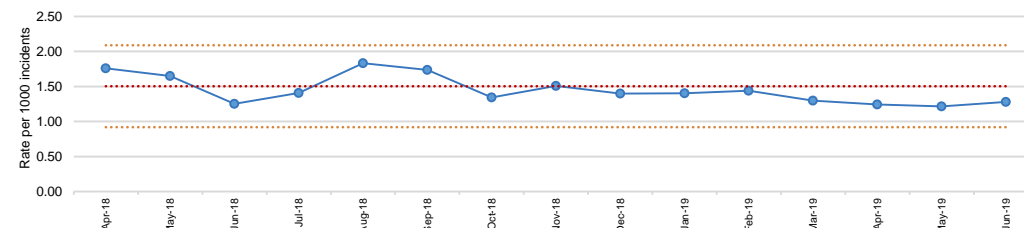
Month: 2.25



215 (61%) of the H&S related incidents reported during June - 2019 resulted in No Harm/Adverse/Near Miss.

Low Harm

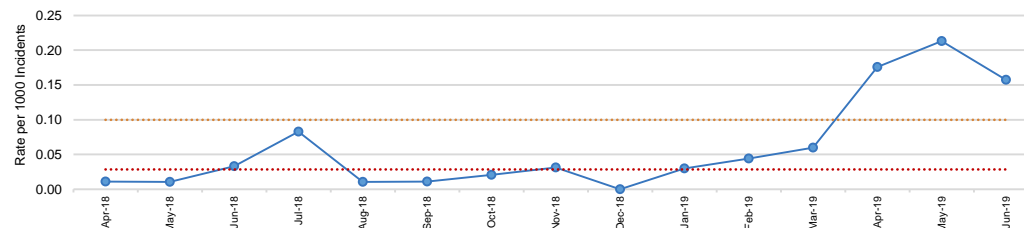
Month: 1.28



122 (35%) of the H&S related incidents reported during June - 2019 resulted in Low Harm.

Moderate

Month: 0.16

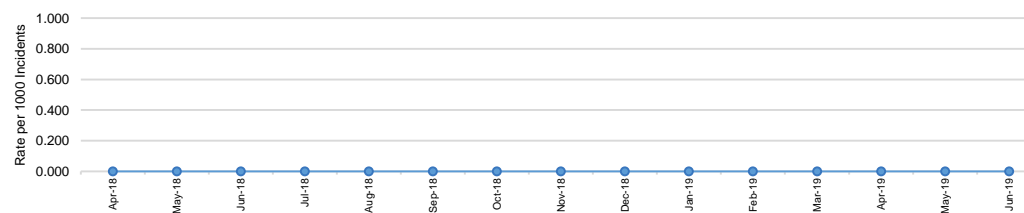


15 (4.0%) of the H&S related incidents reported during June - 2019 resulted in Moderate Harm.

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.

Severe

Month: 0



There was no incident reported as Severe Harm during June - 2019.

CHART KEY
 — Monthly value
 Mean (Baseline FY17/18)
 Upper and Lower Limit (Baseline FY18/19)

Data Source:



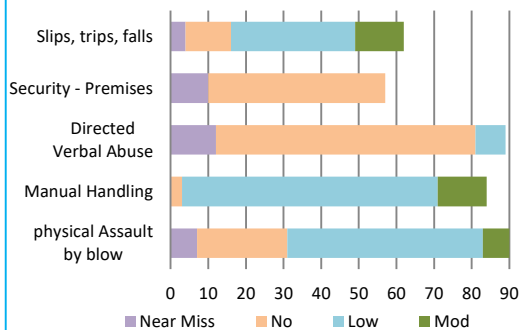
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

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

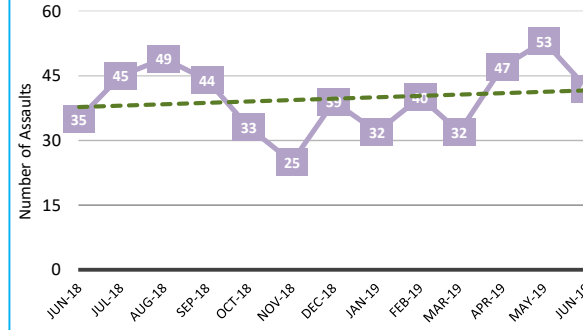


- Physical Assault by blow (kick, punch, push etc.), Manual Handling – lifting patients (MH), and Directed verbal abuse incidents account for the highest numbers reported during June 2019.
- Practical manual handling training commenced in April-2019 and the compliance is currently sitting at 91%.

Assaults on Staff

Assaults on Staff

Assaults on Staff by Patients

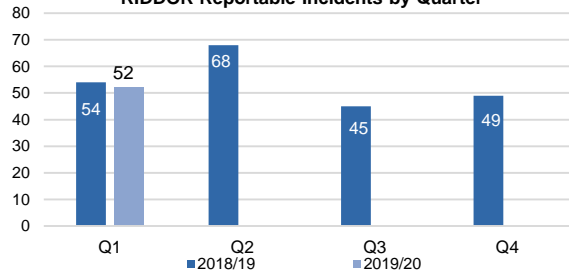


- There was a slight decrease in the number of assaults on staff by patient related incidents in June 2019 and the trend is up-ward.
- The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

RIDDOR Incidents

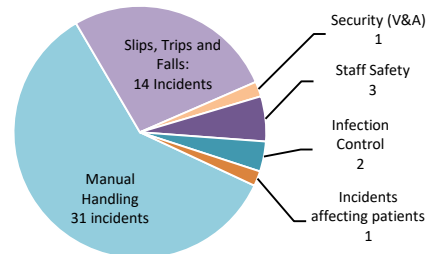
Number of incidents

RIDDOR Reportable Incidents by Quarter



RIDDOR by cause

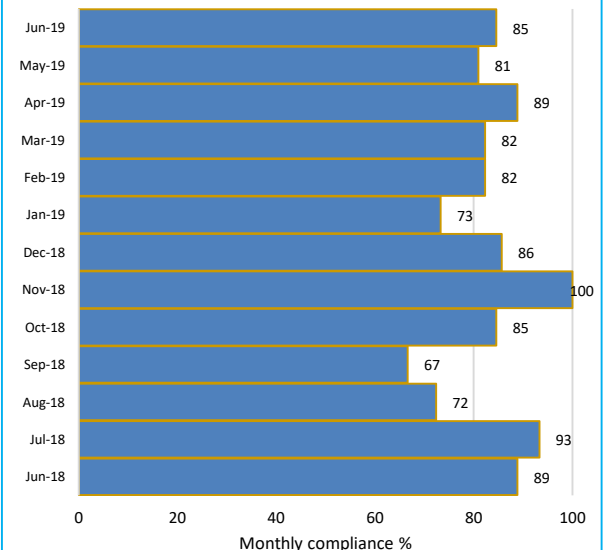
RIDDOR Reportable Incidents by Cause - YTD



- Total of 52 RIDDOR incidents reported to the HSE during 2019/20 (up to Q1'19)
- 2 out of the 13 incidents reported outside the 15 days timeframe during June'19.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in June 2019 was **85%**.
- Manual Handling & Slip, Trip, Falls incidents account for the highest number of RIDDORs reported across the Trust during 2019/20 (up to Q1' 19).

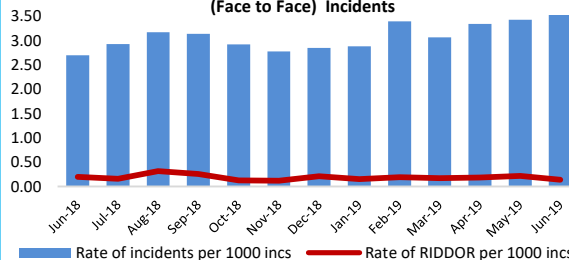
Reporting Time Lag

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



Rate of Incidents

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

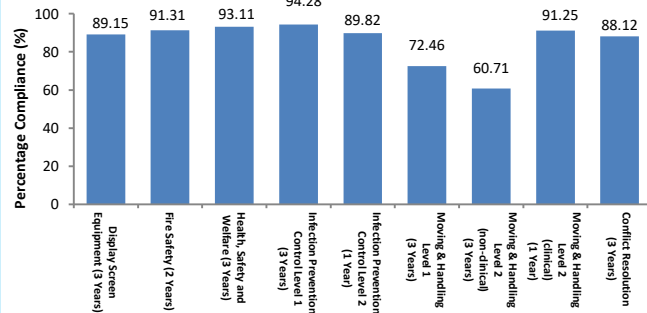




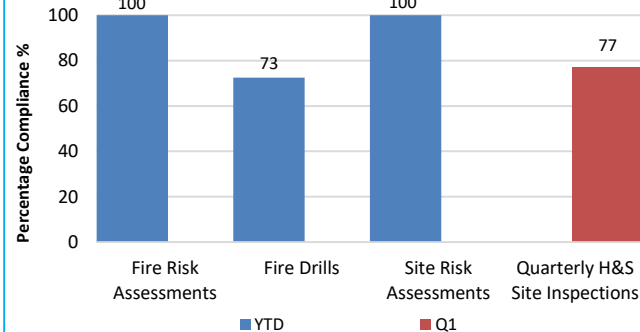
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

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

Mandatory Training Compliance



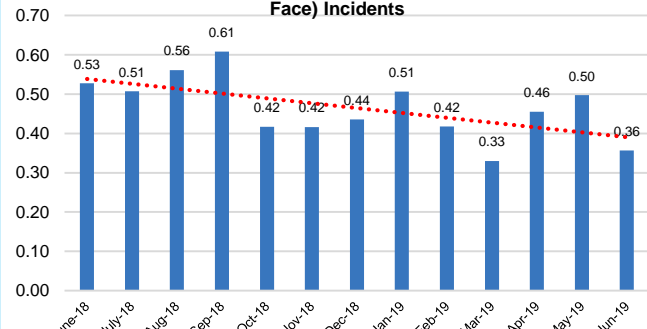
Statutory Reports & Monitoring Compliance



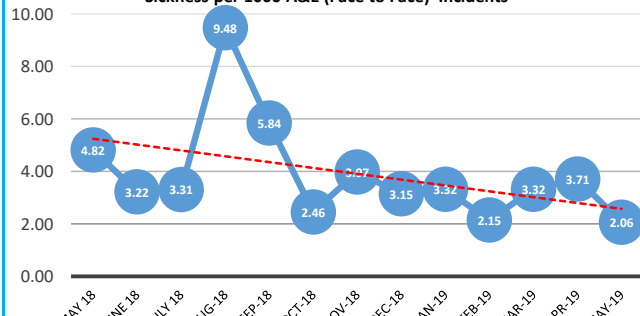
Key Updates:

- Collaborative working with Wellbeing team in regards to causes and proposed interventions for Manual Handling injuries – Back care awareness campaign is under development.
- Breakdown of MSK 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.
- **The Trust wide Fire risk assessment compliance is 100% as of June'19.**
- FRA (Fire Risk Assessment) action tracker has been developed and the identified themes have been circulated to relevant management.

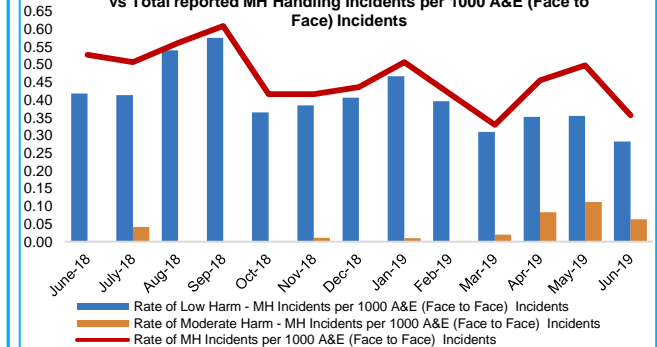
Rate of reported MSK Incidents per 1000 A&E (Face to Face) Incidents



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

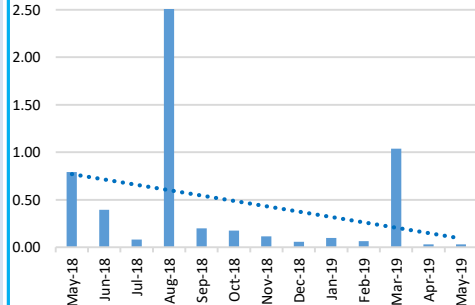


Rate of Trust-wide MSK Incidents: Low Harm vs Moderate Harm vs Total reported MH Handling Incidents per 1000 A&E (Face to Face) Incidents

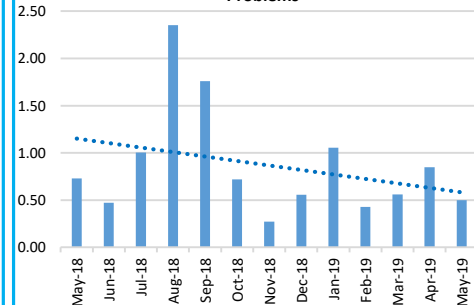


Breakdown of MH Working days Lost

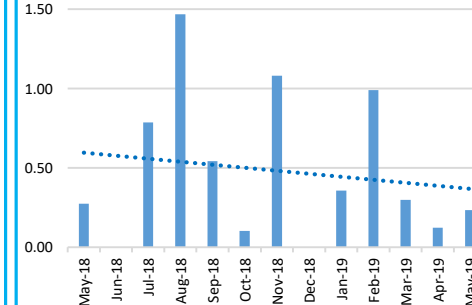
Rate of working days lost per 1000 A&E (face to face) incidents due to Musculoskeletal Problems



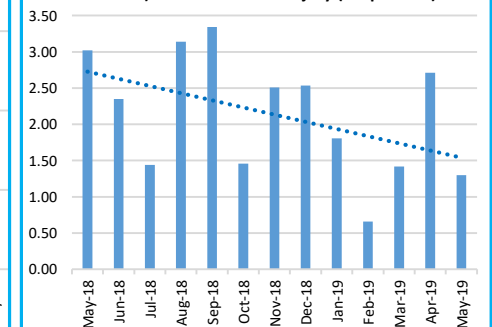
Rate of working days lost per 1000 A&E (face to face) incidents due to Back / Spinal Problems



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



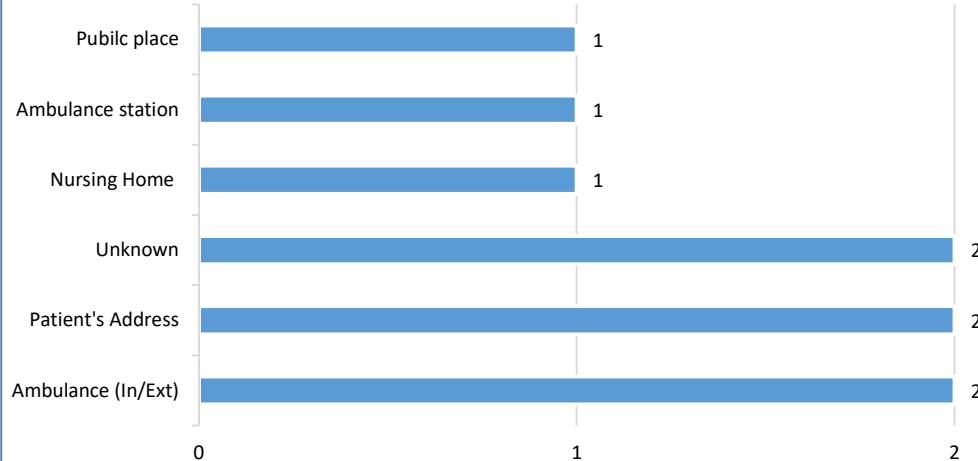
Rate of working days lost per 1000 A&E (face to face) incidents due to Injury (unspecified)



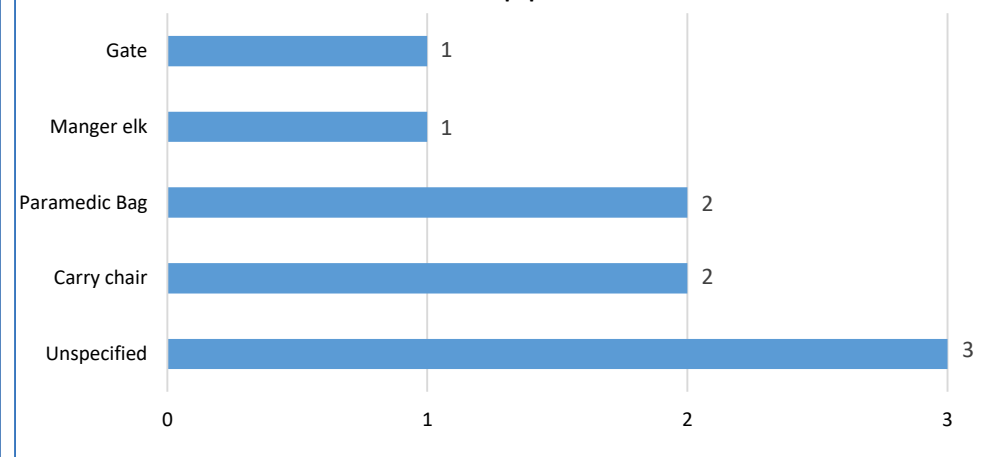


Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – June 2019

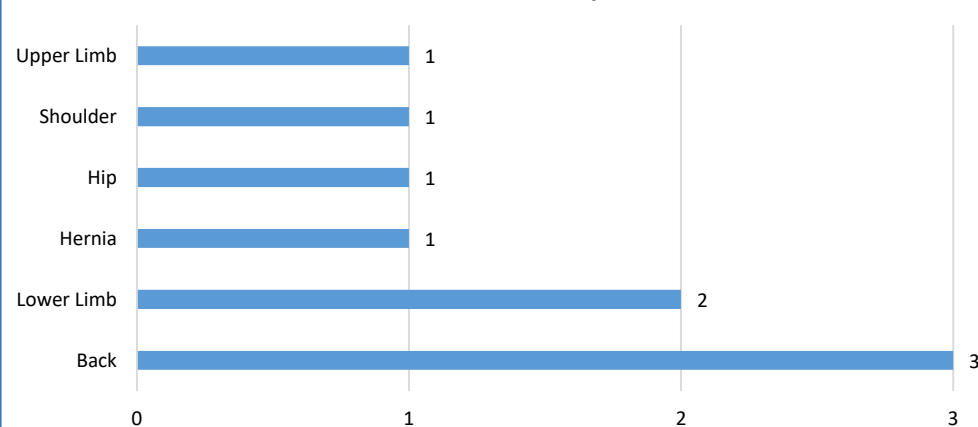
MSK RIDDOR Incidents - Location



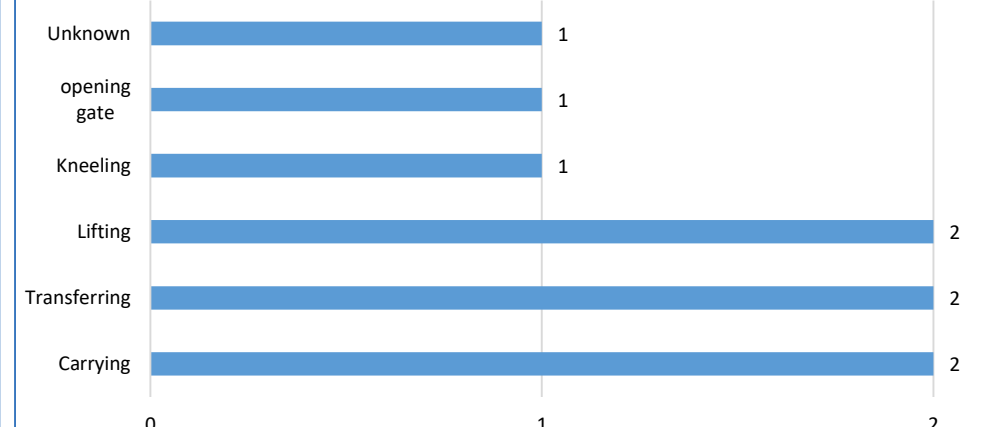
MSK RIDDOR Incidents – Equipment Involved



MSK RIDDOR Incidents – Body Part



MSK RIDDOR Incidents – Action Involved



The above graphs provides details from the thematic analysis of 9 reported RIDDOR incidents (3 incidents occurred in May'19 & 6 incidents occurred in June'19) during June 2019 related to Manual Handling (MSK):

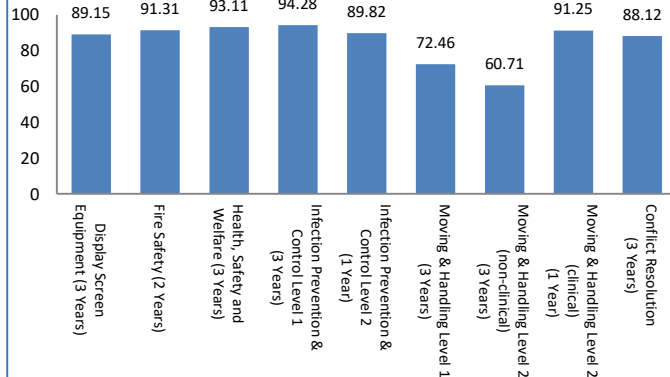
- 1). The largest number of the reported RIDDOR incidents occurred in Ambulance (Internal/External) and in Patient's address.
- 2). 3 of the reported RIDDOR incidents resulted in Back injury, 2 of the incidents resulted in Lower limb injury,
- 3). 6 of the reported RIDDOR incidents occurred during lifting, transferring, carrying (2 each).



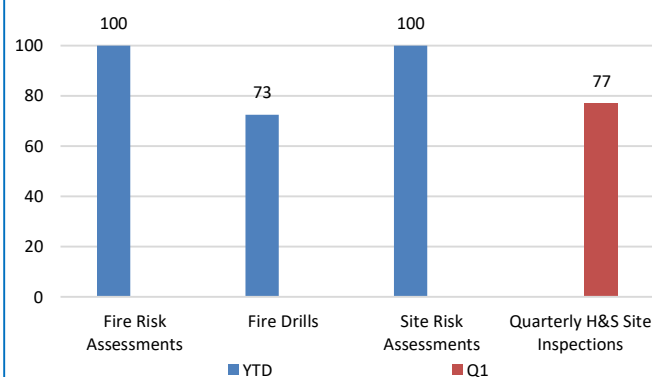
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Quality Directorate

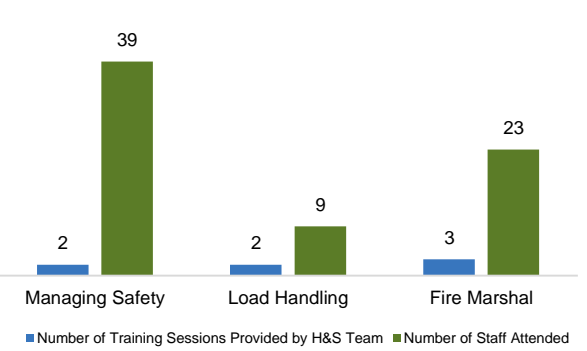
Mandatory Training Compliance



Statutory Reports & Monitoring Compliance



Number of H&S Training Sessions Provided during Q1 (2019-2020)

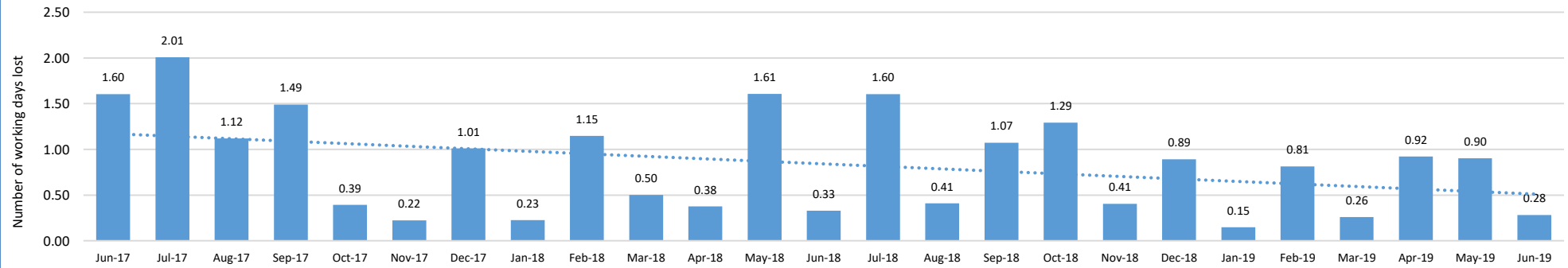


Key Updates:

- During Q1'2019/20 H&S team have delivered 2 sessions of Managing Safety courses to 39 staff members, 2 Load Handling sessions to 9 staff members and, 3 Fire Marshall Training sessions to 23 staff members.
- The Trust wide Fire risk assessment compliance is 100% as of June'19.

People & Organisational Development

Anxiety/Stress/Depression/Fatigue sickness related working days Lost per 1000 A&E face to face incidents attended



Year	Anxiety/Depression/Stress/Fatigue – Working Days Lost
2017/18	904
2018/19	874
2019/20 (up to June'19)	205

Key Updates:

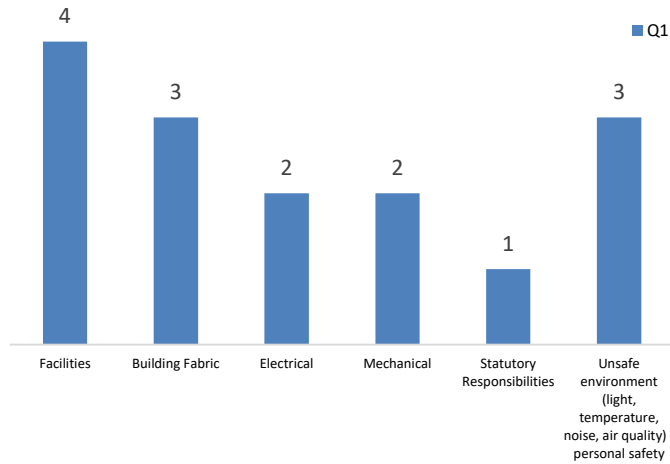
The two (GRS & ESR) systems we have record different things in different ways. We suspect based on what we've seen, that there is inconsistency in how sickness is recorded by the scheduling team. This will improve as the GRS/ESR interface goes live, as there will be greater consistency. There is a deep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



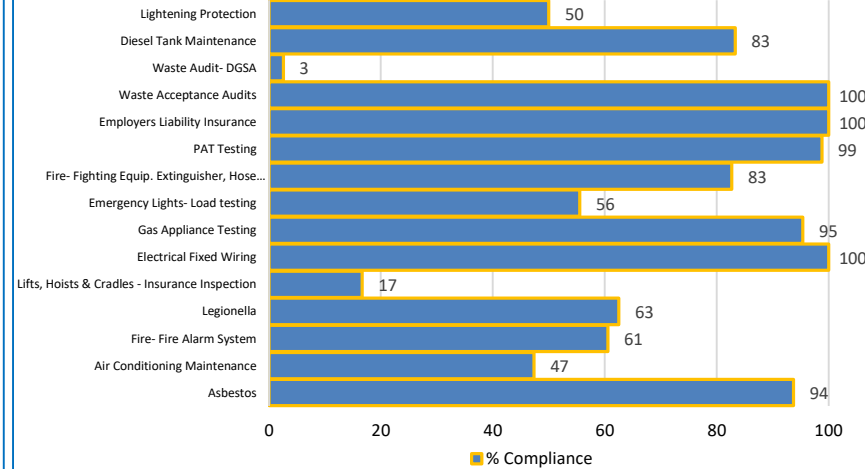
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Estates

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



Estates Statutory Compliance Dash Board

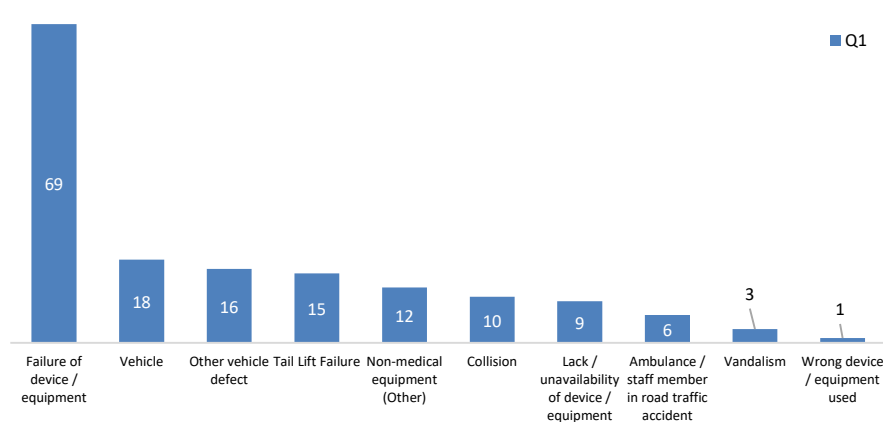


Key Updates:

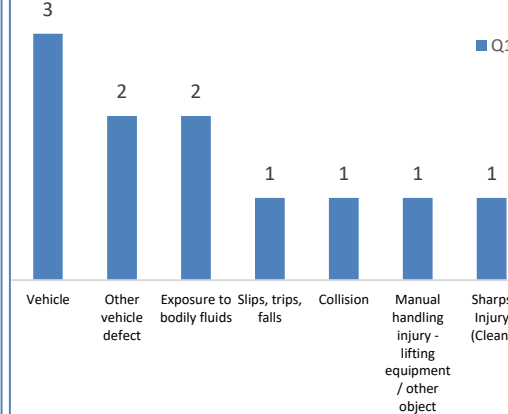
- Total of 15 (H&S) Estates related incidents reported during Q1'(2019/20). The breakdown of incidents are given in the dash board.
- Statutory compliance dash board from the Estates provides the current Trust-wide Estates related Statutory compliance rates.

Fleet and Logistics

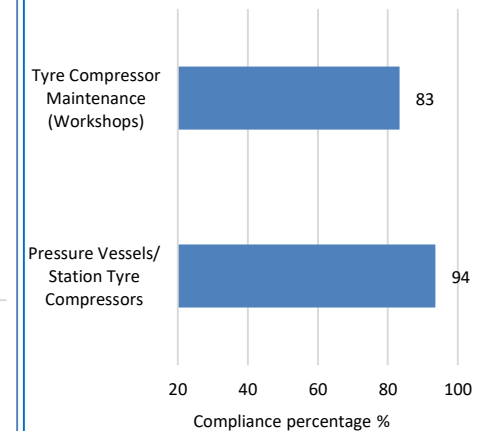
Fleet and Logistics-H&S related Incidents by Quarter (2019/20)



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



Fleet Statutory Compliance Dash Board



Key Updates:

- Total of 159 (H&S) Fleet & Logistics related incidents reported during Q1'(2019/20). Total of 11 Fleet & Logistics staff related H&S incidents reported during Q1'(2019/20). 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.



Heat Map – MSK Sickness (Working Days Lost) during 2018/19 by Station & by Sector

STATION	MSK Sickness (Working Days Lost) 2018/19
ST HELIER	404
ROMFORD	320
NEWHAM	208
NULL	193
CROYDON	170
WHIPPS CROSS	161
ILFORD	144
HOMERTON	140
FULHAM	133
FRIERN BARNET	126
BROMLEY	104
DEPTFORD	92
BRENT	88
CHASE FARM	86
WATERLOO	84
CAMDEN	77
CRU HEATHROW	76
GREENWICH	72
BROMLEY OPC	71
POPLAR	71
ISLEWORTH	70
CYCLE RESPONSE UNIT	66
NORTH KENSINGTON	60
WALTHAMSTOW	59
PINNER	57
HILLINGDON	56
EDMONTON	53
NEW MALDEN	53
OVAL	53
RUISLIP	52
HANWELL	49
MILL HILL	49
PUTNEY	47
WESTMINSTER	43
WIMBLEDON	43
TACTICAL RESPONSE UNIT	42
PONDERS END	40
SUTTON	38
TWICKENHAM	38
ISLINGTON	37
GREENFORD	35
NEW MALDEN WORKSHOP	30

STATION	MSK Sickness (Working Days Lost) 2018/19
HART TEAM WEST	26
STREATHAM	24
BATTERSEA	23
CALL HANDLERS	23
BARNET	22
FELTHAM	22
MOTTINGHAM	22
BECONTREE	21
WOOLWICH	21
NET MANAGER	19
HORNCHURCH	17
TOLWORTH	16
BRIXTON	14
FOREST HILL	14
RICHMOND	13
BARNEHURST	11
CHISWICK	10
SHOREDITCH	10
MRU	9
NEW MALDEN NETS	9
TOTTENHAM	9
CAMDEN NETS	8
HEALTH ADVISORS	8
HEATHROW	8
BOUNDS GREEN	7
BECONTREE NETS	6
HART TEAM EAST	6
HQ CALL HANDLING (C WATCH)	6
WEST HAM	6
CAMDEN OPC	5
ST JOHNS WOOD	5
HQ CALL HANDLING (D WATCH)	3
HQ CALL HANDLING (E WATCH)	3
NEW ADDINGTON	3
SOUTH CROYDON	3
HQ CALL HANDLING (B WATCH)	2
ILFORD OPC	2
LOGISTICS MANAGEMENT	2
ST GEORGES UNIVERSITY	2
TEAM LEADERS H3	2
SILVERTOWN	1
BECKENHAM	0

SECTOR	MSK Sickness (Working Days Lost) 2018/19
NORTH EAST	1158
SOUTH WEST	851
NORTH WEST	688
SOUTH EAST	511
NORTH CENTRAL	508
NULL	193
CENTRAL OPERATIONS GENERAL MANAGER	151
ADDITIONAL RESOURCES & OPC	78
RESILIENCE	74
STRATEGIC ASSETS & PROPERTY	32
NHS111	23
NETS	23
NET MANAGER	19
EMERGENCY OPERATIONS CENTRE	14
NEL 111	8
A&E OPS TRAINEES	2

Notes:

- **MSK Sickness (Working Days Lost) during 2018/19 by Station & by Sector are given in the dash-board above.**
- On both tables, days mentioned under “NULL” accounted as **Unspecified** in GRS.
- Station-wide analysis indicates that, St Helier & Romford stations have lost more number of working days lost due to MSK sickness respectively.
- Beckenham station has recorded no MSK related sickness.
- Sector-wide analysis indicates that, North East & South West sectors have lost more number of working days lost due to MSK sickness respectively.



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	Quality Strategy - biannual update report			
Agenda item:	17			
Report Author(s):	Dr Trisha Bain, Chief Quality Officer			
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 checked="" type="checkbox"/>	Information
Background / Purpose:				
This paper and presentation includes an outline of the current status in relation to the Quality Strategy Vision 20:20.				
Recommendation(s):				
The Board is asked to comment on the content of 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 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 type="checkbox"/>
Partners are supported to deliver change in London	<input checked="" type="checkbox"/>
Efficiency and sustainability will drive us	<input type="checkbox"/>



London Ambulance Service
NHS Trust



Quality Strategy - Bi-annual Update August 2019

BACKGROUND : Quality Strategy Vision : 2020

1. The Quality Strategy Vision: 2020 set out a programme of work to take forward both the development of a quality improvement framework (See Appendix A) and the quality priorities for 2018-19. The report provides an update on progress against the quality strategy and the impact of the changes made to ensure that the organisation has a model framework, infrastructure and the capacity and capability to build a sustainable continuous improvement culture. The aim of the strategy is to support the objective of reaching an Outstanding CQC rating by April 2020.
2. It is important to note that to bring a sustainable and continuous improvement culture to the organisation requires all of the relevant 'building blocks' to be in place, it will not be sustained by training staff in isolation of supporting infrastructures, systems and processes, assurance and monitoring systems.
3. Appendix B sets out the parallel work-streams set out in the Quality Strategy and their current status. The report will focus on each individual element to outline progress and impact.

1.1 Building the Will

4. Integral to a continuous improvement culture is ensuring that we engage both patients and staff and create a supportive approach to both quality and safety improvement so they support the development of a high quality and efficient service.
5. During 2018-19 we have introduced 'Whose shoes' methodology to our pioneering services and our strategy development to evidence both wider system stakeholders and patient and staff involvement in our service development programmes ie. mental health, clinical strategy , volunteering strategy. We are developing a wider and more robust patient engagement and involvement strategy supported by Non-Executives and led by the newly appointed Director of Communications and Engagement during 2019-20.
6. We have made significant changes in our reporting culture and feedback mechanisms in relation to safety incidents – evidence of an improving safety culture. The staff survey 2018-19 identified improvement in
 - Reporting errors, near misses or incidents - increase from 84% in 2017 to 88% in 2018
 - Organisation taking action so they do not happen again – increase from 52% in 2017 to 59% in 2018
 - Providing feedback about changes made following incidents- increase from 45% in 2017 to 54% in 2018

7. Root Cause analysis training has been provided to over 45 staff across all sectors of the organisation. The impact of this is improved safety investigations and improvement actions, provided in feedback from our commissioners and in our CQC inspection reports. In addition, we have reported changes in 'harm' related patient incidents. We have seen an increase in no harm from 2361 in 2017 to 2696 in 2018, low harm incident reporting from 339 to 537, and a reduction in moderate (from 145 to 89) and severe harm from 67 to 38 and catastrophic from 112 to 68 in the same time period. This trend is recognised nationally as reflecting an improved safety and improvement culture. Evidence from thematic reviews also highlight improvement in learning from incidents that have been investigated over the year.
8. The introduction of excellence reporting – reporting when staff have 'made a difference' and made improvements has been positively received and report have increased from just over 20 report in 2017/18 to over 300 reports in 2019.
9. All sectors supported by the QGAMs and clinical service leads have quarterly learning events and improved feedback mechanisms have been introduced via governance meetings, CPD sessions with staff and chief executive roadshows.

1.3 Creating alignment

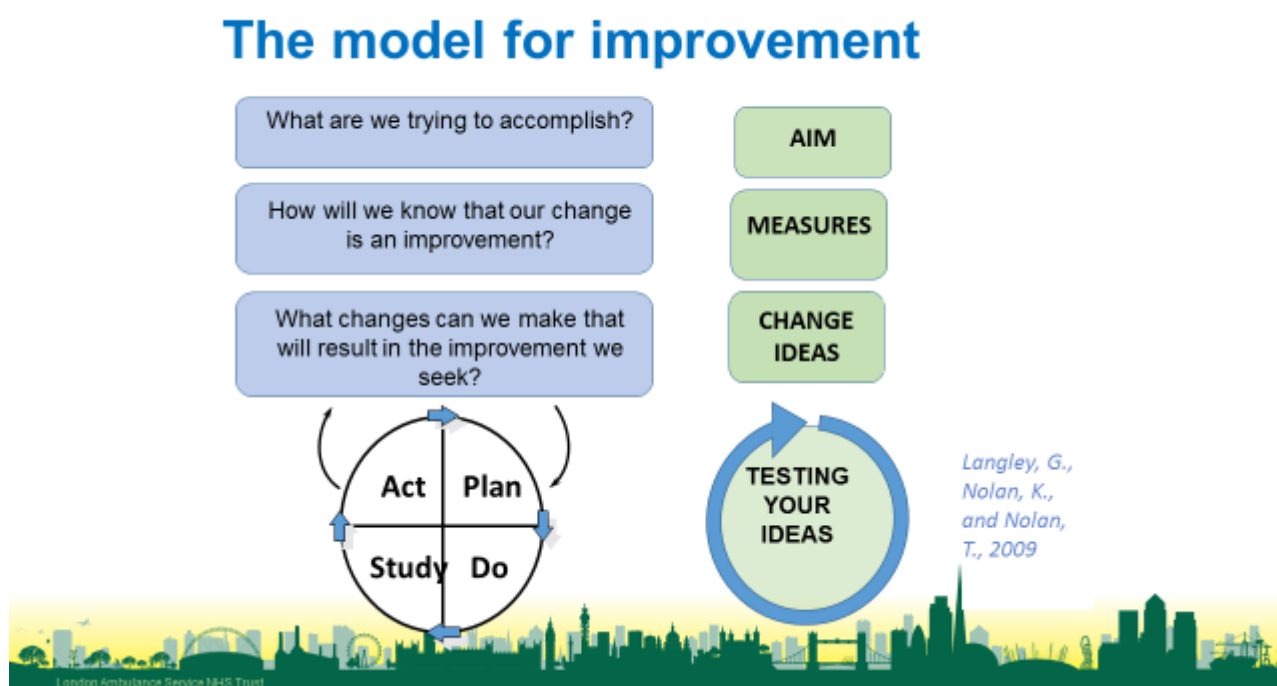
10. The development of our quality goals and targets in the 2018-19 and 2019-20 strategy were aligned to our business planning process, our known risks and our CQC inspections. The key activities related to these are reported quarterly via our Towards Outstanding Plan that aligns domains to each executive director. Executive oversight of quality of care in the Trust is through the Quality Oversight Group, which reports quarterly progress and exception to the quality Assurance Committee. Trust board reporting occurs via key risk and issues reports form this sub-committee. We have met our quality goals and targets year on year since 2017 which has brought about many improvements in both operational efficiencies i.e. handover to green from 17.2 to 16.5 minutes, in top 3 performing ambulance trusts for AQI, infection control compliance from average of 70% to >90% .
11. Critical to ensuring that we are prioritising, monitoring and implementing programmes and projects using standardised project and change management techniques, is the development of the enterprise Programme Management Office (ePMO). This has been developed and recruited to during 2018 and is now a fully functioning office. The benefits are evidenced in:
 - Programme Management governance structures for each programme
 - Clearly defined and standardised reporting, with clear milestones and outcomes
 - Programme Management Board (Executive led) to agree and prioritise, monitor progress and ensure that the appropriate resource is allocated via business planning and PID scrutiny

12. Further actions as part of the strategy includes: the continuing development of a system and process to capture ideas from staff on the front line, reporting via the newly formed Senior Leadership Group and into the Programme Management Board; ensuring all staff trained in Quality Improvement (see capacity and capability 1.6) align their training projects to business plan projects and programmes with clear outcomes in terms of quality and efficiency targets. Having generated the capacity to drive large scale improvement programmes with over 75 staff trained by Q3 (2019), this will start in Q4 (2019-20) as part of the business planning process and also in supporting and identifying large scale improvement programmes across the Trust (see section 1.7) .
13. During the year we have also further developed our quality reporting to include SPC charts and measurement for change principles. We continue to review, amend and improve the reports, deep dives and thematic review reporting and implementation of lessons learned.

1.4 Building Capability and Capacity to deliver the strategy

14. We recognised that our staff are the key to delivering the quality strategy and the need to train and support people to make continuous improvement of systems and processes and our services. The Board agreed as part of the strategy in May 2018 that we adopt a standardised approach to improvement: Plan, Do, Study, Act (IHI Improvement model see Diagram 1) to ensure staff have the tools they need to sustain improvement.

Diagram 1 ; IHI Model for Improvement



15. However, additional skills are required to deliver and implement trust and system wide improvements and the increased capability to deliver these. The Trust therefore chose a training package (QSIR) that provides 'toolkit' approach to supporting the PDSA cycles that provides a combination skills to ensure that appropriate techniques are used and applied to the improvement required i.e small- scale local improvements, trust and system wide service developments, the skills include:
 - An understanding of Human Factors
 - Concept of safety systems
 - Driver diagram development
 - Improvement methodologies, including Plan Do Study Act (PDSA), Lean, Patient flow studies
 - Change management principles
 - Measurement skills and knowledge
 - Flow and service re-design management, process mapping (using Lean approaches)
16. During 2018 – 2019 support and funded was provided by the NHSI Improvement Medical Director and the training programme was developed and continues to be delivered. In addition we also include QI methodology and training as half day sessions within the Engaging and Visible Leadership courses developed within the People and Culture directorate.
17. As outlined in the strategy evidence internationally (IHI) suggest for an organisation the size of LAS that a commitment to training, at a minimum, 1-3% of the workforce, at different skill levels in improvement methods, is required for sustainable improvement capacity (Quality Strategy 2018-19). Currently we have trained and met the requirements for coaches/experts and QI trained staff and continue with this training and various other awareness raising in QI methods and tools i.e development of e-learning , induction to ensure all staff are aware of QI:
 - >100 staff on the 5 day (1 day a month) QSIR course by Q4 2019-20
 - 46 staff on the visible leadership course (delivered by NHS Elect)
 - 41 staff on the engaging leaders course (delivered by NHS Elect)
 - 5 fully trained staff to deliver the training (experts)
 - 12 staff trained in Agile rapid improvement methods
 - E-learning tool in development for trust wide understanding of basic principles
 - Development of induction package to share with new starters – target for full roll-out April 2020
 - Launch communications campaign to include QI and ePMO planned for September 2019 when all supporting infrastructure and systems are in place.

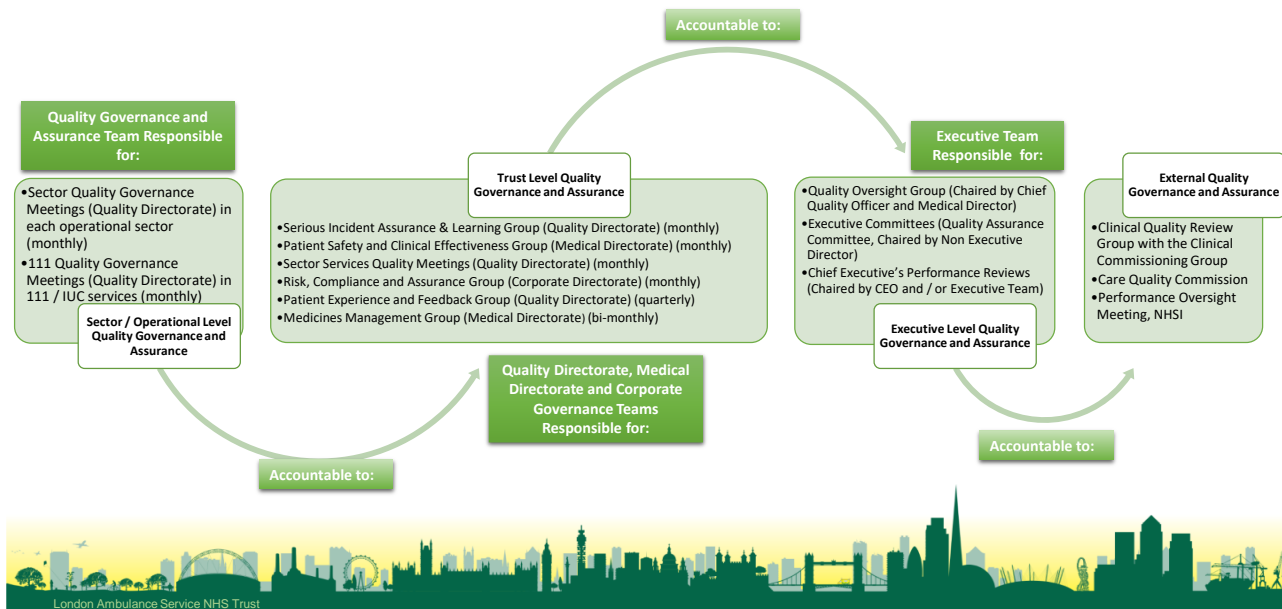
18. The development of QI Hubs planned for Sept to Jan 2020 will support the 'spread' of practice across the organisation and provide the vehicle for continuous improvement from Floor to Board via reporting and monitoring at PMB. High Impact Innovations (DH 2012) requires NHS Trusts to prove to commissioners that they are implementing technological and innovative solutions to improve quality. As a Trust we are already exploring the use of technology via the roll-out of hand held devices to frontline staff, e-PRF development, tele-medicine/skype, development of incident reporting app to report and share learning. We will continue to explore technology further.

1.5 Applying continuous assessment and improvement

19. Major trust initiatives, with rigorous measurement of quality and efficiency programmes and local sector and station QI objectives will be designed on completion of cohort 4 which will provide the capacity to drive this change. Currently all sectors have quality plans that are monitored via quality governance and assurance frameworks based on meeting our target or an Outstanding CQC rating in 2020.
20. Monitoring and reporting on our programmes and ensuring we respond to any emerging risks will be achieved via our quality assurance framework and via Programme Management Board supported by ePMO. The main response to the outcomes from these various reporting mechanisms will be:
- Immediate risk mitigation (if necessary) and review/update of risk registers
 - Identification of a quality improvement activity: station, sector and trust wide using an agreed criteria and methodology feeding into Programme Management Board and business planning process
 - Consideration of 'intensive support programme' in areas that are not consistently meeting standards
 - Consideration of a Deep Dive review
21. The continued review and streamlining of governance and '**Floor to Board**' **assurance structures** has been a focus during 2018-19. Diagram 2 below shows the current governance and reporting frameworks to ensure we support the delivery of high quality and efficient care with early identification of risks, monitoring performance issues and to ensure we are meeting our legally required standards. In addition we have introduced a Serious Incident Assurance and Learning Group and further developed our mortality review process to provide evidence that we are learning from incidents and deaths to identify and action improvement opportunities.

Diagram 2:

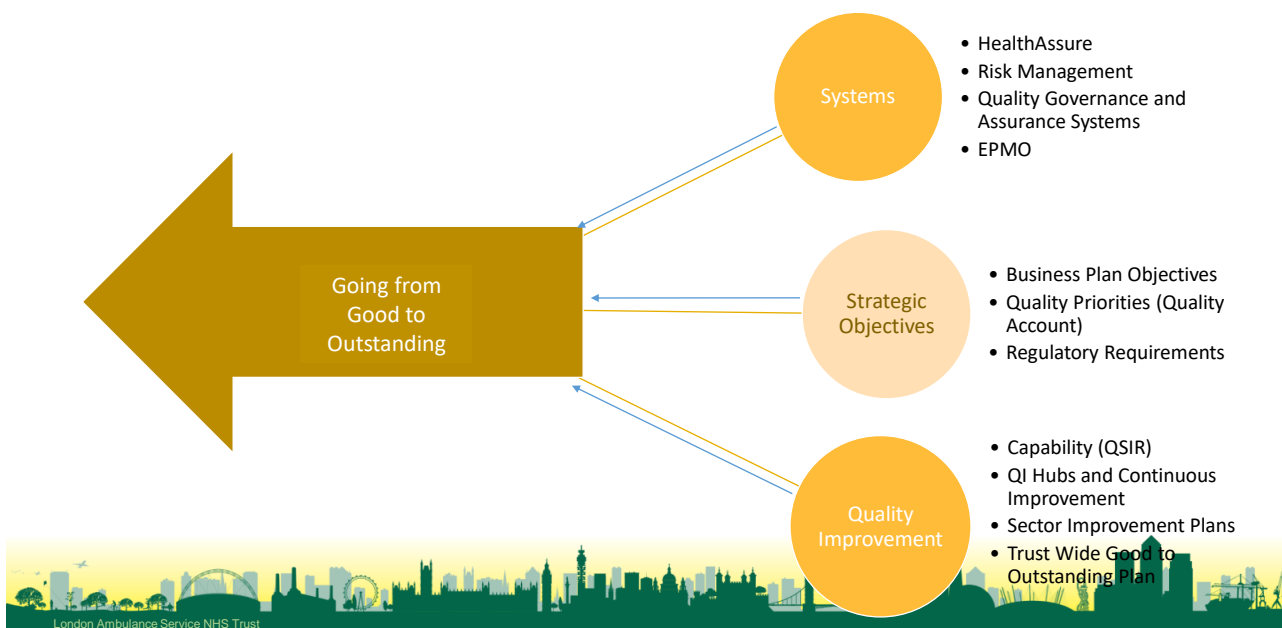
Quality Governance from Operational Sector to Board



22. We have also ensured that all systems and processes enable us to 'join the dots' in terms of identification of these improvement opportunities (Diagram 3).

Diagram 3:

Driving Improvement – joining the dots...



1.6 Involvement and impact of QSIR training to date

23. During the year and following initial training of staff we have used the methodologies in our service developments and quality improvement activities. As part of our pioneering services we have evidence the patient and stakeholder involvement and used the Plan Do Study Act (PDSA) methodology and process re-design analysis and mapping in the planning of the pilots. The Mental Health car is an example of how we have used PDSA initially to test the model (in one sector), measurement for change in its evaluation and utilised process re-design in the current expansion of the programme across additional areas within the South East. Evidence from the evaluation has been positive in terms of feedback from staff and patients, reduction in ED conveyance (from business as usual 54% to 19% when using the car response), increased use of referral pathways (from 4% to 19%) and improved re-contact rates from 10.6% to 9.2%.
24. Our response times for complaints were identified by the CQC as falling below the required standard (at <75% replied to in 35 day target). The Patient Experience Team conducted a PDSA cycle to highlight areas that would eliminate bottlenecks and increase response times. This included developing a process that focused on backlog cases, agreeing a rota with the Medical Directorate to ensure clinical opinions were delivered in a timely manner by staff sitting with the PED team one day a week, revised triage process for complaints and revised quality assurance process of calls. The impact within a very short time frame (6 weeks after the switch to the new processes) has been an increase in response times from 69% to a current position of >95% , it has also had the added benefit of re-energised the team.
25. Part of the business plans for the organisation is delivery of the Cost Improvement Programmes (CIPs). Two project managers trained in QSIR (and Agile approach techniques) have been allocated to support their delivery. They have utilised root cause analysis, driver diagrams to understand more clearly the business changes required and actions that will deliver efficiency and productivity benefits. Whilst the main aim of CIPs is to deliver financial improvement, the QSIR programme also emphasises a quality improvement and patient focus in the planning and delivery. The approach is also currently being developed in supporting the financial recovery plan.

1.7 Moving to Outstanding

26. Having increased the capacity in terms of the number of staff trained in QI and PDSA cycle methods and supported by strong governance and assurance frameworks, with the addition of the support from the ePMO team, we are now in a position to start to drive system and trust wide improvement programmes as part of the 2019-20 business planning cycle.

27. Central to the delivery of the Carter review of ambulance services and the NHS 10 Year Plan is a relentless focus on operational efficiency and care closer to home. Identifying focused programmes of work will help us to deliver on key objectives within these important policy documents in a way which focuses on shared goals, partnerships and improvement methods.
28. A comprehensive benefits analysis and methodology will be used to identify quality and efficiency outcomes. We will propose the delivery of **TWO** large scale Improvement collaboratives, this approach will allow us to bring together frontline teams from the areas of greatest impact (LAS plus partner organisations) to work together to develop a single approach to improvement; understand their systems (jointly process mapping), using the model for improvement to set aims and developing a shared approach to measurement. Teams will collaborate with one another from across the LAS footprint, exchanging knowledge about what works and garnering a spirit of healthy competition.
29. Currently we propose that we pilot this model within our 'Right Care, Right Place' programme. This is a major programme of work to reduce emergency conveyance rates for patients and improve outcomes that includes expansion of pioneering services where positive impact has been reported i.e. mental health response car. This is currently being agreed and programmes and projects using the QSIR tools and techniques will be developed and will identify both financial and quality benefits.
30. We will also consider this approach on our 'Reducing Musculo-skeletal injuries' currently small changes have been made with limited impact – a trust wide systematic approach is needed to achieving our aims to improve the working environment and safety of staff.
31. A primary design principle will be to ensure that the participation in collaboratives is considered in the context of other strategic programmes and business planning via prioritisation process through PMB. Detailed plans will be drawn up to ensure that participation is phased in such a way that overload is avoided.

Quality Improvement Hub

32. The Head of QI and Intelligence with the support of the central teams and sector teams will support the implementation of the larger scale QI programmes aligned to our strategic objectives. The focus will be on using any additional funding to second staff from frontline teams to build skills in QI by working inside the QI hub for a fixed term before returning to their substantive service lines as QI facilitators.

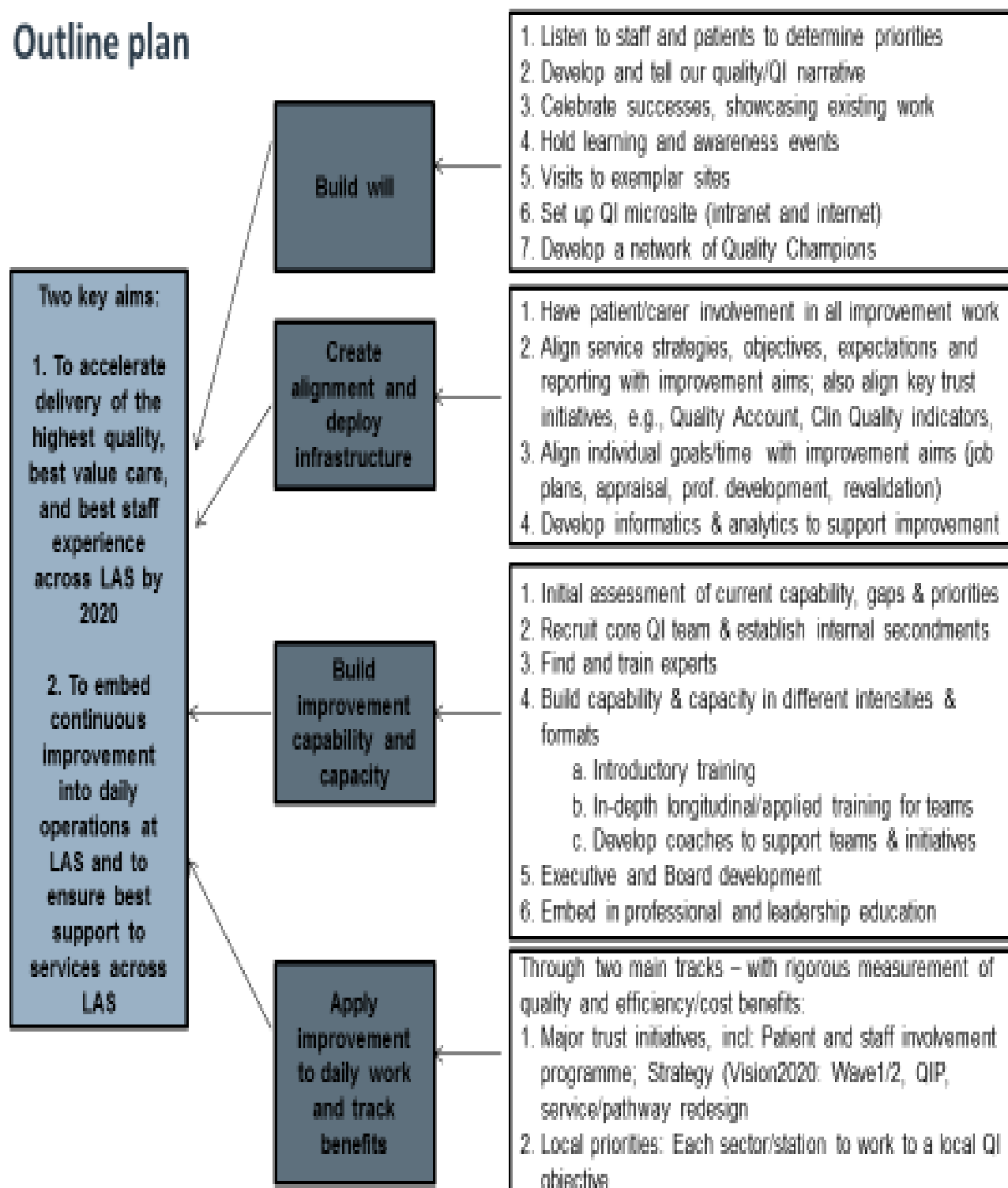
33. The Head of QI&I will have the responsibility for coordinating the partners in delivery of the programme, ensuring the programme is resourced and managed appropriately. The Head of Quality Improvement will be responsible for ensuring that the quality directorate SMT, the CQO and Executive Management Team ePMO and Programme Management Board are kept informed of the programme deliverables and risks against an agreed schedule. They will also be responsible for agreeing the delivery of objectives and backfill arrangements with other directorates working closely with operational leads.

Conclusion and Summary

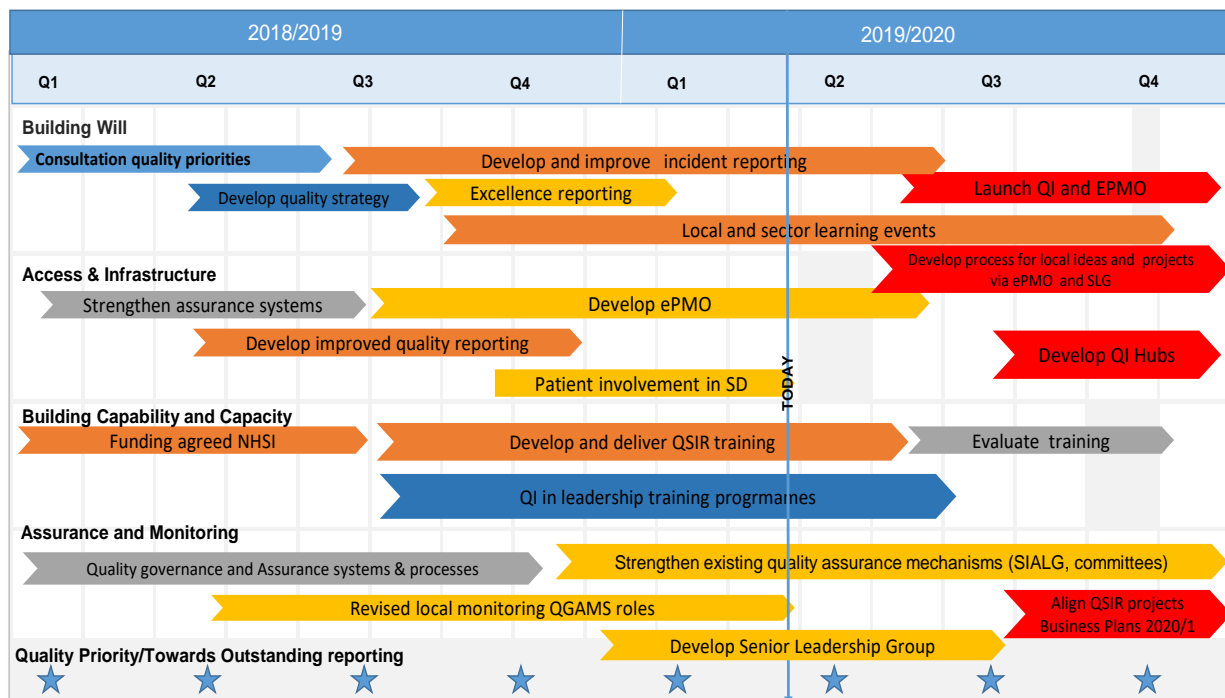
34. A quality improvement approach is a long-term commitment, which can take a number of years to achieve to ensure sustainable culture change. The current LAS investment should evolve over time and continuously realign to the aims of the organisation. This will require the continued time commitment for training and involvement in collaborative activities. In turn, they will achieve their goals and realise the sustained quality and efficiency benefits agreed within QSIR supported projects, business planning projects and programmes and system wide improvement programmes (yet to be agreed) .
35. The remaining actions from the strategy that will be achieved over the next 6 months (to March 2020) are:
- Cohort 4 to ensure projects aligned to Business plans/objectives and identify non-cashable impact and efficiency improvements for participants to achieve within their training – Dec 2019 to March 2020
 - Framework to gather local ideas that can be triaged through the Senior Leadership Group and report to the Programme Management Board this needs to be concluded to support engagement of staff and continuous improvement and monitoring of ALL QI programmes and projects from 'Floor to Board'
 - Launch of QI and EPMO communications from September 2019 and on-going through to March 2020.
 - Develop QI Improvement Hubs from October 2019 to January 2020.
36. We have made significant progress in moving the culture and awareness of the organisation in the quality agenda generally and see 'green shoots' towards understanding of QI methodology, which will only increase over the next 6 months. As we conclude our strategic quality objectives we will be in a positive position to achieve our aim to be rated 'outstanding' in 2020.

Dr Trisha Bain
Chief Quality Officer

Outline plan



APPENDIX B: Progress against Quality Strategy 2020 vision





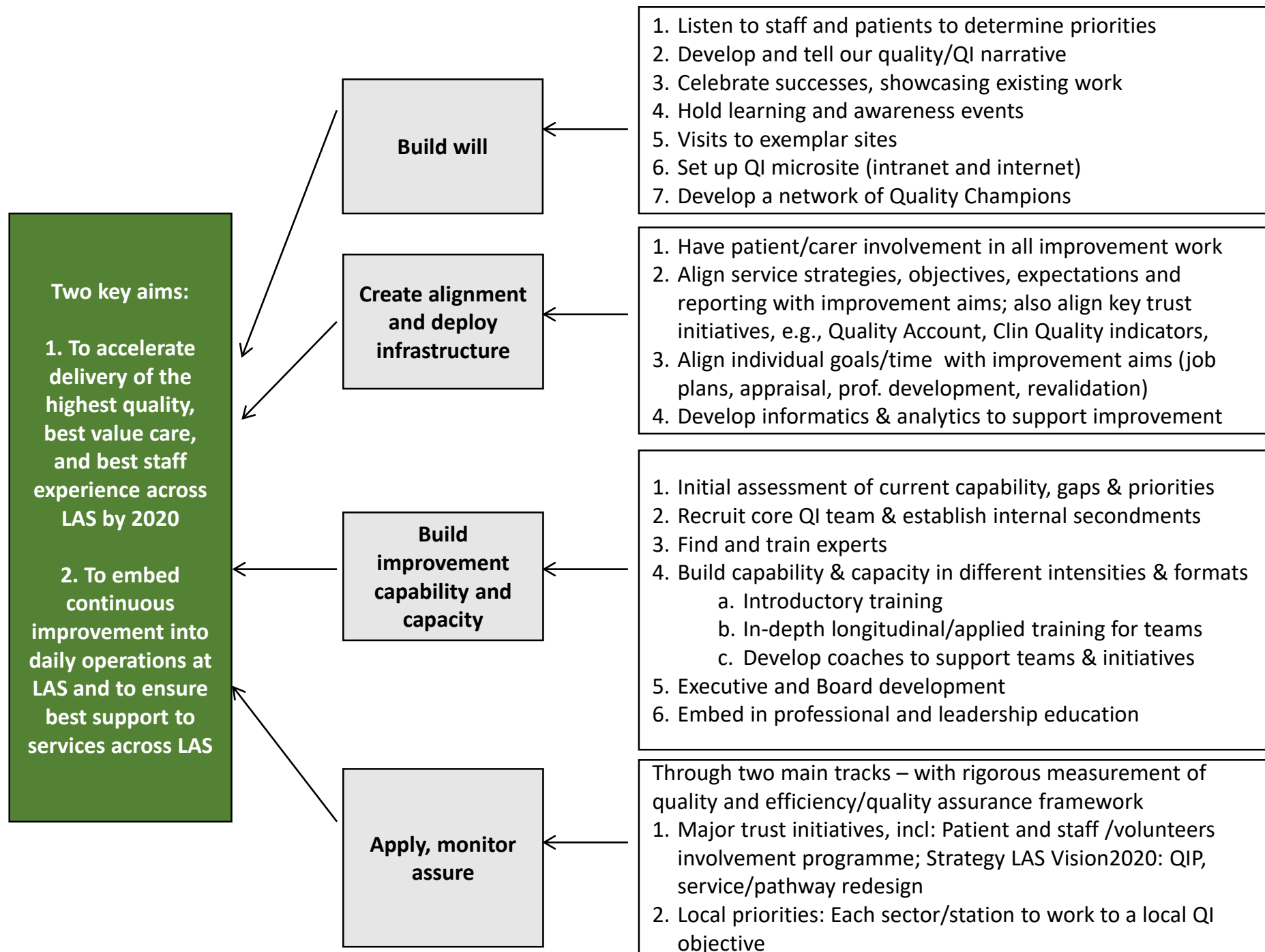
London Ambulance Service
NHS Trust



Quality Strategy Progress report

Dr Trisha Bain, Helen Woolford
AUGUST 2019

The vision



Building the will

- Consultation on Quality Priorities 2017-19 targets met year on year
- Towards Outstanding plans delivered and monitored both at corporate and operation levels
- Excellence reporting – increase from <20 to >300 : positive feedback from staff
- Incident reporting – reflects recognised learning and improvement culture
 - no harm from 2361 in 2017 to 2696 in 2018,
 - low harm incident reporting from 339 to 537,
 - reduction in moderate (from 145 to 89) and severe harm from 67 to 38
 - catastrophic from 112 to 68 in the
- RCA training for >75 staff – increased capacity and capability – improved investigations
- Staff survey results improved – reporting incidents (84% to 88%), taking action (52% to 59%), feedback (45% to 54%)
- FINAL ACTIONS :
 - Launch QI and ePMO ,
 - Develop process to capture local ideas and triage via SLG and PMB



Creating Alignment and infrastructure

- Build supporting programme and project management infrastructure ePMO, Programme Management Board (PMB)
- Align programmes and projects to strategic business planning, operational and local priorities
- Further strengthening sector quality assurance systems
- Health Assure fully implemented across all sectors
- Sector quality improvement plans aligned to strategy regulatory standards
- Methodology for patient involvement in service re-design 'whose shoes' evidence for 5 current programmes
- BI and informatics involved in development of Quality Report – SPC charts and more comprehensive data sets, aligned to contractual and trust requirements

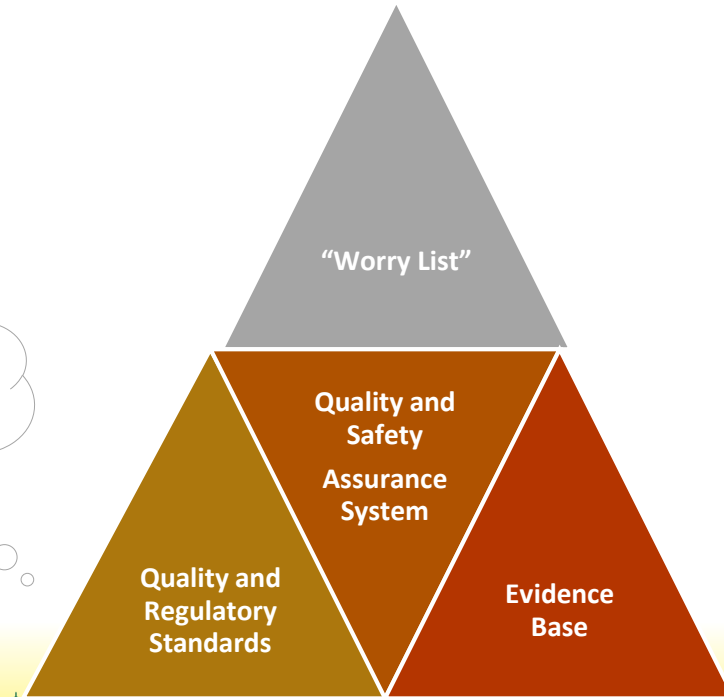
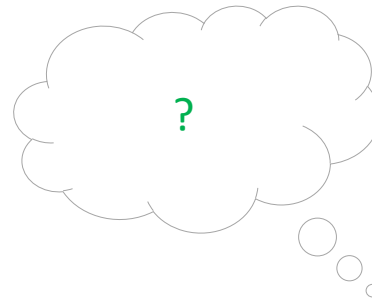
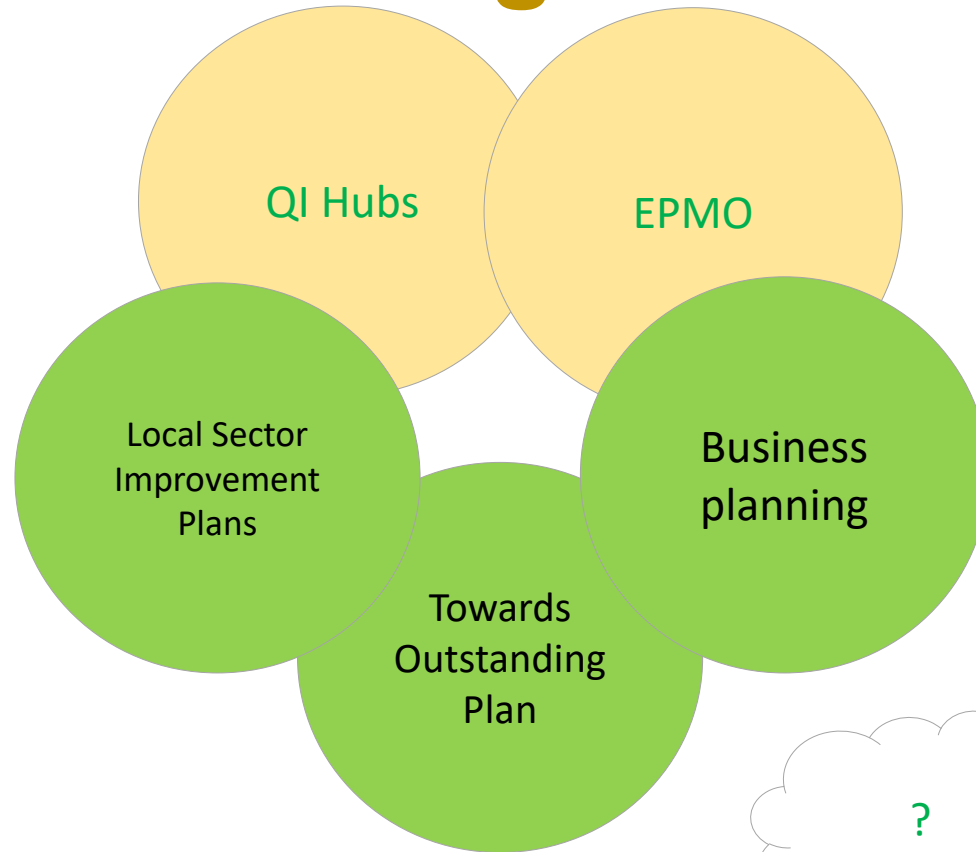
FINAL ACTIONS : Develop QI Hubs

Align training projects to business plans 20/21 quality and efficiency targets



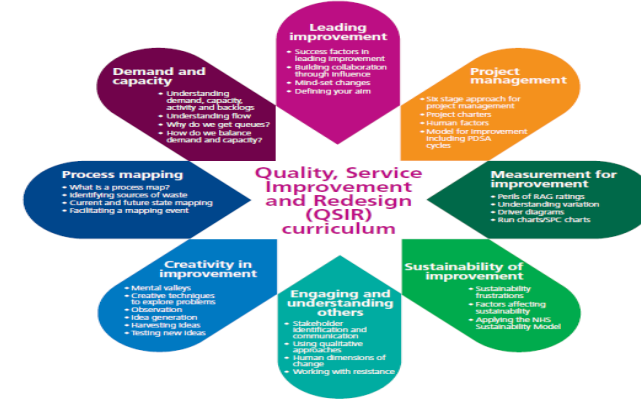
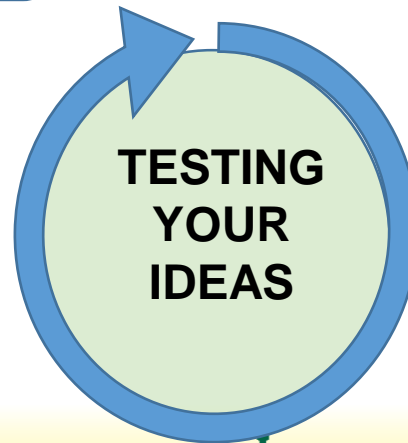
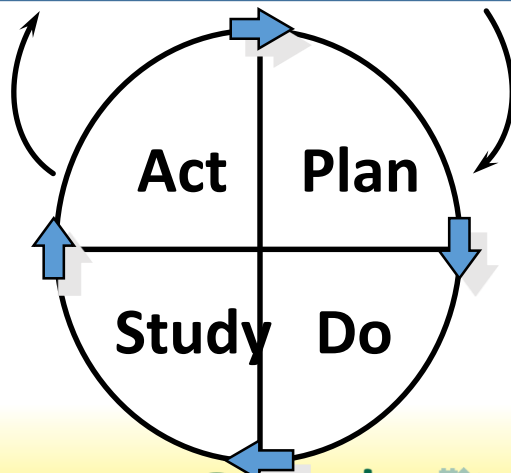
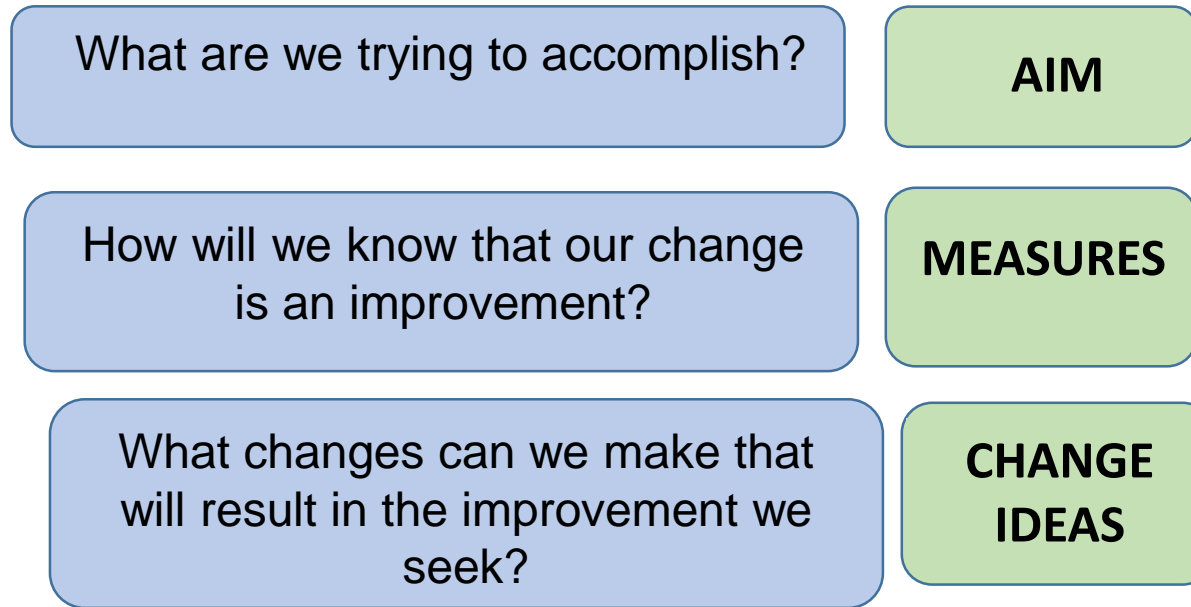
The future of the System in the wider org context...

Model with the various work streams and systems in the Trust to ensure a model of continuous learning and improvement.



The model for improvement

QSIR tools



- An understanding of Human Factors
- Concept of safety systems
- Driver diagram development
- Plan Do Study Act (PDSA),
- Lean, Patient flow studies
- Change management principles
- Measurement skills and knowledge
- Flow and service re-design management, process mapping (using Lean approaches)

Building capacity and capability

- Funding for training NHSI and NHS Elect (2018)
 - In House Experts (n=10)
 - QSIR 5 x 1 day training course = 3 cohorts >75 staff trained
 - RCA training > 70 staff, Agile training techniques core 12 staff
 - On-going awareness of QI all staff:
 - visible leaders (n=41)
 - engaging leadership course (n = 45) ,
 - e-learning (to be developed by Feb 2020) ,
 - induction
 - Regular sector based learning events,
- FINAL ACTION : Continue training programmes and e-learning development



Assure and monitor

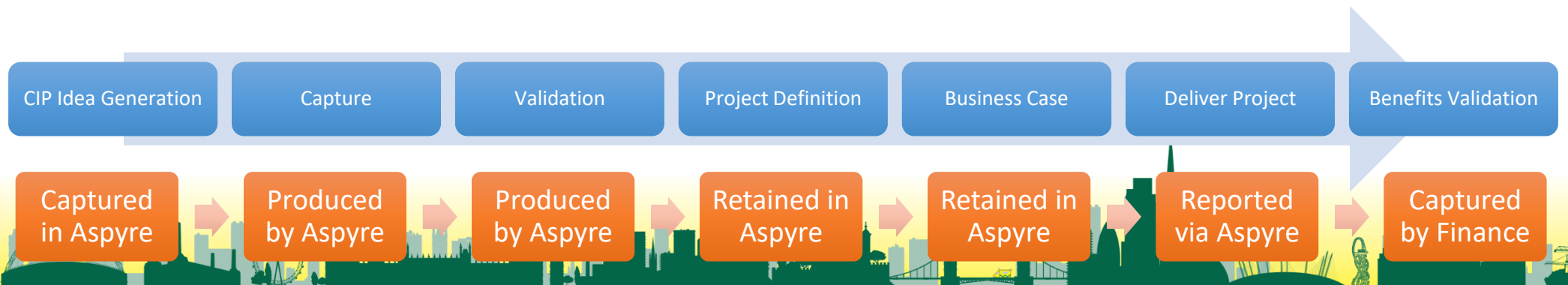
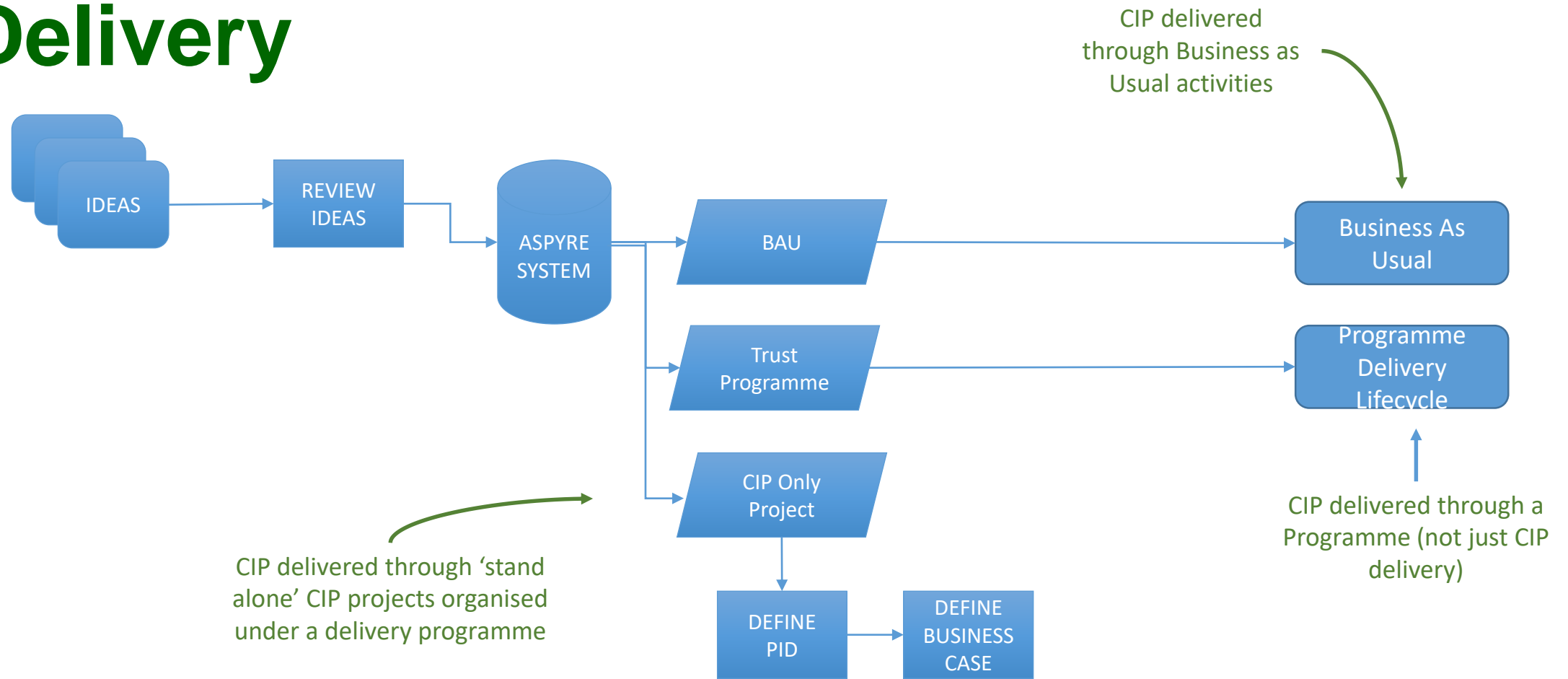
- Initial local improvement from current cohorts:
 - Development of MH pioneering service reduced conveyance BAU = 54% MH car = 19%
 - Complaints response rates from 65% to > 95%
- IUC Improvement plan – improved CQC rating
- Operational Improvement plan using methodology (including Agile)
- CIP projects supported by project and QSIR trained staff
- Improved quality assurance frameworks
- ePMO in place to ensure monitoring, governance for ALL QI activities ran in parallel to building capacity and capability
- Identification of 2 trust wide improvement programmes – RCRP, MSK, CMC

FINAL ACTIONS : Align QSIR training to projects in 2020/1 business plans

Agree 2 trust wide improvement programmes for 2020-1

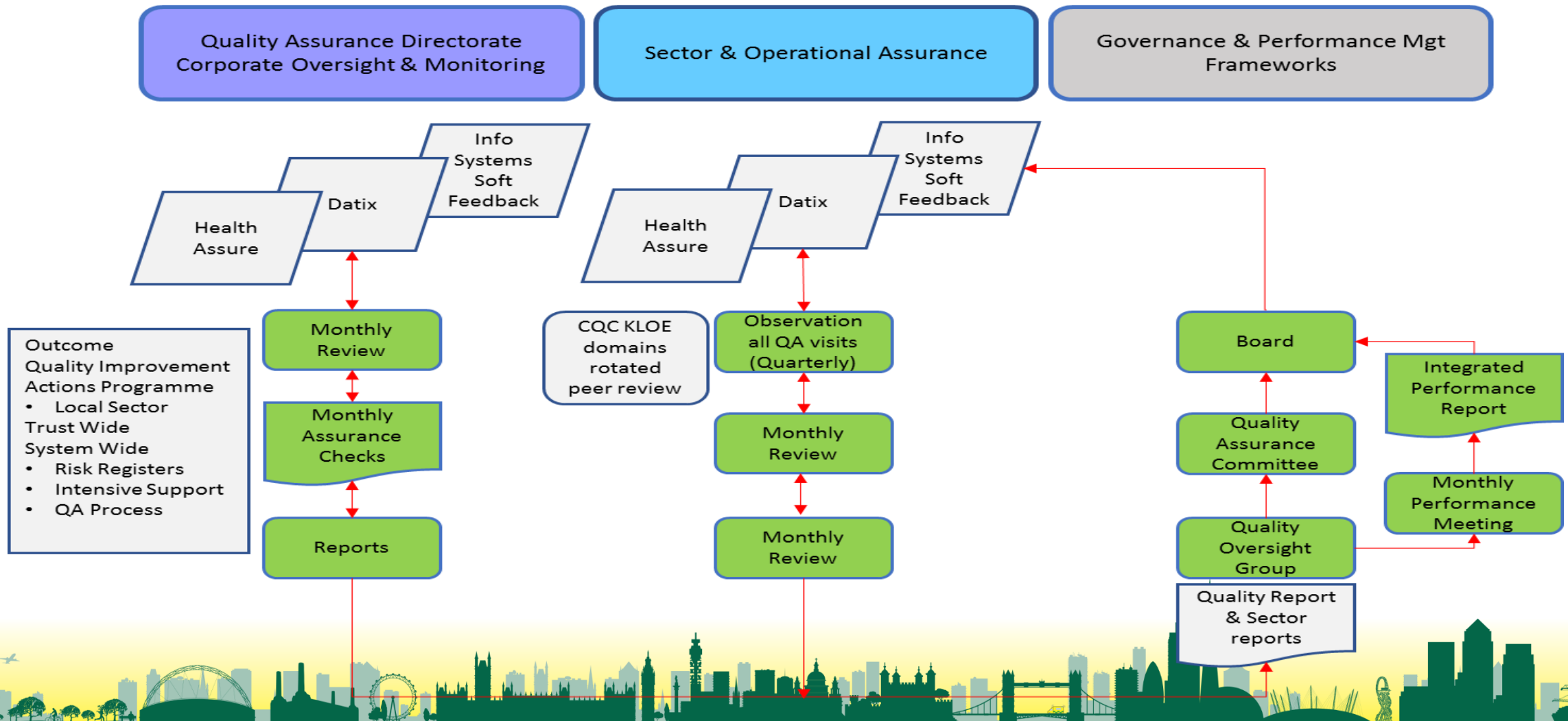


CIP Delivery

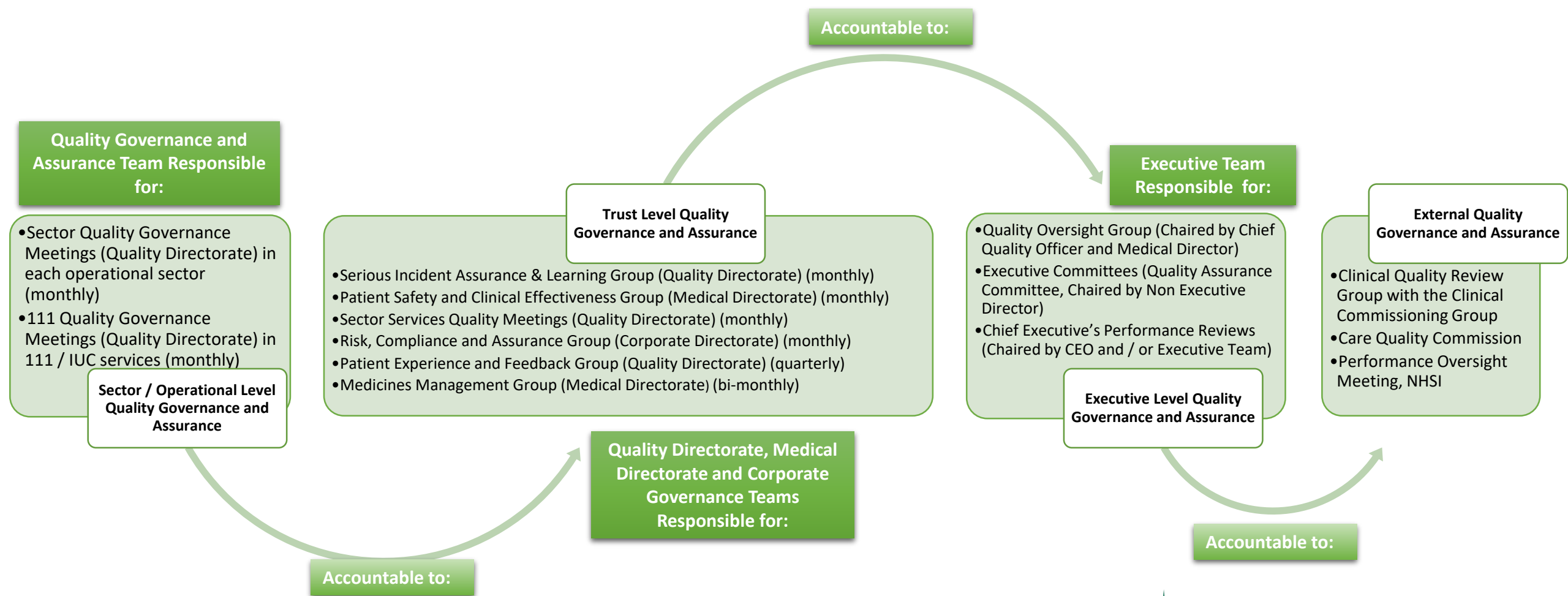


Existing Quality Assurance Systems and Processes

Quality Assurance Process



Quality Governance from Operational Sector to Board



Quality and Safety Assurance System

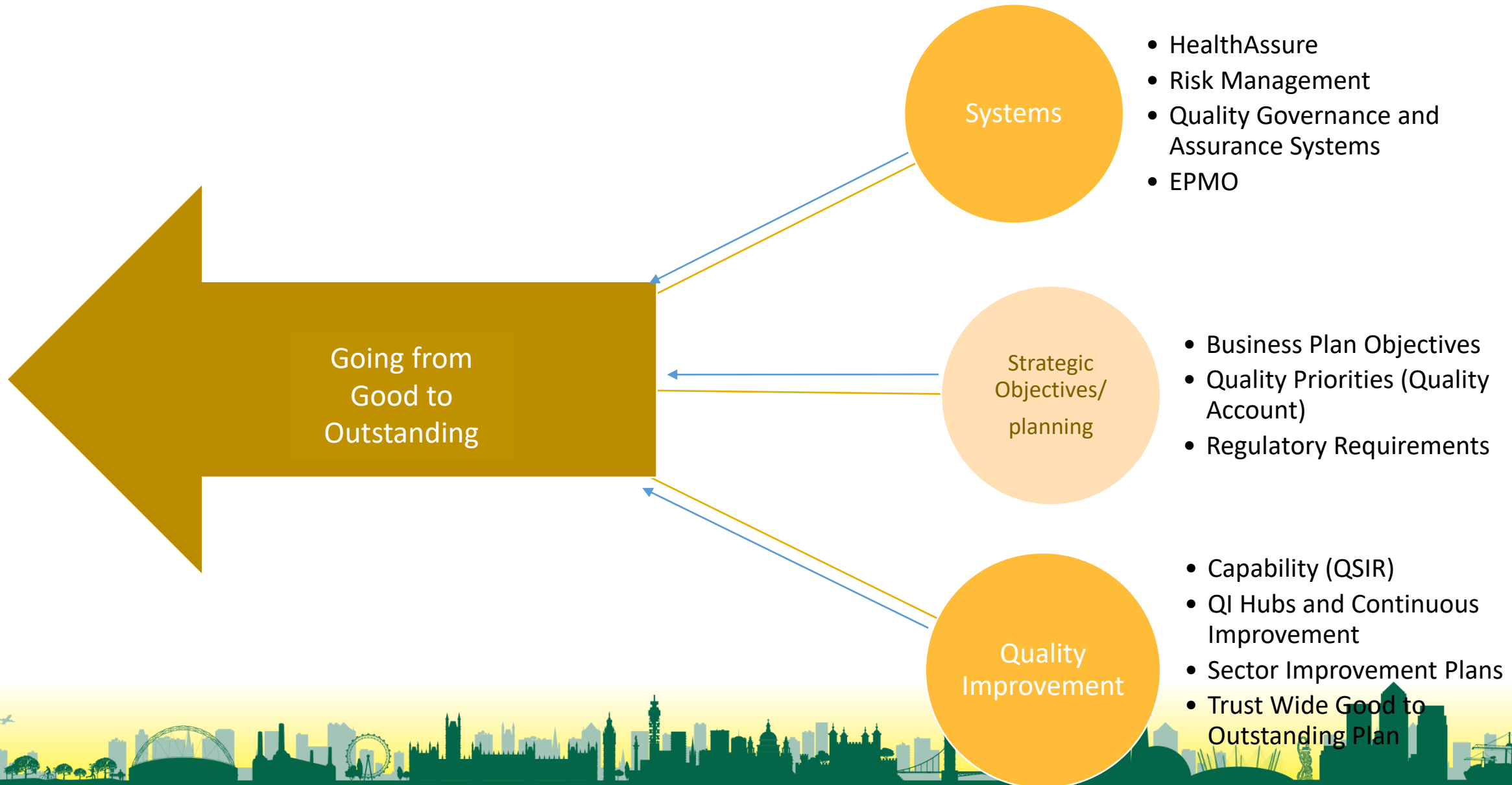


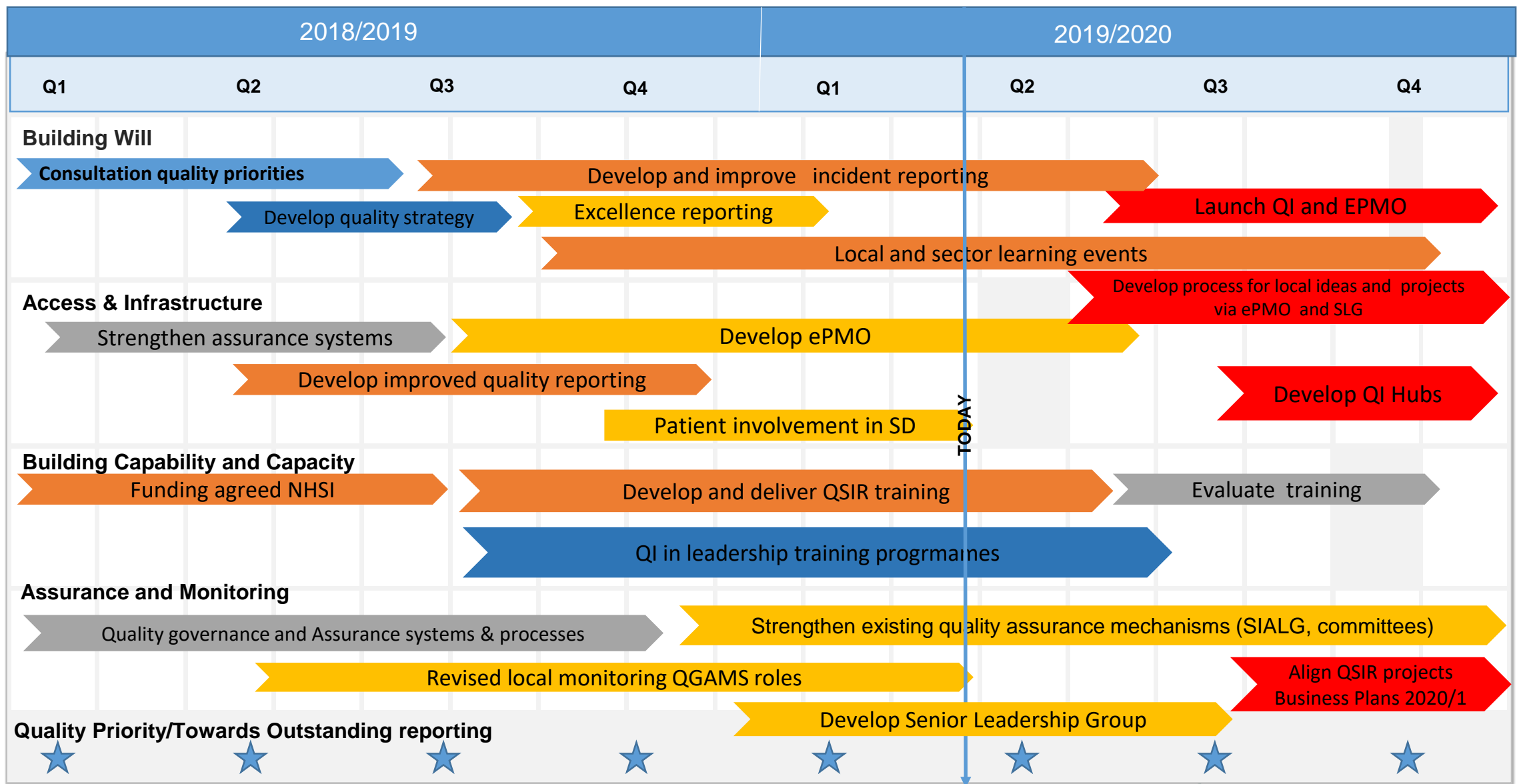
- **Comprehensive list of worries** for review collated from current processes including staff feedback, review of incident and SI themes, the Corporate Risk Register and the Board Assurance Framework, Horizon Scanning from the Executive Committee, the Quality Oversight Group & others, using an evidence based/judgement approach.
- Each area to complete **HealthAssure** to detail their compliance status against the KLOEs, their current response to the requirements, and planned actions.
- Quality Intelligence and Risk function to collate **evidence based** data on each area of compliance, which could include:
 - i. Aggregate quality data findings;
 - ii. Clinical audit findings;
 - iii. Performance data;
 - iv. HR data;
 - v. Finance data.

Quality and Safety Assurance System



Driving Improvement – joining the dots...





Conclusion

- A quality improvement approach is a long-term commitment not just 'training in isolation'
- Generated capacity and capability to drive forward trust /system wide improvement programmes
- Developed frameworks (ePMO) strengthened assurance and monitoring
- Evidence of learning and improvement culture change and impact

Remaining actions:

- ensure projects aligned to Business plans/objectives and identify non-cashable impact and efficiency improvements for participants within training – Dec 2019 to March 2020
- Framework to gather local ideas that can be triaged and report to the monitoring of **ALL QI** programmes and projects from 'Floor to Board'
- Launch of QI and EPMO communications from September 2019 and on-going through to March 2020.
- Develop QI Improvement Hubs from October 2019 to January 2020.

QI Strategy completed by March 2020 – Towards Outstanding Plan





Report to:	Trust Board			
Date of meeting:	24 September 2019			
Report title:	Trust Board Forward Planner			
Agenda item:	18			
Report Author(s):	Philippa Harding, Director of Corporate Governance			
Presented by:	Philippa Harding, Director of Corporate Governance			
History:	This planner is based upon previous years' Board agendas and guidance relating to best practice in the construction of Trust Board agendas			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
<p>This report provides the Board with an updated forward plan for Board meetings until the end of the 2019/20 financial year. It is based upon the business conducted by the Board in previous years and upon best practice in the construction of Board agendas.</p> <p>This is intended to be a framework document, setting out the minimum business to be conducted at Board meetings during the forward plan period. It will be updated regularly to reflect the business needs of the organisation.</p>				
Recommendation(s):				
<p>The Board is asked to comment on the proposed forward plan for Board meetings until the end of the 2019/20 financial year.</p>				
This report relates to the following Board Assurance Framework (BAF) or other risk:				
<p>Failure to ensure that the Board spends its time at meetings appropriately could result in an inability to conduct its business and result in poor governance.</p>				
Please indicate which Board Assurance Framework (BAF) risk it relates to:				
Clinical and Quality	<input checked="" type="checkbox"/>			
Performance	<input checked="" type="checkbox"/>			
Financial	<input checked="" type="checkbox"/>			
Workforce	<input checked="" type="checkbox"/>			
Governance and Well-led	<input checked="" type="checkbox"/>			
Reputation	<input checked="" type="checkbox"/>			
Other	<input checked="" type="checkbox"/>			
This paper supports the achievement of the following Business Plan Workstreams:				

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

Trust Board forward planner: 2019/20

Area	Lead	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
	All	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
	HL	Matters arising & action log	Matters arising & action log	Matters arising & action log	Matters arising & action log
	TB	Patient Story	Staff Story	Patient Story	Staff Story
	HL	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
Strategy & Planning	LB	Estates Strategy Fleet Strategy Patient Engagement Strategy	WRES Action Plan Strategy Update		Operational Plann Approval Business Plan Approval
	LB				
	FW				
	BM				
	BM				
	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
	PH	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
	TB	Serious Incident Management	Serious Incident Management	Serious Incident Management	Serious Incident Management
	TB	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		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
	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
	HL	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
Additional reports	TB	Quality Report	Quality Report	Quality Report	Quality Report



Report to:	Trust Board			
Date of meeting:	24 September 2019			
Document Title:	Quality Report			
Agenda item:	Additional report, circulated for information only			
Report Author(s):	Trisha Bain, Chief Quality Officer			
Presented by:	Trisha Bain, Chief Quality Officer			
History:	N/A			
Status:	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Discussion
	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>	Information
Background / Purpose:				
The purpose of this paper is to update the Trust Board on achievements against the Trust's Quality Priorities, Quality Improvement Training, Risk Management and the HealthAssure Programmes. Work continues to be made against these prioritise.				
Recommendation(s):				
The Trust Board is asked to note the information provided within the report, and provide feedback to the Chief Quality Officer.				
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 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 June 2019 data, unless otherwise stated

Section	Content	Pages
Executive Summary	<ul style="list-style-type: none"> Executive Summary including Quality Priority Areas and associated targets for FY19/20. 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 	8-10 11-15 16 17-18 19-24
2. Effective	<ul style="list-style-type: none"> Trust-Wide Scorecard Clinical Ambulance Quality Indicators Clinical Audit Performance 	26 26-28 29
3. Caring	<ul style="list-style-type: none"> Trust-Wide Scorecard Mental Health Maternity People and Public Engagement 	31 32 33-34 35

Section	Content	Pages
4. Responsive	<ul style="list-style-type: none"> Trust-Wide Scorecard Frequent Callers Complaint 	37 38-40 41-42
5. Well Led	<ul style="list-style-type: none"> Learning from our actions (Excellence Reporting) Learning from Deaths Learning from Claims, Inquests 	44-45 46 47-48
6. Quality Action Plan, Projects & Programmes	<ul style="list-style-type: none"> Project Management Office (PMO) Overview 	50-51
7. Clinical and Quality Risks	<ul style="list-style-type: none"> Clinical and Quality Risks Summary 	53

Quality Domain	Highlights from this report by quality domain	Overall Status
Safe	<p>The total number of adverse patient events was 385 resulting in 3.7 events per 1000 incidents. There has been a significant increase in no harm/near miss incidents being reported in the last few months. Analysis indicates that this is due two factors. Firstly the integration of NHS IUC incidents now being recorded on the LAS Datix system. NHS IUC report approximately 100 incidents per month. Secondly, there is a general increase in these incidents being reported across the operational sectors, which is positive and demonstrates a good reporting culture.</p> <p>The newly launched eLearning reporting training is likely to build upon this success in reporting further.</p>	
Effective	<p>ROSC at Hospital(* data from Feb-19) is 31% which is above the national standard.</p> <p>The mean call to angiography time for STEMI patients (data from Feb-19) was in line with the national average for the mean call to angiography time for STEMI patients.</p> <p>Call to hospital for suspected stroke patients (data from May -19) however was below the national average.</p>	
Caring	<p>The Mental Health Joint Response car continues in the South East London. Discussions have begun regarding the expansion of this service and the use of a 2nd car running in the South East. Greenwich is preliminarily being considered.</p> <p>The PPI team have helped secure four year for the Blue Light Collaboration “prevention” work, focusing mainly on bringing knife crime prevention messages into schools.</p>	
Responsive	<p>Our rate of complaints being responded to within 35 working days has increased to 60%. The position has improved due to the additional support put into the service will be on-going and the improvement is therefore expected to be sustained</p>	
Well led	<p>Learning from deaths guidance was published for Ambulance Trusts in June. Work is already underway to develop a local policy and ensure learning outputs occur internally and externally.</p>	

-  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 Priorities 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

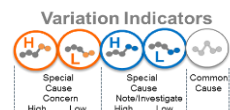
Quality Domain	Quality Priorities from Quality Account	Status	Q1 Update
Safe	<i>Over 90% implementation of all actions in the Gosport Enquiry Action Plan by April 2020</i>	●	Action plan being created – awaiting input from some teams. Next meeting will be held w/c 19/08 to confirm action plan and get updates. Further update on closed actions can be provided in September.
	<i>>90% completion of actions on the trust-wide security implementation plan</i>	●	100% risk mitigating actions completed. 92% completed overall.
	<i>Increased scores in relation to learning from and reporting incident in the annual staff survey compared to April 2019 baseline</i>	●	My organisation encourages us to report errors, near misses or incidents - 2017 (84%) and 2018 (88%) When incidents are reported, my organisation takes action to ensure that they do not happen again - 2017 (52%) and 2018 (59%) We are given feedback about changes made in response to reported incidents - 2017 (45%) and 2018 (54%) 2019 Staff survey due out in October
	<i>Reduction in both incident of and sickness rates for MSK injuries from April 2019 baseline</i>	●	Although the figures fluctuate month on month, the average rate of 0.44 reported MSK incidents per 1000 A&E (face to face) incidents between April 19 and Jun 19 is lower than for the same period in 2018 (0.53). The analysis indicates the overall MH sickness (working days) rate trend is downward. Sickness has fluctuated as well, however the average number of working days lost due to MSK injuries is 2.12 per 1000 A&E (face to face incidents), this is lower than for the same period in 2018 (3.8).
Effective	<i>Reduce the average handover to green response time in all sectors from 17 minutes to 15 minutes by April 2020</i>	●	Trust-wide, year to date handover to green response time is 16.5; this is a reduction of 0.7 compared with 2018/19. NC – 16.8; NE – 16.7; NW – 16.6; SE – 16.4; SW – 16.3
	<i>Meet service wide NHS 111 and IUC quality targets evidenced via agreed indicators by April 2020. Increased consultant complete episodes from April 2019 baseline</i>	●	The service has a KPI of 95% against the clinical assessment service (CAS) and work is underway which will develop and improve the CAS in order to meet this quality indicator. There is a National Target of 33% for consultant complete episodes and IUC is working with commissioners and STPs to ensure all cases are identified which will see the service increase from a baseline of 20-25%.
	<i>A reduction in nature of call incidents from January 2019 baseline</i>	●	There have been zero incidents to date. This is following the implementation of many actions discussed in the SI reports declared last year and improvements in technology and QA tools changes.
Caring	<i>Mental Health response car service to be rolled out across a minimum of the South East sector during 2019-20</i>	●	Mental Health Joint Response car continues in the South East London and discussions have begun with expansion of a 2nd car running in the South East within the Greenwich area.
	<i>Evidence of increase in skills and knowledge for staff groups in supporting patients who are at the end of their lives</i>	●	Visited EOC Waterloo to find out control staffs' experiences and views on dealing with end of life care cases. We are planning a further trip to Bow to visit and find out how we can build on the education around this challenging patient group. July saw the team teach the new clinical navigators who are responsible for assisting with clinical advice queries from crews. We have got two free CPD events running open to LAS staff including one in partnership with the Royal Marsden – almost fully booked. Stats will be available in Q2. We have introduced reflections on the road, a monthly update on the Pulse which includes CPD events and held a Facebook live to answer any questions staff may have.
	<i>Ensure that over 90% of NHSI patient involvement KPIs are met during 2019-20 from January 2019 baseline</i>	●	63% completed. Patient Experience & Feedback Group being re-established and will be best-placed to discuss plans. PEEG meeting held 29th July and included an initial discussion on the way forward for this group, which will be chaired by Gary Bassett. A new patient engagement strategy has been written by the Strategy Team and is to be approved by the Trust Board.
Responsive	<i>To be in the top 3 ambulance trusts demonstrated by our score on the aggregate AQIs, consistently throughout 2019-20</i>	●	Cat 1 response times - April Ranked 1, May Ranked 1, June Ranked 1 (based on 90 th Centile) Cat 2 response times – April Ranked 2, May Ranked 3, June Ranked 6 (based on 90 th Centile) Cat 3 response times – April Ranked 2, May Ranked 4, June Ranked 6 (based on 90 th Centile) Due to changes in the way that Ambulance data and acute services map patient data There may be some delays reporting on some indicators.
	<i>To respond to over 75% of patients complaints within the 35 day target from the 68% April 2019 baseline</i>	●	April – 63% / May – 62% / June – 60% / July – 96% Average: 70%
Well led	<i>Gain a rating of 'good' for the Use of resources domain in the 2019-20 CQC inspection</i>	●	The organisation has been informed that the CQC will not be inspecting the Use of Resources domain during their 2019-20 inspection.
	<i>Quality Improvement teams in each sector and sector quality improvement programmes developed and delivered by April 2020</i>	●	An extension of the Quality Intelligence and Risk team has been proposed, with a new role for QI Hub Facilitators, 1 post funded with a view to invite secondments to the team for up to 5 further QI Hub Facilitators. This post will support the introduction Quality Improvement Hubs (model and proposal under development) within each sector. Recruitment should start in Sept 19.

Executive Summary - Quality Summary Scorecard

Jun-19

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)
Rate of Patient related Adverse Events per 1,000 Incidents	Rate	Jun-19	●		5.0	3.7	3.5			
Patient related Adverse Events - NO HARM	Count	Jun-19	●		N/A	290	848			
Patient related Adverse Events - LOW	Count	Jun-19	●		N/A	38	99			
Patient related Adverse Events - MODERATE	Count	Jun-19	●		N/A	15	38			
Patient related Adverse Events - SEVERE	Count	Jun-19	●		N/A	2	18			
Patient related Adverse Events - DEATH	Count	Jun-19	●		N/A	7	23			
Medication Errors as % of Patient Adverse Events	%	Jun-19	●		N/A	5%	5%			
Needle Stick Injuries as % of Staff Adverse Events	%	Jun-19	●		N/A	0%	0%			
Number of SEL 111 adverse incidents	Count	Jun-19	●		N/A	40	132			
Number of NEL 111 adverse incidents	Count	Jun-19	●		N/A	62	157			
ROSC at Hospital (AQI)	%	Feb-19	●		30%	31%	36%			
ROSC at Hospital UTSTEIN (AQI)	%	Feb-19	●		N/A	75%	63%			
STEMI to Angiography (AQI) (Mean)	hh:mm	Feb-19	●		N/A	02:12				
STEMI care bundle (AQI)	%	Jan-19	●		74%	76%	75%			
Stroke Call to Arrival at Hospital (AQI)	hh:mm	Feb-19	●		N/A	01:14				
Stroke on scene time (CARU continual audit)	hh:mm	Mar-19	●		00:30	00:31				
Survival to Discharge (AQI)	%	Feb-19	●		N/A	8%	8%			
Survival to Discharge UTSTEIN (AQI)	%	Feb-19	●		N/A	40%	31%			
STEMI- On scene duration (CARU continual audit)	hh:mm	Mar-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 Patient related incidents per month	2.2%
Number of Overdue Incident Investigations	32
Number of SI's declared in month	2
Number of Overdue LAR Reviews	0
% of HealthAssure Population	100%

North Central Sector

Percentage of reported incidents per month	1.8%
Number of Overdue Incident Investigations	53
Number of SI's declared in month	1
Number of Overdue LAR Reviews	0
% of HealthAssure Population	100%

North East Sector

Percentage of reported incidents per month	2.5%
Number of Overdue Incident Investigations	38
Number of SI's declared in month	0
Number of Overdue LAR 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



NHS 111/IUC

Percentage of reported incidents per month	1.5%
Number of Overdue Incident Investigations	79
Number of SI's declared in Q1	0
Number of Overdue LAR Reviews	NA
% of HealthAssure Population	100%

South West Sector

Percentage of reported incidents per month	3.2%
Number of Overdue Incident Investigations	42
Number of SI's declared in month	0
Number of Overdue LAR Reviews	4
% of HealthAssure Population	100%

Clinical Contact Centres

Percentage of reported incidents per month	0.02%
Number of Overdue Incident Investigations	134
Number of SI's declared in month	2
Number of Overdue LAR Reviews	NA
% of HealthAssure Population	20%

South East Sector

Percentage of reported incidents per month	2.9%
Number of Overdue Incident Investigations	75
Number of SI's declared in month	0
Number of Overdue LAR Reviews	0
% of HealthAssure Population	100%

Executive Summary - Operational Context

The scorecard below provides an overview of the Operational performance of the Trust in June. 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 SEL having only 89% of calls answered within 60 seconds.

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

June 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)
Category 1 response - Mean	mm:ss	Jun-19	<div></div>	<div></div>	07:00	06:36	06:16	07:11	06:36	1
Category 1 response - 90th centile	mm:ss	Jun-19	<div></div>	<div></div>	15:00	10:59	10:29	12:28	10:42	2
Category 2 response - Mean	mm:ss	Jun-19	<div></div>	<div></div>	18:00	21:29	18:30	22:26	12:58	5
Category 3 response - Mean	h:mm:ss	Jun-19	<div></div>	<div></div>	1:00:00	1:05:56	0:49:42	1:08:54	0:44:50	6
Category 4 response - 90th centile	h:mm:ss	Jun-19	<div></div>	<div></div>	3:00:00	3:34:04	3:14:46	3:08:07	1:58:53	7
Call answering - 999 (less than 5 seconds)	%	Jun-19	<div></div>	<div></div>		80%	87%			
Call answering - NHS 111 SEL (less than 60 seconds)	%	Jun-19	<div></div>	<div></div>	95%	89%	89%			
Call answering - NHS 111 NEL (less than 60 seconds)	%	Jun-19	<div></div>	<div></div>	95%	92%	93%			

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

H

L

H

L

Special Cause

Common Cause

High

Low

High

Low

Variation Indicators

*June 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

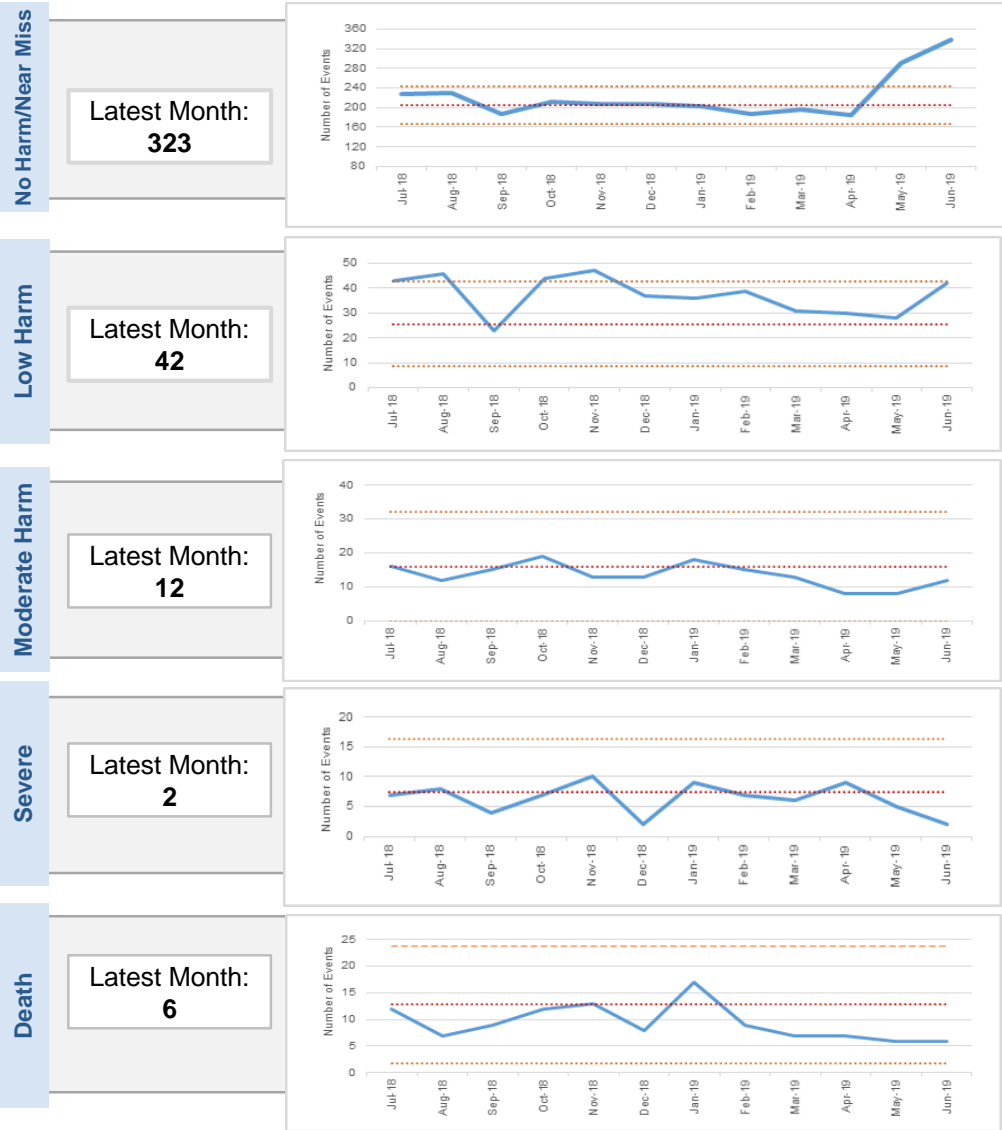
Outstanding Characteristic: People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.



Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

The total number of adverse patient events was 385 resulting in 3.7 events per 1000 incidents. The breakdown of these events is shown in the analysis below:

Monthly Trend



The Governance Department continues to encourage the reporting of all incidents. An e-Learning incident reporting training package has been launched in the Trust and while it is not currently mandatory, all staff have been enrolled on to it.

Analysis of the significant increase in no harm/near miss incidents indicates that this is due two factors. Firstly the integration of NHS IUC incidents now being recorded on the LAS Datix system. NHS IUC report approximately 100 incidents per month. Secondly, there is a general increase in these incidents being reported across the operational sectors, which is positive and demonstrates a good reporting culture.

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

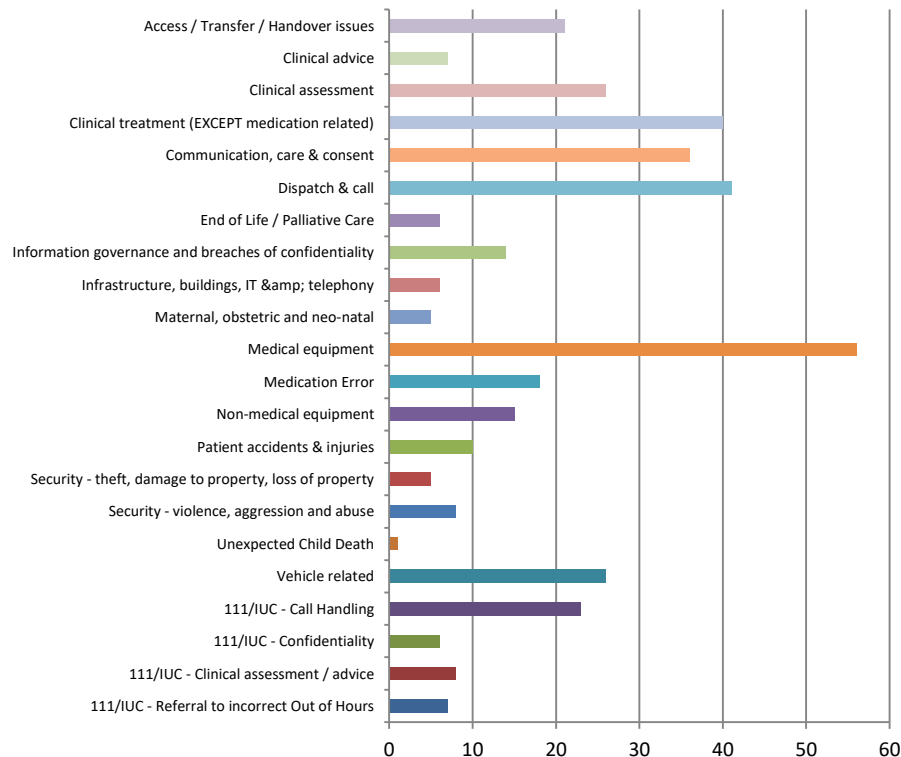
Below are our incident themes, action being taken to address them and how we share the learning from these across the Trust.

Incident Themes

Medical Equipment, dispatch and call management and clinical treatment issues remain the recurring themes. Actions are being taken to address these themes including:

- Elements of human factors training in core skills refresher courses for both EOC and frontline operations.
- Restructure in EoC to support and streamline some of the call handling and dispatch issues with more defined roles and responsibilities.
- Ineffective breathing infographic developed for EOC staff

Incidents by Category



Learning

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.
- Quality Governance and Assurance Managers (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

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.
- The Trust INSIGHT Magazine which shares case studies and reflection of staff involved in incidents



Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

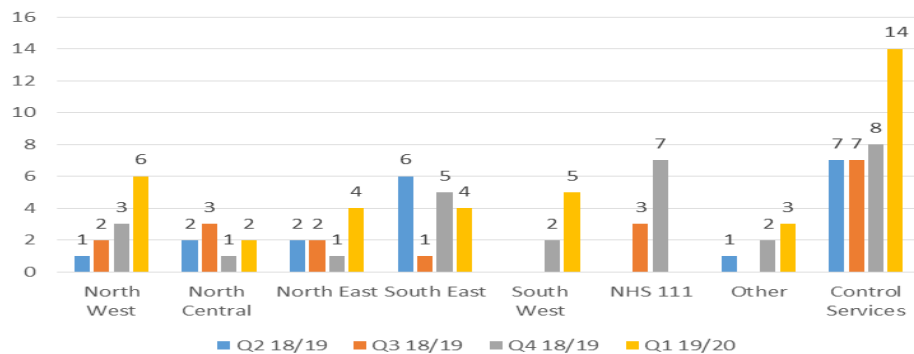
We must ensure we report, track and respond to serious incidents appropriately – the below analysis highlights the current trends around where our serious incidents are being reported, the current status of our response and where we still have outstanding actions to address as a Trust.

Serious Incidents

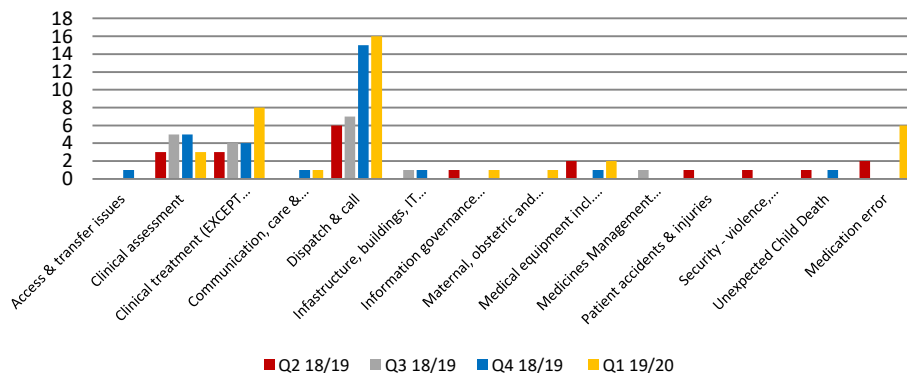
During June 2019, 14 reported incidents were declared as SIs after review at the Serious Incident Group (SIG). Fig. 1 shows the monthly distribution of declared SIs across the Trust.

To date, **38** SIs has were reported between April, may and June (Q1) 2019.

There top two categories for Serious Incident continue to be Dispatch and call and clinical treatment.



SI Categories Trust wide 18/19 and 19/20



Learning from Serious Incidents

Below show some examples of where the Trust have made improvements as a result of serious incident investigations:

- Movement to AED mode 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 training delivered in core skills refresher courses for all 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 leaning from incidents in the Insight magazine
- Update of the Clinical Hub Standard Operation Procedure

The Quality Governance and Assurance team 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.



Monthly IPC Training Compliance June 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 May 2019 figures:

Performance achieved in June 2019:

- Level 1 –94.45 compared to 95.35% in May 2019
- Level 2 –90.10%% compared to 91.33% in May 2019

Assurance:

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

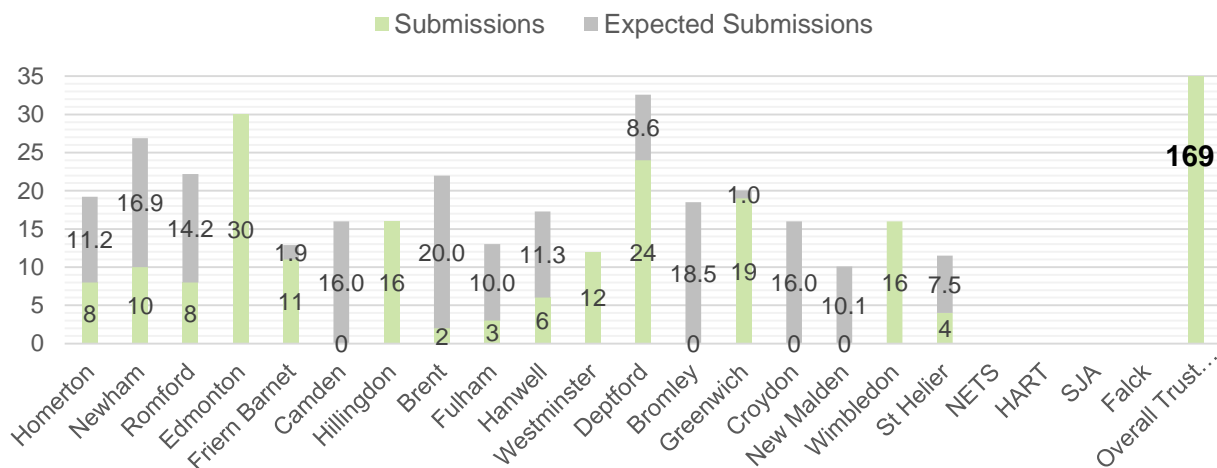
Actions taken:

- Monitoring process in place



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

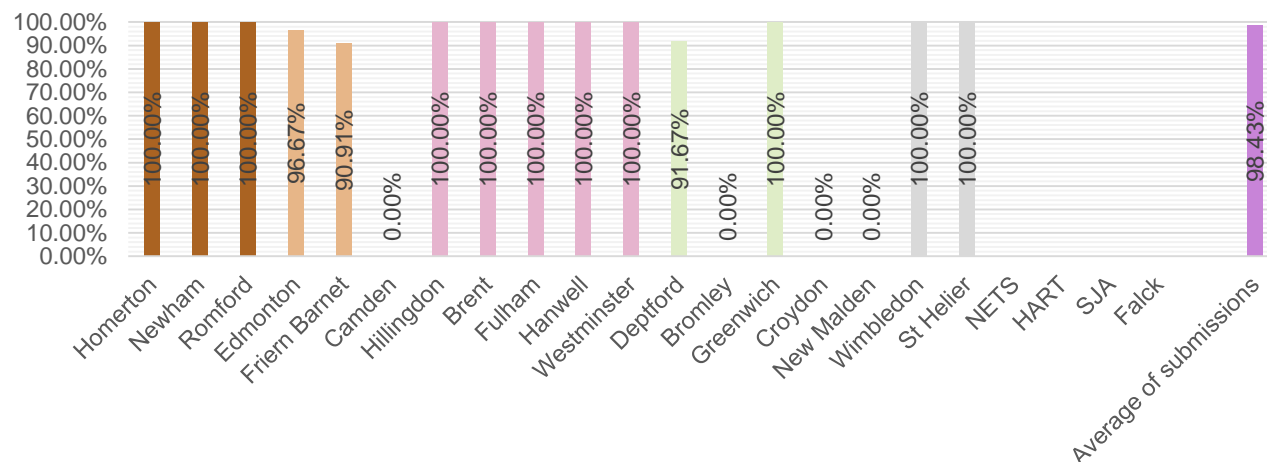
OWR Submissions June 2019



Hand Hygiene Performance

- 14 group stations submitted OWR data for June 2019, a slight decrease from the 18 submissions reported in May 2019.
- This in part is due to some stations reporting 'late submissions', i.e. data for the month before. Those affected have been reminded of the importance of timely submissions.
- Of the 18 submissions, the Trust OWR hand hygiene compliance for June remains at 98.43%; remaining above the Trust performance target of 90%.
- Whilst there are few station submissions this month, the graph shows a significant improvement in group stations reaching the monthly minimum of 10% of front line staff being audited. (**For ease of reference the graph now shows the actual number of OWR submissions as green and the minimum requirement as grey).**

OWR Hand Hygiene Compliance June 2019 (Target 90%)



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.

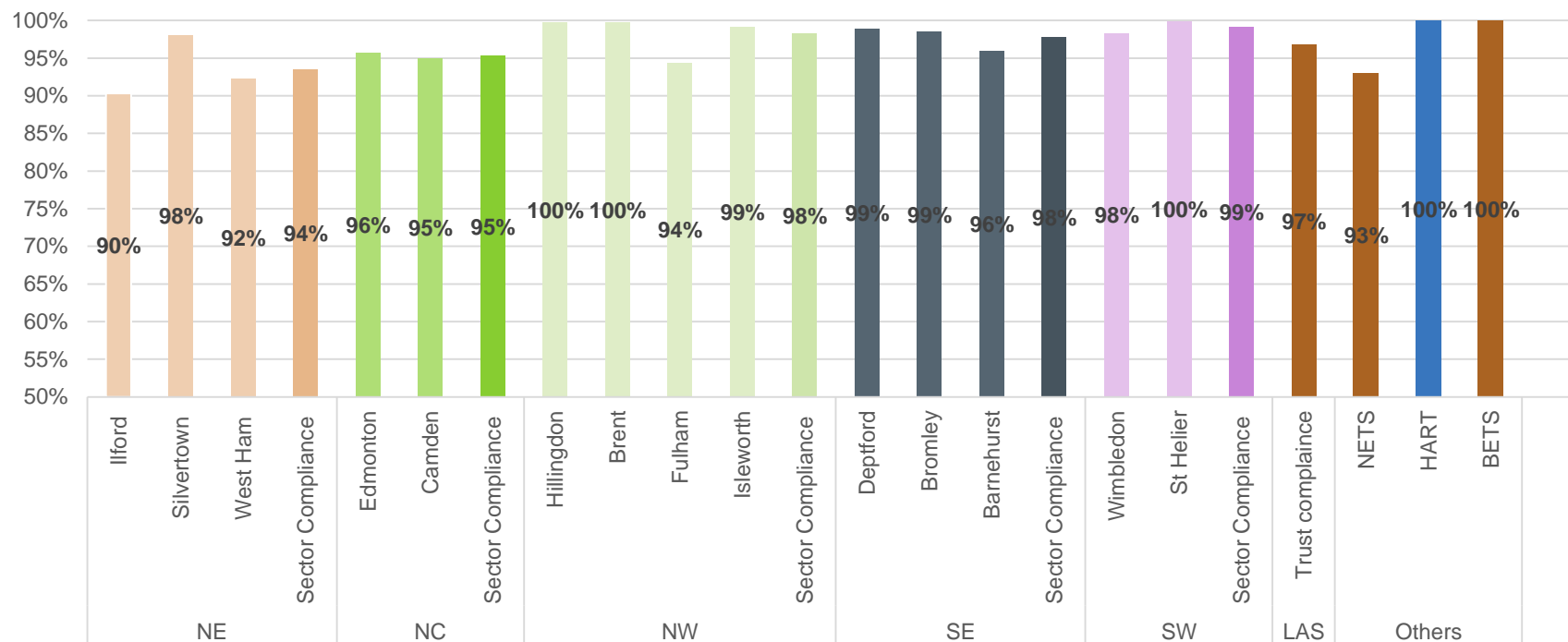
Actions

- IPC Champion now have a revised role profile, which includes a new format for the Quarterly IPC Champion meeting. Quarter 1 focused on Hand Hygiene.



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

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



Performance

- Data for each Hub including PTS and HART submitted by the VP Contract Manager.
- Trust compliance showed a slight increase at 97% , when compared with 96% in May 2019 . 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 June 2019 (Target 90%)



Performance

- 16/20 Group Stations/Services submitted data for analysis, compared to 11/20 Group Stations submitting in May 2019, demonstrating a significant increase.
- Overall Trust compliance for June has shown an increase to 95.00% from 94.87% reported in May 2019. This score still exceeds the Trust performance target of 90%, but has not yet surpassed the YTD highest seen in April of 95.22%, demonstrating that there is still room for improvement.

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

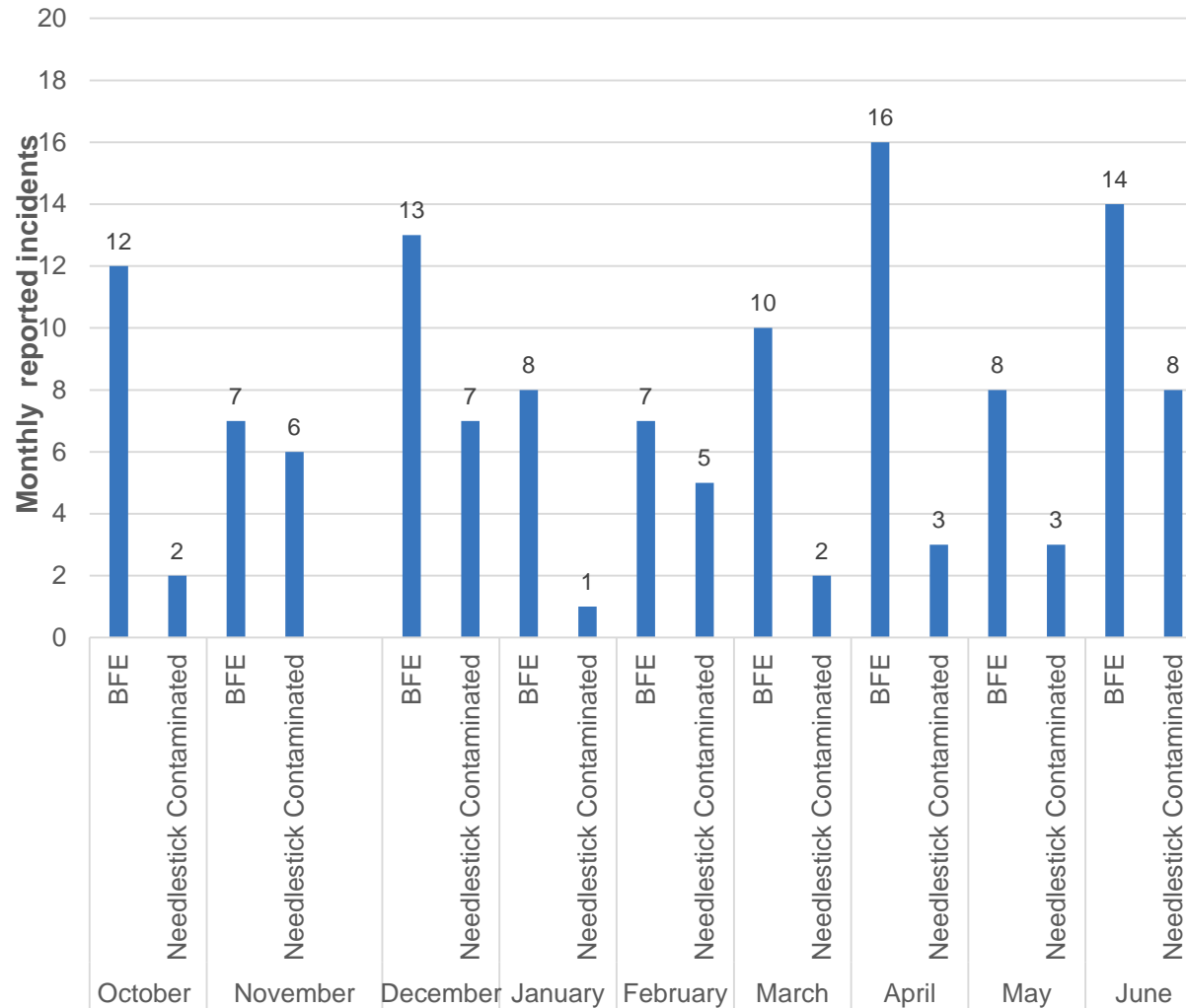
New:

- A discussion around time allocated to IPC Champions for performing duties such as premises cleaning, is currently underway.
- Medical Directorate Bulletin (MDB 233) has clarified the licenced intended use of the Clinell wipes for cleaning surface areas.



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

Sharps and Body Fluid Exposure (BFE) Datix reported incidents



Performance

- The reported data of 22 incidents is for contaminated sharps and BFE only- *clean sharps incidents have been extracted as these fall within Health & Safety remit, not IPC*
- 14/11 incidents reported in June were as a result of exposure to body fluids (BFE)
- 8/11 incidents reported in June were as a result of contaminated sharps injuries

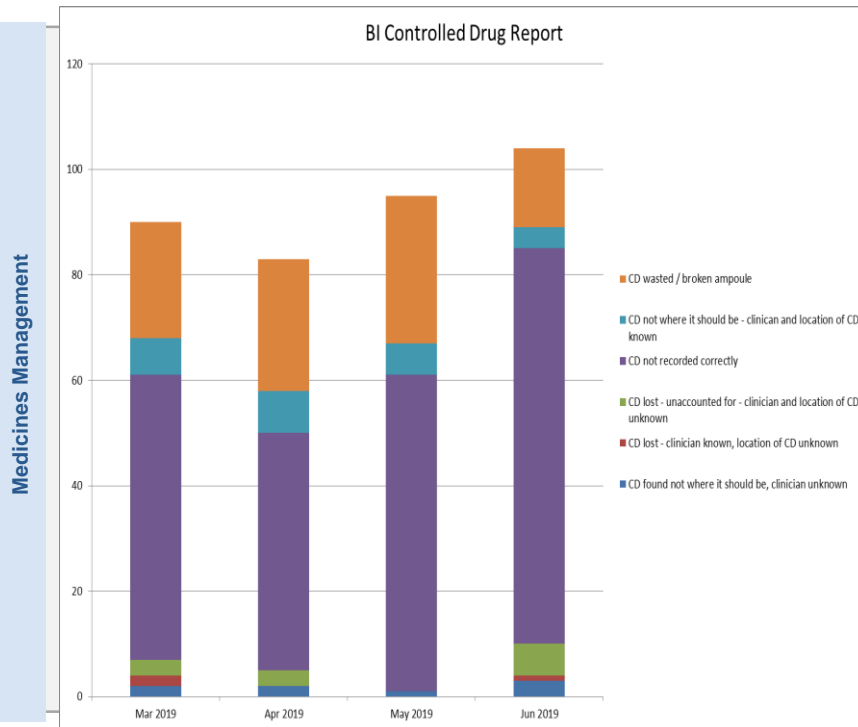
Assurance

- 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:

- IPC Champion now have a revised role profile, which includes a new format for the Quarterly IPC Champion meeting.
- FFP3 Working Group continue to meet to discuss replacement programme for personal issue masks. Legal position regarding facial hair and fit testing to be escalated to QOG.



- No unaccounted for loss of injectable morphine
- Total of other controlled drug (CD) incidents including
 - Morphine retained off duty (n=1) & midazolam inappropriately packaged (n=1)
 - No morphine available at shift start (n=1)
 - Failure to return paramedic drugs at shift end (n=1)
 - Morphine booked out but not withdrawn (n=1) or returned to wrong safe (n=1)
 - Documentation error (n=77)
 - CD breakages (n=13)
 - Non-Trust CD returned to staff by member of public (n=1)
- Non-controlled drugs (schedule 2) incidents
 - Kitprep discrepancies or malfunction (n=38)
 - Inappropriate administration of atropine (n=2), paracetamol (n=3), ipratropium (n=2), ketamine (n=1), morphine (n=3) and supply of salbutamol to patient (n=1)
 - Breakages (n=1)
 - Documentation errors (n=1)
 - Medicines cabinet unsecured (n=2) or malfunction (n=1)
 - Missing items from sealed drugs packs (n=2)
 - Missing drugs (n=8) or drugs left at scene (n=1)
 - Delegation of PGD administration via verbal order (n=1)
 - Anaphylaxis following aspirin administration by other healthcare professional (n=1)
 - Overdose by non-Trust staff (n=1)
 - Unclear prescription chart in end of life care (n=1)

Actions

- Introduction of smaller volume oramorph bottles
- Guidance on reporting of documentation issues clarified

Assurance

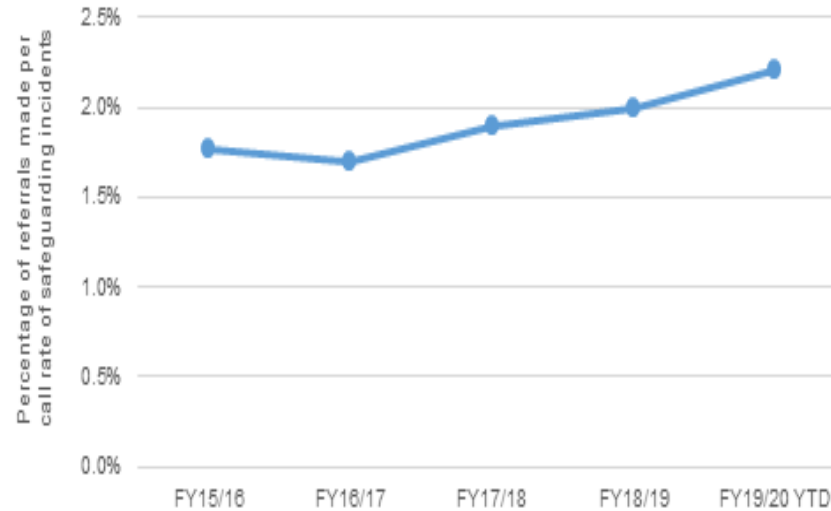
- No unaccounted for losses of schedule 2 CDs
- Limited occasions where morphine retained off duty and all incidents identified in a timely fashion.
- Reduction in incidence of controlled drug breakages



Referrals

**Monthly
Rate: 2.2%**

**Missed
Referrals: 3**



The referrals rate for June was 2.2%. The referral rate is within the expected level of between 1.8% and 2.5%.

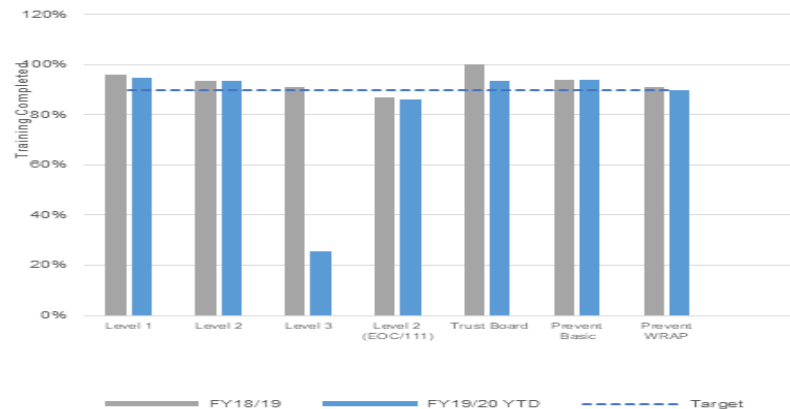
Missed Referrals (which is a shadow KPI) was 3.

Delivery of Training

Level 1: 95%

Level 2: 93%

Level 3: 25%

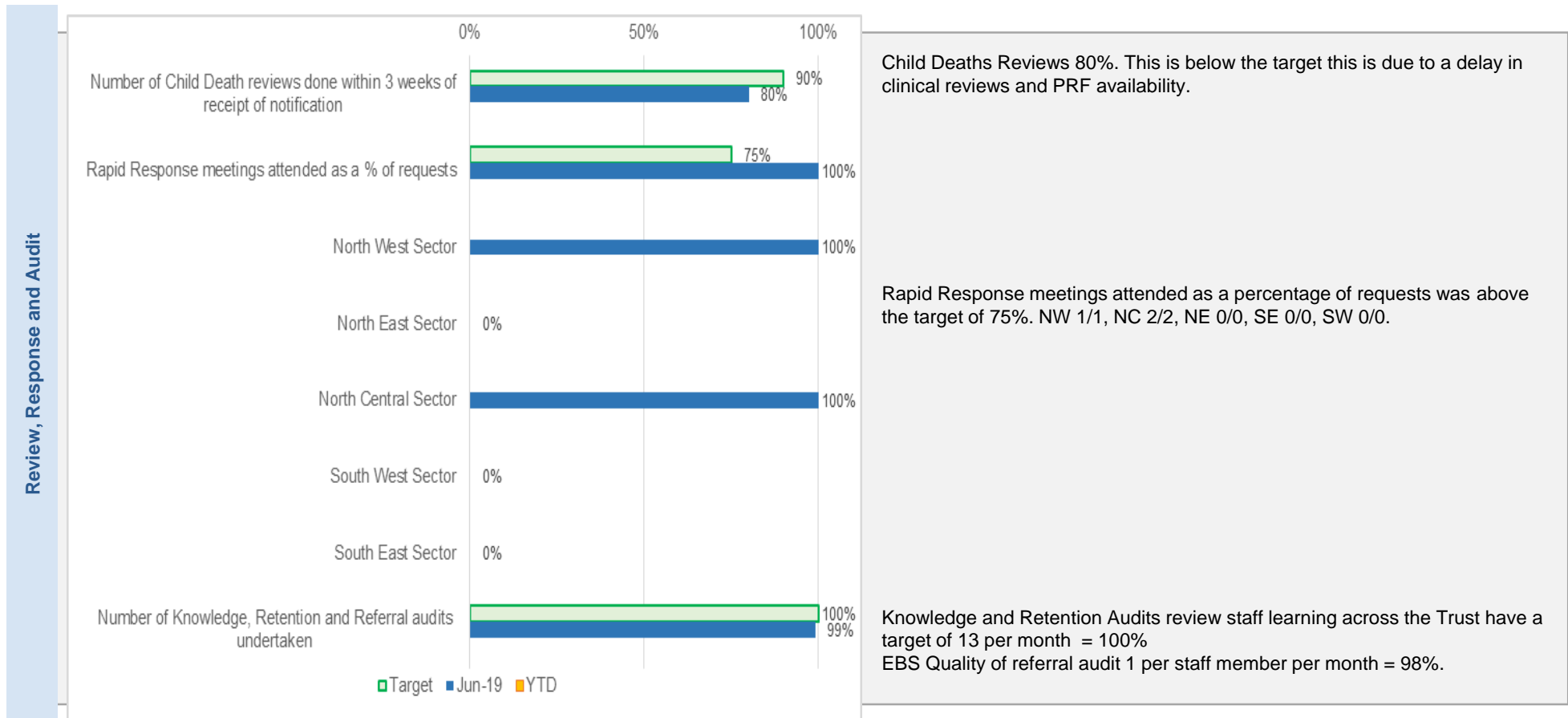


Safeguarding Training level 3 remains the same. L2 Control services are currently running CSR including safeguarding.



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

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





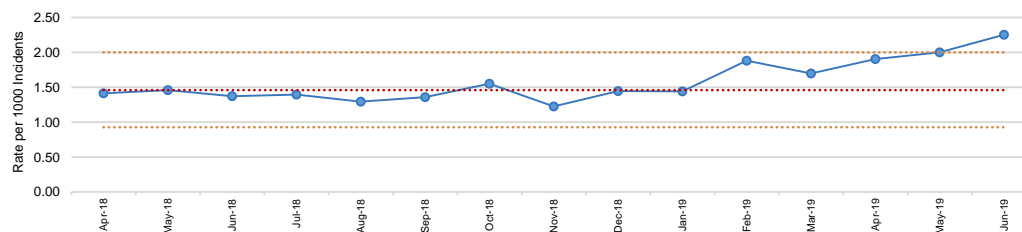
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

The total number of H&S incidents was 352 resulting in **3.69 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below:

Monthly Trend

No Harm / Near Miss

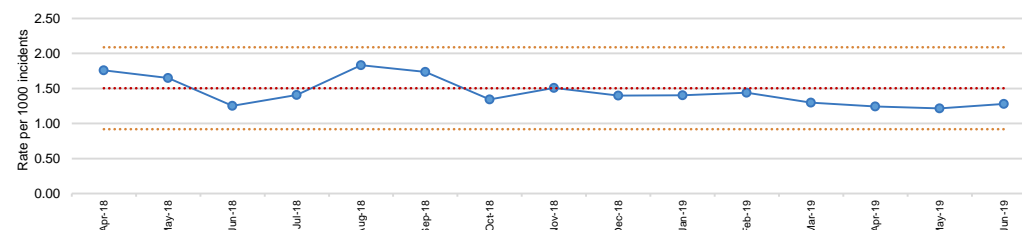
Month: 2.25



215 (61%) of the H&S related incidents reported during June - 2019 resulted in No Harm/Adverse/Near Miss.

Low Harm

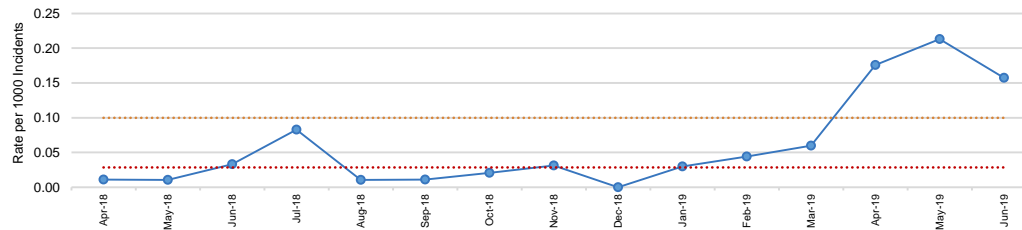
Month: 1.28



122 (35%) of the H&S related incidents reported during June - 2019 resulted in Low Harm.

Moderate

Month: 0.16

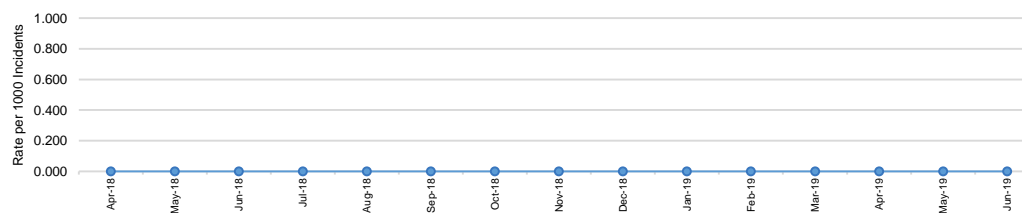


15 (4.0%) of the H&S related incidents reported during June - 2019 resulted in Moderate Harm.

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.

Severe

Month: 0



There was no incident reported as Severe Harm during June - 2019.

CHART KEY
 — Monthly value
 Mean (Baseline FY17/18)
 Upper and Lower Limit (Baseline FY18/19)

Data Source:



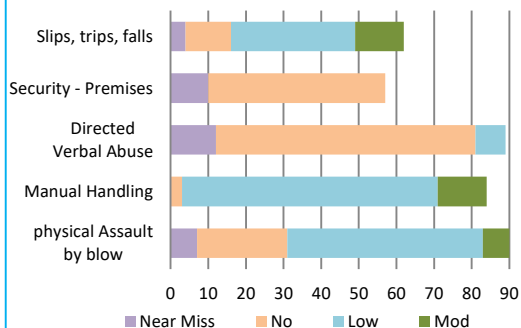
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

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

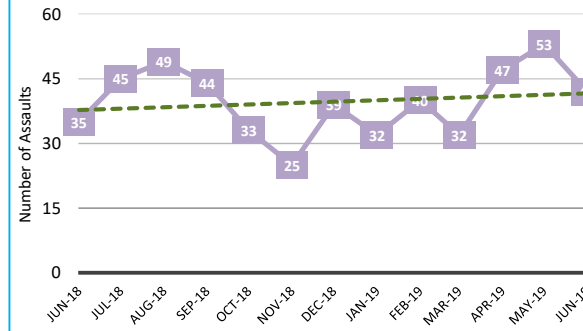


- Physical Assault by blow (kick, punch, push etc.), Manual Handling – lifting patients (MH), and Directed verbal abuse incidents account for the highest numbers reported during June 2019.
- Practical manual handling training commenced in April-2019 and the compliance is currently sitting at 91%.

Assaults on Staff

Assaults on Staff

Assaults on Staff by Patients

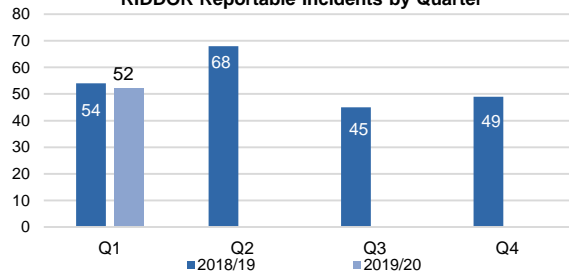


- There was a slight decrease in the number of assaults on staff by patient related incidents in June 2019 and the trend is up-ward.
- The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

RIDDOR Incidents

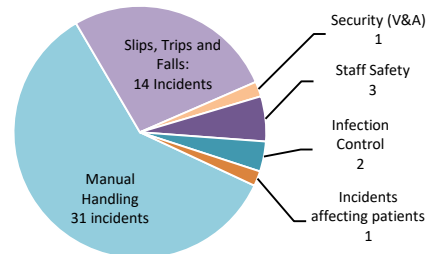
Number of incidents

RIDDOR Reportable Incidents by Quarter



RIDDOR by cause

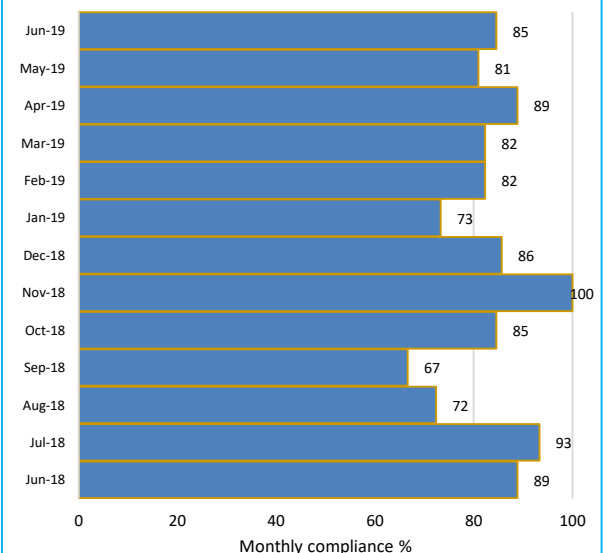
RIDDOR Reportable Incidents by Cause - YTD



- Total of 52 RIDDOR incidents reported to the HSE during 2019/20 (up to Q1'19)
- 2 out of the 13 incidents reported outside the 15 days timeframe during June'19.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in June 2019 was **85%**.
- Manual Handling & Slip, Trip, Falls incidents account for the highest number of RIDDORs reported across the Trust during 2019/20 (up to Q1' 19).

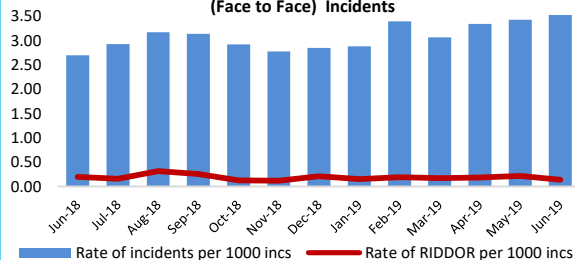
Reporting Time Lag

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



Rate of Incidents

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

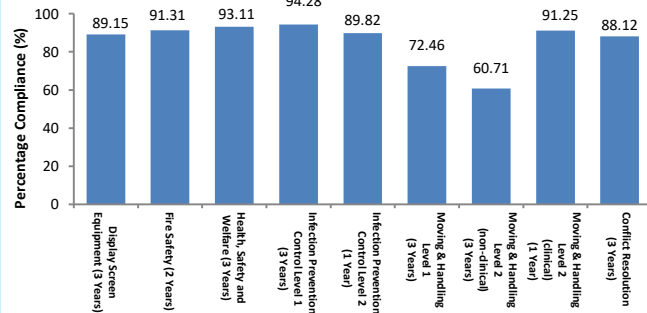




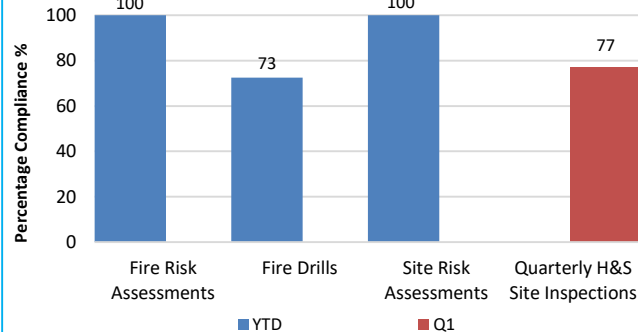
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

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

Mandatory Training Compliance



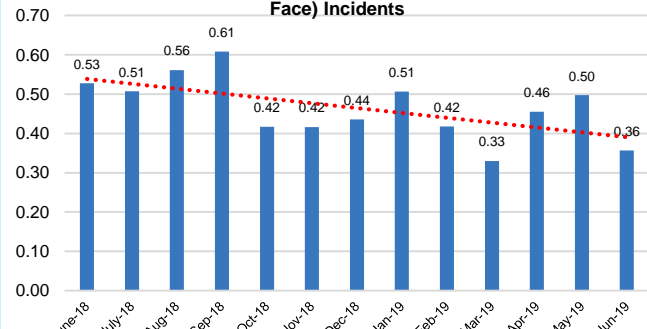
Statutory Reports & Monitoring Compliance



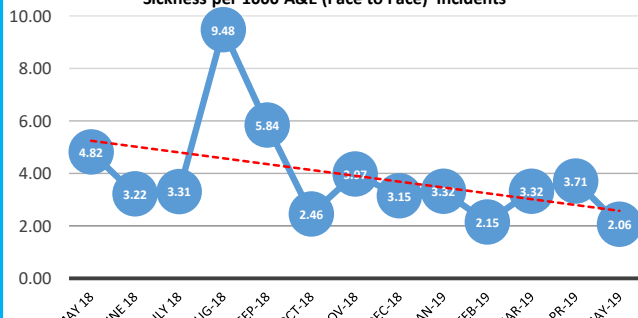
Key Updates:

- Collaborative working with Wellbeing team in regards to causes and proposed interventions for Manual Handling injuries – Back care awareness campaign is under development.
- Breakdown of MSK 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.
- **The Trust wide Fire risk assessment compliance is 100% as of June'19.**
- FRA (Fire Risk Assessment) action tracker has been developed and the identified themes have been circulated to relevant management.

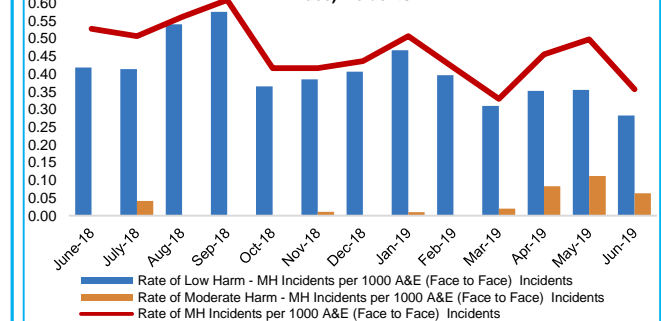
Rate of reported MSK Incidents per 1000 A&E (Face to Face) Incidents



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

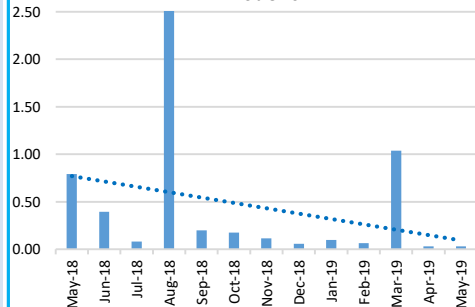


Rate of Trust-wide MSK Incidents: Low Harm vs Moderate Harm vs Total reported MH Handling Incidents per 1000 A&E (Face to Face) Incidents

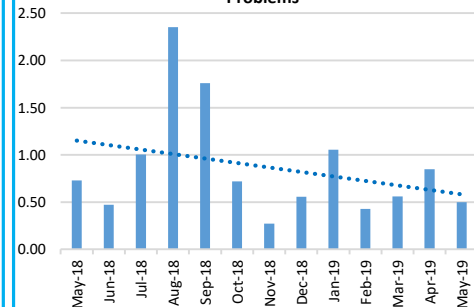


Breakdown of MH Working days Lost

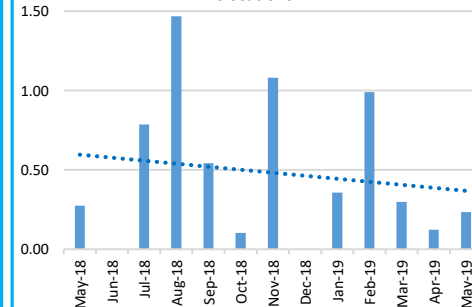
Rate of working days lost per 1000 A&E (face to face) incidents due to Musculoskeletal Problems



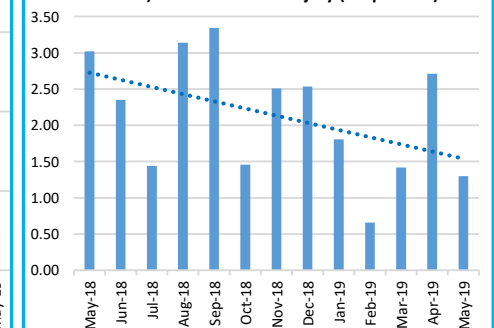
Rate of working days lost per 1000 A&E (face to face) incidents due to Back / Spinal Problems



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



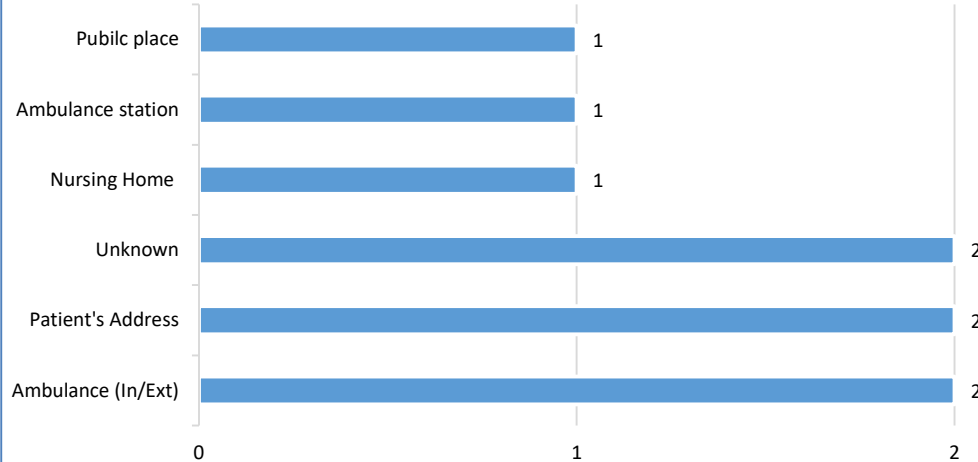
Rate of working days lost per 1000 A&E (face to face) incidents due to Injury (unspecified)



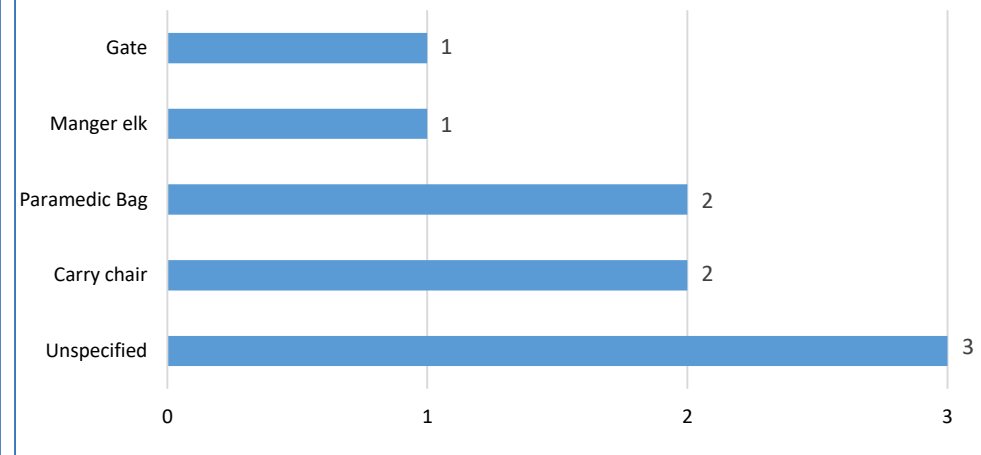


Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – June 2019

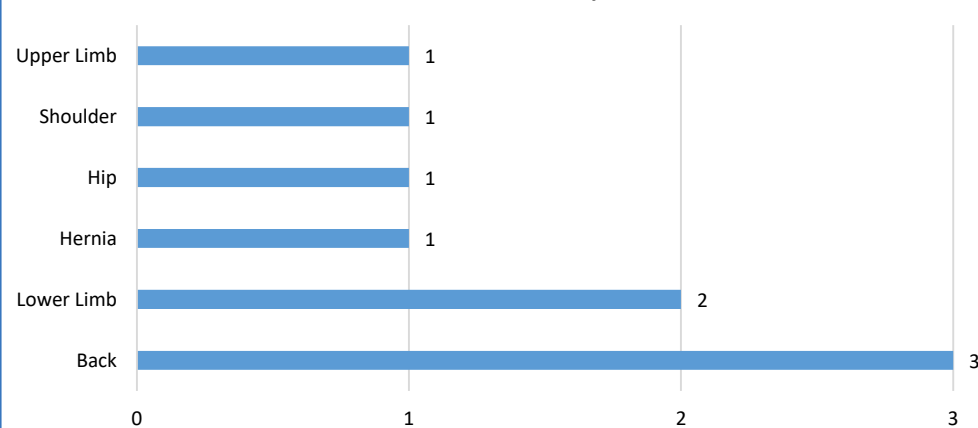
MSK RIDDOR Incidents - Location



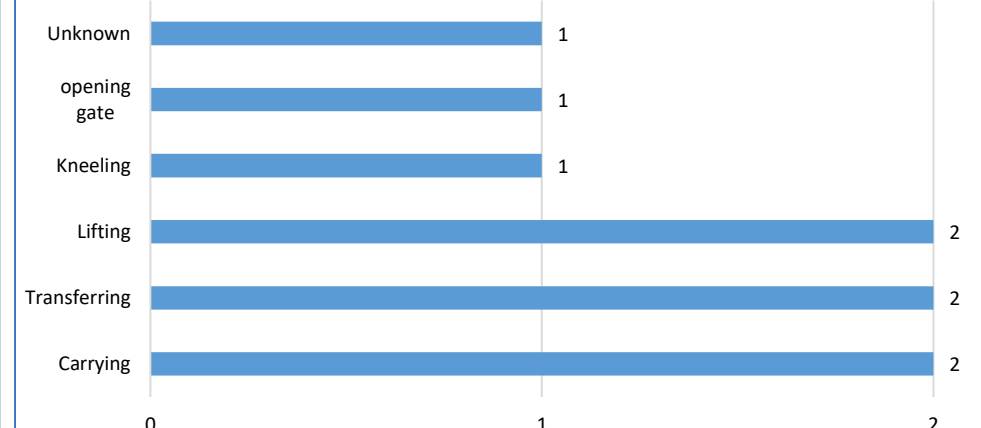
MSK RIDDOR Incidents – Equipment Involved



MSK RIDDOR Incidents – Body Part



MSK RIDDOR Incidents – Action Involved



The above graphs provides details from the thematic analysis of 9 reported RIDDOR incidents (3 incidents occurred in May'19 & 6 incidents occurred in June'19) during June 2019 related to Manual Handling (MSK):

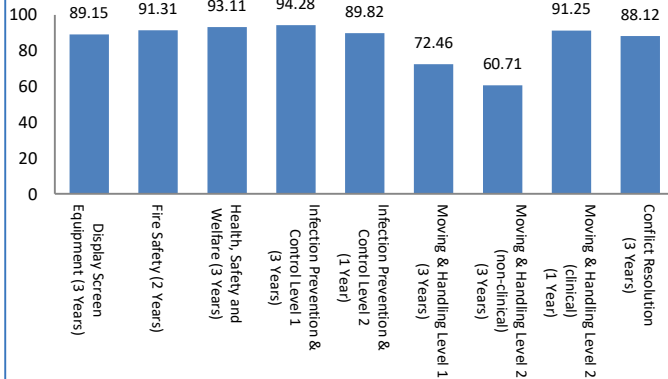
- 1). The largest number of the reported RIDDOR incidents occurred in Ambulance (Internal/External) and in Patient's address.
- 2). 3 of the reported RIDDOR incidents resulted in Back injury, 2 of the incidents resulted in Lower limb injury,
- 3). 6 of the reported RIDDOR incidents occurred during lifting, transferring, carrying (2 each).



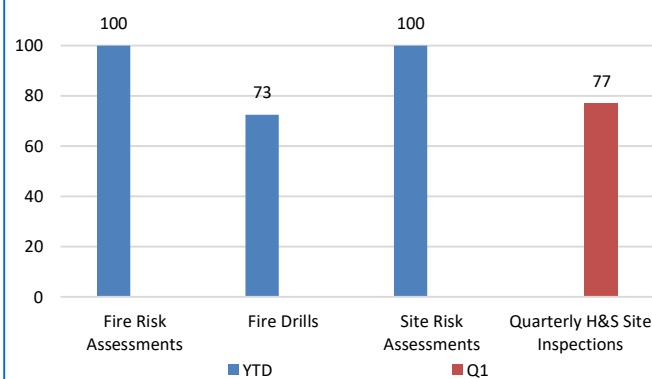
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Quality Directorate

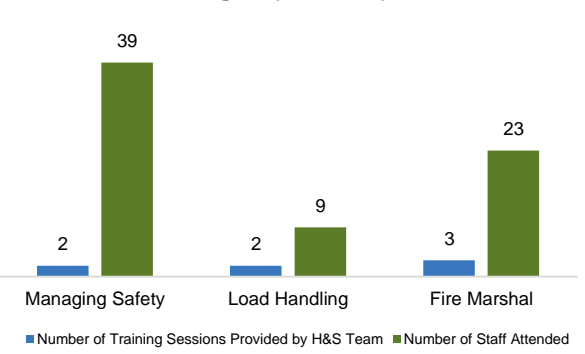
Mandatory Training Compliance



Statutory Reports & Monitoring Compliance



Number of H&S Training Sessions Provided during Q1 (2019-2020)

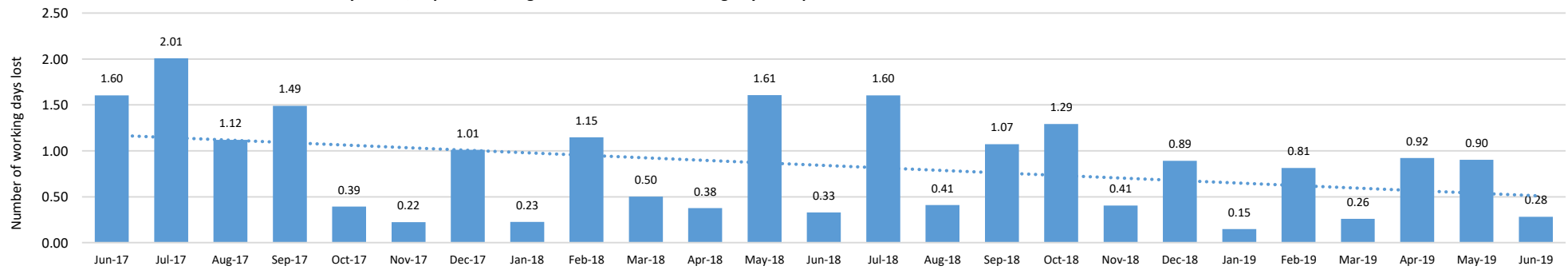


Key Updates:

- During Q1'2019/20 H&S team have delivered 2 sessions of Managing Safety courses to 39 staff members, 2 Load Handling sessions to 9 staff members and, 3 Fire Marshall Training sessions to 23 staff members.
- The Trust wide Fire risk assessment compliance is 100% as of June'19.

People & Organisational Development

Anxiety/Stress/Depression/Fatigue sickness related working days Lost per 1000 A&E face to face incidents attended



Year	Anxiety/Depression/Stress/Fatigue – Working Days Lost
2017/18	904
2018/19	874
2019/20 (up to June'19)	205

Key Updates:

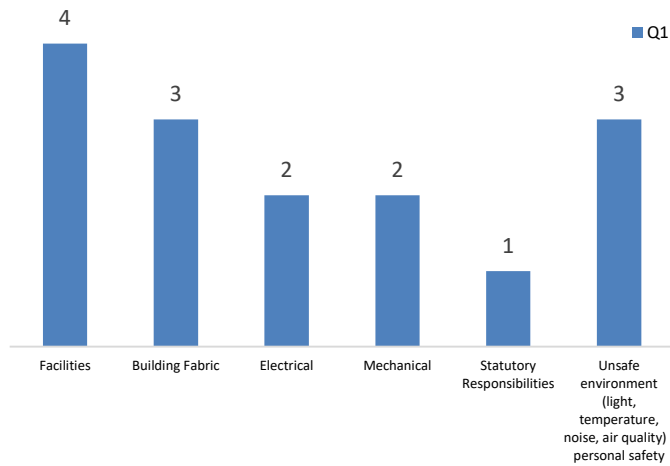
The two (GRS & ESR) systems we have record different things in different ways. We suspect based on what we've seen, that there is inconsistency in how sickness is recorded by the scheduling team. This will improve as the GRS/ESR interface goes live, as there will be greater consistency. There is a deep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



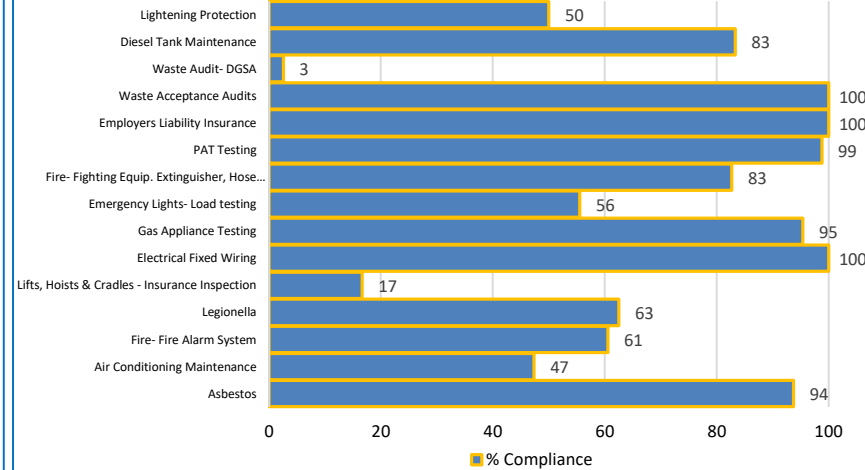
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

Estates

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



Estates Statutory Compliance Dash Board

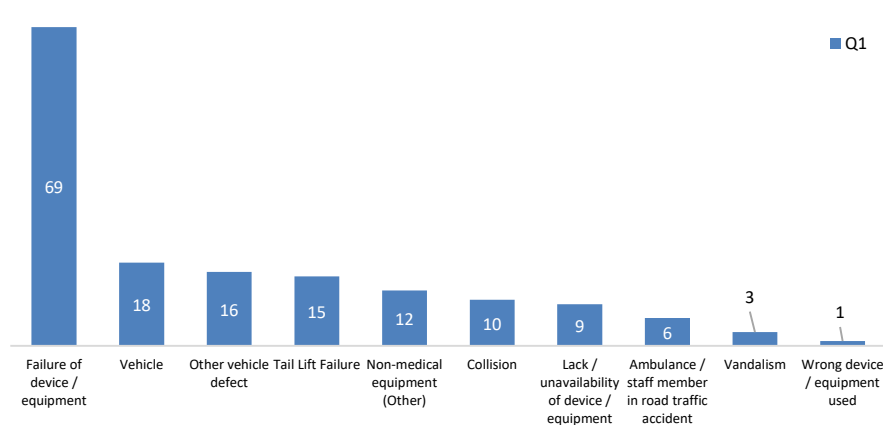


Key Updates:

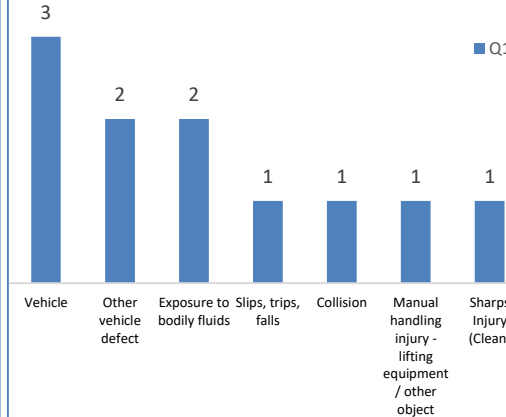
- Total of 15 (H&S) Estates related incidents reported during Q1'(2019/20). The breakdown of incidents are given in the dash board.
- Statutory compliance dash board from the Estates provides the current Trust-wide Estates related Statutory compliance rates.

Fleet and Logistics

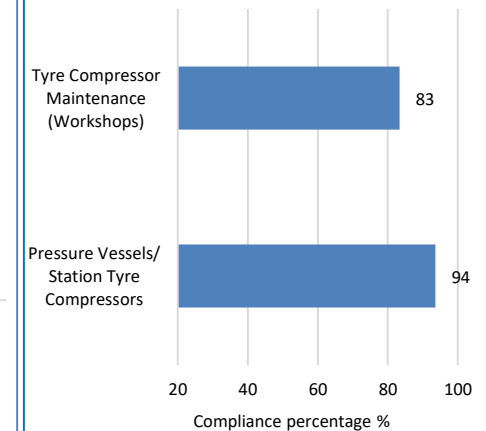
Fleet and Logistics-H&S related Incidents by Quarter (2019/20)



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



Fleet Statutory Compliance Dash Board



Key Updates:

- Total of 159 (H&S) Fleet & Logistics related incidents reported during Q1'(2019/20). Total of 11 Fleet & Logistics staff related H&S incidents reported during Q1'(2019/20). 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 18/19	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	>30%	G	36%	37%	31%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	R	63%	58%	75%					↔			LQ1b		
STEMI care bundle (AQI) (Reported every 4 months)	74%	R	75%	76%						↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%	R	99%		99%					↔			LQ3b		
Stroke on scene time (CARU continual audit)	00:30	G	0%	31	32	31	31	30		↓					
Survival to Discharge (AQI)			8%	8%	8%					↓					
Survival to Discharge UTSTEIN (AQI)			31%	31%	40%					↓					
STEMI- On scene duration (CARU continual audit)			0%	39	40	40	39	38		↔					
Call to Angiography - Mean (hh:mm)			0%	02:08	02:12										
Stroke - Call to Arrival at Hospital - Mean (hh:mm)			00:00	01:11	01:14										
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	0%	92%	81%	90%	91%	84%		↓		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			0%	28%	32%	37%	0%	0%		↑			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	0%	98%	98%	98%	97%	98%		↑		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	0%	98%	97%	98%	97%	98%		↑		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	G	0%	95%	95%	96%	96%	94%		↓		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	0%	97%	97%	98%	97%	97%		↑		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	0%		96%		96%			↑		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)		G	0%	93%	94%	94%	93%	94%							
Documented Care - Glycaemic Emergencies Compliance (CPI audit)	95%	G	0%	98%		98%		98%		↓			LQ12		

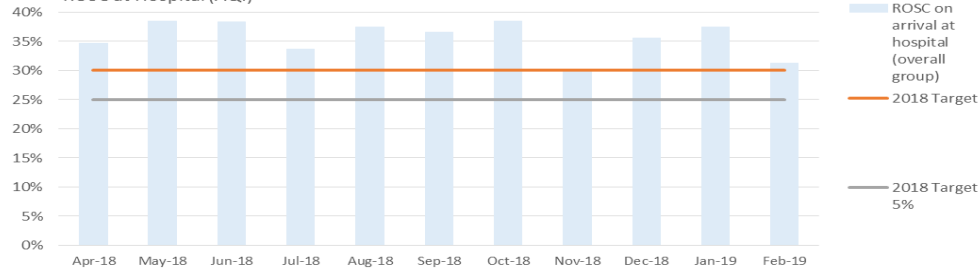
Clinical Performance Indicators

- PRFs completed by the Operational Placement Centres were included in the CPI process for the first time in May and will continue to be included moving forward.
- In May and June, CPI training was delivered to: 22 paramedics on restricted duties, 14 student paramedics, seven OPC Mentors, two APPs, two volunteers working on CPI audit amendments and a Clinical Tutor.
- Prompted by the CPI database, 15 clinical incidents were logged on Datix and eleven retrospective safeguarding referrals were discussed with EBS in May and June.
- As a result of the new establishments set up in ESR, the staff lists within the CPI database were unavailable between 22nd and 28th May. This will have increased the length of time taken to audit each PRF (therefore impacting on completion). This also prevented feedback being delivered during this time. It is possible that compliance may also be impacted if auditors were unable to find staff members on the staff lists to assign audits.

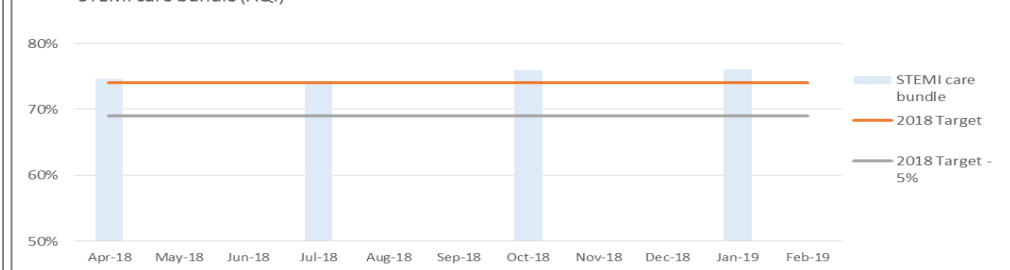


Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

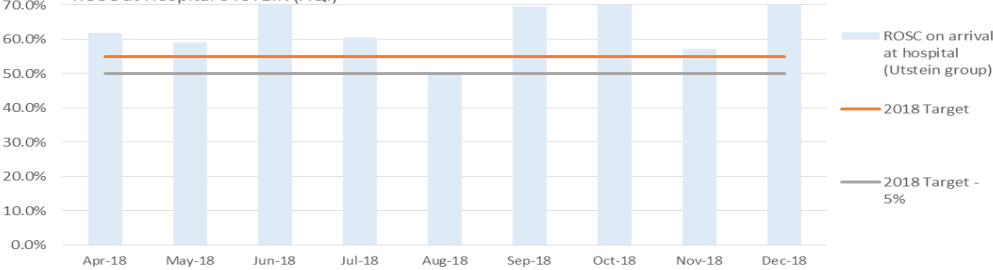
ROSC at Hospital (AQI)



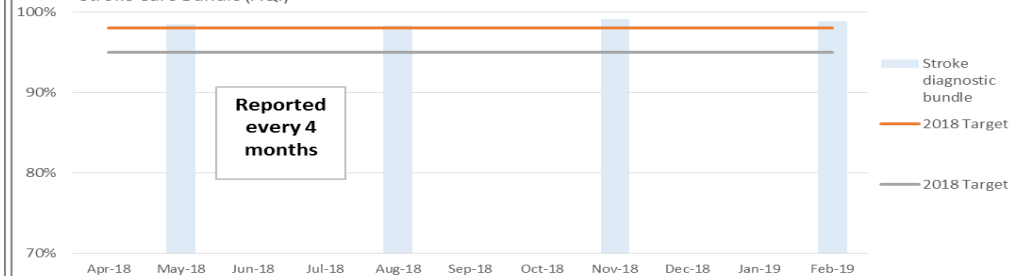
STEMI care bundle (AQI)



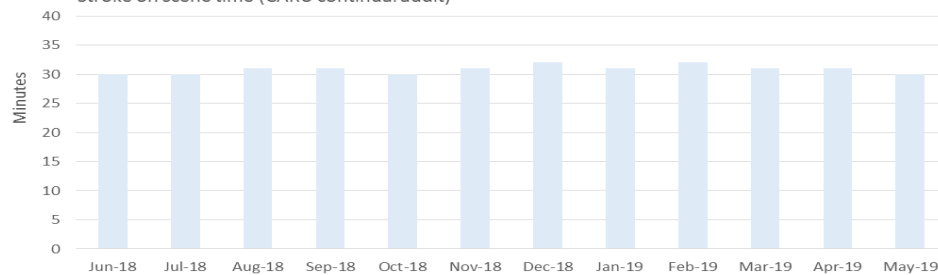
ROSC at Hospital UTSTEIN (AQI)



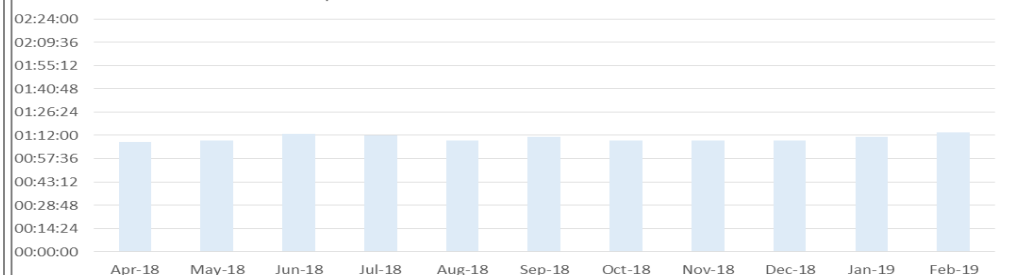
Stroke Care Bundle (AQI)



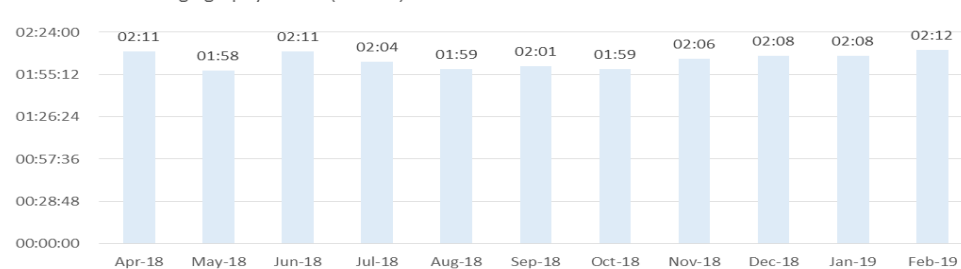
Stroke on scene time (CARU continual audit)



Stroke Call to Arrival at Hospital



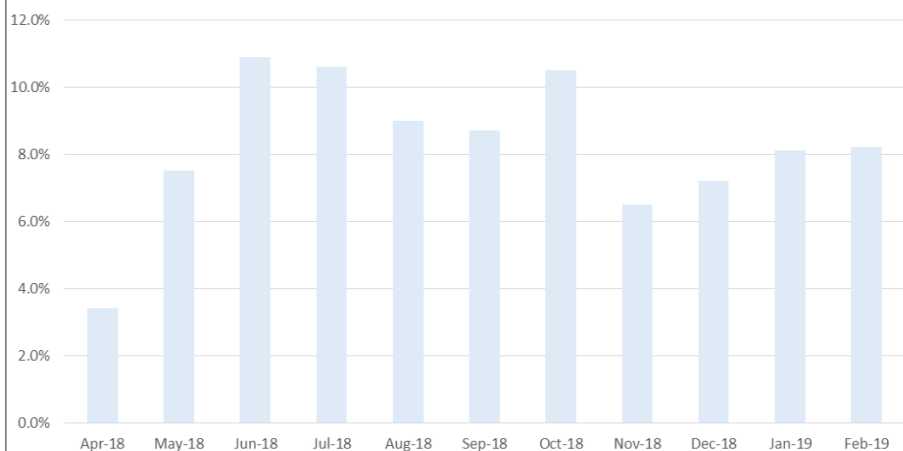
Call to Angiography - Mean (hh:mm)



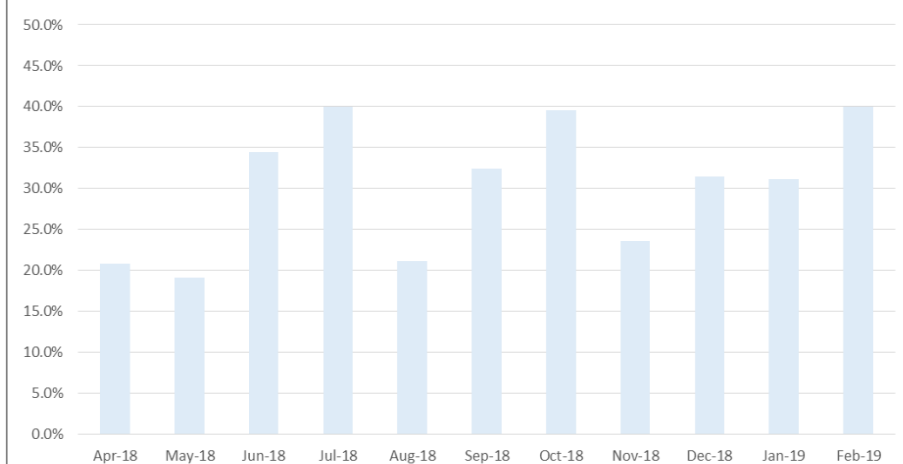


Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Survival to discharge (AQI)



Survival to Discharge UTSTEIN (AQI)



AQI: Narrative

In January and February 2019, ROSC on arrival at hospital for both the overall and Utstein comparator group were above the national averages, with the Utstein group in particular showing a considerably high ROSC rate in February (75%). The survival to discharge figures for the overall group were slightly below the national average in February but the Utstein survival figure for the same month was considerably higher (40%). In May 2019, defibrillator downloads were matched to 18% of cardiac arrests, which is an improvement on the previous month's figure of 11%.

In January and February 2019, the LAS performed in line with the national average for the mean call to angiography time for STEMI patients. The 90th centile was well within the national 90th centile in both months. The average on-scene remained stable in April and May 2019 at 39 and 38 minutes respectively.

In January and February 2019, the mean and 90th centile for call to hospital for suspected stroke patients was below the national average. The average on-scene time for FAST positive stroke patients in April and May 2019 remained stable at 31 and 30 minutes.

AQI: Actions

The LAS represented ambulance services at the Myocardial Infarction National Audit Project Domain Expert Group and provided information relating to a trend in extended call to angiography performance that has been noted nationally over the last 3 years and the role of ambulance services in the call to hospital arrival component. It was noted that the LAS had the shortest call to hospital times in the country.

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

Clinical Audit Update

- As a result of our Continuous Re-contact Clinical Audit, in May and June:
 - 67 crews were recommended for feedback (39 constructive & 28 positive)
 - 6 Datix forms were completed:
 - 5 patients had severely deteriorated upon re-contact (one has been declared a SI, three were deemed appropriate discharge decisions by the SIG and one is under local investigation)
 - 1 patient died unexpectedly (this case was deemed an appropriate discharge by the SIG)
- The Paediatric & Newborn Assessment Tool which was a recommendation resulting from clinical audit was added to DPG and associated video launched on LiA

Research Update

- Paramedic 2 has been shortlisted as a finalist for National Institute of Health Research (NIHR) Chief Allied Health Professions Research Impact Award 2019.
- 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 May and June, the LAS referred 35 potential participants, and 5 were recruited.
 - The current recruitment total for AIR-CGM is now 18 participants
- ARREST is a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest
 - 66 patients were recruited in May and June; bringing the recruitment total to 351.
 - 19 paramedics were trained in May and June, bringing the total of trained paramedics to 503.
- 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.
 - 111 staff survey responses were completed by control room staff in May and June.

NEWBORN & PAEDIATRIC Assessment Tools

PAEDIATRIC ASSESSMENT TRIANGLE

Paediatric Assessment Triangle

The Paediatric Assessment Triangle (PAT) is a rapid and simple observational tool suitable for emergency paediatric assessment regardless of presenting complaint or underlying diagnosis.

The 3 components of the PAT are: **appearance, work of breathing and circulation to the skin.**

The PAT assigns no numerical scores, it is to help formulate a quick assessment of a paediatric patient's acuity.

AGE	RESP RATE	HEART RATE
0-11mths	30-40	110-160
12mths - 18mths	25-35	110-150
2 years - 4 years	25-30	95-140
5 years - 12 years	20-25	80-120

MODIFICATION OF GLASGOW COMA SCALE <4years

Glasgow Coma Scale

The scale can be applied without modification to children over 5 years old. In younger children and infants, an assessment of a verbal response as "orientated" and motor response as "obeys commands" is usually not possible.

ITEM	SCORE
Eyes opening:	As per adult scale
Motor response:	As per adult scale
Best verbal response:	
Appropriate words or social smiles, then on and follows objects	5
Cries, but is consolable	4
Persistently irritable	3
Restless, agitated	2
Silent	1

MODIFIED TAUSSIG CROUP SCORE

Modified Tausig Croup Score

The scale is a simple clinical assessment tool that can be used to determine the severity of croup and the need for medication by scoring (i) stridor and (ii) recession.

SYMPTOM	PRESENT	SCORE	SEVERITY
STRIDOR	None	0	1-2
	Only crying, exertion	1	
	At rest	2	
RECESSION	None	0	3-4
	Only crying, exertion	1	
	At rest	2	
	Severe (Biphasic)	3	5-6

APGAR SCORE

APGAR Score

An Apgar Score test is a simple and repeatable method to quickly and summarily assess the health of newborn babies immediately after birth. The Apgar Score is determined by evaluating the newborn baby on five criteria (heart rate, respiratory effort, muscle tone, reflex irritability and colour) on a scale from zero to two, then summing up the values obtained. The resulting Apgar Score ranges from zero to ten.

ACTIVITY (Muscle tone)	0	1	2
LIMP	0	SOME FLEXION OF EXTREMITIES	ACTIVE
PULSE	ABSENT	<100	>100
GRIMACE (Reflex irritability)	NO RESPONSE	GRIMACE	CRY/COUGH
APPEARANCE	PALE BLUE	BODY PINK/EXTREMITIES BLUE	COMPLETELY PINK
RESPIRATION	ABSENT	IRREGULAR	GOOD/CRYING

Complete the Apgar Score at 1 minutes of age, again at 5 & 10 minutes

REMEMBER Document the APGAR Score on the Patient Report Form. Don't forget to record babies temperature.

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	Apr-19	May-19	Jun-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Mental Health related calls as percentage of all calls			8%	8.0%	8.7%	8.4%	↓				
Mental Health related MPS calls as percentage of all calls			2%	2.2%	2.4%	2.4%	↑				
Mental Health related Incidents as percentage of all calls			5%	5.06%	5.53%	5.10%	↓				
Mental Health related HCP Incidents as percentage of all calls			0%	0.33%	0.38%	0.37%	↓				
Mental Health Related Incidents			25962	8179	9131	8652	↓				
Mental Health Calls closed with Hear and Treat			912	286	301	325	↑				
Mental Health incidents closed with See and Treat			10414	3296	3599	3519	↓				
Total MH incidents conveyed as a %			62%	66.9%	60.6%	59.3%	↓				
Mental Health Patients conveyed to an ED			257%	81.3%	88.1%	87.3%	↓				
Mental Health Patients conveyed to an ACP (including other)			14%	18.7%	11.9%	12.7%	↑				
Birth Imminent Incidents			519	167	179	173	↓				
Conveyance rate of birth imminent			91%	95.0%	89.0%	89.0%	↑				
Head out/head visible Incidents			54	19	18	17	↓				
Haemorrhage after 24 weeks Incidents			630	191	213	226	↑				



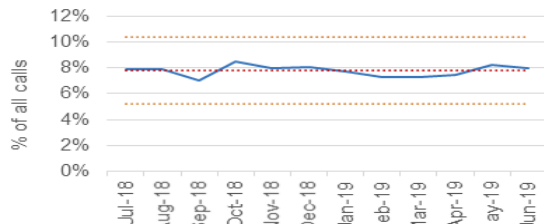
Owner: Carly Lynch | Exec Lead: Dr Trisha Bain

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

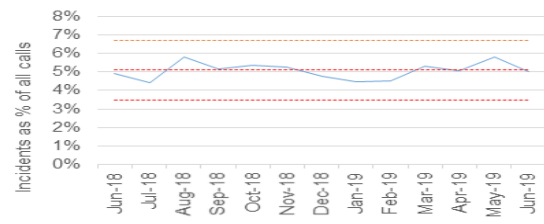
MH as % of all calls

Latest Month:
8.3%



MH related incidents

Latest Month:
5.0%



MH Incident Response

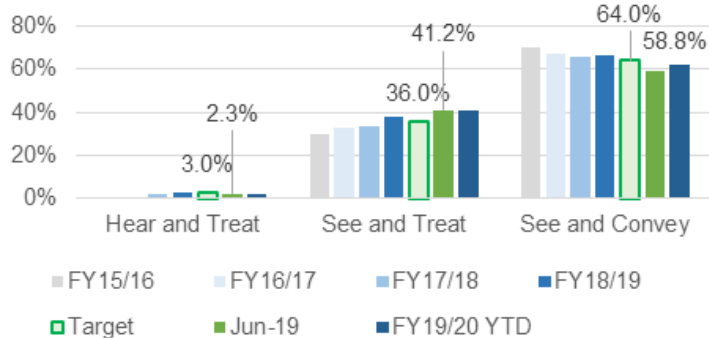


CHART KEY

— 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 London. Discussions begin with expansion of a 2nd car running in the South East – preliminarily considering Greenwich

Discussions continue with SLAM and Oxleas Mental Health Trusts around rotational roles.

Presentation in Manchester at the Crisis care Road map conference about the benefits of multi disciplinary working and the mental Health Joint Response Car.

Team Away day was held on 28th June at Deptford.

Presentation on Mental Health on the Health Advisor course at Barking 111

Presented the MHJRC at the Emergency Service Show.

Development of the Advance Practice course at South Bank University and involvement of 111 joint working.

Lowlights:

We still have gaps in the Mental Health Nursing team.

Plans for July:

CPD evening in each Sector continues

111 Training delivered by one of the Paramedic from the Team.

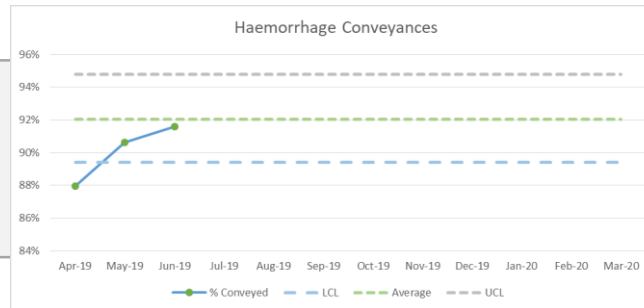
Continuing to engage with key stakeholders about next steps for the Mental Health Car.

Nurse interviews at Deptford on 11/07.



Haemorrhage conveyance

Latest Month:
92% (n=226)



Maternity Performance Review Dataset:

- Understand the overall maternity incidents and those resulting in ambulance dispatch and ED conveyance
- Present key metrics where service improvement can be measured and appraised
- Share dashboard with other ambulance services to establish best in class

Highlights:

Consultant Midwife receives a Fellowship from the Royal College of Midwives for her work as a midwifery leader and in pre hospital maternity care (19 in the UK out of 40,000 registered midwives)

Midwifery engagement in the digitisation programme of the e-PCR to connect Badgernet led by Stuart Crichton

Engagement building with Healthcare Safety Investigation Bureau – who are undertaking 1000 independent safety investigations including:

After 37 weeks gestation

Intrapartum stillbirth

Neonatal death up to 6 days of age

Severe brain injuries

Exceptions (Improvement Outstanding):

- Oversight of maternity complaints - Maternity Safety Summit to be re-established

Outstanding

- Unborn alerts
- Obstetric Emergency audit in progress

CHART KEY

Monthly value

Mean (Baseline FY17/18)

Upper and Lower Limit (Baseline FY17/18)

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 – Presented at Clinical Council

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.

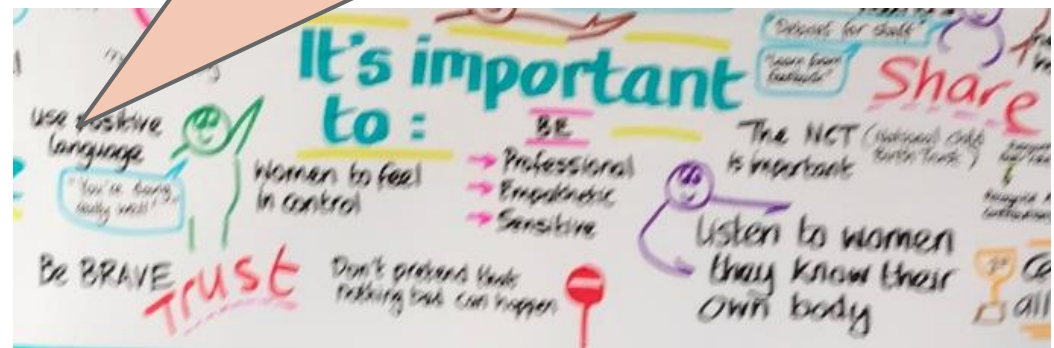
We visited a service user in her home to listen to her experience of care,

A previous positive experience

had resulted in a negative one on this occasion

We have used her feedback to listen and update the staff member

The couple were able to be listened to in person





Owner: Margaret Luce | Exec Lead: Dr Trisha Bain

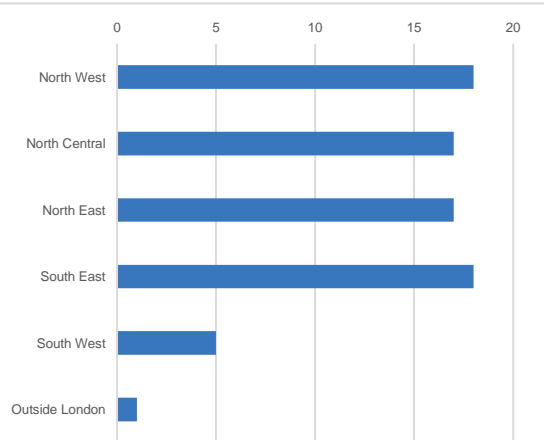
The work we do through attending public engagement events supports the development of our reputation with patients and members of the public as well as the long term future development of our organisation through raising awareness of career opportunities available as part of the London Ambulance Service.

Public Engagement Events

In June we held over 70 public engagement events across London covering the following types of activity:

- **Knife crime** events, such as Your Life, You Choose
- **School visits**, from nursery schools to sixth form colleges
- **Junior Citizen Schemes** and **scouts** groups
- An **armed forces** roadshow event
- Other **community events** such as open days, summer fetes and fairs.

Events by Area (Current Month)

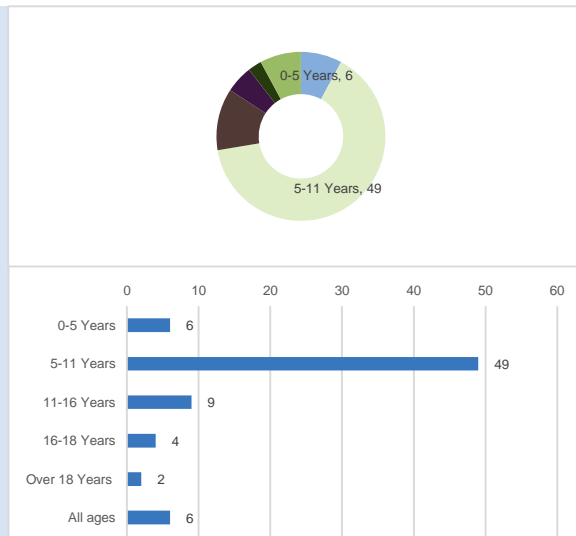


Public Engagement Activities

Supplementary information

No. of public engagement events: June 2019	76
Approximate audience numbers: June 2019	11,788
Public engagement: no. of hours: June 2019	368
No. of events: April to June 2019	138
Approximate audience numbers: April to June 2019	26,342
No. of staff on contact list	1,450

Age Profiles (Current Month)



Headlines from June

Feedback

The following feedback was received following a careers fair at a school in Homerton:

"Thank you so much for taking the time to visit our campus. We had a very positive feedback from our students whereby they found the event immensely helpful and enlightening. Your contributions on the event made a big difference and we do look forward to see you again soon."

This feedback was received following a visit to a school for deaf children

"Very well organised and informative. Richard had a lovely rapport with the pupils. We thought it was brilliant. The deaf pupils thoroughly enjoyed Richard's visit and finding out about his job. One pupil commented that it was the best morning ever! They were highly engaged and focused through out the slide show and asked many interesting questions. They loved the opportunity to see the paramedic bike and its equipment. Thank you so much for coming."

News

Four years' funding has been secured for the Blue Light Collaboration "prevention" work, focusing mainly on bringing knife crime prevention messages into schools. This will provide an opportunity for two LAS staff to be seconded to the project.

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	Apr-19	May-19	Jun-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Rate of Frequent Callers per 1,000 Calls			2.47	3.70	3.82	4.10	↑				
Number of Frequent Caller calls			14120	6810	7310	7881	↑				
Total Frequent Callers			1228	598	630	634	↑				
Number of Public Engagement Events			122	19	33	70	↑				
Number of service re-design projects involving patients/public			15	5	5	5	↔				
Number of LAS accesses to CMC care plans			2019	891	1128	1380	↑				
Percentage of view ed CMC care plans			29%	26%	29%	33%	↑				
Rate of Complaints per 1,000 incidents			0.92	0.9	0.9	0.9	↓				
Complaints Response (35 Working Day Breach) YTD			102.00	48	34	20	↓				
Complaints Acknowledged within 3 working days			100%	100%	100%	99%	↓				



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 Team (FCT) June19 updates:

Highlights

- Joint educational work by Frequent Caller Team work and Met Police in Haringey. Delivered training to young people, focusing on appropriate use of 999.
- Visits to local stations in NE sector to present to Clinical Team Managers meetings, as part of a wider comms. engagement programme to raise awareness of Frequent Caller Team's work and their roles within sectors.
- The idea of accessing CMC and patient care plans is being widely discussed amongst both by internal staff and external agencies. The important of accessing patient clinical and social information is beneficial to ensuing patient receive the most appropriate response and clinical care.
- Crews continue to make referrals to the Frequent Caller Team (FCT) via the e-mail address. This allows crews to raise their concerns and make the FCT aware of potential call escalations.

Lowlights

- Ongoing challenges in seeking dedicated BI input for database development work and frequent caller dashboard. This would demonstrate the organisational impact of interventions to both the service and the patient, specifically in reducing despatches and conveyances.
- Coordinate My Care (CMC) – queries from clinicians (GPs & A&Es): What should they do when a patient does not give consent for a plan to be added to CMC and where the patient has capacity to make this decision?
- Utilisation of Coordinate My Care (CMC) – ongoing challenges with poor uptake of CMC in certain CCGs, Trusts and GPs.
- Ongoing challenges in securing regular meetings with Medical Directorate representatives to discuss complex cases and consider restricted sends / no sends. This would help in saving resources and improving road staff morale.
- Meeting with Legal services is still needed, to develop a clear Trust policy to enable private proceedings for frequent callers who require strict boundaries in order to modify their behaviour, and where police are not involved. This would be in line with providers nationally.
- The Frequent Caller team has identified patients who are being allocated to more than one High intensity User project in their local area. Concerns have been flagged regarding duplication of resources and confusion for patient.

Plans ahead

- The team are attending Ambulance Frequent Caller National Network meeting in Nottingham, to share best practice.



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

June Figures:

New & existing callers 634

NHS numbers matched 100%

Stakeholder meetings attended 51

Sector	CCG	Patients	Jun-19	Calls last quarter	Calls last 12 months	12 month cost
NC	CAMDEN CCG	28	516	927	1782	£204,560
SE	LAMBETH CCG	25	504	1632	3812	£369,410
NE	WALTHAM FOREST CCG	20	492	1224	2506	£265,303
NW	HOUNSLOW CCG	20	396	992	3103	£197,007
NC	ENFIELD CCG	25	373	1150	2967	£293,285
NC	HARINGEY CCG	29	367	1004	2790	£273,878
NW	CENTRAL LONDON (WESTMINSTER) CCG	17	359	984	2767	£257,198
SW	CROYDON CCG	39	338	1063	2905	£358,068
NE	CITY AND HACKNEY CCG	28	332	873	2836	£311,843
NC	BARNET CCG	24	284	697	1468	£183,564
NE	NEWHAM CCG	33	282	1088	2639	£344,483
SE	LEWISHAM CCG	23	272	696	1723	£189,717
SW	MERTON CCG	13	260	560	1376	£175,694
NW	HILLINGDON CCG	24	227	816	2500	£295,741
NE	HAVERING CCG	17	218	602	1752	£259,997
NW	WEST LONDON CCG	27	217	658	1793	£242,840
NW	EALING CCG	19	214	647	1975	£213,508
SE	BEXLEY CCG	10	207	684	1310	£94,003
SW	WANDSWORTH CCG	13	201	426	1167	£116,125
NC	ISLINGTON CCG	24	197	615	1375	£170,561
SE	SOUTHWARK CCG	22	190	540	1465	£203,981
SW	SUTTON CCG	13	179	456	1005	£136,203
SE	GREENWICH CCG	20	154	534	1752	£245,206
NE	TOWER HAMLETS CCG	17	153	529	1394	£182,257
NE	REDBRIDGE CCG	16	151	338	916	£118,927
SW	RICHMOND CCG	14	146	479	1309	£106,962
NE	BARKING AND DAGENHAM CCG	15	145	409	1261	£156,322
NW	HAMMERSMITH AND FULHAM CCG	13	141	467	1138	£148,057
NW	HARROW CCG	17	123	359	1135	£123,816
SE	BROMLEY CCG	14	105	254	666	£100,999
NW	BRENT CCG	13	92	295	900	£118,652
SW	KINGSTON CCG	5	46	86	171	£28,637

TOP 5			June 19	Hear & Treat	See & Treat	See, Treat & Convey	Quarter	Year	Annual cost	Complaints
NE	WALTHAM FOREST CCG	60 (m)	264	183	73	8	698	1493	£135,251	Breathing issues, mental health
SE	LAMBETH CCG	76 (f)	186	152	34	0	730	983	£68,719	Chest pain, falls
SE	BEXLEY CCG	48 (m)	142	128	5	9	432	870	£36,064	Mental health, anxiety
NW	CENTRAL LONDON CCG	93 (f)	136	109	27	0	440	1294	£66,685	Breathing issues, mental health
NC	CAMDEN CCG	74 (m)	125	89	35	1	129	135	£9,520	Chest pain, falls, catheter issues



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

CASE STUDY – Ms A

Presenting Situation

26 year old female with no history of long term clinical conditions. Living with parents.
 Since December 2015, Ms A experienced distressing feelings, and would threaten self-harm.
 Diagnosed with Emotionally Unstable Personality Disorder (EUPD); declined to engage with local Community Mental Health Team (CMHT).
 Started presenting with suicidal ideation, overdoses and threats to jump into the River Thames.
 Often calling from locations near the Thames, in significant distress and struggling with feelings of frustration.
 Since January 2017, the Frequent Caller Team made referrals to local agencies about Ms. A's calling behavior and requested multi-agency meetings to agree a plan.
 Various agencies have tried to engage with Ms. A, to try to modify her behavior.
 Ms. A does not comprehend how her behavior impacts on staff or local resources.
 She has been in frequent contact with LAS who have conveyed her to the nearest A&E.
 Ms. A's call volume did not hit the Frequent Caller national definition threshold due to numerous calls not being linked to her, i.e. by calling from public places/ or 3rd party callers, calls may not be traced easily.

Intervention

Since January 2019, the Frequent Caller Team have met with local CMHT staff and attended Multi-Disciplinary team (MDT) meetings.
 In March 2019, Ms. A was referred to the local 'Serenity Integrated Mentoring' (SIM) project being coordinated by a Metropolitan Police Officer and specialist mental health practitioner within CMHT.
 The police officer and mental health practitioner work in partnership to deliver support to complex, high risk mental health 'high intensity user' patients, developing robust crisis care/behavior management plans, with consistent boundaries. The patient understands there are clear consequences to their actions, which is reinforced jointly by police and mental health.
 Frequent Caller Team have been providing call data and updates from crews to the SIM project, and worked to review strategies and care plans with relevant staff.
 The SIM project is slowly being rolled out across London. Eventually every borough in London will have a SIM Team.
 The care plan includes Ms. A being conveyed to the local mental health 'crisis café', rather than A&E. This provides reassurance and support for her anxious episodes, in a calm space away from A&E / a hospital setting. Ms. A's behavior appears to be improving, with less crisis incidents reported to emergency services.

Outcome

In a recent review Ms A. had called only six times over a six week period.
 She is engaging with the SIM project and has asked for support in finding employment, starting educational courses, and socialising more.
 Ms A's calls to police and LAS, and attendances to A&E and a 'Place of Safety', will continue to be monitored on a monthly basis.

Challenges / Areas for Development

Joint working with external agencies has been shown to be effective with these cases and should be encouraged across London.
 The Frequent Caller Team will continue to work with external agencies and expand joint working as necessary.
 Frequent Callers with chronic health problems and chaotic behaviour can be difficult to identify and therefore difficult to provide consistent treatment or boundaries.
 Currently, there is no effective pan London NHS alert system (with patient photo) to assist LAS in identifying chaotic patients, and therefore it is often difficult to link to patient's clinical care plan.

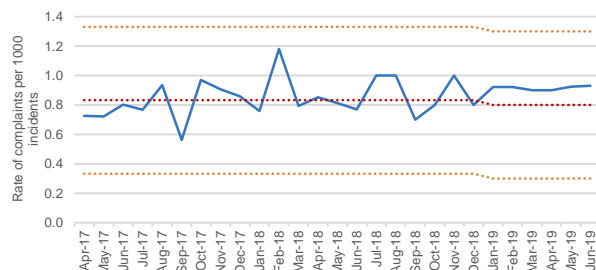


Owner: Gary Bassett | Exec Lead: Dr Trisha Bain

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

Rate of Complaints

Latest Month:
0.9

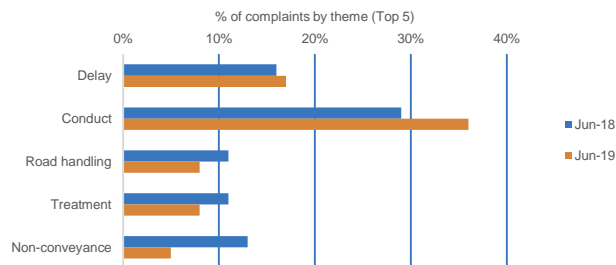


In May and June we received a total of 178 complaints – over 30 more than for the same period last year (147) The current trajectory of complaints for 2019/20 is 1020

We managed 716 PALS enquiries during May/June in 2018/19 – in line with expected demand

Health Partner (Quality Alerts) notifications continue to increase as anticipated and we expect that to continue throughout 2019/20 when we update the signposting information on the website.

Categorisation

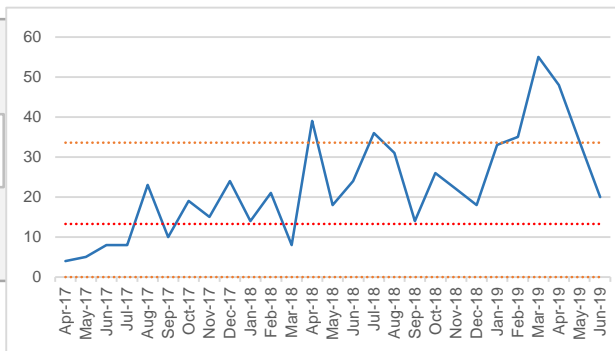


The percentage of complaints regarding **conduct and behaviour** continue to increase. Conduct and behaviour complaints now account for up to 45% of total complaints received.

There were 15 complaints attributed to NHS111 in May and June, 7 related to NELIUC and 8 from SELIUC. A number of these were reported directly to the Patient Experiences Department by the complainant.

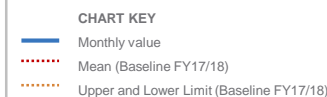
Responding to complaints

Latest Month
20



There were **20 complaints that breached the 35 day response target** in June. The annual average for 2019/20 is that 60% of complaints were responded to within 35 working days.

This represents a significant improvement on previous months. Please see page 2 for measures that are being put in place to mitigate this going forward





Case examples

Case Example

A patient complained that a glove disposed of at the scene by a member of staff had an inappropriate note written on it.

We explained that clearly the notation was wholly inappropriate, thoughtless and moreover unacceptable and whilst the member of staff accepted responsibility, it has been recommended that a further reflective practice exercise with a Clinical Team Manager and further training in working with patients with mental health problems be undertaken. It has also been made clear that we do not expect to receive any further reports of this nature. Incidents of this nature, although fortunately very rare, are extremely serious as they most certainly do not represent the values and ethos of the Trust and the standard of care that we expect our clinicians to provide.

This incident is all the more disappointing given the measures we have put in place to improve how we work with patients who call with mental health presentations. This has included employing mental health nurses, holding a range of focus groups with service users, developing training programmes for staff with charities such as MIND and using simulation training using actors, in partnership with mental health Trusts and the police. The Trust are also currently developing a podcast on our intranet and case examples for dissemination as learning tools.

The complaint was upheld.

Actions and Learning

Department issues

- We have successfully recruited a further PED Officer who is currently working her induction period within the team.
- In August our second new officer will take up her post.
- These new staff have led to a number of workshops being undertaken to table initiatives to improve throughput – especially within the team
- We continue to work with our internal stakeholders who contribute to the complaints process and the assistance from the clinical team has proved very successful.
- We are planning to extend a similar process to the Quality Assurance team who will share the PED module on Datix to speed up the process, allow more accountability within the team and enable QA staff access to the complaint
- We anticipate a 'go-live' date of 01 August
- We are planning a familiarisation meeting with SE and NE 111 providers to ensure that both services are using the same practices to inform PED of complaints and a QA process regarding the use of Datix by both teams
- Internally we are trialling a change in the way complaints are managed within the team and have set up a team of 2 highly experienced staff to focus on cases reaching their deadline. Although this has proven to be very successful this month we are monitoring it closely as it impacts on the overall case load.
- A further workshop is planned to review the new process to discuss further ways the system can be improved
- The revised 'Unreasonable Behaviour' Policy (TP016) has been signed off by QOG and will be uploaded to the website
- The Estates Department are now managing the LAS switchboard which has significantly reduced such enquiries to the department
- We will be developing an improved Duty Function and using a collaborative approach will draft the process, trial that within the team and if successful after 3 months, we will adopt that as the best way of working

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



64 Excellence Reports were received in May

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 an IRO

I am writing this excellence report as an appreciation for the hard work and professionalism displayed by IR71 during a long nightshift at the scene of an unexploded WW2 Bomb in Kingston Upon Thames

The IRO represented the London Ambulance Service to a very hard standard, managing the scene and liaising with our Emergency Services colleagues, this is something she should be proud of.

Reported about operations

This clinician went *above and beyond* in showing care and compassion to an elderly patient that had fallen down a full flight of stairs, injuring her back and hip.

The patient was clearly quite distressed and they took the *initiative* to calm her down by playing her favorite music Nat King Cole from her phone, and holding her hand.

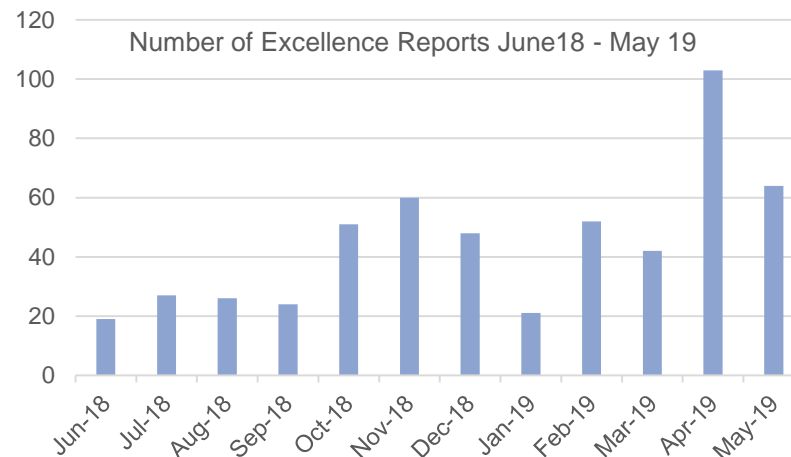
They demonstrated true *selfless compassion* above what is usually seen in a clinical environment and this went towards a *positive patient experience*.

She continued this for a short time in the hospital after the handover process, despite being 2 hours over our finish time.

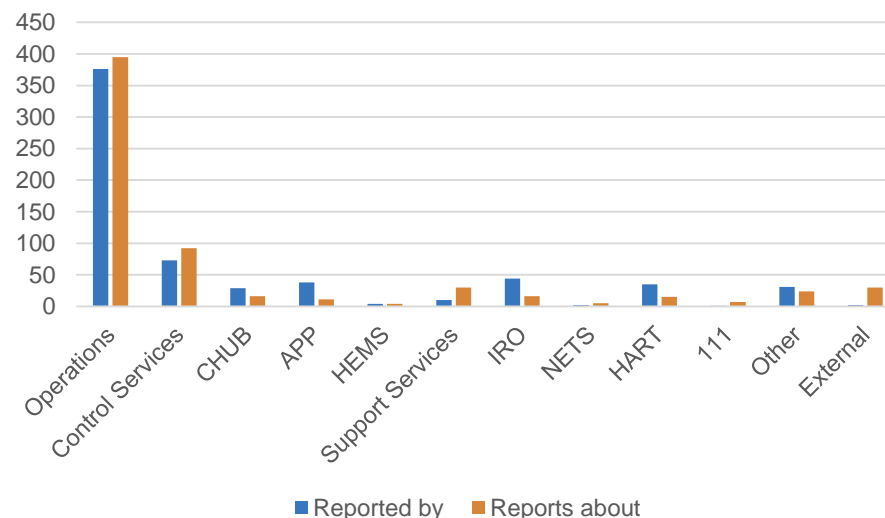
Reported about control services

This tutor has been an absolute *inspiration* to new entrants. Not only has she gone through a promotion process and been successful, but during that and onwards, She *supports* and *encourages* staff to be the best they can be and recently has demonstrated immense tenacity in assisting a new member of staff from making a rash decision on their future in the service.

They have *led by example* in stepping in and taking the time to talk the situation through and prevented someone leaving the service who she is now supporting to be successful



Staff groups reporting/being reported for Excellence Since Feb 17



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



The North West have take 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 the to complete more comprehensive paperwork which is more representative of their clinical encounter. To date 5 workshops have taken place accommodating 103 staff

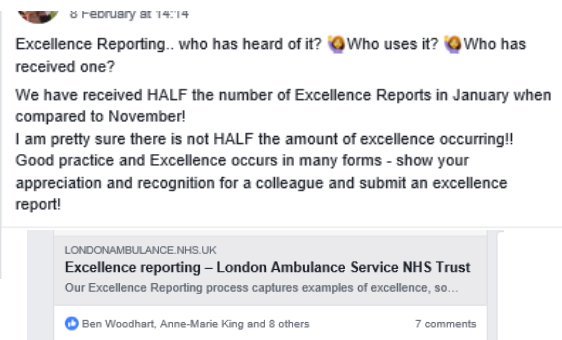
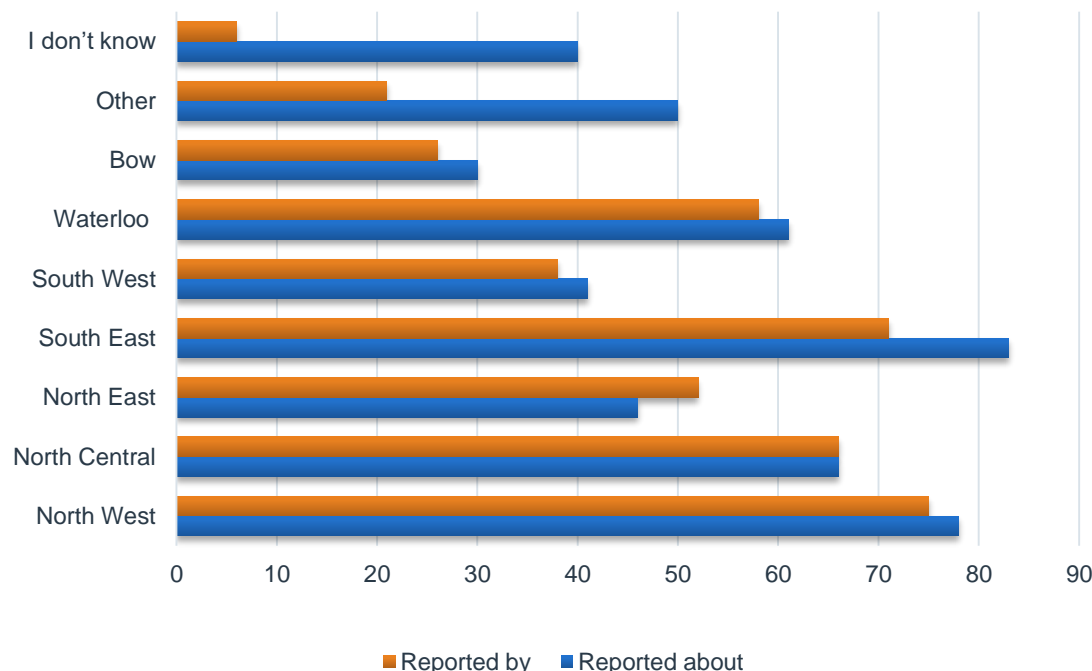
Case based discussion events (INSIGHT live) – occur at a local level with facilitation by a member of LfE. An element of teaching regarding a specific topic i.e. human factors, mental health, followed by a case reviews. Cases are from serious incident investigations or the re-contact audit.

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

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

Social media is a great way to promote Excellence Reporting. After noticing a dip in reports in January a simple message on LIA lead to 9 reports being submitted over the three following days

Sector/Location of reports (since August 18)





National Guidance for Ambulance trusts published in June 2019

Each ambulance trust should use this guidance to develop a local learning from deaths policy, which should be approved by their board and published on their public website by 1 December 2019.

Reporting Requirements:

Ambulance trusts should publish their first set of quarterly learning from deaths data in Quarter 1 of 2020/21, drawing on reviews of deaths occurring in Quarter 4 of 2019/2020.

Ambulance trusts should provide a summary of their learning from deaths activity over the previous year in their quality accounts published in summer 2021. The exact information required will be made available in due course. This is likely to be similar to the requirements for acute, community and mental health trusts.

Which deaths will be reviewed:

All deaths where ambulance service personnel, other health and care staff, and/or families or carers have raised a concern about the care provided, including concerns about end of life care.

Deaths of patients assessed as requiring category 1 and category 2 (following a delay in dispatch)

Deaths of patients assessed as requiring category 3 and category 4 responses. This is regardless of whether the categorisation was considered to have been correct.

Deaths following re-contact (24hrs).

Deaths of patients with learning disabilities.

Deaths of patients with severe mental illnesses.

Maternal and neonatal deaths.

Paediatric deaths.

Safeguarding concerns.

Deaths in custody.

Expected Learning Outputs (shared across the Trust):

INSIGHT magazine

Learning from Serious Incidents Q1 2018
Clinical Update

Case based discussion evenings – individual to sectors

Education opportunities

Learning should be shared widely between ambulance trusts in order to identify common themes and further joined up work that would be useful to prevent future deaths. This learning can be shared through relevant channels including:

- the National Ambulance Service Medical Directors group (NASMeD)
- the National Ambulance Service Quality, Governance and Risk Directors group (QGARD).

Learning should also be shared between ambulance trusts and relevant local, regional and national bodies.



Owner: Laura O’Donoghue | Exec Lead: Philippa Harding

Inquests

Latest Month: 1.1		2018-19			2019-20		
		Apr	May	Jun	Apr	May	Jun
	Total Prevent Future Deaths in Month	0	0	1	0	1	1
	Total Inquests where LAS asked to give evidence - In month	7	4	6	5	4	4
	Total Inquests where LAS asked to give evidence - Year to date	7	11	17	5	9	13

- A PFD was received in May 2019 further to the death of a child from a severe allergic reaction. The Coroner highlighted that the LAS call handler did not suggest a second Epi-Pen be given and that this could be remedied internationally. LAS has responded to the Coroner setting out the steps taken to recommend a change to the International Academy of Emergency Dispatch as well as sharing the Coroner’s findings with NHS Pathways, the other 999 call triage function used within the UK.
- The PFD received in June 2019 was further to an Inquest where LAS had not been asked to provide any evidence at the Inquest hearing. A response to the PFD is being prepared but the concerns raised by the Coroner centre upon the arrangements for notifying the coastguard of a patient in the water and the questions asked of the caller to help identify the location of the incident.



Owner: Laura O'Donoghue | Exec Lead: Philippa Harding

Claims

- In May 2019 3 claims were reported to NHR, all were clinical and concerned: non conveyance and drug administration.
- In June 2019 3 claims were reported to NHR, 2 concerned allegations of clinical negligence. These related to an alleged delay in inter-hospital transfer and allegations around the clinical treatment provided in restoring ventilation. The third claim reported related to allegations of personal injury as a result of injury sustained by a member of the public further to damage created by an ambulance collision.
- In May 2019, NHR closed 2 claims with damages payments, 1 concerned breach of data protection rights and the other the administration of adrenalin. 2 cases were closed with nil damages payments, 1 clinical and 1 public liability.
- In June 2019, NHR closed 6 claims: 2 clinical claims, 3 employer's liability and 1 public liability claim with no damages paid and no claims were closed with damages paid this month.

The NHS Resolution Quarterly Report, Q1 of 19/20 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 below charts.

Table 1

No of claims	Total Claim	Damages Reserve	Claimant Costs Reserve	Defence Costs Reserve	Outstanding Estimate	Total Payments
58	£99,432,922	£88,485,317	£8,654,000	£2,293,605	£79,325,210	£20,107,712

Table 2

No of claims	Total Claim	Damages Reserve	Claimant Costs Reserve	Defence Costs Reserve	Outstanding Estimate	NHSLA Funded Payments	Total Payments
56	£1,879,589	£1,112,852	£569,137	£197,600	£1,085,121	£733,166	£794,468

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.

Portfolio Dashboard – still evolving but now beginning to be able to use to start building a picture and gain insight:

- **Portfolio Investment** – 15 ‘Programmes’ originally circa £24.3m, now reviewed down to the NHSI £16m target to deliver a target of £18.2m of benefits
 - **Programmes by directorate** – SA&P have 4 programmes with Medical, P&C and IM&T close behind
 - **Stage Gate info** – Projects: Not Started: 33, Scoping: 24, Delivery: 4, Close Out: 3
 - **Project size** – will help us to determine resource and level of governance
 - **Portfolio split** – 41% focussed around productivity & efficiency; 26% strategic; 24% SA&P
 - **Programme Status** – 1 workstream appears to have deteriorated; 1 programme remains ‘at risk’ for the 2nd month
- Programme Milestones** – of a total of 232 identified milestones, we have 36 at risk and 15 reported as being missed and need to be re-planned.

The Portfolio Dashboard has been reshaped into an A4 format and is included in the next slide.



Exec Lead: Dr. Trisha Bain

						Current Status					PROGRAMME STATUS																			
Size	Programme name	Programme executive	Estimated budget required 19/20 (£k)	Estimated benefits delivered 19/20 (£k)	Sub Portfolio	Overall	Schedule	Budget	Risks & issues	Benefits	Programme start date	Current stage gate	Next stage gate	Next gate due date	Forecast programme end date	2019												2020		
		Programme manager														April	May	June	July	August	September	October	November	December	January	February	March			
L	Compliance	Trisha Baine	1,105	0	Compliance	No Data available					Being Scoped					TBC														
		New Hire																												
L	Asset Management	Benita Mehra	1,080	50	SA&P						Being Scoped																			
		Aaron Porter													31/03/20															
L	Spatial Development	Benita Mehra	3,712	205	SA&P																									
		Colin Harb									01/04/19					01/03/26														
L	Fleet	Benita Mehra	10,195	668	SA&P																									
		Chris Rutherford									30/12/18					01/03/22														
L	Ready Set Go	Benita Mehra	4,040	201	SA&P																									
		Lola Schewu									01/12/19					01/06/20														
M	IM&T	Ross Fullerton	595	0	IM&T Essentials																									
		Chris Cooper									01/01/19					01/04/20														
M	ED Conveyance Reduction & Pioneer Services	TBC	224	922	Strategic																									
		New Hire									01/08/18					30/03/20														
S	Employee Staff Records	Tina Ivanov	0	18	Strategic																									
		Mark Ando									01/04/19					30/03/20														
L	New CAD/EPCR	Ross Fullerton	2,237	0	Strategic						Being Scoped																			
		New Hire														TBC														
U	ICAT (IUEC)	Fenella Wrigley	0	0	Strategic																									
		John Taylor									01/06/18					03/06/19														
S	Culture	Tina Ivanov	0	0	Strategic	No Data available					Being Scoped																			
		New Hire														TBC														
S	Clinical Education Planning & Digitalisation	Fenella Wrigley	20	17	Productivity & Efficiency	No Data available					Being Scoped																			
		New Hire														TBC														
S	Contract Management	Lorraine Bewes	56	550	Productivity & Efficiency																									
		Jason Ramchum									01/04/19					30/09/19														
S	CIP Projects	Lorraine Bewes	40	9419	Productivity & Efficiency																									
		Alston Owens									15/06/19					14/04/19														

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 32 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 team continue to work with key stakeholders to identify 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	1	0	0	1
Likely	0	0	4	0	0	4
Possible	0	4	7	5	0	16
Unlikely	1	0	9	1	0	11
Rare	0	0	0	0	0	0
Total	1	4	21	6	0	32