



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD TO BE HELD IN PUBLIC ON TUESDAY 26 NOVEMBER 2019 AT 10:00-15:00 IN THE CONFERENCE ROOM, LONDON AMBULANCE SERVICE HQ, 220 WATERLOO ROAD, LONDON SE1 8SD**

**Agenda: Public session**

Timing	Item	Ref.		Owner	Status Assurance Decision Discussion Information
10.00	1.	TB/19/69 Oral	<b>Welcome and apologies</b> To welcome attendees and note any apologies received.	HL	Information
10.05	2.	TB/19/70 Oral	<b>Declarations of interest</b> To request and record any notifications of declarations of interest in relation to today's agenda.	All	Assurance
10.10	3.	TB/19/71 Attachment	<b>Minutes of the meeting held in public on 24 September 2019</b> To approve the minutes of the meeting held on 24 September 2019.	HL	Decision
	4.	TB/19/72 Attachment	<b>Matters arising</b> To review the action schedule arising from previous meetings.	HL	Information
10.15	5.	TB/19/73 Oral	<b>Board members' feedback</b> To receive information about Board members' activities since the last meeting.	All	Information
10.20	6.	TB/19/74 Attachment	<b>Report from the Chair</b> To receive a report from the Chair.	HL	Information
10.30	7.	TB/19/75 Attachment	<b>Report from the Chief Executive</b> To receive a report from the Chief Executive.	GE	Information
<b>STRATEGY &amp; PLANNING</b>					
10.40	8.	TB/19/76 Attachment	<b>Patient and public engagement</b> To agree the Trust's approach to engaging with its patients	AT	Decision
10.50	9.	TB/19/77 Attachment	<b>Winter Preparedness</b> To provide an update of the Trust's Winter Plan	KM	Assurance

QUALITY, PERFORMANCE AND ASSURANCE					
11.00	10.	TB/19/78	<b>Trust Board Committee Assurance Reports</b> To receive the reports of the Board Assurance Committee meetings that have taken place since the last meeting of the Board.		Assurance
		Attachment	(i) <b>Quality Assurance Committee meeting on 05 November 2019</b>	MS	
		Attachment	(ii) <b>Audit Committee meeting on 07 November 2019</b>	FC	
		Attachment	(iii) <b>Logistics and Infrastructure Committee meeting on 12 November 2019</b>	TdP	
		Attachment	(iv) <b>People and Culture Committee meeting on 14 November 2019</b>	JM	
		To follow	(v) <b>Finance and Investment Committee meeting on 19 November 2019</b>	FC	
12.00	11.	TB/19/79 Attachment	<b>Integrated Quality &amp; Performance Report</b> To receive the integrated quality & performance report.	LB	Assurance
12.10	12.	TB/19/80 Attachment	<b>Board Assurance Framework and Corporate Risk Register</b> To receive the Board Assurance Framework and the Corporate Risk Register.	PH	Discussion
12.20	13.	TB/19/81 Attachment	<b>Serious Incident Update</b> To note declared and closed Serious Incidents.	TB	Discussion
BREAK					
13.00	14.	TB/19/82 Attachment	<b>Workforce Race Equality Standard (WRES) Action Plan</b> To approve the Trust's WRES action plan	MB	Decision
13.10	15.	TB/19/83 Attachment	<b>Workforce Disability Equality Standard (WDES) Action Plan</b> To receive a briefing on the Workforce Disability Equality Standard	MB	Information
13.20	16.	TB/19/84 Attachment	<b>Major Incidents in 2017 – issues identified in inquests and inquiries</b> To receive a report on the outcome of recently concluded inquiries/inquests relating to the major incidents that took place in 2017.	PH	Information
13.30	17.	TB/19/85 Attachment	<b>Freedom to Speak Up quarterly report</b> To receive the Freedom to Speak Up quarterly update	KC	Assurance
GOVERNANCE					
13.40	18.	TB/19/86 Attachment	<b>Standing Orders and Standing Financial Instructions</b>	PH, LB	Decision

			To approve proposed amendments to the Trust's Standing Orders and Standing Financial Instructions		
13.50	19.	TB/19/87 Attachment	<b>Report of the Trust Secretary:</b> <b>(i) Chair's Action</b> <b>(ii) Use of the Trust Seal</b> <b>(iii) Trust Board policies</b>	PH	Decision
14.00	20.	TB/19/88 Attachment	<b>Trust Board Forward Planner</b> To receive the Trust Board forward planner.	PH	Information
14.10	21.	TB/19/89 Oral	<b>Patient/Staff Story</b> To hear about the experiences of a patient/members of staff.	TB	Information
14.40	22.	TB/19/90 Oral	<b>Questions from members of the public</b>	HL	Information
14.50	23.	TB/19/91 Oral	<b>Any other business</b>	HL	Information
14.55	24.	TB/19/92 Oral	<b>Review of the meeting</b> To consider: <ul style="list-style-type: none"> <li>- Behaviours at the meeting.</li> <li>- Standard of papers submitted for Board consideration.</li> <li>- Standard of debate / challenge.</li> </ul>	HL	Information
15.00	25.	TB/19/93 Oral	<b>Meeting close</b> The meeting of the Trust Board in public closes.	HL	
<b>Date of next meeting:</b> The date of the next Trust Board meeting in public is on Tuesday 28 January 2020 in the conference room, London Ambulance Service HQ, 220 Waterloo Road, London SE1 8SD.					
<b>Additional reports, circulated for information only:</b>  <b>TB/19/94 Quality Report</b>					



## TRUST BOARD: Public meeting – Tuesday 24 September 2019

**DRAFT Minutes of the public meeting of the Board held on 24 September 2019 at 09.00am, in the Conference Room, Headquarters, 220 Waterloo Road London SE1 8SD**

<b>Present</b>		
<b>Name</b>	<b>Initials</b>	<b>Role</b>
Heather Lawrence	HL	Chair
Trisha Bain	TB	Chief Quality Officer
Lorraine Bewes	LB	Chief Finance Officer
Karim Brohi	KB	Non-Executive Director
Fergus Cass	FC	Non-Executive Director
Sheila Doyle	SD	Non-Executive Director
Garrett Emmerson	GE	Chief Executive Officer (CEO)
John Jones	JJ	Non-Executive Director
Amit Khutti	AK	Associate Non-Executive Director
Jayne Mee	JM	Non-Executive Director
Khadir Meer	KM	Chief Operating Officer
Theo de Pencier	TdP	Non-Executive Director
Mark Spencer	MS	Non-Executive Director
Fenella Wrigley	FW	Chief Medical Officer
<b>In attendance</b>		
Mike Cornett	MC	Clinical Operations Lead (for item 19 only)
Angela Flaherty	AF	Deputy Director of Strategy (for items 8 and 9 only)
Donna Forsyth	DF	Patient Safety Lead, NHS Improvement (for item 17 only)
Ross Fullerton	RF	Director of Strategy, Technology and Development
Philippa Harding	PH	Director of Corporate Governance
Frances Healey	FH	NHS England (for item 17 only)
Adam Levy	AL	Head of Strategic Development (for items 8 and 9 only)
Ali Layne-Smith	ALS	Director of People and Culture
Carly Lynch	CL	Mental Health Advisor (for item 19 only)
Rita Phul	RP	Corporate Secretary
Louise Standbasson	LS	NHS Improvement (for item 17 only)
Antony Tiernan	AT	Director of Communications and Engagement

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



## **1. Welcome and apologies (TB/19/45)**

- 1.1. The Chair welcomed all to the meeting.

## **2. Declarations of interest (TB/19/46)**

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

## **3. Minutes of the meeting held in public on 30 July 2019 (TB/19/47)**

- 3.1. The minutes of the meeting held in public on 30 July 2019 were approved as an accurate record of the meeting subject to the following amendments:

- 3.1.1. Minute reference TB/19/27 para 5.4 should be amended to read, 'Fergus Cass, Non-Executive Director, provided an update of a recent visit that he undertook to the Emergency Operations Centre (EOC) at Bow, where he spoke to and observed a number of staff. Patient calls were dealt with in a respectful, calm and professional way. He felt that people were on top of their jobs and were able to explain clearly the rationale for their decision-making. Communication within the EOC seemed to be working well.'
- 3.1.2. Minute reference TB/19/29, para 7.4, should be amended to read, 'Board members considered the need for vision/strategy documents to clarify implementation plans and funding requirements. The Board agreed that further work was required 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.'
- 3.1.3. Minute reference TB/19/30, para 8.2 should be amended to reflect the correct name of the Trust's newly appointed Director of People and Culture, Ali Layne-Smith.
- 3.1.4. Minute reference TB/19/31(iv), para 9.14, should be amended to read, 'The Board observed that, based on an update of the impact of the Carter Review, it had been estimated that a reduction in conveyance rates to 52% from the current 59% could generate savings of around £20m per annum. It also noted that a three year projection of Trust income and expenditure, using assumptions from NHS Improvement guidance, indicated a cumulative efficiency requirement in the range of £22-37m.'
- 3.1.5. Minute reference TB/19/32, para 10.4, should be amended to read, '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 PCC meeting on 14 November 2019 would consider the Workforce Race and Equality Standard (WRES) and would address the trend in BME leavers.'
- 3.1.6. Minute reference TB/19/32, para 10.5, should be amended to read, 'Pioneer services were discussed, noting that the utilisation of 14 mental health 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.'

3.1.7. Minute reference TB/19/34, para 12.1, should be amended to read, 'Trisha Bain (TB) provided the Board with an update of the Serious Incidents and thematic reviews. 68 death were reported in a one year period; however that did not mean that the actions of LAS staff were a contributory factor in all such incidents. In response to Board members' queries on the measures in place to ensure improvement, TB confirmed that themes were analysed and where the Trust had focused its efforts it had seen a reduction in these types of incident, for example Nature of Call.'

#### **4. Matters Arising (TB/19/48)**

4.1. The Board reviewed the action log, noting that only one action was overdue and required attention. An oral update with regard to action reference TB/18/153 was provided and the Board noted that the delay in presenting a report addressing the recruitment trajectory had been as a result of the People and Culture Committee (PCC) meeting being rescheduled to 9 October 2019. It was noted that a report would be presented to PCC at its meeting on 9 October 2019, and further information would be presented to the Board at its meeting on 26 November 2019. Board members observed the need to ensure that the recruitment trajectory aligned to the financial recovery plan.

**ACTION:** A report addressing the recruitment trajectory to be presented to the Trust Board at its meeting on 26 November 2019.

#### **5. Board Members' feedback (TB/19/49)**

- 5.1. The Board received feedback from Non-Executive Directors relating to engagement activities that they had recently undertaken across the Trust.
- 5.2. Fergus Cass, Non-Executive Director and Chair of the Finance and Investment Committee, provided feedback of his visit to the Integrated Urgent Care Centre at Barking, noting a sense of a learning organisation which had made a lot of progress, although clinical staffing remained a challenge. It was observed that patient care was undertaken in a professional and caring manner and Freedom to Speak Up was seen to be beneficial. The Board noted that staff were aware of, and understood the Trust's current financial challenges.
- 5.3. Theo de Pencier (TdP), Non-Executive Director and Chair of the Logistics and Infrastructure Committee, updated the Board on his recent work with the Trust's Head of Health and Safety (H&S), Edmund Jacobs. The Board noted the progress of the H&S team, which had gained significant confidence and capability in their roles following the appointment of the Head of H&S. It was observed that considerable headway had been made, particularly in the area of statutory compliance. The Board noted that TdP would join the Chief Executive Roadshow on 4 October 2019 at the Fulham ambulance station, where the Driver Safety and Security system pilot was to be undertaken.
- 5.4. Jayne Mee (JM), Non-Executive Director and Chair of the People and Culture Committee, reported on a visit to the Hazardous Areas Response Team (HART) at Cody Road, noting the three things that the team wanted to highlight to the Board:

- 5.4.1. Space and the need for improved utilisation of available space;
  - 5.4.2. The value of producing a training video to explain the role of the HART team; and
  - 5.4.3. Commander training – there was a keenness to roll out training but challenges were being encountered in releasing staff from their day to day role to undertake the training
- 5.5. Fenella Wrigley (FW), Chief Medical Officer, reflected on the challenging August Bank Holiday weekend resulting from a very hot spell of weather coupled with the Notting Hill Carnival. The considerable pressure that the Integrated Urgent Care Centres and Emergency Operation Centres operated under during that period was observed, together with the good working relationships undertaken with other volunteer and emergency services.

## **6. Report from the Chair (TB/19/50)**

- 6.1. The report from the Chair was noted. The visit of 12 year old twins Keziah and Oriana to the Trust, was highlighted, and consideration was given to more ambitious public/patient opportunities that could be achieved by the London Ambulance Service NHS Trust (LAS), particularly greater engagement between the Trust and young people linking the engagement to future recruitment as well as topical matters such as knife crime.
- 6.2. The Board considered the Chair's meeting with Sir David Belham, Chair of Health Education England, raising awareness of two issues; the low number of paramedics from a black and minority ethnic (BAME) background and the issue of equality between Urgent Care Nurses and Paramedics. The Board noted the funding that would be available to Primary Care Networks to recruit paramedics to their teams against the context of a national shortage, and reflected on the possible implications of this.
- 6.3. Members reflected on the Trust Board's visit to HART at Clock Tower Road, Isleworth. Consideration had been given to the major incidents that had taken place in London in 2017 and the lessons learned from these. This included heightening the Board's awareness of the Trust's pre-planned response to major incidents, the staff and equipment required by HART, and the level of engagement between the emergency services and how this linked to the Trust's CAD and training commanders. Members observed that regular updates were not provided to the Board on these issues requested that this become a quarterly update within the Chief Executive's Report to the Trust Board. It was noted that Jayne Mee (JM), as the lead Non-Executive for Emergency Preparedness, Resilience and Response (EPRR), had noted that improved engagement with the HART unit had created greater ease of communication with the HART team and that every endeavour should be made to continue this.
- 6.4. The Chair highlighted a feature on the BBC website, following the Trust's Non-Executive Director Karim Brohi, the London Trauma System's Clinical Director.

## **7. Report from the Chief Executive (TB/19/51)**

- 7.1. Garrett Emmerson (GE) presented his report on progress and key issues, events and activities since the last formal Board meeting.

- 7.2. Consideration was given to the continued focus on managing the significant financial risk faced by the Trust and it was noted that this would remain a high focus until the Trust was able to provide greater assurance to the Board in relation to achieving its Control Total.
- 7.3. The Board reflected on the plans for the 'Perfect Day', scheduled to take place on 30 September 2019. The aim of the event was to quantify the impact the integrated urgent care service offered by the Trust together with its pioneering services and pathways alongside the Clinical Assessment Service (CAS) and Clinical Hub to deliver an integrated care service for one day.
- 7.4. It was noted that filming for the documentary series 'Ambulance' had started and filming crews were currently following a small number of the Trust's ambulance crews. Board members were informed that there would be eight programmes with a wider representation of the ambulance service including focus on back office functions and fleet, as well as road crews. The programme would air in Spring 2020 and the Trust would have an opportunity to review the episodes ahead of airtime.
- 7.5. Board members considered the Trust's operational performance during the challenging months of July/August, and the impact of the weather on performance, noting that the Trust needed to ensure that hot weather did not continue to impact performance. The Board reflected that the Trust performance was impacted not just by weather issues but a combination of weather, annual leave, events and resourcing. Consideration was given to annual leave and that leave taken during July/August was 13% higher than the same time in the previous year. Members observed that the Trust operated according to the existing annual leave policy, and that this was currently being reviewed.
- 7.6. In response to a query regarding the role of the London Situational Awareness Team (LSAT) it was reported that this was a mayoral response to a statutory duty and that the Trust provided appropriate support to fulfil the requirements of the service level agreement in relation to responding to a major event. To provide a better understanding of the role of the London Ambulance Service NHS Trust (LAS) it was considered useful for the Trust Board to receive a short briefing of the Trust's relationship with the LSAT.

**ACTION:** to provide a short briefing of the Trust's relationship with the London Situational Awareness Team (LSAT).

- 7.7. The Board noted that financial planning for 2020/21 was being reviewed and consideration was being given to the Trust resources required to meet the performance trajectory to deliver the Cat 2 target of 18 mins. It was observed that the commissioners had an expectation that the Trust would not achieve the 18 mins but that the Trust was in talks with commissioners to express the Board's expectation that it meet its duty to deliver the national target of 18 mins. The Board noted that a report was being prepared to address the Trust's ambition to deliver the national standard, taking into account the existing clinical, medical and operational resources. The report would be presented to the Executive Committee before being presented to the Trust Board.

**ACTION:** to present a report to the Board on plans to deliver the national Cat 2 response time, taking into account the existing clinical, medical and operational resources.

## **8. Clinical Strategy (TB/19/52)**

Angela Flaherty, Deputy Director of Strategy and Adam Levy, Head of Strategic Development, joined the Board meeting.

- 8.1 Fenella Wrigley (FW), Chief Medical Officer, introduced the proposed Clinical Strategy providing a brief background. Board members observed that the existing Clinical Strategy had been produced in 2016, before the formation of the overarching Trust Strategy. Whilst much of the original strategy had been delivered, opportunities and expectations continued to change, together with an increased demand for services. At a Trust level, it was noted, a range of strategic drivers had also emerged, highlighting the need for the proposed refreshed Clinical Strategy.
- 8.2 The Board considered the four key areas of the strategy, reflecting that the Clinical Strategy was one of a suite of enabling strategies to support the Trust Strategy, and that each of these strategies should be read side by side. It was noted that engagement had been undertaken with a wide number of stakeholders together with workshops and engagement with the Patients' Forum. The Strategy had also been considered by the Quality Assurance Committee. Board members welcomed the strategy, reflecting that the new format, separated into sections, provided an opportunity to better understand the delivery of the Clinical Strategy. Board members commented on the continued progress of the Trust and that it would prove valuable to be able to review the Clinical Strategy in 12 months to evaluate its robustness.

**ACTION:** to implement an annual review of the Clinical Strategy.

- 8.3 Discussion was undertaken by Board members in relation to the cost implications of co-ordinating the enabling strategies and their relationship with the Trust's 3-5 year Business Plan, together with the financial impact of addressing the operating model, skills mix, and communication of the strategy with staff and stakeholders. Board members concurred that the proposed Clinical Strategy should be adopted and this would allow next steps to be addressed.

### **RESOLVED:**

- 8.4 The Board resolved to approve the adoption of the proposed Clinical Strategy.

## **9. London Ambulance Service NHS Trust Estates Vision (TB/19/53)**

- 9.1. Khadir Meer (KM), Chief Operating Officer, presented the Estates Vision, outlining the Trust's overall vision to transform LAS estate to support its ambition to become a world class ambulance service. The Board observed that the Trust had the oldest estate of any ambulance trust in the UK and that its workforce currently operated from 87 sites and 68 ambulance stations. The Trust also had the largest estate footprint, the highest rate of facilities management and the highest rate of under-utilisation at 19%, resulting in logistics processes that were ineffective and uneconomical, and a need to improve resilience.
- 9.2. Consideration was given to opportunities to develop the Trust's estate, including the compulsory purchase order of a site in Romford, and the redevelopment of Whipps Cross Hospital. Board members sought assurance that the plan was proactive and not reactive, expressing a desire to review a more detailed delivery plan highlighting the consolidation of estates and costs. The Board was reminded that a detailed plan



regarding a possible Estates Strategy had been considered at the Trust Board Strategy/Development/Briefing session on 25 June 2019. Following this discussion, the Estates Vision had been developed to enable the Trust to investigate funding and wider financial opportunities on a case by case basis, and to support the creation of a long term estates strategy. KM confirmed that, with the Board's approval of the Estates Vision, the Chief Executive of the Trust and KM would present the report to the London Estates Board to identify potential opportunities.

## **RESOLVED:**

- 9.3. The Board resolved to approve the adoption of the proposed Estates Vision with the revision of the wording in the first bullet point contained within the Current Plan – Operational Estate Strategy, to read 'Consolidation of one station deployment operational groups to a smaller number of larger, high quality Ambulance Deployment Centres (ADC) spread across London.'

## **10. Preparedness for UK exit from the EU (TB/19/54)**

- 10.1 Lorraine Bewes (LB), Chief Finance Officer, presented the report. The Board was made aware that the government-wide preparations that had been put in place in readiness for a possible departure from the European Union (EU) at the end of March/April 2019 were based on a planning assumption that there might be no deal in place at the time of the UK's exit from the EU. Following the extension of the withdrawal date to 31 October 2019, there was no intelligence to suggest that the substance of the risks and planning preparations had materially changed. The Board was assured that the Trust had kept in place a weekly task and finish group, ensuring executive oversight of risk assessment and actions in relation to the arrangements for the UK's exit from the EU. The Trust's internal auditors had also assessed the Trust's arrangements for managing these risks and had given a rating of significant assurance to the Trust.
- 10.2 Consideration was given to the five key risks being reviewed: Supply Chain, Business Continuity/Emergency Preparedness, Resilience and Response, Workforce, Drugs and other regulatory changes/political upheaval. In terms of readiness, the Board was informed that the Trust was as prepared as it could be for the unknown. Further assurance was provided to the Board in relation to scenario testing of system resilience and that these had not identified any gaps in planning.
- 10.3 Board members noted that the preparedness for the UK's exit from the EU had previously been managed in terms of a systems based approach but would now progress towards a response ready approach and the responsibility of the Senior Responsible Officer would move to the Chief Operating Officer.
- 10.4 Discussions were undertaken in relation to the bunkered fuel held by the Trust and the Board was assured that fuel bunkers across six sites would accommodate a minimum of 20 day fuel supplies per bunker for the Trust. The Board noted that liaison had been undertaken with the London Fire Brigade to consider sharing of bunkered fuel sites but that this had not progressed due to challenges in relation to the location of sites.

- 10.5 John Jones, Chair of the Audit Committee, provided further assurance to the Board that the Audit Committee had undertaken a deep dive into EU preparedness and had established that the Trust had undertaken all possible precautions to address preparedness for EU exit.
- 10.6 In response to a query regarding the impact on LAS of possible requests to support South East Coast Ambulance Service NHS Foundation Trust (SECAMB), it was noted that there were other ambulance trusts across the country that were also able to support SECAMB and that it might be appropriate to suggest alternative mutual aid support in advance of it being required. It was noted that LAS had already released one member of staff to support SECAMB.

## **11. Board Committee Assurance Reports (TB/19/55)**

### **(i) Quality Assurance Committee meeting on 03 September 2019**

- 11.1 Mark Spencer (MS), Chair of the Quality Assurance Committee, tabled an update of the most recent meeting of that Committee to the Board, noting matters for escalation.
- 11.2 The Board observed that the Trust's Learning from Deaths Policy would be published by the end of the year.
- 11.3 Members of the Board noted that contracts with third party private providers had been reviewed to ensure appropriate quality and safety governance arrangements were in place.
- 11.4 Other updates included that a group had been proposed to focus on the Trust's knife crime strategy; that there had been an improvement in the Health and Safety reporting and the new format had been welcomed; and that work had been undertaken in relation to ineffective breathing/Nature of call (NOC).

### **(iii) Audit Committee meeting on 05 September 2019**

- 11.5. John Jones (JJ), Chair of the Quality Assurance Committee, presented an update of the most recent meeting of that Committee to the Board, noting matters for escalation.
- 11.6. The Board noted that the Annual Audit Letter for the year ended 31 March 2019 had been received from the external auditors Ernst and Young, giving assurance to the Trust.
- 11.7. Consideration was given to single tender waivers to August 2019, noting that fifteen incidents during the period were higher than acceptable. The commitment of the Chief Executive and the Executive team to reduce the use of single tender waivers was noted.
- 11.8. The report on the Losses and Special Payments was considered, noting the expenditure on vehicle accidents had indicated a reduction of £22k compared with the same period in the previous year although evidence indicated that the number of accidents was consistent with previous years. The Board observed that the reduction in expenditure was as a result of the introduction of a higher level of competitive tendering for repair work.

- 11.9. The Board noted that outstanding internal audit recommendations would be completed by the end of November 2019 and two internal audit reviews had been completed relating to NHS Data Security and Protection Toolkit Review and Arrangements for Managing Risks arising from EU Exit; both had provided a good level of assurance.

#### **(iv) Logistics and Infrastructure Committee meeting on 10 September 2019**

- 11.10. Theo de Pencier (TdP), Chair of the Logistics and Infrastructure Committee, presented an update of the most recent meeting of that Committee to the Board, noting matters for escalation. The Board noted concerns in relation to the level of vacancies outstanding in IMT and the continued challenges in progressing recruitment to substantive roles. The resourcing gap was being addressed in the interim by the use of managed services.
- 11.11. Consideration was given to site security and that work had been undertaken to address the backlog of work in relation to property security, which was being taken forward as a priority by the Chief Operating Officer.
- 11.12. The Board observed the challenges faced in mobilising the replacement of the Computer Aided Dispatch (CAD) system with partner ambulance trusts.
- 11.13. Board members noted other matters considered including the downward trend of vehicle accidents and claims, and that further work was being undertaken to reduce the number of road traffic collisions in which the Trust was involved; and the pilot of the Driver Safety and Security System, which would focus on one ambulance station to evaluate the outcome of the pilot before consideration of roll out across the Trust.
- 11.14. Key risks were highlighted to the Board including cyber security and compliance with the Data Security and Protection Toolkit. The Board was made aware that the 2019/20 Data Security and Protection Toolkit required higher standards than the previous year and that it was likely that the Trust would only be partially compliant with it. The Board was reassured that, following liaison with similar bodies, full compliance was not a requirement and would not be a significant risk, but that the Board should be sighted on the submission of partial compliance at the final assessment in March 2020.

#### **(vi) Finance and Investment Committee meeting on 20 September 2019**

- 11.15. 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 observed that the Finance and Investment Committee had undertaken a thorough review of the financial performance and cash risks in relation to the Financial Recovery Plan and was satisfied of the Trust's financial position. Concern was noted in relation to agency spend in the first five months, totalling £5.2m, which represented 58% of the full year ceiling of £8.9m; action had been undertaken to change the way in which clinical staff were recruited into the Integrated urgent care centre and the cost would not be treated as agency spending.



- 11.16. Board members noted the Trust's increasing attention to procurement developments and that the newly appointed Head of Procurement Transformation would be preparing a Procurement Strategy for presentation to the Finance and Investment Committee for discussion at its meeting in January 2020.
- 11.17. Consideration was given to the 2019/20 capital programme which had been budgeted at £20.9m, then reduced by 20% to £16.7m, and subsequently reinstated at the original amount. The Board noted that decisions were awaited in relation to spending of the restored £4.2m and would focus on priorities including backlog maintenance, EOC training facilities, investment in support of cost reduction, and low emission vehicles.
- 11.18. The Board observed the cumulative deficit of £5.7m at Month 5, with critical factors noted as the cost pressures in relation to the Trust's Integrated Urgent Care (IUC) activities and an overspend in 999 operations where higher expenditure on overtime and private ambulance services more than offset the impact of vacancies.
- 11.19. It was noted that the Finance and Investment Committee meeting in July had reported a significant risk of the Trust not achieving its Control Total and that mitigations had been identified, which had been elaborated in a Financial Recovery Plan (that reflected the NHS 'Grip and Control' framework) which aimed at maintaining Ambulance Response Programme (ARP) performance and achieving the breakeven full year Control Total. In reviewing the Financial Recovery Plan the Finance and Investment Committee had noted that delivery of the breakeven Control Total would require additional income from commissioners.

## **12. Integrated Quality and Performance Report (TB/19/56)**

- 12.1. Lorraine Bewes (LB) presented the Integrated Quality and Performance Report, highlighting the key areas for note. The Board observed that, despite a challenging month for 999 performance and the Integrated Urgent Care performance, the Trust continued to rank well across 13 key metrics included in the National Ambulance Services Balanced Scorecard. Board members observed that hospital handover targets remained a challenge but that there had been a decrease in ED conveyance.
- 12.2. Appraisal compliance was considered and an update provided by Ali Layne-Smith, Director of People and Culture, that training was being undertaken. It was noted that electronic appraisals were currently not enabled at the Trust, but that other initiatives were in place to ensure line managers were appropriately supported to complete appraisals.
- 12.3. The Board referred to assaults on staff and it was noted that the report indicated that numbers remained static; however it had been noted that staff did not report all assaults and that this would be highlighted during the CE roadshows, encouraging staff to ensure all assaults, both verbal and physical, were reported. The use of body-worn cameras was discussed and it was noted that a paper was to be presented to the Executive Committee in October to consider a pilot programme. Matters to be considered in relation to body-worn cameras included privacy concerns and the high data storage costs which needed to be considered before the Trust was able to commit to body cameras to all frontline staff across the Trust.

### **13. Board Assurance Framework (TB/19/57)**

- 13.1. Philippa Harding (PH) provided an update to the Board Assurance Framework (BAF). Board members noted the top three risks which were Finance, Recruitment and Cyber security.
- 13.2. BAF risk 54 was reviewed and the Board concurred that the risk required further articulation to reference quality, as well as the strategic objectives of the organisation with regard to the provision of integrated urgent care services.
- 13.3. Consideration was given to BAF risk 57 and Board members proposed that it should make reference to the contribution of system pressures and the role of commissioners.
- 13.4. BAF risk 45 was considered and the Board sought guidance on the challenges that restricted the de-escalation of the risk from the BAF. It was noted that a detailed report had been presented to the Logistics and Infrastructure Committee and that this should be shared with the Trust Board.

**ACTION:** to circulate the report on cyber security to the Trust Board, that was previously presented to the Logistics and Infrastructure Committee.

- 13.5. Reference was made to the completion dates of BAF risks, that BAF risk 53 indicated it would be completed in two weeks, and BAF risk 54 completed in 6 weeks. It was noted that these would be updated in the register.
- 13.6. All other BAF risks were considered to be appropriate and to be appropriately controlled and mitigated.

### **14. Serious Incident Update (TB/19/58)**

- 14.1. Trisha Bain (TB) provided the Board with an update of the Serious Incidents and thematic reviews. Board members noted some increase in medication issues and that the Trust's pharmacist was addressing these.
- 14.2. The Board noted that consideration was being given to whether EOC staff were receiving the right support in relation to call handler training, dispatch, and rostering and an independent person would be undertaking an exercise to review this. It was noted that a supportive approach was to be adopted in address incidents arising from operations.

### **15. Health and Safety Quarterly Update (TB/19/59)**

- 15.1. Tricia Bain (TB) introduced the quarterly update noting the improved reporting and greater data provided within the report.
- 15.2. The Board noted the high sickness rate of 5% related to multi skeletal injuries absence. It was noted that risk assessments were being undertaken in response to incidents in London.

- 15.3. In response to a query relating to supporting staff with personal fitness and heavy lifting, it was noted that work was being undertaken with the Occupational Health team to address this. The Board was made aware that the Trust was focusing on a changed approach in line with the approach undertaken by the construction and transport industries who had a zero tolerance to injury, and practised recording every injury that took place on any site.

## **16. Quality Strategy (TB/19/61)**

- 16.1. Trisha Bain (TB), Chief Quality Officer, presented the Quality Strategy bi-annual update report providing an update on progress against the quality strategy and the impact of the changes made to ensure that the organisation had a model framework, infrastructure and the capacity and capability to build a sustainable continuous improvement culture. The Board observed the aim of the strategy was to support the objective of providing outstanding care that was recognised by the CQC as such by April 2020.
- 16.2. Board members observed the need for additional skills which were required to deliver and implement Trust and system wide improvements and the increased capability to deliver these, which resulted in the Trust choosing a training package (QSIR) that provided a 'toolkit' approach to deliver the improvements required. It was noted that 75 staff had been trained and that the next cohort of QSIR trainees would progress projects aligned to the Trust's business plan.
- 16.3. Consideration was given to continuous assurance and monitoring achieved through systems built around quality and governance, with standardised agendas and supported by HealthAssure.
- 16.4. The use of iPads and progressing 'Right Care, Right Place' and 'Co-ordinate my Care' (CMC) was discussed, noting a 38% rate of access to CMC. It was noted that greater use of iPads and accessing CMC would be encouraged through KPIs and appraisals. Board members reflected that there were a number of reasons for the lack of use of iPads, including that agency staff were not provided with iPad. It was noted that collation of some of the data relating to access of CMC also required clarification as there were challenges in collecting accurate data when used in flats or care homes.

## **17. New Patient Safety Framework (TB/19/61)**

- 17.1. Donna Forsyth, Patient Safety Lead (NHS Improvement), Louise Standbasson (NHS Improvement) and Frances Healey (NHS Improvement) joined the meeting.
- 17.2. Board members noted that the Trust was invited to become an early adopter of the new patient safety framework. Donna Forsyth presented the framework relating to the collation of Serious Incidents and the challenges faced by organisations in adhering to the Serious Incident Framework (SFI), including identifying problems within the system and trying to find solutions without understanding and addressing the reasoning related to why the problem occurred. Members observed the key issues raised, the changes reviewed and the new approach. It was noted that the key changes in the Patient Safety Incident Response Framework (PSIRF) were that a broader scope was undertaken, considering all elements of the incident, not just an investigation. Future methodology would include engagement with patients/relatives and staff with the intention to move away from blame.

- 17.3. The Board noted that the PSIRF would be published in October 2019 and early adopters would become participants in Autumn 2020.
- 17.4. Donna Forsyth and the team were thanked for their presentation and noted that the Trust would report their decision to participate in the pilot through Trisha Bain at a later date.

## **18. Trust Board Forward Planner (TB/19/62)**

- 18.1. Philippa Harding (PH) presented the Trust Board forward plan, noting that a number of enabling strategies (in support of the overarching Trust Strategy) that were to be presented to the Board but had not yet been received; these included the Engagement Strategy and the Fleet Strategy.
- 18.2. Consideration was given to the timing of the CAD replacement and it was noted that this would be undertaken in January 2020. Members of the Board concurred a robust review of the CAD should be undertaken by the Logistics and Infrastructure Committee at its meeting in October 2019, to then be presented for discussion at the Trust Board Development session in October 2019.

**ACTION:** that the Logistics and Infrastructure Committee undertake a robust review of the CAD at its meeting in October 2019, and an update be presented for discussion at the Trust Board Development session in October 2019.

- 18.3. The Board discussed the Patient Safety Incident Response Framework presentation delivered by Donna Forsyth and noted that the Executive Committee should consider the proposal, formulate a plan to implement the pilot and establish how this should be communicated with staff.

## **19. Patient Story – Pioneer Services (TB/19/63)**

### **Mental Health Pioneer Service**

- 19.1. A presentation was provided on the role of the mental health pioneer service. The Board observed the introduction of the mental health pioneer service had contributed to an 18% reduction in ED conveyance.
- 19.2. Consideration was given to the next steps for the pioneer service which included liaison with two local mental health trusts, who had successfully secured funding, to provide some guidance in securing funding to roll out phase 2 of the Trust's pilot.

### **Falls Pioneer Service**

- 19.3. The Board received a presentation on the falls pioneers service, noting that an initial six month pilot of this pioneer service had been successfully completed in North West London and next steps were being considered. Board members observed the recommendation from front line crews that this was a necessary requirement to the service and had contributed to a 41% reduction in ED conveyance.

## **Advance Paramedic Practitioners for Urgent Care (APP-UC)**

- 19.4. The Board noted that the APP-UC initiative had commenced in 2017 with 9 clinicians in Croydon. The programme had grown to 29 advanced paramedics across four sites in London and it was believed would improve Trust-wide ED conveyance rate by 1.54%.

## **Maternity Pioneer Service**

- 19.5. The Board observed that 11,500 maternity calls were taken by the Trust each year, with 400 babies being delivered. The programme included collaborative training being undertaken across the Trust, providing greater confidence in staff.
- 19.6. Consideration was given to the 'map my maternity' programme due to be launched by the Trust which would, in conjunction with 28 London maternity units, improve staff knowledge of how to take women to the most appropriate place in a maternity unit, reducing unnecessary delays to assessment and treatment.

## **End of Life Care Pioneer Service**

- 19.7. The Board observed that there were greater numbers of the population living longer and by 2040 this would result in a 25% increase in deaths. It was noted that the Trust responded to 12,000 end of life calls and it was imperative that the right care was given to people and their families at this final stage.
- 19.8. Consideration was given to the need for significant bespoke training to support staff, and engagement was being undertaken with key stakeholders for additional advice and support (hospices/Advanced Care Planning (ACPs). It was noted that a business case had been developed for consideration of continued funding following the conclusion of the Macmillan funding in summer 2020.
- 19.9. The Pioneer Services team were thanked for their time and delivery of presentations.

## **20. Questions from members of the public (TB/19/64)**

- 20.1. There were no questions from the public.

## **21. Any Other Business (TB/19/65)**

- 21.1. There was no other business.

## **22. Review of the meeting (TB/19/65)**

- 22.1. Members reflected on the meeting, observing an engaging debate and efficient challenge together with a good quality of papers. The volume of papers was discussed with a view to reducing the quantity and achieving succinct papers. The level of discussion was considered to be sophisticated.
- 22.2. Board members reflected on Patient/Staff stories noting that these were useful and uplifting.

22.3. The Trust's strategies were discussed and it was considered that once the strategies were in place discussions may become smoother.

### **23. Meeting Close (TB/19/67)**

The meeting closed at 14.35pm. The next Trust Board meeting in public will take place on 26 November 2019, London Ambulance Service NHS Trust Headquarters, 220 Waterloo Road London SE1 8SD.

DRAFT

## 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	
<b>TB/18/153(iv) para 11.3</b>	Address the recruitment trajectory and present a report to PCC followed by a report to the Board.	Ali Layne Smith	26/03/19	30/07/19	CLOSED	See action update in relation to TB/19/48 below.
<b>TB/19/10 para 10.4</b>	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 on 17 December 2019
<b>TB/19/27 para 5.6</b>	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.
<b>TB/19/29 para 7.4</b>	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	28/01/20	On track	Being developed with new Director of Communications and Engagement. The plan is due to go to ExCo on 15/01/19 and to the January Board.
<b>TB/19/30 para 8.4</b>	Confirm to the Board the current cost of training for all staff Trust-wide, including the abstractions involved.	Tina Ivanov	30/07/2019	31/12/19	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 by the end of the year.



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	
<b>TB/19/48 para 4.1</b>	A report addressing the recruitment trajectory to be presented to the Trust Board at its meeting on 26 November 2019	Ali Layne Smith	24/09/2019	26/11/19	CLOSED	Information about the Trust's recruitment trajectory was presented to the People and Culture Committee meeting in November 2019. The Trust Board discussed Strategic Workforce Planning at its informal meeting in October 2019 and this work is being progressed through the Strategic Workforce Planning Group.
<b>TB/19/51 para 7.6</b>	Provide a short briefing of the Trust's input to the London Situational Awareness Team (LSAT).	Ross Fullerton	24/09/2019		CLOSED	Circulated in correspondence
<b>TB/19/51 para 7.7</b>	Present a report on plans to deliver the national Cat 2 response time, taking into account the existing clinical, medical and operational resources.	Khadir Meer	24/09/2019			Update requested.
<b>TB/19/52 para 8.2</b>	Implement an annual review of the Clinical Strategy	Fenella Wrigley	24/09/2019		CLOSED	Next review scheduled to take place in September 2020 and the outcome of this will be presented to the QAC in October and Board in November 2020.
<b>TB/19/57 para 13.5</b>	Circulate the report on cyber security to the Trust Board, that was previously presented to the Logistics and Infrastructure Committee.	Philippa Harding	24/09/2019		CLOSED	Circulated in correspondence
<b>TB/19/62 para 18.2</b>	Logistics and Infrastructure Committee to undertake a robust review of the CAD at its meeting in October 2019, and an update be presented for discussion at the Trust Board Development session in October 2019	Theo de Pencier/Philippa Harding/Ross Fullerton/ Benita Mehra	24/09/2019		CLOSED	See Key Issues Report from the Logistics and Infrastructure Committee meeting that took place on 12 November 2019.





<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Report from the Chair			
<b>Agenda item:</b>	06			
<b>Report Author(s):</b>	Heather Lawrence, Chair			
<b>Presented by:</b>	Heather Lawrence, Chair			
<b>History:</b>	N/A			
<b>Status:</b>	<input type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
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.				
<b>Recommendation(s):</b>				
The Board is asked to note this report.				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
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 from the Chair

### Thank You

1. This is the last formal Board meeting that John Jones will be at and I would like to publicly acknowledge the contribution he has made to the Trust Board serving as a Non-Executive Director for two terms and for chairing the Audit Committee with expertise and a sense of calm at all times.

### Non-Executive Director recruitment

2. I can confirm that the recruitment of two replacement Non-Executive Directors (NED) has commenced and the positions have been posted on the NHS Employers website. We have appointed Saxton Bamfylde to lead the search process. The two new appointees will replace John Jones and Theo de Pencier.

The two positions are:

- NED 1 – The post holder will have recent, relevant finance experience in a large and complex organisation gained at a senior level within either the private or public sector. In addition the post holder will preferably have a financial qualification.
  - NED 2 – The post holder will have a mixture of recent, relevant experience of working in systems or partnerships, or of building strategically important collaborations, ideally in London. Expertise in planning/property would be useful.
3. I am delighted to confirm that Fergus Cass has agreed to serve for an additional year and this has been confirmed by NHS Improvement/NHS England.

### London Chairs meeting with Baroness Harding and Regional Director for London, David Sloman

4. I attended the above meeting on 23 September 2019 where an update was provided on the development of system working in London and the merger of Clinical Commissioning Groups in to five groups over the next few years. South East London Sustainability and Transformation Partnership (STP) has progressed to Integrated Care System (ICS) status and the other four will do so by 2020/21. Independent Chairs are in the process of being appointed to each STP/ICS and this will be followed by the appointment of Chief Officers. There will be circa 200 Primary Care Networks (PCNs) across London
5. We were informed of two examples of the most advanced and radical integration:
  - Croydon - population of 400,000 and where there is now a 'placed based' leader / chief executive with committees in common but it is not a legal entity and each organisation retains responsibility for their own organisation. It is planned for the social care budget to be integrated from next April. The South London and Maudsley NHS Foundation Trust Mental Health Trust (SLaM) is involved but not integrated.
  - Lambeth - Community services in the borough are already integrated and there is now a joint appointment between the local authority and Care Partnership Mental Health

6. On a separate note, across London there is an approach to shared Chairs across organisations where this makes sense for example St Thomas and Guys with King's Health Care and St George's Hospital with Epsom General Hospital.

## Annual Public Meeting

7. I would like to thank the Communications team for ensuring that our meeting took place in a community setting and to our staff for ensuring a wide representation of stalls evidencing our system working. The key note address was given by Martin Griffiths, Clinical Director, Violence Reduction Network, NHS England, focusing on violence reduction and knife crime was well received.

## NHS Providers Annual Conference

8. I attended this conference on 08 October 2019 and the focus of the first plenary session was on culture in organisations to which I had contributed to through the video clips filmed in the summer at the King's Fund. Simon Stevens in his address paid tribute to the incredible progress made at our Trust by our approach to Freedom to Speak Up (FTSU) and the impact this has had with an increase by 18% in the number of staff who now say they are happy to raise an issue in the latest FTSU survey, the greatest increase in the NHS, based on the following questions:
  - % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly
  - % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents
  - % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it
  - % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice

## Kark report into Fit and Proper Person Test (FPPT) and beyond

9. I attended an informative session led by Andrew Davidson, Head of Employment and Leadership at Hemptons on this important topic.
10. A university of Manchester business school report (Kirkup) found a low level of technical competence and proficiency of Board members in measuring and assuring quality. The fit and proper person test includes all directors and those acting into those roles and interims. Directors **cannot** be on Disclosure and Barring Service (DBS) held barred list, undischarged bankrupt or responsible for, involved in or privy to serious mismanagement or serious misconduct in relation to regulated activities. Directors **must** have skills, qualifications and experience for the role.
11. Care Quality Commission (CQC) inspectors are the enforcers for FPPT. Their role is to check that providers have complied with FPPT and is considered as part of Well Led Review. Tom Kark QC finds that the current FPPT does not ensure that directors are necessarily fit for roles and does not stop unfit directors moving around the system. Recommendations 1 - standards of competence and 2 - central database of directors have been accepted.
12. Kark believes that this should be extended to all commissioners and arms length bodies and would like the position of social care to be reviewed. The expectation is that a review of the recommendations implemented take place and a core competence model developed to

include duty of candour, equality and diversity and protection, security and use of data. If these are not effective the suggestion is that a formal gateway process is developed.

13. At this stage it is recommended that Boards should review competence and carry out 360% appraisals. Mandatory references and an avoidance of 'vanilla' references often seen as part of a settlement, should include information such as upheld grievances, whistleblowing complaints, disciplinary proceedings and sanctions, proven failures of management, dishonesty and bullying and harassment. Sign off from a Board director who deliberately withholds information will be seen as serious misconduct.

14. Over the next five years the full regulation of directors will include:

- Accreditation of training
- Registration
- Revalidation
- Disbarring

### **Dido Harding's Chairs Advisory Groups**

15. Julian Kelly, Finance Director NHS Improvement/ England presented the latest financial situation and emphasised the importance of systems getting back into balance and without loans where possible and taking a system approach. Trusts in financial balance will be left to set their own totals with an assumption of 1-2% per annum. There is a time limited incentive for those organisations not in financial balance. The Capital allocations are likely to be tied to good financial performance and systems with a work towards population based funding.

### **LAS Black History Month Celebrations**

16. I was delighted to join staff at an event in order to recognise and celebrate the contribution and achievements of our BME staff. It was a true celebratory event and my thanks go to Melissa Berry for organising a number of activities across the month.

### **NHS Providers Board meeting**

17. I attended my first meeting as a Trustee of NHS Providers representing the Ambulance sector. The NHS Providers is a membership organisation and seeks to influence our politicians and regulators on matters of Health Policy. Winter Planning and Pensions were the main topics of discussion at this meeting.

### **Heather Lawrence OBE Chair**



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	26 November 2019			
<b>Report Title:</b>	Report from the Chief Executive			
<b>Agenda item</b>	07			
<b>Report Author(s):</b>	Garrett Emmerson, Chief Executive			
<b>Presented by:</b>	Garrett Emmerson, Chief Executive			
<b>History:</b>	N/A			
<b>Status:</b>	<input type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
<p>The Chief Executive's report gives an overview of progress and key events within the Service since the last time the Board convened.</p> <p>The report is structured in sections, covering key areas of focus of the Trust and Board.</p>				
<b>Recommendation(s):</b>				
<p>The Board is asked to note this report.</p>				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input checked="" type="checkbox"/>			
<b>Performance</b>	<input checked="" type="checkbox"/>			
<b>Financial</b>	<input checked="" type="checkbox"/>			
<b>Workforce</b>	<input checked="" type="checkbox"/>			
<b>Governance and Well-led</b>	<input checked="" type="checkbox"/>			
<b>Reputation</b>	<input checked="" type="checkbox"/>			
<b>Other</b>	<input checked="" type="checkbox"/>			
<b>This paper supports the achievement of the following Business Plan Work streams:</b>				
<b>Ensure safe, timely and effective care</b>	<input checked="" type="checkbox"/>			
<b>Ensuring staff are valued, respected and engaged</b>	<input checked="" type="checkbox"/>			
<b>Partners are supported to deliver change in London</b>	<input checked="" type="checkbox"/>			
<b>Efficiency and sustainability will drive us</b>	<input checked="" type="checkbox"/>			

## Report from the Chief Executive

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

## Operational Update

### Ambulance Services

2. As can be seen from table 1 below, the Trust met the Category 1 mean standard in September but just missed it in October. However, year to date the Category 1 mean is well within the national standard of 7 minutes, at 6 minutes 31 seconds, demonstrating that our most critical patients are being responded to quickly. The Category 1 90<sup>th</sup> centile standard of 15 minutes was met in both September and October. In comparison to the same periods in 2018, face to face incidents increased by 5% in September and by 4% in October 2019. The proportion of face to face Category 1 incidents continues to surpass NHS England's 8% baseline, with the proportion being 9.5% of total incidents in both September and October (8,976 and 9,486 incidents respectively).

	C1 Mean (00:07:00)	C1 90 <sup>th</sup> Centile (00:15:00)	C2 Mean (00:18:00)	C2 90 <sup>th</sup> Centile (00:40:00)	C3 90 <sup>th</sup> Centile (02:00:00)	C4 90 <sup>th</sup> Centile (03:00:00)
September 2019	00:06:41	00:11:13	00:18:27	00:37:09	02:15:13	03:11:40
October 2019	00:07:10	00:12:00	00:19:20	00:39:02	02:24:41	02:56:33
Year to Date (2019/20)	00:06:31	00:10:55	00:18:59	00:38:44	02:16:44	03:20:22

**Table 1: Performance against Ambulance Response Programme (ARP) Metrics**

3. The Category 2 mean delivered 19 minutes 20 seconds in October 2019 with an 8% increase in demand for Category 2 incidents compared to October 2018 (and a 4% increase in overall demand). The Category 2 90<sup>th</sup> centile performance has been met in both September and October, and is also being met year to date. We know from the national ambulance services balanced scorecard that the Trust is consistently in the top three for Category 2 performance across all ambulance services.
4. The ambulance services senior management team is focused on improving performance against the Category 2, 3 and 4 standards. A 999 operating plan for 2019/20 was approved by the Executive Committee in August, which set out the demand and capacity management strategies to support improved performance. Progress against each of the four operating plan workstreams (efficiencies, clinical response, people and vehicles) is reviewed at the weekly Operational Performance Group, which is chaired by the Director of Ambulance Services.
5. When benchmarked across all of the 13 key metrics included in the national ambulance services balanced scorecard, we continue to be one of the highest performing services nationally. The Trust is also performing well in terms of avoiding unnecessary conveyance to emergency departments (57.07% in October against the Trust's business plan target of 58.5%).
6. The Trust's Winter Plan 2019/20 was approved by the Executive Committee in October, and has been positively received by our Clinical Commissioning Group (CCG) partners. As we move into November, our focus is on maximising our winter staffing levels on the frontline and in our Emergency Operations Centres (EOCs) and Integrated Urgent Care (IUC) services. Part of our gap in 999 resourcing over winter

(which is caused by vacancies and predicted absences such as leave and sickness) will be filled by rostering Clinical Team Managers, Advanced Paramedic Practitioners and clinically trained managers/staff (who are not currently working on a frontline resource) onto double crewed ambulance (DCA) patient facing shifts.

7. Ahead of winter, the Trust has provided each London hospital with ambulance forecasting data for the winter period so that each hospital understands the number of ambulances which they will be receiving each day, and by the hour, across the winter period and can factor this in to their winter planning. This data has also been shared with our CCG/Sustainability and Transformation Partnership (STP) colleagues who have committed to supporting us by ensuring that acute trusts are planning for the levels of demand which we are forecasting.

## Integrated Patient Care

8. In terms of our EOC call handling, in September 2019, 71.9% 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 25 seconds. For the month of October, 71.6% of calls were answered within 5 seconds or less, with the median again recorded at 0 seconds and a mean of 27 seconds. The year to date call answering position is 79.9% with a median of 0 seconds and a mean of 16 seconds; this is a worsening of the position reported to the September Trust Board, when year to date call answering stood at 83.1%, with a median of 0 seconds and mean of 12 seconds. Whilst the recent restructure was successfully delivered within EOC, we are experiencing an 11% vacancy rate in call handling, which needs to be addressed on a priority basis. The recruitment team are working with EOC senior management to accelerate the recruitment pipeline for this area. In addition, the Chief Operating Officer (COO), working with the EOC leadership team, has agreed and is implementing an EOC improvement programme to ensure improvement in our call handling performance as well as in our efficiency, productivity and quality standards. The latest national ambulance service balanced scorecard shows that our call handling performance has improved for the fourth consecutive week in a row.
9. Call answering performance at our IUC sites has been challenged during September and October. Against the target of 95% of calls being answered within 60 seconds, South East London (SEL) achieved 73.7% of calls in September and 66.9% of calls in October. North East London (NEL) achieved 76.9% in September and 72.4% in October. The comparison with other London providers is provided in table 2 below:

% of calls answered within 60 seconds					
	LAS SEL	LAS NEL	Care UK	LCW	Vocare
September 2019	73.7%	76.9%	77.8%	82.3%	77.0%
October 2019	66.9%	72.4%	83.2%	70.6%	85.9%

**Table 2: 111/IUC London Providers**

10. It should be noted that demand is approximately 10% above forecast at both SEL and 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.

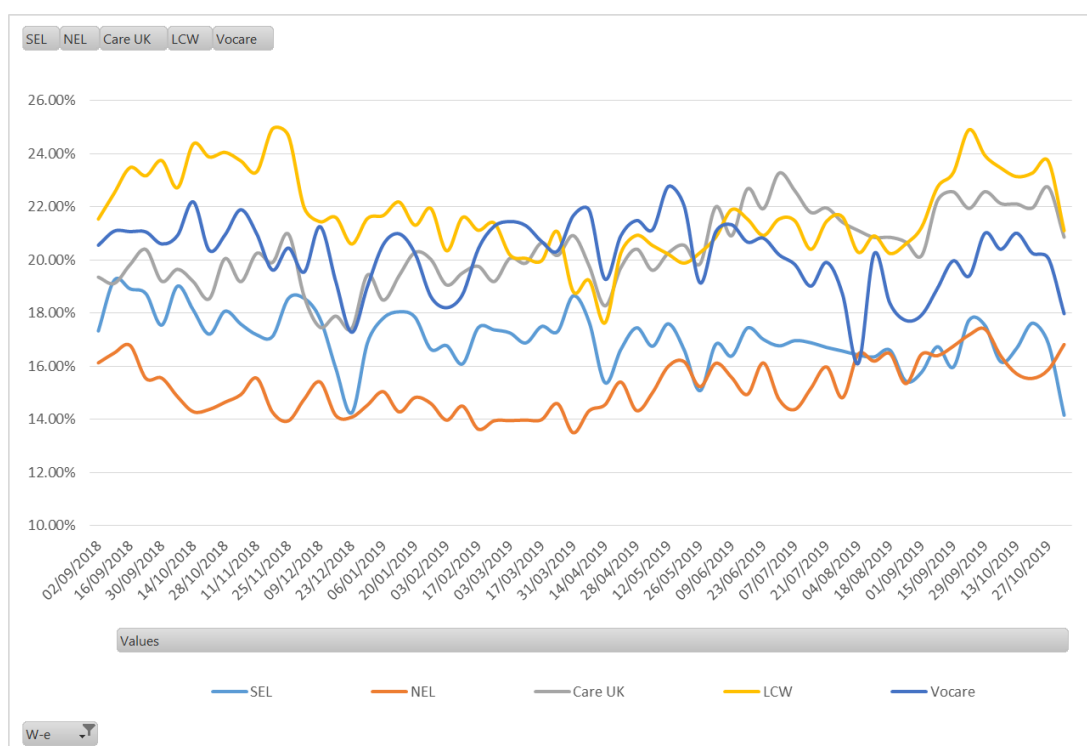


11. As can be seen from Table 3 below, call abandonment rates continue to be maintained below the 5% national standard at NEL while referrals to 999 services have remained within the 10% national standard at both sites. The performance of this metric has remained steady at approximately 8% for both NEL and SEL. This continues to remain the lowest rate of all London providers, with the London average being 10.1% in both September and October.

Location	Month	Total Calls Offered (Inc Balanced calls)	SLA calls in 60s (Target 95%)	Abandonment rate	Transfer to 999
SEL	Sept-19	35,752	73.7%	4.3%	8.0%
	Oct-19	39,030	66.9%	6.0%	8.5%
NEL	Sept-19	44,386	76.9%	3.7%	8.3%
	Oct-19	47,872	72.4%	3.9%	8.3%

**Table 3: NEL & SEL 111/IUC Performance**

12. The Trust continues to support the wider system through the 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.



## Strategic Assets and Property

13. A rolling programme to repair station shutters has commenced, removing the need to have security guards posted at some of our station entrances. At the present time, 24 of the 32 required repairs have been completed, with the number of locations requiring security guards reducing from 20 to four.



14. The refurbishment works at the Trust's Waterloo headquarters are designed to allow us to consolidate and reduce our central London offices from four to two. The final phase of the work is now underway, with the Medical Directorate moving to the newly refurbished offices on the second floor. Work will now begin on the remainder of the first floor (east side) which will create additional space to accommodate those teams located at Union Street so that we can vacate the site as planned in spring 2020.

## **Fleet and Logistics**

15. The Fleet and Logistics team has successfully provided vehicles to cover over 98% of the capacity required by Ambulance Services over September and October. There has been a small increase in the number of vehicles not available at the start of staff shifts and this has been highlighted by the new rosters which require more vehicles to be pre-positioned at satellite stations. This has also impacted on Make Ready throughput. Fleet and Logistics are however working collaboratively with the ambulance services team to resolve these issues and maximise vehicle availability at all times. Our current daily average vehicle requirement (after the implementation of the new rosters) ranges between 350-370 DCAs. This compares to a PVR of c320 for the same period last year. This increase also accounts for the additional demand associated with Operational Placement Centre (OPC) shifts.
16. Fifteen new Double Crewed Ambulances (DCAs) have been rolled out to allow crew familiarisation across the Trust. A further 25 will be introduced into operation between December 2019 and January 2020 will be supplied to Deptford, West Ham and Fulham. This will help us to increase our current vehicle stock levels and help with PVR.
17. The driver safety and asset management system business case was approved by the Project Management Board in October. This gives us the go ahead to purchase the system and commence a pilot of the technology. This includes CCTV on vehicles, which will help to protect the security of our staff and support insurance claims; telematics to help us to better understand driving behaviour and improve our fuel efficiency; and equipment tracking in the back of the vehicle will support our processes such as make ready and allocation of vehicles to become slicker and faster. The pilot will commence in March 2020 at the Fulham Hub to allow for any learnings to be applied before wider roll out.
18. Following the success of last year's poppy campaign, poppy stickers were rolled out on approximately 110 vehicles this year, which was positively received by our staff and the public.

## **IT & Technical Services**

19. LAS HEMs / trauma paramedics are using 999 callers' mobile phone cameras to get 'on-scene' at serious incidents such as stabbings and road traffic collisions in seconds rather than minutes. In the first use of the technology in the capital for serious trauma incidents, HEMS paramedics in the control room ask 999 callers' to remotely access their smartphone cameras to quickly understand a patient's injuries and help decide if resources like London's Air Ambulance are needed. Receiving accurate information quickly from a 999 caller is vital in the first moments after a serious incident. Using the clinically approved platform medics are better able spot signs that may not be visible to someone without medical training and helps provide quicker treatment to the patient as the medical professionals are effectively 'on scene' – virtually - before they physically arrive. This system is already proving valuable and is well received in the control room.
20. The OneLondon Local Health & Care Record (LHCR) Health Information Exchange (HIE) is now hosted by LAS on behalf of the NHS and social care organisations in the

capital. The HIE provides a single view of patient records to clinicians across London. South-West London STP is the first in London to connect its data in to the London-wide viewer with others to follow over the coming months.

21. There was unplanned paper working in EOC on Saturday 19 October following a manual error in resolving a technical issue with one of the bespoke LAS systems used to manage location data from Airwave handsets. We successfully utilised a new set of processes for moving back to automated working in EOC which reduced the manual working time by 75%.
22. The Clinical Hub now has access to the national Child Protection Information Sharing (CPIS) database. When a child is known to social services and is a Looked After Child or on a Child Protection Plan, basic information about that plan is shared securely with the NHS. If that child has contact with an NHS unscheduled care setting the health team is alerted that they are on a plan and has access to the contact details for the social care team, the social care team is automatically notified that the child has attended, and both parties can see details of the child's previous 25 visits to unscheduled care settings in England.
23. The October submission of the Data Security & Protection Toolkit (DSPT) to NHS Digital was completed on time. There continues to be a considerable effort required to meet the requirements of the toolkit. Work with NHS Digital to implement secure email has been delayed due to national re-procurement of core NHS mail services. The secure email service is now anticipate to go live in Q1 FY2021.
24. Migration from the legacy NHS network (N3) to the Health & Social Care Network (HSCN) is on-track to complete this year.

## **Strategy, Technology and Development**

25. The Strategy Team is continuing to work with 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. This will feed into the three year Business Planning process.

## **Perfect Day**

26. The North East London (NEL) 'Perfect Day', which took place between 0800 and midnight on Monday 30 September, provided an exciting opportunity to test the feasibility of London 999 and 111 integration by providing access to all existing services 'downstream'. The purpose of the Perfect Day was to see whether by providing responsive and appropriate urgent care services to the NEL population, Emergency Department attendances, London Ambulance Service incidents and ambulance conveyances could be reduced and staff and patient experience improved. It tested the feasibility of integrating specific, high impact pathways as part of the journey to join up access to urgent and emergency care services. This included advanced paramedics, urgent care, mental health, physician response unit (PRU), easier access to GPs, falls and community pathways and support from end of life care services. Partners from across London, and the South Central Ambulance Service (SCAS), visited NEL during the event to see how the day was delivered.

## Perfect Day delivered:

- A 9% reduction in the number of patients in NEL conveyed to hospital by ambulance between 8am-8pm, with the conveyance rate for the day ending at 51.6%. This compares to a 64.1% conveyance rate on Monday 1 October 2018 & a 59.6% conveyance rate for an average Monday in July (which we used as the baseline for comparison purposes).
  - The referral of 80% of LAS 999 Category 5 cases to the IUC Clinical Assessment Service (CAS), which resulted in a 47% reduction in LAS 999 Cat 5 cases requiring ambulance dispatch.
  - LAS 999 Clinical Hub (CHUB) management of Category 3 & 4 incidents, resulting in 40% being successfully managed through Hear & Treat, when the LAS 999 CHUB did not previously have capacity to Hear & Treat Cat 3 & 4 cases.
  - 84% of LAS 999 CHUB Hear and Treat cases were referred to an Alternative Care Pathways.
  - One patient re-contacted the service within 24 hours with a new presentation.
27. This event demonstrated the strength and deliverability of our organisational strategy and we celebrated this with a comprehensive internal communications campaign, including a 'channels takeover' on the day. Colleagues from across the organisation were involved in the delivery of Perfect Day and, in preparation, a series of communications were shared, including CEO Roadshows in North East London to prepare frontline clinicians. On the day, members of the communications team accompanied different pathways across North East London to post videos of crews taking part on the staff Facebook group, 'Listening in Action'. BBC News London covered the initiative – their segment included footage from a ride-out with a medic, filming in our control rooms, and an interview with Dr Fenella Wrigley, Chief Medical Officer. The media team also published social media and website content and the story was reported in The Evening Standard.
28. The findings from the evaluation of the day are being used to aid our winter planning and we will look to roll out a suite of initiatives to support performance and the reduction of pressure with the urgent and emergency care system through the January to March winter period. As part of this, we are currently working with system partners to commence a period of clinical hub transformation, whereby Category 5 incidents will be referred to local 111/IUC services and all Category 3 and 4 incidents will be revalidated by the CHUB. Over the same period, we will be working in partnership with London mental health trusts to extend our mental health pioneer service across the whole of London with over 20 mental health cars in operation. Further details about both initiatives will be provided in future reports.

## Medical Directorate

29. Following approval of the refreshed Clinical strategy at the September Trust Board, work is being undertaken to scope priorities and delivery of the Clinical Strategy by 2022/2023, with a focus on collaborative working across directorates to identify interdependencies. There is close working with the Quality Directorate to ensure all multi-disciplinary clinical skill sets are fully represented in improving patient outcomes and experience, and to ensure that both the Quality and Clinical strategies are closely aligned.
30. The Right Care, Right Place (RCRP) Programme Board approved the roll out of the Tempus pro project for the Motorcycle and Cycle Response Units and the business case had approval at the Executive Committee. This will enable the MRU/CRU crews to effectively and safely monitor patients during care and for safe discharge instead of awaiting the arrival of an ambulance or a secondary resource. The Medical Directorate

will be supported by the Enterprise Programme Management Office and Logistics Directorate in rolling out the device.

31. Revised clinical guidance has been issued to all frontline clinicians to support their assessment and management on scene for patients with time-critical conditions to ensure rapid conveyance to definitive care where needed, including reducing the on scene time for patients suffering an acute stroke to 25 minutes. As a result of feedback from stakeholders and the recently published national document, the guidance around the placing of a pre-arrival alert have been updated and shared.
32. The Medical Directorate has continued to support clinical digital transformation. A need was identified for a single source of clinical reference for staff, on updates to LAS clinical and pharmaceutical processes and standards that may impact on patient care. This led to the launch of the JRCALC plus app in October, on all Trust issued iPads. The app has the ability to upload all current and new Medical Bulletins, as well as additional reference tools to ensure front line staff have access to the most up to date clinical information. The new JRCALC 2019 guidelines have now been loaded onto the JRCALC plus APP which means any nationally released updates will be immediately available to clinicians.
33. A cohort of Bank staff do not have a personal issue iPad as they only work a small number of shifts for LAS. In order to mitigate any clinical risk of them using out of date guidelines, and to support the wider clinical workforce during the transition, the Clinical Advisors to the Medical Directorate, supported by logistics, distributed approximately 3000 hard copies of the handbook to all operational staff over the course of a week; with 80% of front-line staff receiving a copy in the first 24 hours. A solution for the Bank clinicians is being developed and additional support for IPAD usage being offered through IPAD champions. As part of the digital transformation the 'Clinical Update' magazine is being made available on staff personal iPads ensuring easy access supporting sustainability and reducing printing costs. There will be an overlap period for which we will have both the paper and the digital version available.
34. The 'Advanced Life Support (ALS) bag' programme is replacing the personal issue bags to reduce the need for paramedics to carry equipment between stations and ensure that every ambulance has the right equipment to treat our patients. The vehicle based bags are packed, checked and sealed by the vehicle preparation teams on a daily basis. The new process was piloted in North East and, by the end of November, we will have rolled it out more widely across all sectors. The second stage of this project is the roll out of the Primary Response Bags which 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. The Primary Response Bags will roll out sector by sector, commencing in the North East, with the expectation that the roll out will be fully completed by the first quarter of 2020.

## **Quality Improvement**

### **Learning from Incidents**

35. On 30 October 2019 the report into phase one of the Grenfell Tower Inquiry was published. We welcome and fully accept the recommendations that have been made in so far as they relate to the London Ambulance Service, and we briefed our staff and partners on the findings and what they mean for the Service. The fire at Grenfell had a profound impact on everyone involved, both on the night of the incident itself and in the days and weeks that followed. The Chairman of this Inquiry found that evidence did not show that any death or injury resulted from the response of the London Ambulance Service or the Metropolitan Police Service failures but highlighted that there were important lessons for future major disasters in London. The focus of the Inquiry's

findings related to communications between the emergency services and we will work jointly with our emergency service colleagues and others to ensure that the findings are addressed as quickly as possible, and that we learn from this tragedy and are as prepared as possible to deal with any other incident of this magnitude in the future.

36. On 1 November 2019, the Chief Coroner published his Prevention of Future Deaths notices in respect of the inquests into the deaths of the victims of the London Bridge terror attack, which occurred on Saturday 3 June 2017. The Chief Coroner emphasised that the operation of the emergency services in response to this attack was generally well managed, and highlighted that LAS staff had put themselves in harm's way to render medical assistance to the injured. However, there are always lessons to be learned from tragic events such as these and we will be working with our emergency service colleagues and others to improve and make all appropriate changes to our systems and processes (further information about recommendations can be found in Agenda item 16, ref: TB/19/84). The impact that these incidents had on our staff cannot be underestimated and we continue to provide support. Our sympathies also remain with the families and friends of all those who tragically lost their lives and were affected by both of these horrific incidents.
37. The quality governance team are now engaged in the pilot programme to implement the new national patient incident review framework (replacing serious incident framework). It is anticipated that the Trust will start running the new framework during December, in parallel with the old and in alignment with the recently approved Learning from Deaths (LFD) policy. The Trust is committed to continuously improve the quality of care and support delivered to patients, their families and our staff. The LFD process will enable us to create a platform for the provision of learning and collaboration with other acute trusts and ambulance trusts in England. This process will review the aspects of care which we have provide to patients who have died whilst being cared for by the LAS.
38. The Trust is also working closely with the National Health Surveillance Investigation Bureau (HSIB) in relation to maternity cases. We are currently investigating 4 cases, each report will be included in the overall thematic review of maternity incidents to the Secretary of State for Health.

## **Care Quality Commission**

39. The CQC has been at the Trust during the last 3 months at IUC (NEL and SEL), EOC and the emergency stations. Well-led interviews with the executive team were held on 25 September. Following this, an initial feedback letter was received from the Head of the Inspection Team. This is appended to this report. The draft report has been received and factual accuracy responses for all services were returned to the CQC on 13 November. We await the CQC's final report and ratings assessment.

## **Safeguarding**

40. The Trust has spilt Safeguarding and the welfare/care concerns process. This enables the Trust to respond more quickly to referrals for patients with safeguarding concerns.
41. The Trust continues to raise safeguarding referrals/concerns for patients at a rate of 2.0% of incidents. The trust is focusing on findings from Safeguarding Adult Reviews and Safeguarding Child Reviews in its refresher training to ensure lessons learnt are embedded into practice.
42. The Trust continues to raise the awareness amongst staff of the effect of youth violence, gangs and county lines. Safeguarding concerns/referrals regarding patients



made by staff via EBS are now recorded so if there is an issue identified it can be investigated appropriately.

43. The Trust agreed a 3 year safeguarding trajectory with commissioners for level 3 safeguarding training, 800 staff are to be trained by April 2020. To date 480 staff have been trained with plan in place to reach target. Each area/sector now has a dedicated Safeguarding Specialist who supports staff and management locally and provides a safeguarding focus for local governance meetings. The safeguarding team have also now introduced a quarterly safeguarding newsletter to provide staff with current information, learning and best practice in safeguarding. Changes to delivery of Safeguarding level 3 will produce a reduced overtime spend within the organisation of approximately 400k.
44. The Head of Safeguarding & Prevent is presenting at the NHSE/I Safeguarding Internal Assurance Group, in his role as Deputy Chair of the National Ambulance Safeguarding Group, on use of Private Ambulance providers in ambulance trusts and safeguarding assurance. The Trust continues to be represented on the London Safeguarding Boards and Brent Safeguarding Boards, providing assurance on Trust safeguarding practice. The safeguarding team is also working with the University of Bedfordshire and local authorities on introduction of contextual safeguarding referrals. The programme will allow staff to report safeguarding concerns relating to a particular areas/locations rather than just a named person. This will enable good intelligence to be gained and local authority and partners to target resources.

## **Pioneer Services**

45. As seen from the 'Perfect Day' and the 6 month evaluation report, our Mental Health Pioneer Service, the Mental Health Joint Response Car, continues to produce positive results when compared to BAU responses for conveyance rates and utilisation. Based on this successful pilot in South East London, we have been working with South London and Maudsley and Oxleas Mental Health Trusts to develop a model of collaborative service delivery. South London and Maudsley and Oxleas have secured funding for one year to provide rotational Mental Health Nurses to LAS to support the expansion of the Mental Health Joint Response Car; they will be providing 14 staff and LAS will pair them with paramedics to expand the service to provide 24/7 coverage across South London from April 2020.
46. The End of Life care programme is being concluded and a business case to continue with the exceptional work of the team will be presented to Exco at the end of November. The current cost of maintaining the resource as business as usual is estimated at 300k per year. The team are working constantly with Co-ordinate My Care (CMC) to ensure that the records of patients are viewed and acted upon. There has been a significant increase of over 35% in uptake (currently average 60%).
47. The End of Life team is working with Healthy London Partnership and GP services to ensure that if patients who are on end of life plans die in their homes that the CMC system is updated and flags alerting crews that attendance is not required. This will mean families will not be disturbed at this difficult time with unnecessary visits from ambulance crews, with the subsequent reduction in demand for the service.
48. The maternity team is also liaising with partners in the North East to identify how a Map of Maternity pathways programme can be rolled out across all London providers. This will improve the care patients receive by signposting to appropriate pathways.
49. We continue to work closely with South Coast Ambulance Service (SCAS) alliance partners. The Trust has agreed to support SCAS in the introduction of a consultant

midwife role. The maternity team are working with them to develop appropriate job descriptions and provide advice on pathways.

## Quality Priorities

50. The provisional quality priorities have been identified for the 2020/21 quality account in a joint session between the clinical and quality directorates. These will now be consulted on with staff, stakeholders, commissioners and patients to prior to being agreed by the Board in March 2020.
51. Health and safety teams are working closely with the occupational health team in relation to staff wellbeing. Heat maps for all areas have now been produced in relation to musculoskeletal injuries and violence and aggression injuries. We have had one incident that the Health and Safety Executive is investigating that relates to an assault by a patient on a member of staff. We will continue to work with the Metropolitan Police and prosecutors to ensure that those who assault, cause injury to, and abuse our staff are prosecuted.
52. The quality governance team met the National Patient Safety team to share their work on implementation of the Health Assure system. We will be working to develop a station/sector accreditation process, similar to ward accreditation in acute sectors, to accredit those sectors who are fully compliant with the quality standards. Assurance will be gained from the regular quality reviews. The MyAssure App is now developed and will be used to support the sector visits by members of the quality directorate. The aim is to develop the App further to support Health and Safety, Security, Infection Control audits across the trust that will automatically upload into the Health Assure system.

## Finance & Performance

53. As reported elsewhere on the agenda, the Trust ended quarter 2 with a £4.5m deficit, which is £0.4m worse than plan. Income at the end of month 6 was £6.2m higher than planned following agreement with commissioners on the 2019/20 main contract. Incident activity and call levels remain higher than planned. Expenditure was £6.4m higher than plan due to increased expenditure on clinical staff required to deliver safe clinical assessment in our IUC/111 services and maintain performance with higher than planned activity growth. The Trust identified a number of significant risks to delivery of its control total earlier in the year and has mitigated a number of these through discussions with commissioners. However, a number of risks remain and the Trust continues to focus on reducing cost through its financial recovery plan to deliver its agreed control total.
54. Our Forecasting and Planning team has been supporting Winter Planning preparedness; developing a short-term forecasting tool to predict REAP pressures; and have started to develop the suite of models which will support business planning for 20/21. The team has also been supporting the development of a planning tool for IUC using simulation software.
55. Our Business Intelligence team has overseen the successful implementation of the latest National AQI reporting changes. The team also supported with the data required for Perfect Day and the resulting IUC initiatives across London during Q4. The team has also provided support to internal projects around EOC and IUC performance, as well as ongoing ad-hoc queries.
56. Our IUC Business Intelligence Analysts have been focussed on the development of a data warehouse for IUC data, which should see a step-change improvement in our

reporting capability across IUC services. The team has also been leading the work to develop the IUC simulation model alongside F&P.

57. Our Data Quality team has continued to review the main systems across the trust providing data to the Integrated Performance Report. The team has now reviewed 8 of the 11 systems in scope and fed back findings to the system owners. Findings have also been taken to Health Informatics Oversight Group.

## People and Culture

58. October provided an excellent opportunity for the Trust to demonstrate “Diversity in Action” as we celebrated Black History Month, sent 15 delegates to the National Ambulance BAME Conference in Brighton, attended the National Ambulance LGBT Conference in Birmingham, and sent our thoughts and best wishes to staff celebrating Rosh Hashanah and Diwali.
59. Four new People & Culture IT transformation projects were approved by the Portfolio Management Board, transferring 14,000 paper personal files to electronics format; implementing a weekly payroll for overtime payment, building a management hierarchy in GRS so that we can report data and information at line manager level, and creating an e-form to simplify and speed up the claiming process for relocation expenses. These actions will increase our data security and compliance and provide better services to line managers and staff.
60. 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. At the end of September statutory mandatory training compliance was 81% against our target of 85%.
61. We started the 2019/20 year with an Appraisal compliance rate of 76%. This has stabilised and improved to 81% but is below our 85% target. An improvement plan is in place where there is limited compliance and weekly reports are provided to Directors to facilitate the required improvement.
62. Our phased programme to ensure DBS checks are in place has been successful and we have achieved a 99% compliance rate. 22 members of staff are without a DBS check and these have been followed up with the relevant line managers.
63. As at 31 October 2019, the Sector Operations vacancy rate was 5.7%. 200 vacancies have been recruited to (paramedics, TEACs and Call Handling staff) and these members of staff are currently in training but not yet available to be rostered. Once training is completed they will be reflected in Sector Operations’ establishment. As mentioned previously, addressing the vacancy rate in EOC in respect of call handling will be a priority.
64. The Dignity at Work Facilitator, Amanda Stern, continues to deliver the programme of work for FY19/20. The week commencing 11 November was National Bullying and Harassment Week and a range of events took place across the Service.
65. The staff survey was launched alongside the CEO Roadshows (w/c 23rd September) with a closing date of 29th November. Our current completion rate of 64% means that we are currently the best performing ambulance trust and the second best performing NHS trust in the country and puts us ahead of where we were this time last year. This is on the back of an extensive communications campaign, including a staff survey



newsletter we handed out to everyone at the staff roadshows showing the actions we have taken on the back of last year's survey. Departments who achieve higher than a 60% response rate will receive a £1,000 incentive to spend in the department to help address issues highlighted by them in the Staff Survey.

66. Our updated WRES plan for 2019 will be discussed at the November People & Culture Committee meeting. The Trust has achieved its 18/19 target of 15% BME representation and this currently stands at currently 16%. Ongoing recruitment activity, and initiatives like our Super Saturday events, will help us towards our end of year target of 17.5% BME representation.
67. The Leadership Education and Performance (LEaP) team participation in the CEO Roadshows was greatly appreciated and the team gained valuable insight attending those other than corporate roadshows. They have been able to support staff across the service with issues, concerns and signposting as a result of those events.
68. We have had two separate requests to deliver keynote speeches on our Reverse Mentoring first cohort for the London region of the NHS Leadership Academy Talent Community of Practice and for the launch of ULCH's first Reverse Mentoring programme. We are also supporting two Trusts who are looking to set up Reverse Mentoring in their organisations.
69. A full review of Occupational Health Services is underway to scope a new tender for 2020. The tender is being centrally led by the Procurement department.
70. Stress related illness is the highest reason for absence reported via our Occupational Health provider. We piloted the first Psychological Resilience training session for all staff with Dr Esther Murray in October, with a second pilot taking place at the end of November, before looking to roll out this approach more widely.
71. We have worked with a new provider "Physio Network" to develop online triage and exercise videos to support staff in their MSK-related recovery. This approach was rolled out in mid-October.
72. Flu update - there was an extended delay on our vaccine delivery as a result of supply chain issues. The vaccines have now arrived and we have commenced with immunisations; the vaccination rate across the Trust currently stands at 10%. There are in excess of 150 staff who have volunteered as peer vaccinators and will be signing PGDs to deliver the programme, with a target of 85%.

## **Freedom to Speak Up**

73. The National Guardian's Office first ever Freedom to Speak Up Index awards were held on 8 October in Westminster. Our Director of People and Culture accompanied FTSU Guardian, Katy Crichton, FTSU Co-ordinator, Erica Greene, and FTSU NED, Fergus Cass. The index is formulated from 3 years' of staff survey data, which this year was taken from surveys in 2015-2018 and is calculated by averaging the positive responses ("agree" or "strongly agree") to the following four questions;
  - the organisation treats staff who are involved in an error, near miss or incident fairly
  - the organisation encourages staff to report errors, near misses or incidents
  - if they were concerned about unsafe clinical practice, staff would know how to report it
  - staff would feel secure raising concerns about unsafe clinical practice

74. The results from staff surveys 2015-2018 saw LAS improve from 57% to 75% on the above. This was the biggest improvement for any Trust in England. The ambulance sector average is 74% with the best at 79% (Isle of Wight ambulance service).
75. Hosted by National Guardian, Dr Henrietta Hughes, the ceremony was also attended by Sir Robert Francis and Simon Stevens of NHSI who gave the LAS a special mention in his summary of the awards:

*“Already the index is having a significant impact, with 180 trusts (82%) having made progress in making it easier for staff to speak out since 2015, with London Ambulance improving its rating by 18%. This means more staff than ever before feel secure raising concerns if they see something unsafe and feel confident that if they were to make a mistake, they would be treated fairly by their trust.”*

## Communications and Engagement

### Partnerships

76. While all of the Sustainability and Transformation Partnerships (STP) / Integrated Care Systems (ICS) are at varying degrees of progression, they each have three key strategic priorities:
- submission of the ‘final draft’ of their response to the NHS Long Term Plan to NHSE&I by mid Nov (to be ‘signed off’ post-election). We have contributed to some plans, including in respect of how LAS can help deliver some of the objectives, subject to resources.
  - restructuring to streamline towards one CCG per sector; and
  - progress towards becoming an integrated care system (ICS). Our Healthier South East London (OHSEL) is the first area of London to join NHS England and Improvement’s third wave of Integrated Care Systems. The SEL ICS will comprise six boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) and the OHSEL Board will transition to an ICS Partnership Board with an independent chair. OHSEL is progressing with the transition and implementing and embedding governance arrangements and the appointment of an independent Chair. The other sectors in London continue to work on the development and submission of their bids to become an ICS.
77. We recently presented to North East London Sustainability and Transformation Partnership (NEL STP) on the progress of the pioneer services and potential next steps. We discussed the opportunities for LAS to participate on the various sector forums and agreed a regular cycle of meetings between Deputy Director of Strategy, Head of Strategy and Head of Partnerships and various Directors at NEL STP to enable us to work more closely in partnership. We supported the STP’s work around developing their Long Term Plan with a session involving the general public in Newham.
78. We supported the South West London STP (SWL STP) winter scenario testing session building on our more general engagement on the winter plan across the sectors. We delivered a session on our work on the mental health pioneer for the Urgent and Emergency Care Transformation and Delivery Board (Director and CEO level). We have supported SWL STP’s draft submission for the sector Long Term Plan (as we have for South East London), as well as providing a contribution on LAS activity, including the potential of the pioneer services, subject to resources, to help deliver their Long term Plan.

79. NHS England and NHS Improvement (via ECIST (Emergency Care Intensive Support Team)) has launched an exemplar hospital handover programme. There are five sites: St Helier, St Thomas', Croydon, Charing Cross and Queen's. The programme seeks to enhance partnership working to strengthen ambulance handover performance among those sites and spread learning and best practice more widely. The South East Stakeholder Engagement Manager is the LAS representative over the six month programme and has started to work closely with all the sites.

## Internal communications

80. We have completed our autumn roadshows, with 40 events taking place between the end of September and the beginning of November. These are one of the highlights of my year and a key element of my engagement with staff. During this set of roadshows we reached more people than ever before (1,518) and answered more questions by introducing the interactive online polling platform Slido. We received more than 720 questions across 31 sites and are now collating the information and splitting this into key themes and items for action. Some of the top issues requiring action included a review of the Managing Attendance Policy (MAP) to ensure it is fit for purpose; looking at how we might better utilise staff on light duties; looking at end of shift protection for Fast Response Units; and reviewing our uniform policy and quality.

## External communications

81. In September, we hosted our Annual Public Meeting (APM). The event had 12 stalls, each showcasing a different team who demonstrate how we work in partnership with our NHS, health and care partners. The meeting, which included a keynote speech from Martin Griffiths, Clinical Director for Violence Reduction, NHS England and NHS Improvement London, was live streamed via all of our social media channels. Attendance (146) was up on last year, with many people commenting that it was the best APM they have seen the LAS hold.
82. After eight weeks, filming for the BBC documentary 'Ambulance' came to a close at the beginning of November. The media team will now oversee the significant post-production phase ahead of transmission in spring 2020. The documentary is a unique opportunity to show viewers behind the scenes of our Service and the variety of roles and skills in our team.
83. For Restart a Heart Day in October, we shared the Service's key bystander CPR and defibrillation messages and gained media coverage and strong social media engagement. We invited BBC News London to film at a reunion between a patient and a 'survivor' and the LAS medics who responded. This appeared in bulletins across a day – morning, lunchtime and evening – and we received high levels of social media engagement for posts – including videos - across our channels i.e. Instagram, Facebook and Twitter.
84. Following my staff roadshows in the spring, where verbal and physical assaults on staff were raised as a concern, I committed to address the issue of abuse via a PR-led campaign to raise awareness externally, encourage a groundswell of support for our staff and to ultimately effect a change in behaviour to reduce the current levels of abuse. We worked with an organisation called the 'Awesome Movement', who funded and ran an 'Awesome Day' event on 20 September. Starting at our Waterloo Headquarters, the aim of the day was to celebrate all emergency services workers; our media team worked to support the event and highlighted that, on average, a member of our staff is physically abused, and two members of staff verbally abused, every single day. I was interviewed by the key London media outlets, including BBC London

television, ITV London television, BBC London radio, LBC Radio and the Evening Standard to highlight the issue.

85. On the back of the 'Awesome Day' event on 20 September, the Service welcomed television personality and comedian Russell Howard to visit Waterloo in October during which he served sandwiches from the back of a vintage ambulance to our staff for his Sky1 show 'The Russell Howard Hour'. This event, again co-organised by the 'Awesome Movement', was another opportunity to celebrate the work of our staff on our internal and external channels and to highlight the unacceptable levels of abuse.
86. One of our Emergency Ambulance Crew medics, Lizzie Smith, spoke out earlier this month following the successful prosecution of a man who sexually assaulted her in June last year whilst she was attending him to treat facial cuts. Lizzie decided to speak out in the hope that it will help deter other people who think it is acceptable to abuse, assault or attack ambulance staff. Having already engaged the media on the issue of all types of abuse, the bravery of Lizzie in coming forward led to extensive media coverage in many of the tabloid and broadcast media.

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



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Patient and public engagement			
<b>Agenda item:</b>	08			
<b>Report Author(s):</b>	Antony Tiernan, Director of Communications and Engagement			
<b>Presented by:</b>	Antony Tiernan, Director of Communications and Engagement			
<b>History:</b>	Report considered by the Executive Committee at its meeting on 13 November 2019 (ref: ExCo/19/284)			
<b>Status:</b>	<input type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Discussion</b>
	<input checked="" type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
Patients, their families and carers, together with staff and the wider community, should be partners in the design, development and delivery of services. The voice of patients should be ever-present in all parts of our organisation. This paper outlines plans to, subject to engagement with key stakeholders, create a London Ambulance Service Public and Patients Council. We will also explore the potential for creating a London Ambulance Service Youth Forum. We also outline plans to replace the Service's public and patient engagement strategy.				
<b>Recommendation(s):</b>				
The Trust Board is asked to support: the creation of a London Ambulance Service Public and Patients Council (subject to engagement with stakeholders); investigation into the feasibility of creating a London Ambulance Service Youth Forum; and, plans to develop a new public and patient engagement strategy for March 2020.				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input checked="" type="checkbox"/>			
<b>Performance</b>	<input checked="" type="checkbox"/>			
<b>Financial</b>	<input checked="" type="checkbox"/>			
<b>Workforce</b>	<input checked="" type="checkbox"/>			
<b>Governance and Well-led</b>	<input checked="" type="checkbox"/>			
<b>Reputation</b>	<input checked="" type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>			

This 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"/>



## Public and patient engagement

### Background

1. Patients, their families and carers, together with staff and the wider community, should be partners in the design, development and delivery of services. The voice of patients should be ever-present in all parts of our organisation.
2. We currently undertake a range of activities to support this, from our work with Healthwatch, Patients' Forum and public education through to social media, co-production initiatives like 'Whose Shoes' and work with individual patient groups.
3. Until August, public and patient engagement was the responsibility of Trisha Bain, Chief Quality Officer. It is now within the remit of the Director of Communications and Engagement.

### Introduction

4. This paper outlines plans to, subject to engagement with key stakeholders, create a London Ambulance Service Public and Patients Council. We will also explore the potential for creating a London Ambulance Service Youth Forum.
5. Both of these would help improve the way we engage with patients and the public with a particular focus on ensuring that we are engaging with people from a wide range of backgrounds who represent the diversity of the population of London.
6. In addition, we are in the process of reviewing our wider stakeholder engagement including how we work with VCSE (voluntary, community and social enterprise) organisations, as well as with NHS, health, care and local government partners, including STPs (sustainability and transformation partnerships). This will also include politicians and political organisations, such as the London Assembly and Assembly Members, councils and councillors, and MPs.
7. We will also work more closely with the London Clinical Senate Patient and Public Voice (LCSPPV). This is a group of 15 members selected from across the capital. They are typically linked into similar structures within the STP, or provider trusts. Members are appointed for three years (and can be reappointed once) and rotate the chair role. They meet monthly to discuss issues regarding health and services across the capital. Four members sit in the Senate Council and all members attend the Senate Forum meetings held several times a year.
8. Finally, this paper outline plans to replace the Service's current public and patient engagement strategy, which is due to run out in 2020. This will include how we could make better use of our 'foundation trust membership'.

### Staffing and management

9. We employ five staff (band 6, 3.3 WTE) who are directly responsible for public and patient engagement, as well as public education.
10. In September, Margaret Luce, Head of Patient & Public Involvement and Public Education, left the Service. John Chilvers, Stakeholder Communications Manager, has taken on interim responsibility for the team.

11. The team will lead on developing the new public and patient engagement strategy through engagement with staff, patients, the Patients' Forum, local Healthwatch bodies and other partners.

### **London Ambulance Service Public and Patients Council**

12. It is proposed that we establish a London Ambulance Service Public and Patients Council to bring broad public, patient and carer's insight and experience into the work of the organisation. A possible terms of reference for the Council is attached (appendix 1).
13. It is suggested that we engage with key stakeholders on both the creation of the Council and its terms of reference. Interested parties will include local Healthwatch, Patients' Forum, local council overview and scrutiny committees and health and wellbeing boards, and the London Clinical Senate.
14. The costs of the Council would be covered from the patient and public engagement team's current budget.
15. A timeline for engagement and, subject to feedback, the launch of the London Ambulance Service Public and Patients Council is attached in appendix 2.

### **London Ambulance Service Youth Forum**

16. It is proposed that we explore the creation of a London Ambulance Service Youth Forum to share their views on the services that we provide. A timeline is included in appendix 2.
17. NHS Youth Forums are informal groups run by their members, with support from NHS staff. Youth Forums include patients, as well as local children and young people. They can also include children who are interested in a career in healthcare.

### **Public and patient engagement strategy 2020/21**

18. The Service [current's public and patient engagement strategy](#) is due to expire in March. It is proposed that we develop a new public and patient engagement strategy with input from staff, patients, local people and other stakeholders.
19. The scope the strategy will encompass all services including 999 and 111. It will apply to all patient facing clinical and non-clinical services, and to departments whose roles may not be patient-facing, but whose work contributes to patients' experiences, such as education and workforce.
20. The strategy is likely to cover a number of broad areas of activity, from individual care and treatment and research through to service delivery, design and transformation to strategy and forward planning. Activity will cover the key elements of the 'involvement' i.e. informing, consulting, involving, participation and co-design.
21. As part of the strategy, we will investigate plans to launch an online portal to make it easier for patients and the public to 'sign up' to hear more about our work and shape and influence what we do. This model is exemplified by Surrey Downs STP.

### **Next steps**

22. The Board is asked to support:
  - The creation of a London Ambulance Service Public and Patients Council (subject to engagement with stakeholders)

- Investigation into the feasibility of creating a London Ambulance Service Youth Forum
- Plans to develop a new public and patient engagement strategy for March 2020.

**Antony Tiernan**

**Director of Communications and Engagement**

## APPENDIX 1



### London Ambulance Service Public and Patients Council - Possible Terms of Reference

#### 1. Purpose

- 1.1 The London Ambulance Service Public and Patients Council (the Council) will bring together a range of patients and the public representatives from across London at regular intervals to provide feedback to the Service on the care it provides.
- 1.2 The Council's membership will bring broad public and patient insight and experience to discussions, helping to shape the way care is delivered. They will cover a number of broad areas of activity including:
  - 1.2.1 Individual care and treatment
  - 1.2.2 Research
  - 1.2.3 Service delivery, design and transformation
  - 1.2.4 Strategy and forward planning
  - 1.2.5 Assurance.
- 1.3 The purpose of the Council is to:
  - 1.3.1 Provide a voice for patients, the public and carers in the design, development and delivery of Trust services
  - 1.3.2 Advise the Trust on ways to gain broader engagement, as necessary.
- 1.4 The Council will have an agreed programme of work to allow for tier two engagement activity to be conducted in advance of meetings to help bring wider insight to the membership as appropriate. The Council is not itself responsible for implementation and nor does it cut across the current statutory accountabilities of the London Ambulance Service NHS Trust.

#### 2. Constitution

- 2.1 The Council is an advisory committee of the Trust's Board of Directors. These terms of reference are subject to amendment at future meetings of the Trust Board.

### **3. Accountability**

- 3.1 The Council will report directly to the Trust Board.

### **4. Membership**

- 4.1 The Council will have a membership of around 20 people and should ensure a diversity of age, gender, background and experience of health services.
- 4.2 Members are appointed on an individual (not ex-officio) basis but will be drawn from a range of public and patient groups to ensure a plurality of experience.

### **5. Chair**

- 5.1 The Council will be led by two independent Co-Chairs. The Co-Chairs will be appointed through a formal process and will not be drawn from the Council membership.
- 5.2 The Co-Chairs will help build and safeguard the cohesion, reputation and effectiveness of the Council.
- 5.3 The Co-Chairs will have a role both at and between meetings in setting the Council's agenda and ensuring that the Council is influential and impactful.

### **6. Attendance**

- 6.1 Officers from the London Ambulance Service NHS Trust and other health and social care system partners will participate in all sessions of the Council in attendance (in limited number).
- 6.2 Experts may be invited to meetings or sessions of meetings on an ad-hoc basis to provide opinion, information and evidence on specific matters.

### **7. Quorum**

- 7.1 The meeting will be quorate provided that the following are in attendance;
- 7.1.1 One of the Co-Chairs of the Council; and
  - 7.1.2 At least one-third of the total membership of the Council.

### **8. Meeting administration**

- 8.1 A member of the Corporate Governance Team will act as the secretary to the Council, ensuring the agreement of the agenda with the Co-Chairs of the Council and attendees, collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.
- 8.2 The draft minutes and action points will be available to the Council within ten working days of the meeting.

## **9. Notice of meetings**

- 9.1 Meetings of the Council shall be called by the secretary of the Council at the request of the Co-Chairs.
- 9.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be circulated to each member of the Council, any other person required to attend, no later than seven calendar days before the date of the meeting. Supporting papers shall be sent to Council members and to other attendees as appropriate, at the same time.
- 9.3 Late and additional papers will be tabled at the discretion of the Co-Chairs of the Council.

## **10. Frequency of meetings**

- 10.1 Meetings of the full Council will be typically held four times per annum.

## **11. Duties**

- 11.1 TO BE DEVELOPED BY THE COUNCIL.

## **12. Review and reporting responsibilities**

- 12.1 The minutes of all meetings of the Council shall be formally recorded and submitted to the Trust Board.
- 12.2 The Council will report annually to the Trust Board in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
- 12.3 All terms of reference will be reviewed annually with any changes submitted to the Trust Board for approval

## **13. Equality and diversity**

- 13.1 The Council will have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

**TO BE Approved by the Board at its meeting on xxx**



## **ANNEX**

### **Principles of membership**

Members must at all times:

- Observe the values and respective behaviours of the London Ambulance Service – respectful, professional, innovative and collaborative
- Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide
- Be accountable for their activities
- Not misuse information gained in the course of their membership of the Council for personal gain or for political purpose, nor seek to use the opportunity of public service to promote their private interests or those of connected persons, firms, businesses or other organisations
- Not hold any paid or high-profile posts in a political party, and not engage in specific political activities on matters directly affecting the work of the Council. When engaging in other political activities, members should be conscious of their public role and exercise proper discretion.

### **Declarations of interest**

Upon appointment all members of the Council will be formally required to complete a Declaration of Interest Form and a Register of Members Interests will be established and updated on an annual basis. It is the responsibility of members to declare any new interests as and when they arise and to ensure that the Register of Members Interests is kept up to date.

The Chairs will be responsible for managing declarations of interest and any conflicts of interest within the meeting and determine on what basis a member declaring a relevant interest can participate in discussion.

## APPENDIX 2

Below is a timeline for the activities outlined in this paper:

November	December	January	February	March	April onwards
Agree proposal at ExCo and Board	Engage on plans for a London Ambulance Service Public and Patients Council (LASPPC)	Advertise for LASPPC chairs/ members	Select LASPPC chairs/ membership	Launch LASPPC	Host first meeting of the LASPPC
	Investigate plans for a London Ambulance Service Youth Forum			Include plans for Youth Forum in new public and patient engagement strategy (if appropriate)	
	Engage on new public and patient engagement strategy	Engage on new public and patient engagement strategy	Engage on new public and patient engagement strategy	Approve new public and patient engagement strategy ExCo and Board	
	Complete stakeholder mapping	Complete stakeholder mapping	Approve stakeholder map at ExCo		



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Winter Preparedness			
<b>Agenda item:</b>	09			
<b>Report Author(s):</b>	Brian Jordan, Head of Operational Compliance and Standards			
<b>Presented by:</b>	Khadir Meer, Chief Operating Officer			
<b>History:</b>	Winter Plan presented to the Trust Board Informal Strategy/Briefing/Development meeting on 29 October 2019 (ref: TBD/19/21)			
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
The attached slide deck provides the Board with details about the Trust's 2019/20 winter operating model as well as our preparations for (1) supporting the London urgent and emergency care system over winter, (2) producing the levels of staffing we require over winter and (3) the levels of performance which the Trust is forecasting over the winter months.				
<b>Recommendation(s):</b>				
The Board is asked to note this report.				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input type="checkbox"/>			
<b>Performance</b>	<input type="checkbox"/>			
<b>Financial</b>	<input type="checkbox"/>			
<b>Workforce</b>	<input type="checkbox"/>			
<b>Governance and Well-led</b>	<input type="checkbox"/>			
<b>Reputation</b>	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>			
<b>This paper supports the achievement of the following Business Plan Workstreams:</b>				
<b>Ensure safe, timely and effective care</b>	<input checked="" type="checkbox"/>			
<b>Ensuring staff are valued, respected and engaged</b>	<input type="checkbox"/>			
<b>Partners are supported to deliver change in London</b>	<input checked="" type="checkbox"/>			
<b>Efficiency and sustainability will drive us</b>	<input checked="" type="checkbox"/>			



London Ambulance Service  
NHS Trust



# Winter Preparedness

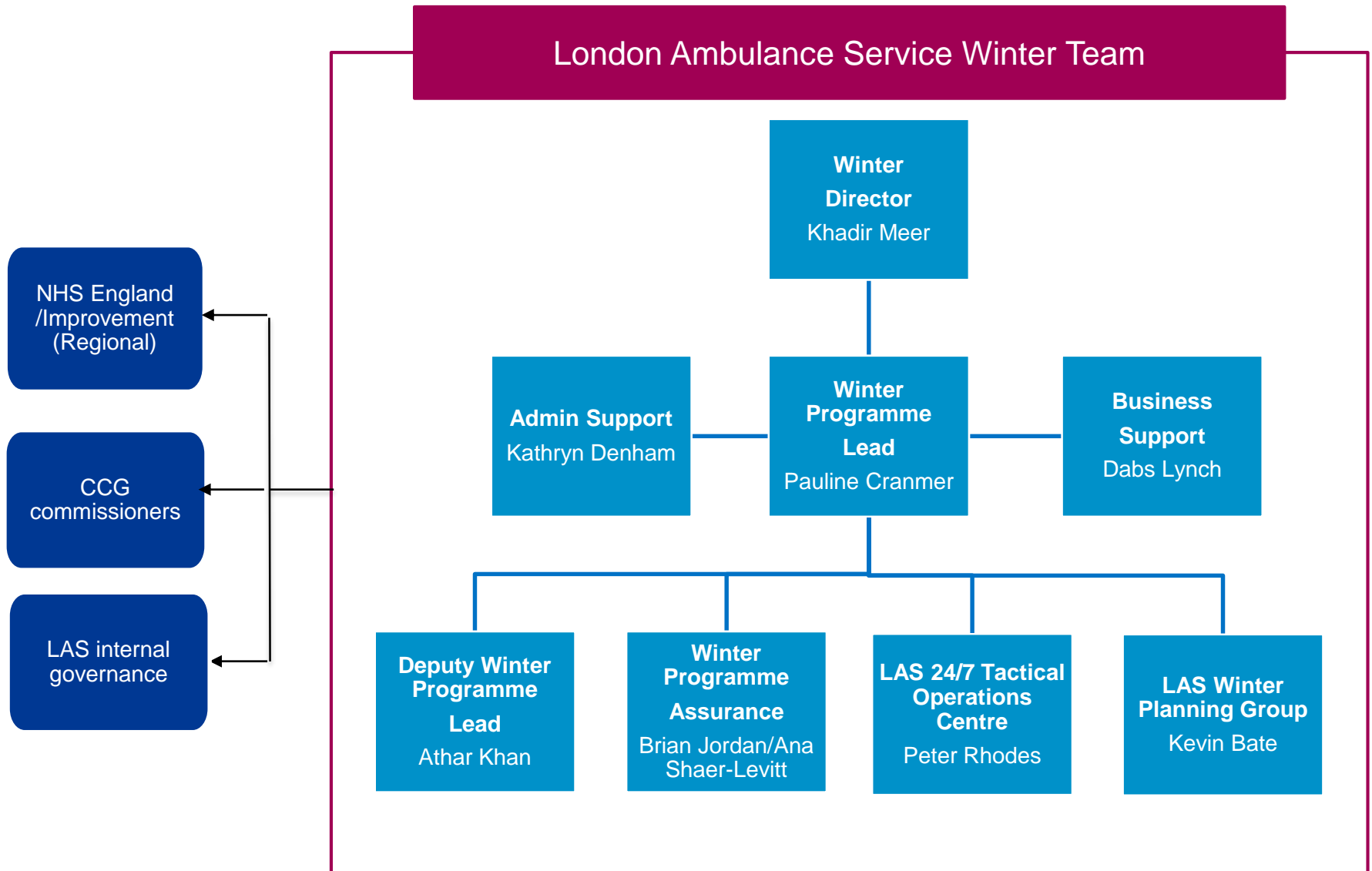
Khadir Meer

Chief Operating Officer

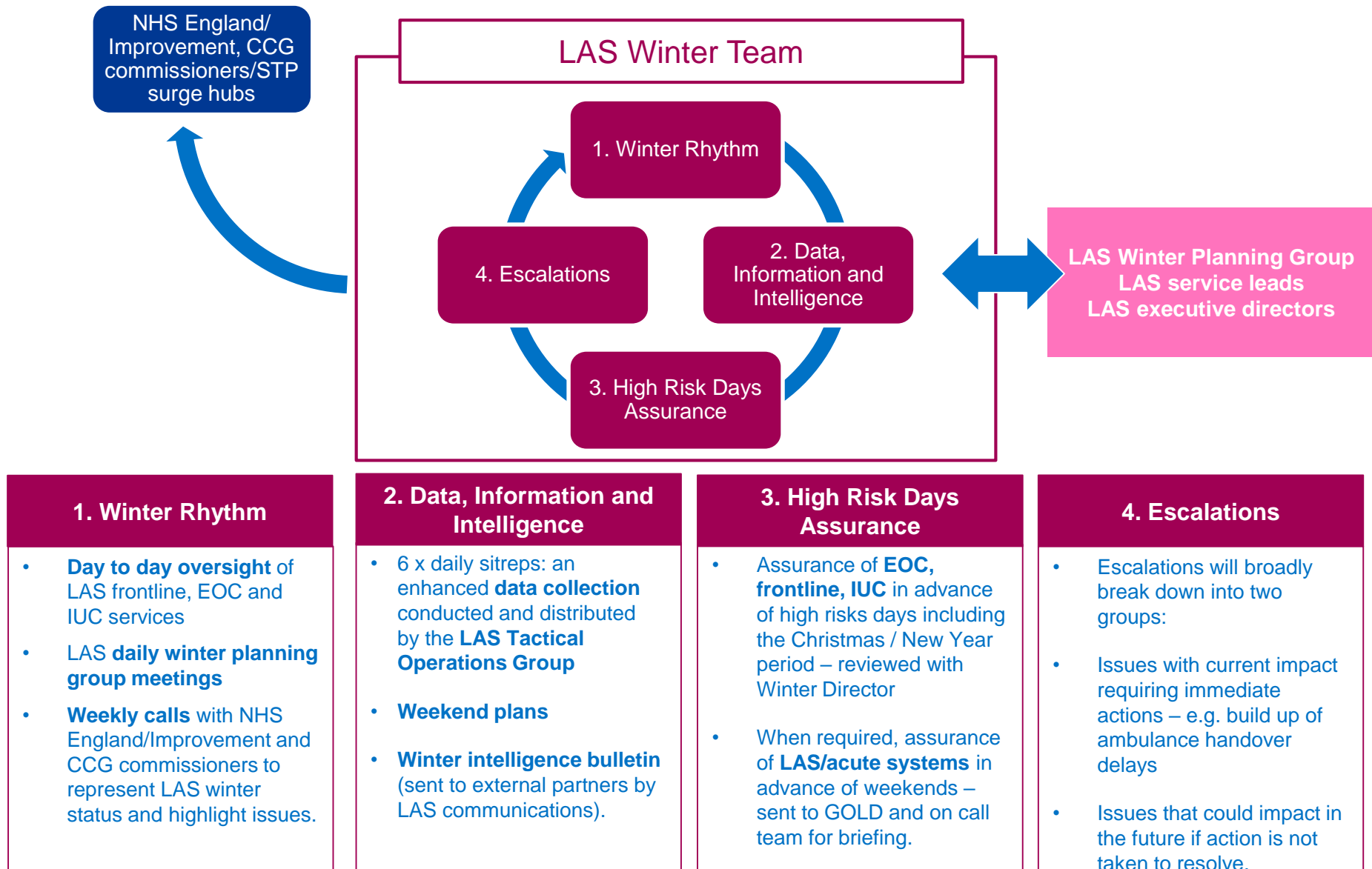
November 2019



## We have established a Winter Team as part of the LAS Winter Preparedness Plan



# The LAS winter team will maintain oversight of system delivery through the daily receipt and review of data and intelligence from internal and system partners





## The following set of principles informs the manner in which the LAS winter team will interact with internal and external partners

1 Local service leads will be alerted by the LAS Winter Team in the first instance when there are concerns. They will be required to manage the escalation, bringing in wider LAS functions as required.

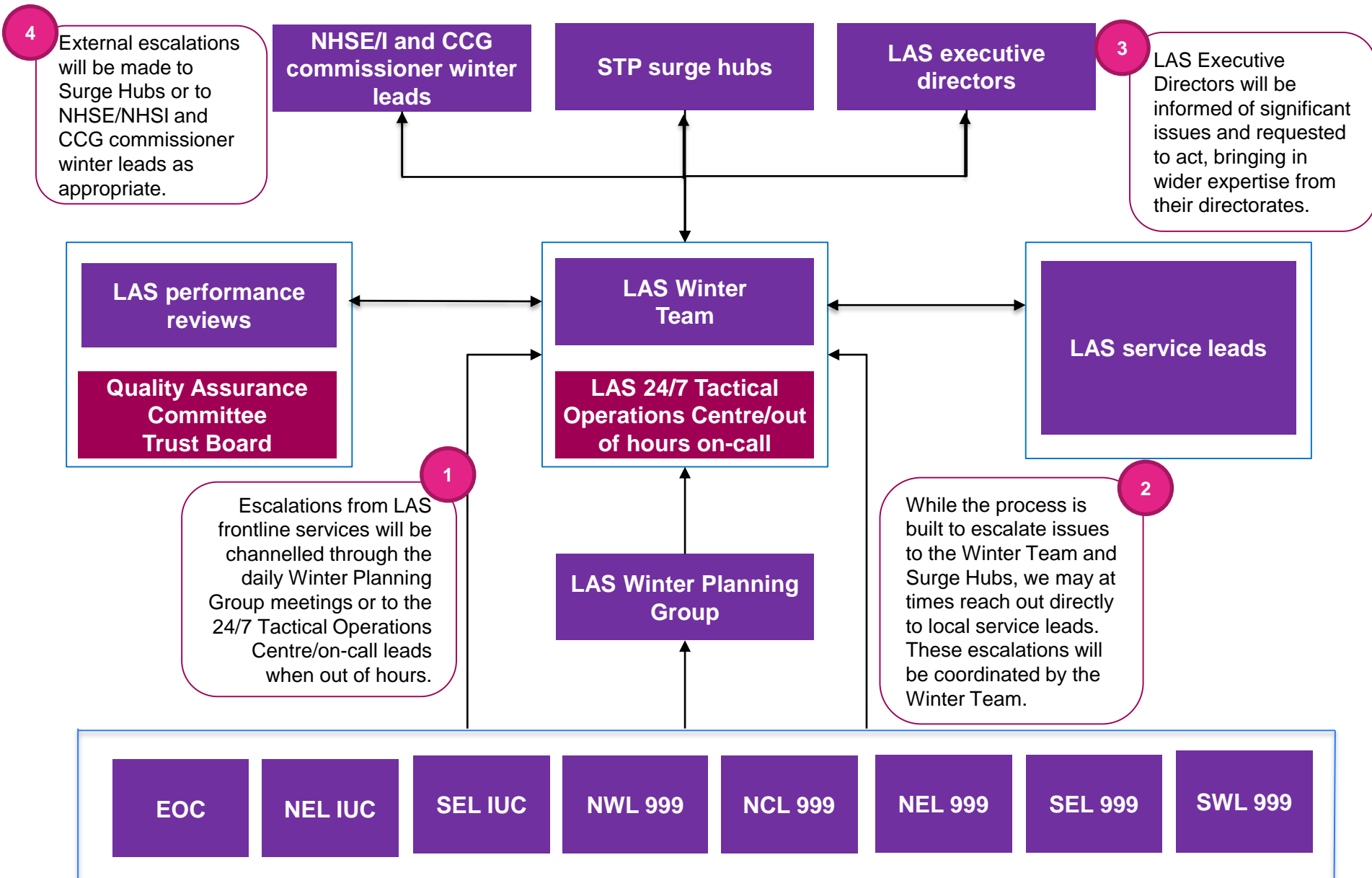
2 The LAS Winter Team will act as the core in managing internal escalations. LAS service leads and their Executive Directors will always be informed, both in and out of hours, when there are significant issues.

3 Where there are on-going external concerns, the LAS Winter Team will engage with the wider system including acutes, STP surge hubs, NHSE/I and CCG commissioner winter leads. Other key internal partners will be invited to engage as appropriate.

4 The 24/7 Tactical Operations Centre and on-call service leads will lead the escalation when there is a lack of traction with the system on weekends/bank holidays.

5 In terms of internal governance, performance over the winter period will be reviewed at the monthly performance review meetings while performance information will be included in the performance and quality reports which will be provided to the Quality Assurance Committee and the Trust Board meetings over the winter period.

## ... and the principles can be represented as a series of process flows



## A sample daily schedule has been developed

Timing	Activity
04.00 – 04.30	Winter grip teleconference – led by the 24/7 Tactical Operations Centre
08.00 – 08.30	Winter grip teleconference – led by the 24/7 Tactical Operations Centre
08.30 – 09.00	Handover to the Winter Team from Incident & Delivery Manager/on-call leads of any overnight issues
09.00 – 09.30	Winter Team preparation of brief for Winter Planning Group
09.30 – 10.30	Winter Planning Group <ul style="list-style-type: none"> <li>• Data/performance review</li> <li>• Follow up actions from previous day</li> <li>• Prioritise issues for the day</li> </ul>
10.30 – 11.30	Winter Team will hold a weekly call (day/time TBC) with CCG commissioning winter lead and NHSE/I winter representative to report on performance and any external escalations
12.00 – 12.30	Winter grip teleconference – led by the 24/7 Tactical Operations Centre
15.30 – 16.00	Winter Planning Group (this meeting will only proceed if necessitated by service pressures)
16.00 – 16.30	Winter grip teleconference – led by the 24/7 Tactical Operations Centre
17.00	Winter Team handover any issues to the 24/7 on-duty Incident & Delivery Manager/on-call leads
20.00 – 20.30	Winter grip teleconference – led by the 24/7 Tactical Operations Centre
23.00 – 23.30	Winter grip teleconference – led by the 24/7 Tactical Operations Centre

# The centrepiece of our winter response to support the London urgent and emergency care system will be....

## Fast tracking learning for winter in two key areas

### 1. Transformation of the LAS 999 Clinical Hub



Reducing ambulance dispatch and conveyance to ED by changing the way we use our skilled and multidisciplinary 999 Clinical Hub and enabling them to connect seamlessly with the rest of the NHS system.

Enabling the 999 Clinical Hub to transfer 999 Category 5 patients (non-ambulance response) to local IUC CAS services across London for improved local primary care-based management, and allowing our Clinical Hub staff to focus on clinical revalidation of 999 Category 3 & 4 patients and referrals to alternative downstream services, which saw a 41.5% increase on the NEL Perfect Day, including mental health, rapid response services, dental, pharmacy, and primary care (including direct electronic appointment bookings)

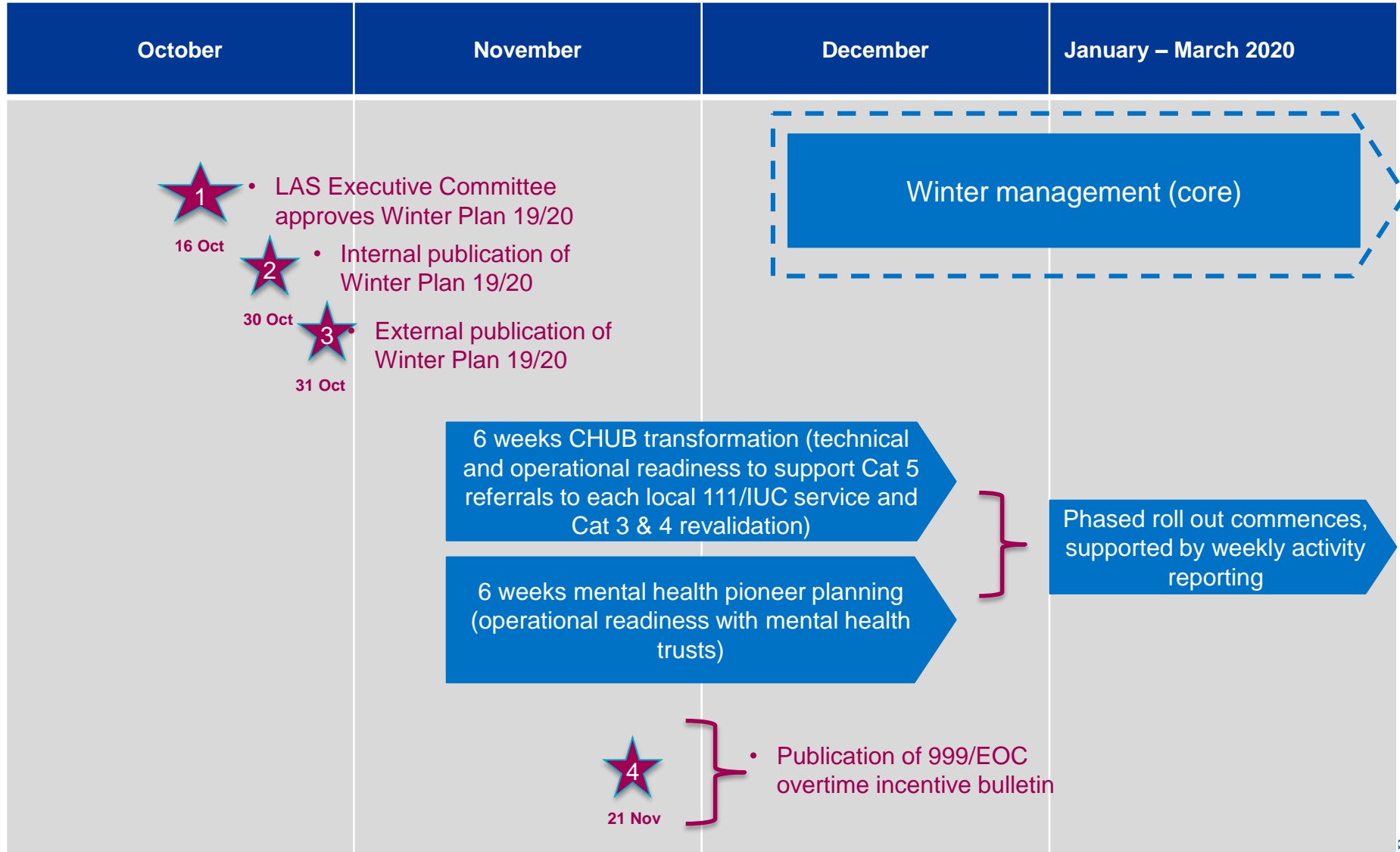
### 2. Expansion of the Mental Health Joint Response Car Service

Increasing utilisation of mental health pathways, reducing ambulance conveyance to ED and improving the outcomes for patients who dial 999 and require urgent mental health support (complex mental health calls account for 9% of total LAS incidents) by expanding the coverage of the LAS mental health response cars in partnership with mental health professionals from local Mental Health Trusts.

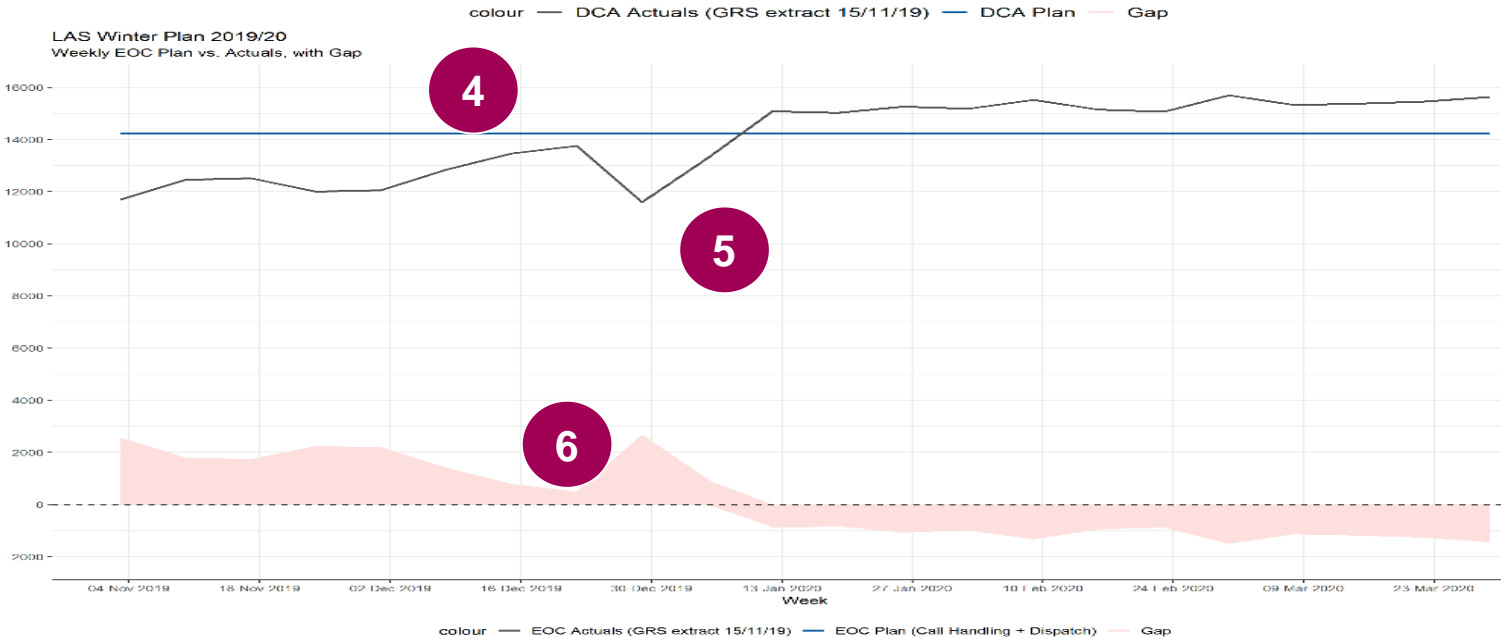
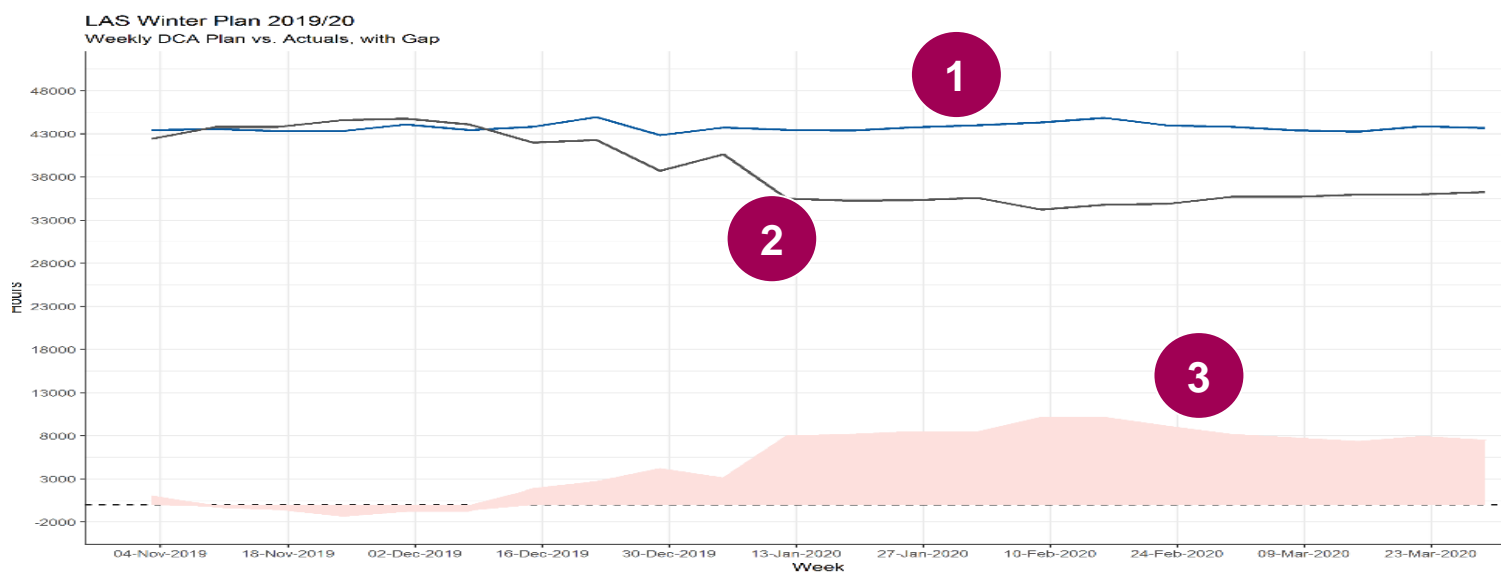
This builds on a 6 month SEL pilot, which saw a 34% reduction in ambulance conveyances to ED. Each additional mental health response car, delivering a 12 hour shift (11am-11pm) 7 days a week could prevent 170 patients attending hospital when their needs can be better met elsewhere. Scaled with 6 cars operating across London this could reduce c.1,000 ED conveyances over January- March 2020



## In the lead up to winter, there will be a managed process of start up and induction for the winter team



# The Trust is working to maximise its staffing capacity to meet winter demand projections



Key	
1	DCA staffing plan
2	Current DCA staffing levels
3	Current DCA staffing gap
4	EOC staffing plan
5	Current EOC staffing levels
6	Current EOC staffing gap

## As per section 8 of the Trust's Winter Plan 2019/20, the Trust will mitigate the staffing capacity gaps in the following ways:

1 Clinical Team Managers, Advanced Paramedic Practitioner and 108 clinically trained managers/staff will be rostered onto DCA shifts. This will produce an additional 109,000 staff hours between November 2019 and March 2020 and result in a saving to the Trust of £3m in overtime costs.

2 To cover the remaining gap, Finance has approved £6.2m in overtime costs between November and March for the frontline and EOC. A further £1.3m has been approved for overtime incentives which will be directed at high risk days. The 999 overtime bulletin is scheduled for publication on 21 November 2019.

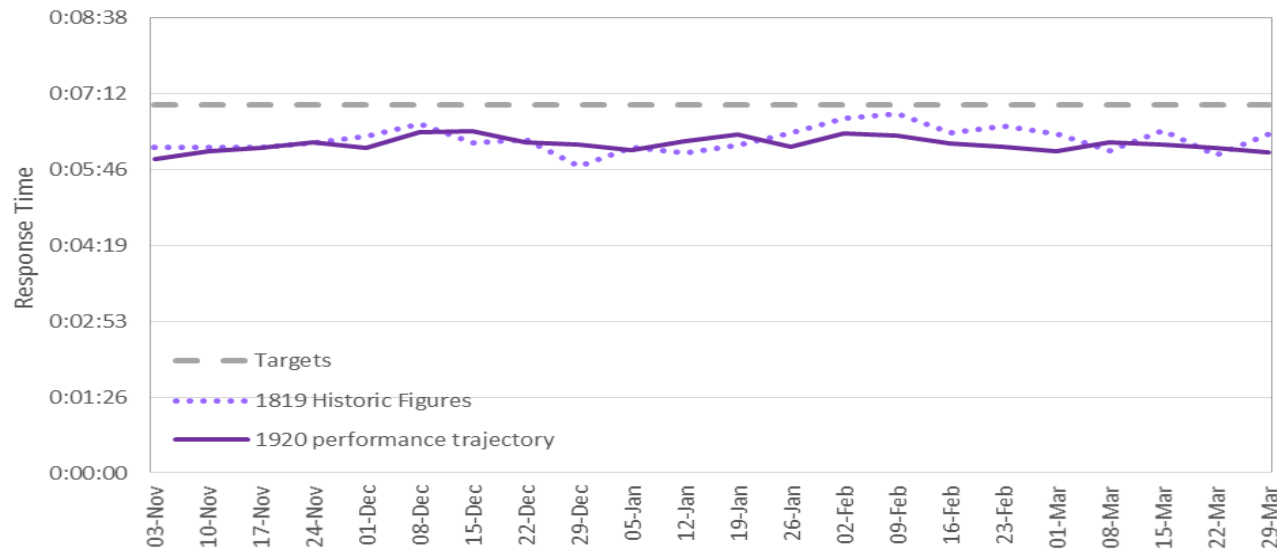
3 All non-essential training and meetings will be deferred in December.

4 Arrangements are being made to maximise the capacity of our Non-Emergency Transport Service (NETS) bank staff, emergency and community first responders and operational placement centres ahead of winter.

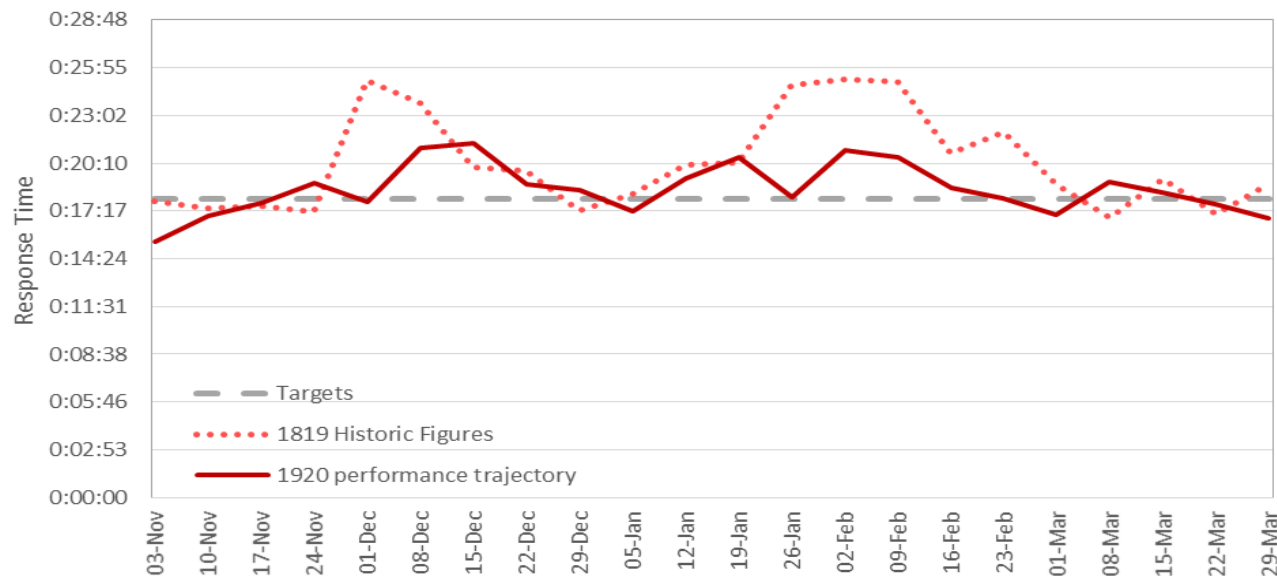


## Planned levels of Category 1 and Category 2 performance

**C1 Mean - 2018/19 actuals against 2019/20 winter forecast**



**C2 Mean - 2018/19 actuals against 2019/20 winter forecast**



- As shown in the adjacent graph, the Trust expects to deliver our Category 1 standards over the winter period,
- Category 2 will be challenged but, as shown in the graph, we are expecting to see stronger performance than last year.
- The forecasted times are based – in part – on an expected increase in hospital turnaround time over winter based on a seasonal profile that reflects the increase of pressure on the wider health system at this time.
- Performance forecasts for call handling and the IUCs are in development and are due to be available in December.

## Next steps

1

Fill gaps in frontline resourcing with the additional 109,000 hours identified from rostering Clinical Team Managers, Advanced Paramedic Practitioners and 108 clinically trained managers/staff not currently working on a frontline resource onto DCA patient facing shifts. The 999 overtime incentive bulletin will be published on 21 November 2019 to mitigate the remaining resourcing gaps on identified high risk days.

2

Complete the IUC capacity plan and performance forecasts based on known IUC demand forecasts. Mitigate any days which forecast call handling performance below trajectories agreed with IUC commissioners.

3

Commence (1) the 6 week Clinical Hub transformation (technical and operational readiness to support Category 5 referrals to each local 111/IUC service and Category 3 & 4 revalidation) and (2) the 6 week mental health pioneer planning (operational readiness with mental health trusts).

4

Ensure robust operational plans are in place for high risks days across the service including bank holidays and the bespoke New Year's Eve plan.



## Assurance Quality Assurance report: Committee

Date: 05/11/2019

Summary report to:	Trust Board	Date of meeting:	26/11/2019
Presented by:	Mark Spencer, Non-Executive Director, Chair of Quality Assurance Committee	Prepared by:	Rita Phul, Corporate Secretary

### Matters for escalation:

- Multi dose bags – The Committee noted the challenge regarding electronically tracking multi dose bags from dispatch to administering the drug. Due to the significant clinical challenge the matter was being addressed via the Portfolio Management Board. The Committee was assured that this was receiving priority from the Chief Operating Officer and the Chief Medical Officer.
- The high number of physical assaults recorded against frontline crews was observed, noting that out of 500 reported cases, only two prosecutions had been pursued. It was noted that greater clarity was required to establish where abuse was secondary to alcohol or mental illness; however, the workforce should be encouraged to ensure that all incidents were reported.

### Other matters considered:

- Deep dive into AED failure to shock – As a result of ongoing themes regarding delayed defibrillation in Q1 of this year the Serious Incident Group had followed up thematic analysis into delayed defibrillation incidents to examine common themes and identify what further actions were required to support staff to ensure defibrillation was commenced in a timely manner. The review made 11 recommendations. A stakeholder meeting will take place in November 2019 to confirm an action plan which will be monitored to completion by the Serious Incident Assurance and Learning Group.
- Perfect Day Report – The North East London (NEL) Perfect Day took place for 16 hours on Monday 30 September 2019, providing an exciting opportunity to test the feasibility of London 999/111 integration. Headline impacts noted included reduced ambulance conveyance of 40% across the capital.
- Of the £14.1m schemes, 17 CIPs required Quality Impact Assessments (QIAs), these have been submitted and approved by the Medical Director and the Chief Quality Officer.
- The Trust was involved in the WHO World Patient Safety Day on Tuesday 17 September. The Trust shared communications via the Trust's intranet pages and internal LiA site and externally on both Twitter and Facebook accounts. The communication explained what

the day was about and asked people to get involved by commenting on what patient safety means to them by asking them to complete the following sentence #patientsafetyis. The communication was received positively both internally and externally with over 1.8k views from the public.

- Grenfell Tower Public Inquiry – It was noted that the Chief Coroner had commended the London Ambulance Service NHS Trust in responding to the incident. It was noted that the inquiry had noted the cross working of the emergency services. A Prevent Future Deaths notice was received but no individual had been specifically noted.

#### **Key decisions made / actions identified:**

- The Committee noted the Learning from Deaths Policy had been drafted and would be circulated to the Committee in correspondence for comments, and to be approved by the Trust Board on 26 November 2019. It was noted that this was the first time the Trust had a Learning from Deaths Policy and that this was required to be published to the Trust's website by the end of the year.

#### **Risks:**

- The Trust's challenge to track multi-dose bags from dispatch to administration of drugs.
- 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.

#### **Assurance:**

- Advanced Paramedic Practitioners (APP) – A deep dive into APP critical care governance was presented to the Committee reflecting on a proposed governance and reporting structure to provide greater assurance. The Committee observed that the group had been through significant period of management changed and was now achieving stability and integration into management groups.
- The Trust has now trained 93 Lead Investigators (LI's) 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.



## Assurance Audit Committee report:

Date: 07/11/2019

Summary report to:	Trust Board	Date of meeting:	26/11/2019
Presented by:	John Jones, Non-Executive Director, Audit Committee Chair	Prepared by:	John Jones, Non-Executive Director, Audit Committee Chair

### Matters for escalation:

- The Trust Board is recommended to approve the updated Standing Orders and Standing Financial Instructions presented today.
- The Trust Board is recommended to approve the updated Anti-Fraud, Bribery and Corruption Policy.
- The Trust Board, acting as corporate trustees, is recommended to approve the London Ambulance Service NHS Trust Charity Annual Report and Financial Statements for the year ended 31st March 2019

### 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. Given these BAF risks are largely unchanged discussion focused on other highly rated risks on the Corporate Risk Register and the need for scrutinising Committees to consider these for mitigations or upgrade to BAF risk.
- Use of single tender waivers for September and October 2019 were reviewed. There were four instances during this period.
- A report on the Losses and Special Payments for the six months to 30 September 2019 was reviewed by the Committee. Expenditure on vehicle accidents continues to show a reduction compared with the same period last year (£353k 40% less than 2018/19).

#### 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.
- A number of reviews have been delayed due to a variety of reasons and, although we are still on track to deliver the 2019/20 Internal Audit Plan, up to seven reviews are expected to be considered at the February 2020 meeting of the Audit Committee. It is important that the timetable does not slip any further and it was agreed that the report on 111 /IUC budgetary control would go to the Finance and

Investment Committee on 20 November 2019. In addition, completed reports will be circulated to the Audit Committee as soon as available rather than waiting for the next Committee meeting.

- Review of overdue Internal Audit recommendations reveals a continued improvement with all remaining items now within agreed amended due dates.
- One internal audit study had been completed and the findings presented–

#### Medicines Management Review

- The Trust Medical Director and Trust Pharmacist were present to discuss the findings and inform the Committee.
- The assurance rating for this internal audit review was Partial assurance with improvement required (5 medium risk and 3 low risk recommendations, all of which have been agreed with management)
- The Standing Financial Instructions (including Scheme of Delegation) was last reviewed in November 2016 and an updated version was considered by the Committee. Minor amendments were agreed.
- The Standing Orders was last reviewed in February 2017 and an updated version was tabled for review by the Committee.
- An updated Anti-Fraud, Bribery and Corruption Policy was considered by the Committee and approved.
- A number of processes required in respect of annual governance requirements were considered- see section below for decisions agreed.
- A report on the outcome of a review of Trust policies, following the findings of the Care Quality Commission's recent visit, was presented to the Committee. It proposes a new framework to tighten the management of Trust policies and other procedural documents, including maintenance of a comprehensive Policy Register and clarity over responsibility to upload policies onto the Pulse.
- The Committee's forward plan was reviewed

#### Key decisions made / actions identified:

- To recommend to the Trust Board approval of the revised Standing Orders and Standing Financial Instructions.
- To recommend to the Trust Board, acting as corporate trustees, approval to the London Ambulance Service NHS Trust Charity Annual Report and Financial Statements for the year ended 31st March 2019
- To recommend to the Trust Board approval of the updated Anti-Fraud, Bribery and Corruption Policy.



- The Committee agreed to the processes to be established for the:
  - Annual review of Corporate Governance
  - 2019/20 final accounts timetable
  - Annual review to assess the effectiveness of the internal audit, local counter fraud and external audit services

#### **Risks:**

- No new risks were highlighted but the in-depth report on Policies Process reveals a number of policies with overdue review dates. The Audit Committee will review progress on rectifying this at its meeting in April 2020.

#### **Assurance:**

- The Internal Audit Review of Medicines Management had a rating of Partial assurance with improvement required
- The Independent Examiner's (Ernst and Young) statement to the trustees of the LAS Charitable Fund provides assurance that no material matters gives them cause to believe that the accounting records and requirements for the Charity Accounts for the year ended 31 March 2019 are not in accordance with the Charities Act or Charities Regulations.
- Both representatives of the internal (Grant Thornton) and external (E & Y) auditors were present at the meeting.





**Assurance report:** **Logistics and Infrastructure Committee**

**Date:** **12/11/2019**

<b>Summary report to:</b>	<b>Trust Board</b>	<b>Date of meeting:</b>	<b>26/11/2019</b>
<b>Presented by:</b>	<b>Theo de Pencier Non-Executive Director, Chair of Logistics and Infrastructure Committee</b>	<b>Prepared by:</b>	<b>Theo de Pencier Non-Executive Director, Chair of Logistics and Infrastructure Committee</b>

## Matters for escalation:

- Estates compliance - the Committee was made aware of a significant backlog in tackling compliance issues across the LAS estate, in particular related to fire risk assessment recommendations and potential legionella risks. This issue had also been raised in the Health and Safety report. The Chief Operating Officer undertook to provide the Committee with an update on numbers, priorities and timelines for addressing these issues as soon as possible.
- Vehicle availability - reporting showed challenges with regard to ambulance availability highlighted by the introduction of new staff rosters. An investigation carried out by the Operations directorate indicated that this issue was down to a number of causes, not all in the control of the Fleet team. A report will be presented to the Committee's January meeting identifying remedial action to address capacity issues, reduce gaps and further improve availability.
- IM&T Capacity and Capability - the Committee sought assurance with regard to the Trust's bandwidth to implement the electronic patient care records (ePCR) and the Computer Aided Dispatch (CAD) system replacement projects alongside ongoing business requirements. In particular, it sought assurance that these projects would be sufficiently resourced and subject to Executive oversight, with manageable timescales and deliverables. It also asked what the Trust might stop doing in order to ensure the successful delivery of these vital projects and what additional resource might be required. After discussion it was noted the full business case (FBC) for ePCR and the outline business case (OBC) for CAD would be presented to L&IC in January 2020.
- Uninterruptible Power Supply (UPS) at Bow - the Committee was concerned that the previous remedial action leading to this risk's removal from the Board Assurance Framework (BAF) appeared to have introduced fresh risks to the performance of the UPS at Bow. In the light of this the Committee sought assurance regarding the resilience of the system. Partial assurance was received in relation to overall UPS resilience but the Committee awaits the result of a

further independent review, currently underway, which will establish whether additional remedial action to the system is required.

#### Other matters considered:

- Accidents and claims – the Committee noted a continued improvement in reporting and reducing accident repair costs; however there is still much to be done to bring LAS accident rate per vehicle more in line with peers.
- Ongoing performance reporting - Fleet and IM&T reporting continues to improve providing valuable context to Committee discussions.
- Health & Safety – the Committee was provided with a clear and comprehensive report. Concerns were highlighted and remedial action identified.
- Data Quality - the Committee welcomed the structured approach currently being taken to data quality work within the trust and noted progress in tackling issues raised in previous audits. The Head of Data Quality would provide further detail at future meetings of the Committee.

#### Key decisions made / actions identified:

- Vehicle availability improvement plan to be presented at January 2020 meeting.
- Updated IM&T priorities and plans to be presented to the committee in January.
- Estates backlog remedial action progress to be reported to the Committee in January.
- Remedial action required to address any fresh issues with UPS at Bow to be implemented as soon as possible.
- The ERICS annual submission in relation to the LAS estate is to be circulated to the Committee in correspondence. A report will be presented at the next Committee meeting.

#### Risks:

- Cyber Security – the Committee was made aware that a draft internal audit report had been received by the Trust and was being challenged by the management team. The Committee emphasised that importance of finalising this report in order to provide an independent assessment of the Trust position on this critical issue.
- ePCR / CAD - assurance is required that these critical projects will be adequately resourced and prioritised.
- Estates compliance backlog - proposed BAF risk.
- UPS Bow - proposed short term BAF risk.

## Assurance:

- Openness and improved reporting provides partial assurance that action is being taken by management to address the key risks identified.
- Ongoing performance reporting in Fleet, IM&T, Health and Safety and Data Quality provide useful reassurance.
- Concerns remain specifically in relation to Estates backlog, UPS Bow remediation issues and ongoing cyber security threat.



## Assurance report: People and Culture Committee

Date: 14/11/2019

Summary report to:	Trust Board	Date of meeting:	26/11/2019
Presented by:	Jayne Mee, Non-Executive Director, People and Culture Committee Chair	Prepared by:	Jayne Mee, Non-Executive Director, People and Culture Committee Chair


### Matters for escalation:

- Strategic workforce planning was a major topic of discussion. The Committee provided extensive feedback on the paper that was submitted to both the Committee and to the Board on 29 October 2019. The recruitment, retention and development of paramedics given the changing requirements of the NHS was paramount. The Committee gave a clear steer for strategic workforce planning to be developed with urgency in order to address the challenges in both the short and medium term. Building a sustainable workforce is a key challenge for the Trust given the ever-growing demands on and opportunities for paramedics within the UK.
- Ali Layne-Smith has since written a paper outlining the feedback for discussion at the next Strategic Workforce Planning Group on 20 November 2019
- Recruitment of TEACS has now been restarted following the decision earlier in the year to concentrate training places on Paramedics. There is a good pipeline coming through.

### Other matters considered:

- The Committee noted the NHS Improvement/NHS England National Retention Programme to deliver support around improving nursing turnover rates in all trusts, and turnover rates for clinical staff in mental health trusts. Initially focusing on trusts with the highest turnover rates, and having completed four cohorts comprising 140 trusts, the programme had extended to all remaining trusts that had not yet received support. The London Ambulance Service NHS Trust is participating in cohort 5 of the Direct Support Programme, receiving a bespoke data pack outlining turnover metrics, staff reasons for leaving and the age profile of the Trust's staff. A retention plan would be jointly developed and submitted to NHSI/NHSE outlining the agreed action to improve turnover over the next 12 months.
- Workforce Race Equality Standard (WRES) – an update was received on the WRES action plan noting that 19% of the Trust's workforce at AFC band 8 and above was BAME, comparing favourably to 1% in 2016. Sponsorship mentoring had supported

	<p>the increase in BAME recruitment/retention, and it was intended to progress 30 BAME staff through this programme in 2020. It was noted that 13% of BAME workforce left the Trust each year and a specific retention plan would form part of the WRES action plan going forward.</p> <ul style="list-style-type: none"> <li>• Black History month was noted and celebratory messages to the workforce in recognition of Diwali and Roshan had been published on the Pulse. Melissa Berry was co-ordinating a calendar of events to recognise different cultures and celebrations through the year.</li> <li>• The October Portfolio Management Board approved four change requests for People and Culture: Digitalisation of HR files, Weekly payroll, Relocation of Expenses e-form, and the creation of a Management Hierarchy. The result of the above projects would lead to efficiency and productivity benefits.</li> </ul>
<p><b>Key decisions made / actions identified:</b></p>	<ul style="list-style-type: none"> <li>• Actions all linked to the rest of this assurance report</li> </ul>
<p><b>Risks:</b></p>	<ul style="list-style-type: none"> <li>• The Trust's ability to recruit and retain registered clinicians to 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 the Trust's ability to meet operational targets.</li> <li>• Patient safety impacted around peak annual leave periods was observed and a revised annual leave policy was being drafted to mitigate the risk.</li> </ul>
<p><b>Assurance:</b></p>	<ul style="list-style-type: none"> <li>• Sickness absence – a deep dive was undertaken with regard to sickness absence. It was noted that the Trust was well placed in comparison to other ambulance trusts and at second position nationally. The highest rates of sickness were noted to be in the Emergency Operation Centre/111 followed by sectors and then Corporate services. The Managing Attendance Policy was currently under review following feedback from Staffside colleagues and the Chief Executive Roadshows, and work was being undertaken to establish whether appropriate preventative support measures were in place. In addition, work had commenced to co-create a Health Workplace Strategy and design a resilience and emotional health framework. The Chair of the Committee suggested that as these measures were implemented that we should look to reduce our sickness absence by 1% to the NHS average which is 4%.</li> </ul>

- 
- The Committee raised significant challenge around recruitment of international paramedics for 2020/21 wishing to understand the numbers required and the route to recruitment. Assurance was provided to the Committee that 70 international paramedics would be recruited and this would be done in February 2020 without necessitating international travel.



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Integrated Quality and Performance Report			
<b>Agenda item:</b>	11			
<b>Report Author(s):</b>	Key Leads from Quality, Finance, Workforce, Operations and Governance			
<b>Presented by:</b>	Key Leads from Quality, Finance, Workforce, Operations and Governance			
<b>History:</b>	N/A			
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
<p>This high level Integrated Quality and Performance Report serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across London Ambulance Service.</p> <p>This report brings together the areas of Quality, Operations, Workforce and Finance.</p> <p>It enables effective monitoring and highlighting of potential issues to inform the business decisions of the Trust.</p> <p>Key messages from all areas are escalated on the front summary pages in the report.</p> <p>It is designed to highlight key risks and support benchmarking of Trust-wide performance against Key National, Local and Contractual Indicators.</p>				
<b>Recommendation(s):</b>				
<p>The Board is asked to note the Integrated Performance Report and receive it for information, assurance and discussion.</p>				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
<p>This report contains an overview of Trust Risks directly linked to the BAF but does not itself raise any risks.</p>				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input checked="" type="checkbox"/>			
<b>Performance</b>	<input checked="" type="checkbox"/>			
<b>Financial</b>	<input checked="" type="checkbox"/>			



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

# London Ambulance Service – Integrated Performance Report



Report for discussion with Trust Board members

Analysis based on Year to September 2019 data, unless otherwise stated

Section	Content	Pages
<b>Overview</b>	<ul style="list-style-type: none"> <li>•Narrative against Patients, People, Public Value and Partners</li> <li>•Summary of business plan delivery</li> </ul>	<b>3</b>
<b>1. Our Patients</b>	<ul style="list-style-type: none"> <li>•Trust-Wide Scorecard</li> <li>•Response time performance                             <ul style="list-style-type: none"> <li>•Operational Demand</li> <li>•Operational Capacity</li> </ul> </li> <li>•Clinical Ambulance Quality Indicators</li> <li>•IUC Performance</li> <li>•Business plan delivery</li> </ul>	<b>4</b>       <b>7</b>       <b>10</b> <b>11</b> <b>12</b>
<b>2. Our People</b>	<ul style="list-style-type: none"> <li>•Trust-Wide Scorecard</li> <li>•Vacancy Rates, Staff Turnover and Sickness</li> <li>•Health and Safety – Adverse Staff Events</li> <li>•Additional Workforce Analysis</li> <li>•Business plan delivery</li> </ul>	<b>16</b>     <b>17</b> <b>18</b> <b>20</b> <b>23</b>
<b>3. Public Value</b>	<ul style="list-style-type: none"> <li>•Trust-Wide Scorecard</li> <li>•CQUINS</li> <li>•Financial Position                             <ul style="list-style-type: none"> <li>•Income Statement</li> <li>•Cashflow Statement</li> </ul> </li> <li>•Cost Improvement Programmes (CIPS) and Capital Plan</li> <li>•Business plan delivery</li> </ul>	<b>25</b>       <b>26</b> <b>28</b>    <b>31</b> <b>32</b>

Section	Content	Pages
<b>4. Our Partners</b>	<ul style="list-style-type: none"> <li>•Trust-Wide Scorecard</li> <li>•Maximising safe non-conveyance to ED</li> <li>•Statutory responsibilities &amp; mandatory standards</li> <li>•Business Plan Delivery</li> </ul>	<b>33</b>    <b>34</b> <b>36</b> <b>37</b>
<b>5. Strategic Themes</b>	<ul style="list-style-type: none"> <li>•Overview of progress against the three strategic themes</li> </ul>	<b>38</b>

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

## Update on performance:

Provide outstanding care for **our patients**

999 Performance against national measures have broadly remained stable over time. August and September performance for Category 3 and 4 90th percentile was slightly over the standard. 999 call answering 90<sup>th</sup> percentile was significantly over the desired standard (LAS internal metric) for August-September due to continued pressures being experienced in EOC.

IUC Performance on calls answered within 60 seconds was challenged in both NEL and SEL. Abandoned calls sat within the target at both sites as did the figures for transfer to 999. Performance within the Clinical Assessment Service (CAS) continued to be significantly below contractual KPIs and work continues at pace, working alongside commissioners, to review the staffing and productivity within the CAS to improve the flow of cases.

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

Our overall vacancy rate is below our 5% target at 2.6%. Over 400 Paramedics have started/expected to join the Trust between April 2019 and March 2020. We are forecasting an overall end of year gap of 76 frontline FTEs. There remain some vacancy hotspots across the Trust for which we have plans in place. Our turnover continues to improve at 11.5%. Trust compliance in Statutory and Mandatory training has slightly improved to 82% against our 85% target and over 22,000 E-Learning Courses were completed in September. The Trust has achieved 16% BME representation although this varies at different levels in the organisation.

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

Full year forecast is to deliver a surplus of £25k, which is on plan. This forecast outturn assumes that risks around delivery of stretch CIP targets, IUC clinical triage cost pressures as well as the cost of delivering additional activity within agreed performance standards are fully mitigated. The Trust has developed a detailed mitigation plan, which is closely monitored at Directorate and Board level, to ensure delivery of its control total in year. The Trust has a use of resources score of 3 at the end of September, which is in line with plan. The Trust is planning a year end score of 1.

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

Despite seeing a fewer number of delays, the number of hours lost to hospital handovers has increased in September. However, due to continued organisational focus 'handover to green' times have reduced continuously and are now only 0.2 minutes away from the target for 2019/20.

ED conveyance during August/September saw an improvement of 0.6% in comparison to July. On going dialogue continues between the LAS and our commissioners to finalise the baseline figures for 2019/20 ED Conveyance and H&T activity. Our national position for September saw us achieve 5<sup>th</sup> for H&T, and 4<sup>th</sup> position for ED conveyance.

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

- When benchmarked across 13 key metrics included in the National Ambulance Services Balanced Scorecard, the Trust continued to be within the top three performing Ambulance Services in August and September. We were frequently best in class for the Category 1 Mean and 90th Centile measures (BP1).*
- NEL/SEL call answering performance continues to improve with some measures now above the national target (BP2).*
- Appraisal – compliance has improved during Q2 to 82% against the 85% target.*
- Good progress with ESR transformation programme with delivery of the GRS to ESR Absence interface and the Authority to Recruit eForm.*
- Turnover rates at 11.5%. (YTD 12.0%, target 10.0%)*
- The Trust has agreed a contract settlement with commissioners for 19/20, a cap and collar arrangement with a maximum payment of £373m. Commissioners have also agreed to fund £2.5m towards the total cost of the in-year pressure TEAC cost pressure. This payment is made on a non-recurrent basis and future management of this cost pressure will need to be addressed as part of the 2020-21 contracting round.*
- The Trust Cash position has improved significantly in year and is £5.8m above plan at 30<sup>th</sup> September, however this is mostly driven by slippage in the capital investment plan which is expected to catch up over the year*
- We are contributing to the Collaborative Contact & Response (CCR) programme. This programme has now been established with baseline assessments and scoping completed (BP19).*
- We have achieved the ED conveyance target in September (BP19).*



## Patients Scorecard

September 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Target & Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	National Data	Best In Class	Ranking (out of 11)
Category 1 response – Mean	mm:ss	Sep-19	<div></div>	07:00	A	00:06:41	00:06:26	00:06:22	07:15	06:39	2
Category 1 response - 90th centile	mm:ss	Sep-19	<div></div>	15:00	A	00:11:13	00:10:46	00:10:38	12:44	11:13	1
Category 1T response – 90th centile	mm:ss	Sep-19	<div></div>	30:00	N	00:19:30	00:19:12	00:19:20			
Category 2 response – Mean	mm:ss	Sep-19	<div></div>	18:00	A	00:18:28	00:18:56	00:19:24	0:22:22	0:13:09	3
Category 2 response - 90th centile	mm:ss	Sep-19	<div></div>	40:00	A	00:37:10	00:38:41	00:39:55	0:45:41	0:24:10	3
Category 3 response – Mean	h:mm:ss	Sep-19	<div></div>	1:00:00	A	00:55:45	00:56:56	00:57:01	1:09:03	0:40:18	3
Category 3 response - 90th centile	h:mm:ss	Sep-19	<div></div>	2:00:00	A	02:15:10	02:15:03	02:16:20	2:44:15	1:33:37	4
Category 4 response - 90th centile	h:mm:ss	Sep-19	<div></div>	3:00:00	A	03:01:47	03:22:09	03:10:59	03:03	01:28	5
Call Answering Time - 90th centile	ss	Sep-19	<div></div>	24	I	98	54	35			
ROSC at Hospital	%	May-19	<div></div>	33%	N	34.5%	33.9%	35.5%	31.6%	35.9%	2
Severe Sepsis Compliance - (national AQI reported quarterly)	%	Mar-19	<div></div>	N/A		89.9%	89.9%	89.5%	89.9%	77.6%	1

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

Threshold

● G KPI on or ahead of target

● A KPI off target but within agreed threshold <=10%

● R KPI off target and outside agreed threshold >10%

● KPI not reported / measurement not started

CARU data released  
14<sup>th</sup> November

Note: ROSC at Hospital and Sepsis is measured quarterly



## Patients Scorecard (NEL IUC)

September 2019

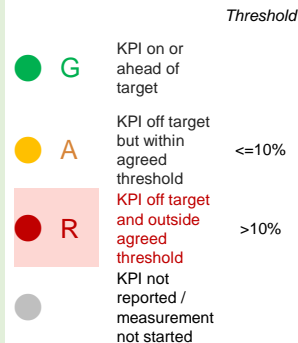
Indicator (KPI Name)	Basis	Data From Month	Target Status	Target & Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of answered calls answered in 60 seconds	%	Sep-19	🔴	95.0%	A	76.9%	86.7%	80.6%	77.6%	82.3%	4
Percentage of calls abandoned after 30 seconds	%	Sep-19	🟢	5.0%	A	3.7%	2.3%	3.3%	3.8%	2.8%	3
Total calls - Priority 1: dealt within 15 min	%	Sep-19	🔴	95.0%	C	76.1%	68.2%	59.6%			
Total calls - Priority 2: dealt within 30 min	%	Sep-19	🔴	95.0%	C	70.4%	68.6%	63.4%			
Total calls - Priority 3: dealt within 60 min	%	Sep-19	🔴	95.0%	C	54.1%	65.4%	54.6%			
Total calls - Priority 4: dealt within 120 min	%	Sep-19	🔴	95.0%	C	49.4%	70.0%	62.2%			
Total calls - Priority 5: dealt within 180 min (NEL only)	%	Sep-19	🔴	95.0%	C	56.7%	76.8%	75.8%			
Total calls - Priority 6: dealt within 240 minutes	%	Sep-19	🔴	95.0%	C	59.5%	82.1%	81.6%			
% of calls closed with no onward referral (health advisor and clinician)	%	Sep-19	🔴	33.0%	A	28.3%	26.9%	27.3%			
% of calls transferred to 999	%	Sep-19	🟢	10.0%	A	8.3%	7.5%	7.4%	10.1%	8.0%	2
% of calls recommended to ED	%	Sep-19	🔴	5.0%	A	9.6%	9.5%	8.9%	10.1%	9.6%	2

Benchmarking Key

Top 2

Ranked 3-4

Ranked 5-6







## Patients Scorecard (SEL IUC)

September 2019

September 2019				Current Performance					Benchmarking (Month)		
Indicator (KPI Name)	Basis	Data From Month	Target Status	Target & Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	London Data	Best In Class	Ranking (Pan London)
Percentage of answered calls answered in 60 seconds	%	Sep-19	●	95.0%	A	73.7%	82.2%	80.7%	77.6%	82.3%	5
Percentage of calls abandoned after 30 seconds	%	Sep-19	●	5.0%	A	4.3%	2.7%	2.7%	3.8%	2.8%	4
Total calls - Priority 1: dealt within 15 min	%	Sep-19	●	95.0%	C	79.4%	81.5%	80.6%			
Total calls - Priority 2: dealt within 30 min	%	Sep-19	●	95.0%	C	56.9%	60.0%	60.5%			
Total calls - Priority 3: dealt within 60 min	%	Sep-19	●	95.0%	C	66.0%	71.8%	67.7%			
Total calls - Priority 4: dealt within 120 min	%	Sep-19	●	95.0%	C	66.0%	73.2%	71.5%			
Total calls - Priority 6: dealt within 240 minutes	%	Sep-19	●	95.0%	C	82.7%	83.0%	82.8%			
Total calls - Priority 7: dealt within 360 min (SEL only)	%	Sep-19	●	95.0%	C	82.4%	85.6%	86.1%			
% of calls closed with no onward referral (health advisor and clinician)	%	Sep-19	●	33.0%	A	29.2%	26.5%	22.6%			
% of calls transferred to 999	%	Sep-19	●	10.0%	A	8.0%	8.3%	8.7%	10.1%	8.0%	1
% of calls recommended to ED	%	Sep-19	●	5.0%	A	9.6%	9.1%	9.4%	10.1%	9.6%	1

Benchmarking Key

Top 2

Ranked 3-4

Ranked 5-6

● G	KPI on or ahead of target	
● A	KPI off target but within agreed threshold	<=10%
● R	KPI off target and outside agreed threshold	>10%
●	KPI not reported / measurement not started	

Threshold

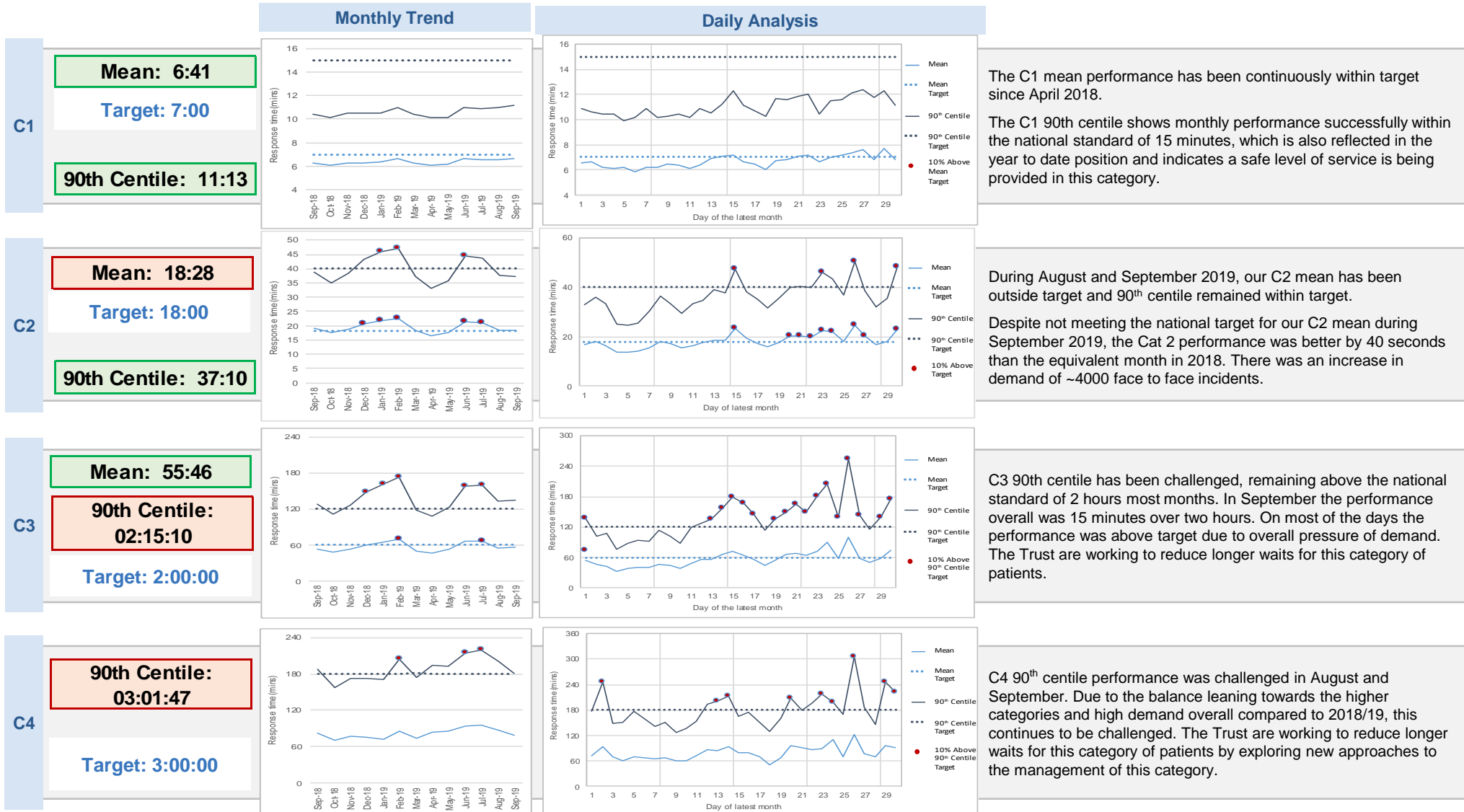


# 1. Our Patients

## 999 Response Time Performance



The September Category 1 mean returned 6 minutes 41 seconds while the Category 1 90th centile was 11 minutes 13 seconds. The Category 1 90th centile has remained within the standard each week since the implementation of the Ambulance Response Programme (ARP) and shows that our most critical patients are being responded to quickly. The latest nationally published data shows that the Trust is ranked second in the Category 1 mean measure and ranked first in the Category 1 90th centile measure when compared to all Ambulance Trusts across England.





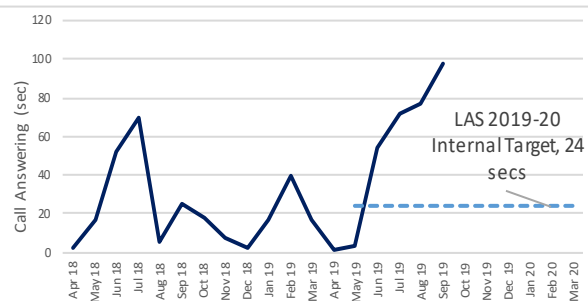
The level of demand each month has a direct relationship on our performance metrics. Ensuring we make the most appropriate response is critical to managing demand effectively and therefore making the most of our resources and capacity to respond to our most critical patients.

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

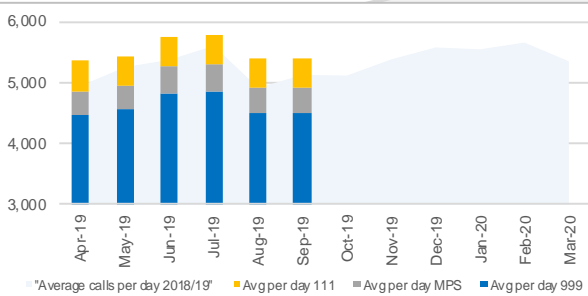
### 999 Calls Received

August and September 2019 saw a higher number of calls compared to an equivalent period in 2018/19. Call answering performance has been regularly challenged and our 90<sup>th</sup> centile call answering target was not met.

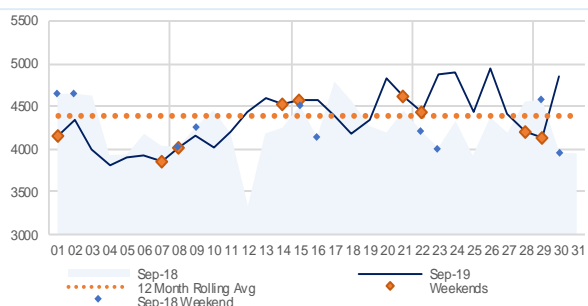
#### Performance (90<sup>th</sup> Centile)



#### Average Calls Per Day



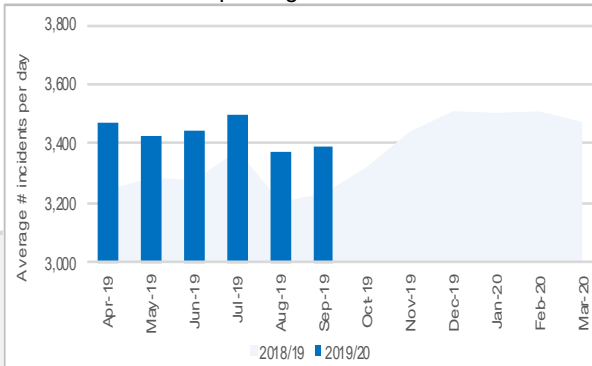
#### Daily Calls Answered



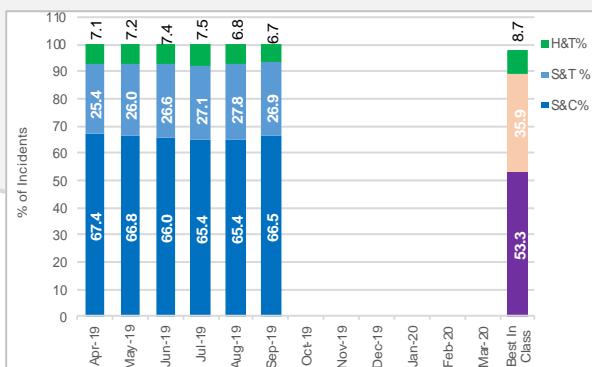
### Incidents and Response Type

August and September 2019 delivered continued pressure on the Trust, with the average number of incidents per day remaining higher than in 2018/19. Performance improved for ED conveyance compared to 2018/19 due to concentrated effort on improving this measure.

#### Incidents



#### Response Type

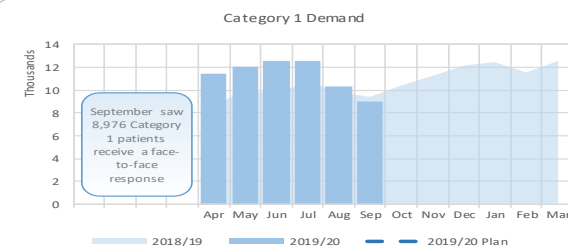


During September 2019, SWAS was best in class achieving 35.9% and 58.2% for their S&T and S&C outcome; leaving the LAS at 28.5% (6<sup>th</sup> place) and 64.8% (8<sup>th</sup> place) for these response types.

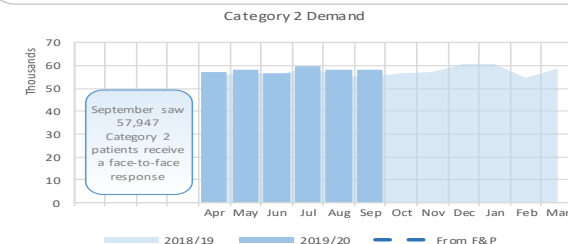
IoW was best in class for achieving H&T at 8.7%, with LAS in 5<sup>th</sup> place with 6.7%.

### Incident Category (By Month)

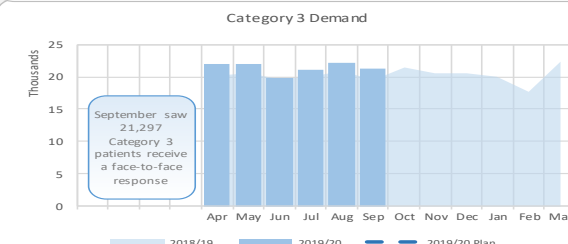
#### C1



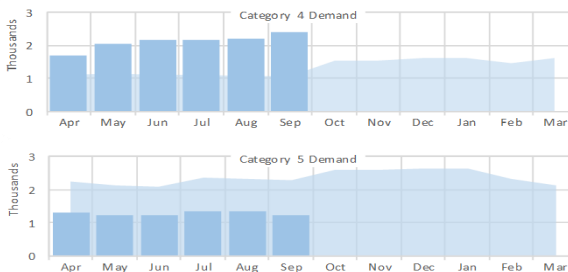
#### C2



#### C3



#### C4/C5

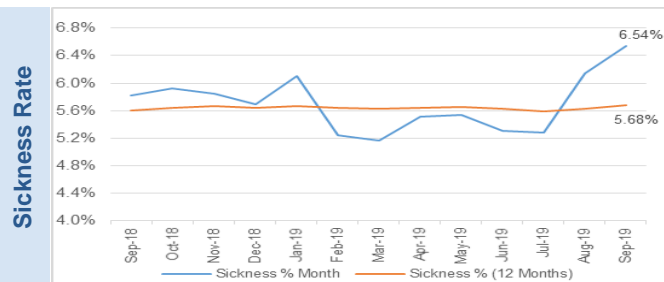
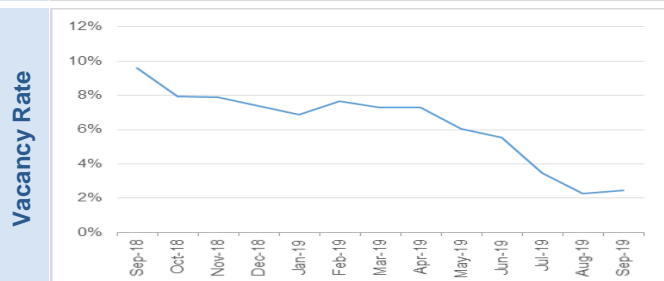
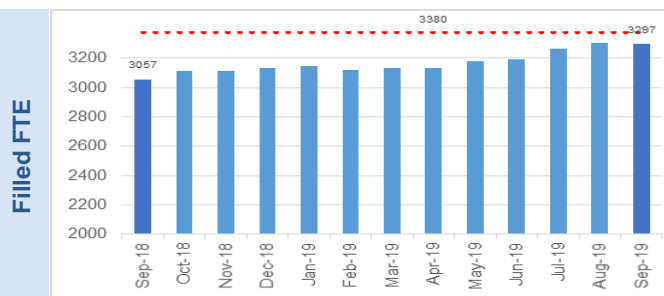




Our ability to meet this demand is dependent on our operational capacity and our ability to minimise the time that this unavailable. We consider two aspects of our capacity: our operational staff and our fleet of response vehicles.

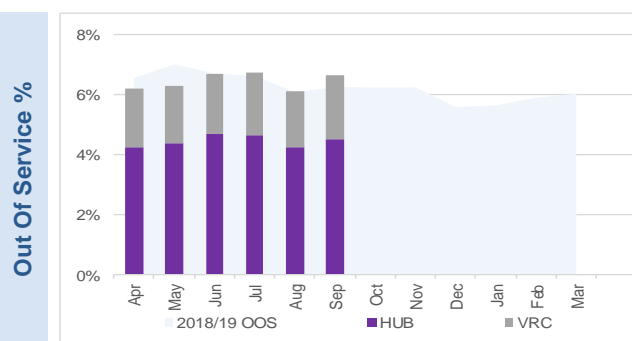
### Frontline Operational Staff

The number of filled operational FTE has shown a stable improvement over 2019/20 and we continue to place considerable effort into our recruitment and retention activity. There has been recruitment improvement in Q2 (July to September 2019) compared to the same period last year. (See Our People section of this report for further detail across the organisation)



### Vehicle Availability and Patient Facing Hours

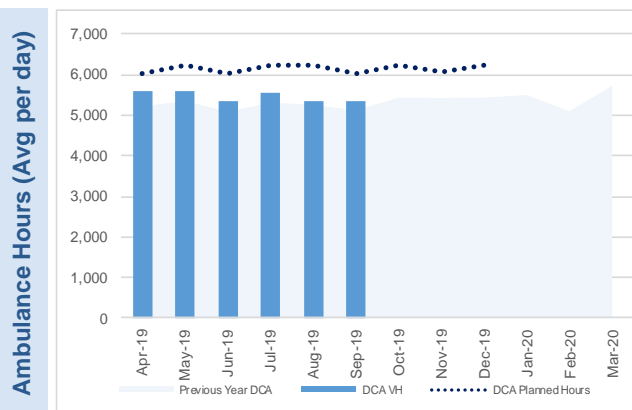
Overall Out Of Service rate has gone up to 6.7%, in line with the previous year. The steady improvement in OOS associated with vehicle availability has faltered. This is directly attributable to the pattern of the new rosters. Fleet and Logistics continue to be challenged by the PVR. Operational demand for vehicles is set well above the rostered requirement.



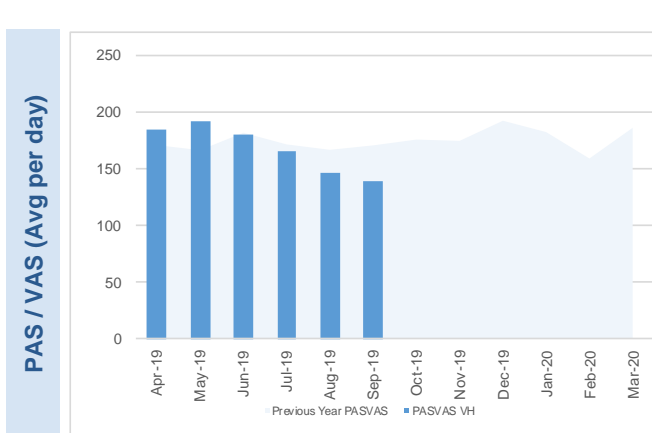
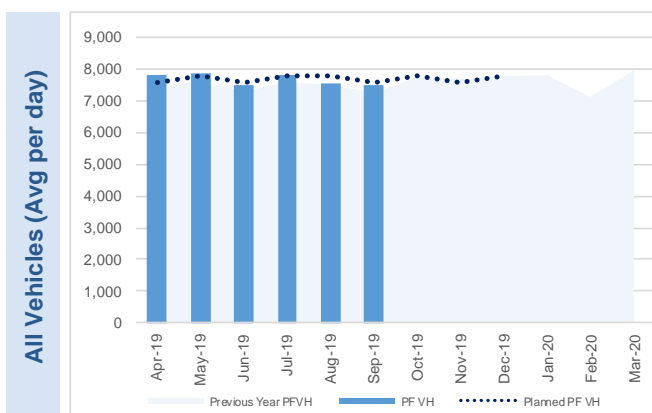
Note:

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

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



The Trust has provided an average of 7,813 and 7,554 patient facing vehicle hours per day in August and September respectively. The trust has reduced the utilisation of PAS hours per day in comparison to the equivalent period in 2018/19.



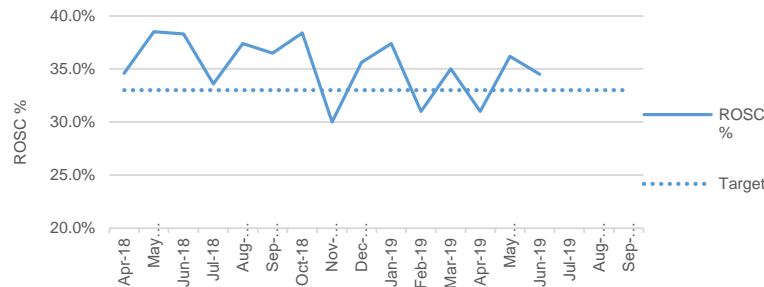


Our Trust-wide scorecard covers four of the key Ambulance Quality Indicators: Cardiac Arrest - Return of Spontaneous Circulation (ROSC) at Hospital, Sepsis - Care Bundle, STEMI - Call to angiography and Stroke - Call to door. The data presented is from June 2019, which is the most recent month published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

## ROSC at Hospital

**Month:**  
**34.5%**

**Target: 33%**

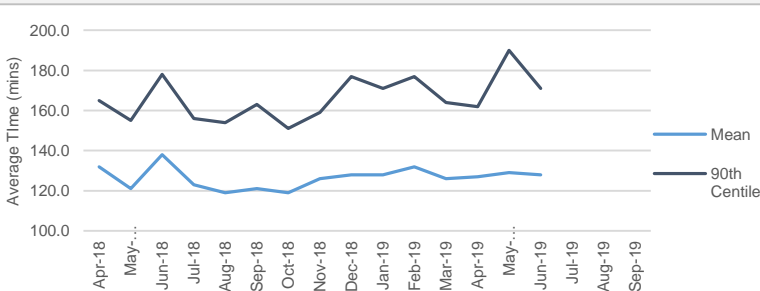


We maintained our 2<sup>nd</sup> place position for 'ROSC on arrival at hospital' for the overall group (34.5%). However, we dropped below the national average for the Utstein comparator group into 6<sup>th</sup> place (55.3%).

## Sepsis Care Bundle

**Month:**  
**89.9%**

**Target: 95%**

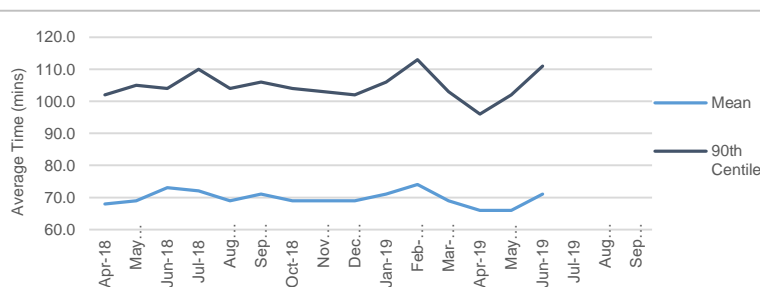


We achieved a 1<sup>st</sup> place ranking for our delivery of the sepsis care bundle (89.9%), well above the national average of 77.6%.

## STEMI call to angiography

**Mean: 02:08**

**Target: TBC**



We were better than the national average for the mean 'call to angiography' time for STEMI patients (02:08). Our 90<sup>th</sup> centile time of 2:51 was also better than the national average of 2:57.

## Stroke call to door

**Mean: 01:11**

**Target: TBC**

We dropped to joint 2<sup>nd</sup> place for the first time this financial year for the mean 'call to hospital' time for suspected stroke patients (01:11).



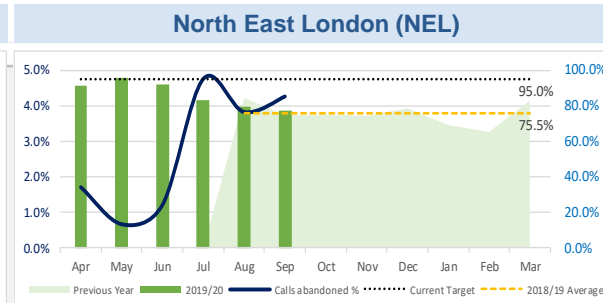
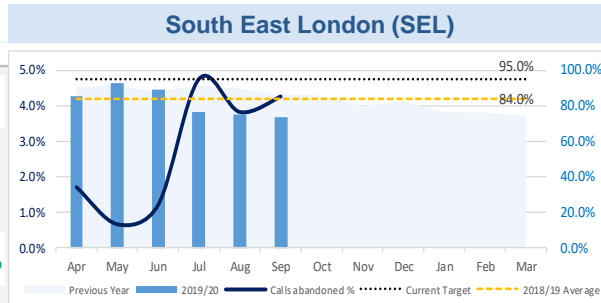
Call answering performance improvement has slowed at both North East London (NEL) and South East London (SEL) due to reduction in agency spend. Both SEL and NEL are within the target for abandoned calls and for transfer to 999.

### Call Answering & Abandoned Calls

**SEL: 73.7% / 4.3%**

**Target: 95% (CA) and 5%**

**NEL: 76.9% / 3.7%**



The performance of 111/IUC services is deteriorated over the last few months due to tighter controls in place for agency spend. Work is in train to refine our model and improve response times.

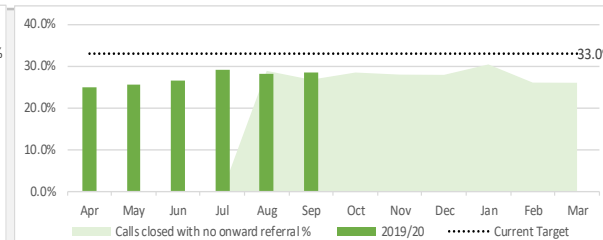
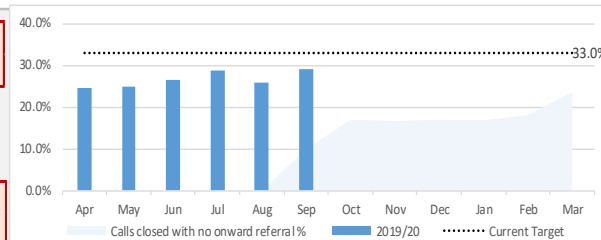
The number of calls abandoned by patients has fallen to the extent that we are now meeting our contractual standards against this metric.

### % of calls closed with no onward referral

**SEL: 29.2%**

**Target: >33%**

**NEL: 28.3%**



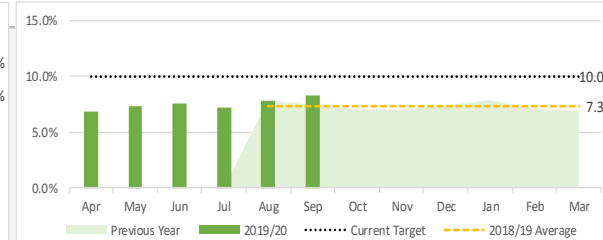
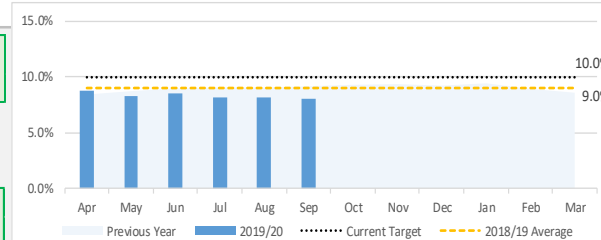
We are continuing to work to identify which patients benefit most from being managed via the CAS so that patients can have an advanced clinical assessment made and their care completed without onward referral. This significantly improves the quality of care provided over a standard 111 service and releases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

### Calls Outcome: Transferred to 999

**SEL: 8.0%**

**Target: <10%**

**NEL: 8.3%**



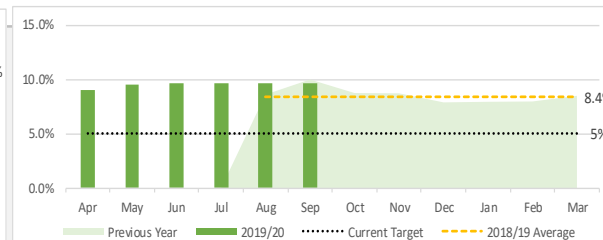
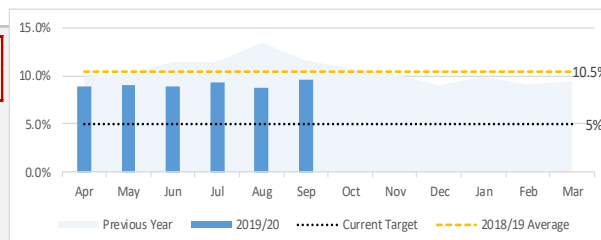
Referrals to 999 services remain within the 10% national standard for both NEL and SEL. During September, NEL delivered 8.3%, with SEL delivering 8.0%. This performance compares positively against the London average and remains the lowest of all providers in London, indicating the benefits of a clinical assessment service (CAS).

### Call Outcome: Recommended to attend ED

**SEL: 9.6%**



**Target: <5%**






**NEL: 9.6%**



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



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.1	We will deliver our national performance and quality standards by optimizing our operational response model and delivering our operational plan	Khadir Meer / Pauline Cranmer		The 999 Operating Plan was approved by the ExCo on 7 <sup>th</sup> August. The focus has now moved to delivering the plan which is targeting improved frontline performance through a combination of higher quality, efficiency and productivity initiatives. Progress against each of the workstreams (efficiencies, clinical response, people, vehicles) is being managed by the biweekly Operational Performance Group chaired by the interim Director of Emergency Ambulance Services. The works streams continue to be managed through their ADO leads, with central oversight from the Director of Ambulance Services. Of the 47 actions within the plan – 18 are recorded as closed (delivered or now as part BAU activity), 25 are Green (on track), 4 are Amber (at risk) and 0 are Red (off track).
BP.2	We will deliver our national 111 / IUC performance and quality standards through provision of an appropriate commissioned clinical decision support system and organisation of clinical teams in 111, 999 and Clinical Hub, to provide holistic clinical oversight, thereby making the best use of all available clinical resources.	Khadir Meer / Athar Khan		<p>The IUC team have amalgamated three plans into one master plan. This plan covers;</p> <ul style="list-style-type: none"> <li>Initial feedback from technical and restructure groups</li> <li>Feedback from After Action Review</li> <li>Action plan from Freedom to speak up concerns</li> </ul> <p>In addition to this we have agreed a minimum resourcing level, to provide clinical assurance within our financial envelope. The CAS resourcing is overseen by a senior CAS manager and ensures that clinical resourcing as a degree of rigour and compliance. We continue to work with commissioners to build a suitable reporting suite for future CAS metrics.</p>

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


**BP.1 Performance and Quality standards Narrative:**

The 999 Operating Plan was approved by the ExCo on 7<sup>th</sup> August. The focus has now moved to delivering the plan which is targeting improved frontline performance through a combination of higher quality, efficiency and productivity initiatives. Progress against each of the work streams (efficiencies, clinical response, people, vehicles) is being managed by the biweekly Operational Performance Group chaired by the interim Director of Emergency Ambulance Services.

Status	Work stream
<b>Operations</b>	
Closed/Delivered	Dedicated clinicians will be appointed in the Clinical Hub to maintain the safety of held Category 2, Category 3 and Inter Hospital Transfer (IHT)/HCP patients.
Closed/ Duplication	Implement recommendations made by the medical directorate following their engagement with the International Academies of Emergency Dispatch.
Closed/Ongoing	Consider reduction in FRUs (pan-London).
Closed/Delivered	Formal review of all staff who are currently seconded away from the frontline.
Closed/Delivered	Implement the new national frameworks for HCPs/IFTs
On Track	Publish plan about potential relief rosters/relief welfare with recommendations concerning the next generation of rostering.
Closed/Delivered	Review the flexibility of overtime shifts.
Closed/Delivered/Ongoing	Plan developed for all clinically trained managers (Ops) to undertake a minimum number of dedicated shifts on the frontline or in the clinical hub/clinical assessment service during peak demand periods.
On Track	Delivery of established milestones for ensuring that frontline crews are using iPads/key Apps.
On Track	Receive resolution to crews not being able to access UTCs where they are co-located with emergency departments.
On Track	Engage with Clinical Education and Standards in the planning for the 2020/21 Training Plan.
On Track	Develop and implement a new consistent approach to the handling and reporting of unauthorised absences.
On Track	NETS action plan and trajectory delivering 1,000 patient journeys per week.
On Track	Review NETS hours of operation and its assistance in multi-patient journeys as part of any surge management plans.
Closed/Inactive	Additional IDM support to be secured for the peak winter period.
On Track/ Ongoing	Delivery against all CIP action plans.
Closed/ Ongoing	Overtime take up to be rigorously reviewed by the Operations Performance Group while also ensuring that vehicles are available.
On Track/ Ongoing	Continue to work in partnership with local emergency departments to support ECIST initiatives to reduce arrival to handover delays.
<b>People and Culture</b>	
On Track/ Ongoing	The Payroll department will investigate the feasibility of quickly introducing a fast-track payment mechanism for overtime worked.
Closed/ Ongoing BAU	Strengthened process for undertaking attendance audits will be developed in partnership with Operations.
Closed/Inactive/Held	Alternative approaches to recruiting will have been considered through the Strategic Workforce Planning Group alongside the skill mix required for the future.
Closed/Ongoing Actions	Complete the 'deep dive' into the reasons for musculoskeletal injuries being caused, and where these are most and least prevalent across the Trust, so that recommendations for preventative action can be developed.
At Risk	Managing Attendance Policy rolled out together with the supporting programme for operational managers.
On Track	Develop a Retention Plan in partnership with Operations.
On Track	Full review to be undertaken which relates to how we manage staff on restricted duties.
At Risk	PAM, our occupational health provider, will complete the vaccination programme.
Closed/Delivered	2019/20 flu vaccination programme started.





Status	Workstream
<b>Medical</b>	
On Track	Engage with the International Academies of Emergency Despatch to analyse the Service's Category 1 data and recommend internal actions.
On Track	Review of the 2019/20 Training Plan in order to potentially avoid training staff at periods of particularly high demand.
On Track	Develop a campaign relating to on-scene times which will commence in late summer 2019.
On Track	Undertake a review which is aimed at reducing unnecessary multiple attendances which are despatched to cardiac arrests.
On Track/ Ongoing Activity	Finalise plan for the MRU and CRU being despatched to a large number of code sets for Category 3 incidents without the need for a backup second vehicle and with the right equipment to enable this.
On Track	Current mentoring arrangements will be reviewed.
On Track	Reduce call length times through a range of taped exit messages.
<b>IM&amp;T</b>	
Closed/ Delivered	Finalise IT/telephony issues at the new Clinical Hub sites.
At Risk	Complete the Personal Data Terminal (PDT) project to support NETS, CRU and MRU.
<b>Fleet</b>	
On Track	Operations and Fleet to review the vehicle capacity implications of the new rosters which will include the use of vehicles by the frontline as well as by the Operational Placement Centres, the Clinical Hub, HART, Stadia and Events and Training. This will be developed into a new PVR (Peak Vehicle Requirement).
On Track	Review of workshop opening times to ensure these match peak 'out of service' times
<b>Commissioning and Contracting</b>	
On Track	South East London commissioners will set up significant additional referral opportunities and pathways with mental health providers, rapid response teams, maternity units and the SEL 111/IUC service
Closed/ Inactive/ Ongoing	Action plan developed between LAS and NEL/SEL commissioners which forges a closer link between the two clinical assessment services and the Clinical Hub with the aim of preventing duplication of work/improving the patient journey.
On Track	Work with commissioners to explore having HAS screens available wherever patients are taken to in a hospital (including UTCs, heart attack centres and maternity units) to ensure the robustness of 15 minute handovers.
<b>Communications and Engagement</b>	
On Track / Ongoing	The platforms for promoting overtime will be reviewed with clear communications in place for letting staff know in good time about anticipated shifts of particular pressure and the availability of overtime.
Ongoing	Operations will engage with the development of the volunteering strategy to ensure it supports the potential improvement that additional volunteers (clinical and non-clinical) could deliver in year.
Closed/ Ongoing	The Service will proactively promote its own messaging - through our media, campaigns and social media - to support demand management and encourage patients to choose the most appropriate NHS service with the aim to ensure that members of the public stay well and receive the right treatment at the right place.
On Track / Ongoing	The Service will support and contribute to NHS England and Public Health England campaigns during the year.
<b>All Directorates</b>	
Closed/ Delivered/ Ongoing	All directorates with clinically trained managers will be asked to commit to them undertaking a minimum number of dedicated shifts on the frontline or in the clinical hub/clinical assessment service during peak demand periods.
At Risk	All Trust departments will have undertaken an annual review of its business continuity plan.

**BP.2 IUC/111 Performance Narrative**

The IUC team have amalgamated three plans into one master plan. This plan covers;

- Initial feedback from technical and restructure groups
- Feedback from After Action Review
- Action plan from Freedom to speak up concerns

In addition to this we have agreed a minimum resourcing level, to provide clinical assurance within our financial envelope. The CAS resourcing is overseen by a senior CAS manager and ensures that clinical resourcing as a degree of rigour and compliance. We continue to work with commissioners to build a suitable reporting suite for future CAS metrics.

IUC/111 Performance is overseen by BAF risk 54

**IUC/111 improvement plan measures October 2019**

Existing controls:

1. Daily monitoring of metrics including safety.
2. Executive oversight – direct reports meetings.
3. Thematic review of incidents and complaints weekly reflected in monthly quality report.
4. Revised forecast and planning modelling to improve resource productivity and capacity particularly at weekends.
5. Scrutiny through both internal and external committees, QOG, QAG, CQRG.
6. Secured the support of regulators and commissioners in identifying further potential sources to recruit and retain medical staff within the CAS.
7. Additional capacity and capability engaged to assist in the delivery of the improvement plan.

Further actions:

1. 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. We are currently in the process of delivering the simulation.
2. Development of productivity measures to add to the performance score card to ensure oversight of productivity. We have now developed basic productivity measures and are looking at integrating telephony data to enhance them.



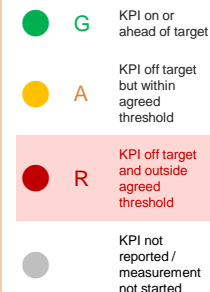
## 2. Our People

## Trust wide Scorecard

### People Scorecard

September 2019

Indicator (KPI Name)	Frequency	Basis	Data From Month	Target Status	Target and Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months	FY19/20 Trajectory	National Data	Best In Class	Ranking (out of 11)
Staff Engagement Theme Score	Yearly	(n)	2018	<div></div>	6.5	I	6.2						
Staff Survey Response Rate	Yearly	%	2018	<div></div>	≥65%	I	65%						
Vacancy Rate (% of establishment)	Monthly	%	Sep-19	<div></div>	5%	I	2.6%	3.5%	4.4%				
Staff Turnover (% of leavers)	Monthly	%	Sep-19	<div></div>	10%	I	11.5%	12.0%	12.2%				
Equality, Diversity & Inclusion Theme Score	Yearly	(n)	2018	<div></div>	8.3	I	8.0						
BME Staff Engagement Theme Score	Yearly	(n)	2018	<div></div>	6.4	I	6.1						
% of BME Staff	Quarterly	%	Sep-19	<div></div>	17.5%	I	16.0%	15.8%	15.5%				
Staff Sickness levels (%)	Monthly	%	Sep-19	<div></div>	5%	I	5.3%	5.3%	5.3%				
Health and Safety (% of RIDDOR reports mtg <15day or less tgt)	Monthly	%	Sep-19	<div></div>	100%		77%	80%	83%				
MSK Related Staff Injuries (Staff Survey)	Yearly	%		<div></div>	<48%	N							
Rate of working days per 1,000 incidents lost due to MSK injuries	Monthly	(n)	Sep-19	<div></div>	2		0.66	3.06	3.26	The data for September 2019 is due to be revised due to a data lag process (GRS) in acquiring the data for MSK sickness – we expect this to be red in RAG status			
Bullying & Harassment (Safe Environment Theme)	Yearly	(n)	2018	<div></div>	7.3	I	6.1						
Flu Vaccination Rate (Trust Total / CQUIN)	Monthly	%			75%	N		Flu vaccination data not yet available					
Statutory & Mandatory Training (85% or above)	Monthly	%	Sep-19	<div></div>	85%	I	81.6%	85.0%	82.0%				
Staff PDR Compliance (85% or above)	Monthly	%	Sep-19	<div></div>	85%	I	81.5%	79.0%	79.3%				
Improve leadership and management across the Trust (Visible and Engaging Leader Programmes - target of 36% of Trust Managers in 2019/20)	Monthly	(n/%)	Sep-19	<div></div>	36%	I	13.0%	13.0%	13.0%				
Level 3 Safeguarding Training Completed (90% target over 3yr period – 800 this year)	Monthly	%	Sep-19	<div></div>	800	N	43.9%	43.9%	43.9%				



## 2. Our People

### Vacancy Rates, Staff Turnover and Sickness



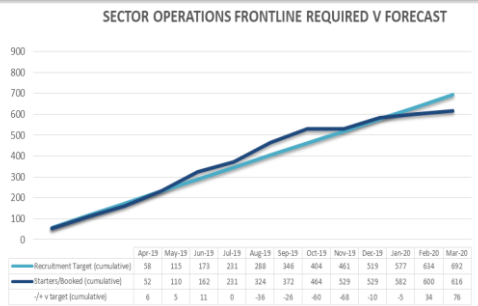
#### Recruitment

##### Trust

**Month:**  
**48FTE**

**Target:**  
**58FTE**

##### Monthly Trend



##### Frontline

**Required Frontline:**  
**692FTE**

**Forecast Supply:****616FTE**

**Forecast Gap:**  
**76FTE**

427 Paramedics (International Paramedics and UK Paramedics) have started/expected to join the Trust between April 2019 and March 2020. This is a mix of UK and International recruits. We are forecasting an end of year gap of 82fte paramedics, which is offset with an improvement in our **TEAC fill rate**, improving the overall forecast to a 76fte gap. This year we had a lower supply of UK Grads than planned and we anticipate a similar number in 20/21. On this basis, we are forecasting a requirement of circa 80-100fte international paramedics in 20/21 and we expect to meet this requirement through the use of Skype interviews.

#### Vacancy Rate

**Month:** **2.6%**

**Target:** **5%**



**All Frontline:** **2.5%**

**Paramedics:** **2.5%**

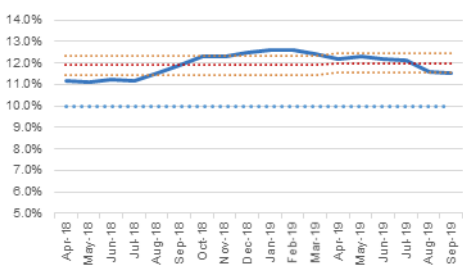
**EOC:** **6%**

Our overall vacancy rate is below target at 2.6%. EOC Recruitment – pipelines now in place to address turnover and currently a 6% vacancy rate. TEAC recruitment - there are 12 courses spaces left to fill for the remainder of the financial year. Overall 111 vacancy rate at 12% - Health Advisor and Clinical Advisor recruitment has had some success with 11 starting in September and a further 13 due to start in Q3. NETS recruitment is progressing well with an end of year vacancy forecast of 1-2%.

#### Staff Turnover

**12 Month Rolling:**  
**11.5%**

**Target:** **10%**

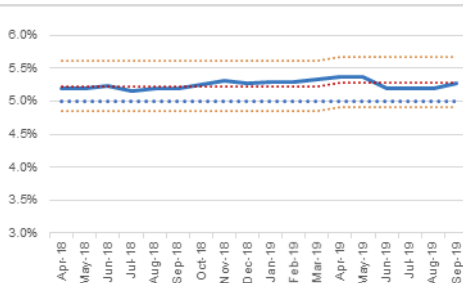


Staff turnover rates have improved to 11.5%. We are meeting with an NHSi direct support team in November to discuss the National Retention Programme and this will offer us a range of support, including the tools, knowledge and expertise to develop a retention improvement plan. This forms an essential part of delivering the interim NHS People Plan and the NHS Long Term Plan. Locally, the international liaison team have met to review the feedback from our new international paramedic recruits and there is a plan under development to improve the experience for this group. The 121 retention interviews with the international paramedics approaching their three year anniversary with the LAS have continued and this is helping to improve retention for this group. There still remains a challenge regarding the completeness of data for 'reasons for leaving' (why staff leave) and 'destination on leaving' (where do staff go) and this remains an area of concern and priority.

#### Sickness

**12 Month Rolling:**  
**5.3%**

**Target:** **5%**



Staff sickness rates remain consistent with the previous 12 months at 5.3%. The Managing Attendance policy is currently under review following feedback from Staffside colleagues and the CRO Roadshows. Musculoskeletal is the top reason for absence reported via The Physio Network. Demand has stabilised for this service. 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 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. Stress related illness is the second reason for absence reported via PAM. This includes both Face to Face and telephone counselling as well as EMDR (psychotherapy treatment for PTSD).

##### CHART KEY

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



Compliance with Health and safety action plan:

Actions arising from the Health and Safety Review have been progressed in line with the action plan; 66/69 actions have been completed (and continue to be embedded) and 3 actions are in progress and on schedule/behind schedule.

### Adverse Staff Events

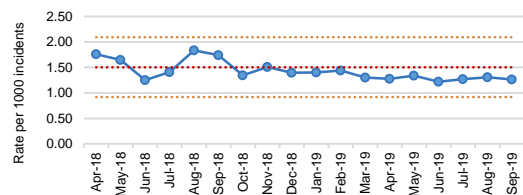
The total number of H&S incidents was 312 resulting in **3.29 events per 1000 A&E (face to face) incidents**. The breakdown of these events is shown in the analysis below.

120 (38.5%) of the H&S related incidents reported during Sep - 2019 resulted in Low Harm.

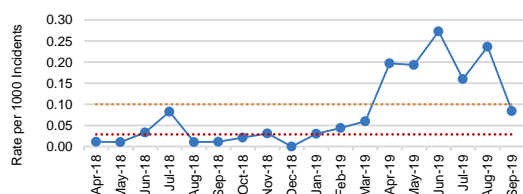
8 (2.5%) of the H&S related incidents reported during Sep - 2019 resulted in Moderate Harm.

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

Month: 1.26

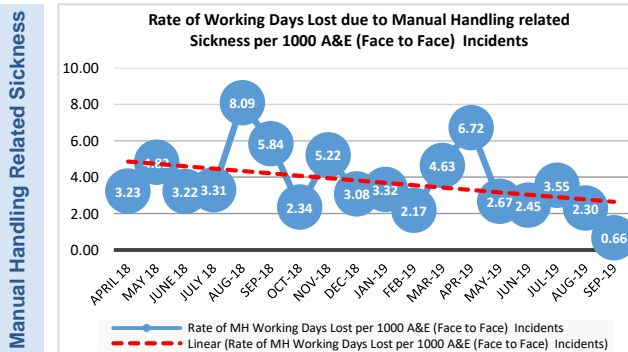
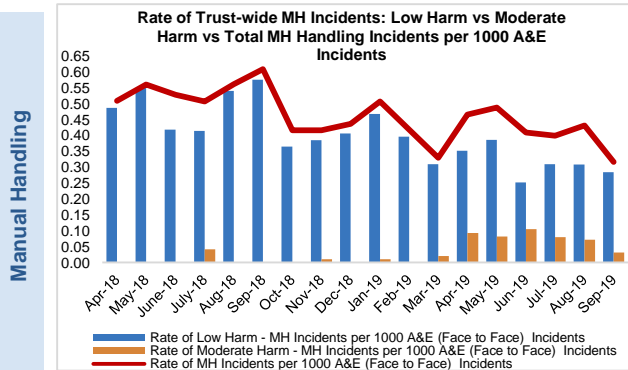


Month: 0.08

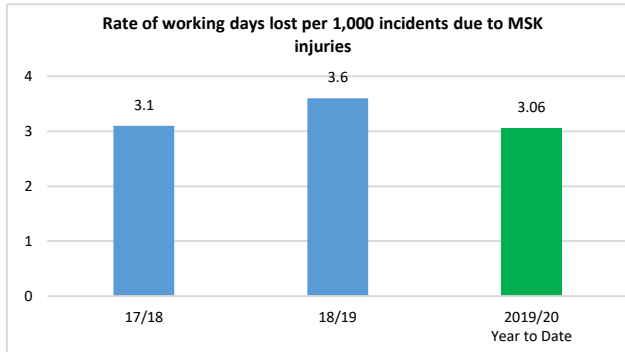
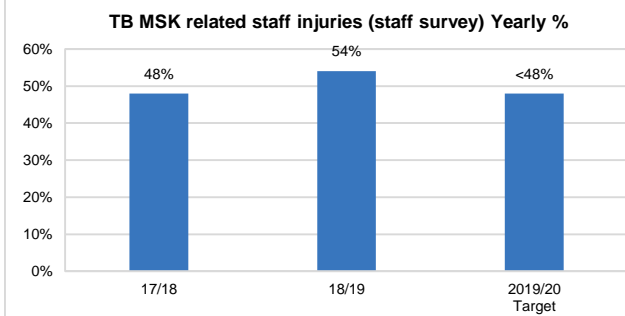
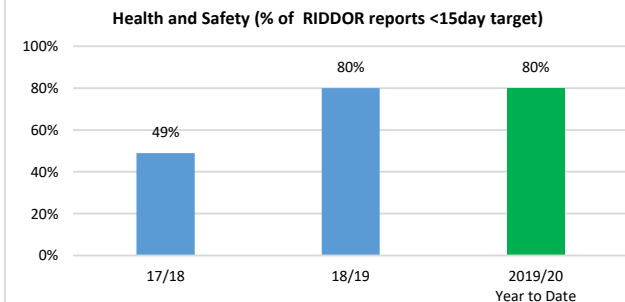


### Manual Handling

- Work to start on formalising Standard Operating Procedures, updating Risk Assessments and producing training aides for Moving and Handling Equipment in collaboration with frontline staff.
- The Manual Handling Steering Group is taking place and we are working towards agreeing the next years' MSK work plan.
- The data for September 2019 is due to be revised due to a data lag process in acquiring the data for sickness (GRS)



### New Indicator 2019/20

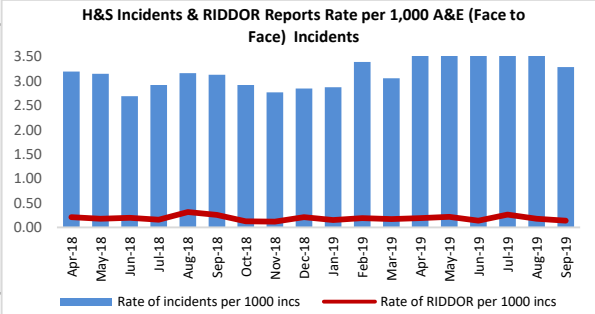




The analysis below looks at 1) H&S Incidents rate & RIDDOR Report Rate *per 1000 A&E (face to face) incidents* 2) RIDDOR Incidents by Cause and 3) Assaults on Staff :

### Monthly Trend

#### Rate of Incidents

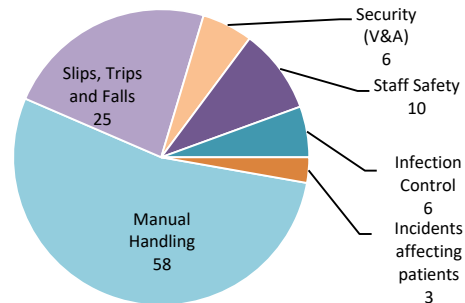


The graph on the left highlights the YTD rate of H&S and RIDDOR incidents per 1000 A&E incidents attended by the Trust.

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

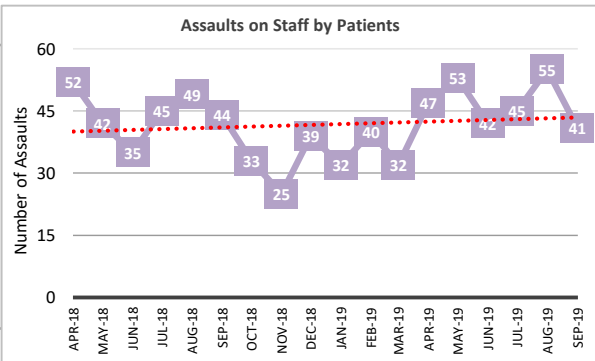
#### RIDDOR by Cause

### RIDDOR Reportable Incidents by Cause - YTD



- Total of 108 RIDDOR incidents reported to the HSE during 2019/20 (up to end of September'19)
- Total of 13 RIDDOR incidents reported to the HSE during September'19.
- 3 out of the 13 incidents reported outside the 15 days timeframe during September'19.
- The Trust wide RIDDOR reporting time frame (<15 days) compliance in September'19 was **77%**.
- Manual Handling & incidents account for the highest number of RIDDORs reported across the Trust during 2019/20 (up to September' 19).

#### Assaults



There was a slight decrease in the number of assaults on staff by patient related incidents in September 2019 and the trend is downward.

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

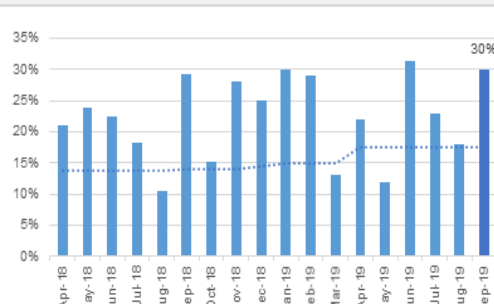


Ensuring that we try to build and retain a diverse workforce that is representative of the city of London is critical to our continued success. We must also ensure that our staff are properly trained and their performance regularly reviewed to ensure we support their development.

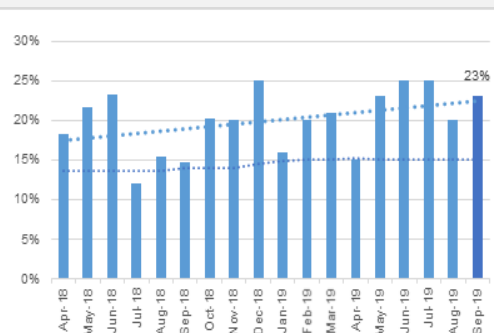
### Equality, Diversity and Inclusion Standards

The LAS WRES action plan reports starters and leavers monthly and disciplinary and recruitment data quarterly. These graphs show the numbers of BME starters and leavers from April 2018 to September 2019 compared to the current Trust BME profile. During this period we have had 389 BME starters and 190 BME leavers, a net increase of 199. The Trust has achieved its 18/19 target of 15% BME representation (currently 16%). Overall numbers of BME staff continue to increase (currently 980) although this representation varies at different levels in the organisation.

#### BME Starters



#### BME Leavers



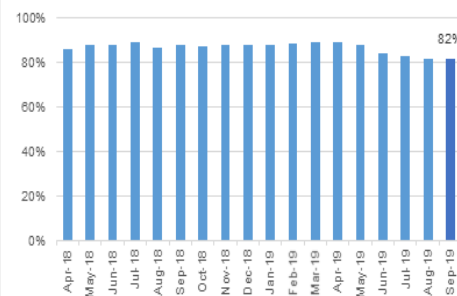
As part of the ongoing work with Health Education England to increase the number of BME students into Paramedic Science, Melissa Berry presented to all Partner Universities. The first Ambulance sector collaboration for Diversity was held in September with Paramedic Richard Stevens- Webber giving a heart felt presentation on being the first deaf paramedic in the country and his positive experience of London Ambulance. The progress report for our Workforce Disability Equality Standard (WDES) was discussed at the recent P&C Committee and the Workforce Race Equality Standard (WRES) will be discussed at the November meeting.

### Statutory and Mandatory Training and Appraisals

Trust compliance in Statutory and Mandatory training is **82%**. Over 99% of our 6,020 substantive staff have logged into MyESR and 98% of this group have completed E-Learning. Over 22,000 E-Learning Courses have been completed in September 2019 and over 197,000 have been completed since our OLM go-live in September 2017.

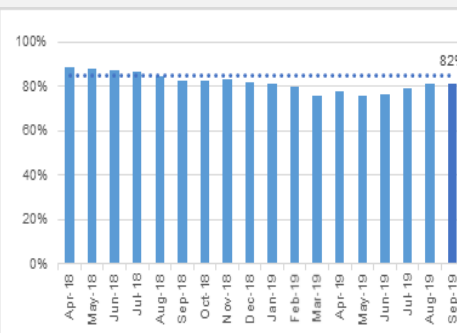
Appraisal completions at 82% at the end of September.

#### Statutory & Mandatory



Trust compliance is 82% with Operational teams at 81% and Corporate 88%. EOC, the subject of the CQC Must Do action, is at 82%. Information Governance is at 93.4% for September and will increase alongside CSR completions.

#### Appraisal Compliance



PDR Appraisals were at 82% at the end of September 2019. Appraisal compliance has improved but is below target. An improvement plan is being implemented for Corporate (82%) and Operational teams (85%) and weekly reports have been provided to Directors from June to facilitate the required improvement.





## 2. Our People

### Appraisal Deep-Dive

#### Appraisal Narrative

We started the 2019/20 year with an Appraisal compliance rate of 76%. This has stabilised and improved to 82% but is below 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.

#### Appraisal Position as at 30th September 2019

	2019/20						19/20 target
	30-Apr	31-May	30-Jun	31-Jul	31-Aug	30-Sep	
<b>Trust</b>	77.40%	75.60%	76.60%	79.00%	80.50%	81.50%	85.00%
<b>308 Corporate L3</b>	73.40%	76.40%	78.80%	78.30%	78.80%	81.90%	85.00%
308 CHX Chief Executive L4	91.70%	83.30%	85.70%	100.00%	78.60%	100.00%	85.00%
308 CORP Corporate Governance L4	91.70%	91.70%	91.70%	75.00%	84.60%	73.30%	85.00%
308 SAP Strategic Assets & Property L4	16.50%	29.50%	38.10%	43.10%	48.20%	53.30%	85.00%
308 FIN Finance L4	97.00%	100.00%	97.10%	88.60%	82.10%	69.20%	85.00%
308 IM&T Information Management & Technology L4	92.10%	87.30%	86.90%	93.70%	88.20%	95.50%	85.00%
308 MED Medical L4	86.10%	87.00%	88.20%	86.40%	86.90%	89.10%	85.00%
308 NED Chairman & Non Executive L4	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	85.00%
308 PER Performance L4	93.30%	100.00%	100.00%	66.70%	83.30%	80.00%	85.00%
308 P&C People & Culture L7	88.50%	90.50%	95.20%	88.90%	84.10%	87.90%	85.00%
308 Q&A Quality & Assurance L4	96.80%	92.30%	91.00%	85.50%	93.00%	91.50%	85.00%
308 S&C Strategy & Communications L4	76.00%	87.50%	82.60%	91.70%	83.30%	95.80%	85.00%
<b>308 Operations L3</b>	77.90%	75.40%	76.20%	79.20%	80.70%	81.50%	85.00%
308 RSA Resilience & Specialist Assets L6	86.40%	91.20%	90.60%	92.10%	89.10%	83.10%	85.00%
308 999 Emergency Operations Centre L6	63.90%	68.30%	69.70%	73.60%	79.30%	81.10%	85.00%
308 111 & Integrated Urgent Care Services L5	52.30%	26.50%	27.30%	28.10%	43.00%	59.40%	85.00%
308 ECS Emergency Care Services L5	82.00%	80.00%	81.00%	83.90%	84.50%	84.80%	85.00%
308 ECS SEC North Central Sector L6	87.50%	88.00%	86.30%	84.10%	84.00%	83.10%	85.00%
308 ECS SEC North East Sector L6	72.10%	72.60%	78.00%	83.60%	86.60%	88.90%	85.00%
308 ECS SEC North West Sector L6	81.60%	78.30%	81.20%	87.30%	85.70%	88.20%	85.00%
308 ECS SEC South East Sector L6	90.60%	87.80%	86.60%	88.10%	89.50%	89.30%	85.00%
308 ECS SEC South West Sector L6	82.10%	80.50%	79.00%	83.50%	84.30%	83.00%	85.00%



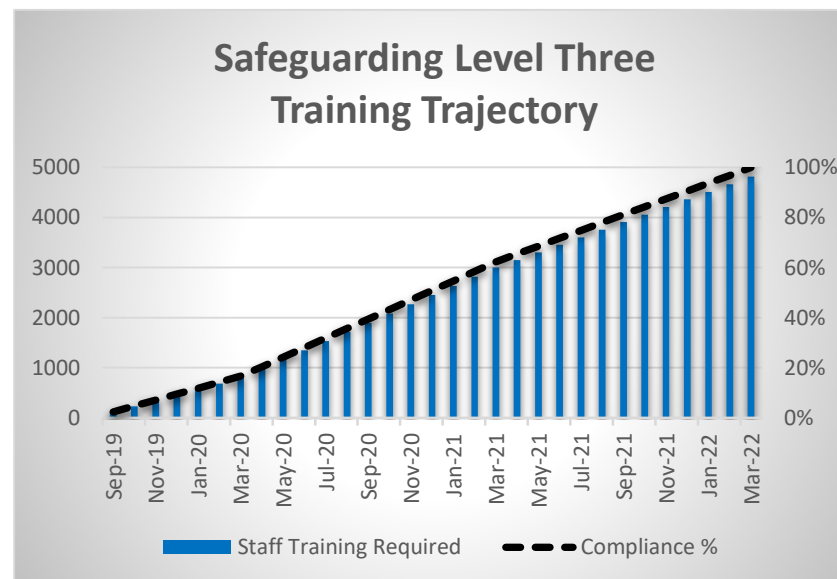
## Background

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

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

5. This is an additional requirement to the current 24 hour allowance for CSR training. Discussions are on-going to plan for this abstraction.
6. As at 30th September we have achieved a compliance rate of 44% which is ahead of trajectory.

## Safeguarding Trajectory







Ref	Business Plan Deliverable	SRO	Status	Comment
BP.3	We will complete action plans across all functional and operational areas of the business to respond to the key issues identified in the 2018 Staff Survey and implement the planned actions in time for the 2019 Staff Survey.	Ali Layne-Smith		Work has been taking place across the organisation, both corporately and locally since the staff survey results were published in February 2019. Over 40 action plans have been developed by Staff Survey Champions based on local staff survey results and details of these were shared at the CEO roadshows. We had an excellent response to our Pulse Survey in Q1 which was an opportunity for staff to answer the 'Staff Friends and Family Test' questions and other staff survey questions. The 2019 survey was launched on 23rd September alongside the CEO roadshows. Bi-weekly response rates have been sent to managers to track completion rates and Picker have sent weekly reminders to staff who have not yet completed the survey. The survey will run until 29th November. Our current response rate is 57%.
BP.4	We will complete the restructuring and recruitment of all Directorates to produce an efficient and lean organisation.	Ali Layne-Smith		Significant support is ongoing to some large scale organisational restructures including Finance, Logistics, Executive Restructure, EPMO and Quality.
BP.5	We will implement new business systems and technology to support more efficient and flexible ways of working and the wellbeing of our staff, enabling us to be more innovative in use of technology.	Ali Layne-Smith		This programme is on track and has so far seen delivery of the Employee Relations Case Management System, (which will enable stronger oversight of all Employee Relations cases and be able to track and monitor timescales and support lessons learnt), Non Payroll Workers (agency staff) on ESR (including 111 Agency Staff). Authority 2 Recruit E-Form – this went live as planned in July, replacing the Workforce Control Panel and Recruitment Authorisation Form. The GRS to ESR Absence Interface automatically populates ESR with absence information from GRS, replacing the current manual process. We are now able to report on Trust wide sickness absence reasons for the first time. ESR Manager Self Service is functionality in ESR that enables line managers to view and update a wide range of information in ESR about their direct reports. This will support delivery of the new Pay Progression process, direct entry of Appraisals, a management hierarchy (including spans of control), locally developed business intelligence reports for all managers and employee property register. The Pilot has commenced at Waterloo Ambulance and following successful completion the system is planned to be rolled out Trust wide in 2020. ESR & Occupational Health Interface Project – we are planning to switch on a two-way interface between ESR and OHIO later this year.
BP.6	We will continue to deliver our Workforce Race Equality Standard (WRES) Action Plan, and develop a response to the newly required Workforce Disability Quality Standard (WDQS) together with other measures, to improve diversity, inclusivity and equality across all areas of the organisation.	Ali Layne-Smith		The new format WRES Action Plan is well underway and the quarterly WRES Action Plan Group, chaired by the Director of People & Culture is bringing strong focus on driving this work forward. The action plan has senior nominated leads who will be involved in the delivery of the plan. The Trust has achieved its 18/19 target of 15% BME representation. Gender Pay results for 17/18 show an improvement in the bonus gap. The pay gap has remained at 5%. Workforce Disability Equality Scheme (WDES) standards - we have completed and submitted the national template and will present the progress report to the People & Culture Committee in October. The WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used to develop a local action plan, and enable the service to demonstrate progress against the indicators of disability equality.



## 2. Our People

## Business Plan Deliverables

Ref	Business Plan Deliverable	SRO	Status	Comment
BP.7	We will improve the health and wellbeing of our staff, improving our occupational health service whilst also addressing health & safety issues to ensure both the physical and mental health of our staff created by high risk of trauma and stress.	Ali Layne-Smith		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. Engagements sessions are being held with staff for input on priorities around OH, including a pulse survey and focus groups in all sectors. Since the Improvement Plan was implemented with PAM Group last year, significant progress has been made on improving the standard and responsiveness of services with PAM. A number of elements remain of high focus, among them the completion of the immunisation programme and the management of Physio for which demand is increasing significantly.
BP.8	We will continue to implement our Clinical Education programme to deliver mandatory training and upskill our operational workforce.	Ali Layne-Smith/ Fenella Wrigley		Clinical education strategy workshop and alternative care pathway workshops have both been held. This, alongside the workforce planning workshop will enable the clinical education strategy to be completed.
BP.9	We will securely archive our existing student records and move to a digital student record management system for future training delivery following the CQC recommendations, mitigating the associated BAF risk.	Fenella Wrigley		Student records have been archived and moved to a secure facility. An electronic Student Management System has been procured and implementation has begun. This will ensure a single source of information for learners in programs, and many of the paper records will be transitioned to electronic files this year.
BP.10	We will roll-out training and development for all our leadership and management staff across functional and operational teams.	Ali Layne-Smith		Leadership development programme in delivery phase and Management Essential programmes also underway. The roll out of the Visible Leader and Engaging Leader programmes continue and both are planned for delivery across the remainder of this year and into next (for Engaging Leader) as we are training in excess of 800 managers across all roles in the organisation. This work is a pillar of the work to change our culture to align with our strategy and values. Continuous improvement will be built into the leadership development pathway elements as delivery progresses.



## Public Value Scorecard

September 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance							Outturn		Benchmarking		
				Target and Type (Internal / Contractual / National / All)		Latest Month Actual	Latest Month Plan	YTD Actual	YTD Plan	Rolling 12 Months	FY19/20 Forecast	FY19/20 Plan	National Data	Best In Class	Ranking (out of 11)
Control Total (Deficit)/Surplus	£m	Sep-19	●	0.0 A	1.180	(1.122)	(4.409)	(4.141)			0.024	0.024			
Performance Against Control Total	£m	Sep-19	●	0.0 A			100%				100%	100%			
Use of resources index/indicator (Yearly)	Rating	Sep-19	●	1 A	3	3	3	3	3		1	1			
% of Capital Programme delivered	%	Sep-19	●	100% A	18%		36%				100%	100%			
Cash position	£m	Sep-19	●	15.1 A	25.2	19.3	25.2	19.3	21.0		15.1	15.1			
Agency Ceiling Compliance (%)	%	Sep-19	●	92% A	6%	8%	65%	50%			92%	92%			
Capital plan	£m	Sep-19	●	20.8 A	0.376	2.142	4.205	11.777			20.853	20.853			
CIP Savings YTD	£m	Sep-19	●	14.8 A	1.302	1.482	7.106	7.209			14.8	14.8			
	%	Sep-19	●	100% A	88%		99%				100%				
CIP Savings achieved - % Recurrent	£m	Sep-19	●	11.8 A	0.832	0.982	5.094	4.709			10.9	11.8			
	%	Sep-19	●	100% A	85%		108%				92%				
Commercial income generation	£m	Sep-19	●	0.25 I	0	0	0	0			0.13	0.25			
Corporate spend as a % of turnover	%	Sep-19	●	<7.0 I	14.4	17.8	17.3	18.5			17.7	18.0			
Cost per incident	£	Sep-19	●	£347 I							£ 332	£ 332			
Average Jobs per shift	%	Sep-19	●	5.3 I	5.5		5.5		5.3						

● G KPI on or ahead of target

● A KPI off target but within agreed threshold

● R KPI off target and outside agreed threshold

● KPI not reported / measurement not started



### 3. Public Value

### CQUINs

The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. Details of the Trust's CQUINs is shown in the table below with details from the Q3 review to inform forecasted payments for the rest of the FY.

Urgent Care & Emergency Services CQUIN	Description	Weighting	Owner	CQUIN YTD	CQUIN Target	Total Value FY19/20	Predicted achievement	
<b>Staff Flu Vaccinations</b>	To improve the uptake of flu vaccinations amongst frontline healthcare workers with a target of 80% in 2019/20	0.25%	Fenella Wrigley	Q4	>80%	£843k	£843k	100%
<b>Access to Patient Information – Assurance Process</b>	Achievement of NHS Digital's assurance process for enabling access to patient information on scene, by ambulance crews via one of the four nationally agreed approaches i.e. SCRa (Q1, Q2, Q3 & Q4)	0.50%	Ross Fullerton	Reporting is completed via NHS Digital		£1,687k	£1,687k	100%
<b>Access to Patient Information – Demonstration</b>	Achieving 5% of face to face incidents resulting in patient data being accessed by ambulance staff on scene. (Q3 & Q4)	0.25%	Khadir Meer	Q3	>5%	£843k	£843k	100%
<b>NHS Number reporting</b>	To commence NHS Number reporting via the contractual MDS.	0.25%	Ross Fullerton	Q4	>20%	£843k	£843k	100%
<b>TOTAL</b>	1.25%					£4,213k	£4,213k	100%

CQUIN achievement is guaranteed for 2019/20 as agreed as part of the contract settlement with commissioners.



The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. Details of the Trust's CQUINs is shown in the table below with details from the Q3 review to inform forecasted payments for the rest of the FY.

SEL IUC CQUIN	Description	Weighting	Owner	CQUIN YTD	CQUIN Target	Total Value FY19/20	Predicted achievement	
Calls answered in 60 seconds	Proportion of calls answered in 60 seconds	0.25%	Khadir Meer	82.8%	>95%	£22k	£0k	0%
Cat 3 & 4 ambulance revalidation	Proportion of calls initially given a category 3 or 4 ambulance disposition that are revalidated	0.25%	Khadir Meer	76.9%	>80%	£22k	£18k	80%
ED Disposition revalidation	Proportion of calls initially given an ED disposition that are revalidated	0.25%	Khadir Meer	41.1%	>80%	£22k	£0k	0%
Call back targets	Proportion of call back targets being met	0.25%	Khadir Meer	95% across 7 priorities		£22k	£0k	0%
Activity from External sources	Reporting and reviewing of activity originating from external sources e.g. 111 online and other 111 providers	0.25%	Khadir Meer	Multiple targets		£22k	£0k	0%
TOTAL	1.25%					£110k	£18k	16%

A contract variation has been shared with LAS which moves the overall CQUIN value from 2.5% to 1.25%. This is currently being reviewed and will be shared with the Executive Committee for signature once agreed. This follows national directive to reduce the CQUIN value.

Q1 achievement has been reported to commissioners. The areas of challenge remain in the revalidation of ED calls as well as achieving the targets for call backs for the CAS.

NEL IUC CQUIN	Description	Weighting	Owner	CQUIN Target	Total Value FY19/20	Predicted achievement	
<b>Staff Flu Vaccinations</b>	Improving the uptake of flu vaccinations for all NEL IUC staff	0.50%	Fenella Wrigley	> 75%	£43k	£22k	50%
<b>Calls closed as Self-Care*</b>	Measuring the total numbers of calls closed which do not require onward referral, reducing pressure on the wider health service.	0.38%	Khadir Meer	>33%	£32k	£16k	0%
<b>Referrals &amp; Management of Patients within the CAS*</b>	To promote hear and treat to support enhanced clinical decision making and avoid unnecessary A&E attendances and subsequent admission.	0.38%	Khadir Meer	95% across 7 priorities	£32k	£0k	0%
<b>TOTAL</b>	1.25%				£108k	£38k	35%

Agreement on CQUIN schemes from April 2019 is imminent. It is acknowledged that 'Calls closed as self-care' and 'Referral management' require further work to understand what targets are reasonable and achieve. A clinical group has been set up to complete this.





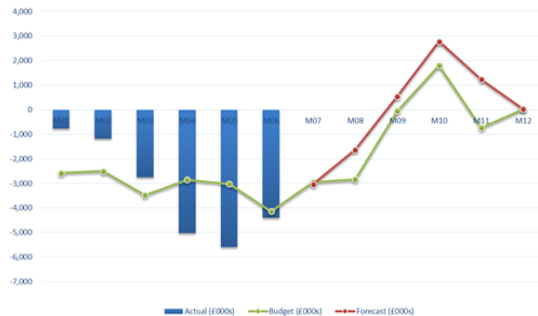
The full year outcome for the Trust is £0.024m surplus which is on plan to meet our Control Total of £0.024m surplus. The month ended with a strong cash position of £24.4m.

YTD outcome vs budget

**FY:**  
**£0.024m**

**Budget:**  
**£0.024m**

Cumulative Net Position - Budget vs Actual



- The Trust is forecasting a full year surplus of £0.024m, on plan, however there are a number of recognised risks impacting the delivery of this forecast. The Trust has developed a detailed mitigation plan, which is closely monitored at Directorate and Board level, to ensure delivery of its control total in year
- The Trust has agreed a contract settlement with commissioners for 19/20, a cap and collar arrangement with a maximum payment of £373m. Commissioners have also agreed to fund £2.5m towards the total cost of the in-year pressure TEAC cost pressure
- The forecast includes a £2m reduction in 111 / IUC costs over the last half of the year, in response to contract variation. Commissioners are working with LAS to ensure delivery of this.

Financial Position Metrics

	Month 6 2019-20			YTD Month 6 2019-20			Full Year 2019-20
	Budget	Actual	Variance fav / (adv)	Budget	Actual	Variance fav / (adv)	Budget
Surplus / (Deficit)	(1,122)	1,180	2,301	(4,141)	(4,409)	(268)	24
EFL				2,390	(3,447)	5,837	6,573
CRL				11,777	4,205	7,572	20,853
Suppliers paid within 30 days - NHS	95%	83%	(12.0%)	95%	83%	(12.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	82%	(13.0%)	95%	84%	(11.0%)	95%
EBITDA %	1.7%	7.3%	5.6%	3.0%	2.7%	(0.4%)	5.2%
EBITDA	543	2,715	2,172	5,957	5,425	(532)	20,906
Liquidity Days				(3.72)	3.87	7.59	0.70
Use of Resources Rating				3.0	3.0	0.0	1.0

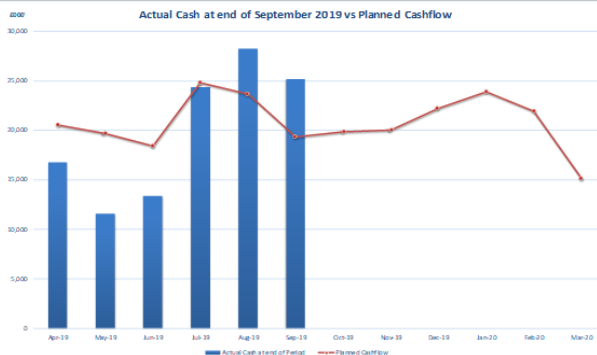
- Use of Resources:** The Trust has a use of resources score of 3 at the end of September, which is in line with plan. The Trust is planning a year end score of 1
- Capital:** There is some YTD slippage across the portfolio of capital schemes, predominantly due to the uncertainty in Q1/Q2 on the national capital position and the requirement of Trusts to scale back their original capital plans by 20%. With the recently confirmed position that the Trust will have its full original capital plan available, the Trust is in the process of reprioritising schemes that had been deferred. Whilst YTD spend is currently £7.6m behind plan, the trust is forecasting full delivery against the plan of £20.8m
- Better Payment Practice Code:** Non-NHS 85%, NHS 68% performance (volume) for this month, performance is still below 95% target. The reason for the low NHS performance was that there were only 19 invoices paid during the period of which 6 were late.

Cash position

**YTD:**  
**£25.2m**

**Plan:**  
**£19.3m**

Actual Cash at end of September 2019 vs Planned Cashflow



- Cash is £25.2m as at 30 September 2019, £5.9m above plan. The main reason for the favourable position is the under spend on capital and provisions being offset by higher than expected pay (re-banding of ambulance crews) and non-pay expenditure



## 3. Public Value

## Financial Position

## Statement of Comprehensive Income

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

### Statement of Comprehensive Income (Month 6 – September 2019)

	Month 6 2019-20 £000			YTD Month 6 2019-20 £000			Full Year 2019-20 £000		
	Budget	Actual	Variance fav/(adv)	Budget	Actual	Variance fav/(adv)	Budget	Full Year Forecast	Variance fav/(adv)
<b>Income</b>									
Income from Activities	31,676	36,758	5,082	195,429	200,890	5,461	397,937	408,297	10,361
Other Operating Income	454	503	49	2,119	2,849	730	6,418	6,807	389
<b>Total Income</b>	<b>32,130</b>	<b>37,261</b>	<b>5,130</b>	<b>197,548</b>	<b>203,738</b>	<b>6,191</b>	<b>404,355</b>	<b>415,105</b>	<b>10,750</b>
<b>Operating Expense</b>									
Pay	(24,752)	(26,807)	(2,055)	(148,997)	(151,994)	(2,997)	(299,396)	(300,953)	(1,557)
Non Pay	(6,835)	(7,739)	(904)	(42,594)	(46,320)	(3,725)	(83,969)	(92,741)	(8,772)
<b>Total Operating Expenditure</b>	<b>(31,587)</b>	<b>(34,546)</b>	<b>(2,959)</b>	<b>(191,591)</b>	<b>(198,313)</b>	<b>(6,723)</b>	<b>(383,365)</b>	<b>(393,694)</b>	<b>(10,329)</b>
<b>EBITDA</b>	<b>543</b>	<b>2,715</b>	<b>2,172</b>	<b>5,957</b>	<b>5,425</b>	<b>(532)</b>	<b>20,990</b>	<b>21,411</b>	<b>420</b>
<b>EBITDA margin</b>	<b>1.7%</b>	<b>7.3%</b>	<b>5.6%</b>	<b>3.0%</b>	<b>2.7%</b>	<b>(0.4%)</b>	<b>5.2%</b>	<b>5.2%</b>	<b>0.1%</b>
<b>Depreciation &amp; Financing</b>									
Depreciation & Amortisation	(1,294)	(1,120)	174	(7,822)	(7,527)	295	(16,400)	(16,666)	(266)
PDC Dividend	(388)	(388)	0	(2,328)	(2,328)	(0)	(4,656)	(4,656)	0
Finance Income	19	25	6	65	72	7	117	127	10
Finance Costs	(2)	(4)	(2)	(13)	(31)	(18)	(27)	(46)	(19)
Gains & Losses on Disposals	0	(48)	(48)	0	(20)	(20)	0	(20)	(20)
<b>Total Depreciation &amp; Finance Costs</b>	<b>(1,665)</b>	<b>(1,535)</b>	<b>130</b>	<b>(10,098)</b>	<b>(9,834)</b>	<b>264</b>	<b>(20,966)</b>	<b>(21,260)</b>	<b>(294)</b>
Remove STP funding 2018/19	0	(125)	(125)	0	(125)	(125)	0	(125)	(125)
<b>Net Surplus/(Deficit)</b>	<b>(1,122)</b>	<b>1,055</b>	<b>2,176</b>	<b>(4,141)</b>	<b>(4,534)</b>	<b>(393)</b>	<b>24</b>	<b>25</b>	<b>1</b>
<b>NHSI Adjustments to Fin Perf</b>									
Remove Depr on Donated assets	3	3	0	19	19	(0)	38	38	(0)
<b>Adjusted Financial Performance</b>	<b>(1,119)</b>	<b>1,058</b>	<b>2,176</b>	<b>(4,122)</b>	<b>(4,515)</b>	<b>(393)</b>	<b>62</b>	<b>63</b>	<b>1</b>
<b>Net margin</b>	<b>(3.5%)</b>	<b>2.8%</b>	<b>6.3%</b>	<b>(2.1%)</b>	<b>(2.2%)</b>	<b>(0.1%)</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.7%</b>

### Income

- The budgeted annual plan for A&E contract income is £368.1m (against current signed Heads of Terms of £362.7m). YTD the main contract activity is 4% higher than baseline contract activity, therefore we have included £2.5m in the YTD position as over performance against plan at M6 (which is £5m above the signed Heads of Terms value YTD). The Trust has made significant progress in month 6 in reaching agreement with commissioners on a cap and collar arrangement with a minimum payment of £371m and a cap of £373m. The YTD and forecast position reflects the maximum value of £373m
- An additional £2.5m income is included in the YTD position, £5m forecast full year, to support TEAC/EAC re-banding and the legal challenge on back pay claims. This is supported by the recent contract agreement with commissioners
- Apprenticeship income is over plan by £0.6m YTD due to phasing of income in the plan (forecast to be £0.2m over plan at year end)
- Stadia income is over plan by £0.3m YTD due to high volume of events over the summer (forecast to be £0.3m over plan at year end)

### Operating Expenditure (excl. Depreciation and Financing)

- Pay overspend is driven by ongoing vacancies across Operations and Corporate divisions being offset by the increased cost of clinical staff to deliver the IUC service (through agency and GP services) and the increased cost of delivering higher than planned A&E demand (through overtime)
- The pay position includes £2.1m YTD for EAC/TEAC re-banding (£4.1m full year)
- Non-pay overspend is driven by GP Services and managed service costs relating to IUC services, professional fees relating to the delivery of essential IM&T, Fleet and Logistics projects (partially offset by vacancies) and use of Private Ambulance Services

### EBITDA

- The Trust delivered an EBITDA of £5.4m YTD to September which represents EBITDA margin of 2.7%. This is an improvement on the YTD position reported in August due to reflecting the higher contract value in the YTD position now that there is an offer from commissioners

### Depreciation and Financing

- Overall Financial Charges were £0.3m lower than plan at the end of September



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

#### Cashflow statement (Month 6 – September 2019)

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Sep-19	Sep-19	Sep-19
	Actual	Actual	Actual	Actual	Actual	Actual	YTD	YTD	YTD
	£000	£000	£000	£000	£000	£000	Move	Plan	Var
Opening Balance	21,718	16,799	11,622	13,359	24,366	28,250	21,718	21,718	0
Operating Surplus	990	1,360	185	(767)	945	2,715	5,428	5,041	387
(Increase)/decrease in current assets	(1,780)	(4,789)	1,317	11,038	2,939	(5,311)	3,414	11,213	(7,799)
Increase/(decrease) in current liabilities	(1,147)	(1,498)	482	213	270	2,005	325	957	(632)
Increase/(decrease) in provisions	222	235	355	428	214	68	1,522	(6,338)	7,860
Net cash inflow/(outflow) from operating activities	(1,715)	(4,692)	2,339	10,912	4,368	(523)	10,689	10,873	(184)
Cashflow inflow/(outflow) from operating activities	(1,715)	(4,692)	2,339	10,912	4,368	(523)	10,689	10,873	(184)
Returns on investments and servicing finance	0	14	10	0	7	23	54	65	(11)
Capital Expenditure	(3,204)	(499)	(612)	95	(491)	(431)	(5,142)	(11,000)	5,858
Dividend paid	0	0	0	0	0	(2,154)	(2,154)	(2,328)	174
Financing obtained	0	0	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0	0	0
Cashflow inflow/(outflow) from financing	(3,204)	(485)	(602)	95	(484)	(2,562)	(7,242)	(13,263)	6,021
Movement	(4,919)	(5,177)	1,737	11,007	3,884	(3,085)	3,447	(2,390)	5,837
Closing Cash Balance	16,799	11,622	13,359	24,366	28,250	25,165	25,165	19,328	5,837

#### Operating Position

- There has been a net inflow of cash to the Trust of £3.4m, this is £5.8m higher than the planned outflow (£2.4m)
- Cash funds at 30 September stand at £25.2m, £5.9m above plan
- The YTD operating surplus is £5.4m, £0.4m above plan

#### Current Assets

- The movement on current assets is £3.4m, (£7.8m) lower than the planned movement
- Current assets movement was due to receivables £0.8m, accrued income (£6.3m) and prepayments (£2.2m)

#### Current Liabilities

- The movement on current liabilities is £0.3m, a (£0.6m) lower than planned movement
- Current liabilities movement was lower than planned due to trade and other payables (£2.3m), accruals £1.4m and Deferred income £0.2m

#### Provisions

- The movement on provisions is £1.5m, is a £7.9m higher than planned movement. £4.8m of this movement is related to a technical adjustment to the accounts that occurred after the plan was submitted

#### Capital Expenditure

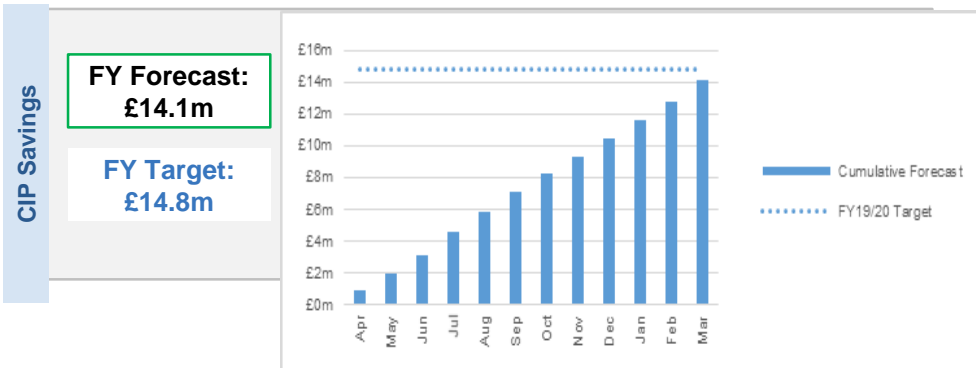
- Capital cash outflow is £5.1m, is a £5.9m below plan due to capital slippage



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

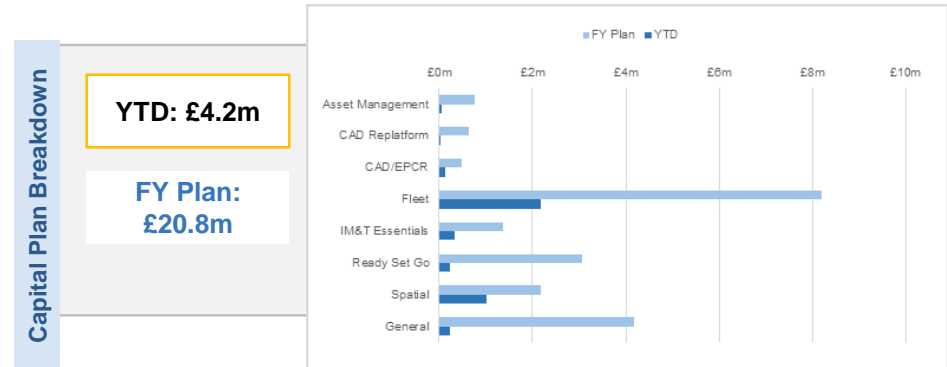
### Cost Improvement Programmes (CIPS)

- The Trust is forecasting £14.1m delivery against its £14.8m CIP target in 2019/20. This £0.7m shortfall is being mitigated through additional savings identified as part of in-year financial recovery
- Of the £14.1m forecast, 77% is recurrent delivery
- YTD CIPs are £0.1m behind plan

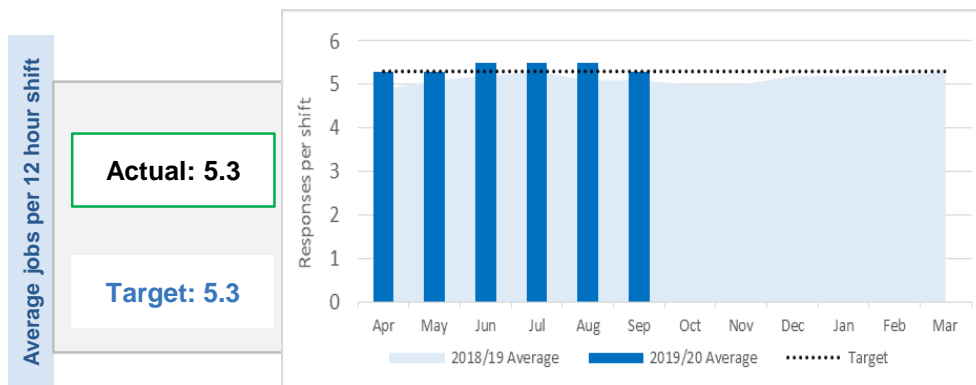


### Capital Plan

- YTD Capital spend is £4.2m against a plan of £11.8m, £7.6m behind plan
- With the recently confirmed position that the Trust will have its full original capital plan of £20.8m, the Trust is in the process of reprioritising schemes that had been deferred. The Trust is forecasting full delivery against the plan



### Jobs per shift (DCA)



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



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.11	We will deliver our control total and maintain our use of resources rating with NHSI.	Lorraine Bewes		Delivery of the Trust Control total remains at risk, due to a combination of factors. The Trust has developed a Financial Recovery Plan which is currently being implemented
BP.12	We will establish a new approach for the contract with commissioners and STPs, by incentivisation of behaviours that improve outcomes for our patients whilst providing better support for the London's health system.	Lorraine Bewes		A revised forum for consideration of future contracting / commissioning arrangements is being established. A range of potential options for discussion are being developed. In parallel the Trust has engaged with the regional regulator to realise a new model of integrated urgent care delivery
BP.13	We will deliver and share visibility with commissioners of our Cost Improvement Programme (CIP) efficiency savings in 2019/20 whilst developing further efficiencies to inform the 5Yr STP Plans.	Lorraine Bewes		The Trust is forecasting £14.1m delivery against its £14.8m CIP target in 2019/20. This £0.7m shortfall is being mitigated through additional savings identified as part of in-year financial recovery. Of the £14.1m forecast, 77% is recurrent delivery
BP.14	We will rationalise our corporate, operations and training estate making best use of digital technology to improve existing space, and ensuring our facilities and estate enables flexible working.	Benita Mehra		Refurbishment work at HQ continues with a view to creating capacity for a corporate offices to be consolidated on two main sites allowing the movement of staff from previously leased buildings to locate at HQ.  In addition, opportunities for moving the training estate from Southward Bridge Road to Maritime House are shaping up well with an opportunity for divesting ourselves of a unfit site in preference of a much more suitable training venue co-located alongside NEL 111 next summer.
BP.15	We will identify new commercial opportunities to generate additional income of £1m for the Trust by 2022. We will review a range of areas including provision of training and utilisation of sponsorship opportunities.	Lorraine Bewes		The new Head of Commercial role is now in place. The role is developing a range of new income options, as well as supporting procurement to review how LAS can get best value from existing contracts. However, identified opportunities will need to be adequately scoped and as such only likely to deliver from 20/21 onwards
BP.16	We will modernise and manage our fleet with new driver safety and security systems, whilst introducing engineering quality standards within the workshops, and in parallel ensuring all our vehicles meet the requirements of London's Ultra Low Emission Zone (ULEZ) before exemption period is complete.	Benita Mehra		The business case for Driver safety, security and asset management system was approved at PMB this month. This will see 36 of our 112 ambulance built this year fitted with driver safety, CCTV and asset management equipment. The vehicles will be located centrally at Fulham Hub, providing a critical mass for our pilot, enable the Trust the chance to debug the system and allow comparison against wider fleet. Local staff will be supported by trained managers and local technical staff.  All remaining vehicles have been pre-wired to facilitate retro-fitting when the pilot is successful and case is made for installation on existing vehicles reducing fuel spend and harmful emissions.



## Partners Scorecard

September 2019

Indicator (KPI Name)	Basis	Data From Month	Target Status	Current Performance					Trajectory	Benchmarking (Month)		
				Target and Type (Internal / Contractual / National / All)		Latest Month	Year To Date (From April)	Rolling 12 Months		National Data	Best In Class	Ranking (out of 11)
Hospital handover	minutes	Sep-19	●	18.5	I	19.6	19.4	19.7				
Post-handover (Handover 2 Green)	minutes	Sep-19	●	16.0	I	16.2	15.4	15.6				
See and Convey – to ED (Contractual Position) **	%	Sep-19	●	58.25%	C	56.7%	57.7%	TBC		57.8%	53.3%	4
Hear and Treat % **	%	Sep-19	●	7.9%	C	6.7%	7.1%	TBC		6.3%	8.7%	5
Savings delivered to wider urgent & emergency care system through management of IUC services (£m) – Still being developed	£m			TBC		This metric has proved difficult to ascertain in a way that can be tracked on a regular basis. As part of the long term financial plan development we are refreshing our strategy modelling over July and August and the specifics for this metric will come out of that work in a way that can be tracked on a regular basis through the IPR.						
CQC rating - Overall	Annual Rating			O / S	N	TBC	Awaiting CQC Inspection					
CQC rating - Well-led	Annual Rating			G	N	TBC						
Cyber Essentials Plus Accreditation	%	Sep-19	●	100				TBC				

Benchmarking Key

Top 3

Ranked 4-7

Ranked 7+

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

\*\*Pending agreement with commissioners

## 4. Our Partners

## Maximising safe non-conveyance to ED



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

### Arrival at Hospital to Patient Handover

We saw a lower number of delays in September, compared to July, however the overall number of losses has gone up with over 1,400 hours lost from our arrival to patient handover over 30 mins. St Georges, Barnet, Northwick Park and Queens Romford had the greatest proportion of handovers exceeding 30 minutes. Northwick park had the highest number of lost hours over 30 minutes, at 319 hours for the month.

STP	Hospital	Total Conveyances	Handovers	Handovers Exceeding 30 mins	% of Handovers over 30 mins	Total Time Lost Over 30 Mins	Average Arr at Hosp to Patient Handover Time
North Central	Barnet	1,670	1,582	355	22%	110.5	24.6
	North Middlesex	2,533	2,426	438	18%	78.0	19.1
	Royal Free	1,625	1,525	214	14%	76.8	15.0
	University College	1,862	1,764	150	9%	22.2	20.9
	Whittington	1,368	1,304	86	7%	14.4	14.8
North East	Homerton	1,253	1,205	15	1%	1.4	16.0
	King Georges	1,260	1,213	211	17%	19.6	12.9
	New ham	1,883	1,814	265	15%	19.6	22.5
	Princess Royal	1,856	1,740	270	16%	138.5	19.3
	Queens Romford	2,865	2,738	911	33%	256.1	18.2
	Royal London	2,354	2,238	218	10%	15.5	19.8
	Whipps Cross	1,846	1,740	195	11%	30.6	20.9
North West	Charing Cross	1,257	1,175	74	6%	12.4	21.1
	Chelsea & West	1,438	1,370	24	2%	4.2	24.2
	Ealing	1,385	1,339	45	3%	5.7	21.7
	Hillingdon	1,981	1,898	157	8%	26.2	11.9
	Northwick Park	3,000	2,882	634	22%	319.5	29.2
	St Marys	1,948	1,832	189	10%	21.8	20.7
	West Middlesex	1,989	1,936	48	2%	6.0	18.6
South East	Kings college	2,100	1,974	240	12%	27.3	24.1
	Lewisham	1,488	1,404	164	12%	37.7	22.8
	Queen Elizabeth II	2,544	2,457	30	1%	3.8	18.9
	St Thomas'	2,418	2,255	76	3%	5.3	16.3
South West	Croydon	2,369	2,282	302	13%	52.2	17.4
	Kingston	1,696	1,646	43	3%	4.9	15.1
	St Georges	2,006	1,900	447	24%	85.4	19.9
	St Helier	1,365	1,304	176	13%	66.4	17.2
TOTAL		51,359	48,943	5,977	12%	1,462	19.6

Max average breach value  
Value >10 mins per breach

### Patient Handover to Green

In September, we saw a steady reduction in handover to green performance. Over 4,300 hours were lost due to patient handover to green exceeding the 14 minute threshold, however the trust average is close to the trust target. There is organisational focus as well as a cost improvement programme to recover this situation with action plans focusing on clarification of targets, improving the process and sharing good practice across sector.

Sector	Station Group	Handovers to Green	Handovers Exceeding 14 mins	% over 14 mins	Total Time Lost (hours)	Avg Time PH to Green	90th Centile PH to Green	Avg mins lost per breach
North Central	Camden	2,891	1,624	56%	268.2	16.5	30.2	9.9
	Edmonton	3,746	1,919	51%	311.8	16.1	30.5	9.7
	Friern Barnet	2,269	1,266	56%	191.2	16.6	29.6	9.1
North East	Homerton	3,304	2,033	62%	297.7	16.9	29.9	8.8
	New ham	4,809	2,797	58%	410.7	16.4	30.0	8.8
	Romford	4,412	2,469	56%	292.7	15.6	26.5	7.1
North West	Brent	4,185	2,247	54%	361.6	16.3	28.9	9.7
	Fulham	2,558	1,348	53%	209.7	16.3	30.0	9.3
	Hanwell	3,161	1,745	55%	204.4	15.5	25.7	7.0
	Hillingdon	2,000	1,123	56%	154.6	16.4	28.6	8.3
South East	Westminster	1,650	953	58%	135.9	16.3	28.8	8.6
	Training	1,977	877	44%	115.8	14.3	25.5	7.9
	Bromley	2,632	1,463	56%	193.9	15.6	28.1	8.0
South West	Deptford	5,629	3,096	55%	435.9	16.0	28.9	8.4
	Greenwich	3,265	1,692	52%	177.2	15.4	28.6	6.3
	Croydon	2,791	1,734	62%	201.6	16.1	26.4	7.0
Other	New Malden	1,632	976	60%	127.0	16.4	28.4	7.8
	St Helier	1,757	938	53%	94.1	14.8	23.5	6.0
	NULL	367	133	36%	21.4	14.3	26.2	9.7
Other	IRO	14	11	79%	4.7	24.6	54.4	25.6
	NETS	972	208	21%	19.9	5.1	17.4	5.7
	Other	1,611	923	57%	167.9	16.1	31.6	10.9
TOTAL		57,632	31,575	55%	4397.9	16.2	27.3	8.4

Max average breach value  
Value >7 mins per breach

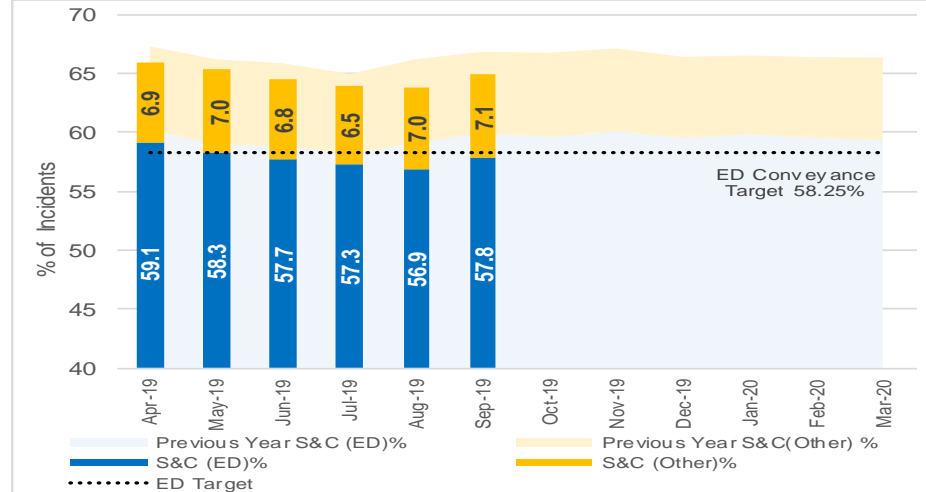




## See and Convey to Emergency Department

		Sep-19	Year To Date	Year-end Target
ED conveyance % (Excl. HASU & Cath Lab)	LAS	56.73%	57.67%	
	Target			

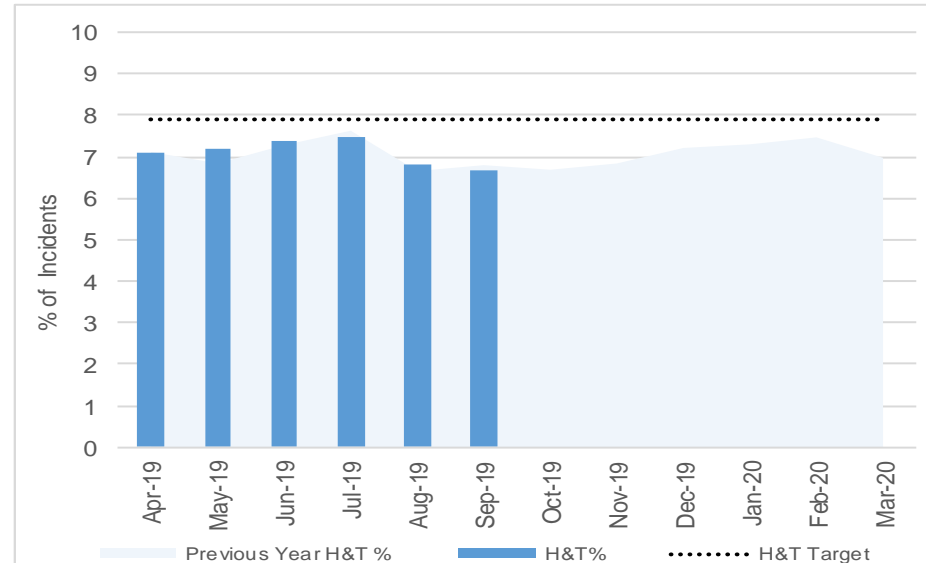
The conveyance to emergency departments target (58.25%) was delivered in September (56.73%). The metric has been steadily improving and we are currently fourth best nationally. The Programme Manager to support the emergency department conveyance programme was appointed in May and is working closely with a number of directorates including Operations.



## Hear and Treat %

		Sep-19	Year To Date	Year-end Target
Hear & Treat %	LAS	6.67%	7.12%	
	Target			

Hear and treat delivered 6.67% in September against the Trust target of 7.9%. These results are an improvement on 2018/19 rates and impending recruitment to the new CHUB structure will further help to support an improved position. However, August and September have been challenged for H&T and further work is being undertaken through the Operating plan to improve on this metric.





## Quality Action Plan Summary - Quarterly Reporting

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL LED

- **Safeguarding** - Commenced Level 3 face-face training within sector for staff.. Training schedule up until March 2020 are in place. Specialists and Leads have also commenced sector working as of 2nd September 2019, this is with the aim of improving visibility and to promote Safeguarding practice. Currently planning for the introduction of Safeguarding Level 3 into CSR come April 2020.
- **Clinical Education** – Student records archived & moved to secure facility. Electronic student management system procured & implementation commenced; this will ensure a single source of information for learners in programs.& increase efficiency in delivering training.
- **IUC/111** – National requirements for 15 minute call reporting now in place & automated
- **Mental Health** joint response car continues in SE London with plans being developed to further roll-out the service across SE by end of year. A 6 month evaluation shows continued positive results in "See and Treat"
- **End of Life** training and education programmes continue. Clinical guidance regarding medication at the end of life has been produced. A business case for future funding has been submitted
- **Complaints** – Year to date 74% of complaints have been closed within the a 35 day timescale (target = 75%) Further workshops are planned to review the new process (whereby the flow is managed on a whole team basis rather than by individual case holders)
- **Enterprise Programme Management Office (ePMO)** –now fully functional. Completed Benefits Management process; Business Change Management process; Dependency mapping process; Programme and Project Repository. Commenced Programme and Project Health Checks to produce remedial action plans where needed.. Produced revised view of the Portfolio following Capital review and Senior Leadership group initial meeting.

Progress Status

Complete	G	A	R
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TOTAL	78	5	72	1
Safe	13		12	1
Effective	18	1	17	
Caring	5		5	
Responsive	4		4	
Well Led	26	3	23	
Use of Resources	12	1	11	

- C Complete
- G On track
- A Off Track, will miss due date, with plan in place to resolve issues
- R Irrecoverable, will miss/has missed due date




Progress will be measured against 7 levels of assurance

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



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.17	We will improve the quality of care we deliver to patients through ongoing digital transformation to reduce our reliance on paper forms and to digitally connect and share information with other relevant health system partners.	Ross Fullerton		Adastra now live in the Clinical Hub providing access to directory or services and detailed local care records. Summary care record pilot complete. EPCR approach being revised in partnership with other ambulance trusts and revised ePCR & CAD procurement underway.
BP.18	We will work closely with London acute hospital EDs, NHSI and NHSE to further reduce delays to patients and our crews at hospitals, especially during times of peak pressure on the wider system	Khadir Meer / Pauline Cranmer		The Director of Ambulance Services continues to meet with the regional hospital handovers lead for NHSE on a bi weekly basis to review activity of handovers at EDs, against the trajectory of eliminating 30min+ delays. National oversight of the regions most challenged sites continues on a monthly basis. Locally engagement is in place through the ADO teams. Despite this activity there is a rising trend in delays awaiting handover across a number of sites.
BP.19	We will begin delivering our new 'pioneer services' set out in our strategy, specifically focusing on mental health, falls and supporting staff to refer to alternative care pathways across the London health economy that improves outcomes for patients and reduces conveyances to ED.	Trisha Bain		Mental health services are to be expanded, with the initial pilot closed and now part of BAU. The maternity pilot did not progress and has now closed. The APP project is currently in delivery phase, whilst the 6 month evaluation of the falls service is now being completed.
BP.20	We will work with the London Health system to achieve our vision to become the primary integrator of emergency and urgent care (999, all 111/IUC providers), including bidding for 111 contracts as necessary and strengthening relationships with other health system partners.	Fenella Wrigley		LAS continues to engage with Pan London strategic leaders and LAS lead commissioners to look at better integration of 999 and 111 service to better which will better meet the needs of patients in London. The Perfect Day in NEL on 30 September demonstrated that the Las strategy is deliverable and a 999/111 Integration Board is now taking forward future development and in particular areas which can be delivered for this Winter. LAS remain engaged in pan London 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 and manage handover delays.
BP.21	We will deliver the key elements in our Quality Plan for 2019/20 to improve patients' experience and quality of care for patients.	Trisha Bain		The quality plan including quality priorities are as a majority on track. The updated Good to Outstanding plan has been strengthened in terms of assurance by ensuring desired outcomes are clearly described in all SMART improvement plans such that they include actions to both address specific concerns and the underlying systemic reasons for this variation.



Ref	Business Plan Deliverable	SRO	Status	Comment
BP.22	We will respond to the CQC recommendations by continuing to improve the quality and security of our drug management through the roll-out of our Secure Drug Rooms, Primary Response / ALS bags, Vehicle-based multi-dose drug packs and enabling IT applications and the delivery of all other actions within the Towards Outstanding plans by April 2020.	Benita Mehra		<p>Delivery of vehicle based ALS bags has continued well, despite some initial setbacks. All areas are complete with exception of Deptford complex. This will be complete before end of November 19. Deployment of PRB is rolling out sector by sector exploiting the learning from the ALS project, completion anticipated January 2020. Multi Dose Drug pouch roll out has been hampered by technical issues with Kit Prep App and Wi-Fi access at the Logistics unit. A hardwired solution is being installed and appears to be stable.</p> <p>User acceptance testing being completed w/c 18 Nov 19. This will then allow the development of the Kit prep App needed which could not be progressed until a stable platform was achieved. Pouches are in production with a view to having delivered before year end. It is not anticipated that all required development needed on the Kit Prep will be completed by year end.</p> <p>SDR has been delayed due to the ability to commission a contractor. A multi-contractor approach is being sought via procurement enabling the Trust to compress roll out. Completion of all sites remains challenging by year end. An indicative plan has been produced and once contractor arrangements are in place confirmation of the install plan will be provided.</p>
BP.23	We will be fully compliant with Data Protection Legislation, ensuring the Trust understands the importance of data protection, and reviews new projects and policies against their impact on information governance.	Philippa Harding		Challenges with recruitment have resulted in reduced capacity to deliver. This is being addressed through the use of additional external resource and work is being undertaken to establish the viability of the introduction of a managed service to sit alongside information security.
BP.24	We will work closely with other emergency services and partners (e.g. the Greater London Authority family and London's boroughs), fulfilling our statutory obligations and strategic commitment to collaborate, innovate and maximise the efficiency of our combined public service provision.	Lorraine Bewes		<p>We continue to work with both blue light colleagues and the wider GLA family. Examples of this are the development of the London emergency services coordination centre (LESCC) the purpose of which is to facilitate and coordinate multi agency activity. It also provides a real time pan London risk and mitigation function . The LESCC is due to be table topped on the 20th Nov 2019 with a further discovery exercise planned for Feb 2020.</p> <p>With regards to working with the GLA several working groups have come together not least ICT(Ross Fullerton) and HR ( Ali Lane Smith) to look at greater efficiency across their respective areas.</p>



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

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

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

### Delivering our 5 Year Strategy – Strategic Programmes

**N.B. for future IPR submissions, the following section will be changed to reflect the new portfolio of strategic programmes currently being agreed by Executive Committee and will be managed through the Strategy, Technology & Development and PMO functions**

#### Programme

#### Key Progress & Achievements since last IPR

#### Priorities for coming months

#### iCAT London

Planning and delivery of Perfect Day across North East London  
Ongoing discussions across NEL and SEL to refine inclusion criteria for IUC CAS cases  
Agreement with commissioners regarding Hear & Treat levels in 999

- Ongoing discussion around CAS design and in Hours model for the CAS
- Discussion regarding further integration opportunities of Category 5 workload
- Introduction of decision support tool for star line calls
- Introduction of SIMUL8 software for IUC CAS modelling
- Finalise CAS staffing model using SIMUL8 tool
- Document gaps between IUC and CHUB and LAS iCAT integration strategy
- Develop high-level design for the systems and process development towards the iCAT operating model

#### Pioneer Services

- The LAS SE London **Mental Health** response vehicle pilot evaluation shows a significantly lower ED conveyance rate (18%) compared to BAU (52%). Meetings ongoing with the South London Mental Health Trusts to develop a way forward with joint service development following their receipt of additional funding.
- The **Falls Service pilot** (NW) three month evaluation showed an ED conveyance rate of 41% for the Falls ambulance and 39% for the car comparing favourably with a BAU response (62%). The six month evaluation is being undertaken following pilot closure.
- Ten new **Advanced Paramedic Practitioners Urgent Care** (APP-UC) are now operationally live.
- **End of Life** service enhancement is progressing across a number of initiatives according to plan, e.g. training in bereavement support for LINC workers and review of other in-house training course content.

- Finalise the way forward with the South London Mental Health Trusts for the next stage of service development.
- Evaluate first Six months of the Falls pilot.
- Mentoring and supervision arrangements for APP(UC) Cohort 4 to be finalised at the fifth operational base site at Ilford.
- Delivery of five bespoke communication courses in association with The Royal Marsden, NETs CPD course organisation and delivery to take place.



### Programme

### Key Progress & Achievements since last IPR

### Priorities for coming months

#### Spatial Development

- **Second floor HQ refurbishment** is now complete and the medical staff will occupy this area. This includes another 2 meeting rooms for use by all staff.
- Work to the **communal corridors** is now complete and includes breakout spaces being used by staff for informal meetings.
- Work to the **HQ third floor toilets** will be complete by 8 November to increase the provision of accessible toilets onsite. Accessible toilets will now be available on both the ground and top floors.
- Designs have been completed for the **HQ first floor East** and **Pocock Street** with works planned to be undertaken later in the year. Designs have been discussed with the relevant teams and will include additional meeting rooms.

- Work in Pocock Street and HQ first floor East will commence.
- Work will commence in the HQ basement in the coming weeks.
- Designs will be finalised for HQ first floor West. This will allow for further consolidation of the corporate estate into fewer buildings.

#### Connecting Clinicians

- The CAD procurement approach is under review to ensure timely delivery. Revised procurement of ePCR is now underway with planned rollout commencing Q4 19/20.
- **Summary Care Record Activity (SCRa)** - We continue to sign up users to the SCRa. We are at approximately 150 users. In parallel, we are working with the People and Culture team on improving the registration authority process. We are also working with the Operations team to secure additional resource to help deliver pan-London by the end of the financial year.

- Secure a supplier for an ePCR system and deliver business change that will be required to support the ePCR system
- Secure the resource to deliver SCRa rollout. John Yates needs to be moved from SCRa onto the ePCR project

#### Ready, Set, Go (Medicines Management)

- **Secure Drug Rooms** - Moved to the spatial programme and would be reported as such
- **Multi Dose Pack** - Temporarily on hold due to delayed testing of final phase of Kit Prep 1 and development of Kit Prep 2.
- **Advanced Life Support Bags** - North West Rollout complete. Preparations underway to rollout to south sectors however the risk remains of insufficient VP resource to achieve the full requirement for the rollout. There is also a risk of overspend as the project budget has been reduced ( £145K).
- **Primary Response Bags** - First delivery of bags received in preparation for rollout. A draft rollout plan in place for November subject to project board approval and a resolution to VP resource constraints. Possible alternative options identified to facilitate the rollout in November i.e. staff on restricted duties and volunteers. There is also a risk of overspend due to a reduction of budget allocated to the project (£191K) and an additional requirement of RFID tags, barcodes and increase number of pouches.
- **Kit Prep** - The kit prep audit system has been in use for almost two years with work now focussing on making it mobile. The logistics app has been installed. All issues regarding connectivity have now been resolved. User acceptance testing schedule to commence in November to ensure app meets requirements. Revised kit prep proposal/timelines submitted for review

- Complete ALS rollout Trust-wide
- Confirm packing requirements for PRB and commence rollout
- End to end testing of Kit Prep 1- User acceptance testing of Depot App
- Kit Prep 2 development





#### Programme

#### Key Progress & Achievements since last IPR

#### Priorities for coming months

##### Contracting and contractual form

- Heads of Terms for the main contract were signed at the end of May 2019.
- Agreement has now been reached for commissioners to fund up to £373m, a minimum of £371m, with an additional £2.5m to fund the EAC pay review.
- Agreement has been reached for LAS and the LAS Commissioning Team, with STP Finance support to commence work on an integrated contract form for 2020/21 that covers the main emergency services contract, as well as integrated urgent care. This will support delivery of the Trust's strategic aim to deliver integrated care across London.
- The Contracts team is now fully established with substantive members of staff and is recruiting an additional post to support pricing.

- Liaison with NHSI to determine LAS commissioning arrangements for 2020/21 onwards
- Contract signature
- Preparation for 2020/21 Contract round including close working with Business Planning and Operations

### Delivering our 5 Year Strategy – Effective Stakeholder Engagement

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

##### Key strategic level forums attended

- Regular Quarterly meeting between LAS Strategy and NEL STP
- SEL Directors of Strategy & COO Forum
- Pan-London ACP and Demand Management Board
- STP A&E Delivery Boards
- London Directors of Strategy Forum
- STP Programme & Clinical Boards
- SWL Transformation & Delivery Board
- SEL Providers Federation
- NCL regular meeting with Director of Strategy

##### Progress since the last IPR

- We have tackled key issues with NEL STP around partnership working, as well as the roll out of the pioneers and potential next steps. We have also agreed further engagement opportunities.
- We supported the SWL winter planning session; and we delivered a session to discuss the mental health pioneer at the SWL UEC Transformation and Delivery Board.
- Following confirmation that the STP has released £9m for service development, we are considering the request from NHS London to scale up the Mental Health pioneer
- The SEMs continue to engage through forums such as the A&E Delivery Board and supporting winter planning in their sector

##### Key priorities for the coming months

- Continue to work with the Mental Health Trusts and STPs around scaling up the pioneer
- Strengthen partnership working, collaboration with NEL STP and agreed forums for engagement
- Agree a scope for a LAS-wide stakeholder engagement strategy and how to implement it





### Enabling Strategies

Strategy	Lead Director	Progress since last IPR	Key progress over coming months
People & Culture Strategy	Ali Layne-Smith Director of People & Culture	The People & Culture Strategy has now been signed off by Trust Board	The Strategy and People & Culture teams are working to develop a detailed 3 year implementation plan which will inform the business plan which is now in development
Digital Strategy	Ross Fullerton, Chief Information Officer	The Digital Strategy has now been signed off by Trust Board	The Strategy and IM&T teams are working to develop a detailed 3 year implementation plan which will inform the business plan which is now in development
Clinical Strategy	Fenella Wrigley, Chief Medical Officer	The Clinical Strategy has now been signed off by Trust Board	The Strategy and Medical Directorate teams are working to develop a detailed 3 year implementation plan which will inform the business plan which is now in development
Quality Strategy	Trisha Bain, Chief Quality Officer	The Quality Strategy has now been signed off by Trust Board	No further action
Estates Strategy	Benita Mehra, Director of Strategic Assets & Property	The Estates Strategy vision document has now been signed off by Trust Board	Delivery approach is being scoped and existing implementation plans (e.g. for work on corporate buildings) being incorporated into business plan where relevant
Volunteering Strategy	Antony Tiernan, Director of Communications & Engagement	The Volunteering Strategy vision document has now been signed off by Trust Board	The Strategy and Communications teams are working to develop a detailed 3 year implementation plan which will inform the business plan which is now in development
Stakeholder Engagement Strategy	Antony Tiernan, Director of Communications & Engagement	An outline stakeholder engagement strategy has been drafted, incorporating engagement activities with the public as well as key stakeholders	Activities and timescales will be developed further with Anthony Tiernan, supported by the strategy team, before a final version is shared with Trust Board.
Learning & Education Strategy	Ali Layne-Smith Director of People & Culture	The Learning & Education Strategy has now been signed off by Trust Board	The Strategy, People & Culture and Medical Directorate teams are working to develop a detailed 3 year implementation plan which will inform the business plan which is now in development
Commercial Strategy	Lorraine Bewes, Chief Finance Officer	With Nish Dubey (Head of Commercial) now in post, the development of this strategy will be progressed	Further activities and timescales to be developed with Nish Dubey



<b>Report to:</b>	Trust Board		
<b>Date of meeting:</b>	26 November 2019		
<b>Report title:</b>	Board Assurance Framework and Corporate Risk Register		
<b>Agenda item:</b>	12		
<b>Report Author(s):</b>	Frances Field, Risk and Audit Manager		
<b>Presented by:</b>	Philippa Harding, Director of Corporate Governance		
<b>History:</b>	Consideration by Executive Committee and Board Assurance Committees		
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>
<b>Background / Purpose:</b>			
This paper provides the Trust Board with an updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR) November 2019.			
<b>Recommendation:</b>			
The Trust Board is asked to comment on this report.			
<b>Links to Board Assurance Framework (BAF) and key risks:</b>			
This paper sets out the content of the BAF and the CRR.			
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>			
<b>Clinical and Quality</b>	<input checked="" type="checkbox"/>		
<b>Performance</b>	<input checked="" type="checkbox"/>		
<b>Financial</b>	<input checked="" type="checkbox"/>		
<b>Workforce</b>	<input checked="" type="checkbox"/>		
<b>Governance and Well-led</b>	<input checked="" type="checkbox"/>		
<b>Reputation</b>	<input checked="" type="checkbox"/>		
<b>Other</b>	<input checked="" type="checkbox"/>		
<b>This paper supports the achievement of the following Business Plan Workstreams:</b>			
<b>Ensure safe, timely and effective care</b>	<input checked="" type="checkbox"/>		
<b>Ensuring staff are valued, respected and engaged</b>	<input checked="" type="checkbox"/>		
<b>Partners are supported to deliver change in London</b>	<input checked="" type="checkbox"/>		
<b>Efficiency and sustainability will drive us</b>	<input checked="" type="checkbox"/>		

## Board Assurance Framework (BAF)

### Current BAF Risks

1. 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.	<b>BAF Risk 57</b> 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 and due to the level of system pressures that are facing commissioners	Lorraine Bewes, Chief Finance Officer	Finance and Investment Committee	Wording amended following discussions at Trust Board on 24 September 2019, to reflect system pressures which add to the risk
2.	<b>BAF Risk 56</b> 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	Ali Layne-Smith, Director of People and Culture	People and Culture Committee	
3.	<b>BAF Risk 45</b> 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	Refresh planned by 7 January 2020 to align risk to National Cyber Security Centre Assessment Framework
4.	<b>BAF Risk 54</b> 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.	Khadir Meer, Chief Operating Officer	Quality Assurance Committee	

5.	<b>BAF Risk 53</b> 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.	Khadir Meer, Chief Operating Officer	Finance and Investment Committee	
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## Corporate Risks

### Highly-rated Corporate Risks not included on the BAF

2. The following quality-risks currently have a rating of 15 or greater, which 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 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.
  - Datix ID 973 - There is a risk that ambulance premises, operational ambulance fleet and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety patients, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed.

### Risk progress since the BAF was considered by the Board on 24 September 2019

**Datix ID 706 - EOC training have limitations on space and building facilities which may impact ability to deliver training; there is a risk that insufficient capacity and/or site conditions could cause interruption to training courses.**

3. Additional space has been identified in Maritime House (3 floors) that can accommodate teams currently located within Southwark Bridge Road and double the Trust's current training capacity. Leases for this space are currently being finalised. Staff currently based in Southwark Bridge Road will be able to move to this new accommodation by the end of June 2020 at the latest.

**Datix ID 844 - There is a risk of project slippage 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 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.**

4. Network connectivity is now in place and the project is now being re-planned to ensure that it is robustly delivered. A more detailed update with regard to the safe management of medicines will be provided to the next meeting of the Quality Assurance Committee.

**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.**

5. Datix ID 967 was considered by the Risk Compliance and Assurance Group (RCAG) at its meeting on 09 November 2019, where it was noted that, following investigations and reviews of incidents, there was no evidence of any correlation between annual leave absences and patient safety. Members discussed re-articulating the risk to reflect patient experience and noted the ownership required updating. It was agreed the risk should be explored in light of this and a more appropriate scoring considered.

**Datix ID 973 - There is a risk that ambulance premises, operational ambulance fleet and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety patients, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed.**

6. The work of the Estates team has been re-planned in order to ensure the prioritisation of work to mitigate this risk. As a result of this, the Trust has been able to make a significant number of improvements. This approach has seen significant numbers of repairs being completed across the Trust, a total reduction in the use of security guards from across 21 sites at peak to just four currently as a result of gates being repaired. These are at Camden, Islington, Shoreditch and Waterloo.
7. A single tender waiver has been used to expedite further repairs to shutters and gates, as a temporary solution, making concertina style shutters safer. Quotes for these sites have been sourced and accepted now awaiting scheduled works for completion. A wider piece of work associated with procurement arrangements in estates is underway within EPMO underpinning our cyclical replacement plan as well as the commissioning of other goods works and services over the coming years.

## **Logistics and Infrastructure Committee**

8. At its meeting on 12 November 2019, the Logistics and Infrastructure Committee was informed of an emerging issue in relation to the resilience of the Uninterruptible Power Supply (UPS) at Bow. Although the Committee had previously been assured that, in the event that the Bow site experienced a power failure, the UPS would become operational, this had not been the case when the site had experienced a power failure in relation to the UK Power Network. The focus has subsequently been on a particular switch panel and its compliance to specification. The Trust has commissioned an independent assessment of the current infrastructure and proposed remedial solutions. Once this has been confirmed, a clear implementation plan and project will be developed, if required. The Committee has proposed that a new risk is

assessed to reflect these findings. Work is being undertaken to determine whether this is a BAF or Corporate Risk.

9. The Logistics and Infrastructure Committee was presented with a report which the Interim Director of Strategic Property and Assets used to provide the Committee with information about the performance of the Strategic Assets and Property team. The Committee noted that there were a number of issues associated with backlog maintenance in Estates, specifically in relation to the Trust's regulatory and legal compliance. A formal review of risks will be undertaken with the team to articulate the challenges the Trust faces in this space. Alongside this a number of remedial plans will be developed, which will prioritise by location and sector a schedule of works as required. This information will be used to inform consideration of a BAF level risk, as proposed by the Logistics and Infrastructure Committee.

**Frances Field**  
**Risk and Audit Manager**

## Board Assurance Framework – October 2019

		Rare	Unlikely	Possible	Likely	Almost Certain	
IMPACT	Catastrophic			45			<b>In order of severity:</b>  <b>BAF Risk 57</b> 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, and due to the level of system pressures that are facing commissioners.
	Major			54   56	53   57		<b>BAF Risk 56</b> 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.
	Moderate						<b>BAF Risk 45</b> A cyber-attack could materially disrupt the Trust's ability to operate for a prolonged period.  <b>BAF Risk 54</b> 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						<b>BAF Risk 53</b> 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"> <li>• Provide reporting on senior staff availability (Directors and their direct reports) to ensure visibility for forward planning</li> <li>• Communications team to provide reporting on senior staff availability (Directors and their direct reports) to ensure visibility for forward planning refreshed communications plan.</li> <li>• Link any cost variances in supply chain to be included in budget setting requirements.</li> <li>• Clarify our obligation and costing for providing mutual aid to SECAMB</li> </ul>
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"> <li>• The development of an internal LAS bank contract for GPs to assist in the direct recruitment of GPs and advanced clinical practitioners.</li> <li>• 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.</li> <li>• Development of productivity measures to add to the performance score card to ensure oversight of productivity.</li> </ul>

**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	<b>56</b> The Trust's ability to recruit and retain registered clinicians to our core front line operations (a sustainable workforce) will be affected by the changing landscape of the NHS which opens opportunities for paramedics to be employed in other healthcare setting and which will impact our ability to meet operational targets	<ul style="list-style-type: none"> <li>• Determine skill mix to support patient requirements and operational delivery within the financial budget available.</li> <li>• Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers</li> <li>• Establish an apprenticeship programme for paramedics</li> </ul>

**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"> <li>• The development of an internal LAS bank contract for GPs to assist in the direct recruitment of GPs and advanced clinical practitioners.</li> <li>• 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.</li> <li>• Development of productivity measures to add to the performance score card to ensure oversight of productivity.</li> </ul>

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

**DELIVERABLE**

20. We will deliver our control total and maintain our use of resources rating with NHSI.
21. We will deliver Cost Improvement Programme (CIP) efficiency savings of £12.3m in 2018/19 and develop a programme of further efficiencies to inform our business planning for 2019/20 and 2020/21.
22. We will complete the review of business resilience across the organisation and implement measures to effectively manage risk and ensure the continuity of our services during times of disruption, including GDPR compliance and Cyber risk assurance.
23. We will manage and deliver our proposed capital programme of £15.5m to support the delivery of our overall strategic objectives.
24. We will ensure the delivery of our agreed CQUIN's (as agreed with our core contract commissioners) to improve the quality and value of the services we provide on their behalf.

Links to Deliverables	BAF Risk	Further mitigation required
20	57. There is a risk that the Trust will not deliver the required control total and National Standards whilst maintaining quality of care as a result of potential increased activity and cost pressures in 2019/20 and due to system pressures that are facing our commissioners.	<ul style="list-style-type: none"> <li>Finalise delivery plan for additional £3.9M financial recovery plan CIP.</li> </ul>
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"> <li>Initiate 19/20 cyber programme to obtain Cyber Essentials plus and towards ISO 27001</li> <li>Deliver the 19/20 the cyber projects (as detailed below): On Target               <ul style="list-style-type: none"> <li>Secure Email (NH mail) – Potentially delivering as further benefits or separately:</li> <li>Single-Sign-On (SSO)</li> <li>Identity Management (IdM)</li> <li>Security Information &amp; Event Management (SIEM)</li> <li>Network Segregation</li> </ul> </li> <li>Investigate and assess utility of centrally funded/provisioned NHSD security capabilities</li> </ul>

**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 and due to the level of system pressures that are facing commissioners.

<b>Risk Classification:</b> Finance	<b>Risk Owner:</b> Lorraine Bewes	<b>Scrutinising Committee:</b> Finance & Investment Committee		
<b>Date risk opened:</b> 19/06/19	<b>Date risk expected to be removed from the BAF:</b> March 2020			
<b>Change since last review:</b>	3 actions were completed, relating to funding from commissioners and risk share on the 2019/20 contract			
<b>Underlying Cause/Source of Risk:</b> 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.		<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
		16	16	8
<b>Existing Controls</b>		<b>Positive Assurance of Controls</b>		
<div>1. Comprehensive resource model developed which links workforce, frontline fleet capacity, finance, and demand to forecast ability to deliver national response performance standards.</div> <div>2. Heads of Terms agreed with Commissioners with Hear &amp; Treat increases and timing of delivery of national performance standards still being agreed before the contract can be signed.</div> <div>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.</div> <div>4. Recruitment and retention to clinical posts is a key area of focus to secure permanent clinical workforce required</div> <div>5. A 999 operational improvement and recovery plan to ensure delivery of national performance trajectories agreed with commissioners within resources available has been developed.</div> <div>6. The service has produced and is implementing an IUC recovery plan with interventions including rostering to meet demand.</div> <div>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)</div> <div>8. Contract risk share has been agreed</div> <div>9. The Trust has identified sufficient recurrent CIPs for 2019/20.</div> <div><b>Gaps in Controls</b></div> <div>1. Formal terms of reference for the IUC performance meetings are yet to be agreed</div> <div>2. Trust Board to approve formal financial recovery plan.</div>		<div>• Monthly finance reports to the ExCo and the Finance and Investment Committee</div> <div>• Bi-monthly Integrated Performance Reports to the Trust Board</div> <div>• YTD Incident levels remain above contract threshold levels</div> <div>• Integrated Urgent Care recover plan will be tracked through the Integrated Urgent Care Programme Board and monthly financial reporting to the FIC, ExCo.</div> <div>• The operational improvement plan will be tracked through weekly operational performance meetings.</div>		
<b>Further Actions</b>		<b>Responsible Person/s</b>		<b>Due Date</b>
1. Finalise delivery plan for additional £3.9M financial recovery plan CIP.		1. Ellie Horne, Financial Recovery Director		March 2020
<b>Signed:</b> 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: Pauline Cranmer	Scrutinising Committee: Finance & Investment Committee	
Date risk opened: 17 January 2019		Date risk expected to be removed from the BAF:		
Change since last review:		Actions, controls and assurances updated since review at EU Exit Preparedness Group Meeting on 24 October 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>9. Annual leave for Directors and direct reports is now available through GRS, providing visibility of senior staff availability.</div> <div><b>Gap in controls</b> 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> <div>6. Internal audit review noted significant areas of assurance from the implementation of focus groups, executive leadership and business continuity plans in place.</div> <div>7. The Trust has clarified and agreed its SECAMB mutual aid that was requested.</div>		
Further Actions		Responsible Person/s		Due Date
<div>1. Communications team to provide refreshed communications plan.</div> <div>2. Link any cost variances in supply chain to be included in budget setting requirements.</div>		<div>1. Pauline O'Brien, Head of Media and Campaigns</div> <div>2. James Corrigan, Financial Controller</div>		<div>Nov 2019</div> <div>Nov 2019</div>
Signed: Pauline Cranmer, Director of Ambulance Services				



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:		Amendment to positive assurance of controls (1)		
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		
<div>1. Existing defences have mitigated threats to-date; these include various technical and procedural elements</div> <div>2. The continuation of a professional cyber team as a managed service from Nov 17 extended to Nov 19</div> <div>3. Introduction of a process to review all CareCert notifications across all support teams, measured as part of the IM&amp;T’s KPIs (reported to IM&amp;T SMT and ExCo monthly)</div> <div>4. Undertaking of several further audits and tests to identify additional mitigations (added to the Cyber action plan).</div> <div>5. 18/19 Programme of planned improvements delivered.</div> <div>6. 19/20 Programme of planned improvements in scoping phase.</div> <div>7. Active monitoring of the action plan of remediation mitigations identified by audits quterly: <i>Report submitted to L&amp;IC for Sept meeting, next Quarter LIC Dec 19</i></div> <div>8. Excercising of cyber incident plans scheduled</div> <div>9. Define rolling cyber exercise plan including relevant partner: <i>09/04/19: plan in place</i></div>		<div>1. The Trust obtained the Cyber Essentials accreditation in April 2018 and is planing for Cyber Essentials Plus by June 2021</div> <div>2. Cyber Reports to Information Governance Group of cyber-related incidents each quarter</div> <div>3. Undertaking of several audits and tests including the NHS Digital led review of LAS cyber security to identify additional mitigations</div> <div>4. Additional NHSD assurance support through CORS programme</div> <div>5. CareCert notifications performance measured and reported as part of the IM&amp;T’s KPIs (reported to IM&amp;T SMT and ExCo monthly)</div> <div>6. Reporting of action plan progress at LI&amp;C and Board</div> <div>Gaps in Assurance</div> <div>• NHSE have asked all Trusts to provide a plan to achieve addional assurance in the form of the HMG’s NCSC’s more advanced standard of good practice Cyber Essentials Plus by 2021</div> <div>• The Trust has been audited and the technical controls required to meet Cyber Essentials Plus are mapped into future work.</div>		
Gaps in Controls				
<div>1. 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</div>				
Further Actions		Responsible Person/s	Due Date	
<div>1. Initiate 19/20 cyber programme to obtain Cyber Essentials plus and towards ISO 27001</div> <div>2. Deliver the 19/20 the cyber projects (as detailed below): On Target<ul style="list-style-type: none"><li>Secure Email (NHSmail) – Potentially delivering as further benefits or separately:<ul style="list-style-type: none"><li>Single-Sign-On (SSO)</li><li>Identity Management (IdM)</li></ul></li><li>Security Information &amp; Event Management (SIEM)</li><li>Network Segregation</li></ul></div> <div>3. Investigate and assess utility of centrally funded/provisioned NHSD security capabilities</div>		<div>1. Vic Wynn, Head of IM&amp;T Strategy Security &amp; Architecture</div> <div>2. Vic Wynn, Head of IM&amp;T Strategy Security &amp; Architecture</div> <div>3. Vic Wynn, Head of IM&amp;T Strategy Security &amp; Architecture</div>	<div>1. Complete</div> <div>2. June 2020</div> <div>3. Jan 2020</div>	
Signed: Ross Fullerton, Chief Information Officer				

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: Khadir Meer		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><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 in the process of developing a plan to address current agency costs overspend while maintaining focus on KPI delivery.</div></div>		
Further Actions			Responsible Person/s		Due Date
<div>1. The development of an internal LAS bank contract for advanced practitioners and GP’s.</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 IUC Development</div> <div>Paul Cook, Head of IUC Performance</div>		<div>March 2020</div> <div>End Nov 19</div> <div>End Nov 19</div>
Signed: Khadir Meer, Chief Operating Officer					

**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**

<b>Risk Classification:</b> Human Resources	<b>Risk Owner:</b> Ali Layne-Smith	<b>Scrutinising Committee:</b> People and Culture		
<b>Date risk opened:</b> 15/05/2019	<b>Date risk expected to be removed from the BAF:</b> 30 September 2020			
<b>Change since last review:</b>	Amendment of positive assurance of controls			
<b>Underlying Cause/Source of Risk:</b> 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.		<b>Gross Rating</b>	<b>Current/Net Rating</b>	<b>Target Rating</b>
		16	12	8
<b>Existing Controls</b>		<b>Positive Assurance of Controls</b>		
<ol style="list-style-type: none"><li>1. The Trust has built strong pipelines for paramedic recruitment overseas which will allow it to respond to an under supply in the UK market</li><li>2. Strategic workforce planning has been developed over 2018/19 and has resulted in the establishment of a Strategic Workforce Planning Group which will be chaired by the Director of People and Culture and in which the Medical Director and Director of Operations will be essential participants.</li><li>3. Engagement in national workforce planning group to influence debate on challenges of English Ambulance Trusts with funded paramedic places</li><li>4. The Trust has an experienced recruitment team who have demonstrated their ability to flex to meet the recruitment targets required of the organisation and has recently moved it to HQ to give greater visibility of their work and to enable more collaborative and efficient ways of working with operational colleagues</li><li>5. The Trust is developing a paramedic apprenticeship to attract and retain local employee</li><li>6. The Trust is developing accessible career pathways for non-registered clinical roles</li><li>7. A training package has been developed that will support apprenticeships at L3 (Band 4 role); L4 (Band 5) role</li></ol>		<ol style="list-style-type: none"><li>1. International recruitment campaign is being planned for Summer / Autumn 2019 and 2020</li><li>2. Strategic Workforce Group re-launched October 2019 with revised longer term remit and membership.</li><li>3. Tender for paramedic apprenticeship is live and on track to meet deadline of December 2019 induction.</li><li>4. Skills Mix Matrix is the subject of ongoing executive meetings. Strategic Workforce Group will own this on behalf of ExCo</li></ol>		
<b>Further Actions</b>		<b>Responsible Person/s</b>		<b>Due Date</b>
<ol style="list-style-type: none"><li>1. Determine skill mix to support patient requirements and operational delivery within the financial budget available.</li><li>2. Establish a skills mix that will meet the demand profile of the Trust with a realistic reliance on paramedic numbers</li><li>3. Establish an apprenticeship programme for paramedics</li></ol>		<ol style="list-style-type: none"><li>1. Directors - Medical, Operations, and People and Culture</li><li>2. Directors - Medical, Operations, and People and Culture</li><li>3. DD, CE&amp;C and Apprenticeship Facilitator</li></ol>		<ol style="list-style-type: none"><li>March 2020</li><li>March 2020</li><li>Dec 2019</li></ol>
<b>Signed:</b> Ali Layne-Smith, Director of People and Culture				

## Corporate Risks 15 and above

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)	Progress Notes	Status
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	Future space requirements are being considered as part of the Estates strategy. The current lease is being extended until December 2019 due to being unable to identify an appropriate alternative location and, also, due to the pressures on IM&T to support the move. IM&T also operate within the site and, again, would have required alternative space provision. A formal specification of EOC training requirements is to be created and alternative locations to be identified. To accommodate lead times for a relocation to new premises, a new location will need to be identified and agreed.	Mehra, Benita	13/11/2019	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	03/10/19 Reviewed at RCAG. Lease has been extended on a monthly rolling basis but depends when landlord wants to take possession for redevelopment. Head of Estates stated Ats is now project sponsor but AB was under impression this would be Khadir. Head of Estates also stated that 25 mins walking distance could be extended as a scope change. PH said that information given to ExCo/Board was very different and a briefing note would need to go to PMB/ExCo next week but papers due on 04/10/19 as concerned about state of building. It was confirmed that we have repairing rights under the terms of the lease that can be charged back to the landlord. 13/11/19 Reviewed with Head of Estates and Senior Building Services Engineer. Alternative space identified and negotiating lease currently. Agreed with key stakeholders. Indicative floor plans produced and surveys taking place for power and infrastructure	↔
844	Fleet and Logistics	There is a risk of project slippage 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	08/11/2019	16	High	BT and two IM&T engineers provide status reports into the ongoing problem with suggested solutions.	4	Moderate	03/10/19 Reviewed at RCAG. Gavin Mooney stated that this could be related to a geographical issue as Kitprep has worked on multiple sites but could be fixed using a cable. To consider closing risk once fully working. 08/11/19 the Group were informed that a solution had been identified which was in the process of being tested. Confirmation will be provided by the end of November as to the effectiveness of the solution	↔
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	08/11/2019	15	High	Discussed at medicines management group bimonthly and included in the MSO report Reported at performance review	6	Moderate	15/10/19 Risk reviewed with DM Deputy Medical Director and VW BSM to Medical Director. VW to contact QGAMS for station feedback. 08/11/19 Risk reviewed at RCAG alongside Datix ID 844 noting that the IT solution identified will also improve the integrity of the data being produced.	↔

## Corporate Risks 15 and above

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)	Progress Notes	Status
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	06/11/2019	16	High	Performance data	8	Significant	03/10/19 Reviewed at RCAG. The chief medical officer requested a review of SIs and annual leave to see if there were any trends but no evidence to support this. Could be more related to finance and performance issues. To reword risk to a patient experience/delays in Cat 2/3 based on evidence (to be provided). 06/11/19 Reviewed with P&C. Director of P&C needs to understand fully the aims and work with staff side	↔
973	Estates	There is a risk that ambulance premises, operational ambulance fleet and other LAS assets may be accessed by unauthorised persons because of inadequate physical security arrangements, which may lead to damage and/or loss of assets which are critical for the delivery of the care and patient safety patients, unplanned financial costs for the repair/replacement and damage the reputation of the Trust if not properly managed.	02/09/2019	15	High	1.Security Management Policy implemented. 2.Organisational procedure on station duties in place and communicated to staff. 3.Incident reporting system in place to enable the prompt reporting, investigation and management of incidents. 4.Security surveys being carried out on vulnerable sites. 5.Support available from the Metropolitan Police where acts of theft, damage, vandalism are reported. 6.Security awareness training incorporated into H&S training delivered across the Trust. 7.Engagement of security guards at sites where delays in garage door/shutter repairs are outstanding	Mehra, Benita	13/11/2019	15	High	1. Incidents reported on Datix. 2. Monitoring of Incident reports by Corporate Health & Safety Committee. 3. Regular review of incidents by Trust LSMS.	4	Moderate	03/10/19 reviewed at RCAG. Risk was approved and score agreed also agreed to escalate to the Corporate (Trust wide) risk register. Controls to be reviewed. 13/11/19 Reviewed with Head of Estates and Senior Building Services Engineer. 74% of gates and shutters have been repaired or replaced. Door codes were changed. Concertina doors are having safety upgrades	↔



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Serious Incident Update			
<b>Agenda item:</b>	13			
<b>Report Author(s):</b>	Helen Woolford, Head of Quality Improvement			
<b>Presented by:</b>	Dr Trisha Bain, Chief Quality Officer			
<b>History:</b>	N/A			
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
<p>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"><li>• SI activity by month</li><li>• Number of SIs by sector and STP</li><li>• Clinical Commissioning Group (CCG) feedback</li><li>• Category type (theme)</li><li>• Number of outstanding (overdue) actions by sector</li></ul>				
<b>Recommendation(s):</b>				
The Trust Board is asked to comment on the contents of the report.				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input checked="" type="checkbox"/>			
<b>Performance</b>	<input type="checkbox"/>			
<b>Financial</b>	<input type="checkbox"/>			
<b>Workforce</b>	<input type="checkbox"/>			
<b>Governance and Well-led</b>	<input checked="" type="checkbox"/>			
<b>Reputation</b>	<input checked="" type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>			

This 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 Clinical Commissioning Group (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:

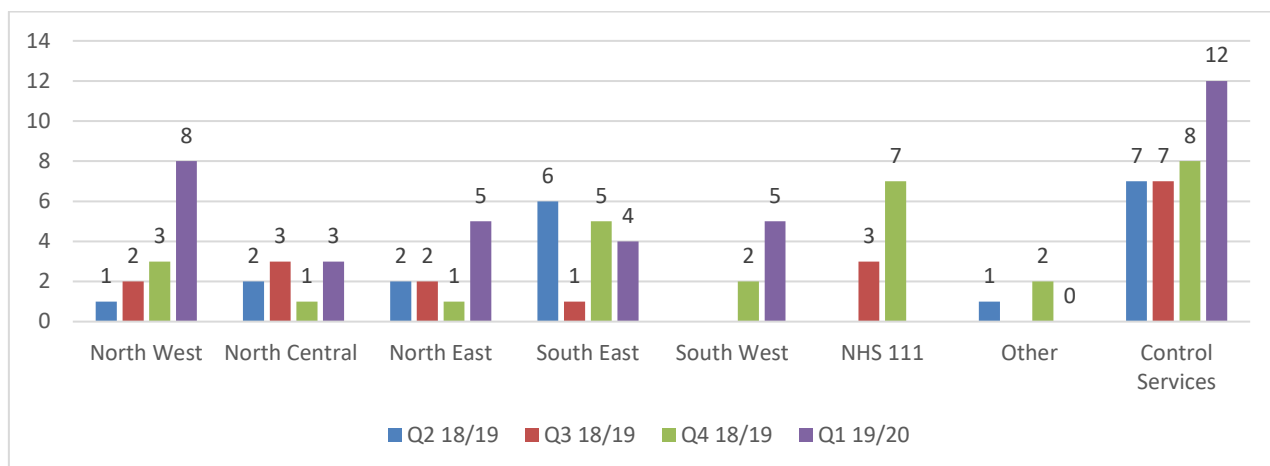
How did you rate the training?		%
Excellent	46	92%
Good	4	8%
Average	0	0%
Poor	0	0%
Very Poor	0	0%
Total	50	100%

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**

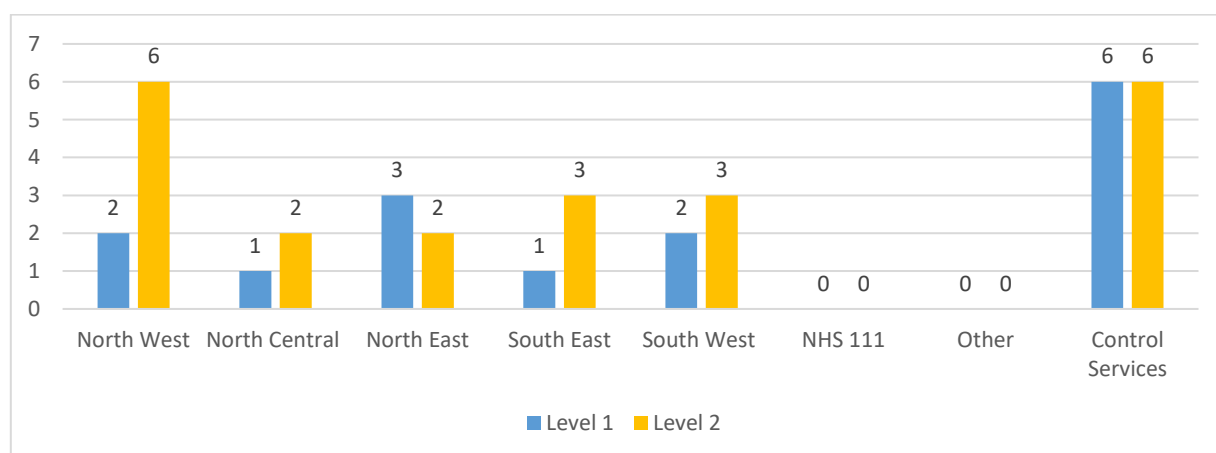


**Figure 1**

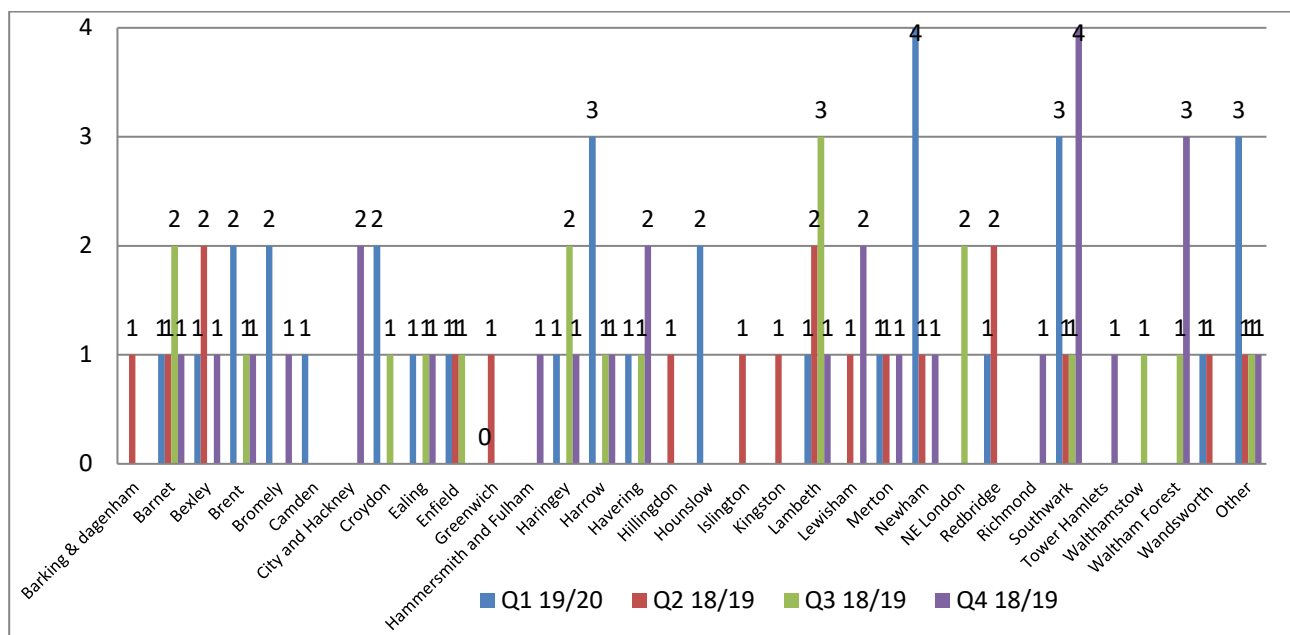
	Q2	Q3	Q4	Q1
Trust Total	19	18	29	37

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

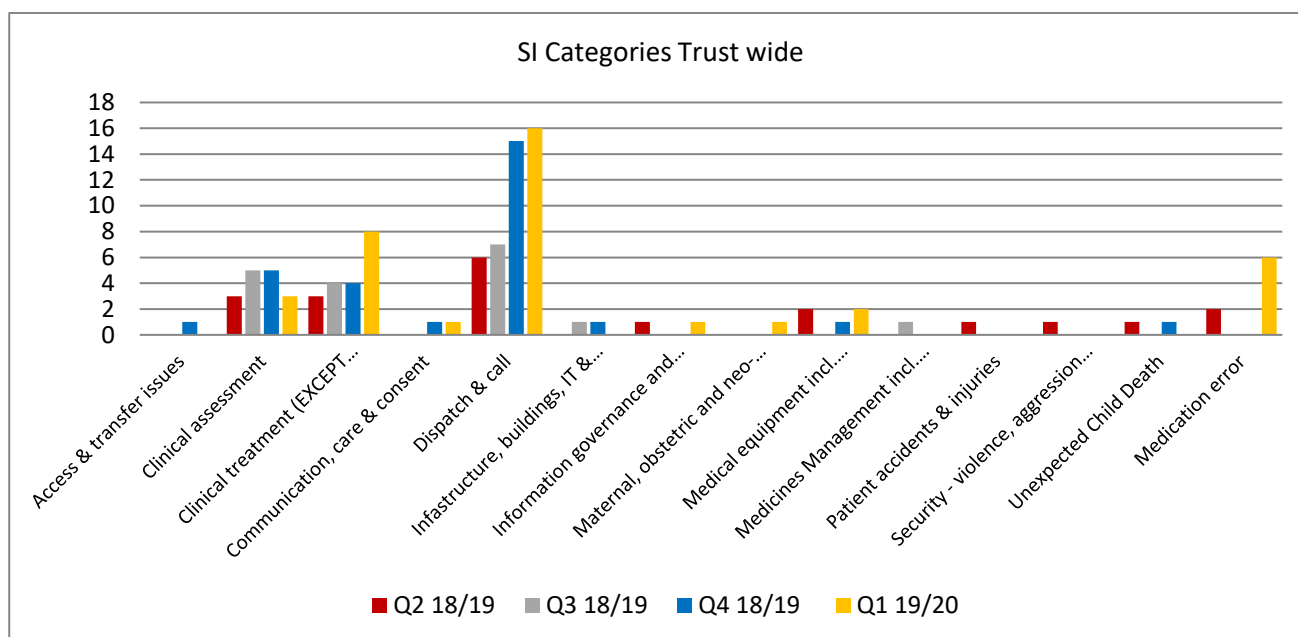
**Graph 2. SIs Declared by Sector in Q1 – Levels 1 and 2 SIs**



**Graph 3. SIs Declared by CCG distribution**



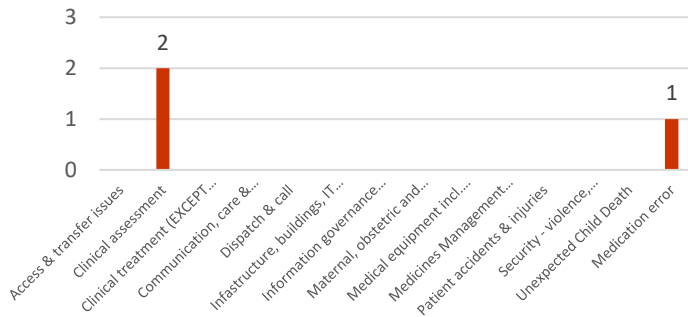
**Graph 4. SI Categories**



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.

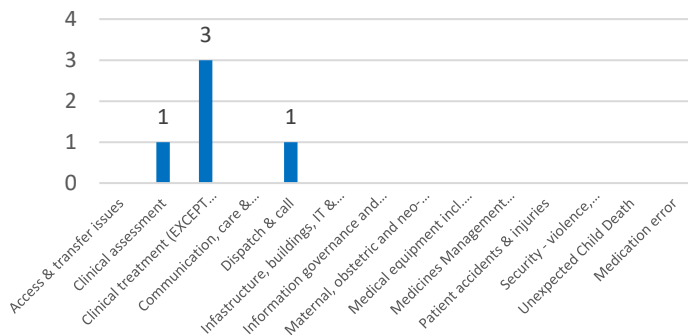
### SI Categories North Central



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.

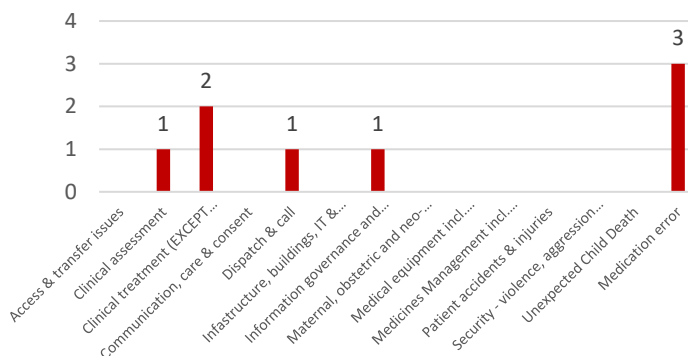
### SI Categories North East



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.

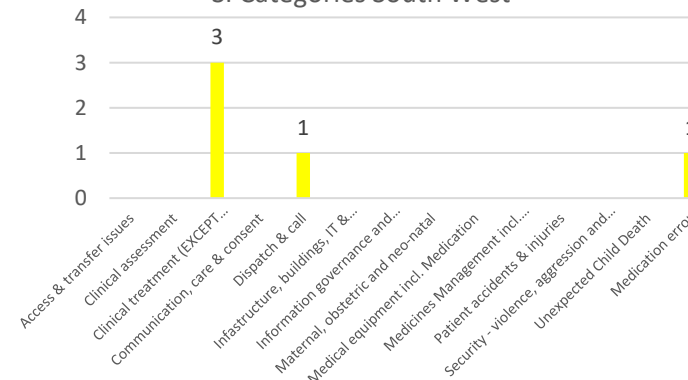
### SI Categories North West



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

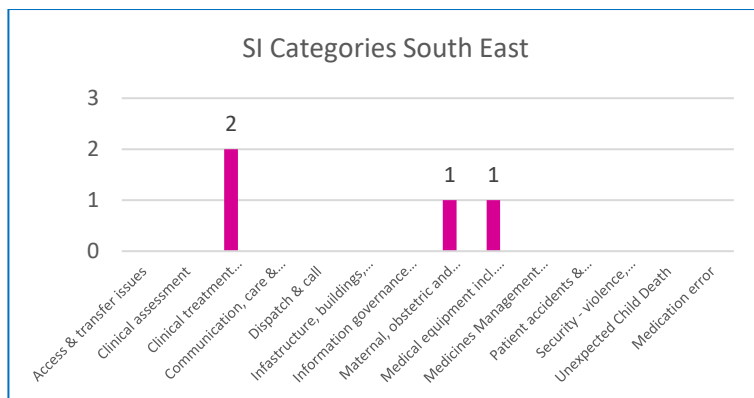
- A patient was not transferred to a Heart Attack Centre (HAC).
- A Patient with AF was not conveyed to hospital on first contact.
- A number of Patient report forms (PRFS) were misplaced.
- There were three drug administration errors
- A patient who fell from a height had an incorrect assessment against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

### SI Categories South West



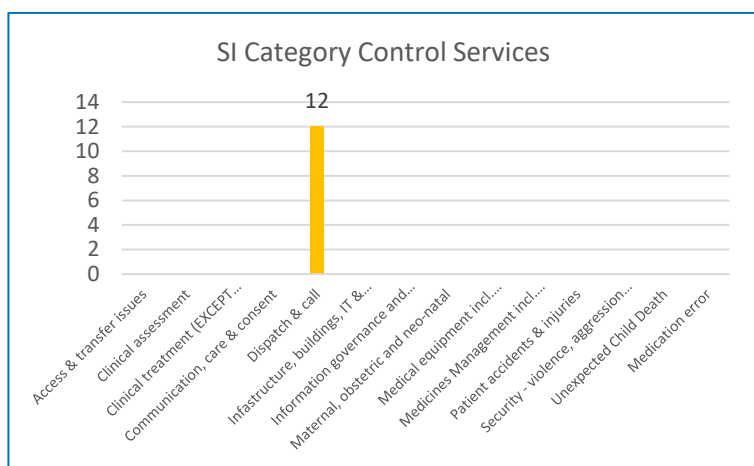
There were 5 Serious Incidents declared in South West – investigations are not yet complete:

- 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:

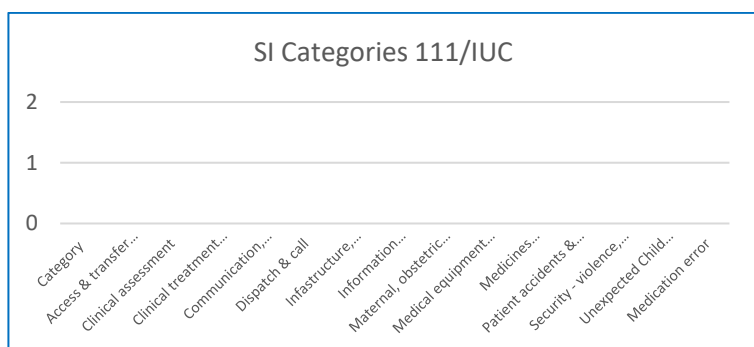
- A re-contact audit identified that a patient with chest pains was not conveyed to hospital on first contact.
- Delayed defibrillation to a patient in VF.
- An observational kit containing paracetamol was left at suicidal patient's house.
- A women in labour was not conveyed instead went in a taxi to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

- The London Ambulance Service NHS Trust (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.

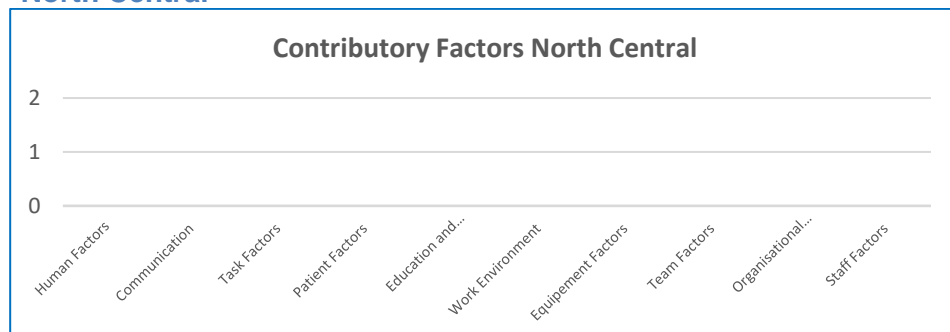
## Identified Themes:

- As a result of the ongoing themes regarding delayed defibrillation in Q1, the Serious Incident Group on the 26<sup>th</sup> 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.
- During this quarter, there has appears to be an emerging theme regarding Patient Group Directions (PGDs) and incorrect doses of drugs being administered. The Serious Incident Group on the 29<sup>th</sup> 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.
- 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 SIs in Q1.

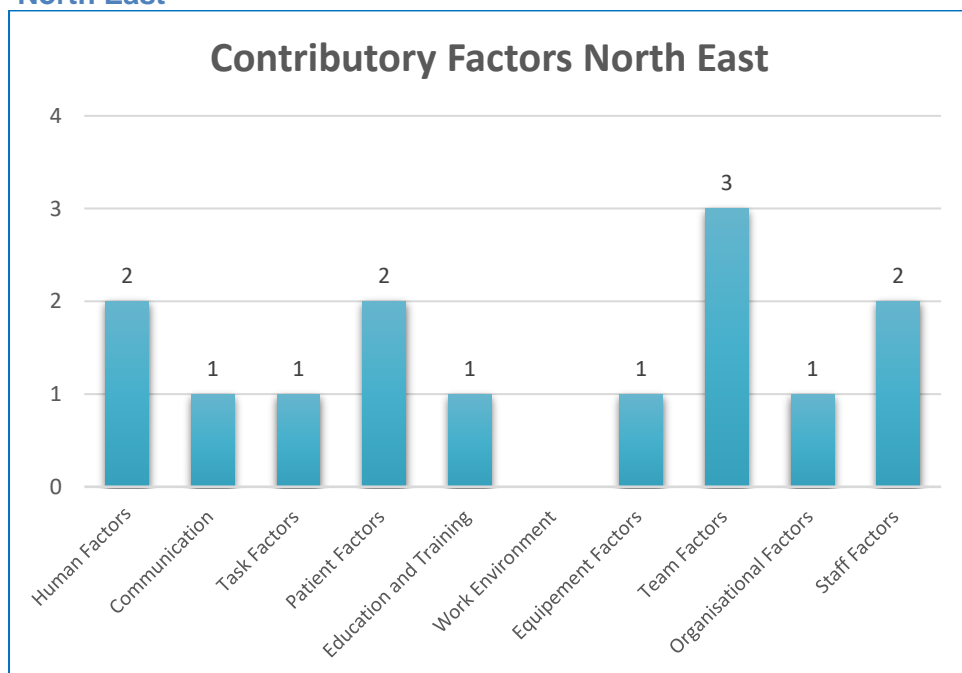
16. The following provides information on the outcome and contributory factors identified in completed investigations which have been closed by the CCG in Q1:

### 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.

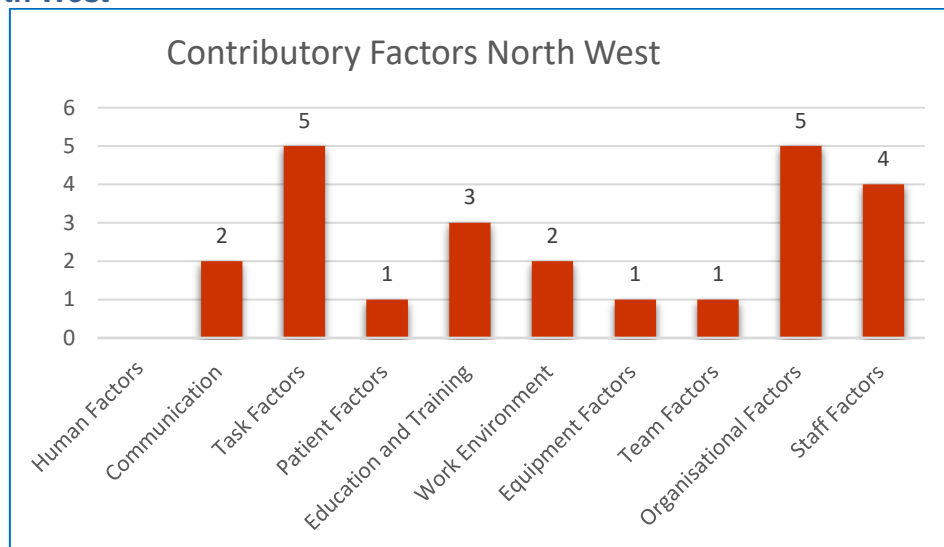
Team factor was highlighted to be the main influence to the root cause.

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:

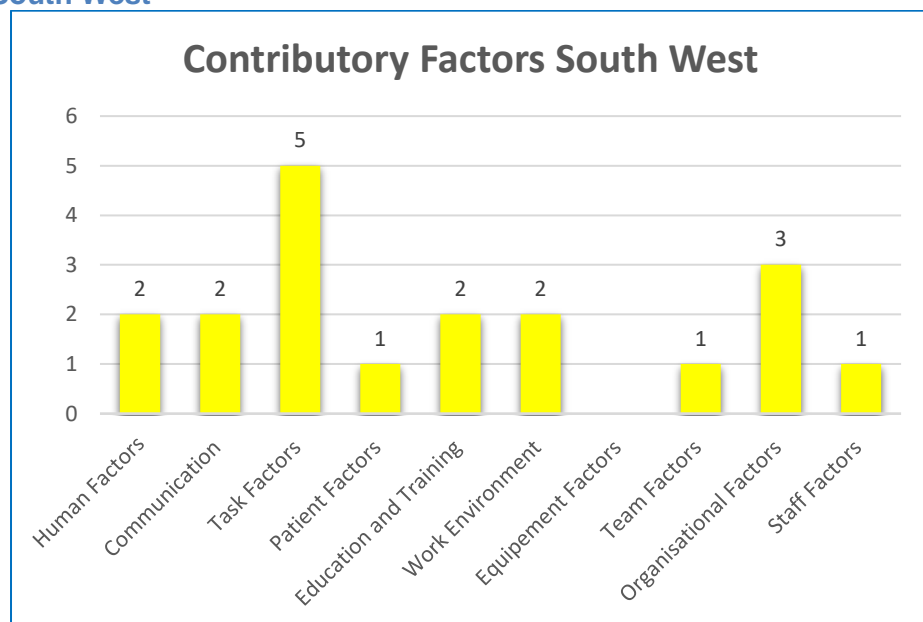
Task factors: Awareness of NEWS score assessment and the use of interpretation service using the handling policy. Awareness of the guidelines on the responsible staff designated to bring out the equipment (suction device) during intervention with patients

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.

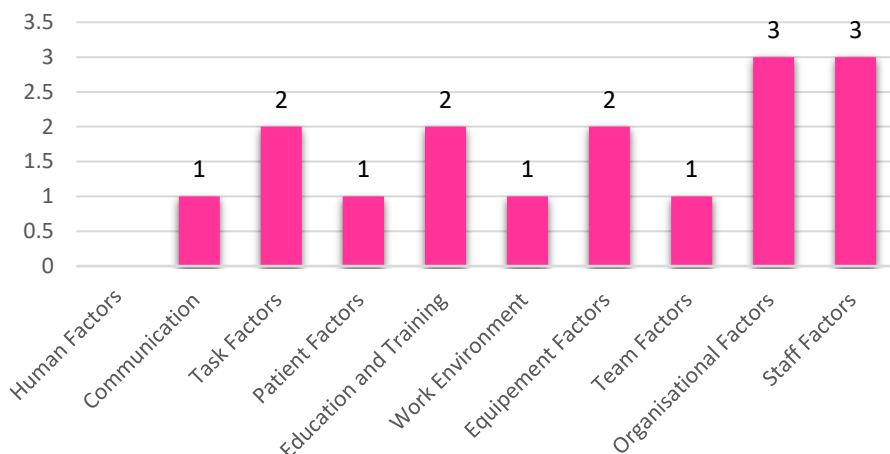
*Key learning and actions taken across the SIs in relation to this contributory factor included:*

- 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



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.

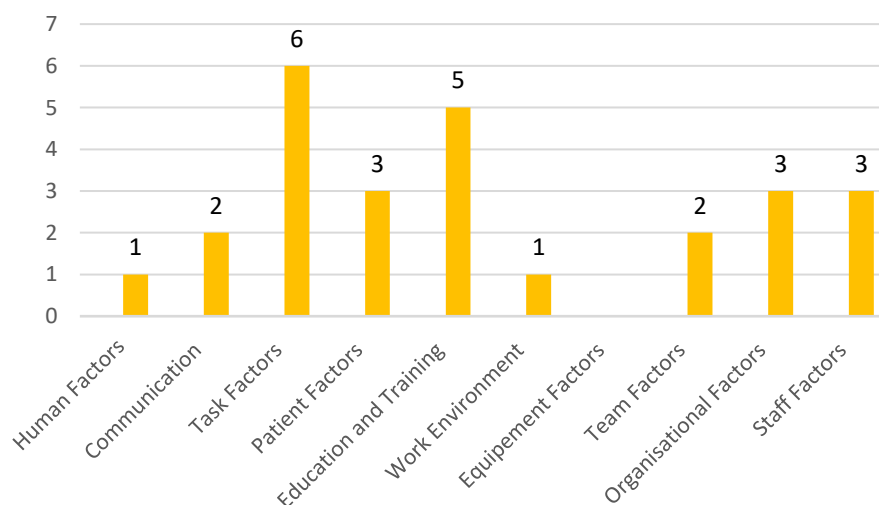
Staff factors: pertain to allocator not fully complying with policy and only used the suggestions function much later after the first call. Paramedics did not administer pain relief in line with the LAS Cardiac Care Circular (CCC). Stress/distraction identified due to this incident occurring in the 10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

## Control Services

### Contributory Factors Control Services



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

## NHS 111/IUC Services

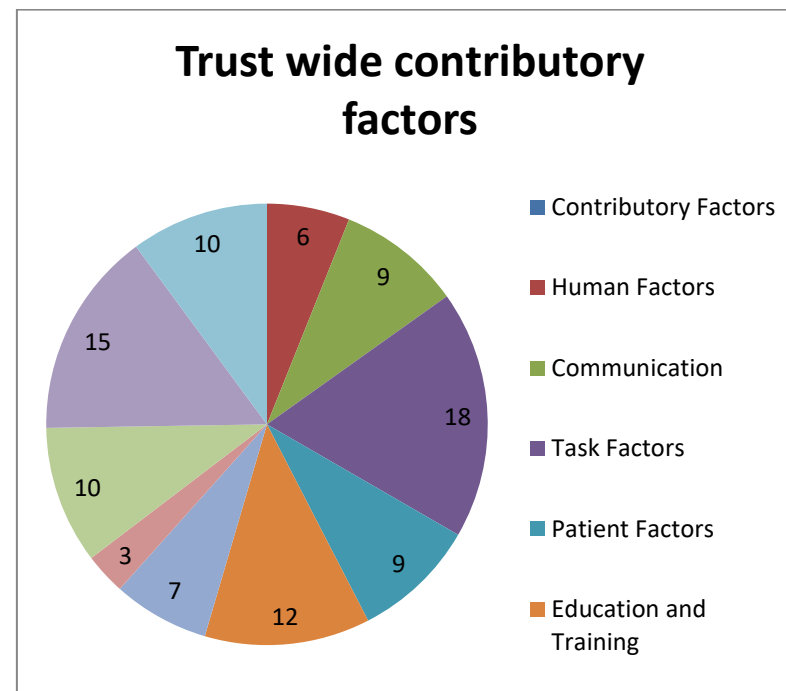
### Contributory Factors 111/IUC



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**



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Workforce Race Equality Standard (WRES) Action Plan			
<b>Agenda item:</b>	14			
<b>Report Author(s):</b>	Melissa Berry, Diversity Consultant			
<b>Presented by:</b>	Melissa Berry, Diversity Consultant			
<b>History:</b>	Considered by the People and Culture Committee at its meeting on 14 November 2019 (ref: PCC/19/57) at the Executive Committee at its meeting on 13 November 2019 (ref: ExCo/19/282).			
<b>Status:</b>	<input type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
This report presents the Trust's Workforce Race Equality Standard Action plan for September 2019 to August 2020				
<b>Recommendation(s):</b>				
The Board is requested to review and endorse the content of this report				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input checked="" type="checkbox"/>			
<b>Performance</b>	<input type="checkbox"/>			
<b>Financial</b>	<input type="checkbox"/>			
<b>Workforce</b>	<input checked="" type="checkbox"/>			
<b>Governance and Well-led</b>	<input checked="" type="checkbox"/>			
<b>Reputation</b>	<input checked="" type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>			
<b>This report supports the achievement of the following Business Plan Workstreams:</b>				
<b>Ensure safe, timely and effective care</b>	<input checked="" type="checkbox"/>			
<b>Ensuring staff are valued, respected and engaged</b>	<input checked="" type="checkbox"/>			
<b>Partners are supported to deliver change in London</b>	<input checked="" type="checkbox"/>			
<b>Efficiency and sustainability will drive us</b>	<input type="checkbox"/>			

## Workforce Race Equality Standard (WRES) Action Plan

1. London Ambulance Service NHS Trust serves a diverse population across Greater London. Increasing the number of Black and Minority Ethnic (BME) staff that we employ is an organisational priority, and also reflects the strong personal commitment of our leadership team to ensuring that our service reflects the communities of London.
2. Given the commitment to achieving a step change in our approach, The Chief Executive (CEO) will continue to provide leadership on the work to deliver Race Equality in employment and service delivery. The CEO will continue to chair quarterly meetings to drive and monitor progress on our Workforce Race Equality Standard (WRES) action plan.
3. We are pleased to report a number of key improvements that have been made with regards to BME staff representation at Board, Executive and senior management level. Namely the senior leadership team of staff at band 8c and above now includes 19% (as of September 2019) BME staff compared to 3 years ago where the percentage was 2%. In addition we have achieved the 15% target BME staff ratio and are now working towards a 17.5% target.
4. Other achievements over the past year include: successful implementation of Sponsorship Mentoring and Reverse Mentoring; a well-attended speed mentoring event where senior leaders in the organisation took the time to listen to and provide valuable advice to members of staff from across the organisation; diverse recruitment panels to facilitate fairer recruitment processes; and recruitment events to encourage more BME people to join the Trust.

## Background

5. The purpose of this document is to provide details of the WRES Action Plan for the London Ambulance Service NHS Trust (LAS) for the period 2019/2020. This action plan builds on the 2018/2019 action plan as in our 2018/19 plan we set out the LAS intentions and stretch targets for a three year period.
6. LAS acknowledges the additional benefits of having an engaged and supported workforce which reflects the community we serve and supports the patient care agenda. By having a diverse and reflective workforce we:
  - Enhance the services we provide to patients
  - Attract new talent
  - Retain productive, committed and motivated staff
  - Create a culture that harmonises with the local community
  - Help improve the patient experience
7. Over the last 3 years the LAS has focused its efforts to be more racially diverse and inclusive. The Trust has seen a 6% increase in its BME workforce, which is now at 16.3% (as at September 2019). The Trust set bold targets to increase the BME workforce and the LAS was the first NHS organisation to set targets in the NHS, which were published publicly in 2018.
8. The Chair (Heather Lawrence) and CEO (Garrett Emmerson) made very public commitments to ensure that the organisation, including the Executive Board would start to better reflect London in terms of diversity
9. Over the last 12 months the senior leadership team has become more inclusive and as of September 2019 there are now 5 BME members across the LAS Executive Committee and Trust Board. This work was achieved through working with head-hunters

and utilising non-standard advertising media. In addition to this, the Diversity consultant sat in on all Band 8D appointments.

10. Having met our 15% target the Trust is still determined to continue on the journey to make itself more reflective of the community that it serves across London. The aim is to have a 20% BME workforce by 2021.

## Background to WRES

11. The Workforce Race Equity Standard (WRES) was mandated through the NHS standard contract, starting in 2015/16. It was implemented to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
12. This is important because studies show that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.
13. It is national policy that NHS Trust Boards should be as representative as possible of the communities they serve and that this is likely to benefit the planning and provision of services (NHS Leadership Academy 2013). There is evidence (Solway et al 2013) that when Trusts commission services they often fail to cater for the most deprived communities including black and minority ethnic (BME) populations. One of the strategies that Trusts can use to mitigate this is to ensure that decision-makers are drawn from a diverse pool.
14. The WRES benchmarks NHS organisations against 9 key indicators Each of which provides a tangible measure of BME staff experience and opportunity within the organisation

<b>Indicator 1:</b>	Percentage of staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.
<b>Indicator 2:</b>	Relative likelihood of staff being appointed from short listing across all posts.
<b>Indicator 3:</b>	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
<b>Indicator 4:</b>	Relative likelihood of staff accessing non-mandatory training and CPD.
<b>Indicator 5:</b>	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
<b>Indicator 6:</b>	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
<b>Indicator 7:</b>	Percentage of staff believing that the Trust provides equal opportunities for career progressing and promotion.
<b>Indicator 8:</b>	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues.
<b>Indicator 9:</b>	Percentage difference between the Organisations Board voting membership and its overall workforce.

## **Year 1: Activity**

- The Trust has made significant changes to our recruitment processes and is now in a better position with regards to diversity across all the bandings
- We have provided interview training to a pool of BME staff ensuring BME representation on interviews at band 7 and above and front line Emergency Ambulance Crew, and Paramedic roles and non-emergency transport roles
- We have reviewed our disciplinary processes and continue to build on this work
- We have engaged with the National Ambulance BME forum and the WRES Association of Ambulance Chief Executives and work with the Greater London Authority
- We have reviewed our diversity training programme for our current leadership programmes
- We have delivered successful sponsorship and reverse mentoring programmes
- We have rebranded our BME staff network
- Diversity Consultant sits on all 8D and above interview panels

## **The next phase “Inclusive London Ambulance Service”**

15. The next phase of the WRES action plan for London Ambulance Service will focus on: enabling people to work comfortably with race equality issues. There will be a deep dive on the factors impacting BME staff retention.
16. Strengthening the BME Network to support staff across the organisation and producing an associated strategy; appointing Positive Action ambassadors to build relationships across London networks; engaging with schools and other stakeholders as part of widening participation programmes; and continuing with targeted recruitment.
17. Through communication and engagement, embedding unconscious bias training to help staff move to conscious action by taking personal responsibility and delivering cultural intelligence training. We will work to challenge cultures of race inequality and focus on supporting our people to learn more about the importance of equity. We also build internal capacity and capability to work with race issues. Every employee in the organisation will feel empowered to take action and own the actions set out in our WRES plan.
18. We will also ensure embedding of accountability as teams are reorganised and roles are updated to reflect new responsibilities whilst ensuring key policies and practices have race equality built into their core.

**Melissa Berry**  
**Diversity Consultant**



## Progress against WRES Indicators 2015 to 2019

WRES Indicators		2015/16	2016/17	2017/18	2018/19	2019/20	Movement (17/18- 18/19)	Nationally	London	Ambulance Trusts
Workforce indicators	Indicator 1: Percentage of staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	BME: 11%	BME 12.7%	BME 13.5%	BME 15%	BME 16%	↑	19.1%	43.9%	4.6%
	Indicator 2: Relative likelihood of staff being appointed from short listing across all posts.	No data	1.7 times more likely to be appointed if white than BME	1.8 times more likely to be appointed if white than BME	1.7 times more likely to be appointed if white than BME	TBC	↔	White staff 1.45 times more likely	White staff 1.63 times more likely	White staff 1.45 times more likely
	Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	No data	BME staff are twice as likely to enter the formal disciplinary process compared to white staff.	BME staff are twice as likely to enter the formal disciplinary process compared to white staff.	BME staff are 1.6 times as likely to enter the formal disciplinary process compared to white staff.	TBC	↓	BME staff 1.24 times more likely	BME staff 1.77 times more likely	BME staff 1.74 times more likely
	Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.	No data	No data	No data	White staff 0.99 times more likely	TBC		White staff 1.15 times more likely	White staff 0.98 times more likely	White staff 1.09 times more likely
National staff survey indicators	Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Difference:	White: 56% BME: 35% 21%	White: 56% BME: 34% 22%	White: 57% BME: 39% 18%	White: 58% BME: 42% 16%	TBC	↔	White: 28% BME: 29% 1%	White: 32% BME: 30% 2%	White: 48% BME: 38% 10%
	Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. Difference:	White: 38% BME: 40% 2%	White: 32% BME: 32% 0%	White: 31% BME: 38% 7%	White: 28% BME: 32% 4%	TBC	↓	White: 23% BME: 28% 5%	White: 26% BME: 30% 4%	White: 28% BME: 35% 7%
	Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progressing and promotion. Difference:	White: 63% BME: 42% 21%	White: 74% BME: 57% 17%	White: 62% BME: 47% 15%	White: 68% BME: 51% 17%	TBC	↔	White: 87% BME: 72% 15%	White: 84% BME: 68% 16%	White: 69% BME: 52% 17%
	Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues Difference:	White: 13% BME: 25% 12%	White: 9% BME: 18% 15%	White: 11% BME: 19% 8%	White: 10% BME: 17% 7%	TBC	↔	White: 7% BME: 15% 8%	White: 8% BME: 16% 8%	White: 11% BME: 18% 7%
	Indicator 9: Percentage difference between the Organisations Board voting membership and its overall workforce. NB. Only voting members of the Board should be included when considering this indicator.	White: 100% BME: 0%	White: 100% BME: 0%	White: 100% BME: 0%	White: 93% BME: 7%	White: 78% BME: 22%	↑	White: 88% BME: 7.4%	White: 83% BME: 15.6%	N/A N/A



## Action Plan

Each of the actions in this plan will make a significant difference to improving the BME experience and representation within the London Ambulance Service and build on previous work

# OUR PLAN OF ACTION YEAR 2 (3 Key Themes)

<b>THEME 1</b> Recruitment & Development  We will.	Achieve representation of BME staff  15% by March 2019 <b>(Achieved)</b> 17.5 by March 2020 20% by March 2021
<b>THEME 2</b> Workplace Experience  We will.	Use data to analyse the <b>BME experience</b> at London Ambulance and set challenging objectives for our managers to tackle inequality  Develop robust process around the disciplinary process to significantly reduce the amount of BME staff going through the disciplinary process
<b>THEME 3</b> Senior Trust Leadership We will.	Develop and deliver extensive <b>unconscious bias and cultural awareness programmes</b> delivered across the employee journey over 3 years



## Theme 1: Recruitment and Development

Objective	Actions	What WRES indicator will this action contribute towards:	Timescale (delivered by)	Owner
<b>1.1</b> To increase the LAS BME workforce to 17.5% by 2020 20% by 2020 / 21.	To recruit 2 positive action ambassadors to develop partnership relationships within schools and colleges and on current relationships across London.  To be involved in the development of the NHS cadet's scheme and have London Ambulance Service looped into the development. (This is currently jointly being funded by St John Ambulance and NHS England).	1, 2	To be in post by April 2020  Currently in development so no clear timescale at present	Melissa Berry Diversity Consultant Ali Layne-Smith Director of people and culture  Melissa Berry Diversity Consultant Averil Lynch Head of Recruitment
<b>1.2</b> To increase the LAS BME workforce to 17.5% by 2020 20% by 2020 / 21.	To ensure the Trust has diverse interview panels Bands 7 and above targeting corporate roles and TEAC panels with a quarterly report provide to the WRES action plan working group	2	Ongoing	Averil Lynch Head of Recruitment  Melissa Berry Diversity Consultant
	Attend recruitment diverse events targeting 3 roles: Emergency call handler and Trainee emergency crew, Non-emergency transport service		Ongoing	Averil Lynch Head of Recruitment Melissa Berry Diversity Consultant



## Theme 1: Recruitment and Development

Objective	Actions	What WRES indicator will this action contribute towards:	Timescale (delivered by)	Owner
<b>1.4</b> To increase the LAS BME workforce to 15% by 2019, 17.5% by 2020 and 20% by 2020 / 21.	To train BME interviewers twice a year to ensure diverse interview panels 2 cohorts with a minimum of twenty participates.	2	January, May, July 2020	Averil Lynch Head of Recruitment Melissa Berry Diversity Consultant
	Promote LAS roles to under-represented BME Communities by identifying one Borough in each sector with a high BME representation from the Greater London authority data and engaging with and encouraging individuals to apply. Engaging with a minimum of 50 potential candidates from local community groups. The recruited Positive Action 2 Ambassadors to carry out this work.	2	June 2020	Averil Lynch Head of Recruitment
		2	April 2020 to start	Melissa Berry Diversity Consultant
<b>1.5</b> To increase the LAS BME workforce to 15% by 2019, 17.5% by 2020 and 20% by 2020 / 21.	The Trust to launch BAME Mentor Scheme for BAME Paramedic Students studying with our partner universities (all years) target of a minimum of 30 per year.	2	April 2020	Tina Ivanov Deputy Director Clinical Education & Standards.
	Devise programme to include awareness raising, application guidance and interview skills for front line roles in the Service to include Non-emergency transport,	2		March, April 2020  Averil Lynch Head of Recruitment



	Emergency Ambulance Crew and Paramedic roles. 3 sessions for 25 participants in February, March and April 2020			
<b>1.6</b> To develop and implement Sponsorship mentoring across the Trust.	To develop and run sponsorship mentoring for the second year for a minimum of 30 BME staff in the next 12 months with a full evaluation of the programme.	6	February 2020	Julia Smyth Head of Leadership and Performance.
<b>1.7 To ensure fairness and Equity in the internal recruitment process</b>	All secondment opportunities will go through the TRAC system and have to go through the equivalent process as an internal advert to insure there is a fair process  No jobs will be published in the RIB or Pulse without following the process	1,2	January 2020	Averil Lynch Head of Recruitment  Ali-Layne Smith Director of people & Culture



## Theme 2: Workplace Experience

Theme 2: Workplace Experience				
Objective	Actions	What WRES indicator will this action contribute towards:	Timescale (delivered by)	Owner
<b>2.1</b> To prevent incidents going into formal disciplinary processes (where applicable) and resolve them informally wherever possible.  To decrease the percentage of BME staff going through the disciplinary process (where applicable).	Create Check and Challenge Process to reduce numbers of BME staff going through disciplinary process. To include:  Introduce a checklist to review the need to pursue a formal investigation: to “support a consistent, constructive and fair evaluation of actions of staff involved in disciplinary matters (Just culture guide)”;  Initially the checklist should be piloted in two areas, in order to evaluate the process prior to Trust wide implementation.	3	February 2020	Roujin Ghamsari Head of Engagement  Roujin Ghamsari Head of Engagement  Roujin Ghamsari Head of Engagement
	Plan in place to review disciplinary policy and any other relevant policies  Training for in house mediators, to reduce formal cases and to increase round table discussions to reduce number of formal cases		July 2020  April 2020	Roujin Ghamsari Head of Engagement



## Theme 2: Workplace experience

Objective	Actions	What WRES indicator will this action contribute towards:	Timescale (delivered by)	Owner
<b>2.2</b> To decrease number of BME staff going through formal process	All people and culture managers managers will receive relevant training including investigation training within the next 12 months.	3	July 2020	Roujin Ghamsari Head of Engagement
<b>2.3</b> To decrease staff who experience harassment, bullying or abuse from patients or relatives by a minimum 3%	Undertake Thematic Analysis of supplementary questions on Staff Survey relating to discrimination, bullying, harassment, and abuse.	5	September to November 2019	Melissa Berry, Diversity Consultant
	Analysis of additional question from the staff survey and separate action plan developed for Health and Safety	5	March 2020	Delia McMillan, Staff Survey Consultant Head of Health and Safety





Theme 2: Workplace experience				
Objective	Actions	What WRES indicator will this action contribute towards:	Timescale (delivered by)	Owner
<b>2.4</b> Promote the Trust BME network and raise the profile of the network in the London Ambulance Service	BME staff network to develop a strategy/ work programme and align with WRES.	8	January 2020	Agatha Nortley – Meshe Chair BME Network Melissa Berry Diversity Consultant
	CEO to attend 2 network meetings a year to enable two way communication and hear from BME staff on a regular basis	8	Twice a year	Garrett Emmerson, CEO Melissa Berry Diversity Consultant
	As part of the offering of the BME network, BME Master class for BME staff network members (open to all staff) will be rolled out. Interview skills and techniques, motivational speakers, personal development session to include speed mentoring	8	Ongoing	Agatha Nortley – Mesh Chair BME Network Melissa Berry Diversity Consultant
	Freedom to Speak up Guardian to work closely with Diversity consultant and Bullying and Harassment lead to share intelligence and meet every six weeks and flag themes to Director of People and Culture	8	Every 6 weeks	Melissa Berry Diversity Consultant  FTSU Guardian Bullying & Harassment Lead  Ali Layne – Smith Director of People of Culture



## Theme 2: Workplace experience

Objective	Actions	What WRES indicator will this action contribute towards:	Timescale (delivered by)	Owner
<b>2.5</b> Unconscious bias programme for all staff	To purchase a suite of Unconscious Bias/Equality and Diversity videos to use within the organisation as part of the ongoing suite of Equality and Diversity training	1	Jan 2020	Melissa Berry Diversity Consultant  Julia Smyth Head of Leadership and Performance



## Theme 3: Senior Trust Leadership

Theme 3: Senior Trust Leadership Inc 8C and above				
Objective	Actions	What WRES indicator will this action contribute towards:	Timescale (delivered by)	Owner
<b>3.1</b> To influence leadership behaviours to drive a change in culture and move towards an inclusive way of working across the Trust.	TOP 65 band 8c and above in LAS to have specific objectives in PDR relating to race equality and contribution to the WRES.	1	Tbc	Ali Layne – Smith Director of People and Culture
<b>3.2</b> To have a board that is reflective of the populations of which the LAS serve.	“Reject the list” To work with Head-hunters to ensure that shortlists are diverse 30% Gender and Ethnicity mix.	9	Ongoing	Ali Layne – Smith Director of People and Culture
	Diversity lead to sit on all 8d and above post	9	Update quarterly	Melissa Berry Diversity Consultant
	Ensure a diverse selection panel for all executive appointments BME/Gender	9	Update quarterly to the CEO and the WRES working group	Melissa Berry Diversity Consultant Ali Layne – Smith
	CEO Commitment to delivery of the WRES Action Plan via annual objectives	9	Reviewed annually	Garret Emerson Chief Executive



<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Workforce Disability Equality Standard (WDES) Action Plan			
<b>Agenda item:</b>	15			
<b>Report Author(s):</b>	Melissa Berry, Diversity Consultant			
<b>Presented by:</b>	Melissa Berry, Diversity Consultant			
<b>History:</b>	Considered by the People and Culture Committee at its meeting on 14 November 2019 (ref: PCC/19/44) at the Executive Committee at its meeting on 09 October 2019 (ref: ExCo/19/282).			
<b>Status:</b>	<input type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
This report provides information on the Workforce Disability Equality Standard.				
<b>Recommendation(s):</b>				
The Trust Board is requested to review and comment the content of this report.				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input type="checkbox"/>			
<b>Performance</b>	<input type="checkbox"/>			
<b>Financial</b>	<input type="checkbox"/>			
<b>Workforce</b>	<input checked="" type="checkbox"/>			
<b>Governance and Well-led</b>	<input checked="" type="checkbox"/>			
<b>Reputation</b>	<input checked="" type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>			
<b>This report supports the achievement of the following Business Plan Workstreams:</b>				
<b>Ensure safe, timely and effective care</b>	<input checked="" type="checkbox"/>			
<b>Ensuring staff are valued, respected and engaged</b>	<input checked="" type="checkbox"/>			
<b>Partners are supported to deliver change in London</b>	<input checked="" type="checkbox"/>			
<b>Efficiency and sustainability will drive us</b>	<input type="checkbox"/>			

## **Workforce Disability Equality Standard**

### **What is the Workforce Disability Equality Standard?**

1. The Workforce Disability Equality Standard (WDES) is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. The WDES is now a requirement that is incorporated into NHS Standard Contracts. This WDES will require the London Ambulance Service NHS Trust (LAS) to develop a local action plan, and enable LAS to demonstrate progress against the indicators of disability equality. The aim will be to deliver a holistic approach to workforce transformation and workforce growth ('more people, working differently').

### **Making a difference for disabled staff**

2. The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also help to identify good practice and compare performance regionally and by type of trust.

### **Make the NHS the best place to work**

3. Delivering the themes set out in the interim NHS People Plan, includes responding to the requirements of the new WDES, establishing the cultural values and behaviours we expect from our senior leaders, implementing system-wide processes for managing and supporting talent, and developing strategies to support all staff to work in compassionate and inclusive leadership cultures.

### **Employment Rates for disabled staff**

4. The poor employment rates for people with disabilities has been well documented and well known about for many years, and was one of the drivers behind the landmark Disability Discrimination Act in 1995. Less well documented and researched is the lived experience of disabled people in the workplace. A 2015 report from the universities of Middlesex and Bedfordshire<sup>1</sup>, based on analysis of the National Staff Survey found that 17% of NHS staff describe themselves as disabled. The analysis, drawn from the NHS Staff Survey, found that disabled staff were 12 percentage points more likely to say they felt bullied by their manager, 11 points more likely to say they felt pressured to work when unwell, and 8 points less likely to say their organisation acted fairly with regards to career progression<sup>2</sup>. Further research has indicated the moral arguments against discrimination are clear and the impact on patient care is negative and substantial<sup>3</sup>.
5. Nationally there are 13.9 million disabled people in the UK.
  - 8% of children are disabled
  - 19% of working age adults are disabled
  - 45% of pension age adults are disabled
  - More than 3.7 million disabled people are in work.
  - Disabled people are more than twice as likely to be unemployed as non-disabled people.
6. Over 20 years after the Disability Discrimination Act, many disabled people working in the health and social care sector do not feel any closer to equity or parity with their non-

disabled colleagues. The Equality Act, which came into force in 2010, strengthened the duty on employers to eliminate discrimination and advance equality of opportunity for disabled employees.

7. The WDES is intended to provide real impetus, not just on workforce disability equality, but on equality generally, for all those who experience unfairness and discrimination within the health and social care sector. For sustained improvement in this area, the focus will be to implement the WDES, but also to use it as an opportunity to help improve the wider culture of health and social care organisations for the benefit of all staff and patients alike.
8. The WDES follows the Workforce Race Equality Standard (WRES) as a mandated workforce standard; both standards are making improvements in Equality across the NHS. As the fifth biggest employer in the world and employing 1.2 million people, the NHS is in a pivotal *position* to lead the way and make improvements for Disabled staff in the NHS workforce. This is especially needed, given the nature of NHS work and the benefits of a disability aware workforce for Disabled people using healthcare services.

### **Potential areas for action within the London Ambulance Service**

9. Currently we have 3.4 per cent of LAS staff who have declared themselves as having a disability. We know from the Staff Survey that the figure is closer to 15%. Currently we have a complete ESR record for 59% of the LAS workforce.
10. A data validation exercise would need to be carried out by the ESR team using MyESR whereby staff are able to update their records if they have a Disability or long term condition.
11. The Trust has held initial exercises over Summer 2019 consisting of workshops and a series of one to one conversations with staff within the London Ambulance Service. These staff had a Disability or long term conditions. The workshops were run by the Diversity Consultant and also attended by union reps, and members of the senior leadership team and managers and staff.
12. The session covered the discussion around the WDES metric's and what staff felt the trust could do more to support staff with a disability or long term condition and were staff felt they had a positive experience these examples can be built on.
13. **Key areas of concern and differential experience for disabled staff from focus groups and one to one conversations**
  - i. Concerns about staff with disabilities' representation at all levels of the NHS and covering different types of disability.
  - ii. A significant disparity between the proportion of staff who declare a disability on the Electronic Staff Record System and of those who declare a disability on the anonymous NHS staff survey.
  - iii. Differential perceptions about how well disabled staff feel they supported by managers
  - iv. Differential experience of bullying and harassment by peers and managers with disabled staff reporting significantly higher rates than their non-disabled counterparts.
  - v. Differential levels of confidence for staff with disabilities compared to non-disabled staff with regard to both the value of appraisals and promotion how they feel valued by their organisations.
  - vi. Potential issues for disabled staff with differential levels of access to training and development as non-disabled staff.

- vii. Variation in whether and how well London Ambulance Service make reasonable adjustments for staff with disabilities, from the recruitment process to the end of employment.
- viii. Differential numbers of staff with disabilities who are the subject of employment processes and procedures, for example disciplinary and capability processes.
- ix. Lack of support from managers around attending hospital appointments
- x. Staff shared positive experience of reasonable adjustments made in the organisation

## **Next Steps**

14. A task and finish group is to be established to work on the identified actions areas of the WDES action plan, and that regular updates are provided to the Equalities & Inclusion group, the People and Culture Committee and the Trust Board.

15. The positive outcome of the action plan for LAS will be:

- More transparency and more accurate data reporting and analysis
- Drive up the declaration rate of disabled staff;
- Enable improvement in the relevant staff survey indicators.
- Establish a staff Disability and long term conditions group

**Melissa Berry**  
**Diversity Consultant**



## Appendix 1

NHS Workforce Disability Equality Standard					
WDES Indicators		2018/19			
Workforce indicators	Indicator 1: Percentage of staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce (data completion = 59%)	3.24%			
	Indicator 2: Relative likelihood of Disabled staff compared to non disabled staff being appointed from shortlisting across all posts.	0.85	A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.		
	Indicator 3: Relative likelihood of Disabled staff compared to non disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. Note: i) This metric will be based on data from a two year rolling average of the current year and the previous year. ii) This metric is voluntary in year 1	1.56	A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.		
National staff survey indicators	Indicator 4: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Difference:	Non-disabled: 55.3% Disabled: 60% 4.70%			
	Indicator 5: % of staff experiencing harassment, bullying or abuse from managers in the last 12 months Difference:	Non-disabled: 16% Disabled: 28.7% 13%			
	Indicator 6: % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months Difference:	Non-disabled: 15.5% Disabled: 27.9% 12.40%			
	Indicator 7: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months Difference:	Non-disabled: 28.3% Disabled: 31.5% 3%			
	Indicator 8: % of staff believing that the Trust provides equal opportunities for career progression or promotion. Difference:	Non-disabled: 69.1% Disabled: 52% 17.10%			
	Indicator 9: % of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. Difference:	Non-disabled: 38.7% Disabled: 53.6% 15%			
	Indicator 10: % staff saying that they are satisfied with the extent to which their organisation values their work. Difference:	Non-disabled: 32.4% Disabled: 20.6% 11.80%			
	Indicator 11: % of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. Difference:	Disabled: 48.9%			
	Indicator 12: The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. Difference:	Non-disabled: 6.2% Disabled: 5.6% 0.60%			
Board representation indicator	Indicator 13: Percentage difference between the Organisations Board voting membership and its overall workforce. NB. Only voting members of the Board should be included when considering this indicator.	Non-disabled: 100% Disabled: 0%			

## Appendix 2

Objective	Actions	What WDES indicator will this action contribute towards	Time scale (Delivered by)	Owner
<b>To Validate how many staff in the organisation have a disability or long term condition</b>	Data Validation exercise to increase the number of staff for whom we have a completed ESR record. 10% increase of data completion	1	March 2020	Chris Randall Head of Workforce Analytics
	Data validation of all members of the Board and Executive Leadership Team	13	December 2019	Melissa Berry Diversity Consultant
<b>To communicate with all staff around the Workforce Disability Equality standard</b>	To inform staff about the WDES and the action plan and the data validation exercise	1,4,5,6,7,8,9	October 2019	Anthony Tiernan Director of Communications and Engagement
	To educate staff about disabilities and long term conditions and the support available within the trust		January 2020	Melissa Berry Diversity Consultant  Julia Smyth

	HR BPs/HRM to advise managers on how to support staff with a disabilities			Head of Leadership, Education and Performance  Roujin Ghamsari Head of Engagement
<b>To ensure Candidates with a Disability or long term condition have a positive experience in the recruitment process</b>	To move London Ambulance Service from 'disability committed' which is the Trust's current position to 'disability confident' which is achieved via the Department for Work & Pensions.	2	April 2020	Averil Lynch Head of Recruitment  Melissa Berry Diversity Consultant
<b>Media Campaign</b>	Campaign to be launched within the media, alongside Awsome to raise awarnes of the mistreatment of staff	4,5,6,7,8,9,10,11,12	September 2019	Anthony Tiernan Director of Communications and Engagement
<b>Develop Guidance for Managers to implement</b>	Guidance for managers to know how to support staff with a disability or long term condition	1, 4,5,6,7,8,9,10,11,12	November 2019	Melissa Berry Diversity Consultant

<b>Launch a Disabilities and long term conditions network</b>	The network will provide a safe and open space for staff to talk and feed in to the work in the organisation	1, 4,5,6,7,8,9,10,11,12	December 2019	Melissa Berry Diversity Consultant
<b>To ensure the capability process is fair and objective and in line with best practice</b>	Review the policy and process on capability  Where changes have been made train managers on the refreshed new ways of working	3	December 2019  April 2020	Roujin Ghamsari Head of Engagement  Julia Smyth Head of Leadership, Education and Performance
<b>Senior leadership on the WDES</b>	Identify a Trust Board NED/ Executive lead to champion the Plan and promote at the highest level	13	November 2019	Garrett Emmerson Chief Executive



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Major Incidents in 2017 – issues identified in inquests and inquiries			
<b>Agenda item:</b>	16			
<b>Report Author(s):</b>	Paul Woodrow, Director of Operations Philippa Harding, Director of Corporate Governance			
<b>Presented by:</b>	Paul Woodrow, Director of Operations Philippa Harding, Director of Corporate Governance			
<b>History:</b>	The Board has previously received an update on inquests and inquiries associated with the major incidents that took place in 2017 at its informal meeting on 30 October 2018 (ref: TBD/18/15)			
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
<p>This report provides the Board with an update on the progress of the inquests and inquiries associated with the following major incidents that occurred in 2017:</p> <ul style="list-style-type: none"><li>- Croydon tram crash</li><li>- Westminster Bridge attack</li><li>- London Bridge attack</li><li>- Grenfell Tower fire</li><li>- Finsbury Park</li></ul>				
<b>Recommendation(s):</b>				
The Board is asked to note the information provided within the report.				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
Whilst there are no links to the Board Assurance Framework, the risks to staff welfare and potential reputational impact of these inquests and inquiries should be noted.				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input type="checkbox"/>			
<b>Performance</b>	<input type="checkbox"/>			
<b>Financial</b>	<input type="checkbox"/>			
<b>Workforce</b>	<input type="checkbox"/>			

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

## **Major Incidents in 2017 – issues identified in inquests and inquiries**

1. The Board has previously received updates on the impact of the major incidents that occurred in 2017 at briefing sessions on 30 October 2018 (ref: TBD/18/15) and 02 September 2019 (TBD/19/17). This report provides a further update on the inquests and inquiries associated with these incidents, focussing in particular on the inquests arising from the deaths in the London Bridge and Borough Market terror attack on 3 June 2017 and the independent public inquiry examining the circumstances leading up to and surrounding the fire at Grenfell Tower on 14 June 2017.

### **Croydon Tram Crash**

2. Criminal and health and safety legislation breaches are ongoing with the British Transport Police (BTP) and the Office of Rail and Road (ORR). There is yet to be a determination if there will be any inquest(s). The legal team is reviewing possible evidence in anticipation of a coronial process.

### **Westminster Bridge Attack**

3. Two inquests were held; one for the victims of the attack and one for the attacker. The inquest touching the death of the attacker concluded on 12 October 2018. The jury returned a unanimous determination of lawful killing. The inquest for the victims of the attack concluded on 03 October 2018. The Chief Coroner determined that all five victims were unlawfully killed.
4. The Chief Coroner issued a Regulation 28 Preventing Future Deaths (PFD) Report but chose not to record any matters of concern for the London Ambulance Service NHS Trust (LAS). The PFD Report mainly highlighted concerns relating to the Metropolitan Police Service's security system, system of supervision, levels of communication and the presence of tactical officers within the Palace of Westminster. Concerns were also raised in relation to the differing heights of the railings and barriers on the bridge with a recommendation to review the safety of the bridge.

### **London Bridge Attack**

5. Two inquests were held; one for the victims of the attack and one for the attackers. The inquest touching the death of the attackers concluded on 16 July 2019. The jury returned a unanimous determination of lawful killing. The inquest for the victims of the attack concluded on 28 June 2019. The Chief Coroner determined that all eight victims were unlawfully killed.
6. The Chief Coroner issued a PFD report, which included the following matters of concern identified specifically in relation to the LAS during the course of the inquests:
  - 6.1. (MC13 – Addressed to the LAS, Metropolitan Police Service (MPS) and City of London Police (CoLP)): "The evidence in these Inquests gave rise to concerns that procedures for emergency response to marauding terrorist attacks were inflexible. In particular, the evidence suggested that large areas could be designated hot and warm zones for long periods and formally placed out of bounds to most ambulance and paramedic staff. This feature of the procedures gave rise to a risk of delay in getting medical help to casualties. While this lack of flexibility has apparently been addressed in the revised Joint Operating Principles, I suggest that procedures generally be reviewed to ensure that they accord with the requirements of speed and flexibility of response which appear to be recognised in that document. I also suggest that training exercises be devised which address demanding situations with features such as (a) hot and warm zones of uncertain extent; (b) a need for re-assessment of



hot and warm zones; and (c) a need to locate and assist casualties in dangerous areas.”

- 6.2. (MC14 – Addressed to LAS): “The evidence in these Inquests highlighted the importance of identifying the location of casualties at an early stage in a marauding terrorist attack. I suggest that LAS review its guidance documents and training exercises to ensure that they stress this point and indicate practical means of locating casualties (e.g. from information in emergency call records).”
  - 6.3. (MC17 – Addressed to the LAS, MPS and CoLP): “I suggest that consideration be given to introducing / improving technical measures to assist in identifying the exact locations of emergency services personnel so that they can be communicated reliably to other first responders.”
  - 6.4. (MC18 – Addressed to the MPS and LAS): “The evidence at the Inquests indicated that life-saving efforts of the emergency services, especially in major incidents, are improved by better communications between them. Given the challenges of communications in the early stages of incidents, I suggest that consideration be given (including through the Blue Light Collaboration Programme) to the possibility of having a small number of LAS and London Fire Brigade staff stationed in the MPS control room at all times.”
7. Other matters of concern that might have an impact upon the LAS, but to which it is not required to respond:
- 7.1. (MC15 – Addressed to the MPS and CoLP): “I suggest that the emergency services give serious consideration to enhancing first aid capabilities and equipment of either police officers generally or groups of officers (e.g. firearms officers or officers designated for advanced medical aid training). This should include consideration of training some officers in advanced life-saving procedures analogous to battlefield medicine. It should also include considering (a) wider provision of equipment such as tourniquets and “stop the bleed” kits and (b) the inclusion of more spare equipment in officers’ vehicles.”
  - 7.2. (MC16 – Addressed to the MPS and CoLP): “The evidence in the Inquests raised a concern that there will often be communications difficulties in the early stages of a major incident, including difficulties resulting from multiple officers attempting to make urgent radio transmissions at the same time. In the ongoing work of reviewing and improving communications technology to address these difficulties, consideration should be given to whether it may be possible for control room staff to isolate and record messages so that they can be listened to separately.”
8. In addition to his concerns relating to the emergency response to terrorist attacks, the Chief Coroner also identified matters of concern in relation to protective security; counter-terrorism investigations; measures for preventing “vehicle as weapon” attacks with rental vehicles; marine policing on the Thames and searches for casualties in the river; and the City of London Police.

## **Grenfell Tower Fire**

9. The Grenfell Tower public inquiry is investigating a List of Issues that has been separated into two phases. Phase 1 focuses on the factual narrative of the events on the night of 14 June 2017. Hearings for Phase 1 began on 21 May 2018, and concluded on 12 December 2018. The LAS provided written statements to the Inquiry (published with redactions on the Inquiry website in June 2018), consisting of 13 statements setting out personal experiences of the incident, in addition to an overarching statement from the Director of Operations, who also provided oral evidence in November 2018.
10. The Chairman of the inquiry had originally rejected an application by the LAS for core participant status on the basis that the inquiry was intending to investigate the way in which the fire was fought, together with various aspects of the response of the London

Fire Brigade (LFB), but not the response of the LAS. However, Chapter 30 of the report of the inquiry examines the joint working arrangements in place for emergency services in London and the response of the emergency services other than the LFB on the night of the Grenfell Tower fire. It examines in particular how and the extent to which they communicated and co-operated with the LFB and each other. In summary, the inquiry's conclusion was as follows:

"It is clear that although in some respects they were implemented successfully (for example, the management of the security cordon by the MPS), the response was unsatisfactory in other respects. The evidence does not show that any death or injury resulted from these failures but they contain important lessons for future major disasters in London. In particular:

- a) The MPS declared a Major Incident at 01.26 without telling the LFB or the LAS. The LFB declared a Major Incident at 02.06 without telling the MPS or the LAS; and the LAS declared a Major Incident at 02.26 without telling the LFB or the MPS. RBKC was not told about any of these declarations until 02.42. This lack of communication was a serious failure to comply with the joint working arrangements and protocols designed for major emergencies in London.
- b) The consequence of failing to share the declarations of a Major Incident meant that the need for a properly co-ordinated joint response between the emergency services was not appreciated early enough. That in turn led to a lack of shared understanding of the nature and effect of the fire. The conversations that should have taken place between the supervisors of the different control rooms did not happen.
- c) Communication between the emergency services on the night of the fire, both remotely and on the incident ground itself, did not meet the standards required by the protocols. A single point of contact in each control room and direct communication between control room supervisors should have been established.
- d) The heli-tele downlink (the communication link with the police helicopter overhead) failed to function, which adversely affected LFB operations.

11. Phase 2 of the Inquiry is focusing on the remainder of the list of issues and hearings are expected to begin in early 2020, following which the final report will be written and subsequently published.

## **Finsbury Park**

12. The coroner's officer has advised that the matter is closed in light of the criminal prosecution.

## **LAS learning and response to the findings of these inquests and inquiries**

13. The attached presentation (which was originally presented to the Board at its briefing session on 02 September 2019, ref: TBD/19/17) sets out the lessons identified by the LAS following its experience of the major incidents that occurred in 2017, it also provides information about the action that the Trust has already taken. This includes:
  - 13.1. Funded an additional IRO team dedicated to Central London to increase incident management resilience
  - 13.2. Have provided every member of frontline staff with their own set of personal Major Incident action cards (These include MTA incidents)
  - 13.3. Incorporated additional training for call handling staff to support early recognition of potential hostile acts
  - 13.4. Working with blue light partners to establish the feasibility of Emergency Services Co-ordination centre staffed 24/7

- 13.5. Increasing our dedicated Plato Command cadre to speed up deployment of specialist assets in to warm zones
  - 13.6. Approved revised Incident Response Procedures that incorporate learning to date
  - 13.7. LAS provides clinical support and advice to the MPS clinical advisory panel – it has been approved by this panel that all police officers could carry tourniquets, chest seals and haemostatic dressings. This equipment is able to be used by non-clinicians and can be life-saving when used in the first few minutes to manage catastrophic bleeding and penetrating chest injuries whilst professional help arrives
  - 13.8. Close work has taken place with London Air Ambulance with a fatality review following each of the major incidents in 2017. It was identified, following Westminster Bridge, that mustering the additional advanced trauma teams on the Helipad in E1 had the potential to build in delay so the plan has been amended to up to four teams being deployed as soon as possible to the designated police RVP to be closer for forward deployment when safe to proceed
14. The Trust's formal responses to the findings of the Grenfell Tower public inquiry and the London Bridge inquests are in the process of being developed. They will take the form of action plans, which will be tracked through reporting to the Board, the Quality Assurance Committee and the Serious Incident Assurance and Learning Group.

## **Conclusion**

15. The Board is asked to note the findings of the inquests and inquiries associated with the major incidents that occurred in 2017 and the action being taken by the Trust in response to these.

**Paul Woodrow**  
**Director of Operations**

**Philippa Harding**  
**Director of Corporate Governance**



**London Ambulance Service**  
NHS Trust



# Lessons Learned from the major incidents and terror attacks in 2017 and the impact on patient safety

**Paul Woodrow OBE, Executive Director of Operations**

26 November 2019

# London Ambulance Service Today:



- £400m+ a year turnover
- Employing over 6000 staff and volunteers
- Responding to over 2.5m 999 & 111/IUC calls a year
- Attending c1.2m ambulance incidents per annum

- Largest ambulance service in the country with the smallest geography 620sq miles
- One of the busiest in the world
- London's only pan-London healthcare provider





**The London Ambulance Service was  
repeatedly and significantly tested over a  
ten month period from late 2016...**



# Croydon tram crash

9 November 2016

MAJOR incident

53 injured / 7 dead





- **Westminster Bridge terrorist attack**
- 22 March 2017
- MAJOR incident
- 23 injured / 6 dead



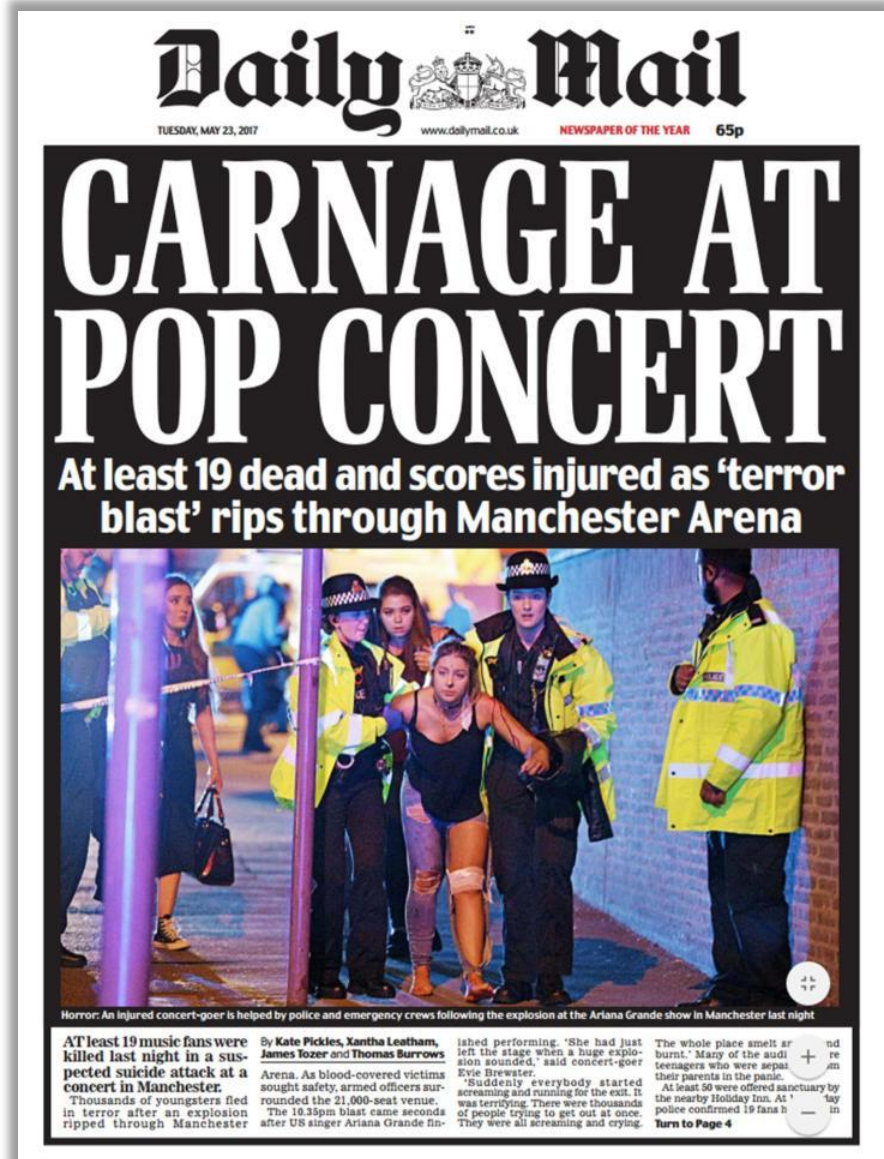


# Manchester bombing

23 May 2017

- 112 injured /22 fatalities

Impact on the LAS – National Threat level raised to CRITICAL





- **London Bridge terrorist attack**
  - 3 June 2017
  - MAJOR incident
  - 48 injured / 8 fatalities





- Grenfell Tower fire
- 14 June 2017
- MAJOR incident
- 64 conveyed / 72 fatalities







- **Finsbury Park Mosque**
- 19 June 2017
- **SIGNIFICANT** incident
- 10 injured / 1 fatality



 **Daily Mail** News 

**White van driver ploughs into and hurts at least 10 people outside hate cleric Abu Hamza's former mosque in London's Finsbury Park before Muslims finishing evening prayers tackle suspect to ground**

By Paddy Dinham For Mailonline and Josh White For The Daily Mail  
00:10 19 Jun 2017, updated 00:59 19 Jun 2017

 **Daniel Sławiński**  
@Daniel\_slaw [Follow](#) 

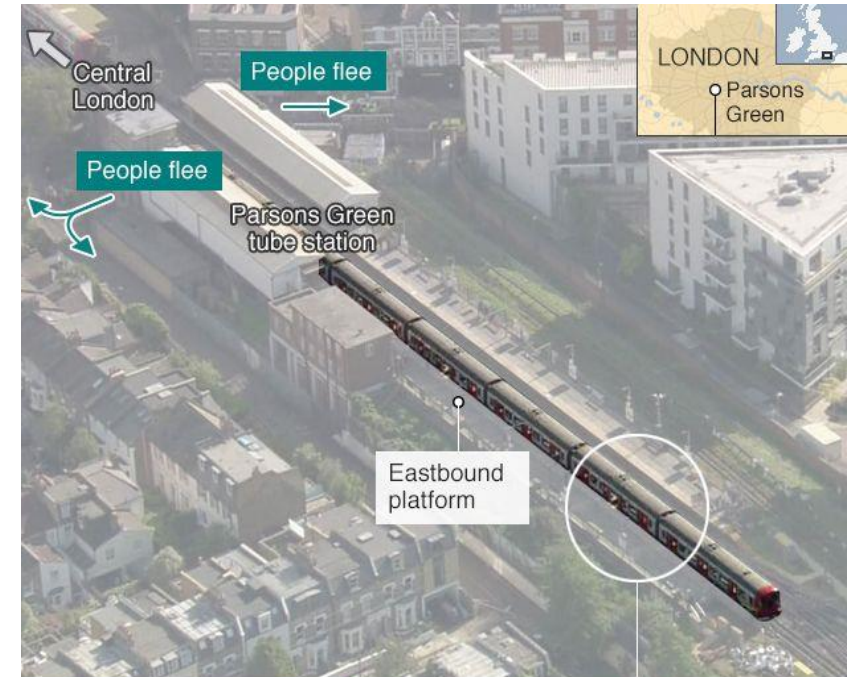
#FinsburyPark is an act of terrorism. When is this going to stop!?





## Parsons Green terrorist attack

- 17 September 2017
- Major Incident
- 19 injured/ 0 fatalities
- National threat level raised a second time



# Operation Plato

- Nationally recognised police declaration of a Marauding Terrorist Attack
- In London Metropolitan Police Service would make declaration
- Police tactics shift from containment to confront and neutralising the threat
- Specialist Counter Terrorism Firearms teams mobilised
- Emergency responders work to nationally agreed Joint Operating Principles
- Westminster Bridge terror attack first time OP Plato declared in UK
- In 2017 Op Plato was declared six times in London and once in Manchester



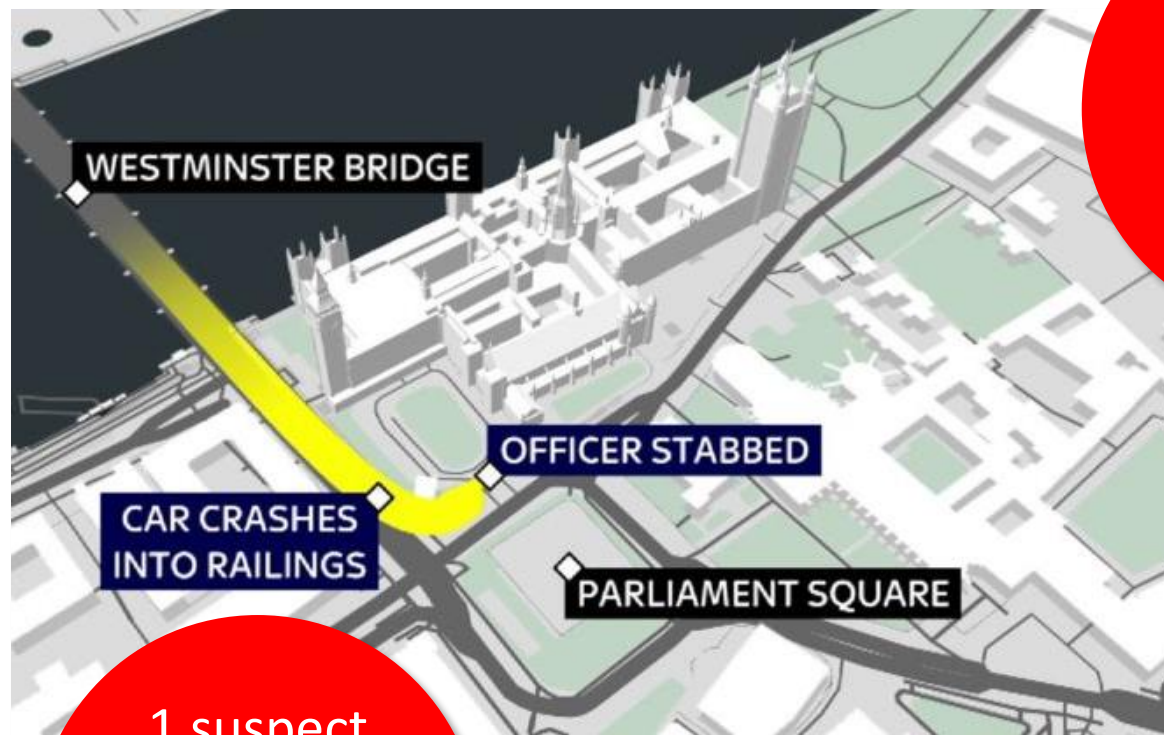
# Early timeline for MTA's in London

Westminster Bridge	London Bridge
First 999 call received at 14:40	First 999 call received at 22:07
50+ calls in the first 10 – 15 minutes	100+ calls in the first 15 – 20 minutes
Major incident declared at 14:51	Major incident declared at 22:19
The initial call for both incidents was to a road traffic collision	
Multiple calls received for different injuries and different locations	
The first paramedic was on scene within six minutes	The first paramedic was on scene within three minutes





# Scene geography



1 suspect  
shot dead  
within 82  
seconds

3 suspects  
shot dead  
within 8  
minutes





# Response to Westminster Bridge

97 frontline staff

63 ambulance vehicles

15 control room staff





# Response to London Bridge

98 frontline staff  
66 ambulance vehicles  
14 control room staff



# Learning & Safety Framework

- Staff supported in compassionate & inclusive environment
- Strong vision & values
- Encourage pride & positivity in the workplace
- Clinical leadership
- Open to learning
- Focus on what needs to change
- Identify themes & learn from errors
- Continuous improvement



# Key Learning points



# A terror attack may not be immediately recognised as such

- 100 + 999 calls received in rapid succession
  - Pedestrians hit by vehicles
  - People in river
  - Stabbings
  - Fittings
  - Falls
- The initial call for both MTA incidents was to a road traffic collision (RTC) not to reports of terror attacks in a public place





# Being repeatedly tested

- The personal resilience of our Strategic Commanders, Tactical Commanders, specialist responders (Hazardous Area Response Teams, London Air Ambulance Teams, Tactical Response Units), Incident Response Officers who are continuously attending these incidents
  - Trauma risk assessments (TRiM) for staff and managers – approximately 1,000 undertaken in a six month period
  - External TRiM support provided by South Central Ambulance Service, Defence Medical Services and South London and Maudsley (Mental Health) NHS Foundation Trust
  - The value of requesting mutual aid from other parts of the health service and other trusted partners

***Impact on patient safety:*** We must ensure that our people who are both managing the incident and treating patients remain psychologically well and mentally resilient to make important clinical decisions in patient care or scene/incident management in times of high stress levels and hostile environments



# Triage and patient care

- Identification and management of hot, warm and cold zones – risk appetite and the potential for patient and staff safety impacts
- Casualty Collection points (CCP) and Casualty Clearing Stations (CCS)
- Run/hide/tell (the national police guidance) made the tracking and location of some casualties complex
- Triage categories can change with time on scene and/or on arrival at hospital

***Impact on patient safety:*** rapid and clear designation of zones aids decision making on staying and treating patients in hot zones versus critical clinical interventions and rapid evacuation to CCP. Patients outside of the hot zone direct to CCS will increase the speed that further clinical assessment and referral to definitive care can be delivered. We must work with partners to better understand and meet the challenges with run hide and tell guidance when practically applied.



# Post incident management!! Really.....

- Staff welfare and in particular psychological wellbeing is resource intensive
- Evidence collation for criminal, coronial and public inquiries is an immense task and not adequately resourced within NHS Trust's
- It is not just frontline and control room staff that can be affected by such incidents – Corporate staff who have to undertake tasks such as transcribing 999 calls, radio transmissions and incident management logs have been really affected. They must not be forgotten as they can become patients in their own right
- Post incident inquiries and inquests can take years to prepare for and will affect staff again sometime past the initial incident – needs preparing for comprehensively

***Impact on patient safety:*** *The effective management of the post incident phase is as important at the management of the event itself. It needs to be undertaken forensically to ensure all lessons are identified and learned to ensure continuous improvement and better patient outcomes*





# Summary of learning

- We were repeatedly tested over a period of ten months – sustained command and control resilience is an issue in a constrained financial environment
- Terror attacks are not always immediately recognisable from the initial calls and can now be very unsophisticated but deadly in a very short space of time
- Further staff training required to identify potential terror attacks as early as possible so that we can protect the safety in the first instance of our non specialist responding staff who are normally first on scene and patients and members of public in the vicinity
- Our overall response was fast, effective and saved many lives. We must identify safe ways to deploy specialist responders in to the warm zone more quickly
- Staff welfare is a primary concern and goes far beyond the post incident stage



# Summary of learning continued...

- Worked in accordance with the Joint Emergency Service Interoperability Principles (JESIP) framework with the Police Service's (MP, BTP and COLP), the Fire Service, other Ambulance Services and NHS hospital trusts. Communication and situational awareness is still a significant challenge particularly in the first 60 minutes
- We must explore with our partners what more technology can do to support Major/MTA incident management challenges including staff and patient safety risks



# Some of what we have we done so far...

- Funded an additional Incident Response Officer cadre dedicated to Central London to increase incident management resilience
- Have provided every member of frontline staff and Emergency Operations Centre staff with their own set of updated personal issue Major Incident action cards (These include MTA incidents)
- Incorporated additional training for call handling staff and Emergency Operation Centre managers to support the early recognition of potential hostile acts
- Working with blue light partners to establish the feasibility of Emergency Services Co-ordination centre staffed 24/7
- The national Joint operating Principles for the management of an MTA were rewritten and published in February 2019 to reflect the learning identified from Westminster, Manchester and London Bridge Terror attacks



# Continued.....

- Increasing our dedicated Plato Command cadre to speed up deployment of specialist assets in to warm zones
- We are working closely with the London health economy and the Greater London Authority to strengthen incident notification processes
- Approved revised Incident Response Plan that incorporates learning to date
- We will review and act on any further recommendations as a result of inquests or public inquiries



# Thank you for listening





<b>Report to:</b>	Trust Board			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Freedom to Speak Up Quarterly Report			
<b>Agenda item:</b>	17			
<b>Report Author(s):</b>	Katy Crichton, Freedom to Speak Up Guardian			
<b>Presented by:</b>	Katy Crichton, Freedom to Speak Up Guardian			
<b>History:</b>	N/A			
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
This report provides the Board with an update on Freedom to Speak Up (FTSU) activities since the last report to the Board in July 2019 and the implementation of the London Ambulance Service NHS Trust (LAS) FTSU Strategy.				
<b>Recommendation(s):</b>				
The Board is asked to note the update provided in this report and approve the Trust's Freedom to Speak Up Policy, following its review by the Freedom to Speak Up Guardian.				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input type="checkbox"/>			
<b>Performance</b>	<input type="checkbox"/>			
<b>Financial</b>	<input type="checkbox"/>			
<b>Workforce</b>	<input type="checkbox"/>			
<b>Governance and Well-led</b>	<input type="checkbox"/>			
<b>Reputation</b>	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>			
<b>This paper supports the achievement of the following Business Plan Workstreams:</b>				
<b>Ensure safe, timely and effective care</b>	<input checked="" type="checkbox"/>			
<b>Ensuring staff are valued, respected and engaged</b>	<input checked="" type="checkbox"/>			
<b>Partners are supported to deliver change in London</b>	<input checked="" type="checkbox"/>			
<b>Efficiency and sustainability will drive us</b>	<input checked="" type="checkbox"/>			

# Freedom to Speak Up Quarterly report

## Background

1. It is a requirement in the standard NHS contract that NHS Trusts appoint a Freedom to Speak Up (FTSU) Guardian. Guardians can be approached by any worker in confidence, at any time, to discuss concerns about any risk, malpractice or wrongdoing which they believe is harming the service.
2. In July 2018 Katy Crichton was appointed as permanent part time FTSU Guardian to: raise the profile of FTSU across the organisation; continue to deliver a FTSU service across the Trust; and to represent the LAS at national and regional speaking up events. Due to the large volume of new concerns raised in Q2 and Q3, Katy took on the Guardian role full time in December 2018.
3. This report provides information about FTSU activities that have taken place within the London Ambulance Service NHS Trust (LAS) and nationally since the last Board update in July 2019.

## LAS FTSU casework:

4. In line with the standard NHS contract, the LAS is required to report quarterly details of Freedom To Speak Up cases to the National Guardian's Office (NGO). In quarter two 2019/20, 66 cases were raised. By way of comparison there were 118 cases raised during Q1 – Q4 2018-19.
5. The format of the quarterly reporting of LAS cases was set out in the January 2018 report to the Board (ref: TB/17/1616) and is as follows.

### Q1

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

66

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

The sources of FTSU concerns are shown in the following table:

<i>Source</i>	<i>Number of concerns</i>
Sectors	29
EOC	7
IUC/111	10
Corporate	20
<b>Total</b>	<b>66</b>

6. Colleagues working in non-operational areas of the service are proportionally raising a higher number of concerns than operational colleagues. There are also a number from staff within the Trust's 111/Integrated Urgent Care (IUC) Service.
7. An initial review suggests that BME colleagues are more likely to raise concerns than non-BME colleagues and that female colleagues are more likely to have raised concerns than males. The data will be analysed further with a view to understanding the factors involved.



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

8. FTSU concerns raised in Q2 have: highlighted issues relating to estates; fed into the action plan for the 111 IUC in North East London (NEL); and addressed behavioural issues. There continue to be a high number of concerns relating to “process” – this is an area where individual issues are being resolved but it has been difficult to translate this into wider learning.

- **Any themes arising?**

9. In Q2, the main themes of the concerns raised can be broken down as follows (*adds to more than 100% due to rounding*):

<i>Source</i>	<i>Percentage of concerns</i>
Process	48%
Management	24%
Bullying and harassment	14%
Patient safety	5%
Staff safety	5%
Estates issues	5%

10. As reported previously, concerns have been raised by colleagues who have found internal investigation processes to be lengthy and stressful; lack of communication or incomplete communication compound these issues. Difficult relationships that fall short of bullying and harassment (B&H) are also a theme, and the FTSU Guardian continues to work closely with the Dignity at Work Facilitator (Amanda Stern) to find resolutions in these situations. These now frequently relate to difficult relationships with managers. There have also been a number of concerns relating to the attitude of colleagues at various levels to submitting Datix reports: this appears to stem from certain staff feeling discouraged from using Datix to record incidents, thereby leaving them unclear about when a Datix report should be completed.
11. In the July Board meeting, the CEO asked for a breakdown of the proportion of B&H concerns that relate to peers and those for managers to staff. Of the Q2 concerns that have an element of B&H, 36% were peer-on-peer and 64% were manager to staff.
12. Of the 66 concerns raised in Q2, two were raised anonymously. Feedback was obtained for 22 concerns that were closed in the period, all of which answered ‘yes’ in response to the question ‘would you speak up again?’ and ‘no’ to ‘have you suffered any detriment as a result of speaking up?’.
13. As of the end of Q2, there are 4 concerns that remain open from 2018/2019 (down from 19 in Q1) and 8 from Q1 2019/20. 26 of the 66 concerns from Q2 are still open.

## **Progress against LAS FTSU Strategy:**

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

14. What we have said we will do:

- a) We will work with the Trust’s senior leaders to ensure that they take an interest in the Trust’s speaking up culture and are proactive in developing ideas and initiatives to support speaking up.

- b) We will work with the Trust's senior leaders to ensure that they can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.
- c) We will work with the Trust's senior leaders to help them to use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience.

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

- a) Members of the Trust Board have met with the FTSU Guardian relating to various issues that have been raised in their directorates. This has proved to be very useful in providing resolutions to some of the concerns, particularly those that have been open for some time. The Board also approved recruitment to a new post of FTSU co-ordinator in recognition of the high volume of concerns being raised and to provide extra resource. Paramedic Erica Greene was seconded to the role on a part time basis on 02 September 2019.
- b) The FTSU Guardian has identified that not only should a culture of "speaking up" become a normality within the Trust, but managers and senior leaders should be challenging themselves that they are effectively "listening up". This will be incorporated into the new e-learning package that is in development, as well as forthcoming educational sessions aimed specifically at leaders in the organisation.

It is also proposed that the number of FTSU concerns is included in the directorate performance reviews, with indication of the number that are older than 90 days and the member of staff it is assigned to. This is to ensure that the executives have oversight of the cases that belong to their team, mindful that this must be sensitively presented and be beneficial to the team and to staff who have raised concerns.

- c) The Gosport Working Group has now been established, along with an action plan based on the recommendations of the Report of the Gosport Independent Panel on what happened at Gosport Ware Memorial Hospital, unheeded warnings and the deaths that resulted. The FTSU Guardian also attends the Serious Incident Action and Learning Group (SIALG) (to learn from SIs) which in turn informs the QAC and QOG.

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

16. What we have said we will do:

- a) We will establish a network of FTSU advocates to support the FTSU Guardian and ensure that dissemination of FTSU information is more widespread.
- b) We will have a clear communication plan that tailors and ensures appropriate FTSU communications to different groups of staff.
- c) We will ensure that learning from concerns is clearly communicated.

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

- a) Only 6 of the 32 advocates are still awaiting training, which is currently being planned for December. 17% (11) of the concerns in Q2 came via advocates. The advocates receive fortnightly emails and have their own Facebook group for updates.

- b) The RIB and LIA now feature regular posts relating to FTSU, with approximately 200 “likes” a month. The Pulse is in the process of being updated to include a “news” section. FTSU now appears in every corporate induction day and is presented by the FTSU Guardian, Co-ordinator or Dignity at Work Facilitator Amanda Stern.
- c) Learning from concerns is now published quarterly after Board, and specific examples communicated to the advocates for face to face contacts. The LAS also had a staff story published by the National Guardian’s office as part of their “100 voices” campaign, which was also shared internally. (see Q2 Learning and Actions below)

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

18. What we have said we will do:

- a) We will review our FTSU Policy to ensure that it remains appropriate and easily accessible.
- b) We will clarify the systems and processes underpinning the routes through which different claims can be made.
- c) We will ensure that there are links between all parts of the organisation where concerns may be raised, to avoid casework being duplicated or missed.

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

- a) The Guardian has reviewed the Trust’s FTSU Policy and proposes a number of minor changes. This is attached as an annex to this report, for the Board’s approval. The Guardian is also currently working on a more condensed version of the FTSU Policy that will quickly convey the key messages and focus on answering the questions that staff have raised in focus groups about FTSU. This work continues although has not moved forward this quarter due to capacity. A volunteer familiar with policy work has now come forward to assist with this task.
- b) The Guardian attended, and will continue to attend where possible, the Significant Incident Learning group to ensure that there is cross over with other reporting methods including Datix. The Guardian has also sought further information from SCAS and SECAMB and will incorporate some of this learning into an easy to follow flow chart.
- c) The Guardian continues to meet with the Dignity at Work Facilitator. It is planned to hold fortnightly meetings with the Director of People and Culture and quarterly meetings with the unions.

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

20. What we have said we will do:

- a) We will work with the People and Culture Directorate to ensure that FTSU is reflected in all of the work undertaken to implement the People and Culture Strategy.
- b) We will ensure that there are ongoing coherent evaluations of the FTSU environment within LAS.
- c) Activities undertaken to establish a picture of the understanding of FTSU within LAS.

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

- a) The Guardian has been part of the Civility Review steering group, led by Dignity at Work Facilitator Amanda Stern. The Guardian has also met with Ali-Layne Smith, with regular meetings to share learning and issues planned in on a fortnightly basis.
- b) The FTSU Co-ordinator is currently developing a new survey to establish the attitudes and knowledge of staff relating to FTSU. The National Guardian's office announced a new initiative known as the FTSU index, based on the results of particular questions from three years data in the staff surveys. The LAS was found to be the most improved Trust in England when measured using the index, going from a rating of 57% to 75% in the period 2015-2018. The average for an ambulance Trust in England is 74%.

## **Q1 2019/20 Learning and Actions:**

### **22. Concerns raised contributed to:**

- a) Early resolution of potentially volatile situations through coaching staff to have early courageous conversations or to use managerial channels to raise concerns.
- b) Continued improvements to NEL 111, responding to issues including the need for improvement to plans for when the computer system Adastra fails, better access and protected time with managers to combat behavioural issues and increased recruitment checks.
- c) Reviews of: how colleagues are using personal social media when identifying themselves as LAS staff; ensuring that comments on social media are in line with the values of the organisation; and comments made on LIA that are deemed to be offensive.,
- d) Assisting to raise the profile of a staff-led project that had previously failed to receive any backing or interest.
- e) Working with the incidents reporting team to develop a response to colleagues feeling they are discouraged from using Datix or are unclear when Datix should be used
- f) Clarification for a team about the support available for staff attending court.
- g) The dismissal of false accusations against some members of staff.

23. It should be noted that there are multiple situations where colleagues are using FTSU to find answers that have not been available elsewhere, or where individual situations are being resolved without wider learning occurring. The next stage will be to start translating these smaller learning points into actions that will prevent the same situations occurring in future. Challenges include time pressures on management teams who are assisting to resolve concerns, and a possible lack of enthusiasm to enact wider changes. It will be a focus of FTSU over the next year to promote the ethos of leaders "listening up" to complement the high numbers of staff speaking up.

### **24. Feedback from Q1**

- I think the work you are doing is very positive, but must also be very challenging. Thanks again for trying to make LAS a better place to work.
- I'm very happy that what I contacted with initially was sorted quickly, appropriately and fairly!
- I whole heartedly support "FTSU" and what it does. There are also staff who just ask "why are we doing this" but don't for a number of reasons want to go to a manager (one reason could be because the manager said "I'll find out" and never did).

- I don't think we would have got this far without FTSU
- I would encourage others to do it - I think it would have been covered up without FTSU
- Very helpful and reassuring. Good balance of being informal but feeling like what you have to say is being taken seriously.

25. The National Guardian's Office has asked for submissions to their "100 voices" campaign, which aims to highlight the experiences of staff using FTSU in different Trusts. In August, the NGO published the LAS submission in its newsletter. The article read as follows;

*At London Ambulance Service NHS Trust (LAS), a paramedic spoke up to the Freedom to Speak Up Guardian, Katy Crichton, about a number of matters. The issues reported to Katy ranged from challenging behaviours to service-wide problems, such as a lack of training for new staff and inadequate capacity to deal with call volumes.*

*The paramedic told Katy, "I had sat in the office for several weeks worrying if I should speak to a colleague, a manager or a friend outside work. Occasionally, I would convince myself that I was exaggerating the state of affairs. Feeling isolated, I decided to contact the LAS guardian.*

*"My brief email prompted a very quick reply back from the guardian. We met a few days later in a coffee shop away from work and I already felt I was going to be taken seriously."*

*Katy escalated the matters and, with the involvement of the leadership team, including the Chief Executive, an action plan was established. After a couple of months, a review of the issues revealed that the actions had not gone far enough, and further measures were put in place, taking into account advice from the paramedic who spoke up.*

*The paramedic said, "I have seen significant changes in my place of work. It is a much more pleasant place to be. People are listened to and actions have been taken."*

*As a result of the issues raised, the trust increased staffing levels in some areas, developed a new operational structure for the service, invested in additional training for staff, and monitored calls through a regular audit. Feedback from commissioners reported positive changes to the service and outcomes for patients.*

*Katy said, "We are very grateful that the paramedic felt able to come forward. By speaking up they have improved the working environment for themselves and for our patients.*

*"Listening to staff and learning from them is hugely important. It was particularly gratifying that the leadership team continued to listen, even after they had drawn up an action plan, and modified it based on further feedback. The ongoing experiences of the paramedic who spoke up really helped to address the problems in a comprehensive way."*

*The paramedic remarked when reflecting on their experience of speaking up, "One thing*

*is for sure – an email to the guardian changed a lot, making the trust a better place to work and providing safer care for our patients.”*

26. 100% positive feedback from 22 members of staff who have provided feedback this quarter, all of which report that they would speak up again and that they have not suffered any detriment.

### **National Guardian's Office (NGO):**

27. The National Guardian's Office asked Freedom to Speak Up Guardians in all Trusts and foundation trusts for information on Freedom to Speak Up cases raised with them in the fourth quarter of 2018/19 (1 January to 31 March). The results are set out below - 97% of trusts have provided data in that quarter. The data for Q1 2019/20 is yet to be published by the NGO.

Q4 2018/19 data headlines:

- 3,404 cases were raised to Freedom to Speak Up Guardians / ambassadors / champions
  - 928 of these cases included an element of patient safety / quality of care
  - 1312 included elements of bullying and harassment
  - 122 related to incidents where the person speaking up may have suffered some form of detriment
  - 506 anonymous cases were received
  - 5 trusts did not receive any cases through their Freedom to Speak Up Guardian
  - 220 out of 227 NHS trusts sent returns
28. The NGO is currently focusing on the introduction of FTSU into primary care, and has recruited regional leads for each area to assist with this. The regional lead for London is yet to be appointed. There is a new website that is now separate from the CQC website and is accessible at [nationalguardian.org.uk](http://nationalguardian.org.uk)
29. The FTSU index, introduced this year, is reflective of four questions in the NHS staff survey and is suggested to reflect the FTSU culture of organisations. The measures are taken from an average of how many staff indicate they 'agree' or 'strongly agree' with the following questions;
- their organisation treats staff who are involved in an error, near miss or incident fairly
  - their organisation encourages them to report errors, near misses or incidents
  - if they were concerned about unsafe clinical practice, they would know how to report it
  - they would feel secure raising concerns about unsafe clinical practice
30. The results were taken from staff surveys 2015-2018, during which time the LAS improved from 57% to 75% on the above. This was the biggest improvement for any Trust in England. The ambulance sector average is 74% with the best at 79% (Isle of Wight ambulance service). LAS Staff involved with FTSU were invited to an awards ceremony which took place in October 2019.

### **National Ambulance Network of Guardians (NAN):**

31. The National Ambulance Network of Guardians meets quarterly to share good practice and provide mutual support. The meetings are held in different regions and include an element of CPD as well as an opportunity to network and share information.
32. There has not been a meeting in Q2 of 2019/20, with the next meeting planned for 20/11/19 at SCAS. SCAS FTSU Guardian Simon Holbrook has now been confirmed as the new co-chair of the network, alongside LAS Guardian Katy Crichton.



## **Conclusion**

33. The LAS continues to have a high level of engagement with the NGO, the National Ambulance Network and the London Region Network of Guardians, including ongoing supervision sessions that will assist with research to be fed back to the NGO.
34. The NGO's recent case reviews and guidance to the Board are continuing to demonstrate the value of the Guardian role.
35. In September a new position of Freedom to Speak Up Co-ordinator was filled via a part time secondment to March 2020.
36. The efforts made by the LAS to expand the reach of the Guardian, promote Freedom to Speak up activities and create an environment in which staff feel safe to raise concerns are reflected in the increased number of concerns raised. There is still more to do with regard to the Trust also promoting a culture of "listening up"
37. The Board is asked to note the contents of this report.

**Katy Crichton**

**Freedom to Speak Up Guardian**



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	26 November 2019			
<b>Report title:</b>	Trust Board Forward Planner			
<b>Agenda item:</b>	20			
<b>Report Author(s):</b>	Philippa Harding, Director of Corporate Governance			
<b>Presented by:</b>	Philippa Harding, Director of Corporate Governance			
<b>History:</b>	This planner is based upon previous years' Board agendas and guidance relating to best practice in the construction of Trust Board agendas			
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
<p>This report provides the Board with an updated forward plan for Board meetings until the end of the 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>				
<b>Recommendation(s):</b>				
<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>				
<b>This report relates to the following Board Assurance Framework (BAF) or other risk:</b>				
<p>Failure to ensure that the Board spends its time at meetings appropriately could result in an inability to conduct its business and result in poor governance.</p>				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input checked="" type="checkbox"/>			
<b>Performance</b>	<input checked="" type="checkbox"/>			
<b>Financial</b>	<input checked="" type="checkbox"/>			
<b>Workforce</b>	<input checked="" type="checkbox"/>			
<b>Governance and Well-led</b>	<input checked="" type="checkbox"/>			
<b>Reputation</b>	<input checked="" type="checkbox"/>			
<b>Other</b>	<input checked="" type="checkbox"/>			

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 26 November 2019	Tuesday 28 January 2020	Tuesday 24 March 2020
Standing items	HL All HL HL TB HL GE	Welcome and apologies Declarations of Interest Minutes of previous meeting Matters arising & action log Staff Story Report from the Chair Report from the CEO	Welcome and apologies Declarations of Interest Minutes of previous meeting Matters arising & action log Patient Story Report from the Chair Report from the CEO	Welcome and apologies Declarations of Interest Minutes of previous meeting Matters arising & action log Staff Story Report from the Chair Report from the CEO
Strategy & Planning	LB LB FW BM BM FW TB PG PG AF	   Fleet Strategy  Patient Engagement Strategy  WRES Action Plan Strategy Update		Operational Plann Approval Business Plan Approval
Quality, Performance & Assurance	LB  PH PH TB TB TB	Integrated Quality & Performance Report  Board Assurance Committee Reports BAF & Corporate Risk Register Serious Incident Management SI Thematic Review	Integrated Quality & Performance Report  Board Assurance Committee Reports BAF & Corporate Risk Register Serious Incident Management SI Thematic Review	Integrated Quality & Performance Report  Board Assurance Committee Reports BAF & Corporate Risk Register Serious Incident Management  Quality Accounts & Quality Priorities - biannual report
Annual Reporting	LB, PH  PH JJ TB TB LB  FW	     Unaudited Charitable Funds Annual Report & Financial Statements for 2018/19  CARU Annual Reports		Approach to Annual Report & Accounts
Governance	PH  PH PH  PW	   Freedom to Speak Up Quarterly Report	Approach to Annual Corporate Governance Review  Freedom to Speak Up Quarterly Report  EPRR Update	Annual Corporate Governance Review
Concluding matters	PH HL  HL All	Trust Board forward planner Questions from members of the public  Any other business Review of the meeting	Trust Board forward planner Questions from members of the public  Any other business Review of the meeting	Trust Board forward planner Questions from members of the public  Any other business Review of the meeting
Additional reports	TB	Quality Report	Quality Report	Quality Report



<b>Report to:</b>	<b>Trust Board</b>			
<b>Date of meeting:</b>	26 November 2019			
<b>Document Title:</b>	Quality Report			
<b>Agenda item:</b>	Additional report, circulated for information only			
<b>Report Author(s):</b>	Trisha Bain, Chief Quality Officer			
<b>Presented by:</b>	Trisha Bain, Chief Quality Officer			
<b>History:</b>	N/A			
<b>Status:</b>	<input checked="" type="checkbox"/>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>
	<input type="checkbox"/>	<b>Decision</b>	<input checked="" type="checkbox"/>	<b>Information</b>
<b>Background / Purpose:</b>				
<p>The <b>final</b> September quality report containing August 2019 data and the <b>final</b> October Quality dataset containing September data is attached.</p> <p>The quality report is a review of all relevant quality Key Performance Indicators (KPIs) and information with regards to the quality improvement agenda across the organisation.</p> <p>Progress remains good, areas of improvement include:</p> <ul style="list-style-type: none"><li>• The Trust continues to see increase in report particularly no harm and low incidents.</li><li>• The Trust continues to improve access to Co-ordinate my Care (CMC) plans. In August, 1,925 CMC care plans were viewed in August, of which 1330 were via iPads –on scene.</li><li>• The number of complaints responded to within 35 working days has surpassed the target of 75% and is current 77%. This is on track to be maintained throughout the year.</li><li>• Learning from SI's, Excellence Reporting, Claims and Inquests are discussed in detail at the Serious Incident Assurance and Learning Group (SIALG) and the group are looking at different media platforms within the Trust to share key learning messages.</li></ul>				
<b>Recommendation(s):</b>				
<p>The Trust Board is asked to note the information provided within the report, and provide feedback to the Chief Quality Officer.</p>				
<b>Links to Board Assurance Framework (BAF) and key risks:</b>				
N/A				
<b>Please indicate which Board Assurance Framework (BAF) risk it relates to:</b>				
<b>Clinical and Quality</b>	<input type="checkbox"/>			
<b>Performance</b>	<input type="checkbox"/>			
<b>Financial</b>	<input type="checkbox"/>			
<b>Workforce</b>	<input type="checkbox"/>			

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





# London Ambulance Service – Quality Report











Report for discussion at the Trust Board

Analysis based on August 2019 data, unless otherwise stated

Section	Content	Pages
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	• Executive Summary – Sector Quality Map	<b>6</b>
	• Operational Context Scorecard	<b>7</b>
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	• Medicine Management	<b>17</b>
	• Safeguarding	<b>18-19</b>
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<b>6. Quality Action Plan, Projects &amp; Programmes</b>	• Pioneering Service Project updates	<b>64-67</b>
<b>7. Clinical and Quality Risks</b>	• Clinical and Quality Risks Summary	<b>69</b>

Quality Domain	Highlights from this report by quality domain	Overall Status
<b>Safe</b>	<p>The total number of adverse patient events was 356 resulting in 4.1 events per 1000 incidents. The Trust continues to see no harm and low incidents being reporting. This is positive and allows to Trust to identify themes early and put mitigating actions in place.</p> <p>The medicine management group have reviewed and are implementing smaller volume oramorph bottles. The group plan to look at the 1:1000 Adrenaline vials which has also been identified as an action in some medicine Serious Incidents.</p> <p>The total number of H&amp;S incidents was 352 resulting in 3.61 events per 1000 A&amp;E (face to face) incidents. The H&amp;S team have recorded the MSK Sickness (Working Days Lost) during 2018/19 by Station &amp; by Sector are given in the dash-board. Work continues across the Trust to mitigate against this risk.</p> <p>The Flu CQUIN Key milestones and deliverables is in place and ready to action upon receiving the vaccine in the Trust.</p>	
<b>Effective</b>	<p>In April 2019, ROSC on arrival at hospital for both the overall and Utstein comparator groups were above the national averages, with LAS ranking 3rd for the Utstein group (57.8%). The survival to discharge figure for the overall group was in line with the national average (8.5%) in April but the Utstein survival figure for the same month was considerably higher (32.4%). In July 2019, defibrillator downloads were matched to 20% of cardiac arrests, meeting the year-end target. The post-resuscitation care bundle figure for April 2019 was 93% making us best in class.</p>	
<b>Caring</b>	<p>The End of Life Care (EoLC) pioneer service aims to improve staff confidence in their skills &amp; knowledge in palliative and EoLC, improve viewing of CMC care plans with a view to decreasing unnecessary ED conveyance and increase ACP utilisation, improve staff wellbeing and involve patients and carers in the programme to guide quality improvement.</p> <p>The Trust continues to improve access to CMC plans. In August, 1925 CMC care plans were viewed in August, of which 1330 were via iPads – on scene. 138 more care plans were viewed on iPads compared to July data, 69% views via iPads in August.</p>	
<b>Responsive</b>	<p>The annual average for 2019/20 is that 74% of complaints were responded to within 35 working days. (333/450 due in the period April to August 2019). The report has provided an analysis of the conduct and behavior complaints and the holistic approach being taking to investigation to ensure the true nature of the complaint is addressed.</p>	
<b>Well led</b>	<p>Learning from SI's, Excellence Reporting, Claims and Inquests are discussed in detail at the Serious Incident Assurance and Learning Group (SIALG) and the group are looking at different media platforms within the Trust to share key learning messages.</p> <p>An update on the Pioneering Services is provided to show case the great work it is being achieved across these areas.</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
	Over 90% implementation of all actions in the Gosport Enquiry Action Plan by April 2020	●	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.
	>90% completion of actions on the trust-wide security implementation plan	●	100% risk mitigating actions completed. 92% completed overall.
	<b>Safe</b> Increased scores in relation to learning from and reporting incident in the annual staff survey compared to April 2019 baseline	●	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
	Reduction in both incident of and sickness rates for MSK injuries from April 2019 baseline	●	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).
	Reduce the average handover to green response time in all sectors from 17 minutes to 15 minutes by April 2020	●	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
	<b>Effective</b> Meet service wide NHS 111 and IUC quality targets evidenced via agreed indicators by April 2020. Increased consultant complete episodes from April 2019 baseline	●	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%.
	A reduction in nature of call incidents from January 2019 baseline	●	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.
	Mental Health response car service to be rolled out across a minimum of the South East sector during 2019-20	●	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.
	<b>Caring</b> Evidence of increase in skills and knowledge for staff groups in supporting patients who are at the end of their lives	●	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.
	Ensure that over 90% of NHSI patient involvement KPIs are met during 2019-20 from January 2019 baseline	●	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.
	<b>Responsive</b> To be in the top 3 ambulance trusts demonstrated by our score on the aggregate AQIs, consistently throughout 2019-20	●	Cat 1 response times - April Ranked 1, May Ranked 1, June Ranked 1 (based on 90 <sup>th</sup> Centile) Cat 2 response times – April Ranked 2, May Ranked 3, June Ranked 6 (based on 90 <sup>th</sup> Centile) Cat 3 response times – April Ranked 2, May Ranked 4, June Ranked 6 (based on 90 <sup>th</sup> 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.
	To respond to over 75% of patients complaints within the 35 day target from the 68% April 2019 baseline	●	April – 63% / May – 62% / June – 60% / July – 96% Average: 70%
	Gain a rating of 'good' for the Use of resources domain in the 2019-20 CQC inspection	●	The organisation has been informed that the CQC will not be inspecting the Use of Resources domain during their 2019-20 inspection.
	<b>Well led</b> Quality Improvement teams in each sector and sector quality improvement programmes developed and delivered by April 2020	●	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

Aug-19			Current Performance				Benchmarking		
Indicator (KPI Name)	Basis	Data From Month	Target Status	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	Aug-19	●	5.0	4.1	3.8			
Patient related Adverse Events - NO HARM	Count	Aug-19	●	250	290	1564			
Patient related Adverse Events - LOW	Count	Aug-19	●	20	42	178			
Patient related Adverse Events - MODERATE	Count	Aug-19	●	N/A	12	62			
Patient related Adverse Events - SEVERE	Count	Aug-19	●	N/A	7	28			
Patient related Adverse Events - DEATH	Count	Aug-19	●	N/A	5	43			
Medication Errors as % of Patient Adverse Events	%	Aug-19	●	N/A	6%	5%			
Needle Stick Injuries as % of Staff Adverse Events	%	Aug-19	●	N/A	0%	0%			
Number of SEL 111 adverse incidents	Count	Aug-19	●	N/A	55	230			
Number of NEL 111 adverse incidents	Count	Aug-19	●	N/A	77	314			
ROSC at Hospital (AQI)	%	Apr-19	●	30%	31%	31%			
ROSC at Hospital UTSTEIN (AQI)	%	Apr-19	●	55%	58%	58%			
STEMI to Angiography (AQI) (Mean)	hh:mm	Apr-19	●	N/A	02:07				
STEMI care bundle (AQI)	%	Apr-19	●	74%	79%	79%			
Stroke Call to Arrival at Hospital (AQI)	hh:mm	Apr-19	●	N/A	01:06				
Stroke on scene time (CARU continual audit)	hh:mm	Jul-19	●	00:31	00:31				
Survival to Discharge (AQI)	%	Apr-19	●	N/A	9%	9%			
Survival to Discharge UTSTEIN (AQI)	%	May-19	●	N/A	32%	32%			
STEMI- On scene duration (CARU continual audit)	hh:mm	Jul-19	●	N/A	00:38	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	0.45%
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	0.58%
Number of Overdue Incident Investigations	108
Number of SI's declared in month	2
Number of Overdue LAR Reviews	4
% of HealthAssure Population	100%

## North East Sector

Percentage of reported incidents per month	0.62%
Number of Overdue Incident Investigations	45
Number of SI's declared in month	1
Number of Overdue LAR Reviews	0
% of HealthAssure Population	100%

## Emergency Operation Centre (EOC)

Percentage of reported incidents per month	0.07%
Number of Overdue Incident Investigations	157
Number of SI's declared in month	4
Number of Overdue LAR Reviews	NA
% of HealthAssure Population	24%

## NHS 111/IUC

Percentage of reported incidents per month	0.02%
Number of Overdue Incident Investigations	55
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	0.64%
Number of Overdue Incident Investigations	46
Number of SI's declared in month	0
Number of Overdue LAR Reviews	0
% of HealthAssure Population	100%

## South East Sector

Percentage of reported incidents per month	0.67%
Number of Overdue Incident Investigations	93
Number of SI's declared in month	1
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



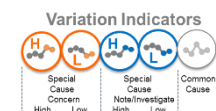
The scorecard below provides an overview of the Operational performance of the Trust in June. The Trust's response time performance was under the 7 minute target for C1 mean, and C2 was over the 18 minute target. C1 performance year to date is well under target for year to date figures as better performance 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.

August 2019			Target Status	Statistical Process Control Icon	Current Performance			Benchmarking*		
Indicator (KPI Name)	Basis	Data From Month			Target	Latest Month	Year To Date Actual	National Data	Best In Class	Ranking (out of 10)
Category 1 response - Mean	mm:ss	Aug-19	●		07:00	06:35	06:21	07:14	06:32	2
Category 1 response - 90th centile	mm:ss	Aug-19	●		15:00	11:02	10:37	12:43	10:37	1
Category 2 response - Mean	mm:ss	Aug-19	●		18:00	18:28	19:09	23:18	12:58	5
Category 3 response - Mean	h:mm:ss	Aug-19	●		1:00:00	0:55:28	0:57:36	1:11:30	0:43:33	4
Category 4 response - 90th centile	h:mm:ss	Aug-19	●		3:00:00	3:20:22	3:14:46	3:19:49	1:41:39	7
Call answering - 999 (less than 5 seconds)	%	Jul-19	●			78%	85%			
Call answering - NHS 111 SEL (less than 60 seconds)	%	Jul-19	●		95%	77%	89%			
Call answering - NHS 111 NEL (less than 60 seconds)	%	Jul-19	●		95%	83%	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



\*July 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.



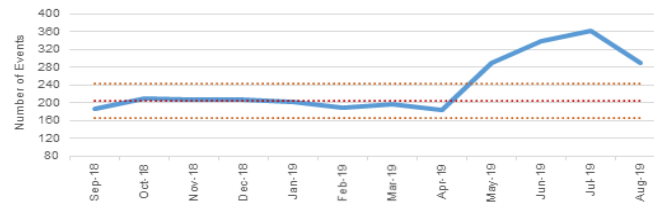
Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

The total number of adverse patient events was 356 resulting in 4.1 events per 1000 incidents. The breakdown of these events is shown in the analysis below:

### Monthly Trend

No Harm/Near Miss

Latest Month:  
**290**

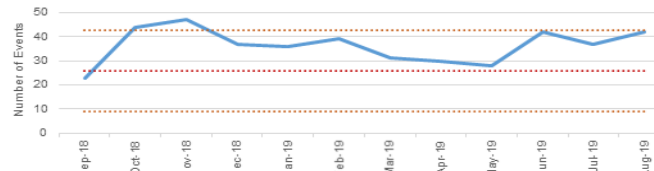


The Governance Department continues to encourage the reporting of all incidents. An e-Learning incident reporting training package has been launched in the Trust and while it is not currently mandatory, all staff have been enrolled on to it.

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.

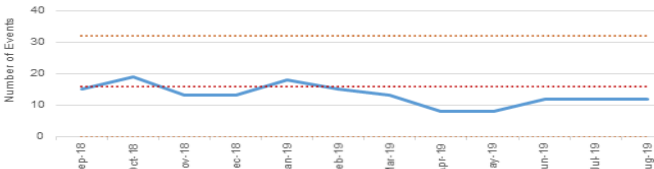
Low Harm

Latest Month:  
**42**



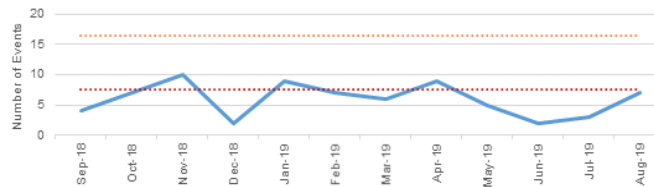
Moderate Harm

Latest Month:  
**12**



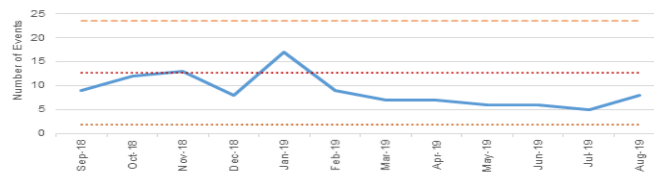
Severe

Latest Month:  
**7**



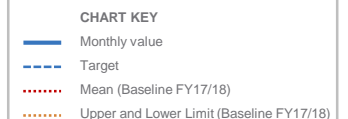
Death

Latest Month:  
**8**



No significant variation when compared to mean and limit thresholds.

Data Source:





Owner: Helen Woolford | Exec Lead: Dr Trisha Bain

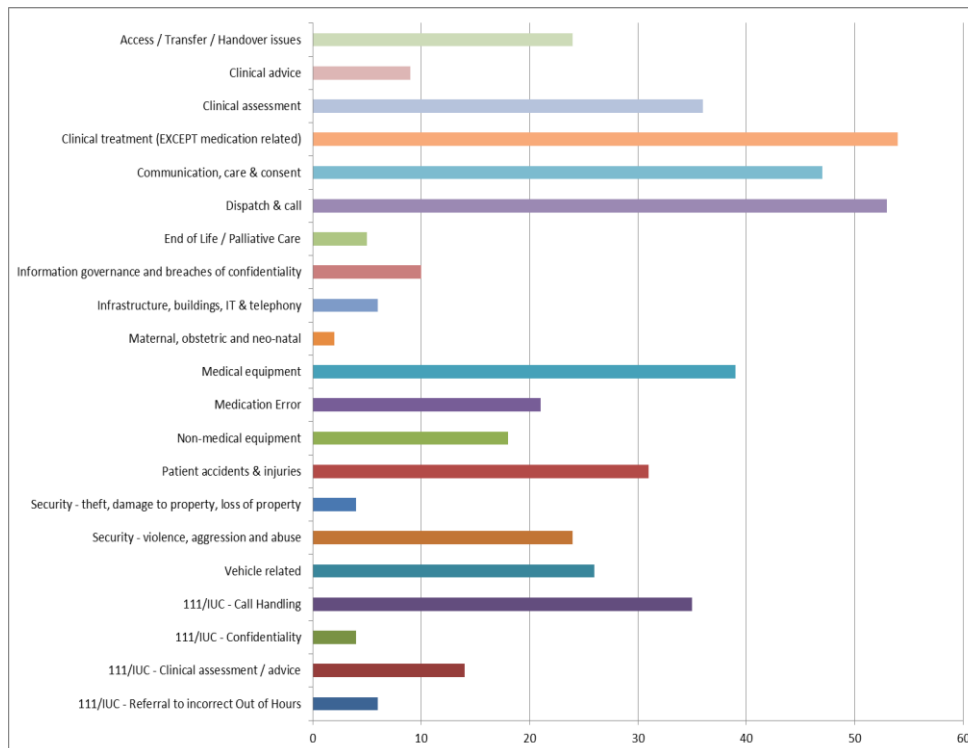
Below are our incident themes, action being taken to address them and how we share the learning from these across the Trust.

### Incident Themes

Medical Equipment, dispatch and call management and clinical treatment issues remain as 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

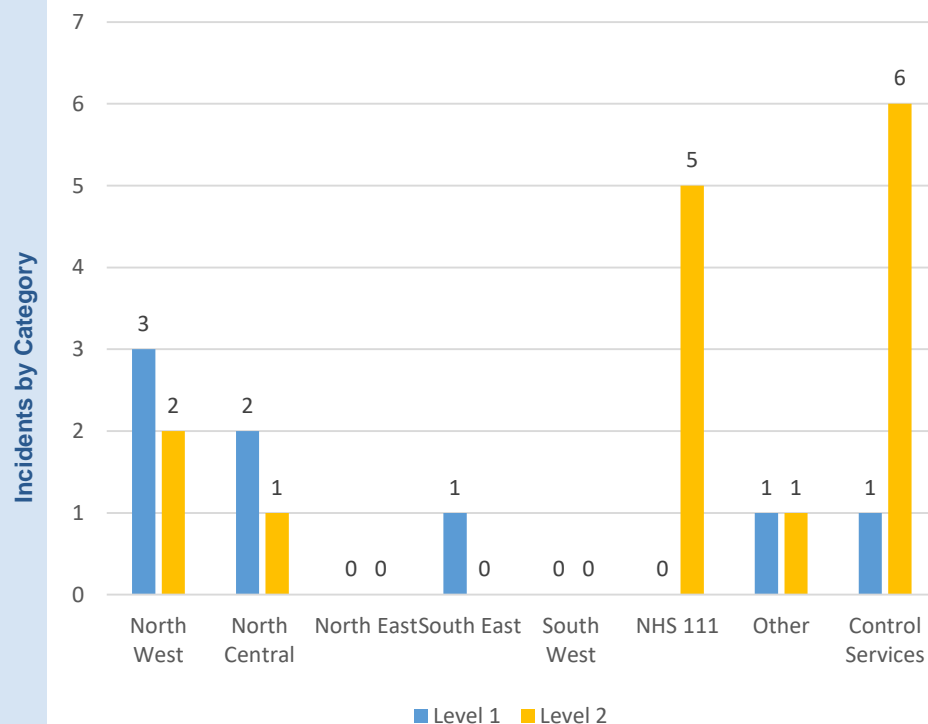
Below are our Serious Incident themes, action being taken to address them and how we share the learning from these across the Trust.

### Serious Incident Themes

In July and August, there were 23 incidents declared as SIs following review at the Serious Incident Group (SIG).

Of those declared SIs, 15 were declared Level 2 comprehensive investigations and 8 were declared Level 1's concise investigations.

There were 16 overdue actions as of 1<sup>st</sup> September and these are being monitored through SIALG.



### Learning

Learning from SI's is discussed in detail at the Serious Incident Assurance and Learning Group (SIALG). The learning from SI closed in the previous month was discussed:

- VF and defibrillation
- Maternal death and pre alert
- Mobilisation/Activation delays

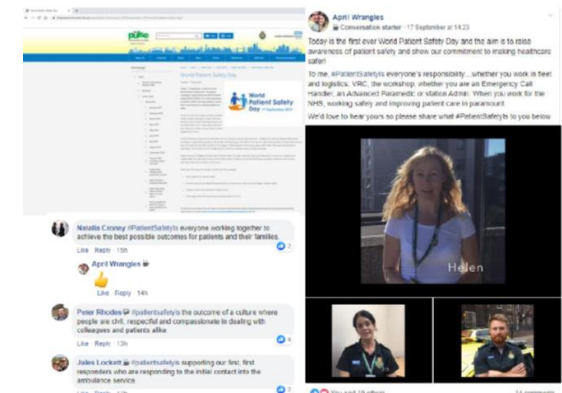
The group are working with the communications team for input and guidance around sharing of the topics and actions discussed in SIALG across the Trust.

### World Patient Safety Day- Tuesday 17th September

The Trust shared communications via the Trust's intranet pages and our internal LiA site and externally on both our twitter and Facebook accounts.

The communication explained what the day was about and asked people to get involve by commenting on what patient safety means to them by asking them to complete the following sentence #patientsafetyis.....

This was received positively both internally (some of the comments are below) and externally with over 1.8k views from the public.





## Monthly IPC Training Compliance August 2019 (Target: 90%)

IPC training compliance for Level 1 and Level 2 is monitored via ESR and compliance for August has exceeded the Trust performance target of 90% for both level 1 and 2

**Performance** achieved in July 2019:

- Level 1 – 94.30% compared 94.51% in July 2019
- Level 2 – 92.37 % compared to 88.30% in July 2019

**Assurance:**

- Monitored via ESR
- Monthly CEO performance reviews
- Oversight at Quarterly ICDG, IPCC and QOG

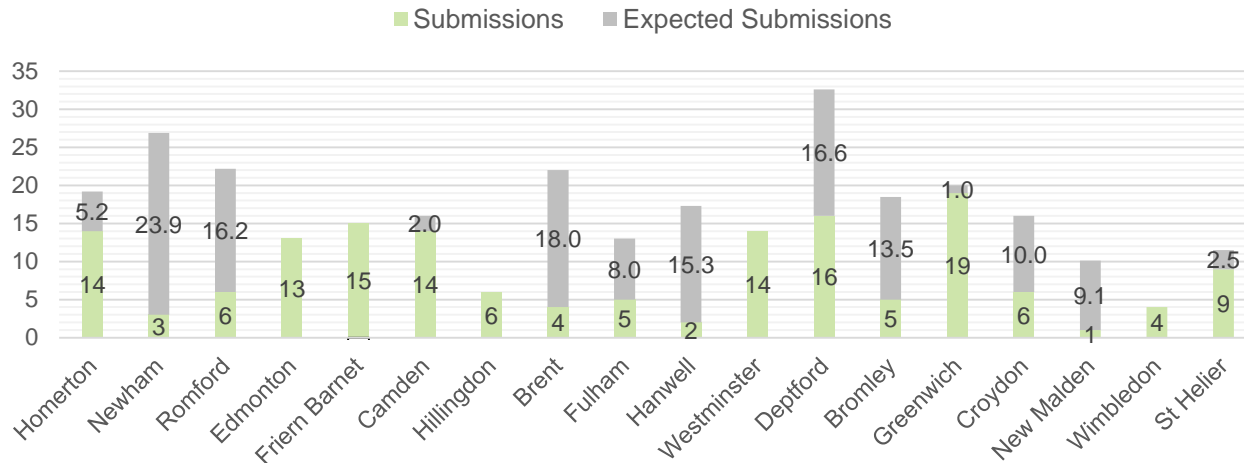
**Actions taken:**

- Nil new actions required

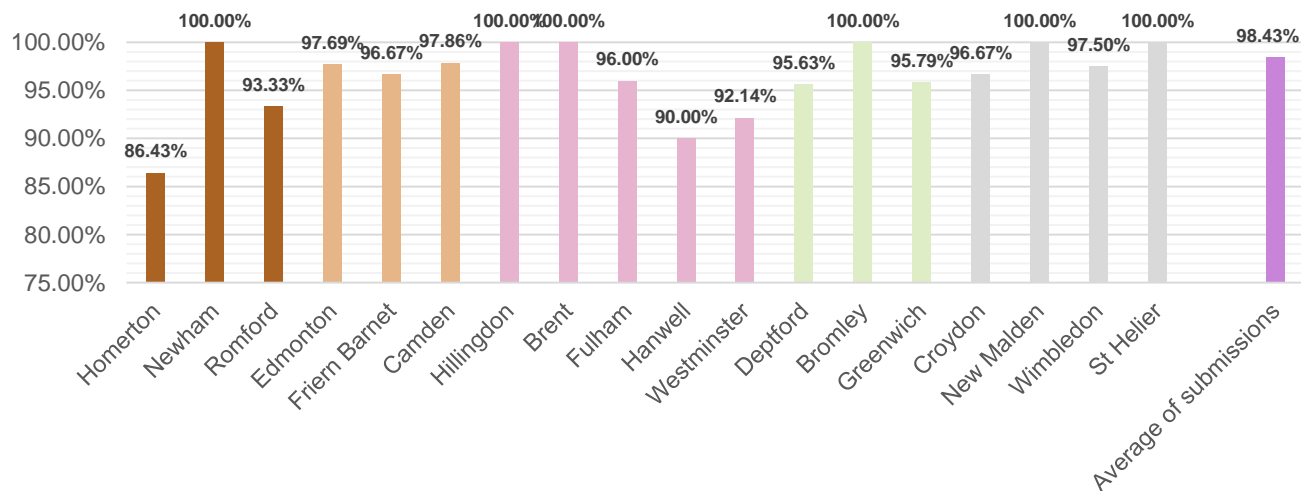




OWR Submissions August 2019  
Overall Trust Submissions: 156



OWR Hand Hygiene Compliance August 2019 (Target 90%)



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

### Hand Hygiene Performance

- All group stations submitted OWR data for August 2019
- Trust OWR hand hygiene compliance for August has increased to 98.43% when compared to July at 97.19%.

### 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.

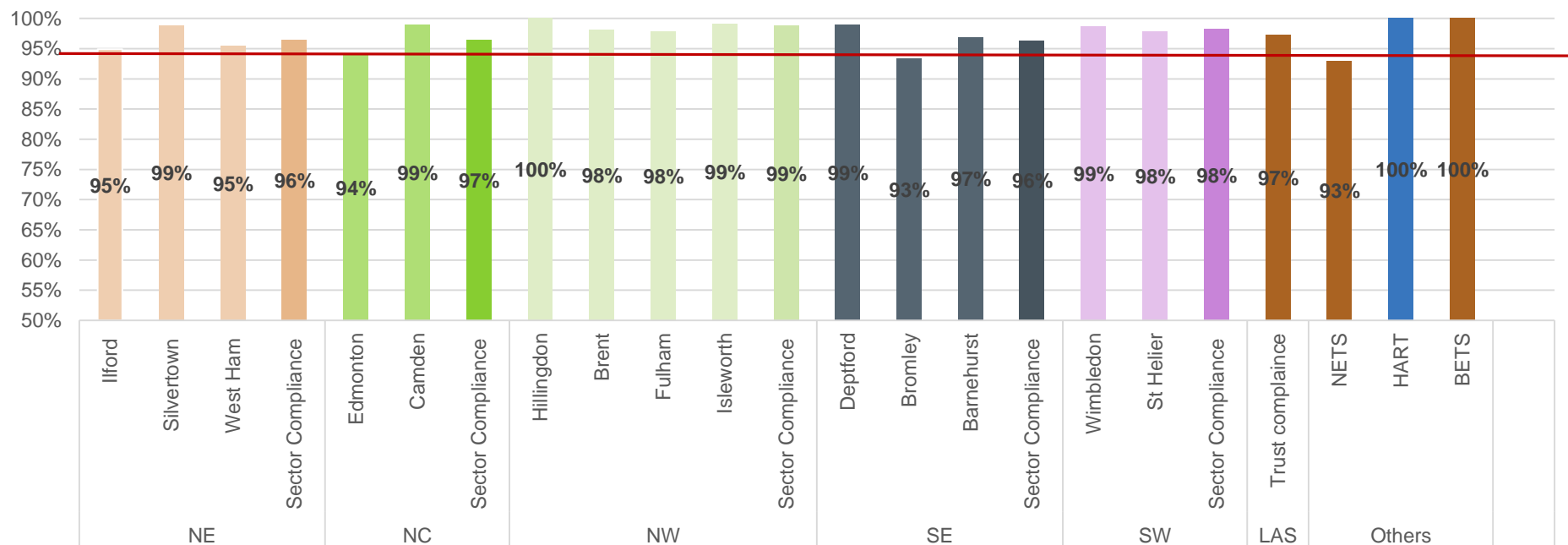
### Actions

- Hand Hygiene audits continue at A&E departments, being carried out by IPC team. Focusing on the WHO 5 moments.
- The IPC team have commenced ride outs, which is a real time learning opportunity to observe practice and support staff to continually improve.
- Following valuable feedback from Operational management teams, IPC Committee have agreed to remove the expected submissions trajectory for OWR submissions with effect from September data reporting (October report). The IPC Committee based their decision upon assurance that Sectors set their respective trajectories for OWR submissions over the financial year. Performance against this is monitored at Sector quality meetings and as part of the CEO performance review process.



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

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



### Performance

- Data for each Hub including PTS and HART submitted by the VP Contract Manager.
- Trust compliance has remained static at 97% , when compared to July data .

### 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

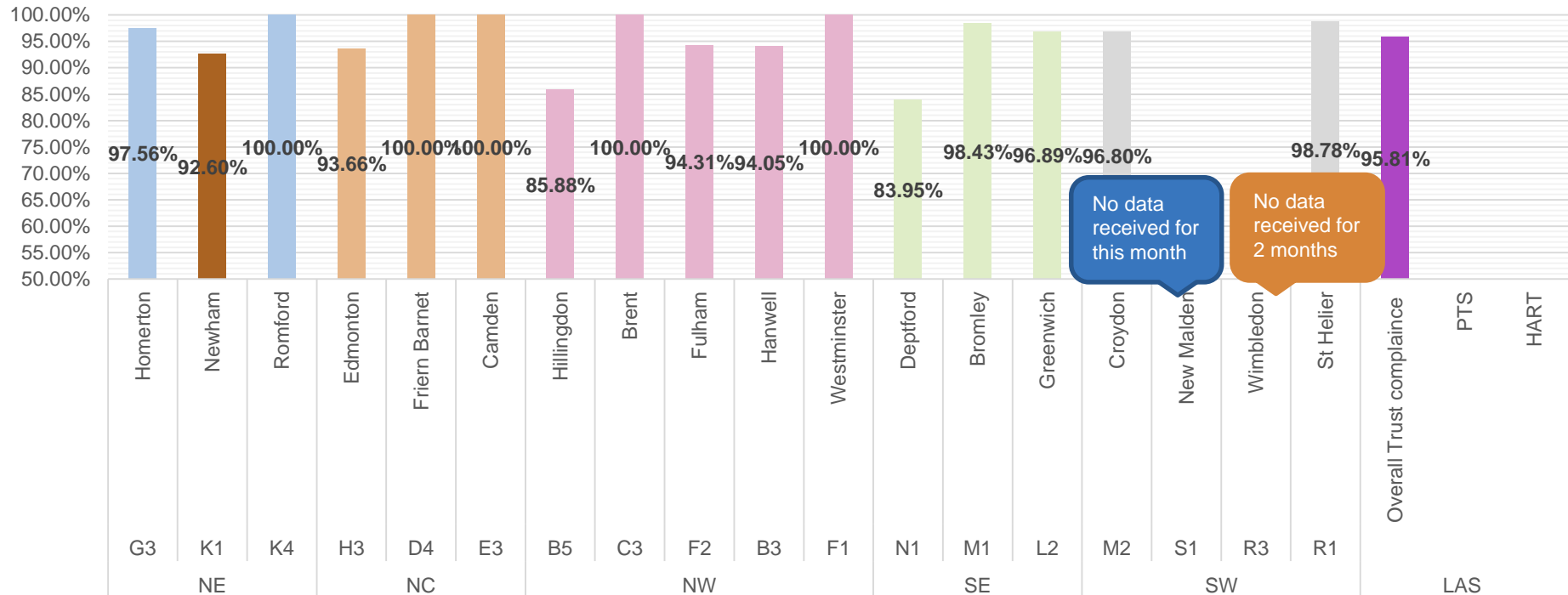
### Actions

- Logistics to continue to monitor.
- IPC continue to monitor monthly.



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

Premises Cleaning August 2019 (Target 90%)

**Performance**

- 16/20 Group Stations/Services submitted data for analysis, compared to 15/20 Group Stations submitting in July 2019
- Overall Trust compliance for June has shown an increase to 95.81% from 95.53% reported in July. This score still exceeds the Trust performance target of 90% and has surpassed the YTD highest seen in April of 95.22%
- No data has been received from Wimbledon for 2 months
- No data received from New Malden this month

**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

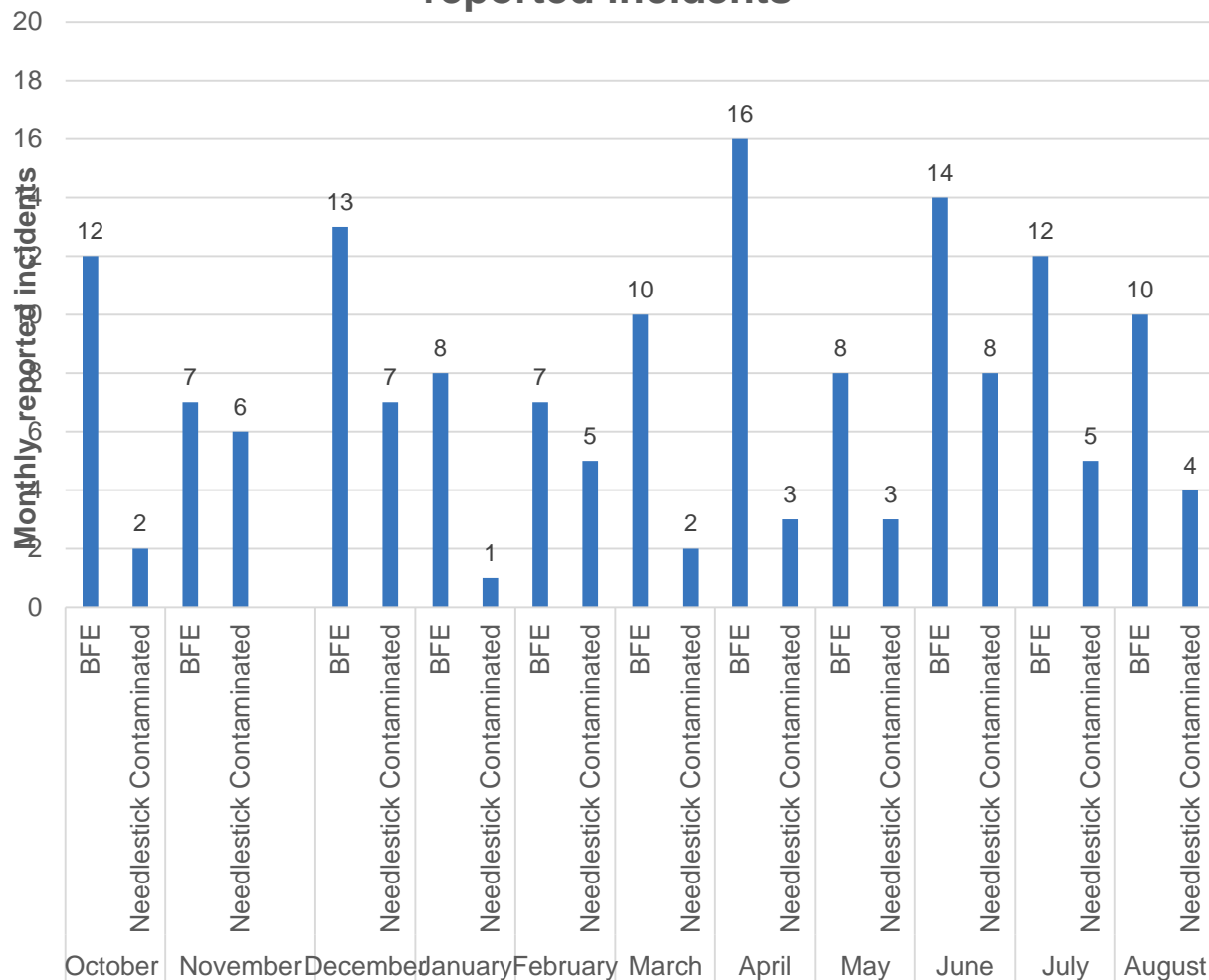
**Actions**

- QGAM responsible for Wimbledon and New Malden respectively to follow up non submissions as part of performance review process



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

## Sharps and Body Fluid Exposure (BFE) Datix reported incidents



### Performance

- The reported data of 14 incidents is for contaminated sharps and BFE only- *clean sharps incidents have been extracted as these fall within Health & Safety remit, not IPC*
- 10/17 incidents reported in August were as a result of exposure to body fluids (BFE)
- 4/17 incidents reported in August 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:

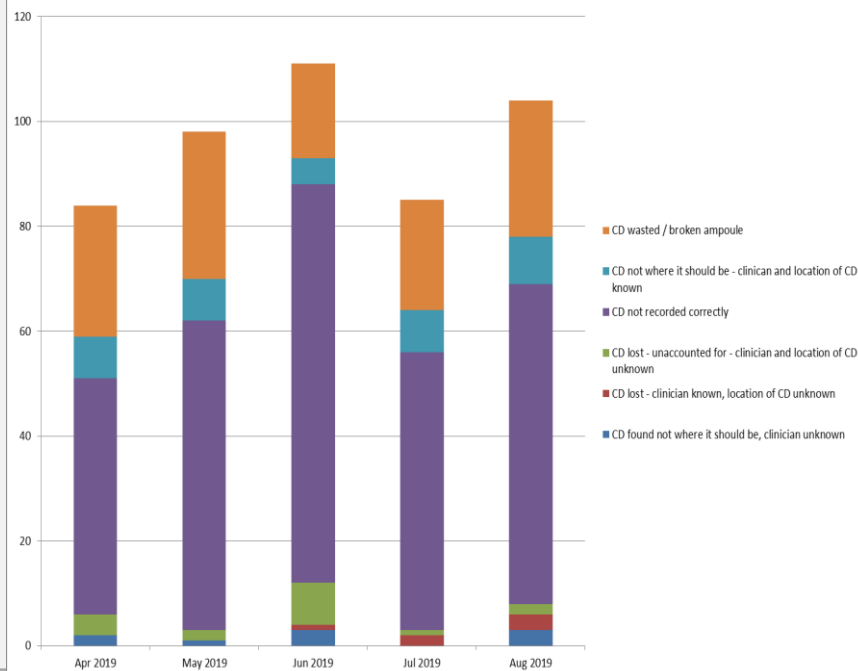
#### New:

- Medical Directorate bulletin to be published beginning September 2019, reporting data for BFE incidents in Q1 and highlighting the learning from those incidents.
- IPC team will be reviewing availability/ accessibility of PPE on vehicles with VP contract manager



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

BI Controlled Drug Report



- One unaccounted for loss of injectable morphine
- Total of other controlled drug (CD) incidents including
  - Morphine retained off duty (n=4)
  - CD found unsecured (n=2), inappropriately packed (n=1) or CD safe open (n=2)
  - CD not disposed of correctly (n=2) or left at scene (n=3)
  - Difficulties drawing up oramorph (n=1)
  - Loss of CD key (Abloy) (n=1)
  - CD Documentation errors (n=68)
  - CD breakages (n=20)
- Non-controlled drugs (schedule 2) incidents
  - Kitprep discrepancies or malfunction (n=14)
  - Inappropriate administration of adrenaline IM (n=2) hydrocortisone (n=1), TXA (n=3), dexamethasone (n=1), 10% dextrose (n=1), ipratropium (n=1), oramorph (n=1), entonox (n=2), naloxone (n=1)
  - Drugs left at scene (n=1)
  - Drugs out of date (n=2)
  - Shortage of drugs packs (n=1) or errors in drug pack inventory (n=2)
  - Breakages (n=2)
  - Drugs unsecured (n=3)
  - Excessive storage temperature (n=1)
  - Lost or missing drugs (n=3)
  - Overdose by non-LAS staff (n=9)

## Actions

- Introduction of smaller volume oramorph bottles
- Guidance on reporting of documentation issues clarified
- Use of CCTV monitoring in secure drugs rooms to investigate potential diversion

## Assurance

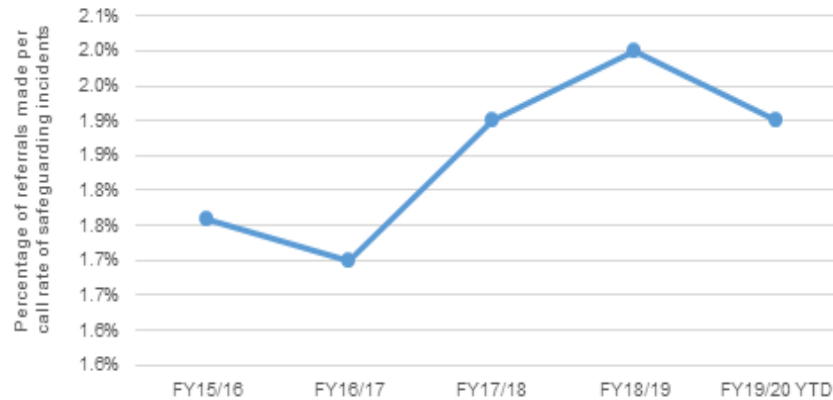
- Limited occasions where morphine retained off duty and all incidents identified in a timely fashion.
- Small reduction in CD breakages from last month
- Reduction in Kitprep discrepancies



## Referrals

**Monthly  
Rate: 2.2%**

**Missed  
Referrals: 0**



The referrals rate for August was 1.9%. The referral rate is within the expected level of between 1.8% and 2.5% and the decrease is likely due to a spilt in Safeguarding and welfare referrals.

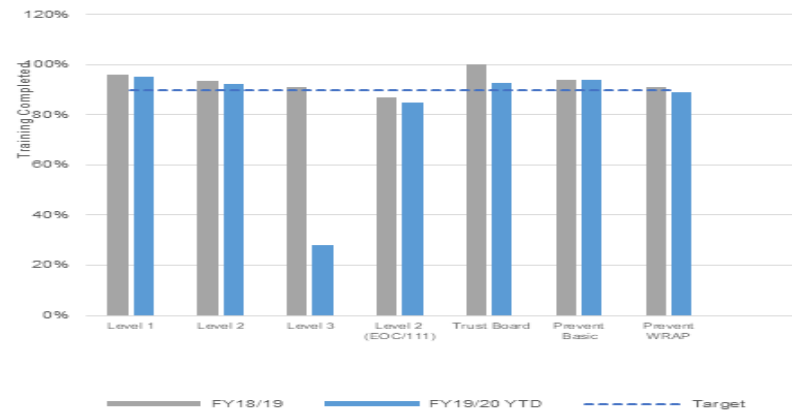
Missed Referrals (which is a shadow KPI) was 0.

## Delivery of Training

**Level 1: 95%**

**Level 2: 92%**

**Level 3: 28%**



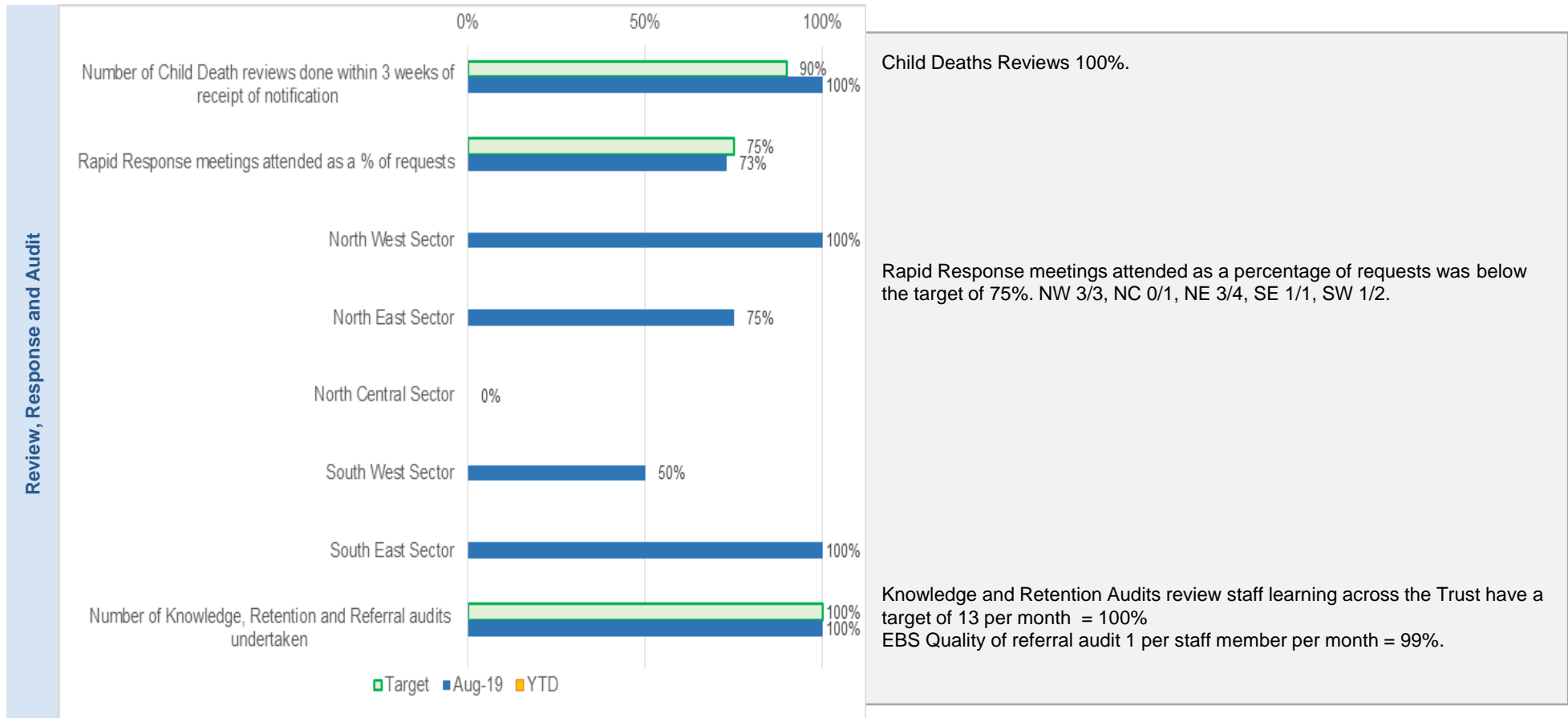
Safeguarding Training level 3 remains the same.





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

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





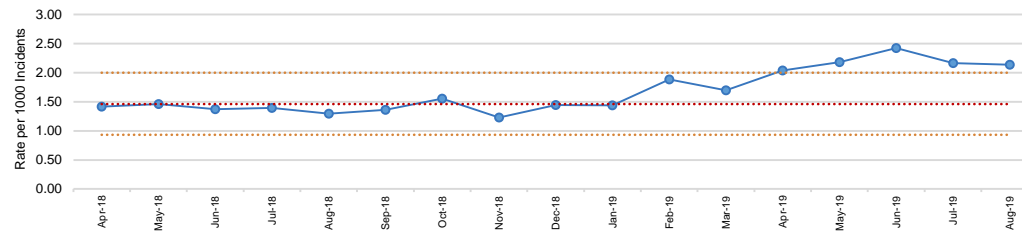
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

The total number of H&S incidents was 352 resulting in **3.61 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

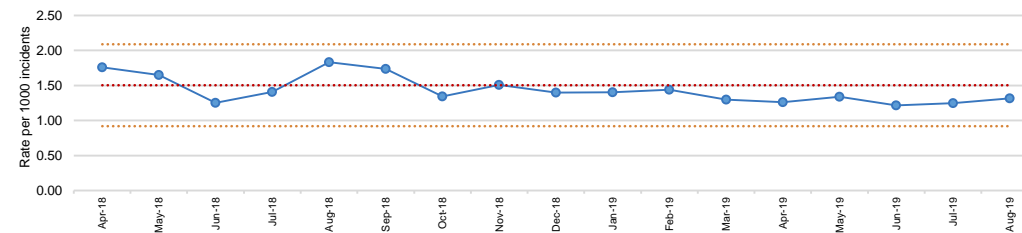
Month: 2.14



208 (59%) of the H&S related incidents reported during August - 2019 resulted in No Harm/Adverse/Near Miss.

Low Harm

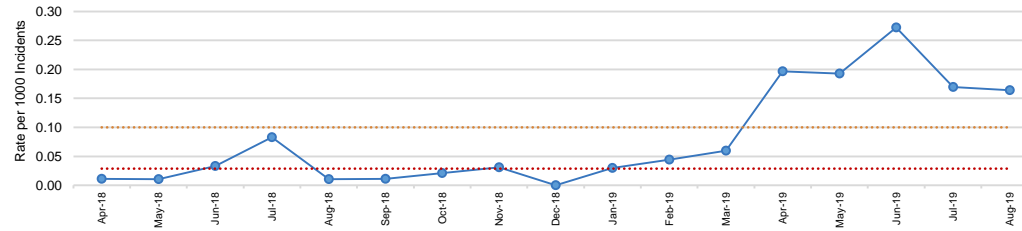
Month: 1.31



128 (36.5%) of the H&S related incidents reported during August - 2019 resulted in Low Harm.

Moderate

Month: 0.16

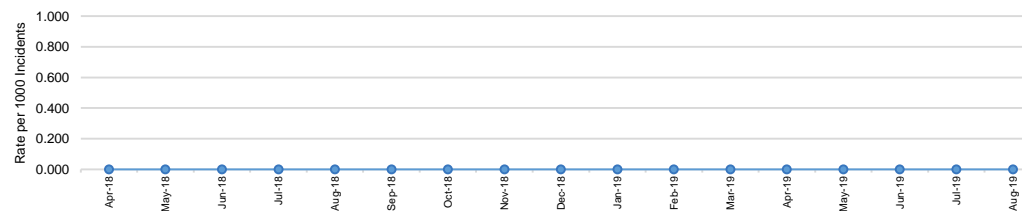


16 (4.5%) of the H&S related incidents reported during August - 2019 resulted in Moderate Harm.

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 August - 2019.

CHART KEY  
 — Monthly value  
 ..... Mean (Baseline FY17/18)  
 ..... Upper and Lower Limit (Baseline FY18/19)

Data Source:



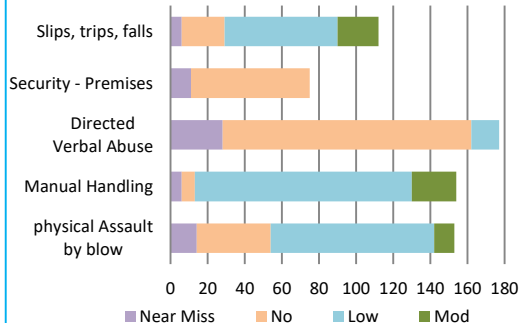
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

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

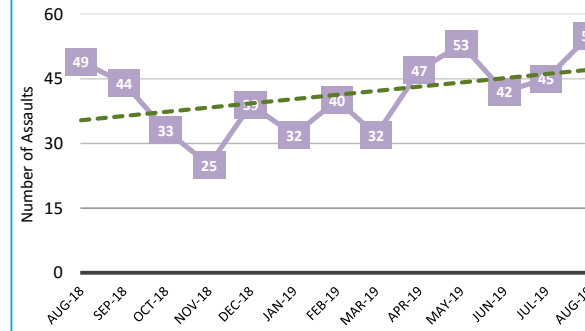


- Directed verbal abuse, Manual Handling – lifting patients (MH) and, Physical Assault by blow (kick, punch, push etc.) incidents account for the highest numbers reported during August 2019.
- Practical manual handling training commenced in April-2019 and the compliance is currently sitting at 92%.

## Assaults on Staff

## Assaults on Staff

Assaults on Staff by Patients

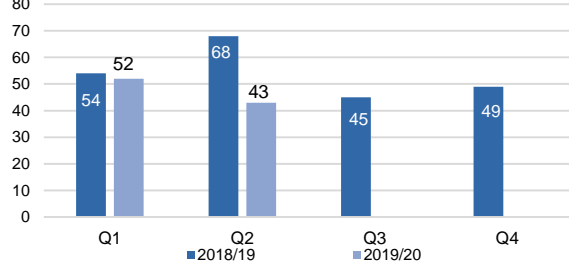


- There was a slight increase in the number of assaults on staff by patient related incidents in August 2019 and the trend is up-ward.
- The most common underlying causes remain: intoxication (drugs/alcohol), Mental Health related issues, patients recovering from fits/seizures or reacting to medication.

## RIDDOR Incidents

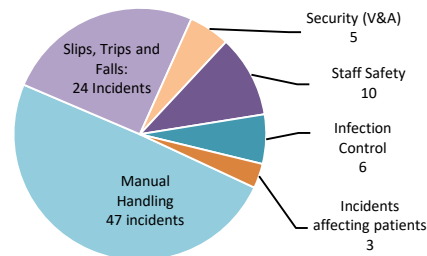
## Number of incidents

RIDDOR Reportable Incidents by Quarter



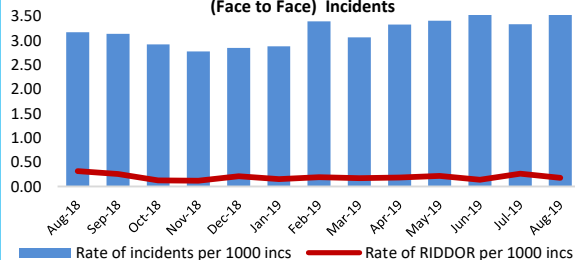
## RIDDOR by cause

RIDDOR Reportable Incidents by Cause - YTD



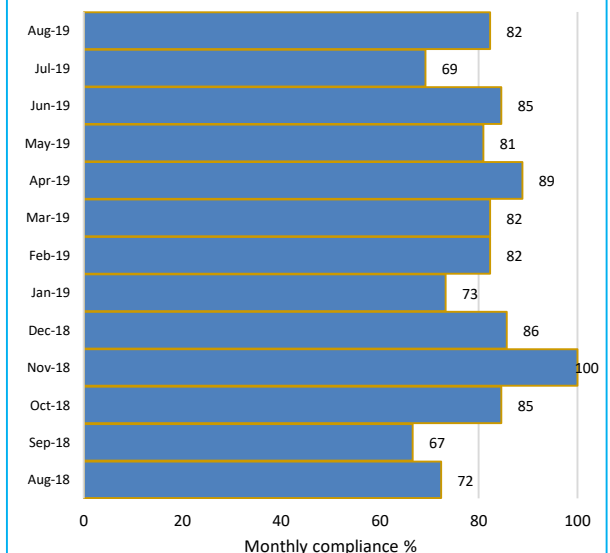
## Rate of Incidents

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



## Reporting Time Lag

Trust wide RIDDOR Reporting Time frame (&lt;15 Days) Compliance %

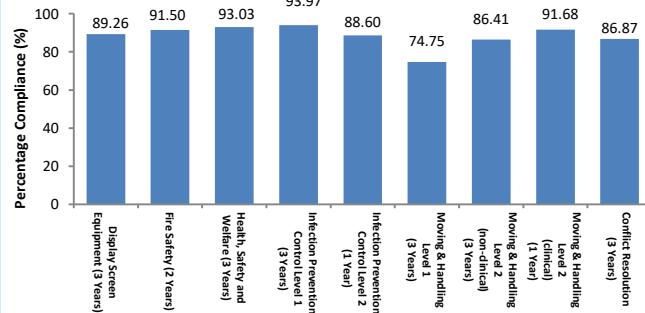




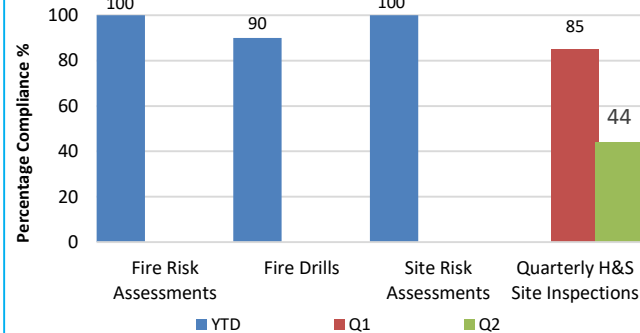
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

## Mandatory &amp; Statutory Compliance &amp; Manual Handling (MSK) related Incident, Sickness and Severity Rates

Mandatory Training Compliance



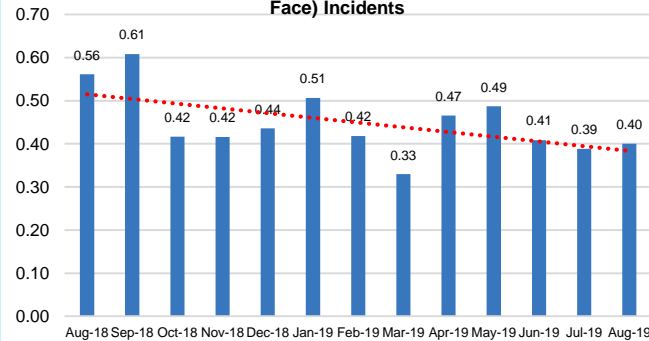
Statutory Reports &amp; Monitoring Compliance



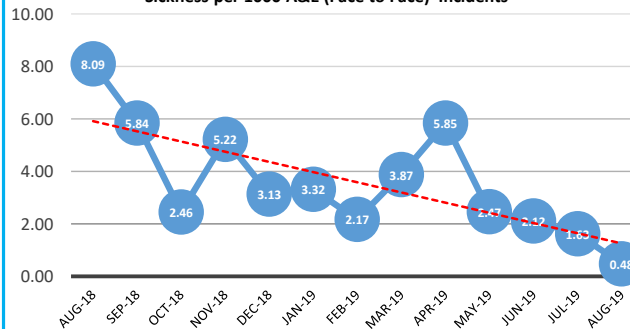
## Key Updates:

- 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.
- Breakdown of MSK sickness rate (working days lost) in detail provided in the bottom 3 graphs. The analysis indicates the overall MH sickness (working days) rate trend is down-ward.
- Fire Risk Assessment (FRA) action tracker group meets fortnightly to address the findings from the 100% completion of the FRA report.
- Task & Finish Group set up to look at developing Operational Risk Assessment and to streamline Dynamic Risk Assessment training.

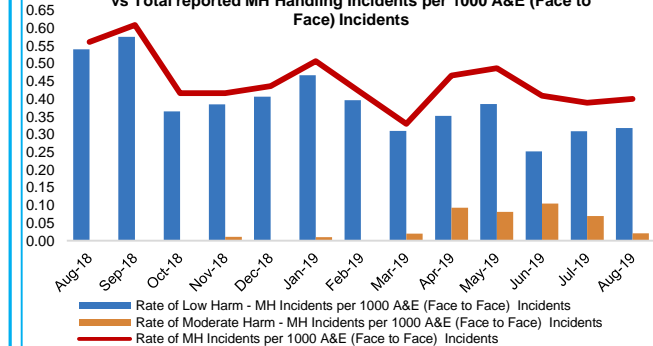
Rate of reported MSK Incidents per 1000 A&amp;E (Face to Face) Incidents



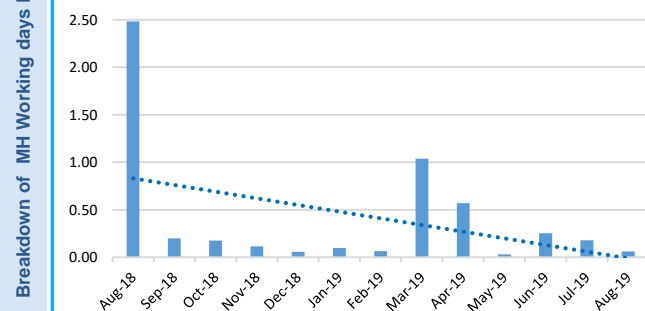
Rate of Working Days Lost due to Manual Handling related Sickness per 1000 A&amp;E (Face to Face) Incidents



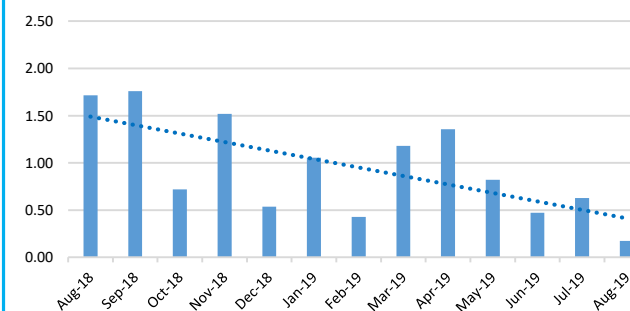
Rate of Trust-wide MSK Incidents: Low Harm vs Moderate Harm vs Total reported MH Handling Incidents per 1000 A&amp;E (Face to Face) Incidents



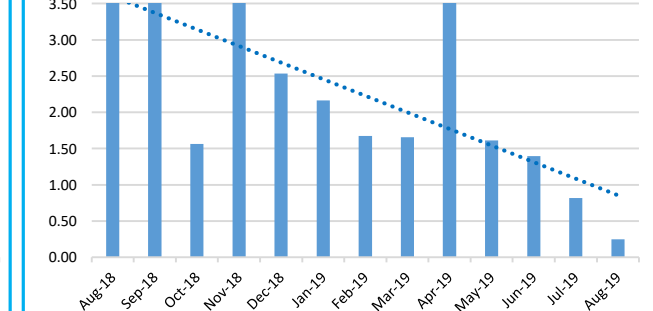
Rate of working days lost per 1000 A&amp;E (face to face) incidents due to Musculoskeletal Problems



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



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



Breakdown of MH Working days Lost



### 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:

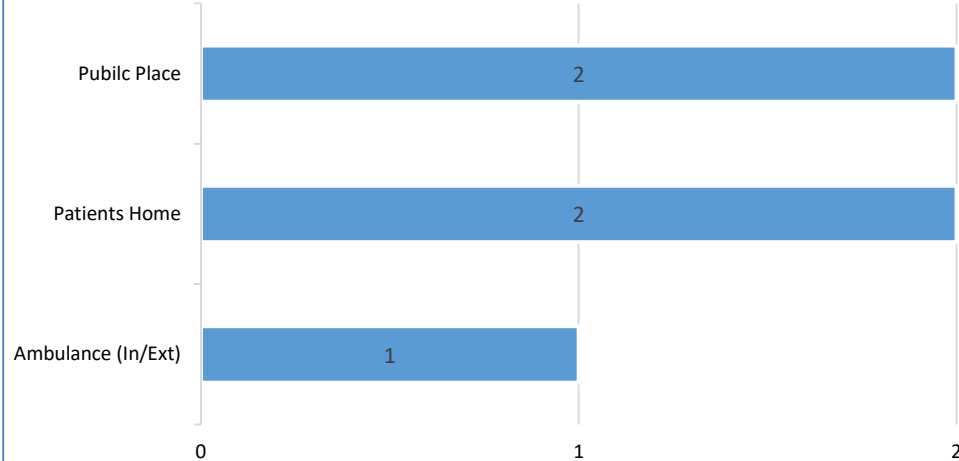
- **MSK Sickness (Working Days Lost) during 2018/19 by Station & by Sector are given in the dash-board above.**
- On both tables, days mentioned under “NULL” accounted as **Unspecified** in GRS.
- Station-wide analysis indicates that, St Helier & Romford stations have lost more number of working days 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.



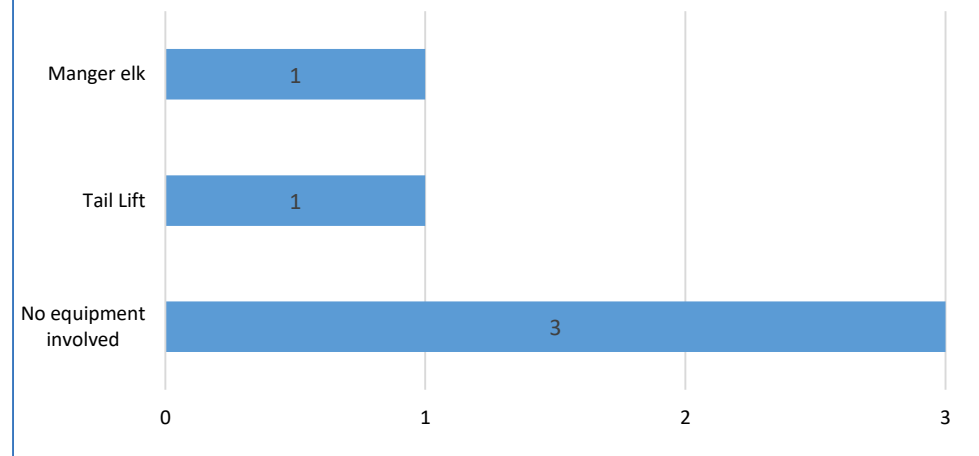
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

## Reported RIDDORs related to Manual Handling (MSK) Incidents (Thematic Analysis) – August 2019

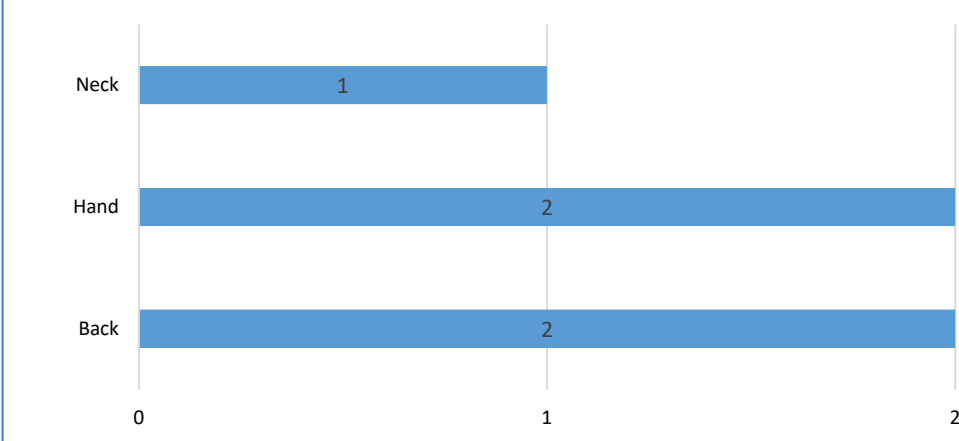
MSK RIDDOR Incidents - Location



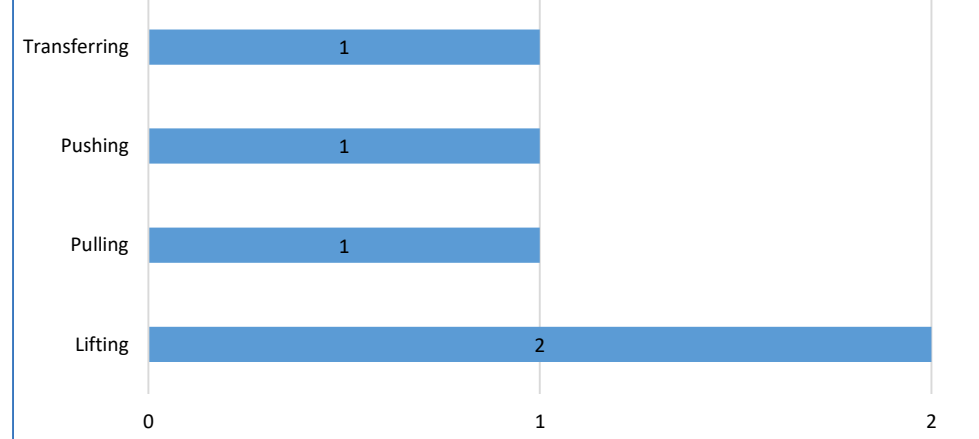
MSK RIDDOR Incidents – Equipment Involved



MSK RIDDOR Incidents – Body Part



MSK RIDDOR Incidents – Action Involved



**The above graphs provides details from the thematic analysis of 5 reported RIDDOR incidents (2 incidents occurred in July'19 & 3 incidents occurred in August'19 ) during August 2019 related to Manual Handling (MSK):**

- 1). The largest number of the reported RIDDOR incidents occurred in Patient's Home & Public Place.
- 2). 2 of the reported RIDDOR incidents resulted in Back injury, 2 of the incidents resulted in Hand injury and, 1 of the incident resulted in Neck injury.
- 3). 2 of the reported RIDDOR incidents occurred during Lifting, and 3 other incidents occurred during Pulling, Pushing & Transferring (1 each).

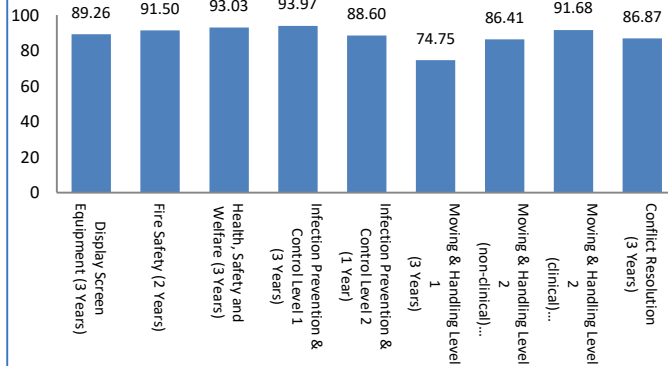




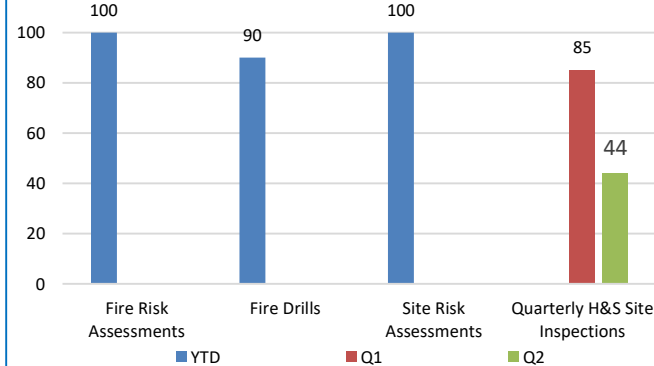
Owner: Edmund Jacobs | Exec Lead: Dr Trisha Bain

## Quality Directorate

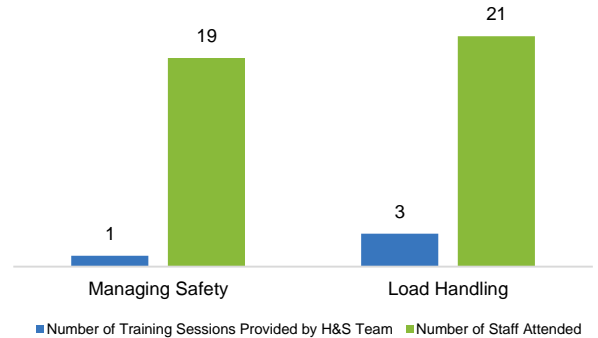
## Mandatory Training Compliance



## Statutory Reports &amp; Monitoring Compliance



## Number of H&amp;S Training Sessions Provided during Q1 (2019-2020)

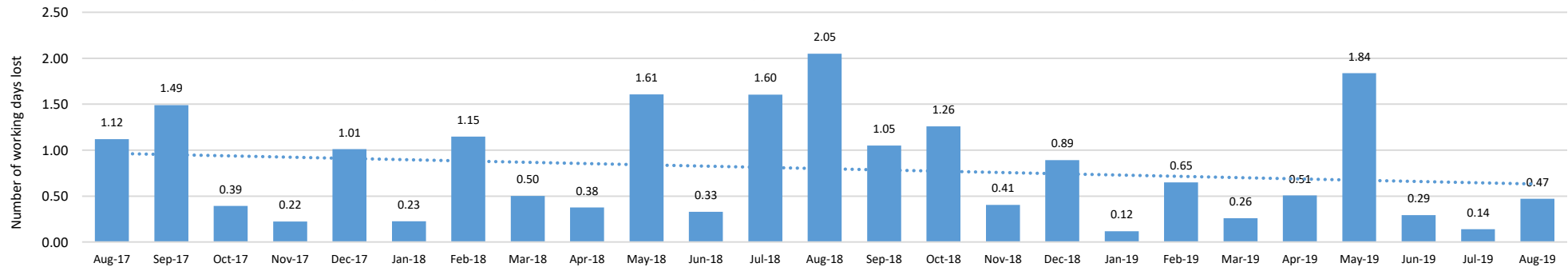


## Key Updates:

- During August'19 H&S team have delivered 1 session of Managing Safety courses to 19 staff members and 3 Load Handling sessions to 21 staff members.
- The Trust wide Fire risk assessment compliance is 100% and the Fire Drills currently at 86%.

## People &amp; Organisational Development

## Anxiety/Stress/Depression/Fatigue sickness related working days Lost per 1000 A&amp;E face to face incidents attended



Year	Anxiety/Depression/Stress/Fatigue – Working Days Lost
2017/18	904
2018/19	1003
2019/20 (up to August'19)	318

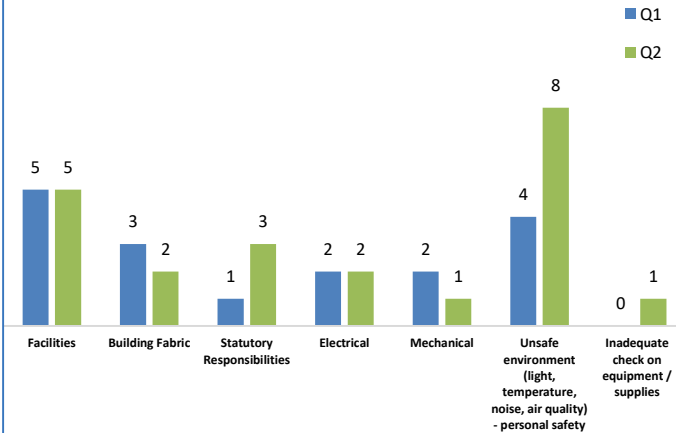
## Key Updates:

The number of working days lost through Anxiety, Stress, Depression and other Psychiatric Illness are provided in the dash-board above. The sickness rate in August'19 was 0.47 (less than half a day lost per every 1000 face to face incidents we attend) which is under our Trust-wide target of <1 day.

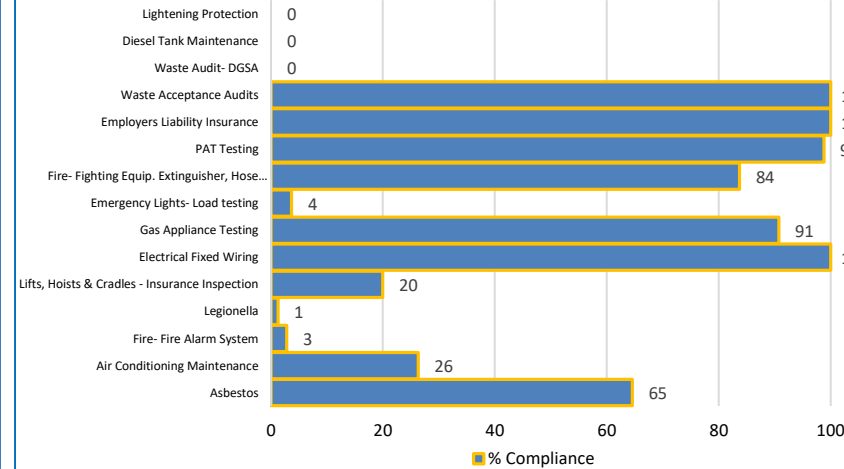


## Estates

H&amp;S related Estates incidents by Category - YTD (2018/19)



Estates Statutory Compliance Dash Board

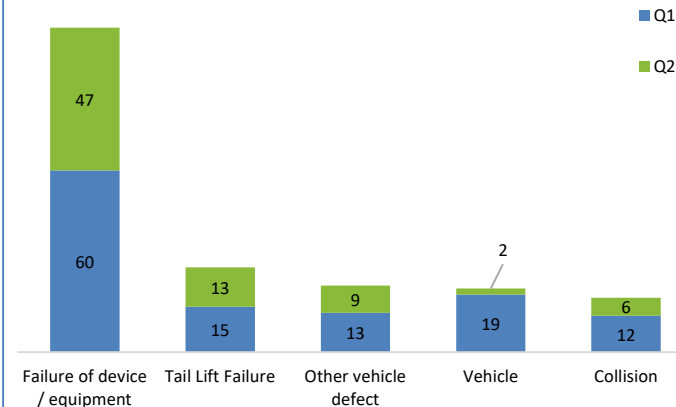


## Key Updates:

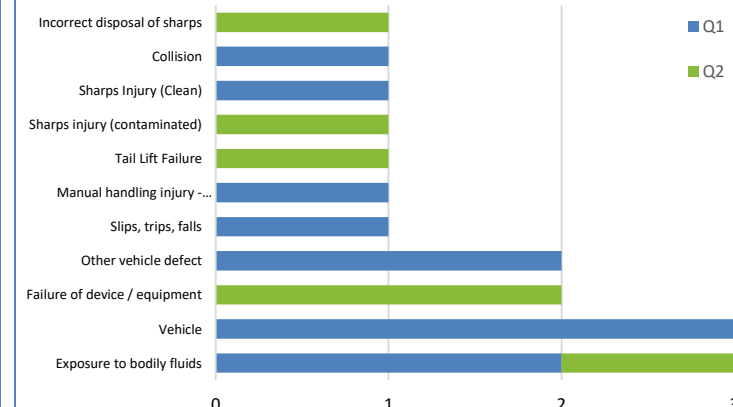
- Total of 39 (H&S) Estates related incidents reported during 2019/20 (up to August'19). The breakdown of incidents are given in the dash board.
- Statutory compliance dash board from the Estates provides the current Trust-wide Estates related Statutory compliance rates.

## Fleet and Logistics

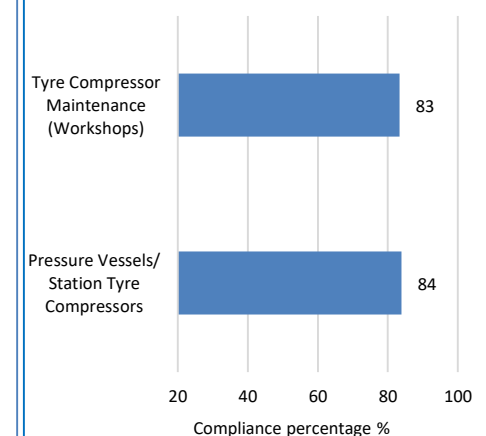
Fleet and Logistics-H&amp;S related Incidents (Top 5 Categories) by Quarter (2019/20)



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



Fleet Statutory Compliance Dash Board



## Key Updates:

- Total of 236 (H&S) Fleet & Logistics related incidents reported during 2019/20 (up to August'19). Total of 17 Fleet & Logistics staff related H&S incidents reported 2019/20 (up to August'19). The breakdown of incidents are given in the dash board. Statutory compliance dash board from the Fleet & Logistics provides the current Trust-wide F&L related compliance rates.



# Violence and Aggression



## Violence & Aggression Incidents (Physical Assaults on Staff) Report– Findings & Actions - 2019/20 (up to end September'19)

### Findings

- The South East Sector has reported the greatest number of physical assaults (year to date) while the South West Sector has the highest rate of physical assaults per 1000 face to face attendances (year to date);
- The greatest number of reported physical assaults (51%) occur due to the clinical condition of the patient;
- Police attended 59% of physical assault incidents;
- 2 successful prosecutions for assault have been recorded (year to date);
- 1 Assault resulted in an HSE specified injury which is the subject of an HSE enquiry.
- Obtaining notifications of all prosecutions has proved difficult, especially so if the police investigation is protracted and there is an extended period of time between the incident and any court hearing.

### Actions

- Trust has agreed for a centrally funded trial of body worn video to address violence and aggression to be carried out this financial year, as one of a number of ways it will seek to reduce assaults;
- Conflict Resolution Training (CRT) videos have been shot in/around ambulance and now going through editing process to be loaded onto the Pulse;
- VRC have agreed to provide a 'shell' ambulance with trolley bed and attendant's chairs for CRT sessions;
- CRT training to be informed by reported incidents;
- An awareness campaign around violence and aggression to be agreed with LAS Comms team;
- Health, Safety & Security team to undertake 'dip sample' audits of reported violence and aggression incidents to monitor outcomes and support at a local level;
- Health, Safety & Security team to monitor incidents that have potential of a prosecution and liaise with the victim and manager.

### General

- It is proposed that any Datix incident that is subject to an external investigation, such as a police criminal investigation, should remain open until the result of that investigation is known (eg, a successful prosecution with sentence details).
- Health, Safety & Security team have access to the CAD log so that Metropolitan Police CAD numbers associated with LAS CADs can be identified and any related Crime Reference Number can be obtained from the police and its progress logged on a prosecution tracker.
- Category to identify attendance at hospital by victim to be added to Datix.
- Following the reporting of any severe related violence and aggression incident, Datix will trigger a notification to the Chief Executive and Chief Operating Officer, who will contact the victim by letter or phone call.
- Closer cooperation with police being sought in following up assault incidents through Blue Light Collaboration work and the Metropolitan Police's *Operation Hampshire* dealing with prosecutions under the Assaults on Emergency Workers (Offences) Act 2018.



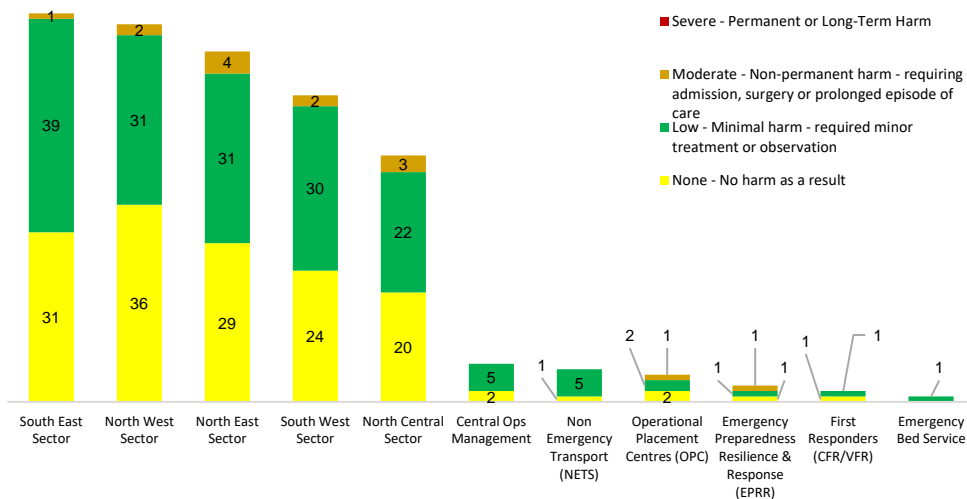
## Trust wide Physical &amp; Non Physical assaults on Staff by Station &amp; by Incident Location – 2019/20 (up to end September'19)

Station / Team Location	Total Physical Assaults	Total Non Physical Assaults	Station / Team Location	Total Physical Assaults	Total Non Physical Assaults	Station / Team Location	Total Physical Assaults	Total Non Physical Assaults
Croydon	13	19	NETS South Central (Bermondsey)	1	0	West Ham Workshop	0	0
Westminster	11	7	Richmond	1	0	Specialist Care - Trust HQ, Waterloo	0	1
Whipps Cross	11	19	Bounds Green	1	3	Hazardous Area Response Team West (HART) - Clock Tower	0	0
Newham	11	19	Lee	1	1	Not LAS / Other organisation	0	0
Deptford	11	12	Ruislip	1	1	Mental Health and Learning Disabilities	0	1
Edmonton	11	13	Pinner	1	6	OPC - Kenton	0	0
St Helier	11	13	Ponders End	1	2	Barking Education Centre	0	0
Greenwich	10	13	Chase Farm	1	3	MRU Shoreditch	0	1
Oval	9	10	Brixton	1	5	Corporate HR	0	0
Brent	9	13	MRU Management	1	0	Ilford Education Centre	0	0
Waterloo	9	8	Putney	1	3	Sector HQ - North East, Ilford	0	0
Camden	8	9	NETS North East (Becontree)	1	0	EOC Watch C	0	2
Romford	8	11	Twickenham	1	0	Organisational Development	0	0
South Croydon	7	2	OPC - New Malden	1	2	CSU / Production Hub	0	0
Friern Barnet	7	8	CRU Stratford	1	0	Quality (Nursing)	0	1
St John Wood	7	7	Sector HQ - North West, Kenton	1	0	EOC Watch D	0	1
Homerton	6	7	Barnet	1	0	Sector HQ - North Central, Islington	0	1
New Malden	6	7	MRU Waterloo	1	0	Safeguarding	0	0
Hanwell	6	4	MSL First Response (PAS)	1	2	Sector HQ - West, Hanwell	0	0
Wimbledon	6	7	Emergency Bed Service	1	0	EOC Senior Management	0	1
Barnehurst	6	5	Hazardous Area Response Team East (HART) - Cody Road	1	1	Incident Response - Green Team	0	0
Hillingdon	6	5	MRU Whipps Cross	1	1	Patient Experiences - Cody Road	0	1
Poplar	5	11	Security - Waterloo HQ	0	0	Incident Response - Orange Team	0	0
West Ham	5	7	Estates	0	1	Sector HQ - East Central, Homerton	0	1
Bromley	5	7	Incident Response - Yellow Team	0	2	Sector HQ - South East, Deptford	0	0
Woolwich	5	2	Smithfield	0	1	Control Services Tutors, Practice Learning	0	0
Islington	5	8	Logistics Support Unit (LSU)	0	0	Information Management & Technology - Union Street	0	0
Isleworth	5	10	CRU Waterloo	0	0	New Malden Workshop	0	0
Streatham	5	6	EOC Watch B	0	1	Fulham Workshop	0	0
Bloomsbury	5	4	EOC Watch A	0	0	MRU Ilford	0	0
Forest Hill	4	2	South East London 111 - Integrated Urgent Care	0	3			
North Kensington	4	4	Hayes	0	2			
Becontree	4	3	Fleet and Logistics	0	0			
Fulham	4	12	CRU Heathrow	0	0			
Mottingham	4	6	Driving Standards	0	0			
Shoreditch	4	3	Incident Response - Purple Team	0	0			
Kenton	4	6	Kenton Education Centre	0	0			
New Addington	3	2	Waterloo HQ Workshop	0	0			
Greenford	3	4	Medical - Trust HQ, Waterloo	0	2			
Silvertown	3	2	Emergency Planning	0	0			
Mill Hill	3	6	Wembley	0	4			
Ilford	3	10	Incident Response - Red Team	0	0			
Hornchurch	3	1	Fleet Workshops	0	0			
Sutton	3	2	Tolworth	0	1			
Chiswick	3	3	North East London 111 - Integrated Urgent Care	0	13			
OPC - Camden	2	5	Scheduling Department (formerly Resourcing)	0	0			
Coulsdon	2	1	Beckenham	0	4			
Tottenham	2	0	EOC Watch E	0	0			
NETS North West (Ruislip)	2	0	Quality Assurance	0	0			
Feltham	2	2	OPC - Ilford	0	0			
Battersea	2	3	Fulham Education Centre	0	0			
OPC - Bromley	2	0	OPC - Hanwell	0	1			
Heathrow	2	1	MRU Poplar	0	3			
NETS South West (New Malden)	2	0	Clinical Hub	0	0			
St John Ambulance (PAS)	2	0	New Malden Education Centre	0	0			
Tactical Response Unit	2	0	NETS South East (Orpington)	0	1			
First Responders	2	0	CRU Islington	0	0			
Walthamstow	1	4	Sector HQ - South West, New Malden	0	0			
St Paul's Cray	1	3	Bromley Education Centre	0	0			

Incident Location	Total Physical Assaults	Total Non Physical Assaults
Patients Home	86	210
On Ambulance/First Responder Unit	72	67
Public Place/Street	64	50
Hospital	32	23
Road	15	8
In Transit	15	21
Accident & Emergency Department	11	5
Other	7	13
Residential Care Home/Grp Home	5	1
Vehicle	4	10
Public House / Nightclub	4	1
Hostel	2	0
Public Transport	2	3
Hotel	2	0
Police Station	2	2
Mental Health Unit	2	0
Nursing Home	2	1
Underground Station	1	0
Place of Worship	1	0
Ambulance Station	0	2
In Station Garage	0	0
111/Integrated Urgent Care Offices	0	16
Place of work	0	0
NETS Site	0	1
Airport	0	1
Emergency Operations Centre (EOC) control room	0	3
Headquarters	0	0



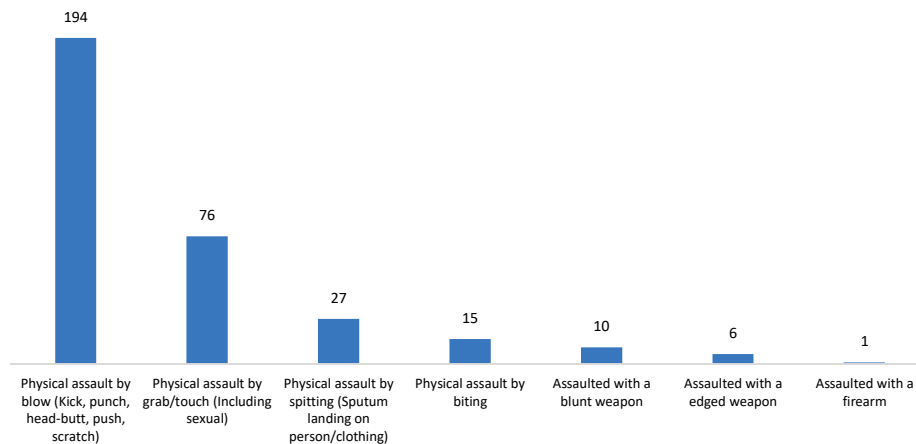
Number of reported Physical Assaults on Staff by Sector &amp; Severity (YTD) – 2019/20



## Notes:

- A total of 329 Physical Assaults on Staff were reported during 2019/20 (up to end Sep'19).
- 147 (45%) of the incidents were reported as 'No Harm/Near Miss incidents, whilst 182 incidents resulted in Harm. 168 (51%) of the harm related incidents were reported as 'Low Harm and 14 (4%) incidents were reported as Moderate Harm.

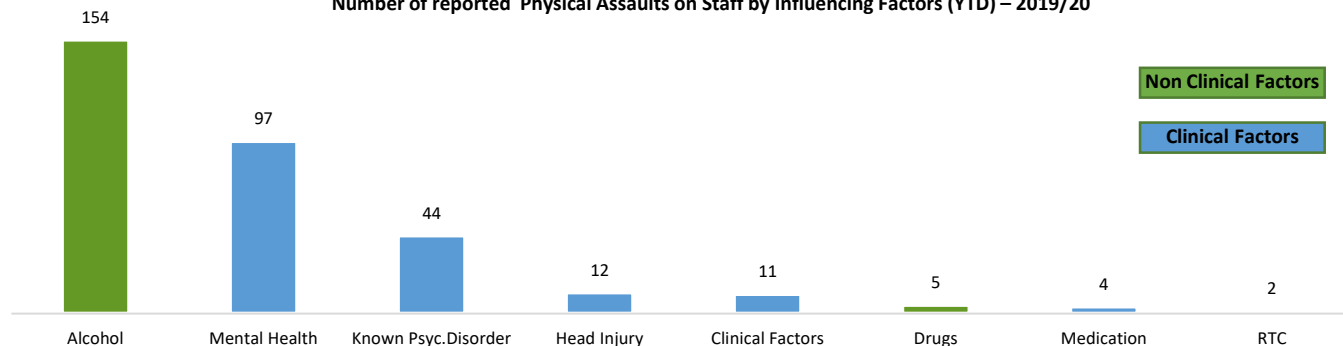
Number of reported Physical Assaults on Staff by Type (YTD) – 2019/20



## Notes:

- Physical Assault – by blows, kicks/ assault to staff (59%) accounted for the highest number of incidents reported during 2019/20 (up to end Sep'19).

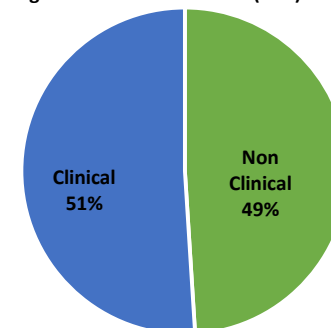
Number of reported Physical Assaults on Staff by Influencing Factors (YTD) – 2019/20



## Notes:

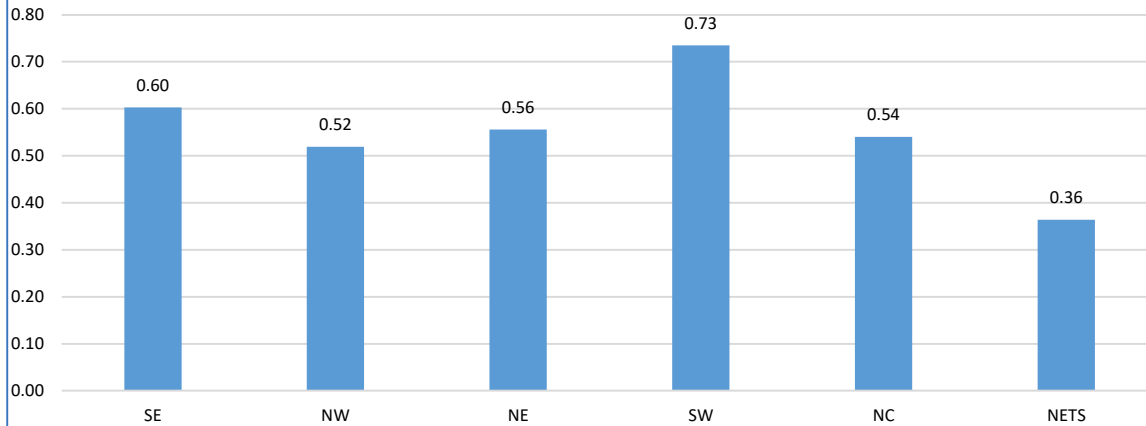
- Clinical Factor: 170 (52%) of the incidents occurred due to Clinical Factors, such as Mental Health (n=97), Known Psyc.Disorder (n=44), Head Injury (n=12), Clinical Factors (n=11), Medication (n=4) and RTC (n=2).
- Non Clinical Factor: 159 (48%) of the incidents occurred due to Non Clinical Factors, such as Alcohol (n=154) and Drug (n=5).

Percentage Breakdown of Factors (YTD) – 2019/20





Rate of number of reported Physical Assaults on Staff by Sector per 1000 Attendances (YTD) – 2019/20



## Sector

## Rate of Physical Assaults on Staff

SE

0.60

NW

0.52

NE

0.56

SW

0.73

NC

0.54

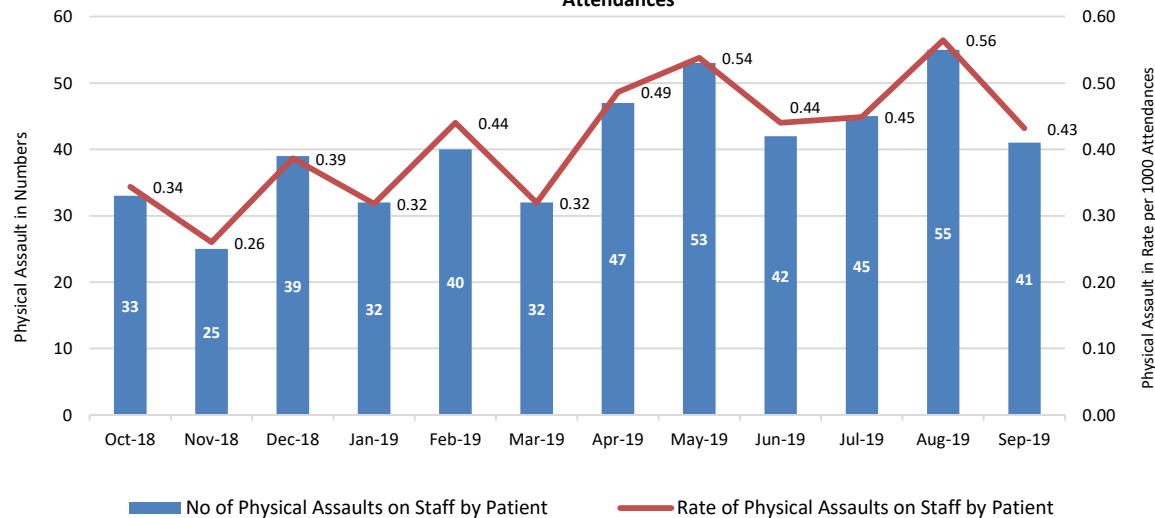
NETS

0.36

## Notes:

- The graph and dash board (left side) provides the Rate of reported Physical Assault on Staff by Sector per 1000 Attendances.
- According to the number of reported incidents: In SE and SW sectors, approximately one physical assault incident occurred per every 1000 attendances.
- According to the number of reported incidents: In NW, NE, NC and NETS sectors, one physical assault incident occurred per every 2000 attendances.

No of Physical Assaults on Staff by Patient vs Rate of Physical Assaults on Staff by Patient per 1000 Attendances



## Month

## No of Physical Assault on Staff by Patient

## Rate of Physical Assault on Staff by Patient

Aug-18

49

0.53

Sep-18

44

0.49

Oct-18

33

0.34

Nov-18

25

0.26

Dec-18

39

0.39

Jan-19

32

0.32

Feb-19

40

0.44

Mar-19

32

0.32

Apr-19

47

0.49

May-19

53

0.54

Jun-19

42

0.44

Jul-19

45

0.45

Aug-19

55

0.56

Sep-19

41

0.43

## Notes:

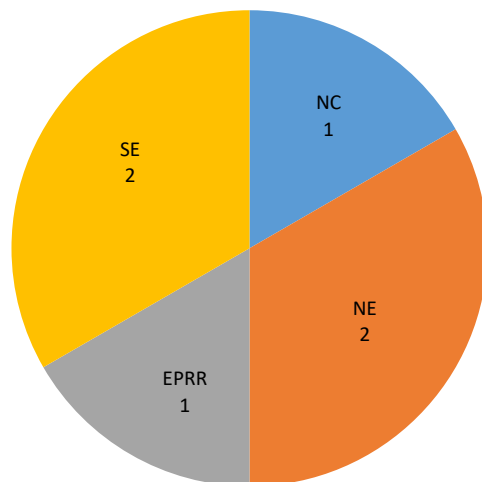
- The graph and dash board (above) provides the Number of reported Physical Assault on Staff by Patient & the Rate of reported Physical Assault on Staff by Patient per 1000 Attendances over the last 12 months (Oct'2018 to Sep'2019 inclusive).



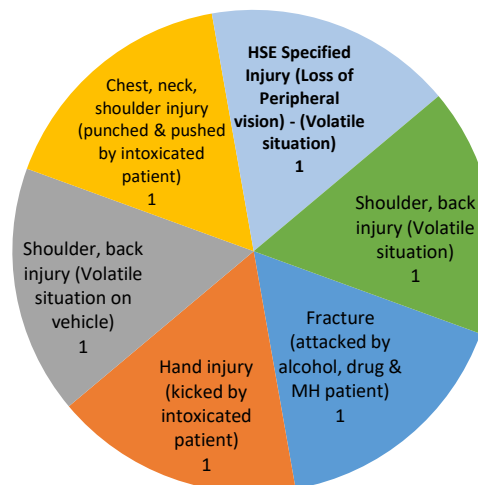


## RIDDOR Reportable Physical Assaults on Staff Report

Number of RIDDORs reported by Sector caused by Physical Assaults on Staff – YTD (2019/20)



Number of RIDDORs reported due to Physical Assaults on Staff by Injury type & Factor – YTD (2019/20)



Sector	Number of Riddors	HSE Queries
NC	1	0
NE	2	0
EPRR	1	0
SE	2	1

### HSE Enquiry related to RIDDOR reportable Physical Assault Incident

Datix ID	Incident Date	Incident Details	HSE Query	Investigation Status	Findings & Actions
30960	27/08/2019	Crew member was assaulted by the patient who was lying on the trolley bed by kicking him in the stomach. The crew member has a VP shunt fitted from previous surgery. He informed the patient that this could have a serious outcome for him. She kicked him again knocking him backwards, the crew member hit his head. The crew member has a metal plate behind his eye from previous cancer surgery. The impact has caused him to lose the peripheral sight from that eye.	1. Copy of the internal accident investigation report. 2. Copy of the CRT training record. 3. Staff member's current welfare status.	Health & Safety investigation is currently underway.	Not yet available

NHS definitions of assault:

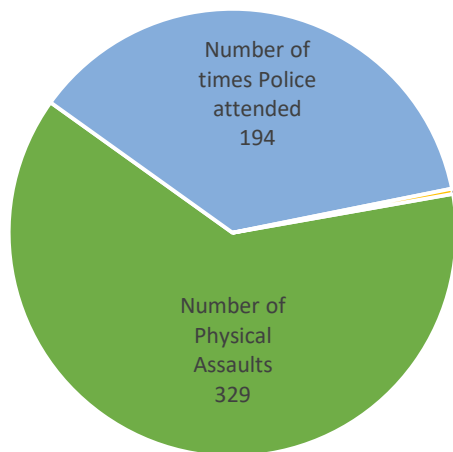
**Physical assault** – “the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort” (NHS Protect / NHS Employers).

**Non-physical assault** – “the use of inappropriate words or behaviour causing distress and/or constituting harassment” (NHS Protect / NHS Employers).

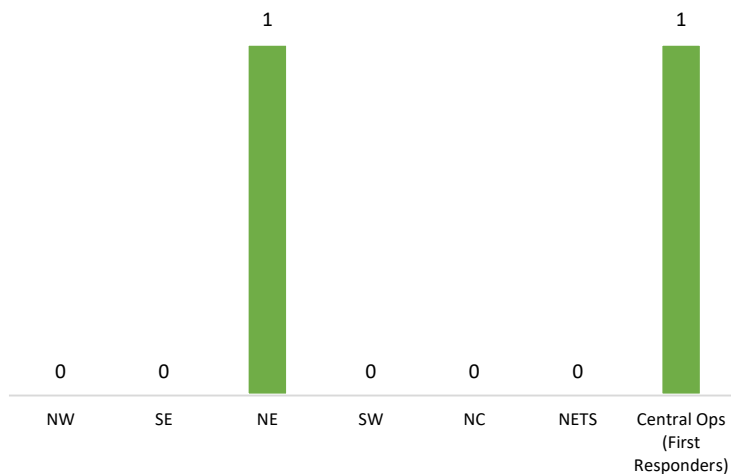
\*NB: Clinical assault occurs when the assailant is not aware of their actions / lacks capacity. This may result from such things including the effects of prescribed medication, mental health issues, and post-ictal state.



Number of: Physical Assaults - Police Attended - Successful Prosecutions (YTD) – 2019/20



Number of Successful Prosecutions (YTD) – 2019/20



**Notes:**

- Total of 329 physical assaults on staff reported during 2019/20 (up to end Sep'19).
- Police attended 194 out of the 329 incidents.
- 2 cases were successfully prosecuted and the outcome of the prosecution are given in the dash-board below.

Datix ID	Security Incidents - Prosecution Outcomes	Assault Type	Sector
31139	Offence of Assault by beating of an emergency worker, the defendant was required to pay compensation of £100.00, the defendant was required to pay costs of £85.00 to the Crown Prosecution Service.	Physical & Threatening/ Verbal / Harassment	Central Operations (First Responders)
31327	Defendant was imprisoned for 45 days.	Threatening/ Verbal Abuse	North East

**Claims:**

Currently there is no claim made by staff member due to physical assault.



## Body Worn Video Cameras

**NHS England / Improvement has indicated a funding settlement of circa £175,000 for the LAS to trial Body Worn Video Cameras (BWVC) as part of phase 1 of the National trial of BWVC to commence this financial year (2019/2020).**

- **Body Worn Video Cameras (BWVC):** small cameras worn on the body by frontline staff, to record visual (and often audio) interaction between public and wearer. Saved footage is encrypted securely on the device can be downloaded and stored securely and may then be used as evidence in criminal prosecutions. BWVC are primarily seen as a form of 'personal protective equipment'. These devices are believed to help reduce the impact of violence against staff. The trial is intended to evaluate their effectiveness in doing so
- Funding is being made available centrally for the trial to take place, although it is yet to be released and the final funding amount for each Trust is to be confirmed. However, as part of the first phase, NHS England / Improvement has indicated a funding settlement of circa £175,000 for the LAS to trial BWVC for 12 months, the first phase commencing this financial year (2019/20). This funding should cover the costs of procuring cameras, docking stations, cloud storage and electronic issuing system. Part of the funding may be used to contribute to the cost of dedicated project support, including IT support.
- All Trusts in the first phase will be required to use a commercial framework agreement to procure BWV units. One such current framework available to use is from the East Midlands Strategic Commercial Unit, which incorporates nine suppliers who all meet prescribed standardisation.
- The LAS would be expected to bear the costs of funding BWVC for subsequent years following the first year, if the trial is successful and the LAS agree to take forward the provision of BWVC for staff. These costs would include any further BWV units required and all ongoing storage
- A successful trial of body worn cameras at the LAS will evidence a reduction in the levels of violence and aggression experienced by staff, together with an increased level of successful prosecution, enabling the risk (678) to be reduced from 9; significant, to its target rating of 6; moderate.

The potential benefits of a reduction in violence and aggression include:

- Improved staff morale due to investment of cameras to protect their Health and Safety;
- Improved and seamless evidence gathering in circumstances where Police involvement is required;
- A decrease in the time taken to provide sufficient evidence to support a prosecution;
- An increase in the number of successful prosecutions;
- Improved Staff Survey results;
- Improved Staff engagement, motivation and security as a direct result from investing in staff health, safety and wellbeing;
- Increased Patient Care, patient experience and patient engagement;
- Reduction in the risk of violence and aggression towards staff from an improved level of care provided to staff under Health and Safety duty of care;
- Reduction in staff sickness levels resulting from violence and aggression incidents;
- Reduced pressure on resources from fewer crews being taken off the road following violence and aggression incidents.
- Enhanced relationships with stakeholders, including staff-side;
- Mitigation to reputational damage related to assaults experienced by LAS staff.

North East Ambulance Service (NEAS) undertook a small scale pilot funded by a provider October 2018 – January 2019. They are now part of the first phase of the centrally funded 12 month National Trial with North West Ambulance Service (NWAS) and LAS. NEAS have provided feedback on their trial which is being used to inform the LAS trial. The LAS is liaising closely with both NEAS and NWAS.

A project group is being formed to initiate and manage the LAS trial. The project group will identify suitable stations from which to run the trial using physical and non-physical assault data. There will be a wide representation of stakeholders on the project group. This will include, among others: Staff Side, who have indicated their engagement with this process ; IM&T; and the LAS Comms team to help plan and support an effective engagement campaign with stakeholders (staff, patients and partner agencies), which will help allay patient and staff concerns around filming NEAS's experience with these issues will help inform the campaign.



Owner: Nicola Bullen | Exec Lead: Dr Fenella Wrigley

## Key milestones and deliverables

### Q1: Planning

Contact supplier and ensure sufficient vaccine can be delivered within required timeframes

Confirm vaccine ordering volumes with medical directorate

Confirm staff groups to be included in CQUIN count

Confirm rationale for the groups to be excluded

Initial meeting with comms to develop promotional activity

Confirm incentives with ADO's/ Medical Directorates

Identify administration resources to deliver Flu programme

Review lessons learned from previous years

Review number of vaccinators available

Discuss incentive ordering with Procurement

Develop implementation plan

Quarterly progress report

### Q2: Preparation

Contact all available vaccinators to advise them of start dates

If applicable (based on review) train more vaccinators

Develop a Patient Group Direction (PGD) which is a written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment set up ready to sign for vaccinators (Medical Directorate to Lead)

Ensure fridges fully functional across all sectors

Communications plan approved Medical Directorate

Start communication (as per plan) of dates and opportunities (end of Q2)

Review and explore all opportunities for engaging front line staff – for example; roadshows, managers briefings, RIB, Facebook

Refresh online solutions for staff to update their record (i.e. those staff who had their vaccination from GP or alternative provider)

Prepare schedule for vaccination programme

Start vaccination programme (anticipated Mid October)

Consider activity recording to enable submission of cumulative data monthly over four months on the ImmForm website

Quarterly progress report

### Q3: Implementation

Communication and promotional articles – for example, photo and editorial of Executive members having their vaccinations

Ensure use of all LAS communication channels to raise programme profile i.e. advertise dates and options for our staff

Monitor and review uptake rate, ensure enough on-going dates are scheduled

Tailor communication depending on numbers of staff vaccinated per week

If required set up vaccinators to be available for large team meetings in addition to specific dates

Quarterly progress report

### Q4 Evaluation

Continue to offer vaccinations and monitor numbers

Review of final uptake

Provide final progress report to include evaluation and lessons learned

## 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

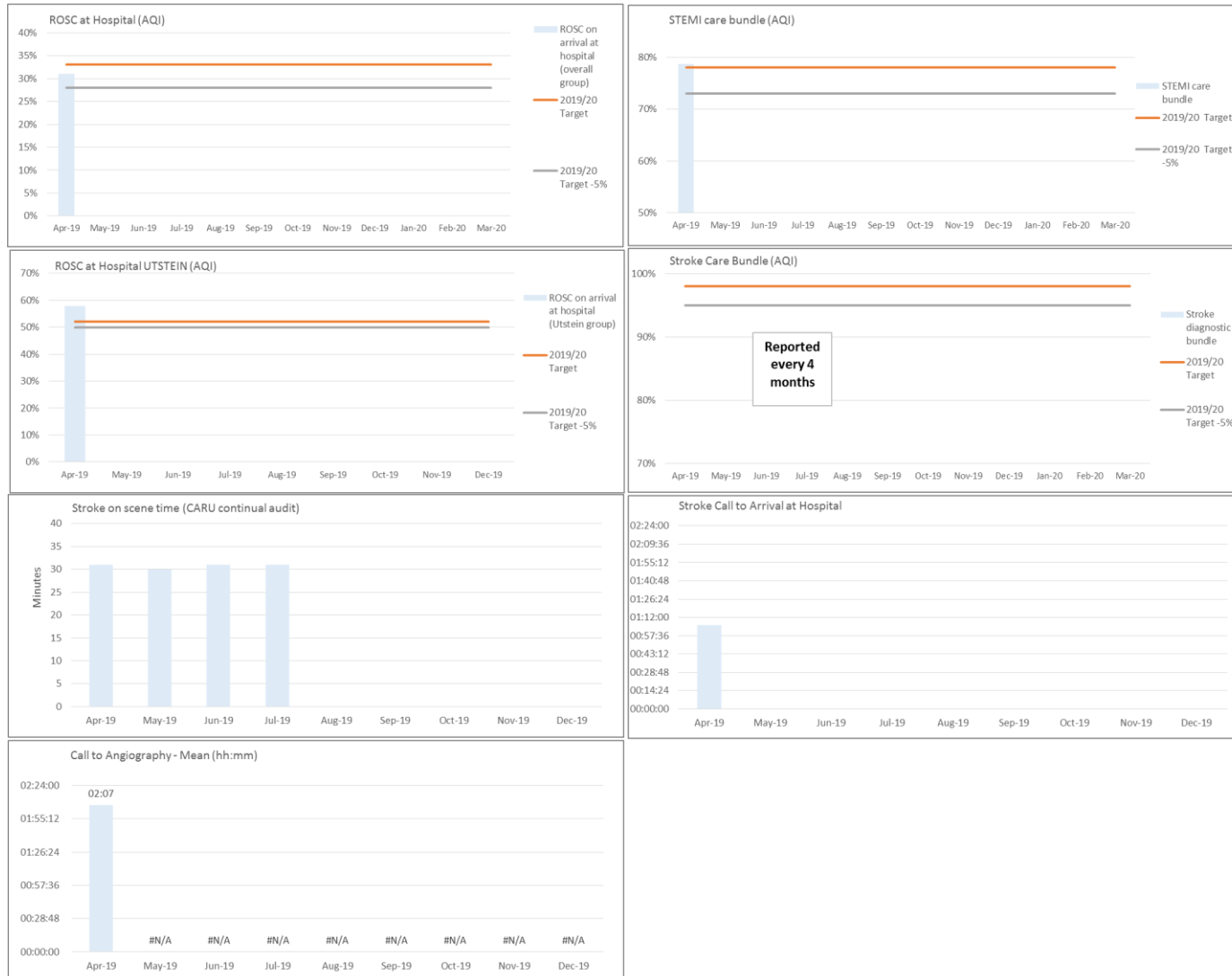
Measures	Target/ Range	RAG	YTD 18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Quality Account	Data Quality
ROSC at Hospital (AQI)	>30%	G	35%	35%	31%					↔			LQ1a		
ROSC at Hospital UTSTEIN (AQI)	55%	R	63%	55%	58%					↔			LQ1b		
STEMI care bundle (AQI) (Reported every 4 months)	74%	R	75%		79%					↔			LQ2c		
Stroke Care Bundle (AQI) (Reported every 4 months)	98%	R	99%		N/A					↔			LQ3b		
Stroke on scene time (CARU continual audit)	00:30	G	0%	31	31	30	31	31		↔					
Survival to Discharge (AQI)			8%	9%	9%					↓					
Survival to Discharge UTSTEIN (AQI)			31%	31%	32%					↓					
STEMI- On scene duration (CARU continual audit)			0%	40	39	38	39	38		↓					
Call to Angiography - Mean (hh:mm)			0%	02:06	02:07										
Stroke - Call to Arrival at Hospital - Mean (hh:mm)			00:00	01:09	01:06										
CPI - Completion Rate (% of CPI audits undertaken)	95%	R	0%	90%	91%	84%	93%	93%		↔		✓	LQ12	✓	
CPI - Percentage of Staff receiving two feedback sessions YTD			0%	37%	0%	0%	1%	3%		↑			LQ12		
Documented Care - Cardiac Arrest Compliance (CPI audit)	95%	G	0%	98%	97%	98%	98%	98%		↔		✓	LQ12		
Documented Care - Discharged at Scene Compliance (CPI audit)	95%	G	0%	98%	97%	98%	97%	97%		↔		✓	LQ12		
Documented Care - Mental Health Compliance (CPI audit)	95%	G	0%	96%	96%	94%	95%	94%		↓		✓	LQ12		
Documented Care - Severe Sepsis Compliance (CPI audit)	95%	G	0%	98%	97%	97%	97%	97%		↔		✓	LQ12		
Documented Care - Difficulty In Breathing Compliance (CPI audit)	95%	G	0%		96%	N/A	96%	N/A		↔		✓	LQ12		
Documented Care - Elderly Falls Compliance (CPI audit)		G	0%	94%	93%	94%	94%	94%							
Documented Care - Glycaemic Emergencies Compliance (CPI audit)	95%	G	0%	98%	N/A	98%	N/A	98%		↔			LQ12		

## Clinical Performance Indicators

- The ability to undertake CPIs for Emergency Responders was relaunched on the 1<sup>st</sup> July to ensure that these were tailored to their skillset.
- In July and August, CPI training was delivered to: eleven paramedics on restricted duties; nine paramedics attending the LAS academy; three members of OPC staff; one Operations Officer (HART); one Senior Sector Manager; one Clinical Team Navigator from the Clinical Hub, and one member of staff from IM&T (for information).
- Prompted by the CPI database, 12 clinical incidents were logged on Datix and 15 retrospective safeguarding referrals were discussed with EBS in July and August.



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

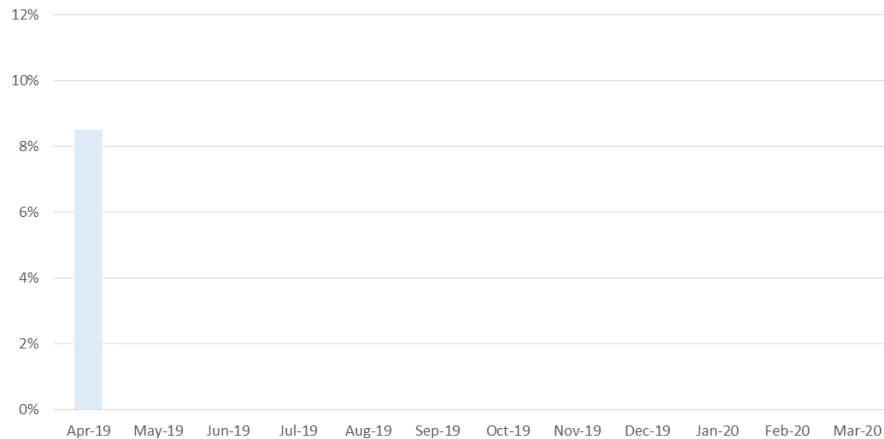






Owner: Dr. Rachael Fothergill | Exec Lead: Dr. Fenella Wrigley

Survival to discharge (AQI)



Survival to Discharge UTSTEIN (AQI)



## AQI: Narrative

- In April 2019, ROSC on arrival at hospital for both the overall and Utstein comparator groups were above the national averages, with LAS ranking 3<sup>rd</sup> for the Utstein group (57.8%). The survival to discharge figure for the overall group was in line with the national average (8.5%) in April but the Utstein survival figure for the same month was considerably higher (32.4%). In July 2019, defibrillator downloads were matched to 20% of cardiac arrests, meeting the year-end target. The post-resuscitation care bundle figure for April 2019 was 93% making us best in class.
- In April 2019, the LAS exceeded the national average for the mean call to angiography time for STEMI patients (02:07). The 90th centile was well within the national 90<sup>th</sup> centile. The average on-scene remained stable in June and July 2019 at 38 and 39 minutes respectively.
- In April 2019, the LAS ranked best in class for the mean call to hospital for suspected stroke patients (01:06). The average on-scene time for FAST positive stroke patients in June and July 2019 remained stable at 31 minutes.

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



## Clinical Audit Update

The 2019 JRCALC Guidelines went live in August and included CARU's recommendation audit to include 'mild' Modified Taussig Score (1-2) for the administration of Dexamethasone following our 2018 clinical audit.

We published four clinical audit reports in July and August:

- Our Clinical Audit Annual Report 2018/19. This was also presented to the Quality Assurance Committee.
- A clinical audit of Chronic Obstructive Pulmonary Diseases (COPD) assessment and management which was conducted by three paramedics and facilitated by CARU
- A clinical audit of the Advance Paramedic Practitioners in Urgent Care use of Patient Group Direction (GD) drugs conducted by their Clinical Practice Development Manager and facilitated by CARU
- A Clinical Audit of the Assessment and Management of Spinal Injuries within the London Ambulance Service NHS Trust (LAS) was undertaken by CARU

We have updated the Clinical Audit Strategy in line with recent committee and job title changes and this is now available on the X drive and the Pulse.

In addition, the annual review of clinical audit working practices took place on the 28<sup>th</sup> August and documents were all found to be in order.

As a result of our Continuous Re-contact Clinical Audit, in July and August:

- 42 crews were recommended for feedback (23 constructive & 19 positive)
- Five potential incidents were reported via Datix:
  - Four patients had severely deteriorated upon re-contact (one is awaiting SIG review; two were deemed an appropriate discharge by the SIG and one is being investigated locally)
  - One unexpected death (deemed appropriate by the SIG)
- Two safeguarding concerns were flagged to the Safeguarding Team
  - One has been confirmed as a safeguarding concern and a retrospective referral will be made for the three children in the household
  - One is awaiting review by the Safeguarding Team

## Research Update

- The Trust Research Policy was approved in July.
- 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 July and August, the LAS referred 35 potential participants, and 3 were recruited
  - The current recruitment total for AIR-CGM is now 21 participants
- ARREST is a randomised-controlled trial exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.
  - In July and August, 52 patients were recruited to the ARREST trial, taking the current recruitment total to 403
  - 6 paramedics completed ARREST training in July and August, taking the total of trained paramedics up to 509
- MDPS Maternity is a mixed methods study, using focus groups, questionnaires and routinely collected data, to determine the accuracy of the current telephone trial protocol used by Emergency Medical Dispatchers to identify and triage maternity emergency calls.
  - The clinician survey was launched in July and a total of 480 surveys were completed
- The LAS had a Site Initiation Visit for SUB30-ECMO in August. This is a feasibility trial aiming to assess the ability of a pre-hospital extra-corporeal membrane oxygenation (ECMO) capable advanced resuscitation team to establish ECMO flow within 30 minutes of collapse. The trial is scheduled to open in September.

## Training

- The Evidence Based Practice e-learning CSR written by CARU was launched in August. As part of this session CARU are collating ideas from clinicians as to how we can improve the care we provide to patients in sickle cell crisis and our management of paediatric pain.

## 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	Jun-19	Jul-19	Aug-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Mental Health related calls as percentage of all calls			9%	8.4%	8.3%	9.3%	↑				
Mental Health related MPS calls as percentage of all calls			2%	2.4%	2.4%	2.5%	↑				
Mental Health related Incidents as percentage of all calls			5%	5.1%	5.06%	5.60%	↑				
Mental Health related HCP Incidents as percentage of all calls			0%	0.4%	0.35%	0.14%	↓				
Mental Health Related Incidents			44381	8652	9062	9357	↑				
Mental Health Calls closed w ith Hear and Treat			1599	325	346	341	↓				
Mental Health incidents closed w ith See and Treat			19152	3519	3618	5120	↑				
Total MH incidents conveyed as a %			61%	59.3%	60.1%	59.6%	↓				
Mental Health Patients conveyed to an ED			86%	87.3%	88.1%	87.1%	↓				
Mental Health Patients conveyed to an ACP (including other)			14%	12.7%	11.9%	12.9%	↑				
Birth Imminent Incidents			858	173	172	167	↓				
Conveyance rate of birth imminent			92%	88.0%	91.3%	95.0%	↑				
Head out/head visible Incidents			94	17	21	19	↓				
Haemorrhage after 24 weeks Incidents			1029	226	208	191	↓				



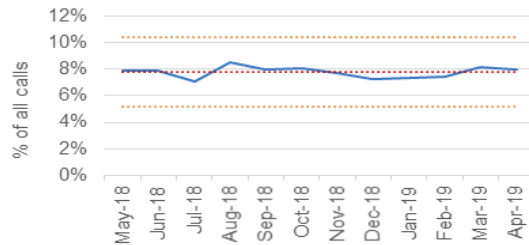
Owner: Carly Lynch | Exec Lead: Dr Trisha Bain

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

## Trend Analysis

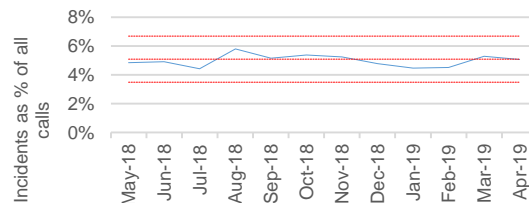
MH as % of all calls

Latest Month:  
**8.0%**

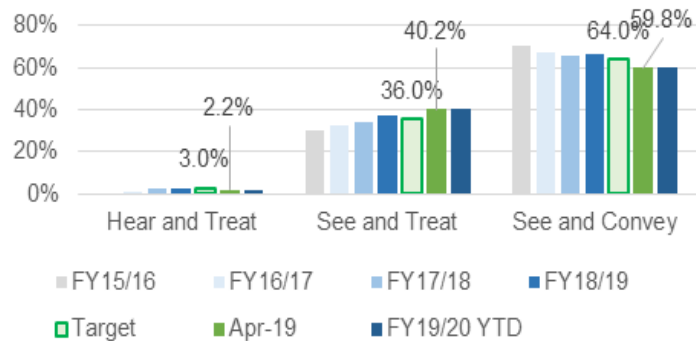


MH related incidents

Latest Month:  
**5.3%**



MH Incident Response



## Highlights

- Delivered mental health training to Community First responder Team
- Delivered mental health training at Fulham and Bromley Group Stations
- 3 Paramedics successful at interview to be appointed to the next MHJRC secondment
- 6 month evaluation shows continued positive results
- Start date for new Nurse to join the team in November confirmed

## Lowlights

Still have gap in the rota due to no cover resilience

## Plans for September:

Dragonfly Documentary plan filming dates with the Team  
 Discussion with Fleet to secure a second FRU  
 Deliver mental health training to EBS department  
 Next steps for MHJRC expansion and plan training week for new Paramedics  
 Scope a new collaborative way of working with the MET – Clinical HUB  
 Perfect Day

## CHART KEY

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

Data Source:

### Maternity 3 Top Priorities:

- 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) Outstanding Quality maternity care evidences user and staff design and involvement.



**Maternity Incident Reporting List**

Help us  
 REPORT MATERNITY INCIDENTS  
 SAFE STAFF > SAFE PATIENTS  
 CHALLENGING MATERNITY CARE  
 MATERNITY TEAM CAN OFFER BETTER  
 REPORT INCIDENTS & EXCELLENCE  
 HEALTHY SAFETY CULTURE  
 EMAIL THE MATERNITY TEAM  
 WE'LL GET YOU AWAY FROM INCIDENT REPORTING

Our pledge to you:  
**WE WILL**  
 FOLLOW UP THE OUTCOMES ON THE  
 WOMAN AND HER BABY  
 FEEDBACK TO YOU ON AREAS OF  
 EXCELLENCE & LEARNING  
 SEEK TO LISTEN, ACT & IMPROVE

ER Excellence Reporting  
 excellence is everywhere  
 Our Excellence Reporting process captures examples of excellence, so we help reward them across the Service.

Responsible manager is the Sector Practice Lead Midwife

**Maternal**

Maternity incidents are uncommon, learning comes from both good and unexpected outcomes

Maternal cardiac arrest  
 Maternal death  
 Antepartum bleeding with maternal compromise  
 Postpartum haemorrhage (>500mls)  
 Shoulder dystocia  
 Breech birth  
 Cord prolapse  
 Eclampsia/fit  
 Medication prescribing or administration error  
 Adverse medication reaction in pregnancy

020 7407 7181  
 EBS

**Baby**

Baby requiring cardiac compressions at birth  
 Unexpected stillbirth >24 weeks  
 Neonatal death up to 6 days of age gestation  
 Baby born in poor condition (5 min APGAR 7 or less)  
 Dropped baby

**System**

Maternity unit NOT acting as a maternity unit  
 Maternity Unit declines and transfers patient  
 No MPDS advice for maternity emergency  
 Failure to follow clinical guidelines/policy in pregnancy  
 Maternal conveyance to Major Trauma Centre

### 3 Top Priorities :

#### Safety and Learning Culture: -

**2<sup>nd</sup> Maternatour by Maternity & Governance Teams** – SW focussed, aimed to meet and greet LAS staff and ED teams to discuss training, education, safety and Learning – testing the datix incident trigger list.

#### **Learning from Complaints:**

Development of analysis tool to draw monthly themes and sharing with all staff

#### **Meet the Maternity Team**

Trust website page to be updated

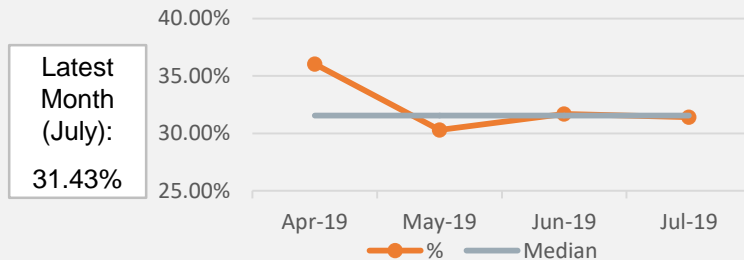


Owner: Di Lavery | Exec Lead: Dr Trisha Bain

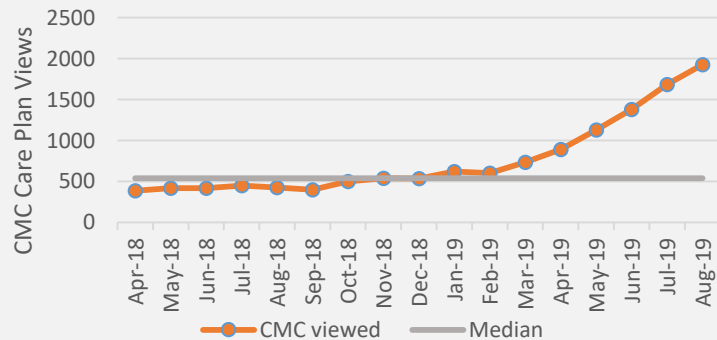
The number of palliative and end of life care patients the service attends is currently underrepresented in the data. The pioneer service aims to improve staff confidence in their skills & knowledge in palliative and EoLC, improve viewing of CMC care plans with a view to decreasing unnecessary ED conveyance and increase ACP utilisation, improve staff wellbeing and involve patients and carers in the programme to guide quality improvement.

### Trend Analysis

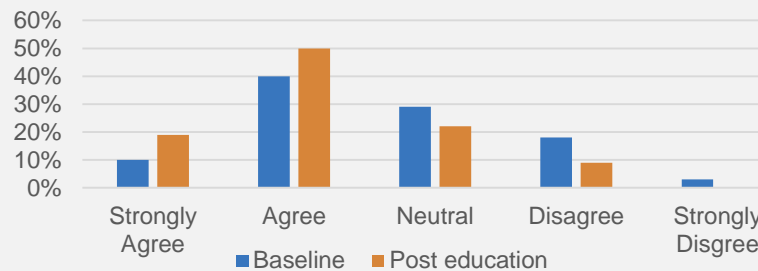
ED Conveyance



CMC Views



Staff Confidence



### Highlights

- Developing coding technique for more robust data sets, capturing a more accurate representation of the palliative and end of life care patients we attend
- Business case developed and sent for approval
- Engagement with hospices and SEMs pan London to develop 8 new ACPs
- External courses with CRUSE bereavement, Royal Marsden School and Child bereavement UK secured
- EOLC Pulse page- average of 851 views per month.

### Lowlights

CMC viewing figures remain below expected. Chief clinical information officer working with CMC to create robust data measures.

### Plans for October:

- Patient involvement event- Whose Shoes
- College of Paramedics CPD event
- NETs clinical guidance produced
- ECHO teaching with care homes.

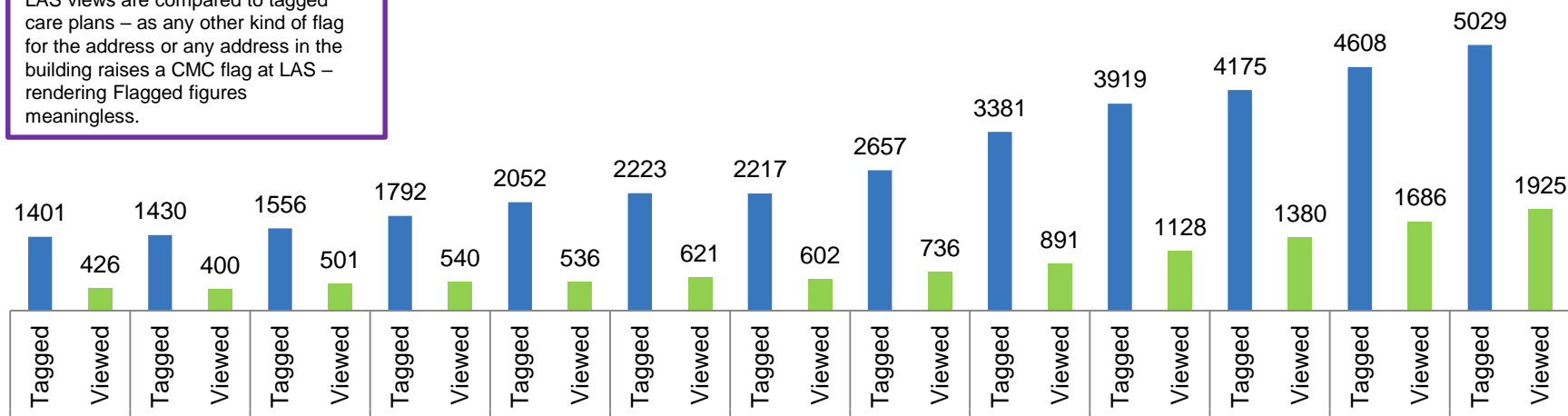




Owner: Di Lavery | Exec Lead: Dr Trisha Bain

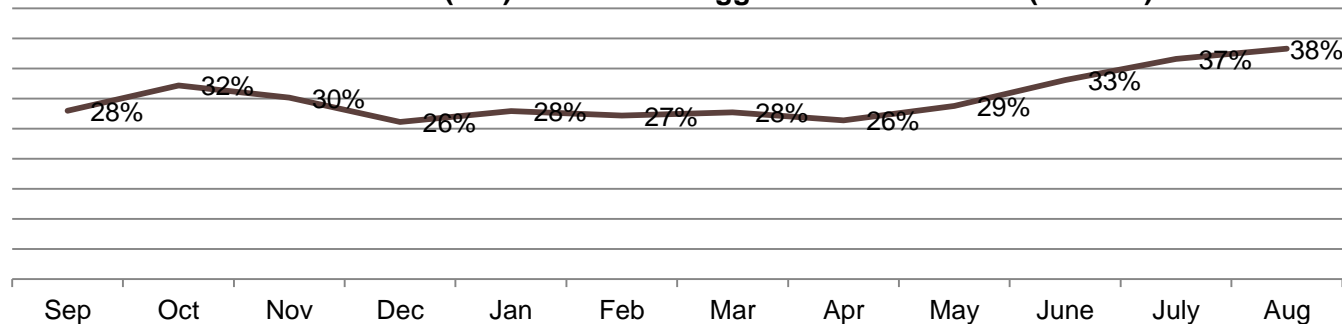
The number of palliative and end of life care patients the service attends is currently underrepresented in the data. The pioneer service aims to improve staff confidence in their skills & knowledge in palliative and EoLC, improve viewing of CMC care plans with a view to decreasing unnecessary ED conveyance and increase ACP utilisation, improve staff wellbeing and involve patients and carers in the programme to guide quality improvement.

LAS views are compared to tagged care plans – as any other kind of flag for the address or any address in the building raises a CMC flag at LAS – rendering Flagged figures meaningless.



**Note:** Due to name & address issues at time of call and scope for inaccuracies, the tagging is likely to be on the conservative side. Therefore the LAS views may be a few % points higher than shown.

LAS (999) % Views of Tagged CMC Care Plans (2018/19)



**LAS (999)** viewed 1925 CMC care plans in August, of which 1330 were via iPads – on scene. 138 more care plans were viewed on iPads compared to July data, **69% views via iPads in August**.



Owner: Margaret Luce | Exec Lead: Dr Trisha Bain

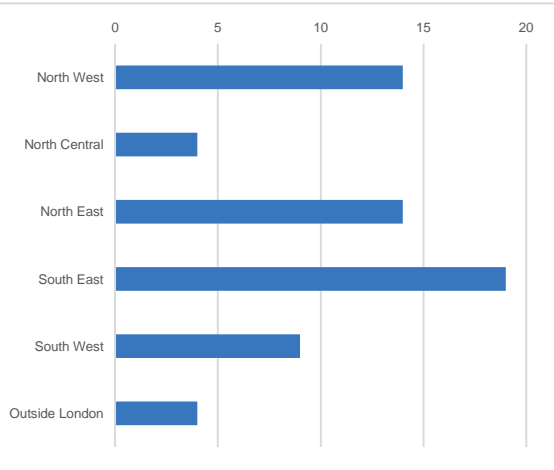
The work we do through attending public engagement events supports the development of our reputation with patients and members of the public as well as the long term future development of our organisation through raising awareness of career opportunities available as part of the London Ambulance Service.

### Public Engagement Events

Over July and August we held 64 public engagement events across London covering the following types of activity:

- **Knife crime** events, such as Your Life, You Choose, engaging with Youth Offending Teams and a project called See Inside Peckham.
- **School visits** and **brownies / scouts** groups, including **careers** events.
- An event for **sea cadets** and another for people with **learning disabilities**.
- Other **community events** such as open days, summer fetes and fairs.

Events by Area (July and August)

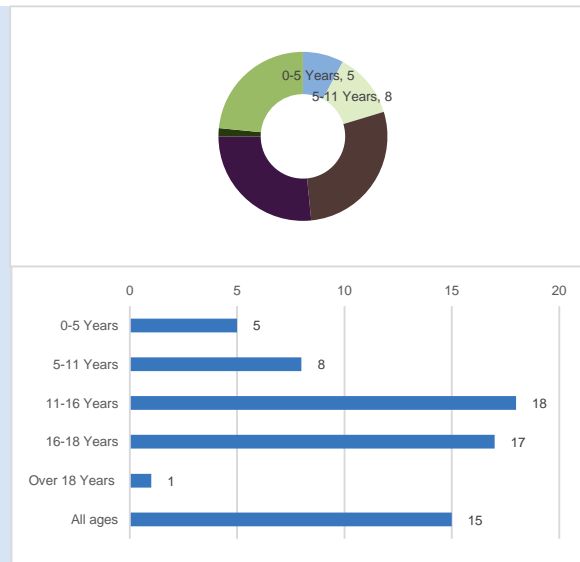


### Public Engagement Activities

#### Supplementary information

No. of public engagement events: July & Aug 2019	64
Approximate audience numbers: July & Aug 2019	11,872
Public engagement: no. of hours: July & Aug 2019	254.5
No. of events: April to August 2019	203
Approximate audience numbers: April to August 2019	35,564
No. of staff on contact list	1,454

Age Profiles (July and August)



### Headlines from July and August

#### Feedback from a Your Life, You Choose event in Hendon included:

- It has made me think about my choices and what can happen to my family.
- I have to choose my choices very wisely if I want to have a good future.
- You shouldn't take part in things you know can cause you to get a criminal record.
- I will try and busy myself more, both in and outside school to avoid being involved in gang business.
- I will always think about the people I hang around with.
- I want to put more effort into my education.
- I will try and tell the police if I see a gang member having a knife.
- I will try and talk to my parents or someone I trust.
- I will not keep things like this a secret

#### News

The Patient & Public Involvement and Public Education Team moved to the Communications & Engagement Directorate during August 2019.

## 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	Jun-19	Jul-19	Aug-19	Movement	Trend	Business Plan	Schedule 4 LQ Ref.	Data Quality
Rate of Frequent Callers per 1,000 Calls			3.12	0.00	0.00	4.10	↑				
Number of Frequent Caller calls			38177	7881	8624	7552	↓				
Total Frequent Callers			2628	0	711	689	↓				
Number of Public Engagement Events			378	77	46	203	↑				
Number of service re-design projects involving patients/public			25	5	5	5	↔				
Number of LAS accesses to CMC care plans			2019	891	1330	1925	↑				
Percentage of view ed CMC care plans			29%	26%	29%	33%	↑				
Rate of Complaints per 1,000 incidents			0.92	26%	1.0	0.8	↓				
Complaints Response (35 Working Day Breach) YTD			117	20	4	11	↑				
Complaints Acknowledged within 3 working days			100%	99%	100%	100%	↔				



*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

### August 19

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

### Highlights

- 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.
- Meeting with BBC TV/ Dragonfly producers took place to explore including some segments of frequent caller work within the new Ambulance series.
- Team Away Day took place, to agree objectives for the coming year.
- A prolific frequent caller who repeatedly breached a court order (prohibiting his calling emergency services inappropriately) received a 6 months custodial sentence. The FCT continue to liaise closely with the patient's multi-agency support network to ensure the patient is appropriately accommodated when released from prison with specialist support, to avoid further breaches.
- Good use of CMC by Queen Elizabeth Hospital, Woolwich. Uploads by ED consultant.

### 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.
- Utilisation of Coordinate My Care (CMC) – ongoing challenges with slow uptake of CMC in certain Emergency Departments & Community Mental Health Trusts,
- 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 for September

- Launch of new team Pulse page



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

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

New & existing callers 689

NHS numbers matched 100%

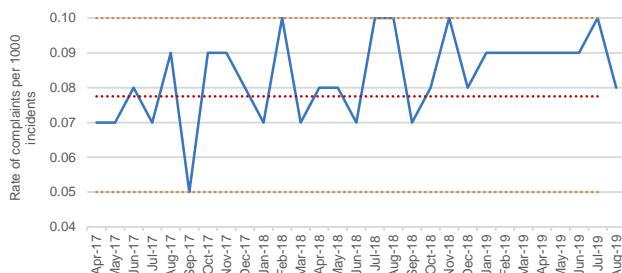
Stakeholder meetings attended 52

Cluster	CCG	Patients	Aug-19	Calls last quarter	Calls last 12 months	12 month cost	Patients with NHS number
SE	LAMBETH CCG	30	481	1599	4532	£444,044	30
NE	WALTHAM FOREST CCG	16	465	1536	3096	£269,631	16
SW	CROYDON CCG	36	396	1161	2458	£324,456	36
NC	CAMDEN CCG	23	369	1164	2025	£204,751	23
NC	ENFIELD CCG	39	359	1230	3545	£359,156	38
NE	CITY AND HACKNEY CCG	34	307	1094	3223	£367,950	34
NW	HOUNSLOW CCG	23	298	983	3328	£195,353	23
NC	HARINGEY CCG	32	293	1036	3171	£325,101	32
SE	SOUTHWARK CCG	20	289	696	1602	£201,087	20
NW	CENTRAL LONDON (WESTMINSTER) CCG	18	283	1070	3065	£279,828	18
SE	GREENWICH CCG	19	273	618	1908	£251,641	19
NW	HILLINGDON CCG	23	257	799	2331	£282,616	23
NE	REDBRIDGE CCG	20	250	648	1308	£178,693	20
NC	BARNET CCG	30	236	754	1669	£217,561	30
SE	LEWISHAM CCG	26	227	857	2389	£262,648	26
NW	HAMMERSMITH AND FULHAM CCG	20	223	514	1727	£209,856	20
NE	TOWER HAMLETS CCG	18	222	546	1600	£217,980	18
NW	EALING CCG	21	220	734	2260	£225,361	21
SW	MERTON CCG	16	213	665	1603	£206,488	16
NW	WEST LONDON CCG	25	208	632	1761	£212,924	25
NE	BARKING AND DAGENHAM CCG	15	181	472	1213	£165,107	15
NE	NEWHAM CCG	26	179	574	2254	£265,197	26
SW	WANDSWORTH CCG	20	175	709	1578	£158,874	20
NW	HARROW CCG	17	174	388	993	£113,274	17
SW	RICHMOND CCG	11	167	459	1137	£104,142	11
NC	ISLINGTON CCG	28	162	634	1515	£202,782	28
NE	HAVERING CCG	14	155	544	1698	£248,957	14
SW	SUTTON CCG	12	147	527	1126	£158,072	12
NW	BRENT CCG	14	102	278	849	£118,159	14
SE	BROMLEY CCG	17	96	349	797	£118,312	17
SE	BEXLEY CCG	13	92	437	1463	£111,157	13
SW	KINGSTON CCG	9	53	186	317	£48,301	9

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

## Rate of Complaints

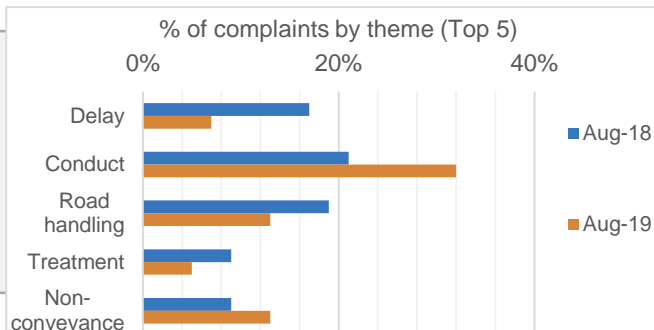
Latest Month:  
**0.9**



In July and August we received a total of 187 complaints. The current trajectory of complaints for 2019/20 remains at 1020

We managed 769 PALS enquiries during this period – in line with expected demand

## Categorisation

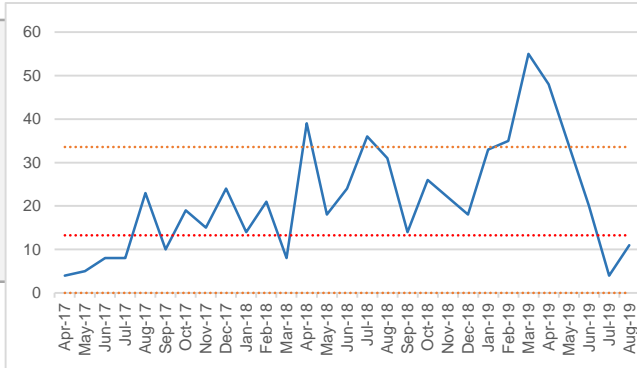


The percentage of complaints regarding **conduct and behaviour** continue to increase. Conduct and behaviour complaints now account for up to 43% of total complaints received in the period Sept 2018 to Aug 2019

There were 15 complaints attributed to NHS111 in July and August - 9 related to NELIUC and 14 from SELIUC. A number of these were reported directly to the Patient Experiences Department by the complainant.

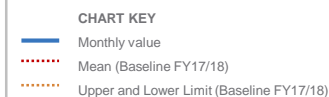
## Responding to complaints

Latest Month  
**11**



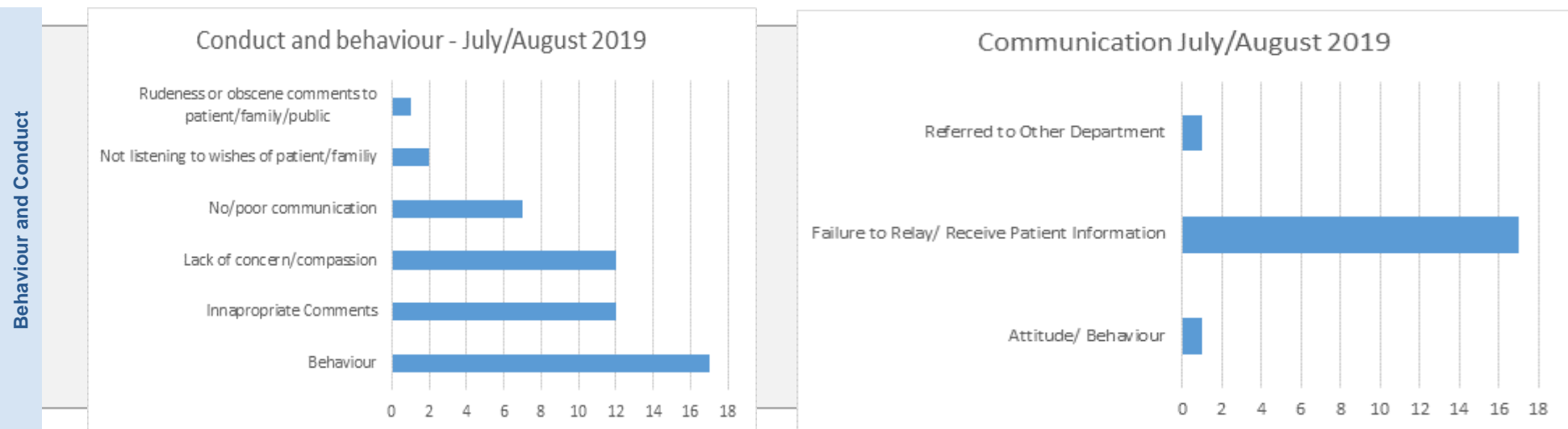
There were 4 complaints that breached the 35 day response target in July and 11 in August. The annual average for 2019/20 is that 74% of complaints were responded to within 35 working days. (333/450 due in the period April to August 2019)

This represents a significant improvement on previous months. We are continuing to work alongside our stakeholders to make further improvements to throughput.





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



We record complaints about staff behaviour and poor communication are split over 2 categorisations, 'conduct and behaviour' and 'communication' and analysis is shown above in the two graphs. Below is a summary of this analysis:

- There is a correlation with long delays in an ambulance being sent as crews are often challenged about this from the outset
- Patients can become frustrated at having to explain their symptoms when they may have already been thorough triage questioning along the journey, for example 999 > 111 > GP dep > 999 and when this pathway may have already taken a long time.
- Patients feel they are being coerced in to signing the PRF that they 'declined assistance against advice'.
- Staff being unaware that the patient did not call 999, the call having been made by a clinician or 111
- Patients become frustrated at staff not offering pain relief, i.e. Sickle Cell patients
- Patients become upset when staff undertake CPR despite there being a DNAR in place, poor systems/culture in enabling access to formal information, myths around the type of form etc.
- It is not always obvious what care is being delivered or why, or why not, which causes confusion and concern.
- Allegations of discrimination, mostly on the basis on race, can accompany any of the above.

The very nature of emergency care often means emotions are running high so the scope for misunderstandings can be more heightened than any other field of practice. We always take an holistic approach, so if the complaint is about poor attitude, we look at the care provided anyway, on the basis of the theory that *poor attitude = poor care* - <https://www.civilitysaveslives.com/> - which is often found to be the case.



Case examples

Case Example

A complaint was received from the patient’s GP on behalf of the family raising concerns that the patient, who was a child, had experienced an anaphylactic reaction whilst at school and that the school were declined an ambulance as the child had recovered.

The Quality Assurance evaluation of the call identified that the call handler over-estimated the extent to which the patient had recovered after using their own Epipen. The knowledge that an Epipen was used, evidences that the child had suffered a previous similar event and the call handler should have selected the option of [severe reaction] in the past which would have triggered other key questions and the possibility of a C1 response priority.

Although in this instance the patient’s mother took the child to hospital, had the call handler acted differently the patient could have been monitored and treated more appropriately if an ambulance had attended.

Feedback was offered to the call handler and Control Services to consider issuing guidance that in such cases, further probing should be explored or advice taken from a clinician based in EOC.

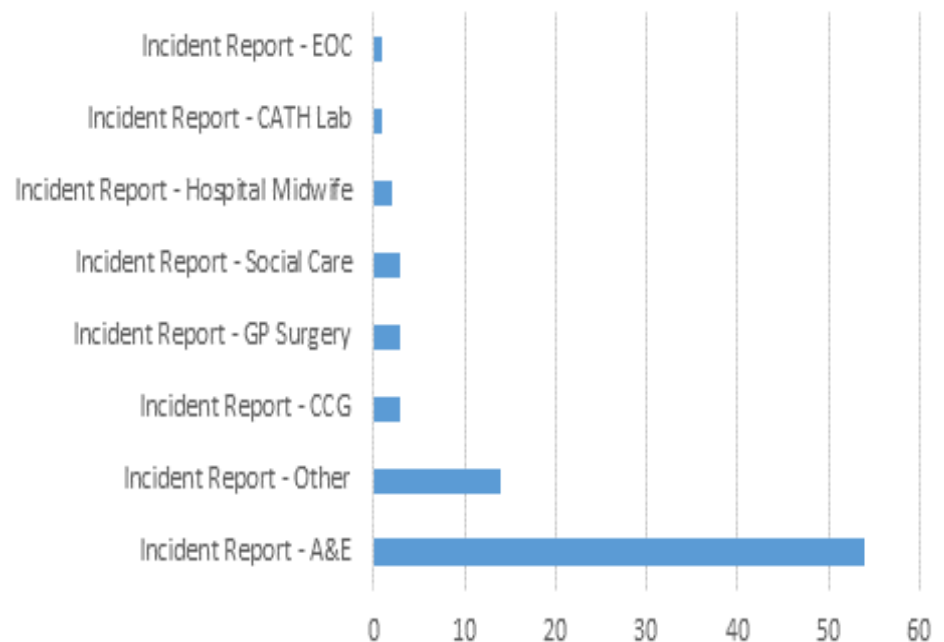
Actions and Learning

Department issues

- From October 2019 we will be working on the development of improvements to the Duty function. We aim to resource this with 2 PED officers and an administrator with the proposal to close a number of cases on the day they are received
- The Mental Health team and the End of Life care nurses now have access to our complaints on Datix. A member of each team will spend time with the department, provide relevant clinical overviews and collect data on a regular basis
- Although there has been some slippage to the Quality Assurance Managers using the complaints module on Datix, the QAM's have been given access to the database and we have set a revised date of implementation of 01 November
- As we embed the new way of working - throughput has improved. This has been challenging during the summer period due to annual leave and other absences.

- We have regular monthly meetings with the team to discuss the concept and have made a number of changes.
- Further workshops are planned to review the new process to discuss further ways the system can be improved
- The Ombudsman has reviewed all of the LAS complaints they have under consideration. They have agreed to update our department in a more timely way in the future where a complaint investigation has been concluded by them and they have not informed us.
- Currently the Ombudsman is considering 6 complaint files (from October 2018).
- Requests for medical records continue to rise. In July and August we were approached by Solicitors for 266 such records and by patients on 68 occasions.
- Team members have undertaken the QSIR course, RCA course and DoC training.

## Quality Alert referrals - July/August 2019



Health Partner (Quality Alerts) notifications continue to increase as anticipated with 81 managed in this period compared to 33 in 2018/19.

The graph breaks down the different types of Quality Alerts that have been received into the Trust in July and August.

The Trust plans to use the PED team to referral internal quality alerts out to the correct organisation going forward so there is one set process going forward.

Key stakeholders are being meet with to ensure the process is agreed and implemented throughout the Trust.

Top Themes from these alerts are:

1. Delays in ambulance response to HCP and transfer requests
2. Queries regarding patient being conveyed to particular hospitals
3. Clinical rationale of crew findings

The top theme is being addressed by the HCP/intra-hospital transfer alignment which is being implemented national.

## 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.

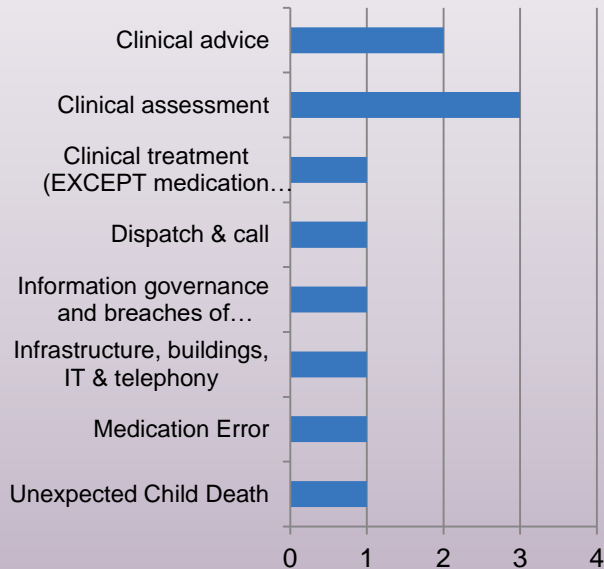
In this section we examine whether the actions we are taking to support the Quality of the organisation are having the necessary impact.

***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 &amp; Dr. Fenella Wrigley

Incidents declared July 2019 by Category



## Themes:

**EZIO:** EZIO availability has been highlighted to the group through the Inquest team, Incident reports on Datix and also from Serious Incident Investigations. EZIOs will present in all ALS bags with the Pan London rollout scheduled for November 2019.

**Mobilisation/Activation delays:** A number of incidents have been identified where there has been a delay in the resource mobilising. This has not been restricted to solo responders. The investigations identified a number of factors including lack of understanding of what constitutes the Category 1 equipment checks, staff not switching on held radios at the start of shift and EOC not following up activations with a phone call if no immediate vehicle movement.

### Serious Incident Assurance and Learning Group

#### Key learning August 2019

## Check out this month...

The LIA conversation about mobilisation and activation delays

## Excellence Report of the Month

This paramedic took an early job, on the way she was flagged down to an unconscious adult in a car who had been complaining of chest pain. The man had agonal breathing and was in VF. She dragged him out of the car and assisted by an off duty nurse began CPR and defibrillated him gaining ROSC.

Afterwards the ECG revealed that he had had an MI so he was conveyed to Barts HAC

108

## Learning case of the month

An 18 year old male with a primary presentation of chest pain, was not conveyed to hospital. Observations were unremarkable but due to a series of human factors (poor communication and assumptions) the ECG, which showed some abnormalities, was not analysed. The patient was unable to remember the name of his GP and, as such, no onward referral was made.

6 hours later the patient re contacted 999 and a second ambulance attended. They conveyed the patient to hospital where a short time later he had a cardiac arrest and died.

Key learning: There was significant confirmation bias as the first attending crew believed the patient's symptoms to be muscular, based on the patient's age, wellness of appearance and history of presenting complaint, and therefore did not pay close attention to the ECG. For reasons such as these described chest pain as a primary presentation must be conveyed to hospital



128 Excellence Reports were received in August – at the end of the month the total number of reports reached 966 meaning that *the 1000<sup>th</sup> will be reported in September*

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

The IRO arrived at the scene of a suicide/murder and instantly started providing support to everyone on scene. Afterwards he made sure everyone was ok, not just physically but emotionally as well. He coordinated everyone in a great way and made everyone feel very *supported*

#### Reported about operations

Following a traumatic laceration to patients arm both members of the crew acted with *speedy professionalism* and calmness to assist stemming a very sever bleed.

The manner in which they dealt with the patient his friend and our colleagues from the Metropolitan Police was a credit to the them and the LAS.

#### Reported about an OPC crew

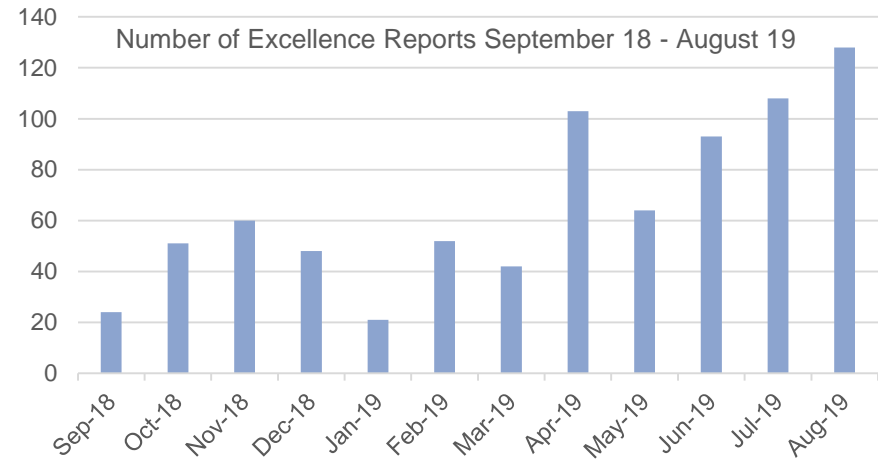
Despite being X-Ray this morning this crew offered up to assist with a GB for a maternity call C1 out of area to enable their student to gain exposure to this kind of call and further develop their skills and experience as well as *coming to the aid of the crew* already on scene asking for the backup of a second ambulance crew.

#### Reported about control services

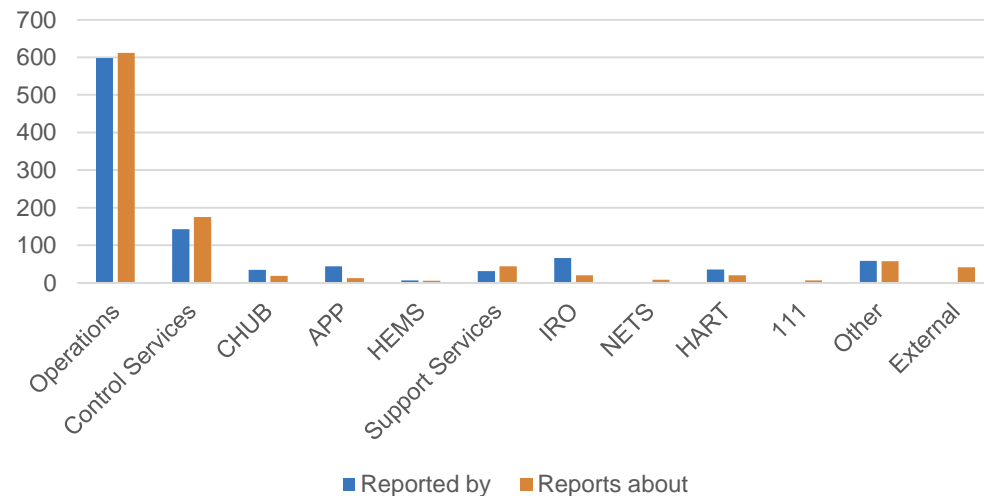
Due to short notice absence and sickness the VRC team was left exceptionally short on a busy Saturday night. During this shift CSU were also left single manned. The individual not only carried out her own works she assisted her colleagues and manned the radio so that CSU were able to get on with their manning.

Their colleagues always speak highly of her and she is exceptionally conscientious *works hard* and never thinks twice about helping other people. She is *an exceptional member of the VRC team* and I just wanted to highlight this to show it is recognised by management.

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



Staff groups reporting/being reported for Excellence Since Feb 17





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

The North West have taken the lead from the South East with regards to numbers of reports submitted however the South East have received the largest number of reports. The Learning from Experience has merged to become the Serious Incident Assurance and Learning Group (SIALG). This group meets monthly to discuss themes emerging from incidents and Excellence reports. SIALG reports its findings to the Quality Oversight Group.

The messages from LfE are still ongoing and the following events are still taking place:

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

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

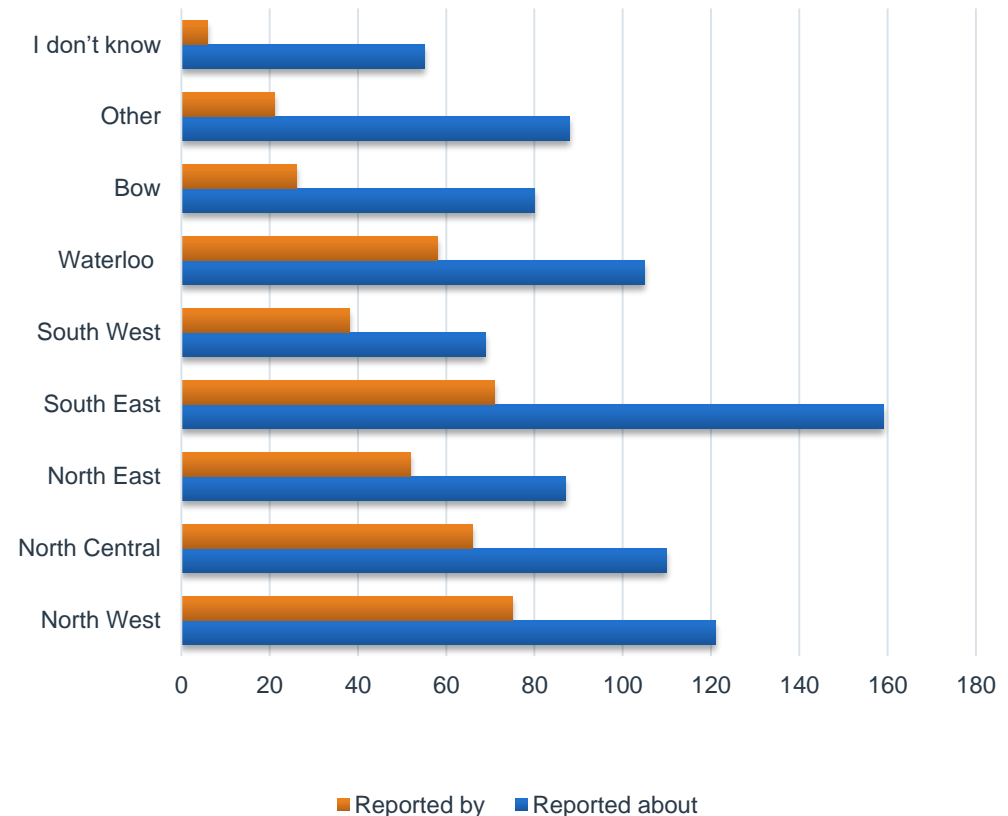
Staff engagement on social media – utilising social media to create a positive workplace culture. For example asking what staff would consider as “always event” (the opposite to a never event) some answers were as follows:

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

Social media is a great way to promote Excellence Reporting. After noticing a dip in reports in January a simple message on LIA led to 9 reports being submitted over the three following days.



Sector/Location of reports (since August 18)







**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		
		Jul	Aug	Sep	Jul	Aug	Sep
	Total Prevent Future Deaths in Month	0	0	0	1	0	0
	Total Inquests where LAS asked to give evidence - In month	4	2	9	5	5	5
	Total Inquests where LAS asked to give evidence - Year to date	21	23	32	20	25	30

- A PFD was received in July 2019 further to the death of a pregnant patient. The Coroner highlighted that the LAS failed to alert the hospital that the patient was pregnant and on arrival the details of the pregnancy were not communicated effectively. LAS has responded to the Coroner confirming guidance has been re-issued clarifying the relevant details required during pre-alert calls and requesting EOC to seek specific and critical information at the end of the radio transmission. EOC will now be included in joint training sessions on maternity care with maternity units in London.
- Legal Services are now monitoring non-PFD requests where the Coroner concludes a PFD report is not required but welcomes further information on areas of concerns. The LAS has received 2 requests following inquests in July 2019. One relating to providing an update on training crew to visualise beyond the epiglottis to the vocal cords and the second relating to providing an update on a trial being undertaken by East of England Ambulance Service NHS Trust on the use of sepsis indicators in MPDS.



Owner: Laura O'Donoghue | Exec Lead: Philippa Harding

Claims

- In May 2019 3 claims were reported to NHSR, all were clinical and concerned: non conveyance and drug administration.
- In June 2019 3 claims were reported to NHSR, 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, NHSR 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, NHSR 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 FY19/20 along with the key projects and programmes that will directly support the delivery of this plan.



# A Paramedic – MH Nurse joint response reduces Conveyance Rates to ED

% Conveyed to ED

18%  $\pm$  3% (n = 819)

MH JRC

Specialist paramedic + MH Nurse in FRU in SE London between 1100 and 2300, excl. Cat 1s

52%  $\pm$  3% (n = 1,058)

MH BAU

Business as usual MPDS triage card 25 (Psych), 1100 to 2300 in SE London, excl. < 18 years, Sect 136s, Cat 1s

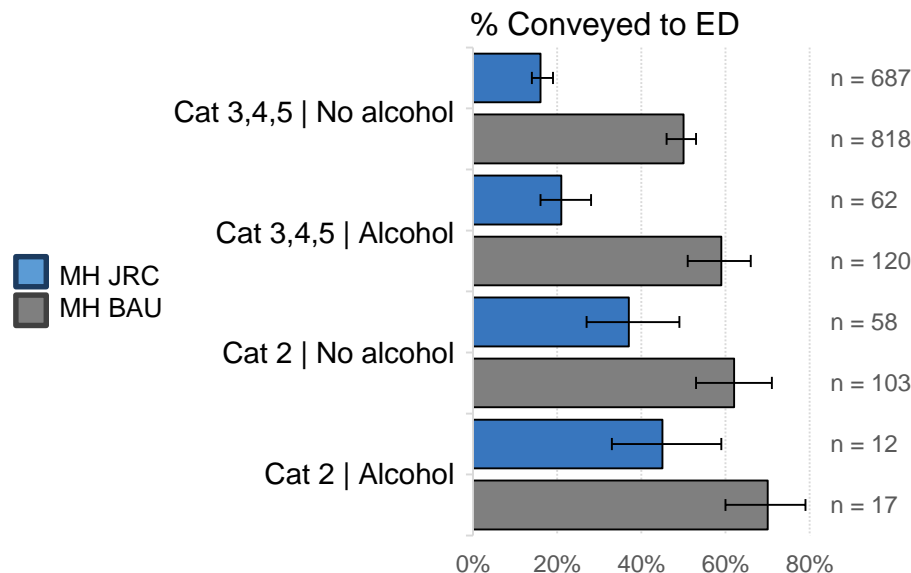


Paramedic MH Nurse

Note the MH BAU represents the statistically-comparable and BI-identifiable cohort – not the entire relevant SEL demand (n = 8,116)

**Benefit remains after adjusting for confounders**

**Comparable efficiency, acceptable productivity**



$\pm$  error bands represent 95% confidence intervals

	MH JRC	MH BAU
See & Treat or Refer	51% $\pm$ 5%	14% $\pm$ 3%
Referred to MH pathway	21% $\pm$ 4%	4% $\pm$ 2%
Job cycle time mins		95 $\pm$ 4
On scene (no conv) mins	89 $\pm$ 5	70 $\pm$ 7
On scene (conv) mins	69 $\pm$ 5	46 $\pm$ 4
Running mins	70 $\pm$ 7	10 $\pm$ 1
% 24h re-contacts conveyed to ED after initial See & Treat or Refer	4% $\pm$ 2%	4% $\pm$ 3%
Incidents per shift*	5.2 $\pm$ 0.3	5.8 $\pm$ 0.1
Utilisation*	69% $\pm$ 3%	88% $\pm$ 1%

\*Comparison with DCAs working day-shifts in SEL (not strictly MH)



**Mental Health Pioneer Service**

6 months (26 Nov 2018 to 26 May 2019)  
Carly Lynch (Consultant MH Nurse)

**NHS**

**London Ambulance Service**  
NHS Trust



# A paramedic specialist **Falls Service** reduces **Conveyance Rates** to ED

% Conveyed to ED

**41%**  $\pm 5\%$  (n = 293)

FAL AMB

Specialist paramedic + NETS crew in Ambulance in NW London between 0700 and 1900, excl. Cat 1s

**37%**  $\pm 9\%$  (n = 102)

FAL CAR

As above, but in FRU. Paramedic single responder for ~50% of shifts

**62%**  $\pm 2\%$  (n = 2,575)

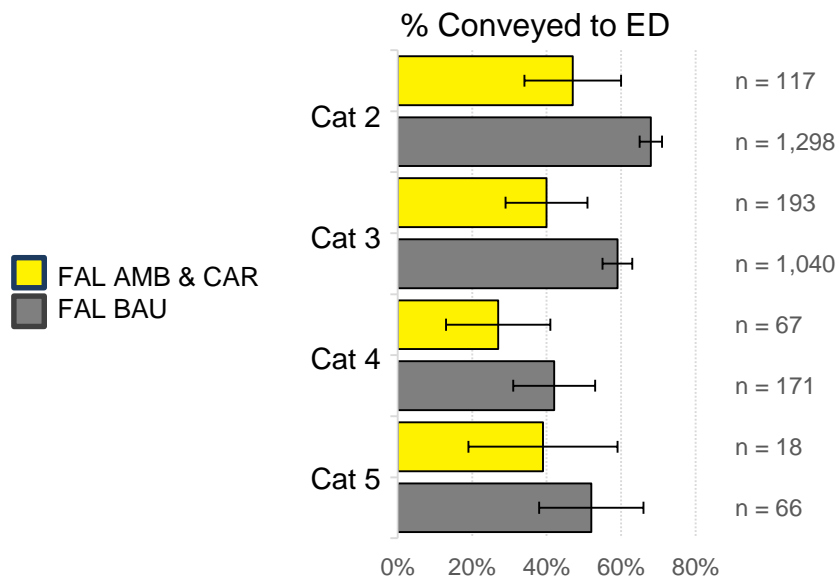
FAL BAU

Business as usual MPDS triage card 17 (Falls), 0700 to 1900 in NW London, excl. < 60 years, Cat 1s, and falls from a height



## Benefit remains after adjusting for confounders

## Work required to improve productivity



$\pm$  error bands represent 95% confidence intervals

	FAL AMB	FAL CAR	FAL BAU
See & Treat or Refer	45% $\pm 8\%$	49% $\pm 15\%$	21% $\pm 3\%$
Job cycle time mins			103 $\pm 2$
On scene (no conv) mins	119 $\pm 6$	104 $\pm 10$	79 $\pm 4$
On scene (conv) mins	89 $\pm 6$	96 $\pm 13$	47 $\pm 2$
Running mins	55 $\pm 6$	77 $\pm 10$	10 $\pm 1$
% 24h re-contacts conveyed to ED after initial See & Treat or Refer	21 $\pm 2$	15 $\pm 2$	9% $\pm 3\%$
Incidents per shift*	3.4 $\pm 0.4$ 5%	2.9 $\pm 0.5$ 6%	6.1 $\pm 0.1$ 9%
Utilisation*	57% $\pm 12\%$	42% $\pm 18\%$	90% $\pm 1\%$

\*Comparison with DCAs working day-shifts in NWL (not strictly Falls)



## Falls Pioneer Service

3 months (11 Mar to 16 Jun 2019)  
Tim Edwards (Consultant Paramedic)



London Ambulance Service  
NHS Trust

# An APP-UC reduces Conveyance Rates to ED

# Large volume of relevant incidents



% Conveyed to ED

27%  $\pm$  1% (n = 4k)

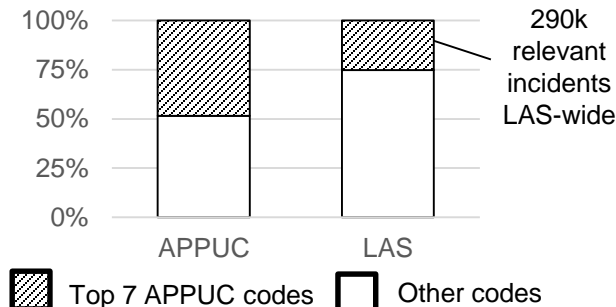
APP UC

64%  $\pm$  1% (n = 1,150k)

LAS

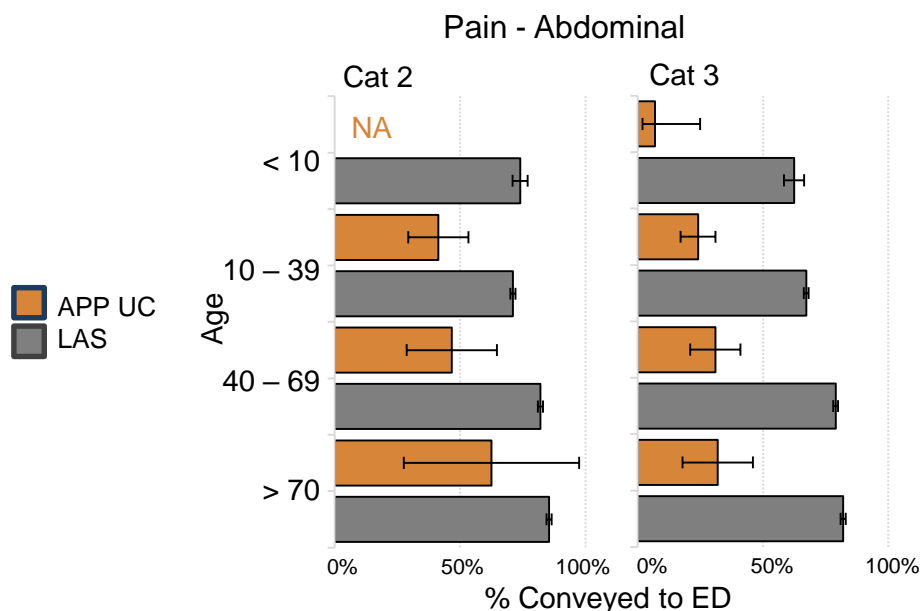
Top 7 APPUC PRF illness codes

1. Pain – Abdominal
2. Pain – Back
3. Other medical conditions
4. Pain – Other
5. Vomiting
6. Dizzy/near faint/LOC
7. Minor injuries



## Benefit remains after adjusting for confounders

## Work required to improve productivity



$\pm$  error bands represent 95% confidence intervals

	APP UC	LAS
See & Treat or Refer	65% $\pm$ 2%	14% $\pm$ 1%
Job cycle time mins		92 $\pm$ 1
On scene (no conv) mins	95 $\pm$ 2	61 $\pm$ 1
On scene (conv) mins	79 $\pm$ 2	37 $\pm$ 1
Running mins	81 $\pm$ 2	10 $\pm$ 1
Incidents per shift	13 $\pm$ 1	
Day shift utilisation	4.1 $\pm$ 0.4	5.9 $\pm$ 0.1
	58% $\pm$ 3%	88% $\pm$ 1%



## Advanced Paramedic Practitioners – Urgent Care

12 months (1 Jul 2018 to 30 Jun 2019)

Tim Edwards (Consultant Paramedic)



London Ambulance Service  
NHS Trust





# A dedicated End of Life Care team increases **staff confidence** and **care plan views**

Self rated confidence

69% (n = 54)

Post Education

43% (n=30)

Pre Education

50% (n = 326)

LAS-survey Baseline

Note: represents 'agreed' or 'strongly agreed' with feeling confident in their knowledge and skills in EOLC

"More confident to manage end of life care appropriately and feel much more confident to challenge other colleagues regarding decisions as I have more knowledge"

EAC, August 19

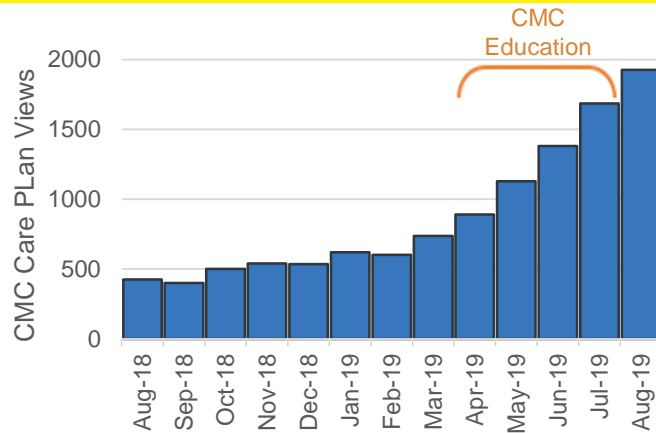


Non-response model focussing on:

- Coordinate My Care viewing
- Staff confidence in their knowledge and skills of palliative & end of life care
- Appropriate Care Pathways
- Avoidable emergency department conveyance

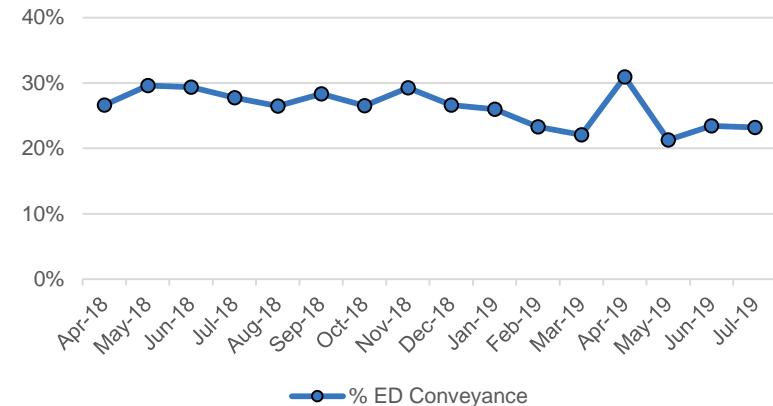


## Increased **CMC access** by crews on scene via iPad



- Significant increase in CMC viewing figures post CMC education on mandatory training
- 69% viewed via iPad's in August 2019 (compared to 23% in December 2018)

## Variable, but decreasing **ED conveyance** trend



Based on PRF coded incidents (n=4633)



Macmillan End of Life Care Programme

24 months (August 2018 to August 2020)  
Diane Laverty (Macmillan Nurse Consultant)



**NHS**  
London Ambulance Service  
NHS Trust

## 7. Clinical and Quality Risks

To run an efficient organisation we need to manage the important and unique risks we face as an ambulance service.

This section summarises the **most significant clinical and quality risks** that we are actively managing as part of the Quality Directorate risk register.



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

There are currently 36 risks recorded on the Clinical and Quality Directorate Risk Registers. 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.

There are two red new red risks this month, which are listed below. Last months H&S red risk: *Risk of theft, criminal damage and vandalism due to the lack of robust and inadequate security arrangements at LAS properties/sites* has been split into two with one risk focused on security, and the other health and safety. This has reduced the risk down to an amber level.

#### Clinical and Quality Risks Overview

	Negligible	Minor	Moderate	Major	Catastrophic	Total
Almost certain	0	0	2	0	0	2
Likely	0	0	6	0	0	6
Possible	0	2	10	5	0	17
Unlikely	0	0	7	3	1	11
Rare	0	0	0	0	0	0
Total	0	2	25	8	1	36

The two red risks on the clinical and quality risk registers are:

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.*

This risk is regularly reviewed at RCAG (as it is 15 and above) and there is ongoing work to put mitigating actions into place to reduce this risk down.

ID 928: *There is a risk to research and planning caused by the introduction of the national data opt-out service which allows patients to opt out of their confidential patient information being used for research and planning. Patients can view or change their national data opt-out choice at any time by using the online service. Therefore every new data extract would be required.*

This is a new risks and its currently going through the risk governance processes in order to approval and accept the correct level of risk.

Monthly Quality Dataset  
2019/20

Where indicators given as percentages, please give numerators and denominators if these are not already explicit in the data

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Patient related adverse incidents	239	337	385	420	356	440							
Rate of patient related adverse events per 1,000 incidents	3.5	3.4	3.7	4.2	4.1	4.3							
Patient related adverse events NO Harm	185	290	323	363	290	369							
Patient related adverse events LOW	30	28	42	37	42	49							
Patient related adverse events MODERATE	8	8	12	12	12	9							
Patient related adverse events - SEVERE	9	5	2	3	7	6							
Patient related Adverse events - DEATH	7	6	6	5	8	6							
Medication errors as a % of adverse events	3%	3%	5%	6.4%	6%	4.8%							
Needle Stick Injuries as a % of adverse events	0%	0%	0%	0.0%	0%	0%							
Category 1 response (mean)	06:04	06:08	06:36	06:35	06:35	00:06:41							
Category 1 response (90th Centile)	10:11	10:10	10:59	10:56	11:02	00:11:13							
Category 2 response (mean)	16:27	00:17	21:29	21:01	18:28	00:18:27							
Category 2 response (90th Centile)	00:32:56	00:35:43	00:44:39		0:37:39	00:37:09							
Category 3 response (mean)	00:45:37	00:53:45	01:05:56	01:06:25	00:55:28	00:55:46							
Category 3 response (mean)	00:45:38	00:53:45	01:05:56		02:12:41	00:55:46							
Category 4 response (90th Centile)	03:14:39	03:13:50	03:34:04	03:39:33	03:20:22	03:01:50							
Call Answering - 999 total calls answered	161,688	165,029	169,682	179,174	167,189	130,572							
Call Answering - 999 (less than 5 seconds)	92%	93%	80%	78%	68%	74%							
SI's total	7	16	15	10	13	17							
SI's North West	1	3	2	4	1	2							
SI's North Central	0	1	1	1	2	3							
SI's North East	0	2	2	0	0	1							
SI's South East	0	3	1	1	0	4							
SI's South West	1	3	1	0	0	1							
SI's Other	0	0	3	1	4	2							
SI's EOC	5	4	5	3	6	4							
Vehicle related	20	21	26	35	26	29							
Security - violence, aggression and abuse	14	10	8	26	24	22							
Security - theft, damage to property, loss of property	1	0	5	2	4	1							
Patient accidents & injuries	17	19	10	23	31	28							
Non-medical equipment	12	17	15	18	18	19							
Medication errors	10	15	18	28	21	18							
Medical equipment	52	50	56	41	39	51							
Maternal, obstetric and neo-natal	5	2	5	6	2	7							
Infrastructure, buildings, IT & telephony	3	1	6	11	6	3							
Information governance and breaches of confidentiality	14	9	14	6	10	3							
Dispatch & call	46	40	41	33	51	64							
Communication, care & consent	29	28	36	51	48	50							
Clinical treatment (except medication related)	44	27	40	50	54	53							
Clinical assessment	20	20	26	26	36	30							
Clinical advice	4	11	7	10	9	5							
Access / Transfer / Handover issues	19	21	21	21	24	13							
IPC training Level 1 (numerator)	5461	5774	5835	5879	5949	5931							
IPC Training level 1 (denominator)	5727	5505	5508	5556	5076	5667							
Infection control - OWR Submissions - overall trust submission	118	160	188	191	156	156							
OWR hand hygiene compliance - average number of submissions	95.53%	98.43%	98.43%	97.19%	98.43%	98.43%							
Infection control Vehicle Deep Clean - NE Sector Compliance	96.00%	96%	93.55%	93%	96%	96%							
Infection control Vehicle Deep Clean - NC Sector Compliance	94.50%	92%	95.30%	96%	97%	99%							
Infection control Vehicle Deep Clean - NW Sector Compliance	97.00%	97%	98.24%	99%	99%	99%							
Infection control Vehicle Deep Clean - SE Sector Compliance	98.00%	98%	97.60%	98%	96%	97%							
Infection control Vehicle Deep Clean - SW Sector Compliance	98.00%	98%	99.12%	100%	98%	98%							
Infection control Vehicle Deep Clean - Trust Compliance	96.78%	96%	96.76%	97%	97%	98%							
Infection Control - Premesis Cleaning - Overall Trust Compliance	95.22%	94.87%	95.00%	95.53%	95.81%	97.22%							
BFE Datix reported incidents	16	8	14	12	10	10							
Needlestick contaminated Datix reported incidents	3	3	8	5	4	3							
Controlled Drugs - CD wasted / Broken Ampule	21	27	14	21	27	22							
Controlled Drugs - CD not where it should be - clinician and location of CD known	8	6	4	2	9	6							
Controlled Drugs - CD not recorded correctly	43	59	73	55	60	58							
Controlled Drugs - CD lost - unaccounted for - clinican and location of CD unknown	2	0	6	0	2	2							
Controlled Drugs - CD lost - clinician known, location of CD unknown	0	0	1	1	4	1							
Controlled Drugs - CD found not where it should be clinican unknown	2	0	3	1	3	0							
Safeguarding - missed referrals	0	2	3	3	0	1							
Safeguarding Delivery of training - level 1	96	96%	95%	95%	95%	96%							
Safeguarding Delivery of training - level 2	93	94%	93%	92%	92%	94%							
Safeguarding Delivery of training - level 3	26	26%	25%	28%	28%	43%							
Safeguarding Child Deaths - number of reviews done within 3 weeks of receipt of notification (%)	100	83%	80%	71%	100%	100%							
Rapid Response meetings attended as a % of requests	90	100%	100%	100%	73%	75%							
Rapid Response meetings attended as a % of requests - NW Sector	50	100%	100%	100%	100%	100%							
Rapid Response meetings attended as a % of requests - NE Sector	100	100%	0%	100%	75%	100%							
Rapid Response meetings attended as a % of requests - NC Sector	100	100%	100%	100%	N/A	100%							
Rapid Response meetings attended as a % of requests - SW Sector	100	0%	0%	100%	50%	100%							
Rapid Response meetings attended as a % of requests - SE Sector	100	100%	0%	100%	100%	100%							
Number of knowledge, Retention and Referral audits undertaken	100	100%	99%	100%	100%	N/A							
Health and Safety - total number reported	342	368	377	362	368	312							
Health and Safety - no harm / near miss	200	217	235	219	218	184							
Health and Safety - Low Harm	123	132	116	127	127	120							
Health and Safety - Moderate	19	19	26	16	23	8							
Health and Safety - severe	0	0	0	0	0	0							
Assaults on staff by patients	47	53	42	45	55	41							
RIDDOR reportable incidents by cause - slips, trips and falls	8	5	1	3	7	1							
RIDDOR reportable incidents by cause -Manual Handling	8	13	10	17	5	5							

RIDDOR reportable incidents by cause - Other	2	3	2	6	5	7							
H&S Incidents &RIDDOR reports rate per 1,000A&E incidents	3.54	3.73	3.95	3.61	3.78	3.29							
Reported MH incident per 1,000 A&E incidents	0.19	0.21	0.14	0.26	0.17	0.14							
Working days lost due to manual handling related sickness per 1,000 A&E incidents	0.47	0.49	0.41	0.40	0.43	0.32							
Working days lost due to manual handling related sickness per 1,000 A&E incidents	6.72	2.67	2.45	3.55	2.30	0.66							
ROSC at Hospital (AQI)	31.0%	36.0%	Data published by NHSE November 2019	Data published by NHSE December 2019	Data published by NHSE January 2020	Data published by NHSE January 2020							
ROSC at Hospital USTEUN (AQI)	57.8%	62.0%											
STEMI care bundle (AQI)	79.0%	N/A											
Stroke care bundle (AQI)	N/A	98.4%											
Stroke on scene time (CARU continual audit)	31	00:30											
Call to Angiography - mean hh:mm	02:07	02:09	November 2019	December 2019	January 2020	January 2020							
Stroke Call to Arrival at Hospital Mean hh:mm	01:06	00:59											
CPI Completion Rate (% of CPI audits undertaken)	91%	84%	93%	93%	88%								
CPI Percentage of staff receiving two feedback sessions	0%	0%	1%	3%	5%								
Documented Care - Cardiac Arrest Compliance (CPI)	97%	98%	98%	98%	97%								
Documented Care - Discharged at Scene Compliance (CPI Audit)	97%	98%	97%	97%	97%								
Documented Care - Mental Health Compliance (CPI audit)	96%	94%	95%	94%	95%								
Documented Care - Severe Sepsis Compliance (CPI audit)	97%	97%	97%	97%	97%								
Documented Care - Difficulty in Breathing Compliance (CPI audit)	96%	N/A	96%	N/A	96%								
Documented Care - Elderly Falls Compliance (CPI Audit)	93%	94%	94%	94%	95%								
Total calls	157,605	160,739	169,682	179,174	167,189	161,591							
Mental Health related calls	13,535	13390	14323	14,886	15,551	13,380							
Mental Health Related calls as a % of all calls	8.0%	8.7%	8.4%	8.3%	9.3%	8.3%							
Mental Health related MPS Calls	3,639	3,393	4,106	4,243	4,235	3,858							
Mental Health related MPS calls as a % of all calls	2.2%	2.4%	2.4%	2.4%	2.5%	2.40%							
Mental Health related incidents	8179	9131	8652	9062	9,357	8,569							
Mental Health related incidents as a % of all calls	5.3%	5.5%	5.1%	5.1%	5.6%	5.30%							
Mental Health Calls closed with Hear and Treat	286	301	325	346	341	368							
Mental Health Calls closed with See and Treat	3296	3599	3519	3,618	5120	4,710							
Total MH incidents conveyed	60%	61%	59%	60%	60%	60%							
MH patients conveyed to an ED	88%	88%	87%	88%	87%	88%							
MH patients conveyed to an ACP	12%	12%	13%	12%	13%	13%							
Birth imminent incidents	167	179	173	172	167	158							
Birth Imminent Incidents conveyed						140							
% of Birth Imminent incidents conveyed	95%	89%	89%	91%	95%	88.6%							
Head Out / head visible incidents	19	18	17	21	19	24							
Haemorrhage after 24 weeks incidents	191	213	226	208	191	216							
Rate of frequent callers per 1,000 calls	3.7	3.8	4.1	4.1	4.1	4.1							
Number of frequent calers	598	630	634	711	689	696							
Total frequent callers	6810	7310	7881	8624	7,552	7,210							
Number of public engagement events	29	33	70	46	203								
Number of service re-design projects involving patients / public	5	5	5	5	5								
Number of LAS accesses to CMC care plans	891	1128	1380	1380	1925								
Number of complaints	88	91	88	105	82	102							
Rate of complaints per 1,000 incidents	0.09%	0.09%	0.09%	0.10%	0.09%	0.10%							
Complaints response (35 working day breach)	52%	38%	74%	96%	88%	84%							
Complaints Acknowledged within 3 working days	100%	100%	99%	100%	100%	100%							
Complaints - Delays	12	12	15	15	6	14							
Complaints - conduct	39	37	32	40	30	46							
Complaints - Road Handling	2	10	7	12	11	10							
Complaints - treatment	4	7	7	5	4	5							
Complaints - non conveyance	11	7	4	9	11	7							
Number of complaints wehre the 35 day response target was breached	48	34	20	4	11	13							
Inquests - Total Prevent Future Deaths	0	1	1	1	0	0							
Inquests - LAS asked to give evidence	5	4	4	5	5	5							