



TRUST BOARD

Meeting to be held at 09.00am on Tuesday 28th June 2011
Conference Room, LAS Headquarters, 220 Waterloo Road, London SE1 8SD

Peter Bradley
Chief Executive Officer

AGENDA

| | | | TAB |
|----|--|-----|-------|
| 1. | Welcome and apologies for absence | | |
| 2. | Minutes of the Part I meeting held on 24th May 2011 To approve the minutes of the meeting held on 24 th May 2011 | | TAB 1 |
| 3. | Matters arising Actions from previous meetings | All | TAB 2 |
| 4. | Report from Sub-Committees To receive a report from the following Committees | | |
| | 4.1 Quality Committee on 24 th May 2011 | BM | Oral |
| | 4.2 Audit Committee on 6 th June 2011 | CS | |
| 5. | Chairman's Report To receive a report from the Trust Chairman on key activities | RH | TAB 3 |
| 6. | Update from executive directors To receive reports from Executive Directors on any additional key matters | | |
| | 6.1 Chief Executive Officer, including balanced scorecard, serious incidents and performance reports | PB | TAB 4 |
| | 6.2 Director of Finance | MD | TAB 5 |
| | 6.3 Balanced Scorecard on Infection Prevention and Control | SL | TAB 6 |
| 7. | Clinical quality and patient safety report To receive the monthly report on clinical quality and patient safety | FM | TAB 7 |

STRATEGIC AND BUSINESS PLANNING

| | | | |
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| 8. | 2010/11 Annual Report and Accounts To approve the 2011/12 Annual Report and Accounts | MD | TAB 8 |
| 9. | Cost Improvement Programme 2011/12 To receive an update on progress against the Cost Improvement Programme for 2011/12 | MD | To follow |
| 10. | Response to the Coroner's Rule 43 Report from the 7/7 London Bombings inquests To approve the response to the Coroner's Rule 43 Report from the 7/7 London Bombings inquests | RW | TAB 10 |

FOUNDATION TRUST PROCESS

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| 11. | Foundation Trust Update To receive a report on the current position with the application | SA | TAB 11 |
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GOVERNANCE

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| 12. | Draft Constitution for the London Ambulance Service NHS Foundation Trust To approve the draft constitution that will be implemented upon FT authorisation | SA | TAB 12 |
| 13. | Quality Account 2010/11 To approve the Quality Account 2010/11 | SL | TAB 13 |
| 14. | 2010/11 Annual Infection Prevention and Control Report To review and delegate final approval to the Quality Committee | SL | TAB 14 |
| 15. | 2010/2011 Safeguarding Report To review and delegate final approval to the Quality Committee | SL | TAB 15 |
| 16. | Board Assurance Framework and Corporate Risk Register To discuss the Quarter 1 documents | SA | TAB 16 |
| 17. | Terms of Reference for the Nominations and Remuneration Committee To approve the terms of reference for the Nominations and Remuneration Committee | SA | TAB 17 |
| 18. | Research Capabilities Statement To approve the Research Capabilities Statement | FM | TAB 18 |
| 19. | CommandPoint Update To receive an update on CommandPoint | PS | TAB 19 |
| 20. | Report from Trust Secretary To receive the report from the Trust Secretary on tenders received and the use of the Trust Seal | | TAB 20 |
| 21. | Forward Planner To review the forward planner for the Trust Board and agree items for future meetings | SA | TAB 21 |
| 22. | Any other business | | |
| 23. | Questions from members of the public | | |
| 24. | Date of next meeting The next meeting is of the Strategy Review and Planning Committee on Tuesday 26 th July 2011 at 10am. The next meeting of the Trust Board is on Tuesday 23 rd August 2011 at 10am. | | |

LONDON AMBULANCE SERVICE NHS TRUST

**TRUST BOARD MEETING
Part I**

DRAFT Minutes of the meeting held on Tuesday 24th May 2011 at 10:00 a.m.
in the Conference Room, LAS HQ, 220 Waterloo Road, London SE1 8SD

Present:

| | |
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| Richard Hunt | Chair |
| Peter Bradley | Chief Executive Officer |
| Jessica Cecil | Non-Executive Director |
| Mike Dinan | Director of Finance |
| Martin Flaherty | Deputy Chief Executive |
| Roy Griffins | Non-Executive Director |
| Caron Hitchen | Director of Human Resources and Organisation Development |
| Brian Hockett | Non -Executive Director |
| Steve Lennox | Director of Health Promotion and Quality |
| Beryl Magrath | Non-Executive Director |
| Fionna Moore | Medical Director |
| Caroline Silver | Non-Executive Director |

In Attendance:

| | |
|------------------|---|
| Sandra Adams | Director of Corporate Services |
| Carrie Armitage | |
| Lizzy Bovill | Deputy Director of Strategic Development |
| Francesca Guy | Committee Secretary (minutes) |
| John Hopson | Assistant Director Of Operations (EOC) |
| Alan Leckenby | Northrop Grumman |
| Jonathan Nevison | Project Manager, CommandPoint |
| Russ Obert | Northrop Grumman |
| Angie Patton | Head of Communications |
| Peter Suter | Director of Information Management and Technology |
| Richard Webber | Director of Operations |

Members of the Public:

| | |
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| Joseph Healy | Patients Forum |
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44. Welcome and Apologies

44.1 No apologies had been received.

45. Minutes of the Part I meeting held on 29th March 2011

45.1 The minutes of the meeting held on 29th March 2011 were approved, subject to two amendments:

- Carrie Armitage and Alan Leckenby to be moved to “in attendance”;
- Action 27.16 to be changed to “SL to give a presentation to the Patients Forum on infection control”.

46. Matters Arising

46.1 The following matters arising were considered:

- 46.2 **25.2:** This action was complete.
- 46.3 **25.7:** Sandra Adams commented that the CIP needed to be factored into the Quality Committee forward planner as a regular item. This would be discussed at today's Quality Committee meeting.
- 46.4 **27.10:** This action was complete.
- 46.5 **27.16:** This action was complete.
- 46.6 **34.1:** Sandra Adams reported that the election timetable was stated in the model constitution and remained at 40 days. The LAS would work with prospective governors in the run-up to the election to ensure that they were as prepared as possible for the nominations process.
- 46.7 **40.1:** The Chair would review the forward planner with Sandra Adams.

46.8 Staff Survey

Caron Hitchen gave an overview of the key findings of the staff survey for 2010/11. The biggest improvements had been seen in questions relating to PDR and training. Areas where scores had worsened included the quality of PDRs, staff feeling pressure to come to work despite not feeling well enough and staff motivation. Caron noted that there were also some problem scores with regards to violence and harassment from patients which was above the national average for other ambulance trusts.

- 46.9 Caron reported that following the publication of the results, local reports and actions plans had been disseminated and each directorate had been asked to identify three to five commitments. Some key themes had emerged, particularly around supporting e-learning, improving staff communications and increasing access to mentoring or work shadowing. The Staff Engagement Steering Group would be taking this work forward.
- 46.10 Caroline Silver noted that the overall response rate was relatively low, particularly from A&E Operations, and questioned therefore whether the results were an accurate reflection of staff opinion. Caron Hitchen responded that this survey would be followed up with a 'temperature check' survey of 10 key questions which would provide more up to date information. Peter Bradley reported that the survey would be available online next year and it was hoped that this would encourage completion.
- 46.11 There followed a discussion about the fact that many staff had indicated that they felt under pressure to come to work despite not feeling well enough. Caron Hitchen commented that on the whole it was the staff themselves, rather than their managers, who applied pressure to come to work and this could be seen as an indication of their commitment to the organisation.
- 46.12 The Chair suggested that the staff survey results and actions should be discussed at a future Strategy Review and Planning Committee meeting.

ACTION: FG to add the staff survey to the forward planner for the Strategy Review and Planning Committee.

DATE OF COMPLETION: 28th June 2011

47. Report from Sub- Committees

Quality Committee meeting on 27th April 2011

- 47.1 The Trust Board noted the report from Beryl Magrath on the key points arising from the Quality Committee meeting on 27th April 2011.
- 47.2 Beryl Magrath reported that currently the Emergency Bed Service did not have a facility to record calls. The procurement of the recording equipment had been approved by the Finance and Investment Committee but it was unlikely to be implemented before the end of the year. The call-recording facility would improve security and would decrease the time spent on referrals.
- 47.3 Beryl Magrath reported that the Quality Committee discussed its role and would review the terms of reference to ensure that its remit was contained within a manageable level.
- 47.4 The reporting of infection prevention and control activity was currently escalated to the Trust Board as this was an area of concern. The Quality Committee had been monitoring this in detail and was able to report that improvements had been made, particularly with regards to blanket use and hand hygiene.
- 47.5 Peter Bradley commented that the most pressing quality issue currently was the reporting of serious incidents and the follow up on action plans. This would be brought back to the Quality Committee and the Trust Board at a future meeting for discussion.

ACTION: Progress on improving the Serious Incident reporting and follow up processes to be discussed at Quality Committee and then Trust Board.

DATE OF COMPLETION: 23rd August 2011

47.6 Audit Committee meeting on 17th May 2011

Caroline Silver reported that the Audit Committee had focussed on the preparation of the Trust's 2010/11 Annual Report and Accounts. This was the first time that the Committee had met prior to the accounts being finalised and this practice would be continued going forward. Caroline noted the following:

- The audit was making good progress and there were no adjustments of materiality to be made to the accounts;
- The Trust was currently meeting the majority of its targets, with the exception of the payment of invoices. This was common amongst NHS Trusts and, although improvements needed to be made, the Audit Committee was not unduly concerned;
- Working capital needed to be managed more carefully, particularly once the Trust became a Foundation Trust;
- The accrual of annual leave needed attention in future years.

- 47.7 Caroline added that the Audit Committee had recommended that the Trust Board also receive a report from the Finance and Investment Committee and that the Audit Committee receive the minutes of each meeting. The Chair responded that the Finance and Investment Committee had been established and had now met twice and would be providing a report to the Trust Board in future.
- 47.8 With regards to the governance structure, Caroline stated that the Audit Committee was satisfied that it received appropriate information from the Quality Committee and that there was a good overlap between the roles of the Quality Committee, Finance and Investment Committee and Audit

Committee. The next meeting of the Audit Committee was on 6th June 2011.

47.9 The Chair added that the Trust Board needed to ensure that the overlaps in the governance structure were not unnecessary and this would be addressed through the governance review.

48. Chairman's Report

48.1 The Chair reported the following:

- The Chair had attended a meeting at the London Assembly, the transcript of which had been circulated to the Trust Board. The Chair noted that this meeting had provided a good opportunity to state the LAS's view;
- He had chaired two meetings of the Ambulance Trusts Chairs meeting. It was agreed that this group would continue to meet four times a year as it was important to retain the national focus, particularly as ambulance trusts moved towards Foundation Trust status;
- The Chair had met with the Chair of NHS London and had expressed his concern at the change in the timetable for the Foundation Trust process. There had been a good exchange of views and the advice was to write to Andrew Lansley once the date of the Board to Board meeting had been finalised;
- The Chair had visited the ambulance service in Paris and had been particularly interested in the differences between a paramedic-led and doctor-led service. It was important to exchange information between 'world' cities, even though the services might operate differently.

48.2 The Chair drew attention to a blog written by Joseph Healy, Chair of the Patients' Forum, which suggested that the Trust was ignoring equal opportunities both in terms of employment and representation on the Trust Board. The Chair emphasised that the Trust Board recognised that more progress needed to be made in this area but that did not mean that the issue was being ignored. The Trust Board currently had one vacancy for a non-executive director and applications from all sectors of the community would be welcomed.

49. Update from Executive Directors

Chief Executive Officer

49.1 Peter Bradley reported the following:

- Agreement on the A&E contract for 2011/12 had been reached and the contract with the Department of Health had been renewed for a further year;
- The LAS involvement in the Royal Wedding had been successful as a result of careful planning and preparation. Peter Bradley expressed his gratitude to Richard Webber and Jason Killens for their involvement;
- The five year cost improvement plan had been agreed. There was confidence that the Trust could deliver the savings, but would require external support;
- The 7/7 London Bombings verdict had been given and contained seven recommendations which related to the work of the LAS. The coroner had complimented LAS staff for their actions on the day of the incident;
- The Foundation Trust application was proceeding and it was hoped that there would not be a further delay;
- The London Assembly's Health and Public Services Committee had undertaken a review of the LAS. The Chair and Peter Bradley had been questioned on the challenges facing the service. The final outcome of the review was awaited;
- The National Audit Office report was due to be published on 8th June;
- Five members of staff had been released to support East Midland Ambulance Trust with

- performance;
- The name of the Ambulance Trust Group was being changed to the Association of Ambulance Chief Executives.

- 49.2 The Chair noted the size of the agenda across the NHS and thanked staff for their work in delivering this. He stated that it was important to not lose sight of the core business, which was just as important as the bigger projects.
- 49.3 Roy Griffins thanked Fionna Moore and Jason Killens for their involvement in the 7/7 London Bombings inquests.
- 49.4 Roy Griffins commented that he had found the board development session on the CIP very useful and felt that there had been a good exchange of ideas.
- 49.5 Roy Griffins noted that the growth in incidents was not reflected in the IBP. Richard Webber responded that the service needed to increase the number of patients who received telephone advice. He estimated that approximately 50 – 60 calls per day could be resolved in this way which would absorb the additional demand. Peter Bradley commented that the LAS struggled to get beyond the current level of telephone advice and non-conveyance and there was much more scope to increase these.
- 49.6 Beryl Magrath noted that the Trust's performance was currently 2% behind trajectory for Category A. Peter Bradley responded that it was not clear why this was the case, although it was thought to be due in part to the fact that staffing was lower due to the high levels of clinical training underway in frontline operations.

Director of Finance

- 49.7 Mike Dinan reported the following:
- The in month position for the Trust was a £531k surplus against a budgeted surplus of £551k;
 - The CIP had been taken out of the departmental budgets;
 - The key pay cost pressure was an overspend in frontline overtime. This was due to the additional bank holidays and the Royal Wedding;
- 49.8 Mike reported that a more comprehensive report would be provided for the Trust Board for month 2, but at present there were no causes for concern.

Balanced Scorecard on Infection Prevention and Control

- 49.9 Steve Lennox reported that the detail of the balanced scorecard had been discussed by the Quality Committee. Steve noted that there were now some amber ratings for hand hygiene and blanket usage was now close to 100% compliance, but acknowledged that this could be due in part to the recent warm weather. Steve recommended that, in light of these improvements, the infection prevention and control report was de-escalated from the Trust Board.

50. Clinical Quality and Patient Safety Report

- 50.1 Fionna Moore reported the following:
- Five new serious incidents had been declared since the last report to the Trust Board, the details of which were included in the paper. All of the serious incidents were currently under investigation;
 - The High Risk Register procedure and its implementation was currently being reviewed.

- The revised procedure would require good evidence for inclusion on the register and appointed champions would ensure that the policy was well-known at complex level;
- CPI completion rate had increased, particularly in the East area, although the non-conveyed clinical indicator required more attention;
- The LAS undertook its first research conference and had received positive feedback;
- The LAS had won an award for the ISRAS study for the highest recruitment to a single study;
- There had been two recent incidents relating to medicines management, one of which involved a possible break in at Bounds Green Ambulance Station where four ampoules of morphine sulphate were stolen. The LAS would continue to work closely with the Metropolitan Police Service on medicines management;
- The recent Foundation Trust membership event had focussed on stroke care.

- 50.2 The Chair noted that five new serious incidents had been declared and asked whether this was a cause for concern. Fiona Moore responded that the serious incidents had not identified a specific trend, although a number of issues regarding mental health had been highlighted and picked up by Steve Lennox. Patient handover was also a recurring theme for both the LAS and hospitals. The Serious Incidents panel would continue to review incidents and draw out any key themes, which would provide key learning points for the service.
- 50.3 Beryl Magrath congratulated the LAS on its first research conference and stated that she had attended the conference and had been proud to be part of the service.
- 50.4 Beryl asked what the timescale was for completing the review of the High Risk Register. Fiona Moore responded that she would report back to the Trust Board on the progress made, but the Trust had a duty to write to all patients included on the register and therefore this might take some time.
- 50.5 Brian Hockett asked what the audit process was for adding addresses to the High Risk Register. Fiona Moore responded that crews completed a LA277 following an incident of verbal or physical abuse. The form would then be reviewed by station management and submitted to Management Information. Fiona recognised that the audit process was less robust at complex level than it ought to be, but that this would be addressed in the review of the High Risk Register procedure. Richard Webber added that local management was required to review the register every six months.
- 50.6 Beryl Magrath asked whether there was any risk attached to the non-conveyed CPI and what improvements needed to be seen in this area. Fiona Moore responded that there was an issue with crews recording in the free text section the advice given to the patient and that this issue would be addressed.
- 50.7 Beryl Magrath noted that the LAS was ranked 11th out of 12 ambulance trusts in the administration of pain relief and asked whether this had been communicated to staff. Fiona Moore responded that this had been highlighted in the clinical update section of the LAS News. There was an ongoing debate about the appropriate use of morphine, which in Fiona's opinion, was not reflected in the CPI.
- 50.8 The Trust Board noted the Clinical Quality and Patient Safety Report.

51. **CommandPoint Update**

- 51.1 Peter Suter asked the Trust Board to give authority to proceed with transition to CommandPoint as planned and delegate authority to the Deputy Chief Executive to oversee the transition on behalf of the Trust Board.

- 51.2 Peter Suter gave an update on progress and stated the following:
- The project was currently on track for go-live on 8th June 2011;
 - All system testing had been completed satisfactorily and all planned training had been completed;
 - A series of dry run events had been planned to practise all aspects of the transition. Dry run D simulated live running in Bow with E watch (the first live use dry run with staff operating CommandPoint) which involved mirroring live calls taken in Waterloo and inputting them into CommandPoint at Bow. This had proved very successful and would be conducted for all watches.
- 51.3 Peter Suter drew attention to risk 105 and reported that live testing of the Met CAD interface had not yet been undertaken, although this would be addressed prior to go-live. This was the only risk to bring to the attention of the Trust Board.
- 51.4 Peter Suter gave an update on actions to address issues and reported that MDT updates were on track but would require a final check the day before go live (issue 117). With regards to issue 120, the Northgate XC Routing Server had been tested but that additional assurance would be sought on final readiness to go live.
- 51.5 With regards to outstanding bugs, Peter Suter reported that priority 2 bugs would be fixed prior to go live and he was confident that these issues would be resolved. John Hopson added that with regards to priority 3 bugs, work was underway to correct these and workarounds had been developed and tested in the dry runs. The workarounds had also been documented and referenced in user guides. John added that priority 4 bugs were largely cosmetic and therefore it would be safe to go live with these bugs.
- 51.6 Alan Leckenby reported that he continued to work closely with Peter Suter and team and that he was pleased with the working relationship that had developed over the course of the project. It had been an integrated process which had proved very successful. An independent risk review had taken place and 7 out of 9 risks had been mitigated. Of the remaining 2, work was ongoing to address these prior to go live. Alan reported that Northrup Grumman staff would be supporting cutover both in London and in Chantilly.
- 51.7 Carrie Armitage reported that she had been asked to undertake a comparison between the CommandPoint project and the call-taking system implemented in 1992. A significant difference in 1992 was the employment of a small software house which had been asked to write a bespoke system. In contrast, Northrup Grumman was a world-wide organisation who had experience with dealing with governmental organisations and more specifically ambulance dispatch systems. In 1992 the software had gone live with bugs, whereas the CommandPoint project had a process in place to deal with bugs prior to go live. Carrie added that she thought that the implementation of CommandPoint was a chance for the LAS to set the record straight. Carrie commented that it was inevitable that there would be some teething problems, but that overall the project would be a success.
- 51.8 Brian Hockett reiterated earlier comments that the project had been managed well. The final implementation would now be handed over to Martin Flaherty to make the final decision on the night of go live, in respect of external circumstances and any incidents which might arise.
- 51.9 Martin Flaherty commented that he was delighted to be involved in the CommandPoint project and had spent some time on site last Friday reviewing the system and discussing the cutover plans in detail. He had also met with Richard Webber to discuss the level of confidence amongst staff to proceed with go live on 8th June. Martin explained that a readiness checklist had been drawn up and that he would chair a meeting on 6th June to go through each point in detail. Martin supported proceeding with the implementation on 8th June.

- 51.10 Richard Webber reported that Operations had spent considerable time talking to staff in control about any concerns that they might have about the change. As a result, significant additional training had been arranged to ensure that all staff were confident in using the new system. Management Information systems had been put in place to monitor performance in the following weeks. Peter Suter added that Operations had responded quickly to any questions raised and had focussed on performance to ensure that it was where it needed to be following implementation.
- 51.11 Mike Dinan commented that it was inevitable that there would be some performance dips following implementation particularly on the first few Friday nights, however it was important that everyone had the courage to stick with the new system.
- 51.12 Sandra Adams asked what assurances were in place around patient safety, what risks had been identified and what actions were in place to mitigate these risks. Peter Suter responded that Gold Command would be focussed on maintaining patient safety and a doctor would be available on call on the night of go live. John Hopson added that a performance cell would be formed 24 hours a day for the first couple of weeks and reconvened where necessary for a further 60 days. Richard Webber commented that the new system was much more stable and would provide for more robust and consistent patient care.
- 51.13 Caron Hitchen asked when the ability to cut back to CTAK would be removed. Peter Suter responded that 30 – 60 days following implementation, Trust Board approval would be sought to decommission CTAK. He stated that beyond this timescale, there was a risk of staff being unable to remember how to operate CTAK.
- 51.14 Martin Flaherty commented that he would agree with the Chair and Peter Bradley on how to update the Trust Board on progress.
- 51.15 The Chair summarised the discussion by stating that the Trust was in as good a shape as it needed to be prior to implementation. The Trust Board gave authority to proceed with transition to CommandPoint as planned and delegated authority to the Deputy Chief Executive to oversee the transition on behalf of the Trust Board.

52. 2010/11 Annual Report and Accounts

- 52.1 Mike Dinan reported that the 2010/11 Annual Report and Accounts had been reviewed by the Audit Committee. The Audit Committee had fed back some comments on the annual report, which they felt needed to better reflect the work of the Trust. Peter Bradley commented that the annual report was a statutory document which was different from the annual review, but nevertheless, the Audit Committee's comments would be taken on board and progressed by Angie Patton and her team.
- 52.2 With regards to the annual accounts, Mike Dinan reported that the Audit Commission had not raised any concerns and currently they were on track for sign off.

53. Cost Improvement Programme 2011/12

- 53.1 Mike Dinan reported the following:

- All CIP projects had been allocated into one of the IBP Delivery Programmes;
- All CIPs had been removed from budgets;
- The majority of Project Managers had been identified;
- All projects had been entered onto Performance Accelerator and dashboards had been developed to report the progress of the CIP.

53.2

Mike Dinan added that progress against the CIP would be reviewed on a monthly basis and it was suggested that the Finance and Investment Committee look at the detail of the plan and the Quality Committee review the clinical and quality aspects.

53.3

The Chair noted that one of the benefits of the Foundation Trust process had been the additional time to understand the essence of the CIP. The Trust Board would continue to review the CIP and ensure that it was heavily scrutinised on an ongoing basis. Peter Bradley added that the CIP needed more visibility within the organisation but that this was improving.

53.4 Peter Bradley suggested that a report was brought to the Trust Board on staff suggestions for money saving.

54. Future Financial Services Outline Business Case

54.1 Mike Dinan reported that this was the first of the Value for Money reviews. The SMG had discussed this and had agreed, subject to approval from the Trust Board, to proceed with testing the market to understand whether this was a viable option. Mike added that a third of ambulance trusts used external financial services with others outsourcing some elements.

54.2 Caron Hitchen added that staffside would be advised of this intention, particularly as they were nervous of procuring services outside of the NHS. Peter Bradley commented that the communication to staff was important and needed to be considered carefully.

55. Quality Account 2010/11

55.1 Steve Lennox reported that the draft Quality Account was presented to the May Trust Board meeting to provide the opportunity for Board members to comment. The final report would be published on the NHS Choices website and therefore the main audience was patients.

55.2 Steve reported that the Quality Account was currently out to consultation and had been sent to patient groups and other stakeholders for feedback. The feedback would need to be published word for word in the final document and there was an opportunity to make some additions to the report.

55.3 The Chair asked that the report be circulated to the Trust Board for approval prior to the next meeting.

ACTION: SL to circulate the Quality Account 2010/11 to the Trust Board for approval prior to the next meeting.

DATE OF COMPLETION: 28th June 2011

55.4 Neil Kennett-Brown commented that the Category C group had held some very good discussions which should be reflected in the report.

55.5 Caroline Silver commented that the annual report, annual review and the Quality Account had all been produced in different formats and did not look like they were from the same organisation. Angie Patton commented that the annual review document sat alongside the LAS News and the branding for these publications was strong. Steve Lennox added that the Quality Account was an online document and therefore had adapted the branding for this type of publication, but would take on board Caroline's comments for future publications.

55.6 Joseph Healy thanked the Trust particularly for the work in mental health and falls, which were of particular interest to the Patients' Forum. He also thanked Steve Lennox for presenting this

information in a way that was easily accessible to all.

56. Service Improvement Programme Closure Report

56.1 Sandra Adams noted that the full closure report had been submitted to the Senior Managers Group. Sandra commented that it had been useful to review the lessons learnt, particularly with regards to project management. The report identified areas of success and the vast majority of the programme had been delivered as expected.

56.2 Sandra reported that the SMG had also reviewed the transition arrangements and had identified those projects which would flow through to the IBP Delivery Programme.

56.3 Peter Bradley stated that the project management approach to the Service Improvement Programme had been first class and commended Martin Brand and his team.

56.4 Beryl Magrath commented that this report had provided a useful reminder of the significant work that had been undertaken.

57. Foundation Trust Update

57.1 Sandra Adams reported that she was looking to reschedule the Board to Board meeting with the SHA for the 28th June and was currently waiting for confirmation from NHS London. A list of documents which would be required to prepare for the Board to Board meeting was being drawn up.

57.2 The timeline had been agreed with NHS London and a significant amount of work needed to be completed by 3rd June 2011. A meeting was arranged for 6th June to discuss and clarify the financial model.

57.3 Sandra reported that the postponement of the Board to Board meeting by one month meant that the Trust was looking at becoming authorised in March 2012, if all went to plan. The Chair added that there would be difficulties if the meeting was delayed any further as this would be approaching holiday season.

58. Report from the Trust Secretary

58.1 The Trust Board noted that tenders had been received for the refurbishment of the new Hazardous Area Response Team west site at Isleworth and the Risk Management System. There had been one entry to the register for the use of the Trust Seal for a lease renewal for Unit 28 Bermondsey Trading Estate.

59. Forward Planner

59.1 The Chair noted that he and Sandra Adams were looking to review the forward planner and asked members of the Trust Board to ensure that they put forward any items that they wished to be discussed.

59.2 The following items were put forward for inclusion in the Trust Board forward planner:

- Summary of serious incidents;
- Dates of the Finance and Investment Committee meetings;
- Staff survey action plans;
- Q2 of the Cost Improvement Plan;
- New Ways of Working;
- Estates Strategy;

- Clinical Response Model;
- A&E restructure;
- Clinical management structure.

ACTION: SA/FG to incorporate the above into the forward planner for the Trust Board.

DATE OF COMPLETION: 28th June 2011

60. Questions from members of the public

60.1 Neil Kennett-Brown acknowledged the progress that the Trust had made, which was encouraging particularly as it was working hard to deliver a complex agenda. Neil Kennett-Brown expressed the opinion that the way in which the organisation had handled itself had been exemplary, particularly during inquests into the 7/7 London Bombings and the announcement of the Cost Improvement Programme. Neil commented that the new outcome indicators were very positive and would help the organisation to demonstrate that the LAS led this work. Neil stated that, in his opinion, the organisation was fit for the future.

61. Any other business

61.1 There were no items of other business.

62. Date of next meeting

62.1 The next meeting of the Trust Board is at 10.00 on Tuesday 28th June 2011.

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Signed by the Chair

ACTIONS
from the Meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 24th May 2011

| <u>Meeting Date</u> | <u>Minute Date</u> | <u>Action Details</u> | <u>Responsibility</u> | <u>Progress and outcome</u> |
|---------------------|--------------------|---|-----------------------|--|
| 20/09/09 | <u>102/10</u> | <u>Proposed governance arrangements and draft constitution for the LAS NHS Foundation Trust</u> Further discussion to be held at the Service Development Committee in October with an update to the November Board meeting. | SA | Final documents to come to the Trust Board on 28 th June 2011 |
| 30/11/10 | <u>138/10</u> | <u>Update from Chief Executive Officer</u> Caron Hitchen agreed to find out more information on the causes of sickness amongst Patient Transport Staff. | CH | Included in the workforce report for 28 th June 2011. |
| 14/12/10 | <u>161/10</u> | <u>Balanced Scorecard</u> It was agreed that the Trust Board would have a workshop on the balanced scorecard in January or February. | CMc | Dates to be confirmed |
| 03/02/11 | <u>19.1</u> | <u>Questions from members of the public</u> AP to look into publicising case studies of patients who had received better clinical care as a result of being referred to an appropriate care pathway. | AP | Underway |
| 29/03/11 | <u>25.7</u> | <u>Quality Committee & Cost Improvement Programme</u> MD to ensure that the Quality Committee was incorporated into the monitoring of the Cost Improvement Programme. | MD | To add to the agenda for the Quality Committee on 6 th July |
| 29/03/11 | <u>27.10</u> | CH to send a copy of the staff survey report to Joseph Healy. | CH | Complete |
| 29/03/11 | <u>27.16</u> | SL to give a presentation to the Patients Forum on blanket use. | SL | Complete |

| | | | | |
|----------|-------------------------------|--|----------|--|
| 29/03/11 | <u>31.4</u> | <u>Cost Improvement Plan</u> SA to review the timescales for the voting process as stated in the governance rationale and constitution. | SA | This has been reviewed. Election timetable is stated in the model constitution and remains at 40 days. The LAS will work with prospective governors in the run-up to the elections to ensure they are as prepared as possible for the nominations process. Complete |
| 29/03/11 | <u>40.1</u> <u>And 59.</u> | <u>Forward Planner</u> SA and RH to review the Trust Board forward planner for the year ahead and into 2012. | RH/SA/FG | Forward Planner updated from May meeting |
| 24/05/11 | <u>46.12</u> | <u>Staff Survey</u> FG to add the staff survey results and action plans to the forward planner for the Strategy Review & Planning Committee | FG | On the forward planner for 26 th July 2011 |
| 24/05/11 | <u>47.5</u> | <u>Quality Committee</u> Progress on improving the Serious Incident reporting and follow up processes to be discussed at Quality Committee and then Trust Board. | SA | On the forward planner for 23 rd August 2011 |
| 24/05/11 | <u>55</u> | <u>Quality Account 2010/11</u> SL to circulate the Quality Account 2010/11 to the Trust Board for approval prior to the next meeting | SL | Agenda for 28 th June 2011 Complete |



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2010

PAPER FOR NOTING

| | |
|---|---|
| Document Title: | Chairman's report |
| Report Author(s): | Richard Hunt |
| Lead Director: | |
| Contact Details: | |
| Why is this coming to the Trust Board? | |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | |
| Executive Summary | |
| <p>During the course of the last three months, I have attended Trust Board development sessions, visited the GLA to attend the scrutiny meeting with Peter Bradley, met Jo Webber from the Ambulance Service Network, and Sir Nigel Essenhigh from Northrop Grumman (twice). I have also visited South Central ambulance Service in Bicester to discuss possible ambulance service co-operation, visited Victoria Borwick from the GLA and Caroline Hewitt, SE London Sector cluster chair.</p> | |
| Key issues for the Trust Board | |
| Attachments | |

| |
|---|
| <p>Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives:</p> <p><input type="checkbox"/> To have staff who are skilled, confident, motivated and feel valued and work in a safe environment <input type="checkbox"/> To improve our delivery of safe and high quality patient care using all available pathways <input type="checkbox"/> To be efficient and productive in delivering our commitments and to continually improve</p> |
| <p>Risk Implications This paper supports the mitigation of the following strategic risks:</p> <p><input type="checkbox"/> There is a risk that we fail to effectively fulfil care/safety responsibilities</p> |

- There is a risk that we cannot maintain and deliver the core service along with the performance expected
- There is a risk that we are unable to match financial resources with priorities
- There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING

| | |
|---|--|
| Document Title: | Chief Executive's Report |
| Report Author(s): | SMG for Peter Bradley |
| Lead Director: | CEO |
| Contact Details: | |
| Why is this coming to the Trust Board? | For information and noting |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the report |
| Executive Summary <ul style="list-style-type: none"> • LAS has been successful in tendering to Connecting for Health to become an authorised NHS Pathways training provider. • The Balance Scorecard Performance indicators have now been activated on the Performance Accelerator software which will allow improved monitoring once brought fully on line. Some data loading challenges are being worked through • CAT A performance remains above 75% but is below the projection for this quarter • CAT A incident demand exceeds expected growth • Discussions with staff side on rest breaks are being concluded ahead of implementing changes in July / August • Resources other than A&E staff - including CTA, NHSD & Urgent Care have seen a rise in calls dealt with. • Overtime spend is nearly 40% lower than this month last year | |

- Handover and Turnaround times remain a key focus for Trust managers and concerns have been raised with Commissioners
- Make Ready initial bid tenders close with two suppliers showing enthusiastic interest.
- PTS is waiting to hear results on 10 outstanding LPP bids
- Sickness absence has risen slightly to 5.26%. A&E operational areas were nearer the year's target reporting 5.06% for April.
- The PTS sickness level of 12.34% is being actively managed and improvement is expected
- Meeting frequency with Staff Council is to be increased and communication channels with senior reps is to be improved to assist with successful implementation of CIP
- Details of Serious Incident action plans are included along with progress on resolution
- Since January over 400 patient involvement and education activities have been undertaken

Key issues for the Trust Board

There are a number of other issues that I would like to mention to the Board

The NAO Transforming NHS Ambulance Services report raises a number of issues for ambulance services and I suggest we discuss the main findings and recommendations at a future SRP meeting of the Board. (I will be attending a Public Accounts Committee as witness along with Sir David Nicholson and David Flory on 29th of June).

Last week we published *Taking Healthcare to the Patient 2*, which reviews progress of ambulance services across England over the last six years and I have also made six recommendations for the future. Copies of the report will be made available to Board members

Both the CommandPoint issue and the postponement of the Board to Board with NHS London have been frustrating, however we are absolutely committed to making sure we work through the issues associated with both and we appreciate the support of the Board at this time.

The Finance Director will cover in his reports both the month two position and progress with our Cost Improvement Programme and I am concerned that we aren't where we want to be with either. I would like to assure the Board that I and the team are giving both our full attention and we will get back on track.

Finally my report covers serious incidents declared in May & June and currently under investigation. Serious incidents are inevitable in an organisation that receives almost 1.5 millions 999 calls a year. Our attention over recent months has been to make the process of reporting Serious Incidents more robust through a weekly review system with Directors. Our attention now is on improving the investigation process and ensuring lessons that are identified are shared widely across the Trust so we learn from incidents.

Attachments

- Balanced Scorecard
- Performance data pack

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- That we fail to effectively fulfil care/safety responsibilities
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

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- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING 28 JUNE 2011
CHIEF EXECUTIVE'S REPORT

1. COMMISSIONING AND BUSINESS DEVELOPMENT

Strategic Development

We have recently received confirmation from Connecting for Health that the tender we submitted in April to become an authorised NHS Pathways training services provider was successful. We are now in discussions with Connecting for Health to finalise the formal agreement and draw up a training schedule to train and accredit our nominated trainers.

Once accredited, we will be able to train our own staff in the use of NHS Pathways, this is a computer-based clinical decision support tool that is being adopted by an increasing number of users across England. Once our staff are trained, we will proceed with the implementation of NHS Pathways in our Urgent Operations Centre where our call handlers will provide appropriate advice and guidance over the telephone to patients who are deemed suitable to be dealt with in this way in accordance with established DH criteria. Increased use of this 'hear and treat' service will help reduce the pressure on our mobile resources and the pressures experienced in A&E departments and other parts of the urgent and emergency healthcare system.

In addition to training our own staff in the use of NHS Pathways, we will be in a position to participate in forthcoming tenders for the provision of NHS Pathways training services to organisations planning to implement the software as their chosen clinical decision support tool. There are already some 18 organisations that have made the decision to move to NHS Pathways and who will need training. NHS Pathways is a key component of the Single Point of Access 111 project which will interface with the Directories of Services currently being populated by PCTs and their service providers.

The training and support of frontline staff in the use of appropriate care pathways continues. The purpose is to provide patients with the highest standards of patient care by conveying them to the most clinically appropriate service for their needs or by referring them to the right healthcare professional or service provider. We are already seeing significant increases in the numbers of uninjured fallers and older people who are referred to their GPs when clinically appropriate rather than being routinely taken to A&E. This approach provides patients with the most appropriate treatment and ensures that our and the wider London healthcare system resources are used more effectively. Increased use of appropriate care pathways is a major element of our agreed incentive plan (CQUIN) in the 2011/12 A&E contract.

2. Integrated Business Plan (IBP) Delivery

The IBP Delivery Programme has been initiated with the first programme board meetings held for the constituent sub-programmes: Patient Care (SRO Steve Lennox); Workforce and OD (SRO Caron Hitchen); and Value for Money (SRO Mike Dinan). Work is progressing to scope those projects which are not already live with clear identification of milestones and contribution to SMART target achievement. Currently there are fourteen initiatives under the Patient Care Programme, thirteen under the Workforce and OD Programme and thirty seven under the Value for Money Programme.

Performance Accelerator is to be used in future for performance management, both reporting of project progress and benefits realisation. SMG will be paying particular attention to those projects which contribute to achievement of the LAS Objectives for 2011/12 or cost base reduction as part of the CIP (not all CIP projects are in the Value for Money Programme as some also contribute to Patient or Workforce objectives). The implications for project scheduling of the postponement of Command Point go-live is being worked through, for example in relation to NHS Pathways.

3. BALANCED SCORECARD

In April 2011, an exercise was performed to confirm and approve new Balanced Scorecard Performance Indicators for 2011-12 with SMG, and there are now 106 performance indicators which have been mapped to new Department of Health (DoH) KPIs and 21 performance indicators supporting schedule 18 of the Commissioning National Contract have been added. The exercise proved to be challenging in terms of the time taken to gather the information, agree the indicators and to load the final scorecard into the Performance Accelerator application. This has now been prototyped and available data retrospectively loaded for the first two months of the year, and will be fully operational on Monday 20th June. It is expected that the scorecard values will be up to date before the end of June and that a preview report will be presented to an SMG diary meeting in June.

The new scorecard has been restructured to provide separate dashboards for DoH KPIs (HQU & SQU indicators) and

Commissioners' Clinical Quality Indicators, so that we can see at a glance how we are measuring against targets which may incur financial penalties and those which provide incentives. The example dashboard in Figure 1 provides the current status of indicators under Corporate Goal "Care for Patients", broken down into CQUINS and SQU indicators, and Figure 2 example shows the Balanced Scorecard for the Clinical Quality Indicators.

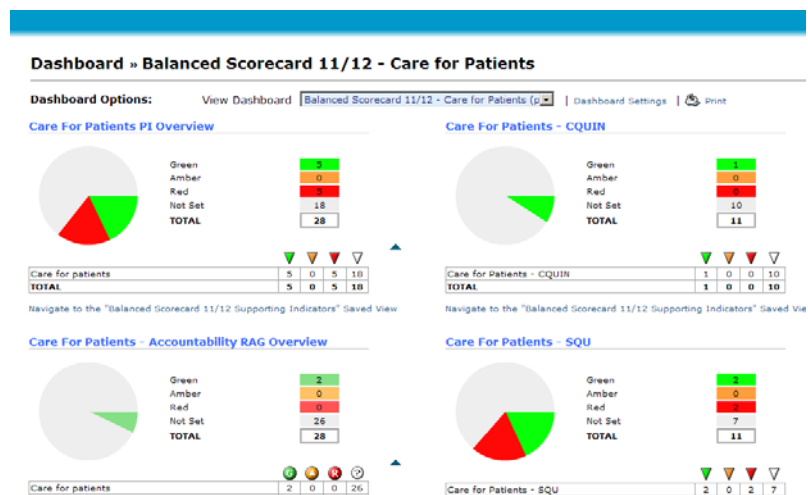


Figure 1

| Accountability Title | Owner | Sponsor | Action | Next Update Period | Last Update Period |
|---|----------------|----------------|--------|--------------------|--------------------|
| Care for patients | | | | | |
| CO2 - CQUIN-01 - Reducing conveyance rate to A/E services | Emma Williams | Lizzy Bovill | Action | Apr 11 | |
| CO2 - CQUIN-2A - Hear & Treat resolution (no convey) via CTA & NHS Direct | Fiona Carleton | Richard Webber | Action | Jun 11 | May 11 |
| CO2 - CQUIN-2B - Implementation of NHS Pathways in CTA | Fiona Carleton | Richard Webber | Action | Apr 11 | |
| CO2 - CQUIN-3 - CPI non-conveyed | Emma Williams | Lizzy Bovill | Action | Apr 11 | |
| CO2 - CQUIN-4 - Falls & Older People referrals to GP | Emma Williams | Lizzy Bovill | Action | Apr 11 | |
| CO2 - CQUIN-5A - End of Life Care Pathways | Emma Williams | Lizzy Bovill | Action | Apr 11 | |
| CO2 - CQUIN-5B - End of Life Care Pathways | Emma Williams | Lizzy Bovill | Action | Apr 11 | |
| CO2 - CQUIN-6A - Mental Health Pathways | Steve Lennox | Steve Lennox | Action | Apr 11 | |
| CO2 - CQUIN-6B - Mental Health Pathways | Steve Lennox | Steve Lennox | Action | Apr 11 | |
| CO2 - CQUIN-7A - Whole system clinical issue resolution | Steve Lennox | Steve Lennox | Action | Apr 11 | |
| CO2 - CQUIN-7B - Whole system clinical issue resolution | Steve Lennox | Steve Lennox | Action | Apr 11 | |

The review exercise has identified data challenges in the acquisition of correctly formatted data from a variety of internal and external sources. This will be addressed with the Management Information team in June to see if we can rationalise the number of steps taken to load the information into the Performance Accelerator application. A report on the outcome of these discussions will be presented at the next Trust Board meeting.

4. SERVICE DELIVERY

Accident & Emergency service performance and activity (see attached information pack) Performance Overview (Graphs 1, 2,3,7,8 &13)

The table below sets out the A&E performance against the key standards for Category A for April and May and the first 19 days of June 2011.

| | Cat A8 | Cat A19 |
|----------------------------------|--------------|--------------|
| Key Standard | 75% | 95% |
| Apr 2011 | 77.8% | 99.3% |
| May 2011 | 76.5% | 99.4% |
| June (to 19th) | 75.9% | 99.3% |

I can report that for the months of April and May the Trust delivered above the National key standard of 75% with the YTD A8 currently sitting at 76.9%. However, it is disappointing to note that the Trust did not achieve the 79.5% trajectory for the months of April and May which was intended to allow for a forecast dip in performance when Command Point was implemented.

Category A incident demand continues to grow above Trust expectations. April experienced an overall growth of 11.6% which equates to an additional 3,139 more incidents in-comparison to last April with May seeing a slightly lower increase of 9.9%. Category A YTD growth is now sitting at 8.9% , however there has been an overall decrease of 1% for all incidents attended.

Call Answering (Graph 5 & 6)

The percentage of calls answered within 5 seconds for the first 2 months (April&May2011) stands at 93.6%; slightly short of the 95% target, with May returning a months performance of 93.9%. However call handling for Monday through Thursday day and nights sat at 98 and

96.7% respectively. The fall –off in performance is witnessed over the weekends, specifically the evenings. Of note, is the fact that when we relocated activity to Bow on May 3rd due to the Flood in call handling – service levels were maintained at 99%. The failure to meet the desired performance levels is due to several reasons:

- Increased call volume – 407 more calls per day
- Launch of New Dispatch Model (NDM) meant that during the bedding in process the ability to flex resource through combining dispatch sectors in control was reduced.
- Full complement of staff requiring maintenance training on every shift
- Additional CommandPoint training opportunities: dispatch refresher courses, Watch dry-runs at Bow
- Additional Resourcing required to support events
- A need to review the call-taking Rosters which are not yet optimally structured to meet incoming demand

Although the average call handling time has remained consistent with the previous quarter, there are still opportunities for enhanced focus and management of the call taking function and there will be renewed focus and scrutiny from the Watch AOMs on this aspect of performance.

Rest Breaks (Graph 12)

The rest break plan recently introduced in control services designed to manage the allocation of rest breaks during duty periods has begun to realise on the day improvements with less vehicles being lost at shift end for no break given. Whilst this is not reflected in this months board pack and does not indicate an increase in the totality of breaks completed, improvements are being seen in the number of breaks being offered due to smarter distribution of breaks being allocated.

The Trust has continued to consult with staff side over changes to the current rest break arrangements for operational staff and have now set a deadline for the completion of consultation as the end of June 2011. This follows numerous discussions as part of the Operational Partnership Forum and its constituted subgroups dating back to November 2009. The proposals upon which we are consulting surround two changes to the current arrangements and these include changes to the location at which rest breaks can be taken and changes to the administration of rest breaks during duty periods. We have notified staff side that we plan to implement changes to the current arrangements in July/August this year. We believe that the additional flexibilities will result in a significant improvement in breaks allocated and greatly reduce performance fall off at shift change.

Call Taking Resolution (Graph 31)

The month of May saw an increase in the number of calls resolved by telephone advice from a total of 5,107 in April to 5,512 in May. The number of calls handled by LAS clinicians increased from 4,625 in April to 5,818 with the number of calls resolved following a completed PSIAM assessment increased from 947 to 1,187.

The Trust continues to pass more calls each month to NHS Direct owing to the now preferred method of utilising the transfer of calls via the web enabled link. Contacts increased from

5,047 to 5326 and resolved over 80% of calls passed to them. This saved LAS resources being sent to an additional 4325 patients, an increase of 165 from April.

UOC resources were sent to significantly more calls in May as staff familiarise themselves with the New Dispatch Model incorporated into EOC on the 4th. The workload for these vehicles rose from 10,008 in April to 11,685 in May; and we are now reviewing the types of calls attended by these crews following some concerns expressed internally.

Resourcing (Graph 14, 15, 16, 17 & 18)

The Trust produced 121,703 ambulance hours resourcing for May this year which was 12,609 hours less than for the same period last year; a 9.4% reduction. FRU hours produced for May increased by 15.6% to 59,244 hours compared to 51,221 hours for the same period last year. As predicted appetite for covering FRUs has improved as we have drawn into the summer period and we anticipate a further improvement in the second quarter as new Paramedics graduate in greater numbers from Hannibal House. The Trust produced 25,801 ambulance hours for Urgent Care vehicles in May this year, exceeding the hours produced last year by 3,421.

Actual planned overtime spend for May was 22,299 hours. This is a decrease of 39% compared to the same period last year when we spent circa 37K hours on planned overtime. This has been a considerable achievement taking into account our strategic intent not to offer any more overtime incentive scheme, balanced against a large staff abstraction rate due to SP2 Paramedic training.

Hospital Handover/Turnaround (Graphs 22, 23 & 24)

The Trust continues to work relentlessly to reduce both the average patient handover to green and average hospital turnaround times in order to increase the resources available to respond to calls. Both of these seem to have plateaued, but work continues to reduce them further. On the 30th May 2010 the Trust average patient handover to green time was 19.3 minutes and for the weekending 29th May 2011 the Trust achieved 15.7 minutes, still the lowest time we have seen since the increased focus on this area, with 6 Complexes below the 15 minutes target - all of which are in the West, a further 6 complexes have average times ranging from 15.1 to 15.5 mins just outside the target.

On the weekending the 30th May 2010 the average hospital turnaround time was reported at 32.2 minutes. For the week ending the 29th May 2011 the Trust reported 32.2 minutes, so there has been no overall improvement and this remains above the target recommended previously of 28 minutes.

It is disappointing to report that the average arrival to patient handover continues to increase. From weekending the 30th May 2010 the Trust has seen a cumulative increase from 13.3 minutes to 16.8 minutes for weekending 29th May 2011 - an increase of 3.5 minutes. The increase in average arrival to patient handover is getting further from the 12 minutes target, which is inhibiting the achievement of the necessary frontline efficiencies. We have raised this as a concern with commissioners and it is apparent that this is in turn being raised as a significant area of concern with acute trusts across London.

Control Services (Graph 6,47,48,50 & 51)

Clearly of note was the cut-over to CommandPoint and it running for 5 hours before we went back to paper on June 8th. This is covered in more detail in the separate CommandPoint report. It is worth noting though that the sense of all concerned was one of disappointment. All staff had welcomed the challenge and risen to it – such that the same two watches are keen to be the ones for the re-launch.

All CommandPoint training was completed to plan. In addition, every Watch was afforded the opportunity to “dry-run” CommandPoint from Bow- which generated incredibly positive feedback. Additional dispatch courses were made available for those staff that felt less confident and maintenance training content was amended dynamically in line with staff feedback.

The New Dispatch Model (NDM) has operated well since its launch on May 4th, attracting positive comments from Control and Road staff alike. There is, of course, some learning arising and the model is being continually adapted in light of those; for example focus on the correct tasking of urgent care crews. Radio communications with crews (and speed of response) have, in particular, benefited from the split of complexes across desks.

Alongside NDM, was the launch of dynamic performance review which sees us analyse every missed CAT A call and identify the root cause at the time. The percentage attributable to dispatch error has been managed down since this started and performance feedback offered directly to staff. It can be seen that running times are the most significant contributor to breaches – which demonstrates the criticality of AAC and Blue8 software. New jointly agreed local standby points are yet to be uploaded and we are hopeful that when they feature in Blue8 we will make further improvements in deployment.

Fleet & Logistics (Graph 52 & 53)

Within the Vehicle Resource Centre (VRC), there has been an introduction of a new way of working where the VRC Co-ordinators are looking after their own operational area. This is still being bedded in and where shortfalls have been identified, training has been given. As we have now been running with frontline Ambulances assigned to station for some time, there is a review ongoing to check that vehicles are still deployed in the optimum way. This may result in some further reassignment of vehicles and a greater proportion of the fleet assigned to station, which follows comments raised by staff.

The personal fuel card trial at two complexes in the East continues and there has been no negative feedback, and no lost cards to date. The next step is to extend the trial to the whole of the East Area. However the wish is to ensure that we have good governance in place before doing this and so a framework of best practice is being produced prior to implementation.

There has been a shortlist of applicants for the Make Ready tenders. To date 3 site visits have taken place and so far they have all been productive with companies showing a high level of enthusiasm for the contract. Unfortunately one prospective bidder has pulled out of the

competition due to time lines and other commitments. The closing date for initial bids is the 27th June.

The Make Ready hospital trial continues to operate. Issues with staffing and quality of service are persisting, but the trial continues to prove itself as a viable addition to night time Make Ready. As the trial moves on, it seems clearer that it is possibly not going to be able to replace Make Ready completely, at least not in the contracts current guise, but it is being pushed in the tender as a value adding element of the service that should be carefully considered as part of the upcoming bids.

Deep cleaning continues to maintain a high level of success when compared to previous months / years. Tracking around 90% (higher in the West) it sits well above the KPI of 85% with further efforts being made on the FRU and PTS fleet.

Emergency Preparedness

Operational Commanders courses continue to take place. The Olympic training programme has now commenced with a day of the programme dedicated to Emergency Preparedness and these will now continue weekly through to December.

Work with multi-agency partners continues to develop and regular training and exercises are taking place at local, regional and national levels. A multi-agency exercise took place on the 7th June to look at aspects of our response to firearms incidents. The exercise went well and allowed the opportunity to test out arrangements, with a structured debrief scheduled to take place in the coming weeks to capture the lessons identified.

Work continues to finalise the Major Incident Plan and action cards for publication. A launch event will be arranged to update managers of the changes when the document is complete with the Rule 43 recommendations from the 7/7/ inquests incorporated.

The work on the new HART West site continues and is due for completion by mid September which will see all of the staff located together at Isleworth.

5. PATIENT TRANSPORT SERVICE

Commercial

We continue to wait to hear further on the submitted bids to the following Trusts under LPP Phase 3. We believe the delay in awarding on these bids is due to the continuing uncertainty re the current reorganisation of the NHS:

- Epsom & St Helier University Hospitals NHS Trust
- Richmond and Twickenham PCT
- Sutton and Merton PCT
- Croydon PCT
- Wandsworth Teaching PCT (currently held by LAS)
- Chelsea & Westminster Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust (High Dependency Transfers only)
- Royal Free Hampstead NHS Trust
- Royal Marsden NHS Foundation Trust
- Whittington Hospital NHS Foundation Trust

We presented to Guy's and St Thomas' NHS Foundation Trust (High Dependency Transfers only) on the 19th May 2011 having made their shortlist for presentations.

Outside of the LPP the following work is being undertaken:

Following our successful bid to provide PTS to Queen Mary Roehampton Hospital on behalf of their PFI Provider Sodexo we have been working closely with them and their current provider M&L in our implementation plan to ensure smooth transition of the contract. Transfer to LAS would take place at the end of July 2011 and the current provider M&L staff (12) would TUPE into the LAS at that time.

We have completed documentation for a bid for PTS for Lewisham Hospital on behalf of their potential PFI Provider Sodexo.

We have expressed our interest in a new tender issued on OJEC for London Barts NHS Trust for High Dependency Transfers only.

We have been advised that the next phase of the London Procurement Program will begin in August 2011 LPP Phase 4 and will involve approx 15 Trusts.

Operations

- Rotas

We continue the process of reviewing and implementing new rotas for PTS staff working in East London. The purpose of the changes is to ensure better utilisation of vehicles and staff, as well as introduce a consistent, pan-London, working pattern. Benefits should include the elimination of third party usage, reduction in overtime and implementation of PROMIS to bring about better recording. PTS staff in West London are all now working on new 5 day rotas.

- Vehicles

During May we have received extensive feedback on the three Bariatric vehicles operated by PTS in relation to their utilisation, response times and capabilities and we are currently reviewing the vehicles and equipment used, based on this feedback to identify areas of further improvements to ensure their capabilities meet the growing demands that are being placed on the Service. In the first four months of the year they have completed a total of 138 journeys, 82 from PTS contracts and 56 for A&E.

- Communications

During May our Work Based Trainer has been delivering the next module of refresher training to all road staff on Wheelchair Harnessing & Securing.

- Performance

Activity in May rose to 14,090 patient journeys. Overall activity continues to be lower as a result of the Bank and Public Holiday weekends with only 20 working days in the month, and the effects of tight activity control from all Trusts in response to current financial constraints, as compared to previous highest month's activity of 16,589 patient journeys achieved in March 2011.

The quality standards for May 2011 were:

- Arrival Time: 91%
- Departure Time: 94%
- Time on Vehicle: 95%

6. HUMAN RESOURCES

Workforce information

Highlights from the attached workforce information report are:

Sickness absence

Sickness absence reported in April is 5.26% compared to 5.18% in March. The Trust has set a target to achieve an absence level of 5% for the year.

It is encouraging to see that A&E operational Areas overall achieved a sickness absence level of 5.06% for the month of April, with both East and West Areas reporting below target levels at 4.51% and 4.57% respectively.

PTS remains high at 12.34% in April with a number of long term absences which are currently being managed through the MAP. The numbers of "live" long term absences have reduced since the reporting period and it is therefore anticipated that future reports will reflect a decrease in absence levels accordingly.

The national benchmarking report for sickness absence across all Ambulance Trusts for the full year 2010/11 will be available at the end of June and will be reported to the next Trust Board.

Vacancies and Turnover

Management Information are finalising the reconciliation of ESR establishment following the changes agreed through budget setting and associated Cost Improvement. Accurate figures should therefore be reported from next month.

From weekly operational staff in post figures, it can however be reported that as at 6.6.11, frontline staffing was 3257 wte against an establishment of 3301 (vacancy level of 44.wte). We have an anticipated recruitment of c60-65 university paramedics in late autumn.

Turnover in May was in line with the same period last year and year to date levels are slightly lower than last year though within normal range.

Employee Relations

The level of “live” attendance cases has continued to rise with 569 staff being actively managed. Future reports will also indicate the number at a progressed stage (final warning). Other activity remains stable.

PDR completion

Whilst May does show some improvement in completion rates in most areas, this is not significant and it is not clear that the new electronic reporting tool is yet being fully utilised. Managers have received a second reminder to record all completed PDRs using the new electronic system.

The system will also help in providing managers and SMG with completion reports in order to ensure that appropriate action is taken.

It should be noted that some PDR completion is undertaken on a rolling year rather than fiscal year and will therefore not be recorded until later in the year.

Health Safety and Risk – incident reporting

The electronic incident reporting pilot has delivered a significant increase in levels of incident reporting at the ambulance complex which has been central to supporting the pilot, and the speed of reporting has also significantly improved. Results at surrounding complexes within the pilot area have been less positive, and work is underway to understand why this might be with a view to re-launching the pilot at these complexes. It is likely to be a matter of local communication and engagement rather than any particular staff resistance to the concept or methodology. A view will then need to be taken on further roll-out and how this might be aligned to the introduction of any new Risk Management System.

The Trust-wide health and safety consultative arrangements are now being re-established following the training of Trade Union representatives to the agreed level. The Corporate Health and Safety Group meets on 30 June, and the new Operational Health and Safety Partnership Forum should be established in July.

Training and Education

The main area of activity in May has been to continue to deliver the Paramedic skills elements of training to the significant numbers of Student Paramedics. There are currently between 100-120 students per day are moving through this part of the programme. In the year to date 46 paramedics have qualified and are in the process of registering.

The three daily modules delivering Core Skills Refresher (CSR) training have been agreed with delivery of CSR 1 and 2 re-commencing in June. CSR 3 programme development work has commenced in preparation for future delivery.

Work continues on the introduction of Higher Education pathways for Paramedic Registration and we will be launching the Open University (OU) Paramedic courses for A&E Support and Emergency Medical Technicians imminently. Further work is being undertaken to identify if the OU can also provide modules for existing Paramedics to gain a Higher Education award.

Partnership working

At this challenging time, Partnership working is being strengthened as far as possible by ensuring that communication channels with management, the Trade Unions and senior representatives are maintained and enhanced. The Joint Secretaries continue to meet regularly, every two weeks whenever possible, and the frequency of meetings of the Staff Council is to be increased. Additional meetings will also be arranged should this be necessary.

As previously reported, we will continue to work with staff side in implementing the CIP and considering any potential alternative areas for cost savings which may be identified.

Wellbeing

Initial feedback on the new provider of occupational health services, Guys and St Thomas', continues to be positive in the main. Work will be undertaken to identify joint health and wellbeing initiatives which can be taken forward in partnership with occupational health.

The Staff Support team has been strengthened by the appointment of a senior counsellor.

We continue to be actively involved in pan-London and other health and wellbeing networks. The Assistant Director, Employee Support Services is a member of the NHS London Health and Wellbeing group and also involved in networks established by NHS Employers. A pan-London Wellbeing reference group is chaired by the Staff Support Services Manager. This ensures we access relevant best practice from others both in London and nationally together with promoting the work and profile of the LAS.

Staff Engagement

The pilot Team Briefing system which was launched in Human Resources and Finance Directorates, and extended to Fleet and Logistics from May 2011, is now to be evaluated to inform the next phase of implementation.

A staff suggestion scheme, "If I could change one thing..." has been agreed and is being launched.

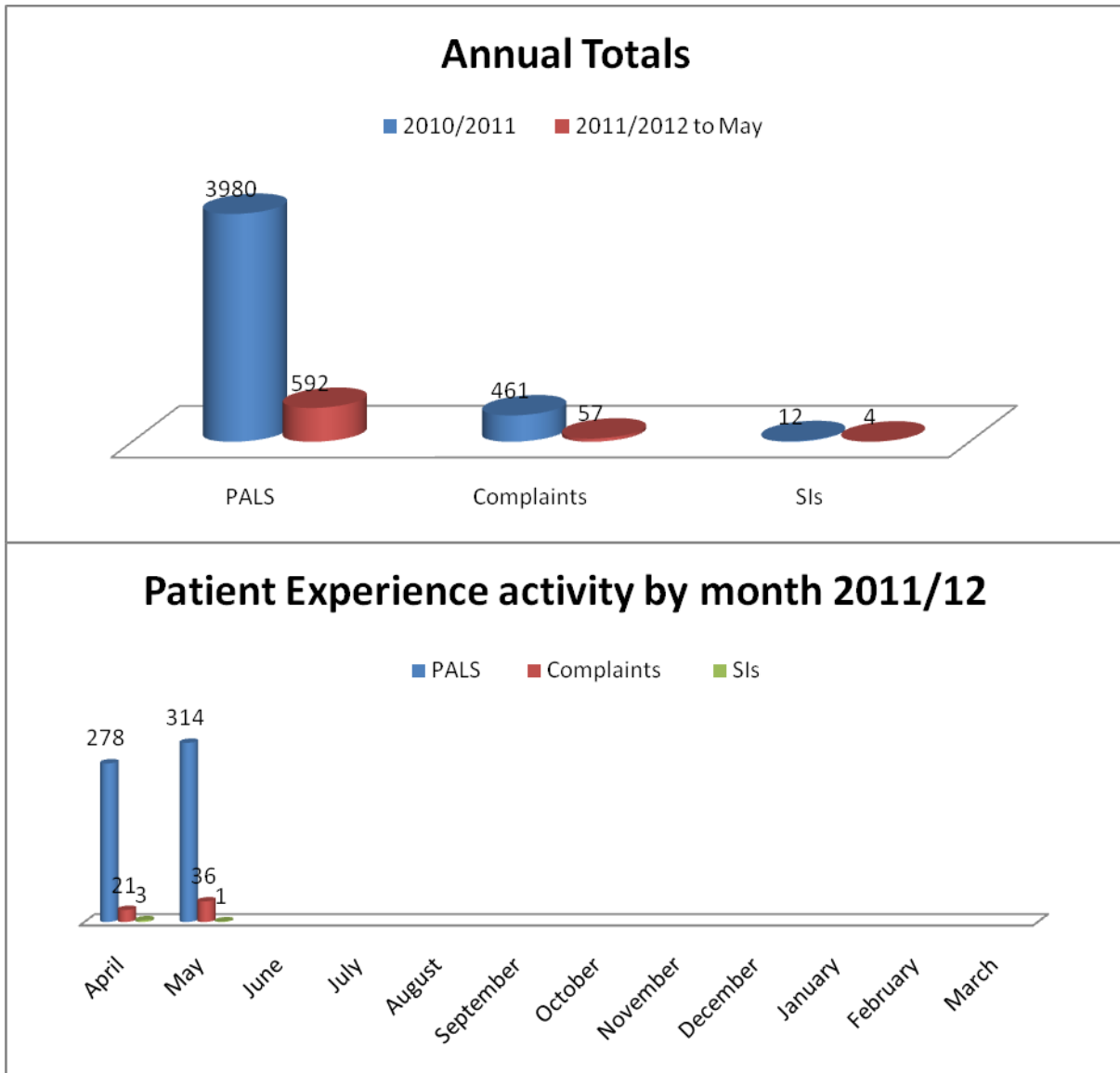
A range of staff engagement information and materials has been published on the Pulse (intranet). This includes the first of a series of regular "temperature check" surveys, which will enable us to track staff views and feelings in real time on some of the key measures in the annual NHS staff survey. All Complexes and directorates have also been encouraged to confirm a number of commitments to staff, based upon their local staff survey results, and these are published on the staff engagement pages.

7. COMPLAINTS, PALS ENQUIRIES AND SERIOUS INCIDENTS

Introduction

This report provides an update on the Trust's position with regards to serious incidents, complaints and PALS activity, specifically focussing on activity during May 2011. To provide some context I have included a running total of activity to date along with a comparison with 2010/2011.

Summary



To date figures for PALS and complaints are lower, on average, than the same period last year. However, the number of serious incidents (SIs) may exceed those declared during 2010/11.

Complaints

| Complaints by subject 2011 | May |
|--------------------------------------|-----------|
| Treatment | 8 |
| Delay | 9 |
| Non-conveyance | 7 |
| Road handling | 6 |
| Non-physical abuse | 4 |
| Aggravating Factors | 0 |
| Conveyance | 0 |
| Not our service | 1 |
| Patient Injury or Damage to Property | 1 |
| Clinical Incident | 0 |
| Totals: | 36 |

Complaints remain stable in terms of volume and complaint subjects.

PALS

| PALS by Subject and Received May 2011 | Total |
|---|------------|
| Information/Enquiries | 205 |
| Lost Property | 57 |
| Appreciation | 10 |
| Communication | 9 |
| Delay | 4 |
| Incident Report - A&E | 4 |
| Conveyance | 3 |
| Policy/ Procedure | 3 |
| Clinical | 2 |
| External Incident Report - LAS Crew | 2 |
| Helpline Request | 2 |
| Incident Report - GP Surgery | 2 |
| Patient Injury or Damage to Property | 2 |
| Access | 1 |
| Non-physical abuse | 1 |
| Incident Report - Community Health (Midwife/DN) | 1 |
| Incident Report EOC | 1 |
| Incident Report - LAS Equipment | 1 |
| Incident Report - Hospital Midwife | 1 |
| Non-conveyance | 1 |
| Other | 1 |
| Road Traffic Collision/RTC | 1 |
| Totals: | 314 |

PALS activity increased over April - there were 21 working days in May. Only 1 PALS enquirer was referred to the Ombudsman as an outcome. 143 PALS enquiries were closed

within 24 hours. Lost property enquiries remain stable - none resulted in compensation during May.

Serious Incidents

| ID | StEIS | Description | Incident Date | Received | Case Officer | Comments |
|--------------------------|-------------|---|---------------|-------------|---------------------|---|
| 2011/2012 to June | | | | | | |
| 39067 | 2011-10487 | CommandPoint failure resulting in the Trust moving to fallback position for a longer period | 08/06/11 | 09/06/11 | Steve West | |
| 39064 | 2011-10648 | Delay in activation to patient in cardiac arrest | 08/06/11 | 09/06/11 | Trevor Hubbard | |
| 35359 | 2010-8126 | High risk register – delay in crew attending to the patient who subsequently died | 16/6/10 | 1/11/10 | Gary Bassett | Included here as not previously reported to the Trust Board |
| 38892 | 2011-9121 | FT members email addresses - data loss incident | 04/05/2011 | 16-May-2011 | Carmel Dodson-Brown | Query whether this should be downgraded |
| 38353 | 2011 - 7943 | Delay in attending RTC patient | 22/04/11 | 28-Apr-2011 | Paul Ward | |
| 38113 | 2011 - 6682 | External SI raised at UCH - vehicle en route to Cat A call appeared to run out of petrol | 09/04/11 | 11-Apr-2011 | Trevor Hubbard | |
| 38111 | 2011 - 7092 | SUI consideration. 3 x 999 calls. Address on high risk register. Patient found deceased. | 07/04/11 | 11-Apr-2011 | Peter McKenna | |

Work is underway to further strengthen the governance processes for serious incident management and to improve the timeliness of investigations, reporting and action being taken. The Learning from Experience group co-ordinates monitoring of serious incidents and is holding an additional meeting in June to review all those currently under investigation. The Trust is managing 20 serious incident investigations as at the time of writing and the SMG approved 3 final reports and action plans in June 2011. These are summarised below. The intention is to have managed all serious incidents that are currently under

investigation/outstanding to final report and submission to NHS London by 30 September 2011.

Serious incident reports approved for submission to NHS London

| ID | StEIS | Description | Incident Date | Received | Case Officer | Comments |
|-----------|--------------|--|----------------------|-----------------|----------------------------|--|
| 36890 | 2011-2437 | Data loss relating to PTS – theft of laptop | | 08/02/11 | Carmel Dodson-Brown | Approved by SMG 15/06/11. Information Commissioner notified. |
| 36414 | 2011-1445 | Patient left at home after failure of crew to undertake clinical assessment. Patient died. | 09/01/11 | 10/01/11 | Mark Whitbread | Approved by SMG subject to final revision. To be given to the family. Likely Coroner's case. |
| 17138 | 2010-2782 | Investigation into the management of an incident in 2007 that was not declared an SI at the time | 70/07/07 | 24/02/10 | Gary Bassett/Jason Killens | Approved by SMG 15/6/11 |

8. COMMUNICATIONS AND ENGAGEMENT

PPI and Public Education activity report

Patient and Public Involvement:

- An event for Foundation Trust members was held at St. Thomas' Hospital in May, and was well attended by a number of members who are considering standing as governors of the Foundation Trust. Two workshops were held during the event. One asked for people's views about how best the LAS can engage with its members and governors in the future, and how they could help the Trust achieve its objectives. The other focused on the Estates Strategy. Feedback from the event was very positive.

Public Education:

- An eight-day Public Education Staff Development Programme took place during May, with 11 participants. Feedback was extremely positive and another programme is being planned for the autumn. This programme provides participants with opportunities to improve their skills and knowledge, in order to make the most of their involvement in public education activities.
- The Head of PPI & Public Education is working with the Director of Quality & Health Promotion to produce a joint Prevention Strategy, which will cover both health promotion and public education.

Other PPI and public education activities:

420 patient involvement and public education activities have been recorded on the database since January. For the period since the last report, these have included:

- Visits to schools for pre-school, infant, junior and secondary ages.
- Junior Citizen schemes.
- Visits to groups of guides and cubs.
- A 'safer citizen scheme' for deaf and hearing impaired children.
- Careers talks and careers days.
- Heartstart training including 'train the trainer' sessions for hospital volunteers, staff at health centres, nursing students, leisure centres and voluntary organisations.
- Basic Life Support sessions for staff in primary schools and as part of the Tower Hamlets Project.
- Defibrillator familiarisation training at the Palace Theatre.
- Hosting a visit at HQ for Norwegian paramedic tutors.
- Stroke seminar for Foundation Trust members.
- Community event in Forest Gate.
- LFB open day.
- Talks for groups interested in stroke and diabetes.
- Talks for members of pensioners' forums and care home staff.

Reputation and issues management

Introduction of new 999 call handling system: Following the technical issues experienced when the Service introduced CommandPoint, interviews were given by Deputy Director of Operations Jason Killens to BBC London television and radio. After the Service reverted back to using its existing computer system the next morning, Director of Operations Richard Webber was interviewed live on LBC. The story also appeared in the Evening Standard, The Guardian and some specialist, technical news websites.

Media

Publication of NAO report: Transforming NHS ambulance services: The Service attracted media attention from regional TV and radio following the publication of a National Audit Office report into ambulance services. The report said that ambulance services could work more cost effectively, and the media picked up on the issue of double or multiple dispatch suggesting it was a waste of money. Chief Executive Peter Bradley spoke to BBC London (television and radio) and ITV London, while Deputy Director of Operations Jason Killens was interviewed by ITV London. The Service's full response can be found on www.londonambulance.nhs.uk.

Fire on the Strand: A fire on the Strand, where staff treated two patients for minor injuries, generated widespread media coverage. The use of Twitter to provide live updates about the incident received recognition from national journalists and resulted in higher than average visitors to the Service's website to view incident statements.

Firefighters trained in use of defibrillators: Performance Improvement Manager Paul Gates was interviewed by LBC, BBC London TV and ITV London about the completed four-year roll out of immediate emergency care training to fire fighters. Service clinicians trained LFB instructors to teach their frontline staff life-saving skills including the use of defibrillators and provision of oxygen.

Filming and documentaries

ITV Tonight programme – health and safety: At the time of submission of this report, an episode of ITV's Tonight programme was due to be broadcast looking at the impact of health and safety legislation on emergency services. One of the cases expected to be featured is that of a patient who died at home following a 999 call to the Service in 2009, where there was a delay in attending him because of a staff member's concerns for their own safety. The Service wasn't asked to be interviewed, but gave a statement explaining the findings of the investigation that was subsequently carried out.

External scrutiny

Review of the London Ambulance Service by the London Assembly's Health and Public Services Committee: Finance Director Mike Dinan and Medical Director Fionna Moore gave evidence at a meeting of the Health and Public Services committee at the end of May as it continued to look at how the Service is meeting current and future operational, financial and organisational challenges. The focus of discussion was on the Service's recently

announced cost improvement programme which aims to save £53m over the next five years. The Mayor's Health Advisor Pam Chesters also attended and was asked about the potential role for the Mayor in overseeing the London Ambulance Service.

Assembly members visited the London Ambulance Service headquarters following the meeting to see firsthand how 999 calls are managed and to look at facilities and equipment that would be used in a major incident.

Peter Bradley CBE
Chief Executive Officer

20 June 2011



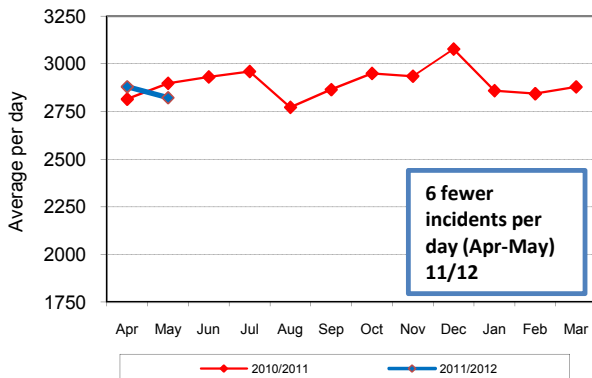
London Ambulance Service
NHS Trust

Information Pack for Trust Board

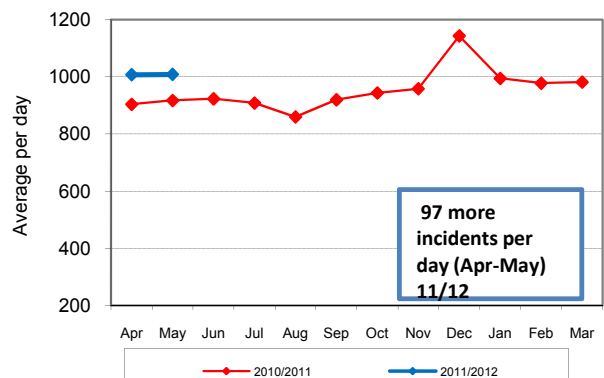
May 2011

**London Ambulance Service NHS Trust
Accident and Emergency Service
Activity / Call Process -
May 2011**

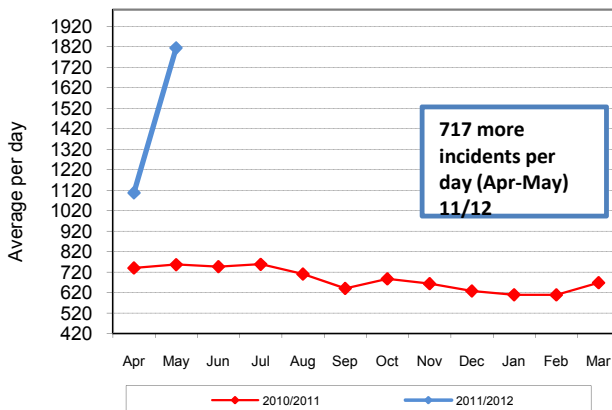
Graph 1
Average number of Total incidents per day



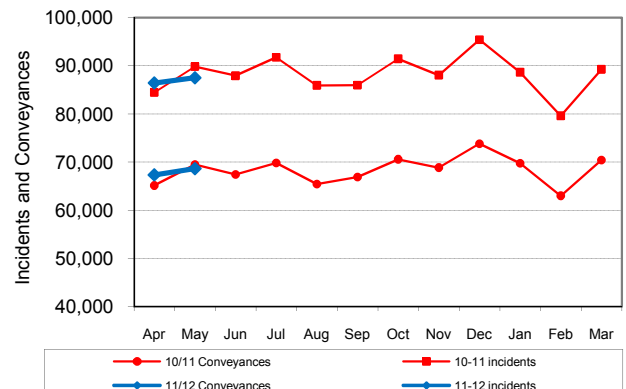
Graph 2
Average number of Cat A incidents per day



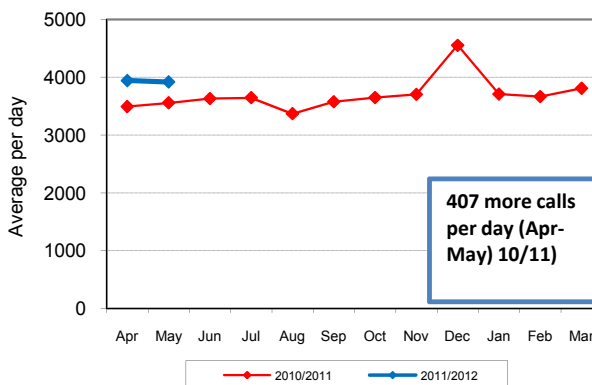
Graph 3
Average number of Cat C incidents per day



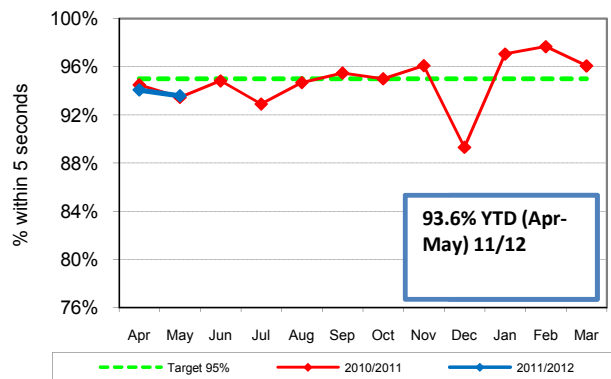
Graph 4
No of incidents conveyed



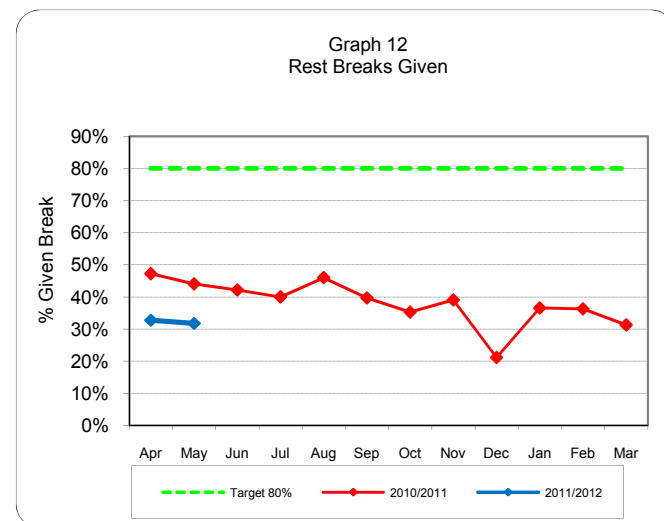
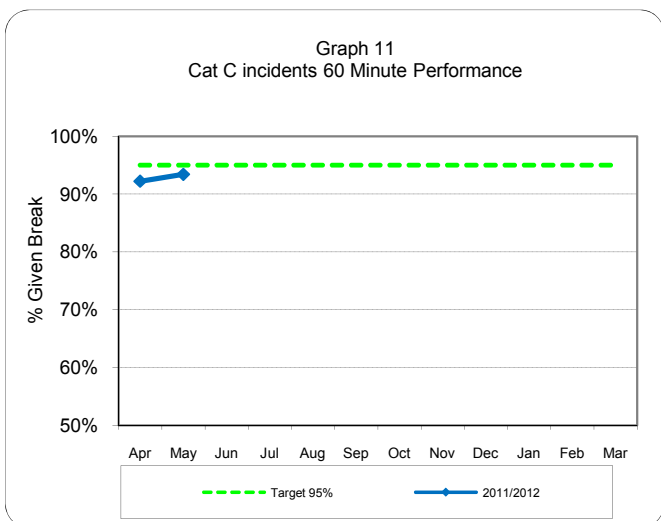
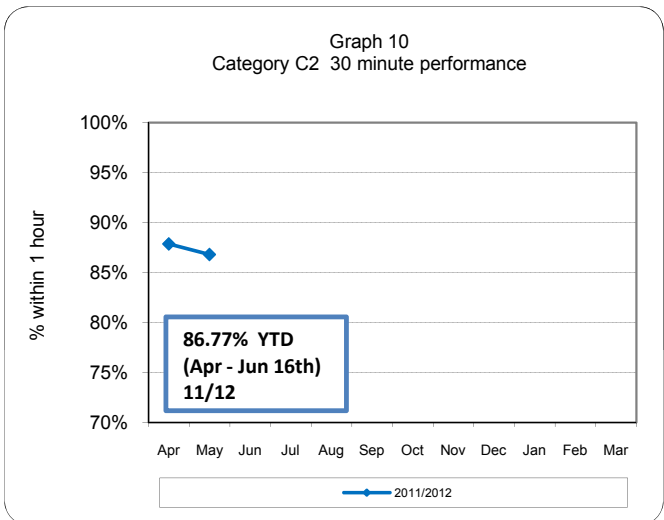
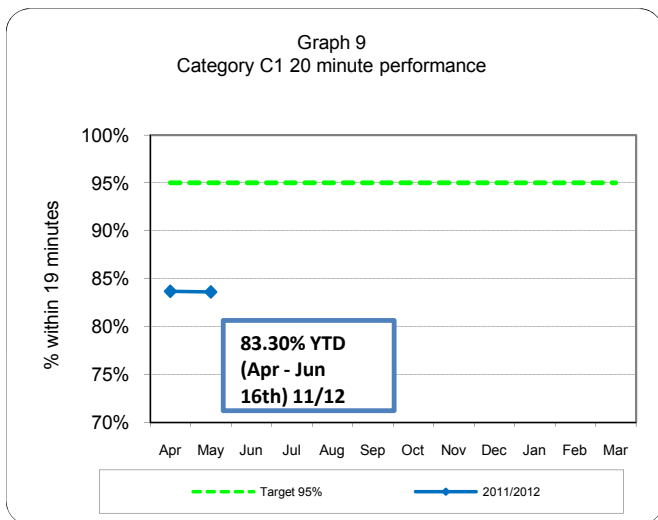
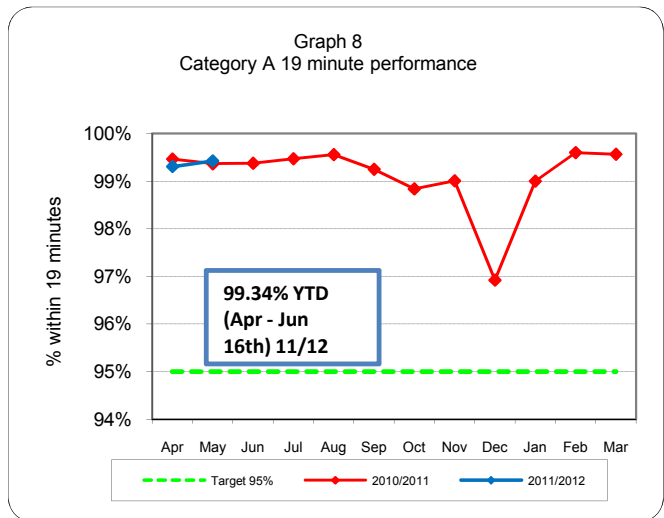
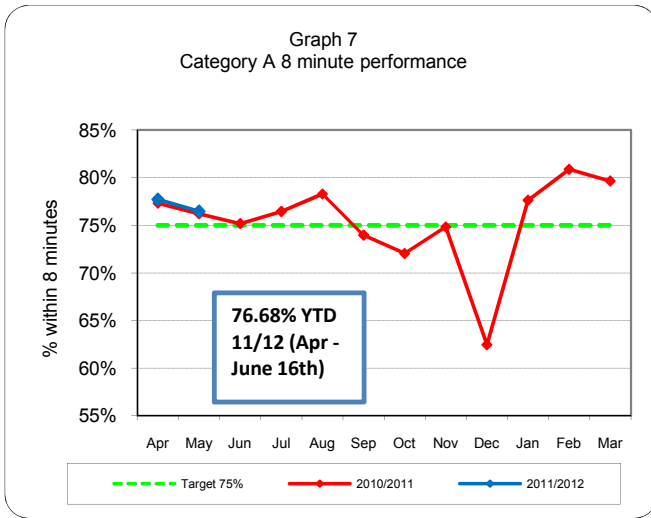
Graph 5
Average number of 999 calls received per day



Graph 6
Percentage of calls answered within 5 seconds

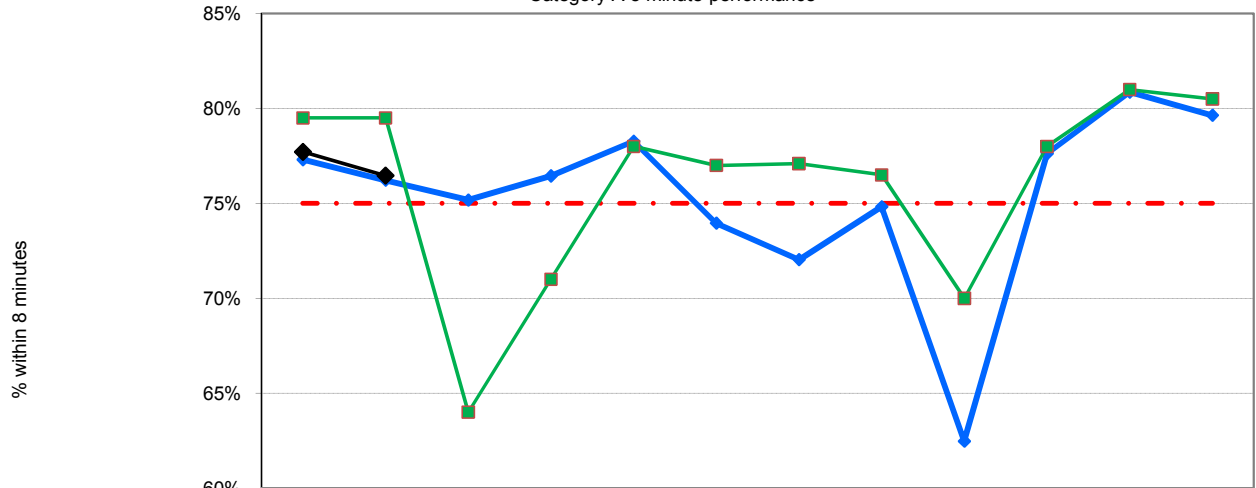


**London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - May 2011**



**London Ambulance Service NHS Trust
Accident and Emergency Service
Performance - May 2011**

Graph 13
Category A 8 minute performance

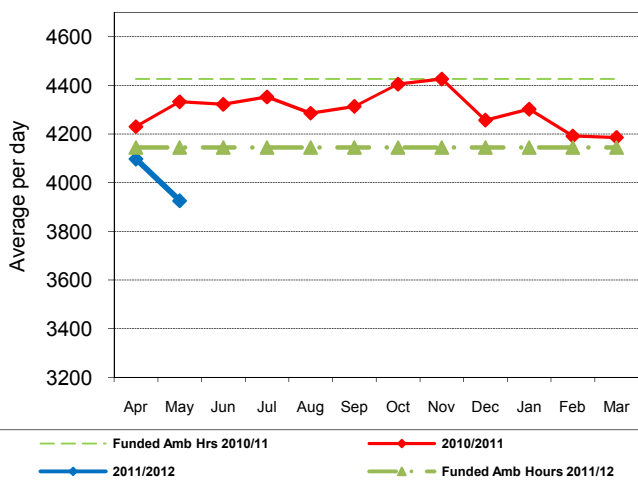


| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |
| 2010/2011 | 77.3% | 76.2% | 75.2% | 76.4% | 78.3% | 74.0% | 72.0% | 74.8% | 62.5% | 77.6% | 80.9% | 79.6% |
| Cat A trajectory (11/12) | 79.5% | 79.5% | 64.0% | 71.0% | 78.0% | 77.0% | 77.1% | 76.5% | 70.0% | 78.0% | 81.0% | 80.5% |
| 2011/2012 | 77.7% | 76.5% | | | | | | | | | | |

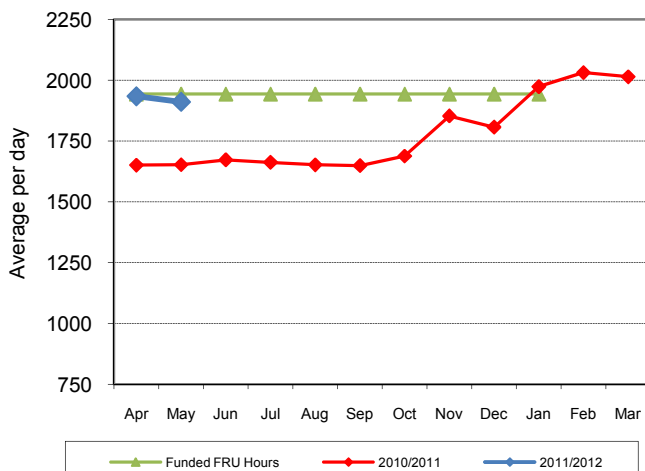
- - - Target 75%
 —◆— 2010/2011
 —■— Cat A trajectory (11/12)
 —◆— 2011/2012

London Ambulance Service NHS Trust Accident and Emergency Service Efficiency and Effectiveness - May 2011

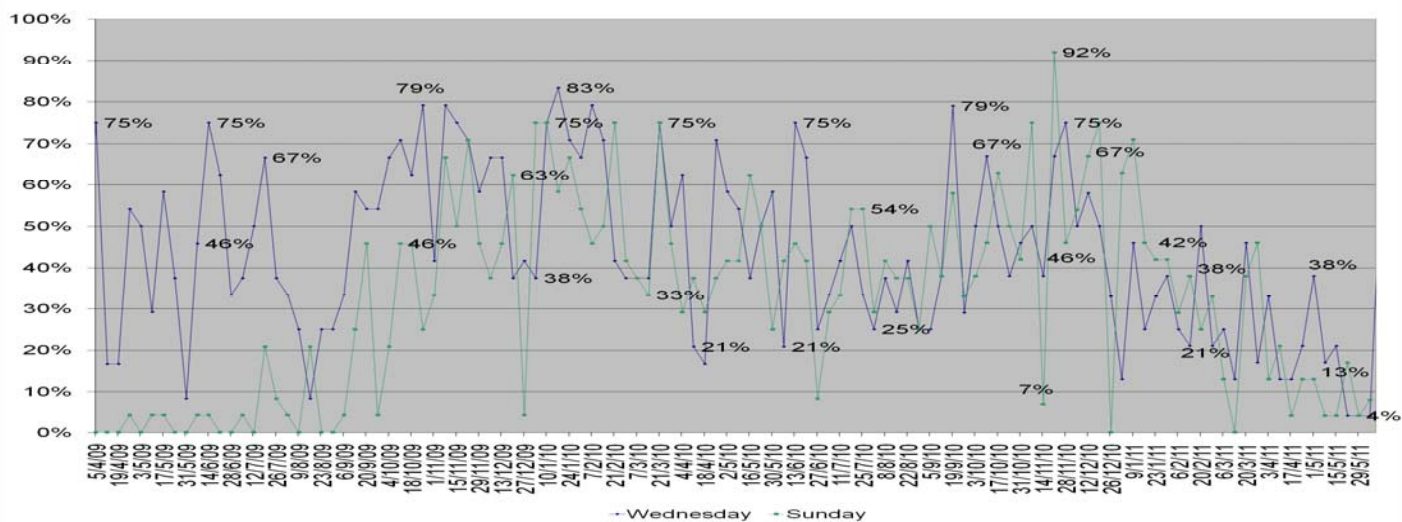
Graph 14
Ambulance Hours average available per day



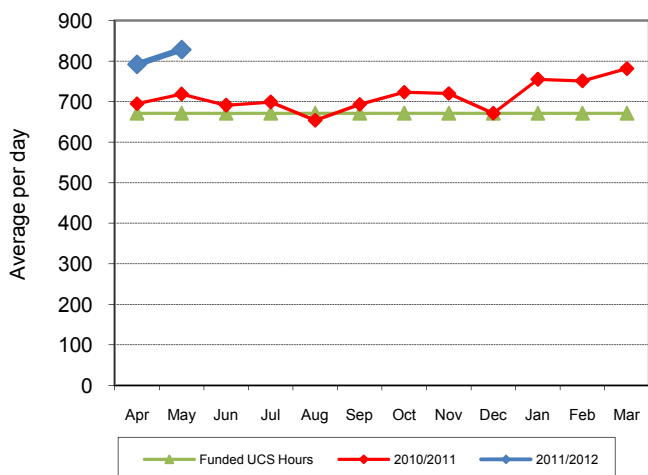
Graph 15
FRU hours average available per day



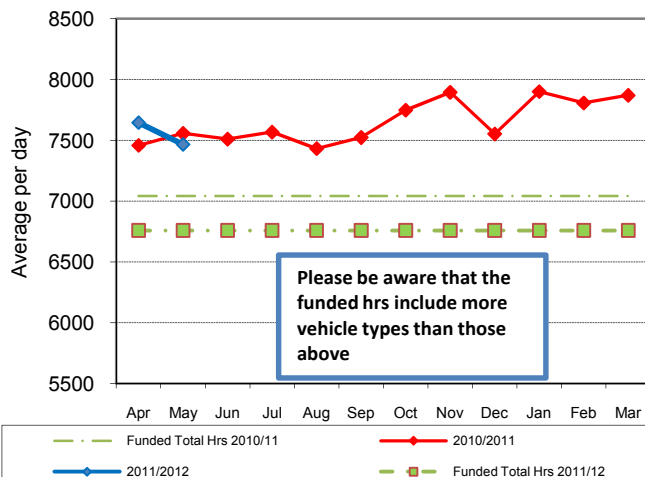
LAS hours in the day Compliant to ORH



Graph 17
UOC Hours average available per day



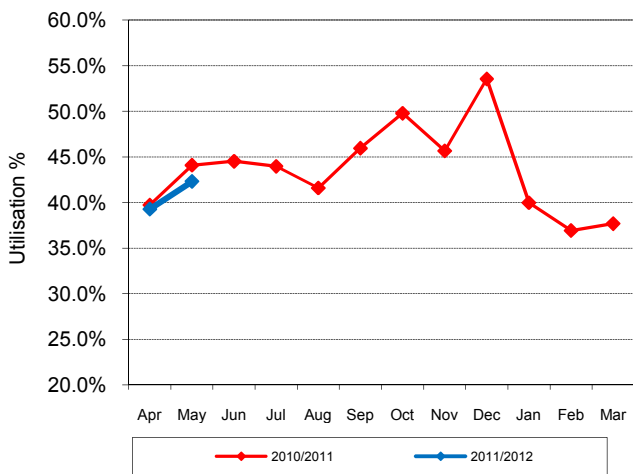
Graph 18
All Vehicle Hours average available per day



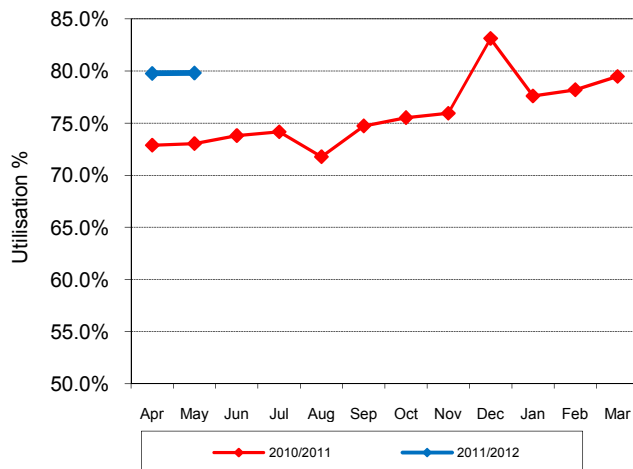
includes other vehicle types other than those above

**London Ambulance Service NHS Trust
Accident and Emergency Service
Efficiency and Effectiveness - May 2011**

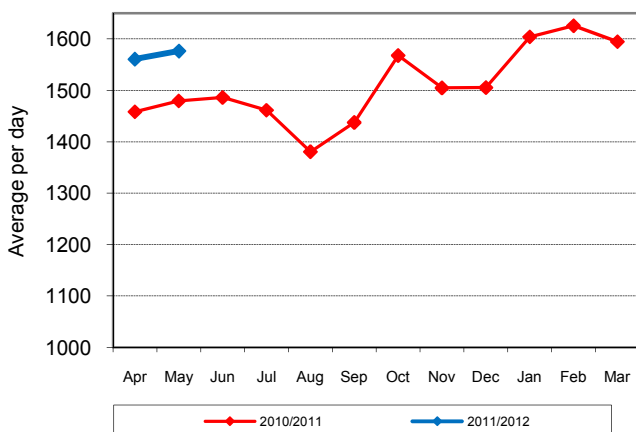
**Graph 19
FRU Utilisation**



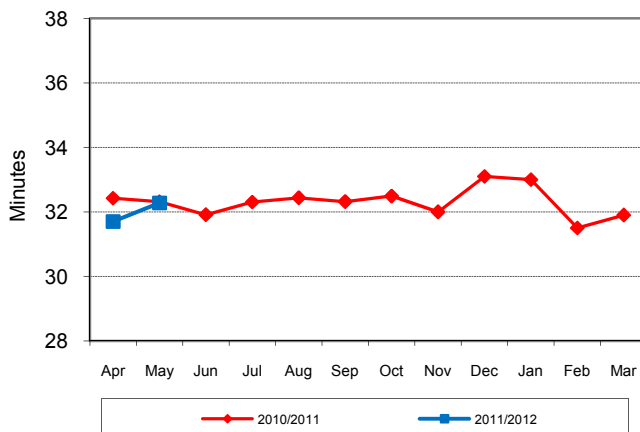
**Graph 20
Ambulance Utilisation**



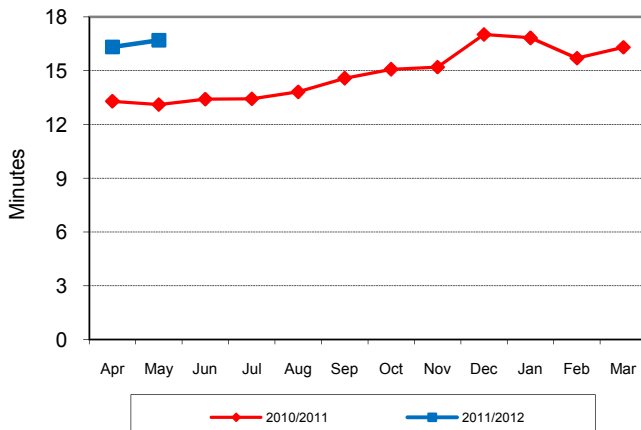
**Graph 21
EOC hours staffed per day**



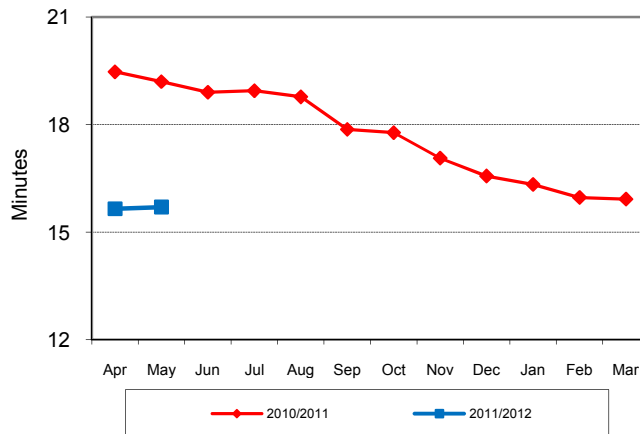
**Graph 22
Average hospital turnaround time**



**Graph 23
Average Arrival at Hospital to Handover (Mins)**

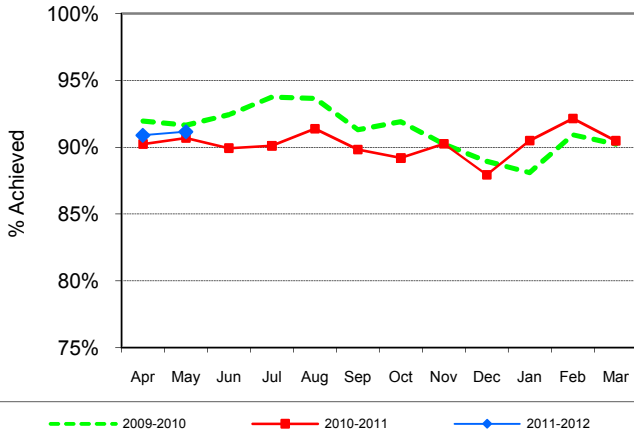


**Graph 24
Average Handover to Green (Mins)**

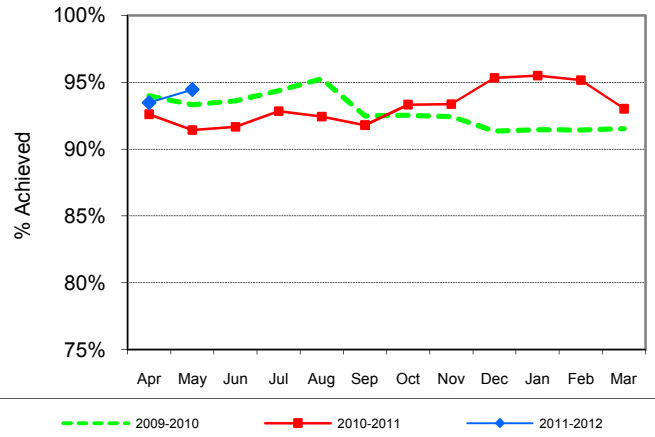


London Ambulance Service NHS Trust Patient Transport Service Activity and Performance - May 2011

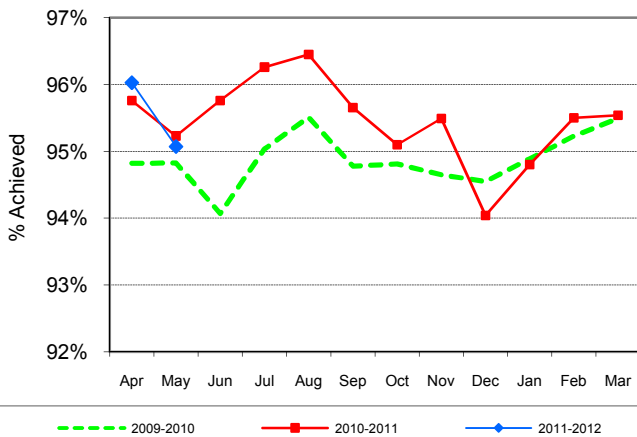
Graph 25
Arrival at Hospital Against Appointment Time



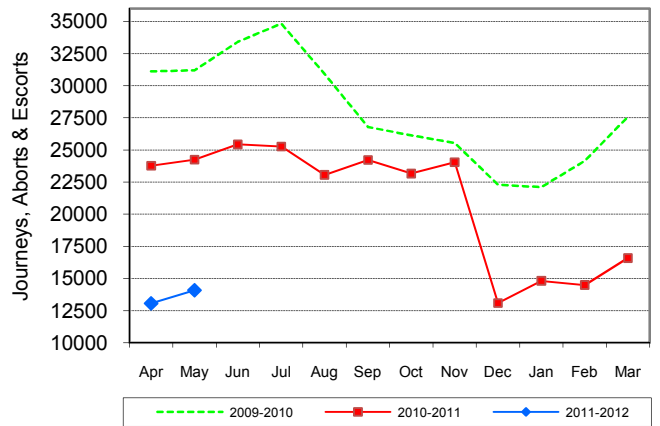
Graph 26
Departure Against Ready Time



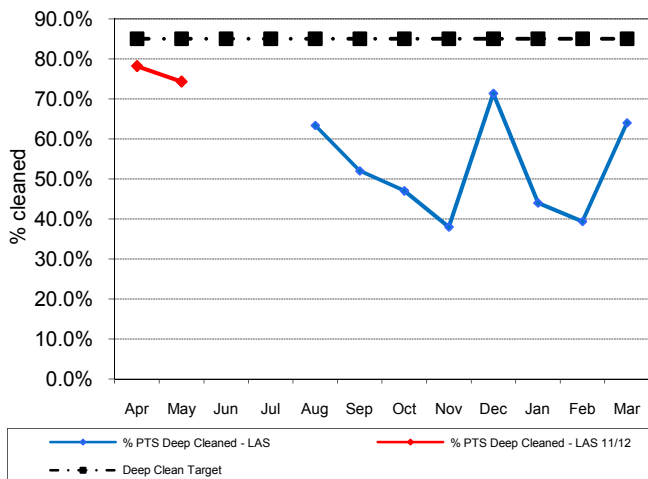
Graph 27
Time spent on Vehicle



Graph 28
PTS Total Activity



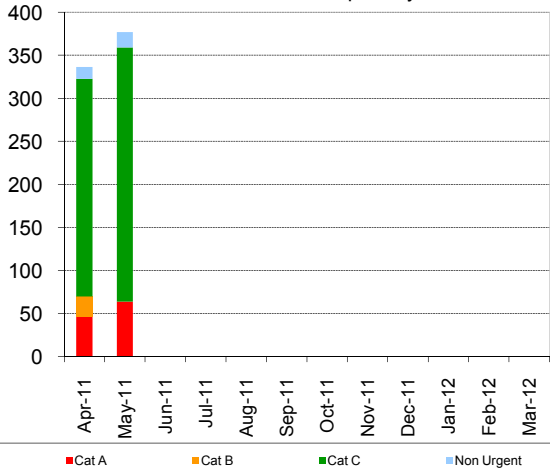
Graph 29
Deep Clean - PTS (17 weeks) - LAS



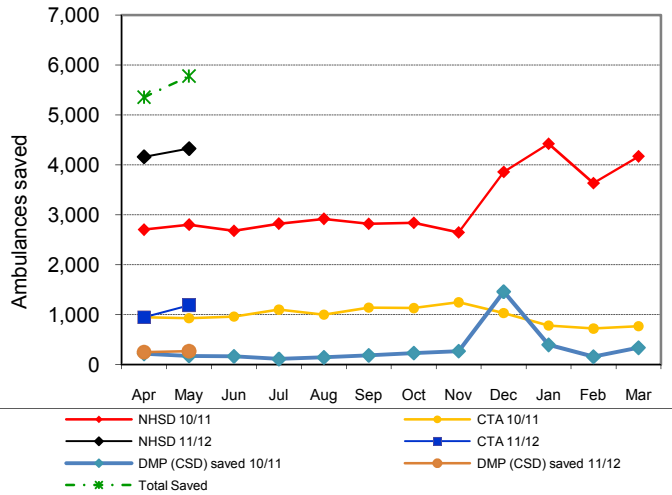
London Ambulance Service NHS Trust Accident and Emergency Service UOC Effectiveness - May 2011

Incident information is based on responses where a vehicle has arrived on scene for dispatches occurring during UOC operational hours (0700 -02259)

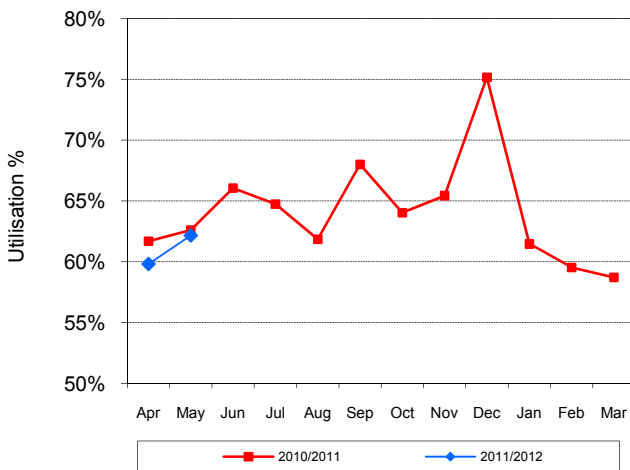
Graph 30
CAT A, B & C Workload by Urgent Care Vehicles average incidents per day



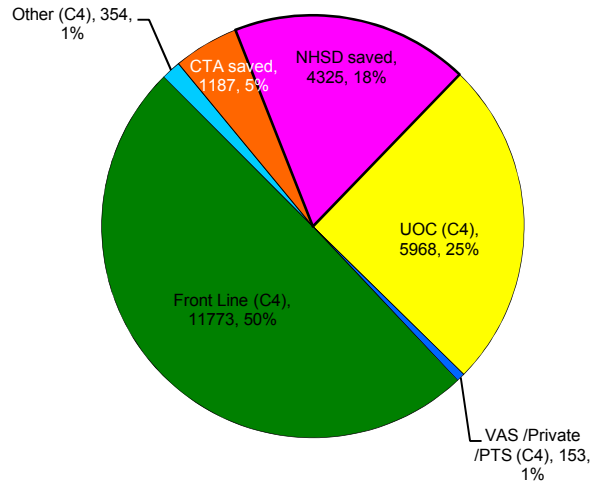
Graph 31
CTA/NHSD/DMP Ambulances saved



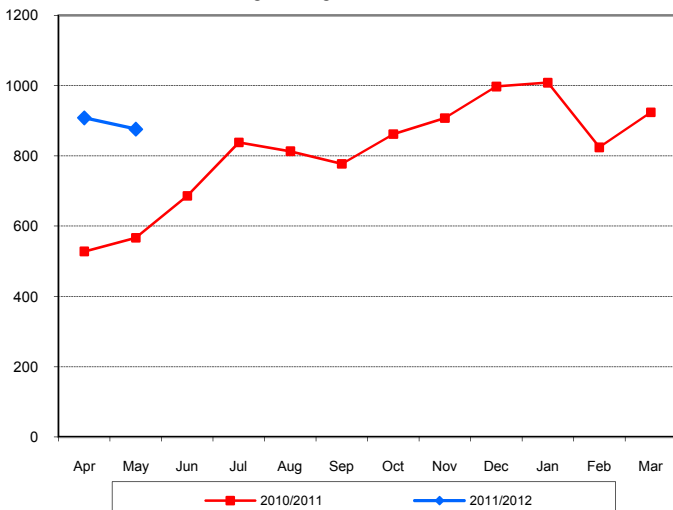
Graph 32
UOC Utilisation



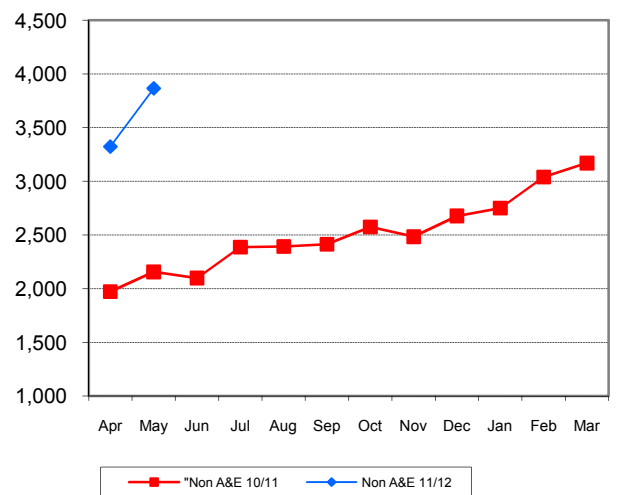
Graph 33
C4 resolution - May 2011



Graph 34
Safeguarding children and adults

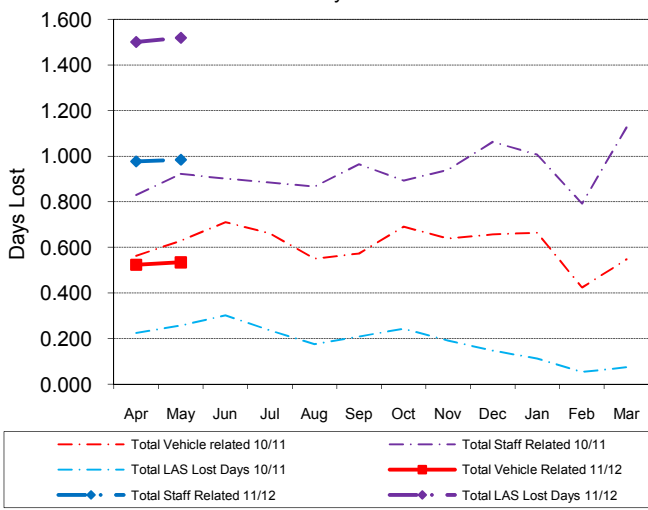


Graph 35
Patients conveyed to Non A&E Departments - LAS

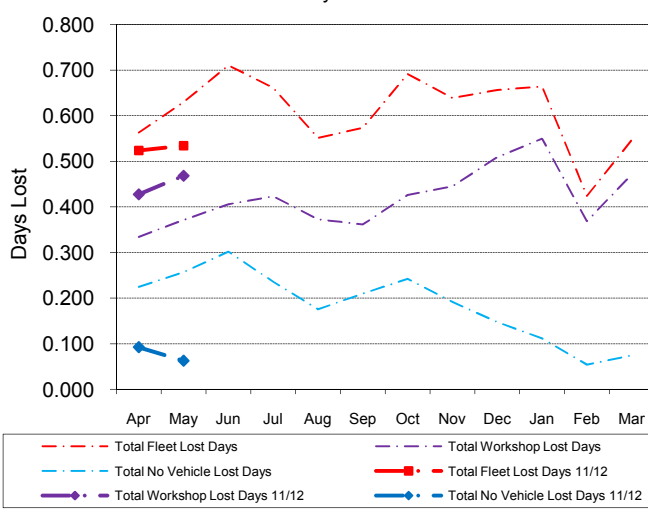


**London Ambulance Service NHS Trust
Accident and Emergency Service
SMG Pack - Fleet and Logistics - May 2011**

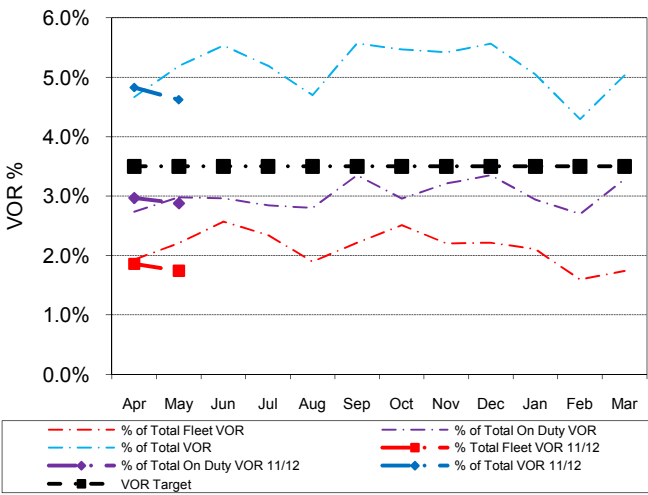
**Graph 47
AEU Lost Days - LAS**



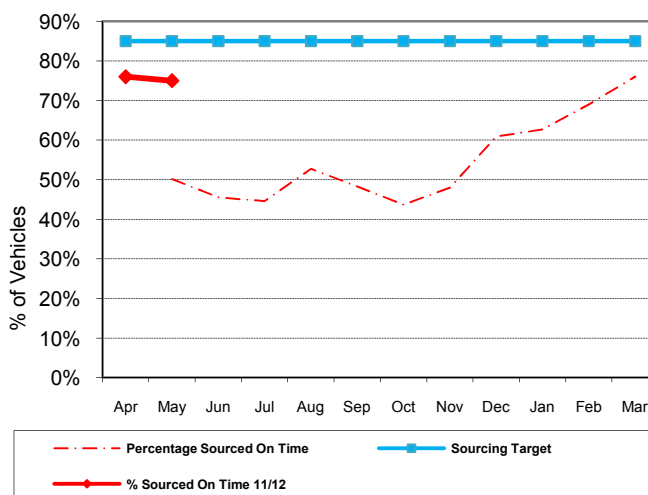
**Graph 48
AEU Lost Days - Fleet Breakdown**



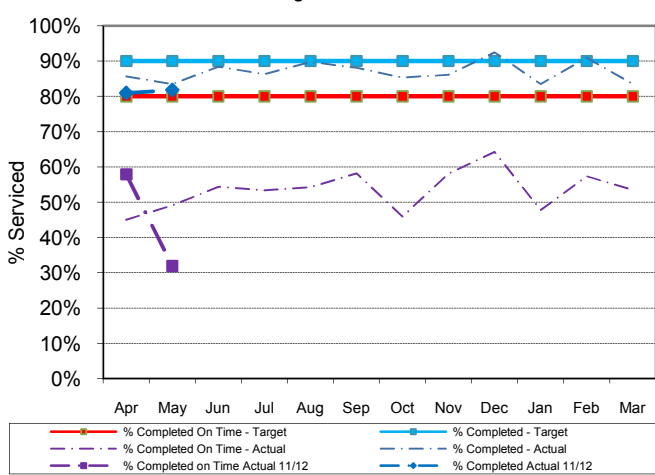
**Graph 49
VOR - LAS**



**Graph 50
Vehicles Sourced - % within 30mins of shift start**

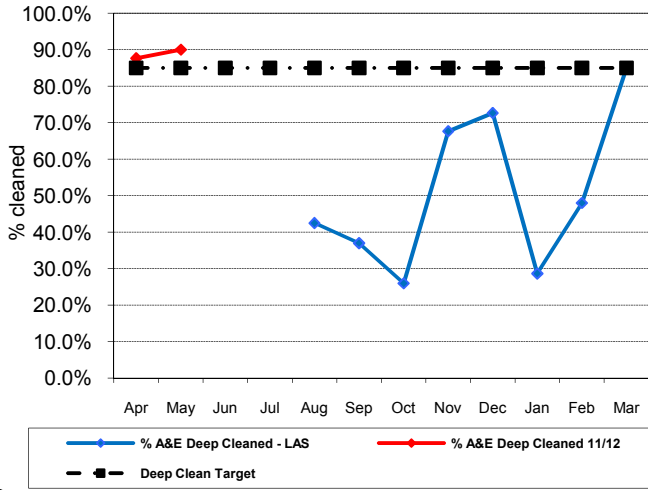


**Graph 51
Servicing Performance - LAS**

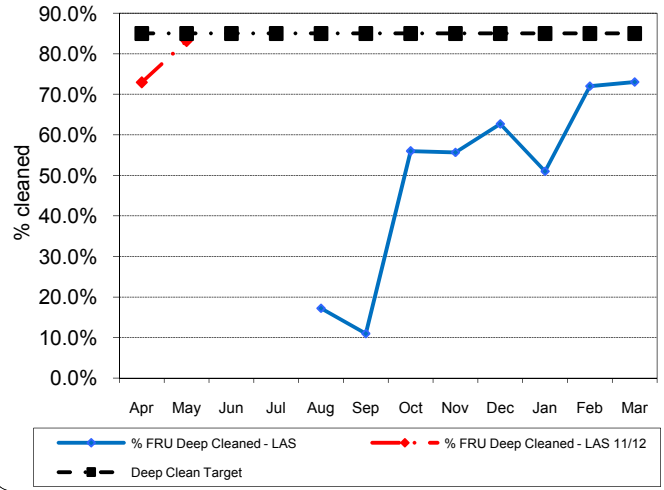


**London Ambulance Service NHS Trust
Accident and Emergency Service
SMG Pack - Fleet and Logistics - May 2011**

**Graph 52
Deep Clean - AEU(8 weeks) - LAS**



**Graph 53
Deep Clean - FRU (13 weeks) - LAS**





London Ambulance Service
NHS Trust

HR Summary for Trust Board

June 2011

Workforce Report

Current Month

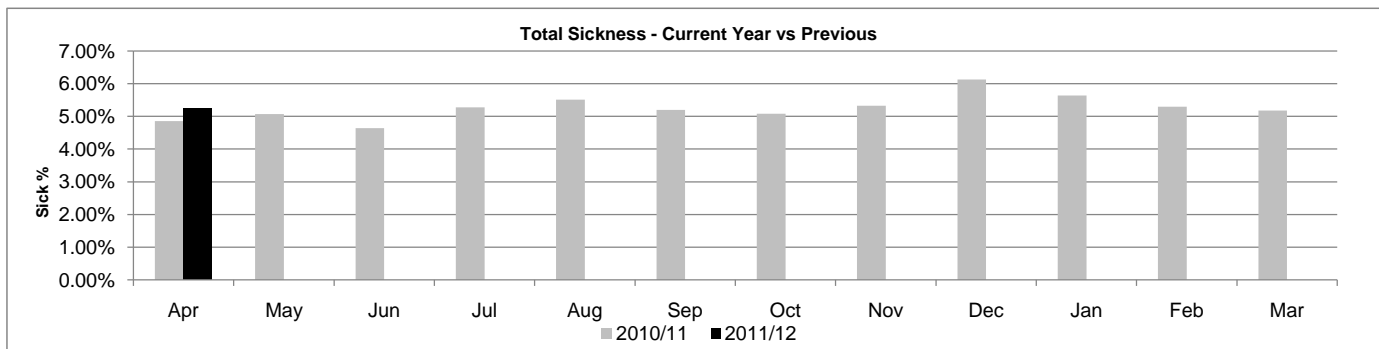
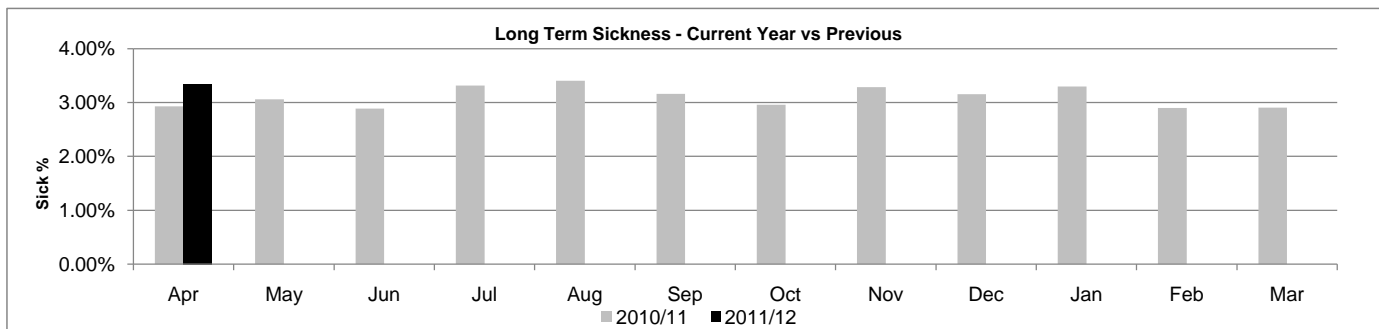
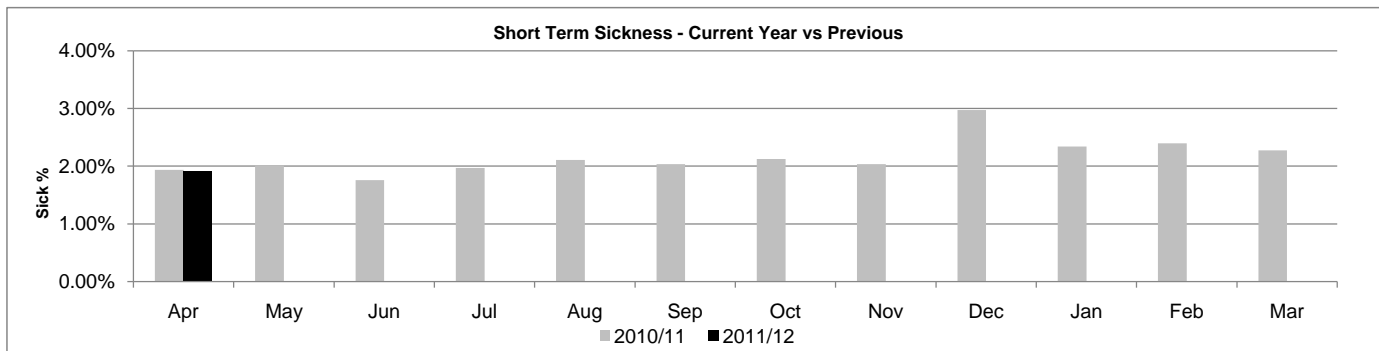
Jun-11

Sickness Month

Apr-11

Trust Summary

Sickness Absence



Sickness 2010/11
YTD Sickness

| |
|-------|
| 5.27% |
| 5.26% |

Current WTE
Current Headcount

| |
|---------|
| 4703.91 |
| 4922.00 |

NB Secondments and Acting Up Included in Totals

Total Sickness
2010/11
2011/12

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 4.86% | 5.07% | 4.64% | 5.28% | 5.51% | 5.20% | 5.08% | 5.32% | 6.13% | 5.64% | 5.30% | 5.18% |
| 2011/12 | 5.26% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Unauthorised Absence
2010/11
2011/12

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2010/11 | 263.00 | 210.00 | 167.00 | 178.00 | 136.00 | 197.00 | 169.00 | 197.00 | 388.00 | 190.00 | 142.00 | 175.00 |
| 2011/12 | 163.00 | 168.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Narrative

Sickness

Sickness across the Trust began the year with a slight increase (0.08%) on last year's closing figure, and above the target of 5% or below for 11/12. The trend is that in most directorates/Areas, a proportion of short-term sickness cases have extended to long-term. As will be seen from the more detailed analysis to follow, the RAG rated audits continue to show that, in the main, all absence is being managed appropriately. Where ratings have not been green, this has been due largely to managers not adhering to the very strict requirements for contact during long-term absence or late scheduling of review meetings, rather than any non-application of warnings when MAP triggers are met.

Unauthorised Absences

This figure shows the number of instances when staff have reported unable to attend work at short notice for reasons other than their own sickness or when they have not reported for work. Depending on the reason, the absence may be converted into annual leave or un/paid special leave or an unpaid absence. Disciplinary action may result. It is disappointing to see a rise February to March. These figures are actuals, therefore the year on year figure will be affected by the growth/differences in the establishment.

Workforce Report

Current Month

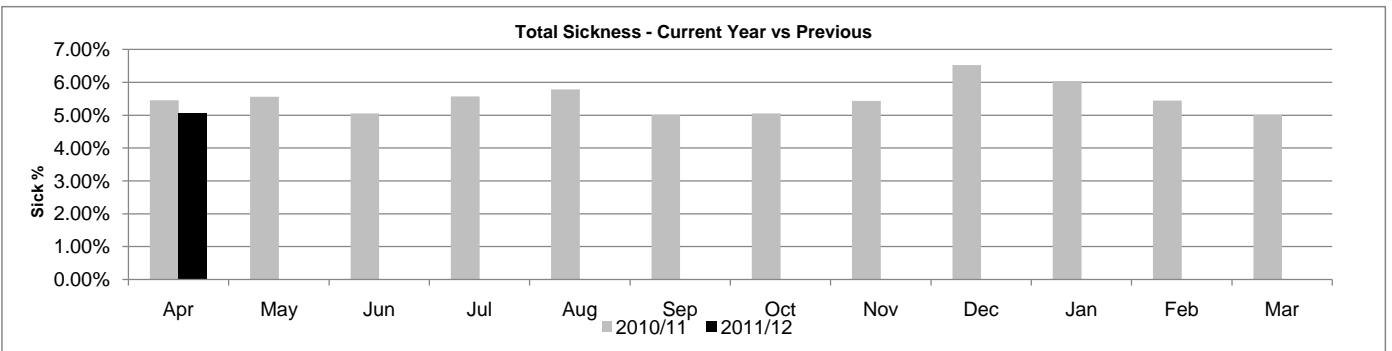
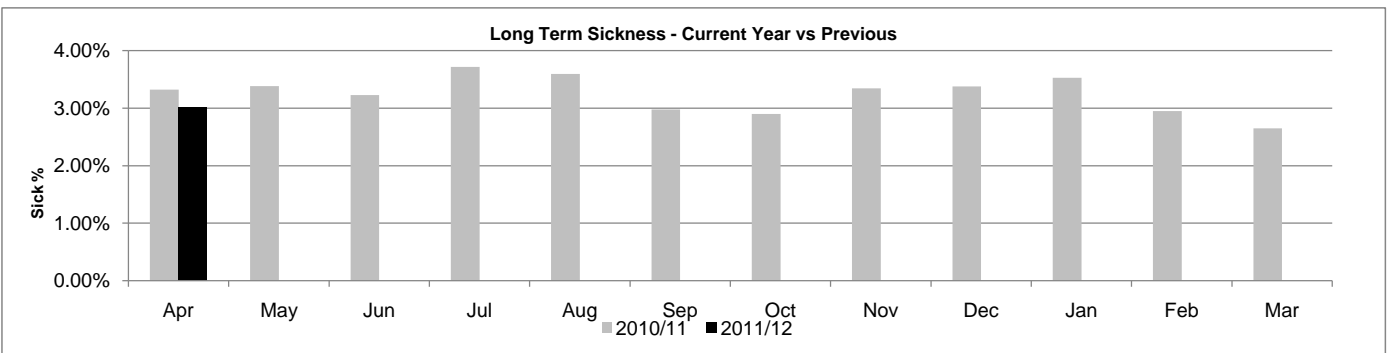
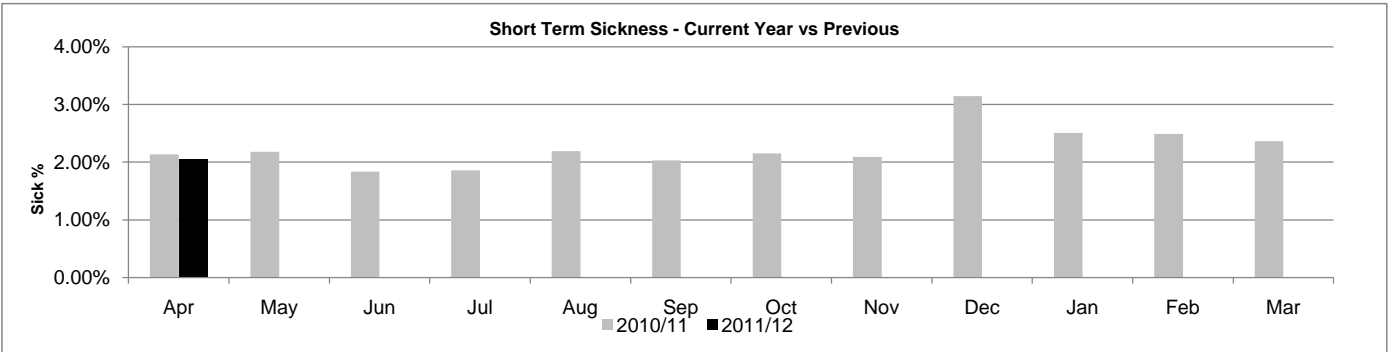
Jun-11

Sickness Month

Apr-11

A&E Operations Areas

Sickness Absence



Sickness 2010/11 YTD Sickness

| |
|-------|
| 5.50% |
| 5.06% |

Current WTE
Current Headcount

| |
|---------|
| 3300.59 |
| 3453.00 |

NB Secondments and Acting Up Included in Totals

Total Sickness 2010/11
2011/12

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 5.45% | 5.57% | 5.06% | 5.58% | 5.79% | 5.00% | 5.05% | 5.44% | 6.52% | 6.04% | 5.44% | 5.01% |
| 2011/12 | 5.06% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Unauthorised Absence 2010/11
2011/12

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2010/11 | 247.00 | 193.00 | 148.00 | 163.00 | 115.00 | 167.00 | 141.00 | 174.00 | 340.00 | 148.00 | 108.00 | 147.00 |
| 2011/12 | 141.00 | 145.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Narrative

Sickness

Reported sickness in April in A&E Operations overall remains static with both East and West however reporting below target at 4.51% and 4.57% respectively. South Area is above target at 5.87 for April.

Audits of application of the MAP have raised no cause for concern and demonstrate application of the policy.

Unauthorised Absences

The figure for UAs remained unchanged from the previous month though is significantly reduced from April 2010 across all Areas reflecting the focus on this particular issue. Management action regarding UAs continues to form part of the attendance audits.

Workforce Report

Current Month

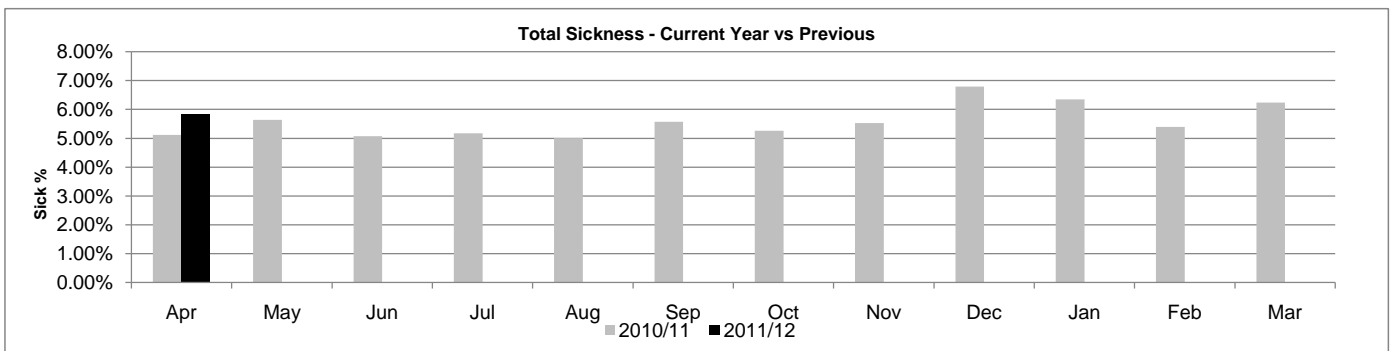
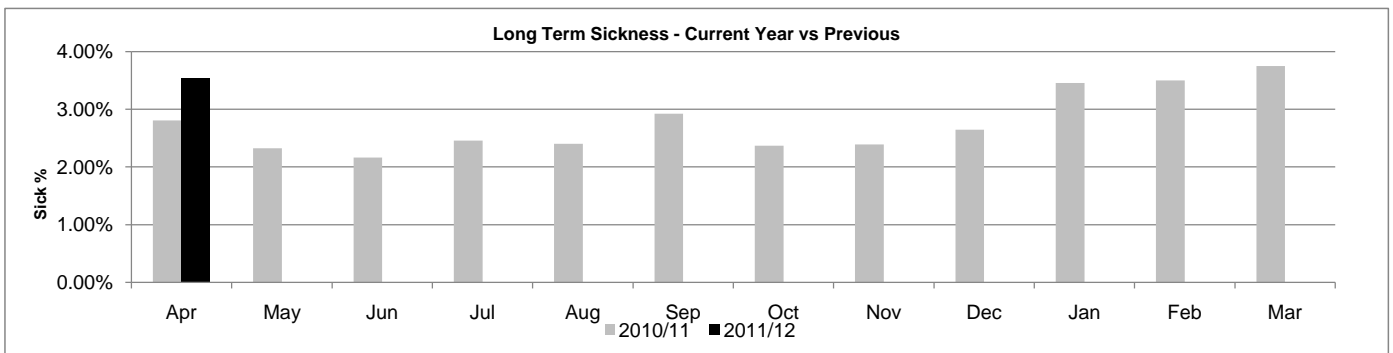
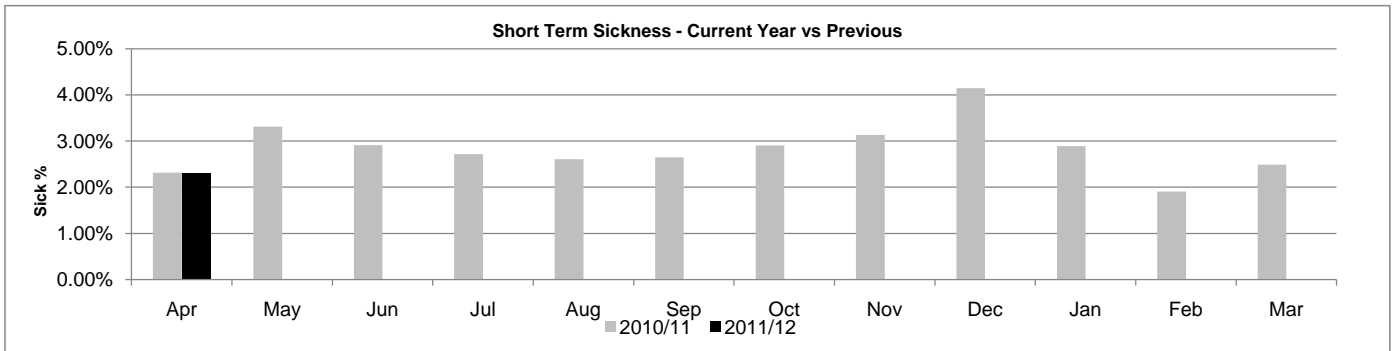
Jun-11

Sickness Month

Apr-11

Control Services

Sickness Absence



Sickness 2010/11
YTD Sickness

| |
|-------|
| 5.60% |
| 5.83% |

Current WTE
Current Headcount

| |
|--------|
| 429.90 |
| 454.00 |

NB Secondments and Acting Up Included in Totals

Total Sickness
2010/11
2011/12

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 5.12% | 5.64% | 5.07% | 5.17% | 5.01% | 5.57% | 5.27% | 5.52% | 6.79% | 6.35% | 5.40% | 6.23% |
| 2011/12 | 5.83% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Unauthorised Absence
2010/11
2011/12

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 16.00 | 17.00 | 19.00 | 15.00 | 21.00 | 30.00 | 28.00 | 23.00 | 48.00 | 42.00 | 34.00 | 28.00 |
| 2011/12 | 22.00 | 23.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Narrative

Sickness

Both short- and long-term sickness fell March to April and was below the figures for the same month last year.

The management of sickness absence remains very tight overall as evidenced by the results of the monthly audit results.

Unauthorised Absences

UAs have remained more or less static for three months and above the rate for the previous year. The audit of management action is undertaken as part of the overall monthly attendance audits (see above).

Workforce Report

Current Month

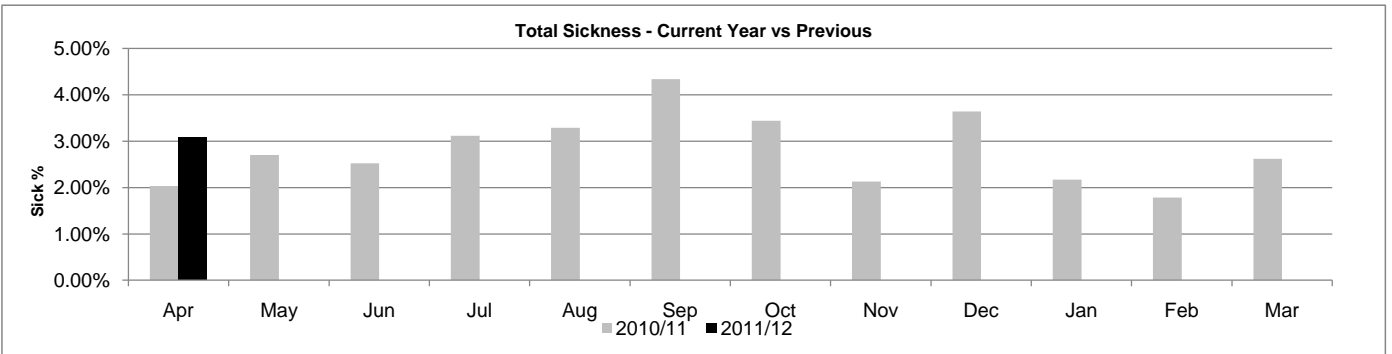
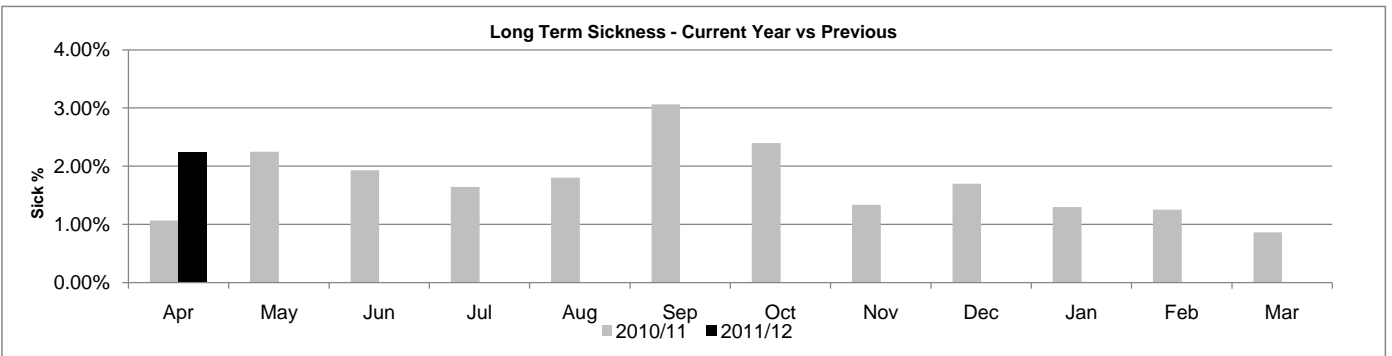
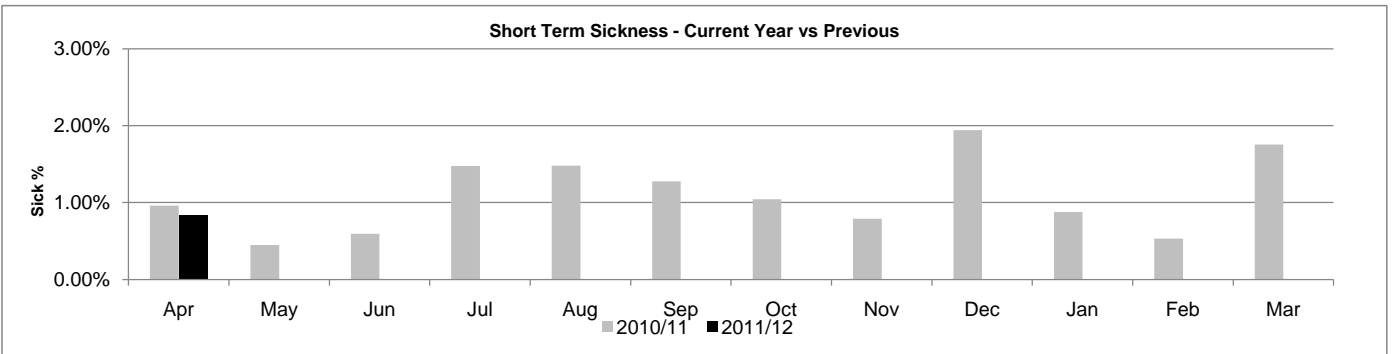
Jun-11

Sickness Month

Apr-11

Human Resources & Organisation Dev Directorate

Sickness Absence



| | |
|------------------|-------|
| Sickness 2010/11 | 2.76% |
| YTD Sickness | 3.08% |

| | |
|-------------------|--------|
| Current WTE | 222.28 |
| Current Headcount | 233.00 |

NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 2.03% | 2.70% | 2.52% | 3.12% | 3.29% | 4.34% | 3.44% | 2.13% | 3.64% | 2.17% | 1.79% | 2.62% |
| 2011/12 | 3.08% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Narrative

A small increase was seen in the overall sickness figure March to April, with the short/long-term balance reversing as two people moved from short to long term absence. One person on long-term absence has since resigned.

Workforce Report

Current Month

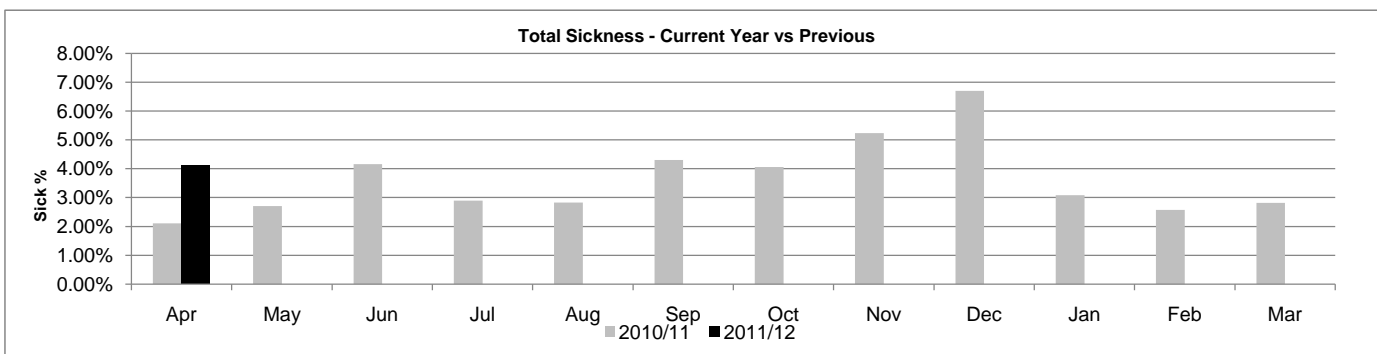
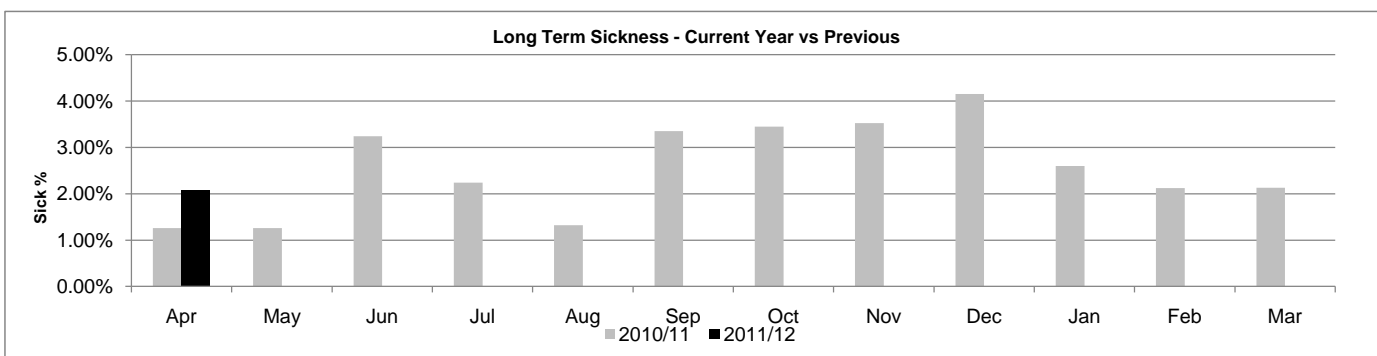
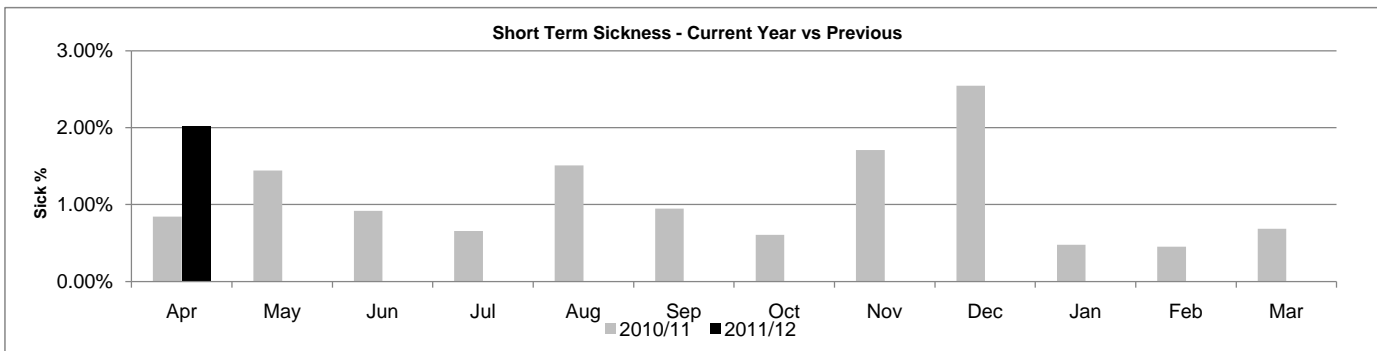
Jun-11

Sickness Month

Apr-11

Finance & Business Planning Directorate

Sickness Absence



Sickness 2010/11
YTD Sickness

| |
|-------|
| 3.61% |
| 4.10% |

Current WTE
Current Headcount

| |
|-------|
| 47.93 |
| 50.00 |

NB Secondments and Acting Up Included in Totals

Total Sickness
2010/11
2011/12

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 2.10% | 2.70% | 4.16% | 2.89% | 2.83% | 4.30% | 4.06% | 5.23% | 6.70% | 3.08% | 2.58% | 2.82% |
| 2011/12 | 4.10% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Narrative

An increase in short-term absence is responsible for the over 1% increase in the sickness rate in Finance March to April - one person being hospitalised for a week.

Meetings with staff on long-term absence and their representatives continue.

Workforce Report

Current Month

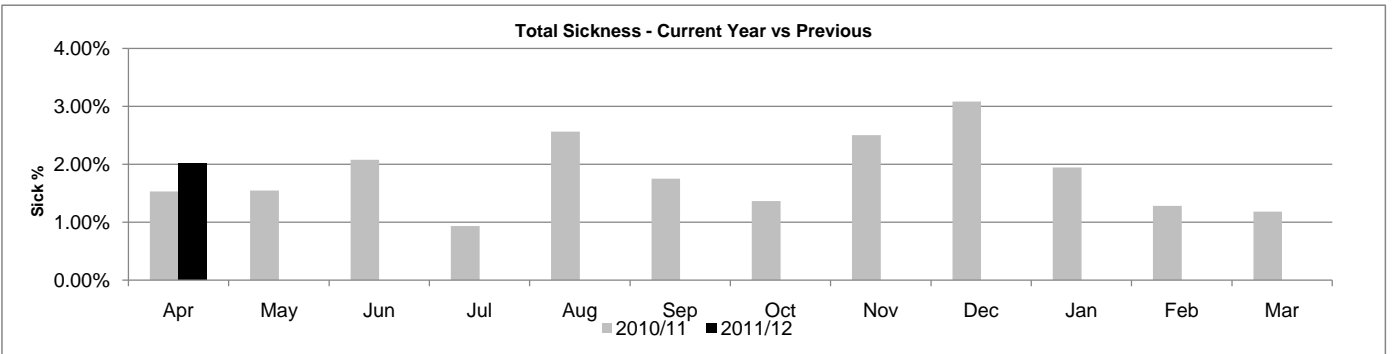
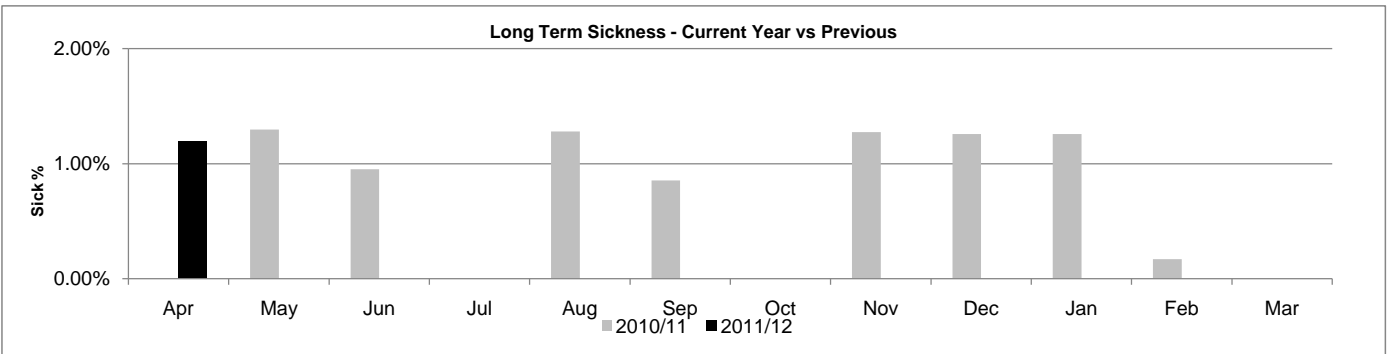
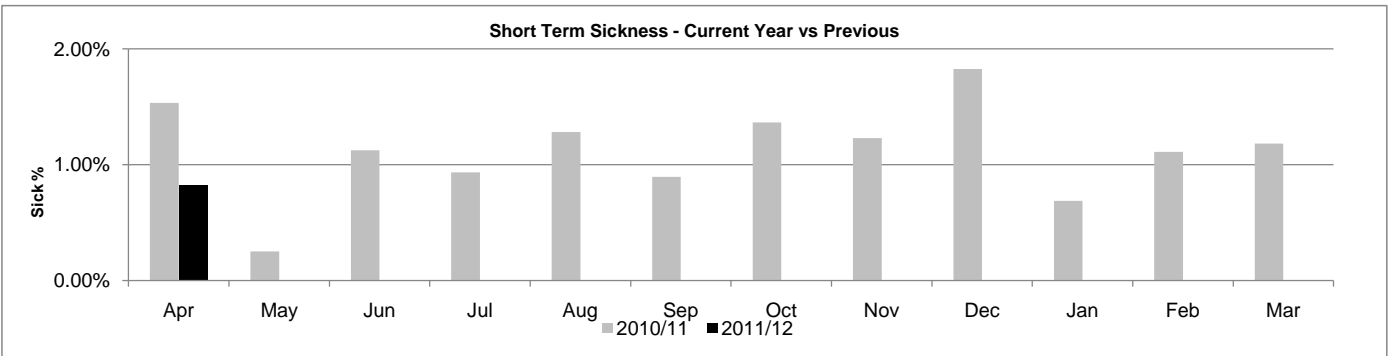
Jun-11

Sickness Month

Apr-11

Information Management & Technology Directorate

Sickness Absence



| | |
|------------------|-------|
| Sickness 2010/11 | 1.81% |
| YTD Sickness | 2.02% |

| | |
|-------------------|-------|
| Current WTE | 83.53 |
| Current Headcount | 85.00 |

NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 1.53% | 1.55% | 2.08% | 0.93% | 2.56% | 1.75% | 1.36% | 2.50% | 3.08% | 1.95% | 1.28% | 1.18% |
| 2011/12 | 2.02% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Narrative

In IM&T the short/long-term split has reversed March to April as cases of short-term absence become long-term. All absence is being managed in accordance with MAP.

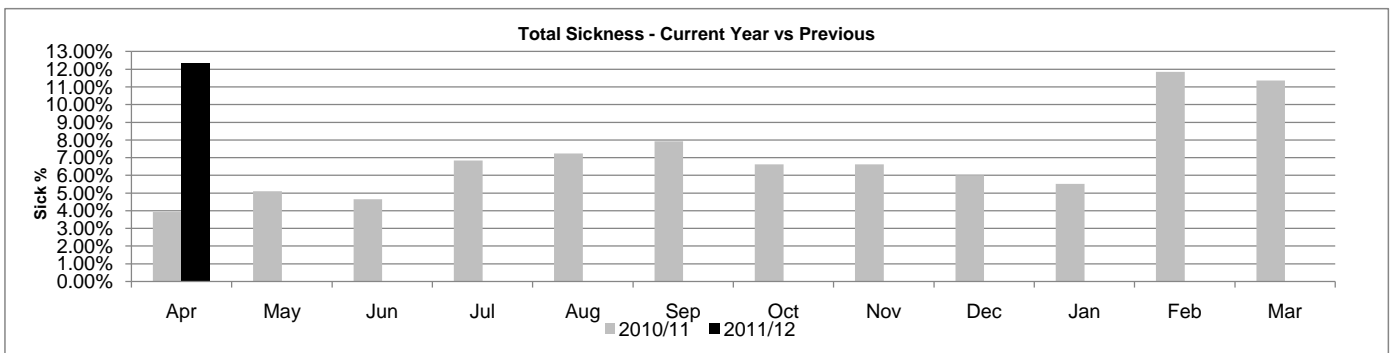
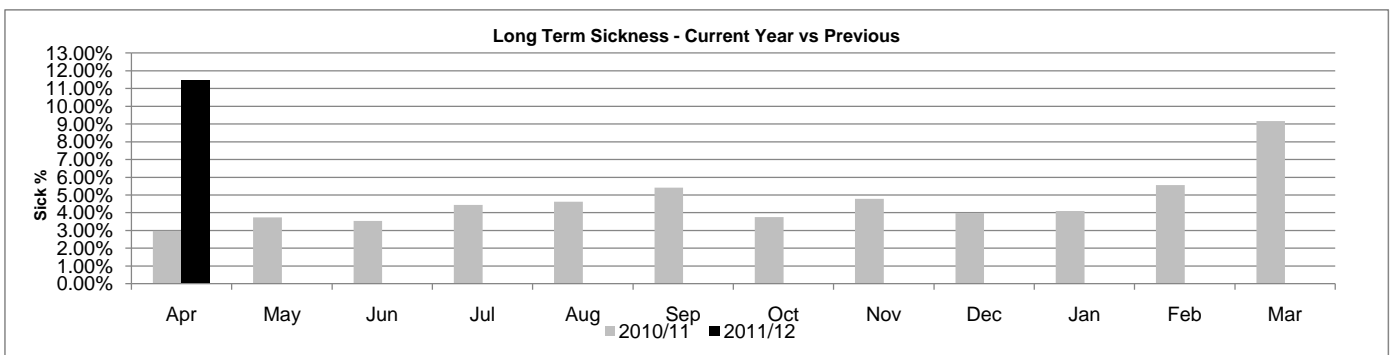
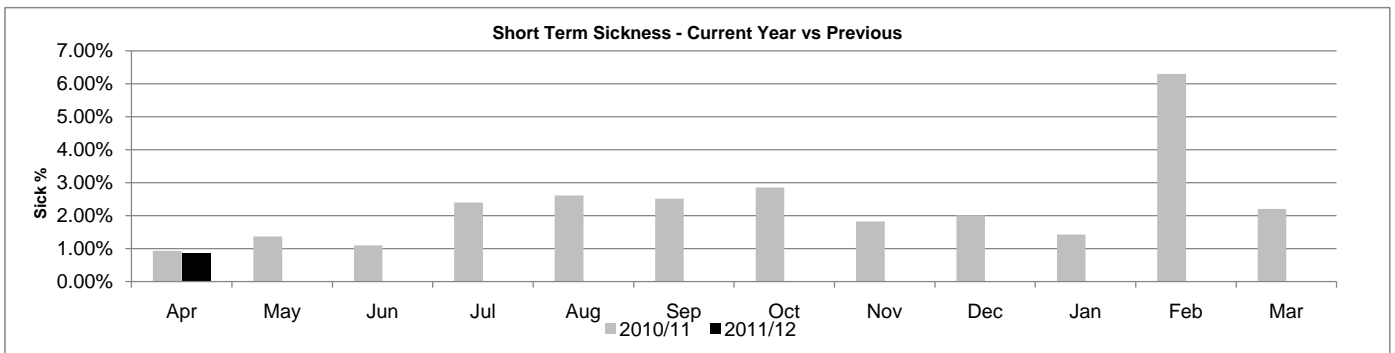
Workforce Report

Current Month Jun-11

Sickness Month Apr-11

Patient Transport Service

Sickness Absence



| | |
|------------------|--------|
| Sickness 2010/11 | 6.78% |
| YTD Sickness | 12.34% |

| | |
|-------------------|--------|
| Current WTE | 157.74 |
| Current Headcount | 165.00 |

NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| 2010/11 | 3.92% | 5.10% | 4.64% | 6.84% | 7.23% | 7.93% | 6.62% | 6.61% | 6.00% | 5.52% | 11.86% | 11.36% |
| 2011/12 | 12.34% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Narrative

Sickness remains high within PTS due to a high number of long term sick absences. All of these are being closely managed by the PTS Operations team and local HR Managers both on a weekly basis and at the Monthly audit with HR. We are taking action as soon as a trigger is reached and we are utilising the capability and failure to attend work processes in addition to MAP where appropriate. The breakdown is as follows:

East: 4 x long-term (down from 7) - 3 of these cases are expected not to return, either through resignation or retirement. 2 x short-term (down from 6)

West: 5 x long-term (down from 11) - 3 of these cases returned in May. 0 x Short Term (down from 3)

Managers: 1 x long-term - returned in May 1 x short-term

The short-term sickness is being well managed with currently only three staff off at time of reporting.

Workforce Report

Current Month

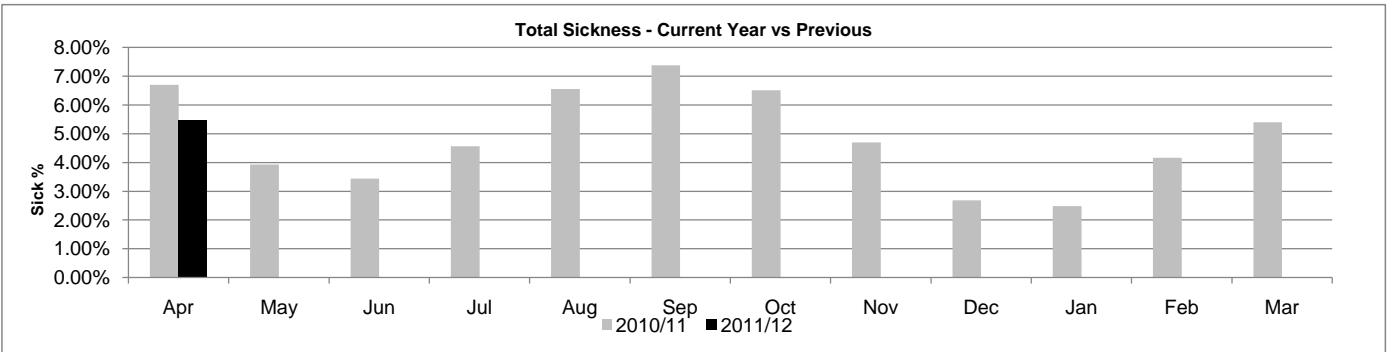
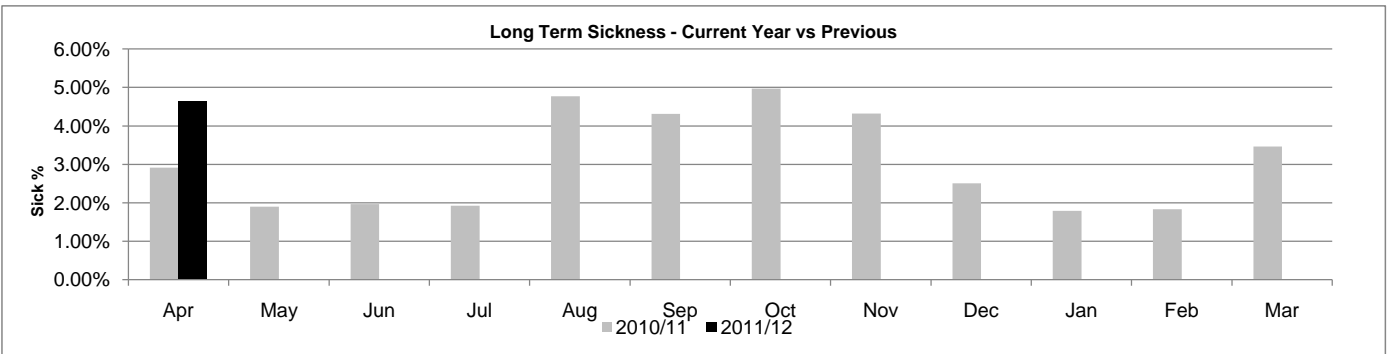
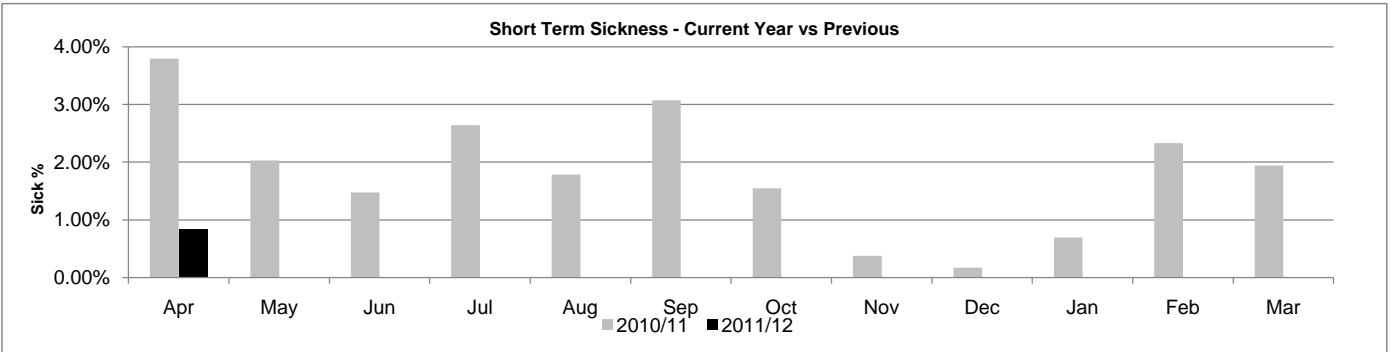
Jun-11

Sickness Month

Apr-11

Operational Support

Sickness Absence



| | |
|------------------|-------|
| Sickness 2010/11 | 4.88% |
| YTD Sickness | 5.49% |

| | |
|-------------------|--------|
| Current WTE | 107.43 |
| Current Headcount | 108.00 |

NB Secondments and Acting Up Included in Totals

| Total Sickness | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2010/11 | 6.70% | 3.93% | 3.44% | 4.57% | 6.55% | 7.38% | 6.52% | 4.70% | 2.68% | 2.48% | 4.17% | 5.40% |
| 2011/12 | 5.49% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Narrative

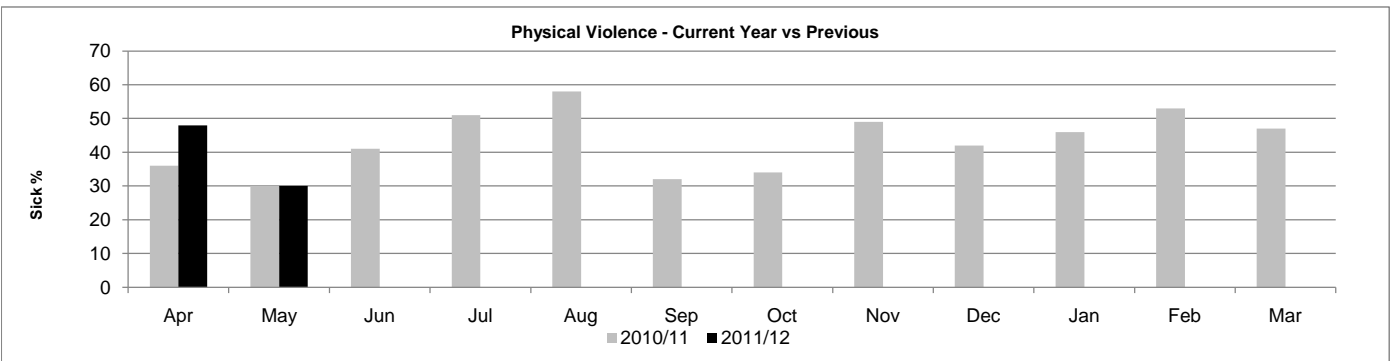
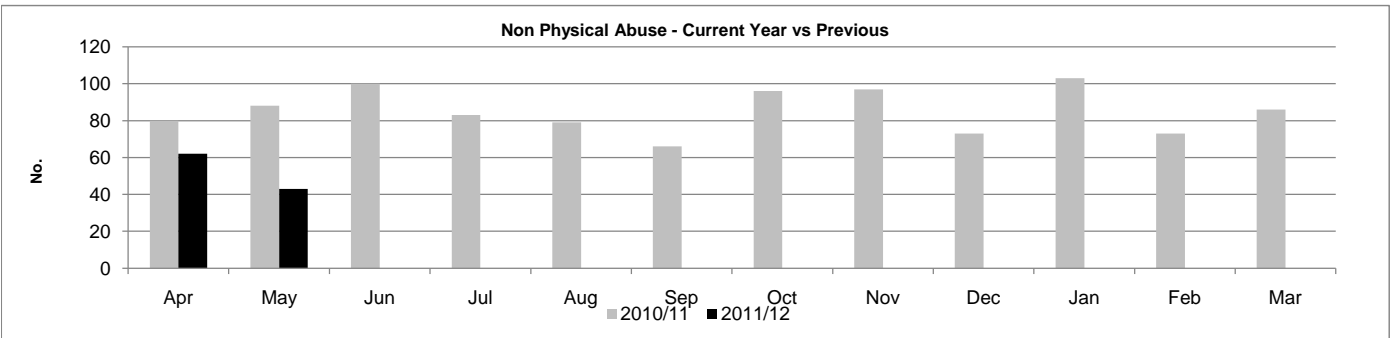
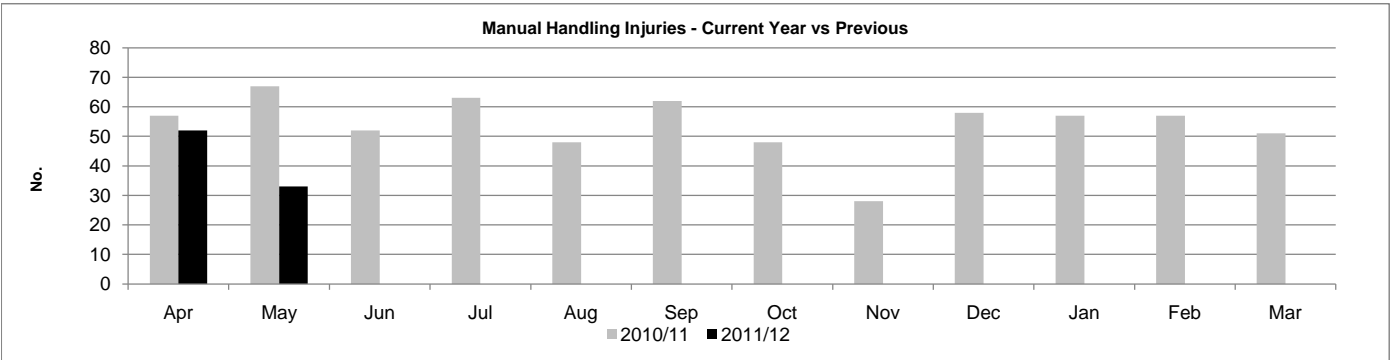
Overall the figures March to April remained static with the balance shifting from short- to long-term.
 All cases being managed in accordance with MAP.

Workforce Report

Current Month Jun-11

Trust Summary

Health & Safety Issues



Narrative

The table above are accurate as of the 10th June 2011

MANUAL HANDLING

- The numbers of reported manual handling incidents is low compared to 2010/11, however this is still within statistical tolerance.
- There have been 3 records below the average, but this does not at this point give cause for concern.

NON PHYSICAL ABUSE

- The numbers of reported incidents of non-physical abuse is very low compared to 2010/11. This is not outside of tolerance, but will be investigated due to the variance present if this continues into the next reporting period.

PHYSICAL VIOLENCE

- The numbers of reported incidents of physical abuse is comparable to 2010/11 with nothing extraordinary to report.
- There was one successful prosecution during the reporting period, where a female crew member had her finger bitten to the bone severing a tendon. The assailant was prosecuted on the 5th May 2011 and received a 36 week sentence (18 month suspended) and 180 hours of community service.

EBS REPORTING PILOT TRIAL

- During the reporting period a trial was conducted where crews from the East Central sector contacted EBS via their airwave radio's whenever they needed to report an incident. The pilot trial has all but concluded, and despite some problems with the in-house designed Excel reporting form causing some incidents to become temporarily misplaced on a few occasions, the trial has been an overall success with increased reporting in the complexes that played an active part. Crews reported high levels of satisfaction with the system.

Workforce Report

Current Month Jun-11

Trust Summary

Vacancies & Turnover

| | Funded WTE | Inpost WTE | Variance |
|---|---------------|---------------|----------|
| Trust Total | 4651.20 | 4679.79 | +28.59 |
| Directorate | | | |
| A&E Operations Areas | 3225.98 | 3320.84 | +94.86 |
| Chief Executive | 16.61 | 15.61 | -1.00 |
| Control Services | 437.28 | 423.44 | -13.84 |
| Corporate Services Directorate | 49.93 | 48.93 | -1.00 |
| Finance & Business Planning Directorate | 58.20 | 48.93 | -9.27 |
| Health Promotion & Quality | 2.00 | 2.00 | +0.00 |
| Human Resources & Organisation Dev Directorate | 196.17 | 205.08 | +8.91 |
| Information Management & Technology Directorate | 87.53 | 81.42 | -6.11 |
| Medical Directorate | 24.20 | 20.21 | -3.99 |
| Operational Support | 129.86 | 109.43 | -20.43 |
| Patient Transport Service | 153.44 | 155.74 | +2.30 |
| Trust Board | 6.00 | 6.00 | +0.00 |

Turnover

| | | |
|---------|------|------------------------|
| 2010/11 | 7.1% | Apr-10 to Mar-11 |
| 2011/12 | 6.7% | 12 Months up to May-11 |

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| No. Leavers (FTE) | | | | | | | | | | | | |
| 2010/11 | 44.00 | 32.00 | 11.00 | 27.00 | 28.00 | 34.00 | 22.00 | 52.00 | 18.00 | 26.00 | 24.00 | 34.00 |
| 2011/12 | 22.00 | 31.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| No. Starters (FTE) | | | | | | | | | | | | |
| 2010/11 | 10.00 | 6.00 | 28.00 | 21.00 | 13.00 | 70.00 | 37.00 | 62.00 | 6.00 | 24.00 | 25.00 | 23.00 |
| 2011/12 | 6.00 | 6.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

NB: Inpost figures are based on individuals' substantive post not their seconded/acting up post.

Workforce Report

Current Month

Jun-11

Trust Summary

Employee Relations Data

| | Attendance | Grievances | Capabilities | Disciplinary (Clinical) | Disciplinary (Non Clinical) |
|---------------------------|------------|------------|--------------|-------------------------|-----------------------------|
| Current Case Total | 569 (541)* | 12 (13) | 2 (2) | 2 (2) | 23 (21) |

| | |
|--|---------|
| Current Employment Tribunal Cases | 11 (15) |
|--|---------|

| | |
|----------------------------|-------|
| Current Suspensions | 9 (7) |
|----------------------------|-------|

Narrative

* The figure for the previous month appears in brackets

Attendance

This count is the highest to date and demonstrates that the focus on attendance management remains a high priority.

Capabilities

The low level of this figure remains a cause for concern.

Disciplinary

The ratio of clinical to non-clinical fell even further.

Employment Tribunals

No new cases; one withdrawn; three settled - two of which were long standing equal payclaims.

Suspensions

Workforce Report

Current Month

Jun-11

Trust Summary

PDR Completion Rates

| Area / Directorate / Dept | No. to be done in year | No. done | % Completed | % For last month |
|---|------------------------|------------|-------------|------------------|
| West | 1038 | 16 | 1.5% | 0.0% |
| South | 1339 | 13 | 1.0% | 0.0% |
| East | 1073 | 60 | 5.6% | 1.9% |
| Control Services | 453 | 1 | 0.2% | 0.0% |
| Sub Total | 3903 | 90 | 2.3% | 0.5% |
| PTS | 165 | 0 | 0.0% | 0.0% |
| IM&T | 86 | 10 | 11.6% | 1.1% |
| Operational Support | 111 | 6 | 5.4% | 0.0% |
| Medical | 25 | 2 | 8.0% | 8.0% |
| Communications | 22 | 10 | 45.5% | 0.0% |
| Corporate Services | 49 | 0 | 0.0% | 0.0% |
| HR and OD | 207 | 29 | 14.0% | 6.7% |
| Finance & Business Planning incl Estates | 49 | 12 | 24.5% | 0.0% |
| Sub Total | 714 | 69 | 9.7% | 3.5% |
| Total | 4617 | 159 | 3.4% | 0.8% |

NB: Figures based on appraisers' input to database



LONDON AMBULANCE SERVICE TRUST BOARD

M02 May

PAPER FOR REVIEW

| | |
|---|--|
| Document Title: | M02 May - Financial Review |
| Report Author(s): | Andy Bell |
| Lead Director: | Mike Dinan |
| Contact Details: | Michael.Dinan@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Monthly Trust Financial Review |
| This paper has been previously presented to: | Senior Management Group |
| Recommendation for the Trust Board: | <ul style="list-style-type: none"> • The Board is asked to comment on the information included within the month 2 report and the actions being taken to safeguard the trusts' position against plan. • The Board is asked to approve the three fully mitigated financial risks being removed from the financial risk register. • The Board is asked to approve the amendment of the Olympics budget for income and expenditure in line with funding approved at £1.365 million. |
| Executive Summary/key issues for the Trust Board | |
| <p>- The Month 2 position for the Trust is £245k surplus against plan surplus of £526k. The Capital and Cash position remain on track. Financial risk of £8.1m has been identified.</p> | |
| <p>YTD the trust is reporting a £776k surplus against a plan surplus of £1,077k. This is 301k behind plan and action will need to be taken to bring expenditure on track.</p> | |
| <p>- Income reduced as a result of reduction in PTS and RTA Income.</p> | |
| <p>- A&E Overtime remains above budget due to continuing operational pressures. This is currently being partly offset by a favourable variance in A&E Frontline Staff.</p> | |
| <p>- A&E Management and EOC Overtime remain above budget. Management action is needed to bring the spend to an acceptable level.</p> | |
| <p>- The Trust entered into a new leasing arrangement for 71 of its A&E ambulances resulting in an increase in vehicle leasing of £130k.</p> | |
| <p>The CIP Program is behind plan at month 2 yet expected to deliver £15.6m savings (Page 8).</p> | |
| <p>Capital funding is forecast to be £9.28m. This is below the CRL but in line with Trust permissions on Capital spend . The principle reason for the underspend is due to the restructure of vehicle leases so that they were not capitalised. This amounted to £6.6m of the underspend</p> | |
| <p>The Year end cash position is £5.3m.</p> | |

LONDON AMBULANCE TRUST

MONTH 2 FINANCE & CONTRACTUAL PERFORMANCE REPORT

FOR THE PERIOD ENDING 31st MAY 2011

Summary

This report outlines the year to date finance and contract performance position for the Trust for the period ending 31st May 2011.

Statutory Duties

Year to date performance, forecast outturn against the Trusts' Statutory Duties and Monitor Foundation Trust Metrics are shown in the table in **Appendix 1** of the board finance pack.

Key Income & Expenditure and Activity Issues

At month 02 the Trust's outturn shows a surplus of £0.776 million against budget of £1.077 million with a forecast year end surplus of £2.5 million against a plan of £2.7 million see **Appendix 1**. The £2.7 million reflects the surplus agreed with NHS London and commissioners.

Worst case forecast see **Appendix 5** would give risk to £0.953 million deficit, if current performance continued and no action was taken.

The key risks outlined during budgeting are monitored in **Appendix 13**. The following risks have been mitigated or seen significant movement since budget setting.

- Olympics income – agreed with commissioners
- HART income – agreed with commissioners
- MPET income – agreed with NHS London

The above fully mitigated risk will be removed from the finance risk register in subsequent monthly.

Cost Improvement Programme (CIP)

A summary of CIP delivery, to date, is shown in **Appendix 6**. This indicates that there is some slippage in delivering the non-pay component of the originally agreed programme.

An additional CIP has been added to cover the cost of the year end agreement with commissioners (£800k). This will be delivered by reducing the cost of the annual leave accrual at the end of the financial year.

The delivery on the cost improvement programme is a key business risk for the trust. Action needs to be taken to identify the unidentified savings targets in budget and progress the implementation of existing schemes to bring the programme back on track.

To ensure the best possible platform to move into 2012/13 and as part of the current years' delivery and next and future years' planning, achievement of the plan must be seen as critical to the role and success of the Trust and moving toward foundation trust status.

Overview

- The Trust has revenue income target of £283.1 million. Service Level Agreements to the Value of £263.0 million (92.9% of income) have been signed with commissioners.
- Year to date (Y.T.D) financial performance is a surplus of £0.776 million. This is £0.301 million behind the year to date planned surplus of £1.077 million. The main element of the planned surplus is the run-rate for the 2011/12 year end outturn of £2.7 million. Action will need to be taken to control expenditure or accelerate the cost improvement plan to recover the trusts position.
- The year-end forecast outturn, as at month 2, is £2.5 million against a control total of £2.7 million surplus. The £2.7 million is in accordance with the control total agreed with NHS London. Achievement of this target will be a key element of the Trust's performance assessment for Financial Management by the Strategic Health Authority. The £2.7 million is subject to audit and will become part of the Trusts retained earnings in future periods. A worst case scenario highlights a forecast out turn of £0.953 million if no action is taken.

Main A&E Contract Performance

- NWL AC (on behalf of all 31 PCTs across London) signed the 2011/12 contract for £252.6 million (HCAS £0.5 million received via DH central allocation to SHA and passed to lead commissioner).

The main financial risk (see **Appendix 13** risk 1) in the contract arise from Cat A performance of 75% against 8 min (1% contract value/1% sector level performance against 73.5% target) and 19 min target (2% contract value) – a maximum 4% financial penalty risk. As at the 31st May the Trust is on track to achieve Cat A 8 mins. with a year to date trajectory of 76.4% and Cat A 19 mins. year to date trajectory of 99.4%.

Trust under performance against these targets is mitigated if activity rises above 0.2% of agreed contract levels for the first 1% and then if the number of black breaches (patient waiting over an hour) across each sector is breach 7 times the number of A&E departments in the sector for the second 1%.

The financial risk position for key performance indicators at Month 2 is as follows:

KPI 1: A8 performance, 1% of contract value. Month 2 achievement was 76.4%. This is below trajectory (80%). May 2011 activity was significantly below May 2010.

KPI 2: A8 performance by cluster, 1% of contract value. This is a quarterly performance target.

KPI 3: A19 performance, 2% of contract value. Month 2 achievement was 99.4% against a target of 95%. There is no financial risk.

All other KPIs have no financial penalties.

- Commissioning Quality and Innovation (CQUIN) (1.5% of contract value) as follows:
 - Reducing Conveyance to A&E services – 0.4% of Contract Value
 - Pan-London target of 67.5% by year-end and with a Sector level Threshold of 70% to enable payment (incorporating steady trajectories to achievement)
 - LAS usage of Hear & Treat – 0.6% of Contract Value

- 0.3% to achieve LTFM combined CTA and NHSD no send volume as per LTFM
- 0.3% NHS Pathways and 111 implementation - NHS Pathways usage in CTA, work with 111 providers to develop link (not fund) and agree a letter of commitment to implement in 999 by end of 2012/13 if clinically safe
- CPI Non-Conveyed – 0.1% of Contract Value
- Falls & Older People referrals to GP's - 0.1% of Contract Value
- End Of Life Care Pathways – 0.1% of Contract Value
- Mental Health Pathways – 0.1% of Contract Value
- Whole System Clinical Issue Resolution – 0.1% of Contract Value

The trusts performance against CQUIN targets at month 2 is set out below:

| | | | |
|--|---------------------|----------|--------|
| CQUIN performance report 1112 A&E Contract | | May 2011 | YTD |
| May 2011 | LAS Incident growth | -3.80% | -0.80% |

| | CQUIN | Time frame | Target | Performance | Risk | Potential incentive | Financial exposure |
|--------------|---|--------------------|-----------------|--------------------|-------------------------------|----------------------------|---------------------------|
| 1 | Conveyance rate, Pan-London | end-Q2 | 72.0% | end-Q2 | 3.35% of CQUIN | £125K | High |
| | Conveyance rate, up to 3 Clusters | end-Q2 | 71.0% | end-Q2 | 3.0% of CQUIN | £112K | High |
| | Conveyance rate, Pan-London | end-Q3 | 71.0% | end-Q3 | 4.45% of CQUIN | £166K | High |
| | Conveyance rate, up to 3 Clusters | end-Q3 | 70.0% | end-Q3 | 3.0% of CQUIN | £112K | High |
| | Conveyance rate, Pan-London | end-Q4 | 67.5% | end-Q4 | 8.9% of CQUIN | £332K | High |
| | Conveyance rate, up to 6 Clusters | end-Q4 | 70.0% | end-Q4 | 4.2% of CQUIN | £157K | High |
| | FULL-YEAR INCENTIVE: Ave Pan-London rate for Q2, Q3 & Q4 | YEAR-END | 70.8% | YEAR-END | 20.0% of CQUIN | £748K | High |
| 2A | Hear and Treat | end-Q1 | 5033 pm | end-Q1 | 5% of CQUIN | £187K | Medium |
| | Hear and Treat | end-Q2 | up to 5600 | end-Q2 | 5% of CQUIN | £187K | Medium |
| | Hear and Treat | end-Q3 | up to 6000 | end-Q3 | 5% of CQUIN | £187K | Medium |
| | Hear and Treat | end-Q4 | up to 6300 | end-Q4 | 5% of CQUIN | £187K | Medium |
| | FULL-YEAR INCENTIVE: Monthly average for the whole year | YEAR-END | 5826 | YEAR-END | 15% of CQUIN | £560K | Medium |
| 2B | Commit to implement NHS Pathways in CTA | end-Apr 11 | evidence | PB letter to CEOs | 2% of CQUIN | £75K | Confirmed |
| | Action plan to implement NHSP in CTA | end-May 11 | evidence | Submitted | 2% of CQUIN | £75K | Submitted |
| | Live call receiving from NHSP to enable ambulance dispatch | end-Sep 11 | evidence | end-Q2 | 4% of CQUIN | £150K | Medium |
| | NHSP in live use in CTA (PSIAM phased out) | end-Feb 12 | evidence | end-Feb 12 | 6% of CQUIN | £225K | Medium |
| | LAS enabled to search and use DOS | end-Feb 12 | evidence | end-Feb 12 | 4% of CQUIN | £150K | Medium |
| | Action plan for full implementation of NHSP by April 2013 | end-Nov 11 | evidence | end-Nov 11 | 2% of CQUIN | £75K | Medium |
| 3 | CPI non-conveyed 94% compliance, 85% date completeness | end-Q1 | 94% & 85% | end-Q1 | 1.67% of CQUIN | £62K | Medium |
| | CPI non-conveyed 95% compliance, 85% date completeness | end-Q2, Q3, Q4 | 95% & 85% | end-Q2, Q3, Q4 | 1.67% x 3 of CQUIN | £186K | Medium |
| 4 | Falls and older people referred to GP | end-Q1, Q2, Q3, Q4 | 378 up to 1134 | end-Q1, 2, 3, 4 | 1.67% x 4 of CQUIN | £250K | Low |
| | FULL-YEAR INCENTIVE: Monthly average for the whole year | YEAR-END | 709.0% | YEAR-END | 6.66% of CQUIN | £250K | Low |
| 5A | End of Life Care Pathways - Process | end-Q1 | clear process | end-Q1 | 0.33% of CQUIN | £12K | Low |
| | Achievement of EOLC trajectory | end-Q2 | 50.0% | end-Q2 | 0.5% of CQUIN | £17K | High |
| | Achievement of EOLC trajectory | end-Oct 11 | 60.0% | end-Oct 11 | 0.5% of CQUIN | £17K | High |
| | Achievement of EOLC trajectory | end-Nov 11 | 70.0% | end-Nov 11 | 0.83% of CQUIN | £31K | High |
| | Achievement of EOLC trajectory | end-Jan 12 | 80% | end-Jan 12 | 1.17% of CQUIN | £44K | High |
| | FULL-YEAR INCENTIVE: Pro-rata pay for partial achievement | end-Jan 12 | Pro-rata | end-Jan 12 | 1.0% of CQUIN | £35K | High |
| 5B | End of Life Care Pathways - Audit | end-May 11 | audit process | Submitted | 0.33% of CQUIN | £12K | Submitted |
| | Audit reporting | end-Jun 11 | evidence | end-Jun 11 | 0.17% of CQUIN | £6K | Low |
| | Audit finding Q2 | end-Q2 | 70% | end-Q2 | 0.83% of CQUIN | £31K | Medium |
| | Audit finding Q3 | end-Q3 | 75% | end-Q3 | 0.83% of CQUIN | £31K | Medium |
| | Audit finding | end-Feb 12 | 80% | end-Feb 12 | 1.17% of CQUIN | £44K | Medium |
| | FULL-YEAR INCENTIVE: Pro-rata pay for partial achievement | end-Jan 12 | Pro-rata | end-Jan 12 | 1.0% of CQUIN | £35K | Medium |
| | CQUIN | Time frame | Target | Performance | Risk | Potential incentive | Financial exposure |
| 6A | Mental Health plan agreed by CQG | end-May 11 | evidence | Submitted | 0.33% of CQUIN | £12K | Submitted |
| | MH provisional metrics agreed and tracked | end-May 11 | evidence | Submitted | 0.33% of CQUIN | £12K | Submitted |
| | MH plan updated following London MH review | end-Jul 11 | evidence | TBA | 0.33% of CQUIN | £12K | High |
| | MH revised metrics updated and tracked | end-Aug 11 | evidence | TBA | 0.33% of CQUIN | £12K | High |
| | MH plan delivered and monitored by CQG | end-Oct 11 | evidence | TBA | 1.0% of CQUIN | £37K | High |
| | MH plan delivered and monitored by CQG | end-Feb 12 | evidence | TBA | 1.0% of CQUIN | £37K | High |
| 6B | Plan to establish protocol with MH provider | end-Jun 11 | evidence | TBA | 0.67% of CQUIN | £25K | High |
| | Protocol established with up to 8 providers | end-Feb 12 | evidence | TBA | 2.64% of CQUIN | £99K | Medium |
| 7A | Whole system clinical issue resolution - Draft TOR agreed | end-Apr 11 | evidence | Submitted | 0.33% of CQUIN | £12K | Confirmed |
| | Schedule of meetings established | end-Apr 11 | evidence | Submitted | 0.33% of CQUIN | £12K | Confirmed |
| | First meeting takes place | end-May 11 | evidence | Submitted | 0.33% of CQUIN | £12K | Submitted |
| | Work plan agreed | end-Jun 11 | evidence | end-Jun 11 | 0.33% of CQUIN | £12K | Low |
| | Review of policies on frequent callers | end-Jul 11 | evidence | end-Jul 11 | 0.67% of CQUIN | £25K | Low |
| | Review of policies for referral, treatment and discharge | end-Sep 11 | evidence | end-Sep 11 | 0.67% of CQUIN | £25K | Low |
| | Review of policies for referral, traige with MPS | end-Oct 11 | evidence | end-Oct 11 | 0.67% of CQUIN | £25K | Low |
| 7B | WS clinical incident reporting process agreed with CQG | end-Jun 11 | evidence | end-Jun 11 | 0.5% of CQUIN | £19K | Low |
| | Regular reports produced bi-monthly for CQG engagement | end-Jul 11 | evidence | end-Jul 11 | 0.33% of CQUIN | £12K | Low |
| | Agreement of priority areas for WS working | end-Jun 11 | evidence | end-Jun 11 | 0.5% of CQUIN | £19K | Low |
| | Quarterly review against key themes | end-Q2, Q3, Q4 | evidence | end-Q2, Q3, Q4 | 0.5% x 3 of CQUIN | £57K | Low |
| | CQG sign-off of final CQUIN plan for 12/13 | end-Feb 12 | evidence | end-Feb 12 | 0.5% of CQUIN | £19K | Low |
| TOTAL | | | | | 1.5% of contract value | £3.73M | |

High risk £2.019M
54%

Khaled Kassem-Toufic

CQUINs

The table above highlight a number of areas of high risk of non achievement. The financial values of high risk CQUINs amount to 54% of the total CQUIN contract value. This would utilise the whole 50% provision for non achievement of CQUIN and reduce anticipated income by 4%. This has therefore been highlighted as a red risk on the financial risk register in **Appendix 13** (risk 2).

CQUIN 1

Conveyance figures for May are not yet available but are expected to show improvement over April 2011.

CQUIN 5A

End of Life trajectories are based on estimates and will need to be reviewed once evidence is available.

CQUIN 6A

A mental health action plan has been submitted but has not been agreed by commissioners.

The forecast outturn position in relation to the A&E contract is reported as £251.2 million. The 800k variance will be returned to commissioners in line with the year end agreement at the end of quarter one. An additional cost improvement programme has been developed (improved annual leave management) which is estimated to deliver savings of approximately £1 million. This has been added to the month 2 cost improvement programme.

The A&E contract represents a key business and financial risk as outlined in the finance risk schedule in **Appendix 13**.

Hazardous Area Response Team (HART) Contract

- HART funding is received via NWL AC as lead commissioners with a contract value of £6,644k, against an income budget of £7,097k the balance of income is due directly from DH.

Chemical Biological Radiological and Nuclear (CBRN) Income

- This income stream is received from the DH via the central bundle to the SHA and is allocated to the Trust via NWL AC as its lead commissioner. The trust has budgeted for £7,706k. The amount of funds available has yet to be confirmed although the central bundle has been top sliced by 8 million. This gives rise to a risk that the Trust income may be less than budgeted. This has been reflected in the financial risk schedule in **Appendix 13**.

PTS Contracts

- At month 2 PTS achieved £497k against an income budget of £567k. Variable income was up £6k, with non-contract income increasing by £15k. This can be attributed to May being a longer working month than April (18 compared to 20 days). Internal income was down £10k in the month as fewer journeys are passed to PTS by A&E.

Multi Professional Education & Training

- This income stream is received from NHS London's education commissioning team to support Paramedic training. The trust has budgets for £1,350k. Subsequently we have received confirmation that we will receive £1,150k which gives rise to a financial risk of £100k. The training department are adjusting their expenditure plans in line with expected income.

Olympics

- The Trust anticipated £2,037k of Olympics funding in 2011/12. Since the Board approved the 2011/12 budget the Olympics business case financial estimates have been amended and the amount of income requested in 2011/12 has reduced to £1,365k - expenditure will also reduce. The business case and funding for 2011/12 has been approved by DH. We request the Board's approval to adjust both income and expenditure budgets in line with the approved funding.

Misc

- The Trust has budgeted for over £5,091k of misc income including £1,606k of road traffic accident income and £1,000k of stadia income. Other misc include includes BAA, research and clinical transfer funds.

Road Traffic Accident income at month 2 is lower than budget by 79k. This trend will be monitored closely over the next few months. At month 2 a number of cases were marked on the Department of Health website as withdrawn. The Department of Health have been contacted and have recommended a report which highlights the amounts paid and should therefore be more accurate data source.

A&E Expenditure

Appendix 4 contains an overview of the Trusts expenditure trend month by month. The Trusts has a budget of £33.6 million for payroll costs arising as at month 2 we have spent £34.1 million. An over spend of just under £0.5 millions year to date. The main areas of over spend are A&E Management which is over established, EOC overtime and agency spend.

In 2011/12 the budget includes £4,553k for overtime.

Non-pay expenditure is below budget with the exception of vehicle costs and depreciations which are both impacted by the year end change in accounting treatment for a number of ambulance leases. It is forecast that actual depreciation will fall at the end of quarter one and remain within budget until year end, this will off set the additional spend on the operating lease through the vehicle line. It is forecast there will be an overspend of £243k at year end.

PTS Financial Performance

The summary PTS contribution position can be found in **Appendix 1**.

The position for month 2 was a negative contribution of £62k against a target of £13k contribution. This variance is driven by payroll costs arising from a delay in reconfiguring operations and slippage on non-contract income target.

A number of contracts are in a rollover position for 2011/12 and remain unsigned. These are contract previous award via tender where the contract term has expired.

The contribution arising from both the Whipps Cross and St Andrews Broomfield are under management review and action is expected shortly. A small number of other contracts are also being renegotiated.

We were recently awarded preferred bidder status for the Queen Mary's Roehampton contract. We are closer to finalising due diligence on this transfer, and when this is concluded it will provide additional income of approximately 418k.

Corporate Financial Performance

Appendix 11 provides a breakdown of the expenditure position for the Trust's Corporate functions at month 2. Expenditure overspends are shown in brackets – (). Only variances above budget of £50k detailed below.

- **A&E Sector Services** – The year to date position is an over spend of £606k. A vacancy freeze is in place.
- **Control Services** - The year to date position is an over spend of £86k. This arises from overtime. This was flagged as a financial risk during business planning.
- **Operational Support** –The year to date over spend is reported as £60k. The over spends arises from slippage in agreeing the new make ready contract, over spends on the RAC contract and over establishment. A vacancy freeze is in place.
- **IM&T** – The year to date over spend is £61k. This over spend arises from budget profile mis-alignment in relation to the command point project and delays in recharging phone calls to operational areas.

At the end of quarter one a reconciliation of vacant posts for which no recruitment approval has been sought or received by SMG will be undertaken and confirmation sought on the status of all agency staff members. It is proposed to remove the funding for these posts from budget holders' budgets and return available funding to reserves.

At month 2 the trust has spent 454k year to date on agency staffing against a budget of £42k and 128k on external consultancy against a budget of £105k.

Reserves

The Trust held £2,000k of uncommitted reserves against the financial risks arising from CQUIN non delivery or financial penalties. These reserves can be seen in **Appendix 4** - finance row within month 12 forecast. As outlined under A&E income - performance is not on track to deliver these measures at month 2. It is therefore necessary to maintain the full reserve to cover the projected shortfall in CQUIN income.

Better Payment Practice Code (BPPC)

The BPPC is a measure of the duty of NHS organisations to pay 95% of its non-NHS creditors within 30 days of receipt of invoices. It is a **corporate** financial performance metric reported regularly to NHS London and to the DH, and can only be delivered by team effort across the Trust as a whole. The measure is reported in the Trust's Annual Accounts. The table in **Appendix 1** shows the cumulative position for the Trusts, for the end of May. This shows that the Trust is **behind target**.

The year to date BPPC performance is 89% and 94% respectively for non-nhs and nhs suppliers.

Cash Flow Forecast

The Trusts rolling cash flow forecast for the next 12 months can be found in **Appendix 12**.

The better than planned cash position is attributable to the sale and lease back transaction in April and a number of PCTs paying their HART funding for the year in April and May rather than monthly over the year.

Capital Expenditure

Appendix 8 outlines the Trust's capital expenditure against budget. The Trust is anticipating a capital allocation of £10.793 million.

As can be seen, capital expenditure year to date is ahead of plan at -£4.578 million against a plan of £0.772 million. The proceeds from the sale and lease back of £6.088 million is a one off item anticipated to happen in month 12 but which have been recognised at month 2.

If this items is eliminated year to date expenditure would be £1.510 million against £0.772 million.

There are four main areas of year to date over spend:

- Command point – year to date over spend of 113k. Due to budget phasing.
- IMT – year to date over spend of 247k on M.D.Ts. Due to budget phasing.
- Fleet – year to date over spend on ambulances (150k) and other fleet vehicles related to emergency preparedness (150k). Both expenditure areas are forecast to remain within their overall budget at year end.

There is no residual year to date issue in relation to capital. Over all the forecast is to remain within budget.

Balance Sheet

The Trust's balance sheet can be found in **Appendix 11**. There are no significant issues to bring to the attention of the Board in the month 2 balance sheet.

In April, the value of property, plant and equipment has fallen due to the completion of the sale and lease back of 72 A&E ambulances with Singer Healthcare Finance Ltd. The new ambulance lease is expected to be an operating lease.

Conclusions

- The May Finance report shows that the Trust is forecast to achieve a surplus of £2.5 million against a target surplus of £2.7 million for the current financial year. The worst case scenario highlights a deficit of £0.953 million. The report highlights some

key challenges around A&E contract performance in delivering this total. The trust will need to take action to control expenditure and develop additional cost improvement programmes over the next months to bring its financial position back on track.

- The year to date position or 'run-rate' is below plan at £0.301 million at £0.776 million against a target of £1.077 million. An action plan is being put in place to control expenditure and develop additional cost improvement initiatives.
- There are a number of financial risks to the trusts year end position. The forecast out turn incorporates the impacts of high and medium risks. The two key business risks are the cost improvement programme and performance against core contract.
- At the end of May a total of £2.0 million has been lodged in uncommitted reserves for 2011/12 against financial risks. CQUIN performance is currently a red risk. It is anticipated the reserve will need to be utilized to offset CQUIN under performance.
- At the end of May the cost improvement programme is £1.2 million behind plan with a forecast out turn £0.6 million behind plan. Action needs to be taken to bring the plan back on track.
- The Trust is meeting all of its statutory financial duties. There are no issues to raise on the cash flow forecast.
- The balance sheet is satisfactory and no significant risks are raised.

Recommendations

- The Board is asked to comment on the information included within the month 2 report and the actions being taken to safeguard the trusts' position against plan.
- The Board is asked to take action to support the delivery of the full cost improvement programme.
- The Board is asked to approve the three fully mitigated financial risks being removed from the financial risk register.
- The Board is asked to approve the amendment of the Olympics budget for income and expenditure in line with funding approved at £1.365 million.

Michael Dinan
Executive Director of Finance
June 2011



Trust Board - Financial Review

Month Ending 31st May 2011 - (Month 2)

Report Contents

- Appendix 1 Financial Snapshot
- Appendix 2 Financial Summary
- Appendix 3 Activity, Resource & Cost Analysis
- Appendix 4 Income & Expense Trend
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- Appendix 6 Cost Improvement Program (CIP) Analysis
- Appendix 7 Balance Sheet & Cashflow Summary
- Appendix 8 Capital Summary
- Appendix 9 Income Summary
- Appendix 10 Divisional Summary
- Appendix 11 Rolling Balance Sheet
- Appendix 12 Rolling Cashflow
- Appendix 13 Financial Risk Register

LAS Financial Review - Financial Snapshot

APPENDIX 1

Month Ending 31st March 2011 - (Month 02)

| NHS Trust Statutory Financial Duties | Forecast | Direction of Travel | Commentary | NHS Financial Performance Framework | Forecast Score | Status | Direction of Travel | Commentary |
|---|----------|---------------------|---|--|----------------|--------|---------------------|---|
| Income & Expenditure Breakeven | ↔ | ➡ | Assessment based on achievement of the financial plan for the year | Initial Planning (Planned I&E Surplus Margin) | 3 | G | ➡ | The planned I&E surplus is in line with SHA expectations |
| External Financing Limit (EFL) | ↔ | ➡ | Assessment based on achievement of the financial plan for the year | Year to Date Performance (YTD I&E Surplus Margin) | 3 | G | ➡ | Year to date Operating Surplus is at variance to plan by 0.1% of Income |
| Capital Resource Limit (CRL) | ↔ | ➡ | Assessment based on achievement of the financial plan for the year | Forecast Outturn Performance (Forecast I&E Surplus Margin) | 3 | G | ➡ | Forecast surplus with variance from plan of 0.08% |
| Return on Assets | ↓ | ➡ | Assessment based on achievement of the financial plan for the year | Underlying Financial Position (Underlying I&E Surplus Margin) | 3 | G | ➡ | Underlying breakeven or surplus position |
| CIP | ↓ | ← | The Trust is expected to deliver a CIP of £15.6m for the year. At month 2 the trust is behind plan. | Better Payment Practice Code (95% bills paid within 30 days) | 2 | A | ➡ | Bills paid within 30 days for the year to date to 94% of NHS suppliers and 89% non NHS suppliers |
| Income and Expenditure | | | | Balance Sheet Efficiency (Liquidity) | 2 | A | ➡ | Current assets (stocks, debtors and cash) over current liabilities (amount owing < one year) less than 1 but greater than 0.5 |
| The year to date I&E position is a surplus of £776k, behind plan by £301k mainly due to lower RTA and PTS income and overspend on Overtime and A&E Management. | | | | LAS Trust Management Costs (% of Total LAS Income (Excl. MPET)) | N/A | G | ➡ | Management costs (excluding MPET) is 6.73% of Income |
| Capital | | | | Overall | 3 | G | ➡ | Trust is rated as Performing |
| The Trust is forecasting to meet its Capital Resource Limit (CRL) for the year. | | | | Monitor Financial Risk Rating | | | | |
| Cash | | | | Achievement of plan (EBITDA achieved compared to plan) | 5 | G | ➡ | Greater than 85% achievement against planned EBITDA margin |
| The Trust is forecasting to meet the External Financing Limit (EFL) for the year. | | | | Underlying Performance (EBITDA margin) | 3 | A | ➡ | The EBITDA margin required is 5% for 3 and 9% for 4 (current forecast is 7.7%) |
| Financial Risk Rating | | | | Financial Efficiency (Return on assets and I&E margin) | 4 | G | ➡ | Return on Assets is forecast at 6.53% and I&E surplus margin is forecast at 1% |
| Monitor Financial Risk Rating forecast is for performance equivalent to a rating of 4. Monitor assesses financial risk on a scale from 1 (high risk) to 5 (low risk). | | | | Liquidity (Liquid assets / operating expenditure) | 1 | R | ➡ | Liquid asset cover less than 10 days, assumes 30 day working facility |
| | | | | Overall | 4 | G | ➡ | The Trust is targeting score of 4 for 2011/12 |

| Income & Expenditure | Current | | Current Month | | Year to Date | | |
|----------------------------|------------------|-----------------|-----------------|--------------|-----------------|-----------------|--------------|
| | Annual Plan | Actual | Budget | Variance | Actual | Budget | Variance |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Income | | | | | | | |
| A&E | 252,088 | 20,319 | 20,853 | (534) | 41,172 | 41,706 | (535) |
| HART/CBRN | 14,803 | 1,273 | 1,234 | 39 | 2,446 | 2,467 | (21) |
| Olympics | 1,396 | 111 | 116 | (5) | 228 | 233 | (5) |
| PTS | 6,815 | 497 | 568 | (71) | 931 | 1,136 | (205) |
| Other | 8,047 | 489 | 671 | (181) | 1,268 | 1,341 | (73) |
| Total Income | 283,149 | 22,690 | 23,442 | (752) | 46,044 | 46,883 | (839) |
| Pay Expenditure | | | | | | | |
| Frontline | (132,245) | (10,675) | (10,852) | 177 | (21,408) | (21,678) | 270 |
| Other | (64,946) | (5,287) | (5,433) | 146 | (10,465) | (10,866) | 401 |
| Overtime | (4,933) | (794) | (512) | (282) | (1,781) | (1,023) | (758) |
| Agency | (250) | (237) | (21) | (216) | (454) | (42) | (412) |
| Total Pay | (202,373) | (16,993) | (16,817) | (176) | (34,109) | (33,610) | (499) |
| Medical Consumables | (6,017) | (430) | (501) | 71 | (910) | (1,003) | 93 |
| Vehicle | (10,702) | (1,037) | (892) | (146) | (1,959) | (1,784) | (175) |
| Fuel & Oil | (5,949) | (492) | (496) | 4 | (996) | (991) | (5) |
| Accommodation and Estates | (12,814) | (913) | (1,101) | 188 | (1,993) | (2,203) | 210 |
| Other | (22,315) | (1,243) | (1,751) | 508 | (2,612) | (3,503) | 890 |
| Finance Costs | (5,412) | (370) | (425) | 54 | (762) | (850) | 88 |
| Depreciation | (14,829) | (965) | (932) | (33) | (1,928) | (1,864) | (64) |
| Total Non Pay | (78,038) | (5,451) | (6,098) | 647 | (11,159) | (12,197) | 1,037 |
| Total Expenditure | (280,411) | (22,443) | (22,915) | 471 | (45,268) | (45,806) | 538 |
| EBITDA | 22,979 | 1,581 | 1,883 | (302) | 3,466 | 3,790 | (324) |
| Surplus / (Deficit) | 2,738 | 245 | 526 | (281) | 776 | 1,077 | (301) |

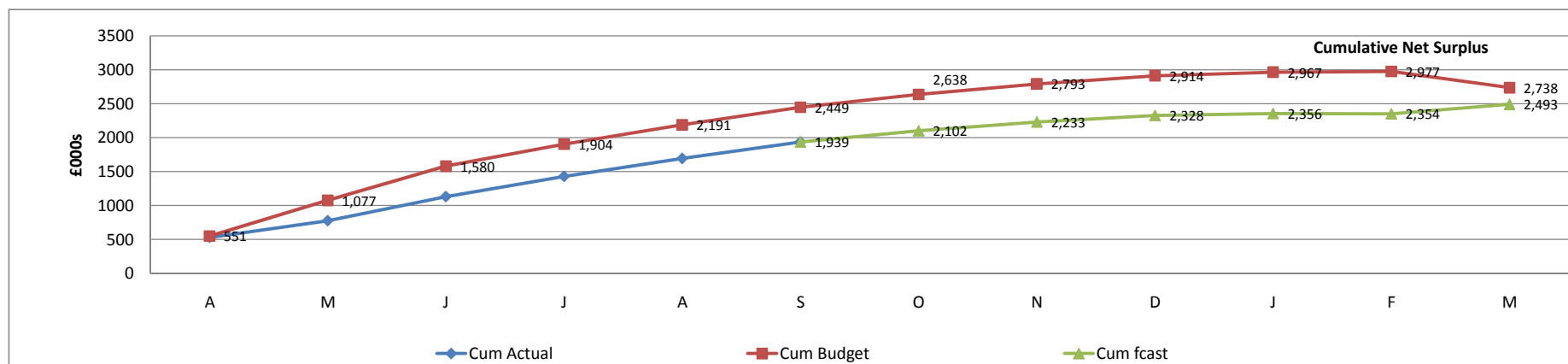
EBITDA % Margin

| Month | Budget (%) | Actual (%) |
|-------|------------|------------|
| Apr | 8.1 | 8.1 |
| May | 8.0 | 7.0 |
| Jun | 8.0 | |
| Jul | 8.5 | |
| Aug | 8.3 | |
| Sep | 8.2 | |
| Oct | 8.5 | |
| Nov | 8.3 | |
| Dec | 8.2 | |
| Jan | 8.4 | |
| Feb | 8.2 | |
| Mar | 6.8 | |

LAS Financial Review - Financial Summary

APPENDIX 2

Month Ending 31st May 2011 - (Month 2)



| Month Act | Month Budget | Month Variance | % |
|-----------|--------------|----------------|---|
| £000 | £000 | | |

| Ytd Act | Ytd Budget | Diff | % | Ytd 1011 | Diff | % |
|---------|------------|------|---|----------|------|---|
| £000 | £000 | £000 | | £000 | £000 | |

| 2011/12 Act | 2011/12 Budget | Diff | % |
|-------------|----------------|------|---|
| £000 | £000 | £000 | |

Income

| | | | | | | | | | | | | | | | |
|--------------|---------------|---------------|--------------|--------------|---------------|---------------|--------------|-----------------|---------------|----------------|--------------|----------------|----------------|----------------|--------------|
| A&E | 21,037 | 21,671 | (634) | -2.9% | 42,667 | 43,342 | (675) | -1.6% | 42,846 | (179) | -0.4% | 260,959 | 261,901 | (942) | -0.4% |
| Other | 1,653 | 1,771 | (118) | -6.7% | 3,377 | 3,541 | (164) | -4.6% | 4,707 | (1,329) | -28.2% | 21,000 | 21,248 | (248) | -1.2% |
| Total | 22,690 | 23,442 | (752) | -3.2% | 46,044 | 46,883 | (839) | -5687.9% | 47,552 | (1,508) | -3.2% | 281,960 | 283,149 | (1,189) | -0.4% |

Operating Expense

| | | | | | | | | | | | | | | | |
|--------------|---------------|---------------|------------|--------------|---------------|---------------|--------------|-----------------|---------------|----------------|--------------|----------------|----------------|------------|-------------|
| Pay | 16,993 | 16,817 | 176 | 1.0% | 34,109 | 33,610 | 499 | 1.5% | 34,729 | (621) | -1.8% | 203,282 | 202,373 | 909 | 0.4% |
| Non Pay | 4,116 | 4,742 | (626) | -13.2% | 8,470 | 9,483 | (1,013) | -10.7% | 9,443 | (974) | -10.3% | 57,074 | 57,797 | (723) | -1.3% |
| Total | 21,109 | 21,559 | 449 | -2.1% | 42,578 | 43,093 | (515) | -8475.2% | 44,173 | (1,594) | -3.6% | 260,356 | 260,170 | 186 | 0.1% |

EBITDA

| | | | | | | | | | | | | | | | |
|----------|-------|-------|-------|--------|-------|-------|-------|----------|-------|------|------|--------|--------|---------|-------|
| EBITDA | 1,581 | 1,883 | (302) | -16.1% | 3,466 | 3,790 | (324) | -1268.1% | 3,379 | 86 | 2.6% | 21,604 | 22,979 | (1,375) | -6.0% |
| EBITDA % | 7.0% | 8.0% | 40.2% | -13.3% | 7.5% | 8.1% | -1% | -1550.4% | 7.1% | 0.4% | 5.9% | 7.7% | 8.1% | -0.5% | -5.6% |

Depreciation, Dividend & Interest

| | | | | | | | | | | | | | | | |
|--|-------|-------|------|-------|-------|-------|------|-------|-------|-------|-------|--------|--------|---------|-------|
| | 1,335 | 1,357 | (21) | -1.6% | 2,690 | 2,713 | (24) | -0.9% | 2,814 | (124) | -4.4% | 19,111 | 20,241 | (1,130) | -5.6% |
|--|-------|-------|------|-------|-------|-------|------|-------|-------|-------|-------|--------|--------|---------|-------|

Net Surplus/(Deficit)

| | | | | | | | | | | | | | | | |
|-----------------------|-----|-----|-------|--------|-----|-------|-------|---------|-----|-----|------|-------|-------|------|-------|
| Net Surplus/(Deficit) | 245 | 526 | (281) | -53.4% | 776 | 1,077 | (301) | -458.2% | 566 | 210 | 7.0% | 2,493 | 2,738 | -245 | -9.0% |
|-----------------------|-----|-----|-------|--------|-----|-------|-------|---------|-----|-----|------|-------|-------|------|-------|

| | | | | | | | | | | | | | | | |
|------------|------|------|-------|--------|------|------|-------|---------|------|------|------|------|------|-------|-------|
| Net Margin | 1.1% | 2.2% | 37.4% | -51.8% | 1.7% | 2.3% | -0.6% | -475.9% | 1.2% | 0.5% | 5.9% | 0.9% | 1.0% | -0.1% | -8.6% |
|------------|------|------|-------|--------|------|------|-------|---------|------|------|------|------|------|-------|-------|

| | | | | | | | | | | | | | | | |
|-------------|---|---|---|---------|---|---|---|---------|---|---|---------|---|---|---|---------|
| Impairments | 0 | 0 | 0 | #DIV/0! | 0 | 0 | 0 | #DIV/0! | 0 | 0 | #DIV/0! | 0 | 0 | 0 | #DIV/0! |
|-------------|---|---|---|---------|---|---|---|---------|---|---|---------|---|---|---|---------|

Net Surplus after Impairment

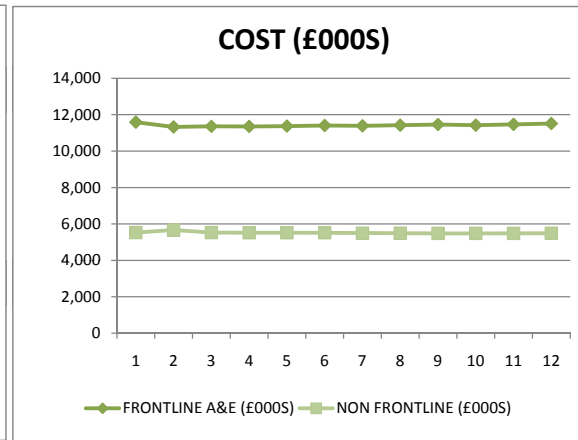
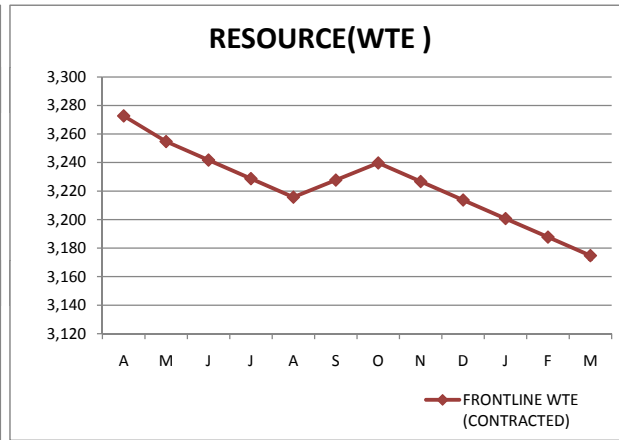
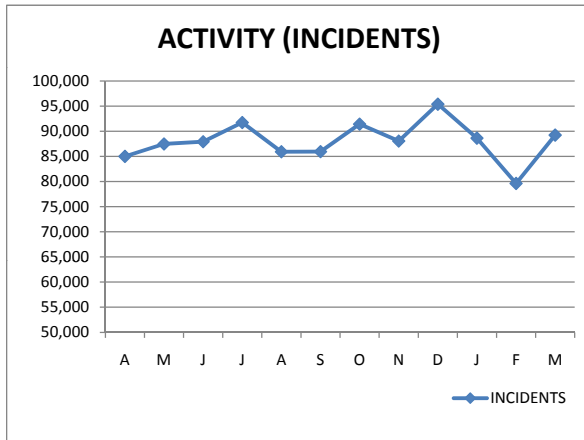
| | | | | | | | | | | | | | | | |
|------------------------------|-----|-----|-------|--------|-----|-------|-------|---------|-----|-----|---------|-------|-------|------|-------|
| Net Surplus after Impairment | 245 | 526 | (281) | -53.4% | 776 | 1,077 | (301) | -458.2% | 566 | 210 | #DIV/0! | 2,493 | 2,738 | -245 | -9.0% |
|------------------------------|-----|-----|-------|--------|-----|-------|-------|---------|-----|-----|---------|-------|-------|------|-------|

Income

| | | | | | | | | | | | | | | | |
|--------------------------|----------|----------|---------|--------|----------|----------|---------|----------|----------|---------|--------|----------|----------|---------|--------|
| Non Current Assets | 143,709 | 143,882 | (173) | -0.1% | 140,717 | 2,992 | 2.1% | 142,767 | 143,882 | (1,115) | -0.8% | 142,767 | 143,882 | (1,115) | -0.8% |
| Cash | 9,897 | 5,250 | 4,647 | 88.5% | 4,209 | 5,688 | 135.1% | 5,250 | 5,250 | 0 | 0.0% | 5,250 | 5,250 | 0 | 0.0% |
| Working Capital | (12,717) | (5,383) | (7,334) | 136.2% | 5,529 | (18,246) | -330.0% | (8,943) | (5,383) | (3,560) | 66.1% | (8,943) | (5,383) | (3,560) | 66.1% |
| Non Current Liabilities | (27,492) | (28,403) | 911 | -3.2% | (41,811) | 14,319 | -34.2% | (23,960) | (28,403) | 4,443 | -15.6% | (23,960) | (28,403) | 4,443 | -15.6% |
| Capital Employed | 113,397 | 115,346 | (1,949) | -2% | 108,644 | 4,753 | 4.4% | 115,114 | 115,346 | (232) | 0% | 115,114 | 115,346 | (232) | 0% |
| Average Capital Employed | 113,397 | 115,346 | (1,949) | -1.7% | 108,486 | 4,912 | 4.5% | 115,114 | 115,346 | (232) | -0.2% | 115,114 | 115,346 | (232) | -0.2% |
| Return on Assets | 6.58% | 6.78% | #DIV/0! | -2.9% | 0.52% | 0 | 1161.2% | 6.53% | 6.73% | -0.2% | -2.9% | 6.53% | 6.73% | -0.2% | -2.9% |

APPENDIX 3

Month Ending 31st May 2011 - (Month 2)



| | April | May | June | July | August | September | October | November | December | January | February | March | TOTAL |
|-----------------|--------|--------|--------|--------|--------|-----------|---------|----------|----------|---------|----------|--------|--------|
| ACTIVITY | | | | | | | | | | | | | |
| INCIDENTS | 85,000 | 87,476 | 87,919 | 91,741 | 85,925 | 85,944 | 91,423 | 88,051 | 95,391 | 88,634 | 79,612 | 89,238 | 88,030 |

| | | | | | | | | | | | | | AVERAGE |
|----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|
| RESOURCE | | | | | | | | | | | | | |
| FRONTLINE WTE (CONTRACTED) | 3,273 | 3,255 | 3,242 | 3,229 | 3,216 | 3,228 | 3,240 | 3,227 | 3,214 | 3,201 | 3,188 | 3,175 | 3,224 |

| | | | | | | | | | | | | | AVERAGE |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| RESOURCE | | | | | | | | | | | | | |
| NON FRONTLINE WTE (CONTRACTED) | 1,419 | 1,422 | 1,543 | 1,553 | 1,564 | 1,549 | 1,534 | 1,544 | 1,554 | 1,564 | 1,574 | 1,587 | 1,534 |
| NON FRONTLINE WTE (WORKED) | 1,452 | 1,466 | 1,502 | 1,512 | 1,523 | 1,508 | 1,493 | 1,503 | 1,513 | 1,522 | 1,532 | 1,545 | 1,506 |
| NON FRONTLINE WTE (PAID) | 1,490 | 1,503 | 1,548 | 1,559 | 1,570 | 1,555 | 1,540 | 1,550 | 1,560 | 1,570 | 1,580 | 1,593 | 1,551 |
| TOTAL LAS WTE | 4,692 | 4,677 | 4,784 | 4,782 | 4,780 | 4,777 | 4,774 | 4,771 | 4,768 | 4,765 | 4,762 | 4,762 | 4,591 |

| | | | | | | | | | | | | | TOTAL |
|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| COST | | | | | | | | | | | | | |
| FRONTLINE A&E (€000S) | 10,733 | 10,675 | 10,877 | 10,904 | 10,924 | 10,953 | 11,057 | 11,093 | 11,131 | 11,164 | 11,209 | 11,254 | 131,975 |
| FRONTLINE OVERTIME (€000S) | 857 | 648 | 480 | 450 | 450 | 450 | 330 | 330 | 330 | 258 | 258 | 258 | 5,098 |
| TOTAL FRONTLINE COST | 11,590 | 11,323 | 11,357 | 11,354 | 11,374 | 11,403 | 11,387 | 11,423 | 11,461 | 11,421 | 11,466 | 11,512 | 137,073 |

| | | | | | | | | | | | | | |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| NON FRONTLINE (€000S) | 5,395 | 5,524 | 5,492 | 5,490 | 5,489 | 5,490 | 5,460 | 5,457 | 5,454 | 5,453 | 5,451 | 5,463 | 65,617 |
| NON FRONTLINE OVERTIME (€000S) | 130 | 146 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 592 |
| TOTAL NON FRONTLINE COST | 5,525 | 5,670 | 5,524 | 5,521 | 5,520 | 5,522 | 5,491 | 5,489 | 5,486 | 5,484 | 5,483 | 5,494 | 66,210 |

| RATIOS | | | | | | | | | | | | | |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|
| FRONTLINE / NON FRONTLINE WTE | 2.3 | 2.3 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.1 | 2.0 | 2.0 | 2.0 | 2.1 |
| INCIDENTS PER FRONTLINE WTE | 26.0 | 26.9 | 27.1 | 28.4 | 26.7 | 26.6 | 28.2 | 27.3 | 29.7 | 27.7 | 25.0 | 28.1 | 27.3 |
| INCIDENTS PER WTE | 18.1 | 18.7 | 18.4 | 19.2 | 18.0 | 18.0 | 19.2 | 18.5 | 20.0 | 18.6 | 16.7 | 18.7 | 19.2 |
| FRONTLINE PAY COST PER INCIDENT | 136.4 | 129.4 | 129.2 | 123.8 | 132.4 | 132.7 | 124.6 | 129.7 | 120.1 | 128.9 | 144.0 | 129.0 | 1,557.1 |
| TOTAL PAY COST PER INCIDENT | 201.4 | 194.3 | 192.0 | 183.9 | 196.6 | 196.9 | 184.6 | 192.1 | 177.7 | 190.7 | 212.9 | 190.6 | 2,309.2 |
| % OVERTIME TO TOTAL PAYROLL | 6.1% | 4.9% | 3.1% | 2.9% | 2.9% | 2.9% | 2.2% | 2.2% | 2.2% | 1.7% | 1.7% | 1.7% | 2.9% |

LAS Financial Review - Income & Expense Trend

APPENDIX 4

Month Ending 31st May 2011 - (Month 2)

| | Apr-10 Actual | May-10 Actual | Jun-10 Fcast | Jul-10 Fcast | Aug-10 Fcast | Sep-10 Fcast | Oct-10 Fcast | Nov-10 Fcast | Dec-10 Fcast | Jan-11 Fcast | Feb-11 Fcast | Mar-11 Fcast | 2011/2012 Actual | 2011/2012 Budget | Diff | % |
|------------------------------------|------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------------|---------------------|----------------|--------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | |
| Income | (23,354) | (22,690) | (23,167) | (23,433) | (23,433) | (23,433) | (23,433) | (23,433) | (23,433) | (23,433) | (23,433) | (25,283) | (281,960) | (283,149) | 1,189 | -0.4% |
| Payroll (£k) | | | | | | | | | | | | | | | | |
| A&E Frontline | 10,733 | 10,675 | 10,877 | 10,904 | 10,924 | 10,953 | 11,057 | 11,093 | 11,131 | 11,164 | 11,209 | 11,254 | 131,975 | 132,245 | (270) | -0.2% |
| A&E Overtime | 857 | 648 | 480 | 450 | 450 | 450 | 330 | 330 | 330 | 258 | 258 | 258 | 5,098 | 4,553 | 545 | 12.0% |
| A&E Management | 1,240 | 1,257 | 1,171 | 1,167 | 1,168 | 1,170 | 1,174 | 1,175 | 1,177 | 1,179 | 1,180 | 1,181 | 14,239 | 14,078 | 161 | 1.1% |
| EOC | 975 | 977 | 1,019 | 1,014 | 1,008 | 1,002 | 1,007 | 1,000 | 993 | 987 | 981 | 983 | 11,948 | 12,053 | (106) | -0.9% |
| Operational Support | 288 | 296 | 347 | 351 | 351 | 352 | 352 | 352 | 352 | 352 | 352 | 354 | 4,101 | 4,210 | (109) | -2.6% |
| PTS | 390 | 388 | 409 | 409 | 409 | 409 | 359 | 359 | 359 | 360 | 360 | 360 | 4,572 | 4,611 | (40) | -0.9% |
| Corporate Support | 2,286 | 2,369 | 2,410 | 2,413 | 2,416 | 2,421 | 2,432 | 2,434 | 2,436 | 2,439 | 2,442 | 2,450 | 28,948 | 29,993 | (1,045) | -3.5% |
| Other Overtime | 130 | 146 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 32 | 592 | 380 | 212 | 55.9% |
| Agency | 217 | 237 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 136 | 134 | 1,810 | 250 | 1,560 | 624.0% |
| Total | 17,115 | 16,993 | 16,881 | 16,875 | 16,895 | 16,925 | 16,879 | 16,912 | 16,947 | 16,906 | 16,949 | 17,006 | 203,282 | 202,373 | 909 | 0.4% |
| Non Pay | | | | | | | | | | | | | | | | |
| Staff Related | 441 | 630 | 573 | 484 | 482 | 471 | 485 | 485 | 485 | 485 | 473 | 473 | 5,966 | 6,078 | (113) | -1.9% |
| Consumables, Medical Equip & Drugs | 479 | 430 | 491 | 491 | 491 | 491 | 491 | 491 | 491 | 491 | 491 | 491 | 5,824 | 6,017 | (193) | -3.2% |
| Vehicle Leasing | 123 | 253 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 2,783 | 1,466 | 1,318 | 89.9% |
| Fuel & Oil | 504 | 492 | 496 | 496 | 496 | 496 | 496 | 496 | 496 | 496 | 496 | 496 | 5,954 | 5,949 | 5 | 0.1% |
| Vehicle Maintenance | 619 | 647 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 634 | 7,610 | 7,613 | (3) | 0.0% |
| Other Automotive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | #DIV/0! |
| Vehicle Insurance | 179 | 138 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 135 | 1,669 | 1,623 | 47 | 2.9% |
| 3rd Party Transport | 42 | 70 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 599 | 585 | 14 | 2.4% |
| Accommodation & Estates | 1,080 | 913 | 1,101 | 1,073 | 1,073 | 1,073 | 1,052 | 1,052 | 1,052 | 1,034 | 1,050 | 1,050 | 12,605 | 12,814 | (210) | -1.6% |
| IT & Telecoms | 564 | 628 | 659 | 659 | 675 | 675 | 671 | 671 | 671 | 671 | 671 | 671 | 7,885 | 8,011 | (125) | -1.6% |
| Finance & Legal | 152 | (270) | (25) | 242 | 242 | 242 | 240 | 240 | 240 | 258 | 242 | 1,847 | 3,649 | 5,027 | (1,378) | -27.4% |
| Consultancy | 58 | 69 | 52 | 52 | 52 | 52 | 49 | 49 | 49 | 49 | 49 | 49 | 631 | 608 | 23 | 3.9% |
| Other | 112 | 115 | 168 | 168 | 168 | 168 | 167 | 167 | 167 | 167 | 167 | 167 | 1,898 | 2,006 | (108) | -5.4% |
| Subtotal | 4,354 | 4,116 | 4,574 | 4,724 | 4,739 | 4,727 | 4,710 | 4,710 | 4,710 | 4,710 | 4,698 | 6,302 | 57,074 | 57,797 | (723) | -1.3% |
| Depreciation | | | | | | | | | | | | | | | | |
| Fleet | 476 | 477 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 952 | 0 | 952 | #DIV/0! |
| IT | 140 | 140 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 280 | 0 | 280 | #DIV/0! |
| Other | 347 | 348 | 932 | 1,076 | 1,076 | 1,076 | 1,221 | 1,221 | 1,221 | 1,330 | 1,330 | 1,376 | 12,554 | 14,829 | (2,275) | -15.3% |
| Subtotal | 962 | 965 | 932 | 1,076 | 1,076 | 1,076 | 1,221 | 1,221 | 1,221 | 1,330 | 1,330 | 1,376 | 13,786 | 14,829 | (1,042) | -7.0% |
| Financial | | | | | | | | | | | | | | | | |
| Dividend | 319 | 319 | 293 | 328 | 328 | 328 | 328 | 328 | 328 | 328 | 328 | 328 | 3,885 | 3,832 | 53 | 1.4% |
| Interest | 72 | 51 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 1,440 | 1,580 | (140) | -8.9% |
| Subtotal | 392 | 370 | 425 | 460 | 460 | 460 | 460 | 460 | 460 | 460 | 460 | 460 | 5,325 | 5,412 | (88) | -1.6% |
| Total Expense | 22,823 | 22,445 | 22,811 | 23,135 | 23,169 | 23,188 | 23,269 | 23,303 | 23,338 | 23,405 | 23,436 | 25,144 | 279,467 | 280,411 | (944) | -0.3% |
| Net Surplus | (531) | (245) | (355) | (299) | (264) | (245) | (164) | (130) | (96) | (28) | 3 | (139) | (2,493) | (2,738) | 245 | (0) |
| Cumulative Surplus | (531) | (776) | (1,131) | (1,430) | (1,694) | (1,939) | (2,102) | (2,233) | (2,328) | (2,356) | (2,354) | (2,493) | (2,493) | (2,738) | | |

LAS Financial Review - Worst Case Scenario

APPENDIX 5

Month Ending 31st May 2011 - (Month 2)

| | 2011/2012 | | 2011/2013 | | Diff | % | 2011/2012 | | 2010/2011 | |
|------------------------------------|------------------|------------------|--------------|--------------|--------------|--------------|----------------|------------------|------------------|-------|
| | Base Case | Worst Case | Worst Case | Actual | | | Budget | Fcast | Fcast | Fcast |
| | £000 | £000 | £000 | £000 | £000 | | £000 | £000 | £000 | £000 |
| Income | (281,960) | (280,652) | | | 1,307 | -0.5% | | (283,149) | (281,597) | |
| Payroll (£k) | | | | | | | | | | |
| A&E Frontline | 131,975 | 130,475 | (1,500) | -1.1% | | | 132,245 | 126,816 | | |
| A&E Overtime | 5,098 | 6,912 | 1,814 | 35.6% | | | 4,553 | 10,757 | | |
| A&E Management | 14,239 | 14,640 | 401 | 2.8% | | | 14,078 | 14,539 | | |
| EOC | 11,948 | 11,608 | (340) | -2.8% | | | 12,053 | 11,879 | | |
| Operational Support | 4,101 | 3,618 | (483) | -11.8% | | | 4,210 | 3,558 | | |
| PTS | 4,572 | 4,543 | (29) | -0.6% | | | 4,611 | 5,852 | | |
| Corporate Support | 28,948 | 29,211 | 263 | 0.9% | | | 29,993 | 27,307 | | |
| Other Overtime | 592 | 1,508 | 916 | 154.6% | | | 380 | 1,578 | | |
| Agency | 1,810 | 2,394 | 584 | 32.3% | | | 250 | 5,153 | | |
| Total | 203,282 | 204,908 | 1,626 | 0.8% | | | 202,373 | 207,447 | | |
| Non Pay | | | | | | | | | | |
| Staff Related | 5,966 | 5,966 | 0 | 0.0% | | | 6,078 | 6,980 | | |
| Consumables, Medical Equip & Drugs | 5,824 | 5,824 | 0 | 0.0% | | | 6,017 | 6,667 | | |
| Vehicle Leasing | 2,783 | 2,865 | 82 | 2.9% | | | 1,466 | 1,579 | | |
| Fuel & Oil | 5,954 | 5,954 | 0 | 0.0% | | | 5,949 | 5,581 | | |
| Vehicle Maintenance | 7,610 | 7,610 | 0 | 0.0% | | | 7,613 | 7,704 | | |
| Other Automotive | 0 | 0 | 0 | #DIV/0! | | | 0 | 0 | | |
| Vehicle Insurance | 1,669 | 1,669 | 0 | 0.0% | | | 1,623 | 1,737 | | |
| 3rd Party Transport | 599 | 599 | 0 | 0.0% | | | 585 | 681 | | |
| Accommodation & Estates | 12,605 | 12,605 | 0 | 0.0% | | | 12,814 | 12,296 | | |
| IT & Telecoms | 7,885 | 7,885 | 0 | 0.0% | | | 8,011 | 8,043 | | |
| Finance & Legal | 3,649 | 4,159 | 510 | 14.0% | | | 5,027 | 2,321 | | |
| Consultancy | 631 | 631 | 0 | 0.0% | | | 608 | 1,862 | | |
| Other | 1,898 | 1,898 | 0 | 0.0% | | | 2,006 | 1,637 | | |
| Subtotal | 57,074 | 57,665 | 592 | 1.0% | | | 57,797 | 57,088 | | |
| Depreciation | | | | | | | | | | |
| Fleet | 952 | 952 | 0 | 0.0% | | | 0 | 0 | | |
| IT | 280 | 280 | 0 | 0.0% | | | 0 | 0 | | |
| Other | 12,554 | 12,554 | (0) | 0.0% | | | 14,829 | 11,592 | | |
| Subtotal | 13,786 | 13,786 | (0) | 0.0% | | | 14,829 | 11,592 | | |
| Financial | | | | | | | | | | |
| Dividend | 3,885 | 3,832 | (53) | -1.4% | | | 3,832 | 3,772 | | |
| Interest | 1,440 | 1,414 | (26) | -1.8% | | | 1,580 | 1,171 | | |
| Subtotal | 5,325 | 5,246 | (79) | -1.5% | | | 5,412 | 4,943 | | |
| Total Expense | 279,467 | 281,606 | 2,139 | 0.8% | | | 280,411 | 281,071 | | |
| Net Surplus/ (Deficit) | (2,493) | 953 | 3,446 | 0 | | | (2,738) | (526) | | |
| Cumulative Surplus | (2,493) | 953 | | | | | (2,738) | (526) | | |

LAS Financial Review - CIP Summary

APPENDIX 6

Month Ending 31st May 2011 - (Month 2)

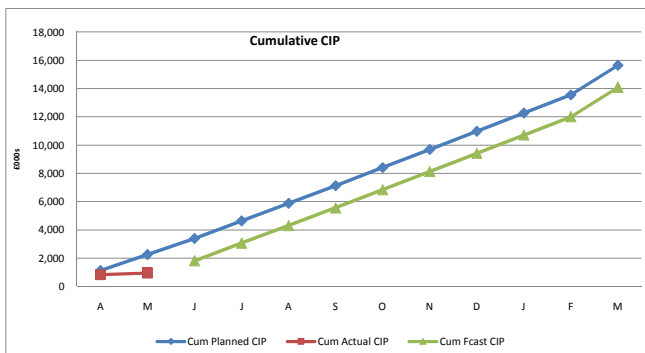
| Key CIP Programs | Performance | | | | Forecast | | | | Status | |
|---|--------------|--------------|----------------|--------------|---------------|---------------|--------------|--------------|---------|----------|
| | Ytd Position | | | | 2011/12 | | | | Current | Forecast |
| | Act £000 | Plan £000 | Diff £000 | % | Act £000 | Plan £000 | Diff £000 | % | | |
| Front Line staffing - Process Management | 864 | 864 | (1) | 99.9% | 5,186 | 5,187 | (1) | 100.0% | ↔ | ↔ |
| Front Line staffing - Resource Management | (0) | 0 | (0) | #DIV/0! | 800 | 800 | (0) | 100.0% | ↔ | ↔ |
| Fleet optimisation | (0) | 0 | (0) | #DIV/0! | 251 | 251 | (0) | 99.9% | ↔ | ↔ |
| Support Services - Pay | 102 | 103 | (1) | 98.7% | 616 | 617 | (1) | 99.8% | ↔ | ↔ |
| Support Services - Agency | 188 | 397 | (209) | 47.4% | 2,172 | 2,381 | (209) | 91.2% | ↔ | ↓ |
| Support Services - Non Pay | 345 | 495 | (150) | 69.6% | 2,841 | 2,970 | (128) | 95.7% | ↔ | ↓ |
| Support Services - IM&T | 137 | 149 | (13) | 91.6% | 882 | 895 | (13) | 98.6% | ↔ | ↔ |
| PTS | 0 | 3 | (3) | 0.6% | 265 | 268 | (3) | 98.9% | ↔ | ↔ |
| Subtotal | 1,635 | 2,011 | (377) | 81.3% | 13,014 | 13,369 | (355) | 97.3% | ↔ | ↓ |
| Unidentified | (5) | 240 | (244) | -1.9% | 1,194 | 1,439 | (244) | 83.0% | ↔ | ↓ |
| Other - Annual Leave Policy | (528) | 5 | (533) | -9822.5% | 32 | 32 | 0 | 100.0% | ↓ | ↔ |
| Total | 1,102 | 2,256 | (1,154) | 49% | 14,241 | 14,840 | (599) | 96.0% | ↓ | ↓ |

KEY:

| | |
|-------------------------------|---|
| CIP Target being exceeded | ↑ |
| CIP Target not being achieved | ↓ |
| CIP on Target | ↔ |

Front Line Staffing - Process Management :
 - CIP identified in this line only include the reduction of Frontline posts by 132wte. It does not include overspend on Overtime and over establishment of A&E Management.

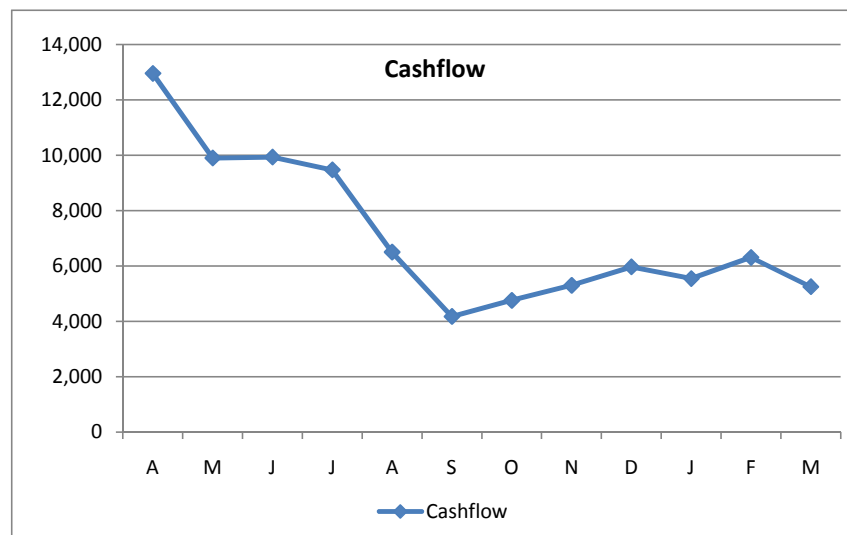
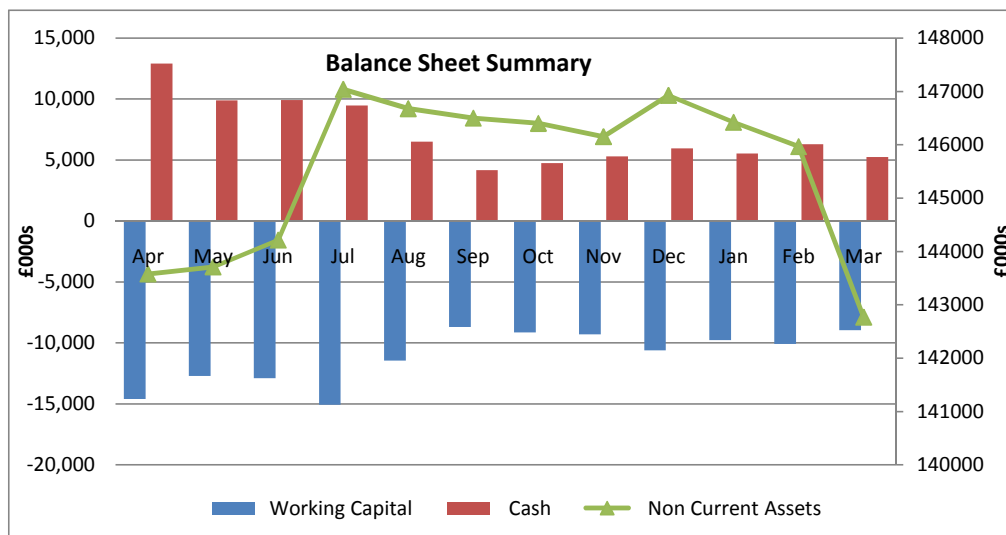
Other :
 - Included in Other is £800k further CIP to be identified relating to Year-End Agreement with PCT (amounting to £533k in M02). This is expected to be achieved in Month 12 through amendments in annual leave policy.
 - Also included £1.4m of unidentified CIP.



LAS Financial Review - Balance Sheet & Cashflow

APPENDIX 7

Month Ending 31st May 2011 - (Month 02)



| | | | |
|------------------------|---|--------------------------------|-----------------|
| Trade Debtors | A&E £185k > 60 days (9.03%), Apr £146k > 60 days (3.37%) PTS £311k > 60 days (15.16%), Apr £251k > 60 days (5.82%) | Key Balance Sheet Items | |
| | | Current | Year End |
| Trade Creditors | NHS PSPP - This month (94%), Apr (92%), Ytd (94%) Non NHS PSPP - This month (88%), Apr (89%), Ytd (89%) | £000s | |
| | | Cash | 5,250 |
| | | Working Capital | (8,943) |

| | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual |
| Non-Current Assets | 143,578 | 143,709 | 144,211 | 147,039 | 146,677 | 146,499 | 146,401 | 146,153 | 146,927 | 146,421 | 145,965 | 142,767 | 141,530 |
| Current Assets | 29,623 | 27,675 | 28,729 | 28,334 | 25,400 | 23,115 | 22,983 | 22,815 | 22,765 | 21,633 | 21,683 | 22,866 | 24,487 |
| Total Assets | 173,201 | 171,384 | 172,940 | 175,373 | 172,077 | 169,614 | 169,384 | 168,968 | 169,692 | 168,054 | 167,648 | 165,633 | 166,017 |
| Current Liabilities | (31,312) | (30,495) | (31,686) | (33,930) | (30,359) | (27,641) | (27,357) | (26,800) | (27,417) | (25,861) | (25,448) | (26,559) | (26,745) |
| Net Current Assets/(Liabilities) | (1,689) | (2,820) | (2,957) | (5,596) | (4,959) | (4,526) | (4,374) | (3,985) | (4,652) | (4,228) | (3,765) | (3,693) | (2,258) |
| Total Assets less Current Liabilities | 141,889 | 140,889 | 141,254 | 141,443 | 141,718 | 141,973 | 142,027 | 142,168 | 142,275 | 142,193 | 142,200 | 139,074 | 139,272 |
| Total Non-Current Liabilities | 28,738 | 27,492 | 27,502 | 27,392 | 27,403 | 27,413 | 27,303 | 27,314 | 27,325 | 27,215 | 27,225 | 23,960 | 23,880 |
| Total Assets Employed | 113,151 | 113,397 | 113,752 | 114,051 | 114,315 | 114,560 | 114,724 | 114,854 | 114,950 | 114,978 | 114,975 | 115,114 | 115,392 |
| Total Taxpayers' Equity | 113,151 | 113,397 | 113,752 | 114,051 | 114,315 | 114,560 | 114,724 | 114,854 | 114,950 | 114,978 | 114,975 | 115,114 | 115,392 |
| Cashflow | 12,913 | 9,897 | 9,928 | 9,469 | 6,498 | 4,176 | 4,757 | 5,302 | 5,965 | 5,546 | 6,309 | 5,250 | 6,809 |

LAS Financial Review - Capital Summary

APPENDIX 8

| Capital programme | Ytd Position Month 2 | | | | Capital plan 2011/12 | | | | Status |
|---|-------------------------|--------------|--------------|-------------|-------------------------|---------------|--------------|------------|----------|
| | Act £000 | Plan £000 | Diff £000 | % | Act £000 | Plan £000 | Diff £000 | % | 2011/12 |
| Capital programme - Information Technology | 883 | 449 | (434) | -96% | 3,963 | 3,845 | (118) | -3% | ↓ |
| Capital programme - Estates | 66 | 23 | (43) | -188% | 1,554 | 1,500 | (54) | -4% | ↓ |
| Capital programme - Fleet | 561 | 300 | (262) | -25% | 8,261 | 8,265 | 4 | 0% | ↔ |
| Capital programme - Proceeds from Disposals | (6,088) | 0 | 6,088 | 0% | (6,738) | (5,057) | 1,681 | -33% | ↑ |
| Capital programme - Unallocated funds | 0 | 0 | 0 | 0% | 2,240 | 2,240 | 0 | 0% | ↔ |
| Total | (4,578) | 772 | 5,350 | 693% | 9,280 | 10,793 | 1,513 | 14% | ↑ |

KEY:

| | |
|---|---|
| Capital Program on Target | ↔ |
| Capital Program Underspend - Requires attention | ↑ |
| Capital Program Overspend - Requires attention | ↓ |

LAS Financial Review - Income Summary

APPENDIX 9

Month Ending 31st May 2011 - (Month 2)

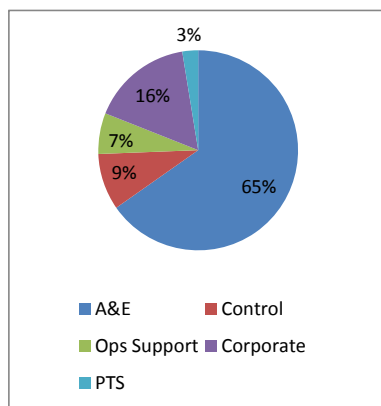
| Month Act | Month Budget | % | | Ytd Act | Ytd Budget | Diff | % | 2011/2012 Fcast | 2011/2012 Budget | Diff | % |
|---------------|---------------|---------------|--|---------------|---------------|--------------|---------------|-----------------|------------------|----------------|--------------|
| £000 | £000 | | | £000 | £000 | £000 | | £000 | £000 | £000 | |
| 20,319 | 20,853 | -2.6% | Emergency Delivery | 41,172 | 41,706 | (535) | -1.3% | 251,287 | 252,088 | (801) | -0.3% |
| 621 | 642 | -3.3% | PCT Commissioned | 1,263 | 1,284 | (21) | -1.6% | 7,685 | 7,706 | (21) | -0.3% |
| 97 | 176 | -44.8% | CBRN | 232 | 351 | (119) | -33.9% | 1,987 | 2,106 | (119) | -5.6% |
| 21,037 | 21,671 | -2.9% | RTA | 42,667 | 43,342 | (675) | -1.6% | 260,959 | 261,901 | (942) | -0.4% |
| | | | Subtotal | | | | | | | | |
| 652 | 591 | 10.2% | Specialised Services | 1,183 | 1,183 | 0 | 0.0% | 7,097 | 7,097 | 0 | 0.0% |
| 3 | 3 | 3.3% | HART | 7 | 7 | 0 | 3.3% | 40 | 39 | 0 | 0.5% |
| 655 | 595 | 10.2% | HEMS | 1,190 | 1,189 | 0 | 0.0% | 7,137 | 7,137 | 0 | 0.0% |
| | | | Subtotal | | | | | | | | |
| 93 | 92 | 0.4% | Information Services & Research | 185 | 184 | 1 | 0.4% | 1,106 | 1,106 | 1 | 0.1% |
| 11 | 18 | -38.4% | EBS | (45) | 36 | (81) | -225.9% | 135 | 216 | (81) | -37.7% |
| 104 | 110 | -5.9% | Research | 140 | 220 | (81) | -36.5% | 1,241 | 1,322 | (80) | -6.1% |
| | | | Subtotal | | | | | | | | |
| 497 | 568 | -12.4% | Patient Transport Services | 931 | 1,136 | (205) | -18.0% | 6,610 | 6,815 | (205) | -3.0% |
| 62 | 66 | -5.8% | PTS | 109 | 132 | (23) | -17.1% | 767 | 789 | (23) | -2.9% |
| 42 | 20 | 112.4% | BETS & SCBU | 68 | 40 | 28 | 68.8% | 268 | 240 | 28 | 11.5% |
| 602 | 654 | -7.9% | A&E Long Distance | 1,108 | 1,307 | (200) | -15.3% | 7,645 | 7,844 | (200) | -2.5% |
| | | | Subtotal | | | | | | | | |
| (16) | 112 | -114.2% | NHS London | 204 | 225 | (21) | -9.3% | 1,245 | 1,350 | (104) | -7.7% |
| 0 | 0 | #DIV/0! | MPET | 0 | 0 | 0 | #DIV/0! | 0 | 0 | 0 | #DIV/0! |
| 111 | 116 | -4.4% | Other Education | 228 | 233 | (5) | -2.2% | 1,390 | 1,396 | (5) | -0.4% |
| 95 | 229 | -58.4% | Olympics 2012 | 432 | 458 | (26) | -5.7% | 2,636 | 2,745 | (110) | -4.0% |
| | | | Subtotal | | | | | | | | |
| 52 | 83 | -37.3% | Commercial | 147 | 167 | (20) | -11.8% | 980 | 1,000 | (20) | -2.0% |
| 55 | 52 | 6.1% | Stadia | 111 | 104 | 6 | 6.1% | 631 | 625 | 6 | 1.0% |
| 3 | 1 | 238.1% | BAA | 4 | 2 | 2 | 113.0% | 14 | 11 | 2 | 18.8% |
| 111 | 136 | -18.8% | Training | 262 | 273 | (11) | -4.1% | 1,625 | 1,636 | (11) | -0.7% |
| | | | Subtotal | | | | | | | | |
| 86 | 47 | 83.6% | Other | 247 | 94 | 153 | 162.8% | 717 | 564 | 153 | 27.1% |
| | | | | | | | | | | | |
| 22,690 | 23,442 | -3.2% | Total | 46,044 | 46,883 | (839) | -1.8% | 281,960 | 283,149 | (1,189) | -0.4% |

LAS Financial Review - Divisional Summary

APPENDIX 10

Month Ending 31st May 2011 - (Month 2)

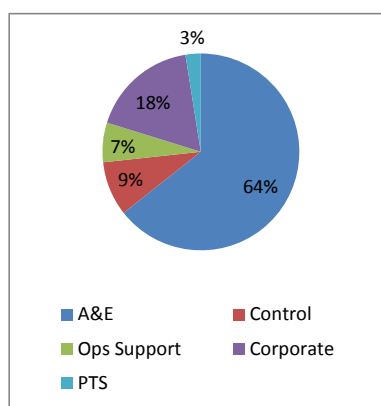
| Month Act | Month Budget | Diff | % |
|-----------|--------------|------|---|
| £000 | £000 | £000 | |



| | | | |
|---------------|---------------|--------------|-------------|
| 14,651 | 14,294 | (357) | -40% |
| 2,056 | 1,981 | (75) | 4% |
| 1,486 | 1,441 | (44) | 3% |
| 18,193 | 17,717 | (476) | 3% |
| 575 | 575 | 1 | 0% |
| (138) | 447 | 586 | -131% |
| 386 | 408 | 22 | -5% |
| 133 | 164 | 31 | -19% |
| 1,236 | 1,462 | 226 | -15% |
| 824 | 922 | 98 | -11% |
| 1,106 | 1,084 | (22) | 2% |
| 10 | 11 | 1 | -7% |
| 120 | 125 | 5 | -4% |
| 3,677 | 4,624 | 946 | -20% |
| 22,445 | 22,915 | 471 | -2% |

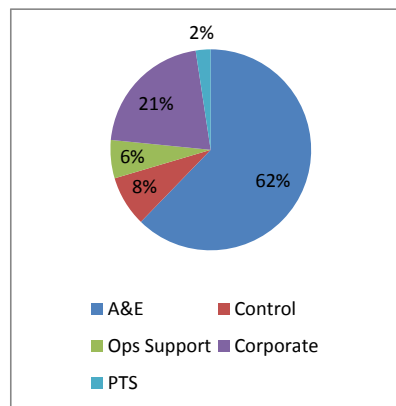
| |
|---|
| A&E Sector Services |
| Control Services |
| Operational Support |
| Total Operations |
| Patient Transport Services (PTS) |
| Chief Executive |
| Corporate Services |
| Strategic Development |
| Finance & Estates |
| Human Resources & Training |
| IM & T |
| Healthcare Promotion & Quality |
| Medical |
| Total Corporate Directorates |
| - Total LAS |

| Ytd Act | Ytd Budget | Diff | % |
|---------|------------|------|---|
| £000 | £000 | £000 | |



| | | | |
|---------------|---------------|--------------|---------------|
| 29,135 | 28,530 | (606) | 2.1% |
| 4,054 | 3,968 | (86) | 2.2% |
| 2,943 | 2,882 | (60) | 2.1% |
| 36,132 | 35,380 | (752) | 2.1% |
| 1,144 | 1,150 | 6 | -0.5% |
| 215 | 894 | 679 | -76.0% |
| 686 | 816 | 129 | -15.9% |
| 277 | 328 | 51 | -15.7% |
| 2,700 | 2,923 | 224 | -7.7% |
| 1,643 | 1,875 | 232 | -12.4% |
| 2,229 | 2,168 | (61) | 2.8% |
| 21 | 22 | 2 | -7.8% |
| 222 | 250 | 27 | -11.0% |
| 7,992 | 9,276 | 1,284 | -13.8% |
| 45,268 | 45,806 | 538 | -1.2% |

| 2011/2012 Act | 2011/2012 Budget | Diff | % |
|---------------|------------------|------|---|
| £000 | £000 | £000 | |



| | | | |
|----------------|----------------|------------|--------------|
| 174,079 | 174,114 | 34 | 0.0% |
| 22,787 | 22,801 | 14 | -0.1% |
| 17,098 | 17,099 | 1 | 0.0% |
| 213,965 | 214,014 | 49 | 0.0% |
| 6,764 | 6,669 | (94) | 1.4% |
| 4,740 | 5,389 | 648 | -12.0% |
| 4,141 | 4,913 | 772 | -15.7% |
| 1,935 | 1,986 | 51 | -2.6% |
| 20,048 | 19,662 | (387) | 2.0% |
| 10,512 | 10,854 | 342 | -3.2% |
| 15,785 | 15,277 | (508) | 3.3% |
| 132 | 134 | 2 | -1.3% |
| 1,445 | 1,513 | 67 | -4.5% |
| 58,739 | 59,728 | 989 | -1.7% |
| 279,467 | 280,411 | 944 | -0.3% |

LAS Financial Review - Rolling Balance Sheet

APPENDIX 11



Month Ending 31st May 2011 - (Month 2)

| | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | |
| | Actual | Actual | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | |
| Non-Current Assets | | | | | | | | | | | | | | |
| Intangible assets | 14,575 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | 14,646 | |
| Property, Plant and Equipment | 121,319 | 121,371 | 121,859 | 124,673 | 124,297 | 124,157 | 124,045 | 123,783 | 124,543 | 124,074 | 123,605 | 124,021 | 122,819 | |
| Trade and Other Receivables | 7,684 | 7,692 | 7,706 | 7,720 | 7,734 | 7,696 | 7,710 | 7,724 | 7,738 | 7,701 | 7,714 | 4,100 | 4,065 | |
| Total Non-Current Assets | 143,578 | 143,709 | 144,211 | 147,039 | 146,677 | 146,499 | 146,401 | 146,153 | 146,927 | 146,421 | 145,965 | 142,767 | 141,530 | |
| Current Assets | | | | | | | | | | | | | | |
| Inventories | 2,579 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | 2,581 | Trade Debtors |
| NHS Trade Receivables | 3,617 | 1,716 | 2,702 | 2,729 | 2,729 | 2,729 | 2,729 | 2,729 | 2,729 | 2,729 | 2,729 | 2,914 | 2,976 | A&E £185k > 60 days (9.03%), Apr £146k > 60 days (3.37%) |
| Non NHS Trade Receivables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | PTS £311k > 60 days (15.16%), Apr £251k > 60 days (5.82%) |
| Other Receivables | 4,484 | 5,693 | 5,730 | 5,767 | 5,804 | 5,841 | 5,878 | 5,915 | 5,952 | 5,989 | 6,026 | 9,482 | 9,482 | |
| Accrued Income | 1,769 | 1,847 | 1,847 | 1,847 | 1,847 | 1,847 | 1,597 | 1,347 | 1,097 | 847 | 597 | 348 | 348 | |
| Prepayments | 3,611 | 5,291 | 5,291 | 5,291 | 5,291 | 5,291 | 4,791 | 4,291 | 3,791 | 3,291 | 2,791 | 2,291 | 2,291 | |
| Investments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Cash and Cash Equivalents | 12,913 | 9,897 | 9,928 | 9,469 | 6,498 | 4,176 | 4,757 | 5,302 | 5,965 | 5,546 | 6,309 | 5,250 | 6,809 | |
| Current Assets | 28,973 | 27,025 | 28,079 | 27,684 | 24,750 | 22,465 | 22,333 | 22,165 | 22,115 | 20,983 | 21,033 | 22,866 | 24,487 | |
| Non-Current Assets Held for Sale | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 650 | 0 | 0 | |
| Total Current Assets | 29,623 | 27,675 | 28,729 | 28,334 | 25,400 | 23,115 | 22,983 | 22,815 | 22,765 | 21,633 | 21,683 | 22,866 | 24,487 | |
| Total Assets | 173,201 | 171,384 | 172,940 | 175,373 | 172,077 | 169,614 | 169,384 | 168,968 | 169,692 | 168,054 | 167,648 | 165,633 | 166,017 | |
| Current Liabilities | | | | | | | | | | | | | | |
| Bank Overdraft | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Trade Creditors |
| NHS Trade Payables | 8,120 | 5,733 | 6,167 | 6,363 | 6,393 | 6,382 | 6,364 | 6,362 | 6,362 | 6,362 | 6,350 | 6,252 | 8,245 | NHS PSPP - This month (94%), Apr (92%), Ytd (94%) |
| Non NHS Trade Payables | 234 | 178 | 178 | 178 | 178 | 178 | 178 | 178 | 178 | 178 | 178 | 178 | 178 | Non NHS PSPP - This month (88%), Apr (89%), Ytd (89%) |
| Other Payables | 7,666 | 8,908 | 8,861 | 8,858 | 8,866 | 8,879 | 8,859 | 8,873 | 8,887 | 8,870 | 8,888 | 8,911 | 8,725 | |
| PDC Dividend Liabilities | 319 | 638 | 931 | 1,259 | 1,587 | 0 | 328 | 656 | 984 | 1,312 | 1,640 | 0 | 316 | |
| Capital Liabilities | 350 | 662 | 1,420 | 3,890 | 700 | 936 | 1,109 | 959 | 1,981 | 861 | 861 | 1,792 | 24 | |
| Accruals | 4,861 | 5,197 | 5,147 | 5,097 | 5,047 | 4,997 | 4,947 | 4,897 | 4,847 | 4,797 | 4,747 | 4,688 | 4,688 | |
| Deferred Income | 5,632 | 5,163 | 5,163 | 4,663 | 4,163 | 3,663 | 3,163 | 2,663 | 2,163 | 1,663 | 1,163 | 663 | 663 | |
| DH Capital Loan Principal Repayment | 1,244 | 1,244 | 1,244 | 1,244 | 1,244 | 622 | 622 | 622 | 622 | 622 | 622 | 1,244 | 1,244 | |
| Borrowings | 2,086 | 1,972 | 1,775 | 1,578 | 1,381 | 1,184 | 987 | 790 | 593 | 396 | 199 | 2,031 | 1,862 | |
| Provisions for Liabilities & Charges | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | 800 | |
| Total Current Liabilities | 31,312 | 30,495 | 31,686 | 33,930 | 30,359 | 27,641 | 27,357 | 26,800 | 27,417 | 25,861 | 25,448 | 26,559 | 26,745 | |
| Net Current Assets/(Liabilities) | (1,689) | (2,820) | (2,957) | (5,596) | (4,959) | (4,526) | (4,374) | (3,985) | (4,652) | (4,228) | (3,765) | (3,693) | (2,258) | |
| Total Assets less Current Liabilities | 141,889 | 140,889 | 141,254 | 141,443 | 141,718 | 141,973 | 142,027 | 142,168 | 142,275 | 142,193 | 142,200 | 139,074 | 139,272 | |
| Non-Current Liabilities | | | | | | | | | | | | | | |
| DH Capital Loan Principal Repayment | 6,831 | 6,831 | 6,831 | 6,831 | 6,831 | 6,831 | 6,831 | 6,831 | 6,831 | 6,831 | 6,831 | 5,587 | 5,587 | |
| Borrowings | 13,362 | 12,205 | 12,205 | 12,205 | 12,205 | 12,205 | 12,205 | 12,205 | 12,205 | 12,205 | 12,205 | 10,174 | 10,174 | |
| Other Financial Liabilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Provisions for Liabilities & Charges | 8,545 | 8,456 | 8,466 | 8,356 | 8,367 | 8,377 | 8,267 | 8,278 | 8,289 | 8,179 | 8,189 | 8,199 | 8,119 | |
| Total Non-Current Liabilities | 28,738 | 27,492 | 27,502 | 27,392 | 27,403 | 27,413 | 27,303 | 27,314 | 27,325 | 27,215 | 27,225 | 23,960 | 23,880 | |
| Total Assets Employed | 113,151 | 113,397 | 113,752 | 114,051 | 114,315 | 114,560 | 114,724 | 114,854 | 114,950 | 114,978 | 114,975 | 115,114 | 115,392 | |
| Financed By Taxpayers' Equity | | | | | | | | | | | | | | |
| Public Dividend Capital | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | 62,516 | |
| Revaluation Reserve | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | 35,672 | |
| Donated Asset Reserve | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Other Reserves | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | (419) | |
| Retained Earnings | 15,380 | 15,626 | 15,981 | 16,280 | 16,544 | 16,789 | 16,953 | 17,083 | 17,179 | 17,207 | 17,204 | 17,343 | 17,621 | |
| Total Taxpayers' Equity | 113,151 | 113,397 | 113,752 | 114,051 | 114,315 | 114,560 | 114,724 | 114,854 | 114,950 | 114,978 | 114,975 | 115,114 | 115,392 | |

LAS Financial Review - Rolling Cashflow

Cashflow Statement
Month Ending 31st May 2011 - (Month 2)

APPENDIX 12



| | M | J | J | A | S | O | N | D | J | F | M | A | Total |
|---|----------------|--------------|----------------|----------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|----------------|-----------------|
| | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | |
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| | Actual | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | |
| Operating Activities | | | | | | | | | | | | | |
| Operating surplus/(deficit) | 616 | 780 | 759 | 724 | 705 | 624 | 590 | 556 | 488 | 457 | 601 | 687 | 7,587 |
| Depreciation and amortisation | 965 | 932 | 1,076 | 1,076 | 1,076 | 1,221 | 1,221 | 1,221 | 1,330 | 1,330 | 1,376 | 1,226 | 14,050 |
| Impairments and reversals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfer from the donated asset reserve | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Interest Paid | (58) | (117) | (117) | (117) | (117) | (117) | (117) | (117) | (117) | (117) | (115) | (77) | (1,303) |
| Dividend Paid | 0 | 0 | 0 | 0 | (1,915) | 0 | 0 | 0 | 0 | 0 | (1,970) | 0 | (3,885) |
| (Increase)/Decrease in Inventories | (2) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2) |
| (Increase)/Decrease in NHS Trade Receivables | 1,901 | (986) | (27) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (185) | (62) | 641 |
| (Increase)/Decrease in Long Term Receivables | (8) | (14) | (14) | (14) | 38 | (14) | (14) | (14) | 37 | (13) | 37 | 35 | 42 |
| (Increase)/Decrease in Non NHS Trade Receivables | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (Increase)/Decrease in Other Receivables | (1,209) | (37) | (37) | (37) | (37) | (37) | (37) | (37) | (37) | (37) | 121 | 0 | (1,421) |
| (Increase)/Decrease in Accrued Income | (78) | 0 | 0 | 0 | 0 | 250 | 250 | 250 | 250 | 250 | 249 | 0 | 1,421 |
| (Increase)/Decrease in Prepayments | (1,680) | 0 | 0 | 0 | 0 | 500 | 500 | 500 | 500 | 500 | 500 | 0 | 1,320 |
| Increase/(Decrease) in Trade Payables | (2,387) | 434 | 196 | 30 | (11) | (18) | (2) | 0 | 0 | (12) | (98) | 1,993 | 125 |
| Increase/(Decrease) in Other Payables | 12 | (63) | (19) | (8) | (3) | (36) | (2) | (2) | (33) | 2 | 2 | (206) | (356) |
| Increase/(Decrease) in Payments on Account | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Increase/(Decrease) in Accruals | 336 | (50) | (50) | (50) | (50) | (50) | (50) | (50) | (50) | (50) | (59) | 0 | (173) |
| Increase/(Decrease) in Deferred Income | (469) | 0 | (500) | (500) | (500) | (500) | (500) | (500) | (500) | (500) | (500) | 0 | (4,969) |
| Increase/(Decrease) in Provisions & Liabilities | (89) | 10 | (110) | 11 | 10 | (110) | 11 | 11 | (110) | 10 | 10 | (80) | (426) |
| Net Cash inflow/outflow from operating activities | (2,150) | 889 | 1,157 | 1,115 | (804) | 1,713 | 1,850 | 1,818 | 1,758 | 1,820 | (31) | 3,516 | 12,651 |
| Cashflows from Investing Activities | | | | | | | | | | | | | |
| Interest received | 24 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 41 |
| (Payments) for property, plant & equipment | (705) | (662) | (1,420) | (3,890) | (700) | (936) | (1,109) | (959) | (1,981) | (861) | (861) | (1,792) | (15,876) |
| Proceeds from disposal of property, plant & equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 650 | 0 | 650 |
| (Payments) for intangible assets | (71) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (71) |
| Proceeds from disposal of intangible assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (Payments) for investment with DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (Payments) for other financial assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net Cash inflow/outflow from investing activities | (752) | (661) | (1,419) | (3,889) | (699) | (935) | (1,108) | (958) | (1,980) | (860) | (207) | (1,788) | (15,256) |
| Net Cash inflow/outflow before financing | (2,902) | 228 | (262) | (2,774) | (1,503) | 778 | 742 | 860 | (222) | 960 | (238) | 1,728 | (2,605) |
| Cashflows from Financing Activities | | | | | | | | | | | | | |
| Public Dividend Capital Received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Public Dividend Capital Repaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Loans received from DH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Loans principal repaid to DH | 0 | 0 | 0 | 0 | (622) | 0 | 0 | 0 | 0 | 0 | (622) | 0 | (1,244) |
| Loans received from Salix Finance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Capital element of finance lease | (114) | (197) | (197) | (197) | (197) | (197) | (197) | (197) | (197) | (197) | (199) | (169) | (2,255) |
| Net Cashflow inflow/(outflow) from financing | (114) | (197) | (197) | (197) | (819) | (197) | (197) | (197) | (197) | (197) | (821) | (169) | (3,499) |
| Increase/(decrease) in cash & cash equivalents | (3,016) | 31 | (459) | (2,971) | (2,322) | 581 | 545 | 663 | (419) | 763 | (1,059) | 1,559 | (6,104) |
| Cash, cash equivalents and bank overdrafts at 010410 | 12,913 | | | | | | | | | | | | |
| Cash, cash equivalents and bank overdrafts at 310311 | 9,897 | 9,928 | 9,469 | 6,498 | 4,176 | 4,757 | 5,302 | 5,965 | 5,546 | 6,309 | 5,250 | 6,809 | (6,104) |

LAS Financial Review - Financial Risks

APPENDIX 13

Month Ending 31st May 2011 - (Month 2)

| Key Financial Risks | Gross Risk | | | | Net | Status | Comment |
|---|---------------|--------|------------|--------|---------------|--------|--|
| | Value £000 | Impact | Likelihood | Rating | Value £000 | | |
| 1. Penalty Charge - Category A Target | 10,104 | 5 | 2 | 10 | 0 | G | M2 performance is on trajectory. |
| 2. CQUIN | 3,730 | 4 | 2 | 8 | 2,018 | R | M2 performance highlights on A1 ACP conveyance, 5a EOLC, and 6a Mental health plan |
| 3. CBRN Income | 7,706 | 4 | 1 | 4 | 771 | A | Letter from DoH confirms amount. |
| 4. HART Income | 7,097 | 4 | 2 | 8 | 0 | G | Contract signed with commissioners - financial risk closed |
| 5. MPET Income | 1,350 | 3 | 1 | 3 | 0 | G | Letter from NHSL confirms income - 100k less than budgeted. Expenditure will be managed within funds. Financial Risk Closed |
| 6. CIP Delivery | 0 | 5 | 3 | 15 | 0 | R | Month 2 CIP is behind plan |
| 7. Economic Cost Pressures (Fuel, Rates, etc) | 250 | 3 | 3 | 9 | 0 | G | M2 ytd on track |
| 8. Low Emmission Zone | 1200 | 3 | 4 | 12 | 0 | A | Awaiting confirmation from GLC that LAS has one year implementation extension |
| 9. EOC/Command Point | 500 | 3 | 4 | 12 | 576 | A | M2 over £100k year to date overspend |
| 10. Olympics Funding | 1365 | 3 | 2 | 6 | 0 | G | DH and Commissioners have agreed funding for 2011-12 and 12-13. Financial Risk closed. |
| 11. Depreciation | 1197 | 3 | 1 | 3 | 243 | A | Finance & Investment committee approved lease amendments. Residual risk arises from difference between operating lease costs and depreciation. |
| 12. A&E Operational | 3028 | 4 | 3 | 12 | 715 | A | Operational financial risk arising from reduced overtime and A&E proposed restructure incorporating unsocial hours from 21% to 25%. |
| 13. PTS Profitability | 917 | 3 | 3 | 9 | 700 | A | Contract have been tendered and the outcome remains uncertain. |
| Total | 38,444 | | | | 5,022 | | |

| KEY: | |
|------|---|
| G | Green - Minimal or No Financial Risk at Present |
| A | Amber - Moderate level of risk requiring attention |
| R | Red - Significant Level of risk requiring corrective action |



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

| | |
|---|---|
| Document Title: | Infection Control Balance Scorecard |
| Report Author(s): | Steve Lennox |
| Lead Director: | Steve Lennox |
| Contact Details: | 02077832299 |
| Why is this coming to the Trust Board? | Escalated issue |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input checked="" type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input checked="" type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | <p>The balance scorecard is a live scorecard and will be distributed on the day of the board meeting.</p> <p>On presentation to the Quality Committee it was agreed that the scorecard was showing sustained improvements with deep clean and blanket use showing considerable improvement and hand hygiene making steady improvements. Therefore, the committee recommend deescalating the scorecard at Board level but asking the Quality Committee to maintain the necessary detailed assurance.</p> |
| Executive Summary | |
| The scorecard is showing signs of sustained improvements. | |
| Key issues for the Trust Board | |
| To de escalate to the quality committee. | |
| Attachments | |
| Scorecard will be distributed at the Board meeting | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- That we fail to effectively fulfil care/safety responsibilities
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28TH JUNE 2011

PAPER FOR NOTING/APPROVAL

| | |
|--|--|
| Document Title: | Clinical Quality and Patient Safety report |
| Report Author(s): | Dr Fiona Moore |
| Lead Director: | Dr Fiona Moore |
| Contact Details: | |
| Why is this coming to the Trust Board? | For information and noting |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input checked="" type="checkbox"/> Other Elements of this report have been discussed at CQSEC, Quality Committee CARSG and SMG |
| Recommendation for the Trust Board: | That the Board considers and notes this report |
| Executive Summary/key issues for the Trust Board | |
| <p>Safety:</p> <ol style="list-style-type: none"> 2 new SIs declared, 1 relating to the implementation of CommandPoint and the other to a delay in attending a patient who suffered an out of hospital cardiac arrest; Further update provided on the review of implementing changes to the High Risk Register procedure. <p>Clinical and cost effectiveness:</p> <ol style="list-style-type: none"> CPI performance now at 81% for the last month (April): target 95%. 10 Complexes achieved 100% and 13 achieved 95%. Feedback targets for the year to date not achieved (month 1) Clinical update on cardiac care, stroke, trauma, emergency oxygen therapy, as well as an update on medical student programmes and the triage arrangements under consideration in the event of a Mumbai type attack. Summary of progress against reporting on the national quality indicators, due August 2011. <p>Governance:</p> <ol style="list-style-type: none"> Limited assurance provided on the management of medicines, including both Controlled and General Drug issues. No incidents relating to Controlled Drugs, or other drugs to report. <p>Patient involvement:</p> <ol style="list-style-type: none"> Report on the FT membership event on stroke, and presentation to the Patients' Forum on | |

the Emergency management of Sickle Cell Disease.

Attachments

N/A

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- That we fail to effectively fulfil care/safety responsibilities
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

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- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board 28th June 2011

Clinical Quality and Patient Safety Report

Safety

1.1 Update on Serious Incidents (SIs)

Three new SIs have been declared since my last report in May. One of these relates to problems around the introduction of CommandPoint on 8th June 2011. One relates to delays in attending a patient in cardiac arrest on 8th June 2011. The other relates to the inadvertent sharing of the email addresses of a large number of FT members through advertising the Stroke event taking place on 24th May. Although no clinically identifiable information was divulged the Information Commissioner's advice was that this incident should be reported and investigated as an SI.

1.2 Central Alerting System (CAS) formerly the Safety Alert Broadcasting System (SABS):

The Central Alerting System (CAS) is contributed to by the Medicines and Healthcare Products Regulatory Agency (MHRA), the National Patient Safety Agency (NPSA) and the Chief Medical Officer. When a CAS alert is issued the LAS is required to inform the MHRA of the actions that it has taken to comply with the alert. If no action is deemed necessary a "nil" return is still required.

25 alerts were received from 10th May – 14th June 2011. All alerts were acknowledged; one, relating to alcohol skin preparation pads is being assessed for relevance.

1.3 High Risk Register

The High Risk Register remains a significant risk to the Trust. The Head of Management Information has headed a review of the implementation of the new procedure which will evidence reasons for inclusion on the register. Progress is as follows:

1. All stations have been visited and trained in the new procedure.
2. There remain approx 100 reviews from 11 stations to be completed and returned to Management Information. The stations have a target of the end of June to complete their reviews.
3. Ten out of twenty five complexes have visited Bow to complete the last review stage (ie review any addresses added in the last year and a final check of any older addresses) before letters are sent out to all the addresses for their

complex. Five stations are booked for their final reviews and ten are to be arranged.

The ten complexes that are ready for letters to be sent are:

- Homerton
- Tower Hamlets
- Newham
- Chase Farm
- Romford
- Isleworth
- Fulham
- Pinner
- Camden
- Greenwich

4. There are currently **796** addresses on the register. Of those 796 the figures split by category as follows:

| | |
|-------------|-----|
| Category 1: | 134 |
| Category 2: | 298 |
| Category 3: | 137 |
| Category 4: | 38 |

The outstanding 189 are for reviews that are waiting to be sent back from station or for new entries which have not been categorised.

Key for categories

“1” is the most serious type of incident where a member of staff has actually been the subject of physical violence;

“2” is where there has been (a) a specific threat of use of a weapon or (b) where there has been verbal abuse with intimidation or (c) where there has been verbal abuse aggravated by being based on the grounds of race, religion or sexual orientation;

“3” is where a member of staff has been verbally abused;

“4” is where a medical condition was a major factor in the incident (procedure says that for Cat 4 address appropriate care management must always be agreed with other health and social care managers).

5. Most complexes have High Risk Register champions who are working closely with Management Information (MI).

6. Writing to the addresses will commence in July. MI will be working closely with Patient Experiences and Communications to ensure that the process runs as smoothly as possible.

Clinical and Cost Effectiveness

2.1 Clinical Performance Indicator completion and compliance

The current target for CPI completion is **95%**. The most recent figures (April) show an overall completion rate of **81%**. In addition thirteen Complexes achieved over 95%, and ten achieved 100%. The East Area was the highest performer and the only Area to meet the 95% completion target for any CPI in April.

The West Area started 2011-12 with the most Complexes achieving an overall completion rate of 100% during April.

HART, along with **Newham, New Malden, Oval, Tower Hamlets and Wimbledon Complexes**, had a good start to the financial year, with particularly high increases in CPI completion rate in April compared with their average for the year 2010-11.

In contrast, completion rates at the start of this financial year for **Barnehurst, Bromley, Hanwell, Hillingdon and St. Helier Complexes** were of particular concern, with particularly large decreases in CPI completion rate in April compared with their average for the year 2010-11.

Diagram 1. CPI completion November 2010 to March 2011

| Area | Dec. | Jan | Feb | March | April |
|------------|------------|------------|------------|------------|------------|
| | East | 87% | 71% | 83% | 92% |
| South | 62% | 69% | 64% | 79% | 69% |
| West | 83% | 83% | 77% | 82% | 83% |
| LAS | 76% | 74% | 74% | 84% | 81% |

The LAS, and the South Area, provided a high level of care to patients with 'Difficulty in Breathing' in April. In addition to the LAS and the South Area, the East Area also provided good patient care to Stroke patients.

Each Area should also be commended for delivering a high level of care to patients in Cardiac Arrest, with ACS, or having a Glycaemic Emergency. General documentation measured in the 1 in 20 CPI was also correct at least 95% of the time. Each Area, and therefore the LAS as a whole, has also improved since this time last year in these areas of patient care.

Care provided to Non Conveyed patients needs to improve across the LAS, as this remained low in April, following the trend in previous years.

Fulham, Greenwich, Hanwell, New Malden and Tower Hamlets Complexes were the only Complexes to achieve a high level of patient care for all CPIs, while the highest possible level of patient care was provided to those patients in Cardiac Arrest and having a Glycaemic Emergency by **Hanwell and New Malden Complexes**, and **HART and Hanwell and Hillingdon Complexes**, respectively.

In terms of delivering feedback; neither the LAS as a whole, nor any of the Areas, met their expected target in April. Along with **HART, Friern Barnet, Fulham, Newham and Pinner Complexes** met their expected feedback session target this month. **St. Helier and Wimbledon Complexes** did not undertake any feedback sessions this month.

2.2 Clinical Update

2.2.1 Cardiac Care

Cardiac related research projects

Adenosine

The Adenosine research project on the pre hospital management of supraventricular tachycardias started in November; a total of 60 paramedics from East Area Complexes (Newham, Romford and Whipps Cross) were trained by Professor Richard Schilling (London Chest Hospital). Thus far 8 patients recruited; 5 to A&E and three receiving the drug. No adverse events to date. There will be one further training day within the next few months

DANCE study (NSTEACS):

Very slow progress to date as we are only conveying patients into Harefield Hospital. 9 patients have been recruited. Kings College Hospital will be the next Heart Attack Centre to come on board with the training of the Team Leaders taking place on Friday 10th June.

Pre hospital cooling:

Confirmation has been received that ethical approval is not required to undertake the feasibility trial using the cooling system 'RhinoChill'. Our plan is to discuss this with the management team at Oval complex within the next week followed by meetings at Kings' to seek their support. Our aim is to have the trial up and running with in the next three months.

Cardiac arrest:

Return of spontaneous circulation (ROSC)

CQUINs target ROSC (at any point) is 30%: March 2011 36%

ROSC sustained to hospital: March 2011 27%

Above target

Issues to note: Downloads of data from defibrillators remains extremely low (March 2011 7%)

New Malden Complex recorded the highest individual download percentage; **67%** of cases were accompanied by a matched FR2 download.

Resuscitation Guidelines:

The roll out of the up dated resuscitation guidelines is going well with one or two exceptions. There have been no major issues received from Team Leaders or staff

2.2.2 Stroke

Summary from Stroke Care Pack (December 2010) [X:\Clinical Audit & Research Unit\Stroke reports](#)

During December 2010 the LAS attended 767 stroke patients. This is an increase of 93 patients from the previous month.

- *97% of patients were conveyed to an appropriate facility. Of those, 92% of patients were taken directly to a HASU with a further 5% of patients appropriately transported to the nearest ED.*
- *The average response time was 9 minutes for patients who were allocated a Category A response and 16 minutes for a Category B response.*
- *The average journey time from scene to hospital was 19 minutes.*
- *In 94% of patients, either the time of the onset of stroke symptoms or 'time unknown' was recorded on the PRF.*
- *100% of stroke patients had their blood pressure measure, 99% had their blood glucose assessed and 91% had oxygen saturation levels recorded.*
- *For 94% of stroke patients a pre-alert call was placed when conveying the patient to a HASU within the thrombolysis window*

In conclusion, the stroke project is running well; data is pretty constant at 95% of patients to correct destination on clinical audit over the audited period. In addition:

- PRUH is now on line (limited capacity at six beds, but should be helping stroke performance in the South East)
- St Thomas' HASU will remain open for the time being (capacity review possibly due in October)
- LAS will be collaborating with UCL Partners who have won the tender to carry out an economic evaluation of the London stroke model.

ISRAS trial (ROSIER) progressing well –data collection has now been completed and the analysis is under way.

2.2.3 Trials relating to falls

SAFER2 (NIHR funded multicentre study evaluating the impact of falls protocols).

The LAS faces a significant risk to its reputation over this study. We continue to lag behind the other study sites in initiating the pilot study. This is due to difficulties in persuading staff to undertake the additional training, despite offering 12 hours overtime per trial paramedic (for a four or five hour course) as an incentive to get staff

either released and backfilled, or to come in, in their own time. There has also been a delay in releasing the paramedic appointed as Research Support Officer, despite this being a fully funded post. Recruitment for a replacement for the project Researcher is underway.

2.2.4 Trauma

Details available in the Trauma Care pack for October 2010 available on [X:\Clinical Audit & Research Unit\Trauma reports\May '10 - March '11](#)

Clinical issues:

- Data collection for major trauma is running 6 months behind.
- All four Major Trauma Centres are now open 24/7; St Mary's W2 is seeing a significantly greater volume than anticipated.

Issues to note: Crew documentation of Major Trauma Centre (MTC) destination codes is extremely poor. For example, in October only 114 PRFs, out of a total of 331 used a MTC destination code correctly. 22 PRFS documented a MTC code instead of an A&E code for patients who had not suffered major trauma injuries. Only 25 of the 280 major trauma PRFs had a MTC destination code. This is a major factor in the delayed reporting.

2.2.5 Emergency Oxygen Therapy

Audit of UK Ambulance Services following implementation of JRCALC 2009 oxygen guidelines.

The LAS worked closely with the British Thoracic Society in developing guidelines for the use of emergency oxygen therapy. These Guidelines were published in 2008. Dr Ronan O'Driscoll who chairs the Guidelines group suggested we survey other ambulance services to see what the uptake of these guidelines has been.

A survey was recently conducted to ascertain whether ambulance services across the country have revised their practice in line with the JRCALC 2009 oxygen guidance (released in response to the BTS Emergency Oxygen guidance). Questions were asked regarding staff training, equipment available and audit. 12 services stated that they had implemented the new guidance across their trusts and all 15 had either trained their staff or commenced training. There was a degree of variation in the types of masks carried, all carry high concentration masks, and most carry nasal cannulae and venturi masks. Of concern, only 5 services limited nebulisation to 6 minutes for COPD patients as recommended in the BTS guidance. Admittedly, the '6 minute' recommendation was not mentioned in the 2009 JRCALC update although it is confirmed that this recommendation will be alluded to in the 2011 version. Only 5 services had completed or planned audit relating to oxygen use. In addition, a survey carried out by SWAST identified that none of the UK ambulance services used air cylinders, air compressors or metered dose inhalers.

2.2.6 Update on Pan London Pre Hospital care Modules for Medical Students (June 2011)

The London Pre Hospital Care Programme continues to run very successfully and is structured to run throughout the student's course; this is facilitated by the way the Barts and the London Medical School organise their special study interest [SSC] over 5 years [year 1 of which is educational meetings only]. There is a student handbook, with learning objectives, learning records, progress reports and an academic forum as well as mentoring and an Educator involved with the students. In addition they have access to some observer shifts on the HEMS car.

The programme at Imperial College School of Medicine (ICSM) is based on a different premise with a three week speciality choice module [SCM] in year 5. We approached the Medical School Education Committee and gained their agreement to a voluntary based module where the students ride out with their paramedic mentors in their own time during their final year; as well as having specifically tailored activities in the three designated weeks, which hopefully will include one shift on the HEMS car

They also have a handbook, objective setting and appraisal, learning objectives and special record forms as well as Academic meeting at Fulham. They are involved in teaching ambulance staff and in an audit project. Ms Peta Longstaff, (AMD West Area) is acting as their educator

The pilot has involved three students; we plan to offer four more places starting in the autumn, based at different stations. There are some services unique to West London, for example the service at Heathrow Airport which would be interesting and informative for the Pre Hospital Care students. Two of the 3 pilot students are not St John Ambulance members and have been advised to join which they are in the process of doing

The Kings College medical student Pre Hospital Care Programme is in its early stages. Two interested 2nd year medical students have been involved with a paramedic, John Denton. Prior to consultation with Ms Longstaff and Dr Cosmo Scurr the Medical School did not realise that they needed input from a consultant supervisor with a pre hospital care interest and experience; they are in the process of meeting with suitable consultants and enquiring about insurance arrangements with their medical school; as well as addressing the other issues around training and learning objectives.

2.2.7 Demand Management Plan

Following the changes to the Category B targets the Demand Management Plan has been amended to reflect the new call categories. It continues to be used on an infrequent basis to manage clinical risk when demand has outstripped resources.

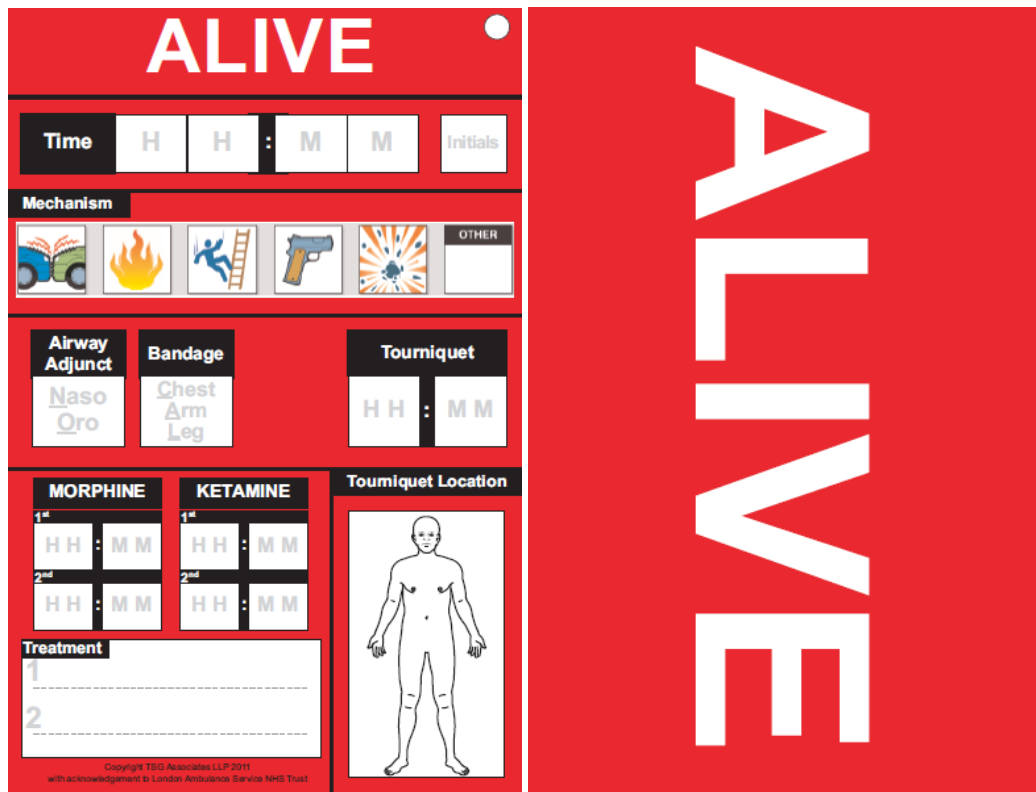
A major amendment is under development to reflect the changes once CommandPoint is introduced

2.2.8 Refining the ability to undertake triage for a Mumbai style (Plato) scenario

As a distinct work stream within the Plato concept of operations, and also as a result of the Rule 43 from the 7/7 Inquest the LAS have been seeking to improve the ability to effectively triage very large numbers of patients in a Mumbai type scenario. A crucial element within that work stream is the ability to capture information regarding the triage decision, and, any life saving interventions that are carried out by the triage team in such a scenario.

The starting point taken was the concept of “Toxic Triage” used in CBRN type incidents, this concept was then further translated into a triage tag that could be used for those patients deemed to be “Alive” at the point of Triage, but who fall into either the P1 or P2 category. All those patients who are deemed to be P3 – “Walking”, would be encouraged to leave / escorted from the area immediately and be directed towards medical resources away from the “Hot Zone”. It is vital to understand that this system will **only** apply in the Hot Zone of a Plato incident. Once the casualty reaches the Casualty Collection Point, they will be re-triaged with the standard Smart Tags – with the ALIVE Tag being retained with that Smart Tag so a continuous clinical record is built up.

The Medical Directorate have had discussions both internally and with staff from London’s Air Ambulance and also Smart MCI. From those discussions an “Alive Tag” has been designed and an early version tested during an exercise that took place on the evening of 7th June 2011. Initial comments from the Plato Teams were favourable, but there is still some development work to be done. The latest version is detailed below in Fig 1. (Front) & Fig 2. (Back). The LAS will also be seeking comments etc... from a wider clinical, medical and Defence Medical perspective. The concept is that the Tags will be made of the same or similar material as the Sandell Paediatric Tape Measures; they are tough but can be written on with either pen, pencil or marker pen. They will be supplied in “tablets” of ten and will be affixed to the casualty with a device similar to a fencing hog ring plier, or if needed an elastic band. The size of the tag is designed so that the tablet can be held easily in the hand; therefore they are smaller than the normal Smart MCI Tag. As they are only single sheets they take up considerably less space on the load vests than conventional Triage Tags.



2.3 Summaries of clinical audit or research projects that are currently being undertaken by the Clinical Audit & Research Unit:

Progress on delivering DH Clinical Quality Indicators: CARU

The deadline for the first submission of indicators relating to Cardiac Arrest, STEMI and Stroke patients on UNIFY2 is **21st August 2011 for incidents from April 2011**. The reporting deadline for these areas provides for a three month time lag to allow Ambulance Services sufficient time to capture data from PRF's, hospitals and national registries.¹ CARU's progress against the four indicators for which it is responsible is as follows:

SQU03_03: Cardiac Arrest – ROSC

- a) Overall – complete (reported in latest Cardiac Care Pack)
- b) Utstein – complete

SQU03_05: STEMI

- a) Thrombolysis received within 60 minutes of call – not applicable (data will be reported if patients receive thrombolytic therapy in hospital and not PPCI)

¹ This time lag does not apply to all other Clinical Quality Indicators.

- b) Primary angioplasty commenced within 150 minutes of call – expected delivery 20th August
- c) Care bundle delivered – complete

SQU03_06: Stroke

- a) FAST positive patients eligible for thrombolysis arriving at HASU within 60 minutes of call – expected delivery 31st June (will be reported in Stroke Care Pack)
- b) Care bundle - expected delivery 31st June (as above)

SQU03_07: Cardiac Arrest – Survival to discharge

- a) Overall - expected delivery 20th August
- b) Utstein - expected delivery 20th August

Risks and Issues

STEMI data for b) is entirely reliant on hospitals entering data on MINAP. Currently, issues are experienced with the availability of data as cases are not always entered within 3 months. Additionally, it is not always possible to match MINAP data to LAS records (as matching is based on the LAS CAD number and therefore depends on the hospital entering this correctly), and times entered by hospitals are not always accurate. A meeting has been arranged by Steve West with MINAP to discuss this and the Assistant Head of CARU will be attending. A further issue remains that capacity within CARU is limited to one member of staff responsible for STEMI data, and the time required to manually capture this data, plus the time taken to extract and validate the data from MINAP exceeds this resource. To ensure delivery for the first submission in August, and as an interim measure, additional resources within the team will be used. However, this is not a long term solution and the issue of capacity will need to be addressed.

Stroke data capture is currently behind by three months due to the volume of data exceeding the current capacity within CARU. From July onwards, we should expect this data to be available at the end of the following month (e.g. data from incidents in June will be reported in the Stroke Care Pack on 31st July). This will mean that we will be ahead of the UNIFY2 deadline by two months.

There is no requirement for hospitals to provide the LAS with outcomes for cardiac arrest patients but we have agreements, albeit tenuous, from the majority of hospitals in London to supply data although no one staff member in each hospital is tasked to do this as part of a job responsibility. However, the process is well established and has meant that we currently are able to source 97% of outcomes. To collect this level of data, it takes 14 months and, as such, there is a risk that we will not receive data within the three month time lag provided for submission to UNIFY2. To ensure that we are able to receive data, monthly requests will be made to hospitals (previously this was quarterly to avoid overburdening hospitals with numerous requests) and an escalation plan will be initiated via the Medical Directorate where no hospital response is received.

Governance

3. Update on Medicines Management.

The Medicines Management Group last met on 18th May 2011.

Incidents involving Controlled Drugs (CD) and other drugs. Central Alert System (CAS)

Since my last report there has been no reported incident involving controlled drugs (CD), no incidents involving other drugs and no alerts via the CAS system involving drugs.

Patient Focus

The Medical Directorate assisted the FT membership team in the London Ambulance Service Emergency Stroke Care Event 'An evening with us' on Tuesday 24th May, demonstrating our progress in identifying stroke patients and conveying those with the recent onset of symptoms. As with the cardiac care evening a patient who suffered a stroke told their story. This was linked to the LAS and London Stroke Network strategy including a presentation on stroke prevention and the role of the ambulance service.

The Medical Director, Senior Clinical Adviser and Head of Patient and Public Involvement attended a meeting of the Patients' Forum on 13th June to deliver a presentation on the LAS' response to patients with Sickle Cell Disease. As a result links have been made with the JRCALC Guidelines Subcommittee, so that feedback on the new Guidelines can be obtained. The Sickle Cell Society has offered to become involved in providing the patient's perspective in the LAS' teaching on this subject.

Accessible and Responsive Care

Nothing further to report

Care Environment and Amenities

Infection Prevention and Control Update

This item is covered under a separate agenda item.

Public Health

Nothing further to report

Recommendation

That the Board notes the report

Fionna Moore,
Medical Director

18th June 2011



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

| | |
|---|--|
| Document Title: | 2010/11 Annual Report and Accounts |
| Report Author(s): | Aiden Brisland/Michael John |
| Lead Director: | Michael Dinan, Finance Director |
| Contact Details: | 020 7783 2041 |
| Why is this coming to the Trust Board? | To be approved by the Trust Board |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input checked="" type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | The Trust Board is asked to approve the annual report and accounts for 2010/11. |
| Executive Summary <ul style="list-style-type: none"> As an NHS organisation, we have a statutory requirement to publish, as a single document, an annual report and accounts to include the annual report; the remuneration report; a statement of the Accounting Officer's responsibilities; a statement on internal control; the primary financial statements and notes and the audit opinion and report. The minimum content for the annual report is set out in the Department of Health's NHS Finance manual (Manual for accounts chapter 2). The annual review, based on the format of the Ambulance News newspaper, will be produced for the Service's wider stakeholder base and this will be published prior to the AGM in September. Both the annual report and the annual review will be presented at the AGM in September. | |
| Key issues for the Trust Board | |
| Attachments 2010/11 Annual Report and Accounts | |

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- There is a risk that we fail to effectively fulfil care/safety responsibilities
- There is a risk that we cannot maintain and deliver the core service along with the performance expected
- There is a risk that we are unable to match financial resources with priorities
- There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

| | |
|--|--|
| Document Title: | Audited Annual Accounts & Annual Governance Report (AGR) |
| Report Author(s): | Michael John |
| Lead Director: | Michael Dinan |
| Contact Details: | 0207 7783 2041 |
| Why is this coming to the Trust Board? | To be approved by the Trust Board |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input checked="" type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | The Trust Board is asked to approve the annual accounts for 2010/11. |
| Executive Summary | |
| <p>The London Ambulance Service NHS Trust Annual Accounts were submitted by auditors to the Department of Health at 1.00pm on the 9th June ahead of the national submission deadline at 9 am 10th June 2011.</p> <p>A high level summary of the points to note in the annual accounts is included within these papers.</p> | |
| Key issues for the Trust Board | |
| Attachments | |
| Executive overview, Audited Accounts and Annual Governance Report. | |

Strategic Goals 2010 – 13

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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28TH JUNE 2011

PAPER FOR NOTING/APPROVAL

| | |
|---|--|
| Document Title: | Response to the Coroner's Rule 43 from the 7/7 London Bombings Inquests |
| Report Author(s): | Jason Killens |
| Lead Director: | Richard Webber |
| Contact Details: | |
| Why is this coming to the Trust Board? | For Approval |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | |
| Executive Summary | |
| <p>This is a draft response to the Coroner's Rule 43 report and recommendations from 7th July 2005. It is based on detailed discussions held between the LAS Medical Directors, Fiona Moore and Fenella Wrigley, Deputy Director of Operations, and other Senior LAS staff, including Emergency Planning staff, our Legal team, and others. These individuals have met on several occasions, including on 26 May and 1 June, following the Coroner's verdict on Friday 6 May 2011.</p> <p>On 1 June a dedicated meeting was held regarding the 'triage' process, learning, and any associated potential training requirements. There was also a multi-agency workshop at City Hall on Monday 6 June to develop an agreed approach and response to Rule 43 recommendations that were directed towards the London Resilience Team. The organisations which attend the workshop included ourselves, the London Fire Brigade, the Metropolitan Police, City Of London Police, British Transport Police, Transport for London and Network Rail.</p> | |
| Key issues for the Trust Board | |
| Attachments | |

This paper supports the achievement of the following corporate objectives:

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- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- That we fail to effectively fulfil care/safety responsibilities
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

| | |
|--|---|
| Document Title: | Update on the foundation trust application |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams, Director of Corporate Services |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | For the Trust Board to note the progress being made towards becoming an NHS foundation trust |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the progress made and the next key milestones |
| <p>Executive Summary</p> <p>We continue to make progress towards submission of the formal application, including the submission of the Integrated Business Plan and supporting documents to NHS London in early June.</p> <p>NHS London have completed the initial review of safety and quality assurance and have asked for a formal gateway review which will inform the Board to Board meeting. The review meeting is scheduled to take place in early July.</p> <p>The Board to Board meeting scheduled for 28th June was postponed by NHS London as not all of the Trust's board members were able to attend. This was extremely disappointing given the amount of preparation by board members and the robustness of the governance arrangements supporting a strong unitary Board. A further date is to be arranged however there is now a strong risk that the timeline for submission to the Department of Health may not be met.</p> <p>Key documents supporting the application and progressing the actions from the due diligence process are covered elsewhere on the Trust Board agenda.</p> | |
| <p>Key issues for the Trust Board</p> <ul style="list-style-type: none"> • All key documents were submitted to NHS London within the agreed timeframe of late May/early June. Further work has been requested on downside scenarios and this will be submitted once the Board has had the chance to review; • The review of assurance on safety and quality has resulted in a full gateway review to be undertaken in early July. This will be in the form of a presentation focussing on how the Trust embeds safety and quality governance with a focus on safeguarding, infection prevention, and serious incident reporting and learning; • NHS London require the Audit Committee chair to be present at the Board to Board. This is not specified in any of the FT guidance available to Trusts and this will be fed back formally. | |

The Trust is has robust governance arrangements in place and operates a unitary board with deputising support in the event that a key individual is not available.

- The tripartite agreement signed by the Trust (LAS), NHS London and the Department of Health (DH) supports the LAS application being submitted to the DH on 1st September. There is a risk that the Board to Board with NHS London will not be reconvened in time for this timeline to be met.
- The Board have continued to meet for the 'Friday' development sessions and a further session on safety and quality is to be reconvened prior to the Board to Board.

Attachments

-

Strategic Goals 2010 – 13

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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR APPROVAL

| | |
|---|---|
| Document Title: | London Ambulance Service NHS Foundation Trust Constitution |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | For approval as part of the FT application process |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To approve the Constitution that will be implemented upon authorisation as a foundation trust |
| <p>Executive Summary</p> <p>Applicants for foundation trust status are required to be legally constituted and to meet the requirements of Schedule 7 of the 2006 NHS Act. The Constitution is one of the core documents submitted with the Integrated Business Plan and reflects the governance rationale that is also submitted.</p> <p>The attached Constitution has been reviewed by Capsticks and their comments have been incorporated. The document mirrors the description of the future governance arrangements provided in the governance rationale that was noted by the Trust Board on 29th March 2011.</p> <p>The Constitution is being presented for approval without the Standing Orders for the Board of Directors as these are under review and will be presented in short and long form to a future meeting.</p> | |
| <p>Key issues for the Trust Board</p> <p>The Constitution is a key component of the FT application and demonstrates that the Trust is going to be legally constituted upon authorisation. The draft has been submitted to NHS London with the IBP. The constitution reflects the detail provided within the governance rationale and will be a key document reviewed by Monitor in future.</p> <p>Short order Standing Orders for the Council of Governors have been incorporated in the attached document however the long and short form Standing Orders for the Board of Directors are still being reviewed. Once authorised as an FT, any changes to the constitution, including to Standing Orders, will have to be approved by Monitor unless legislation changes (as proposed in the current Health Bill). The Council of Governors will also have a key role to play in approving any changes. Having short form standing orders makes this process easier to manage and means that any changes can be incorporated without always having to seek Monitor approval.</p> <p>The Trust Board is asked to approve the draft Constitution and to note that the Standing Orders for the Board of Directors will be ready for approval in September.</p> | |

Attachments

Draft constitution plus annexes 5 and 6 relating to the Council of Governors

Strategic Goals 2010 – 13

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Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

| | |
|---|---|
| Document Title: | Quality Account |
| Report Author(s): | Steve Lennox |
| Lead Director: | Steve Lennox |
| Contact Details: | Stephen.lennox@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | For discussion |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input checked="" type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To approve the Quality Account |
| Executive Summary: | |
| <p>This is the final version of the Quality Account. A draft was presented at the May Board meeting. The assurance process obligates us to share a draft report with stakeholders and incorporate their comments within the final version that is published on NHS Choices web site and submitted to the Secretary of State. These comments are included in the final version.</p> <p>The Quality Account was presented to the April Quality committee for approval prior to circulation to stakeholders.</p> | |
| Key issues for the Trust Board: The quality priorities for 2011-2012. Mental health, End of Life, Appropriate Care Pathways and the Quality dashboard. | |
| Attachments The Report | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- ✓ To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- ✓ To improve our delivery of safe and high quality patient care using all available pathways
- ✓ To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- That we fail to effectively fulfil care/safety responsibilities
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- ✓ 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- ✓ 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- ✓ 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- ✓ No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

| | |
|---|--|
| Document Title: | Infection Control Annual Report |
| Report Author(s): | Steve Lennox |
| Lead Director: | Steve Lennox |
| Contact Details: | 02077832299 |
| Why is this coming to the Trust Board? | Escalated issue |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | <p>Due to the scheduling of committees the annual Infection Control Report has not progressed through the committee structure but it needs to be presented to Trust Board within a reasonable timescale for the year end.</p> <p>It is suggested the Board ask the Quality Committee to approve the report at the July meeting and it is presented to Trust Board for information.</p> |
| Executive Summary The Trust Board are familiar with infection control performance and the balance scorecard is presented separately. This report outlines the progress made by the infection control team during 2010/11 and highlights the main priorities for 2011/12. The action plan is presented in the appendix for information . | |
| Key issues for the Trust Board None. The committee is asked to note the report | |
| Attachments Scorecard will be distributed at the Board meeting | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

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- That we cannot maintain and deliver the core service along with the performance expected
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- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

DATE: 28 JUNE 2011

PAPER FOR NOTING/APPROVAL

| | |
|--|--|
| Document Title: | Safeguarding Annual Report 2010/11 |
| Report Author(s): | Steve Lennox |
| Lead Director: | Steve Lennox |
| Contact Details: | 02077832299 |
| Why is this coming to the Trust Board? | Annual report |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Committee <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Learning from Experience Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | <p>Due to the scheduling of committees the annual Safeguarding Report has not progressed through the committee structure but it needs to be presented to Trust Board within a reasonable timescale for the year end.</p> <p>It is suggested the Board ask the Quality Committee to approve the report at the July meeting and it is presented to Trust Board for information.</p> |
| <p>Executive Summary</p> <p>The report focuses on the statutory responsibilities and the additional activity of the safeguarding committee. The report reflects good progress with safeguarding and the development of the new balance scorecard will further strengthen assurance.</p> | |
| <p>Key issues for the Trust Board</p> <p>Other than the need to recruit a named professional, which is being progressed, and the need to recommence level 1 training there are no other significant issues at this time.</p> | |
| <p>Attachments</p> <p>None</p> | |

Strategic Goals 2010 – 13

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- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

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- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



Annual Safeguarding Report 2010/11

1.0 Introduction & Background

- 1.1 The Trust has three current work streams under the broad heading of Safeguarding. These are; Adults, Children, and People with learning Disabilities. In 2011 the Trust will be introducing Mental Health as a fourth safeguarding work stream.
- 1.2 At the time of writing all the statutory responsibilities are focussed on the safeguarding of children but adults is close to mirroring children in that the recommendations will become statutory very soon.
- 1.3 The statutory responsibilities for the Trust can be summarised as follows;
- i. To have named professionals in place for children
 - ii. To ensure staff are trained
 - iii. To cooperate locally and with other providers
 - iv. To share information and intelligence
 - v. Attend Local Safeguarding Children Boards
 - vi. CRB and ISA recruitment checking
 - vii. To ensure we have policies and procedures in place
 - viii. To ensure staff are competent in recognising signs of abuse
- 1.4 This report is biased in reporting on the statutory elements of children but also includes elements of adult safeguarding. A separate report on learning disability was presented to the Trust Board on 3 February 2011.
- 1.5 There is considerable guidance governing safeguarding and this is evolutionary in nature as it evolves to accommodate the learning arising from new cases. However, the London Safeguarding Procedures are the main set of guidance governing safeguarding.
- 1.6 The most recent legislative changes to health and social care include The Munro Review of Child Protection: Interim Report, The Child's Journey. Published in February 2011. This is the second report from Professor Eileen Munro's independent child protection review. The report outlines recommendations for reforming safeguarding and addresses areas such as inspection, performance monitoring, referral

Safeguarding

and assessment. Amongst the Munro recommendations is a proposal that Ofsted should no longer play any role in evaluating SCRs. This is a recommendation that the Trust had raised with the London Safeguarding Children Board. A number of other procedural changes will take place during 2011/12.

1.7 In March 2011 the Department of Health published “Safeguarding Adults; the role of Health Service Managers and their Boards”. This raised the profile of safeguarding Adults and made six specific recommendations;

- Use the safeguarding principles to shape strategic and operational safeguarding arrangements.
- Set safeguarding adults within the services’ strategic objectives.
- Use integrated governance systems and processes to prevent abuse occurring and respond effectively where harm does occur.
- Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
- Provide leadership to safeguard adults.
- Ensure accountability and use learning within the service and the partnership to bring about improvement.

2.0 Safeguarding Arrangements

2.1 The safeguarding committee drives the Trusts’ action plan and the committee meets every two months. Early in 2011 the committee also started to consider the learning arising from incidents in order to ensure this learning is disseminated through the organisation. In addition, this learning will be published on the Trust’s web site The attendance record for safeguarding is enclosed as appendix I

2.2 The Trust has a number of roles within the organisation that have a specific safeguarding remit.

- Executive Lead: Steve Lennox, Director of Health Promotion & Quality
- Named Professional: Steve Lennox, Director of Health Promotion and Quality (nurse). This is an interim arrangement until the position is recruited into.
- Lead Manager: Gary Bassett, Head of Patient Experience
- Educational lead: Gary Ralph, Practice Learning Manager

Safeguarding

- Lead Doctor; Fionna Moore, Medical Director (as an Ambulance Trust we are not required to have a named doctor)
- Lead for referrals: Alan Hay, Emergency bed Services Manager

2.3 There are a number of roles within the Patient Experience team and at complex level that have a specific remit in leading, championing or managing safeguarding for the Trust.

2.4 The Trust needs to recruit a new named professional as this role can not be undertaken by a Board member. The Trust has received guidance from NHS London and the senior management team has agreed to recruit into the post. This has been placed on the safeguarding action plan.

3.0 Safeguarding Governance Arrangements

3.1 The Safeguarding Committee reports to the Clinical Quality, Safety, and Effectiveness Committee and makes a short report at every meeting. The Clinical Quality, Safety, and Effectiveness Committee reports safeguarding to the Quality Committee unless there is a direct report from the Safeguarding Committee to the Quality Committee. This has been the case in several months of the 2010-2011 reporting period.

3.2 The Safeguarding Committee covers both adults and children. Although the dominance of the work is regarding children as this is where the stronger emphasis of legislation rests. Interestingly it is the safeguarding of adults that is the more dominant issue in clinical practice.

3.3 The designated nurse from our commissioning team is a member of the Safeguarding Committee and the Executive Lead has also met directly with the Trust's Commissioner.

3.4 The Coalition Government has published its Vetting and Barring Scheme Review, but until new legislation to implement the changes is introduced, the current safeguarding responsibilities remain. This includes the legal duty for the Trust to inform the Independent Safeguarding Authority (ISA) if our organisation dismisses or removes a member of staff/volunteer from working with children and/or vulnerable adults because they have harmed a child or vulnerable adult. We have had no cases of this nature in 2010-2011. In addition, the Trust has an obligation to inform the Local Authority Designated

Safeguarding

Officer. The Trust needs to record the responsibilities for doing this within current policy and this action is recorded on the safeguarding action plan.

Partnership Working

- 3.5 It is a statutory requirement for us to attend Local Safeguarding Children Boards and our attendance is currently being mapped across London. It is clear we are attending a number of Boards and the Executive Lead is now attending the Westminster Board. The Trust has not yet completed the mapping of the Trust's attendance and this will feature on the new dashboard for safeguarding.
- 3.6 It is not yet statutory for partners to attend Local Adults Safeguarding Boards or the equivalent Learning Disability Partnership Forums. However, the legislation is likely to change in 2011 regarding Safeguarding Adults Boards and the Trust will be giving this some thought during 2011.

4.0 Education & Training

- 4.1 There is a mixed position with education and training. Overall the Trust is doing well but at the time of writing the annual report there is an absence of Level 1 safeguarding training. This means none of the Trust's support staff are receiving safeguarding training. A plan is in place to address this and it is anticipated training will commence in July 2011.
- 4.2 However, the Trust is in a strong position in regards to level 2 training with over 60% of the clinical workforce being trained at this level in 2010-2011. The target is for 80% of clinical staff to have received level 2 training. The requirement is for clinical staff to be trained every three years. The Trust currently over provides this training by asking the staff to undertake it annually as part of the Clinical Skills Refresher training. This is good practice.
- 4.3 The Trust has not trained all the clinical staff that need level 3 training but a significant number have received the training. The Emergency Bed Management team have received the necessary training but the Medical Directorate, who give the high level advice, require training. The designated nurse has agreed to undertake further sessions on the Trust's behalf. This has been placed on the safeguarding action plan.

Safeguarding

- 4.4 Finally, the Board needs awareness training. This will be addressed in 2011.

5.0 Raising Awareness

- 5.1 One important aspect of Safeguarding is the need to raise awareness. Clearly when the Trust appoints a named professional the Trust will be in a stronger position as the service will have a champion. However, the Trust has undertaken a number of activities within the year to raise awareness. These are as follows:

- both policies and guidance in relation to children and adults have been revised during 2011/11.
- the learning from serious case reviews has been disseminated via clinical updates and case example themes published on the Trust website
- The Trust also published the requisite Safeguarding Children Declaration

6.0 Audit

- 6.1 The Trust undertook an extensive audit of practice regarding the under 2s. Work was undertaken to identify an audit of instances where children aged under two years of age were attended as a result of a 999 call but were not conveyed to hospital. This work primarily involved clinical assessment issues. A pilot audit tested the suitability of the clinical audit standards in place. As a result, an expert working group involving senior consultant paediatricians, paediatric emergency consultants, general practitioners, paramedics, clinical researchers and emergency medical consultants was established to inform clinical practice and the most appropriate audit criteria.
- 6.2 As a result, a decision was taken to convey all patients under the age of two to hospital. This will equate to around four to six additional children pan-London being conveyed to an emergency department per day. The expert consensus is that this balance of risk is reasonable and appropriate. New guidance has also been issued regarding the management of children aged between 2 and 5.

7.0 Quality

- 7.1 The Trust has undertaken a number of initiatives to improve quality. Quality controls in referrals have been introduced (this is reported in

Safeguarding

section 9) and a number of other initiatives have also been developed. These are as follows:

- The Trust is piloting a balance scorecard for safeguarding. This will be used as a barometer for practice and the first pilot is attached as appendix II.
- In September 2010 the Trust developed a safeguarding action plan to drive improvements and changes.
- The Safeguarding Committee has stronger representation from Operations with the addition of the Assistant Director of Operations (East) onto the committee
- In January 2011 the Trust welcomed a review from NHS London which highlighted areas of good practice and areas where improvements could be made. These have been addressed or added to the safeguarding action plan.
- The Trust now has two external members (Metropolitan police & Designated Nurse) and a patient representation on the Safeguarding Committee.
- The Trust is making an attempt to improve the feedback given following a referral to the local authority.

8.0 Supervision

8.1 This is an area for further focus in 2011/12 and features within the safeguarding action plan. While it is difficult to supervise all aspects of practice in a service that is dependent upon lone working the Trust needs to ensure staff have access to higher advice and support when necessary. The Trust is currently adapting the Operational Workplace review to consider safeguarding practice. Also, the Clinical Advice Desk and the Quality & Clinical Directorate (formerly the Medical Directorate) can give higher level advice and support. However, the appointment of a named professional is instrumental in the Trust making further improvements in this area.

9.0 Referrals

9.1 This year has seen the first signs of a stabilisation in what has been a steady increase in referral rates (for both children and adults) for several years. This year saw 2,246 child protection referrals and 7,491 vulnerable adult referrals. This represents 0.7% of total call volume, a rise from 0.4% in 2009/10, and 0.25% the previous year.

Safeguarding

- 9.2 A system has been introduced whereby all referrals delayed in receipt (i.e. Emergency Bed Services received the referral more than a couple of hours after the incident) are identified by call-handlers and individually followed up with safeguarding leads in the complexes. These delays are also reported through area governance meetings, where safeguarding is now a standing agenda item. Delays remain fairly steady at approximately 5% to 7% a month, and are mostly caused by problems with faxing or crews returning the referrals via routine admin.
- 9.3 Call handlers also provide initial quality assurance of the referrals, addressing issues of legibility or coherence immediately upon receipt, and facilitating clarification direct with crews where possible with the objective of optimising the information available to social services colleagues.
- 9.4 The Trust has not yet implemented the direct telephone referral system. A number of obstacles remain to be overcome but it is anticipated that it will be introduced in 2011/12.
- 9.5 A long-standing information governance issue to do with storage of the paper forms will shortly be addressed when the Trust moves to having the forms scanned and stored electronically. They are indexed by a new database which also allows detailed reports profiling activity by borough, complex etc.
- 9.6 It remains a challenge that we receive virtually no feedback from social services colleagues on the outcomes of referrals despite clear guidance that this is best practice. A reporting mechanism has been set up to provide borough colleagues with information about this problem with the intention of working together to improve performance in this area. This has been placed on the Trust's safeguarding action plan.

10.0 Incidents

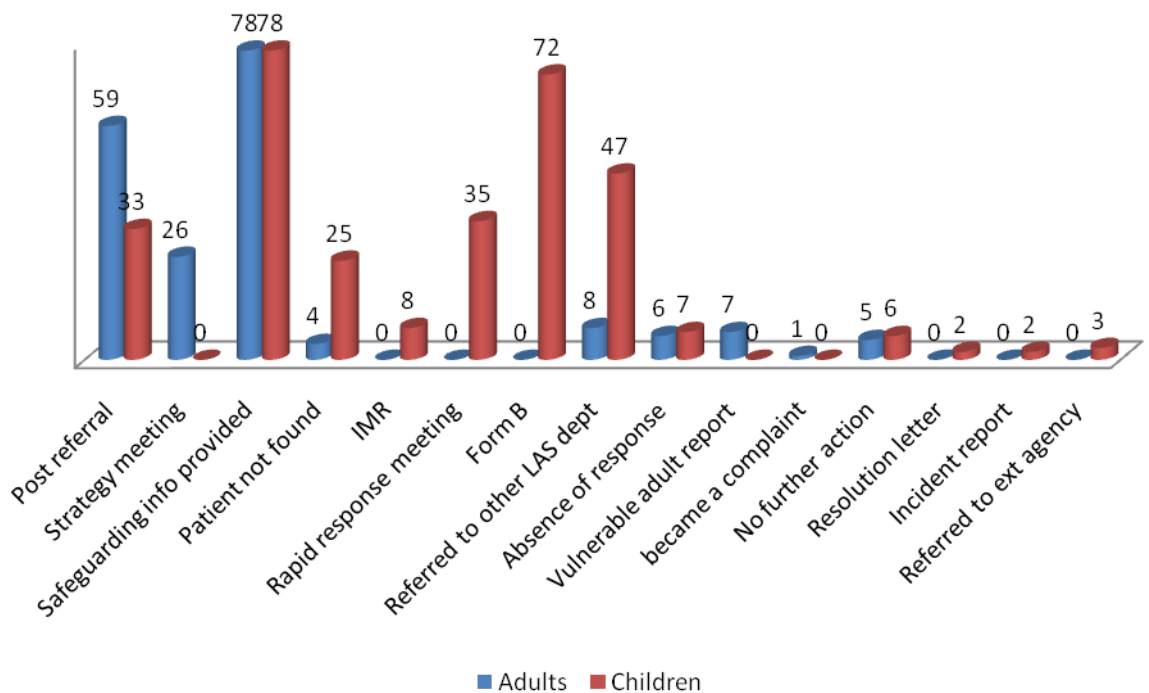
- 10.1 The patient experiences department works with external agencies such as local authorities and other Trust departments, in order to ensure that the Trust is compliant with its statutory responsibilities set out in the Children Act 2004 and duties under the No Secrets guidance.

Safeguarding

10.2 During 2010/11, the Trust received 512 contacts to assist with multi-agency work to safeguard children and adults and to investigate child deaths.

10.3 The following graph illustrates how the 512 contacts is broken down.

Graph 1. Breakdown in category of safeguarding referrals 2010/11



10.4 Of the 512 enquires that were dealt with last year 11 resulted in lessons to be learnt for the Trust. Out of these 11 cases 3 were lessons regarding good practice and 8 were lessons where corrective action was required.

10.5 4 of these 8 were regarding attending staff not completing a safeguarding referral. As previously reported referrals are increasing. However, this is an important risk and is identified on the corporate risk register. The auditing of missed referrals is an action on the safeguarding action plan for 2011/12.

10.6 Other lessons were at the individual level and each incident was discussed with the members of staff concerned. Additionally a safeguarding case study was published in a clinical update that shared the learning more widely with clinical staff.

Safeguarding

- 10.7 As previously reported from April 1 all incidents are now tracked in the safeguarding action plan and the implementation of the recommendations is also tracked through the action plan. In addition, an Assistant Director of Operations now attends the safeguarding committee and their brief is to report on the implementation of recommendations.
- 10.8 The Trust fully cooperates with all the external agencies requiring a contribution to case reviews.
- 10.9 When appropriate, learning is also shared with the National Ambulance Safeguarding Group and there is a proposal to develop a community of practice facility for this purpose.
- 11.0 Serious Incidents**
- 11.1 There were no serious incidents regarding safeguarding in 2011/12.
- 12.0 Employment Practice**
- 12.1 All appropriate Trust employees have undergone a CRB check. The Trust undertakes an enhanced CRB check and ISA checks on appropriate recruitment and role changes.
- 12.2 All staff received a letter informing them of their safeguarding responsibilities during the course of the year. This is now considered part of all staff member's job descriptions.
- 13.0 Priorities for 2011/12**
- 13.1 The details of the safeguarding priorities are outlined in the safeguarding action plan in appendix III. However, the work streams are summarised as follows:
- Improve staff recognition of safeguarding issues
 - Redesignation of the named professional role
 - Improve partnership working
 - Improve education and training compliance at level 1 and 3
 - Improve supervision for staff
 - Improve governance arrangements (mainly regarding local authority feedback)
 - Improvements to employment practice (wholly focussed on referrals to local authority designated officer)

Safeguarding

- Review and update current procedures
- Undertake annual safeguarding audit
- Improve assurance regarding current taxi contract

14.0 Summary of Statutory Responsibilities

14.1 The following summarises the Trust's position against the statutory responsibilities highlighted within the introduction.

14.2 *To have named professionals in place for children*

The Trust is compliant in the fact that there is a named professional. However, this is not sustainable and plans are in place to recruit into the role.

14.3 *To ensure staff are trained*

The Trust is compliant with level 2 and 3 training but not compliant with level 1 training. There are plans to address this in 2011/12

14.4 *To cooperate locally and with other providers*

The Trust fully cooperates with other providers

14.5 *To share information and intelligence*

The Trust shares all necessary information.

14.6 Attend Local Safeguarding Children Boards

The Trust has significantly improved its position but the Trust is unaware at present if local representation is regularly maintained.

14.7 *CRB and ISA recruitment checking*

All appropriate staff receive enhanced checks on recruitment

14.8 *To ensure we have policies and procedures in place*

All policies and procedures are in place and were reviewed in 2010/11

14.9 *To ensure staff are competent in recognising signs of abuse*

The fact that the Trust is fully compliant with level 2 training suggests staff have been trained. Audit is part of our audit plan for 2011/12.

Safeguarding

Appendix I

Safeguarding Committee Attendance

Safeguarding

London Ambulance Service Safeguarding Group Members

| Surname | First name | Position | 14.01.11 | 11.03.11 | 20.05.11 | 15.07.11 | 16.09.11 | 18.11.11 |
|--------------|------------|---|----------|----------|----------|----------|----------|----------|
| Lennox | Steve | Director of Health promotion & Quality | √ | √ | √ | | | |
| Ralph | Gary | Practice Learning Manager | √ | A | √ | | | |
| Vander | Margaret | Head of PPI & Public Education | √ | √ | √ | | | |
| Rideout | Cathy | Ambulance Operations Manager | √ | A | √ | | | |
| Walder | Lysa | Emergency Care Practitioner | A | √ | √ | | | |
| Faulkner | Mark | Clinical Advisor | √ | A | √ | | | |
| Strother | Lynn | Patients Forum Representative | √ | √ | √ | | | |
| Sugg | Lyn | LAS Deployment to London Organising Committee for the ODA | √ | √ | √ | | | |
| Hay | Alan | EBS Emergency Bed Service Manager | √ | √ | √ | | | |
| Brownjohn | Nicky | Westminster PCT | √ | A | √ | | | |
| Basset | Gary | Head of Patient Experiences | √ | √ | √ | | | |
| Millard | Katy | ADO – East | - | A | √ | | | |
| Dodson-Brown | Carmel | Assistant Director of Corporate Services | - | A | √ | | | |
| Gray | Maria | Met Police | | | √ | | | |
| Sinden | Levi | Deputy Head of Patient Experiences | | | √ | | | |

Safeguarding

Appendix II

Safeguarding Balance Scorecard

Safeguarding

| DRAFT | | Referrals | | | | | | Training | | | Partnership | | Incidents | | | Audit |
|--------------|------------------|-----------------|-----------------|--|-------|--|-------|-----------------------------|-----------------------------|-----------------------------|------------------|----------|-----------------------------|-----|------------|--------------------|
| | Complex | Numbers (Child) | Numbers (Adult) | Quality (referrals delayed in receipt) | | Feedback received from Local Authority | | Level 1 Training Compliance | Level 2 Training Compliance | Level 3 Training Compliance | LSCB Rep | Champion | Overall Enquiries (inc IMR) | IMR | Complaints | Non Referred Cases |
| West | Brent | 4 | 31 | 1 | 2.9% | 1 | 2.9% | | 59% | | | | 2 | 0 | 0 | |
| West | Camden | 4 | 10 | 1 | 7.1% | 1 | 7.1% | | 43% | | | | 1 | 0 | 0 | |
| West | Friern Barnet | 3 | 16 | 3 | 15.8% | 0 | 0.0% | | 62% | | | | 3 | 0 | 0 | |
| West | Fulham | 4 | 19 | 0 | 0.0% | 1 | 4.3% | | 72% | | | | 3 | 0 | 0 | |
| West | Hanwell | 7 | 15 | 1 | 4.5% | 1 | 4.5% | | 71% | | | | 7 | 0 | 0 | |
| West | Hillingdon | 5 | 9 | 4 | 28.6% | 1 | 7.1% | | 43% | | | | 1 | 0 | 0 | |
| West | Isleworth | 16 | 18 | 6 | 17.6% | 2 | 5.9% | | 58% | | | | 5 | 0 | 0 | |
| West | Pinner | 5 | 12 | 7 | 41.2% | 0 | 0.0% | | 64% | | | | 0 | 0 | 0 | |
| East | Chase Farm | 7 | 16 | 3 | 13.0% | 2 | 8.7% | | 94% | | | | 2 | 0 | 0 | |
| East | Edmonton | 9 | 36 | 3 | 6.7% | 1 | 2.2% | | 61% | | | | 2 | 0 | 0 | |
| East | Homerton | 12 | 32 | 4 | 9.1% | 2 | 4.5% | | 69% | | | | 3 | 0 | 0 | |
| East | Islington | 5 | 20 | 5 | 20.0% | 1 | 4.0% | | 87% | | | | 0 | 0 | 0 | |
| East | Newham | 4 | 26 | 6 | 20.0% | 2 | 6.7% | | 69% | | | | 1 | 0 | 0 | |
| East | Romford | 8 | 22 | 3 | 10.0% | 1 | 3.3% | | 62% | | | | 7 | 0 | 0 | |
| East | Tower Hamlets | 7 | 37 | 4 | 9.1% | 2 | 4.5% | | 83% | | | | 1 | 0 | 0 | |
| East | Whipps Cross | 16 | 43 | 8 | 13.6% | 2 | 3.4% | | 69% | | | | 2 | 0 | 0 | |
| South | Barnehurst | 10 | 32 | 1 | 2.4% | 5 | 11.9% | | 94% | | Gareth Bartlett | | 0 | 0 | 0 | |
| South | Bromley | 5 | 23 | 1 | 3.6% | 4 | 14.3% | | 63% | | Tracy Pidgeon | | 2 | 0 | 0 | |
| South | Croydon | 20 | 46 | 0 | 0.0% | 2 | 3.0% | | 75% | | | | 4 | 0 | 0 | |
| South | Deptford | 4 | 14 | 0 | 0.0% | 0 | 0.0% | | 80% | | | | 7 | 0 | 0 | |
| South | Greenwich | 8 | 30 | 7 | 18.4% | 7 | 18.4% | | 118% | | Antony Wilkinson | | 1 | 0 | 0 | |
| South | New Malden | 7 | 21 | 4 | 14.3% | 1 | 3.6% | | 71% | | | | 1 | 0 | 0 | |
| South | Oval | 3 | 16 | 1 | 5.3% | 0 | 0.0% | | 123% | | | | 3 | 0 | 0 | |
| South | St Helier | 8 | 29 | 1 | 2.7% | 0 | 0.0% | | 80% | | | | 6 | 0 | 0 | |
| South | Waterloo | 3 | 23 | 3 | 11.5% | 1 | 3.8% | | 97% | | Steve Lennox | | 2 | 1 | 0 | |
| South | Wimbledon | 4 | 12 | 2 | 12.5% | 1 | 6.3% | | 67% | | | | 3 | 0 | 0 | |
| | LAS TOTAL | 188 | 608 | 79 | 11.1% | 41 | 5.0% | | 62% | | | | 69 | | | |

| | | | | | | |
|----------------------------|-----|-----|----|------|----|------|
| Unknown | 28 | 100 | 0 | 0.0% | 8 | 6.3% |
| Total incl. unknown | 216 | 708 | 79 | 8.5% | 49 | 5.3% |

Safeguarding

Safeguarding

Appendix III

Safeguarding Action Plan

Safeguarding

Safeguarding

Delivery Plan

Summary of Workstreams and Status

| 3 February 2011 Workstream | R.A.G (Oct '10) | R.A.G. (Jan '11) | R.A.G (Mar 11) | R.A.G (May 11) |
|---|--------------------|---------------------|-------------------|----------------------|
| Workstream 1. Risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral (Risk Register & CQC). | Not rated | | | |
| Workstream 2. Re-designation of Named Professional. (Commissioned Standards, CQC and SIT visit) | | | | |
| Workstream 3. Partnership Working. (Commissioned Standards, CQC & SIT visit) | | | | |
| Workstream 4. Education and Training. (Commissioned Standards, CQC & SIT Visit) | | | | |
| Workstream 5. Supervision. (Commissioned Standards & CQC) | | | | |
| Workstream 6. Clinical Governance and Risk Management. (Commissioned Standards, CQC & SIT Visit) | | | | |
| Workstream 7. Employment Practice. (Commissioned Standards & CQC) | | | | |
| Workstream 8. Procedures and Guidance. (Commissioned Standards, CQC & SIT visit) | | | | |
| Workstream 9. Annual Report. (Commissioned Standards & CQC) | | | | |
| Workstream 10. Audit. (Commissioned Standards, CQC & SIT visit) | Not rated | Not rated | | |
| Workstream 11. Serious Case Review Recommendations | | | | |
| Workstream 12. Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (Risk Register) | | | | |
| Workstream 13. Learning from Incidents | | | | |

Safeguarding

Developed: November 2010

Workstream 1. Risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral. (Risk Register, CQC & SIT visit)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|--|---|---|----------------|--|--------------------|--------------|--|---|
| 1.1 To understand if training is improving clinical competence at patient side | No knowledge of the impact of training | Audit effectiveness of training through competency assessment To consider how to evaluate competency | Keith Miller | Gary Ralph | July 2011 | | Knowledge of how training is improving clinical competence | TBD |
| 1.2 To understand if clinical staff are observing the correct triggers for identifying safeguarding issues | 1.2a Number of referrals being used as an indicator of practice. Referrals increasing but method not capturing any missed cases. | Use opportunity in bi annual Operational Workforce Review to capture safeguarding practice | Richard Webber | Peter McKenna Katy Millard Philip De Bruyn | May 2011 | | Recognition of safeguarding within supervision template | Serious Case Reviews |
| | 1.2b Safeguarding now included in Operational Workplace review to identify any practice gaps but committee unaware how frequently these are performed | Operational Workplace Review figures to be brought to the committee | Richard Webber | Katy Millard | July 2011 | | Operational Workplace reviews undertaken frequently at all complexes | Figures available at safeguarding committee meeting |
| 1.3 Need to raise awareness across Trust | Visiting SIT team thought awareness could be raised | Consider Clinical Update/Medical Directorate Bulletin | Steve Lennox | Mark Faulkner | May 2011 | | | |

Safeguarding

Update May 2011

- 1.1 Wording changed to reflect other opportunities for evaluating the competency development from training. Date agreed for scoping this work July.
- 1.2 Safeguarding now part of the operational workplace review. But need to monitor if OWRs are being completed (1.2b added).
- 1.3 Medical update being delivered in approximately three weeks. Update contains safeguarding information.

Safeguarding

Developed: November 2010

| Workstream 2. Re-designation of Named Professional. (Commissioned Standards, CQC & SIT Visit) | | | | | | | | |
|--|--|--|-----------|---|--------------------|--------------|--|----------|
| Supporting Documentation | | | | | | | | |
| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
| 2.1 To have a named professional that fulfils the full expectations of the role | Current named professional unable to fulfil all expectations of the role | Identify new opportunities and re designate the role | TBC | Steve Lennox | April 2011 | | Named professional able to fulfil the requirements of the role | |
| <p>Update January 2011 Awaiting an impression from the Safeguarding Improvement visit in January before progressing further.</p> <p>Update March 2011 Draft Job Description going to SMG (16 march)</p> <p>Update April 2011 Agreed in principle but asked to wait until budget lines agreed and source of funding identified.</p> <p>Update May 2011 2.1 Raised by SHA as needing to see evidence that this is progressing. Steve will contact Mike Dinan to progress following SMG approval.</p> | | | | | | | | |

Safeguarding

Developed: November 2010

Workstream 3.Partnership Working. (Commissioned Standards & CQC)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|---|--|---|-----------|---|-------------------------|--------------|--|----------------------------------|
| 3.1 To be able to demonstrate membership of LSBs | Membership erratic due to operational representation and number of Boards (32) | To develop a model for representation | TBC | Steve Lennox | April 2011 July 2011 | | Increasing number of LSB's have Trust representation | Attendance records at all LSBs |
| 3.2 Participation in other groups managed outside the Trust | Currently attend meetings of relevance to the work of the Trust | Consider opportunities to widen partnership working | TBC | Steve Lennox | April 2011 | | Increased examples of partnership working | Records of attendance and events |
| 3.3 Consider who should act as safeguarding champion | Visiting SIT team recommended the champion should be CIO or enthusiastic other | Map out current champions and revise list | TBC | Steve Lennox | July 2011 | | Active champion involvement | Map of champions |

Update January 2011

Lead Director is currently mapping this for the service. REAP level 4 has hindered the data gathering but early suggestions indicate that the Trust has better coverage than initially thought.

Update March 2011

Not due until April 2011

Update April 2011

3.1 Balance Scorecard now starting to identify champions and LSCB representation. Needs fully mapping.

3.2 Following discussion it was agreed to close this action as we are now integrated at a number of meetings. Police representation present at our committee.

3.3 As 3.1 continue to map Champions on scorecard.

Safeguarding

Developed: November 2010

Workstream 4.Education and Training. (Commissioned Standards, CQC & SIT visit)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|---|--------------------------------------|--|--------------|---|--------------------|--------------|--|----------------------------------|
| 4.1 80% of staff identified as requiring level 1 training to have received training | Unable to report figures as a % | 4.1a Cut data as a percentage and monitor through the safeguarding committee | | Steve Lennox & Carmel Dodson Brown | May 2011 | | To be decided | |
| | No level 1 training being undertaken | 4.1b Steve & Carmel to consider how to implement within the "all in 1" esp the on line training tool | Steve Lennox | Carmel – Dodson Brown | May 2011 | | Training implemented | Training records |
| | No level 1 training being undertaken | 4.1c Agreed solution is to progress the on line training course via presentation at annual updates. | Steve Lennox | Carmel – Dodson Brown | July 2011 | | 80% of staff trained | Training record |
| | Not currently included on induction | 4.1d To include an introduction to safeguarding at induction. | Steve Lennox | Angie Patton | July 2011 | | 100% of staff attending induction trained. | Attendance and timetable records |

Safeguarding

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|---|--|---|---------------|---------------|-------------|--|--|----------------------------------|
| 4.2 80% of staff identified as requiring level 2 training to have received training | 70% of staff trained at level 2 | 4.2a Need to identify what roles need level 2 training | Keith Miller | Gary Ralph | | | To be decided | |
| 4.3 80% of staff identified as requiring level 3 training to have received training | Unable to report figures as a % | 4.3a Cut data as a percentage and monitor through the safeguarding committee | Peter Bradley | Steve Lennox | July 2011 | | 80% of staff requiring level 3 training to have been trained | Available figures |
| | Some gaps in training at level 3 | 4.3b To approach our designated nurse to request an additional session of level 3 training. | Peter Bradley | Steve Lennox | July 2011 | | 80% of staff requiring level 3 training to have been trained | Attendance and timetable records |
| 4.4 Board need appropriate level of safeguarding training | Current Board not all trained in safeguarding | Identify trainer and time for suitable training | Peter Bradley | Caron Hitchin | July 2011 | | To be decided | |
| 4.5 To include safeguarding on induction | Visiting SIT team identified that safeguarding not included on induction | To revise induction programme | Peter Bradley | Angie Patton | August 2011 | | All staff attending induction to receive training | Induction programme |

Update January 2011

Current Level 2 training compliance at 70% for front line staff. However, the staff requiring level 1 and level 3 still needs to be identified so that a percentage can be identified

Update March 2011

Subgroup met to discuss safeguarding education. No level 1 currently being undertaken. Level 2 stronger. Action plan needs updating.

Update April 2011

SIT team identified the need to roll out level 1 training. On line tool may be useful. Steve & Carmel met to discuss options. Yet to be resolved.

Update May 2011

4.1 Safeguarding Level 1 plan now in place so action points rewritten to reflect this. Rated RAG to reflect the gravity rather than the timeline.

4.2 Training now on balance scorecard. All clinical staff to have 80% (going to rise to 100%). Currently at 62% annually which is greater than 80% every three years.

4.3 expanded to cover the need to undertake an additional session

Safeguarding

4.4 Board level training not yet progressed due to difficulty with dates.
4.5 No feedback (action not due until August)

Safeguarding

Developed: November 2010

Workstream 5. Supervision. (Commissioned Standards & CQC)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|---|---|---|---------------|---|--------------------|--------------|---|---------------------|
| 5.1 Supervision policy in place | No supervision guidance for staff requiring additional support | 5.1 Write or amend existing policy | Caron Hitchen | Tony Crabtree | April 2011 | | Policy in place and available to staff | Written policy |
| 5.2 Implement system for staff calling on supervision or for raising concerns | No system outside of current escalation process for staff to raise clinical concerns and issues | 5.2a Introduce expertise within the clinical support desk | Fionna Moore | Fenella Wrigley | April 2011 | | Clinical Support desk being used for advice | Number of occasions |
| | No system outside of current escalation process for staff to raise clinical concerns and issues | 5.2b medical Directorate provide clinical opinion to staff (including the clinical support desk) therefore the medical directorate needs level 3 training | Peter Bradley | Steve Lennox & Fionna Moore | July 2011 | | All medical directorate staff trained in level 3 training | Training records |
| | No system outside of current escalation process for staff to raise welfare concerns and issues | 5.2c Identify Management Route within policy and Whistle Blowing option | Steve Lennox | Tony Crabtree | June 2011 | | | Amended policy |

Safeguarding

Update January 2011

Discussion with operational staff suggests that supervision and support is available. However, this needs structuring so staff know how to access the support.

Update March 2011

Update not due until April 2011

Update May 2011

5.1 No update from Tony.

5.2 (all) Discussion revealed that the support is available from the Clinical Support Desk. However, these need to be level 3 trained but as the turnover factor is high the fall back position is to ensure that all members of the medical directorate are level 3 trained.

Safeguarding

Developed: November 2010

Workstream 6. Clinical Governance and Risk Management. (Commissioned Standards, CQC & SIT Visit)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|---|--|--|---------------|---|--------------------|--------------|---------------------------------------|--------------------------|
| 6.1 To have systems in place to ensure all safeguarding SUIs are reported to the designated nurse | Compliant | None | None | None | - | | - | - |
| 6.2 Demonstrate implementation of action and learning from serious case review | Learning is disseminated but not able to evidence action taken | To include lessons learnt on the safeguarding action plan and track implementation | Steve Lennox | Gary Bassett | January 2011 | | Completed | Completed |
| 6.3 Compliance with requests for records | Compliant | None | None | None | - | | - | - |
| 6.4 Clarify the expectations on safeguarding for each of the directors (arising from SIT Visit) | Visiting SIT team thought that the differences in roles were not clear | Amend job descriptions for Director of operations, medical Director and Director of Corporate Services | Peter Bradley | Steve Lennox | June 2011 | | Clarity of roles and responsibilities | Revised Job Descriptions |

Safeguarding

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|--|---|--|---------------|--------------|-------------|--|------------------------------------|------------------------------|
| 6.5 Development of safeguarding dashboard | Visiting SIT team suggested the development of a dashboard would strengthen governance arrangements | Develop corporate dashboard | Peter Bradley | Steve lennox | June 2011 | | Dashboard being used. | Dashboard in place |
| 6.6 Try and ensure local authority report outcome of referral back to trust | Visiting SIT team thought it reasonable that local authority should feedback outcome to the Trust | Contact local authorities to invite regular feedback and ask what happens to referrals (currently assume they are passed on) | Lizzy Bovill | Alan hay | August 2011 | | Improving % for receiving feedback | Information on the dashboard |
| <p>Update January 2011 Compliant</p> <p>Update March 2011 SUIs now going to be discusses alongside all new incidents at Safeguarding Committee</p> <p>Update May 2011 6.4 Needs progressing 6.5 Dashboard developed and shared at the meeting. 6.6 Report now produced that outlines the protocols by borough. Now need to see improved compliance.</p> | | | | | | | | |

Safeguarding

Developed: November 2010

Workstream 7. Employment Practice. (Commissioned Standards & CQC)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|--|---|--|---------------|---|--------------------|--------------|--|--|
| 7.1 Trust has system in place to ensure CRB checks were within the past 3 years | Compliant | None | None | None | - | | - | - |
| 7.2 Trust must include reference to safeguarding in all Job Descriptions | Reference is only made in the jobs leading the safeguarding agenda | To write to all clinical staff with notice of amendment | Caron Hitchen | Ann Ball | April 2011 | | All clinical staff received amendment notice | All clinical staff aware of their responsibilities |
| 7.3 Trust must adhere to the London Safeguarding procedures for management of allegations of abuse | Allegations of abuse managed tightly internally but not always in collaboration with the Local Authority Designated Officer | Develop local protocol for informing a senior who can contact the Local Authority Designated Officer | TBC | Steve Lennox | April 2011 | | Protocol in place and Local Authority Designated Officer being contacted | Written evidence of referral |
| 7.4 The Trust adheres to safer recruitment practice (enhanced checks) | Compliant | None | None | None | - | | - | - |

Update January 2011

Progressing. Actions not due until April 2011

Update May 2022

7.2 Completed

7.3 To be progressed.

Safeguarding

Developed: November 2010

Workstream 8. Procedures and Guidance. (Commissioned Standards, CQC & SIT visit)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|---|---|------------------------------------|--------------|---|--------------------|--------------|--------------------|------------------|
| 8.1 Ensure procedures and policies are accessible to staff | Compliant | None | None | None | - | | - | - |
| 8.2 Update policies and procedures | Visiting SIT team identified that the references within some documents were not out of date | Update and review current policies | Steve Lennox | Gary Bassett | May 2011 | | | Updated policies |
| Update January 2011 None | | | | | | | | |
| Update May 2011 8.2 Gary to update policies regarding referenced documents. | | | | | | | | |

Safeguarding

Developed: November 2010

Workstream 9. Annual Report. (Commissioned Standards & CQC)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|--|--|--|---------------|---|-------------------------|--------------|--------------------|----------|
| 9.1 Ensure Board is updated and annual report is submitted | Annual report required for each year. Only a holding report submitted for 2010 | Full Board report after SHA review in January 2011 | Peter Bradley | Steve Lennox | March 2011 July 2011 | | Board report | |

Update January 2011

Report to be submitted following Safeguarding Improvement Visit.

Update March 2011

Annual Report is due now.

Update May 2011

9.1 Report due. Now in development.

Safeguarding

Developed: November 2010

Workstream 10. Audit. (Commissioned Standards, CQC & SIT visit)

Supporting Documentation

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|---|--|--|---------------|---|-------------------------|--------------|---|-------------------------|
| 10.1 Requirement to undertake an annual audit | Audit undertaken for 2009 | Covered in workstream 1- Alan going to undertake audit into Croydon referrals with RSM Tennon (as below) | Lizzy Bovill | Alan Hay | March 2011 June 2011 | | Completed Audit of referrals from Croydon | Audit report |
| 10. 2 To understand referral pattern in Croydon and develop a tool for wider roll out | Croydon referral pattern not understood | Undertake an audit which will act as a template for wider audit | Lizzy Bovill | Alan Hay | June 2011 | | | |
| 10.3 Develop a safeguarding audit schedule | Visiting SIT team suggested the development of an audit schedule | Develop an audit schedule | Peter Bradley | Steve lennox | July 2011 | | Audit schedule | Audits being undertaken |

Update January 2011

In discussion

Update May 2011

10.1 Audit will be covered by the proposed RSM Tennon audit into referrals form Croydon

10.2 Alan has met with RSM Tennon. Developing proposal

10.3 Not yet progressed.

Safeguarding

Developed: November 2010

Workstream 11.Serious Case Review Recommendations.
Supporting Documentation

| Case | Recommendation | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|--|---|---|--------------|---|--------------------|--------------|---------------------------|------------------------------|
| Case 1. Member of staff attended a 999 call to their own family. | Implement new policy & Guidance | Implement new policy & Guidance | | Gary Bassett | Completed | | Completed | Completed |
| Case 2. Teenager presenting with eating disorder. Needed to be referred. | Raise awareness across service of the complexity of anorexia | Revise guidance and feedback to staff | | Gary Bassett | Completed | | Completed | Completed |
| Case 3 (28-11-08). Mother prevented crew from conveying patient | Clarification for crews | Disseminate the case as a case example across service | Steve Lennox | Gary Bassett | April 2011 | | Staff aware of case study | Medical Directorate Bulletin |
| Case 34863 (Fire) 1/12/2010 Discussed at committee 11 march 2011 | Feed back issue of safeguarding referrals to attending staff | | Steve Lennox | Katie Millard to feedback | May 2011 | | | |
| | Case to be subject to an article published in Trust's in house magazine | | Steve Lennox | Katie Millard to feedback | May 2011 | | | |
| | Invite London Borough of Croydon Social Services, The Maudlsey and the police to discuss multi agency | | Steve Lennox | Katie Millard to feedback | May 2011 | | | |

Safeguarding

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|---|----------|--|--|--|--|--|--|--|
| | approach | | | | | | | |
| <p>Update January 2011 The dissemination across the service for case 3 needs to take place.</p> <p>Update March 2011 The dissemination of case 3 still needs to be progressed. New SCR added.</p> <p>Update May 2011 Case 3. Being progressed. Publication of Medical Directorate Bulletin will deliver this action.</p> | | | | | | | | |

Safeguarding

Developed: January 2011

**Workstream 12. Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (Risk Register).
Supporting Documentation**

| Objective | Current State | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|--|---|--|-----------|---|--------------------|--------------|--|--------------------------------------|
| 12.1 To comply with regulated activity guidelines for taxi use | Unable to identify if all drivers are registered with ISA | Registration with the Independent Safeguarding Authority needs stipulating in the contract | | | June 2011 | | Contract stipulates the correct requirements | Contract is clear |
| | Contract not currently monitored for safeguarding | Need to undertake contract monitoring | | | June 2011 | | Results demonstrate 100% compliance | Audit results demonstrate compliance |
| | | | | | | | | |

Update

Safeguarding

Developed: March 2011

Workstream 13. Incidents.
Supporting Documentation

| Case | Recommendation | Action | Imp' Lead | Operational Lead and involved individuals | Date of Completion | Current Risk | Measure of Success | Evidence |
|---|---|---|-----------|---|--------------------|--------------|--------------------|----------|
| Incident 36252 (Call taking supervision) Discussed 11 March 2011 | Involved staff to have a reflective exercise. | Katy to feedback if this has been completed | | Katy Millard | May 2011 | | | |
| | Investigation to consider whether incident was reported in accordance with procedures | Katy to feedback if this has been completed | | Katy Millard | May 2011 | | | |
| | Whether the trainee supervisor and work based trainer training arrangements are sufficiently robust | Katy to feedback if this has been completed | | Katy Millard | May 2011 | | | |
| Incident 36581 (mother wanting baby taken to specific Trust) Discussed 11 March 2011 | Organisational learning that staff feel vulnerable when faced with this scenario and need clinical & managerial support | Compile case scenarios that identify the recent cases and share these with clinical staff making it clear staff will be supported | | Gary Bassett | May 2011 | | | |
| | | SL to write to the individuals involved in the case | | Steve Lennox | May 2011 | | | |

Safeguarding

Update May 2011

Katy to feedback at next meeting.

Safeguarding



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

| | |
|--|---|
| Document Title: | Board assurance framework and corporate risk register |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams, Director of Corporate Services |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Good governance practice – the Board should routinely review and discuss the key corporate risks and the assurance framework |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the updated risk register and board assurance framework and the movements made to mitigate and reduce risk |
| <p>Executive Summary</p> <p>The risk register and board assurance framework are dynamic documents and are intended to provide assurance to the Trust Board that controls are in place to manage, mitigate and reduce risks facing the organisation. The register is reviewed and managed by the Risk Compliance and Assurance Group, reporting to the Quality Committee. The timing of meetings in this quarter has meant that the updated documents are being reviewed by the Trust Board before the Quality Committee.</p> <p>As progress is being made with strengthening governance processes around incident reporting and serious incident management, the linkages between risks and reported incidents will be reviewed, for example by looking at the number of complaints and incidents relating to non-conveyance and the reasons for these occurring against risk number 22 – failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of a patient.</p> <p>The Trust Board reviews the assurance framework and risk register documents quarterly and should be able to take assurance from the movement across the risk register and the assurance framework on how risks are being managed, mitigated and reduced. The Governance and Compliance Team are conducting a review of the Corporate Risk Register at the end of June with all risk owners. The updated risk register will be presented to the Risk Compliance and Assurance Group on the 11th July for discussion.</p> | |
| <p>Key issues for the Trust Board</p> <p>The assurance framework has been updated from the risks reviewed by the Risk Compliance and Assurance Group in May and is correct with reference to the risk register which was updated on 31st May 2011. There are 84 current risks on the register.</p> | |

There are now 13 risks on the assurance framework, 3 of which are new – risk numbers 343, 344, 345 relating to safeguarding and finance. There are still areas of assurance and gaps in controls to be built in against each of these.

There is no movement from the top two risks on the register however implementation of actions leading to stronger controls and assurance has seen movement downwards (marginally) for risks 265, 250 and 298. Risk number 341 (MDTs) has been downgraded having reached the target rating.

Highlighted text in the BAF indicates new or updated information since March 2011.

Attachments

Board assurance framework, June 2011, and Risk register 31st May 2011

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- There is a risk that we fail to effectively fulfil care/safety responsibilities
- There is a risk that we cannot maintain and deliver the core service along with the performance expected
- There is a risk that we are unable to match financial resources with priorities
- There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

Board assurance framework June 2011

The Board Assurance Framework (BAF) comprises the principal risks facing the Trust in 2011/12 and looking ahead within the strategic period 2011-16 thereby mirroring the integrated business plan. The BAF is structured as follows:

Section A: Trust Vision – strategic goals – corporate objectives – strategic risks

Section B: The key risks identified by the Trust Board for focus

Section C: Key sources of assurance common to most corporate risks

Section D: The principal risks with relevant controls, assurances, gaps and action planned, each mapped to the corporate objectives and the requirements of the Care Quality Commission. Principal risks as defined here are those that have a gross severity rating (likelihood x impact) of, and have been assessed with a net rating of, High/ >15 as at May 2011. All apart from the first on the list have a target of Significant (8-12) or Medium (6) by the end of the year.

Risks are monitored by the Risk Compliance and Assurance Group (RCAG) throughout the year and can only be added, amended or downgraded and removed from the corporate risk register on presentation to and approval by the RCAG. The Quality Committee will review the BAF and corporate risk register during the year and the Audit Committee will review the effectiveness of the control systems in place to manage risk.

**Board assurance framework
June 2011**

Section A

Trust Vision: 'To be a world-class service, meeting the needs of the public and our patients, with staff who are well trained, caring, enthusiastic and proud of the job they do.'

| | |
|-------------------------|---|
| Strategic Goal 1 | To improve our delivery of safe and high quality patient care using all available pathways |
| Strategic Goal 2 | To have staff who are skilled, confident, motivated and feel valued and work in a safe environment |
| Strategic Goal 3 | To be efficient and productive in delivering our commitments and to continually improve |

This is then translated into the strategic goals and corporate objectives covering the period 2010-2015.

| Strategic Goal | Key Corporate Objectives | Abbrev. | Strategic risk |
|---|--|----------------|-----------------------|
| Improve the quality of care we provide to patients | To improve outcomes for patients who are critically ill or injured | CO1 | 1 |
| | To provide more appropriate care for patients with less serious illness and injuries | CO2 | 1 |
| | To meet response time targets routinely | CO3 | 1 & 2 |
| | To meet all other regulatory and performance targets | CO4 | 2 |
| Deliver care with a highly skilled and representative workforce | To develop staff so they have the skills and confidence they need to do their job | CO5 | 1 |
| | To improve the diversity of our workforce | CO6 | All |

**Board assurance framework
June 2011**

| Strategic Goal | Key Corporate Objectives | Abbrev. | Strategic risk |
|-------------------------|---|---------|----------------|
| | To create a productive and supportive working environment where staff feel safe, valued and influential | CO7 | 1 |
| Deliver value for money | To use resources more efficiently and effectively | CO8 | 3 |
| | To maintain service performance during major events, both planned and unplanned, including the 2012 Games | CO9 | 1 & 2 |
| | To improve engagement with key stakeholders | CO10 | 4 |

**Board assurance framework
June 2011**

During 2009/10 the Trust Board reviewed the strategic risks facing the London Ambulance Service NHS Trust with a further update in early 2010/11. These are shown below together with the key causes and the likelihood of the risk occurring. These are then mapped to the risk focus (Section B) and the mitigating actions which are reflected within the integrated business plan.

| Strategic Risk | Causes | Likelihood of risk occurring | Risk focus | Mitigating actions |
|---|--|-------------------------------------|--|---|
| 1. There is a risk that we fail to effectively fulfill care and safety responsibilities | Clinical training and development for frontline staff; failure of infrastructure such as fleet or equipment; compromising safety in our efforts to achieve performance targets | Unlikely to occur | Clinical effectiveness Key clinical skills training | Implementation of the clinical training and development strategy; adoption of reflective practice; Use of clinical performance indicators and benchmarking Fleet strategy New ways of working programme roll-out Electronic patient report form |

**Board assurance framework
June 2011**

| Strategic Risk | Causes | Likelihood of risk occurring | Risk focus | Mitigating actions |
|--|---|------------------------------|---|--|
| <p>2. There is a risk that we cannot maintain and deliver the core service along with the performance expected</p> | <p>Funding levels within the local health economy and a focus on 'more for less'; continued increase in demand and expectations for the service; lack of capacity within the healthcare system.</p> | <p>Possible</p> | <p>Demand management Performance delivered against trajectories</p> | <p>Strong cost improvement programme and focus on gaining efficiencies and driving up productivity</p> <p>Clinical response model</p> <p>Partnership working within the local health economy to manage capacity and direct responses accordingly – Coordinating Healthcare in London Service Development Plan</p> <p>Implementation of the demand management plan</p> <p>CommandPoint implementation</p> |

**Board assurance framework
June 2011**

| Strategic Risk | Causes | Likelihood of risk occurring | Risk focus | Mitigating actions |
|--|--|-------------------------------------|--|--|
| <p>3. There is a risk that we are unable to match financial resources with priorities</p> | <p>Funding levels within the local health economy; an over-ambitious transformation plan across London – too many priorities</p> | <p>Possible</p> | <p>Cost improvement programme Key performance indicators</p> | <p>Clearly articulated strategic direction with planned developments across three-five years and using foundation trust freedoms to support these</p> <p>Strong cost improvement programme and focus on gaining efficiencies and driving up productivity</p> <p>Implementation of the estates strategy and clinical response model</p> |

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| Strategic Risk | Causes | Likelihood of risk occurring | Risk focus | Mitigating actions |
|---|---|------------------------------|---|---|
| <p>4. There is a risk that our strategic direction and the pace of innovation to achieve this are compromised</p> | <p>Lack of certainty within the local health economy on strategic direction or the transformation programme; we are unable to clearly articulate a strategy; management focus on delivering day to day performance; lack of space to release staff from core duties to undertake training and development/to transform the workforce.</p> | <p>Unlikely</p> | <p>Clinical response model Single point of access Health policy</p> | <p>Clearly articulated strategic direction with planned developments across three to five years</p> <p>Implementation of the clinical response model</p> <p>Implementation of stakeholder perceptions audit action plan</p> <p>Ensure that partnerships within London's health economy (LHE) are maintained to support the development of appropriate clinical pathways and utilisation of the LHE</p> |

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Section B: Risk focus areas

| Strategic Risks | Trust Board Risk Focus | Lead | | Linked Risks |
|---|--|----------------|--------------|--|
| <p>1) CARE AND SAFETY</p> <p>There is a risk that we fail to effectively fulfil care/safety responsibilities</p> | <p>A] CLINICAL EFFECTIVENESS</p> <p>The overall performance rating of an NHS trust is made up of a number of performance indicators, clinical audit, how we collect information and outcomes. (eg: 1:20 PRF checks, completion of paperwork and quality of clinical treatment, following protocols, non-conveyance, etc)</p> | RICHARD WEBBER | 1. | <p>Risk ID: 22</p> <p>There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients. (See Board Assurance Framework section D)</p> |
| <p>2) CORE SERVICE DELIVERY AND PERFORMANCE</p> <p>There is a risk that we cannot maintain and deliver the core service along with the performance expected</p> | <p>A] DEMAND MANAGEMENT</p> <p>Utilising resources appropriately in relation to demand to ensure patients consistently get the right response (eg pressures include; unknown service charges, increased calls, major events, etc) [may need to engage in capacity review]</p> | RICHARD WEBBER | 3. | <p>Risk ID: 265</p> <p>Service performance may be adversely affected by the inability to match resources to demand. (See Board Assurance Framework section D)</p> |
| | <p>B] PERFORMANCE DELIVERED AGAINST TRAJECTORIES</p> <p>Trajectories and standards help us identify where we are on track to deliver – connects policy goals with operations and tells us if we are succeeding</p> | RICHARD WEBBER | 4. 5. | <p>Risk ID: 317</p> <p>There is a risk that the Trust may not achieve its Category A target in 2011/11.</p> <p>318</p> <p>There is a risk that the Trust may not achieve its Category B target in 2010/11. This risk</p> |

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| Strategic Risks | Trust Board Risk Focus | Lead | | Linked Risks |
|---|---|---------------|----|--|
| | | | | has been removed from the register and BAF as the performance target no longer applies |
| 3) FINANCIAL RESOURCES There is a risk that we are unable to match financial resources with priorities | A] COST IMPROVEMENT PROGRAMME (CIP) Programme for containing and reducing costs without negatively impacting on performance. | MICHAEL DINAN | 6. | Risk ID: 272 There is a risk that the LAS may not achieve the full CIP. |
| | B] KEY PERFORMANCE INDICATORS (KPIs) Potential penalties that could be imposed on the trust if failure to meet the targets as agreed. | MICHAEL DINAN | 7. | Risk ID: 329 There is a risk that as a result of the non-achievement of the KPIs, contractual financial penalties will be levied on the Trust. |
| 4) STRATEGIC DIRECTION There is a risk that our strategic direction and the pace of innovation to achieve this are | A] CLINICAL RESPONSE MODEL As a primary response to a large majority of 999 calls, paramedics will carry out face to face patient assessments, to utilise the appropriate patient pathways and identify the most appropriate method of transport. | CARON HITCHEN | 8. | Risk ID: 337 There is a risk that there will be a delay in establishing the CRM due to changes that need to be made to interfacing other projects (CommandPoint/CTAK) Gross rating 16 Net rating 16 |

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| Strategic Risks | Trust Board Risk Focus | Lead | | Linked Risks |
|-----------------|--|--------------|-----|--|
| compromised | | | | Target rating 1: Added to corporate register |
| | <p>B] SINGLE POINT OF ACCESS</p> <p>The aim of the SPA is to; provide a proactive, timely response to triage and manage new referrals, provide an urgent assessment for people who need a same day response, manage referrals from GPs, hold up to date capacity information of the availability for community services, be the central point to collect information and monitor referrals.</p> | LIZZY BOVILL | 9. | <p>NEW RISK – description still under review and no rating given yet</p> <p>There is a risk that, with the GP Consortia and reconfiguration of the SHA and PCTs, there will be a temporary reduction in stakeholder engagement and partnership working whilst these new organisations are established. This may lead to a temporary loss of drive to deliver demonstrable change in the urgent and emergency system.</p> |
| | <p>C] HEALTH POLICY</p> <p>We use the NHS operating framework (these priorities are also further emphasised within the commissioning intentions) as our main publications for informing our health priorities. The priorities for us within the operating framework are: - autism, dementia, support for carers, ambulance indicators, infection prevention & control, end of life, stroke, mental health, safeguarding, learning disability, children and young people, diabetes, violence,</p> | STEVE LENNOX | 10. | <p>Further work now required to link the statement to risks on the risk register and to assess any new and emerging risks.</p> |

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| Strategic Risks | Trust Board Risk Focus | Lead | | Linked Risks |
|------------------------|--|-------------|--|---------------------|
| | regional trauma networks, respiratory disease, public health, emergency preparedness and physical activity. All priority areas are represented in various work streams of the Trust. | | | |

Section C – Key sources of assurance

| Committee minutes and papers | External | Internal |
|---|--|---|
| Trust Board | Internal audit – RSM Tenon: annual audit plan; audit reviews and reports | Risk registers: Corporate/Trust-wide/Local Board assurance framework |
| Quality Committee | Care Quality Commission registration | Audit recommendations progress report Patient Experience report Minutes of RCAG, LfE, CQSEC |
| Audit Committee | NHS Litigation Authority level 1 assessment of risk management standards Head of Internal Audit Opinion External Audit opinion | Audit recommendations progress reports Statement on Internal Control |
| Risk Compliance & Assurance Group | NHS London quarterly governance returns | Audit recommendations progress report Risk register |
| Clinical Quality Safety & Effectiveness Committee | Commissioner contract reviews | Clinical risk register |
| Learning from Experience Group | CQC registration Ombudsman reports Coroner reports | Integrated risk management report Action plans and outcome reports from investigations |

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| | | |
|-------------------------|--|--|
| Senior Management Group | | Risk registers Audit recommendations progress report Patient experiences report Performance reports |
|-------------------------|--|--|

Section D: Principal Risks

Each of the principal risks has been mapped to at least one corporate objective and wherever possible to the Care Quality Commission's registration requirements. As shown in Section B, a number of the key risk areas for focus during 2010/11 are principal risks.

| Principal risk and headline | Corporate objective | Risk score | CQC map | Key controls | Assurance on controls | | | Action plan | Responsible officer | 9 month RAG status | Year End f/cas t |
|---|---------------------|------------|---------|--|--|------------------|-------------------|--|---------------------|--------------------|------------------|
| | | | | | Positive assurance | Gaps in controls | Gaps in assurance | | | | |
| 334 There is a risk that the implementation of CommandPoint will lead to a short term reduction in performance targets | C08 C03 | 20 | N/A | CommandPoint Project Board; Reports to SMG and Trust Board; Planning assumption of the likely impact on performance and the plans in place to mitigate the level of impact | Minutes of: CommandPoint Project Board; Independent assurance to Non-Executive directors; Reports and Minutes for SMG and Trust Board. Risk register for CommandPoint; New risk – 23/8/2010 & reviewed 8/11/2010 and 11/11/2011 09/05/2011 | None identified | None identified | Detailed audit of project and transition plans; Training plans; System testing and planning; Stakeholder briefing; | PS | H | H |

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| | | | | | | | | | | | |
|--|----------------------------|-----------|-------------------------|---|--|--------------------------------------|--|--|-----------|----------|----------|
| <p>327 Re-use of linen/infection prevention and control guidelines</p> | <p>C04</p> | <p>20</p> | <p>8</p> | <p>Adequate supply of blankets, however these are not always available. Action plan ; IP&C lead; Audit and monitoring via the dashboard</p> | <p>HCAI registration; Medical director's report; IP&C minutes. Regular audit and reporting on the dashboard. Increased availability of blankets. And improved collection; Additional linen and disposable blankets added to stocks and circulation; new laundry provider; Reduction in blanket loss; Risk reviewed October 2010; 4/2/2011 30/03/2011 15/06/2011</p> | <p>Sufficient stock of blankets</p> | <p>Audit results show compliance with single use is not consistent</p> | <p>Audit blanket usage. Options paper to agree strategic direction; PIMS to address issue of single use locally.</p> | <p>SL</p> | <p>H</p> | <p>M</p> |
| <p>269 Performance falls at staff changeover times</p> | <p>C04 C08 C03</p> | <p>20</p> | <p>16 13 14</p> | <p>92% front line rosters in place; Team leaders provide additional area cover from 14.00 to 20.00 each day;</p> | <p>92% rosters in place. Clear plan for remaining complexes; Introduction of new rest break allocation with initial positive results. Risk reviewed 8/11/2010 9/12/2010</p> | <p>Full roster reviews completed</p> | <p>Roster review project ongoing; Roll out NWoW; Introduction of new rest break allocation from May 11 to reduce losses at end</p> | <p>RW</p> | <p>H</p> | <p>M</p> | |

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| | | | | | | | | | | | |
|--|-------------------|----|----------|--|--|---|---|---|--------------|---|---|
| | | | | | 24/03/2011 | | | of shift change. | | | |
| 250 Out of date equipment impacts upon ability to treat children (wording needs review still) | C01 | 20 | 11 16 | Additional PALS Packs; Vehicle audit and swap out of packs carried out. Nightly checks by the Make Ready teams. Weekly audits are now performed by Station Managers. Continued monitoring of audit returns | Weekly audit returns; Risk reviewed 2/11/2010 13/12/2010 30/03/2011 | Weekly audit returns to Logistics and Make Ready | Monitoring at area governance committees | Current processes to be reviewed. Additional PALS kits to be issued to Make Ready for swapping out on station Review PALS and PVR numbers; DSO/Team leader audits each quarter | RW Was FM | H | M |
| 298 Fall back centre at Bow does not operate effectively potentially resulting in loss of service | C03 | 20 | 16 | Partial Fall back test on 30 th June 2010; Full test in October 2010; Audit of facilities ensuring mirror of operations. | Full test undertaken in October 2010. Fire debrief action tracker in place Risk reviewed on 9/11/2010 29/03/2011 | Organise a full plan for Bow; Provide full training at FBC for relevant staff | Outcome of training not yet known | Full training for FBC staff; Organise full plan for Bow. | MD | H | M |
| 265 Performance affected by inability to match resource to demand | C03 C05 C08 | 20 | 16 | NWoW roll-out; Monitoring resource allocation | Monitoring KPIs; Introduction of team based working; Daily | None identified | Outcome of roster reviews and rest break allocation | Monitor KPIs; continue to implement roster reviews, | RW | H | M |

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|--|--------------------------|----|----------------|---|--|---|--|--|----|---|---|
| | | | | | monitoring; Initial results of rest break allocation are encouraging. Risk reviewed 8/11/2010 9/12/2010 24/03/2011 | | | introduce and monitor; team working; New rest break allocation introduced in May 11 | | | |
| 22 Failure to clinically assess comprehensively may result in inappropriate conveyance or treatment | C01 C02 C05 C08 | 20 | 16 13 14 | Enhanced patient assessment course for paramedics and reflective practice. Planned CPD and monitoring of uptake; Training Strategy Group monitor the level of training delivery; CPIs monitor level of assessment provided; LA52 reporting and review at CQSE; Operational workplace review to include rideouts; Closed round table reviews and reflective practice; Clinical | Incident reporting; Operational workplace reviews; CQSE papers and minutes; Reporting of incidents via EBS shows improved take-up with this on LA52s. Risk reviewed 8/11/2010 28/03/2011 | Monitoring development of treat and refer pathways; Effectiveness of incident reporting system; | Review of effectiveness of incident reporting; | Monitor development of treatment pathways; Review the incident reporting system; Introduce reflective practice; Review and roll-out pilot scheme to report incidents via EBS | FM | H | S |

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|---|---------------------------------|----|----|---|--|-----------------|---|--|----|---|-----|
| | | | | updates from the Medical directorate; Development of treat and refer pathways alongside NWoW. | | | | | | | |
| 320 Insufficient funding may prevent the required planning and operational response for the London 2012 Olympic and Paralympic Games | C09 | 20 | 16 | Continued lobbying of the DH and NWLCP for funding; | Confirmation of funding received for 2011/2 and 2012/13. Risk reviewed 29/10/2010 25/1/2011 18/04/2011 | None identified | Level of funding to be confirmed | Review the risk on outcome of DH decision Internal audit to be undertaken of Olympic programme scoping | RW | H | M |
| 337 There will be a delay in establishing the Clinical Response Model due to changes that need to be made to interfacing projects (CommandPoint) | C01 C02 C03 C05 C08 | 16 | | CommandPoint project board; EOC planning group; | Agenda and minutes Risk reviewed 05/04/2011 | | | Review appropriate action to be taken eg changes to CTAK or review parameters of CommandPoint | CH | H | L |
| 343 Staff not recognising safeguarding indicators and therefore failing to make a timely referral | C05 C04 | 16 | 7 | Monitor controls centrally; safeguarding committee promotes practice guidance; guidance supported by updates; training | Safeguarding committee agenda and minutes; training records Risk added in May 2011 | | Effectiveness of training and level of competency | Audit effectiveness of training through competency assessment; Capture safeguarding practice in biannual operational workforce | SL | H | TBC |

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|---|-----|----|---|--|---|---|--|----|---|-----|
| | | | | programme in place and uptake monitored | | | review | | | |
| 329 As a result of the non-achievement of the contractual financial penalties will be levied on the Trust | C03 | 16 | | 11-12 budget controls and plans; monthly finance reports to Trust Board and SMG; additional financial provision within the contract risk for 11/12 | Daily performance tracking; review of financial risks by SMG and Trust Board. Weekly diary meeting reports. | | Ongoing communication with commissioners | MD | H | M |
| 344 Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding) | C04 | 16 | 7 | Current contract stipulates all drivers must have CRB checks | Risk added May 2011 | | Stipulate in the contract that ISA registration is required. Contract monitoring. Add other sub-contractor providers to the risk description | SL | H | TBC |
| 345 The Trust currently receives a sum of £7.7m non-recurrently to maintain CBRN response which covers 143 wte and the hours required for annual training. Funding may not continue. | C04 | H | | | Funding received for 2011/12 Risk added May 2011 | No formal agreement in place to ensure funding is recurrent in future | Gain assurance from DH and commissioners that funding will continue in future years; Build into downside scenarios. | | H | TBC |

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Risk Register as at 31st May 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|-------------------|-------------|--------------|-----------------------|--------------|--|----------------|------------------------|------------|---------------------|------------|---|--|--|--|---------------|------------------------|---------------|--|
| 334 | There is a risk that the implementation of CommandPoint will lead to a short-term reduction in performance targets | *** | | IM&T | 12-Aug-10 | Major | Certain | 20 | This has been fully discussed and accepted by SMG & Trust Board - actions defined and agreed. The planning assumption is that WILL happen - mitigation is to reduce impact - not remove the risk. | Peter Suter | 09 May 2011 | Major | Certain | 20 | 1. Detailed audit arrangements of project and transition plan to ensure success e.g. a gateway review process. 2. Detailed thorough training plan for staff. 3. Full user involvement with project e.g. ADO and DCEO and senior users of project board. 4. Thorough system testing and planning that is auditable. 5. Detailed planning for actual transition subject to scrutiny and evaluation. 6. Decision to go live will be made by the Trust Board ensuring they are satisfied that the system and transition plan are fit for purpose. 7. Ability to switch back to old system in the event of catastrophic failure of new system. 8. Board level commitment and focus of supplier organisation (Northrop Grumman) to ensure full success. 9. Key stakeholders briefed on plan, transition arrangements and anticipated reduction in performance. 10. Fully resourced plan to ensure technical and user support following transition through to the point where the system is deemed to have reached optimum performance. | 1. P.Suter 2. Keith Miller 3. P.Suter 4. J.Nevision 5. J.Nevision 6. P.Suter 7. P.Suter 8. P.Suter 9. J.Nevision / P.Suter 10. J.Nevision / P.Suter | 1. Feb 2011 "Ready for Service" Gateway Review. 2. Jan 2011 June 2011, plus continued training thereafter. | Assurance by CommandPoint Project Board reporting structure to SMG and Trust Board. | | | | 09/05/11 JN No further update beyond that provided. This risk is accepted and expected to manifest. Operations are running a performance cell from the night of go live to root cause every 8 min breach that will support operations in recovery. Paul Gates is setting this up. |
| 327 | There is risk that the Trust does not follow Department of Health Guidelines for the re-use of linen. | *** | 6 | Infection Control | 12-Oct-09 | Major | Certain | 20 | 1. The Trust has an adequate supply of blankets, however these are not always available. | Chris Vale | 15 June 2011 | Major | Certain | 20 | 1. Increase availability of blankets for A&E crews. Completed 2. Improve collection of soiled blankets from hospitals and non-contract laundries. Completed 3. To understand the scale of the problem and to develop a strategic solution of blanket usage: a) Audit blanket usage as part of hand hygiene auditing. b) Chris Vale developing options paper to agree strategic direction. c) PIMS to address compliance of single use locally. DIPC to present at conferences. Continue to audit. | 1. Chris Vale 2. Chris Vale 3a. Trevor Hubbard 3b. Chris Vale 3c. Trevor Hubbard | 1. 31/03/11 2. 31/03/11 3a 31/03/11 3b 31/05/11 3c 30/06/11 | 1. KPI measuring blankets collected delivered. 2. KPI measuring blankets allocated/delivered. | Minor | Possible | 6 | Status update May 2011 1. Additional linen and disposable blankets added to stocks and circulated. 2. New laundry provider appointed and increased activity being established to collect blankets. Reduction in blanket loss. 3a Unable to demonstrate compliance. 3b Options paper drafted. 3c Audit results show compliance with single use is not consistent. |
| 269 | At staff changeover times, LAS performance falls as it takes longer to reach patients. | *** | 17 | Clinical | 08-Dec-06 | Major | Certain | 20 | 1. New rosters are being implemented Pan London that match demand and provide overlap, all rosters are being vetted for compliance by the project manager and AOM of resourcing. 2. Team Leaders now provide additional area cover (ACR) working from 14.00 to 20.00 each day to bridge the evening changeover period. 3. Director of Operations has put together a 15 point Operational plan "Operations Workstream 2009/10" covering a number of resourcing issues which will, once implemented, impact on changeover times and patient care. All the workstream initiatives have a workstream lead at either Assistant Director Operations (ADO) Assistance Chief Ambulance Officer (ACAO) or nominated Ambulance Operations Manager (AOM) level. | Richard Webber | 24 Mar 2011 | Major | Possible | 16 | 1. Roster Reviews is a large project which will require an entire roster review across the service in line with the ORH recommendations. It is anticipated it will require a full time dedicated resource to undertake the project. 2. Implementation of "Operational Workstream 2009/10." 3. Roll out of NWOW across the Trust. | 1. M.Sommerville 2. J.Killens 3. C.Hitchen | 1. Feb 2011 2. Aug 2010 3. Aug 2010 | 1. Monitoring of KPIs. | Major | Possible | 12 | the rota review project is ongoing; currently 80% of front line rosters have been implemented across the Trust. The Trust has four complexes outstanding, three is the South area, Croydon, St Helier and Oval and one in the East, Whipps Cross. Croydon rosters have been submitted and validated awaiting staff to vote on the proposed rosters. St Helier has |

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| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|---------------------|-------------|--------------|------------------|--------------|---|----------------|------------------------|------------|----------------|------------|---|--|---|---|---------------|-------------------|---------------|---|
| 250 | There is a risk that out of date equipment (PALS PACK) may result in inability to treat children. | *** | 24 | Logistics | 25-Jul-06 | Catastrophic | Likely | 20 | 1. Additional PALS Packs being packed. 2. Ongoing vehicle audit and swap out of packs carried out. 3. Nightly checks have now been introduced by the Make Ready teams. 4. Weekly audits are now performed by Station Managers. 5. Continued monitoring of the audit returns | Chris Vale | 30 March 2011 | Major | Likely | 16 | 1. Additional PALS packs to be swapped out in all operational areas. 2. DSO/Team Leaders to carryout quarterly audits. 3. Monitoring at Area Governance Groups. 4. Chris Vale to review the current processes in place with Jason Killens | 1. K.Merritt 2. ADOs. 3. K.Merritt 4. C.Vale | 1. Ongoing 2. Ongoing 3. Ongoing 4. Jan 2010 | 1. Weekly audit returns to Logistics and Make Ready contractors. | Minor | Likely | 8 | CV 21/03/11 Review of PVR and PALS kit numbers to be undertaken in April. Additional PALS kits will be issued to Make Ready for swapping out on ambulance stations. |
| 298 | The Fall Back Centre may not operate effectively during a relocation to Bow, resulting in a potential loss of service. | | 17 | Business Continuity | 21-May-08 | Catastrophic | Likely | 20 | 1. A partial fall back test was undertaken on 30th June 2010, and was successful. 2. An audit of the facilities at FBC has been undertaken to ensure the mirroring of operations. | Paul Williams | 29 March 2011 | Major | Likely | 16 | 1. Perform a full fall back test in Oct2010. 2. Organise and implement full plan for Bow 3. Organise and implement full plan for Bow | 1. J.Hopson 2. J.Hopson | 1. Completed 2. On-going | | Major | Unlikely | 8 | PW 29/3/11 HQ Fire Debrief Action tracker approved by SMG 23/03/11. Risk will be addressed with the action tracker. |
| 265 | Service Performance may be adversely affected by the inability to match resources to demand. | *** | 17 | Operational | 31-Jul-06 | Major | Certain | 20 | 1.NWoW has been introduced at two pilot sites (Barnehurst and Chase Farm) and will incorporate a more flexible but robust rota system. 2. The option of weekend rotas has been advertised to all frontline staff, whilst Sector Support rotas are in place and concentrate on weekend cover. DSO's and Team Leaders now have cover installed in their current rotas. Improvements have been made to dual sending with adjustments to the distance an FRU would be expected to travel, whilst still dispatching the nearest AEU. This will have an impact on both resources available to EOC and will produce shorter job cycle times. 3. The ORH 168 plans now enable the monitoring of resource allocation. | Richard Webber | 24 Mar 2011 | Major | Likely | 16 | 1. Monitor pilot sites for NWOW. 2. Roll out of NWOW across the Trust. 3. Completion of recruitment exercise. 4. Roster reviews. | 1.C.Hitchen 2. C.Hitchen 3. A.Bell 4. M.Sommerville | 1. On-going 2. 2011 3. May 2010 4.Feb 2011 | 1. Monitoring of KPIs 2. Following the roster reviews, team based working is being introduced and is monitored by the Operations Team on a daily basis | Minor | Possible | 6 | RCAG (2010-08-23) risk should be removed from the risk register later in the year when the Trust had reached full establishment |
| 22 | There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patient. | *** | 4 | Clinical | 14-Nov-02 | Major | Certain | 20 | 1. An enhanced patient assessment course has been introduced for paramedics. The training has been subject to a major overhaul and now includes a supervision element. Reflective practice has also been adopted into the majority of assignments. 2. Planned CPD delivery will cover all relevant staff. However, this may be affected by operational pressures. 3. Training Services monitor the level of training delivery. 4. CPIs are used to monitor the level of assessments provided. 5. LA52 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee. 6. The Operational Workplace Review has been reviewed and will now include rideouts. 7. A system for clinical updates is in place. 8. A system of closed round tables is in place. 9. The development of treat and refer pathways is being continued alongside the New Ways of Working project. | Fionna Moore | 28 March 2011 | Moderate | Certain | 15 | 1. An enhanced patient assessment component has been introduced within the APL Paramedic Course. The training has been subject to a major review and now includes a mentored period of operational duties. 2. To monitor the development of treat and refer pathways. 3. To review the effectiveness of the existing incident reporting system. The incident reporting review project led by TC has received authority to purchase Datix Web. 4. To introduce reflective practice (as part of Module J programme). 5. Pilot scheme where crew staff from 4 identified complexes will contact EBU via their airways radio. EBU will record incidents directly onto an electronic version of the existing LA52. | 1. K.Miller 2.J.Worthington 3. J.Selby 4. K.Miller 5. J. Selby | 1. Complete 2. Ongoing 3. Ongoing 4. Complete 5. May 2011 | 1. Incident reporting. 2. Operational workplace reviews.. 3. Regular reports to CQSE. | Moderate | Possible | 9 | |

London Ambulance Service NHS Trust
Risk Register as at 31st May 2011

| Risk ID | Risk Description | Assurance Framework Ref. | Corporate Objective | Risk Category | Date Opened | Gross Impact | Gross Like-likelihood | Gross Rating | Existing Controls (Already In Place) | Risk Owner | Date Risk Last Updated | Net Impact | Net Like-likelihood | Net Rating | Further Actions Required | Action Owner | Date Action to be Completed | Assurance In Place (how do we gain assurance that the controls in place are effective) | Target Impact | Target Like-likelihood | Target Rating | Comments |
|---------|--|--------------------------|---------------------|---------------|-------------|--------------|-----------------------|--------------|--|--------------|------------------------|--------------|---------------------|------------|--|--|---|---|---------------|------------------------|---------------|---|
| 320 | There is a risk that insufficient funding will prevent the required planning and operational response prior to, during and after, the London 2012 Olympic and Paralympic Games. | *** | 26 | Finance | 17-May-10 | Catastrophic | Likely | 20 | 1. Continue to lobby the Department of Health, NHS London and the NWLCP for funding - decision due by end of April for 11/12 and 12/13 (financial element of Outline Business Case re-worked and re-submitted March 2011). 2. Continue to highlight the LAS's role in ensuring the Olympic Safety and Security Strategy is met and the subsequent requirement for funding. 3. Following DH funding decision, continue to engage with commissioners regarding 11/12 and 12/13. | Peter Thorpe | 18 April 2011 | Catastrophic | Possible | 15 | 1. DH decision due in April 2011. | 1-3. P.Thorpe/A.Parry | 1. April 2011 | 1. Feedback from NHSL and forums where OBC presented 2. Ongoing dialogue with commissioners 3. Financial re-work of Outline Business Case undertaken in conjunction with commissioners; approved/ supported by DH/NHSL. | Major | Unlikely | 8 | AP 2011-04-14 The financial element of the Outline Business Case was resubmitted in March 2011; this risk should therefore be reviewed pending DH's decision |
| 31 | There is a risk that the control and operational staff may fail to recognise serious maternity issues or fail to apply correct guidelines which may lead to serious adverse patient outcomes in maternity cases. | *** | 4 | Clinical | 14-Nov-02 | Major | Certain | 20 | 1. The Medical Director attends NPSA's Obstetric Pan London Forum. 2. Introduction of a flow chart to CTA to enable safe triage of women in early labour. 3. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 4. Reports on all the reported incidents concerning obstetric cases are presented to the Clinical Quality Safety and Effectiveness Committee. 5. A number of complexes have made local arrangements for midwives to deliver training sessions. | Fionna Moore | 28 March 2011 | Major | Possible | 12 | 1. To evaluate the flow chart used to enable the safe triage of women in early labour. 2. To monitor the delivery of the CPD obstetrics module. 3. Articles on maternity care have been published in the Clinical Update in March and September 2009. | 1. F.Wrigley/A.Stallard 2. K.Miller/Operations 3. A.Stallard | 1. Spring 2011 2. On-going (CTA now have maternity pathway to assist with triage) 3. Complete | 1. Monitor processes at CQSE and Corporate Health and Safety Group. 2. Incident reporting. | Major | Unlikely | 8 | 10/01/2011 - FW: Action 3 -Advice on recognition of possible placental abruption was included in the Clinical Update published in July 2010. Recommendations from the Obstetric Audit, and advice on management of the third stage of labour, and management of early miscarriages included in November 2010. GH: E-learning package (according to the Key Commitments) which was due for completion in December, would not have been delivered yet; responsibility for the delivery and associated monitoring is with Bill O'Neill. BON 1.4.11 The Obstetrics e-learning module is now available |
| 312 | There is a risk that the required drug/equipment may not be available in the drug pack which will lead to the patient not being treated appropriately. | *** | 24 | Clinical | 18-May-09 | Catastrophic | Likely | 20 | 1. Bulletin from Director of Operations to all staff reinforcing drug protocols 2. Letter from Director of Operations to AOMs reinforcing local management responsibilities 3. Trial scheme at 3 sites as part of review of drug pack procedure where the signing out and in of packs is regularly checked | Chris Vale | 30 March 2011 | Major | Possible | 12 | 1. Reinforce weekly audit requirement. 2. Before roll out of amnesty can be rolled out encouraging crew to return old/incomplete bags and then issued them with new bags, further clarificationis require on revised peak vehicle equipment requirements. 3. Introduction of managers drug packs in Autumn 2010 to reduce demand for tech packs 4 Additional Technician packs being prepared for roll out to stations in exchange for amnesty exercise when stations surrender out of date packs and bags removed from system. - rolled out during 2010/11. | 1. C.Vale 2. K.Merritt 3.C Vale 4 C. Vale | 1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing | 1.Weekly audit returns to Logistics. 2 Trial audit at 3 sites as part of review of scheme Reviewed and reported at area governance meetings | Major | Unlikely | 8 | CV 21/03/11 This risk should be reduced. The risk of drugs not being in the drug packs is small. Procedures ensure that packs are checked by a second member of staff before being sent out and also a 10? Sample check is also carried out to ensure accuracy of packing and checking staff. |

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| 324 | There is a risk that cleaning arrangements are insufficient to ensure that the environment for providing healthcare is suitable, clean and well maintained. | *** | 6 | Infection Control | 17-May-10 | Major | Certain | 20 | 1. Introduction of revised cleaning programme. 2. Infection control champions are in place. 3. Audits of vehicles and premises. 4. Swabbing of vehicles by LSS. | Trevor Hubbard | 15 June 2011 | Major | Possible | 12 | 1. To ensure Trust is consistently compliant across the service: a) Find alternative processes to triangulate audit information. Completed b) Fully explore the opportunities within the PEAG initiative. c) Make Ready tender awarded | 1a Trevor Hubbard 1b Trevor Hubbard 1c Trevor Hubbard | 1a April 11 1b April 11 1c Nov 11 | 1a Comprehensive dashboard | Minor | Unlikely | 4 | Status update May 2011 1a Completed incorporated into the IPC dashboard 1b PEAG initiative progressing well. Volunteers trained. Awaiting CRB checks. 1c Wording revised and date extended. |
| 7 | There is a risk that we do not capture errors and incidents, and do not therefore learn from these and improve service provision and working practices. | *** | 4 | Health & Safety | 13-Nov-02 | Major | Certain | 20 | 1. LA52 incident reporting form 2. Risk management policy and strategy has been updated and implemented 3. Incident reporting policy is implemented 4. The Learning from Experience group is in place and starting to review integrated risk reports, patterns and trends. 5. Electronic reporting has been approved in principle. 6. A review of incident reporting is underway and led by the PCMO. | Caron Hitchen | 22 Nov 2010 | Moderate | Possible | 9 | 1. Complete the review of incident reporting and make recommendations to Corporate H&S and RCAG. 2. Implement the policies on investigating and learning from incidents, complaint, PALs and claims. 3. LIE to develop the integrated risk reports and monitor action taken, including feedback to staff on incidents reported and investigated. 4. Develop a plan of action and learning from the integrated reports. 5. Review and implement uniform coding within Datix for incidents, complaints, PALs and claims to facilitate integrated reporting | 1. Tony Crabtree 2. Carmel Dodson- Brown 3. Sandra Adams 4. Sandra Adams 5. Carmel Dodson-Brown | 1.-5. Feb-March 2011 | 1. Completion of the review and recommendations to RCAG and SMG for implementation. 2. Reports and minutes from Learning from Experience, RCAG and Quality Committee. Consistent coding and reporting across the risk indicators | Moderate | Rare | 9 | Risk updated following the recommendation from the internal audit report on Clinical Incidents and Near Misses. SA proposed changing target rating to moderate 3, possible 3 for target rating to increase it to a 9. |
| 337 | There is a risk that there will be a delay in establishing the Clinical Response Model due to changes that need to be made to interfacing other projects (CommandPoint/CTAK) | | | Business Continuity | 11-Jan-11 | Major | Likely | 16 | 1. EOC Planning Group in place, reviewing options 2. CommandPoint Project Group | Steve Sale | 5 April 2011 | Major | Likely | 16 | 1. Review appropriate action to be taken - changes to CTAK or review parameters of CommandPoint? - to be decided 2. New group to be set-up pending SMG approval. 3. A CRM workshop is taking place on the 7th April to reaffirm the Trusts intentions in regard to the CRM. | 1. Steve Sale 2. Steve Sale 3. Steve Sale | 1. Oct 2010 2. Complete 3. April 2011 | 1. 2. 3. | Negligible | Rare | 1 | SS 5/4/11 A decision was taken by CRM project board which has been ratified by SMG to again defer CRM until a date after 20th August 2011. To allow CommandPoint to settle in. The only other slot available to make the change has been utilised for the introduction of the new national performance standards. |
| 343 | There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral. | | | Clinical | | Major | Likely | 16 | 1) Monitor referrals centrally 2) Safeguarding committee promotes practice guidance 3) Practice guidance issues and supported by updates 4) Trainign programme in place 5) Monitor training uptake | Steve Lennox | 16 May 2011 | Major | Likely | 16 | 1) Audit effectiveness of training through competency assessment 2) Capture safeguarding practice in bi annual Operational Workforce review | 1) Gary Ralph 2) Peter McKenna, Katie Millard, Philip De Bruyn | Ongoing | Monitor at Safeguarding Committee | | | | |
| 9 | There is a risk of RTA injury to persons travelling in an LAS A&E vehicles. | *** | 19 | Health & Safety | 13-Nov-02 | Major | Likely | 16 | 1. Authorisation to drive any service vehicle/lease car can only be provided by a qualified service trained driving instructor. 2. Introduction of advanced training for a number of DSO's in each Sector. | Richard Webber | 05 Apr 2011 | Major | Possible | 12 | 1. Review adequacy of driving course and include training for specific vehicles (i.e. FRUS). 2. Ensure refresher training is provided following RTA's. | 1. K.Miller 2. K.Miller 3. Jason Killens 4. Jason Killens | 1. TBC 2. Ongoing 3. Ongoing 4. March 2011 | 1. Monitor processes at RCAG and Motor Risk Group. 2. Monitoring of RTA's | Moderate | Possible | 9 | Action 1 - On the basis that the course had not been approved by the TSG, Richard requested that the courses were |

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| 138 | Failing to appreciate the significance of psychiatric illnesses will lead to mis-diagnosis. | *** | 8 | Clinical | 12-Nov-03 | Major | Likely | 16 | 1. The new 'Mental Health' module has been designed and has been included in the training plan for 2009/10. 2. An e-Learning Manager has been appointed and will start work with the Trust in August 2009. This post will have responsibility for developing the mental health e-learning module. | Steve Lennox | 18 March 2011 | Major | Possible | 12 | 1. To develop a mental health e-learning module. - training package is being assessed by external assessors | 1. Bill O'Neill | 1.Nov 2010 | 1. CPD completion records 2. Monitor processes at CQSE 3. Monitor package completion data on e-learning site | Major | Unlikely | 8 | Module has now been signed off by subject matter experts, and roll-out of the e-learning facility has commenced |
| 205 | There is a risk of not being able to readily access and manage the training records of all operational members of staff due to records being kept on separate and remote sites outside of the current records management system. [as a result of limited capacity of the Fulham archive stores, as well as records needing to be stored at other sites.] | *** | 11 | HR | 01-Jun-05 | Major | Likely | 16 | 1. Education and Development are to move to the scanning of training records. Plans from Estates for the development of the Fulham archive are awaited. 2. All staff are currently being migrated onto PROMIS with the aim of developing a centralised Learning Management System. | Bill O'Neill | 23 Aug 2010 | Major | Possible | 12 | 1. Review the process of archiving training records within the DoE&D (funding currently being sought for this) 2. The introduction of a Trust-wide project to establish a centralised Learning Management System | 1. P.Billups 2. J.Pigott | 1. Dec 2010 2. Dec 2010 | 1. Part of organisation & development of people workstream. 2. Progress of project report to workstream board. | Major | Unlikely | 8 | 23/08/2010 - risk wording revised |
| 211 | There is a risk that drug errors and adverse events may not be reported. | *** | 4 | Clinical | 08-May-06 | Major | Likely | 16 | 1. 23/02/09 - CQSE suggest PIMs give some thought to how this be managed - JK to report new action plan 2. 10/02/09 No evidence of any issue of significance from service users or stake holder feedback. Recommend matter be considered by Safety and Risk . | Fionna Moore | 28 March 2011 | Major | Possible | 12 | 1. Complaints Manager to track back complaints to see how many have LA52's associated with them (drug errors and adverse events not being reported) 2. Further Medical Directors Bulletin to remind staff of importance of reporting drug errors and adverse events. 3. Article to be included in the Clinical Update highlighting the importance of | 1. G.Bassett 2. D.Whitmore 3. F.Moore 4. M.Whitbread | 1. On-going 2. On-going 3. Complete 4. complete Jan 2010 | 1. CPI checks 2. Incident Reporting | Major | Unlikely | 8 | |
| 305 | There is a risk that the management of morphine at Station level is not in accordance with LAS procedure OP/30 version 4 – Controlled Drugs. | *** | 24 | Clinical | 21-Oct-08 | Major | Likely | 16 | 1. Internal Audit carried out annually. 2. Procedure to be reinforced by bulletins from Director of Operations/Medical Director. | Fionna Moore | 28 March 2011 | Major | Possible | 12 | 1. Independent audit to be carried out throughout the Trust - 1st visit took place in June 2010, 2nd visit took place Oct 2010 2. Trial of CD audit scheme in South, looking to roll-out trust-wide | 1. D.Whitmore 2. D.Whitmore | 1. Complete 2. June 2011 | 1. Internal Audit 2. Independent Audit 3. LIN oversight of system | Major | Unlikely | 8 | New CD registers, and daily audit check sheets, also changing the CD code changer system |
| 316 | The non-reporting of faults in accordance with service procedures may result in the loss of vehicle availability. | *** | 17 | Logistics | 17-Aug-09 | Major | Likely | 16 | 1. LA400 (defect reporting sheet) has been replaced by a vehicle specific defect book. 2. Vehicle Resource Centre is now operating 24/7 and managing some Vehicles Off Road (VOR). 3. Process mapping of VOR process in EOC to be undertaken to understand the impact of the removal of the logger's role. 4. TRANMAN, Statutory Checks and Make Ready tender for new contract 5. RAC checking stations at weekends for unreported faults | Jason Killens | 08 Nov 2010 | Major | Possible | 12 | 1. Enhancement of fleet workshop hours of working will reduce the risk of occurrence. 2. Outputs from process mapping to inform changes in management of VOR (if necessary). 3. OP014 and OP012 subject to review with intention of merging both | 1. C.Vale 2. C.Vale 3. S.Kime | 1. Complete 2. Complete 3. Jan 11 (ongoing as VOR reviews now being undertaken by D. Hutton and S.Melhuish) | Rare | Unlikely | 8 | risk to be reviewed once controls in place | |
| 323 | There is a risk that the audit programme is not sufficiently robust to identify to identify infection control issues across the Trust. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Quarterly reports to Area Operations. 2. Further training of infection control champions. 3. Continued awareness training by use of Trust-wide communications. | Trevor Hubbard | 15 June 2011 | Major | Possible | 12 | 1. Strengthen current audit process (also introduce new audit measures - separate workstream) a) Audit needs adapting to make it more relevant locally. b) Create an Escalation Plan c) Develop an internal audit programme with RSM Tenon. Completed | 1a Trevor Hubbard 1b Trevor Hubbard 1c Trevor Hubbard | 1a May 11 1b May 11 1c April 11 | | Minor | Possible | 6 | Status Update May 2011 1a The audit has been revised and tested and declared not fit. It has since been revised and now being tested again. 1b Not yet delivered. Date renegotiated. 1c Had meetings with RSM Tenon to discuss robustness of aud process rather than assist with audit. Meetings progressed and concluded. |

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| 326 | There is a risk that the inadequate facilities and lack of policy for the decontamination of equipment may increase the risk of infection. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Introduction of single-use items. 2. Introduction of more robust cleaning programme for vehicles and premises. 3. Introduction of detergent and disinfectant wipes for equipment in between patient use. | Chris Vale | 15 June 2011 | Major | Possible | 12 | 1. to have a decontamination policy that meets CQC expectations: a) To have a written policy submitted to IP&CC in February 2011. b) Establish Equipment Decontamination Improvement Group at Logistics Support Unit with Terms of Reference. c) Monitor decontamination compliance | 1a Chris Vale 1b Karen Merritt 1c Trevor Hubbard | 1a Feb 11 1b May 11 1c Sep 11 | 1.Area Governance Meetings 2. Incident reports. | Minor | Unlikely | 4 | CV 21/03/11 Decontamination policy is still awaiting approval. Meeting of equipment and Decontamination Improvement Group will take place in April 2011. Status update May 2011 1a Policy complete and available as draft. Awaiting approval. 1b Karen and Trevor to meet to discuss case for group. 1c Not due for delivery until Sep 11. |
| 274 | There is a risk that no Incident Control Room (ICR) back-up site will lead to service failure | *** | 17 | Business Continuity | 03-Jul-07 | Major | Likely | 16 | 1. The planned Event Control Room at Bow will double as back-up for the Incident Control Room. 2. Incident Control Room Back up now available at FBC Bow. | Paul Williams | 28 March 2011 | Major | Possible | 12 | | | 1. Project group set up manages event control project | None / Insignificant | Rare | 1 | PW 28/3/11 ICR Back up now available at FBC Bow. Risk to be removed. A new Risk should then be developed for ECR not functioning properly (to be discussed with EPBCSG) | |
| 153 | There is a risk that fuel prices may be in excess of sums held in budgets which may lead to overspend | *** | 19 | Finance | 06-Jan-04 | Major | Likely | 16 | 1. Monthly review as part of month end reporting process. | Michael Dinan | 11 April 2011 | Moderate | Possible | 9 | 1. Prices will continue to be closely monitored by the Finance Department for 2010/11. The move to an all diesel fleet will further mitigate against fuel costs. | 1. A.Bell | 1. Ongoing | Monitored at SMG and Trust Board | Moderate | Possible | 9 | |
| 20 | Inappropriate use/completion of the LA4H Single Response Handover form may lead to the loss of patient information. | *** | 8 | Operational | 14-Nov-02 | Major | Likely | 16 | 1. Team Leaders audit PRFs to provide information for Clinical Performance Indicator (CPI) reviews. CPI reviews are carried out monthly and are published by Sectors. 2. 07/10/08 - 95% compliance was achieved for PRF completion. Feedback sessions were undertaken in July 2008 (expected target 1904/ achieved 1895). 3. Simplified PRF produced for completion by FRU staff. Team leaders advise staff on the importance of PRF completion. Team leaders are in turn monitored on the inspection of PRFs. Monthly CPI reports are sent out by CARU to all Complexes informing them of their PRF completion levels. These results are then discussed at area business meetings. | Richard Webber | Jan 2011 | Moderate | Possible | 9 | 1. CPI database monitored to check team leaders quality assurance on PRF completion. 2. Presentation of PRFs on computer to simplify process. 3. Presentation on Performance Indicators. | 1. G.Virdi 2. G.Virdi 3. B.Bradley | 1. Ongoing 2. Ongoing 3. Complete | 1. Station audits. 2. Monitoring of completion rates. | Minor | Likely | 8 | Awaiting update from CARU |
| 322 | There is a risk that the Trust does not provide adequate infection prevention and control training to all staff which may lead to healthcare associated infections. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Introduction of training programme for operational and non-operational staff. 3. Trust updates have been delivered to 1,600 staff including hand hygiene training 3. Use of Infection Control Communications Strategy to ensure that all staff are kept well-informed. | Trevor Hubbard | 15 June 2011 | Moderate | Possible | 9 | 1. To be fully compliant with CQC expectations and all staff to have up to date infection control training: a) Ensure all staff receive all in one training or alternative form of update (core skills refresher and induction training) b) Monitor and implement hand hygiene training. c) Need to capture the training of contracted staff on the scorecard. | 1a Carmel Dodson-Brown / Ian Bullamore 1b Steve Lennox 1c Gill Heuchen | 1a March 11 1b March 11 1c June 11 | | Minor | Unlikely | 4 | Status update May 2011 There was an over provision of training last year and all clinical staff have been trained in ANTT. Consider closing this risk on the risk register. Need to have a separate discussion regarding training with central infection control team. Hand Hygiene training about to commence. All in one training and induction training and Core Skills Refresher training available. |

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| 325 | There is a risk that the lack of displayed/available cleaning schedules may mean that the staff and public are not aware of cleaning protocols. | *** | 6 | Infection Control | 17-May-10 | Major | Likely | 16 | 1. Introduction of revised cleaning programme. 2. Infection control champions are in place. | Trevor Hubbard | 15 June 2011 | Moderate | Possible | 9 | 1. Cleaning schedules will be displayed in relevant areas: a) Make part of quarterly audit b) Make cleaning schedule into a format that is not easy to remove. | 1a Trevor Hubbard 1b Trevor Hubbard 1c Trevor Hubbard | 1a March 11 1b May 11 | | Minor | Unlikely | 4 | Status update May 2011 1a Completed. Part of quarterly audit tool. 1b costing needs to be determined and where funds will be identified approximate costs are £4,500. |
| 173 | There is a risk to staff, patients and the organisation of staff working excessive overtime/hours in breach of the Working Time Directive. | *** | 7 | HR | 05-Jan-05 | Major | Likely | 16 | 1. ProMis has a warning sign that is generated before the Coordinator continues to place a member of staff on a shift. The warning system highlights any contraventions of the Working Time Directive. 2. Regular ProMis reports are provided to operational managers and auditing is carried out by Station Management Teams who advise and take the appropriate measures with staff who try to compromise their own and patient safety. 3. The completion of the recruitment and training of student paramedics, coupled with the review of rosters due to compete in Summer 2010, should enable this risk to be re-evaluated and the rating reduced. | Gareth Hughes | 1 April 2011 | Major | Unlikely | 8 | 1. Continued monitoring and review of working hours via PROMIS. 2. Review the WTD information. 3. Further enhancements are envisaged with the roll out of GRS in 2011. | 1. G.Hughes 2. T.Crabtree 3. G.Hughes/A Khan | 1. Ongoing 2. Complete 3. Mar 2011 | | Major | Rare | 4 | The report has been run and those staff that have worked in excess of the WTR guidelines have been asked to slow down and improve their work life balance. AK 1/4/11 A service wide report was sent to all AOMs highlighting staff that had exceeded WTR hours for an average of 17 weeks. |
| 72 | There is a risk that inconsistent action relating to the maintenance and repair of trolley beds, due to inadequate record keeping, may result in adverse clinical incidents. | *** | 24 | Logistics | 17-Mar-03 | Major | Likely | 16 | 1. A comprehensive paper based system for recording the servicing of trolley beds has been in use for the last 11 years and this includes filing the records in the individual vehicle file on which the bed was presented. 2. A new Fleet Management software system (TRANMAN) has been introduced.. 3. Electronic Fleet system has been rolled out across the Trust. 4. TRANMAN has been introduced allowing the electronic monitoring of trolley beds. | Chris Vale | 10 Jan 2011 | Moderate | Unlikely | 6 | Continuous monitoring of the systems to ensure they are being managed and incidents reported. 2 Enforcement of 8 weekly vehicle servicing schedules required to ensure beds are serviced on time. 3. Replacement of existing trolley beds with stryker trolley beds. | 1. S.Melhuish 2. S.Melhuish 3. S Melhuish | 1. Ongoing 2. Ongoing 3. Dec 2010 | 1. Asset tracking system. 2. TRANMAN 3 Centralised Servicing Plan | Minor | Unlikely | 4 | Risk downgrading 10/01/2011 from Sig9 to Mod6 |
| 329 | There is a risk that as a result of the non-achievement of the contractual financial penalties will be levied on the Trust. | *** | | Finance | 06-May-10 | Catastrophic | Possible | 15 | 1. 11/12 Continue working with specific mitigation of financial risk. 2. Monthly finance reports reviewed by Trust Board and SMG. 3. Extra financial provisions included for contract risk in 11/12. | Michael Dinan | 11 April 2011 | Catastrophic | Possible | 15 | 1. Communications with commissioners. | 1. M.Dinan | 1. Ongoing. | 1. Performance is tracked daily both centrally and by area. 2. Financial risks are reviewed by SMG and Trust Board.Diary meeting every Monday reporting where performance is reviewed and | Catastrophic | Unlikely | 10 | Communications have taken place with commissioners to identify financial offsets arising from higher than agreed levels of activity. Separate key financial risks as per LAS Financial Review top 15 risks schedule |

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| 344 | Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (safeguarding) | | | Governance | | Moderate | Almost Certain | 15 | 1) Current contract stipulates all drivers must have CRB checks | Paul Webster | 16 May 2011 | Moderate | Almost Certain | 15 | 1) Registration with the Independent safeguarding Authority needs stipulating in the contract 2) Contract monitoring | 1) Paul Webster 2) Paul Webster | | | | | | RCAG 16/05/2011 suggested this risk needs to be widened to cover other subcontractor providers |
| 345 | The Trust currently receives a sum of £7.7m non recurring funding to maintain a CBRN (Decontamination) Response. There is a risk that the funding may not continue. The funding is used to fund 143 WTE and the hours required for annual CBRN training | | | Finance | | Catastrophic | Possible | 15 | 1. No agreement in place to ensure this funding to become recurrent funding. | Michael Dinan | 16 May 2011 | Catastrophic | Possible | 15 | 1. Trust to attempt to gain assurances from DH that this funding will continue | | | | | | | |
| 315 | There is a risk of service failure during relocation to the FBC because effective arrangements for continuity have not been made between LAS and the Metropolitan Police. | *** | 17 | Business Continuity | 17-Aug-09 | Catastrophic | Possible | 15 | 1. Existing arrangements between MPS and LAS are not fit for purpose since the new MPS call management system was introduced. 2. In the event of a loss of HQ, call dispatch would take place from Emergency Control Vehicles until the Fall Back Centre (FBC) was fully operational. | Richard Webber | 04 Apr 2011 | Catastrophic | Unlikely | 10 | 1. MPS have informed the LAS that the fallback arrangement with them would not work. Paul Tattam and Lee Brooks have submitted papers to Jason Killens and discussions have taken place at SMG regarding this risk. 2. Scoping work to be carried in terms of technology for Bow Control Room. 3. AOM workshops scheduled August 2010 to look at warm site at Bow. | 1. Jason Killens 2. Jason Killens 3. Jason Killens | 1. Ongoing 2. April 2012 3. TBA | 1. Monthly Project Board meetings | Catastrophic | Rare | 5 | The Trust has been working on options for FBC with a loss of HQ given the MPS cant take our work as before. SMG have agreed in principle to make FBC a warm control room, the Trust will assign a Manager to make this a project and drive it forward in the next few weeks. PW 29/3/11 HQ Fire Debrief Action tracker approved by SMG 23/03/11. Risk will be addressed with the action tracker. |
| 207 | Risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records. | *** | 5 | Clinical | 04-Apr-06 | Moderate | Certain | 15 | 1. Mark Whitbread is the Trust lead for the card readers project, 2. Card reading and transmission is performed by team leaders. Mark Whitbread stated that operational pressures, and therefore the availability of team leaders, may have an adverse affect on the number of cards read. 3. A performance update was incorporated in an AOM briefing session held at the Millwall Conference centre in March 2009. All AOMs were in attendance. | Fionna Moore | 28 March 2011 | Moderate | Possible | 9 | 1. To encourage more routine downloading of information from data cards. 2. Monthly report to AOMs on areas of weak performance. 3. Message to be given out to Team Leaders Conferences. 4. To highlight the importance of clinical incident reporting in the Team Leader Clinical Update Course. | 1. M.Whitbread 2. R.Webber 3. P.Billups 4. M.Whitbread | 1. complete On-going 2. On-going 3. On-going 4. March 2011 | 1. Monitor processes at Clinical Governance Committee | Moderate | Unlikely | 6 | A number of new defibs will be introduced in the next 3 months - work is underway with IM&T to develop more robust solutions to assist with the downloads |

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| 226 | There is a risk that the identified risks associated with lone working are not being uniformly mitigated as a result of inconsistent application of the Lone Worker Policy. | *** | 17 | HR | 12-Jul-06 | Moderate | Certain | 15 | 1. The Lone Worker Policy has been reviewed. 2. The Trust received positive feedback from Bentley Jennison's audit on Lone Worker Policy: - all A&E operational Staff received Personal Safety conflict management training(1 day); - all Operational staff are issued with ECA mobile phones; - the Trust has a high risk address register; - FRU, MRU and ECP risk assessments are regularly reviewed; - appointed FRU coordinators at each at main stations ensure staff are aware of locally known hazards; - all operational vehicle have MDT and radio facilities; - Violence Prevention and Lone worker policies | Tony Crabtree | 1 Apr 2011 | Moderate | Possible | 9 | 1. Lone Worker Policy to be combined with Violence Prevention Procedure and Policy The Loneworker Policy is now to be incorporated within a Security Management Policy together with the Violence Prevention Procedure and Policy by 30/04/2011 | 1. Martin Nicholas | 1. Dec 2010 End April 2011 | 1. Incident Reporting. | Moderate | Unlikely | 6 | 23/08/2010 - risk wording revised |
| 200 | There is a risk of loss of physical assets due to the risk of fire. | *** | 21 | Health & Safety | 01-Jan-02 | Catastrophic | Possible | 15 | 1. Fire Marshall awareness training is undertaken as a module on a 1 day Safety and Awareness Course. 2. Fire Risk Assessments are undertaken by the Estates Department. 3. Fire Fighting equipment is sited at all strategic locations. 4. Premises Inspection Procedures require all premises to be inspected on a three monthly basis. | Martin Nelhams | 29 Oct 2010 | Major | Unlikely | 8 | 1. Health and Safety Co-Ordinators (Estates) are undertaking Fire Marshall Awareness Training. | 1. J.Selby | 1. Mar 2010 - Ongoing | 1. Record of fire marshall training is kept by J Selby. 2. Update on premises inspection reported to Corporate Health | Minor | Rare | 2 | |
| 282 | General failure of personnel to adequately 'back-up' IT may lead to the loss of data. | *** | 25 | Business Continuity | 03-Jul-07 | Major | Possible | 12 | 1. The move of business information from hard drives to network drives should have been completed but evidence has emerged that some gaps have been identified. 2. Part of the 2010/11 audit programme will test this facility and give assurances. 3. IM&T Infrastructure Team to review and take actions as appropriate. | Paul Williams | 29 March 2011 | Major | Possible | 12 | 1. Audit to be carried out on the status of the move to network drives. 2. Ensure central data servers are backed up. 3. Fundamentally review how data is stored on local drives and potentially not backed up. | TBA | TBA | | Major | Unlikely | 8 | EPBCSG to review this risk and agree on change of ownership. |
| 293 | There is risk that that Patient Specific Protocols (PSP) and palliative care, out of hours forms, etc. may not be triggered by the call taker when the patient's address is identified during 999 call. | *** | 17 | Clinical | 18-Feb-08 | Major | Possible | 12 | 1. The Senior Clinical Adviser has lead responsibility to PSPs. 2. The Clinical Support Desk has delegated responsibility for the accuracy of PSPs but do not have access to update them. 3. Input and maintenance are performed by Management Information who have introduced a range of control measures. 4. The introduction of CAD 2010 will allow automatic flagging and for a range of status flags to be used , | Fionna Moore | 28 March 2011 | Major | Possible | 12 | 1. The Senior Clinical Adviser should liaise with Management Information for the appropriate access to be provided to Clinical Support. 2. All relevant staff should be periodically reminded of the requirement to correctly trigger PSPs. 3. The introduction of Command Point | 1. D.Whitmore 2. S.Hines 3. TBA | 1. complete Sept 2009 2. Ongoing 3. June 2011 | 1. Incident reporting. 2. Complaints monitoring. | Major | Unlikely | 8 | Further advice issued to Control staff to ensure that locality information is checked and passed on to crew staff. |
| 294 | The Trust is unable to guarantee to provide a paramedic to attend every incident where one was requested. | *** | 17 | Operational | 18/02/2008 | Major | Possible | 12 | 1. Skill levels of staff have been identified so EOC can task appropriately skilled staff to these calls. 2. The General Broadcast system will be used to identify an available paramedic. | Richard Webber | 04 Apr 2011 | Major | Possible | 12 | 1. Increase the number of paramedics employed by the Service. 2. Completion of paramedic education, arising from the recruitment campaign. 3. Report to SHA/LAS in terms of recruitment position | 1. C.Hitchen 2. C.Hitchen 3. A.Bell | 1. On-going 2. 2012 3. Ongoing | 1. Monitoring the numbers of paramedics. 2. Monitoring of individual training. | Minor | Unlikely | 8 | We have more paramedics now than we ever have and have recruited c700 in the last 18 months to the student programme. We target paramedics to specific types of calls where there is a known and immediate benefit to the patient (MPDS card 9, 12 and 24) or where SUI investigations have told |
| 296 | Exposure of staff to carbon monoxide fumes whilst in incident premises. | *** | 17 | Clinical | 21-May-08 | Major | Possible | 12 | 1. A steering group to manage this risk has been formed with Jason Killens to act as chair. 2. The recommendations made within a report prepared by a member of staff from the HART team have been considered viable in some cases. The group will further scope the recommendations and where necessary and appropriate will drive their implementation. | Jason Killens | Jan 2011 | Major | Possible | 12 | 1. Steering group to develop management and monitoring procedure. To be managed through EP and BC steering group. 2. Action plan to be put in place following re-run of pilot in Dec 2010 with more strict controls around feedback and assessment of equipment. | 1.J.Killens 2. J.Killens | 1. Mar 2011 2. April 2011 | 1. Incident reporting. | Major | Unlikely | 8 | |
| 306 | There is a risk that failure to undertake Vehicle Daily Inspections before driving vehicles in relation to roadworthiness checks, as required by Road Traffic Act, may result in adverse traffic incidents. | *** | 20 | Logistics | 21-Oct-08 | Major | Possible | 12 | 1. Staff required to complete roadworthiness checks on form LA1. 2. Percentage of LA1 forms audited by Team Leaders for compliance | Chris Vale | Oct 2010 | Major | Possible | 12 | 1. A range of new policies have been produced which cover this issue and are currently with staff side for consultation. They will be discussed at the Operational Partnership Forum in November. They will be taken to ADG and SMG in December 2010 or January 2011 for publication in January 2011. | 1. J. Killens | 1. Jan 2011 | | Major | Unlikely | 8 | Get update from Jason Killens. |

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| 330 | There is a risk that the Trust may not have sufficient succession planning procedures in place to cover the anticipated loss of a significant number of Senior Operational Managers after the completion of the 2012 | *** | | HR | 06-May-10 | Major | Possible | 12 | TBC | Caron Hitchen | 04 Jan 2011 | Major | Possible | 12 | 1. This will form part of future workforce planning exercise associated with the integrated business plan and the cost improvement programme. Future workforce plans are not considered to be at risk from | 1. C. Hitchen | TBC | | Minor | Likely | 8 | Very Senior succession planning has been undertaken through the SHA Talent Management process. |
| 336 | There is a risk that the Trust may breach the terms of its Care Quality Commission registration during the year, in the event of a detailed inspection, audit, SUI or system failure. | *** | 12 | Governance | 23-Aug-10 | Major | Possible | 12 | 1. Unconditional registration awarded - April 2010. 2. Ongoing monitoring of compliance through RCAG, CQSE and the Quality Committee. 3. Performance Accelerator 4. Monthly review of the Quality Risk Profile | Sandra Adams | 20 Jan 2011 | Major | Possible | 12 | 1. Mapping of CQC regulations onto Performance Accelerator is underway 2. Reviewing outcomes for each requirement with the leads and mapping evidence to complete the provider compliance assessment tool | 1. J.Dhaliwal 2. J.Dhaliwal 3. J.Dhaliwal 4. J.Dhaliwal | 1. - 3. Oct 2010 - Complete 4. Jan 2011 | Outcome of review process and self assessment. Reports to RCAG, Quality | Major | Unlikely | 8 | |
| 152 | There is a risk of new or unforeseen cost pressures. | *** | 19 | Finance | 06-Jan-04 | Major | Possible | 12 | 1. Monthly Finance Review includes detailed forecast. 2. SMG/Trust Board review report monthly. | Michael Dinan | 16 May 2011 | Major | Possible | 12 | 1. Further cost savings to be found or additional funding to be sought. 2. Continued collaboration with wider health care services. | 1. M.Dinan | 1. Ongoing | 1. Monitored at SMG and Trust Board | Moderate | Unlikely | 6 | |
| 309 | Risk of fraudulent activity from staff, patients and contractors. | *** | 19 | Finance | 16-Feb-09 | Major | Possible | 12 | 1. An annual Counter Fraud work-plan is agreed with the Director of Finance and is approved by the Audit Committee. The work-plan ensures that time is allocated to the Local Counter Fraud Specialist to undertake work in the areas of the Counter Fraud Strategy, inclusive of Creating an Anti-Fraud Culture; Detering Fraud; - Preventing Fraud; Detecting Fraud, - Investigating any allegations of fraud that are received against the Trust; - Applying Sanctions that can involve disciplinary, civil and/or criminal hearings; - Seeking redress - seeking to recoup money that has been obtained from the Trust by fraudulent means. | Michael Dinan | 15 Nov 2010 | Moderate | Possible | 12 | 1. Promoting an anti-fraud culture amongst Trust staff by giving presentations, distributing Counter Fraud literature, holding fraud awareness events. 2. Creating deterrence by promoting successfully locally and nationally investigated fraud cases. 3. Preventing fraud by reviewing Trust policies and procedures. 4. Detecting fraud by undertaking Local Proactive Exercises into areas of concern. 5. Undertaking of a Fraud Risk Assessment. | 1-5. N.Foad | As scheduled in the Local Counter Fraud Specialist Annual Work Plan for 2009 / 2010 | 1. Reported incidents. | Moderate | Unlikely | 6 | 23/08/2010 (RCAG) - risk to be reworded for next RCAG 22/11/2010 (RSM Tenon would be providing the top ten risks from other ambulance trusts relating to fraud which NF would bring to RCAG to consider) We are still waiting for RSM Tenon to provide a draft risk assessment for us to use |
| 338 | Staff working on cars (FRUs and CAUs) are at risk of accident due to the need to read and manually action the MDT whilst driving at speed through traffic. | | | | 11-Jan-11 | Major | Possible | 12 | Staff are advised that driving safely is a priority over referring to the MDT. | Richard Webber | 24 Mar 2011 | Major | Unlikely | 12 | Work needs to be progressed in implementing the "speaking MDT" providing hands free functionality. This work is being developed but an implementation plan needs to be agreed and actioned. | Peter Suter | | | Major | Rare | 4 | |
| 63 | The risk of incurring liability through the re-use of "single use" equipment. | *** | 6 | Infection Control | 14-Nov-02 | Major | Possible | 12 | 1. Make Ready has improved the controls over single use equipment. 2. The infection Control Policy covers "single use" equipment. 3. Staff awareness has been increased by the use of Training Bulletins, RIB, posters etc. 4. "Single use" items are in place. Risk of re-use rather than disposal is unlikely. | Steve Lennox | 15 June 2011 | Major | Possible | 12 | 1. to have a decontamination policy that meets CQC expectations: a) To have a written policy submitted to IP&CC in February 2011. b) Establish Equipment Decontamination Improvement Group at Logistics Support Unit with Terms of Reference. c) Monitor decontamination compliance | 1a Chris Vale 1b Karen Merritt 1c Trevor Hubbard | 1a Feb 11 1b May 11 1c Sep 11 | 1. Incident reporting. 2. Complaints/claims monitoring. | Moderate | Rare | 3 | |
| 339 | The potential lack of technician drug packs for use by operational staff causes a risk to providing clinical care for patients. Bags are not always available for use by staff at commencement of shift. This may lead to vehicles being deficient of drugs for all or part of a shift. | | | | 11-Jan-11 | Moderate | Likely | 12 | | Chris Vale | 11 Jan 2011 | Moderate | Likely | 12 | There have been recent improvements in the provision of packs through the issue of additional bags and the launch of the manager's drug packs. | | | | | | | 2011-01-11 New risk approved at RCAG - risk owner needs to review existing controls, actions, completion date, assurances and target rating |

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| 272 | There is a risk that the LAS may not achieve the full CIP | *** | 19 | Finance | 03-Jul-07 | Major | Possible | 12 | 1. CIP has been agreed with SMG/ Trust Board. 2. Monthly monitoring via Performance Accelerator. 3. 37 CIP related projects are integrated with the standard programme management arrangements through the Integrated Business Plan. | Michael Dinan | 11 April 2011 | Moderate | Possible | 9 | 1. Identify further savings. | 1. M.Dinan | 1. TBA | CIP reported monthly to SMG and the Trust Board. Action is taken accordingly. | Moderate | Possible | 9 | RCAG 10.01.11 suggested that this risk is merged with 150. Review wording, ratings, actions and controls. MD reviewed 11.04.11 |
| 165 | Delivery of sub-optimal care for patients with age-related needs and failure to meet NSF milestones. | *** | 17 | Clinical | 04-Jan-05 | Major | Possible | 12 | 1. Action Plan (section 5 - Older People's Strategy) is in place through which the delivery of "sub optimal care for patients with age-related illnesses" is being addressed. 2. Older People's Strategy has been updated. 3. Referral Pathways Project in progress and is now part of the Healthcare for London workstream. | Lizzy Bovill | 28 March 2011 | Moderate | Possible | 9 | 1. Development of referral pathways as our partnership work with commissioners. 2. Training for front-line staff on use of referral pathways (as part of 1.), is being developed. 3. Training for front line staff on use of referral pathways is being rolled out with | 1. Lizzy Bovill 2. Emma Williams 3. Emma Williams | 1. Apr 2011 2. Apr 2011 3. Apr 2011 | 1. Annual report to the CQSE. | Moderate | Unlikely | 6 | Risk to be re-worded and proposed to RCAG on 11/04/2011 |
| 179 | Failure to meet responsibilities under all current legislation, including Race Relations Act, Disability Discrimination Act and Equality Act 2006. | *** | 16 | HR | 09-Feb-06 | Moderate | Likely | 12 | 1. The annual equality report for 2009/10 was approved by SMG and the Trust Board in May 2010. 2. The new Equality & Inclusion Strategy (2010-13) was approved by the Equality & Inclusion Steering Group, SMG and the Trust Board in May. This strategy supersedes the previous Race, Disability and Gender Equality Schemes and ensures the Trust's ongoing compliance with equalities legislation, including the Equality Act 2010. An update report on the Trust's progress against the new Equality & Inclusion Action Strategy Action Plan was approved by SMG in September 2010. 3. A new Equality & Inclusion Training Programme has been approved and will be commissioned following agreement of funding. 4. The new Equality Impact Assessment Proforma and guidance have been agreed, updated in accordance with the Equality Act 2010 and published on the Pulse and Trust website. Training on how to carry out equality impact assessments is being arranged. 4. A Staff Data Refresh exercise this year will enable the Trust to better profile its workforce and evaluate access to training and employment opportunities. 5. A new LGB Staff Forum and Disabled Staff/Carers Forum have been started and plans are underway to provide developmental days for a new BME Staff Diversity Forums and a Belief forum, with an option for staff to declare interest in taking part in any other appropriate Staff Diversity Forums. 6. The new Equality & Inclusion Steering Group, comprising all relevant Directors and Heads of Service as well as Staff Side Partners and representation from staff side and the Patients' Forum/LINCs has been | Caron Hitchen | 2 November 2010 | Moderate | Possible | 9 | 1. Actions in the new Equality & Inclusion Strategy Action Plan for the rest of 2010-11 and 2011-13 to be implemented 2. All Equality Impact Assessments contained in the new three-year Equality Impact Assessment Schedule (published as an appendix to the new Equality & Inclusion Strategy 2010-13) and must continue to be carried out to timescales and published on the Trust website. 3. New Equality & Inclusion Training to be commissioned and implemented. 4. Feedback from Stonewall, on the Trust's performance against the Stonewall Workplace Equality Index to be evaluated and incorporated in 2011 submission. 5. Developmental days to be held for the new Belief and BME forums in December and March. Terms of reference and work programmes for the LGB and Disabled Staff/Carers' Forums to be agreed by Equality & Inclusion Steering Group. 6. Staff Data Refresh exercise to be carried out and publicized to staff. | 1. J.Markey 2. All Directors and Heads of Service 3. J.Markey 4. J.Markey 5. J. Markey | 1. March 2013 2. Timescales laid out in Equality Impact Assessment Schedule 3. Feb 2011 4. Feb 2011 5. March 2011 6. Dec 2010 | | Moderate | Unlikely | 6 | The Equality Act 2010, superseding all previous equalities legislation, was implemented on October 1 2010. The Government is currently consulting on the Public Sector Equality Duty, expected to be implemented from April 1 2011. |
| 217 | There is a risk that the Trust may not be able to contact a resource in a "Black Spot" area. | *** | 22 | Operational | 12-Jul-06 | Moderate | Likely | 12 | 1. Airwaves currently supplied to operational managers. Roll out for all other operational staff is ongoing. | Richard Webber | 16 May 2011 | Moderate | Possible | 9 | 1. Introduce airwave radios across the Trust 2. Surveys now being carried out for remedial action, the only black spots that have been identified are for texting. | 1. J.Hopson /P.Sykes 2. J.Hopson /P.Sykes | 1. complete 2. February 2011 | | Moderate | Unlikely | 6 | RCAG 16/05/2011 reviewed possibility of archiving this risk but concluded it needs to remain until sufficient evidence of mitigation is available - LA52's received from EBS suggest there is still a problem with reception in certain areas |

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| 247 | Risk of not delivering benefits of the programme through non-delivery of project outcomes (to time cost and/or quality). | *** | 19 | Corporate | 25-Jul-06 | Moderate | Likely | 12 | 1. Senior Managers have been trained through MSP and PRINCE2 courses and programme and project management methodologies are being used to deliver project outputs and realise programme benefits. 3. Progress reports made to programme boards and SSG monthly, Trust Board bi-monthly 4. Each Programme maintains a risk and issues log and any new and appropriately graded risks are added to the corporate risk register. | Sandra Adams | 20 Jan 2011 | Moderate | Unlikely | 9 | Closure reports on the SIP to the Trust Board in May 2011 Governance arrangements to be established for the IBP Delivery Programme commencing 1st April 2011. | 1. M.Brand | 1. March 2013 | 1. Progress reports to programme boards and to the SMG, SSG and the Trust Board. | Moderate | Unlikely | 6 | The Trust Board has agreed to the closure of the SIP on 31st March 2011 and the establishment of the IBP delivery programme from 1st April. The IBP is the new strategic document for the LAS 2010 - 2015. |
| 252 | There is a risk that not updating Clinical Assessment skills and providing support when returning to work after extended periods away will affect patient care. | *** | 11 | HR | 25-Jul-06 | Moderate | Likely | 12 | 1. The Education and Development Department perform assessments for all staff referred to them.. 2. The guidance on "return to practice" was issued in 2008 to promote a consistent approach to supporting staff back to work after a lengthy absence, with an individual assessment of need. Implementation was due to be audited after 12 months to check that all returning staff who have been away for 12 months or more have had a return to work assessment of need and this has been implemented. 3. The clinical support interview is separate from general and welfare interview on return to work. Whilst staff are away from work they are offered and sent information to keep them up to date. | Caron Hitchen | 04 Jan 2011 | Moderate | Possible | 9 | 1. An audit to be taken of staff being referred to the department to ensure that all referred staff receive appropriate levels of clinical support. Audit scheduled for September 2010. Clinical skills are assessed when staff return to work following prolonged absence. Clinical update in individual needs identified. This risk should now be removed. | 1. Keith Miller | 1. Sept 2010 | 1. Monitoring of Clinical Incident Reports. | Moderate | Unlikely | 6 | A review has taken place in October 2010 which has shown that all staff who had been referred to the department have received an appropriate level of clinical update which is commensurate with the organisations return to practice policy. This risk has been demonstrated to no longer exist and should therefore be removed. |
| 308 | There is a risk that LAS staff may suffer emotional or physical injury as a result of being subject to physical or verbal assault, and this may adversely affect the delivery of the service that the LAS provides and/or the reputation of the LAS. | *** | 4 | Health & Safety | 01-Apr-11 | Moderate | Likely | 12 | 1. The interim Local Security Management Specialist (LSMS) has developed a draft Trust Security Management Plan in accordance with Counter Fraud and Security Management guidance. | Tony Crabtree | 22 Nov 2010 | Moderate | Possible | 9 | 1) Submit and approve Trust 2010/11 Security Management plan to CFMS prior to implementation. This is a yearly requirement and will be an ongoing annual event 2.The delivery of Conflict Management training to be undertaken in-house. | Martin Nicholas | 1. Complete 2. ongoing | 1. Monitoring of Incident Reports. | Moderate | Unlikely | 6 | |
| 186 | There is a risk that the inconsistent management of Medical Devices may lead to a higher rate of failure, which would in turn have an adverse effect on the provision of clinical care. | *** | 24 | Logistics | 10-Feb-04 | Major | Possible | 12 | 1.Servicing schedules for medical devices are agreed with suppliers and carried out within the specified timescale. 2.Supplier records are made available to the Logistics Department. 3.There is also a system of record cards for all medical equipment held within the Logistics Department. 4. Policy of management of medical devices agreed by VEWG on 30/7/10. | Chris Vale | 30 March 2011 | Moderate | Possible | 9 | 1. Analysis of LA52s for any training issues. 2. Management of Medical Devices Policy being submitted to the ADO Group and ADG for approval. | 1. J.Selby 2. C.Vale | 1. Ongoing 2. Dec 2010 | 1. Monitoring of service records for medical devices. | Minor | Unlikely | 4 | CV 23/03.11 Policy is still in draft form and awaiting final approval. |
| 164 | Policies and Procedures not adhered to due to lack of staff awareness and robust implementation plans. | *** | | Corporate | 04-Jan-05 | Moderate | Likely | 12 | NHSLA level one achieved in October 2010 Ongoing review of policies and procedures linked to NHSLA | Sandra Adams | 20 Jan 2011 | Moderate | Possible | 9 | To consider the use of the PA module for monitoring policies and procedures with timely reminders of review dates | 1. S. Moore | 1. Complete | NHSLA level 1 Review of incidents and complaints to ascertain any breach of policy | Moderate | Rare | 3 | January 2010 - Compliance with the policy has still to be monitored. |
| 222 | The lack of frontline management at weekends may reduce the level of support/advice available to staff, and could result in a SU1. | *** | 1 | Operational | 13-Jun-06 | Major | Possible | 12 | 1. DSO annual leave is restricted to ensure 5 are always available pan-London. 2. Team Leaders are also available to respond to incidents in support of crew members. 3. This risk is reduced by safety training for crew staff and the advice to await the arrival of police in high risk situations. 4. A requirement for on duty Silver officer to respond where appropriate. 5. General broadcast to other vehicles where requirement for a manager is due to crew safety. 6. Clinical Support Desk is now in place and provides a route for staff to gain support and advice on a range of matters | Richard Webber | 04 Apr 2011 | Major | Unlikely | 8 | 1. Agree new leave rules for DSOs. 2. Maintain full DSO establishment by topping up ADSO pool every 6 months. 3. A review of DSO rostering arrangements, to make cover more robust within the NWoW process 4. Complex Management Review - consultations | 1. P.Woodrow 2. M.McTigue 3. J.Hopson 4. J.Killens | 1. Ongoing 2. Ongoing 3. May 2010 4. July 2011 | 1. Analysis of incident reporting | Moderate | Unlikely | 6 | We are robustly working on leave arrangements, although with reduced overtime for managers and holding vacancies in management posts to support the CIP we will have some shortages. The work on the management restructure and super stations will enable us to strengthen out of hours management cover whilst reducing the overall management costs envelope. |

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| 317 | There is a risk that the Trust may not achieve its Category A target in the current financial year. | *** | 17 | Operational | 17-Aug-09 | Major | Possible | 12 | 1. The Trust has a comprehensive recovery plan in place. 2. The recruitment of c400 additional staff during 2009/10 is on track and has the aim of reducing utilisation and increasing performance. 3. Demand assumptions have already been breached this year and therefore a Demand Management Group has been set up. | Richard Webber | 16 May 2011 | Major | Unlikely | 8 | 1. Deliver against all recovery plan actions. 2. Deliver against Operational Model 2009/10 aims and objectives (the projects). 3. Roster changes are being made to meet increased demand. | 1. J.Killens 2. J.Killens 3. J.Killens | 1. March 2011 2. Dec 2010 3. TBA | 1. The Business Continuity (BC) Plan has been tested and is fit for purpose. 2. A BC and Emergency Preparedness Steering Group has been set up which will continue to test the BC plans. | Major | Rare | 4 | RCAG 16/05/2011 risk to be re-graded in July 2011 following implementation of commandpoint. The Trust achieved above the National Key Standard of responding to 75% of ambulance Category A Life-Threatening calls within eight minutes or less. It is proposed that the Net rating is reduced to fall inline with the Target rating of 4 |
| 223 | There is a risk, that due to operational pressures, the Trust will not be able to hold regular team meetings/briefings with frontline staff. This may have an adverse affect upon CPIs and the PDR process. | *** | 11 | Operational | 12-Jun-06 | Moderate | Likely | 12 | 1. NWoW is now in place at two complexes and incorporates a more robust rota allowing time for meetings. 2. PDR and CPI are also now in place, although these may be sidelined due to operational pressures. | Richard Webber | 29 Mar 2011 | Moderate | Unlikely | 6 | 1. New rostering arrangements under NWOW will allow time for meetings. | 1. J.Killens | 1. May 2010 | | Minor | Unlikely | 4 | 28/03/2011: On the 12th January 2011 the Clinical Response Model (CRM) which forms an integral part of the NWoW project has been suspended both Barnehurst and Greenwich has returned back to the traditional dispatch regime. The Trust will continue to robustly provide all staff with PDR's and for team |
| 208 | Risk of staff not knowing their accountabilities for internal control and the principles of the Code of Conduct. | *** | 7 | Governance | 11-Apr-06 | Moderate | Likely | 12 | 1. The Code of Conduct is included in the Non-Executive and Executive Directors induction. 2. Standing Orders revised and reviewed by Trust Board in March 2010 3. Annual review of effectiveness to Board 4. Annual appraisal of NEDs and EDs 5. Governance Structure | Sandra Adams | 20 Jan 2011 | Moderate | Unlikely | 6 | 1. Annual review for 2009/10 2. Preparation for Board to Board 3. Review Governance Structure | 1. S.Adams 2. S.Adams 3. S.Adams | 1. Sept 2010 2. Dec 2010 3. April 2011 | | Moderate | Rare | 3 | |
| 181 | There is a risk of injury to staff from slips, trips and falls on LAS premises during the course of their duties. | *** | 21 | Health & Safety | 09-Feb-03 | Moderate | Likely | 12 | 1. Premises inspections are undertaken every three months and are reviewed at meetings of the Corporate Health and Safety Group. 2. The one day Health & Safety Awareness course now covers premises inspections. 3. Slips, Trips and Falls Policy approved by CQSE June 2010 | Tony Crabtree | 1 Apr 2011 | Minor | Unlikely | 4 | 1. Revised policy issued October 2010. 2. Training requirements are defined within the training Needs Analysis. Compliance in terms of content of training for different staff groups through corporate induction and through "all in one" for non-clinical staff should be audited. 3. review H&S Premises inspection reports 4 Local risk assessment responsibility is being rolled out that will enhance the existing quarterly premises inspection. 5 All senior and line managers attend mandatory H&Safety awareness training. | Keith Miller/Carole Livett John Selby | 1. June 2010. 2. on-going - quarterly 3. May 2011 4.TBA 5.On- going | 1. Health and Safety Inspection Reports. | Minor | Unlikely | 4 | |
| 184 | There is a risk of failure to meet Fleet Support requirements to Service vehicles without putting staff at additional risk of injury by the working of excess overtime. | *** | 20 | Logistics | 10-Feb-06 | Major | Possible | 12 | 1. Additional RAC assistance being used at weekends to reduce the number of vehicles off the road.. 2. Agreement to proceed with a large workshop in West of London and then to further review the configuration. New job description under discussion with Fleet Staff Side. Ongoing recruitment campaign in place for vehicle technicians. | Chris Vale | 10 Jan 2011 | Minor | Unlikely | 4 | 1. To agree and implement appropriate fleet support levels 2. 7 day rotas are being considered by the Trust Staff Side. 3 7 day rota's in place at 10 Workshops - others close to agreement 4 West Workshop site to be agreed at Project Board on 18th August 2010 | 1. S.Melhuish 2. S.Melhuish 3. S Melhuish 4. C Vale | 1. Ongoing 2. ongoing 3. Ongoing - Oct 2010 4. Sept 2010 | | Minor | Unlikely | 4 | Risk downgrading 10/01/2011 from Sig8 to Mod4 |
| 213 | There is a risk of loss of computer data / information caused by unannounced or pre-warned electrical power cut. | *** | 21 | Finance | 16-May-06 | Moderate | Likely | 12 | 1. New UPS has been installed at LAS HQ and provides more resilience. Harmonics compensator also fitted which has produced more linear load. 2. The essential supply for Control Services is now backed up by the UPS and generator but remainder of HQ would lose power if a power outage. | Martin Nelhams | 29 March 2011 | Moderate | Rare | 3 | 1. Ongoing monitoring via Estates quarterly reports | 1. M.Nelhams | 1. Ongoing | 1. The generator and UPS are under the planned preventative maintenance schedule. | Moderate | Rare | 3 | Risk has reached target rating but M Nelhams does not think this risk should be closed as it is a risk the Trust will always have to manage 23/3/2011. |

London Ambulance Service NHS Trust
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|---------|---|--------------------------|---------------------|---------------------|-------------|--------------|-----------------------|--------------|---|----------------|------------------------|--------------|---------------------|------------|---|---|---|--|---------------|------------------------|---------------|--|
| 335 | There is a risk that service delivery will be compromised in the event of flooding. | *** | 17 | Business Continuity | 16-Feb-09 | Catastrophic | Unlikely | 10 | 1) London Strategic Flood Plan. 2) Environment Agency Flood Plan - Signed up to the Environment Agency early warning system. 3) RIB and exceptional bulletins to alert staff to dangers of entering floodwaters. 4) PPS -25 Development and Flood Risk (Government guidance on planning new development and making current buildings more flood resilient). 5) LAS Business Continuity Plans - individual stations have business continuity plans. 6) Mutual aid agreements with other service partners. 7) EA mapping. 8) BC Coordinator now in place in EPD. | Paul Williams | 29 March 2011 | Catastrophic | Unlikely | 10 | 1. LAS flood plan being written (incl. Severe weather plan) 2. Station Business Continuity Plans to include flooding contingencies. 3. Staff training to include Water Awareness not planned at present. HART Staff will all (x88) be trained by September 2011. 6 staff currently trained in inland water operations. 4. Post Pitt report guidance due in Autumn. 5. Kevin Brown updating station BC plans to include severe weather (including flooding). | TBA | TBA | | Catastrophic | Rare | 5 | BC Coordinator now in place in EPD. Kevin Brown updating station BC Plans to include severe weather (including flooding) Water awareness Training not planned at present |
| 342 | There is a risk that a reconfiguration of the dispatch or call taking functions of the Emergency Operations Centre (EOC) (for instance to accommodate the disestablishment of the Fast Response Unit (FRU) Desk and Urgent Operations Centre (UOC) is not controlled by the Operations Change Management Group, resulting in a delay to the date of Go Live, causing a cost and a time overrun. | | | IM&T | 11-Jan-11 | Catastrophic | Unlikely | 10 | 1) Ensure that Operations are aware of required timescales 2) Add as external dependency on CommandPoint Stage 6 Plan 3) Monitor progress of reconfiguration activities | Fiona Carleton | 11 Jan 2011 | Catastrophic | Unlikely | 10 | 1) Monitor progress of reconfiguration activities | 1) Steven Kime | 1) May 2011 | CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner | Minor | Unlikely | 6 | 2011-01-11 New risk approved at RCAG however it needs to be reworded to consisely capture the risk, also the orginal risk ratings (5,4 - high) need to be reviewed as RCAG feels its too high minutes: Peter Suter explained that working |
| 303 | There is a risk of unavailability of critical patient care equipment on vehicles. | *** | 24 | Logistics | 21-Oct-08 | Moderate | Possible | 9 | 1. Equipment amnesty - audits carried out, about 20 vehicles were unequipped, all the rest were fully equipped, and this will be resolved via purchasing of additional equipment. 2. Daily assessment of vehicle equipment by make-ready, and follow-up to locate spare equipment 3. 74 sets of new equipment have also been issued in the last year, with new Mercedes Ambulances | Chris Vale | 13 Dec 2010 | Moderate | Possible | 12 | 1. Purchase of 165 new vehicles and equipment will mitigate against this risk. | 1. C.Vale | 1. Nov 2010 | | Minor | Unlikely | 4 | This is part of the VDI policy being written. Update from Jason Killens. CV 21/03/11 Trial due to start in March 2011. |
| 271 | All staff may not be in possession of a valid driving licence for the category of vehicle they are required to drive. | *** | 17 | Operational | 14-Mar-07 | Moderate | Possible | 9 | 1. All staff have their driving license checked upon recruitment. 2. Anyone with more than 3 points will not be appointed. 3. Driving licence checks should be undertaken for all service drivers on a 6-monthly basis (TP023a/TP065). 4. All staff claiming mileage must declare whether they have a valid driving licence. | Michael Dinan | 16 May 2011 | Moderate | Possible | 9 | TBA The Motor Risk Group has a separate Risk Register, which has rated this risk differently from the rating in the Corporate Risk Register. The risk rating needs to match the one set by the Motor Risk Group. The Trust is working in conjunction with staff side viewing options on how best to robustly manage driving licence checks. The Trust is exploring an automated system to check licences directly with the DVLA. | J. Killens / G.Hughes | TBA (following review) | Internal Audit | Moderate | Unlikely | 6 | |
| 331 | There is a risk that the Trust will not achieve the target of reducing its carbon footprint by 10% by 2015 (based on 2007 carbon footprint) | *** | | HR | 06-May-10 | Moderate | Possible | 9 | 1 Salix match funding agreement, which has funded a number of works that will reduce energy usage, thereby carbon footprint. 2. Replacement of LDVs in fleet. The replacement Mercade4s vehicle is more fuel efficient and its bodywork is mostly recycable. 3. in addition there is a regular progress report to SMG/Trust Board on the implementation of the carbon reduction management action plan. 4. Draft KPIs relating to reducing Trust carbon footprint | Martyn Salter | 19 Jan 2011 | Moderate | Possible | 9 | 1. Management action plan which will be overseen by Carbon Reduction Working Group reporting to SMG. 2. KPIs to be identified and agreed by CRWG/SMG to monitor progress. Work had been completed to ascertain data (2007) to set SMART targets and measure progress. 3. Pilot projects to be undertaken in the buildings that have half hour meters measuring electricity usage. | 1.M.Salter 2.M.Salter 3.M. Salter 4.M.Salter 5.M.Salter | 1. 2015 2. 31/03/11 3. Jan/Feb 2011 4. Dec 2011 5. Feb 2011 | Regular reports to SMG | Moderate | Unlikely | 6 | There is a possibility that the workload of members of the CRWG will mean the implementation of the management action plan receives less support |

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|---------|--|--------------------------|---------------------|---------------------|-------------|--------------|-----------------------|--------------|---|----------------|------------------------|------------|---------------------|------------|---|--|---|--|---------------|------------------------|---------------|--|
| 46 | There is a risk of infection to staff due to sharps injury. | *** | 6 | Infection Control | 14-Nov-02 | Moderate | Possible | 9 | 1. Introduced the Safety Canulae trial in early 2009. Results to be monitored via Infection Control Steering Group. 2. In 2008 the overall number of LA52 reported needle stick incidents for Q3 (1st July - 30th Sept) was 9 near misses and 3 actual. This represents a reduction of reported incidents from Q2 of 12 actuals and 2 near misses. The new cannulae are now in use which should hopefully reduce the number of injuries. 3. H&S bulletin related to 'Disposal of Sharps' was issued in 2007/08. 4. This is part of the infection prevention and control action plan. | Trevor Hubbard | 15 June 2011 | Moderate | Possible | 9 | 1. Minimise the risk of sharps injury: a) Participate in national ambulance audit 2011. b) Undertake a programme of staff awareness (and to incorporate new guidance from POSSH conference) | 1a.T.Hubbard 1b T.Hubbard | 1a 2011/112 1b Sep 11 | 1. Health and Safety Audits. 2. Clinical Quality Safety and Effectiveness Committee. 3. Incident reporting. 4. ICSG quarterly review 5. SUI of high risks cases. | Minor | Unlikely | 4 | Status update May 2011 1a Meeting with UKAP end of May 2011 1b Awaiting draft action plan from POSSH conference. This has also been added to the balance scorecard. |
| 199 | Risk to staff safety / vandalism/theft due to inability to adequately secure premises. | *** | 21 | Finance | 01-Jan-03 | Moderate | Possible | 9 | 1. Operational managers in conjunction with H&S representatives carry out quarterly health and safety premises inspections. If there is a perceived security issue it will be reported to Estates who will investigate and take appropriate action. Bulletin reminding staff to secure premises when leaving unattended. Periodic change simplex lock combination. | Michael Dinan | 29 March 2011 | Moderate | Unlikely | 6 | 1. Ensure Quarterly H&S Premises Inspection is undertaken. 2. A Security Management Policy will be developed in the next three months. | 1. M.Nelhams 2. M. Nicolas / Chris Vale / John Selby | 1. Ongoing 2. 31 May 2011 | | Moderate | Unlikely | 6 | Suggest change of wording. Are there two risks here one for stations and one for annexes. |
| 255 | There is a risk of challenges with EU Procurement legislation. | *** | 19 | Finance | 25-Jul-06 | Moderate | Possible | 9 | 1. e-Procurement is in place for both the Supplies and the Estates Departments. 2. Training is provided to all new users. 3. Ordering for the fleet is still performed on a manual basis. 4. Current procurement strategy involving category management and spend analysis to ensure non compliant procurement is addressed. 5. Finance training provided for non finance managers. 6. Procurement have adopted Bravosolution e-tendering portal to ensure contract opportunities are advertised appropriately. | Michael Dinan | 11 April 2010 | Moderate | Unlikely | 6 | 1. Working with Communication Department to Improve the procurement information on PULSE/LAS website | 1. P.Candler | 1. October 2010 | 1. Jan 2011 | Moderate | Unlikely | 6 | P Candler/R Deakins to provide revised wording and propose change in scoring |
| 328 | There is a risk that paramedics are not trained in the use of aseptic no touch technique (ANTT). | *** | 6 | Infection Control | 17-May-10 | Moderate | Possible | 9 | 1. All Team Leaders have received ANTT training. 2. The principles of ANTT are now included in paramedic courses. 3. Training for all clinical staff for ANTT has now been completed. | Trevor Hubbard | 15 June 2011 | Minor | Possible | 6 | 1. To be fully compliant with CQC expectations and all staff to have up to date infection control training: a) Ensure all staff receive all in one training or alternative form of update (core skills refresher and induction training) b) Monitor and implement hand hygiene training. c) Need to capture the training of contracted staff on the scorecard. | 1a Carmel Dodson-Brown / Ian Bullamore 1b Steve Lennox 1c Gill Heuchen | 1a March 11 1b March 11 1c March 11 1c June 11 | | Minor | Unlikely | 4 | Status update May 2011 There was an over provision of training last year and all clinical staff have been trained in ANTT. Consider closing this risk on the risk register. Need to have a separate discussion regarding training with central infection control team. Hand Hygiene training about to commence. All in one training and induction training and Core Skills Refresher training available. |
| 275 | Loss of access to the Deptford Logistics Store may result in drug supplies being disturbed. | *** | 24 | Business Continuity | 03-Jul-07 | Moderate | Possible | 9 | 1. The Trust has arrangements for Frimley Park Hospital NHS Trust to supply drugs on a 24 hour basis if required but no formal arrangement is in place. 2. As there is no formal arrangement with Frimley Park no business continuity plan is in place for the supply of drugs. 3. London hospitals could supply drugs in an emergency. | Paul Williams | 29 March 2011 | Moderate | Unlikely | 6 | 1. Supplies and Logistics to explore the need for a formal arrangement with Frimley Park by way of a service level agreement. | 1. G.Davidson/ Chris Vale | 1. Oct 2010 2. Oct 2010 3. Oct 2010 | | Moderate | Rare | 3 | PW 29/3/11 This risk should remain as is due to an SLA not being set up with Frimley Park as this would entail a tendering process. |

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| 278 | Staff are not trained in Business Continuity and are unaware of their responsibilities and/or their departmental arrangements in the event that the Business Continuity Plan is invoked. | *** | 17 | Business Continuity | 03-Jul-07 | Moderate | Possible | 9 | 1. Tabletop testing programme of departmental plans is ongoing and has so far included IM&T, Communications, Estates, Logistics, Finance, Purchasing and HR (Safety & Risk and Staff Support). 2. Business Continuity is now covered in the Corporate Induction Programme and the 3 year all in one refresher for support staff. | Paul Williams | 29 March 2011 | Moderate | Unlikely | 6 | 1. Training and awareness plan to be produced. 2. Tabletop testing of departmental plans to be scheduled, when new plan complete. 3. Gold and Silver training included in training scheduled under development. 4. A handover meeting is scheduled for 21st September 2010 where future plans will be set out following the appointment of the Business Continuity/Flu Co-ordinator. | 1. John Pooley 2. John Pooley 3. John Pooley 4. John Pooley | 1. Ongoing 2. Ongoing 3. Ongoing 4. Complete | | Moderate | Rare | 3 | 1. Gold and silver training is subject to operational pressures. 2. PTS table-top testing to be performed in January 2010. 3. BCP only covers critical and vital support services. These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7th December. |
| 284 | Critical supplier failure due to bankruptcy, pandemic, industrial unrest etc. resulting in failure to provide vital services to LAS . | *** | 17 | Business Continuity | 03-Jul-07 | Moderate | Possible | 9 | 1. Stephen Moore and Paul Candler have met to discuss high risk areas and a revised supplier risk assessment has been produced. There is now an annual review of the Trust's main suppliers. 2. Purchasing have copies of business continuity statements from a number of suppliers 3. Paul Candler has written to the OGC to ascertain the checks they undertake when they tender as LAS uses a number of suppliers on the OGC list. | Paul Williams | 29 March 2011 | Moderate | Unlikely | 6 | 1. To identify contingency plans for each contract, including alternative suppliers. The supplier is to provide an outline Contingency Plan with the tender response and shall be required to draw up a full contingency plan in conjunction with the LAS Authorised Officer prior to the commencement of the Contract. The Contingency Plan is to show how the Supplier proposes to allow for the continuance or earliest resumption of Services in the event of an emergency or | 1. P.Candler 2. P.Candler | 1. Complete 2. Complete | | Moderate | Rare | 3 | These actions will be reviewed by the Emergency Preparedness and Business Continuity Strategy Group on the 7 th December. |
| 182 | Not being able to escape from an LAS building in the case of fire or other emergencies. | *** | 21 | Health & Safety | 09-Feb-04 | Moderate | Possible | 9 | 1. Procedures are found on Pulse under Fire and Bomb Evacuation Procedure. 2. 'Statement of Fire Safety' is produced annually and is returned to NHS Estates. 3. Risk Action Plans have been produced from the Fire Risk Assessments. 4. Local Fire Marshals have been nominated. 5. Fire evacuation drills are undertaken twice yearly. 6. Fire alarm testing carried out on a weekly basis. | Martin Nelhams | 29 Sept 2010 | Minor | Unlikely | 4 | 1. Health and Safety Co-ordinators (Estates) are undertaking Fire Marshall Awareness Training. | 1. J.Selby | 1. Mar 2010 - Ongoing | | Minor | Rare | 2 | |
| 332 | There is a risk that Trust and National infection control procedures may be compromised as ambulance mattress covers are not routinely changed after each patient. | *** | | Infection Control | Mar-10 | Minor | Likely | 8 | 1. The mattress is disinfected between each patient. | Chris Vale | 15 June 2011 | Minor | Likely | 8 | 1. Identify - procure suitable disposable mattress covers; finalise assessment and make recommendation. 2. Improve returns from laundry of sheets and covers; agree process for returning sheets with the provider. 3. Eliminate soft repairs being undertaken with tape: a) Establish the incidence of repairs being undertaken to soft furnishings with tape. b) Instruct workshops to ensure spare mattresses are available to swap. | 1 Chris Vale 2. Chris Vale 3.a Chris Vale 3b Chris Vale | 1. 31/05/11 2. 31/05/11 3a 1/04/11 3b 1/04/11 | | | | Status Update May 2011 1. Chris reported that this had not been progressed due to costs. IPC Committee requested for this to be costed and presented to ADG. 2. New laundry provider identifying process to manage. This still needs management observation. improved but not able yet to close. 3a Chris reported that this had stopped but operations! representatives stated this was not the case. Chris to continue to progress. 3b Workshops now able to swap mattresses out but tape still being used. Chris to action. | |

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|---------|---|--------------------------|---------------------|---------------------|-------------|--------------|-----------------------|--------------|--|---------------|------------------------|------------|---------------------|------------|--|-----------------------------------|-----------------------------|--|---------------|------------------------|---------------|---|
| 346 | The Trust is committed to having 2 full strength HART's by April 2010. Due to recruitment difficulties, there is a risk that the West Team may not be at full strength by that date | | | Finance | | Major | Unlikely | 8 | 1. Recruitment well under way with 33 out of the maximum 42 staff either in post, in training or recruited. Currently there are no national Course available for the outstanding staff not yet recruited | Michael Dinan | 16 May 2011 | Major | Unlikely | 8 | 1. Continued recruitment plan | | | | | | | |
| 281 | HR Occupational Health has no formal fall back if contractors are unable to fulfil their contracts. | *** | 10 | Business Continuity | 03-Jul-07 | Minor | Likely | 8 | 1. Requirement identified at Staff Support Business Continuity test and to be pursued by Fatima Fernandes and Atos representative K.Woodcock. | Paul Williams | 29 March 2011 | Minor | Possible | 6 | 1. Atos to provide a detailed business continuity plan. | 1. F. Fernandes | 1. Complete | | Minor | Rare | 2 | 1. Continuity plans have been received for Staff Support and Occupational Health. Service is to be re-tendered in 2010. PW 29/3/11 OH Services are no longer |
| 280 | There is a risk that emergency services are seriously degraded for an indeterminate period due to industrial unrest, public disorder etc. that prevents staff from working. (VAS and private ambulance companies could not be relied upon and police vehicles are no longer suitable to convey as in previous disputes). | *** | 17 | Business Continuity | 03-Jul-07 | Major | Unlikely | 8 | 1. The current decision is to develop bespoke plans in response to the prevailing circumstances at any given time. 2. A job description for the new role has been drafted and agreed and awaits AIC banding. The post, when filled, will assume responsibility for all areas of the Trust business continuity arrangements and the testing and exercising of each of the directorates plans. The post holder will develop new plans to tackle areas such as those noted in this risk. | Jason Killens | 29 March 2011 | Major | Rare | 4 | 1. Business continuity is to be encompassed by the Emergency Preparedness Department during 2009/10. 2. Recruitment of Business Continuity Manager. | 1. J.Killens 2. J.Killens | 1.Complete 2.Complete | | Major | Rare | 4 | BC Coordinator now in place within EPD. Bespoke plans for industrial action etc drawn up prior to known incident occurring and amended as and when intelligence/ information is received. PW 29/3/11 Risk has reached target score and cannot be mitigated further. |
| 304 | There is a risk of non-functioning critical patient care equipment on vehicles. | *** | 24 | Clinical | 21-Oct-08 | Moderate | Unlikely | 6 | 1. Continued review of LA52 data. | Chris Vale | 30 March 2011 | Moderate | Unlikely | 6 | 1. Review H&S LA52 data. 2. Purchase of new 12 lead defibrillators and shock boxes | 1. D.Adams 2. C.Vale | 1. Ongoing 2. Ongoing | 1. Monitoring by CQSE. | Minor | Unlikely | 4 | CV 21/03/11 new VDI processes will require equipment checks and also Make Ready staff check equipment functionality when making vehicles ready. |
| 341 | There is a risk that the Trust will be unable to receive sufficient 'engineering information' from MDT devices, due to a delay in completing the roll out of MDT/2 to all necessary vehicles before CommandPoint Go Live, causing compromises to the capability to rectify any related faults that may occur. | | | IM&T | 11-Jan-11 | Minor | Unlikely | 4 | 1)The Trust Board authorised a single tender Business Case in December 2010 and 570 MPC2s were ordered from Microbus, the first delivery has been received and further deliveries are scheduled during March, April and May. The roll out to the fleet continues and full deployment is expected by Summer 2011. 2) Conduct a business impact analysis on the CommandPoint project of not implementing the MDT2 ExpressQ software 3) Provide additional funds to procure the software and units. 4) Plan to design and test business process prior to | Peter Suter | 16 May 2011 | Minor | Unlikely | 4 | 1) Upgrade the MDT1s at the same time as the implementation of MDT2s, to provide the CommandPoint project with a solution before Go Live. | 1) John Downard | 1) May 2011 | CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner | Minor | Unlikely | 6 | RCAG 16/05/2011 - risk re-worded and re-graded. Reduce impact to 2 (low-will not stop go live), probability remains at 2. Complete the draft Assessment document (MI confirmation and Hosp Handover). Include reassurance comment that both |
| 340 | There is a risk to the CommandPoint Training schedule through travel disruption due to bad weather or industrial action by travel operatives, leading to reduced attendance or the cancellation or postponement of the training schedule. | | | IM&T | 11-Jan-11 | Moderate | Rare | 3 | 1) Commenced investigations into considering offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather. 2) Project Executive support requested.(From Peter Suter) 3) Project Finance approval requested (To Martyn Salter) | Peter Suter | 16 May 2011 | Moderate | Rare | 3 | 1) To mitigate against the risk to training of travel disruption, consider offering the Tutors / WBT 1 the option of accommodation in London during periods of extreme weather to ensure that we are able to deliver the entire programme. 2) Investigate costs of hotels in the Waterloo/Southwark area. | 1) Peter Suter 2) Keith Miller | 1) Complete 2) Complete | CommandPoint project will provide the following assurances on the risk: 1) CommandPoint Project Board monthly reviews 2) Risk Manager weekly reports 3) Risk manager and risk owner regular reviews. 4) Risk manager and project manager regular reviews 5) Operational Change Management procedure and working group | Minor | Unlikely | 3 | RCAG 16/05/2011 - risk re-worded and re-graded. Training now over 60% through planned period. No travel disruption experienced. Weekend Underground upgrades have not affected the attendance. Contingency period only impacted by an additional course for non-attendance due to other factors and an additional Dispatcher refresher course. |



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR APPROVAL

| | |
|---|---|
| Document Title: | Terms of reference for the Nominations and Remuneration Committee |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | For formal approval |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input checked="" type="checkbox"/> Other - Remuneration Committee 24 th May 2011 |
| Recommendation for the Trust Board: | To approve the terms of reference for a combined Nominations and Remuneration Committee |
| <p>Executive Summary</p> <p>The Code of Governance for NHS foundation trusts (Monitor, March 2010) sets out the main principle in section C.1 for appointments to the board of directors and this reflects the requirements of the 2006 Act. By bringing the nominations function formally into the governance structure we can meet the main principle that there should be 'a formal, rigorous and transparent procedure for the appointment of directors'. The attached document is based on our existing terms of reference for the Remuneration Committee which were reviewed and agreed in May 2010 and this was submitted to the Remuneration Committee on 24th May 2011 for discussion and approval.</p> | |
| <p>Key issues for the Trust Board</p> <p>At present there is no formal committee for the appointment and dismissal of executive directors and this was identified through the recent historical due diligence process as a requirement once the LAS is authorised as an NHS foundation trust. A recommendation was made that the terms of reference for the Remuneration Committee should be updated to reflect the nominations role and the attached document provides a draft terms of reference for a combined Nominations and Remuneration Committee.</p> <p>On becoming an NHS foundation trust we would need to consider whether to have one committee responsible for the identification and nomination of executive and non-executive directors, or two. Our Governance Rationale states that we will establish a Nominations Committee for the appointment of executive directors and also a Nominations Committee for the process to appoint or remove non-executive directors. The latter would comprise two governors, two board directors and an independent assessor. The former comprises the non-executive directors, chaired by the Trust chairman or an independent director and this is reflected in the attached terms of reference.</p> | |
| <p>Attachments</p> <p>Draft terms of reference for the Nominations and Remuneration Committee</p> | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper supports the mitigation of the following strategic risks:

- There is a risk that we fail to effectively fulfil care/safety responsibilities
- There is a risk that we cannot maintain and deliver the core service along with the performance expected
- There is a risk that we are unable to match financial resources with priorities
- There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



Draft Terms of Reference
May 2011

Nominations and Remuneration Committee

1. Authority

- 1.1 The Nominations and Remuneration Committee is constituted as a standing committee of the Trust Board of Directors (the Board). Its constitution and terms of reference shall be set out below and subject to amendment when directed and agreed by the Trust Board.
- 1.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 1.3 The Committee is authorised by the Board at the Trust's expense:
 - I. to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary; and/or
 - II. within any budgetary restraints imposed by the Board of Directors, to appoint remuneration consultants, and to commission or purchase any relevant reports, surveys or information which it deems necessary to help fulfil its duties.

2. Purpose

The primary purpose of the Nominations and Remuneration Committee is to appoint and, if necessary, dismiss the executive directors, establish and monitor the level and structure of total reward for executive directors, ensuring transparency, fairness and consistency.

3. Duties

The Committee shall:

- 3.1 Appoint and, if necessary dismiss the Chief Executive of the Trust;
- 3.2 Make such recommendations to the Board on the remuneration and terms of service of the Chief Executive;
- 3.3 Appoint and, if necessary dismiss the executive directors, taking into account the advice of the Chief Executive. The Committee shall not make an appointment to an executive director position which the Chief Executive does not support, rather a further recruitment process shall commence for the role in question;
- 3.4 In consultation with the Chairman of the Board of Directors and the Chief Executive, determine the total individual remuneration package of each executive director, other than the Chief Executive. In doing so the Committee shall:

| | |
|---|--------------|
| Title: Nominations & Remuneration Committee TOR | Version: 2.0 |
| Date: 31 st May 2011 | Page 1 of 4 |



- I. Ensure that the levels of remuneration are sufficient to attract, retain, reward and motivate executive directors of the quality required to run the Trust successfully with due consideration to:
 - a) Judge where to position the Trust relative to other NHS Trusts, NHS foundation trusts and comparable organisations. Such comparisons, however, shall be used in caution in view of the risk of an upward ratchet of remuneration levels with no corresponding improvement in performance;
 - b) Be sensitive to pay and employment conditions elsewhere in the Trust, especially when determining annual salary increases;
 - II. Ensure that neither the Chief Executive nor any other executive director is involved in deciding his or her own employment arrangements, including their own remuneration; and
 - III. Ensure that where executive directors or senior management are involved in advising or supporting the Committee, care is taken to recognise and avoid conflicts of interest.
- 3.5 In consultation with the Chief Executive, agree and monitor the level and structure of remuneration for senior management, the definition of which shall be determined by the Committee;
- 3.6 Agree the policy for authorising claims for expenses from the Chairman of the Board of Directors and executive directors;
- 3.7 Ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled;
- 3.8 Seek professional, independent advice on matters of pay and remuneration when necessary;
- 3.9 Be exclusively responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any independent remuneration consultants who advise the Committee. Where remuneration consultants are appointed, a statement shall be made available of whether they have any other connection with the Trust; and
- 3.10 Obtain reliable, up-to-date information about remuneration in other Trusts and comparable organisations.

4. Responsibility

- 4.1 In developing recommendations for remuneration packages, the Committee will wish to ensure that they have:
- i. A clear statement of the responsibilities of the individual posts and their accountabilities for meeting objectives of the organisation;
 - ii. Means of assessing the comparative size of the job by job evaluation;
 - iii. Comparative salary information from the NHS, other public sector organisations including Trusts, and other industrial and service organisations;

| | |
|--|--------------|
| Title: Nominations & Remuneration Committee TOR | Version: 2.0 |
| Date: 31 st May 2011 | Page 2 of 4 |



- iv. The Board should decide in advance its general policy on Directors' remuneration and terms of service and look to the Committee to ensure that its policy is applied consistently.

5. Membership and attendance

- 5.1 The Committee will comprise the Chairman of the Board of Directors, independent non-executive Directors;
- 5.2 The Chairman of the Committee shall be the Chairman of the Board of Directors.
- 5.3 The Chief Executive and Director of Corporate Services/Trust Secretary will normally be in attendance at meetings but will not be present for discussions about their own remuneration and terms of service.

6. Accountability

- 6.1 The Nominations and Remuneration Committee shall be accountable to the Trust Board.

7. Reporting responsibilities

- 7.1 The Committee Chairman shall report formally to the Board of Directors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 7.2 The minutes of the relevant Board meetings are formally to record decisions taken.
- 7.3 The Committee shall produce an annual report of the Trust's remuneration policy and practices which shall form part of the Trust's annual report.

8. Administration

- 8.1 The Committee will meet as directed by the Board. Its proceedings will be formally minuted and it will be supported by the Director of Corporate Services/Trust Secretary.

9. Quorum

- 9.1 The quorate number of members shall be 3 non-executive directors plus the Chair or Deputy Chair.
- 9.2 In the absence of the Committee Chairman and/or an appointed Deputy, the remaining non-executive members present shall elect one of themselves to chair the meeting.

| | |
|---|--------------|
| Title: Nominations & Remuneration Committee TOR | Version: 2.0 |
| Date: 31 st May 2011 | Page 3 of 4 |



10. Frequency

- 10.1 Meetings shall be held at least twice a year and at such other times as the Chairman of the Committee shall require.
- 10.2 Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of the Chairman and/or Chief Executive.
- 10.3 Minutes of the Committee shall be circulated to all members and to all members of the Board of Directors save where the minutes concern decisions relating to individual executive directors.

11. Review of Terms of Reference

- 11.1 The Trust Board shall review these terms of reference annually.

| | |
|--|--------------|
| Title: Nominations & Remuneration Committee TOR | Version: 2.0 |
| Date: 31 st May 2011 | Page 4 of 4 |



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

| | |
|--|--|
| Document Title: | R&D Operational Capability Statement |
| Report Author(s): | Navin Puri/ Matthew Trivett |
| Lead Director: | Dr Fionna Moore |
| Contact Details: | Fionna.moore@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | The Board is accountable for the R&D Operational Capability Statement. This Statement must be approved at Board level. |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | Comments/ Approval |
| Executive Summary | |
| The Statement provides an operational overview of research capabilities by listing contact points and Internal Agreements used to manage research. This can be shared with networks, industry, researchers and sponsors to improve collaboration and effectiveness in research activities. The outcome is that the R&D Office does its work by reference to a Board approved R&D Operational Capability Statement. | |
| Key issues for the Trust Board | |
| Document will be in the public domain | |
| Attachments | |
| R&D Operational Capability Statement | |

| |
|---|
| Strategic Goals 2010 – 13 |
| This paper supports the achievement of the following corporate objectives: |
| <input type="checkbox"/> To have staff who are skilled, confident, motivated and feel valued and work in a safe environment <input type="checkbox"/> To improve our delivery of safe and high quality patient care using all available pathways <input checked="" type="checkbox"/> To be efficient and productive in delivering our commitments and to continually improve |
| Risk Implications |
| This paper supports the mitigation of the following strategic risks: |
| <input type="checkbox"/> There is a risk that we fail to effectively fulfil care/safety responsibilities <input type="checkbox"/> There is a risk that we cannot maintain and deliver the core service along with the performance expected <input type="checkbox"/> There is a risk that we are unable to match financial resources with priorities |

- There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

NIHR Guideline B01

R&D Operational Capability Statement

Version History

| Version number | Valid from | Valid to | Date approved | Approved by | Updated by |
|----------------|------------|------------|---------------|-------------|--------------------------------|
| RDOCS 001 | 28/07/2011 | 28/07/2012 | 28/07/2011 | Trust Board | Clinical Audit & Research Unit |
| RDOCS 002 | | | | | |

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Organisation R&D Management Arrangements
 Organisation Study Capabilities
 Organisation Services
 Organisation R&D Interests
 Organisation R&D Planning and Investments
 Organisation R&D Standard Operating Procedures Register
 Planned and Actual Studies Register
 Other Information

Organisation R&D Management Arrangements

Information on key contacts

| Organisation Details | |
|--|---|
| Name of Organisation | London Ambulance Service NHS Trust |
| R&D Lead / Director (with responsibility for reporting on R&D to the Organisation Board) | Dr Rachael Donohoe, Head of Clinical Audit & Research/ Navin Puri, Acting Head of Clinical Audit & Research |
| R&D Office details: | |
| Name: | Clinical Audit & Research Unit |
| Address: | HQ Annexe, Ground Floor, 8-20 Pocock Street, London, SE1 0BW |
| Contact Number: | (020) 7783 2509 |
| Contact Email: | CARU.Administrator@lond-amb.nhs.uk |
| Other relevant information: | |
| Key Contact Details e.g. Research Governance Lead, NHS Permissions Signatory contact details | |
| Contact 1: | |
| Role: | Head of Clinical Audit & Research/ Acting Head of Clinical Audit & Research |
| Name: | Dr Rachael Donohoe/ Navin Puri |
| Contact Number: | 020 7783 2506 |
| Contact Email: | rachael.donohoe@lond-amb.nhs.uk |
| Contact Email: | navin.puri@lond-amb.nhs.uk |
| Contact 2: | |
| Role: | Assistant Head of Clinical Audit & Research |
| Name: | Gurkamal Viridi |
| Contact Number: | 020 7783 2509 |
| Contact Email: | gurkamal.virdi@lond-amb.nhs.uk |
| Contact 3: | |
| Role: | Research Manager |
| Name: | Actively Recruiting (Interviews 28/07/2011) |
| Contact Number: | |
| Contact Email: | |
| Contact 4: | |
| Role: | Research & Development Co-ordinator |
| Name: | Matthew Trivett |
| Contact Number: | 020 7783 2509 |
| Contact Email: | matthew.trivett@lond-amb.nhs.uk |
| Contact 5: | |
| Role: | Cardiac & Stroke Researcher |
| Name: | Actively Recruiting |

| | |
|-------------------|--|
| Contact Number: | |
| Contact Email: | |
| Contact 6: | |
| Role: | Research Facilitator |
| Name: | Apostolos Koutsokeras |
| Contact Number: | 020 7783 2559 |
| Contact Email: | apostolos.koutsokeras@lond-amb.nhs.uk |

Add further contacts by selecting and then **copying** the five Excel **rows** (ie whole rows) above for Contact, role, name, number and email. Then select the **blank row** under the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on staffing of the R&D Office

| R&D Team | | |
|---|--------------------------|--|
| R&D Office Roles (e.g. Governance, Contracts, etc) | Whole Time Equivalent | Comments indicate if shared/joint/week days in office etc |
| Head of Clinical Audit & Research | 1 | |
| Assistant Head of Clinical Audit & Research | 1 | |
| Research Manager | 1 | |
| R&D Co-ordinator | 1 | |
| Cardiac & Stroke Researcher | 1 | |
| Research Facilitator | 1 | |
| Clinical Audit Manager | 1 | |
| Clinical Audit & Research Administrator | 1 | 1 day Research Administrator for SAFER2 project |
| Trauma Data Officer | 1 | |
| Clinical Audit Officer | 1 | |
| Clinical Audit Assistant | 1 | |
| Stroke Data Officer | 1 | |
| Stroke Data Assistant | 1 | |
| Cardiac Data Officer | 1 | |
| Cardiac Data Assistant | 1 | |
| CHD Data Officer | 1 | |
| Clinical Audit Facilitator | 1 | |

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on reporting structure in organisation (include information on any relevant committees, for example, a Clinical Research Board / Research Committee / Steering Committee.)

Reporting Structures

The London Ambulance Service NHS Trust Clinical Audit & Research Unit reports to the Clinical Audit & Research Steering Group (CARSG). The CARSG oversees all research activities taking place within the Trust. This group is chaired by the Medical Director of the Trust and includes both internal and external representatives. CARSG reports to the Clinical Quality & Safety Effectiveness Committee.

Governance Structure

```

graph LR
    A[Clinical Audit & Research  
Chair: Medical Director] --> B[Clinical Quality, Safety &  
Effectiveness  
Chair: Medical Director]
    B --> C[Quality Committee  
Chair: Non-executive  
Director]
    C --> D[Trust Board  
Chair: Trust Chair]
  
```

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on Research Networks supporting/working with the Organisation.

Information on how the Organisation works with the Comprehensive Local Research Network (CLRN), Primary Care Research Network (PCRN), Topic Specific Clinical Research Networks (TCRN).

| Research Networks | |
|---|--|
| Research Network (name/location) | Role/relationship of the Research Network eg host Organisation |
| London (NW) Comprehensive Local Research Network (CLRN) | Member Organisation |
| Thames Stroke Research Network | Member Organisation |

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on collaborations and partnerships for research activity (e.g. Biomedical Research Centre/Unit, Other NHS Organisations, Higher Education Institutes, Industry)

| Current Collaborations / Partnerships |
|---------------------------------------|
| |

| Organisation Name | Details of Collaboration / Partnership (eg | Contact Name | Email address | Contact Number |
|---|--|------------------------------|---------------|----------------|
| Royal London | Collaboration for the ISRAS study | Dr Patrick Gompertz | | |
| Royal Brompton & Harefield | Collaboration for the DANCE study | Dr Miles Dalby | | |
| East Midlands Ambulance Service | Collaboration for the ASCQI study | Prof. A Niroshan Siriwardena | | |
| Barts & The London | Collaboration for the PARA-SVT study | Prof. Richard Schilling | | |
| Swansea University | Collaboration for the SAFER 2 study | Prof. Helen Snooks | | |
| Kings College London | Collaboration for the PTSD study | Dr Jennifer Wild | | |
| International Academies of Emergency Dispatch | Collaboration for the Identification of Stroke Symptoms in Fallers Study | Tracey Barron | | |
| University of Glamorgan | Collaboration for the Psychosocial Tools Study | Prof. Richard Williams | | |
| Aston University | Collaboration for the QSN Study | Dr Jan Illing | | |

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Organisation Study Capabilities

Information on the types of studies that can be supported by the Organisation to the relevant regulatory standards

| Types of Studies Organisation has capabilities in (please tick applicable) | | | | | | | |
|--|-----------------------------|---------------------------------------|---------------------------|--|---------------------------------------|-------------------|-------|
| | CTIMPs (indicate Phases) | Clinical Trial of a Medical Device | Other Clinical Studies | Human Tissue: Tissue Samples Studies | Study Administering Questionnaires | Qualitative Study | OTHER |
| As Sponsoring Organisation | No | No | Yes | No | Yes | Yes | |
| As Participating Organisation | Yes | Yes | Yes | No | Yes | Yes | |
| As Participant Identification Centre | Yes | Yes | Yes | No | Yes | Yes | |

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Which licences does the organisation hold which may be relevant to research?

| Organisation Licences | | | |
|---|-----------------|------------------------------------|----------------------------------|
| Licence Name | Licence Details | Licence Start Date (if applicable) | Licence End Date (if applicable) |
| Example: Human Tissue Authority Licence | | | |
| Not Applicable | | | |

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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PCT ONLY: Information on the practices which are able to conduct research

| Number/notes on General Practitioner (GP) Practices |
|---|
| Not Applicable |

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Organisation Services

Information on key clinical services contacts and facilities/equipment which may be used in studies for supporting R&D governance decisions across the organisation.

| Clinical Service Departments | | | | | |
|------------------------------|---|---|---------------|----------------|--|
| Service Department | Specialist facilities that may be provided (eg number/type of scanners) | Contact Name within Service Department | Contact email | Contact number | Details of any internal agreement templates and other comments |
| <i>Medical Directorate</i> | | Medical Director | | | |
| <i>A&E Operations</i> | | Director of Operations Sector Service | | | |
| <i>Control Services</i> | | Assistant Director of Operations Control Services | | | |

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row).

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on key management contacts for supporting R&D governance decisions across the organisation.

| Management Support e.g. Finance, Legal Services, Archiving | | | | | |
|--|---|---|---------------|----------------|--|
| Department | Specialist services that may be provided | Contact Name within Service Department | Contact email | Contact number | Details of any internal agreement templates and other comments |
| Legal | In house legal services | Head of Legal Services | | | |
| Management Information | | Management Information Manager | | | |
| Finance | Financial Support for research based activities | Director of Finance & Business Planning | | | |
| Department Financial Analyst | Financial Support for research based activities | Financial Analyst | | | |
| Information Technology (IM&T) | | Director of Information Management | | | |
| Human Resources | Support to Research Office for HR issues | Director of Human Resources | | | |
| Operations Directorate | | Deputy Director of Operations | | | |

Add lines in the table as required by selecting and then copying a whole Excel row which is a part of the table (note: select and copy the row **not** cells in the row).

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Organisation R&D Interests

Information on the areas of research interest to the Organisation

| Organisation R&D Areas of Interest | | | | |
|------------------------------------|-----------------------------|------------------------------------|--|----------------|
| Area of Interest | Details | Contact Name | Contact Email | Contact Number |
| Prehospital | Improvement of patient care | Research Manager/ R&D Co-ordinator | caru.enquiries@lond-amb.nhs.uk | |
| Stroke | Improvement of patient care | Research Manager/ R&D Co-ordinator | caru.enquiries@lond-amb.nhs.uk | |
| Cardiac | Improvement of patient care | Research Manager/ R&D Co-ordinator | caru.enquiries@lond-amb.nhs.uk | |
| Mental Health | Improvement of patient care | Research Manager/ R&D Co-ordinator | caru.enquiries@lond-amb.nhs.uk | |
| Trauma | Improvement of patient care | Research Manager/ R&D Co-ordinator | caru.enquiries@lond-amb.nhs.uk | |
| Fallers | Improvement of patient care | Research Manager/ R&D Co-ordinator | caru.enquiries@lond-amb.nhs.uk | |

Add lines in the table as required by selecting and then copying a **whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on Local / National Specialty group membership within the Organisation which has been shared with the CLRN

| Specialty Group Membership (Local and National) | | | | | |
|---|-------------------|---|--------------|---------------|----------------|
| National / Local | Specialty Group | Specialty Area (if only specific areas within | Contact Name | Contact Email | Contact Number |
| National Ambulance Research Steering Group | National Research | Pre-hospital | | | |
| Thames Research Network | Stroke Research | Stroke | | | |

Add lines in the table as required by selecting and then copying a **whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Organisation R&D Planning and Investments

| Planned Investment | | | |
|---|---|---------------------|------------------|
| Area of Investment (e.g. Facilities, Training, Recruitment, Equipment etc.) | Description of Planned Investment | Value of Investment | Indicative dates |
| Research Conference | Annual internal conference organised to promote research within the LAS | £8,000 | annual |
| Training For Current Staff | All research staff are supported for appropriate training courses | | ongoing |
| Training for Paramedics | All paramedics participating in research studies | | ongoing |

Add lines in the table as required by selecting and then copying a **whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).

Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Organisation R&D Standard Operating Procedures Register

| Standard Operating Procedures | | | | |
|-------------------------------|----------------------------|---|------------|----------|
| SOP Ref Number | SOP Title | SOP Details | Valid from | Valid to |
| 1 | Research Guidance Handbook | This document details the the Trust's Procedure for R&D approval, project monitoring and Final Reports. | | |

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on the processes used for managing Research Passports

Indicate what processes are used for managing Research Passports

The LAS is fully compliant with the NHS HR Good Practice Resource Pack. Applicants are asked to liaise with the substantive employer to complete Version 2 of the Research Passport Form. The completed form and supporting documentation are presented to the NHS organisation for validation. On validation the NHS organisation will issue an HRC or LoA as appropriate for the research. The validated research passport will then be returned to the researcher.

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Information on the agreed Escalation Process to be used when R&D governance issues cannot be resolved through normal processes

Escalation Process

If escalation were required this would be to the Chair of the Clinical Audit & Research Steering Group (Medical Director).

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Planned and Actual Studies Register

The Organisation should maintain or have access to a current list of planned and actual studies which its staff lead or collaborate in.

Comments

The Clinical Audit & Research Unit keep an up to date study profile for each research project the London Ambulance Service is participating in. This is stored on the Trust's network drive.

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row). Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)

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Other Information

For example, where can information be found about the publications and other outcomes of research which key staff led or collaborated in?

Other Information (relevant to the capability of the Organisation)

The first point of contact for all research projects is the Clinical Audit and Research Unit. All enquiries should be directed to caru.enquiries@lond-amb.nhs.uk and will be forwarded to the appropriate contact within the Trust accordingly. Publications are noted in the Clinical Audit and Steering Group meeting minutes and can be supplied on request.



LONDON AMBULANCE SERVICE TRUST BOARD

28 JUNE 2011

PAPER FOR DECISION

| | |
|--|--|
| Document Title: | CommandPoint Update |
| Report Author(s): | Peter Suter |
| Lead Director: | Peter Suter |
| Contact Details: | Peter.suter@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | To provide an update on the events of 8 June, the failure to sustain operations on CommandPoint, subsequent work and future plans. |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input checked="" type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group |
| Recommendation for the Trust Board: | The Trust Board are asked to: <ul style="list-style-type: none"> • Provide direction on any specific aspects of the project for future consideration / inclusion that they wish. • Note the contents of this report. |
| Executive Summary Transition to CommandPoint started as planned on Tuesday 7 June. Cut over was successfully achieved and the system went live at 05:00 on 8 June. However at 10:07 due to technical problems the control room reverted to paper. Full operations then returned to the existing system CTAK at 01:00 on 9 June. The LAS and NG have established that there were four main areas of problems, three were performance related, one functional. NG are currently investigating the root cause of the problems and will be at the Trust Board to provide an update. Detailed planning will be undertaken for testing and assurance of whatever fixes are implemented by NG. However, approval of plans for a future go live will be made by the Trust Board. | |
| Key issues for the Trust Board <ul style="list-style-type: none"> • To understand what happened and why. • What assurances will be required for a future go live event. | |
| Attachments Trust Board Paper | |

Strategic Goals 2010 – 13

This paper supports the achievement of the following corporate objectives:

- To have staff who are skilled, confident, motivated and feel valued and work in a safe environment
- To improve our delivery of safe and high quality patient care using all available pathways
- To be efficient and productive in delivering our commitments and to continually improve

Risk Implications

This paper links to the following strategic risks:

- There is a risk that we fail to effectively fulfil care/safety responsibilities
- There is a risk that we cannot maintain and deliver the core service along with the performance expected
- There is a risk that we are unable to match financial resources with priorities
- There is a risk that our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

None.

COMMANDPOINT PROJECT UPDATE: JUNE 2011

1. OBJECTIVE

- 1.1 The objective of this paper is to provide an update on the events of 8 June, the failure to sustain operations on CommandPoint, subsequent work and future plans.

2. SUMMARY OF EVENTS.

- 2.1 Transition to CommandPoint started as planned on Tuesday 7 June. Around 23:00hrs the control room switched to paper operations and technical cutover from the existing system CTAK to CommandPoint commenced. A concern has always been that the actual cut over itself is a complex process, with the requirement to switch multiple interfaces and all EOC terminals between systems in a short timescale. However, the detail work ran as planned and at 05:00hrs on 8 June, the first live call was entered into CommandPoint. Auto despatch was switched on at 05:45.
- 2.2 The CommandPoint CAD experienced stable running (with all interfaces lives and functional) until approximately 7am, when isolated incidents began to be reported from the control room. A couple of workstations lost their CAD connection, some display monitors were flickering and some work stations slow running. There were also isolated incidents of inappropriate dispatch suggestions from the automatic dispatch function.
- 2.3 There was a CAD systems incident management process set up to deal with early prioritisation and problem management using a bespoke form completed by the training lead in the control room. Approximately 150 incidents were reported, most of them between 9am and 10am. At 10:07am the control room returned to paper as the CAD system dramatically slowed and became unusable.
- 2.4 At approximately 11:30 the situation was strategically reviewed by the Deputy Chief Executive, Director of Operations, Deputy Director of Operations and Director of IM&T. The CAD supplier NG (Northrup Grumman) had advised that given time, they felt it reasonable that they could resolve the problem to allow the Control Room to return to CommandPoint. The decision was made to remain on paper until 01:00 on Thursday 9 June, at which time an electronic system would be implemented, preferably CommandPoint, or a return to the existing system CTAK. At 20:00 hours there was a technical review from which it was evident that NG could not give appropriate assurance and the decision was therefore made to revert to CTAK. This took place as planned at 01:00hrs. CTAK has remained stable and in operation since.

3. INVESTIGATIONS

- 3.1 The LAS and NG have established that there were four main areas of problems, three were performance related, one functional. These were:

Performance:

- 100% CPU utilisation was reached before the cut-over was terminated.
- Intermittently, the software responsible for controlling communication between the server and workstations would fail and then restart resulting in a temporary disconnection for some of the workstations.
- Some workstation screens flashing.

Functional

- Issues with automatically assigning vehicles to incidents.

- 3.2 At the time of producing this report root cause analysis by NG has not been completed. Senior executives from NG will attend the Trust Board to provide an explanation on what the root causes were and the plan for resolution.
- 3.3 There has been extensive testing of the CommandPoint system - this has been previously reported to the Trust Board, details are a matter of record and are not repeated here. The system has also been used extensively for training staff since January. There have also been independent assessments of the project and verification of the readiness to go live. However throughout that entire process none of the core four problems described above have been witnessed. The investigation will also seek to understand why and how none of the extensive testing uncovered them.
- 3.4 A Serious incident has been opened that will look at the impact of the changes to call taking and dispatch, patient care and safety, fallback arrangements, operational command structure, the performance cell and lessons learnt. It will not deal with the technical aspects of the failure. The SI will be undertaken by Steve West, Director of Operations from Great West Ambulance Service. A second separate Serious Incident has been opened in relation to a specific patient issue. Debriefs of all staff are being conducted and an overall report will be compiled and lessons learnt fed into future go live planning.

4. GOING FORWARD TESTING, ASSURANCE & CUTOVER

- 4.1 Once the root cause problems have been identified and repaired a full test sequence will be initiated. A detailed assurance plan will be developed by both NG & the LAS both in relation to the fixes implemented and the fitness of the system for live use. The Trust Board will require additional assurance in relation to future go live activities - options for this are currently being investigated.
- 4.2 Work will also be undertaken to re-evaluate the cut-over process in order to identify if there are any options to reduce the risks. Consideration will be given to a live drive run event where CommandPoint is brought live for a limited number of hours before CTAK is reinstated and the results evaluated. This approach however carries its own risks and will need to be carefully evaluated.
- 4.3 All fault logs that were collected during the five hours of operation are being evaluated from both a technical and functional perspective. Senior Users are reviewing all functional issues to ascertain if;
- There are additional functional faults that require rectification
 - The agreed workarounds for known fault are still sufficient for operations to go live with.
- 4.4 This incident has damaged the confidence of a number of key stakeholders and this will have further implications for the project management overhead, as additional assurance will be required going forward. All decisions relating to test processes that may require interruption to normal operations will continue to be authorised by the SMG under the Direction of the CEO. It is not possible to estimate future timetable for a full go live at this stage. It is clear however that the earliest any initial testing activities would take place would be the middle of July. Approval of plans for a future go live will be made by the Trust Board.

5. BUDGET

5.1 The project remains within budget, however there will be careful monitoring and reporting of the impact of this delay. High level details are provided in the table below.

| £000s | FBC Approval (Issue 3.1) | Budget Adjustments | Revised Budget | Previous Years Spend | Current Year (2011/12) | | Total Project | |
|-----------------------------|--------------------------|--------------------|----------------|----------------------|------------------------|--------------|---------------|--------------|
| | | | | | Spend | Forecast | Spend | Variance |
| Capital | | | | | | | | |
| Northrop Grumman Costs | 8,315 | 1,018 | 9,333 | 8,717 | 0 | 617 | 9,333 | 0 |
| LAS Costs | 5,897 | (41) | 5,855 | 5,125 | 160 | 357 | 5,642 | 213 |
| Total Capital | 14,212 | 977 | 15,189 | 13,842 | 160 | 974 | 14,975 | 213 |
| Revenue | | | | | | | | |
| Northrop Grumman Costs | 1,493 | (375) | 1,118 | 1,118 | 0 | 0 | 1,118 | (0) |
| LAS Costs | 4,592 | (1,252) | 3,340 | 2,241 | 157 | 311 | 2,709 | 631 |
| Total Revenue | 6,085 | (1,627) | 4,458 | 3,359 | 157 | 311 | 3,827 | 631 |
| Project Board Budget | 20,296 | (650) | 19,647 | 17,201 | 317 | 1,285 | 18,803 | 844 |
| Contingency | 5,228 | (792) | 4,437 | 0 | 0 | 0 | 0 | 4,437 |
| Total | 25,525 | (1,441) | 24,083 | 17,201 | 317 | 1,285 | 18,803 | 5,281 |

6. RECOMMENDATIONS

6.1 The Trust Board are asked to:

- Provide direction on any specific aspects of the project for future consideration / inclusion that they wish.
- Note the contents of this report.

Peter Suter
Project Executive
Director of Information Management & Technology



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

| | |
|---|---|
| Document Title: | Trust Secretary Report |
| Report Author(s): | Sandra Adams |
| Lead Director: | Sandra Adams |
| Contact Details: | Sandra.adams@lond-amb.nhs.uk |
| Why is this coming to the Trust Board? | Compliance with Standing Orders |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the tenders received and entered into the tender book and the use of the Trust Seal since 24th May 2011 |
| Executive Summary One tender has been received, opened and entered into the tender book since 24 th May 2011: <ul style="list-style-type: none"> • Cleaning offices and ambulance stations Tenders received and opened via Bravo Solutions on 20th June 2011: ISS Facility Services Ltd Lakethorne Ltd MITIE Cleaning and Environmental Services. <p>There have been no entries to the Register for the Use of the Trust Seal.</p> | |
| Key issues for the Trust Board To note the report | |
| Attachments N/A | |

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| Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives: <ul style="list-style-type: none"> <input type="checkbox"/> To have staff who are skilled, confident, motivated and feel valued and work in a safe environment <input type="checkbox"/> To improve our delivery of safe and high quality patient care using all available pathways <input checked="" type="checkbox"/> To be efficient and productive in delivering our commitments and to continually improve |
|--|

Risk Implications

This paper links to the following strategic risks:

- That we fail to effectively fulfil care/safety responsibilities
- That we cannot maintain and deliver the core service along with the performance expected
- That we are unable to match financial resources with priorities
- That our strategic direction and pace of innovation to achieve this are compromised

NHS Constitution

This paper supports the following principles that guide the NHS:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. NHS services must reflect the needs and preferences of patients, their families and their carers
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:



LONDON AMBULANCE SERVICE TRUST BOARD

28TH JUNE 2011

PAPER FOR NOTING

| | |
|---|---|
| Document Title: | Trust Board Forward Planner |
| Report Author(s): | Sandra Adams, Director of Corporate Services |
| Lead Director: | Sandra Adams, Director of Corporate Services |
| Contact Details: | 0207 783 2045 |
| Why is this coming to the Trust Board? | To ensure that key issues are discussed by the Trust Board and that Trust Board members are fully engaged with the agenda planning process. |
| This paper has been previously presented to: | <input type="checkbox"/> Strategy Review and Planning Committee <input type="checkbox"/> Senior Management Group <input type="checkbox"/> Quality Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> Clinical Quality Safety and Effectiveness Group <input type="checkbox"/> Risk Compliance and Assurance Group <input type="checkbox"/> Other |
| Recommendation for the Trust Board: | To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items |
| Executive Summary To note the Trust Board forward planner for the coming year and to identify any areas for discussion for future agenda items. | |
| Key issues for the Trust Board N/A | |
| Attachments Trust Board forward planner. | |

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| <p>Strategic Goals 2010 – 13 This paper supports the achievement of the following corporate objectives:</p> <p><input checked="" type="checkbox"/> To have staff who are skilled, confident, motivated and feel valued and work in a safe environment <input checked="" type="checkbox"/> To improve our delivery of safe and high quality patient care using all available pathways <input checked="" type="checkbox"/> To be efficient and productive in delivering our commitments and to continually improve</p> |
| <p>Risk Implications This paper links to the following strategic risks:</p> <p><input checked="" type="checkbox"/> That we fail to effectively fulfil care/safety responsibilities <input checked="" type="checkbox"/> That we cannot maintain and deliver the core service along with the performance expected <input checked="" type="checkbox"/> That we are unable to match financial resources with priorities <input checked="" type="checkbox"/> That our strategic direction and pace of innovation to achieve this are compromised</p> |

NHS Constitution

This paper supports the following principles that guide the NHS:

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- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities and patients that it serves.

Equality Impact Assessment

Has an Equality Impact Assessment been carried out?

- Yes
- No

Key issues from the assessment:

TB FORWARD PLANNER

| | | | | | |
|-----------------------------------|--------------------------------------|---|--|---|--|
| 28 June 2011 TB | FT application update | CommandPoint Update | | 2010/11 Safeguarding Report (SL) | Report from CEO including balanced scorecard and performance reports |
| | | Terms of reference for the Nominations and Remuneration Committee | | 2010/11 Annual Infection Prevention and Control Report (SL) | |
| | | Foundation trust constitution and governance rationale | | Serious incidents | |
| <i>SMG 15 June</i> | Cost Improvement Programme | | | | Report from Finance Director |
| | | | | Research Capabilities Statement (FM) | Report from Sub-Committees |
| | | | | BAF and corporate risk register - Quarter 1 documents (SA) | Clinical Quality and Patient Safety Report |
| | | | | | Report from Trust Secretary |
| 26 July 2011 SRP | Review of balanced scorecard | | | Bribery Act training (Hayley England) | |
| <i>SMG 13 July</i> | Cost Improvement Programme Q1 review | | | Governance Review | |
| | SIP closure report | | | Staff survey action plans | |
| | | | | | |
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| | | | | | |
| 23 Aug 2011 TB | FT application update | | | Serious Incident reporting | Report from CEO including balanced scorecard and performance reports |
| SMG 10 August | Q1 cost improvement plan | | | Key risks | Report from Finance Director |
| | | | | Corporate Social Responsibility Report (CMc) | Report from Sub-Committees |
| | | | | Patient Experience Annual Report (SA) | Clinical Quality and Patient Safety Report |

TB FORWARD PLANNER

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|--|--|--|--|---|--|
| | | | | KA34 Compliance Statement | Report from Trust Secretary |
| 27 Sept 2011 TB | FT application update | | | Annual Trust Board effectiveness Review 2010/11 | Report from CEO including balanced scorecard and performance reports |
| <i>SMG 14 Sept</i> | | | | BAF and risk register | Report from Finance Director |
| | | | | 2009/10 Annual Equality Report | Report from Sub-Committees |
| | | | | | Clinical Quality and Patient Safety Report |
| | | | | | Report from Trust Secretary |
| 1 November 2011 SRP awayday - all day | Review of balanced scorecard | | | | |
| | Outsourcing | | | | |
| | Presentation on NWoW, CRM, Estates, A&E management restructure and clinical management structure | | | | |
| 29 Nov 2011 TB | | | | Q2 cost improvement plan | Report from CEO including balanced scorecard and performance reports |
| <i>SMG 9 Nov</i> | | | | Patient and Complaints Experience Report | Report from Finance Director |
| | | | | Key risks | Report from Sub-Committees |
| | | | | | Clinical Quality and Patient Safety Report |
| | | | | | Report from Trust Secretary |
| | | | | | |
| 13 Dec 2011 TB | | | | Charitable Funds Annual Report and Accounts 2010/11 | Report from CEO including balanced scorecard and performance reports |
| <i>SMG 7 Dec</i> | | | | BAF and corporate risk register | Report from Finance Director |

TB FORWARD PLANNER

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| | | | | | Report from Sub-Committees |
| | | | | | Clinical Quality and Patient Safety Report |
| | | | | | Report from Trust Secretary |