London Ambulance Service NHS Trust

MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD
TO BE HELD IN PUBLIC ON TUESDAY 2nd June 2015 AT 09.00 - 12.30
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD

AGENDA: PUBLIC SESSION

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
09.00	1.	**Welcome and apologies for absence** No apologies received.			
	2.	**Patient Story** To hear an account of a Patient Story		ZP	
09.20	3.	**Declarations of Interest** To request and record any notifications of declarations of interest in relation to today's agenda		RH	
	4.	**Minutes of the public meeting held on 24th March 2015** To approve the minutes of the meeting held on 24th March 2015	Approval	RH	TAB 1
	5.	**Matters arising** To review the action schedule arising from previous meetings	Information	RH	TAB 2
09.30	6.	**Reports from the Trust Chairman and Chief Executive** To receive reports from the Trust Chairman and Chief Executive on key activities since the last meeting	Information	RH/ FM	TAB 3
QUALITY ASSURANCE, PERFORMANCE REPORTING AND GOVERNANCE					
09.45	7.	**To receive reports and assurance on the quality and safety of the service** 7.1 Quality Report 7.2 Update on the themes and lessons learnt from NHS investigations into Jimmy Savile and the Kate Lampard report on Lessons Learnt	Information	ZP/ SA	TAB 4
	8.	**Quality Governance Committee Assurance Report 2014/15** To receive the 2014/15 Quality Governance Committee Assurance Report	Information and Assurance	RMc	TAB 5
	9.	**Integrated Board Performance Report - April 2015** To receive the integrated board performance report	Information	AG	TAB 6
	10.	**Finance Report – April 2015** **To receive the finance report for month 1, 2015/16** 10.1 Finance Report Month 1 10.2 Report from Finance and Investment Committee on 21st May 2015 10.3 To approve the Financial Plan 2015/16	Information and Approval	 AG NM AG	 TAB 7
	11.	**Board Assurance Framework and Corporate Risk Register** To receive the Quarter 1 2015/16 Board Assurance Framework and Risk Register	Information	SA	TAB 8

	12.	**Audit Committee Assurance Report** To receive the Audit Committee Assurance Report AND Annual Report 2014/15	Information	JJ	TAB 9
ANNUAL REPORTS 2014/15					
10.45	13.	**Annual Report and Accounts 2014/15 including Annual Governance Statement** To approve the Annual Accounts for 2014/15 To approve the Annual report and Annual Governance Statement 2014/15	Approval	AG FM	TABLED TAB 10
	14.	**Annual Reports:** To approve the following annual reports for 2014/15: • Infection Prevention and Control Annual Report • Annual Safeguarding Report • Patient Experiences Annual Report • Patient and Public Involvement and Public Education Annual Report	Approval	ZP	TAB 11
	15.	**Quality Account 2014/15** To approve the Quality Account 2014/15	Approval	ZP	TAB 12
STRATEGY AND BUSINESS PLANNING					
11.30	16.	**2014/15 Business Plan summary report and 2015/16 Business Plan** 16.1 To note the 2014/15 Business Plan summary report 16.2 To approve the final 2015/16 Business Plan	Information and Approval	KB	TAB 13
BUSINESS ITEMS					
12.00	17.	**Serious Incident Report into an anonymous whistleblowing allegation concerning student paramedic examinations in the period 2008 – 2012** To receive the final report into the outcome of the investigation into an anonymous whistleblowing allegation	Information	SA	TAB 14
	18.	**Report from Trust Secretary** To receive a report on use of the Trust Seal and tenders received	Information	SA	TAB 15
	19.	**Trust Board Forward Planner** To receive the Trust Board forward planner	Information	SA	TAB 16
	20.	**Register of Interest** To note the register of interests	Information	SA	TAB 17
	21.	**Questions from members of the public**		RH	
	22.	**Any other business**		RH	
12.30	23.	**Meeting Closed** The meeting of the Trust Board in public closes		RH	
	24.	**Date of next meeting** The date of the next Trust Board meeting is 28th July 2015			

LONDON AMBULANCE SERVICE NHS TRUST
TRUST BOARD MEETING IN PUBLIC

DRAFT Minutes of the meeting held on Tuesday 24th March 2015 at 09:30 a.m.
in the Conference Room, 220 Waterloo Road, London SE1 8SD

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Present:	
Richard Hunt	Chairman
Fionna Moore	Interim Chief Executive
Fergus Cass	Non-Executive Director
John Jones	Non-Executive Director
Jessica Cecil	Non-Executive Director
Bob McFarland	Non-Executive Director
Nick Martin	Non-Executive Director
Theo de Pencier	Non-Executive Director
Andrew Grimshaw	Director of Finance and Performance
Jason Killens	Director of Operations
Fenella Wrigley	Interim Medical Director
Zoe Packman	Director of Nursing and Quality
In Attendance:	
Sandra Adams	Director of Corporate Affairs/Trust Secretary
Karen Broughton	Director of Transformation and Strategy
Mark Gammage	Interim Director of Human Resources
Brenda Thomas	Committee Secretary
Members of the Public:	
Kathy West	London Ambulance Service Patients' Forum
Evening Standard reporter	Member of the public
Chris Dreyfus	Member of the public
Members of Staff:	
Jenny Alford	Communications Officer
Donia Harker	Business Manager
Ambroise Muchembled	Honorary Doctor
Alice Ridley	Darzi Fellow Paramedic
Laurence Cowderoy	Darzi Fellow Paramedic

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24. Welcome and Apologies

24.1 Apologies had been received from Paul Woodrow and Mark Whitbread.

25. Declarations of Interest

25.1 There were no declarations of interest in matters on the agenda.

26. Minutes of the Board meeting held on 27th January 2015

26.1 The minutes of the meeting held on 27th January 2015 were approved as a true record of the meeting.

27. Matters Arising

27.1 09.1 Jason Killens reported that the Secretary of State for Health had communicated that the Dispatch on Disposition pilot for both the London Ambulance Service (LAS) NHS Trust and the South West Ambulance Service Trust (SWAST) should continue until 10th April 2015. The benefits would continue to be analysed. Currently, the pilot was deemed stable and safe, with no report of adverse incidents.

27.2 05.20 This was included in the Clinical Report.

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27.3 13.7 Fergus Cass mentioned that a follow up process to note progress on mirroring the London population in terms of recruitment was required. Karen Broughton responded that the recruitment plan had been finalised, with the 2015/16 contract with Commissioners being finalised. Karen would present to the Board the 2015/16 Business plan.

27.4 13.10 Karen Broughton to follow up with Mark Gammage.

28. Report from the Trust Chairman

28.1 The Chairman gave an update on activity since the last Trust Board meeting and noted the following:

- The Trust Development Authority (TDA) held the London Chairs' meetings, with a focus on the review of the emerging financial position and financial planning for the London Health Economy for 2015/16 and a reflection on 2014/15.
- The Chairman had attended a Kings Fund presentation by Simon Stevens driven by the 5-year forward view and a reflection on the Dalton Review.
- The Chairman had attended the Association of Ambulance Chairs and Chief Executives meeting. The focus of attention was on the shortage of trained and experienced frontline staff paramedics, reflecting the urgent need to bring supply and demand into balance.

29. Report from Chief Executive

29.1 Fionna Moore's report focussed on the following:

- The Devolution of Health and Social Care budget and responsibilities in Greater Manchester
- NHS Vanguard sites
- Morecambe Bay Investigation and Report
- Freedom to Speak up Report

29.2 The Board noted that the Consultant midwife would provide her view on particular areas of learning on the Morecambe Bay report to the Quality Governance Committee and to the Board if required.

29.3 Fergus Cass noted that there was an ongoing consultation on the Freedom to Speak up report and suggested that the Board should have an assessment of where the Trust stands in relation to those and the actions to be taken.

29.4 The Board noted that the North West Ambulance Service Trust would be used as a pilot to understand the effect on other ambulance services for the Devolution of Health and Social Care budget.

29.5 The Chairman noted that as at previous meetings the plan was to have a patient story notwithstanding the difficulties that often arise in arranging this. This item should be on the agenda going forward.

30. Quality and Safety

Clinical Directors' Joint Report

30.1 Zoe Packman reported that the current quality dashboard and the committee structure that supports the Quality Governance Committee had been reviewed. She noted that March 2015 was a transition month between the current quality reporting arrangements and the revised changes. Due to the timeframe for reporting, the February 2015 data was unavailable. However, in order to provide clinical safety and quality assurance to the Board, an updated version of the January dashboard had been appended to the paper. Information presented in January 2015 had been reviewed, with information provided for February 2015 where available.

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30.2 The proposed changes put forward to the Board was that the Clinical Safety, Development and Education Committee in its current format should cease to exist, and replaced with three separate committees reporting into the Quality Governance Committee.

30.3 The Board noted the following highlights from the report:

- Concerns had been raised in regards to CPI (Clinical Compliance Indicator) completion and compliance;
- The theft of an Advanced Paramedic Practitioner’s (APP) bag and its contents which had not been recovered and which was being handled by the Police;
- There had been one incident involving general drugs which had been thoroughly investigated and assurance given that it was unlikely to recur;
- NHS England had published the Open and Honest Care: Driving Improvement Programme, which was intended to support organisations to become more transparent and consistent in publishing safety, patient and staff experience and improvement data using clear definitions in a format that is easy to understand;
- There had been a slight decrease in complaints received over the previous month;
- The Nursing and Midwifery Council was changing the requirements that nurses and midwives must meet when they review their registration every three years. Work was underway to identify the number of staff working for the LAS who maintain a nursing or midwifery qualification;
- The Trust had received a letter from the TDA on the NHS investigations into Jimmy Savile and the Kate Lampard Lessons Learnt Report, published on 26th February 2015. The Trust was required to complete the actions within three months and a progress report submitted by 31st May 2015 to the TDA.

30.4 The Board welcomed the new quality dashboard that was presented and noted that there had been positive feedback from stakeholders.

30.5 Fenella Wrigley reported that the first set of the team leader conferences were being held. She further reported that the process was underway for the appointment of substantive and interim Assistant Medical Directors and the replacement for the Senior Clinical Adviser. The expectation was to fill these gaps within the next few months.

30.6 Jessica Cecil noted that the CPI completion rate was very different across complexes and asked what approach local management was taking to tackle this. Jason Killens responded that clinical team leaders had been deployed 100% on frontline duties and there was a sharing arrangement within complexes to cover CPI completion where possible. The Team leader role was being restructured to allocate 50% of their time to patient facing role and 50% managing local teams. It was anticipated that this would lead to a significant increase in CPI completion and feedback.

30.7 Zoe noted that the Mental Health Action Plan was being updated and a series of focus days had been arranged. Details would be discussed at the Quality Governance Committee. Three mental health nurses were now working in the clinical hub, with a plan to extend to provide 24hours cover. This has improved the Trust’s resourcing and access to the right care pathway for patients and provided support for the staff in the control room and on front line operations.

30.8 Fionna Moore noted that a review of the mental health CPI was required as there may have been changes and improvements to the manner in which mental health patients were assessed.

30.9 The Board noted that a plan was in place to address the gap in capturing training compliance data for every staff group.

30.10 The new quality dashboard had been designed to provide assurance that management was sighted on all the metrics and monitoring them in an effective and rational way. In addition, the report would highlight exceptions. The current construct of the report would allow a number of external partners to extract relevant information without the need to go

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through the entire report. Going forward, the plan was to have one source of information presented in a consistent format that addresses the broad range of metrics that would be monitored.

30.11 It was agreed that Board time should be set aside for the Board to have an in-depth discussion and understanding, when the new dashboard is finalised.

30.12 *Will the Board publish the outcome of its Serious Incidents investigations and the actions taken as a result of these investigations? (Question from the Patients' Forum).*

30.13 Sandra Adams responded that these would be published in an open and transparent manner, while care was needed to maintain patient confidentiality. She added that the report on serious incidents, actions, lessons learned, complaints, inquests and other risk information would be reintroduced with oversight provided through the Quality Governance committee structure.

30.14 The Board approved the proposed changes to the quality governance reporting committee structure and acknowledged changes to the quality dashboard and reporting.

31. Integrated Board Performance Report

31.1 Andrew Grimshaw reported as follows for month 11:

- The report and areas of focus had been consistent with what had seen over the last few months;
- There were indications of improvements in some areas;
- Red 1 and red 2 performance against target remained static;
- Category A activity levels had stabilised;
- Operational resourcing hours remained broadly in line with forecast and the positive benefits of new recruits were beginning to be realised;
- Six potential serious incidents were considered, with three declared;
- The Trust continued to maintain national call handling targets for both 999 and NHS 111;
- The Trust was over performing against the delivery of CSR;
- The Dispatch on Disposition pilot had been extended to 10 April 2015;
- Turnover levels remained consistent with previous month, with a decrease in the number of paramedic leavers;
- There was an overall reduction in the paramedic vacancy level;
- The new training facilities in Central and South West London were now fully operational;
- While sickness levels remained above target, there were some improvements in certain areas;
- The financial position remained consistent with the previous report and the Trust was on target to achieve the £1m revised forecast surplus.

31.2 The Chairman noted that the Board had reviewed performance consistently over the last six months. He further noted that the Trust had seen an increase in the levels of Hear and Treat, with the Board noting that the Trust was carrying out approximately 50% of the English ambulance services' Hear and Treat levels in London alone.

31.3 In the current financial year, it was estimated that Category A activity grew by over 7%, while overall level of growth was nearly 3%, with Hear and Treat and Surge accounting for between 10-15% of the volume of work. This proved that resources were being focused on patients that needed the service the most.

31.4 Fergus Cass asked for an understanding as to the reasons why red 1 and red 2 and C1 and C2 performance were not as good in month 11 as the previous month and asked when a clearer picture of performance was expected to be seen. Andrew Grimshaw responded that there were some variations in the volumes of work across CCGs in February, which presented some difficulty in managing activity. He noted that this was one of the issues

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that the Trust was seeking to address with the CCGs, and in addition agree on the actions the Trust should take to improve the utilisation of available resources.

31.5 The Chairman noted that one of the Trust's objectives was to get utilisation down, as the current utilisation does not provide the flexibility to deal with increase in demand and was a major pressure for frontline staff.

32. Board Assurance Framework (BAF) and Corporate Risk Register

32.1 Sandra Adams noted that the BAF presented was the year end version and that there had been movements across the framework over the year. A number of risks were moved and mitigated, leaving a core group of red-rated risks consistent with the threshold for inclusion in the BAF. Risks were being reviewed with the relevant Directors to ensure they were appropriate, with ratings challenged and actions reviewed to mitigate risks further. Work was currently underway to map the risks for 2015/16 to the 2015/16 Business Plan.

32.2 The Board noted the two new risks (risk 433 - Staff engagement and risk 434 - Borough-based external stakeholder engagement) which had been approved through the Senior Management Team (SMT). The risk rating for risk 388 (Turnover), had been regraded to 16. The Board also noted that risk 433 was produced before the staff survey was published and that work was ongoing to provide the required assurance.

32.3 John Jones noted that the Audit Committee took assurance on the reporting mechanism and review system of the BAF and the Trust risk register. The Committee was concerned about the number of red-rated risks that had been on the register for a considerable length of time. Andrew Grimshaw suggested that there should be clarity in reporting the risks that were not being progressed and the risks that had plans in place that were being worked on, but had not reached the point of delivering on the plan.

32.4 John further noted that there were a number of risks that had a score of 15 that were on the corporate risk register, but which were not on the BAF.

Action: Sandra Adams to review risks with the score of 15 on the corporate risk register but not on the BAF.

Date of completion: 2 June 2015

32.5 Fergus Cass noted that there were very different types of risks, some of which were quite heavily dependent on resources, and asked why the risks that were not resource-dependent and had been on the register for a long time could not be actioned. Karen Broughton added that it was important to get the risk rating right, as the tendency existed to take focus away from the correct risks.

32.6 Will the Board confirm that front line staff now have sufficient supplies of equipment to assist them with diagnosis and treatment of patients?
In relation to areas that are currently rated red on the risk register, are specific plans in place to deal with short and long term equipment issues which can impact on patient safety and care and are sufficient resources available to remedy deficiencies? (Question from the Patients' Forum).

32.7 Andrew Grimshaw responded that there was considerable focus on this and added that the Trust had bought significant amount of equipment over the last months to address areas of stress and was confident that there were sufficient supplies of equipment. Management would ensure this was marshalled to get them to the right place at the right time. The Trust was moving away from flexible fleet to complex based fleet where vehicles would be allocated to the complexes. This would give much better control of equipment. In addition, the Finance and Investment Committee had been reviewing fleet quite closely.

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Audit Committee Report

32.8 John Jones reported that the Audit Committee last met on 2nd February 2015 and noted three areas:
- The Committee reviewed the corporate risk register and BAF and took assurance that the risk management process was working well;
- The Committee was assured that there was a robust process in addressing the AQI Peer Review Audit recommendations; and
- The Committee was pleased to note that some progress had been made on the outstanding internal audit recommendations - of the 7 high priority recommendations, 5 had been implemented with the 2 remaining to be implemented by the end of 2014/15.

33. Finance Report - February 2015

33.1 Andrew Grimshaw reported the following:
- The Trust was on track to deliver the £1m surplus;
- Income was favourable to plan, with resilience income being recognised;
- Expenditure was adverse to plan, driven by additional resources to support performance improvement across the organisation;
- Cost Improvement Programmes (CIPs) remained on track;
- Capital expenditure was slightly behind plan; however it was anticipated that the required position would be achieved by the end of 2014/15.

33.2 The Chairman noted that it was encouraging to have a clear picture of the financial position as the financial year comes to an end and sought clarification on Patient Transport Services (PTS) over performance. Andrew Grimshaw responded that a range of PTS contracts (PTS services being provided to acute hospitals) had been lost through a process of competitive tendering to commercial organisations, as the Trust was limited by the Agenda for Change rules in terms of the price it could offer. However, a number of the commercial organisations had asked that the Trust provide additional service to them during the period of transition, which the LAS had provided and over-performed in certain areas. The long-term level of income in PTS was however expected to decline.

33.3 The Board noted that the additional funding from the Local Education and Training Boards (LETBs) had been used to fund training in 2014/15.

33.4 The Board noted that verbal assurance had been received from Commissioners that performance penalties would not be imposed in 2014/15.

33.5 The Board noted the Finance Report.

Report from the Finance and Investment Committee

33.6 Nick Martin reported that considerable amount of time had been spent discussing the 2015/16 Financial Plan. One of the key areas that had been highlighted was to get the implementation right. The Committee's forward programme was also discussed. This would be looked at in greater detail going forward.

33.7 Andrew Grimshaw added that he was currently not aware of any significant risks or challenges to the conclusion of the 2014/15 financial position and completion of the accounts in line with the required timetable.

34. Recruitment and Workforce update

Retention Strategy

34.1 Mark Gammage noted that staff morale was one of the most important issues that the Trust was faced with and that the levels of staff turnover and staff absenteeism rates were indications that staff morale was low. The Retention Strategy pulled together areas of work that were currently underway with new initiatives into one report focussing on eight overarching objectives, which the Board noted.

34.2 Each of the objectives highlighted had underpinning actions with dates, a key action to focus on and a named responsible owner for delivery. A summary of the current actions being taken and how success would be measured were highlighted. A comprehensive and fully costed Action Plan would be monitored by the Executive Management Team. Mark noted the importance of getting the right balance between tackling different issues at the same time and focusing on the key issues to deliver on. Delivering on the key aspects which are fundamental on how the organisation operates was crucial for the Trust.

34.3 The Chairman was pleased to note that input from staff across the organisation had been incorporated into the Retention Strategy. He mentioned that there was a definitive intent expressed in the paper; however, the real challenge was in the implementation of the strategy.

34.4 Fergus Cass asked what lessons had been learnt from the previous staff survey process, as it was clear that the objectives set for the previous staff survey had not been achieved. Fergus further stated that the Board required an understanding of what the key deliverables were, as a follow up to Board approval. In addition, he noted that there was considerable amount of work for the Human Resources (HR) department and asked whether the resources were available in HR to take all the actions forward. Karen Broughton responded that the actions being taken were organisation-wide and noted that identifying nominated leads was crucial to ensure delivery. A review of the HR function and structure was being carried out and leads for various areas would be identified with a number of focus areas.

34.5 Bob McFarland suggested having a scheduled review of the action plan during the course of the year.

34.6 The Chairman stated that the action plan should be about cultural embedding and cultural change. Fionna Moore added that morale had always been an issue and noted that a clear strategy and metrics around the action plan that would allow feedback into the action plan was required.

34.7 Nick Martin noted that the result of the Listening into Action survey which a lot of work had gone into, and which he had requested was yet to be seen by the Board.

34.8 Mark Gammage gave a presentation on the staff survey, highlighting the next steps and action plan. The summary of the survey was that the LAS performed poorly against other ambulance Trust. However, management fully understand and appreciate that the concerns from staff must be fully addressed.

<u>Update on the recruitment programme</u>

34.9 Karen Broughton noted that the recruitment experience had been positive and highlighted as follows:

- 186 staff joined the service between January - March 2015;
- The total number of international candidates wishing to start in quarter 4 had reduced from 105 to 97 against a target of 94;
- 118 staff against a target of 119 were expected to join the service in quarter 1 of 2015/16;
- Vacancies for 2014/15 would not be filled;
- Starters outweighed leavers for the first time in a long time;
- Due to the training and supervisory elements, new starters would be operational in 2015/16;
- There was ongoing work with the Health and Care Professionals Council (HCPC) and Department for Work and Pensions (DWP) to discuss outstanding registrations and resolve issues faced with the registration process.

34.10 Karen noted the importance of an ongoing recruitment campaign and focus and expressed confidence that the Trust would deliver the recruitment target against plan.

34.11 Theo de Pencier noted that the job of rebuilding staff morale was for the entire management and not just HR. He further stated that having decentralised teams required hard work and that the management training highlighted as an action, required more focus as this had not been well executed in the past.

34.12 Fionna Moore noted that the proportion of frontline staff that completed the staff survey was low, but there had been a response rate of 70% of support staff. The message should stress that all groups of staff are important and that their concerns were being addressed. Karen Broughton added that she was developing a Workforce report which would include actions that are being taken.

Action: Karen Broughton to present the Workforce report to the Strategy Review and Planning Committee.

Date of completion: 30 June 2015

34.13 Fergus Cass suggested having regular updates on actions against all the eight priorities. Jessica Cecil asked at what point it would be expected to see the recruitment gap close on current projection. Karen Broughton would revert to Jessica, as the recruitment plan was being revisited.

34.14 The Chairman noted that the safety of patients, rebuilding staff morale, the strength of the organisation and its ability to perform were the priorities. The commitment of the Board to finding the means to make significant progress in these areas, with the Board's focus on delivery, would be the approach adopted going forward.

Action: Mark Gammage to extract key actions for each of the eight objectives and share with the Non-Executive Directors.

Date of completion: 2 June 2015

34.15 The Board approved the Retention Strategy.

35. Information Management and Technology (IM&T) Strategy

35.1 Andrew Grimshaw presented the final draft of the IM&T strategy for Board approval. He highlighted the current state, the key business changes required, the various scenarios with their organisational and cost implications and timelines and the actions required. It was noted that earlier iterations of this paper had been discussed at the EMT and the Audit Committee.

35.2 The Strategy recommended that the LAS should retain the aspiration to be a technology leader; however, current demands necessitate a focus on current service provision and planning and supporting refreshing infrastructure.

35.3 Theo de Pencier noted that the document was well articulated and was good overall. Fergus Cass added that the stronger case for stabilising and making more robust use of current resources was required. He asked how the implementation would be carried out with a seemingly lesser budget, given the current position and some of the issues that required addressing. He further noted that he was unclear as to where eAmbulance and Patient Report Forms (PRFs) fit. Andrew Grimshaw responded that the strategy was very high level and that the tactical plan and system review were addressed separately. In addition, Andrew noted that a review of the IM&T resources was required, as all NHS organisations were required to find efficiencies.

35.4 The Board approved the IM&T Strategy.

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36. 2015/16 Integrated Business Plan and 5-year workforce and finance plan update

36.1 Andrew Grimshaw presented the Financial Plan for 2015/16 He noted that some areas were being worked through with the Commissioners and internally, but the plan was substantively complete.

36.2 The Board noted that the Trust plan for 2015/16 was for a deficit of £5.0m (£32.1m of funds required to support performance improvement and reduced utilisation, with Clinical Commissioning Groups (CCGs) assumed to fund £27.1m). £13.0m of the £32.1m total cost would be non-recurrent, therefore, the overspend was not seen as recurrent. It had also been assumed that CIP of £6.2m would be delivered and Chemical Biological Radiological Nuclear (CBRN) of £7.2m would be funded in full. The cash flow implications would be mitigated by means of a robust Cash Management Plan. The Trust was in the process of finalising the investment with the Commissioners and there was ongoing negotiation with NHS England and Commissioners to resolve the risks associated with the CBRN funding. Andrew noted that some aspects of the plan may change as a result of the final agreement of how the transformation case would be finalised and the final agreement of the CBRN. These would be incorporated into the final plan submission for May 2015. There were robust plans in place and there was confidence that the Trust can achieve against the transformation case.

36.3 The Board also noted the key assumptions and the key corporate risks of the financial plan. In response to the Chairman's question on CBRN funding, the Board noted that the Trust would face some challenges if CBRN was unfunded. This would require a discussion with the Commissioners.

36.4 The Board was requested;

- To review and approve the plan as stated, in order that it can be used to inform the TDA plan submission of 7th April;
- Recognise that some aspects may change between now and 7th April, notably CBRN and Transformation case;
- Provide delegated authority to the Chairman and Chief Executive to agree any non-material changes that are identified after the Trust Board to facilitate this submission; and
- To request that the Director of Finance also involves the Chair of the FIC as well as the Chairman and the Chief Executive if a material change is required.

36.5 It was noted that the Trust would be able to make adjustments to the plan submitted on 7th April, up to 10th May.

36.6 Nick Martin noted that the Finance and Investment Committee had reviewed in detail and was content with the Financial Plan and recommended it to the Board for approval. This plan was consistent with what had been presented at the weekly Trust Board performance briefing and the scenario the Board had endorsed at these meetings.

36.7 The Board approved the 2015/16 Financial Plan, as stated, for submission to the TDA, subject to further detailed review.

36.8 The Board gave delegated authority to the Chairman and Chief Executive to manage non-material changes. Any changes that were material would be escalated to the Finance and Investment Committee.

37. Board Declarations - Self certification, compliance and board statements

37.1 The Board noted the assurance from the Executive Management Team on compliance with Board Statements and Monitor Compliance and approved the submission and exception report for March 2015.

37.2 Sandra Adams would review the Trust's compliance against the NHS Constitution and provide a compliance statement against that. It was proposed that the compliance statements should be incorporated within future reporting.

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38. Trust Secretary Report

38.1 It was noted that the Lambourne End Transmitter site was an asset that was surplus to requirement.

38.2 The Board noted the report from the Trust Secretary.

39. Forward Planner

39.1 The Board noted the forward planner.

40. Trust Board Register of Interests

40.1 The Board took assurance that the Trust was consistent with Standing Orders and that the register of interest was up to date.

40.2 The Board noted the register of interests.

41. Questions from members of the public

41.1 *In view of the 2204 - 30 minute handover waits, and the 342 one hour handover waits at London hospitals in February 2015, what action will the Board take with its strategic partners to substantially reduce these waits for access to A&E, and the harm potentially caused to patient care? (Question from the Patients' Forum).*

41.2 Jason Killens responded that the Trust was taking a number of actions to reduce the hand over waits that are in excess of the 15 minutes national target.
He noted the following:

- Actions were being taken against hospitals for breaches;
- Hospital Liaison Officers were working during peak periods to ease the flow of ambulances;
- Intelligence Conveyance system had been in operation since winter 2014, where the Trust seeks to move appropriate patients safely around the health system to prevent a backlog; and
- Working with the emergency departments and forming long term relationships and seeking to strengthen these. In addition, there are interventions from the Commissioning Support Units in the event of a delay occurring.

41.3 *In view of the results of the Annual Staff Survey, can the Board confirm that it is satisfied that every possible action is being taken to ensure that staff are fully supported and trained to provide the highest standard of clinical care?*

- *The Annual Staff Survey results appear to have declined since last year.*
- *What specific actions will be taken to improve staff training, confidence and retention.*
- *Given the growing problems with staff morale and retention, how will operational management restructuring contribute to positive improvements in this key area? (Question from the Patients' Forum).*

41.4 The Chairman noted that there had been a comprehensive review under the recruitment and workforce update that would provide sufficient response to this question.

42. Any Other Business

42.1 There were no items of other business.

43. Date of next meeting

43.1 The next meeting of the Trust Board is on Tuesday 2nd June 2015 at 09.30am in the Conference Room, Waterloo.

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Signed by the Chair

ACTIONS

from the Public meeting of the Trust Board of Directors of
LONDON AMBULANCE SERVICE NHS TRUST
held on 24th May 2015

Meeting Date	Minute No.	Action Details	Responsibility	Progress and outcome
27/01/15	**13.10**	Mark Gammage to circulate to the Board the report of the Listening into Action surveys	**MG/ KB**	Karen Broughton to follow up with Mark Gammage (24/03/2015)
24/03/15	**32.4**	Sandra Adams to review risks with the score of 15 on the corporate risk register but not on the BAF.	**SA**	
24/03/15	**34.12**	Karen Broughton to present the Workforce report to the Strategy and Planning Committee.	**KB**	
24/03/15	**34.14**	Mark Gammage to extract key actions for each of the eight objectives and share with the Non-Executive Directors.	**MG / KB**	
COMPLETED ACTIONS				
27/01/15	**05.17**	ZP to invite Chris Hartley-Sharpe (CHS) to the next the Quality Governance Committee meeting to present on CPI completion and quality governance of voluntary responders.	**CHS**	Action complete.
27/01/15	**05.20**	The Clinical Directors to review the critical drugs with a view of mitigating shortage.	**FW/ ZP/ MW**	This was embedded in the Joint Clinical Directors' report. Action complete.
27/01/15	**10.4**	Andrew Grimshaw to submit a report to the Quality Governance Committee meeting on 14th April 2015, on risk 8 (Equipment on Ambulance).	**AG**	Action complete

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2 June 2015
Document Title:	Chief Executive Report to the London Ambulance Service (LAS) Trust Board
Report Author(s):	Adam Levy, Business Manager
Presented by:	Fionna Moore, Interim Chief Executive
Contact Details:	Adam.Levy@lond-amb.nhs.uk
History:	
Status:	Noting
Background/Purpose	
The report covers the following items: • New Conservative Government & Manifesto Pledges • Approval of Board Declarations • Simon Stevens call for bold action • Accredited defibrillators across all Government departments	
Action required	
To note the Chief Executive report.	
Assurance	
Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	
Governance and Legal	
Equality and Diversity	
Reputation	
Other	

This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	
To make LAS a great place to work	
To improve the organisation and infrastructure	
To develop leadership and management capabilities	

CHAIRMAN AND CHIEF EXECUTIVE REPORT TO THE LONDON AMBULANCE SERVICE (LAS) TRUST BOARD MEETING HELD ON 24 MARCH 2015

1. New Conservative Government & Manifesto Pledges

With a majority following the May election, the Conservatives are now in a position to work towards their manifesto pledges. Below is a summary of the Health and Workforce commitments that their manifesto outlined:

- a commitment to find the £8bn additional funding set out by Simon Stevens;
- to continue to ensure that we have enough doctors, nurses and other staff to meet patients' needs;
- to consider how best to recognise and reward high performance;
- that hospitals are properly staffed, so that the quality of care is the same every day of the week;
- to tackle the disproportionate impact of strikes in essential public services;
- three million new apprenticeships;
- give public sector workers a workplace entitlement to volunteering leave for three days a year on full pay;
- no income tax for those working 30 hours on the minimum wage;
- increase minimum wage to £6.70 this autumn.

Furthermore, since the election David Cameron has reappointed Jeremy Hunt as the Secretary of State of Health and has outlined plans to have seven days a week NHS services. The Prime Minister specifically mentioned seven day Primary Care, however further details will be laid out in the new Parliament.

2. Approval of Board Declarations

Trust Board are asked to note that the Chair and Chief Executive approved the Board declaration for May 2015. As in April 2015 we are compliant on all of the measures for Clinical Quality and have two that remain partially compliant but have actions in place to ensure full compliance.

3. Simon Stevens call for bold action

NHS England Chief Executive Simon Stevens has given a speech outlining his aims for 'bold action on prevention, the redesign of care and efficiency to help the NHS through the most challenging period in its history.'

On prevention he outlined that despite high life expectancy, inequalities between rich and poor are still largely caused by smoking. He also said that wide ranging actions need to be taken by the NHS, government, industries and by families to tackle the problems of binge drinking, junk food and sedentary lifestyles.
On care, Stevens talked about how services need to be redesigned with more joint working between GPs and hospitals, physical and mental health services and health and social care. He specifically made mention of the 29 'Vanguard' areas as a model which could be rolled out more widely.

On efficiency, Stevens noted that the NHS is already very lean but there are big quality and efficiency differences between different parts of the country, different hospitals and different CCGs.

Simon Stevens also reiterated the pledge for an £8 billion real terms increase in NHS funding by the end of the decade.

The full speech can be found on the Department of Health website here.

4. Accredited defibrillators across all Government departments.

The Department of Health have agreed that the LAS will accredit all defibrillators across all government sites, with the option of taking on some defibrillator training and deploying additional defibrillators where needed. This, together with the accreditation and training that we have already lined up across all parliamentary sites will raise the profile within government of our efforts for statutory defibrillators.

For government sites outside of London we will liaise with the local ambulance services so that where possible they are accredited through their defibrillator accreditation schemes.

London Ambulance Service NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2 June 2015
Document Title:	Quality Report
Report Author(s):	Zoë Packman, Director of Nursing and Quality
Presented by:	Zoë Packman, Director of Nursing & Quality
Contact Details:	Zoë.packman@lond-amb.nhs.uk
History:	EMT
Status:	For discussion and noting

Background/Purpose

The London Ambulance Service (LAS) quality dashboard continues to be a work in progress. There is now an established process in place for collecting the data and entering this onto the agreed dashboard template. However the data is not available until after the 14th of each month so preparation in time for various committees both internally and externally remains an area of concern. In addition the trajectories and benchmarking have not yet been entered onto the dashboard which makes comparative analysis difficult to complete. The teams leading on this are working hard to resolve these technical issues.

Nevertheless the clinical directors have met and agreed the items which will be reported upon routinely monthly and the Trust Quality Committee have approved the governance arrangements. All three feeder committees of the Quality committee will meet bi monthly commencing June 2015. The Clinical Safety and Standards Committee will be chaired by Dr Fenella Wrigley, Interim Medical Director, the deputy chair will be Mark Whitbread, Director of Paramedic Education and the operations lead will be Peter McKenna, Deputy Director of Operations. The Clinical Development and Professional Standards committee will be chaired by Mark Whitbread, deputy chair will be Zoë Packman, Director of Nursing and Quality and the operations lead will be Kevin Bate, Deputy Director of Operations. The Improving Patient Experience Committee will be chaired by Zoë Packman, Deputy Chair Dr Fenella Wrigley and the operations lead will be Kevin Brown, Deputy Director of Operations.

The Safety and responsive elements of the dashboard will be considered at the Clinical Safety and Standards committee. The effective elements will be considered at the Clinical Development and Professional Standards committee. The caring and well-led elements will be considered at the Improving Patient Experience Committee. Further discussion is on-going in regards to the synergising of this information with information shared and discussed at the newly formed Workforce Committee. Each of the feeder committees will send their minutes and an accompanying paper highlighting risks, concerns and areas of good practice to the Quality Committee so that a rounded and assured picture of the quality governance elements of organisation can be obtained.

To support the full dashboard there will be a qualitative report presented under the five Care Quality Commission (CQC) domains to ensure our regulatory duties in regards to quality are fulfilled. This report is the first drafted in the new format and comments on the

format are welcomed by the clinical directors.

Action required

- To note the content of the report
- To receive assurance from the Clinical Directors in regards to clinical quality and safety
- To note where there are areas of concerns further work is being undertaken or mitigation provided

Assurance

The draft of the quality report has been reviewed at the Executive Management team. This report has also been shared with the Clinical Quality review group (CQRG)

Key implications and risks arising from this paper

Clinical and Quality	Document describes quality for the Trust during April 2015
Performance	
Financial	
Governance and Legal	
Equality and Diversity	
Reputation	
Other	

This paper supports the achievement of the following 2015/16 objectives

Improve the quality and delivery of urgent and emergency response	**Yes**
To make LAS a great place to work	
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	

Quality Report April 2015

1. Introduction

The London Ambulance Service (LAS) quality dashboard continues to be a work in progress. There is now an established process in place for collecting the data and entering this onto the agreed dashboard template. However the data is not available until after the 14th of each month so preparation in time for various committees both internally and externally remains an area of concern. In addition the trajectories and benchmarking have not yet been entered onto the dashboard which makes comparative analysis difficult to complete. The teams leading on this are working hard to resolve these technical issues.

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2. **Safe**

2.1 Infection control (IPC)

Overall performance Trust-wide, for year ending March 2015, has achieved significant improvements from 2013-2014:

- Hand Hygiene compliance remains high, overall achievement 96%, from self-audits
- Vehicle Preparation (VP) 6-weekly deep cleaning compliance made significant improvements in the last two quarters averaging 91%; overall average 89%; median 90% achieved
- Premises cleaning compliance consistently exceeds the 85% target; and the target has since been stretched to 90% since March 2015. Observations at the IPC and H&S inspections found variability in standards, and this is being addressed.

- Used sharps injuries (highest risk) have reduced by 18.7%; overall figure for all sharps injuries was higher this year, due to clean injuries resulting from a manufacturer packaging fault of safer needles.
- Clinical Skills Refresher (CSR) training compliance achieved 48% against a target of 65% (compared to an achieved compliance of 88% last year), due to a number of challenges. The CSR training compliance target is expected to be stretched incrementally from 2015-2016. IPC e- learning module for non-patient facing staff was produced to facilitate easier access to courses.
- An Operational Framework between Public Health England London Health Protection Teams and London Ambulance Service was approved June 2014, to establish clear roles and responsibilities and ensure effective joint working arrangements
- The Viral Haemorrhagic Fevers (VHF) Task and Finished Group met between August 2014 and March 2015, to provide VHF (e.g. Ebola) assurance to the Trust. LAS IPC and HART assisted in the production of the National Ambulance Resilience Unit Ambulance VHF transfer guidance in August 2014
- Legionella and decontamination management processes have made progress.
- IPC and a number of related policies were developed
- Infection Prevention and Control governance have been further enhanced to provide additional scrutiny and assurance to the Trust

- IPC priorities for 2015-2016:
  - Address IPC Team capacity from July 2015
  - Resurrect IPC Champions in complexes to provide local support
  - Address discrepancies in self-reported and observed audit data by:
    - Establish a planned programme of validation audits by IPC
    - Peer audits
    - Procurement and implementation of E-Audit tool system
  - Review recently developed policies to ensure accountabilities are correctly described when new structures are finalized
  - Develop manual of procedures to align with Hygiene Code
  - Review and address IPC training content and delivery to ensure improvement in basic principles skills and knowledge in all IPC courses
  - Support the Education tutors, APPs with new courses
  - Review delivery methodology to meet needs of mobile workforce to increase uptake
  - Ensure IPC and aseptic competencies through Operational Workplace Review
  - Capture IPC performance data report from all services and contractors to benchmark
  - Provide advice and support Logistics - solution for blankets/linen; vehicle and equipment design and procurement of equipment; support medical device management and knowledge in decontamination
  - Provide IPC advice and support to Estates to reduce IPC risks in refurbishment and re-configuration of stations/services
  - Support the establishment of exemplar ‘productive stations’
  - Establish local risk register

2.2 Never events//CAS alerts

The Trust does have any never events to report for April 2015.

Five Medical Device Alerts were received, and two Estates Facilities Alerts. One was of relevance to the Trust but had already been dealt with via an instructional bulletin and therefore no further action is required.

2.3 Medicine management

Consultation for independent Paramedic Prescribing has been submitted. The full submission can be found at:

https://www.engage.england.nhs.uk/consultation/independent-prescribing-paramedics/consultation/my_response?user_id=ANON-21QA-M82B-E&key=a621385da9f2dd98166dce7d33be8eec84366f5f

A review of the PGD policy (TP008) has been undertaken and a revised version is now with Governance and Compliance, ready for sign off by SMT.

New medicines management leads have been identified and have started working on this subject. The leads will now be: Consultant Paramedic Tim Edwards and Dr Neil Thomson, Interim Deputy Medical Director

There was one controlled drugs incident during April 2015. This involved two vials of Morphine being found in a station vehicle prep area, along with a vial of diazepam and a vial of Naloxone (both of which should not have been stored with the Morphine vials). An investigation was launched, incorporating the local station management supported by the Medical Directorate. The incident was reported to the police. The owner of the LAS issued drugs was identified outside of the investigation process, and the investigation passed to ADO level for further investigation and management.

The shortage of Hydrocortisone ampoules continues to be an issue and a bulletin was released to operational staff to inform them, and to give them information about the temporary presentation of this drug.

2.4 NICE

In subsequent reports any relevant NICE guidance or NICE appraisals will feature in this section of the report

2.5 Prevention of future death reports

In subsequent reports any relevant information from Coroners cases in particular any prevention of future death reports or any lessons learned will feature in this section of the report.

2.6 Serious Incidents

There was one LAS declared serious incident in April 2015. A further ten more were reviewed but not declared; 1 data loss, 7 clinical incidents/delay related, 1 query from another Trust and 1 regarding the intruder at HQ. There is now a robust system in place for review each week, the serious incident review group (SIRG), at which all incidents

are discussed by the clinical directors, deputy director of operations, the director of corporate governance and the governance team. . A tracker system is available for review which reports on the number outstanding requiring first review, the number requiring more information, the number declared and the number not declared.

Changes to support staff to report incidents are on-going including incident forms now being available on ambulances. The clinical directors have notices an increase in incident forms being passed to serious incident review group for consideration as serious incidents and have asked that a review of the numbers of incidents is undertaken

2.7 *Locality Alert Register*

The numbers of flagged addresses remain on a par with previous months. Work is still being undertaken to increase the numbers of addresses with associated care plans in place.

3. Caring

3.1 *Safeguarding*

Overall self-assessment reveals that the Trust is complaint with CQC standards for Safeguarding apart from supervision which will be addressed in 2015-16.

- Prevent has remained a challenge for the Trust this year however with the recent appointment of a lead and a plan being developed this should sufficiently improve this year.
- All action plans are progressing well and is monitored by the Safeguarding Committee.
- Work to implement the Care Act 2014 changes is well advanced and changes have been adopted on time on the 1st April 2015.
- The Trusts needs to develop a system to identify who is compliant or non-complaint with mandatory safeguarding training.
- The Trust has delivered a wide range of safeguarding training across the Trust on inductions, level 1, level 2 and level 3 during 2014-15.
- The Trust engaged in a considerable amount of partnership working during 2014-15 and consideration is being given to how this can be maintained and improved with the introduction of the new operational restructure.
- The Safeguarding governance arrangements within the Trust are working well and providing assurance to the Board.

3.2 *Patient & public education*

The PPI and Public Education Team comprise two co-ordinators and two public education officers. Over the last year the co-ordinators have supported staff from across the Service to take part in local patient engagement activities. The co-ordinators also have a key role in undertaking surveys. They help to design the survey content, ensure they are on Survey Monkey for ease of use, send them out, deal with any queries, record the findings and contribute to the analysis for any reports. In the year 2014-15 the main survey work was the questionnaire and focus groups for mental health service users, and the implementation of the Friends & Family Test (FFT.)

Between October 2014 and March 2015 there were a total of 235 responses to the FFT questions. Of these, 165 patients have said they would be "extremely likely" to recommend the LAS to their friends and family, and a further 48 would be "likely" to recommend the LAS (90% overall giving positive responses). From 1st April 2015 it is an NHS England requirement to report monthly on FFT responses from PTS and See & Treat patients

The Public Education Officers focus on activities aimed at young people, often in hard to reach groups. One has a lead role in knife crime awareness activities, working with schools, colleges, and youth offending teams, pupil referral units and voluntary sector organisations. He delivers messages to these groups of young people on the likely consequences of carrying knives and the possible physical outcomes of sustaining a knife injury. The other Public Education Officer focuses more on road safety activities, working closely with various London boroughs and pan-London organisations such as Transport for London.

The Public Education Officers also take part in careers events, encouraging young people to choose a career in the ambulance service, and take the lead on co-ordinating the Service's involvement in Junior Citizen Schemes across London.

An outline of specific areas of activity for 2015-16 would include:

- Reporting the results of the Friends & Family Test to NHS England (from May 2015).
- Developing a strategy and methodology for ensuring the patient voice is heard at the Trust Board and other meetings.
- Increase the numbers of patients involved in service development projects, and outline ways of using feedback from a variety of sources to inform developments.
- Conduct a telephone patient survey.
- Ensure the support and development of the Community Involvement Officers within the new operational structure.
- Explore items within the plan which require further scoping, e.g. volunteer community champions and patient navigators.

3.3 Equality & inclusion

The Trust has a robust equality and inclusion strategy and has just been placed in the top ten for Stonewall organisations Health Care Equality Index

3.4 Frequent callers

The Patient Centred Action Team (PCAT) is responsible for the management of 'frequent callers', a cohort of patients who present with complex health and/or social needs who place repeated 999 calls.

As of 1 April 2015 a new national definition of a frequent caller has been defined as follows:

- Any one aged 18 or over who calls 5 or more times in 1 month from a private dwelling
- Any one aged 18 or over who calls 12 or more times over a 3 month period from a private dwelling

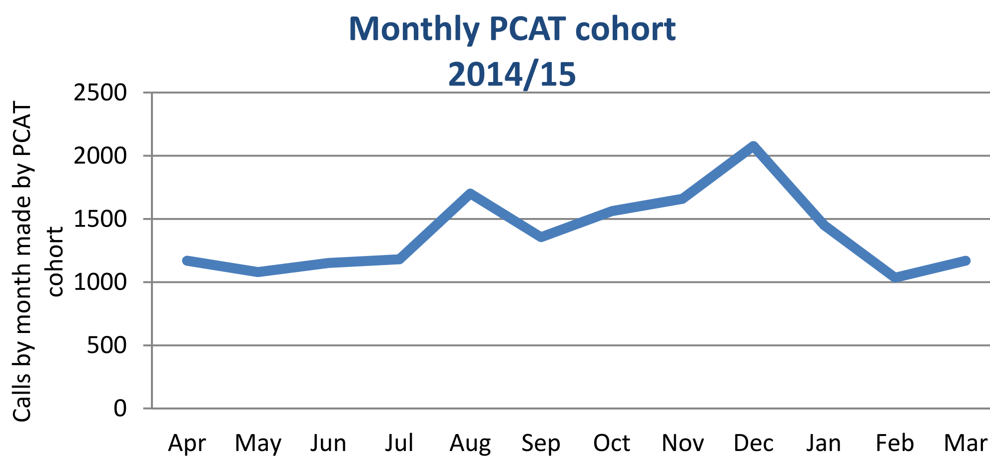
However, given limited resources we continue to use a definition of any patient deemed to be aged 18 or over who calls 999 ten times per month, for three consecutive months, although if any patient has have a profound impact on resources then PCAT will intervene as soon as possible.

We continue to use a care plan approach, developed in conjunction with other agencies and focusing on managing demand more effectively whilst continuing to meet the patient's needs.

Over the year 63 cases were reviewed and closed, with 57 cases 'in progress'. Casework also continued to be undertaken at local level with Community involvement Officers making a significant contribution. A trial scheme was piloted in six South West London Boroughs where local staff reviews cases local to their complex. This scheme is being sponsored by the local Clinical Commissioning Groups.

PCAT is a participant in the Frequent Caller National Network (FreCaNN) which holds quarterly meetings hosted by UK ambulance trusts. FreCaNN acts as a forum to develop national policy and procedures, and standards and definitions. We are delighted that LAS policy and procedure will be used as the foundation model.

Represents total calls per month by PCAT patient cohort



3.5 Mental health

Excellent progress has been made in 2013/14 in regards to training and education of staff and learning from patients. Key focus area for 2015 – 2016 will be:

- Dementia-CQUIN from our commissioners
- Training and Education
- Patient engagement and experience - This is being carried over from last year's Action plan and we will be building on the feedback we get from the on-going focus groups
- LA383 MH Risk Awareness Tool- CQUIN from our commissioners
- Mental Health CPI
- Mental Health Appropriate Care Pathways

4. Responsive

4.1 Complaints, compliments, PALs

78 complaints were received during April 2015. Comparison of complaints received against calls attended by month 2014/15

Month	Calls attended	Complaints received	Percentage of complaints against calls attended
May-14	88348	98	0.11
Jun-14	88454	130	0.15
Jul-14	85287	140	0.16
Aug-14	82840	111	0.13
Sep-14	78857	111	0.14
Oct-14	86566	144	0.17
Nov-14	84101	159	0.19
Dec-14	87487	102	0.12
Jan-15	84090	114	0.14
Feb-15	76560	100	0.13
Mar-15	85203	117	0.13
Apr-15	81523	78	0.10
Totals	**1009316**	**1404**	**0.14 average**

Complaints by Area by percentage of total:

NB complaints about delays are attributed to Control Services when the problem may actually represent less than optimum operational resourcing.

Area	Number of complaints March 2015	Ratio of total (% rounded)
Control Services (EOC, UOC, CHUB)	39	50%
A&E Operations - South Area	16	20%
A&E Operations - West Area	8	10%
Unknown or No Trace	7	10%
A&E Operations - East Area	3	4%
Not our service	2	3%
Contracted Services	1	1%
Central Operations	1	1%
Patient Transport Services	1	1%
Totals:	**78**	**100%**

REAP remained at Level 4 for the entire month, following a persistent period of high demand. Surge Purple has also continued to be regularly implemented as call rates continued to be above average. Call rates in April 2015 were slightly lower than previous months and Category A response improved to 62% Complaints relating to delay (33) and staff conduct (21) continue to be the main themes.

The following table shows complaint subjects: May 2014 to April 2015

Complaints by subject 2014 - 2015	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**April**	**Totals**
Delay	50	72	62	45	65	87	95	71	70	50	55	33	755
Conduct	22	16	27	18	23	33	37	19	32	25	34	21	307
Road handling	9	9	14	9	7	7	10	4	5	8	8	7	97
Non-conveyance	5	16	19	16	8	6	5	3	2	5	2	9	96
Not our service	0	2	0	1	0	3	1	0	2	3	1	1	14
Treatment	7	12	12	17	4	1	5	1	3	5	10	4	81
Patient Injury or Damage to Property	0	1	0	1	2	3	1	0	0	3	3	0	14
Location Alert referral	1	1	1	1	0	2	1	1	0	1	0	0	9
Conveyance	1	1	1	2	1	1	2	3	0	0	2	2	16
Clinical Incident/Equipment	0	0	1	1	0	0	0	0	0	0	1	1	4
Assisting with external agency	0	0	0	0	0	0	1	0	0	0	0	0	1
Disputes safeguarding referral	2	0	2	0	0	1	1	0	0	0	1	0	7
Challenging paramedic qualification	1	0	0	0	0	0	0	0	0	0	0	0	1
Aggravating factors	0	0	1	0	1	0	0	0	0	0	0	0	2
Totals	**98**	**130**	**140**	**111**	**111**	**144**	**159**	**102**	**114**	**100**	**117**	**78**	**1404**

The table below reflects the numbers of complaints received and the numbers of complaints closed in each month. The 35 day closure rate represents where complaints have been closed within that time frame. It should however be emphasised that a true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) = minimum of 27 May 2015. The major problem continues to be delays in QA being achieved, and to a lesser extent throughput at executive office and achieving operational and clinical input. We continue to ensure that 'holding' letters are being sent to complainants where the 35 day target will not be met.

Closed complaints April 2014 to March 2015

2014/15	Total complaints	Number of closed complaints by month	Totals closed within 35 working days	Percentage of complaints closed within 35 working days
May	98	88	45	46%
June	130	85	40	31%
July	140	115	41	22%
August	111	96	24	22%
September	111	66	26	23%
October	144	117	30	21%
November	159	96	29	18%
December	102	146	17	17%
January	114	104	29	25%
February	100	90	20	20%
March	117	71	18	15%
April	78	124	9	12%
Totals:	**1403**	**1198**	**328**	**272%**
			Average per month	**23%**

The following table presents cases referred by the Ombudsman 2013 – 15

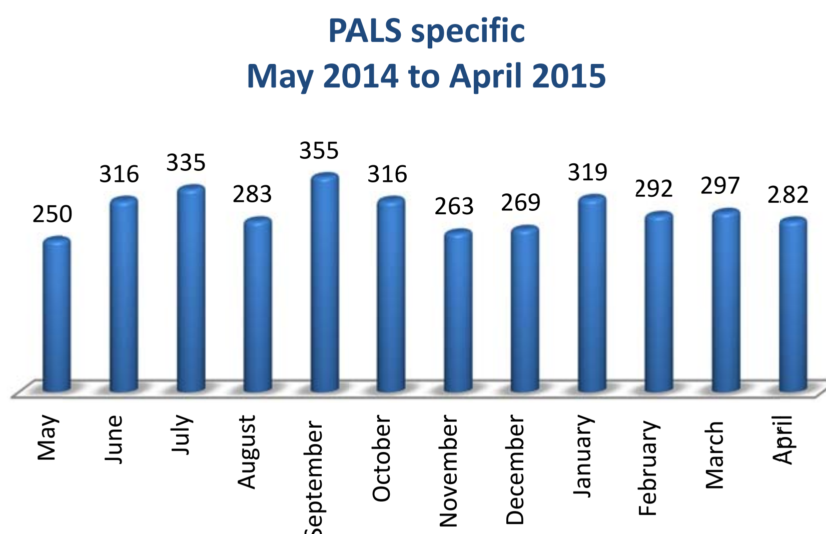
Datix reference	Current status	Summary	Outcome
C5446	File requested 20 January 2015	Complaint from patient's partner that her condition was incorrectly assessed and that she should have been taken to a Hyper Acute Stroke Unit rather than A&E. Complainant considers this contributed to her death.	Complaint not upheld. Closed
C8707	File requested by HSO 16 October 2014	Complaint from patient's mother concerned at the delay in an ambulance attending her son with testicular pain. She conveyed her son to hospital after receiving the recorded message but was called back 3 hours later by LAS - advised that Service was still busy	Complaint not upheld final report received 08 May 2015. Closed

C8772	File requested 30 October 2014	Complaint from patient who is concerned that her condition of strangulated hernia was not triaged effectively. Also concerned about the delay at A&E	File sent 30/10/14 HSC advised that new case officer has been appointed 24 Feb 2015
C8882	File requested 20 August 2014	Complaint from patient's partner at the delayed response to the scene and why the crew waited a considerable time on scene before conveying the patient to hospital. The patient may now no longer be able to speak or walk following a stroke	Local Resolution undertaken further correspondence with HSC and complainant
C8885	Enquiry from HSO who may investigate	Complaint from patient who believes that the crew mistook her for someone else and treated her unfairly and made inappropriate comments	Outcome awaited
C9023	File requested 28 August 2014	Complaint from patient's wife at the lengthy delay (2 hours) in an ambulance attending her husband who had severe abdominal pain. Was told high number of calls and one EMD was abrupt in their manner advising that other people were waiting too.	Complaint not upheld. Closed
C9129	File requested 02 January 2015	Complaint from patient's brother who is very upset about the delay in an ambulance attending his sister who suffered from ulcerated legs. He believes that this contributed to her fall some days later	Complaint not upheld. Closed
C9233	File requested 11 March 2015	Complaint via MP on behalf of patient's daughter that her father has had to wait a considerable time for ambulances on 2 occasions recently.	Complaint not upheld. Closed
C9249	File requested 23 March 2015	Complaint from patient that the crew did not assist him on the stretcher despite the fact that he had sustained a number of serious injuries as the crew said they could not lift him	File sent 11 April 2015
C9336	File requested 02 April 2015	Complaint from patient's niece that her uncle waited a considerable time for an ambulance after the FRU arrived at the scene and that the destination choice was not suitable	File sent 09 April 2015
C9414	File requested 02 March 2015	Complaint from patient's son that there was a delay in attending his father who died	File sent 02 March 2015
C9580	File requested 09 February 2015	Complaint from patient that the attending ambulance staff did not examine her and was rude and inconsiderate	Complaint not upheld. Closed

C9606	File requested 17 Feb 2015	Complaint from patient (a nurse) who is concerned that her 999 call was triaged as not requiring an ambulance. Later needed surgery	File sent 17 Feb 2015

PALS

PALS specific enquiries = 282. Average monthly PALS for 2013/14 = 287. Currently there are 87 PALS cases remaining open, this includes 31 requests for medical records awaiting consent from the patient, 56 cases awaiting QA reports/further supporting information. The following graph highlights the numbers of PALS SPECIFIC enquiries by month May 2014 to April 2015



Consistent themes as ever; patient destination, signposting to other departments, policy and procedure requests and families seeking clarification of events.

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4.2 CPI Completion Rates (March 2015)

LAS Completion Rate – 47% total, 48% East, 43% West, 51% South. Mitigation in place – agreement that although completion rate is below expected levels, CARU produced a paper to evidence that this level of completion still provided assurance that the level of care provided is safe and effective.

CPI Compliance Rates (March 2015)

LAS Compliance (targets 95%):

Mental Health	92%
Not-Conveyed	97%
Acute Coronary Syndrome	95%

Cardiac Arrest	98%
Glycaemic Emergency	97%
Stroke	97%
General Documentation	98%

Areas for improvement:

Mental Health – Safeguarding concerns documented, appearance documented.
Not-conveyed – Final set of observations documents and a PRF left with the patient
ACS – Analgesia administered and a pre-alert call documented
Glycaemic Emergency – GP referral or LAS call back for hypoglycaemic patients
Stroke – On scene time of 30 minutes or less, and a pre-alert call documented
General Documentation – Ethnicity code documented.

CPI Feedback levels

- Target for March 2015 – 100%
- No complexes met this target
- Romford and Fulham had highest feedback levels of just below 80%
- A number of complexes are of concern, having provided less than 20% feedback – Edmonton, Newham, Tower Hamlets, Brent, Hanwell, Bromley, Deptford, Greenwich.

With the introduction of the changing role for team leaders in July 2015 CPI completion will be more manageable**.** In the meantime the Clinical Directors have asked the operational teams to undertake CPIs in the areas identified above. As additional assurance that we are providing a safe service the Medical Director has asked for a review of serious incidents and complaints in the above-mentioned complexes to see if they are any areas of concern.

Cardiac Report (monthly – March 2015)

- Resuscitation commenced on 44 % of cardiac arrest patients attended by the LAS.
- Average response time for Cardiac Arrest – 8 mins.
- 27% of cardiac arrest patient gained and sustained return of spontaneous circulation until arrival at hospital
- 98% of the advanced airways placed, had end-tidal C02 monitoring undertaken. (Seven patients did not, or it is not documented)
- Approximately 5% of cases had defib downloads submitted – the highest rate observed in 2014-15.
- 99% of STEMI patients were conveyed to the correct destination.
- Average response time for STEMI patients – 14 minutes. (Notably higher than previous march – 9 minutes.
- Average on scene time has decreased slightly to 43 minutes. Still requires monitoring.
- Number of patients who received a complete care bundle fell by 10% to 69% in March. The greatest decline here was pain assessments and analgesia.

X:\Clinical Audit & Research Unit\Cardiac Reports\Cardiac Care Pack - Monthly Reports\April '14 - March '15\Cardiac Care Pack (March '15).pdf

Stroke Report (monthly – March 2015)

- 97% of patients received full pre-hospital care bundle or an exception was noted.
- 98% of FAST positive patients had their onset of symptom times noted.
- 99% of FAST positive patients were transported to the correct destination
- Average response time for stroke patients was 17 minutes. This is a 6 minute increase on March 2014.

- On scene times remain higher than the recommended 30 minutes. 48% of stroke patients eligible for thrombolysis were on scene for >30 minutes.
- Patients eligible for thrombolysis and arrived at a HASU within 60 minutes increased to 55%.

X:\Clinical Audit & Research Unit\Stroke Reports\Monthly Reports\April '14-Mar '15\Stroke Care Pack (March '15).pdf

Trauma Report (quarterly – Quarter 3 2014/15)

- 1189 major trauma patients attended in Q3
- Average call to scene time increased to 18 minutes. (an increase of 3 minutes since Q1)
- Average journey time to an MTC was 18 minutes.
- On scene time increased since Q2 – 37 minutes for blunt injuries
17 minutes for penetrating injuries
- 68 patients were conveyed to an MTC despite the trauma tree not indicating the requirement for this.

X:\Clinical Audit & Research Unit\Trauma Reports\April '14 - March '15\Major Trauma Care Pack (Q3 2014-15).pdf

5. Effective

The Trust is required to report a number of measures to the Commissioners as part of contract monitoring. The data can be seen in the quality dashboard. In future months there will be further analysis and data comparison. However as this month the targets have not been included in the report there is an additional overlay report which will be provided under separate cover.

6. Well- led

The Clinical development & professional standards has not met in its new format. In future reports this committee will report on:

- Research
- Audit
- Education development
- Student experience
- Maternity
- Clinical equipment
- Registration
- Driving standards

In additional to the quality report to Executive Management team (EMT) , Trust board and Clinical Quality Review group (CQRG) the clinical directors have committed to providing a weekly clinical RIB, bi monthly clinical update newsletter.

Of note the new advanced paramedic practitioners commenced on 18 May 2015. Three new Assistant Medical Directors have been appointed and senior representatives have been appointed across London to support the system resilience groups.

In July 2015 the clinical team leaders will be spending fifty per cent of their time clinically and fifty per cent managerial it is expected that at that time a number of the elements not reported on at this time will be routinely completed and measured.

Finally in support of staff development a very successful multi Trust, multi professional maternity learning event was held on international midwives day.

Fenella Wrigley	**Zoe Packman**	**Mark Whitbread**
Medical Director	**Director of Nursing and Quality**	**Director of Paramedic Education and development**

Quality reports

London Ambulance Service NHS
NHS Trust

DRAFT v2E

Please select your reporting month here:

Apr-15

Updated 11/05/2015
Ambulance System Outcomes Mar-15
Ambulance Clinical Outcomes Dec-14

New Data is subject to validation results

Operational Area: **London Ambulance Service**

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N.B. Not all values are available at publication

#N/A in the data allows trend lines to operate correctly.

Quality Reports

London Ambulance Service NHS
NHS Trust

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Data Source	Metric Number and Name	Description
Safety	1 - Training excluding Core Skills Refreshers	WTE staff numbers that receive training above and beyond "Core Skills Refreshers", i.e. driver training, hospital placements, new equipment, modules of paramedic courses
	2 - Core Skills Refreshers	WTE delivery of "Core Skills Refreshers" (CSR) training for Month
	3 - Adverse Incidents Reports	Number of adverse incidents reported via LA52 per month
	4 - Serious Incidents (NHS Signals)	Number of SI's announced via NHS Signals. N.B. There has not been a Signal Alert issued since Feb 2012
	5 - Never Events	Number of Never Events occurring within LAS in the month
	6 - Medication Errors	Number of medication errors reported to LAS by staff during Month
	7 - Serious Incidents (LAS Declared)	Serious Incidents declared within LAS for the month.
	8 - Incidents v Call volume	Number of Adverse incidents (LA52) as a percentage of Incident volume per month
	9 - Total Complaints	Number of written / logged complaints' against the LAS by month
	10 - NHS Central Alert System	CAS Alerts circulated by NHS by month
	11 - CAS requiring LAS Action	CAS alerts that LAS have needed to undertake some action to address
	12 - Vehicle Cleaning	Number of vehicle cleanings by contractors to standard
	13 - Locality Alert Register	Addresses were LAS staff may suffer threats of violence, and verified that a potential threat exists
Effective	14 - RED 1 calls at scene < 8 mins	The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.
	15 - RED 1 calls arrived at scene	The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident.
	16 - RED 1 Time to achieve 95%	The 95th centile of time from Call Connect of a Category A (Red 1) call to an emergency response arriving at the scene of the incident
	17 - RED 2 calls at scene < 8 mins	The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.
	18 - RED 2 calls arrived at scene	The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident.
	19 - CAT A Ambulance at scene < 19 mins	The number of Category A calls resulting in an ambulance arriving at the scene of the incident within 19 minutes.
	20 - CAT A Ambulance at scene (transport)	The number of Category A calls resulting in an ambulance able to transport the patient arriving at the scene of the incident.
	21 - Abandoned calls before answering	Number of emergency and urgent calls abandoned before being answered
	22 - Emergency Calls (excludes CAD 2 CAD)	Total number of emergency and urgent calls presented to switchboard
	23 - Recontact in 24 hrs for 999 callers	Emergency calls closed with telephone advice where re-contact occurs within 24 hours.
	24 - Calls resolved with CTA (Hear & Treat)	Emergency calls closed with telephone advice.
	25 - Recontact in 24 hrs for F2F attendance	Patients treated and discharged on scene where re-contact occurs within 24 hours
	26 - See & Treat	Patients treated and discharged on scene.
	27 - Frequent Callers with established plan	Emergency calls from patients for whom a locally agreed frequent caller procedure is in place
	28 - Total Calls	Total number of emergency calls presented to switchboard
	29 - ROSC at hospital	The percentage of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest that had a Return of Spontaneous Circulation (ROSC) on arrival at hospital
	30 - ROSC at hospital UTSTEIN	% of pts who had resuscitation commenced/continued by the ambulance following an pre-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that had a ROSC on arrival at hospital
	31 - STEMI to PPCI within 150 minutes	The percentage of patients suffering a STEMI who are directly transferred to a Heart Attack Centre for PPCI who receive angioplasty within 150 minutes of time of call
	32 - STEMI care bundle	The percentage of patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction confirmed on ECG who received an appropriate care bundle
	33 - Stroke to HASU within 60 minutes	The percentage of FAST positive stroke patients potentially eligible for thrombolysis within agreed local guidelines arriving at a HASU within 60 minutes of emergency call connecting to the ambulance service

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	Metric Number and Name	Description
Effective	34 - F2F suspected Stroke receiving appropriate care bundle	The number of suspected stroke patients assessed face to face who received an appropriate care bundle
	35 - Survival to Discharge	% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged
	36 - Survival to Discharge UTSTEIN	% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged
	37 - EOC Time to answer 50%	Time to answer calls (emergency and urgent), measured by median percentile.
	38 - EOC Time to answer 95%	Time to answer calls (emergency and urgent), measured by 95th percentile.
	39 - EOC Time to answer 99%	Time to answer calls (emergency and urgent), measured by 99th percentile.
	40 - CAT A Arrival @ 50%	Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by median percentile.
	41 - CAT A Arrival @ 95%	Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 95th percentile.
	42 - CAT A Arrival @ 99%	Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 99th percentile.
	43 - Total of Emergency Calls	Number of emergency calls that have been resolved by providing telephone advice.
	44 - All Telephone or F2F Calls	All emergency calls that receive a telephone or face-to-face response from the ambulance service
	45 - Non A&E Transport / ACP / See & Treat	Patient journeys to a destination other than Type 1 and 2 A&E + number of patients discharged after treatment at the scene or onward referral to an alternative care pathway
	46 - All incidents with vehicle arrival (exc No Patient)	All emergency calls that receive a face-to-face response from the ambulance service
	47 - Emergency Journeys to A&E	Number of emergency journeys
	48 - Cat C Incidents	Number of Category C Incidents received by Month (C1-C4)
	49 - Defibrillator data downloads to central storage	The percentage of data downloads from defibrillators for patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest (LAS Clinical Performance Indicators)
	50 - STROKE - Time of Onset	The percentage of FAST positive stroke patients where time of onset of symptoms is recorded or where time of onset is reported as unknown (LAS Clinical Performance Indicators)
	51 - Non Conveyed (Final Obs)	The percentage of non-conveyed patients where a final full set of observations is recorded (or valid exception). Defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour. (LAS CPI)
	52 - LAS Induction Course	WTE of New Staff receiving a formal service induction course. This does not count localised inductions
Caring	53 - Safeguarding (Child)	Count of Children referred by Service to appropriate authorities
	54 - Safeguarding (Adult)	Count of Adults referred by Service to appropriate authorities
	55 - MH - Observations	The percentage of PRFs where a full set of observations is recorded (or valid exception) for mental health patients (defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour). (LAS Clinical Performance Indicators)
	56 - MH - BM	The percentage of PRFs where a blood glucose is recorded for mental health patients with an altered mental state or documented use of antipsychotic medication (or valid exception). (LAS Clinical Performance Indicators)
	57 - MH - Current Support	The percentage of PRFs with a record of the current Psychiatrist/ Care Co-ordinator/ Community Psychiatric Nurse/ Care or Approved Social Worker or that patient does not have any of the listed professionals (or valid exception). (LAS Clinical Performance Indicators)
	58 - MH - Medical Hx	The percentage of PRFs for mental health patients with a record of medical history, allergies and medications (or valid exception). (LAS Clinical Performance Indicators)
	59 - MH - Current Event	The percentage of PRFs with the history of the current event documented including time of onset of symptoms (or valid exception) for mental health patients. (LAS Clinical Performance Indicators)
	60 - MH - Psychiatric Hx	The percentage of PRFs for mental health patients with their diagnosed psychiatric problem documented (or valid exception). (LAS Clinical Performance Indicators)
	61 - MH - Appearance	The percentage of PRFs for mental health patients with a description of their appearance documented (or valid exception). (LAS Clinical Performance Indicators)

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Category	Metric Number and Name	Description
Caring	62 - MH - Behaviour	The percentage of PRFs for mental health patients with an assessment of the patient's behaviour documented (or valid exception)
	63 - MH - Communication	The percentage of PRFs for mental health patients with an assessment of the patient's communication documented (or valid exception). (LAS Clinical Performance Indicators)
	64 - MH - Thoughts	The percentage of PRFs for mental health patients with an assessment of the patient's expressed thoughts documented (or valid exception). (LAS Clinical Performance Indicators)
	65 - MH - Capacity tool	The percentage of PRFs for mental health patients where a capacity tool has been used where a patient refuses assessment, a form of treatment and/or conveyance and patient capacity is in doubt. (LAS Clinical Performance Indicators)
	66 - MH - Adult Safeguard	The percentage of PRFs for mental health patients where safeguarding has been considered. A Notification of Adult at Risk or in Need Form (LA280) should be completed for any vulnerable patient that has had thoughts of or attempted self harm or suicide, or where the crew suspects abuse or neglect. (LAS Clinical Performance Indicators)
	67 - MH - Child Safeguard	The percentage of PRFs for mental health patients where safeguarding has been considered for all vulnerable children in the household where significant harm, abuse, or neglect is suspected. An LAS Notification of Contact with a Child at Risk or Need" Form (LA279) should be completed. (LAS Clinical Performance Indicators)
	68 - DIB - Initial Peak Flow	The percentage of patients with difficulty in breathing with an initial peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months
	69 - DIB - Final Peak Flow	The percentage of patients with difficulty in breathing with a final peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months
	70 - STEMI - On scene duration	The average on-scene time for STEMI patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)
	71 - STROKE - On scene duration	The average on-scene time for FAST positive stroke patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)
	72 - Blunt Major Trauma	The average on-scene time for major trauma patients with blunt injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr
	73 - Penetrating Major Trauma	The average on-scene time for major trauma patients with penetrating injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr
	74 - CPI - Completion Rate	The percentage of audits completed by Team Leaders or trained restricted duties paramedics. (LAS Clinical Performance Indicators)
	75 - Friends and Family Test	Numbers by month of returns from Friends and Family Test (Formally commences April 2015)
Responsive	76 - Calls Received	Total calls to LAS excluding direct CAD interfaces
	77 - Surge (above Amber)	Surge (above Amber) inc Red (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan
	78 - Surge (above Red)	Surge (above Red) (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan
	79 - Complaints response	A true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) - Approximately 33% of complaints are closed within the 35 day time frame
	80 - Feedback Sessions	The percentage of expected face to face CPI feedback sessions undertaken.
	81 - Positive Feedback Compliments	Letters of thanks sent to the Service addressed to any member of staff and notified to the Communications Team. (Pre Nov 2013 letters scanned Total 733)
	82 - Operational Workplace Review	Reviews of staff, variously recorded as CPD (Continuing Professional Development) CPDI (Interview), IPR (Individual Performance Review), PDR (Personal Development Review), PCD (Personal Career Development)
	83 - Job Cycle Time	Job Cycle Time Average for Month (Conveyed and Non Conveyed rpt 644)
	84 - Intelligent Conveyance	Number of Vehicles diverted to create capacity at alternative Emergency Departments
	85 - Community Defibs	Number of Public Access Defibs available pan London
	86 - Multiple Attendance Ratio	Multiple Attendance Ratio. A calculation based on A & C responses of how many occasions an additional vehicle has attended a scene. Acceptable reasons would be cardiac arrest or multiple casualties
Well Led	87 - 111 (Call Volume)	Number of calls presented to 111 within London and recorded by LAS
	88 - 111 (Responded To)	Number of 111 calls transferred to the LAS for attendance with patient

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Well Led

Metric Number and Name	Description
89 - 111 (Conveyed)	Number of 111 calls who receive LAS attendance at scene and are subsequently conveyed to hospital
90 - Frontline Clinical Staffing	Count of paramedic and Non Paramedic frontline staff (excludes management / admin grades etc.)
91 - Paramedic - In Post	Qualified Paramedical Staff deployed on frontline duties
92 - Non Paramedic - In Post	Non Paramedical Staff deployed on frontline duties (Numbers includes student paramedics etc.)
93 - Paramedic Ratio	Paramedic to Non Paramedic expressed as percentage. Commisioners Target for 2016 is 70%
94 - Frontline Staffing Plan	Frontline staff plan including 32% relief factor (from September 2014)
95 - Starters - Frontline	WTE Trainees and joiners who will take up frontline duties, once qualified
96 - Frontline Vacancy	Monthly WTE vacancy factor including 32% relief
97 - Paramedic Vacancy	Paramedic only vacancies (inc Relief)
98 - Leavers - Frontline	Staff leaving LAS for other jobs from frontline
99 - Sickness - Frontline	Combined Short and Long Term Sickness for frontline staff
100 - PAS/VAS Hours Available	Total Hours recorded as being supplied by Private Ambulance Service (PAS) or Voluntary Ambulance Service (VAS) to support frontline operations
101 - NHS Litigation Authority Level	NHSLA Level

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Quality Reports - DRAFT v2E

			Target	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Safety	001	1 - Training excluding Core Skills Refreshers		661	515	1,073	1,013	1,034	871	809	749	609	606	799	967
Safety	002	2 - Core Skills Refreshers		376	327	281	87	26	169	260	173	53	364	443	371
Safety	003	3 - Adverse Incidents Reports		352	281	338	331	316	261	282	291	297	340	255	82
Safety	004	4 - Serious Incidents (NHS Signals)		0	0	0	0	0	0	0	0	0	0	0	0
Safety	005	5 - Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0
Safety	006	6 - Medication Errors		0	2	2	1	3	1	2	2	4	8	3	1
Safety	007	7 - Serious Incidents (LAS Declared)		1	0	4	3	3	9	3	8	5	3	2	1
Safety	008	8 - Incidents v Call volume		0.22%	0.17%	0.20%	0.22%	0.20%	0.16%	0.18%	0.17%	0.21%	0.26%	0.17%	0.06%
Safety	009	9 - Total Complaints		98	130	140	111	111	144	159	102	114	100	117	#N/A
Safety	010	10 - NHS Central Alert System		7	12	12	11	7	14	6	17	13	8	4	7
Safety	011	11 - CAS requiring LAS Action		0	0	0	0	1	0	2	1	1	0	0	0
Safety	012	12 - Vehicle Cleaning		9,223	8,681	8,756	8,708	8,759	8,907	8,589	8,699	8,910	8,433	9,648	9,387
Safety	013	13 - Locality Alert Register		313	315	306	303	303	302	308	305	302	293	293	284
Effective	014	14 - RED 1 calls at scene < 8 mins		1,007	837	858	799	734	824	789	852	923	745	794	772
Effective	015	15 - RED 1 calls arrived at scene		1,381	1,194	1,221	1,163	1,185	1,285	1,228	1,436	1,346	1,110	1,266	1,111
Effective	016	16 - RED 1 Time to achieve 95%		16.4	19.3	20.3	18.4	19.4	22.9	18.7	20.4	17.5	18.6	17.7	13.5
Effective	017	17 - RED 2 calls at scene < 8 mins		27,509	25,102	24,050	22,724	20,415	23,593	22,399	21,493	23,727	21,338	23,273	24,234
Effective	018	18 - RED 2 calls arrived at scene		39,836	39,157	39,825	36,741	37,788	41,056	40,760	45,222	39,723	36,401	40,256	37,479
Effective	019	19 - CAT A Ambulance at scene < 19 mins		39,271	37,907	38,027	35,365	35,003	38,519	37,170	39,226	37,312	34,309	38,119	36,375
Effective	020	20 - CAT A Ambulance at scene (transport)		40,973	40,099	40,775	37,645	38,685	42,078	41,669	46,309	40,852	37,357	41,334	38,590
Effective	021	21 - Abandoned calls before answering		337	209	1,331	114	809	663	863	1,165	92	88	288	#N/A
Effective	022	22 - Emergency Calls (excludes CAD 2 CAD)		148,855	152,290	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463
Effective	023	23 - Recontact in 24 hrs for 999 callers		185	239	335	41	36	9	428	639	339	389	442	#N/A
Effective	024	24 - Calls resolved with CTA (Hear & Treat)		9,947	10,629	12,721	12,008	13,778	15,431	15,210	18,327	13,979	13,566	14,750	13,466
Effective	025	25 - Recontact in 24 hrs for F2F attendance		1,120	1,134	1,215	1,133	1,154	1,261	1,304	1,569	1,434	1,228	1,211	#N/A
Effective	026	26 - See & Treat		16,919	16,653	16,792	15,399	15,447	16,374	15,807	17,436	16,407	14,256	15,694	#N/A
Effective	027	27 - Frequent Callers with established plan		2,936	2,757	2,642	2,583	2,329	2,046	2,204	2,187	1,878	1,498	1,858	#N/A
Effective	028	28 - Total Calls		148,855	152,290	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463
Effective	029	29 - ROSC at hospital		32%	33%	33%	38%	27%	27%	31%	31%	31%	31%	27%	#N/A
Effective	030	30 - ROSC at hospital UTSTEIN		55%	58%	62%	67%	48%	53%	48%	55%	49%	53%	52%	#N/A
Effective	031	31 - STEMI to PPCI within 150 minutes		87%	93%	100%	93%	98%	93%	100%	88%	#N/A	#N/A	#N/A	#N/A
Effective	032	32 - STEMI care bundle		75%	72%	74%	72%	68%	73%	74%	73%	78%	79%	69%	#N/A
Effective	033	33 - Stroke to HASU within 60 minutes		64%	61%	60%	61%	57%	60%	56%	52%	58%	55%	58%	#N/A

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Quality Reports - DRAFT v2E

			Target	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Effective	034	34 - F2F suspected Stroke receiving appropriate care bundle		97%	96%	98%	96%	95%	98%	97%	96%	97%	98%	97%	#N/A
	035	35 - Survival to Discharge		4.1%	5.7%	8.1%	9.3%	5.0%	6.4%	5.8%	4.9%	#N/A	#N/A	#N/A	#N/A
	036	36 - Survival to Discharge UTSTEIN		13.5%	14.3%	19.4%	33.3%	16.0%	26.5%	17.1%	21.6%	#N/A	#N/A	#N/A	#N/A
	037	37 - EOC Time to answer 50%		0	0	0	0	0	0	0	0	0	0	0	0
	038	38 - EOC Time to answer 95%	5 secs	5	4	21	2	24	14	16	33	2	2	2	0
	039	39 - EOC Time to answer 99%		62	46	69	36	74	67	67	85	30	37	35	20
	040	40 - CAT A Arrival @ 50%		6.5	7.0	7.4	7.2	8.1	7.7	8.0	9.0	7.4	7.6	7.5	6.5
	041	41 - CAT A Arrival @ 95%	19 mins	16.5	18.3	19.9	18.9	22.5	21.2	24.2	29.9	21.8	20.8	20.6	17.7
	042	42 - CAT A Arrival @ 99%		27.7	31.8	35.8	33.0	39.8	38.0	46.8	60.3	42.7	38.1	36.6	31.5
	043	43 - Total of Emergency Calls		9,947	10,629	12,721	12,008	13,778	15,431	15,210	18,578	13,979	13,566	14,952	13,464
	044	44 - All Telephone or F2F Calls		101,246	99,144	100,736	94,935	95,224	102,135	99,748	105,915	98,610	90,273	100,113	#N/A
	045	45 - Non A&E Transport / ACP / See & Treat		30,484	30,346	30,930	28,668	28,561	30,036	29,164	30,790	29,372	25,866	28,625	#N/A
	046	46 - All incidents with vehicle arrival (exc No Patient)		91,299	88,515	88,015	82,927	81,446	86,639	84,509	87,261	84,621	76,502	85,012	#N/A
	047	47 - Emergency Journeys to A&E		68,568	65,623	64,519	61,393	60,347	64,503	63,047	63,999	62,601	57,592	64,154	#N/A
	048	48 - Cat C Incidents		50,005	48,100	46,915	44,936	42,388	44,272	42,516	40,493	43,456	38,995	43,515	42,833
	049	49 - Defibrillator data downloads to central storage	95%	83%	81%	86%	86%	83%	82%	79%	87%	86%	84%	84%	#N/A
	050	50 - STROKE - Time of Onset	95%	95%	94%	95%	95%	95%	94%	94%	94%	96%	92%	95%	#N/A
	051	51 - Non Conveyed (Final Obs)	95%	93%	93%	91%	91%	93%	91%	90%	90%	92%	91%	91%	#N/A
	052	52 - LAS Induction Course		24	18	20	19	95	36	122	34	27	77	129	55
Caring	053	53 - Safeguarding (Child)		417	435	428	396	381	440	404	284	354	336	358	344
	054	54 - Safeguarding (Adult)		472	435	476	449	378	432	458	393	345	304	296	8
	055	55 - MH - Observations	95%	98%	98%	95%	95%	98%	95%	91%	92%	91%	97%	94%	#N/A
	056	56 - MH - BM	95%	96%	94%	95%	97%	97%	96%	96%	94%	96%	97%	97%	#N/A
	057	57 - MH - Current Support	95%	91%	88%	90%	96%	90%	90%	90%	84%	85%	91%	90%	#N/A
	058	58 - MH - Medical Hx	95%	99%	99%	99%	100%	100%	99%	98%	99%	99%	99%	99%	#N/A
	059	59 - MH - Current Event	95%	100%	100%	100%	99%	100%	99%	99%	99%	99%	100%	100%	#N/A
	060	60 - MH - Psychiatric Hx	95%	99%	99%	98%	99%	99%	98%	99%	94%	99%	98%	98%	#N/A
	061	61 - MH - Appearance	95%	80%	74%	78%	79%	77%	76%	79%	70%	70%	74%	80%	#N/A
	062	62 - MH - Behaviour	95%	94%	95%	93%	94%	92%	89%	91%	87%	92%	90%	94%	#N/A
	063	63 - MH - Communication	95%	92%	90%	91%	94%	90%	88%	88%	83%	89%	85%	91%	#N/A
	064	64 - MH - Thoughts	95%	93%	91%	92%	94%	92%	92%	88%	90%	90%	92%	93%	#N/A
	065	65 - MH - Capacity tool	95%	97%	96%	96%	99%	97%	98%	98%	99%	97%	97%	97%	#N/A
	066	66 - MH - Adult Safeguard	95%	69%	62%	67%	79%	75%	69%	72%	58%	63%	57%	66%	#N/A
	067	67 - MH - Child Safeguard	95%	98%	98%	97%	96%	96%	93%	96%	98%	97%	96%	96%	#N/A

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Quality Reports - DRAFT v2E

Section	Code	Measure	Target	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
	068	68 - DIB - Initial Peak Flow	95%	#N/A	99%	#N/A	99%	#N/A	99%	#N/A	99%	#N/A	99%	#N/A	#N/A
	069	69 - DIB - Final Peak Flow	95%	#N/A	98%	#N/A	98%	#N/A	98%	#N/A	98%	#N/A	98%	#N/A	#N/A
	070	70 - STEMI - On scene duration	< 30 mins	0:43	0:42	0:43	0:44	0:43	0:42	0:42	0:46	0:45	0:44	0:43	#N/A
	071	71 - STROKE - On scene duration	< 30 mins	50%	53%	51%	50%	49%	53%	54%	46%	48%	48%	48%	#N/A
	072	72 - Blunt Major Trauma		0:36	0:36	0:36	0:36	0:36	0:37	0:37	0:37	#N/A	#N/A	#N/A	#N/A
	073	73 - Penetrating Major Trauma		0:16	0:16	0:16	0:16	0:16	0:17	0:17	0:17	#N/A	#N/A	#N/A	#N/A
	074	74 - CPI - Completion Rate	95%	81%	75%	76%	67%	62%	49%	48%	46%	53%	46%	47%	#N/A
	075	75 - Friends and Family Test		0	0	0	0	0	0	0	1	3	31	85	55
Responsive	076	76 - Calls Received		148,878	152,311	156,863	140,012	146,411	147,626	139,672	152,028	123,112	118,152	132,814	118,463
Responsive	077	77 - Surge (above Amber)		197:19	258:17	424:21	452:29	355:13	713:59	646:15	425:57	744:00	672:00	744:00	720:00
Responsive	078	78 - Surge (above Red)		0:00	17:35	16:14	0:00	24:42	29:59	73:43	318:01	591:25	26:38	38:14	20:27
Responsive	079	79 - Complaints response	35 days	45	40	41	24	26	30	29	17	29	19	7	#N/A
Responsive	080	80 - Feedback Sessions		302	486	640	702	771	819	863	922	992	1,053	1,101	#N/A
Responsive	081	81 - Positive Feedback Compliments		59	28	63	37	68	57	76	84	91	68	66	42
Responsive	082	82 - Operational Workplace Review		26	166	178	31	26	15	5	1	5	4	3	6
Responsive	083	83 - Job Cycle Time	70 mins	75.3	76.2	76.9	77.2	79.3	79.9	81.5	84.5	83.4	83.8	83.9	83.1
Responsive	084	84 - Intelligent Conveyance		#N/A	#N/A	#N/A	589	678	1,143	1,197	1,590	1,815	1,450	1,637	1,464
Responsive	085	85 - Community Defibs		2,422	2,486	2,529	2,576	2,607	2,635	2,668	2,694	2,724	2,771	2,789	#N/A
Responsive	086	86 - Multiple Attendance Ratio	1.29	1.39	1.37	1.36	1.35	1.32	1.33	1.30	1.31	1.32	1.32	1.32	1.31
Well Led	087	87 - 111 (Call Volume)		91,225	88,382	87,833	82,847	81,373	86,568	84,099	86,950	84,110	76,529	84,929	81,497
Well Led	088	88 - 111 (Responded To)		9,243	8,371	8,146	8,972	8,635	9,982	10,038	10,283	9,602	8,759	9,831	9,456
Well Led	089	89 - 111 (Conveyed)		7,300	6,490	6,287	6,851	6,646	7,675	7,563	7,341	7,124	6,680	7,511	7,250
Well Led	090	90 - Frontline Clinical Staffing		2,694	2,651	2,621	2,609	2,612	2,626	2,596	2,561	2,626	2,655	2,669	2,658
Well Led	091	91 - Paramedic - In Post		1,486	1,460	1,440	1,418	1,408	1,426	1,393	1,390	1,401	1,405	1,412	1,411
Well Led	092	92 - Non Paramedic - In Post		1,208	1,191	1,181	1,191	1,204	1,200	1,203	1,171	1,225	1,250	1,257	1,247
Well Led	093	93 - Paramedic Ratio	70%	55%	55%	55%	54%	54%	54%	54%	54%	53%	53%	53%	53%
Well Led	094	94 - Frontline Staffing Plan		#N/A	#N/A	#N/A	#N/A	3,016	3,029	3,029	3,027	3,027	3,027	3,027	3,027
Well Led	095	95 - Starters - Frontline		1	4	1	15	63	59	28	5	102	58	59	23
Well Led	096	96 - Frontline Vacancy		#N/A	#N/A	#N/A	#N/A	404	403	433	466	401	372	358	369
Well Led	097	97 - Paramedic Vacancy		#N/A	#N/A	#N/A	#N/A	480	462	495	497	486	482	475	476
Well Led	098	98 - Leavers - Frontline		23	28	32	31	47	61	35	37	32	26	29	34
Well Led	099	99 - Sickness - Frontline	5.5%	6.5%	6.6%	6.7%	6.8%	6.9%	6.9%	7.0%	7.1%	7.3%	7.3%	7.3%	7.4%
Well Led	100	100 - PAS/VAS Hours Available		8,181	7,641	6,654	6,451	7,138	9,352	10,444	11,929	12,928	12,306	13,713	13,573

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London Ambulance Service NHS
NHS Trust

Quality Reports - DRAFT v2E			Target	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
	101	101 - NHS Litigation Authority Level	3	1	1	1	1	1	1	1	1	1	1	1	1

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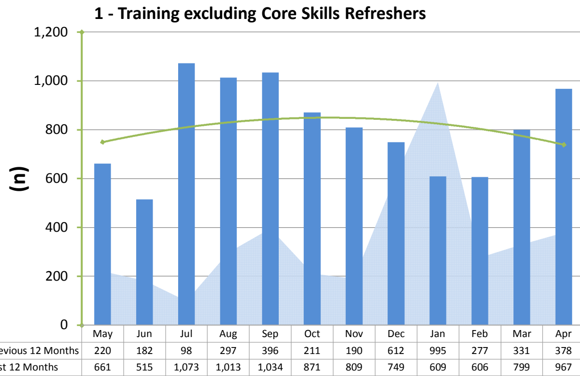
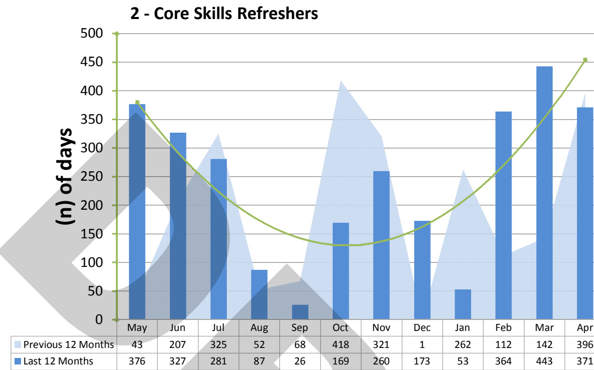
Safe - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months



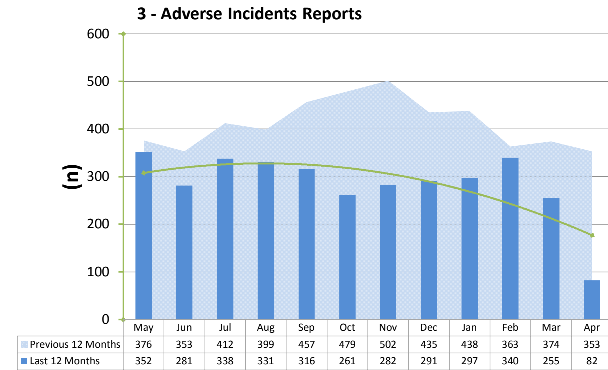
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	220	182	98	297	396	211	190	612	995	277	331	378
Last 12 Months	661	515	1,073	1,013	1,034	871	809	749	609	606	799	967

WTE staff numbers that receive training above and beyond "Core Skills Refreshers", i.e. driver training, hospital placements, new equipment, modules of paramedic courses



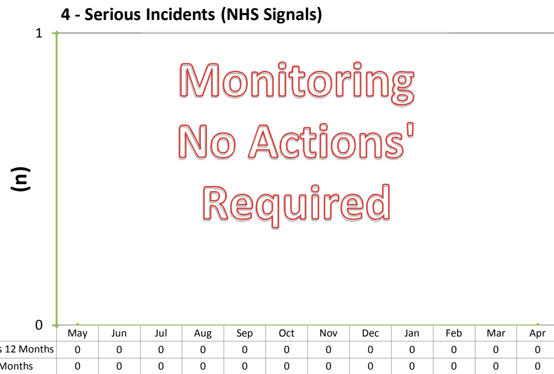
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	43	207	325	52	68	418	321	1	262	112	142	396
Last 12 Months	376	327	281	87	26	169	260	173	53	364	443	371

WTE delivery of "Core Skills Refreshers" (CSR) training for Month



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	376	353	412	399	457	479	502	435	438	363	374	353
Last 12 Months	352	281	338	331	316	261	282	291	297	340	255	82

Number of adverse incidents reported via LA52 per month

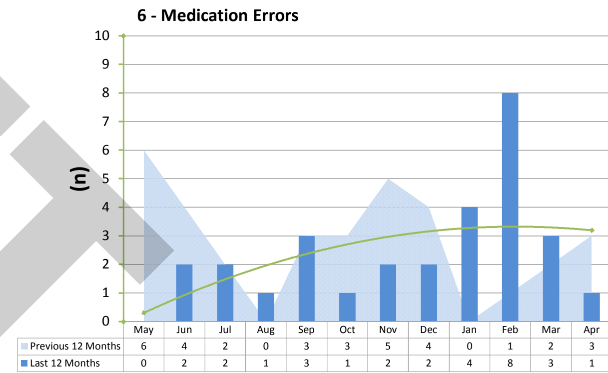


	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
Last 12 Months	0	0	0	0	0	0	0	0	0	0	0	0

Number of SI's announced via NHS Signals. N.B. There has not been a Signal Alert issued since Feb 2012

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
Last 12 Months	0	0	0	0	0	0	0	0	0	0	0	0

Number of Never Events occurring within LAS in the month



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	6	4	2	0	3	3	5	4	0	1	2	3
Last 12 Months	0	2	2	1	3	1	2	2	4	8	3	1

Number of medication errors reported to LAS by staff during Month

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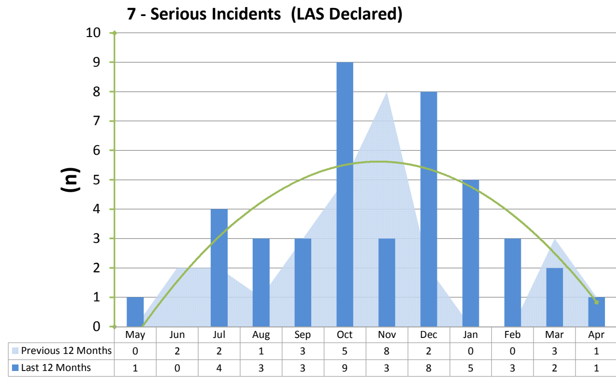
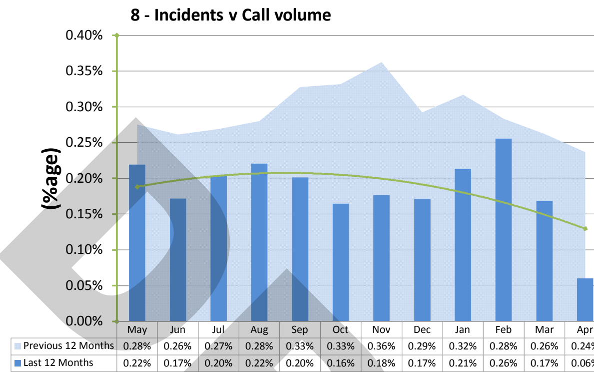
Safe - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months



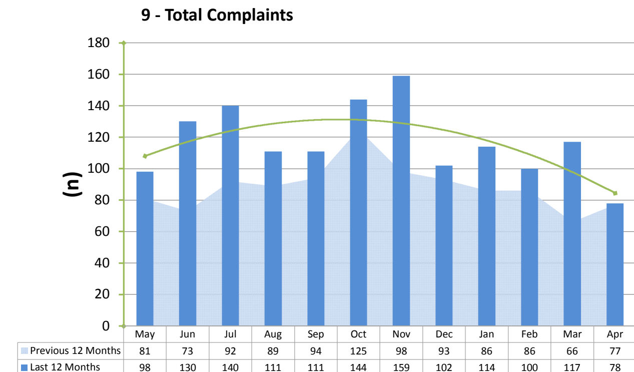
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	0	2	2	1	3	5	8	2	0	0	3	1
Last 12 Months	1	0	4	3	3	9	3	8	5	3	2	1

Serious Incidents declared within LAS for the month.



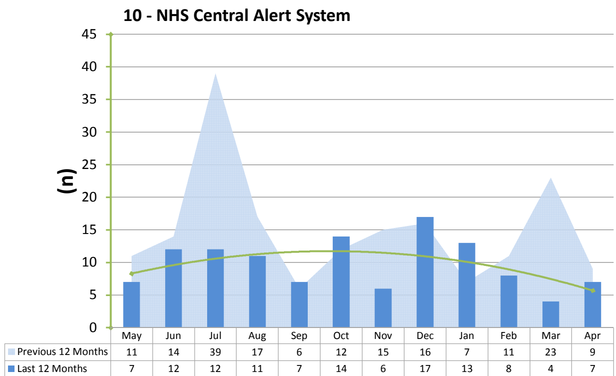
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	0.28%	0.26%	0.27%	0.28%	0.33%	0.33%	0.36%	0.29%	0.32%	0.28%	0.26%	0.24%
Last 12 Months	0.22%	0.17%	0.20%	0.22%	0.20%	0.16%	0.18%	0.17%	0.21%	0.26%	0.17%	0.06%

Number of Adverse incidents (LA52) as a percentage of Incident volume per month



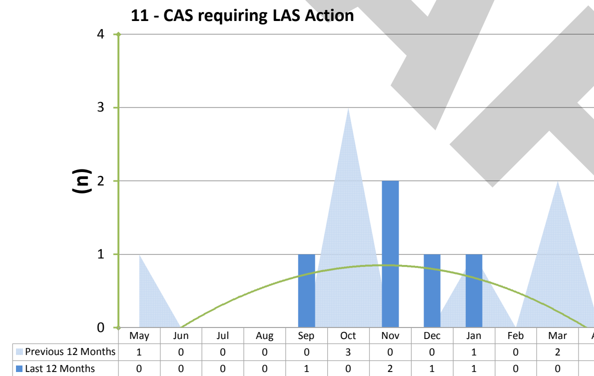
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	81	73	92	89	94	125	98	93	86	86	66	77
Last 12 Months	98	130	140	111	111	144	159	102	114	100	117	78

Number of written / logged complaints' against the LAS by month



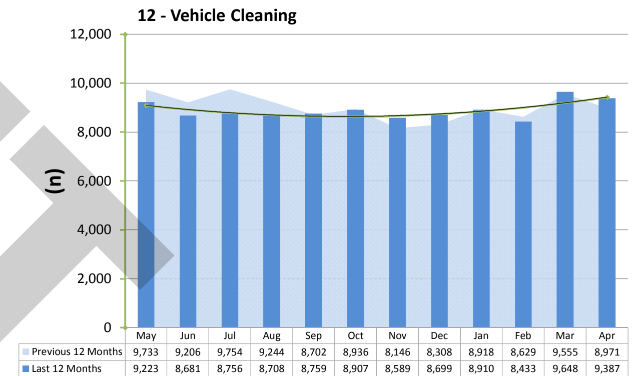
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	11	14	39	17	6	12	15	16	7	11	23	9
Last 12 Months	7	12	12	11	7	14	6	17	13	8	4	7

CAS Alerts circulated by NHS by month



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1	0	0	0	0	3	0	0	1	0	2	0
Last 12 Months	0	0	0	0	1	0	2	1	1	0	0	0

CAS alerts that LAS have needed to undertake some action to address



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	9,733	9,206	9,754	9,244	8,702	8,936	8,146	8,308	8,918	8,629	9,555	8,971
Last 12 Months	9,223	8,681	8,756	8,708	8,759	8,907	8,589	8,699	8,910	8,433	9,648	9,387

Number of vehicle cleanings by contractors to standard

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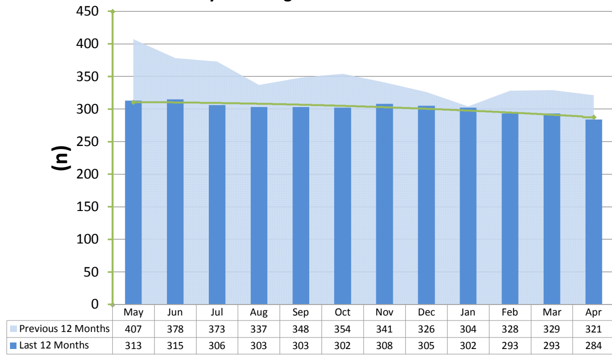
Safe - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months



Addresses were LAS staff may suffer threats of violence, and verified that a potential threat exists

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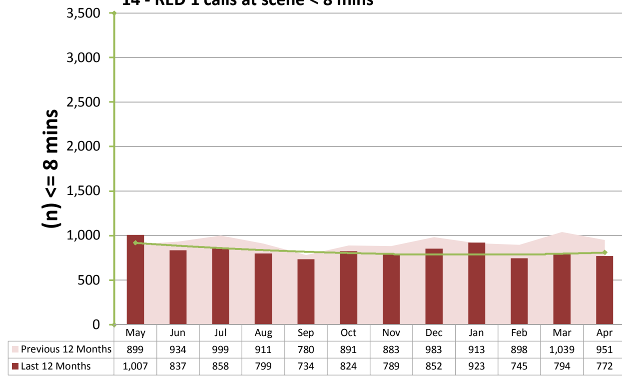
Effective - Dashboard Metric Graphs - DRAFT v2E

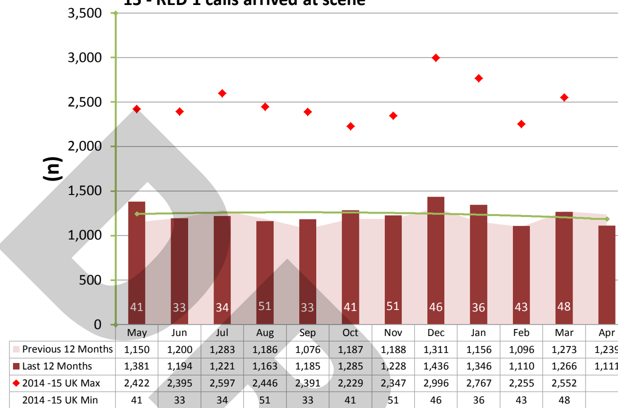
Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data



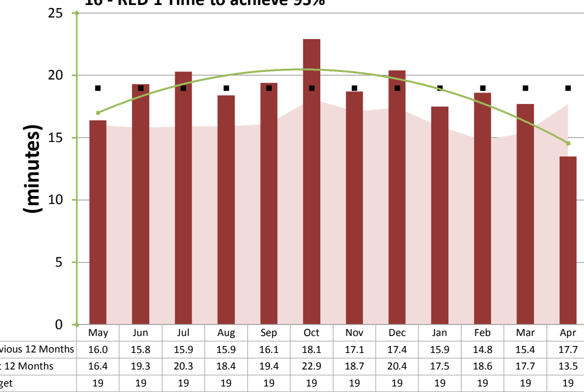
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	899	934	999	911	780	891	883	983	913	898	1,039	951
Last 12 Months	1,007	837	858	799	734	824	789	852	923	745	794	772

The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes. (ACQI HQU03_1_1_3)



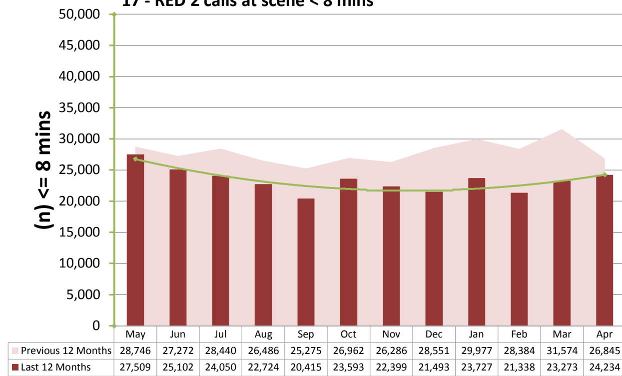
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1,150	1,200	1,283	1,186	1,076	1,187	1,188	1,311	1,156	1,096	1,273	1,239
Last 12 Months	1,381	1,194	1,221	1,163	1,185	1,285	1,228	1,436	1,346	1,110	1,266	1,111
2014 -15 UK Max	2,422	2,395	2,597	2,446	2,391	2,229	2,347	2,996	2,767	2,255	2,552	
2014 -15 UK Min	41	33	34	51	33	41	51	46	36	43	48	

The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident. (ACQI HQU03_1_1_4) N.B. LAS has the highest proportion of calls across UK Mainland, North West A/S consistently utilises a matrix which returns more calls as RED 1, than required by DH. Chart 21 also identifies North West as having the highest call abandonment rates.



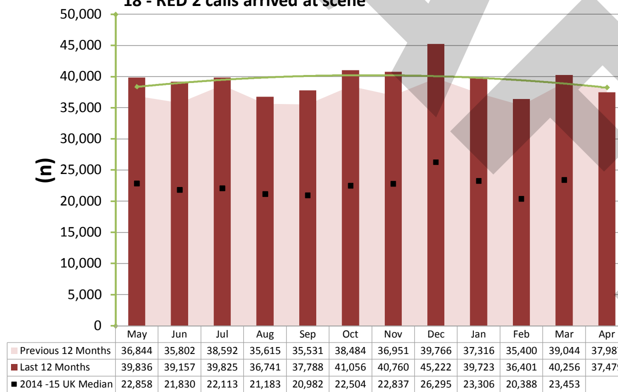
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	16.0	15.8	15.9	15.9	16.1	18.1	17.1	17.4	15.9	14.8	15.4	17.7
Last 12 Months	16.4	19.3	20.3	18.4	19.4	22.9	18.7	20.4	17.5	18.6	17.7	13.5
Target	19	19	19	19	19	19	19	19	19	19	19	19

The 95th centile of time from Call Connect of a Category A (Red 1) call to an emergency response arriving at the scene of the incident (ACQI HQU03_1_1_5)



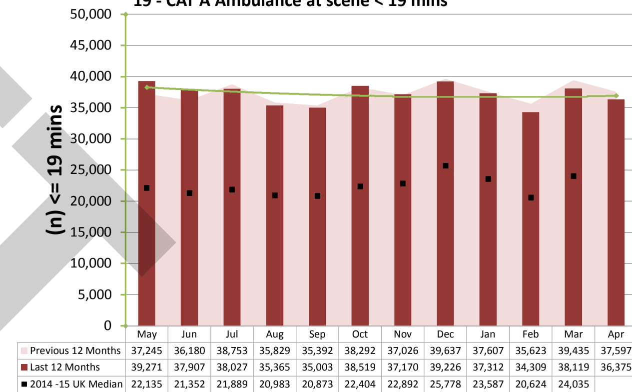
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	28,746	27,272	28,440	26,486	25,275	26,962	26,286	28,551	29,977	28,384	31,574	26,845
Last 12 Months	27,509	25,102	24,050	22,724	20,415	23,593	22,399	21,493	23,727	21,338	23,273	24,234

The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes. (ACQI HQU03_1_1_6) N.B. From Februray 2015 LAS and South Western involved in clock start trials.



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	36,844	35,802	38,592	35,615	35,531	38,484	36,951	39,766	37,316	35,400	39,044	37,987
Last 12 Months	39,836	39,157	39,825	36,741	37,788	41,056	40,760	45,222	39,723	36,401	40,256	37,479
2014 -15 UK Median	22,858	21,830	22,113	21,183	20,982	22,504	22,837	26,295	23,306	20,388	23,453	

The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident. (ACQI HQU03_1_1_7)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	37,245	36,180	38,753	35,829	35,392	38,292	37,026	39,637	37,607	35,623	39,435	37,597
Last 12 Months	39,271	37,907	38,027	35,365	35,003	38,519	37,170	39,226	37,312	34,309	38,119	36,375
2014 -15 UK Median	22,135	21,352	21,889	20,983	20,873	22,404	22,892	25,778	23,587	20,624	24,035	

The number of Category A calls resulting in an ambulance arriving at the scene of the incident within 19 minutes. (ACQI HQU03_1_2_1)

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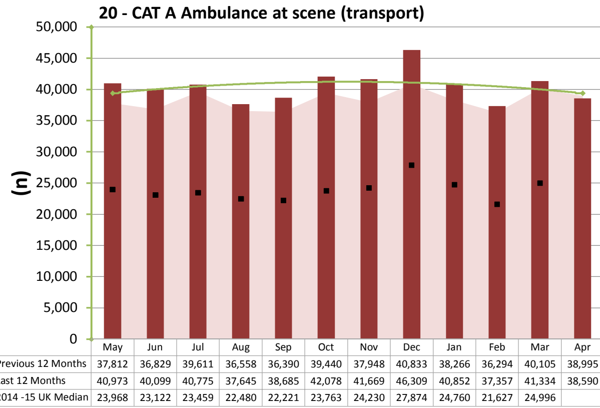
Effective - Dashboard Metric Graphs - DRAFT v2E

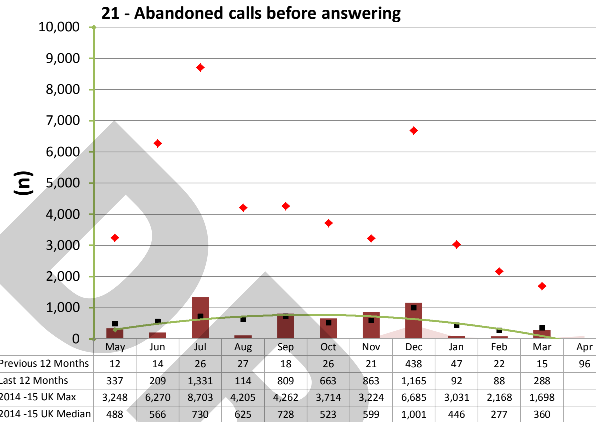
Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data



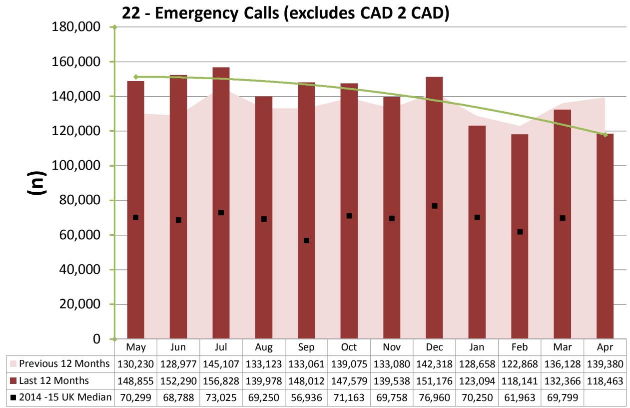
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	37,812	36,829	39,611	36,558	36,390	39,440	37,948	40,833	38,266	36,294	40,105	38,995
Last 12 Months	40,973	40,099	40,775	37,645	38,685	42,078	41,669	46,309	40,852	37,357	41,334	38,590
2014 -15 UK Median	23,968	23,122	23,459	22,480	22,221	23,763	24,230	27,874	24,760	21,627	24,996	

The number of Category A calls resulting in an ambulance able to transport the patient arriving at the scene of the incident. (ACQI HQU03_1_2_2)



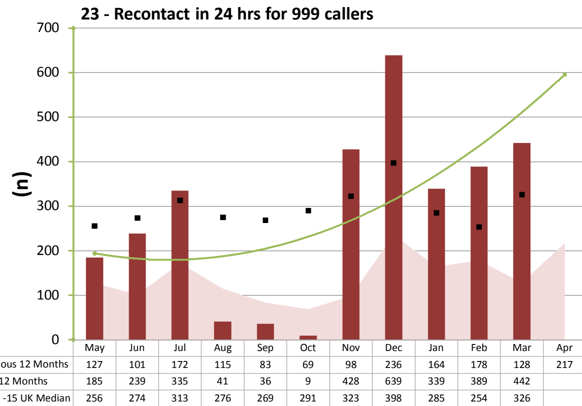
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	12	14	26	27	18	26	21	438	47	22	15	96
Last 12 Months	337	209	1,331	114	809	663	863	1,165	92	88	288	
2014 -15 UK Max	3,248	6,270	8,703	4,205	4,262	3,714	3,224	6,685	3,031	2,168	1,698	
2014 -15 UK Median	488	566	730	625	728	523	599	1,001	446	277	360	

Number of emergency and urgent calls abandoned before being answered (ACQI SQU03_1_1_1)



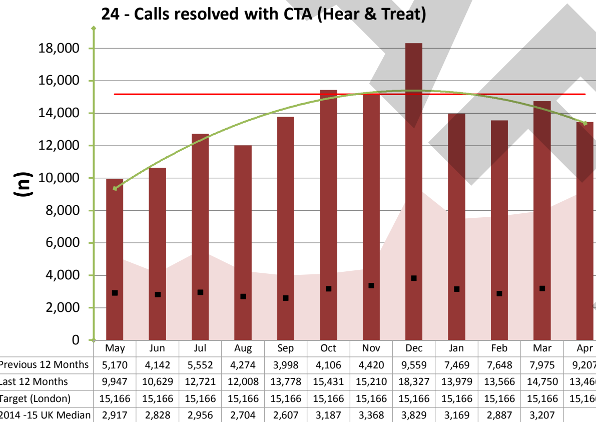
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	130,230	128,977	145,107	133,123	133,061	139,075	133,080	142,318	128,658	122,868	136,128	139,380
Last 12 Months	148,855	152,290	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463
2014 -15 UK Median	70,299	68,788	73,025	69,250	56,936	71,163	69,758	76,960	70,250	61,963	69,799	

Total number of emergency and urgent calls presented to switchboard (ACQI SQU03_1_1_2)



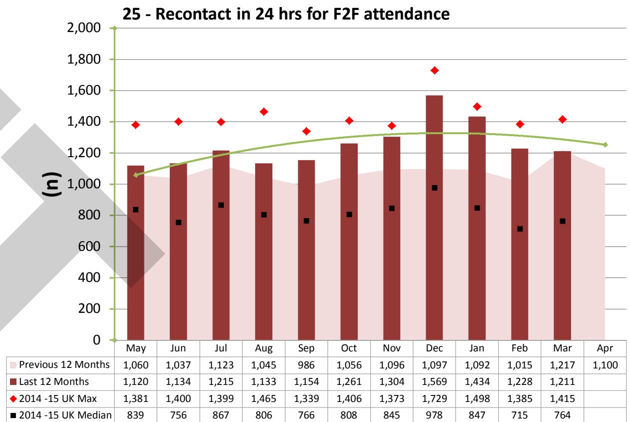
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	127	101	172	115	83	69	98	236	164	178	128	217
Last 12 Months	185	239	335	41	36	9	428	639	339	389	442	
2014 -15 UK Median	256	274	313	276	269	291	323	398	285	254	326	

Emergency calls closed with telephone advice where re-contact occurs within 24 hours. (ACQI SQU03_2_1_1)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	5,170	4,142	5,552	4,274	3,998	4,106	4,420	9,559	7,469	7,648	7,975	9,207
Last 12 Months	9,947	10,629	12,721	12,008	13,778	15,431	15,210	18,327	13,979	13,566	14,750	13,466
Target (London)	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166	15,166
2014 -15 UK Median	2,917	2,828	2,956	2,704	2,607	3,187	3,368	3,829	3,169	2,887	3,207	

Emergency calls closed with telephone advice. (ACQI SQU03_2_1_2)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1,060	1,037	1,123	1,045	986	1,056	1,096	1,097	1,092	1,015	1,217	1,100
Last 12 Months	1,120	1,134	1,215	1,133	1,154	1,261	1,304	1,569	1,434	1,228	1,211	
2014 -15 UK Max	1,381	1,400	1,399	1,465	1,339	1,406	1,373	1,729	1,498	1,385	1,415	
2014 -15 UK Median	839	756	867	806	766	808	845	978	847	715	764	

Patients treated and discharged on scene where re-contact occurs within 24 hours (ACQI SQU03_2_2_1)

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Effective - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

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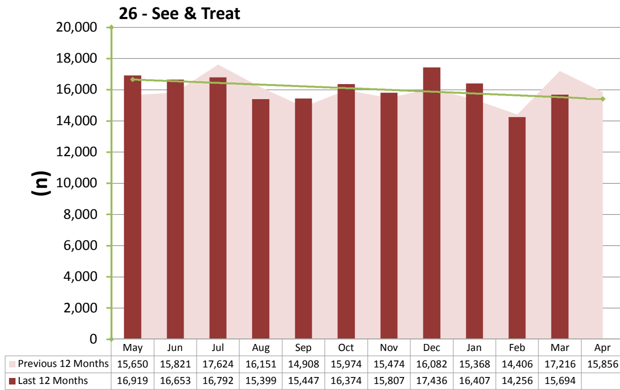
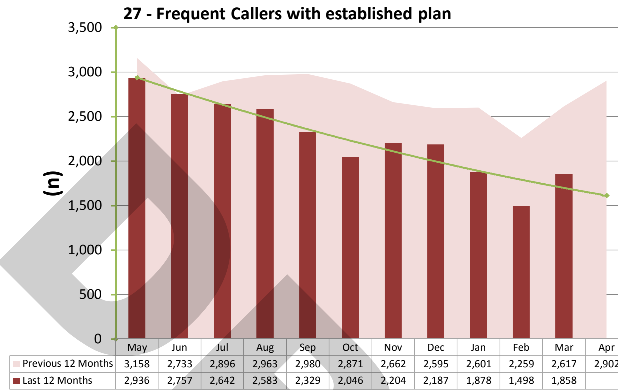


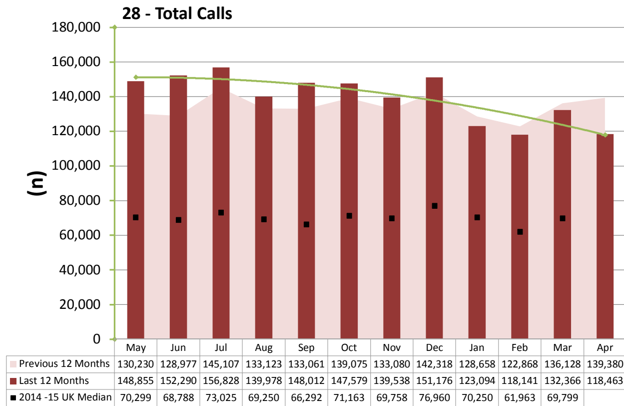
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	15,650	15,821	17,624	16,151	14,908	15,974	15,474	16,082	15,368	14,406	17,216	15,856
Last 12 Months	16,919	16,653	16,792	15,399	15,447	16,374	15,807	17,436	16,407	14,256	15,694	

Patients treated and discharged on scene. (ACQI SQU03_2_2_2)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	3,158	2,733	2,896	2,963	2,980	2,871	2,662	2,595	2,601	2,259	2,617	2,902
Last 12 Months	2,936	2,757	2,642	2,583	2,329	2,046	2,204	2,187	1,878	1,498	1,858	

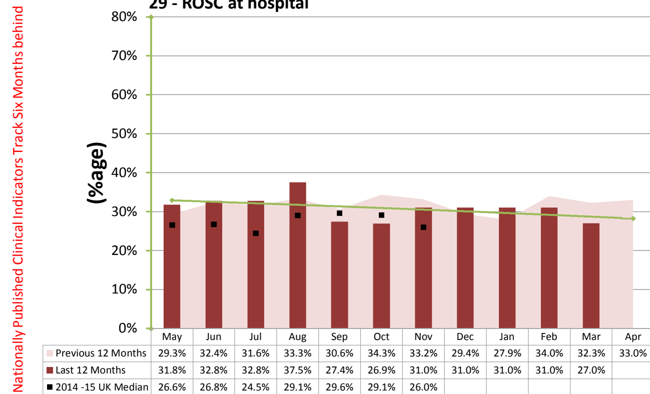
Emergency calls from patients for whom a locally agreed frequent caller procedure is in place (ACQI SQU03_2_3_1) N.B. Four (4) Trusts do not identify frequent caller data.



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	130,230	128,977	145,107	133,123	133,061	139,075	133,080	142,318	128,658	122,868	136,128	139,380
Last 12 Months	148,855	152,290	156,828	139,978	148,012	147,579	139,538	151,176	123,094	118,141	132,366	118,463
2014 -15 UK Median	70,299	68,788	73,025	69,250	66,292	71,163	69,758	76,960	70,250	61,963	69,799	

Total number of emergency calls presented to switchboard (ACQI SQU03_2_3_2)

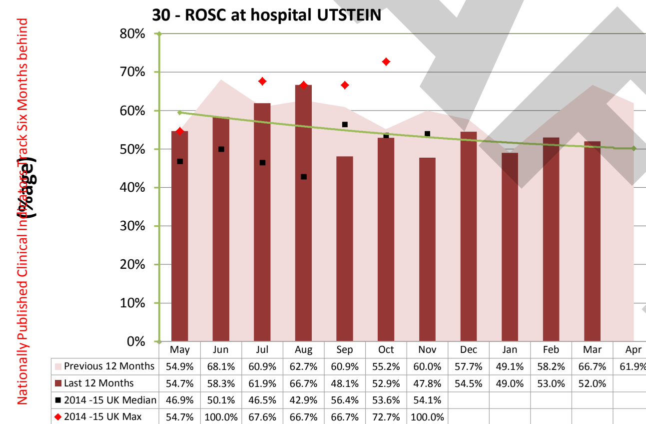
Nationally Published Clinical Indicators Track Six Months behind



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	29.3%	32.4%	31.6%	33.3%	30.6%	34.3%	33.2%	29.4%	27.9%	34.0%	32.3%	33.0%
Last 12 Months	31.8%	32.8%	32.8%	37.5%	27.4%	26.9%	31.0%	31.0%	31.0%	31.0%	27.0%	
2014 -15 UK Median	26.6%	26.8%	24.5%	29.1%	29.6%	29.1%	26.0%					

The percentage of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest that had a Return of Spontaneous Circulation (ROSC) on arrival at hospital (ACQI SQU03_3_1_1 & SQU03_3_1_2)

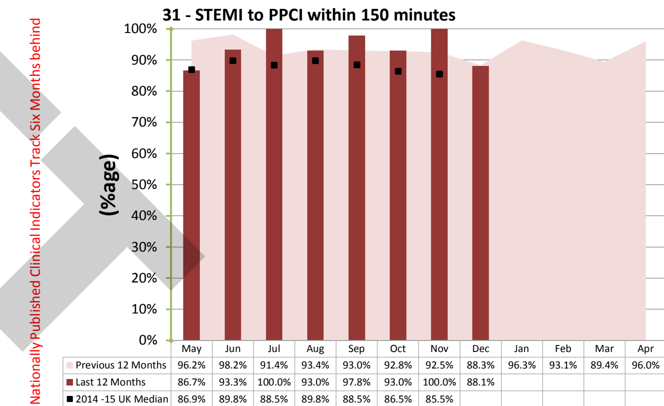
Nationally Published Clinical Indicators Track Six Months behind



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	54.9%	68.1%	60.9%	62.7%	60.9%	55.2%	60.0%	57.7%	49.1%	58.2%	66.7%	61.9%
Last 12 Months	54.7%	58.3%	61.9%	66.7%	48.1%	52.9%	47.8%	54.5%	49.0%	53.0%	52.0%	
2014 -15 UK Median	46.9%	50.1%	46.5%	42.9%	56.4%	53.6%	54.1%					
2014 -15 UK Max	54.7%	100.0%	67.6%	66.7%	66.7%	72.7%	100.0%					

% of pts who had resuscitation commenced/continued by the ambulance following an pre-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that had a ROSC on arrival at hospital (ACQI SQU03_3_2_1 & SQU03_3_2_2)

Nationally Published Clinical Indicators Track Six Months behind



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	96.2%	98.2%	91.4%	93.4%	93.0%	92.8%	92.5%	88.3%	96.3%	93.1%	89.4%	96.0%
Last 12 Months	86.7%	93.3%	100.0%	93.0%	97.8%	93.0%	100.0%	88.1%				
2014 -15 UK Median	86.9%	89.8%	88.5%	89.8%	88.5%	86.5%	85.5%					

The percentage of patients suffering a STEMI who are directly transferred to a Heart Attack Centre for PPCI who receive angioplasty within 150 minutes of time of call (ACQI SQU03_5_2_1 & SQU03_5_2_2)

Effective - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

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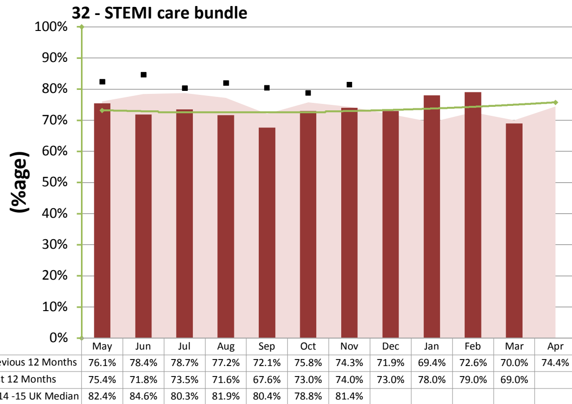
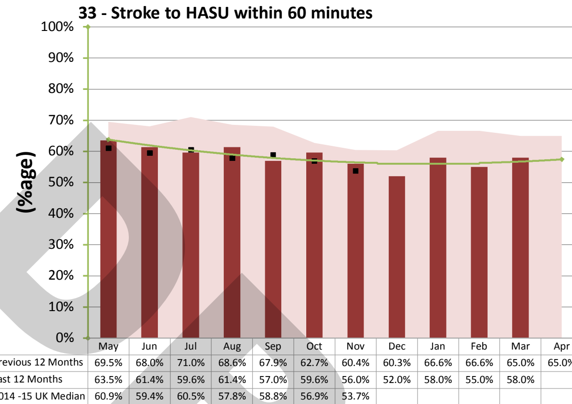


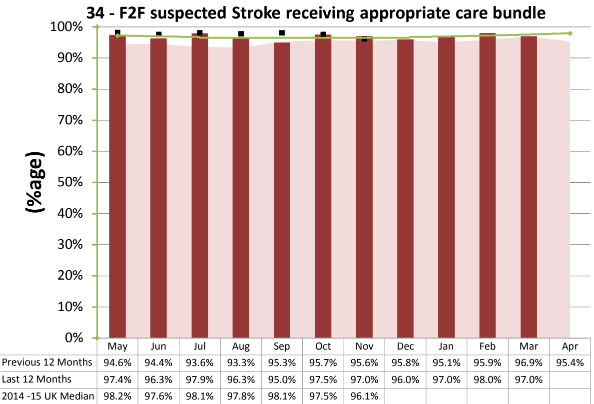
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	76.1%	78.4%	78.7%	77.2%	72.1%	75.8%	74.3%	71.9%	69.4%	72.6%	70.0%	74.4%
Last 12 Months	75.4%	71.8%	73.5%	71.6%	67.6%	73.0%	74.0%	73.0%	78.0%	79.0%	69.0%	
2014 -15 UK Median	82.4%	84.6%	80.3%	81.9%	80.4%	78.8%	81.4%					

The percentage of patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction confirmed on ECG who received an appropriate care bundle (ACQI SQU03_5_3_1 & SQU03_5_3_2)



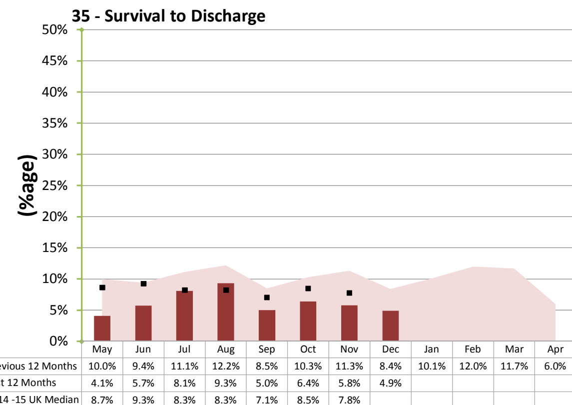
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	69.5%	68.0%	71.0%	68.6%	67.9%	62.7%	60.4%	60.3%	66.6%	66.6%	65.0%	65.0%
Last 12 Months	63.5%	61.4%	59.6%	61.4%	57.0%	59.6%	56.0%	52.0%	58.0%	55.0%	58.0%	
2014 -15 UK Median	60.9%	59.4%	60.5%	57.8%	58.8%	56.9%	53.7%					

The percentage of FAST positive stroke patients potentially eligible for thrombolysis within agreed local guidelines arriving at a HASU within 60 minutes of emergency call connecting to the ambulance service (ACQI SQU03_6_1_1 & SQU03_6_1_2)



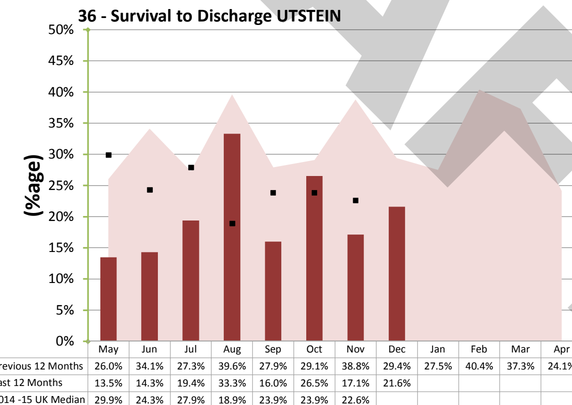
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	94.6%	94.4%	93.6%	93.3%	95.3%	95.7%	95.6%	95.8%	95.1%	95.9%	96.9%	95.4%
Last 12 Months	97.4%	96.3%	97.9%	96.3%	95.0%	97.5%	97.0%	96.0%	97.0%	98.0%	97.0%	
2014 -15 UK Median	98.2%	97.6%	98.1%	97.8%	98.1%	97.5%	96.1%					

The number of suspected stroke patients assessed face to face who received an appropriate care bundle (ACQI SQU03_6_2_1 & SQU03_6_2_2)



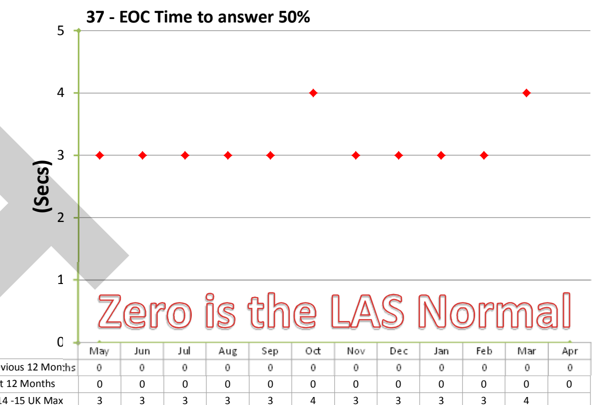
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	10.0%	9.4%	11.1%	12.2%	8.5%	10.3%	11.3%	8.4%	10.1%	12.0%	11.7%	6.0%
Last 12 Months	4.1%	5.7%	8.1%	9.3%	5.0%	6.4%	5.8%	4.9%				
2014 -15 UK Median	8.7%	9.3%	8.3%	8.3%	7.1%	8.5%	7.8%					

% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged (ACQI SQU03_7_1_1 & SQU03_7_1_2)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	26.0%	34.1%	27.3%	39.6%	27.9%	29.1%	38.8%	29.4%	27.5%	40.4%	37.3%	24.1%
Last 12 Months	13.5%	14.3%	19.4%	33.3%	16.0%	26.5%	17.1%	21.6%				
2014 -15 UK Median	29.9%	24.3%	27.9%	18.9%	23.9%	23.9%	22.6%					

% of patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest of presumed cardiac origin where the arrest was bystander witnessed and the initial rhythm was VF/VT that were discharged (ACQI SQU03_7_2_1 & SQU03_7_2_2)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
Last 12 Months	0	0	0	0	0	0	0	0	0	0	0	0
2014 -15 UK Max	3	3	3	3	3	4	3	3	3	3	4	

Time to answer calls (emergency and urgent), measured by median percentile. (ACQI SQU03_8_1_1_50)

Effective - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data

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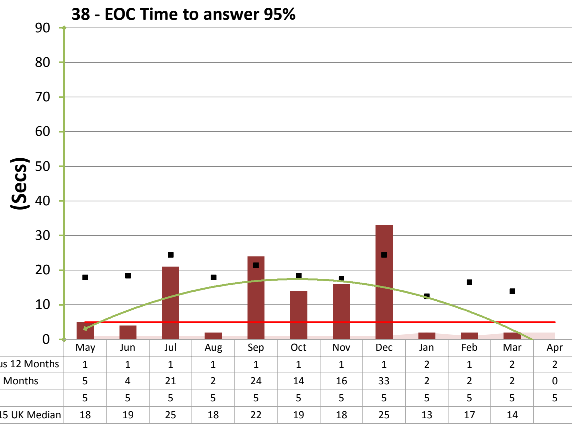
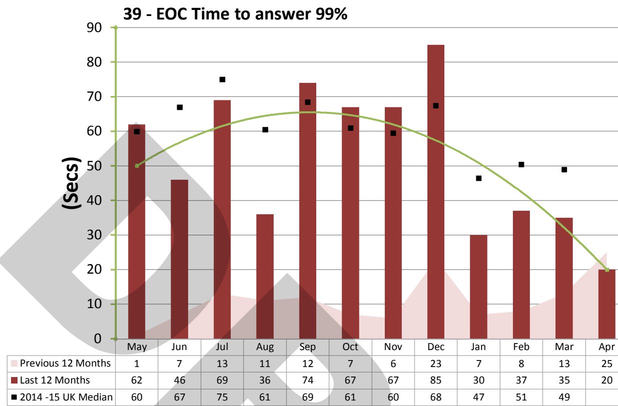


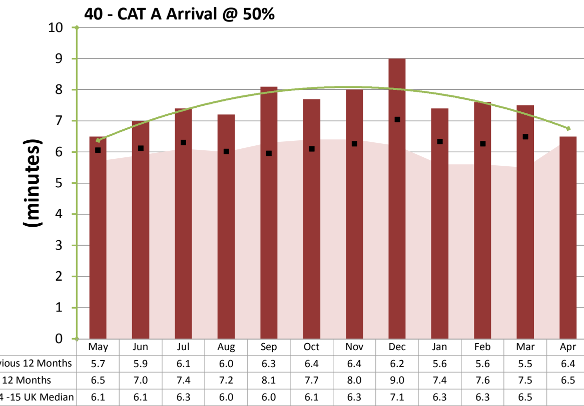
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1	1	1	1	1	1	1	1	2	1	2	2
Last 12 Months	5	4	21	2	24	14	16	33	2	2	2	0
Target	5	5	5	5	5	5	5	5	5	5	5	5
2014 -15 UK Median	18	19	25	18	22	19	18	25	13	17	14	

Time to answer calls (emergency and urgent), measured by 95th percentile. (ACQI SQU03_8_1_1_95)



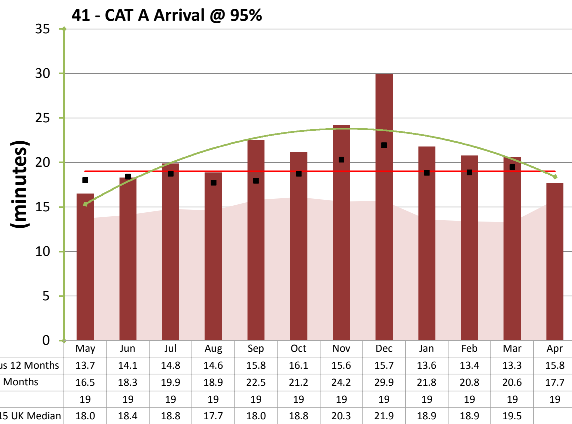
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1	7	13	11	12	7	6	23	7	8	13	25
Last 12 Months	62	46	69	36	74	67	67	85	30	37	35	20
2014 -15 UK Median	60	67	75	61	69	61	60	68	47	51	49	

Time to answer calls (emergency and urgent), measured by 99th percentile. (ACQI SQU03_8_1_1_99)



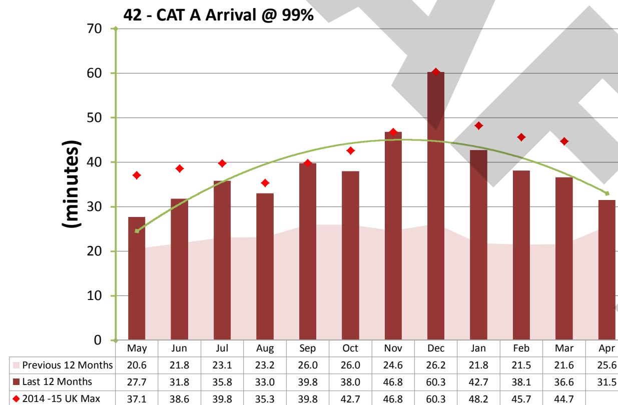
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	5.7	5.9	6.1	6.0	6.3	6.4	6.4	6.2	5.6	5.6	5.5	6.4
Last 12 Months	6.5	7.0	7.4	7.2	8.1	7.7	8.0	9.0	7.4	7.6	7.5	6.5
2014 -15 UK Median	6.1	6.1	6.3	6.0	6.0	6.1	6.3	7.1	6.3	6.3	6.5	

Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by median percentile. (ACQI SQU03_9_1_1_50)



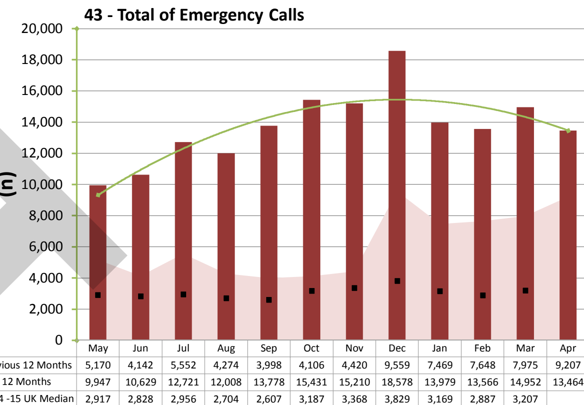
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	13.7	14.1	14.8	14.6	15.8	16.1	15.6	15.7	13.6	13.4	13.3	15.8
Last 12 Months	16.5	18.3	19.9	18.9	22.5	21.2	24.2	29.9	21.8	20.8	20.6	17.7
Target	19	19	19	19	19	19	19	19	19	19	19	19
2014 -15 UK Median	18.0	18.4	18.8	17.7	18.0	18.8	20.3	21.9	18.9	18.9	19.5	

Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 95th percentile. (ACQI SQU03_9_1_1_95)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	20.6	21.8	23.1	23.2	26.0	26.0	24.6	26.2	21.8	21.5	21.6	25.6
Last 12 Months	27.7	31.8	35.8	33.0	39.8	38.0	46.8	60.3	42.7	38.1	36.6	31.5
2014 -15 UK Max	37.1	38.6	39.8	35.3	39.8	42.7	46.8	60.3	48.2	45.7	44.7	

Time to arrival of an ambulance-dispatched health professional dispatched by the ambulance service for immediately life-threatening (Category A) calls, measured by 99th percentile. (ACQI SQU03_9_1_1_99)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	5,170	4,142	5,552	4,274	3,998	4,106	4,420	9,559	7,469	7,648	7,975	9,207
Last 12 Months	9,947	10,629	12,721	12,008	13,778	15,431	15,210	18,578	13,979	13,566	14,952	13,464
2014 -15 UK Median	2,917	2,828	2,956	2,704	2,607	3,187	3,368	3,829	3,169	2,887	3,207	

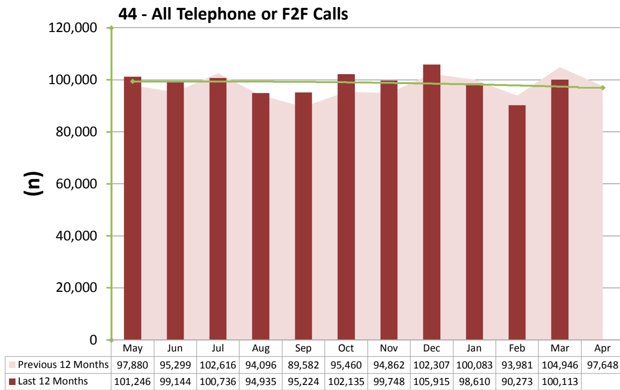
Number of emergency calls that have been resolved by providing telephone advice. (ACQI SQU03_10_1_1)

Effective - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months

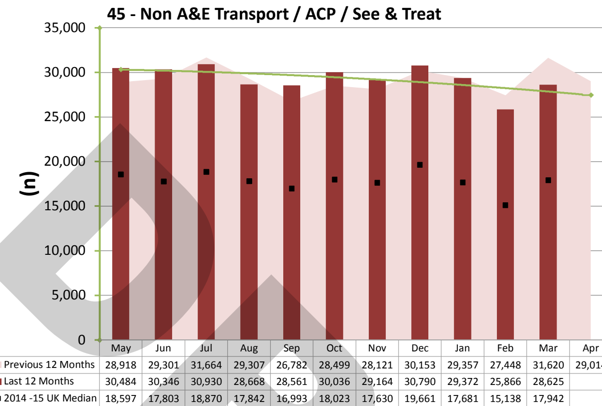
Median Values are derived from UK data MINUS London and I.O.W. Data

DRAFT



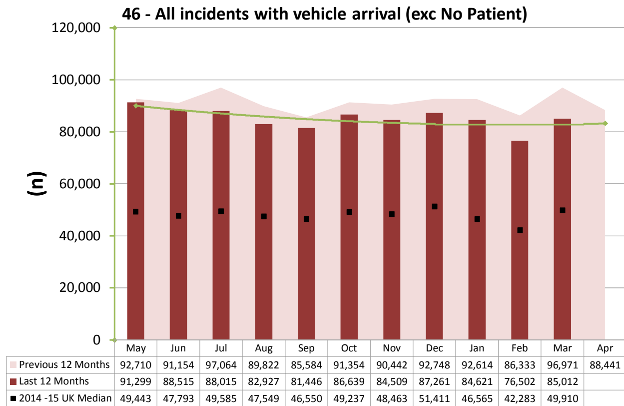
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	97,880	95,299	102,616	94,096	89,582	95,460	94,862	102,307	100,083	93,981	104,946	97,648
Last 12 Months	101,246	99,144	100,736	94,935	95,224	102,135	99,748	105,915	98,610	90,273	100,113	

All emergency calls that receive a telephone or face-to-face response from the ambulance service (ACQI SQU03_10_1_2)



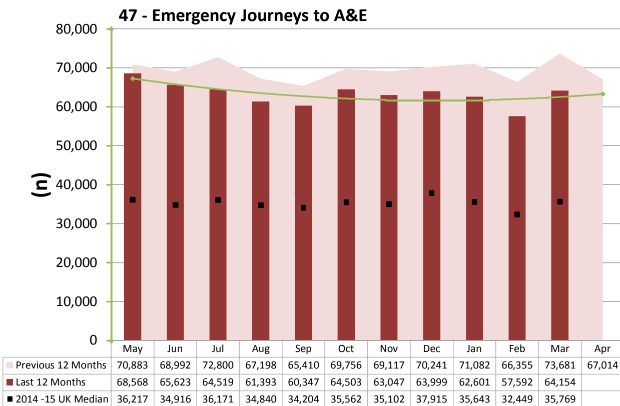
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	28,918	29,301	31,664	29,307	26,782	28,499	28,121	30,153	29,357	27,448	31,620	29,014
Last 12 Months	30,484	30,346	30,930	28,668	28,561	30,036	29,164	30,790	29,372	25,866	28,625	
2014 -15 UK Median	18,597	17,803	18,870	17,842	16,993	18,023	17,630	19,661	17,681	15,138	17,942	

Patient journeys to a destination other than Type 1 and 2 A&E + number of patients discharged after treatment at the scene or onward referral to an alternative care pathway (ACQI SQU03_10_2_1)



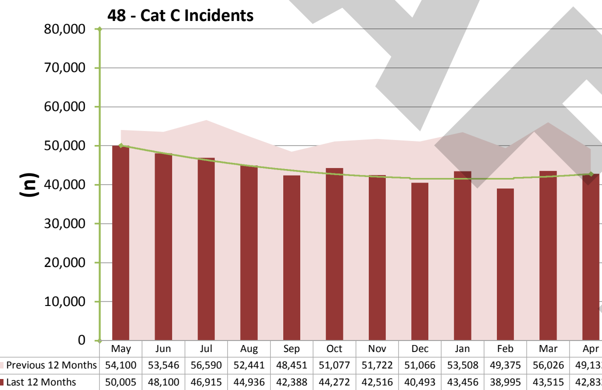
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	92,710	91,154	97,064	89,822	85,584	91,354	90,442	92,748	92,614	86,333	96,971	88,441
Last 12 Months	91,299	88,515	88,015	82,927	81,446	86,639	84,509	87,261	84,621	76,502	85,012	
2014 -15 UK Median	49,443	47,793	49,585	47,549	46,550	49,237	48,463	51,411	46,565	42,283	49,910	

All emergency calls that receive a face-to-face response from the ambulance service (ACQI SQU03_10_2_2)



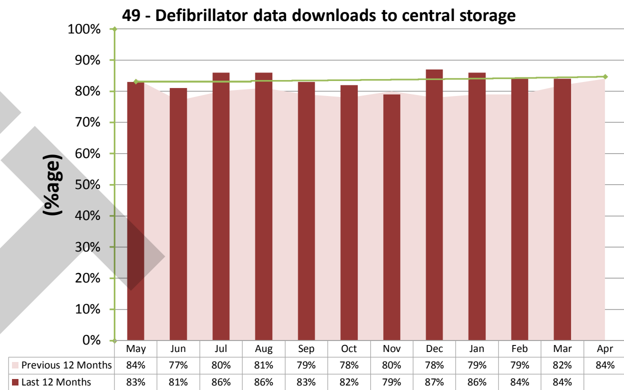
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	70,883	68,992	72,800	67,198	65,410	69,756	69,117	70,241	71,082	66,355	73,681	67,014
Last 12 Months	68,568	65,623	64,519	61,393	60,347	64,503	63,047	63,999	62,601	57,592	64,154	
2014 -15 UK Median	36,217	34,916	36,171	34,840	34,204	35,562	35,102	37,915	35,643	32,449	35,769	

Number of emergency journeys (ACQI ASI SRS17 1 1 1)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	54,100	53,546	56,590	52,441	48,451	51,077	51,722	51,066	53,508	49,375	56,026	49,133
Last 12 Months	50,005	48,100	46,915	44,936	42,388	44,272	42,516	40,493	43,456	38,995	43,515	42,833

Number of Category C Incidents received by Month (C1-C4)



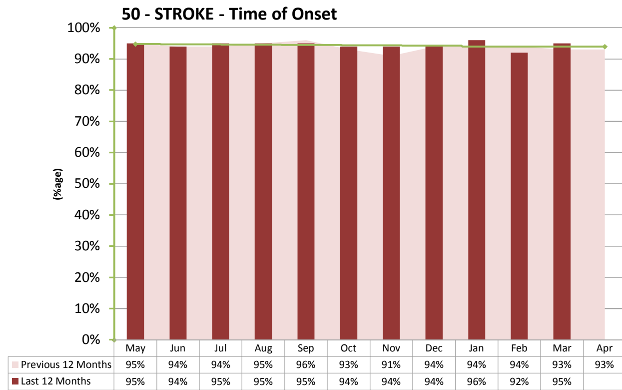
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	84%	77%	80%	81%	79%	78%	80%	78%	79%	79%	82%	84%
Last 12 Months	83%	81%	86%	86%	83%	82%	79%	87%	86%	84%	84%	

The percentage of data downloads from defibrillators for patients who had resuscitation commenced/continued by the ambulance service following an out-of-hospital cardiac arrest (LAS Clinical Performance Indicators)

Effective - Dashboard Metric Graphs - DRAFT v2E

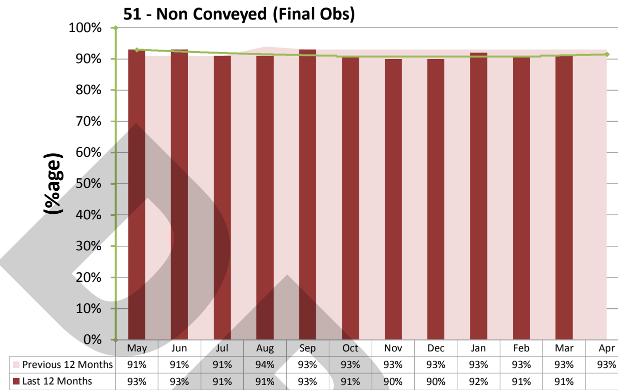
Green Line is a Polynomial Trend line of last 12 months

Median Values are derived from UK data MINUS London and I.O.W. Data



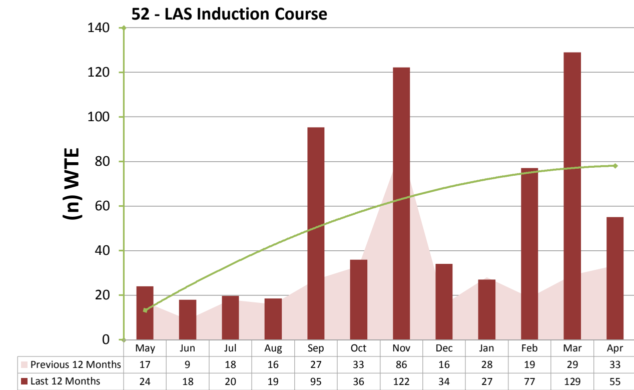
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	95%	94%	94%	95%	96%	93%	91%	94%	94%	94%	93%	93%
Last 12 Months	95%	94%	95%	95%	95%	94%	94%	94%	96%	92%	95%	

The percentage of FAST positive stroke patients where time of onset of symptoms is recorded or where time of onset is reported as unknown (LAS Clinical Performance Indicators)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	91%	91%	91%	94%	93%	93%	93%	93%	93%	93%	93%	93%
Last 12 Months	93%	93%	91%	91%	93%	91%	90%	90%	92%	91%	91%	

The percentage of non-conveyed patients where a final full set of observations is recorded (or valid exception). Defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour. (LAS CPI)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	17	9	18	16	27	33	86	16	28	19	29	33
Last 12 Months	24	18	20	19	95	36	122	34	27	77	129	55

WTE of New Staff receiving a formal service induction course. This does not count localised inductions

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Caring - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months

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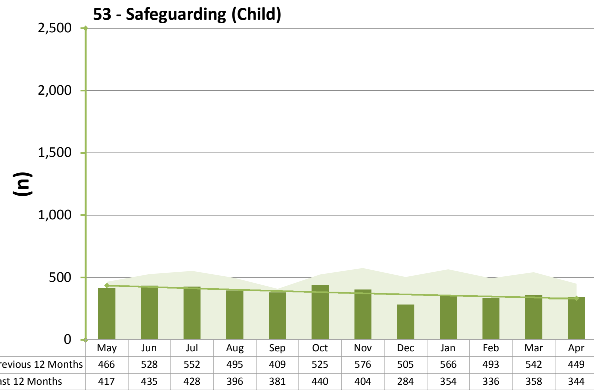
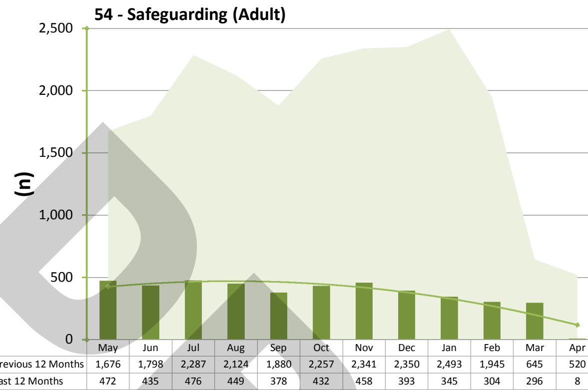


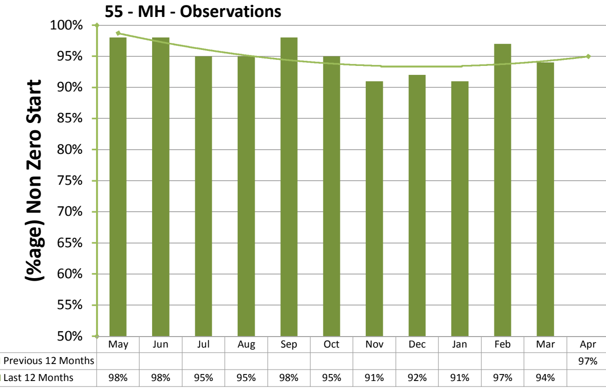
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	466	528	552	495	409	525	576	505	566	493	542	449
Last 12 Months	417	435	428	396	381	440	404	284	354	336	358	344

Count of Children referred by Service to appropriate authorities



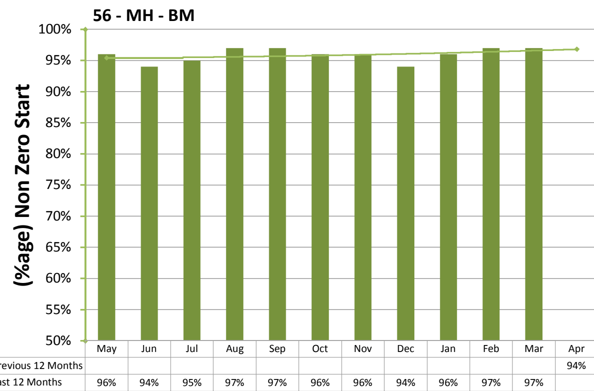
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1,676	1,798	2,287	2,124	1,880	2,257	2,341	2,350	2,493	1,945	645	520
Last 12 Months	472	435	476	449	378	432	458	393	345	304	296	8

Count of Adults referred by Service to appropriate authorities



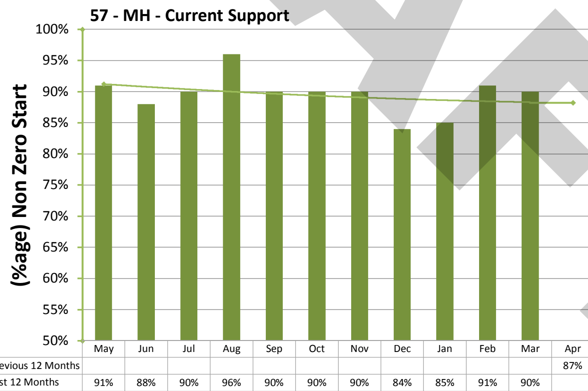
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												97%
Last 12 Months	98%	98%	95%	95%	98%	95%	91%	92%	91%	97%	94%	

The percentage of PRFs where a full set of observations is recorded (or valid exception) for mental health patients (defined as Time (hh:mm), AVPU, respiratory rate and depth, O2 saturations, pulse rate and character, blood pressure and colour). (LAS Clinical Performance Indicators)



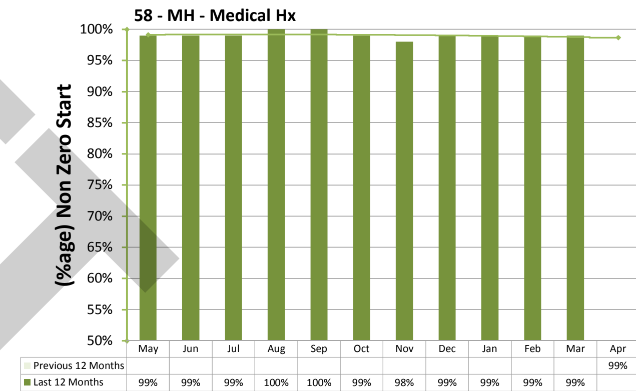
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												94%
Last 12 Months	96%	94%	95%	97%	97%	96%	96%	94%	96%	97%	97%	

The percentage of PRFs where a blood glucose is recorded for mental health patients with an altered mental state or documented use of antipsychotic medication (or valid exception). (LAS Clinical Performance Indicators)



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												87%
Last 12 Months	91%	88%	90%	96%	90%	90%	90%	84%	85%	91%	90%	

The percentage of PRFs with a record of the current Psychiatrist/ Care Co-ordinator/ Community Psychiatric Nurse/ Care or Approved Social Worker or that patient does not have any of the listed professionals (or valid exception). (LAS Clinical Performance Indicators)

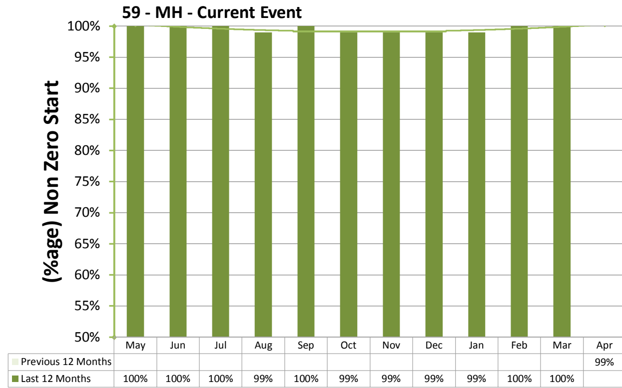


	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												99%
Last 12 Months	99%	99%	99%	100%	100%	99%	98%	99%	99%	99%	99%	

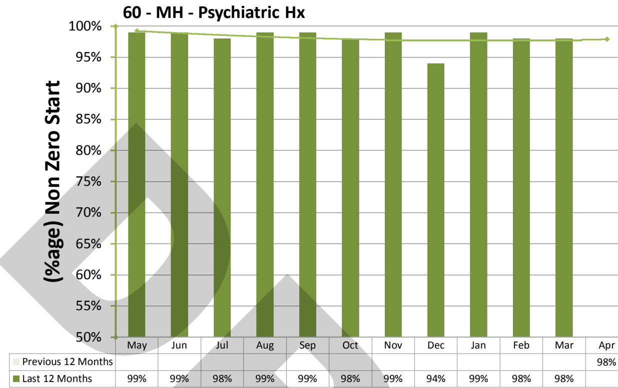
The percentage of PRFs for mental health patients with a record of medical history, allergies and medications (or valid exception). (LAS Clinical Performance Indicators)

Caring - Dashboard Metric Graphs - DRAFT v2E

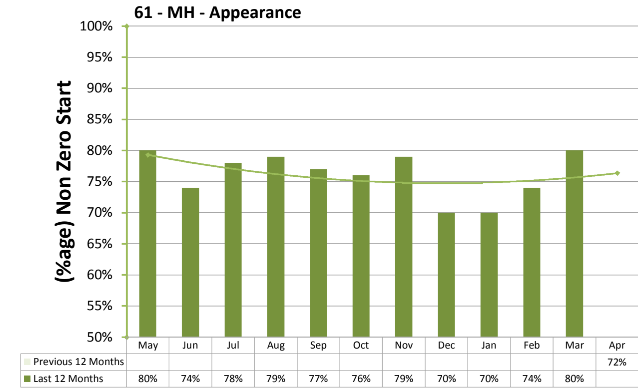
Green Line is a Polynomial Trend line of last 12 months



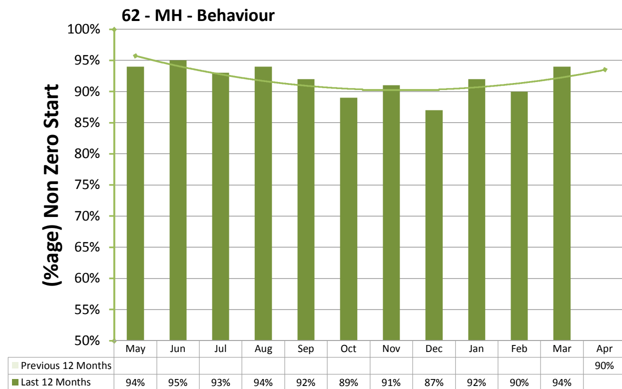
The percentage of PRFs with the history of the current event documented including time of onset of symptoms (or valid exception) for mental health patients. (LAS Clinical Performance Indicators)



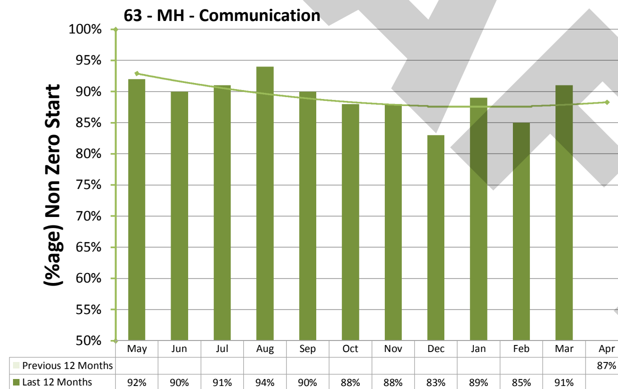
The percentage of PRFs for mental health patients with their diagnosed psychiatric problem documented (or valid exception). (LAS Clinical Performance Indicators)



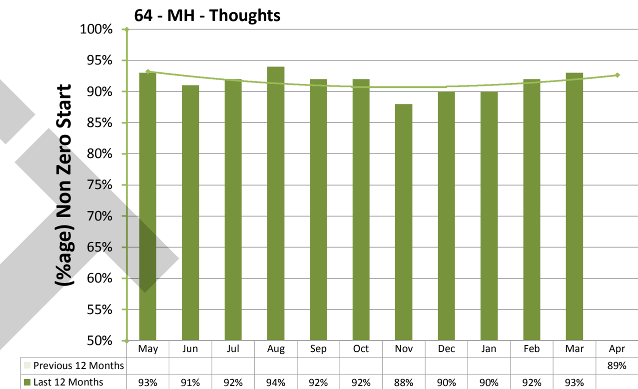
The percentage of PRFs for mental health patients with a description of their appearance documented (or valid exception). (LAS Clinical Performance Indicators)



The percentage of PRFs for mental health patients with an assessment of the patient's behaviour documented (or valid exception)



The percentage of PRFs for mental health patients with an assessment of the patient's communication documented (or valid exception). (LAS Clinical Performance Indicators)



The percentage of PRFs for mental health patients with an assessment of the patient's expressed thoughts documented (or valid exception). (LAS Clinical Performance Indicators)

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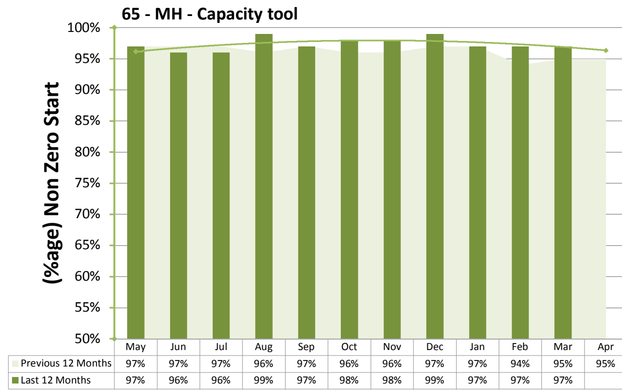
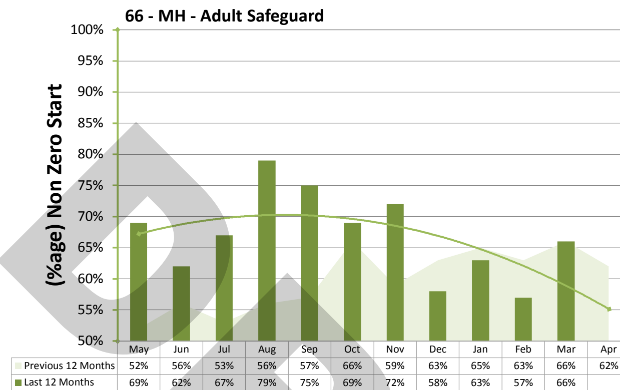
Caring - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months



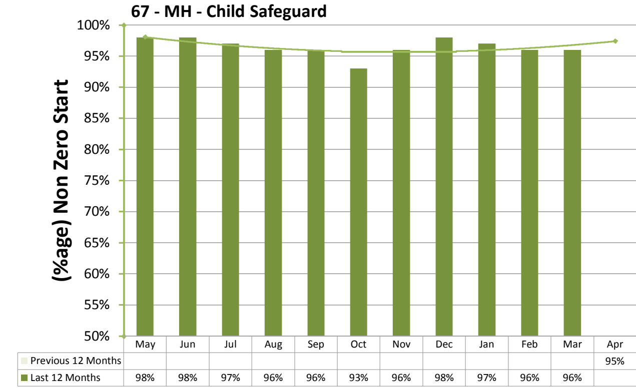
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	97%	97%	97%	96%	97%	96%	96%	97%	97%	94%	95%	95%
Last 12 Months	97%	96%	96%	99%	97%	98%	98%	99%	97%	97%	97%	

The percentage of PRFs for mental health patients where a capacity tool has been used where a patient refuses assessment, a form of treatment and/or conveyance and patient capacity is in doubt. (LAS Clinical Performance Indicators)



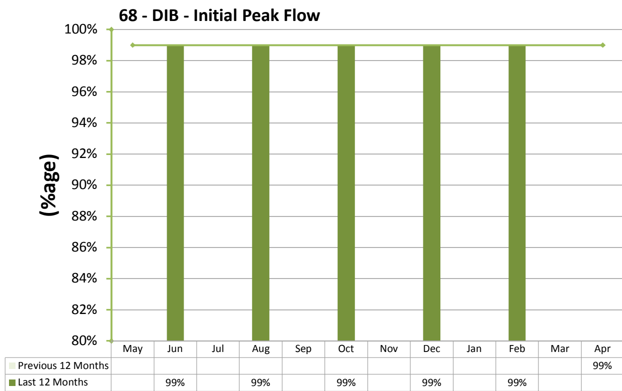
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	52%	56%	53%	56%	57%	66%	59%	63%	65%	63%	66%	62%
Last 12 Months	69%	62%	67%	79%	75%	69%	72%	58%	63%	57%	66%	

The percentage of PRFs for mental health patients where safeguarding has been considered. A Notification of Adult at Risk or in Need Form (LA280) should be completed for any vulnerable patient that has had thoughts of or attempted self harm or suicide, or where the crew suspects abuse or neglect. (LAS Clinical Performance Indicators)



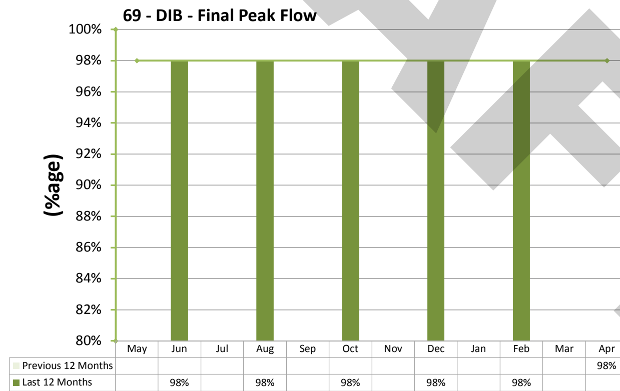
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												95%
Last 12 Months	98%	98%	97%	96%	96%	93%	96%	98%	97%	96%	96%	

The percentage of PRFs for mental health patients where safeguarding has been considered for all vulnerable children in the household where significant harm, abuse, or neglect is suspected. An LAS Notification of Contact with a Child at Risk or Need" Form (LA279) should be completed. (LAS Clinical Performance Indicators)



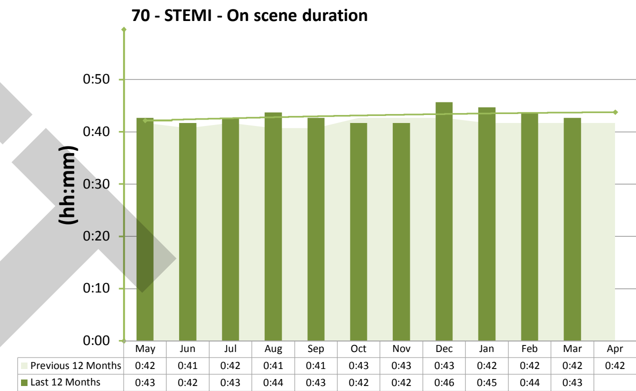
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												99%
Last 12 Months		99%		99%		99%		99%		99%		

The percentage of patients with difficulty in breathing with an initial peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												98%
Last 12 Months		98%		98%		98%		98%		98%		

The percentage of patients with difficulty in breathing with a final peak flow recorded (or valid exception). (LAS Clinical Performance Indicators). Alternate Months



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	0:42	0:41	0:42	0:41	0:41	0:43	0:43	0:43	0:42	0:42	0:42	0:42
Last 12 Months	0:43	0:42	0:43	0:44	0:43	0:42	0:42	0:46	0:45	0:44	0:43	

The average on-scene time for STEMI patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)

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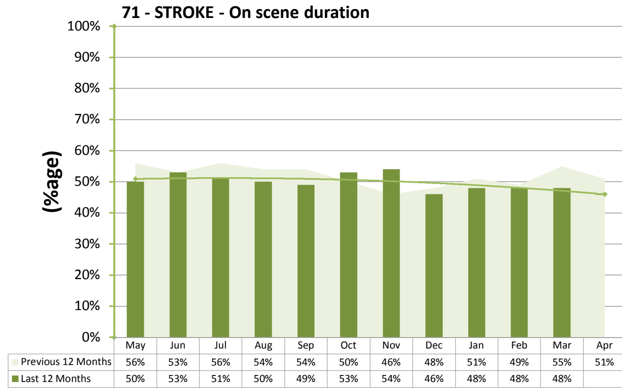
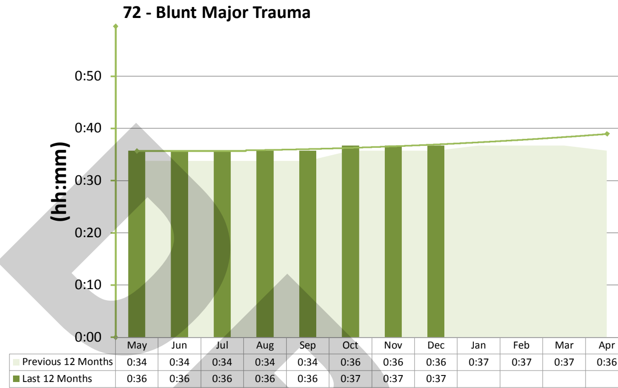
Caring - Dashboard Metric Graphs - DRAFT v2E

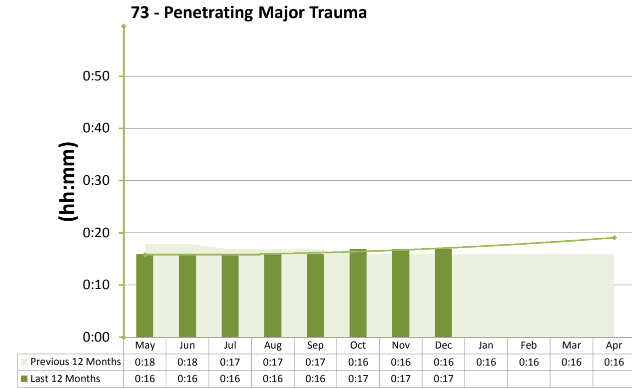
Green Line is a Polynomial Trend line of last 12 months



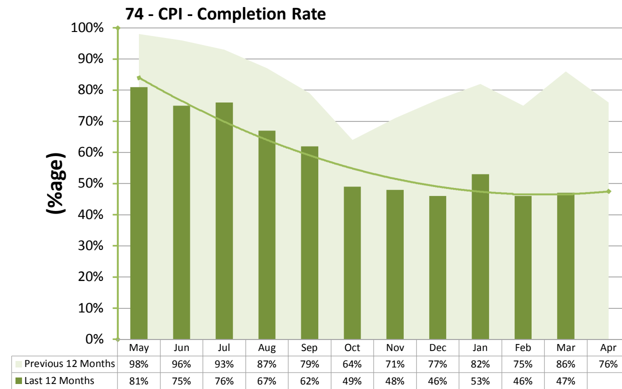
The average on-scene time for FAST positive stroke patients from arrival of first vehicle on-scene to conveying vehicle leaving scene. (LAS Clinical Performance Indicators)



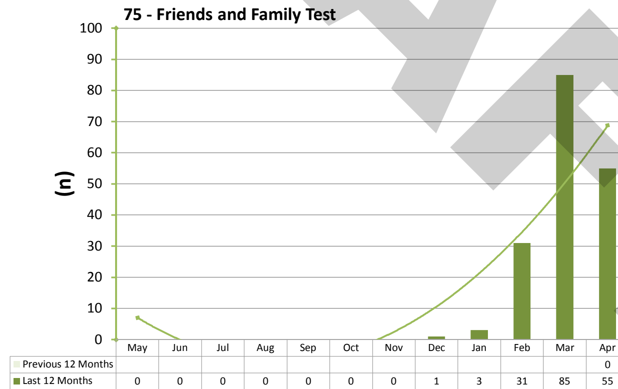
The average on-scene time for major trauma patients with blunt injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr



The average on-scene time for major trauma patients with penetrating injuries from arrival of first transporting vehicle on-scene to leaving scene. This measure excludes patients who are recorded as trapped on crew arrival or attended by a HEMS or BASICS doctor. (LAS Clinical Performance Indicators). Data by Qtr



The percentage of audits completed by Team Leaders or trained restricted duties paramedics. (LAS Clinical Performance Indicators)

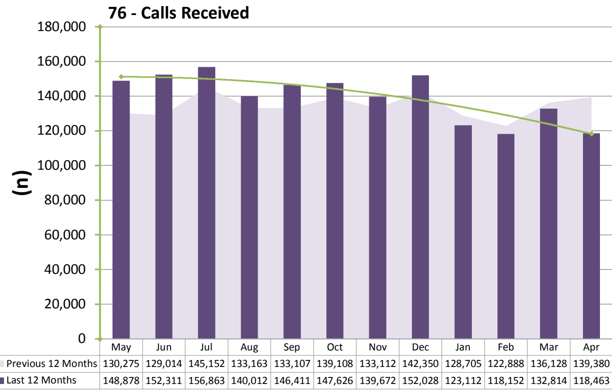


Numbers by month of returns from Friends and Family Test (Formally commences April 2015)

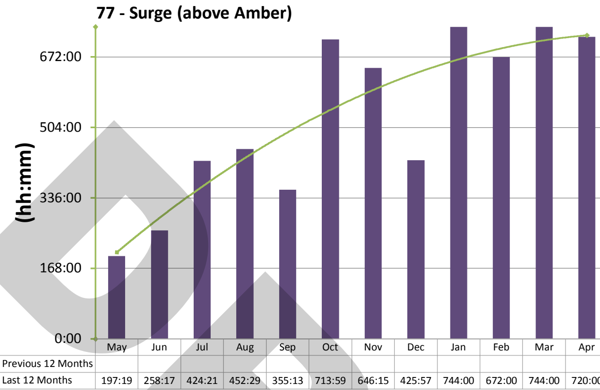
DRAFT

Responsive - Dashboard Metric Graphs - DRAFT v2E

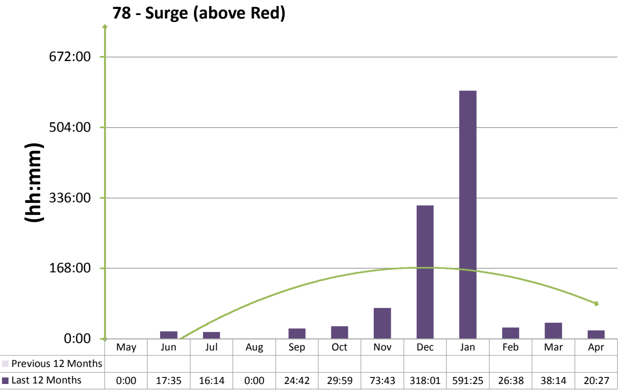
Green Line is a Polynomial Trend line of last 12 months



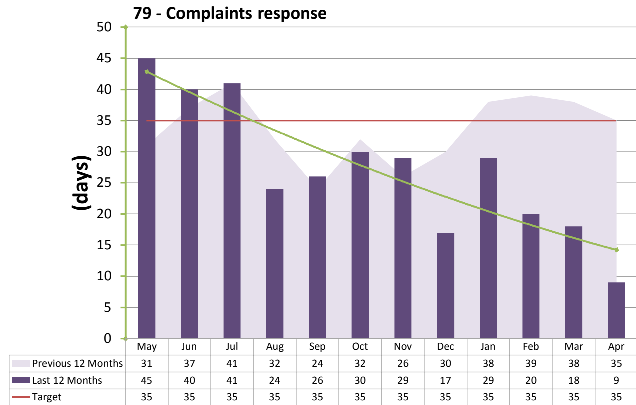
Total calls to LAS excluding direct CAD interfaces



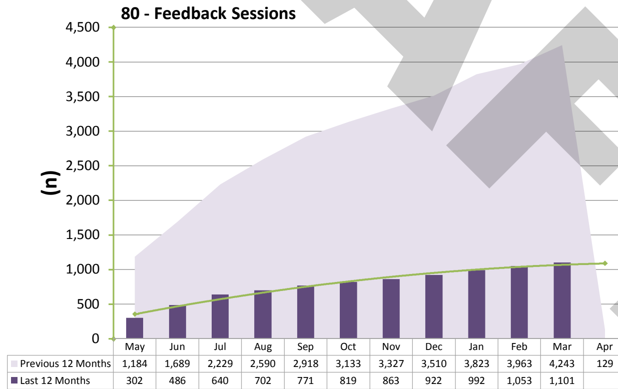
Surge (above Amber) inc Red (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan



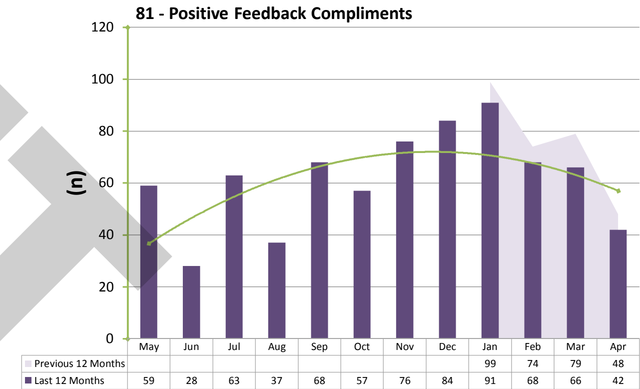
Surge (above Red) (EOC Excess demand management). Data from July 14 Onwards, replaced Demand Management Plan



A true reflection of response times cannot be calculated until the furthest timescale (i.e. 35 days working days have elapsed) - Approximately 33% of complaints are closed within the 35 day time frame



The percentage of expected face to face CPI feedback sessions undertaken.

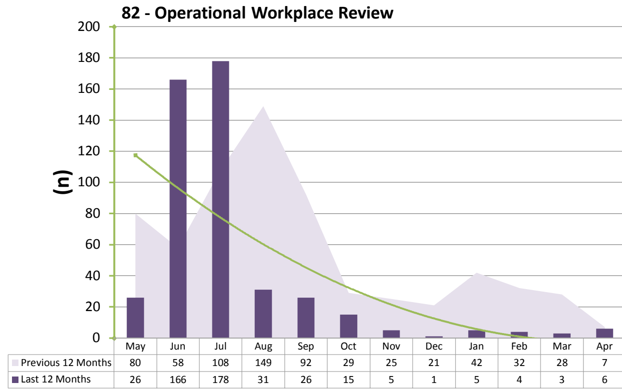


Letters of thanks sent to the Service addressed to any member of staff and notified to the Communications Team. (Pre Nov 2013 letters scanned Total 733)

DRAFT

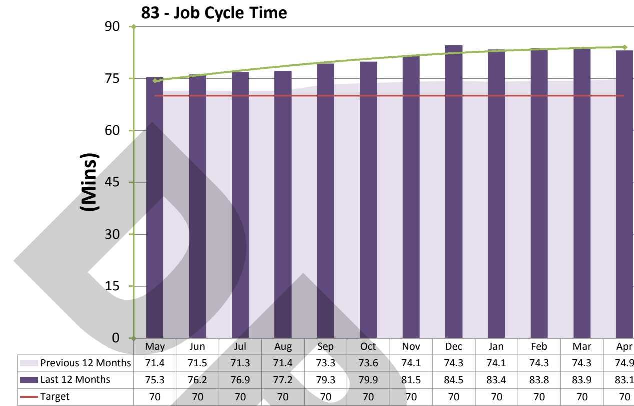
Responsive - Dashboard Metric Graphs - DRAFT v2E

Green Line is a Polynomial Trend line of last 12 months



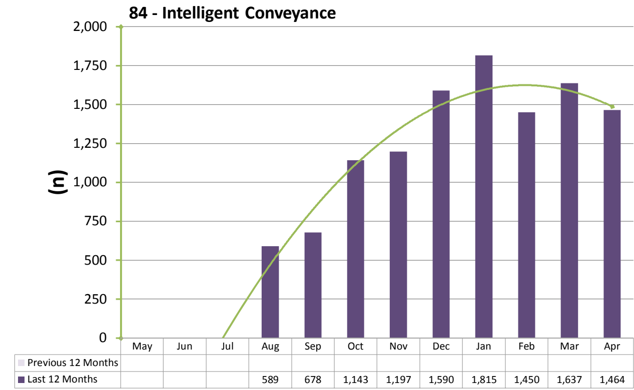
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	80	58	108	149	92	29	25	21	42	32	28	7
Last 12 Months	26	166	178	31	26	15	5	1	5	4	3	6

Reviews of staff, variously recorded as CPD (Continuing Professional Development) CPDI (Interview), IPR (Individual Performance Review), PDR (Personal Development Review), PCD (Personal Career Development)



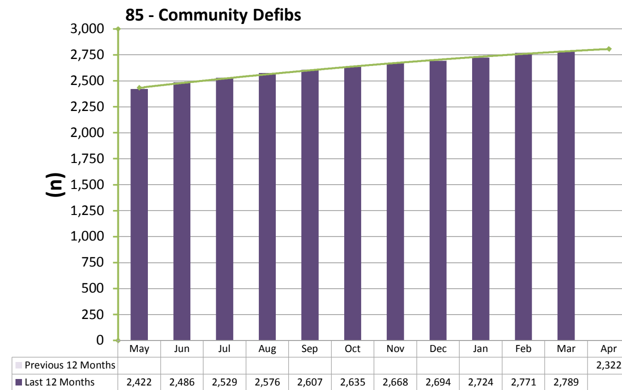
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	71.4	71.5	71.3	71.4	73.3	73.6	74.1	74.3	74.1	74.3	74.3	74.9
Last 12 Months	75.3	76.2	76.9	77.2	79.3	79.9	81.5	84.5	83.4	83.8	83.9	83.1
Target	70	70	70	70	70	70	70	70	70	70	70	70

Job Cycle Time Average for Month (Conveyed and Non Conveyed rpt 644)



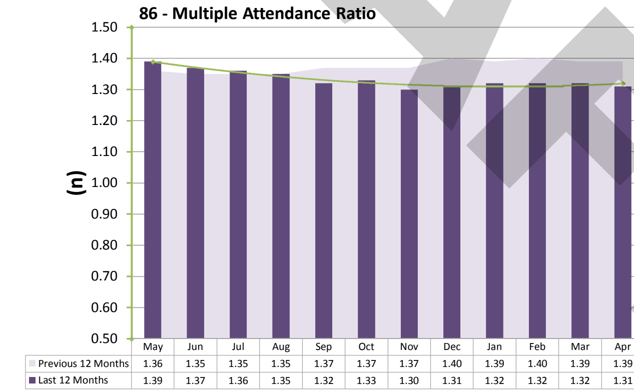
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												
Last 12 Months				589	678	1,143	1,197	1,590	1,815	1,450	1,637	1,464

Number of Vehicles diverted to create capacity at alternative Emergency Departments



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months												2,322
Last 12 Months	2,422	2,486	2,529	2,576	2,607	2,635	2,668	2,694	2,724	2,771	2,789	

Number of Public Access Defibs available pan London



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1.36	1.35	1.35	1.35	1.37	1.37	1.37	1.40	1.39	1.40	1.39	1.39
Last 12 Months	1.39	1.37	1.36	1.35	1.32	1.33	1.30	1.31	1.32	1.32	1.32	1.31

Multiple Attendance Ratio. A calculation based on A & C responses of how many occasions an additional vehicle has attended a scene. Acceptable reasons would be cardiac arrest or multiple casualties

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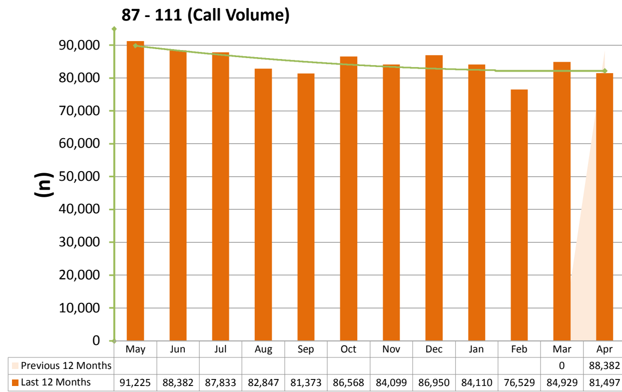
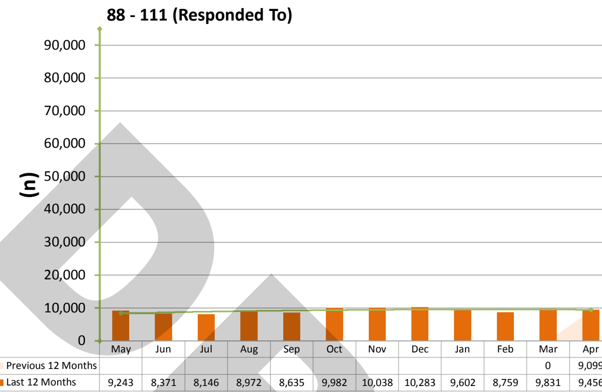
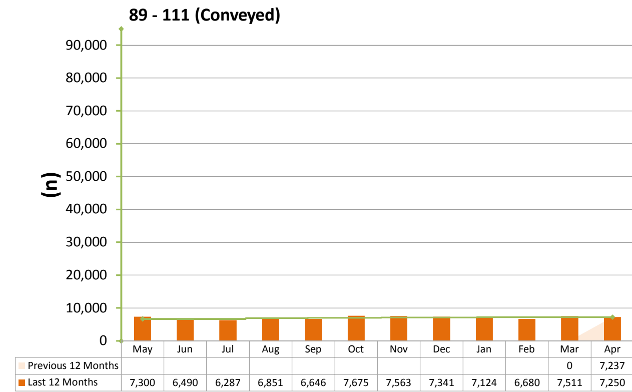


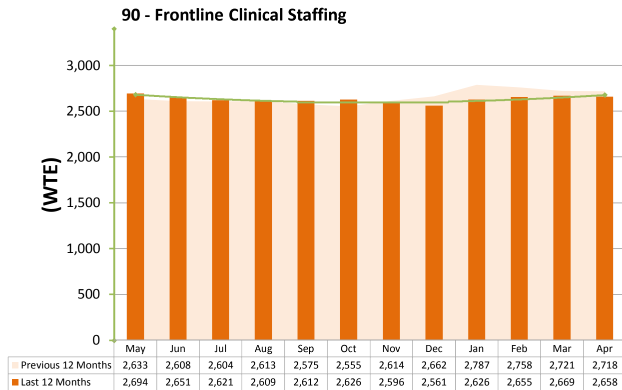
Number of calls presented to 111 within London and recorded by LAS



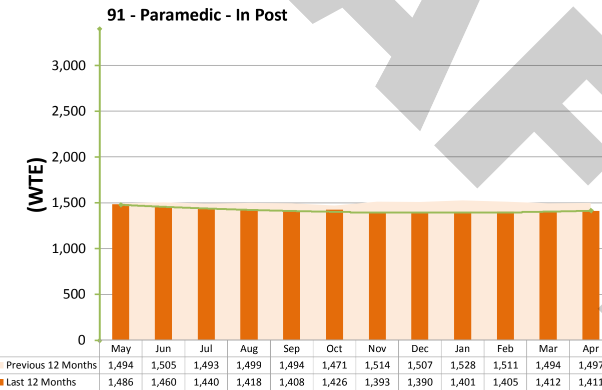
Number of 111 calls transferred to the LAS for attendance with patient



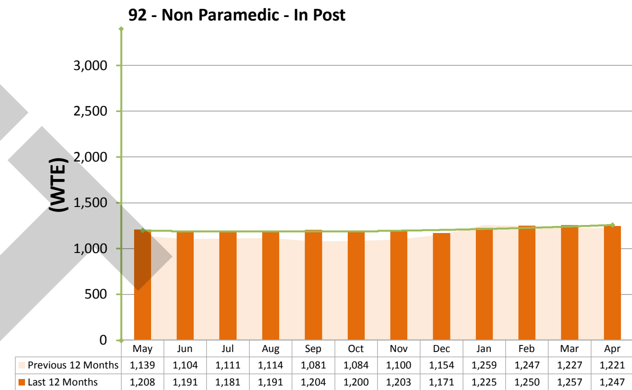
Number of 111 calls who receive LAS attendance at scene and are subsequently conveyed to hospital



Count of paramedic and Non Paramedic frontline staff (excludes management / admin grades etc.)



Qualified Paramedical Staff deployed on frontline duties



Non Paramedical Staff deployed on frontline duties (Numbers includes student paramedics etc.)

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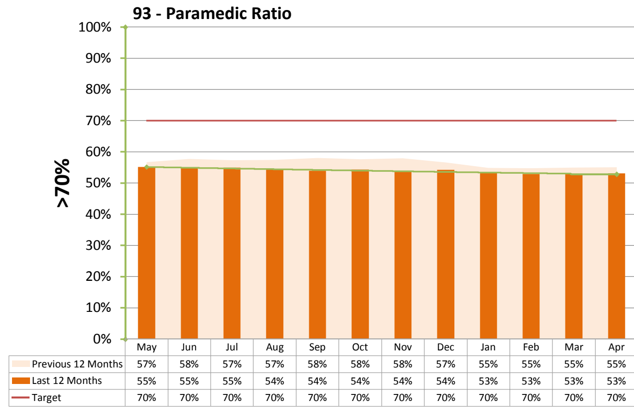
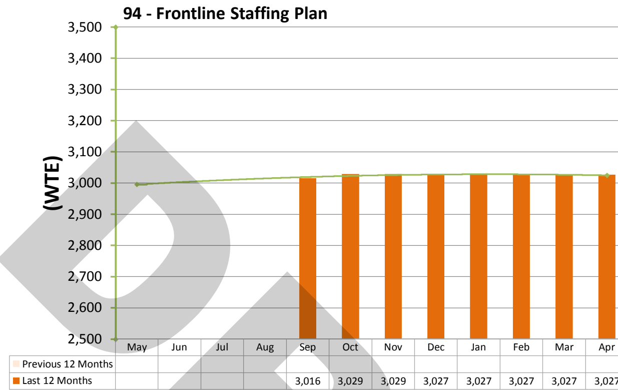
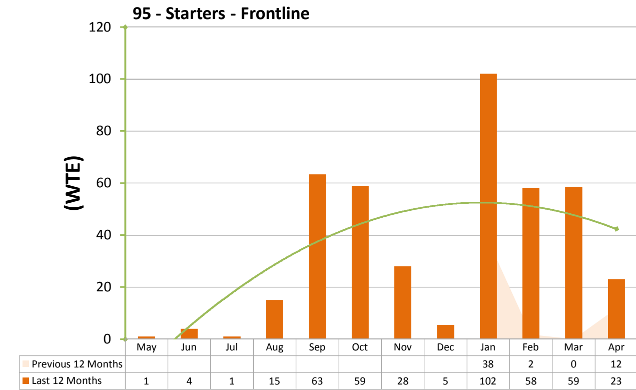


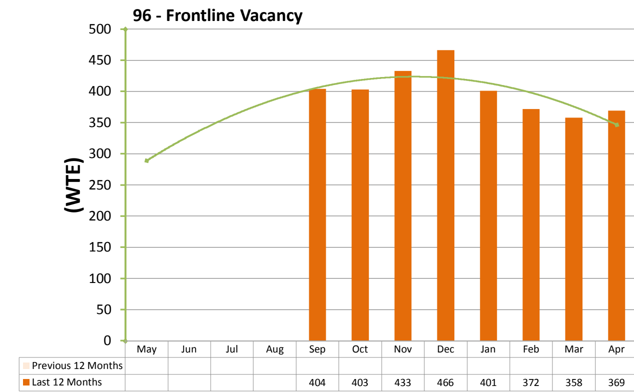
Paramedic to Non Paramedic expressed as percentage. Commisioners Target for 2016 is 70%



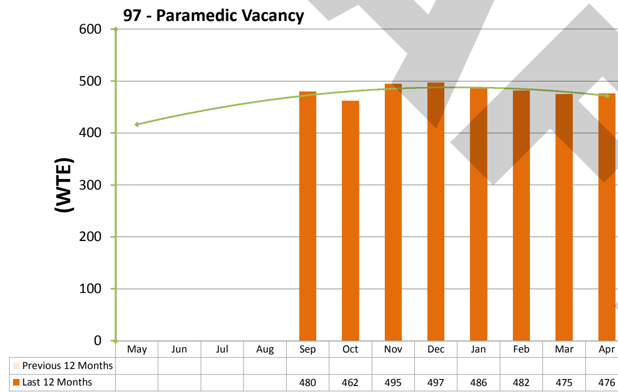
Frontline staff plan including 32% relief factor (from September 2014)



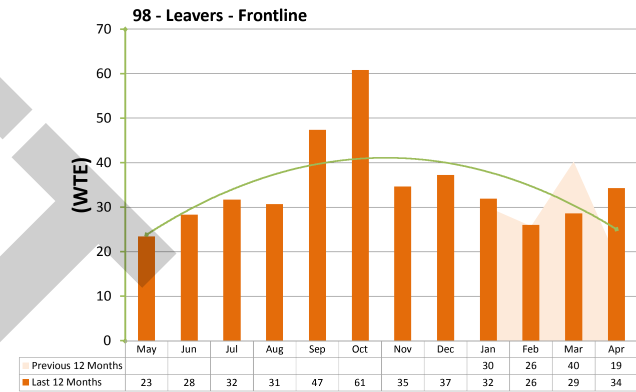
WTE Trainees and joiners who will take up frontline duties, once qualified



Monthly WTE vacancy factor including 32% relief



Paramedic only vacancies (inc Relief)



Staff leaving LAS for other jobs from frontline

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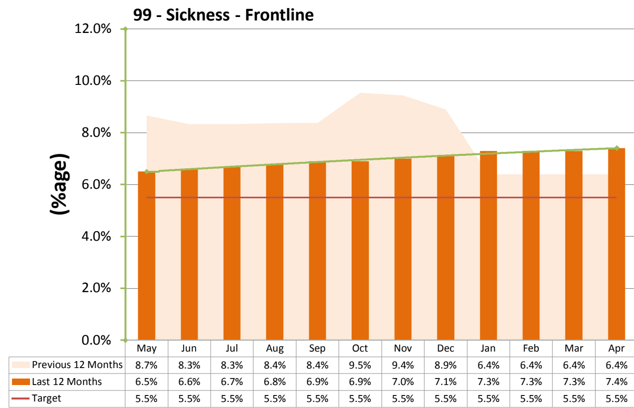
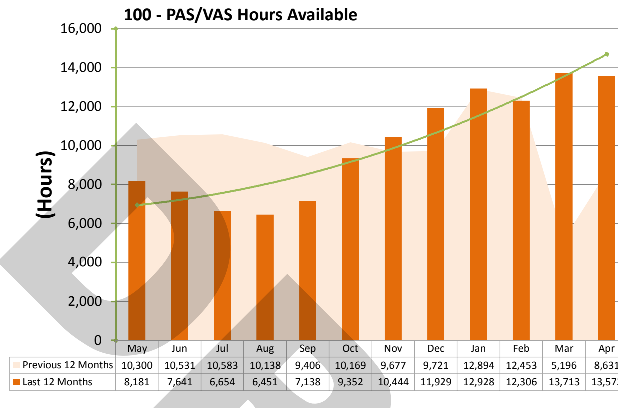


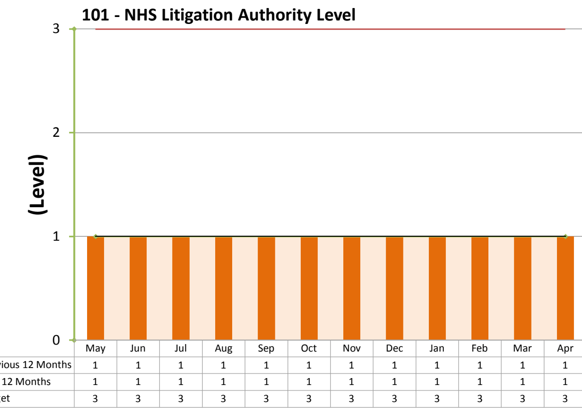
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	8.7%	8.3%	8.3%	8.4%	8.4%	9.5%	9.4%	8.9%	6.4%	6.4%	6.4%	6.4%
Last 12 Months	6.5%	6.6%	6.7%	6.8%	6.9%	6.9%	7.0%	7.1%	7.3%	7.3%	7.3%	7.4%
Target	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%

Combined Short and Long Term Sickness for frontline staff



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	10,300	10,531	10,583	10,138	9,406	10,169	9,677	9,721	12,894	12,453	5,196	8,631
Last 12 Months	8,181	7,641	6,654	6,451	7,138	9,352	10,444	11,929	12,928	12,306	13,713	13,573

Total Hours recorded as being supplied by Private Ambulance Service (PAS) or Voluntary Ambulance Service (VAS) to support frontline operations



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Previous 12 Months	1	1	1	1	1	1	1	1	1	1	1	1
Last 12 Months	1	1	1	1	1	1	1	1	1	1	1	1
Target	3	3	3	3	3	3	3	3	3	3	3	3

NHSLA Level

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Acronym	Meaning
01:40	Ratio of checks, 1 from 40
A19	Category A (R1-R3) calls with an 19 minute performance
A8	Category A (R1-R3) calls with an 8 minute performance
ACP	Alternative Care Pathways (non emergency room)
ACS	Acute Coronary System (Heart illness)
AEU	Ambulance (Accident & Emergency Unit)
AMI	Acute Myocardial Infarction (Heart Attack)
BM	Blood test
C1 - C4	Lower Acuity Illness / Injury Calls
CAS	Central Alerting System (NHS)
CAT	Category as in performance definitions leading to a response
CPD	Continual Professional Development
CPI	Clinical Performance Indicator
CPR	Cardio-Pulmonary Resuscitation
CRU	Cycle Response Unit
CSR	Core Skills Refresher (Training for consistency of application of care)
DIB	Difficult Breathing
EOC	Emergency Operations Centre (999 control rom)
ETCO2	End tidal CO2 (exhaled bodily air monitoring for Carbon Dioxide)
F2F	Face to face
FAST	Face, Arm, Speech, Time (Indicators of a Stroke)
FFT	Friends & Family Test
FRU	Fast Response Unit (Car)
GCS	Glasgow Coma Score (levels of consciousness)
HAC	Heart Attack Centre
HAS	Hospital Alert Screen
Hx	History (abbreviation)
LBBB	Left Bundle Branch Block (Electrical changes in the heart)
MAR	Multiple Attendance Ratio (Ave count of vehicl3es attending incidents)
MRU	Motorcycle Response Unit
NRLS	National Reporting & Learning System
O2	Oxygen
Obs	Observations (abbreviation)
OWR	Occupational Workplace Review
Polynomial	In mathematics, an expression consisting of variables and coefficients, that involves only the operations of addition, subtraction, multiplication, and non-negative integer exponents
Pts	Patient(s)
R1 - R3	Calls that are described as life threatening
RED 1	R1
ROSC	Return of Spontaneous Circulation (Heartbeat with Blood pressure)
SPO2	Peripheral capillary oxygen saturation
STEMI	ST Elevation Myocardial infarction (Electrical changes in the heart)
TOA	Time of Arrival
VT/VF	Ventricular Tachycardia / Ventricular Fibrillation (Electrical changes in the heart)
WTE	Whole Time Equivalent (1 person)

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No	Indicator	Data Provider	Definition	Data Source	Data ID	Lead Exec	Lead Division/Corporate	Description	Threshold rationale	Threshold Approver
001	Training excluding Core Skills Refreshers	Data from (GRS) Resource Centre	Total of Frontline Staff training	GRS Records		K.Broughton	Head of Resourcing (P.Cook)	Count from GRS of all training values excluding CSR*	Service Monitoring	
002	Core Skills Refreshers	Data from (GRS) Resource Centre	Total of Frontline CSR Staff training	GRS Records		K.Broughton	Head of Resourcing (P.Cook)	Count from GRS for training marked CSR*	Service Monitoring	
003	Adverse Incidents Reports	Safety & Risk (A.Kelly)	Incidents reported by staff on LA52	Datix		S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	Local Monitoring	
004	Serious Incidents (NHS Signals)	Safety & Risk (A.Kelly)	National Reporting and Learning System (notifications received)	Datix		S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	National Monitoring	N/A
005	Never Events	Safety & Risk (A.Kelly)	Gateway 03199	Datix	Gateway 03199	S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	National Monitoring	N/A
006	Medication Errors	Safety & Risk (A.Kelly)	Incidents reported by staff on LA52	Datix		S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	Local Monitoring	
007	Serious Incidents (LAS Declared)	Safety & Risk (A.Kelly)	Reviewed incidents that are declared by LAS as serious	Datix		S.Adams	Senior Health & Safety Advisor (J.Selby)	Count of type from Datix	National Monitoring	N/A
008	Incidents v Call volume	Calculated from 3,6 & 7 and Total incidents		Datix & MI						
009	Total Complaints	Patient Experiences Department (J.Dawson)	No. of complaints received by P.E.D.	Datix			Head of Patient Experiences (G.Bassett)	Count from Datix	National Monitoring	N/A
010	NHS Central Alert System	Safety & Risk (A.Kelly)	No. of CAS Alerts received	Datix		S.Adams	CAS Officer (A.Street)	Count of type from Datix	National Monitoring	N/A
011	CAS requiring LAS Action	Safety & Risk (A.Kelly)	No. of CAS Alerts that require LAS to take action	Datix		S.Adams	CAS Officer (A.Street)	Count of type from Datix	National Monitoring	N/A
012	Vehicle Cleaning	Fleet (A.Fulcher)	No. of monthly cleans undertaken by contractors	Fleet Excel Table			Interim Director Fleet (S.Westrope)	Count from Excel	Local Monitoring	
013	Locality Alert Register	Management Information (M.Fennell)	Staff safety reports	MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	Excludes CAD links to MPS alerts, subject to planned six monthly reviews of efficacy	Local Monitoring	
014	RED 1 calls at scene < 8 mins	Management Information	No. of R1 Calls within 8 minutes	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_3	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_3	National Target	N/A
015	RED 1 calls arrived at scene	Management Information	No. of incident responses of R1 with vehicle at scene	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_4	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_4	ACQI Monitoring	
016	RED 1 Time to achieve 95%	Management Information	Average time to achieve 95% R1 attendance	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_5	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_5	ACQI Monitoring	
017	RED 2 calls at scene < 8 mins	Management Information	No. of R2 Calls within 8 minutes	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_6	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_6	National Target	N/A
018	RED 2 calls arrived at scene	Management Information	No. of incident responses of R2 with vehicle at scene	Commandpoint & PRF into MI Data Warehouse	HQU03_1_1_7	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_1_7	ACQI Monitoring	
019	CAT A Ambulance at scene < 19 mins	Management Information	No. of ambulances at scene for CAT A within 19 mins	Commandpoint & PRF into MI Data Warehouse	HQU03_1_2_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_2_1	National Target	N/A
020	CAT A Ambulance at scene (transport)	Management Information	No. of ambulances at scene for CAT A transport	Commandpoint & PRF into MI Data Warehouse	HQU03_1_2_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure HQU03_1_2_2	ACQI Monitoring	
021	Abandoned calls before answering	Management Information	999 calls that went unanswered	Commandpoint into MI Data Warehouse	SQU03_1_1_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_1_1_1	ACQI Monitoring	
022	Emergency Calls (excludes CAD 2 CAD)	Management Information	No. of 999 calls to EOC	Commandpoint into MI Data Warehouse	SQU03_1_1_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_1_1_2	ACQI Monitoring	
023	Recontact in 24 hrs for 999 callers	Management Information	No. of callers who repeated call to LAS within 24hrs	Commandpoint into MI Data Warehouse	SQU03_2_1_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_1_1	ACQI Monitoring	
024	Calls resolved with CTA (Hear & Treat)	Management Information	No. calls triaged and referred that did not result in transport	Commandpoint into MI Data Warehouse	SQU03_2_1_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_1_2	ACQI Monitoring	
025	Recontact in 24 hrs for F2F attendance	Management Information	No. callers who having been seen by LAS then recontact	Commandpoint into MI Data Warehouse	SQU03_2_2_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_2_1	ACQI Monitoring	
026	See & Treat	Management Information	No. of face to face incidents	Commandpoint into MI Data Warehouse	SQU03_2_2_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_2_2	ACQI Monitoring	
027	Frequent Callers with established plan	Management Information / PED	No. of patients who access systemand require specific interventions	Commandpoint & PED	SQU03_2_3_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_2_3_1	ACQI Monitoring	
028	Total Calls	Management Information	Duplicate value of measure 22	Commandpoint	SQU03_2_3_2	V.Wynn	MI Manager (S.Meehan)		ACQI Monitoring	
029	ROSC at hospital	Clinical Audit Research Unit(CARU)	Measures expressed as a percentage	Clinical Perfomance Indicators (CPI)	SQU03_3_1_1 & SQU03_3_1_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_3_1_1 & SQU03_3_1_2	ACQI Monitoring	N/A
030	ROSC at hospital UTSTEIN	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_3_2_1 & SQU03_3_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_3_2_1 & SQU03_3_2_2	ACQI Monitoring	N/A
031	STEMI to PPCI within 150 minutes	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_5_2_1 & SQU03_5_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_5_2_1 & SQU03_5_2_2	ACQI Monitoring	N/A

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032	STEMI care bundle	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_5_3_1 & SQU03_5_3_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_5_3_1 & SQU03_5_3_2	ACQI Monitoring	N/A
033	Stroke to HASU within 60 minutes	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_6_1_1 & SQU03_6_1_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_6_1_1 & SQU03_6_1_2	ACQI Monitoring	N/A
034	F2F suspected Stroke receiving appropriate care bundle	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_6_2_1 & SQU03_6_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_6_2_1 & SQU03_6_2_2	ACQI Monitoring	N/A
035	Survival to Discharge	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_7_1_1 & SQU03_7_1_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_7_1_1 & SQU03_7_1_2	ACQI Monitoring	N/A
036	Survival to Discharge UTSTEIN	CARU	Measures expressed as a percentage	CPI of PRF & Audit	SQU03_7_2_1 & SQU03_7_2_2	F.Moore	Clinical Audit Research Unit(CARU)	As per result of Unify2 measures SQU03_7_2_1 & SQU03_7_2_2	ACQI Monitoring	N/A
037	EOC Time to answer 50%	Management Information	Time in Seconds	CommandPoint	SQU03_8_1_1_50	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_8_1_1_50	ACQI Monitoring	
038	EOC Time to answer 95%	Management Information	Time in Seconds	CommandPoint	SQU03_8_1_1_95	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_8_1_1_95	National Target	N/A
039	EOC Time to answer 99%	Management Information	Time in Seconds	CommandPoint	SQU03_8_1_1_99	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_8_1_1_99	ACQI Monitoring	
040	CAT A Arrival @ 50%	Management Information	Time in decimal minutes	Commandpoint & PRF into MI Data Warehouse	SQU03_9_1_1_50	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_9_1_1_50	ACQI Monitoring	
041	CAT A Arrival @ 95%	Management Information	Time in decimal minutes (A19)	Commandpoint & PRF into MI Data Warehouse	SQU03_9_1_1_95	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_9_1_1_95	National Target	N/A
042	CAT A Arrival @ 99%	Management Information	Time in decimal minutes	Commandpoint & PRF into MI Data Warehouse	SQU03_9_1_1_99	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_9_1_1_99	ACQI Monitoring	
043	Total of Emergency Calls	Management Information	No. of 999 calls to EOC resolved by CTA	Commandpoint & PRF into MI Data Warehouse	SQU03_10_1_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_1_1	ACQI Monitoring	
044	All Telephone or F2F Calls	Management Information	No. of 999 calls that have face to face or CTA resolution	Commandpoint & PRF into MI Data Warehouse	SQU03_10_1_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_1_2	ACQI Monitoring	
045	Non A&E Transport / ACP / See & Treat	Management Information	No. of patients that are not conveyed to A&E	Commandpoint & PRF into MI Data Warehouse	SQU03_10_2_1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_2_1	ACQI Monitoring	
046	All incidents with vehicle arrival (exc No Patient)	Management Information	No. of incidents where person present at scene	Commandpoint & PRF into MI Data Warehouse	SQU03_10_2_2	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure SQU03_10_2_2	ACQI Monitoring	
047	Emergency Journeys to A&E	Management Information	Count of conveyances	Commandpoint & PRF into MI Data Warehouse	ASI SRS17 1 1 1	V.Wynn	MI Manager (S.Meehan)	As per Unify2 measure ASI SRS17 1 1 1	ACQI Monitoring	
048	Cat C Incidents	Management Information	Total of C1-C4 incidents	Commandpoint & PRF into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	Count of CAT C1-C4 Incidents	Local Monitoring	
049	Defibrillator data downloads to central storage	CARU	ECG traces received following cardiac arrest attendance	CPI of PRF & Audit	CARU Cardiac Reports	F.Moore	Clinical Audit Research Unit(CARU)	Count of return of ECG strips that could be associated with identifyable patient	Local Monitoring	
050	STROKE - Time of Onset	CARU	Percentage of STROKE cases that have a recorded time of onset.	CPI of PRF & Audit	CARU Stroke Reports	F.Moore	Clinical Audit Research Unit(CARU)	% of time where a valid response for time of onset could be documented	Local Monitoring	
051	Non Conveyed (Final Obs)	Management Information	No. of people having been assessed and documented are not conveyed	Commandpoint & PRF into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	Count of people not conveyed	Local Monitoring	
052	LAS Induction Course	Data from (GRS) Resource Centre	No. of staff attending an LAS indiction course	GRS		K.Broughton	Head of Resourcing (P.Cook)	Count of staff attending LAS (Not local) Induction courses	Local Monitoring	
053	Safeguarding (Child)	Named professional for Safeguarding (A.Taylor)	No. of referrals' made	Staff Reports - LA279	Balanced Scorecard		Head of Safeguarding (A.Taylor)	Count of patients refered to appropriate authorities due to concerns	National Monitoring	N/A
054	Safeguarding (Adult)	Named professional for Safeguarding (A.Taylor)	No. of referrals' made	Staff Reports - LA280	Balanced Scorecard		Head of Safeguarding (A.Taylor)	Count of patients refered to appropriate authorities due to concerns	National Monitoring	N/A
055	MH - Observations	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
056	MH - BM	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
057	MH - Current Support	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
058	MH - Medical Hx	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
059	MH - Current Event	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
060	MH - Psychiatric Hx	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
061	MH - Appearance	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
062	MH - Behaviour	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
063	MH - Communication	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
064	MH - Thoughts	CARU		CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)		Local Monitoring	
065	MH - Capacity tool	CARU	% of cases recorded as having been assessed for mental capacity to direct treatment	CPI of PRF & Audit	LAS Portal Report 937	F.Moore	Clinical Audit Research Unit(CARU)	Count of capacity test divided by eligible patients	Local Monitoring	

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066	*MH - Adult Safeguard*	*CARU*	*% calculated in regards to data gathered for mental welfare evaluation*	*CPI of PRF & Audit*	*LAS Portal Report 937*	*F.Moore*	*Clinical Audit Research Unit(CARU)*	*Count of appropriate care by eligible patients*	*Local Monitoring*	
067	*MH - Child Safeguard*	*CARU*		*CPI of PRF & Audit*	*LAS Portal Report 937*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
068	*DIB - Initial Peak Flow*	*CARU*		*CPI of PRF & Audit*	*LAS Portal Report 937*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
069	*DIB - Final Peak Flow*	*CARU*		*CPI of PRF & Audit*	*LAS Portal Report 937*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
070	*STEMI - On scene duration*	*CARU*		*CPI of PRF & Audit*	*Cardiac Care Pack*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
071	*STROKE - On scene duration*	*CARU*		*CPI of PRF & Audit*	*Stroke Care Pack*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
072	*Blunt Major Trauma*	*CARU*		*CPI of PRF & Audit*	*Trauma Care Pack*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
073	*Penetrating Major Trauma*	*CARU*		*CPI of PRF & Audit*	*Trauma Care Pack*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
074	*CPI - Completion Rate*	*CARU*		*CPI of PRF & Audit*	*CPI Pack*	*F.Moore*	*Clinical Audit Research Unit(CARU)*		*Local Monitoring*	
075	*Friends and Family Test*	*PPI & Public Education Department (R.Lewis)*	*No. of documented responses for FFT*	*Collated Public returns*	*Gateway 01787*		*Head of PPI (M.Luce)*	*Count of returns to PPI excluding events*	*National Monitoring*	*N/A*
076	*Calls Received*	*Management Information*		*CommandPoint*		*V.Wynn*	*MI Manager (S.Meehan)*	*Systems value of phone calls to EOC 999 lines*	*Local Monitoring*	

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077	Surge (above Amber)	EOC log	Time value of time spent above Amber	Control Services Excel Log		K.Millard	EOC SMT	Calculation of time spent above Amber	Service Monitoring	
078	Surge (above Red)	EOC log	Time value of time spent above Red	Control Services Excel Log		K.Millard	EOC SMT	Calculation of time spent above Red	Service Monitoring	
079	Complaints response	Patient Experiences Department (J.Dawson)	Complaints closed	Datix			Head of Patient Experiences (G.Bassett)	Count of cases resovled within 35 days	National Monitoring	N/A
080	Feedback Sessions	CARU	No. of documented feedback CPI sessions	CPI of PRF		F.Moore	Clinical Audit Research Unit(CARU)	Count of feedback sessions in regard to CPI compliance	Service Monitoring	
081	Positive Feedback Compliments	Communications (C.Clarkson)	No. of letters of thanks, positive comments received in the month	Excel Table		C.Gawne	Communications Directorate	Count of letters and comments received in relation to staff	Service Monitoring	
082	Operational Workplace Review	Data from (GRS) Resource Centre	Count of PDP, PDR and OWR recorded in GRS	GRS Records			Head of Resourcing (P.Cook)	Count of records where PDP, PDR or OWR are listed as reasons for abstraction	National Monitoring	N/A
083	Job Cycle Time	Management Information	Average time for conveyed and non conveyed calls	Commandpoint into MI Data Warehouse	LAS Portal Report 644	V.Wynn	MI Manager (S.Meehan)	Avaerge value for all response records from activation to green	Local Monitoring	
084	Intelligent Conveyance	Management Information (K.Buckler)	Count of times ambulances are diverted to alternative locations to ease pressure on busy A&E units	Commandpoint into MI Data Warehouse		V.Wynn	MI Manager (S.Meehan)	Count of redirects caused by EOC	Local Monitoring	
085	Community Defibs	First Responder Project Lead (C.Hartley-Sharpe)	No. of PAD sites pan London						Local Monitoring	
086	Multiple Attendance Ratio	Management Information	Calculation of incident attendance ratio	Commandpoint & PRF into MI Data Warehouse	LAS Portal Report 897	V.Wynn	MI Manager (S.Meehan)	Calculation of ratio	Service Monitoring	
087	111 (Call Volume)	Management Information	Total of calls that are presented to 111	MI Data Warehouse	LAS Portal Report 722	V.Wynn	MI Manager (S.Meehan)	Data abstracted form combined 111 sites	National Monitoring	N/A
088	111 (Responded To)	Management Information	Number of calls LAS contact post 111	MI Data Warehouse	LAS Portal Report 722	V.Wynn	MI Manager (S.Meehan)	Data abstracted form combined 111 sites	National Monitoring	N/A
089	111 (Conveyed)	Management Information	111 requiring conveyance	MI Data Warehouse	LAS Portal Report 722	V.Wynn	MI Manager (S.Meehan)	Data abstracted form combined 111 sites	National Monitoring	N/A
090	Frontline Clinical Staffing	Workforce (J.Steel)	No. of staff deployed on frontline duties	Electronic Staff Record (ESR)		K.Broughton		ESR return for staff	Local Monitoring	
091	Paramedic - In Post	Workforce (J.Steel)	No. of HCP registered paramedics employed in frontline positions	ESR		K.Broughton		ESR return for staff	Local Monitoring	
092	Non Paramedic - In Post	Workforce (J.Steel)	No. of Non-paramedics employed in frontline positions	ESR		K.Broughton		ESR return for staff	Local Monitoring	
093	Paramedic Ratio	Calculated from 73 & 74							Commisioning Intention	
094	Frontline Staffing Plan	Workforce (J.Steel)	Planned frontline staffing numbers	ESR		K.Broughton		Workforce Plan	Local Monitoring	
095	Starters - Frontline	Workforce (J.Steel)	New staff joining	ESR		K.Broughton		ESR return for staff	Local Monitoring	
096	Frontline Vacancy	Workforce (J.Steel)	Vacancy numbers for frontline overall	ESR		K.Broughton		ESR return for staff	Local Monitoring	
097	Paramedic Vacancy	Workforce (J.Steel)	Vacancy numbers of HPC registered paramedics.	ESR		K.Broughton		ESR return for staff	Local Monitoring	
098	Leavers - Frontline	Workforce (J.Steel)	Frontline staff leaving	ESR		K.Broughton		ESR return for staff	Local Monitoring	
099	Sickness - Frontline	Workforce (J.Steel)	ESR value for recorded sickness	ESR		K.Broughton		ESR return for staff N.B. ESR sickness reports differently to GRS sickness	NHS Monitoring	
100	PAS/VAS Hours Available	Management Information	Recorded hrs of availability of TP ambulances	Commandpoint & PRF into MI Data Warehouse	LAS Portal Report 232				Local Monitoring	
101	NHS Litigation Authority Level								National Monitoring	N/A

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London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Report from the Quality Governance Committee on 14th April 2015 and 7th May 2015
Report Author(s):	Robert McFarland, Non-Executive Director and Chair of the Quality Governance Committee
Presented by:	Robert McFarland
Contact Details:	
History:	Assurance report from meetings held on 14th April 2015 and 7th May 2015
Status:	For information

Background/Purpose

The purpose of this report is to update the Trust Board on the key items of discussion at the Quality Governance Committee meetings on 14th April 2015 and 7th May.

Action required

The Trust Board is asked to note the report.

Assurance

It is the role of the Quality Governance Committee to assure the Board on clinical governance, risk and audit through monitoring the standards of care set by the Board ensuring that the three key facets of quality – effectiveness and outcomes, patient safety and patient experience – are being met. This in turn will enhance the Board's oversight of quality performance and risk.

Key implications and risks arising from this paper	
Clinical and Quality	**X**
Performance	**X**
Financial	
Governance and Legal	**X**
Equality and Diversity	
Reputation	**X**
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	**X**
To make LAS a great place to work	
To improve the organisation and infrastructure	**X**
To develop leadership and management capabilities	

Report from the Quality Governance Committee on meetings held on 14th April and 7 May 2015

1. Meeting 14 April

INTERNAL ASSURANCE

Clinical Governance structure

At a previous meeting there was concern that Quality Governance reporting system was not functioning effectively through the revised CSDE committee structure implemented in July 2014. In addition a number of the sub-committee meetings had not taken place particularly during the pressured performance situation last year.

The 3 clinical directors had reviewed the sub-committee structure and were proposing to revert to three separate committees as follows: the **Clinical Safety, Professional Standards and Education, and Improving Patient Experience Committees**, chaired by the Medical Director, and Directors of Paramedic Education & Development, and Nursing and Quality respectively. The membership and reporting lines into these committees have been reviewed; they will meet bi-monthly but independently and each will produce a summary report to the following meeting of the Quality Governance committee highlighting key assurances, issues and concerns. These committees will also review relevant areas in the Quality Dashboard and BAF, which provide the quantitative data and risks, at their meetings and include areas of concern and action plans in their report.

The committee supported the changes but noted that concern had been expressed a year ago and we still were in transition to a workable system. Many of the components were doing good and reliable work but the results were not always visible to the Quality Governance Committee – especially as regards education and patient experience.

Quality Dashboard

The new Quality Dashboard was presented for the first time. This will become available on the 14th of each month and is intended to provide a dataset which will inform all parts of the London Ambulance Service organisation. There will in time be local figures for the sectors as well as the global figures.
There is a large amount of raw data in the dashboard; we were told in future it would be accompanied by an analysis which would direct committee members to areas of concern.
The committee felt that this analysis should be included in the reports of the three executive committees reporting to this Board committee with the Dashboard included for reference.

Board Assurance Framework

The committee noted the new risks concerning Staff Engagement and the risk that in the focus on performance may result in a lack of support to front line staff. The committee was pleased to hear that 50% of the Clinical Team Leaders had already undergone the new Leadership Development Programme being run by Cranfield School of Management, with the remainder due to complete by July 2015 after which they would commence the 50:50 role. A bespoke diagnostic package was in development for those appointed to the new ADO posts. The overall aim was to enhance clinical quality, support and build effective communication with front line staff.

We discussed the importance of ADO working with local stakeholders and in particular representation of the service at local safeguarding committees. We were told it was intended that the new management structure would facilitate this involvement at sector level.

All the BAF risks are Red which is consistent with the threshold for inclusion. We were told some require re-evaluation and some, having been mitigated as far as possible, will need to be tolerated and monitored. Focus could then be directed towards those amber risks with potential to become more serious.

Serious Incidents
There is further improvement in the timely management of serious incidents with 18 active SIs, of which 6 are overdue the 45 day reporting deadline, and the remaining 12 are within time. This was an improvement on the position reported in January of 8/27 active SIs overdue. We have been told that the Senior Management Team monitors the development and implementation of action plans for the lessons learned. It was agreed that a summary would be prepared with the annual report.

Draft Annual Quality Account
The committee reviewed the first draft of the Annual Quality Report. Members of the committee felt that the report should tell a story which was frank about our falling below performance standards but which continued to elaborate on the measures we have take to manage the situation, keep patients safe and preserve much of the quality service as well. This should be set in the context of a considerable number of positive achievements over the year including the APP programme, training of large numbers of new staff, the defibrillator campaign and the public training work carried out by staff, reduction in registered unsafe address register (LAR), etc. This will inform the final report to be presented to the Trust Board on 2nd June 2015 for approval.

EXTERNAL ASSURANCE

Care Quality Commission (CQC) Chief Inspector of Hospitals' Inspection
The Care Quality Commission inspection team will be arriving on June 1st and be interviewing staff and patients all that week. They will interview the chair of the Quality Governance committee. There is a preparation programme underway for staff including members of this committee and Board members. The inspection will cover 4 elements of the service: EOC, Urgent and Emergency Care, Emergency Planning and Resilience, and Patient Transport Services. The 111 service is not included. Each element will be inspected against each of the 5 domains: safe, effective, caring, responsive, and well-led.

CQUINs for 2015/2016
The committee noted the CQUINs agreed with Commissioners for 2015/2016 and agreed that they were useful initiatives, achievable and appropriate within the general objectives of the service over the next twelve months.

DEEP DIVE

Fleet Management and equipment
Risk 8 on the BAF "lack of critical equipment on ambulances" prompted the committee to ask the risk owner to explain the issues. Andrew Grimshaw presented the results of an investigation into the system for managing both vehicles and equipment which has analysed why neither are being used efficiently and reliably. Action is being taken to address these issues of which the most significant change is to move away from 'flexi-fleet' and to allocate ambulances to particular stations and then to specified crews on each shift so increasing accountability and ownership of the vehicles and equipment. A pilot at Whipps Cross is underway and proving popular and the plan is to roll this out over the next 6 months.

Nurses in Clinical Hub (EOC)
Briony Sloper reviewed the three month trial employing A&E experienced nurses working alongside the paramedics in the Clinical Hub giving telephone advice. The experience had been positive regarding the safety and appropriateness of the "hear and treat" advice given and decision-making regarding both ambulance and alternative conveyance. The feedback from EOC, paramedic staff, mentors and the nurses themselves was positive. There was a benefit in having nurses working across the ambulance service and hospitals in shared posts. The committee was pleased to support the plan to develop this idea with substantive posts in the context of the review being undertaken of EOC staffing.

Other matters
The committee also noted the Clinical Audit Report for 2014/2015 and the plan for 2015/16.

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2. Extraordinary meeting on May 7

This was an extra meeting called primarily to review the various annual reports which are to be considered by the Board in June. The committee was pleased to welcome Carol Mattock, Interim Director of Quality and Safety, Brent Federation.

INTERNAL ASSURANCE

Clinical Safety Committee
Fenella Wrigley presented the first report from the newly constituted Clinical Safety committee. Three new Assistant Medical Directors have been appointed (two interim and one substantive). The committee had addressed a number of issues including Safeguarding (Restraint policy), Frequent callers, Infection prevention and control reporting and compliance, potential Never Events and new NICE guidelines (recognising bipolar disorder and new anticoagulants). Good Control Service governance had been recognised by Centre of Excellence and Customer Excellence awards.

ANNUAL REPORTS

Annual Infection Prevention and Control Report
Eng-Choo Hitchcock presented the Annual report for 2014/2015. She highlighted the achievements for the year especially substantial improvements in vehicle preparation and station cleanliness and tidiness. Our Viral Haemorrhagic Fever (Ebola) precautions were taken as a national model.
Areas of concern are a failure to maintain CSR training (48% against a target of 65%; we will aim for 80% by end of this year), only 44% of front line staff received 'flu' vaccine last winter and only 58% front line staff have properly fitted for the FFP3 protective masks.
Considerable progress has been made against the objectives for the year but there is still room to improve and variation across the service. There is only one staff member (E-CH) to manage the IPC agenda although there has been an administrator seconded for the past five months. The 2015/2016 strategy is to develop "exemplar sites" and to have IPC "champions" at all stations, either a Team Leader or Station manager. Infection Prevention and Control will be the responsibility of the new Sector Governance Officers. Audit will be more structured and independent.
The Quality Governance Committee can recommend this report to the Board for approval.

Annual Patient Experience Report
Gary Bassett presented the Annual report for 2014/15. There has been considerable pressure on the PALS and complaints staff last year with steady increase in workload. There has been a 24% increase in complaints and only 25% complainants have had an adequate

response within the target 35 days. This is ascribed to the limited QA (Quality Assurance) staff who also have other responsibilities (the routine monitoring of the EOC service and reports to the Coroner, solicitors etc.).
There has also been an increase in the number of Ombudsman referrals (39). These have been dealt with within the year and are time-consuming but have not resulted in any significant criticism of the service. We were pleased to note that the increased non-conveyance had not caused increased complaints.
The committee was concerned that the increase in complaints was greater than could be attributed to the increased activity; it reflected our manpower difficulties and the consequent delays in response and the report should reflect that. We were also concerned to hear that the "bottleneck" around QA resource is still being cited as the explanation for the delay in responding despite the best efforts of individuals. We were told that this issue has been discussed at EMT and there has been an ORH review of the control centre. It is our view that this issue has been around too long and should be addressed urgently.
The report does not have a priority action plan for 2015/2016 and this should be included in the report. With these caveats the report can be recommended to the Board for approval as a frank and clear representation of the substantial work of these departments.

Annual Safeguarding Report
Alan Taylor presented the Annual Report. The report reflects the steady expansion of this area of activity due to improved awareness and changes in legislation. The number of safeguarding referrals by staff has stabilised at around 2350 per month (about two third Adult welfare referrals and the remainder split between adult and child protection referrals). Referrals to social services are made through the Emergency Bed Service (EBS) and will move to a 24hour link (not a fax) in the next few months. It may be possible to make direct referrals to other agencies (Police and General Practice) if appropriate.
There is also a steady increase in enquiries and participation in local safeguarding Multidisciplinary meetings (MASH and MARAC). Currently we participate effectively in only eight of the 32 boroughs and this deficiency appears on the Trust Corporate Risk register. We were told there is a plan to develop local safeguarding champions across the service through the management reorganisation and appointment of Community Involvement Officers (CIO).
The report can be recommended to the Board for approval.

Annual Quality Account
Zoe Packman was able to present a near final version of this substantial report which awaits some reports and comments from external stakeholders. The committee was pleased to endorse the report content and the Chief Executive summary in particular. It was felt two areas could be expanded – our significant achievements in, for example, cardiac care, and more emphasis could be given to the mitigating mechanisms used to keep patients safe when demand exceeds the service ability to respond.
This report when complete can be recommended for approval.

Annual report on Patient and Public Involvement and Public Education
Margaret Luce presented this report on the many varied initiatives and emphasised that it built on the work done over a number of years. The committee noted that when patients are surveyed the service scores 90% on the "family and friends" test. We were also particularly impressed that 940 staff undertook voluntary work in their own time, teaching the public and raising awareness. This report can be recommended to the Board for approval.

DEEP DIVE

Work and Governance of emergency and volunteer responders.
Chris Hartley-Sharpe outlined the work of volunteer responders in the Trust. In particular he focussed on the selection process, the training and maintenance of standards of the volunteer force which is closely supervised by both the London and the St John's Ambulance services. Chris was able to assure the committee there are robust systems in place to address issues using the improvement in CPI completion records as an example.

NHS Investigations into Jimmy Savile and the Kate Lampard lessons learnt report.
There are a number of recommendations coming from these reports. We were told that policy reviews would be underway by the end of May and action plans, where necessary, would be defined by September.
Two items stand out. There is a major cost and logistic exercise in ensuring that all staff members have regular (three yearly?) DBS checks and these are recorded. Also although there is a considerable programme of safeguarding training this is not recorded and demonstrable at present. This lack of a data base recording staff training (not just safeguarding training) in the service is a significant risk and needs to be addressed.

FUTURE COMMITTEE MANAGEMENT

The committee considers that four meetings a year are not sufficient to cover the agenda planner and we will return to a schedule of six meetings a year. There will therefore be the scheduled meeting for July and the calendar for the rest of the year will be revised to include meetings in September and November.

Date of next meeting

The next meeting of the Quality Governance Committee is on Tuesday 14th July 2015.

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Integrated Performance Report
Report Author(s):	Jill Patterson
Presented by:	Andrew Grimshaw
Contact Details:	
History:	*Executive Management Team Meeting on Wednesday 20th May 2015*
Status:	*Information*

Background/Purpose

This Integrated Performance Report is the first of a new design and provides the Board with an Executive Summary for month one of LAS performance.

Concentrating on key metrics and themes it delivers the vision set out in our Integrated Performance Management Strategy 2014-19 and follows through on our model for implementing integrated performance management across London Ambulance Service.

Structured to cover the following areas:

- Our Patients
- Our Performance
- Our Money
- Our People

The main messages to be conveyed for month one integrated performance are:

1. **Quality remains safe but some patients still experience longer waits.**
2. **Finances are on plan.**
3. **Performance is improving – this is aided by slightly reduced activity.**
4. **Recruitment continues with further benefits expected from sickness management.**

Action required

To note the contents of this report.

Assurance
This executive summary provides a high level overview of integrated performance across London Ambulance Service. It sights and informs the Board on the key areas, in month, of particular note.

Key implications and risks arising from this paper	
Clinical and Quality	**Yes**
Performance	**Yes**
Financial	**Yes**
Governance and Legal	**No**
Equality and Diversity	**No**
Reputation	**Yes**
Other	**Yes**
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	**Yes**
To make LAS a great place to work	**Yes**
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	**Yes**

INTEGRATED PERFORMANCE REPORT - TRUST BOARD EXECUTIVE SUMMARY

Quality remains safe but some patients still experience longer waits.
Finances are on plan.
Performance improving - this is aided by slightly reduced activity.
Recruitment continues with further benefits expected from sickness management.

OUR PATIENTS

⇔ There was one Serious Clinical Incident declared by LAS in April 2015. This is a significant reduction when compared with 6 months ago.

↑ Clinical Performance Indicators (CPI) completion rates are 47% total. The Clinical Audit and Research Unit (CARU) and the Medical Director have provided assurance that the level of care is safe and effective.

↓ Complaint response times are of concern and remain a challenge for the Trust. This is being addressed by the Director of Nursing.

OUR MONEY

↑ **Surplus/(Deficit) -** On track for month 1. Costs and income in line with plan. No material risks or variations currently identified

⇔ **CIP** - Early assessment would indicate slight shortfall due to on-going development of some schemes.
Detailed reviews are underway to confirm actual delivery

↑ **Cash** - Cash is £1.3m adverse to the Month 1 planned position of £20.9m. This is not seen as high risk

↑ **Capital expenditure -** is slightly ahead of plan at £0.9m. A top down assessment of spend shows that there are no material risks to the plan.

Care | Clinical Excellence | Commitment

OUR PERFORMANCE

↑ April A8 performance was 64.8% for the month, this was above forecast performance but below the agreed performance trajectory.

↑ A8 Performance and other key operational metrics were higher in April than March due lower demand and better than expected Capacity (Patient Facing Vehicle Hours).

⇔ LAS forecasting rule was accurate with less than 2% daily forecasting error once demand, capacity and efficiency measures were known.

OUR PEOPLE

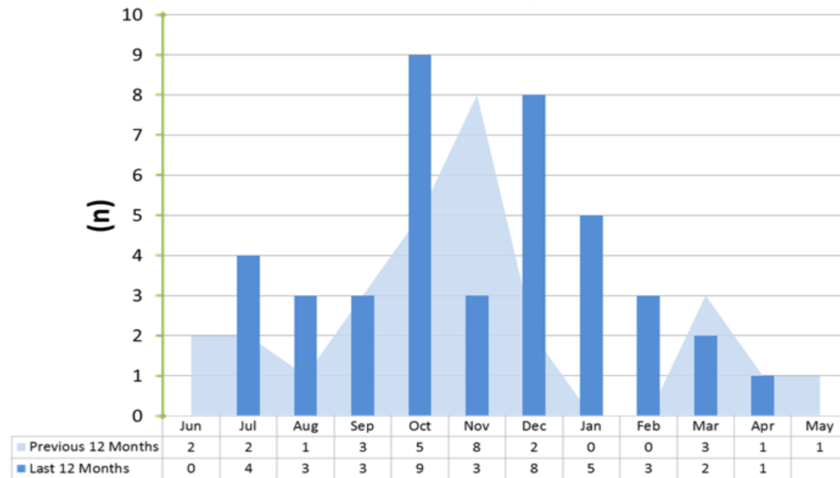
↓ Long term sickness has been rising throughout the year, currently at 4.8%, up from 4.1%.

↓ Turnover rose this month but is expected to drop next month. The number the leavers has been dropping since October 2014 but it is still above last years levels.

⇔ Short term sickness has remained constant at 1.8% from last month.

* All available data is correct as of the 15th of every month.
Please note that this report relates to performance in April 2015. This is usually reported in May but owing to Bank Holidays is being presented on 2nd June 2015.

OUR PATIENTS



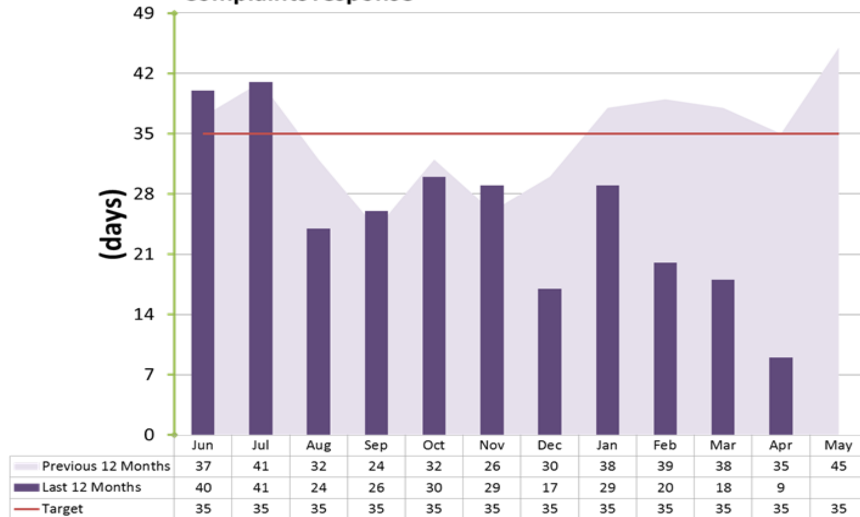
Serious Incidents

There was one Serious Clinical Incident declared by LAS in April 2015

This is a significant reduction when compared with 6 months ago.

A robust system now in place for review each week. A tracker system reports on

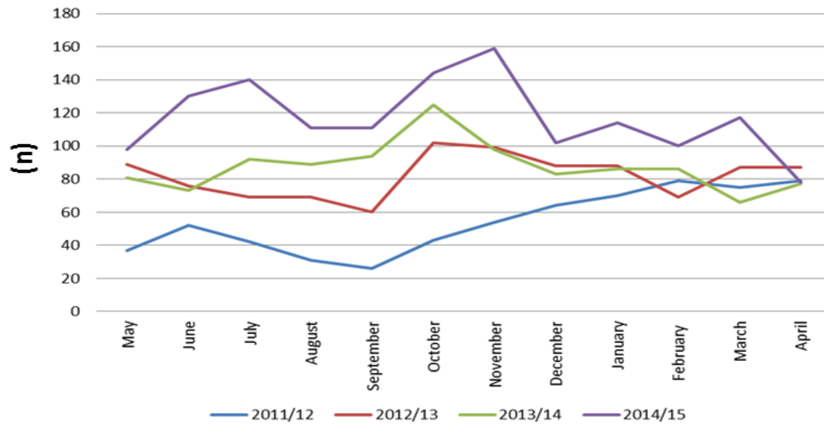
- the number outstanding requiring first review,
- the number requiring more information,
- the number declared and ;
- the number not declared.



Complaints

- Target for complaint resolution is 35 working days
- There are 347 complaints currently open.
- Complaint closure remains a significant Trust issue.

OUR PATIENTS

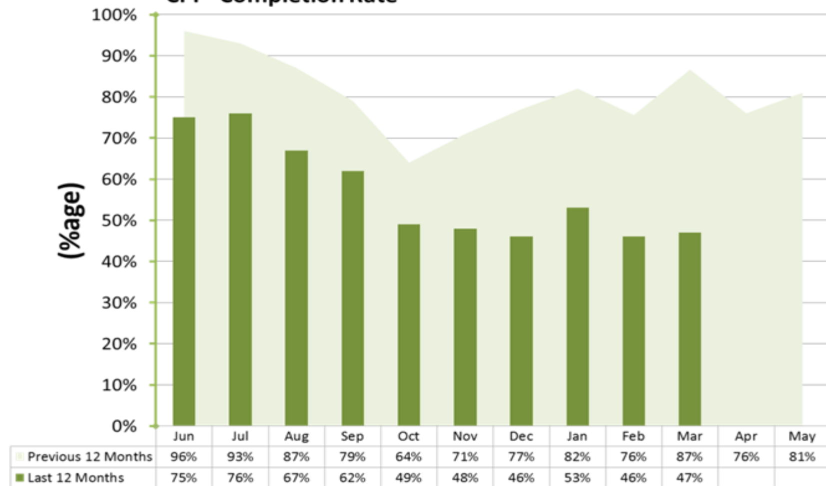


Complaints

78 complaints were received this month, a decrease over the previous month (117). The monthly average for 2014/15 was 117 complaints (90 in 2013/14).

Top 5 complaints are

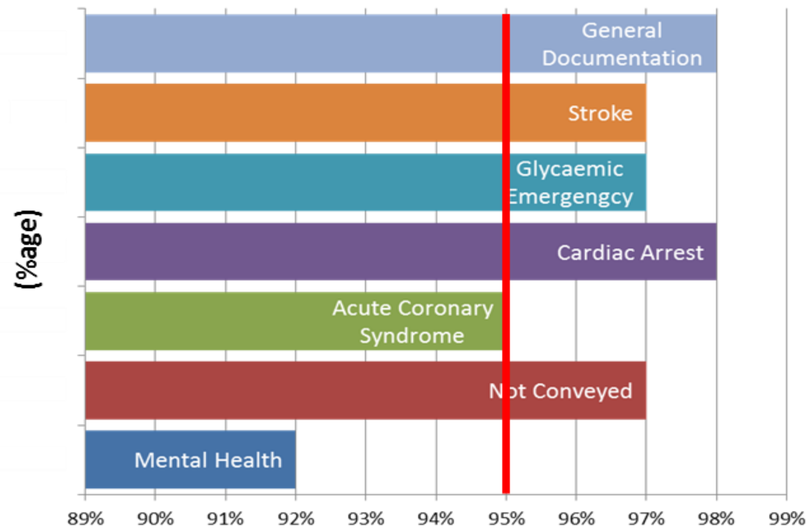
1) Delay
2) Conduct
3) Road Handling
4) Non Conveyance
5) Treatment



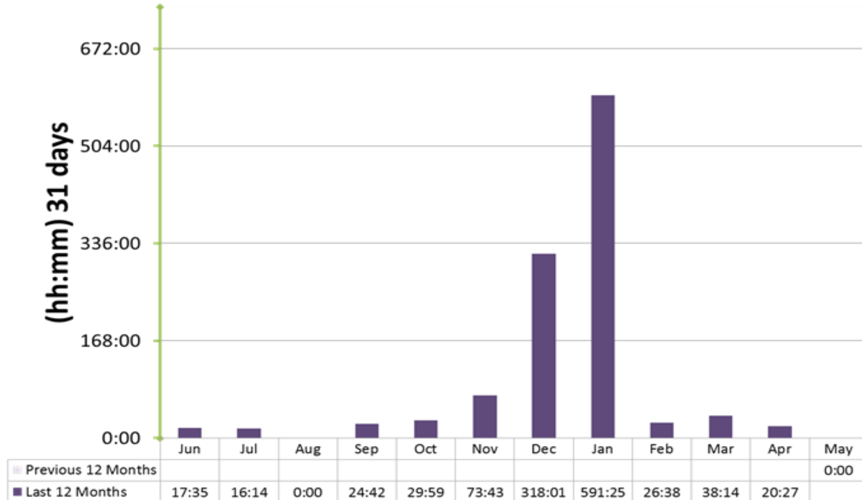
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Previous 12 Months	96%	93%	87%	79%	64%	71%	77%	82%	76%	87%	76%	81%
Last 12 Months	75%	76%	67%	62%	49%	48%	46%	53%	46%	47%		

- ## Clinical Performance Indicators (CPI) Completion Rates (March 2015)
- LAS Completion Rate – 47% total, 48% East, 43% West, 51% South.
  - Mitigation is in place – agreement that although completion rate is below expected levels, Clinical Audit and Research Unit (CARU) produced a paper to evidence that this level of completion still provided assurance that the level of care provided is safe and effective.

OUR PATIENTS



- ## CPI Compliance Rates (March 2015)
- LAS Compliance (targets 95%):
- **Mental Health** **92%**
- **Not-Conveyed** **97%**
- **Acute Coronary Syndrome** **95%**
- **Cardiac Arrest** **98%**
- **Glycaemic Emergency** **97%**
- **Stroke** **97%**
- **General Documentation** **98%**



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Previous 12 Months												0:00
Last 12 Months	17:35	16:14	0:00	24:42	29:59	73:43	318:01	591:25	26:38	38:14	20:27	

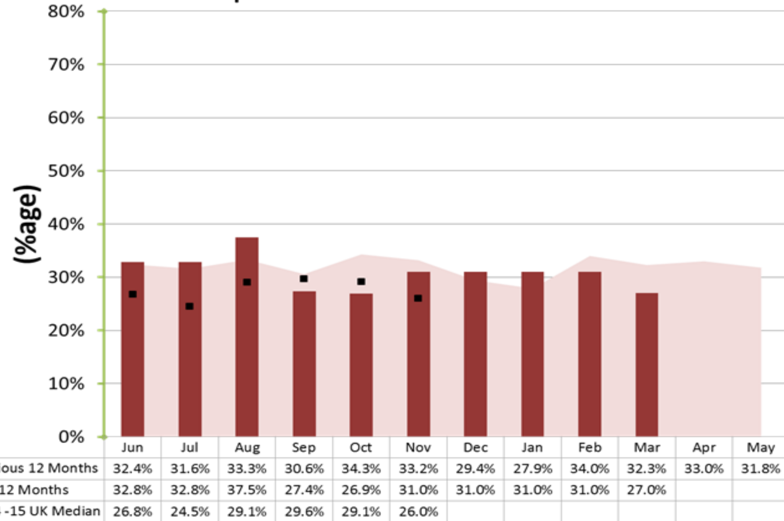
EOC Surge plans

have continued at RED for the fourth full month.

- The amount of time above red has reduced considerably since January.
- Surge above red for April was for a total of 20:27 hours

OUR PATIENTS

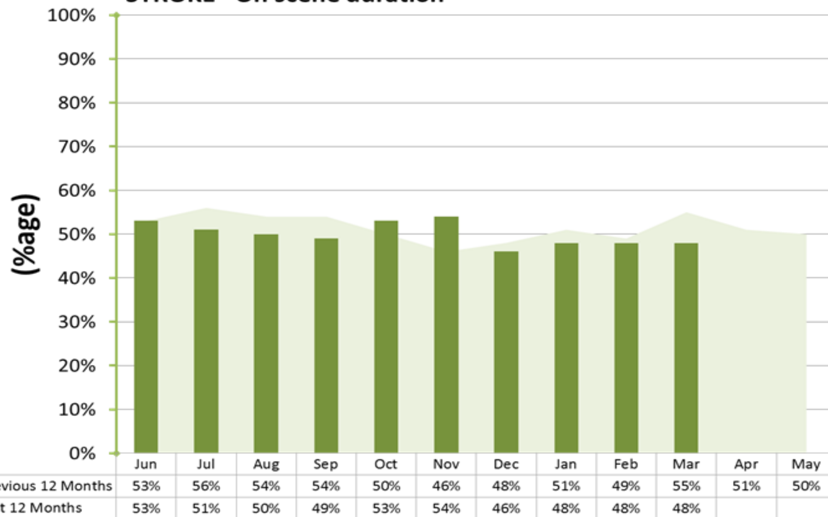
Nationally Published Clinical Indicators Track Six Months behind



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Previous 12 Months	32.4%	31.6%	33.3%	30.6%	34.3%	33.2%	29.4%	27.9%	34.0%	32.3%	33.0%	31.8%
Last 12 Months	32.8%	32.8%	37.5%	27.4%	26.9%	31.0%	31.0%	31.0%	31.0%	27.0%		
2014 -15 UK Median	26.8%	24.5%	29.1%	29.6%	29.1%	26.0%						

Cardiac Report (monthly – March 2015)

- Resuscitation commenced on 44 % of cardiac arrest patients attended by the LAS.
- Average response time for Cardiac Arrest – 8 mins.
- **27% of cardiac arrest patients gained and sustained return of spontaneous circulation until arrival at hospital**
- 98% of the advanced airways placed, had end-tidal CO2 monitoring undertaken.

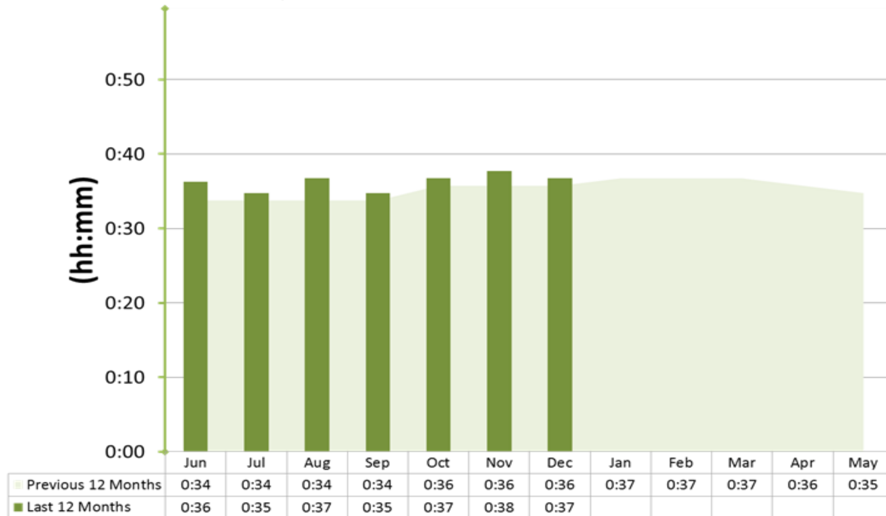


	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Previous 12 Months	53%	56%	54%	54%	50%	46%	48%	51%	49%	55%	51%	50%
Last 12 Months	53%	51%	50%	49%	53%	54%	46%	48%	48%	48%		

Stroke Report (monthly – March 2015)

- 97% of patients received full pre-hospital care bundle or an exception was noted.
- 98% of FAST positive patients had their onset of symptom times noted.
- 99% of FAST positive patients were transported to the correct destination
- Average response time for stroke patients was 17 minutes. This is a 6 minute increase on March 2014.
- On scene times remain higher than the recommended 30 minutes.
- **48% of stroke patients eligible for thrombolysis were on scene for >30 minutes.**
- Patients eligible for thrombolysis and arrived at a Hyper Acute Stroke Unit (HASU) within 60 minutes increased to 55%.

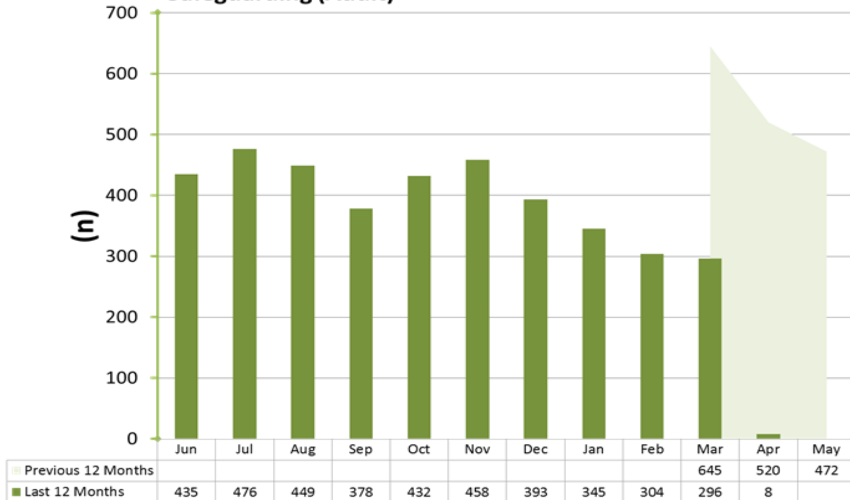
OUR PATIENTS



	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Previous 12 Months	0:34	0:34	0:34	0:34	0:36	0:36	0:36	0:37	0:37	0:37	0:36	0:35
Last 12 Months	0:36	0:35	0:37	0:35	0:37	0:38	0:37					

Trauma Report
(quarterly – Quarter 3 2014/15)

- 1189 major trauma patients transported in Q3
- Average call to scene time increased to 18 minutes. (an increase of 3 minutes since Q1)
- Average journey time to an Major Trauma Centre (MTC) was 18 minutes.
- On scene time increased since Q2 –
  37 minutes for blunt injuries
  17 minutes for penetrating injuries
- 68 patients were conveyed to an MTC despite the trauma tree not indicating the requirement for this.

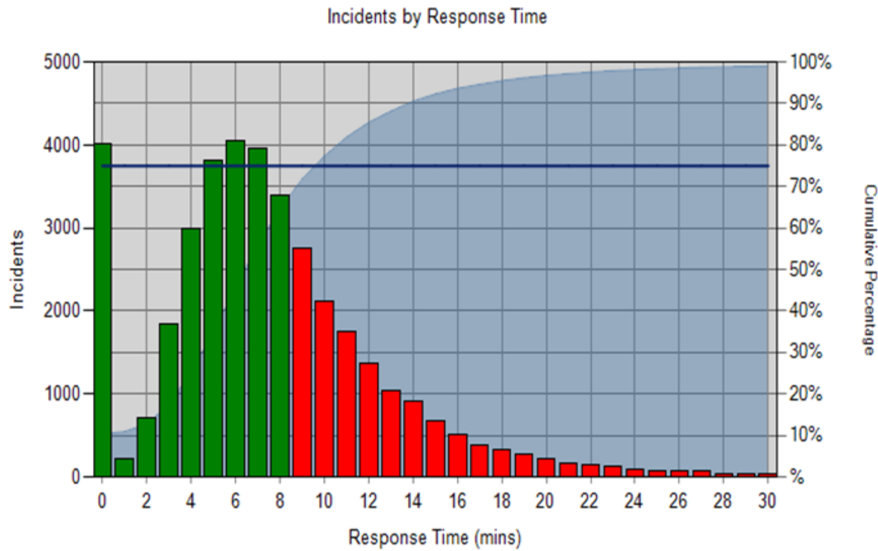


	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Previous 12 Months										645	520	472
Last 12 Months	435	476	449	378	432	458	393	345	304	296	8	

Safeguarding

- Adult safeguarding demonstrated a rise to 537 events for the month.
- Child safeguarding dipped to 344 events for April
- Overall self assessment reveals that the Trust is compliant with CQC standards, has worked hard with partnership working and has implemented the Care Act 2014 changes

OUR PATIENTS

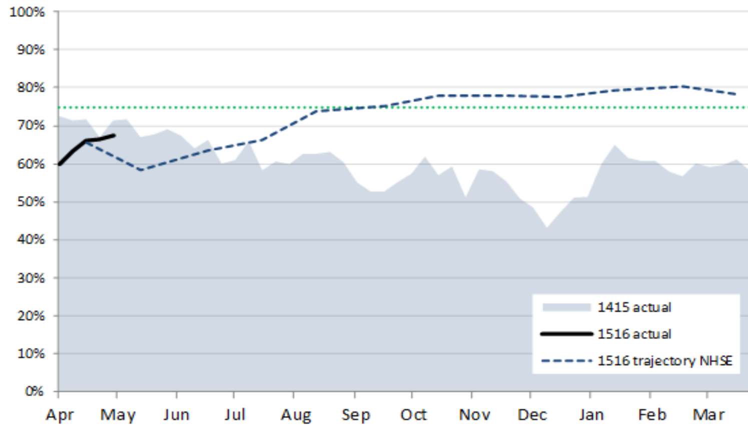


CAT A for April 2015 returned

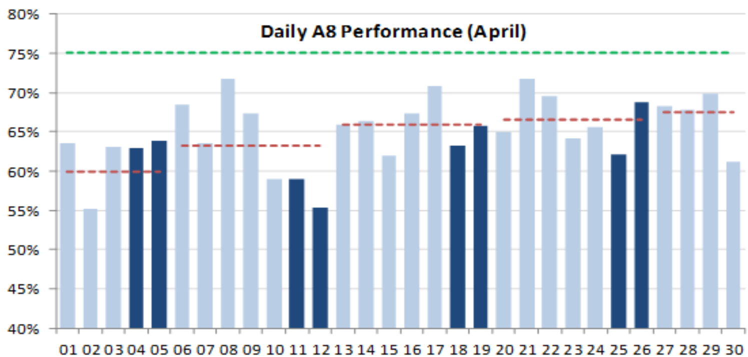
(38,593 incidents)

A8	64.81% - 25,012 incidents
A19	94.26% - 36,378 incidents
R1	69.49% - 772 incidents
R2	64.67% - 24,240 incidents

OUR PERFORMANCE



- April A8 performance was 64.8% for the month
- This performance was above forecast performance but below the agreed performance trajectory
- Performance was slightly higher than forecast due to
  - slightly lower demand than predicted for April
  - improved Job Cycle Time.
  - *(it should be noted that the LAS forecasting rule was still accurate with less than 2% daily forecasting error once Demand, Capacity and Efficiency measures were known)*

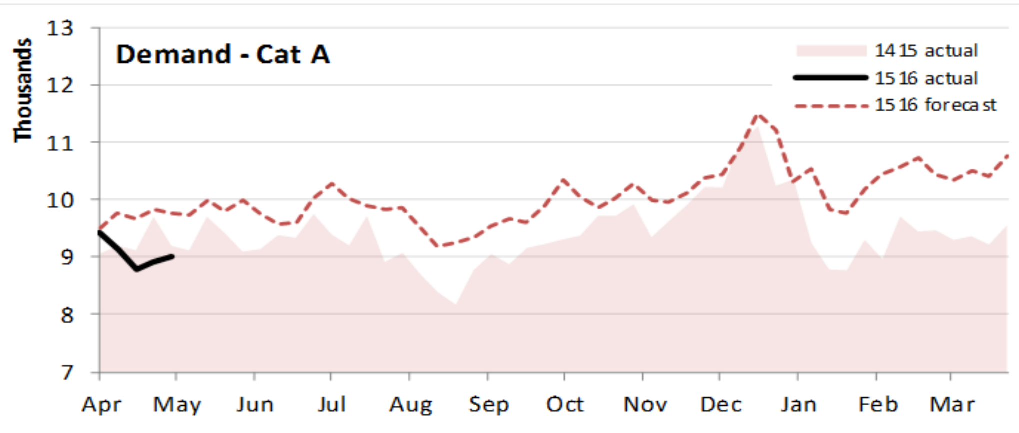


- Weekly performance improved throughout April, peaking at 67.5% for the week commencing 27 April (including weekend).
- In terms of daily performance there was significantly lower performance over the weekend of 11 & 12th April. This was due to low capacity on those days (less than 6,200 PFVH) and relatively high demand. Three days finished with performance above 70%, each of these days had less than 1,250 Cat A Calls, and over 7,000 PFVH

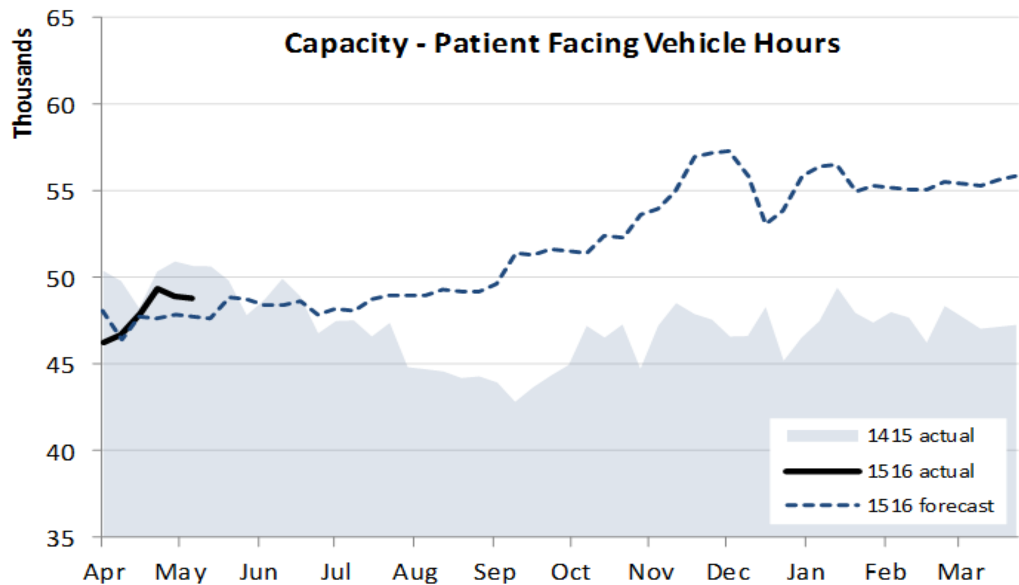
wk ending	A8	R1	R2	A19	C1	C2	C3	C4
05-Apr	60	68	60	93	44	53	75	55
12-Apr	63	68	63	94	51	60	77	60
19-Apr	66	70	66	95	55	67	83	64
26-Apr	67	69	66	95	55	69	83	68
All April	64.8	69.5	64.7	94.3	52.4	64.0	80.7	63.6
All March	59.1	62.6	59.0	92.4	43.2	52.4	74.8	55.8

- A19 performance was 94.3% for the month, reaching over 95% at the end of the month
- R1 performance was 69.5% for the month
- R2 performance was 64.7% for the month, rising significantly throughout the month reaching 67% by the end of the month
- Green performance (C1-C4) has improved during April, with all categories being significantly higher than the previous month
- C1 performance is still lower than other Green categories of call.

OUR PERFORMANCE - Demand & Capacity



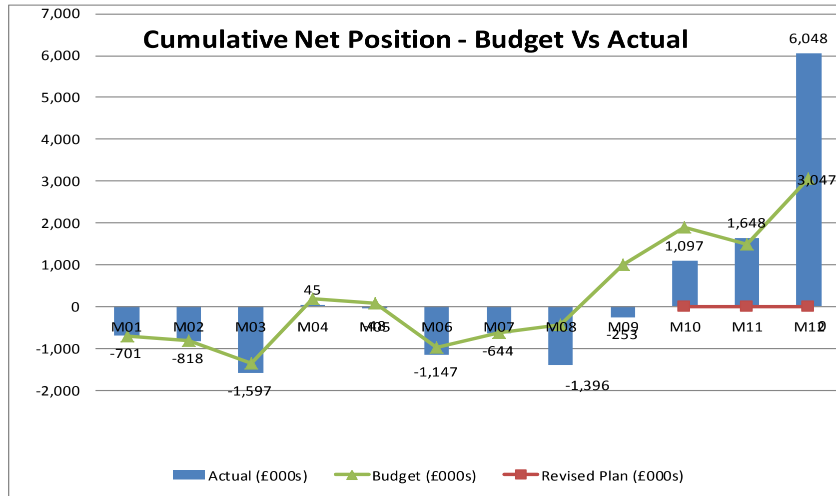
- Demand will be tracked throughout May and if still lower than expected then Demand and Performance forecasts will be re-evaluated for Q2.



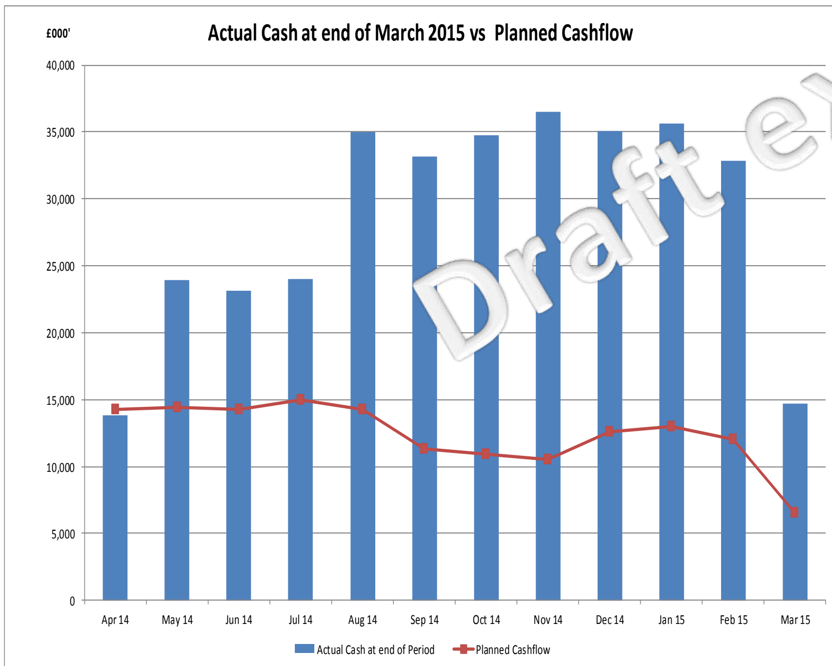
- Capacity has been higher than forecast during April due to continued high levels of overtime and slightly higher headcount than originally forecast.

OUR MONEY - Finance Summary: M1 (2015/16)

Financial Indicator	Summary Performance	Current Month	Previous month
Surplus	In month the Trust is reporting on plan at a £0.1m deficit. The Trust expects an outturn position of £9.5m deficit The Trust final business plan was submitted on the 14/5/2015. A high level assessment of actual Income and Expenditure has not identified any material risk and as such the Trust has reported on plan	GREEN	GREEN
Income	The Total Income position is on plan at £26.7m. Activity is currently slightly lower than plan but high level assessments indicate no material variations to affect the overall position.	GREEN	GREEN
Expenditure	The Total Expenditure Position is on Plan at £26.8m The Trust has undertaken a high level assessment of the position which shows the Trust's overall and transformation plans are in line with expectations. There are some cost variations within cost categories but these do not have a material impact on the overall plan.	GREEN	GREEN
CIPs	Currently reporting adverse to plan by £0.2m. Early assessment would indicate a slight shortfall due to on-going development of some schemes. Detailed reviews are underway to confirm actual delivery	AMBER	AMBER
Balance Sheet	Capital expenditure is on plan at £0.9m. A top down assessment of spend shows that there are no material risks to the plan. The Trust has rolled forward £1.0m funding from the previous financial year to support the delayed ambulance conversions.	GREEN	GREEN
Cash flow	Cash is £1.3m adverse to the Month 1 planned position of £20.9m. This is not seen as high risk as it primarily relates to non payment of resilience invoices relating to 14/15 which have been explicitly agreed with the CCGs.	GREEN	GREEN



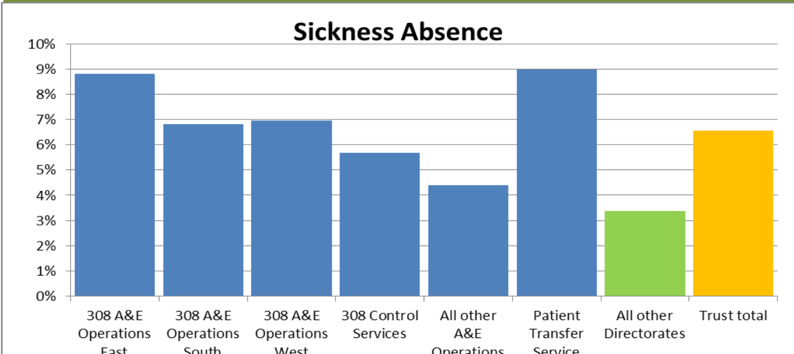
Description	2014/15 - Month 12			Year to Date			FY 2014/15
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000 fav (adv)	£000	£000	£000 fav (adv)	£000
Dept Health							
Surplus / (Deficits)	1,553	4,440	2,887	3,047	6,084	3,036	1,000
EFL				(12,606)	(12,606)	0	3,692
CRL				15,900	14,922	978	20,900
Suppliers paid within 30 days - NHS	95%	64	(31.0%)	95%	77%	(18.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	8[illegible]	(6.0%)	95%	90%	(5.0%)	95%
Monitor							
EBITDA %	1.[illegible]%	15.7%	4.5%	6.6%	6.9%	0.2%	6.0%
EBITDA on plan	[illegible],971	6,192	3,221	20,063	22,203	2,141	18,016
Net Surplus	1,553	4,440	2,887	3,047	6,084	3,036	1,000
Return on Assets	5.10%	7.34%	2.2 %	5.10%	7.34%	2.2 %	5.10%
Liquidity Days	0.52	0.48	(0.04)	0.52	0.48	(0.04)	0.52
Continuity of Servi[illegible]isk [illegible]ating	3.5	4.0	0.5	3.5	4.0	0.5	3.5

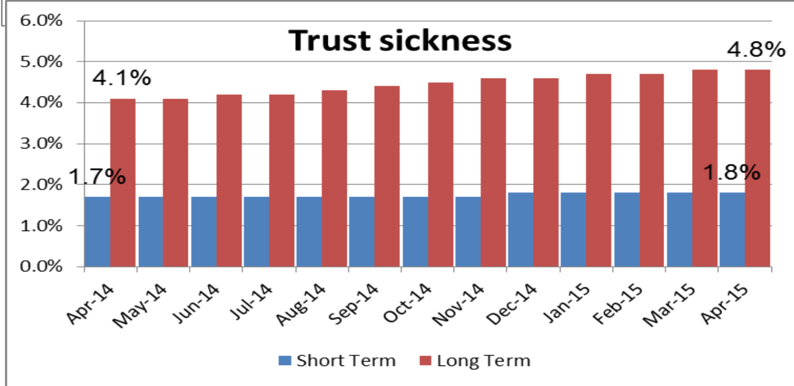


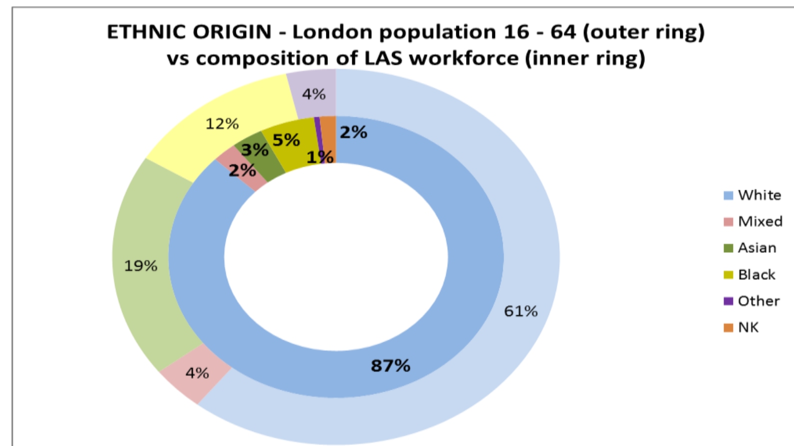
- In m[illegible]th [illegible]2.[illegible] [illegible]avourable, YTD overall position is £3.0m favourable to the original plan. The Trust has achieved [illegible]£6.[illegible] su[illegible]plus [illegible]s agreed with the NTDA
- Ke[illegible] pressures throughout the financial year were:
  - Additional spend in support of performance improvement
  - Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies and enhance capacity.
  - Servicing an ageing fleet whilst new vehicles are on order
  - Management of operational staff – particularly relief factor
- Cash is £8.2m above plan. This is mainly due to an increase in trade and other payables, current provisions and lower than planned capital expenditure at this point in the year.
- The Trust achieved its EFL target for the year. During the year the Trust received three adjustments to its EFL: early repayment of DH loan £3.1m, an increase in the year-end cash £8.2m that the Trust can hold and for PDC funding of £5.0m that relates to the CommandPoint resilience capital project that was deferred to 2015/16.
- The Trust would expect to score a Continuity of Service Risk Rating (CSRR) of 4 for the YTD results based on the current Monitor metrics (maximum rating).
- CRL position – The capital plan was £1.0m underspent. The underspend is allowable against the Trust statutory duties and it has been agreed with the NTDA to roll the underspend forward into next year's programme. The undershoot relates primarily to delays with delivery of new ambulances.
- In order to assist the Trust with the management of its cash position at 31 March, it has been agreed with DH and NTDA that the remaining balance of the DH loan (£3,099k) may be repaid before the year end. The loan would otherwise have been repayable over 3 years at 31 March 2015. The Trust will have sufficient cash resources to meet all its on-going obligations after the repayment.

Draft example M12

OUR PEOPLE - Workforce







Workforce	Target 15/16	Last Month	This month	Change since last month	On Plan Off Plan
Turnover % of WTE over last 12 months	10%	14.1%	14.5%	+0.4%	
Vacancy as % of Estab (Substantive staff)	5%	10.9%	12.2%	+1.3%	
Sickness days % of days lost (ESR, year)	5.5%	6.6%	6.6%	+0.0%	
Short term sickness		1.8%	1.8%	+0.0%	n/a
Long term sickness		4.8%	4.8%	+0.0%	n/a
BME % (snapshot)		11.2%	11.3%	+0.1%	n/a
Appraisals % completed	Appraisal rates reported in 2014 staff survey were 30% - data collection is currently under review				
CSR Training % completed	CSR	In post	completed	percentage	
	2014.1	3409	1773	52%	
	2014.2	3048	1943	64%	
	2015.1	3048	413	14%	
Stat/Mand Training Compliance %	64% of staff have currently completed Statutory and Mandatory Training (as at 20 May 2015)				

Key Issues

- Long term sickness has been rising throughout the year.
- Sickness is highest in PTS and operational areas.
- Vacancy rose slightly, but the trend has been downwards over previous six months and is expected to resume this trend next month. The rise this month was the result of a low number of joiners compared to the number of leavers.
  A greater level of joiners are planned next month.
- Turnover is expected to drop next month. The number of leavers has been dropping since October 2014 but is still above last year's levels.
- Turnover rates have been adversely affected by high numbers of capability dismissals. Without these the turnover rate would be 13%.
- Collection and reporting of figures for outstanding areas is being reviewed.
- BME staff % is now 11.3%, up from 10.7% in March 2014 and 11.2% last month.

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	02nd June 2015
Document Title:	Finance Report Month 01 – Part 1
Report Author(s):	Deputy Director of Finance
Presented by:	Director of Finance
Contact Details:	
History:	*Reviewed at EMT and the Finance and Investment Committee*
Status:	*Assurance*

Background/Purpose
The Trust's financial position is consistent with its plan at the end of Month 01.

Action required
To note the financial position as reported.

Assurance
This paper has been reviewed by the Finance and Investment Committee.

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	**Management of the Trust's financial position and performance.**
Governance and Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	**Yes**
To make LAS a great place to work	**Yes**
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	

London Ambulance Service NHS Trust
Finance Report: Month 01 (April) 2015/16

Trust Board 02 June 2015

Director of Finance

Andrew Grimshaw

Finance Summary: M1 (2015/16)

Financial Indicator	Summary Performance	Plan	Act	Var
Surplus/(Deficit)	On track for month 1. Costs and income in line with plan. No material risks or variations currently identified.	**(0.1)**	**(0.1)**	**---**
CIP	Early assessment would indicate slight shortfall due to ongoing development of some schemes. Detailed reviews are underway to confirm actual delivery	**0.53**	**0.34**	**(0.19)**
Cash	Cash is £1.3m adverse to the Month 1 planned position of £20.9m. This is not seen as high risk	**20.92**	**19.62**	**(1.30)**
Capital	Capital expenditure is slightly ahead of plan at £0.9m. A top down assessment of spend shows that there are no material risks to the plan.	**0.75**	**0.94**	**0.19**

Finance Summary: Month 1 (April)

Financial Indicator	Summary Performance	Current month	Previous month
Surplus	In month the Trust is reporting on plan at a £0.1m deficit. The Trust expects an outturn position of £9.5m deficit The Trust final business plan was submitted on the 14/5/2015. A high level assessment of actual Income and Expenditure has not identified any material risk and as such the Trust has reported on plan	GREEN	GREEN
Income	The Total Income position is on plan at £26.7m. Activity is currently slightly lower than plan but high level assessments indicate no material variations to affect the overall position.	GREEN	GREEN
Expenditure	The Total Expenditure Position is on Plan at £26.8m The Trust has undertaken a high level assessment of the position which shows the Trust's overall and transformation plans are in line with expectations. There are some cost variations within cost categories but these do not have a material impact on the overall plan.	GREEN	GREEN
CIPs	Currently reporting adverse to plan by £0.2m. Early assessment would indicate a slight shortfall due to ongoing development of some schemes. Detailed reviews are underway to confirm actual delivery	AMBER	AMBER
Balance Sheet	Capital expenditure is on plan at £0.9m. A top down assessment of spend shows that there are no material risks to the plan. The Trust has rolled forward £1.0m funding from the previous financial year to support the delayed ambulance conversions.	GREEN	GREEN
Cashflow	Cash is £1.3m adverse to the Month 1 planned position of £20.9m. This is not seen as high risk as it primarily relates to non payment of resilience invoices relating to 14/15 which have been explicitly agreed with the CCGs.	GREEN	GREEN

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	02nd June 2015
Document Title:	Report from the Finance and Investment Committee (FIC)
Report Author(s):	Director of Finance
Presented by:	Chair of the FIC
Contact Details:	
History:	*This paper summarises the agenda for the FIC meeting of the 21st May for the Trust Board.*
Status:	*Assurance*

Background/Purpose
This paper details the agenda for the FIC meeting of the 21st May. It is not possible to prepare a detailed paper between this date on the Trust Board papers being issued. The Chairman of the FIC will update the Trust Board on key items discussed at the meeting and any items requiring approval.
Action required
To note the agenda for the FIC of 21st May.
Assurance
This paper details the published agenda for the FIC.

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	Management of the Trust's financial position and performance.
Governance and Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	Yes
To make LAS a great place to work	Yes
To improve the organisation and infrastructure	Yes
To develop leadership and management capabilities	

Trust Board 02nd June 2015.
Report from the Finance and Investment Committee (21st May 2015).

The following table summarises the agenda for the FIC meeting planned for the 21st May. The table details;

1. The action the FIC was requested to take for each agenda item.
2. Any potential action that the Trust Board is requested to take or note in relation to the discussion at the FIC.

The Chairman of the FIC will provide a verbal update to the Trust Board at the meeting on the 2nd June.

SUBJECT	Purpose At FIC	Potential action for Trust Board
FINANCIAL PERFORMANCE		
3.1 Finance Report Month 12 2014/15	Note	
3.2 Finance Report Month 01 15/16	Note	Note paper to Trust Board
3.3 Rolling 01 Months Cash Flow	Note	
FINANCIAL PLANNING		
4.1 Financial Planning 2015/16	Approve	Note paper to Trust Board
4.2 Business Case Development - Forthcoming Cases	Note	
4.3 DCA Business Case 2015/16 and 2016/17	Approve	To note if OBC approved
4.4 Costing Update	Approve	To note if FIC approved
FINANCIAL GOVERNANCE		
5.1 Self-Assessment of Committee's Performance	Approve	To note if FIC approved.
5.2 Risk Assessment	Approve	To note if FIC approved.
5.3 Policies	Note	
5.4 Setting the Annual Work Plan	Approve	To note if FIC approved.
OTHER FINANCIAL REPORTING INFORMATION		
6.1 Technical Releases	Note	
6.2 Quality & Range of Financial Reporting	Discuss	
PERFORMANCE		
7.1 Performance Management	Note	
REPORTS FROM SUB-GROUPS		
8.1 Procurement Update	Note	
8.2 Fleet Delivery Board	Note	
8.3 CIP Programme Board	Note	

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	02nd June 2015
Document Title:	Finance Plan – Update (Part 1)
Report Author(s):	Director of Finance
Presented by:	Director of Finance
Contact Details:	
History:	*Reviewed at EMT and the Finance and Investment Committee*
Status:	*Assurance*

Background/Purpose
This paper updates the Trust Board on the final Financial Plan submitted to the Trust Development Authority (TDA) on the 14th May. Some amendments were made in line with the delegated authority issued to the Chairman and Chief Executive. This paper ensures the Trust Board is aware of the final position submitted.
Action required
To note the final financial plan for 2015/16 that has been submitted to the TDA.
Assurance
This paper has been reviewed by the Finance and Investment Committee.

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	**Management of the Trust's financial position and performance.**
Governance and Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	**Yes**
To make LAS a great place to work	**Yes**
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	

London Ambulance Service NHS Trust
Financial Plan 2015/16

Overview and assumptions- Update

Trust Board – 2nd June 2015 (Part 1)

Andrew Grimshaw
Finance Director

Overview of previous presentations and movements

- Plan to March FIC and board £5m deficit. But risk of potential increase in deficit pending final treatment in 2014/15 Resilience money
- Deficit adjusted to £9.5m following confirmation of treatment in Resilience money – treated as income in 2014/15.
- Refined now following finalisation of contract and Transformation case.

Executive summary
Key financial metrics

- The planned deficit for 2015/16 has increased to £9.5m in line with agreements with commissioners, NHSE and the TDA.
- This main reason for this are changes in the timing of Transformation funding, with some being received in 2014/15 and a reduction in CBRN income and associated increase in CIPs.
- Income has reduced by £12.2m;
  - Transformation £8.2m. £4.2m of this was received in 2014/15 (increasing the surplus in that year), with the balance, £4.0m representing an agreed reduction in expected costs that will be seen in 2015/16.
  - CBRN £2.9m. This is a real reduction in income following agreement that NHSE will fund £4.3m in 2015/16.
  - Shaping a Healthier Future (SaHF), £1.0m. CCGs have indicated they see this as included within the core contract. LAS disagree with this view.
- Expenditure has reduced by £8.3m
  - Transformation, £4.0m representing the expected reduction in cost indicated above. This is not seen as a risk to the planned delivery of the Transformation Plan.
  - CBRN. £2.5m additional CIPs to reflect the reduction in income.
  - SaHF £1.0m, withdrawal of capacity in respect of this funding.
  - The balance, £0.8miscellaneous movements in budgets resulting from ongoing review and challenge.

Statement of Comprehensive Income				
£m	2014/15 plan	2014/15 outturn	2015/16 Plan (23/03/15)	**2015/16 Plan (Final)**
Income	301.9	315.2	328.7	316.5
Pay	216.2	220.8	248.6	237.9
Non-pay	67.7	78.2	68.2	70.6
EBITDA	18.0	16.2	11.9	7.9
Financing	17.0	15.2	16.9	17.4
Surplus/(deficit)	1.0	1.0	(5.0)	(9.5)

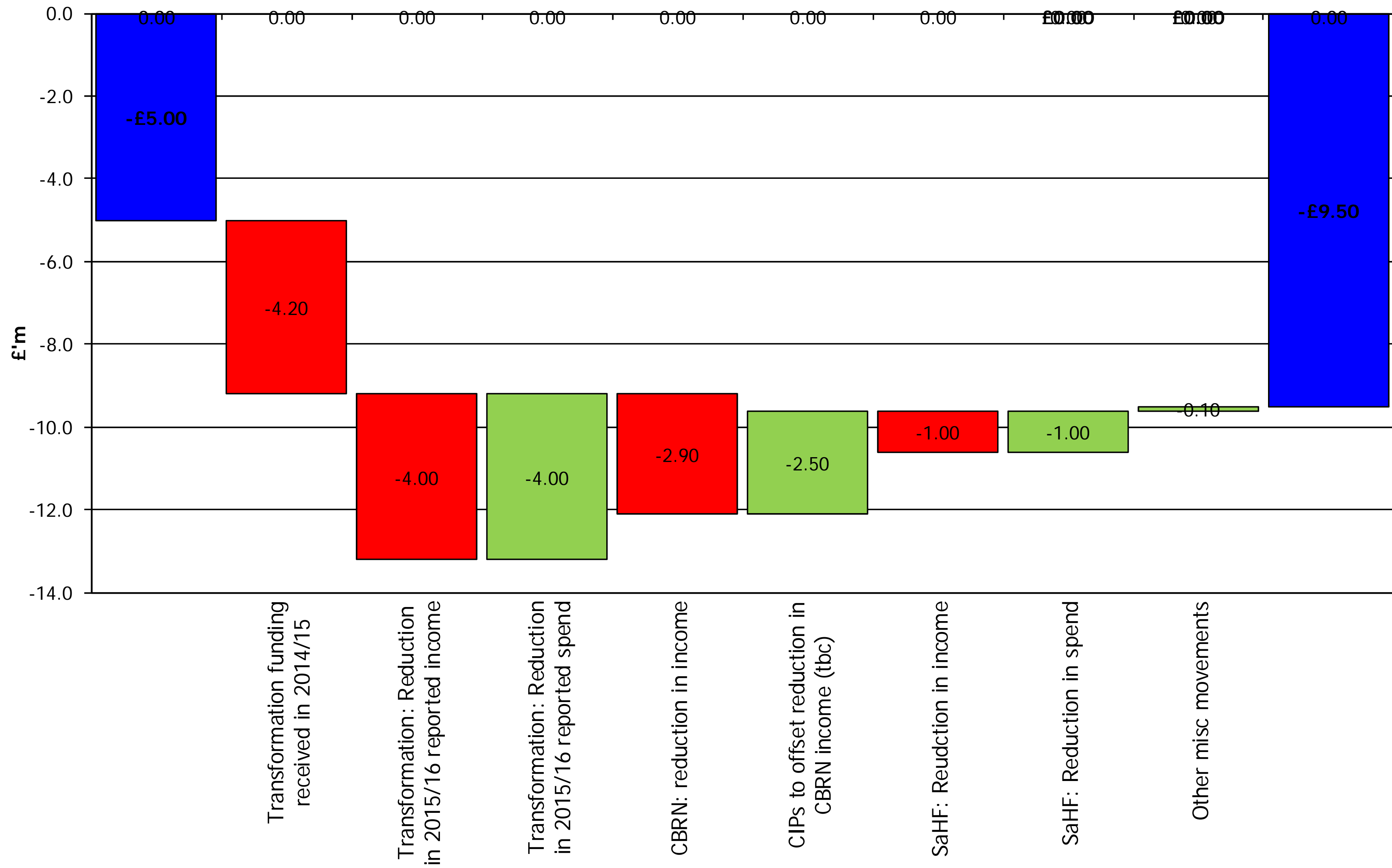
- Planned capital expenditure has increased by £1.0m in line with carry forward of the final underspend in the 2014/15 programme. The 2015/16 is therefore effectively funded from;
  - Working capital carry forward associated with the 2014/15 capex underspend £1.0m.
  - Internally generated resources in year £13.7m.
  - Loans £6.0m.
- The loans drawn will be to support backlog fleet replacement.
- These loans have yet to be confirmed.
- Cash will be more pressured in 2015/16 due to the overspend, but is seen to be sufficient across the year to ensure all liabilities can be paid.
- The TDA Risk Rating has been scored at 3

Capital expenditure, cash and Risk Rating				
£m	2014/15 plan	2014/15 outturn	2015/16 Plan (23/03/15)	**2015/16 Plan (Final)**
Capital expenditure	15.9	15.9	19.7	20.7
Loans drawn	0.0	0.0	6.0	6.0
Cash at year end	6.5	14.7	6.5	11.8
Risk Rating	3.5	3.0	3.0	3.0

Trust Development Authority (TDA) Risk Rating

Key Data Item	2014/15 Full Year FOT	07th April submission	14 May submission	Comment
Reported Financial Performance				
Adjusted Financial Performance Retained Surplus/(Deficit)	6,048	(9,556)	(9,531)	
Adjusted Financial Performance Retained Surplus/(Deficit) as a percentage of Turnover (%)	1.9	(3.0)	(3.0)	
Key Metric P1 - Planned Financial Performance	GREEN	RED	RED	Reflects the planned deficit. Takes no account if recurrent or not
Cash, Funding and Loans				
Key Metric P2 - Is the Trust planning to access permanent PDC Other funding?	GREEN	GREEN	GREEN	
CIPs / Efficiencies				
Key Metric P3 - Percentage of High Risk Efficiencies		GREEN	RED	Results from increase in CIPs due to reduction in CBRN
Key Metric P4 - Percentage of Unidentified Efficiencies		GREEN	RED	Results from increase in CIPs due to reduction in CBRN
Key Metric P5 - Efficiencies as a % of Planned Spend	GREEN	RED	RED	Results from increase in CIPs due to reduction in CBRN
Other key metrics				
Key Metric P6 - Planned Underlying Financial Position	AMBER	GREEN	GREEN	
Continuity of Services Risk Ratings				
Liquidity Ratio (days)	4		2	Impact of increased deficit
Capital Servicing Capacity (times)	4		3	Reduced due to increased deficit
Overall Continuity of Services Risk Rating	4		3	Reduced due to increased deficit
Key Metric P7 - Continuity of Services Risk Rating	GREEN	GREEN	GREEN	Score still at 3 so rates as Green
Key Metrics Overall RAG Rating	GREEN	RED	RED	Overall score driven by deficit and poor score against CIPs.

Bridge: Movement to revised planned deficit of £9.0m



London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Board Assurance Framework and Trust Risk Register (Strategic Risks)
Report Author(s):	Frances Field, Risk and Audit Manager
Presented by:	Sandra Adams, Director of Corporate Affairs
Contact Details:	Sandra.adams@lond-amb.nhs.uk
History:	Executive Management Team
Status:	Board Assurance Framework and Trust Risk Register (Strategic Risks) updated to reflect current status of risks - March 2015

Background/Purpose

Changes to the Board Assurance Framework (BAF) since March 2015

The format of the front sheet of the BAF has been amended since the version last seen by the Trust Board. The current version reflects the business objectives set out in the 2015/16 business plan and its key actions. The risks identified have been mapped to the business objectives and have been marked to show which of the key actions they align to. The BAF also includes emerging risks which do not qualify for inclusion on the Corporate Risk Register due to their net rating being less than 16 but which are under 'watch' by the appropriate directorates. These are marked with a hatched box marking on the first page of the BAF. These risks do not have control sheets but are included on the risk register attached to this paper.

The corporate risks were reviewed by the Finance and Investment Committee and the Audit Committee separately on the 21/05/15. The Audit Committee also reviewed the BAF on the 21/05/15.

A number of risks have been removed from the BAF since the last version as follows:

BAF risks 1 and 2 which related to fleet technicians and the age of fleet vehicles have been reworked and have been replaced by risks which address the following issues:-

- Ensuring there are sufficient vehicle numbers to meet demand.*
- Vehicles being available when they are required.
- Vehicles are maintained and in an effective condition.
- Capacity and capabilities of staff across all fleet and logistics areas are maintainable to support effective operations.
- Facilities across all fleet and logistics areas are safe and fit for purpose.
- Effective management structures, processes and procedures are in place.
- The interface between fleet and logistics and operations/rest of the organisation is not effective to manage emerging risks.

* One of these risks qualifies for inclusion on the BAF and is included in the table below.

BAF risk 8 which related to the availability of equipment has been replaced by risks which address the following issues:

- Sufficient range and volume of equipment on frontline vehicles to meet demands.
- Equipment for frontline vehicles is available when required.
- Equipment for frontline vehicles is in an effective condition.

All three of these risks qualify for inclusion on the BAF and are included in the table below.

The following risks have also been removed from the BAF since the last version as they are not deemed to be strategic risks and are being managed by the appropriate directorates:

- BAF risk 10 relating to satellite and navigation units becoming unserviceable (being managed by the IM&T department).
- BAF risk 13 relating to the triage of calls from the Metropolitan Police Service (downgraded due to controls in place).
- BAF risk 11 relating to the achievement of contractually agreed targets (downgraded due to controls in place).
- BAF risk 12 relating to the availability of information from defibrillators and 12 lead ECG monitors (being managed locally).
- BAF risk 5 relating to the recognition of serious maternity issues (downgraded due to controls in place).

These risks will not appear on future version of the BAF unless there is a change to their grading and they will be monitored and reviewed by the directorates and updated on the Trust Risk Register in accordance with their grading.

BAF risk 9 relating to capturing errors and incidents is currently being reworked to reflect the impact on both staff and patient safety and updated controls will be provided on the next iteration of the BAF.

The following new strategic risks have been added to the Trust Risk Register since January 2015 and now appear on the BAF.

		Initial				Target				Current			
ID	Title	Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	Change to rating since last review
433 (BAF ref 18)	There is a risk that directors and line managers do not fully commit to staff engagement in terms of time and focus. In some cases there may be a risk that this is due to capacity of managers to find time to talk to their staff. This would result in staff becoming more disengaged which may prevent the organisation improving performance, and staff being motivated to play their part.	4	4	16		4	2	8		4	4	16	
434 (BAF ref 19)	There is a risk that new sector Assistant Directors of Operations (ADO's) are very focused on internal performance improvement	4	4	16		4	2	8		4	4	16	

	and do not give time or focus to borough-based external stakeholder engagement (CCGs, MPs, OSCs, Healthwatch). This could result in a lack of support by stakeholders: at best this would mean no support for change or growth programmes, at worst it could mean opposition. This may lead to lack of investment in the service in the future and reputational damage.												
440 (BAF ref 20)	There is a risk that the LAS will not be in a position to win new NHS 111 contracts as stated in the 5 year strategy.	4	4	16		3	2	6		4	4	16	
441 (BAF ref 24)	There is a risk that there may be insufficient vehicle numbers to meet demands, which may impact on the Trust's ability to provide adequate vehicle numbers to support operational demand impacting on operational performance for the Trust	4	4	16		3	2	6		4	4	16	
442 (BAF ref 25)	There is a risk that there may be insufficient range and volume of equipment to meet demands, which may impact on staff not having equipment required to provide appropriate patient care	4	4	16		3	2	6		4	4	16	
443 (BAF ref 26)	There is a risk that the equipment for frontline vehicles may not be available when required, which may impact on staff not having equipment required to provide appropriate patient care	4	4	16		3	2	6		4	4	16	
444 (BAF ref 27)	There is a risk that the equipment for frontline vehicles may not be in an effective condition, which may impact on staff having equipment required to provide appropriate patient care	4	4	16		3	2	6		4	4	16	

The following 15+ risks have been re-graded since January 2015 with the amended grading now reflected in the BAF and Trust Risk Register where applicable.

		Initial				Target				Current			
ID	Title	Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating		Impact	Likelihood	Risk Rating	rating prior to last review
396 (not included on BAF)	Planning for the future. If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the ongoing viability of the organisation, operations and clinical safety	5	4	20		3	2	6		4	3	12	⇩ 4 4 16
427 (not included on BAF)	There is a risk that patient safety may be compromised during periods of industrial action taken by London Ambulance Service staff as a result of current national ballots around pay arrangements.	5	4	20		5	1	5		5	2	10	⇩ 5 3 15
T. Crabtree proposed that we are currently at an unlikely position of IA occurring against any national issues or ballots. Propose to amend net rating to Catastrophic x unlikely = 10. Review if national situation changes. Pay deal of 1st April is expected to resolve the two outstanding issues i.e. pay and unsocial hours. Approved by SMT 08/04/15.													
329 (not included on BAF)	There is a risk that financial penalties will be levied on the Trust as a result of non-achievement of the contractually agreed targets.	5	3	15		5	2	10		5	1	5	⇩ 5 3 15
30/03/15 - K. Broughton proposal to re-grade net rating to catastrophic x rare = 5 due to confirmation that the commissioners will not impose financial penalties on the Trust. Approved by SMT 08/04/15.													
388 (BAF ref 3)	There is a risk that the increase in turnover rates may lead to frontline staff reducing by significant numbers impacting the Trust's ability to deliver safe patient care.	4	4	16		4	2	8		4	4	16	⇩ 4 5 20
EMT reviewed the rating based on current assurance on 20/1/15 and agreed net rating to major x likely = 16.													

Action required
For information and noting.
Assurance
To take assurance from the management of the key risks currently facing the organisation and to highlight any potential gaps that need to be addressed.

Key implications and risks arising from this paper	
Clinical and Quality	*
Performance	*
Financial	*
Legal	*
Equality and Diversity	*
Reputation	*
Other	* The Board Assurance Framework sets out the key risks to the organisation achieving its strategic objectives. These will need to be closely managed and monitored by the risk owners and timely action taken to mitigate them
This paper supports the achievement of ALL of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	
To make LAS a great place to work	
To improve the organisation and infrastructure	
To develop leadership and management capabilities	

Board Assurance Framework – May 2015

Key Risks to the Strategic Plan 2015/16

Our goal is to deliver safe, high quality care that meets the needs of our patients and commissioners, and that make our staff proud

Business Objectives

To improve the quality and delivery of our urgent and emergency response	To make LAS a great place to work	To improve our organisation and infrastructure	To develop our leadership and management capabilities

Risks to business objectives

To improve the quality and delivery of our urgent and emergency response

- Risk 4 resources versus demand (A2)
- Risk 7 Performance at change over (A2)
- Risk 9 Capturing errors and incidents
- Risk 16 Category C patients (A1)
- Risk 19 Stakeholder Engagement (A2)
- Risk 20 Acquiring 111 contracts (A4)
- Risk 22 safeguarding information to partner agencies (A3)
- Risk 26 Delivery of Performance Improvement Programme (A2)
- Risk 24 Insufficient vehicles (A2)
- Risk 25 Maintaining vehicles (A2)
- Risk 26 Availability of equipment (A2)
- Risk 27 Effective equipment (A2)

To make LAS a great place to work

- Risk 6 Staff not receiving statutory training (A5)
- Risk 18 Staff Engagement (A7), (A12)
- Risk 21 Operational / Clinical staff training (A5)

To improve our organisation and infrastructure

- Risk 14 Delivery of cost improvements (A11)
- Risk 23 Compliance with CQC programme (A9)

To develop our leadership and management capabilities

- Risk 18 Staff Engagement (A7), (A12)

Key actions

To improve the quality and delivery of our urgent and emergency response

- Implement a new quality and clinical strategy and goals which embed learning from complaints, serious incidents and review (A1)
- Undertake a programme of service reviews to improve deployment of our resources (A2)
- Better involve patients and the public in our services so their views shape our care (A3)
- Improve interactions between 999 and 111 services and grow our 111 business (A4)

To make LAS a great place to work

- Improve education and development opportunities so our staff can develop and progress with us (A5)
- Build a sustainable recruitment pipeline to ensure we have the right levels of staff in place (A6)
- Improve staff recognition, reward and engagement so that our staff feel valued (A7)
- Reduce turnover and improve our staff's health and wellbeing (A8)

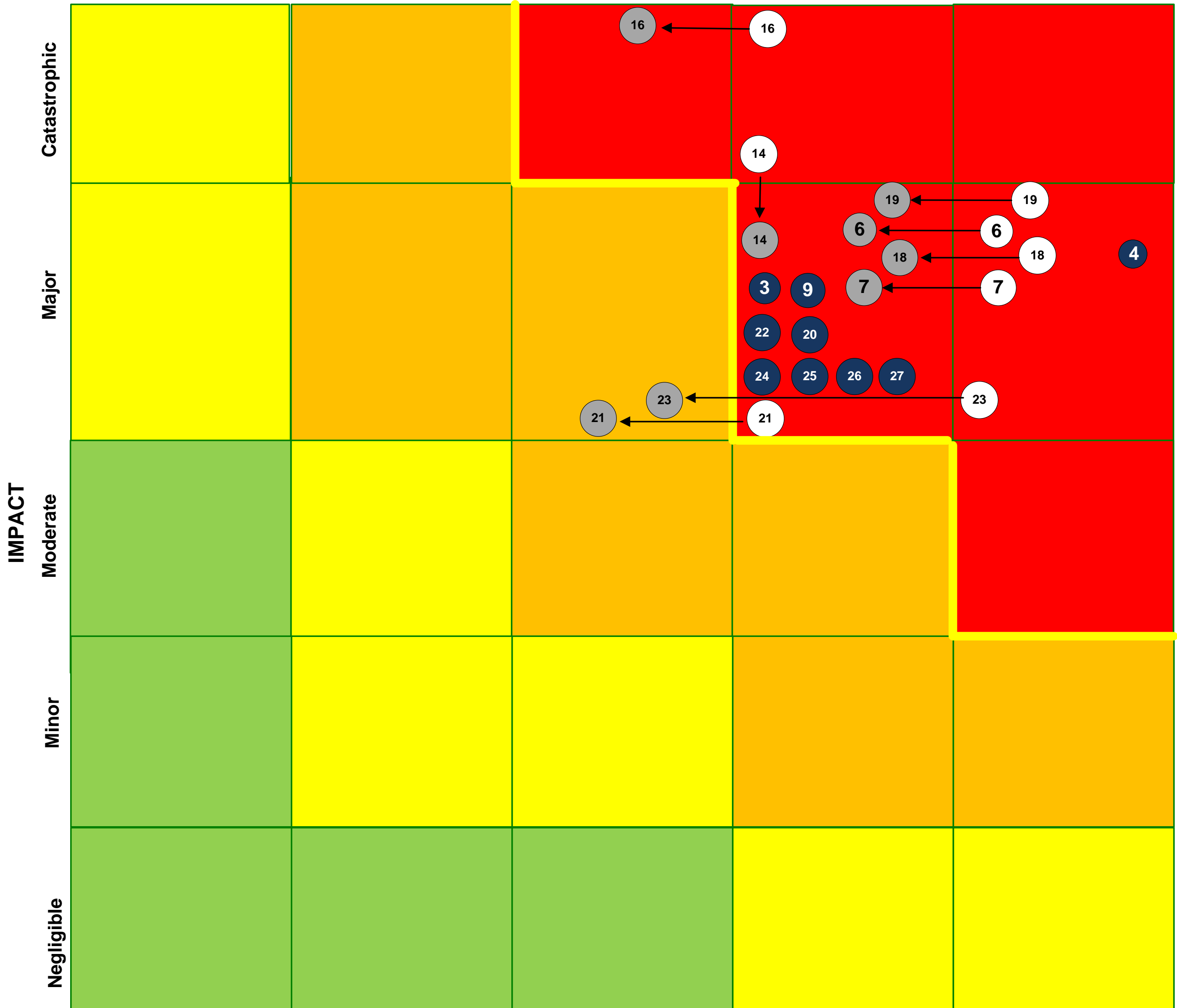
To improve our organisation and infrastructure

- Improve the effectiveness and productivity of support services (A9)
- Improve the productivity and running of our front line (A10)
- Continually improve internal arrangements and efficiencies (A11)

To develop our leadership and management capabilities

- Define London Ambulance Service leadership and management competencies and develop the way we managed and lead (A12)
- Annual development programme for leaders and managers (A13)
- Finalise restructures of Operations and other Directorates (A14)

Board Assurance Framework – May 2015



Rare | Unlikely | Possible | Likely | Almost Certain

LIKELIHOOD

Key:

Gross risk assessment

Net risk rating

Gross risk = net risk

Controls to mitigate are implemented and operating effectively

Risk Severity

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

Risk trajectory since January 2015

BAF Risk 3 - RR 388 Reduced staff due to turnover

BAF Risk 4 - RR 265 Service Performance affected by the inability to match resources to demand

BAF Risk 6 - RR 355 Staff not receiving statutory training

BAF Risk 7 - RR 269 Performance falls at staff changeover times

BAF Risk 9 - RR 404 Accurately and effectively capturing errors and incidents in accordance with national guidelines

BAF Risk 14 - RR 394 Developing and delivering cost improvements

BAF Risk 16 - RR 410 Patient safety for category C patients

New Risk BAF Risk 18 – RR 433 Staff engagement

New Risk BAF Risk 19 – RR 434 Stakeholder engagement

New Risk BAF Risk 20 – RR 440 Acquiring new 111 contracts as stated in the 5 year strategy

New Risk BAF Risk 21 - RR 439 Operational / clinical staff statutory and mandatory training

BAF Risk 22 - RR 426 Provision of information with partner agencies relating to safeguarding

BAF Risk 23 - RR 435 Compliance with the CQC chief inspector of hospitals inspection programme

New Risk BAF Risk 24 - RR 441 There may be insufficient vehicle numbers to meet demands

New Risk BAF Risk 25 - RR 442 There may be insufficient range and volume of equipment on vehicles

New Risk BAF Risk 26 - RR 443 Availability of equipment for frontline vehicles

New Risk BAF Risk 27 - RR 444 Condition of equipment for frontline vehicles

Board Assurance Framework – May 2015

BAF Risk 3 – CRR 388	There is a risk that front line turnover increases by significant numbers					
Risk consequences	Impacting the Trust's ability to deliver safe patient care; poor staff morale; increased utilisation;; increases PAS/VAS costs; LAS reputational damage					
Risk owners	Director of Transformation, Strategy & Workplace					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
NHS staff benefits (e.g. pensions, T&Cs, etc.)	Yes	Karen Broughton	Annual	Workforce Committee to report to EMT, Finance and Improvement Committee	Ineffective
LAS staff benefits (e.g. cycle scheme)	Yes	Karen Broughton	Annual	Workforce Committee to report to EMT	Unknown
LAS retention staff benefits (EMT suggestions)	No	Karen Broughton	Quarterly	Workforce Committee	Unknown
Listening into Action - to understand staff improvements.	Yes	Charlotte Gawne	Annual	Reviewed at EMT & Workforce Committee	Effective
Actively recruiting university and registered paramedics and emergency ambulance crew	Yes	Karen Broughton	Weekly	Recruitment activity reviewed monthly at EMT and weekly at Performance Improvement Board	Effective
The use of overtime, private and voluntary ambulance services to increase the number of available resources. Impact on utilisation rate, i.e. to reduce it.	Yes	Jason Killens	Fortnightly	Performance Improvement Board	Partial
Clinical support structure provides career progression opportunities, with on-going training development	Yes	Mark Whitbread	Monthly	Workforce Committee	Partial
Revision of the Exit Surveys to provide accurate information on staff who leave, i.e. NHS, competitors, etc. and reason for leaving	Yes	Tony Crabtree	Monthly	Workforce Committee	Partial

Retention data of resignations, projected leavers, projected joiners to identify reasons for resignation and opportunity to take intervention action.		Yes	Tony Crabtree	Monthly	Workforce Committee	Partial
EMT agreed to re-grade net rating from major x certain = 20 to major x likely = 16 due to assurances in place with the decrease in staff turnover and the successful recruitment of new staff as well as the external clinical review giving assurance about the safety of the service.						
Overall assessment of control effectiveness						

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Review exit interview process and data capture.	On-going	Karen Broughton	Workforce Committee to report to EMT	As part of Retention Strategy
Review and update rewards and retention strategy.	2014/15	Karen Broughton	Workforce Committee to report to EMT	
Promote learning and development opportunities.	On-going	Mark Whitbread	Workforce Committee to report to EMT	
Recruitment drive to fill vacant established posts.	On-going	Karen Broughton	Workforce Committee to report to EMT	
Develop a Health and Wellbeing Strategy	Summer 2015	Tony Crabtree	Workforce Committee to report to EMT	TBC

Target rating	Likelihood	2	Impact	4	Score	8

Risk assigned to: Director of Transformation, Strategy & Workplace **Signed:** **Date**: 13th May 2015

Board Assurance Framework – May 2015

BAF Risk 4 – CRR 265	There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.					
Risk consequences	Patient Safety and Financial Penalties					
Risk owners	Director of Operations					
Gross risk	Likelihood	5	Impact	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
On-going recruitment to vacancies.	Yes	Karen Broughton	Weekly	Recruitment activity reviewed fortnightly at EMT	Partial
Use of voluntary and private sector at times of peak demand. Increased as of September 2014.	Yes	Jon Goldie	On-going	Weekly performance monitoring meetings with PA consulting	Effective
Use of agency Paramedics to enhance bank scheme.	Yes	Nikki Fountain	On-going		Partial
New rosters implemented successfully.	Yes	Steve Kime	One off		Effective
Targeted use of overtime and increased bonus payments.	Yes	Paul Cook	As necessary		Effective
Surge plan was reviewed again in January 2015.	Yes	Jason Killens	Weekly	ADO's review surge plan as required	Effective
Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories. This enables us to carry out an enhanced clinical assessment in the clinical hub on an additional 90,000 calls a year. A percentage of these circa 35% will be discharged through Hear and Treat.	Yes	Fionna Moore			Effective
Action has been taken to reduce the multiple attendance ratios where appropriate for all categories of calls. This reduction when achieved will provide capacity to respond to a further 300 calls a day within our existing capacity.	Yes	Katy Millard	One off		Effective
An extension in the operating hours for active area cover was implemented on the 21st July 2014.	Yes	Jason Killens	Completed		Effective
METDG is running 24 hours and is producing an average of 60% savings on AEU sends, MAR down to 1.32/1.33	Yes	Katy Millard	On-going		Effective
Overall assessment of control effectiveness					

Net risk	Likelihood	5	Impact	4	Score	20

Plan to improve controls where control effectiveness is ranked red or amber	Due	Who will perform	Frequency	Evidence
Sickness management. A performance management dashboard is being developed. The occupational health contract is being reviewed.	On-going	Paul Woodrow	Weekly	
Roster review: Rosters for all complexes have been agreed and implemented and are currently under review.	**Completed**	Mick Pearce		IPG minutes.
Skill mix: the skill mix model has been updated in January 2015 to include international recruits and is currently under review.	**Completed**	Jason Killens / Mark Whitbread	As required	
Annual leave review: a revised annual leave policy is in its final draft stage. We are revisiting the proposed draft policy with a view to consult with trade unions with a view to implementing a revised annual leave arrangement as defined in the policy by the end of Q2 2015.	~~September 2014~~ September 2015	Steve Sale		
The new response model: a request for change (RFC31) has been approved and is under developed by the CommandPoint supplier. The software was delivered in August but did not pass testing and there have been several re-releases since. We expect the final release, with all known errors corrected, to be delivered 24/12. Testing will recommence but is constrained by release of testers (CAD trained staff) from the control room. Implementation of the software will only occur once testing has been successfully completed . Delay caused by capita and now implementation planned mid May. Work in progress on single site working due to be completed by 27th May 2015.	May 2015	Jason Killens		
Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role (December 2014), overseas recruitment of paramedics (on-going), in-house conversion from EMT to paramedic 2014/15, university paramedic recruitment (October 2014), military recruitment. Retention; exit interviews, research reasons for leaving, consider reward and recognition initiatives, career progression and support.	Q4 2014/15	Karen Broughton / Tony Crabtree		
Improve provisioning and reduce calls through the use of PTS and taxi service. Targets now set for 2015/16. Non emergency transport service (NETS) – funded by commissioners partially from July 2015 and fully from September 2015.	On-going	Jon Goldie/ Katy Millard	Weekly	Performance Improvement Meetings with PA Consulting
Clinical triage of Red 2 calls.	On-going	Katy Millard	Weekly	
Despatch on disposition pilot.	On-going	Katy Millard	Weekly	
IMD incident management desk – to manage incidents. This currently operates when staffing allows of there is a serious incident, however sustained running again relies on sufficient EOC resourcing (ORH review).	On-going	Katy Millard	Weekly	Performance Improvement Meetings with PA Consulting

Target rating	Likelihood	3	Impact	4	Score	12
Risk owned by: Director of Operations	**Signed:**	....	**Date:** 21st May 2015			

Board Assurance Framework – May 2015

BAF Risk 6 – CRR 355	There is a risk of staff not receiving clinical and non-clinical statutory training.					
Risk consequences	This may as a consequence cause:- ● Failure to meet CQC and the Trust's TNA policy ● Dilution of clinical skills					
Risk owners	Director of Paramedic Education and Development					
Gross risk	Likelihood	5	Impact	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Agreement with operations that there will be an agreed abstraction of up to 90 staff per week to attend CSR during agreed periods.	Yes	Resource Centre	Training periods are set to achieve agreed quotas of staff training	Modernisation Recruitment and Training Group	Effective
Paramedic registration.	Yes	Individual Paramedics and HCPC		Local managers monitor registration	Partial
Risk to be closed and two new risks, separating clinical and non-clinical training, to be taken to SMT in March for approval.					
Overall assessment of control effectiveness					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
The TNA which applies to April 2014 to be reviewed and agreed by TSG.	May 2014	Jane Chalmers	One off	
A workbook has been developed for Infection prevention and control it will be launched shortly.	**Complete**	Jane Thomas		
Use of OLM for recording of CSR 1 will commence from October 2012.	**Complete**	Pat Billups		
Operational Resources will need to book staff onto courses to capacity in order to train all staff within year.	On-going	Paul Cook		

Target rating	Likelihood	2	Impact	4	Score	8

Risk owned by:	Director of Paramedic Education and Development	**Signed:**	**................**	**Date**: 12th March 2015

Board Assurance Framework – May 2015

BAF Risk 7 - CRR 269	There is a risk that at staff changeover times, LAS performance falls					
Risk consequences	Fall in performance					
Risk owners	Director of Operations					
Gross risk	Likelihood	5	Impact	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Daily monitoring of rest break allocation to resolve end of shift losses.	Yes	Duty Area Operations Manager	Daily	By Area Operations Manager reporting to on call Assistant Director of Operations	
Use of bridging shifts for VAS/PAS.	Yes	Jon Goldie			
Roster reviews/changes include staggered shifts.	Yes	Steve Kime	Completed		Effective
Incident management control desk within EOC. This currently operates when staffing allows or there is a serious incident, however sustained running relies of sufficient EOC resourcing (ORH review).	Yes	Katy Millard	Weekly	Performance Project Meeting PA Consulting	Partial
Overall assessment of control effectiveness					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Agree and implement changes to rest break arrangements.	2015/16	Tony Crabtree / Jason Killens		
Rota changes to be implemented as result of ORH review	**Completed**	Jason Killens		
Recruitment	Q4 2014/15	Karen Broughton		
Skill mix: the skill mix model has been updated in January 2015 to include international recruits and is currently under review again.	**Completed**	Jason Killens		Modernisation Programme Board minutes
On-going vigorous management of out of service. J. Killens to set improvement trajectory to get out of service levels back within target.	On-going	Kevin Brown / Sean		Weekly tracking report

			Westrope			
Proactive use of the surge plan			On-going	Assistant Directors of Operations	Continuous	
Out of service being HUB implemented			On-going	TBC		
Target rating	Likelihood	2	Impact	4	Score	8

Risk owned by: Director of Operations **Signed:** **.................** **Date**: 12th March 2015

Board Assurance Framework – May 2015

BAF Risk 9 – CRR 404	The Trust does not accurately and efficiently capture errors and incidents and process them in accordance with national guidelines and within specified internal procedures (LA52 reporting). – **to be reviewed**					
Risk consequences	Insufficient recorded evidence of reported incidents (total number and quality).					
Risk owners	Director of Corporate Affairs – **under review as Safety & Risk are managed within HR**					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
~~Line manager instructed to use the incident reporting E-Mail address when completing a RIDDOR F2508 form. This is located within HS 011 This will result in a copy being received by the department from the HSE.~~	~~Yes~~	~~Line Managers~~	~~As required~~	~~RIDDOR reports to be cross referenced with GRS industrial injury reports~~	~~Partial~~
~~RIDDOR F2508 forms are completed electronically, allowing reporters to save a copy as a PDF file~~	~~Yes~~	~~Line Managers~~	~~As required~~	~~Spot check on H&S audit~~	~~Partial~~
~~Absences due to industrial injury are recorded on GRS, allowing potential RIDDOR reportable injuries (due to absence) to be tracked and cross referenced~~	~~Yes~~	~~Health and Safety Department~~	~~Four monthly~~	~~Reported to Corporate Health and Safety Committee~~	~~Partial~~
~~HS011 requires all incidents to be reported within 7 days. RIDDOR reportable incidents are reported directly by line manager to HSE.~~	~~Yes~~	~~Line Managers~~	~~As required~~	~~RIDDOR reports to be cross referenced with GRS industrial injury reports~~	~~Partial~~
~~The Datix Web pilot incident reporting system is currently being used in 3 complexes. This system has inbuilt guidance regarding RIDDOR reporting, and a direct hyperlink to the RIDDOR form. This process is to be incorporated within the Incident Reporting Project Datix Web role out that is currently being reviewed.~~	~~Work in progress within Incident Reporting Project - Datix Web programme~~	~~Governance/Safety & Risk~~	~~N/A~~	~~Real time monitoring ability for all Datix users~~	~~Not yet in place~~
~~LA52 packs to be kept on vehicles.~~	~~Yes~~	~~Logistics~~	~~As required~~	~~Number of LA52s have individual serial numbers~~	~~Expected to commence monitoring following recently introduced system~~
The controls for this risk are currently being reworked, with updates being reflected in the next iteration of the BAF.					

Board Assurance Framework – May 2015

Overall assessment of control effectiveness –.							
Net risk	Likelihood	4	Impact	4		Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
~~All incidents received by the Safety and Risk Department are to be reviewed by a Safety and Risk Advisor to follow up RIDDOR reporting, updating the DATIX record with the reference number. Reviewed at corporate level.~~	~~Completed and on-going~~	~~Corporate Health and Safety Group~~	~~Four monthly~~	~~Minutes~~
~~Absences of more than 7 days resulting from industrial injury is to be tracked on a spread sheet to allow Safety and Risk Advisors to chase RIDDOR references, updating the DATIX record with this reference number~~	~~On-going Action~~	~~Health Safety and Risk Department~~ ~~Corporate Health and Safety Group~~	~~Monthly~~ ~~Four monthly~~	~~Monthly Dashboard~~ ~~Minutes~~
~~Incidents from January 2013 are to be reviewed for data quality on DATIX by Governance and Safety and Risk. As part of this, the incident will be reviewed to establish if it is RIDDOR reportable to gather more accurate numbers. (to be picked up at the Integrated Governance Meeting and discussed)~~	~~1st April 2015~~	~~Integrated Governance Group~~	~~Weekly~~	~~Noted~~
~~HS011 requires all incidents to be reported within 7 days, allowing a Safety and Risk Advisor to request a RIDDOR form to be completed. It is the line manager's responsibility to ensure RIDDOR is completed as required.~~	~~On-going Action~~	~~Corporate Health and Safety Group~~	~~Four monthly~~	~~Minutes~~

Target rating	Likelihood	2	Impact 3		Score	6
Risk owned by: **Director of Corporate Affairs**	**Signed:**	....	**Date: 22nd May 2015**			

Board Assurance Framework – May 2015

BAF Risk 14 - CRR 394	Developing and delivering Cost Improvements					
Risk consequences	**It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the on-going viability and solvency of the Trust.**					
Risk owners	Dof, DDoF, HMA, HFA					
Gross risk	Impact	5	Likelihood	4	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Appropriate supporting evidence available for CIP.	Partial	Executive Lead	Monthly	Report to CIP Programme Board	Partial
All CIPs supported by detailed milestone plan.	Partial	Executive Lead	Monthly	Report to CIP Programme Board	Partial
All CIPs embedded in budgets.	Partial	DDoF	Monthly	Report to CIP Programme Board	Partial
All CIPs owned by relevant manager.	Partial	Executive's	On-going	Report to CIP Programme Board	Limited
Benchmarking of CIP opportunity.	yes	DoF	On-going	Report to CIP Programme Board	Partial
CIP governance clearly defined and in place.	yes	DoF	On-going	CIP Programme Board	Complete
Board/FIC scrutiny of CIP planning and delivery in place.	yes	DoF	On-going	Reporting to FIC	Complete
CIPs delivering in line with expectations.	yes	Executive's	On-going	Report to CIP Programme Board	Complete
Capacity and capability available to support delivery.	Partial	DoF / Executive's	On-going	Report to CIP Programme Board	Partial
All CIPs supported by Quality Inputs Assessments	yes	Exec Lead	On-going	Reports to CIP Programme Board & Quality Committee	Partial

Board Assurance Framework – May 2015

Overall assessment of control effectiveness							
Net risk	Impact	4	Likelihood	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Review support to drive the CIP Programme.	31 May 2015	DoF	On-going	Report to CIP Programme Board
Ensure all schemes have clear project plans.	30 June 2015	DoF	On-going	Report to CIP Programme Board
Embed all CIPs in budgets. Ensure managers sign off.	30 June 2015	DDoF	On-going	Report to CIP Programme Board
Review current benchmarking information.	On-going	DoF	Monthly	Report to CIP Programme Board

Target rating	Impact	3	Likelihood	2	Score	6

Risk owned by: Andrew Grimshaw **Signed:** **Date: 21st May 2015**

Board Assurance Framework – May 2015

BAF Risk 16 - CRR 410	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.					
Risk consequences	50% total volume of calls are Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.					
Risk owners	Director of Operations					
Gross risk	Likelihood	4	Impact	5	Score	20

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Undertaking ring backs within set time frames for held calls – not in EOC establishment. Modelling underway to review and realign EOC capacity.	partially	EMDs and Clinical Hub	Continuous	Reported on dashboard	Partial
Fully trained workforce with 20 minute education breaks throughout shift.	partially	Practice Learning Manager and AOMs	Continuous	Performance dashboard	Partial
C3 calls passed to hub for enhanced assessment C1 and C2 held calls are reviewed by hub – if a concern is flagged during welfare ring-back.	Yes	Clinical Hub	As required	Business as usual	Effective
LAS Surge Management Plan.	Yes	EOC AOM and Gold	Continuous	AOM reports	Effective
Targeted additional resource at times of peak pressure using PAS/VAS/ taxis.	Yes	Resource Centre	Weekly Review	AOM reports	Effective
LAS overtime (targeted incentives towards peak times.	Yes	Resource Centre	Weekly review	Operations	Partial
C1-C4 buckets have been redefined based on clinical outcomes.	Yes	Fenella Wrigley / Lyn Sugg / Sue Watkins	Continuous	QA	Effective
Removal of exit message and clarity to patients regarding time delays.	Yes	Katy Millard	Continuous	Implemented – monitor complaint themes	Effective
Additional focus on safety reporting. – QA – MPDS (999) ; QA – CHUB MTS (H&T;) – Report safeguarding incident concerns.	Yes	QA/CHUB Governance	Continuous	SI Group – Governance Group	Partial
Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response	Yes	Fenella Wrigley / CHUB Governance	Continuous	Monitor SI and complaint themes	Partial

process implemented					
METDG to be in place 24/7. Funded via commissioners	Yes	Jason Killens / Paul Woodrow	On-going	Resourcing reports	Effective
The CHUB now have a Clinical Manager overseeing each shift	Yes	Katy Millard	On-going	Implemented	Effective
Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients) screen to monitor higher risk patients.	Yes	Katy Millard / Fenella Wrigley / CHUB Governance	Continuous	Implemented	Partial
EMT 01/10/14 approved new risk assessment to replace CRR – 379. Risk reviewed in March 2015 by ADO's Operations and Interim Medical Director.					
Overall assessment of control effectiveness					

Net risk	Likelihood	3	Impact	5	Score	15

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Recruit to Establishment minus agreed vacancy factor of 4%.	2015/16	Karen Broughton	On-going	Overseas recruitment plan, reduction in vacancies.
Reviewing the determinants to best maximise resource availability, to assist with reduction in multiple attendance ratio for single incidents.	**Complete**	Jason Killens	Q1 efficiency actions	Reduction in MAR
Deliver efficiencies in full from Capacity Review and complete Roster Implementation.	Q4 14/15	Jason Killens	Managed via Modernisation Programme	
Recruit to establishment in the clinical hub.	Q3 14/15	Katy Millard	On-going until establishment target is reached	
Allocate EMDs to clinical hub to assist with ring backs – Service Development put in for additional staff to undertake this work. Capacity modelling now received and being reviewed.	Q2 14/15	Katy Millard	As required	On the Pulse
Offer near misses for APP and CTL to spend 6 months in the clinical Hub in preparation for next tranche of recruitment	2014/15	Katy Millard	One off	Completed
Introduce surge plan and make appropriate revisions	On-going	Katy Millard	In place	
More accurate reporting of category C delays and monitoring of safety incidents			Quality Dashboard	

Use of lower acuity ambulances. Non emergency transport service in place partially from July 2015 and fully from September 2015. DX018 (low acuity calls) passed to CHUB resulting in greater use of taxis.			On-going	Katy Millard / Fenella Wrigley	In place	Performance Improvement Board
Increasing taxi use. Use of an SOP with taxi booking makes the process safer			On-going	Katy Millard / Fenella Wrigley	In place	Performance Improvement Board
Discussion with NHS111 regarding the green calls and outcomes			On-going	Fenella Wrigley	In place	Performance Improvement Board
Target rating	Likelihood	2	Impact	5	Score	10
Risk owned by: Director of Operations	**Signed:**	....	**Date:** 21st May 2015			

Board Assurance Framework – May 2015

BAF Risk 18 – CRR 433	There is a risk that directors and line managers do not fully commit to staff engagement in terms of time and focus					
Risk consequences	Staff becoming more disengaged which may prevent the organisation improving performance, and staff being motivated to play their part					
Risk owners	Director of Strategic Communications					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Corporate communications channels reviewed and refreshed as part of communications strategy approved by the Board in June 2014. Team Talk introduced in September 2014 but not universally being delivered.	Yes			Team Talk feedback report to EMT	Partial
Some good staff engagement practice with line management – but not universal.	Yes			Team Talk as part of performance framework evaluation of operational restructure to assess effectiveness of line management.	Partial
Operational restructure will improve line management – but not yet delivered.					
Overall assessment of control effectiveness –.					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Performance management and appraisal of engagement objectives for line managers.	On completion of operational restructure	Directors		
Training and support for senior managers.	On-going conferences and training in Spring 2015	Directors and Organisation & Development		
Evaluation with front line staff	On-going	Director of Communications		

Target rating	Likelihood	2	Impact	4	Score	8

Risk owned by: **Director** **Signed:** **Director of Strategic Communications** **Date:** **Risk approved March 2015**

Board Assurance Framework – May 2015

BAF Risk 19 – CRR 434	There is a risk that that new sector Assistant Directors of Operations (ADOs) are very focused on internal performance improvement and do not give time or focus to borough-based external stakeholder engagement (CCGs, MPs, OSCs, Healthwatch)					
Risk consequences	This could result in a lack of support by stakeholders: at best this would mean no support for change or growth programmes, at worst it could mean opposition. This may lead to lack of investment in the service in the future and reputational damage					
Risk owners	Director of Strategic Communications					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
ADOs have relationships with some key stakeholders				Planned stakeholder perception audits and RAG rating with ADOs on regular basis	
Communications support ADO's in external stakeholder relations.					
Overall assessment of control effectiveness –.					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Provide support and training and regular stakeholder perception testing	March 2015	Director of Communications and Director of Operations		
EMT to support ADO's in their involvement with stakeholder engagement	On-going	EMT		
Work with new stake holder managers to develop their role.	On-going	Director of Communications / Assistant Directors of Operations		

Board Assurance Framework – May 2015

Target rating	Likelihood	2	Impact	4	Score	8
Risk owned by: Director Signed: Director of Strategic Communications Date: Risk approved March 2015						

Board Assurance Framework – May 2015

BAF Risk 20 – CRR 440	There is a risk that the LAS will not be in a position to win new NHS 111 contracts as stated in the 5 year strategy.					
Risk consequences	Successful 111 bidders and their service can adversely affect demand for 999 service. Negative impact on the financial position of the organisation through potential loss of existing business or failure to establish competitive pricing models based on efficiencies of scale for new bids					
Risk owners	Director of Strategy & Transformation					
Gross risk	Likelihood	4	Impact	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Contract team in place, gathering information of service requirements / KPIs / costing of service.					
13/05/15 Karen Broughton proposed to re-grade net rating to impact 3 x likelihood 3 = 9					
Overall assessment of control effectiveness –.					

Net risk	Likelihood	4	Impact	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Understanding developed, through conversations with 111 commissioners across London, of their timeframes for tendering.	End Feb 2015	J. Nightingale		
Bid team to review costing methodology and agree approach to bids.	March 2015	J. Nightingale		

Target rating	Likelihood	2	Impact	3	Score	6

Risk owned by: Director Signed: Andrew Grimshaw, Director of Finance and Perfornance Date: Risk approved April 2015

Board Assurance Framework – May 2015

BAF Risk 24 – CRR 441	There may be insufficient vehicle numbers to meet demands					
Risk consequences	**The Trust fails to provide adequate vehicle numbers to support operational demand impacting on operational performance for the Trust**					
Risk owners	Director of Finance & Performance/Head of Fleet & Logistics					
Gross risk	Impact	4	Likelihood	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Forward view of fleet requirement for next 5 years	Partial	Head of Fleet & Logistics	Annual & Periodic review	Fleet Strategy	Partial
Asset management plan in place to ensure that no frontline vehicle is over 7 years old and that Unplanned Maintenance levels do not adversely affect Fleet Capacity and the provision of a safe environment to Operational Staff	Yes	Head of Fleet & Logistics	Annual	Fleet Strategy	Effective
Ensure capital investment is committed to support fleet volume and replacement	Yes	Head of Fleet & Logistics/Dir of Finance	Annual	Annual Plan	Effective
External/stakeholder support in place as required	Partial	Head of Fleet & Logistics	Ongoing	Business Case Approval	Partial
Maintain a capacity plan based on operational rotas and other frontline vehicle requirements agreed with operations that maintains currency with the operational plan	Process in place	Head of Fleet & Logistics	Monthly	Fleet Management Team Meetings	Partial
Have an agreed vehicle specification	Partial	Head of Fleet & Logistics	Monthly	Fleet Delivery Board	Partial
Agree and maintain adequate headroom in fleet numbers to manage variation	Partial	Head of Fleet & Logistics	Monthly	Fleet Strategy	Partial
13/05/15 Karen Broughton proposed to re-grade net rating to impact 3 x likelihood 3 = 9					
Overall assessment of control effectiveness –.					

Net risk	Impact	4	Likelihood	4	Score	16

Board Assurance Framework – May 2015

Plan to improve controls where control effectiveness is ranked red or amber			Due	Who will perform	Frequency	Evidence
Complete capacity plan and ensure it is reviewed and updated regularly, ensure this is aligned with the operational plans evolving			30th June 2015/Ongoing	Head of Fleet & Logistics/Dir of Operations	Monthly	Statement of Fleet Requirement
Complete business plan for next 2 years			OBC May FBC August	Dir of Finance	One off	Business Case
Agree & sign off DCA & FRU specification			30th Sept 2015	Head of Fleet & Logistics	Annual	Specifications to fleet delivery board
Calculate and agree the headroom required along with operations and finance and adapt procurement appropriately			30th June 2015	Head of Fleet & Logistics	Ongoing	Capacity Plan
Complete Medium term Fleet Strategy 2017-18 and 5 years			31st March 2016	Dir of Finance	Periodic Updates to EMT & FIC	Business Case
Analyse capacity constraints regarding flow of vehicles through converters			30th June 2015	Head of Fleet & Logistics	Ongoing	Capacity Plan
Target rating	Impact	3	Likelihood	3	Score	9

Risk owned by: **Andrew Grimshaw** **Signed:** **Date: Risk approved 21st May 2015**

Board Assurance Framework – May 2015

BAF Risk 25 – CRR 442	There may be insufficient range and volume of equipment to meet demands					
Risk consequences	**Staff will not have equipment required to provide appropriate patient care**					
Risk owners	Director of Finance/Head of Fleet & Logistics					
Gross risk	Impact	4	Likelihood	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Agreed vehicle equipment lists including re-usable v disposable in place	Yes	Head of Fleet & Logistics	On-going	Monitored within Fleet & Logistics	Partial
Equipment stock levels agreed and maintained	Partial	Head of Fleet & Logistics	On-going	Monitored within Fleet & Logistics	Ineffective
Responsibility for each item of equipment clearly defined	Partial	Head of Fleet/DD Operations	Annual	Monitored within Fleet & Logistics	Partial
Budget responsibilities for replacement equipment clear	Needs Review	Dir of Finance	Annual	Budgets	Partial
Review of personal issue kit	Partial	Head of Fleet/DD Operations	On-going	Some items agreed	Partial
Overall assessment of control effectiveness –.					

Net risk	Impact	4	Likelihood	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Meet with operational colleagues to confirm equipment lists, clarify responsibilities and agree/transfer budgets	30th June 2015	Head of Fleet & Logistics	Ongoing	Vehicle Equipment Procedure
Provide Equipment to agreed stock levels	30th June 2015	Head of Fleet & Logistics	Ongoing	Fleet management information
Undertake review budget responsibilities for equipment	30th June 2015	Dir of Finance	Monthly	Budget reports
Implement working group to review personal issue kit	30th September 2015	Head of Fleet & Logistics/ADO	Ongoing	Report to recommend

Target rating	Impact	3	Likelihood	2	Score	6
Risk owned by: Andrew Grimshaw	**Signed:**	**Date: Risk approved 21st May 2015**				

Board Assurance Framework – May 2015

BAF Risk 26 – CRR 443	The equipment for frontline vehicles may not be available when required					
Risk consequences	**Staff will not have equipment required to provide appropriate patient care**					
Risk owners	Director of Finance/Head of Fleet & Logistics					
Gross risk	Impact	4	Likelihood	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Serial numbers on all re-usable equipment that can be accurately tracked.	Limited	Logistics/VP	In line with vehicle cleaning	Partial via VP reporting	Partial
Agree and set requirements for stock levels on vehicles. Ensure regular monitoring occurs	Yes	Logistics/VP	In line with vehicle cleaning	Partial via VP reporting	Partial
Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays	Partial	Logistics	Annual	OOS policy & reports	Limited
Agree ownership and responsibilities for equipment ensuring that all VP responsibilities are included within the VP contract, to include FRUs and DCAs, ensure equipment is not transferred between vehicles	Partial	Logistics	Ongoing	OOS policy & reports	Partial
Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles	Partial/Pilot	Logistics	Ongoing	OOS policy & reports	Limited
Overall assessment of control effectiveness –.					

Net risk	Impact	4	Likelihood	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Agree all items for inclusion on tracking and ensure serial numbers are collated and items tagged/labelled.	31st August 2015	Logistics manager	One off/periodic	Asset tracking report
Agree essential equipment, plan and implement a process to make key items available	31st July 2015	Head of Fleet	Ongoing	Logistics & OOS

centrally to restock				& logistics		reports
Review VP contract to ensure it meets the agreed requirements of operations			30th June 2015	VP Manager	One off/periodic	VP contract
Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided			31st October 2015	Head of Fleet & logistics	One off	Project completion
Target rating	Impact	3	Likelihood	2	Score	6

Risk owned by: **Andrew Grimshaw** **Signed:** **Date: Risk approved May 2015**

Board Assurance Framework – May 2015

BAF Risk 27 – CRR 444	The equipment for frontline vehicles may not be in an effective condition					
Risk consequences	**Staff will not have equipment required to provide appropriate patient care**					
Risk owners	Director of Finance/Head of Fleet & Logistics					
Gross risk	Impact	4	Likelihood	4	Score	16

Ideal mitigating controls	Performed	Performed by	Frequency	Monitoring Method	Effectiveness
Agreed VP cleaning, deep cleaning and stocking service levels are set, maintained and monitored	Partial	Contract Manager - VP	Ongoing, (daily)	Partial via VP reports	Partial
Decontamination of equipment during VP, including monitoring	Partial	Contract Manager - VP	Ongoing	Partial via VP reports	Partial
Decontamination of items left at hospital, including monitoring	Partial	Corporate Logistics Manager	Ongoing	Decontamination reports	Partial
Replacement equipment budgets in place. Process agreed and adhered to	Partial	Head of fleet & logistics/DD Operations	Ongoing	Partially monitored within Fleet & Logistics	Partial
Maintenance/Replacement of Kit undertaken when required	Partial	Head of Fleet & Logistics	Ongoing	Monitored within Fleet & Logistics	Partial
Overall assessment of control effectiveness –.					

Net risk	Impact	4	Likelihood	4	Score	16

Plan to improve controls where control effectiveness is ranked red or amber	**Due**	**Who will perform**	**Frequency**	**Evidence**
Complex based fleet to increase vehicle availability for VP	31st October 2015	Head of Fleet & Logistics	As per milestones, ongoing when in place	Project completion/VP reports
Implement contract for decontamination	30th June 2015	Corporate Logistics Manager	One off	Contract, VP & Decontamination reports
Establish revised process for collection of equipment left at hospital for decontamination	30th June 2015	Corporate	Milestone plan/Ongoing	VP &

& subsequent redistribution		Logistics Manager		decontamination reports
Review process for maintenance of equipment	31st August 2015	Head of Fleet & Logistics	One off/periodic	OOS reports
Ensure budgets adequate and responsibility for action is clearly defined	30th June 2015	Head of Fleet & Logistics	Ongoing	Performance (monthly) reporting

Target rating	Impact	3	Likelihood	2	Score	6

Risk owned by: **Andrew Grimshaw** **Signed:** **Date: Risk approved April 2015**

London Ambulance Service NHS Trust
Corporate Risks 15+ May 2015

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	CQC Domain	Risk Category	Gross Impact	Gross Like-lihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Like-lihood	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-lihood	Target Rating	Comments
265	There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.	Recruitment Attrition Growing vacancy factor Increased demand	31-Jul-06	4		Safe	Operational	Major	Almost Certain	20	1. On-going recruitment to vacancies. 2. Use of voluntary and private sector at times of peak demand. Increased as of September 2014. 3. Use of agency Paramedics to enhance bank scheme. 4. New rosters implemented successfully. 5. Targeted use of overtime and increased bonus payments. 6. Surge plan was reviewed again in January 2015. 7. Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories. This enables us to carry out an enhanced clinical assessment in the clinical hub on an additional 90,000 calls a year. 8. A percentage of these circa 35% will be discharged through Hear and Treat 9. Action has been taken to reduce the multiple attendance ratios where appropriate for all categories of calls. This reduction when achieved will provide capacity to respond to a further 300 calls a day within our existing capacity. 10. An extension in the operating hours for active area cover was implemented on the 21st July 2014. 11. METDG is running 24 hours and is producing an average of 60% savings on AEU sends, MAR down to 1.32/1.33	Jason Killens	06-Mar-15	Major	Almost Certain	20	1. Sickness management. A performance management dashboard is being developed. The occupational health contract is being reviewed. 2. Roster review: Rosters for all complexes have been agreed and implemented and are currently under review. 3. Skill mix: the skill mix model has been updated in January 2015 to include international recruits and is currently under review. 4. Annual leave review: a revised annual leave policy is in its final draft stage. We are revisiting the proposed draft policy with a view to consult with trade unions with a view to implementing a revised annual leave arrangement as defined in the policy by the end of Q2 2015. 5. The new response model: a request for change (RFC31) has been approved and is under developed by the CommandPoint supplier. The software was delivered in August but did not pass testing and there have been several re-releases since. We expect the final release, with all known errors corrected, to be delivered 24/12. Testing will recommence but is constrained by release of testers (CAD trained staff) from the control room. Implementation of the software will only occur once testing has been successfully completed . Delay caused by capita and now implementation planned mid May. 6. Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role (December 2014), overseas recruitment of paramedics (on-going), in-house conversion from EMT to paramedic 2014/15, university paramedic recruitment (October 2014), military recruitment. Retention; exit interviews, research reasons for leaving, consider reward	1. P. Woodrow 2. M. Pearce 3. J. Killens / M. Whitbread 4. S. Sale 5. J. Killens 6. K. Broughton / T. Crabtree 7.J. Goldie / K. Millard 8. K. Millard 9. K. Millard 10. K. Millard	1. On-going 2. Completed 3. Completed 4. Sep 2015 5. May 2015 6. Q4 2014/15 7. On-going 8. On-going 9. On-going 10. On-going		Major	Possible	12	Reviewed by ADO's 03/06/15. J. Killens 21/08/14 approved regrading of risk from major x likely = 16 to major x almost certain = 20 Updates provided by P.Woodrow 8/08/14
402	There is a risk that the current age profile of Fleet Workshop Managers and Technicians will impact on the future resilience of the Fleet Operation	Age profile of Fleet Workshop Managers and Technicians	09-Jul-14	1		Safe	Business Continuity	Major	Almost Certain	20	1. Regular cycle of recruitment of Workshop Technicians. This is to ensure that we maintain a robust technical staffing level to deliver the required Planned and Unplanned maintenance activity. 2. Recruitment aimed at long term temporary staff. This is to ensure that Staff that are trained by the LAS remain and the value of the Training can be realised by the Trust.	Sean Westrope	17-Mar-15	Major	Almost Certain	20	1. Establishment of apprenticeship scheme. This is to ensure that the Trust effectively manages the demographic profile of its Workshop Staff against a national shortage of Technical Engineers. Task group to identify the appropriate course required and negotiate with colleges. 2. Continuing recruitment into vacancies (Currently advertising externally for roles).	1. S. Westrope 2. S. Westrope	1. September 2015 2. On-going		Major	Unlikely	8	Risk reviewed by S. Westrope March 2015. Risk Approved by SMT at meeting on 9th July 2014
401	There is a risk that the current age profile of the LAS Vehicle Fleet will result in increased downtime impacting on operational performance and implementation of the modernisation process.	Age profile of the LAS Vehicle Fleet	09-Jul-14	2		Safe	Operational	Major	Almost Certain	20	1. Capital programme for 2014/15 includes 104 replacements of vehicles that are over 7 years old 2. Asset management plan in place to ensure that no frontline vehicle is over 7 years old and that Unplanned Maintenance levels do not adversely affect Fleet Capacity and the provision of a safe environment to Operational Staff 3. Monitoring the productivity of planned maintenance and throughput of unplanned maintenance against backlog. This is to ensure that the Fleet asset condition remains in a safe condition. 4. Preparing TDA Business Case for delivery of replacements ambulances for 15/16	Sean Westrope	17-Mar-15	Major	Almost Certain	20	1. Agree comprehensive 5 year replacement plan (Identified replacement requirements. Business cases being submitted to the TDA).	1. S. Westrope	1. March 2015	5 year plan to be managed by Fleet Procurement Board and monitored by Vehicle Working Group	Major	Unlikely	8	Reviewed by S. Westrope March 2015. Risk Approved by SMT at meeting on 9th July 2014
355	There is a risk of staff not receiving clinical and non-clinical statutory training.	This may as a consequence cause:- • Failure to meet CQC and the Trust's TNA policy • Dilution of clinical skills	23-Nov-11	6		Safe Effective	**Corporate**	Major	Almost Certain	20	1. Agreement with operations that there will be an agreed abstraction of up to 90 staff per week to attend CSR during agreed periods. 2. Paramedic registration. 3. Individual Learning Accounts implemented for all operational staff from September 2014. This will increase attendance on CSR training. 4. Comprehensive review of statutory and mandatory training delivery, including All In One, under way, due for completion late November 2014 5. E-learning packages under development to provide staff with access to on-line achievement for core statutory elements	**Mark Whitbread**	28-Oct-14	Major	Likely	16	1. The TNA which applies to April 2014 to be reviewed and agreed by TSG. 2.A workbook has been developed for Infection prevention and control it will be launched shortly. 3. Use of OLM for recording of CSR 1 will commence from October 2012. 4. Operational Resources will need to book staff onto courses to capacity in order to train all staff within year.	1. J. Chalmers 2. J.Thomas 3. P. Billups 4. P. Cook	1. May 2014 2. Complete 3. Complete 4. Ongoing	1. TSG review and agree TNA on an annual basis. 2. TNA used as basis for agreeing service training plan. 3. TSG review reulgar reports of uptake on training.	Major	Unlikely	8	2 new risks presented to SMT in December 2014 and asked for further detail to be added and brought back. SMT 09/04/14 suggested that current risk rating remains until the risk is reviewed for splitting between clinical and non clinical.
269	There is a risk that at staff changeover times, LAS performance falls.	Current rest break agreement permits staff to conclude shift by upto 30 mins early where no break given by EOC	08-Dec-06	7		Safe	Clinical	Major	Almost Certain	20	1. Daily monitoring of rest break allocation to resolve end of shift losses 2. Use of bridging shifts for VAS/PAS 3. Roster reviews/changes must include staggered shifts. 4. Incident management control desk within EOC. This currently operates when staffing allows or there is a serious incident, however sustained running relies of sufficient EOC resourcing (ORH review).	Jason Killens	13-Apr-15	Major	Likely	16	1. Agree and implement changes to rest break arrangements 2. Rota changes to be implemented as result of ORH review 3. Recruitment 4. Skill mix: the skill mix model has been updated in January 2015 to include international recruits and is currently under review. 5. Ongoing vigorous management of out of service. J. Killens to set improvement trajectory to get out of service levels back within target. 6. Proactive use of the surge plan. 7. Out of service being HUB implemented.	1. T. Crabtree / J. Killens 2. J. Killens 3. K. Broughton 4. J. Killens 5. K. Brown / Sean Westrope 6. ADO's 7. TBC	1. 2015/16 2. Completed 3. Q4 14/15 4. Completed 5. Ongoing 6. Ongoing 7. Ongoing		Major	Unlikely	8	K.Millard reviewed 13/04/15. December 2014 Risk reviewed by ADO group. Updated provided by P.Woodrow and J.Killens August 2014

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394	It is likely that NHS financial and operational planning will include the need to develop efficiencies in order to offset other costs pressures for the foreseeable future. Failure to identify and deliver CIPS will threaten the ongoing viability and solvency of the Trust. ~~There is a risk that CIPs may not be identified or delivered which would impact our credibility with the NTDA and the DH and would adversely impact on our FT Application. There may also be a loss of control on the Income and Expenditure position.~~	• Appropriate supporting evidence not available • CIPs not supported by detailed milestone plan. • CIPs not embedded in budgets. • CIPs not owned by relevant manager. • Benchmarking of CIPs not undertaken. • CIP governance not clearly defined and in place. • Board/FIC scrutiny of CIP planning and delivery not in place. • CIPs not delivering in line with expectations. • Capacity and capability not available to support delivery.	10-Apr-14	14		Well Led	Finance	Catastrophic	Likely	20	1. Appropriate supporting evidence available for CIP. 2. All CIPs supported by detailed milestone plan. 3. All CIPs embedded in budgets. 4. All CIPs owned by relevant manager. 5. Benchmarking of CIP opportunity. 6. CIP governance clearly defined and in place. 7. Board/FIC scrutiny of CIP planning and delivery in place. 8. CIPs delivering in line with expectations. 9. Capacity and capability available to support delivery. 10. All CIPs supported by Quality Inputs Assessments.	Andrew Grimshaw	21-May-15	Major	Likely	16	1. Review support to drive the CIP Programme. 2. Ensure all schemes have clear project plans. 3. Embed all CIPs in budgets. Ensure managers sign off. 4. Review current benchmarking information.	1. A. Grimshaw 2. A. Grimshaw 3. K. Hervey / A. Bell 4. A. Grimshaw	1.31/05/15 2. 30/06/15 3. 30/06/15 4. Ongoing	Regular FIC oversight Controls can be tested	Moderate	Unlikely	6	Reviewed by FIC 21/05/15 Reviewed by A. Bell 11/03/15. FIC papers dated 29/09/14 changes in ratings to: gross catastrophic x likely = 20, net major x likely = 16 and target moderate x unlikely = 6. K. Approved by SMT 09/04/14 for inclusion on the risk register. To be cleared during Q3
441	There is a risk that there may be insufficient vehicle numbers to meet demands. Impacting on the Trust's ability to provide adequate vehicle numbers to support operational demand impacting on operational performance for the Trust		21-May-15				Fleet and Logistics	Major	Likely	16	1. Forward view of fleet requirement for next 5 years 2. Asset management plan in place to ensure that no frontline vehicle is over 7 years old and that Unplanned Maintenance levels do not adversely affect Fleet Capacity and the provision of a safe environment to Operational Staff 3. Ensure capital investment is committed to support fleet volume and replacement 4. External/stakeholder support in place as required 5. Maintain a capacity plan based on operational rotas and other frontline vehicle requirements agreed with operations that maintains currency with the operational plan 6. Have an agreed vehicle specification 7. Agree and maintain adequate headroom in fleet numbers to manage variation	Andrew Grimshaw		Major	Likely	16	1. Complete capacity plan and ensure it is reviewed and updated regularly, ensure this is aligned with the operational plans evolving 2. Complete business plan for next 2 years 3. Agree & sign off DCA & FRU specification 4. Calculate and agree the headroom required along with operations and finance and adapt procurement appropriately 5. Complete Medium term Fleet Strategy 2017-18 and 5 years 6. Analyse capacity constraints regarding flow of vehicles through converters	1. Hd of Fleet & Logistics / Dir of Operations 2. DoF 3. Hd of Fleet & Logistics 4. Hd of Fleet & Logistics 5. DoF 6. Hd of Fleet & Logistics	1. 30/06/15 / ongoing 2. OBC May 2015 FBC August 2015 3. 30/09/15 4. 31/03/15 5. 30/06/15	1. Statement of Fleet Requirement 2. Business Case 3. Specifications to fleet delivery board 4. Capacity Plan 5. Business Case 6. Capacity Plan	Moderate	Possible	9	Agreed at FIC 21/05/15.
388	There is a risk that the increase in turnover rates may lead to frontline staff reducing by significant numbers impacting the Trust's ability to deliver safe patient care.	1. Competitive recruitment market for Paramedics 2. Increasingly mobile workforce with a multitude of recruitment possibilities 3. Cost of living pressures in London coupled with increasing travel costs for commuting 4. Opportunities for clinical career progression in other organisations, which do not exist within the LAS, such as 111 and other public, private and voluntary healthcare providers 5. Staff morale	10-Apr-14	3		Safe	Clinical	Major	Likely	16	1. NHS staff benefits (e.g. pensions, T&Cs, etc.) 2. LAS staff benefits (e.g. cycle scheme) 3. LAS retention staff benefits (EMT suggestions) 4. Listening into Action - to understand staff improvements. 5. Developing the modernisation programme – including rota reviews and development of a clinical career structure. 6. Actively recruiting university and registered paramedics and emergency ambulance crew 7. Monitoring and developing plans to address trends in turnover. Retention Strategy agreed in principle at EMT 7 January 2015. Data to include establishment, vacancies, stability, turnover (split between paramedics and other), and sickness rate. To include trends and benchmarked data. 8. The use of overtime, private and voluntary ambulance services to increase the number of available resources. Impact on utilisation rate, i.e. to reduce it. 9. Clinical support structure provides career	**Karen Broughton**	11-Mar-15	Major	Likely	16	1. Development of Clinical Career Structure. Skill mix review. 2. Review exit interview process and data capture. 3. Review and update rewards and retention strategy. 4. Discussion at EMT regarding framework / strategy to address 5 key actions that assist retention. 5. Promote learning and development opportunities. 6. Recruitment drive to fill vacant established posts. Recruitment group meeting fortnightly identified 6-7 streams from which paramedics can join the service, also establishing the process to enable this. 7. Implementing the modernisation programme. 8. Exercise taking place to look at a sample of leavers to assess reasons for leaving 9. Develop a Health and Wellbeing Strategy	1. F.Moore 2. J. Killens 3. K. Broughton 4. K. Broughton 5. K. Broughton 6. K. Broughton 7. P.Woodrow 8. M. Gammage 9. T. Crabtree	1. Completed 2. Ongoing 3. Ongoing 4. 2014/15 5. TBC 6. Ongoing 7. Completed 8. Completed 9. March 15	1. Comprehensive workforce and recruitment plan. 2. Regular monitoring of turnover and responding to developing trends, making necessary adjustments to current plans. 3. Ongoing recruitment drive, in addition to proactively seeking out new markets to target additional recruitment drives. 4. Training programme in	Major	Unlikely	8	EMT reviewed the rating based on current assurance on 20/1/15 and agreed net rating to graded at major x likely = 16. R. Faisey updated risk 7th January 2015. Proposed regrading of net rating from major x almost certain = 20 to major x likely = 16 back in line with the gross rating. SMT discussed risk rating on 14/1/15 and suggested risk remained at 20.
399	There is a risk that a lack of essential (*) equipment on an Ambulance may impact on the crew's ability to respond ~~to all category A calls and /or any calls requiring specialist equipment to be deployed at the scene.~~ * essential equipment as defined in TP091 - Out of Service (OOS) Policy and Procedure - sections 7.9 and 7.10.	Underlying causes are varied and emanate from various functions of the Trust. This potentially affects the ability of a crew to provide the appropriate response at a scene which may delay treatment to the patient. Due to the equipment either being: Defective Contaminated Impounded Missing Replaces Risk 303 & 362	11-Jun-14	8		Safe	Fleet and Logistics	Major	Likely	16	1. Vehicle Daily Inspection completed, as part of the Vehicle Preparation process, by the Vehicle Preparation complex Team indicating which items are missing. ~~2. The crew will also check for critical equipment and try to source. (OP/026)~~ 2. Crews should advise EOC/DSO which equipment they are missing, this should also be reflected in their LA1 (OP/026).	Sean Westrope	25-Mar-15	Major	Likely	16	1. Improved equipment exchange by the LSU team. Equipment will be carried on their vehicles enabling a swifter exchange. This is dependant upon time of visit by LSU team. 2. Joint site visits by Logistics/Estates advising relevant process involving equipment 3. Joint education on equipment issues and continuous declaration of spare equipment. A process will be put in practice advising how equipment can be relocated to a frontline vehicle. A group needs to be set up including a lead DSO from each area. 4. Logistics Support Unit now hold a central budget to replace broken equipment which is processed through Deptford Stores. This will provide an improved and speedier replacement/exchange process. 5. Procurement of additional equipment to equip shells. 6. Allocation of vehicles to crew process to effect a handover/back process in and out of front line operations . This will introduce controls into the vehicle preparation processes.	1. Karen Merritt 2. Fleet & Logistics / Estates 3. Fleet & Logistics / Estates 4. Karen Merritt 5. Karen Merritt 6. Angela Richardson	1. October 2014 2. Ongoing 3. Ongoing 4. Ongoing 5. November 2014 6. Sep 2015	Continuous review of the actions	Major	Unlikely	8	cwg 21/04/15 requesting update from A. Grimshaw / S. Westrope S. Westrope reviewed risk 25/03/15. 6. action approved by SMT August 2014. Reviewed risk with MW 9/12/14 - proposed rewording and regrading of net rating from major x likely = 16 to major x possible = 12 28/10/14 risk reviewed by Fleet and Logistics team. Approved by SMT 11/06/14

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433	There is a risk that directors and line managers do not fully commit to staff engagement in terms of time and focus. In some cases there may be a risk that this is due to capacity of managers to find time to talk to their staff. This would result in staff becoming more disengaged which may prevent the organisation improving performance, and staff being motivated to play their part.	All staff need time with their line manager to support them to deliver what the organisation needs them to in terms of performance improvement, better care for patients and looking after and retaining our staff.	11-Feb-15			Effective Well Led	Corporate	Major	Likely	16	1. Corporate communications channels reviewed and refreshed as part of communications strategy approved by the Board in June 2014. Team Talk introduced in September 2014 but not universally being delivered. 2. Some good staff engagement practice with line management – but not universal. 3. Operational restructure will improve line management – but not yet delivered.	C. Gawne		Major	Likely	16	1. Performance management and appraisal of engagement objectives for line managers. 2. Training and support for senior managers 3. Evaluation with front line staff	1. Directors 2. Directors and Organisation Development 3. Director of Communications	1. On completion of operational structure 2. Ongoing conferences and training in Spring 2015 3. Ongoing	Team Talk feedback report to EMT. Team Talk as part of performance framework Evaluation of operational restructure to assess effectiveness of line management.	Major	Unlikely	8	Approvd by C. Gawne and noted by SMT 11.02.15
434	There is a risk that that new sector Assistant Directors of Operations (ADO's) are very focused on internal performance improvement and do not give time or focus to borough-based external stakeholder engagement (CCGs, MPs, OSCs, Healthwatch). This could result in a lack of support by stakeholders: at best this would mean no support for change or growth programmes, at worst it could mean opposition. This may lead to lack of investment in the service in the future and reputational damage	ADO's are essential for strong local stakeholder management, it cannot be done effectively centrally	11-Feb-15			Responsive Well Led	Corporate	Major	Likely	16	1. ADOs have relationships with some key stakeholders. 2. Communications support ADO's in external stakeholder relations.	C. Gawne		Major	Likely	16	1. Provide support and training and regular stakeholder perception testing 2. EMT to support ADO's in their involvement with stakeholder engagement 3. Work with new stake holder managers to develop their role.	1. Director of Communications and Director of Operations 2. EMT 3. Director of Communications / Assistant Directors of Operations	1. March 2015 2. Ongoing 3. Ongoing	Planned stakeholder perception audits and RAG rating with ADOs on regular basis	Major	Unlikely	8	Approved by C. Gawne and noted by SMT 11.02.15
404	There is a risk that the Trust does not accurately and efficiently capture errors and incidents and process them in accordance with national guidelines and within specified internal procedures (LA52 reporting).	Insufficient recorded evidence of reported incidents (total number and quality).	09-Jul-14	9		Safe	Corporate	Major	Likely	16	1. Line manager instructed to use the incident reporting E-Mail address when completing a RIDDOR F2508 form. This is located within HS 011 This will result in a copy being received by the department from the HSE. 2. RIDDOR F2508 forms are completed electronically, allowing reporters to save a copy as a PDF file 3. Absences due to industrial injury are recorded on GRS, allowing potential RIDDOR reportable injuries (due to absence) to be tracked and cross referenced 4. HS011 requires all incidents to be reported within 7 days. RIDDOR reportable incidents are reported directly by line manager to HSE. 5. The Datix Web pilot incident reporting system is currently being used in 3 complexes. This system has inbuilt guidance regarding RIDDOR reporting, and a direct hyperlink to the RIDDOR form. This process is to be incorporated within the Incident Reporting Project Datix Web role out that is currently being reviewed. 6. LA52 packs to be kept on vehicles.	Sandra Adams	18-Mar-15	Major	Likely	16	1. All incidents received by the Safety and Risk Department are to be reviewed by a Safety and Risk Advisor to follow up RIDDOR reporting, updating the DATIX record with the reference number. Reviewed at corporate level. 2. Absences of more than 7 days resulting from industrial injury is to be tracked on a spreadsheet to allow Safety and Risk Advisors to chase RIDDOR references, updating the DATIX record with this reference number 3. Incidents from January 2013 are to be reviewed for data quality on DATIX by Governance and Safety and Risk. As part of this, the incident will be reviewed to establish if it is RIDDOR reportable to gather more accurate numbers. (to be picked up at the Integrated Governance Meeting and discussed) 4. HS011 requires all incidents to be reported within 7 days, allowing a Safety and Risk Advisor to request a RIDDOR form to be completed. It is the line managers responsibility to ensure RIDDOR is completed as required.	1. Safety and Risk 2. Safety and Risk 3. Safety and Risk and Governance 4. Safety and Risk	1. Completed and on-going 2. Ongoing action 3. 01/04/15 4. On-going action	HS011 requiring all incidents to be reported within 7 days. HS011 requires all RIDDOR reportable incidents to be reported, giving instructions on doing so.	Moderate	Unlikely	6	Managers have been reminded in H&S bulletin about RIDDOR reporting. This highlights their responsibility to inform the HSE directly, together with forwarding a copy direct to the H&S dept. This will increase the level of reporting prior to the roll out of Datix Web. The new system is a real time reporting system that will include a direct link to the HSE and the H&S dept. HS 011 also has a direct link to HSE. J. Selby, 16/10/14 - Item 1 - This action is addressed Item 2 - This item is addressed via GRS program that S&R run on a regular basis Item 3 - Item covered in above response Risk Approved by SMT at meeting on 9th July 2014
440	There is a risk that the LAS will not be in a position to win new NHS 111 contracts as stated in the 5 year strategy.	Cause There is no consistent 111 tender process or service across London. 111 contracts across London are going out to tender at different times and are constructed differently across London e.g. from single 111 services to major partnership arrangements for multiple urgent care services. 111 growth may not be given adequate resource/attention due to current 999 performance pressures diverting attention away, particularly at a senior level. LAS costs may not competitive. Detailed modeling to accurately assess what areas of London we will bid for, informing the	08-Apr-15			Well Led	Corporate	Major	Likely	16	1. Contract team in place ….gathering information of service requirements / KPIs / costing of service.	Karen Broughton		Major	Likely	16	1. Understanding developed, through conversations with 111 commissioners across London, of their timeframes for tendering. 2. Bid team to review costing methodology and agree approach to bids.	1. J. Nightingale 2. J. Nightingale	1. End Feb 2015 2. March 2015		Moderate	Unlikely	6	13/05/15 Karen Broughton proposed to re-grade net rating to impact 3 x likelihood 3 = 9

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443	There is a risk that the equipment for frontline vehicles may not be available when required. Staff will not have equipment required to provide appropriate patient care		21-May-15				Fleet and Logistics	Major	Likely	16	1. Serial numbers on all re-usable equipment that can be accurately tracked. 2. Agree and set requirements for stock levels on vehicles. Ensure regular monitoring occurs 3. Define 'shell' and maintain a reserve of essential equipment centrally to backfill and ensure vehicle can go back into service with minimal delays 4. Agree ownership and responsibilities for equipment ensuring that all VP responsibilities are included within the VP contract, to include FRUs and DCAs, ensure equipment is not transferred between vehicles 5. Complex based fleet in place to increase availability for VP checking and restocking/equipping vehicles	Andrew Grimshaw		Major	Likely	16	1. Agree all items for inclusion on tracking and ensure serial numbers are collated and items tagged/labelled. 2. Agree essential equipment, plan and implement a process to make key items available centrally to restock 3. Review VP contract to ensure it meets the agreed requirements of operations 4. Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided	1. Logistics Manager 2. Head of Fleet 3. VP Manager 4. Hd of Fleet & Logistics	1. 31/08/15 2. 31/07/15 30/06/15 4. 31/10/15	1. Asset tracking report 2. Logistics & OOS reports 3. VP contract 4. Project completion	Moderate	Unlikely	6	Agreed at FIC 21/05/15.
442	There is a risk that there may be insufficient range and volume of equipment to meet demands.Staff will not have equipment required to provide appropriate patient care		21-May-15				Fleet and Logistics	Major	Likely	16	1. Agreed vehicle equipment lists including re-usable v disposable in place 2. Equipment stock levels agreed and maintained 3. Responsibility for each item of equipment clearly defined 4. Budget responsibilities for replacement equipment clear 5. Review of personal issue kit	Andrew Grimshaw		Major	Likely	16	1. Meet with operational colleagues to confirm equipment lists, clarify responsibilities and agree/transfer budgets 2. Provide Equipment to agreed stock levels 3. Undertake review budget responsibilities for equipment 4. Implement working group to review personal issue kit	1. Hd of Fleet & Logistics 2. Hd of Fleet & Logistics 3. DoF 4. Hd of Fleet & Logistics / ADO	1. 30/06/15 2. 30/06/15 3. 30/06/15 4. 30/09/15	1. Vehicle Equipment Procedure 2. Fleet management information 3. Budget reports 4. Report to recommend	Moderate	Unlikely	6	Agreed at FIC 21/05/15.
400	There is a risk that Siemens VDO satellite navigation (SatNav) units in fleet vehicles will become unserviceable due to the age of the units and the withdrawal from the market place of the supplier resulting in increased vehicle out of service (OOS) or delayed response times and impact on operational efficiency.	SatNav's were originally specified and procured in 2001. The selected manufacturer was Siemens VDO, distributed in the UK by MixTelematics Ltd. Over time the unit design has evolved (CD to DVD to SDcard) but fundamentally they have remained backward compatible as far as the interface to the MDT was concerned. The device is no longer manufactured and spare parts are becoming	11-Jun-14	10		Safe	Operational	Major	Likely	16	1. Telent Ltd, (MDT/SatNav maintainer) to investigate alternative break/fix arrangements with a 3rd party. 2. Assessment of fault quantities and failure frequencies.	Jason Killens	17-Mar-15	Major	Likely	16	1. An early action of the eAmbulance project is to review the specification and carry out market sounding to identify alternative SatNav products. An alternative SatNav device has been identified and a sample has been now acquired 2. Software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 4 3. If a satisfactory alternative device is identified AND the MDT software development is viable, funding will be sought to replace SatNavs across the fleet & undertake appropriate procurement process.. If full functionality can be achieved then action 3 funding and procurement will be progressed. 4. ~~Development of software &~~ Retrofitting of solution to fleet 5. eAbmulance project to refine current requirements and procure viable commercial (h/w & s/w) solution,	1. CAD support 2. CAD support 3. Assistant Director of IM&T 4. CAD support 5. eAmbulance Project Manager	1. Complete 2. June 2015 3. Q2 2015 4. TBC 5. TBC		Major	Rare	4	Risk reviewed by IM&T March 2015. 01.09.2014. Telent Ltd, the supplier contracted to maintain MDT/SatNavs , have entered now into an agreement with Jazz Auto Repairs to repair LAS Sat Nav's . Approved by SMT 11/06/14
410	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	40% total volume of calls are Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.	01-Oct-14	16		Safe Effectice	**Clinical**	Catastrophic	Likely	20	1. Undertaking ring backs within set time frames for held calls. 2. Fully trained workforce with 20 minute education breaks throughout shift. 3. C3 calls passed to hub for enhanced assessment C1 and C2 held calls are reviewed by hub - if a concern is flagged during welfare ring-back. 4. LAS Surge Management Plan. 5. Targeted additional resource at times of peak pressure using PAS/VAS/taxis. 6. LAS overtime 7. C1-C4 buckets have been redefined based on clinical outcomes. 8. Removal of exit message and clarity to patients regarding time delays. 9. Additional focus on safety reporting. QA – MPDS (999) ; QA – CHUB MTS (H&T;) – Report safeguarding incident concerns 10. Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response process implemented 11. METDG to be in place 24/7. 12. The CHUB now have a Clinical Manager overseeing each shift 13. Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients) screen to monitor higher risk patients.	Jason Killens	18-Mar-15	Catastrophic	Possible	15	1. Recruit to Establishment minus agreed vacancy factor of 4%. 2. Reviewing the determinants to best maximise resource availability, to assist with reduction in multiple attendance ratio for single incidents. 3. Deliver efficiencies in full from Capacity Review and complete Roster Implementation. 4. Recruit to establishment in the clinical hub. 5. Allocate EMDs to clinical hub to assist with ring backs – Service Development put in for additional staff to undertake this work 6. Offer near misses for APP and CTL to spend 6 months in the clinical Hub in preparation for next tranche of recruitment 7. Introduce surge plan and make appropriate revisions 8. More accurate reporting of category C delays and monitoring of safety incidents. 9. Use of lower acuity ambulances. 10. Increasing taxi use. Use of an SOP with taxi booking makes the process safer. 11. Discussion with NHS 111 regarding the green calls and outcomes.	1. K. Broughton 2. J. Killens 3. J. Killens 4. K. Millard 5. K. Millard 6. K. Millard 7. K. Millard 8. 9. K. Millard / F. Wrigley 10. K. Millard / F. Wrigley 11. K. Millard / F. Wrigley	1. Ongoing 2. Complete 3. Q4 14/15 4. Q3 14/15 5. Q2 14/15 6. 2014/15 7. On-going 8. On-going 9. On-going 10. On-going 11. On-going	1. Operational Demand and Capacity Review Group 2. Senior Management Team 3. Medical Directorate senior clinical advice; Clinical risk and Patient safety 4. The weekly SI group review patient safety incidents.	Catastrophic	Unlikely	10	ADO's reviewed 12/03/15. F. Wrigley reviewed 18/03/15. F. Moore reviewed risk on 5/01/15 FW / DSW 03/12/14 Additional measures to mitigate risk are increased number of CHUB QA mangers to ensure 24/7 and implementation of VP and CP screen to monitor higher risk patients Trust operating at increased Surge level without regular review conference calls New risk proposed to replace previous risk ID 379. Approved by EMT 1/10/14

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382	There is a risk that Emergency calls from Metropolitan Police Service (MPS) are incorrectly triaged by the MPS, affecting the ability of the LAS to effectively prioritise resources. This risk also directly compromises the clinical safety of patients.	In 2001 CAD link was developed, which enabled the MPS and LAS to exchange emergency calls and other messages directly via each organisation's CAD system. This process bypasses the standard triage system that all other 999 calls are subject to. To request the LAS, the MPS complete a basic triage of the call, known as the SEND protocol (Secondary Notification of Dispatch). SEND requires the MPS to answer five key questions to determine the medical priority of the call. Requests for the LAS from the MPS may be incorrectly triaged as a	07-May-13	13		Safe Effective	Clinical	Catastrophic	Likely	20	1. LAS METDG in in place 24 hours and is producing an average of 60% savings on AEU sends, MAR down to 1.33. 2. The Clinical Hub reviews low priority 999 calls that are being held and have the ability to identify MPS calls that have been incorrectly triaged and interrogate / upgrade the call priority if indicated. 3. EMDs can identify calls that appear to be mis-triaged by the SEND protocol or MPS Operator and upgrade / dispatch on the call immediately. 4. The MPS are now notified of incorrectly triaged calls sent to the LAS, to facilitate learning. 5. Police have put a message on their intranet relating to pressure on the service.	Jason Killens	13-Apr-15	Catastrophic	Possible	15	~~1. A risk based evaluation of the pilot study will be undertaken and the results will be discussed with the Operational and Clinical leads.~~ ~~2. Dependent on the results it will be for the LAS to consider removing the CAD link for primary notification of emergency calls from the MPS which will then be triaged via the LAS 999 system and MPDS~~	1. P.Woodrow / F.Wrigley 2. P.Woodrow	1. Completed 2. Completed		Catastrophic	Unlikely	10	K. Millard reviewed 13/04/15 proposed to regrade net rating from catastrophic x possible = 15 to catastrophic x unlikely = 10. ADO group reviewed risk 03/06/15. Propose to review net rating. Medical Directorate commented 18/12/14. Proposed to increase target rating from catastrophic x rare = 5 to catastrophic x unlikely = 10. Approved by SMT 14/01/14 24/10/14 - CSDEC - proposed to review the status of MPS calls prior to archiving the risk. Review in 3 months. J.Killens August 2014 - propose to review risk rating when METDG is running
207	There is a risk of staff not being able to download information from Defibrillators and 12 lead ECG monitors leading to incomplete patient records.	Clinical information was not available which was required for an inquest / patient handover	04-Apr-06	12	1,2,4,5	Effective	Clinical	Moderate	Almost Certain	15	1. Mark Whitbread is the Trust lead for the card readers project, 2. Card reading and transmission is performed by team leaders. 3. Messages given out at Team Leaders Conferences. 4. Encourage more routine downloading of information from data cards. 5.LP1000 AED's have been rolled out and all complexes have been issued with new data readers for these units. 6. New Malden pilot has trialled the transmission of data from the LP15	Mark Whitbread	12-Mar-15	Moderate	Almost Certain	15	1. Establish the current resources of LP 1000, how many in use, which complexes carry them, are there spares available for 1 for 1 swap. 2. Establish a process at station level to link a specific cardiac arrest to the LP1000 it is stored on. 3. Publicise download returns by complex as part of Area Governance Reports, via PIM or Staff Officer for the Area. 4. Consider roll out of transmittable data from LP15 once vehicle on station 5. A small pilot study is planned to take place at Westminster using two advanced paramedics in cars, which will have a cable to pub into a lap top to establish the benefits that come of out of it. The evaluation of this exercise will be reviewed in February 2015. 6. Put a suggestion forward for it to be included as a CQUIN in the next financial year to the CQRG.	1. M.Whitbread 2. M.Whitbread 3. M.Whitbread 4. M.Whitbread 5. M.Whitbread	1. Complete 2. Complete 3. Complete 4. Ongoing post N/Malden pilot evaluation 5. Commence Mid Dec 14	EOC briefings undertaken	Moderate	Unlikely	6	March 2015 - Risk reviewed by M. Whitbread. 18/12/14 - Risk reviewed by medical directorate. 23/07/2014 - If the fleet was less "flexible" it would allow for modems to be used to assist with downloads. SMT 14.05.14 approved regrading to moderate x almost certain = 15 M.Whitbread to raise with EMT regarding mitigating actions. Proposed increasing current rating to moderate x almost certain = 15 APPs will be conducting a feasibility study using laptops to download data at two sites - Brent and Westminster with the intention of reviewing the outcomes with the attending crew in order to establish any learning from the event.
426	There is a risk that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably Marac requests for information.	The Trust will fail in its statutory responsibilities to respond to safeguarding requests within time scales. There continues to be an increase in the requirement for LAS partnership involvement as Multi-Agency Risk Assessment Conferences (MARACs) these are being introduced across London and require the LAS to provide data on our involvement with indivduals over a given timescale and attendance at regular meetings. The LAS is seen as a key partner in these meetings.	10-Sep-14			Safe	Governance	Moderate	Almost Certain	15	1. Local managers running own reports in absence of safeguarding officer. 2. Out of office message to manage expectations.	Zoe Packman	27-Mar-15	Moderate	Almost Certain	15	1. Increase in members of safeguarding team to provide support across trust and partners (pending agreement of funding). 2. Develop an administrator post for safeguarding to cover increase workload and also support Safeguarding Officer when off (pending agreement of funding).	1. Z. Packman 2. Z. Packman	1. TBC 2. TBC		Minor	Possible	6	Approval was for temporary post till Feb unfortunately authrisation received too late to write JD and advertise and train before funding disappeared. Subsequent request made for perminent staffawaiting approval to gating request submitted to Emt/SMT Feb15 Agreed by SMT 10/09/14

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417	There is a risk that unauthorised access and threats to the Trust's network will not be detected, and, after a breach occurs, it will not be possible to identify and pursue the attackers. This could lead to serious security breaches not being identified and action not taken to prevent such attacks happening in the future. Ultimately, this could impact on the operational delivery of services.	There is no intrusion detection process in place for the Admin network (internal network of the Trust). Unless a user identifies and reports an incident, this is not brought to the attention of the IM&T team. Networking devices such as routers and switches (which help interconnection within a network) have a limited set of logs that are stored locally on the devices. These include logon attempts and other key security information, but they are not aggregated or analysed for trends. Some monitoring is done on the Command and Control network (specifically of the Oracle database and the CAD system).	08-Oct-14			Safe Effective	Information Governance	Catastrophic	Possible	15	1. Gateway firewalls to protect LAS from external attacks. 2. Enterprise antivirus monitoring LAS infrastructure.	Steve Bass / Vic Wynn	25-Mar-15	Catastrophic	Possible	15	1. Deploy an intrusion detection system along with associated processes to ensure that any incidents are logged and acted upon. As a minimum, the last 12 months of logs should be stored and be readily available after a breach for analysis.	1. R. Clifford	1. April 2015	1. Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	RC:25/03/15: Intrusion System has been purchased - Install date is for April 2015 22/01/2015 Funding approved and procurement completed. Implementation to be completed by 28/02/2015 (subject to detailed planning of implementation) 18/12/2014 IM&T approved the purchasing/deployment of an Intrusion Detection System (IDS) to monitor LAS networks ; procurement is currently processsing the request. Risk Approved by SMT at meeting on 8th October 2014
418	There is risk that a malware outbreak or a hacking attack originating from LAS admin network is propagated to the CAC network area. This could result in a loss of sensitive data or CAC network being unavailable, severely impacting the delivery of emergency services.	Firewalls exist only on the interface to the internet, and not between the virtual networks, (such as the one to segregate the CAC network from the rest of the Trust network). The internal network is flat and open, meaning that there is no separation between groups of computers and all devices on the network are treated with the same level of trust. This allows easy access within the network once an unauthorised individual has accessed the network. Once a device is compromised in one	08-Oct-14			Safe Effective	Information Governance	Catastrophic	Possible	15	1. Gateway firewalls to protect LAS from external attacks 2. Enterprise antivirus monitoring LAS infrastructure	Steve Bass / Vic Wynn	25-Mar-15	Catastrophic	Possible	15	1. Introduce strategic firewalls to segregate sensitive sections of the network, particularly the CAC. 2. Additionally, consider placing a firewall or similar between the two main CAC physical networks located at Bow and Waterloo.	1. R. Clifford 2. R. Clifford	1. 31/03/15 2. 31/03/15	Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	RC 25/03/15: Firewalls have been purchased and are in situ - On target for full implementation and go live by agreed date 22/01/2015 .The network audit is needed to determine valid network traffic paths which will be incorporated into the new security rules / controls . This will continue until the next planned Control Services exercise/operation "on paper" (planned for the end of February). It is planned that the firewalls will be inserted in between the networks alongside other works. IM&T are exploring with Control Services the possibility of an additional exercise/operation "on paper" before the planned event,
420	Without adequate patching, the risk of unauthorised access into the CAC network is increased as publicly known vulnerabilities related to the systems running on CAC will not be addressed. Any such attacks could result in a loss of sensitive data or CAC network being unavailable, severely impacting the delivery of emergency services	Without adequate patching, the risk of unauthorised access into the CAC network is increased as publicly known vulnerabilities related to the systems running on CAC will not be addressed. As the CAC network does not have access to the internet or email, it is less likely that attacks will come directly from these external sources, but it may be possible to introduce an attack through infected USB drives, CD/DVDs, or other removable media (even if LAS-approved devices). Alternatively, an attacker could leverage one of the security vulnerabilities present on the other	08-Oct-14			Safe Effective	Information Governance	Catastrophic	Possible	15	1. Enterprise antivirus monitoring CAC desktops 2. Desktop ports disabled (i.e. USB, DVD) 3. No access to internet /email for CAC desktops	Steve Bass / Vic Wynn	25-Mar-15	Catastrophic	Possible	15	1. 1.Liaise with the supplier of the Comandpoint software to ensure that patching is undertaken regularly. This needs to include updating the software to be compatible with the latest versions of software used by the CAC Network, in particular the Microsoft Operating System and Office products.	1. E Bquiri	1. 31-Mar-15	Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	25/03/2015 Third party (NG) still testing CommandPoint software on Windows 7 22/01/2015 The new (required) CommandPoint software is still in testing, due to defects identified. The observed defects have been rectified and are being retested. This is now due for implementation at the end of February 2015. Testing on Windows 7 has re-commenced using operational resources. Implementation of the solution is expected to be completed by 31/03/2015 however will be subject to the rollout of new PCs. 18/12/2014

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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.		14-Nov-02	5		Safe Effective Caring Responsive	Clinical	Major	Almost Certain	20	1. Consultant Midwife working with the LAS one day a week, providing advice to Control Services, Legal Services, Patient Experience, and Education and Development. 2. A deep dive audit was carried out which was reported to the Quality Committee in Autumn 2014. To be repeated as required. Review incidents reported through LA52's, Patient Experiences and legal Claims relating to problematic obstetric incidents. Maternity care update articles in the Clinical Update. Delivery of CSR 2013/2014 obstetric update (detailed in 2013 UK Ambulance Service Clinical Practice Guidelines) & updates written by Consultant Midwife. Pan-London Maternity Divert Policy (Updated Sept. 2013): Robust framework to limit temporary closures of maternity units and to organise redirection. POETS e-learning programme in place. Drop in sessions arranged by new consultant midwife.	Fenella Wrigley	12-Mar-15	Major	Possible	12	1. Director of Paramedic Development & Education to directly oversaw delivery of CSR 2013/2014. 2. Consultant Midwife appointed to provide professional advice and education. Update post from 0.2 WTE to 0.6 WTE to increase availability and impact through obstetric education. 3. Obstetric emergency decision tool to be put in place. Maternity evening arranged in May for staff to attend, led 4. by Consultant Midwife, and Obstetrics staff from a number of London Hospitals 5. Obstetrics emergencies clinical update article written and will appear in the next clinical update magazine 6. Birthing Sim-manikin ordered and will improve staffs recognition of problems and treatment of these patients	1. M. Whitbread 2. F. Moore 3. F. Scarlett 4. A. Mansfield 5. A. Mansfield	1. Completed 2. Completed 3. From December 2014 4. May 2015 5. April 2015 6. May 2015	1. Monitor processes at CQSE and Corporate Health and Safety Group. Direct feedback to CQD from Legal Services. 2. Incident reporting. 3. Reports to CQSEC, SI group, Learning from Experiences	Major	Possible	12	Medical Directorate reviewed risk December 2014 and proposed to regrade net rating from major x likely = 16 to major x possible = 12 to go to SMT for approval January 2015.Approved by SMT 14/01/14. CSDEC 27/10/14 reviewed risk - substantive mid wife post in place 3 days per week from December 2014. Rating remains the same and review rating following take up of post.
22	There is a risk that failure to undertake comprehensive clinical assessments may result in the inappropriate non-conveyance or treatment of patients.	Inappropriate non-conveyance incident	14-Nov-02	8	5	Safe Effective Caring	Clinical	Major	Almost Certain	20	1.Monitor level of CSR training and delivery. 2. CPIs are used to monitor the standard of assessments provided. 3. LA52 incident reporting is in place and reports are provided to the Clinical Quality Safety and Effectiveness Committee (CQSEC) and the Area Clinical Quality Groups. 4. The Operational Workplace Review has been reviewed and will now include ride outs. 5. A system for clinical updates is in place. 6. 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. 7. Introduction of Paramedic Pathfinder – an adaption of the Manchester Triage System for use pre-hospitally to safely identify the most appropriate destination for individual patients. 8. Introduction of reflective practice (as part of Module J programme). ~~9. 2013 Clinical Practice Guidelines include some updates on clinical assessment.~~ 9. Regular review of clinical incident reporting and serious incidents.	Fenella Wrigley	07-Apr-15	Moderate	Likely	12	1. Director of Paramedic Development & Education to directly oversee delivery of CSR 2015/2016. 2. The Medical Directorate will continue to monitor trends. 3. Design processes to audit and monitor the effectiveness of the pathfinder tool. 4. Development of the clinical career structure. 5. Update course for Clinical Team Leaders and Clinical managers, to enable them to update clinical staff.	1. Director of Paramedic Education and Development 2. Clinical Advisor to the Medical Director 3. Pathfinder Leader 4. Mark Whitbread/ Jane Thomas 5. Mark Whitbread / Jane Thomas	1. End of 2016 2. Ongoing 3. Commence April 2014 4. May 2014 - 2017 5. Delivered monthly	CPI reports OWRs CSDEC EMT/TB reports Learning from Experience	Moderate	Possible	9	24/10/14 CSDEC - risk to remain at same rating. Medical Directorate update 28/10/14 - unregistered staff (EACs and TEACs) who, because they are unregistered, will be more risk averse and therefore less likely to leave patients at home – more will be conveyed to hospital. Access to clinical advice 24/7 – both via the Clinical Hub and via the on-call medical directorate staff. These elements will reduce unsafe clinical decisions. There is now a more robust clinical career structure including advanced paramedics, senior paramedics and consultant paramedics.
429	There is a risk that there are currently no arrangements in place for routine quality assurance of dispatch functions which may affect the quality of call management and the service provided to patients. Lack of QA for dispatch resulting in an unquantifiable level of risk from poor compliance with dispatch protocols.	No real time proactive checking of dispatch regimes. Routine QA is undertaken for call handling, but the only detailed examination of the dispatch process is done arising from complaints and incidents. Although there are metrics available relating to performance we have limited information on the quality of the allocation decisions and call management within EOC. Instances of sub-optimal dispatch have been identified within Serious Incident and complaint investigations.	14-Jan-15			Safe Effective Responsive	Operational	Major	Almost Certain	20	1. Training for CP Dispatch and Allocation 2. Updated Operational procedures	Jason Killens (Katy Millard)	03-Mar-15	Major	Possible	12	1. Introduce a QA process within dispatch 2. KPI within dispatch 3. Training opportunities for staff in order for them to progress further.	1. A. Buckler 2. K. Canavan 3. J. Locket	1. June 2015 2. March 2015 3. March 2015		Major	Unlikely	8	reviewed at control services meeting 21/04/15 - net rating remains at 12. Approved at SMT 14/01/15

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396	There is a risk that If the Trust does not plan effectively it will not be aware of risks and threats. These could result in significant risk to the ongoing viability of the organisation, operations and clinical safety. ~~There is a risk that no disciplines exist for planning ahead which would impact our credibility with the NTDA and the DH and would adversely impact on our FT Application~~	• An LTFM is not in place. • Regular reports are not provided to the FIC on forward financials. • Future assessments do not take account of low level (departmental) plans or high level (organisational) issues. • Plans exclude I&E, balance sheet, capital and cash. • Future CIP plans are not scoped and where possible identified, 2-3 years ahead.	10-Apr-14	15		Well Led	Finance	Catastrophic	Likely	20	1. An LTFM is in place. 2. Regular reports are provided to the FIC on forward financials. 3. Future assessments take account of low level (departmental) plans as well as high level (organisational) issues. 4. Plans include I&E, balance sheet, capital and cash. 5. Future CIP plans are scoped and where possible identified, 2-3 year ahead.	A.Grimshaw	21-May-15	Major	Possible	12	1. Further development of LTFM required. Make live tool B/S and Cashflow). 2. Review format and frequency of reports to FIC on future planning. 3. Develop means to collect departmental and divisional plans for review and inclusion in overall financial plan. 4. Develop future CIP planning. 5. Develop future CIP planning. Future CIP planning is part or the CIP programme board remit and is on-going.	1. DoF 2. DoF 3. DDoF 4. All executives 5. All executives	1. 31-03-15 2. Monthly until June 2015 3. Include in 15/16 planning 31-03-15 4. End Q1 15/16	Regular FIC oversight Controls can be tested	Moderate	Unlikely	6	Reviewed by the FIC 21/05/15 net rating regraded from major 4 x likely 4 = 16 to major 4 x possible 3 = 12. Reviewed by A. BEll 11/03/15. FIC amended the risk description January 2015. FIC papers dated 29/09/14 changs to ratings: gross from major x likely = 16 to catastrophic x likely = 20, net from major x unlikely = 8 to major x likely = 16 target from major x rare = 4 to moderate x unlikely = 6. Updates to FIC in June 2014 and LTFM sent to NTDA in June 2014. Approved by SMT 09/04/14 for inclusion on the risk register.
439	There is a risk that all operational/clinical staff may not receive statutory and mandatory training appropriate to their role required to comply with legislation, meet CQC compliance and the Trust's TNA policy. This could result in the dilution of clinical skills	Lack of consistency of staff booking onto CSR places which have been provided. The Trust are not allowing stand downs for staff who haven't got Individual Learning Accounts in place to attend CSR training due to the impact of resources vs demand on performance. Non- compliance with statutory and mandatory training (The associated legislation for each requirement is referred to in the Training Needs Analysis and the Core Training Policy -TP056.)	08-Apr-15			Safe Effective	Corporate	Major	Likely	16	1. Individual Learning Accounts mitigate the impact of performance on training. 2. Complex management teams managing the training process. 3. Clinical Education and Standards monitor the uptake of course places provided (data is included on the clinical dashboard) which is reported at EMT / TB /CQSED 4. Letters have been sent out to staff reminding them to book onto courses and a Bulletin has been put in the RIB.	Mark Whitbread		Major	Possible	12	1. Letters have been sent out to staff and an article has been placed in the RIB 2. ILAs need to be incorporated into all rosters when reviewed (some staff do not currently have ILAs) 3. A process needs to be put in place to monitor/review the compliance with managing the ILA process 4. Continual communication about the process i.e. routine bulletins / posters.	1. P. Cranmer 2. P. Woodrow 3. Admin Manager, Training Dept. Fulham 4. J. Thomas	1. Completed 2. TBC 3. Reviewed monthly 4. Continual process.	Figures are reported monthly and are overseen by the Quality Governance Committee and Trust Board	Major	Unlikely	8	FF 20/05/15 need to look at ability to capture training figures for this group of staff.
435	There is a risk that Trust will not comply with all requirements within the CQC chief inspector of hospitals inspection programme for ambulance services, resulting in a less than favourable inspection report.	The CQC has introduced a new system of inspection and has recently finalised the format for ambulance services. The Trust may not be fully prepared for the new system by the time of inspection due to the focus on performance and the availability of resources across the Trust to prepare	11-Feb-15				Governance	Major	Possible	12	1. Focussed resource within Governance and Assurance to prepare and manage a compliance programme. 2. Quality Governance Structure in place supported by Clinical Safety Development and Effectiveness Committees. 3. Risk Register and Board Assurance Framework reviewed by the Board every quarter with oversight by Audit and Quality Governance Committees. 4. Briefing session undertaken with the Trust Board on the CQC fundamental standards.	Sandra Adams		Major	Possible	12	1. Develop and deliver a project plan to monitor and manage compliance against the five CQC quality domains which will include the review of current processes and setting up a compliance programme in line with standards set out in the Well-led framework. 2. Appointment of Quality Governance Managers in the operational management structure. 3. Appointment to key posts within Governance and Assurance.	1. D. Halliley / S. Adams 2. J. Killens 3. S. Adams	1. Q4 2014/15 2. Q4 2014/15 3. Q4 2014/15	Routine reports provided to the Quality Governance Committee. Board Assurance Framework and Risk Register. Compliance programme in place supported by evidence.	Major	Unlikely	8	Approved by S. Adams and noted by SMT 11.02.15

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Audit Committee Annual Report 2014/15; Assurance report from the meetings of the Audit Committees on 21st May and 1st June 2015 (oral report)
Report Author(s):	Sandra Adams, Director of Corporate Affairs
Presented by:	John Jones, NED Chair of the Audit Committee
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	For information

Background/Purpose

The annual report for 2014/15 outlines how the Audit Committee has complied with the duties delegated by the Trust Board through its Terms of Reference. The report includes achievement against the actions identified for 2014/15 and proposes actions for the committee to focus on in 2015/16.

The Audit Committee met on 21st May 2015 and 1st June 2015 and an oral report will be provided to the Trust Board with a written report to follow.

Action required

This report is submitted for information and assurance purposes.

Assurance

The Audit Committee met 7 times during 2014/15 and met in private with the internal and external auditors once;
The Committee complied with all elements of the Terms of Reference;
The Committee achieved each of the key actions identified for 2014/15.

Key implications and risks arising from this paper	
Clinical and Quality	
Performance	
Financial	
Governance and Legal	**None identified**
Equality and Diversity	
Reputation	**None identified**
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	
To make LAS a great place to work	
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	**Yes**

London Ambulance Service NHS Trust

NHS

ANNUAL REPORT OF THE AUDIT COMMITTEE 2014/15

1. Scope of the report

1.1 This report outlines how the Audit Committee has complied with the duties delegated by the Trust Board through its Terms of Reference (See Appendix A), and identifies actions to address further developments in the Committee's role.

2. Constitution

2.1 The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the NHS *Audit Committee Handbook* published by the HFMA and Department of Health.

2.2 In accordance with the terms of reference, the membership was three non-executive Directors, with a quorum of two, including one with recent relevant financial experience. The Director of Finance and Performance and the Director of Corporate Affairs are invited to attend all Audit Committee meetings. The non-executive Chair of the Quality Governance Committee is invited to attend all Audit Committee meetings as an observer and attended six times during the year. The appropriate internal audit and external audit representatives and the local counter fraud specialist attended all Audit Committee meetings with the exception of the meeting on 17th April 2014, which was an internal meeting for the purposes of reviewing the draft annual accounts for 2013/14, and the meeting on 10th November 2014 for the purposes of internal review.

2.3 A schedule of attendance at the meetings is provided in Appendix B which demonstrates full compliance with the quorum requirements and regular attendance by those invited by the Audit Committee.

2.4 The terms of reference state that the Audit Committee should meet at least four times per annum. Seven meetings were held within the last financial year on 17th April 2014, 22nd May 2014, 2nd June 2014, 8th September 2014, 10th November 2014 and 2nd February 2015.

2.5 The Audit Committee has an annual forward planner with meetings timed to consider and act on specific issues within that plan.

2.6 The Audit Committee Chair reports to the Trust Board following each meeting.

3 Governance, Risk Management and Internal Control

3.1 The Audit Committee reviewed relevant disclosure statements for the 2014/15 financial year, including the Annual Governance Statement (AGS) at its meeting on 1st June 2015. The Committee agreed that the AGS was consistent with its view on the Trust's system of governance and internal control and supported the Trust Board's approval of the AGS. The Audit Committee has also reviewed internal and external audit opinion and other appropriate independent assurances.

3.2 The Audit Committee received updates at all of its meetings on the management of organisational risks, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. Overall, the Audit Committee's view is that the system of risk management in the organisation is adequate in identifying risks and allows the Board to understand the appropriate management of those risks.

3.3 During the year, the Audit Committee implemented a programme of deep dive reviews of the following areas of risk:

- Finance
- Performance
- Quality & Risk
- IM&T

3.4 The Audit Committee reviews the Board Assurance Framework (BAF) at each of its meetings, with the exception of those meetings which are focussed on the year end audit and approval of the annual accounts. The Audit Committee can therefore demonstrate that it has reviewed and used the Board Assurance Framework and believes that it is fit for purpose and that the comprehensiveness of the assurances and the reliability and integrity of the sources of assurance are sufficient to support the Board's decisions and declarations.

3.5 The Audit Committee received a report at each meeting on the progress made in implementing outstanding internal audit recommendations. The Audit Committee has ensured that there is follow up on internal audit recommendations and has monitored progress on reducing the number of overdue recommendations from 58 to 12 by year-end.

3.6 The Audit Committee is assured that that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the Committee's attention and not been resolved adequately. A full review of the governance structure took place at the Strategy Review and Planning Committee meetings on 9th September and 28th October 2014.

4 Internal Audit

4.1 As of 1st April 2013, Internal Audit services to the Trust were provided by KPMG.

4.2 The Audit Committee received and approved the Strategic and Operational Internal Audit Plan for 2014/15 at its meeting on 22nd May 2014. The Committee was assured that the internal audit plan and strategy had been developed with input from the Trust's directors and was consistent with the audit needs of the organisation as identified in the Trust Board Assurance Framework. The Executive Management Team (EMT) is now involved in the development of the internal audit plan and this process works well.

4.3 Internal auditors were present at all but two of the Audit Committee meetings and provided the Committee with key findings from each audit report and an update on progress against recommendations made.

4.4 The head of internal audit opinion for 2014/15 was one of:

'Substantial assurance with minor improvements required'. 'Our work has confirmed that there is general a sound system of internal control which is designed to meet the Trust's objectives, although we had identified areas where the controls in place could be enhanced or improved.'

4.5 Overall, the Audit Committee has worked effectively with internal audit to strengthen the Trust's internal control processes. The Audit Committee has considered the major findings of internal audit and is assured that management has responded in an appropriate manner and that the Head of Internal Audit Opinion and the Annual Governance Statement reflect any major control weaknesses.

5 External Audit

5.1 The Trust's external audit services were provided by Price Waterhouse Coopers.

5.2 The external auditors audited the Trust's accounts in line with approved Auditing Standards and issued an unqualified audit opinion on 3rd June 2015.

6 Management

6.1 The Committee has continually challenged the assurance process where appropriate and has requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance.

7. Fraud

7.1 As with the Internal Audit Service, Counter Fraud was provided by KPMG with effect from 1st April 2013.

7.2 The Committee received and agreed the Counter Fraud Work Plan for 2014/15 at its meeting on 22nd May 2014.

7.3 The Audit Committee received reports from the Local Counter Fraud Specialist at four meetings in 2014/15.

8. Other Assurance Functions

8.1 The Audit Committee receives a regular update on the key items of discussion at the most recent meeting of the Quality Governance Committee. The Chair of the Quality Governance Committee is also invited to attend all meetings of the Audit Committee and attended 6 meetings of the committee in 2014/15.

8.2 The Audit Committee reviewed performance against its terms of reference, Appendix C.

9. Financial Reporting

9.1 At its meeting on 1st June 2015, the Audit Committee received and ratified the Audited Annual Accounts, incorporating the Annual Governance Statement, for the year ending 31st March 2015, prior to their submission to the Department of Health.

10. Audit Committee Terms of Reference

10.1 The Audit Committee reviewed its terms of reference at its meeting on 8th September 2014.

11. Conclusion

11.1 Overall, the Audit Committee has fulfilled its duties as set out in its terms of reference.

11.2 Last year, as part of its self-assessment, the Audit Committee identified a number of actions moving forward. Progress against these actions is detailed below:

11.3 Actions for 2014/15 were:

Action	Responsible	Outcome
To establish a new Audit Committee following change of membership.	Chair of the Audit Committee	
Continue to develop the Board Assurance Framework to reflect more fully the key risks to the Trust Strategic Plan.	Director of Corporate Affairs	
Continue to focus on the highest scoring risks and mitigating action as shown in the BAF and Corporate Risk Register.	Director of Corporate Affairs	
To develop greater alignment between the performance framework and dashboard, the Board Assurance Framework and the corporate risk register.	Director of Finance and Performance and Director of Corporate Affairs	
To improve the response to outstanding audit recommendations as reported in the audit tracker	Director of Corporate Affairs	
Seek evidence to confirm the assurance of data quality	Director of Finance and Performance	

11.4 Actions for 2015/15 are:

Action	Responsible
Maintain an improved response to internal audit recommendations	Director of Corporate Affairs & EMT
Establish good working relationships with the new Trust External Auditor	Director of Finance and Performance
Review the specification and process for appointment of internal auditors	Director of Corporate Affairs
Review the specification and process for appointment of local anti-fraud services	Director of Corporate Affairs Director of Finance and Performance

Appendix A

London Ambulance Service NHS Trust
Terms of Reference
September 2014
Audit Committee

1. Authority

1.1 The Audit Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be set out below and subject to amendment when directed and agreed by the Board of Directors.

1.2 The Audit 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 Audit Committee is authorised by the Board 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.

2. Purpose

2.1 The primary focus of the Audit Committee shall be the risks, controls and related assurances that underpin the achievement of the Trust's objectives.

2.2 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities.

2.3 The Committee shall review the corporate risk register and the Board Assurance Framework and be responsible for providing assurance to the Trust Board on the identification, management and mitigation of risks to the goals and objectives of the organisation.

2.4 The Committee shall review the adequacy of risk and control related disclosure statements, in particular the Annual Governance Statement, Care Quality Commission regulations, Internal and External Audit reports, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

2.5 The Committee shall review the adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

2.6 The Committee shall review the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.

2.7 The Committee shall review the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.

2.8 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, within the context of the Board Assurance Framework, but will not be limited to these audit functions. It will also seek reports and assurances from the Quality Governance and Finance and Investment Committees, and from directors and managers as appropriate,

concentrating on the overarching systems of risk, controls and assurances, together with indicators of their effectiveness.

3. Internal Audit

3.1 The Committee shall ensure that there is an effective internal audit function established by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

3.1.1 review and approval of the Internal Audit strategy, operational plan and a more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;

3.1.2 consideration of the major findings of internal audit work (and management's response), ensuring co-ordination between the Internal and External Auditors to optimise audit resources;

3.1.3 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation;

3.1.4 an annual review of the effectiveness of Internal Audit.

4. External Audit

4.1 The Committee shall review the work and findings of the External Auditor and consider the implications and management responses to their work. This will be achieved by:

4.1.1 consideration of the performance of the External Auditor;

4.1.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan and ensure coordination, as appropriate, with other External Auditors in the local health economy;

4.1.3 discussion with the External Auditors of their local evaluation of audit risks;

4.1.4 review of all External Audit reports, including agreement of the Annual Audit Letter before submission to the Board and any work carried outside the Annual Audit Plan, together with the appropriateness of management responses;

4.1.5 discussion and agreement on the Trust's Annual Governance Statement.

5. Risk and Assurance Functions

5.1 The Audit Committee shall review the risk and assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. This will be achieved by:

5.1.1 review of the effectiveness of the Quality Governance Committee in the management of clinical risk including assurance gained from the clinical audit function;

5.1.2 review of the effectiveness of the Finance and Investment Committee in the management of financial risk;

5.1.3 review of the effectiveness of the Executive Management Team in the management of business risk and the systems in place to delegate responsibility for reviewing and maintaining the corporate risk register to the Senior Management Team;

5.1.4 review the board assurance framework to ensure that it is focussed on the key strategic risks to the business and clearly identifies controls and assurances in place as well as the gaps and corresponding mitigating actions to be taken in order to take assurance from the effectiveness of the systems in place;

5.1.5 review of the findings of any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc);

5.1.6 review the work of the Quality Governance Committee in order to satisfy itself on the assurance that can be gained from the clinical audit function;

5.1.7 review the assurances provided by the internal auditors of the Trust's Shared Financial Services provider.

6. Counter Fraud

6.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. [1]

7. Management

7.1 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

7.2 The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

8. Financial Reporting

8.1 The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the Annual Governance Statement;
- disclosures relevant to the Terms of Reference of the Audit Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- significant judgments in preparation of the financial statements;
- significant adjustments resulting from the Audit;
- letter of representation; and
- qualitative aspects of financial reporting.

8.2 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness, timeliness and accuracy of the information provided to the Board.

[1] From the NHS Audit Committee Handbook

8.3 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's performance.[2]

9. Membership

9.1 The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members, all of whom shall have voting rights. The Trust Chair shall not be a member of the Committee.

9.2 At least one member of the Audit Committee must have recent and relevant financial experience.

9.3 One non-executive director member will be the Chair of the Committee and, in their absence, another non-executive member will be nominated by the others present to deputise for the Chair.

9.4 The Director of Finance, Director of Corporate Affairs or their deputy should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

9.5 The non-executive Chair of the Quality Governance Committee should be invited to attend all Audit Committee meetings.

9.6 Other executive directors should be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that director.

9.7 The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.

10. Accountability

10.1 The Audit Committee shall be accountable to the Trust Board of Directors.

11. Responsibility

11.1 The Audit Committee is a non-executive Committee of the Trust Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

12. Reporting

12.1 The minutes of Audit Committee meetings shall be formally recorded by the Trust's Committee Secretary and the approved minutes submitted to the Trust Board.

12.2 The Chair of the Audit Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Board or that require executive action.

12.3 The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for

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[2] As above

purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Care Quality Commission regulations and the processes behind the Quality Accounts.[3]

13. Administration

13.1 Secretarial support will be provided by the Trust's Committee Secretary and will include the agreement of the Agenda with the Chair of the Audit Committee and attendees and collation of papers, taking minutes and keeping a formal record of matters arising and issues carried forward.

13.2 The Agenda and papers will be distributed 5 working days before each meeting.

13.3 The draft minutes and action points will be available to Committee members within four weeks of the meeting.

13.4 Members will ensure provision of agenda items, papers and update the commentary on action points at least 10 days prior to each meeting.

13.5 Papers tabled will be at the discretion of the Chair of the Audit Committee.

Document Profile and Control

Audit Committee Terms of Reference		
Version:	**Approved by:**	**Date:**
September 2014	Audit Committee	8th September 2014

Sandra Adams
Director of Corporate Affairs

[3] The NHS Audit Committee handbook

Appendix B

Attendance at Audit Committee meetings

	17th April 2014	**22nd May 2014**	**2nd June 2014**	**8th September 2014**	**10th November 2014**	**16th December 2014**	**2nd February 2015**	**Comments**
Audit Committee members								
John Jones (Non-Executive Director)	x	x	x	x	x	x	x	
Fergus Cass (Non- Executive Director)	x	x	x	x	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	x	x	a	x	x	
Attending								
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	a	x	x	x	x	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	a	x	
Ann Radmore (Chief Executive)	x		x					By invitation
Bob McFarland – Non-executive chair of the Quality Governance Committee	x	x	a	x	x	x	x	
Committee Secretary	x	x	x	x	x	x	x	
Andy Bell, Deputy Director of Finance	x		x					
Kevin Hervey, Interim Deputy Director of Finance	x	x	x	x	x	x		
Michael John, Head of Financial Services	x	x	x	a	x		x	
Alex Bass, Communications Manager		x						By invitation
Frances Field, Risk and Audit Manager		x		x	x	x	x	
Vic Wynn, acting Director of IM&T		x		x				By invitation
Karen Broughton, Director of Transformation and Strategy							x	By invitation

x = attended
a = apologies tendered

Appendix C

Governance Review

Paragraph	Terms of Reference	Achieved/Not achieved	RAG
9	**Membership**		
9.1	The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members, all of whom shall have voting rights. The Trust Chair shall not be a member of the Committee.		
9.2	At least one member of the Audit Committee must have recent and relevant financial experience.		
9.3	One non-executive director member will be the Chair of the Committee and, in their absence, another non-executive member will be nominated by the others present to deputise for the Chair.		
9.4	The Director of Finance, Director of Corporate Affairs or their deputy should normally attend all Audit Committee meetings, with the Chief Executive invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.		
9.5	The non-executive Chair of the Quality Governance Committee should be invited to attend all Audit Committee meetings.		
9.6	Other executive directors should be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that director.		
9.7	The appropriate Internal and External Audit representatives and a Local Counter Fraud representative shall normally attend all meetings. At least once a year the Audit Committee should meet privately with the External and Internal Auditors.	Audit Committee met in private with the External and Internal Auditors on 2nd February 2015	

14	**Quorum**		
	The quorate number of members shall be 2 which will include the following: ▪ The Chair of the Audit Committee or the nominated deputy (who must also be a Non-Executive Director); ▪ In the absence of the Chair, committee members will nominate a deputy chair for the purposes of that meeting.		
15	**Frequency**		
15.1	Meetings shall be held at least quarterly.		
15.2	The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.		N/A
16	**Review of Terms of Reference**		
16.1	The Audit Committee will review these Terms of Reference at least annually from the date of agreement.	Reviewed on 8th September 2014 with minor updates.	
16.2	The Chair or the nominated deputy shall ensure that these Terms of Reference are amended in light of any major changes in committee or Trust governance arrangements.		

London Ambulance Service NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Annual Report 2014/15 including annual governance statement
Report Author(s):	Communications and corporate affairs
Presented by:	Fionna Moore, Chief Executive
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	For approval

Background/Purpose

- As an NHS organisation, we have a statutory duty 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 governance statement; 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 Trust Board is asked to approve the annual report incorporating the annual governance statement.
- The annual report will then be combined into one document with the accounts and published on the Service's website along with the Quality Account.
- The annual report will be presented at the AGM in September.

The Trust Board is asked to note the Head of Internal Audit Opinion stated in the Annual Governance Statement as follows:

The Head of Internal Audit's opinion is one of 'Substantial assurance with minor improvements required'. 'Our work has confirmed that there is general a sound system of internal control which is designed to meet the Trust's objectives, although we had identified areas where the controls in place could be enhanced or improved.

Action required

Approval of the 2014/15 Annual Report and Annual Governance Statement

Assurance

Assurance is provided by the content of the 2014/15 Annual Report and the Annual Governance Statement describing the Trust's governance and risk and control framework, and by the Head of

Internal Audit Opinion.

Key implications and risks arising from this paper	
Clinical and Quality	As described within the annual report
Performance	As described within the annual report
Financial	
Governance and Legal	As contained within the annual governance statement
Equality and Diversity	
Reputation	None identified
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	Yes
To make LAS a great place to work	Yes
To improve the organisation and infrastructure	Yes
To develop leadership and management capabilities	Yes

London Ambulance Service

NHS Trust

Annual Report
2014/15

Strategic report

Who we are and what we do

The London Ambulance Service NHS Trust is the busiest emergency ambulance service in the UK providing healthcare that is free to patients at the point of delivery. We are also the only London-wide NHS trust.

Our main role is to respond to emergency 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible.

However, many of our patients have less serious illnesses or injuries, and do not need to be sent an ambulance on blue lights and sirens. Often these patients will receive more appropriate care somewhere other than at hospital and so we provide a range of care to them, recognising that many have complex problems or long-term medical conditions.

We also run a patient transport service which provides pre-arranged transportation for patients to and from their hospital appointments. In addition, we manage the emergency bed service, a bed-finding system for NHS healthcare professionals who need to make arrangements for their seriously-ill patients.

We are led by a Trust Board made up of 12 members – a non-executive chairman, five of the Service's executive directors, including the Chief Executive, and six non-executive directors.

As an integral part of the NHS in London, we work closely with hospitals and other healthcare professionals, as well as with other emergency services. We are also central to planning for, and responding to, large-scale events or major incidents in the capital.

We have over 4,500 staff who work across a wide range of roles. We serve more than eight million people who live and work in the London area. This covers about 620 square miles, from Heathrow in the west to Upminster in the east, and from Enfield in the north to Purley in the south.

In 2014/15 we handled over 1.8 million emergency calls from across London and attended more than one million incidents.

We are committed to developing and improving the service we provide to the people who live in, work in, and visit London.

DRAFT

Chairman Richard Hunt's views

What kind of a year has it been for the Service?

It has been the most difficult year we have experienced for a long time. A significant shortage of frontline staff exacerbated the pressure on the Service as well as further increases in demand which has risen year on year in recent times.
Given this, and with continued high levels of utilisation, we weren't able to achieve as in recent years the national performance target of reaching 75 per cent of Category A (most seriously ill and injured) patients within eight minutes, and while we maintained a safe level of service, we also have to recognise that we couldn't always provide the quality of service that we would have liked for other groups of patients with more minor conditions.
In addition it has also been a year of senior level management change with our Chief Executive and some directors leaving the Service during the year.

What progress was made with recruiting new staff?

Dealing with maintaining our full time strength has been, in turn, extremely difficult as there was during the year, and continues to be, a national shortage of paramedics. This has made recruitment a major challenge and this may well last for some time. Consequently we launched a new national and international recruitment campaign during the year which continues into 2015/16. So far as a result of this programme we have now recruited over 250 new frontline staff. In terms of paramedics we are increasing our strength by:

- Offering eligible staff within our Service the opportunity to train to become paramedics
- Actively advertising across the UK
- Recruiting from overseas – Australia, Ireland and Denmark
- Increasing our intake of paramedics from universities

What were the key achievements last year?

One of our biggest achievements during 14/15 was the launch of our Shockingly Easy campaign which established 1,007 extra defibrillators in high footfall areas, shops, businesses and gyms across the capital within the course of the year. This, for example, compares to just 240 new defibrillators established by the Service in the previous financial year.

Over the course of the campaign at least 31 lives have been saved by a public access defibrillator in London and we're awaiting the outcome of a further 23 patients whose lives may also have been saved as a result. This exceeds the previous maximum number of 18 lives saved in a year.

We have seen significant investment in the Service over the last year including more than £8m spent on over 100 new ambulances to improve our fleet and reduce break downs which make a significant impact on the number of vehicles being out of service.

We also secured £2.8m in funding from the Local Education and Training Boards to support the clinical education of our staff.
We look forward to an improving position over the next twelve months. My thanks to everyone for their tremendous efforts over the past year.

DRAFT

Chief Executive Fionna Moore's views

What are your priorities for this year?

Over the next 12 months, our key priorities will be to improve our service to patients, making it easy for Londoners to get the urgent and emergency care they need quickly. We will also continue to recruit more frontline staff and offer a clear clinical career progression so that we have a motivated, stable and engaged workforce.

Staff retention has been an issue – what are your plans to improve this?

Our highly skilled clinicians are in demand by other parts of the NHS, and many have chosen to leave London and work in other roles.
We're working very hard to encourage our staff to stay with us. We have:

- Developed a clinical career structure to offer our clinicians the opportunity to progress from emergency ambulance crew to paramedic, senior paramedic, clinical team leader, advanced paramedic, paramedic consultant and have a paramedic sitting on our board of directors
- Worked with Local Education and Training Board to secure significant investment for next year to further train and develop our staff. We have increased paramedic places at University from 150 to 500.
- Recruited more staff which will reduce the pressure on our existing staff

We have learnt that we often don't do enough to value our staff across all parts of the Trust and have therefore recently introduced an awards scheme that will see staff recognised for their hard work and dedication.

We are also looking at introducing a number of initiatives to encourage staff to stay with the Service, including improving staff benefits like lease cars and cycle-to-work schemes.

We are also giving better appraisals, personal development and supportive line management for all staff. Finally, we are working with commissioners to reduce the pressure on our staff so they attend fewer incidents per shift.

What improvements have patients seen?

Although it has been a difficult year it is very pleasing to see that more people who suffer a cardiac arrest, when their heart stops beating, are surviving because of the care we provide. Owing to the quality of care provided by our staff, patients who suffer an out-of-hospital cardiac arrest have some of the highest survival to discharge rates in the country.

We are also providing clinical assessments to more patients over the phone with less serious illnesses and injuries. The number of patients we manage over the phone is the highest in the country.

DRAFT

Our vision and strategic goals

Our vision is 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.

We want to deliver the highest standards of healthcare and contribute towards people who live and work in London having health outcomes that are among the best in the world.

Our strategic goals for 2014/15 were:

- Improve patient care
- Improve recruitment and retention
- Implement the modernisation programme
- Achieve sustainable performance
- Develop our 111 service
- Simplify our business processes
- Increase organisational effectiveness and development

Our values in 2014/15 were:

Clinical excellence: Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.

Care: Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.

Commitment: Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement

Looking ahead, we are now in the process of developing a longer term strategy to take the organisation forward to 2020.

We have also continued to work with the NHS Trust Development Authority on a timeline to become an NHS foundation trust.

Strategic Report Issues

Sustainability report

Our plans to reduce our carbon footprint

We remain committed to making improvements in all aspects of our environmental performance.

		2010-11 Baseline	2012-13	2013-4	2014-5	Financial data 10/11 (Baseline)	Financial data 12/13	Financial data 13/14	Financial data 14/15
Finite resource	Water	24	15	12	10	97,189	102,028	97,297	83,604
	Electricity	3,994	4,407	4,260	4,389	1,055,486	1,136,592	1,262,162	1,261,613

DRAFT

	Gas	1,576	1,807	1,563	1,395				
	Fuel	12,387	11,519	11,346	9,276	5,846,323	4,316,464	4,912,252	4,017,188
Procurement	Procurement	43,969	24,730	26,886	25,119	74,524,230	68,651,920	67,709,602	83,976,070
Total		**61,950**	42,478	44,067	40,189	81,523,228	74,191,005	73,981,313	89,338,475

Environmental monitoring and reporting enables us to quantify the environmental and social effects of delivering our service; to improve both our management of any associated adverse environmental and social impact, and our overall environmental performance; and to work towards achieving the targets in the NHS Carbon Reduction Strategy.

In 2012, the Carbon Trust reviewed and approved our five-year carbon management plan which sets out how we will reduce our carbon footprint as part of our contribution to tackling climate change. A carbon footprint is measured in tonnes of carbon dioxide equivalent (tCO2e). This is based on a baseline for the Service of 61,142 tonnes CO2e that was calculated in 2010/11.

There are three areas in which we will focus our activity – fuel consumption, energy use and procurement. We aim to reduce our energy and fuel consumption by 25 per cent over the five-year period, and by focusing on procurement we will cut indirect emissions from products and services by 10 per cent. It is envisaged that this will achieve total costs savings of over £5.5m. As the data we are using becomes more reliable, we are able to better assess our carbon footprint and to identify areas where additional efforts are required.

The overall trajectory is downwards from the baseline figure of 61,142 tCO2e – a reduction of 35 per cent achieved primarily from a reduction in procurement spend and fuel. Measuring our fuel consumption in 2014/15 against the baseline in 2010/11 we have managed to reduce our fuel consumption by 25%.

Environmental impact performance indicators

Fuel consumption: Our core business means that we have high levels of fuel consumption.

In 2014/15 we used over 3.7 million litres of fuel, compared to 4.2 million litres in 2013/14 this was effectively a decrease of 18%.

In 2014/15 In 2014/15 the Trust received a total 1,892,343 calls. We responded to a total of 1,025,836 incidents[1] with 34.0%[2] of patient calls being resolved without the need to transport to hospital and 11.0% of patient calls being resolved with telephone advice only.

We are managing our fleet to ensure it will be compliant when the Ultra-Low Emission Zone is introduced in London in 2020.

[1] A decrease of 6% on 2013/14 (1, 090,277 incidents).
[2] Quality Dashboard 2013/14 and 2014/15.

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Energy use:

Although over half of our 70 ambulance stations are more than 50 years old, when measured against other ambulance services we score well in our energy consumption per square metre.

In partnership with SALIX the Trust has ring fenced funding for investment in a number of initiatives that have seen our energy consumption reduce year on year, which in times of rising prices ensure that the Trust is achieving good value for money. Nineteen projects have been completed, delivering 5,429 tonnes savings over the lifetime of the equipment and lifetime savings of £951,813 with an average payback of 3.9 years.

In addition we recycled 99 per cent of our waste, with non-recyclable material being treated to deliver energy from waste.

The Trust has worked in partnership with our energy suppliers to install SMART metering for gas on 80% of our properties and 95% of our properties in regards to electricity. This will enable us to more effectively manage energy consumption; measure improvements from initiatives such as LED lighting etc.

Procurement:
Our use of St John Ambulance and other private ambulances is captured in the procurement spend. In 2014/15 we spent less on such providers than in 2013/14. The increase in spend in 2014/15 was due in part to increase in the subsistence payments; make ready for our vehicles; lease costs for A&E vehicles and consultancy fees.

In 2014 the Trust tendered contract for a taxi service in order to provide transport for those who call us, who need to be taken to a point of treatment but who do not require emergency or urgent care. This ensures we can despatch responses such as ambulances and cars to those patients who require the clinical skills of our Paramedics and Ambulance Emergency Crews. The Taxi Service engaged provides a Toyota Prius (whenever possible) to undertake the journeys, which from August 2014 to March 2015 accounted for 15.7 tonnes of CO_2, covering 63,023 miles.

Looking ahead to this and future years, our environmental priorities will include:

- Further investment in energy conservation works to reduce carbon emissions from energy use across our estate, which will include investment in photovoltaic on a number of its ambulance stations.
- Continuing to raise staff environmental awareness
- Reviewing procurement arrangements to identify opportunities for carbon reduction and cost savings
- Working with suppliers to minimise waste and identify opportunities for associated carbon reduction.

Equality and inclusion

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

We welcome people to the Trust from any background, who are committed to providing an excellent service to the richly diverse communities we serve. As the ambulance service for

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London, we have a very diverse community of patients, service users and staff. Our aim is to become a world-class ambulance service for London, providing innovative and responsive healthcare which meets the needs of all our diverse community, providing better healthcare for all.

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

- Patients and service users receive fair and equal access to our healthcare services
- Everyone is treated with dignity and respect
- Staff experience fairness and equality of opportunity and treatment in their workplace

As a provider of healthcare to the people living, working in and visiting the city, we seek to provide state of the art care which addresses the individual needs of our diverse patients and service users. We aim to ensure that:

- Our patients and service users are aware of our services and that those services are accessible to all
- Our governance arrangements are welcoming and inclusive of all
- Our buildings and information are accessible to all
- We enable our diverse communities in London to be involved in the development and monitoring of our policies and services

We want to become an employer of choice, attracting the best and most talented people from all walks of life to a career with us where they can develop to their full potential to the benefit of their fellow staff, patients and service users. We aim to:

- Celebrate and encourage the diversity of our workforce and create a working environment where everyone feels included and appreciated for their work
- Promote our training and employment opportunities without regard to the protected characteristic background or any other aspect of an individual person's background
- Foster creativeness and innovation in our working environment, to ensure that each member of staff can give of their best and move the Trust forward in its equality and inclusion goals

As a procurer of services, we are committed to:

- Ensuring that contractors from whom we procure goods and services are aligned with our equality and inclusion values.
- Actively considering supplier diversity as a key aspect in our contract management

During this last year the Trust featured again for the third year running as a Top 100 Employer on the Stonewall Workplace Equality Index and as a Top Ten Performer on the Stonewall Health Care Equality Index. Both show our continuing commitment to equality and inclusion and to enable everyone regardless of protected characteristic group to have the confidence to be themselves at work or when receiving care from our staff.

We currently have four Staff Diversity Forums – the Deaf Awareness Forum, LGBT Forum, ADAMAS (Association of Diverse and Minority Ambulance Staff) and Enable – our staff forum for disabled staff and carers. We are keen to support our forums in the initiatives

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they undertake as well as to encourage their input into our policy and service development and involvement as "critical friends" in our equality analyses.

We are members of Stonewall's Diversity Champions Programme We are also members of Opportunity Now, the leading UK employers' equality forum promoting gender equality, aiming to transform the workplace by ensuring inclusiveness for women, and Race for Opportunity, the leading UK employers' equality forum committed to improving employment opportunities for ethnic minorities across the UK We are also members of the Business Disability Forum, the leading UK Employers' Forum on Disability, promoting best practice and working with organizations to set and influence policy so it benefits both organizations and disabled people, and Carers UK, the UK's national membership charity for carers, campaigning for proper recognition and support for carers.

In 2014, following engagement with a wide range of service users, staff and other stakeholders across the protected characteristic groups, we produced our new Equality and Inclusion Strategy 2014-19, which sets the direction the equality and inclusion work of the Trust will be taking over the coming years. Our progress on this will be monitored in our Annual Equality Reports by our Executive Management Team and Trust Board as well as by our stakeholders and a formal review carried out in 2019.

Strategic Goals

Our achievements during 2014/15

Strategic goal: Improve patient care

We have an increasingly important role to play in improving the health outcomes of patients in London.

Our objectives are:

- To improve the experience and outcomes for patients who are critically ill or injured
- To improve the experience and provide more appropriate care for patients with less serious illnesses or injuries
- To meet response times routinely, and
- To meet all other quality, regulatory and performance targets.

In 2014/15 increasing levels of demand again made it more difficult to always attend those with less serious conditions as quickly as we would have wanted to, and we will continue to look to improve the ways in which we manage and respond to these calls.

As well as time-based targets, all ambulance services were measured against a set of clinical indicators that help assess the quality of care provided to patients.

Full details on these and other patient care issues can be found in our Quality Account, which will be published in the summer.

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- ***Improving the experience and outcomes for patients who are critically ill or injured***

Trauma care:
Patients with serious injuries are taken directly to one of four major trauma centres where they can receive immediate care from specialists that aren't available at local hospitals.

Data analysed to date from April to December 2014 shows that 99% of patients who needed to be transported directly to a major trauma centre were identified by our crews and taken to the right hospital for their injuries. Direct admission to a major trauma centre has been shown to save lives and reduces long-term disability.

Cardiac care – heart attack:

There are eight specialist centres in London where patients who are diagnosed as suffering a common type of heart attack, known as an ST-elevation myocardial infarction, can be taken directly by ambulance staff. They can then undergo primary angioplasty, a procedure which involves inflating a balloon inside an artery to clear the blockage that has caused the heart attack.

One of the national clinical indicators looks at the percentage of those patients who receive this treatment within two and a half hours of the 999 call being received. The latest available figure for the Service - from April to December 2014 - was 95 per cent[1], compared to 93 per cent for the full 2013/14 year.

Cardiac care – cardiac arrest:

Thanks to the quality of care provided by our staff, the survival rates of patients who suffer an out-of-hospital cardiac arrest continue to rate as some of the highest in the country, and our published figures are also among the best in the world.

Our crews attended approximately 10,000 cardiac arrest patients in 2014/15. Owing to the quality of care provided by our staff, patients who suffer an out-of-hospital cardiac arrest have some of the highest survival to discharge rates in the country.

Provisional figures published for April to December 2014 show that approximately 55 per cent of patients who were witnessed to suffer an out-of-hospital cardiac arrest of cardiac cause with an initial shockable rhythm were successfully conveyed to hospital with a pulse, and 30 per cent survived to leave hospital.

Thanks to the Shockingly Easy campaign there are now a record number of public defibrillators across the capital, thus increasing the chances of survival for patients experiencing a cardiac arrest in a public place.

Stroke care:

We take patients who we diagnose with stroke symptoms directly to one of eight specialist stroke centres in London. Here they have rapid access to life-saving treatment which can increase their chances of survival and cut the risk of long-term disability caused by a stroke – which occurs when the blood supply to part of the brain is cut off.

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During the year, we took approximately 11,000 stroke patients to a hyper acute stroke unit, equating to around 99 per cent of patients taken appropriately.[3]

One of the national indicator measures is the percentage of stroke patients who arrive at a specialist centre within 60 minutes of us receiving the 999 call. Figures available from April to December 2014 show that we achieved this in 59 per cent of cases.

Full details of our performance against all the national ambulance quality indicators can be found in our 2014/15 annual quality account.

- ***Improving the experience and providing more appropriate care for patients with less serious illnesses and injuries***

  During 2014/15, we treated a wide range of patients presenting with less serious conditions.

  Taking patients to the right place of care: As part of a wider NHS response to managing patients with less serious conditions, we continued our work to identify suitable alternative destinations where appropriate care can be provided away from the traditional hospital environment.

  These include minor injuries units, urgent care centres and walk-in centres, some of the latter being provided as part of the services at some larger GP practices. Frontline staff have received training and guidance to enable them to better assess minor injuries, illnesses and conditions, and from this decide on the appropriate destination for patients.

  Clinical telephone advice: Our clinical telephone advisors helped 159,508 patients over the phone throughout the year.

  This includes patients who were called back and given further assessment by clinicians from our clinical hub, those who were referred elsewhere, for example NHS 111 and patients who did not require an emergency ambulance and immediate medical treatment and a taxi was sent to take them to an urgent care centre or emergency department after they were clinically assessed over the phone.

  Care of mental health patients: We have continued to work with mental health trusts across London to develop arrangements so that any mental health patients who we attend can be taken to the right place for treatment.

  Improving our care to all mental health patients, including those with dementia, is a priority for us in 2015/16, and our commissioners have made additional funding available for training so that we can increase our frontline staff's awareness and understanding of mental health and dementia, and equip them with the skills to enable them to decide on the best care for these patients.

  We also continued to examine complaints with a mental health component, and where possible are meeting with mental health trusts to agree personalised care plans for their patients, and the options available to them apart from calling for an ambulance.

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End-of-life care: We continued to work with both NHS and hospice-based end-of-life care providers to provide appropriate care and support. We also continued to develop staff skills, training and competencies, the way we collate patient information and how we communicate with local providers of end-of-life care services.

Patients with pre-arranged hospital appointments: As well responding to emergency calls, we offer pre-arranged transport for patients to and from their hospital appointments.

We carried out 125,988 of these journeys during the year, compared to 184,092 in 2013/14.

We delivered patients to hospital on time for 92 per cent of the journeys, which compares to 93 per cent in 2013/14.

In terms of departing from hospital, we left on time in 92 per cent of cases (93 per cent in 2013/14).

Ninety six per cent of our patients had a journey time of less than an hour in 2014/15, compared with ninety eight per cent last year.

Strategic goal: Improve recruitment and retention

We want all staff on the frontline to have the skills to assess and treat a wide range of conditions, and those in other functions have the right skills to support them.

We also want to improve the diversity of our workforce, and focus on engaging with our staff more so that they are motivated and feel valued, and have a greater say in how we improve our service.

To achieve this goal we will:

- develop our staff so that they have the skills and confidence they need to deliver high quality care to a diverse population, and
- engage with our staff to improve patient care and productivity.

- ***Developing our staff so that they have the skills and confidence they need to deliver high quality care to a diverse population***

Our workforce: At the end of March 2015, we had a workforce of 4,577 staff, made up of 2,576 men and 2,001 women.

This was broken down as follows:

Staff in post as at 31 March 2015:

Staff Group	**Male**	**Female**	**Total**
Director	9	6	15
SMP	277	146	423
Other	2290	1849	4139
Total	**2576**	**2001**	**4577**

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Over the course of the year, a total of 647 people left the Service – a turnover rate of 14.3 per cent, compared to 10.7 per cent in 2013/14.

While we were able to recruit new staff during the year, we also saw existing frontline staff leaving in higher numbers than usual, over 212 paramedics left during 2014/15.

As well as offering eligible staff within our Service the opportunity to train to become paramedics and increasing our intake of graduates from universities, we have started to look overseas and have been approved to sponsor work visas for non-European paramedics.

The average workings days lost in was 14.52 (2013/14 13.36). The data is based on calendar years January to December.

- ***Engaging with our staff to improve patient care and productivity***

Employee involvement: We recognise that an engaged workforce is key to improving our services and productivity, and we are committed to communicating and engaging with staff to achieve this.

Our staff engagement score, informed by the 2014 NHS staff survey, was 2.78 (based on a score range from 1 to 5). This was calculated from findings related to staff members' perceived ability to contribute to improvements at work; their willingness to recommend the Service as a place to work or receive treatment; and the extent to which they feel motivated and engaged with their work.

Staff survey findings: The NHS staff survey was sent to all staff at the end of 2014, with a response rate of with a response rate of 35.7 per cent, slightly lower than 2013 which had a response rate of 40.8 per cent.

The results showed a number of areas of concern, and work has already started to address a number of the areas which staff have highlighted, but it is clear that there is still much more to do. This includes continuing to recruit more staff to fill vacancies and relieve pressure, providing better career progression opportunities for all, and increasing educational investment.

Opportunities for giving feedback and sharing ideas: We continued to use 'temperature check' surveys for staff to give feedback and suggestions on how to make improvements for the benefit of patients and their own working lives.

We also set up a closed social networking site, where staff can discuss issues and ask questions of managers. This now has around 2,200 staff as registered users.

Health and well-being: Staff volunteering as part of the LINC (Listening, Informal, Non-judgemental, Confidential) peer support worker initiative continued to provide support to colleagues on issues from work-related stress to family and social problems.

Health and safety: All staff are also encouraged to report any incidents or near misses, such as those involving patient safety or abuse or violence that they may themselves have experienced from patients or members of the public.

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During the year, xxxx clinical incidents were reported, compared to 1,501 in 2013/14.

However, the number of reported manual handling incidents increased from xxx to xxx.

In total, there were xxxx incidents in 2014/15, compared to 4,995 in 2013/14.

The reports are collated by the Health, Safety and Risk department and information shared for the Risk Management and associated group and appropriate departments – please see the Annual Governance Statement for more information.

Partnership working with the unions: We continued to use our long-established partnership working arrangements with our trade union colleagues, with a formal consultation and negotiation framework in place. These arrangements helped to support the introduction of a number of different initiatives and ways of working to maintain levels of patient care over the winter period.

We consulted on the major issues, opportunities and challenges facing the Service, and we plan to maintain these working relationships when we become a foundation trust.

The staff side to the Staff Council, the senior consultative group within our Service, has been offered and accepted a governor seat as part of the planning process for foundation trust status.

Representation on our Council of Governors: When we achieve foundation trust status, staff will be able to stand for election to our Council of Governors. We are proposing three seats for staff representatives. This is separate from, and in addition to, the seat for a staff side representative from the Staff Council.

Strategic goal: Implement the modernisation programme

Last year we created the new Emergency Ambulance Crew (EAC) role to replace Emergency Medical Technicians. The first, fully trained EACs joined the service on 19 January 2015.

In September, we introduced 200 new frontline rosters. This change affected over 3000 staff across 70 ambulance stations. Working in close partnership with staff and trade unions, these new rosters were designed by locally and we were pleased that only 6 rosters had to be implemented without local agreement on all aspects. This was a significant change as many rosters had not been changed for nearly a decade, and we were pleased to see that the unrest and local disputes seen in other ambulance were not experienced in London.

Strategic goal: Achieve sustainable performance

The 2014/15 performance improvement plan achieved a great deal of positive change impacting on overall Trust performance throughout the year. These achievements include:

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- Multiple attendance of vehicles to incidents was reduced, releasing the equivalent of 80 WTE staff capacity back onto the frontline
- The largest recruitment campaign in the Service's history was launched resulting in more than 250 new frontline staff joining us before the end of March 2015
- New and revised contracts were developed for Private and Voluntary Ambulance Services, to improve productivity and value for money, which supported us to better meet demand whilst we recruit permanently to vacancies
- The new LAS "Bank" system was launched, and are actively recruiting members so that we have access to a flexible, non-permanent workforce to support peaks in demand
- A new facility was set up in our control room to respond to calls from the Metropolitan Police Service. This has resulted in more than 500 fewer vehicle dispatches each week to incidents that are now managed and resolved remotely
- Through the multidisciplinary Clinical Hub we have seen the overall weekly Hear and Treat numbers peak at 5323 with a weekly average of 3652. This has allowed us to target our frontline resources more appropriately

Strategic goal: Develop our 111 service to meet the need of CCGs

We have made strong progress with our 111 services over the year. Our South East London 111 Service has constantly met national targets and is the highest performing 111 services in London and one of the best nationally. To ensure we constantly improve our services, we worked with our 111 commissioners during the year to redesign our service to meet their changing needs and cost expectations. We have also been preparing for the re-commissioning of 111 services across London over the next 12 months across London.

Last year we handled 311,449 calls, with 96.2 per cent answered within 60 seconds against a target of 95 per cent.

In the same period, 10.6 per cent of patients had to be called back as their query could not be directly dealt with at the time of it being received, and when this did happen 68.3 per cent of call backs were made within 10 minutes.

Performance

- ***Meeting response times routinely***

  We received a total of 1,892,343 emergency calls during the year, up 9.1 per cent on 2013/14.

  From these, we responded to 1,025,836 emergency incidents, up from 1,090,277 in the previous 12 months.

  We took 674,771 patients to a hospital accident and emergency department, compared to 748,531 in 2013/14.

  A further 262,198 patients were attended by our staff but were not taken anywhere for further medical treatment.

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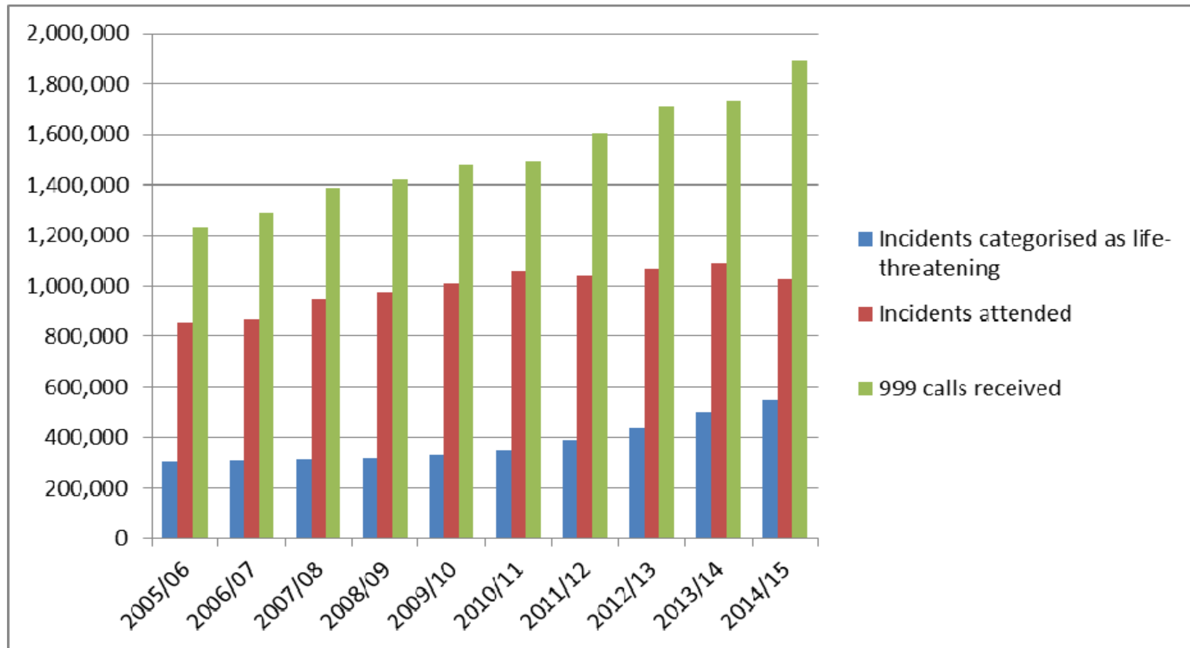
Category A: Of the total calls received, 551,831 were treated as life-threatening (Category A), compared to 496,348 in 2013/14.

We attended a total of 490,175 Category A incidents, compared to 460,615 in 2013/14, and we reached 59.2 per cent (293,702) of these patients within eight minutes.

We arrived at 92.2 per cent (451082) of Category A patients within 19 minutes, against the target of 95 per cent.



Category C: All other calls fall into one of four C categories. We received 1,302,577 calls to Category C (lower priority) patients compared to 1,227,879 last year. A total of 535,258 were responded to by ambulance crews or single responder conveying crews (compared to 629,156 in 2013/14) and we reached 68.46 per cent of these patients within our target time of 60 minutes, compared to 82.69 per cent in last year.

Governance of our organisation

Our Trust Board manages risk through our risk management policy and strategy, corporate risk register and board assurance framework.

The board assurance framework and corporate risk register are presented at each meeting of the Trust Board, and further scrutiny is applied through the Quality Governance and Audit Committees. The risk register is reviewed in detail by the Senior and Executive Management teams each month.

Full details can be found in our governance statement on page 21 of this document.

Our use of feedback to make improvements

We continue to use feedback from patients, their families and the public as an important way of driving improvements to our service. This is captured by our Patient Experiences team who identify any emerging themes and report these through the Trust's governance structure to the executive management team and the Trust Board.

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The number of complaints we received this year rose to 1403, up from 1060 in 2013/14. This increase reflected the unprecedented increase in demand to the 999 service with the most frequent cause of a complaint once again being a delay in an ambulance being sent, especially to patients assessed as less seriously ill or injured; and changes in how we manage 999 calls, with some callers being referred to NHS 111 or other care providers. We also now monitor patient feedback websites and respond to complaints made via social media. The Patient Experiences team also managed around 3500 enquires.

Some of the changes we have arising from complaints and service-user feedback include the following:

- We historically used a tape recorded exit message at the end of some 999 calls which explained what the caller needs to do next. Following patient feedback, this was stopped and callers always now speak to a call handler.
- We have introduced a procedure to identify particularly vulnerable patients who now received an automatic upgrade to the call priority every 60 minutes, when there is a delay in an ambulance being sent, regardless of whether we are told that their condition has changed. This has meant that patients have not waited as long as they otherwise might have.
- Patients told us that they don't like not being kept up to date with the progress of their call, so we now offer information about the approximate time a caller may have to wait before an ambulance can be sent.

Principles for Remedy

We manage our complaints handling process in accordance with the Health Service Ombudsman's good practice guidance, Principles of Remedy. This includes:

- All complaint responses include information about the recourse opportunity to, and contact details for, the Health Service Ombudsman.
- Our website and all our staff can offer information about how to make a complaint about the service we provided.
- Activity and themes arising from complaints are regularly reported to the Trust Board
- Our Learning from Experience Group reviews the themes and issues emerging from complaints and the action taken to improve services and the experience of patients.

Directors' report

Our Trust Board

In 2014/15 our Trust Board was made up of 12 members – a non-executive chairman, five of the Service's executive directors, including the Chief Executive, and six non-executive directors.

The Chief Executive and the other executive directors are appointed through a process of open advertising and formal selection interview. All executive appointments are permanent and subject to normal terms and conditions of employment. The non-executive directors are appointed by the same method through the NHS Trust Development Authority.

There were a number of changes to the executive membership of the Trust Board during the year.

Ann Radmore, Chief Executive, left the Service in January 2015 to take up a national programme role with NHS England.

Fionna Moore, Medical Director, was appointed as interim Chief Executive (voting member of the Trust Board) in January 2015.

Fenella Wrigley, Deputy Medical Director, was appointed as interim Medical Director (voting member of the Trust Board) in January 2015.

Steve Lennox, Director of Nursing and Quality (voting member of the Trust Board) left the Service in November 2014.

Zoë Packman was appointed as Director of Nursing and Quality (voting member of the Trust Board) in November 2014.

David Prince, Director of Support Services (non-voting regular attendee of Trust Board) left the Service in November 2014.

Mike Evans, Director of Business Development (non-voting) left the Service in October 2014.

Jane Chalmers, Director of Modernisation (non-voting and interim position) left the Service in July 2014.

The Board has six formal sub-committees: the Strategy Review and Planning Committee, the Quality Governance Committee, the Audit Committee, the Finance and Investment Committee, the Remuneration and Nominations Committee and the Charitable Funds Committee.

The Strategy Review and Planning Committee is made up of all the board members and is chaired by the Chairman.

Four non-executive directors and 6 executive directors made up the membership of the Quality Governance Committee, which was chaired during the year by non-executive director Bob McFarland.

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The membership of the Audit Committee comprises three non-executive directors and was chaired by non-executive director John Jones.

The Finance and Investment Committee was chaired by non-executive director Nick Martin and has three non-executive directors and five executive directors as its members.

The Remuneration and Nominations Committee was chaired by the Trust Chairman and all non-executive directors are members.

The membership of the Charitable Funds Committee was reviewed and updated during 2014/15 and comprises the Trust Chairman Richard Hunt, who chairs the committee, and one executive director.

Non-executive directors

Richard Hunt CBE joined us as Chairman in July 2009. He was formerly the International President of the Chartered Institute of Logistics and Transport, and has experience extending across the aviation, logistics, international oil and brewing sectors. Richard is a former Chief Executive of Aviance Ltd which handles logistics at UK airports, and he was Chief Executive of EXEL Logistics Europe, the largest UK transport and logistics business. He has also served as a non-executive on the Highways Agency Advisory Board. Richard was appointed CBE for services to logistics and transport in the 2004 New Year Honours.

Jessica Cecil took up her post on 1 December 2010. She has over 20 years of experience working in broadcasting on flagship television programmes such as *Newsnight*, *Panorama* and *Tomorrow's World*. She is now Head of Business Management at the BBC. Jessica was the senior independent non-executive director in 2013/14.
She is the member of the Quality Goverance and Finance and Investment committees.

John Jones started as an associate non-executive director in October 2012, and took up his substantive role on 1 January 2013. He has 17 years' experience at board level in the NHS and has held a number of executive finance director positions. As a Director of Finance with Hertfordshire Partnership NHS Foundation Trust, John helped them to attain foundation trust status. John is a member of the Chartered Institute of Management Accountants and the Chartered Institute of Public Finance and Accountancy. He is the chair of the Audit Committee, and a member of the Finance and Investment Committee.

Nicholas Martin took up the post in October 2012. He has thirty years' experience of corporate finance advising a wide range of companies from different sectors. He has served on a number of boards and governing bodies in executive and non-executive roles, including Cambridge University, City of Westminster College, Hammersmith Hospitals NHS Trust, NHS City & Hackney Primary Care Trust and NHS Haringey Primary Care Trust. Nick is a barrister, a Chartered Fellow of the Chartered Institute of Securities & Investment, and a former Cabinet Special Adviser. He is the chair of the Finance and Investment Committee and a member of the Quality Governance Committee.

Robert McFarland took up his post in May 2013, as an associate non-executive director. Robert worked as a Consultant General and Vascular Surgeon for over 20 years and recently retired from St George's Healthcare NHS Trust. Throughout his career he has worked in both district hospitals and regional teaching hospitals. In 2007, Robert was

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appointed as Clinical Director for Trauma and Emergency Surgery at St George's Hospital, which opened as one of four major trauma centres serving London and Surrey in 2010. Robert was also Clinical Director of the South West London and Surrey Trauma Network and was a member of the Clinical Advisory Panel, London Trauma System.
He is the chair of the Quality Governance Committee and attends the Audit Committee.

Fergus Cass joined us in March 2014. He was a non-executive director of NHS North West London until the replacement of primary care trusts in 2013 and previously served on the board of NHS Kensington and Chelsea. He worked for the multinational consumer goods company Unilever for 36 years, initially in finance and later as a general manager, heading businesses in Africa and South Eastern Europe. He holds degrees in economics and is a qualified accountant. Fergus is a trustee of Hospices of Hope, which supports palliative care in Romania and neighbouring countries, and of Book Aid International. He is a member of the Quality Governance and Audit Committees.

Theo de Pencier joined the Service in March 2014. Theo is the Chief Executive of the Freight Transport Association (FTA) representing industry's freight interests by road, rail, sea and air. The FTA has over 14,000 members who operate more than 200,000 trucks (half of the total in the UK), consign 90 per cent of rail freight and 70 per cent of visible exports. Theo's early career was spent in sales and marketing with brand leading food and drink manufacturers Heinz and Diageo. He has over 30 years' Board level experience in the logistics and supply chain industry working for NFC and Danzas before joining Bibby Line Group in 1999 as Managing Director of Bibby Distribution. He joined FTA in July 2007. He is a member of the Audit and Finance and Investment Committees.

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London Ambulance Service NHS Trust
Organisation Code: RRU

Governance Statement

Scope of responsibility

The Board is accountable for internal control and, as Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding quality standards and public funds and the organisation's assets, for which I am personally responsible as set out in the Accountable Officer Memorandum.

As Accountable Officer I have overall accountability for having a robust risk management system in place which is supported by a governance structure, processes and monitoring arrangements, and an assurance and risk management framework. These arrangements are documented in the Risk Management Policy and Strategy which defines risk as anything threatening the achievement of our strategic objectives. It defines the ownership and subsequent management of the identified risks and the responsibilities of individuals and it describes the Trust Board's corporate responsibility for the system of internal control and robust risk management.

As part of London's health economy we work with our partners to minimise the risks to patient care. To do so we have met routinely with our lead commissioners and with the portfolio team at the NHS Trust Development Authority (TDA) in order to progress and maintain the key performance targets set for ambulance services. We work in partnership with health and social care organisations in the development and provision of emergency and urgent healthcare across London.

In 2014/15, we managed increased demand across London, two national strikes, an increased terrorist threat level, and the busiest winter on record. We also experienced our lowest performance against national ambulance standards, high frontline staff turnover and low levels of staff satisfaction evidenced in our disappointing staff survey results. There are a number of reasons for our under performance last year including increased activity; slow recruitment to vacancies during the first half of the year; high utilisation which makes it difficult for us to respond to peaks in activity; an aging fleet due to historic underinvestment; national shortages of Paramedics at a time when career and market opportunities have opened up for them. The Trust is in the middle of an improvement programme supported by NHS England and the TDA and it is clear that we must continue our drive and pace of change, to tackle these issues and improve our organisation and performance.

Whilst facing these challenges, our primary concern has been and continues to be the safety of the service we provide. It is essential as an organisation that we learn from what we weren't able to deliver and apply that learning to improve services moving forwards. Managing and mitigating against any potential performance impact on patient quality and safety is our fundamental priority. To that end LAS conducted an internal safety review in October 2014 and an external safety review in December 2014 conducted by NHSE, TDA and Clinical Commissioning Groups.

Our ambulance service Emergency Operations Centre (EOC) continues to be the busiest in the world with our strength in this area reflected once again by receiving two prestigious awards this year; MPDS Centre of Excellence (2014) and the Cabinet Office's Customer Services Excellence Accreditation (2014) demonstrating the organisation's ability to continue delivering quality and excellence despite increasing demand on our services. The Trust participated in the National Trauma Pre-Hospital Peer Review with a positive outcome report.

2014/15 has seen an extensive programme of change undertaken addressing the major challenges that we are currently facing developed in close consultation with Commissioners: recruit, train, retain, motivate, invest.

The Trust has implemented a challenging programme of national and international recruitment for front line staff during 2014/15 and into 2015/16. New roles have been introduced – Emergency Ambulance Crew and Senior Paramedic – and a new clinical career

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structure introduced. We have continued to increase the number of calls we handle and resolve through hear and treat and the Clinical Hub has continued to develop to enhance the service provided through the emergency operations centre in order to provide safe patient care. The Clinical Hub is operated by senior paramedics and provides enhanced clinical assessments to support hear and treat dispositions for appropriate patients and also provides clinical support and expertise for operational ambulance crews and non-clinical staff within the control rooms.

The Trust reviewed its strategy in 2014/15 for the next 5 years and introduced 'Caring for the Capital: A strategy for London Ambulance Service towards 2020'. The strategy sets out our direction for the next five years and includes our purpose and values. Achieved through working with staff and stakeholders, the strategy explains what we will do together for patients, how the organisation will develop and invest in its workforce and what actions we will take to improve how we do things as a Service. It builds on our achievements and recognises the challenges that we, and the rest of the NHS are facing. We are the busiest ambulance service in the country and the only pan-London health provider, providing urgent and emergency services for people in London. National and local issues and challenges affect everything we do. The strategy articulates the new values for the Trust and its staff:

Our values

In everything we do, we will provide:

• **Clinical excellence:** Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.

• **Care:** Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.

• **Commitment:** Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; learning and growing to deliver continual improvement.

<u>The governance framework of the organisation</u>

Information on the Trust Board committee structure and the attendance records of members is attached (annexes 1 to 7).

Each Board committee is chaired by a non-executive director. Membership of the Remuneration and Nomination, and Audit committees is non-executive only with executives in attendance where relevant and required.

The Strategy Review and Planning Committee reviewed the governance structure in September 2014, informed by the annual effectiveness review of the Trust Board. It was agreed that, as performance and workforce were currently the most significant issues facing the Trust and were likely to be ongoing, they should be the responsibility of the Executive Management Team. The Finance and Investment Committee would take an oversight role of performance reporting.

Following the review of its function and remit, the revised terms of reference for the Quality Governance Committee were implemented in August 2014. The Committee has taken on more of a clinical focus with membership revised to include the three clinical director leads – Medical, Nursing & Quality and Paramedic Education & Development. The reporting committee structure was reviewed and a new structure implemented from August 2014. An overarching terms of reference for Clinical Safety, Development and Effectiveness was introduced comprising of three strands: Clinical Safety; Professional Development and Education; and Effectiveness and Experience; with each strand reporting to the next meeting of the Quality Governance Committee. This reporting structure is under further review and will be updated in the first quarter of 2015/16 following approval through the Quality Governance Committee.

The Trust Board reviews its effectiveness annually along with that of the reporting committees providing governance oversight and assurance on quality, safety and risk. Risks are reviewed by the Senior Management Team before being added to the corporate risk

register for review and oversight by the Audit Committee. The Trust Chair and Director of Corporate Affairs/Trust Secretary undertake a post-board review each month to ensure the agenda has been covered, sufficient time has been allotted to agenda items and effective contribution and scrutiny given. The Board agenda, papers and practice are continuously reviewed and adapted to ensure that reporting is appropriate and timely. The Board agenda is informed by the forward planner which is reviewed and updated after each meeting.
The annual board effectiveness review has regard to the principles set out in the Corporate Governance Code and other recommended good practice on board governance, such as Monitor's Code of Governance, and The Healthy NHS Board 2013.
The Trust Board receives quality, financial and performance information that provides assurance on the discharge of statutory responsibilities. The NHS Trust Development Authority operates a system of monthly submissions of self-certification of compliance with a set of board statements and Monitor's compliance framework.
Attendance by board members at Trust Board meetings is recorded in the minutes and included in the annual effectiveness review. Attendance at key board committees is also monitored and recorded by the Committee Secretary.
The Trust Board understands its responsibilities for discharging the statutory functions and takes assurance from the Audit Committee that systems are in place and that these are legally compliant.
The Chair of the Audit Committee provides a report to the next meeting of the Trust Board following each Audit Committee meeting. This report includes a summary of the business discussed and the assurances received from the executive, the internal and external auditors and from counter fraud. The role of the Audit Committee is to focus on the controls and related assurance that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The committee undertakes a review of the effectiveness of the corporate risk register at each meeting. The committee met 5 times during the year with the internal and external auditors present, with 2 meetings without auditors.
At the Trust Board meeting on 2nd June 2015 the Audit Committee chair provided assurance to the board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control, based on the key sources of assurance identified in the board assurance framework.
The Quality Governance Committee has oversight of quality governance on behalf of the Trust Board, including review of the annual Quality Account, prior to its publication. The reporting committee structure provides assurance to the Quality Governance Committee on clinical audit, never events and serious incidents including the lessons drawn from these and the action being taken to mitigate future risk. The committee also receives assurance on the Trust's response and actions taken to address coroners' recommendations on preventing future deaths.
The Chair of the Quality Governance Committee provides a report to the following meeting of the Trust Board. This report includes the committee's assessment of quality as taken from the reports and evidence presented to the committee, including the corporate risk register. The committee receives assurance from its reporting committees: Clinical Quality Safety and Effectiveness and Learning from Experience; and in the latter part of the year from the successor committee, Clinical Safety Development and Effectiveness. The committee also reviews the cost improvement programme to seek assurance that there is no detrimental impact on patient and staff safety and the quality of services provided as a result of the programme. At the Trust Board meeting on 2nd June 2015 the Quality Governance Committee chair provided assurance on the quality and safety of service provision, including the supporting clinical, information and corporate governance framework. The committee met 5 times during the year and is reviewing the frequency of meetings for 2015/16.
The Chair of the Finance and Investment Committee provides a report to the following meeting of the Trust Board. The committee provides assurance on the scrutiny of current finance and investment issues based on the reports and evidence presented to it throughout the year, and oversight on performance management reporting. At the Trust Board meeting

the chair of the committee reports on the cash position, cash management, liquidity, CIP progress, and capital expenditure. The committee met 6 times during 2014/15 and also held a seminar for committee members.

The Trust Board works within the remit of the standing orders and standing financial instructions and the scheme of delegation. These were reviewed and approved by the Trust Board on 25th November 2014.

The Trust was subject to a number of external independent reviews during 2014/15:

NHS England (London) commissioned a review of clinical safety in December 2014 with no significant concerns raised; and KPMG undertook an independent investigation into an anonymous whistleblowing allegation regarding ‘systematic cheating’ on the paramedic training programme run by the Trust from 2008-2012*.* The outcome report will be published in June 2015. Although there was a lack of governance around examination processes during the period in question the external investigation was unable to provide evidence of cheating.

The Trust has been working with a number of external consultancies in the review of its operational performance and modelling and in the preparation of a business case to commissioners for investment for the period 2015/16-2016/17. External consultancy support has also been commissioned with regard to IM&T strategy and workforce support.

The Trust received unconditional registration from the Care Quality Commission (CQC) in March 2010 to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

The Trust can confirm that all premises which we own, occupy or manage had fire risk assessments that complied with the Regulatory Reform (Fire Safety) Order 2005. We also achieved compliance with the Department of Health Fire Safety Policy.

Risk assessment

The organisation’s major risks relate to safety, performance, finance and workforce as described in the Board Assurance Framework.

The Risk Management Policy and Strategy defines the risk management process which specifies the way risk (or change in risk) is identified, assessed and managed through controls. It describes the process for embedding risk management throughout the Trust and during 2014/15 we have made further progress with managing local risk register processes. The corporate risk register is reviewed by the Audit and Quality Governance Committees and by the Trust Board as it contains the highest level of risks facing the organisation. Risks can be escalated to the Senior Management Team for discussion and addition to the corporate risk register if required. We align project management risks with the corporate risk register. The policy and strategy was updated and re-formatted in 2014/15.

KPMG undertook a review of risk management in August 2014 and stated that risk management arrangements at London Ambulance Service NHS Trust (‘the Trust’) had reached an overall assessment of ‘*Partial assurance with improvements required*’. The key areas for improvement related to: ensuring a clear framework for identification, monitoring and reporting of local risks; risk reporting and review by complexes (stations); movement in relation to aged risks; full completion and risk registers and SMART actions; the escalation of corporate risks and maintaining local risk registers. The Strategy Review and Planning Committee undertook a strategic risk review in September 2014 incorporating risk management training for executive directors and senior management team. Top down risks are identified through the risk register, board assurance framework and programme work.

Patient and staff safety and other incidents are reported in accordance with the incident reporting procedure and are then scored, either by local managers or by the safety and risk team, using a risk severity matrix. Action is then taken to control, manage or mitigate the risk and depending upon the score the risk may be added to the corporate register for review by the Senior Management Team or monitored at a local level. The Serious Incident Group

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meets weekly to review any serious incidents that need investigating and may need to be formally declared as Serious Incidents.
New risks with a net severity rating of High (over 15) are added to the corporate risk register and the board assurance framework which are reviewed by the Executive Management Team, Audit Committee and the Trust Board on a quarterly basis. 20 risks were added in 2014/15 and 13 were archived having reached their target level or being closed as they were no longer relevant. A list of the new risks is attached as an annex to this statement (annex 8).
The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.
There were 19 lapses of data security in 2014/15 and none of these reached the threshold for reporting to the Information Commissioner.
The Trust achieved 84% against the Information Governance toolkit and is at level 2 overall. Significant progress has been made since the appointment of the Information Security Manager who works closely with the Information Governance Manager. The Information Governance Group moved to quarterly meetings in quarter 4 of 2014/15.

The risk and control framework

Systems are in place to monitor compliance throughout the year and to address any emerging gaps or risks. The format of the board assurance framework shows the key risks facing the Trust during the quarter, mapped to the strategic objectives and annual priorities. The Audit Committee oversees the board assurance framework and corporate risk register and provides assurance to the Trust Board on the effectiveness of the risk and control arrangements. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are met.
The Senior Management Team manages the corporate risk register whilst the Audit Committee assesses the effectiveness of the corporate risk register at each meeting. The Trust Board, Quality Governance Committee and Executive Management Team receive an integrated performance report and a quality dashboard showing monthly performance and any identified risks, from which improvements and mitigations will be sought.
Systems in place to deter risk include standing orders, the scheme of delegation and standing financial instructions, NHS counter fraud measures, an anti-bribery policy, and a register for declaring directors' and managers' interests.
The local counter fraud specialist (LCFS) attended five meetings of the Audit Committee in 2014/15 and monthly executive counter fraud meetings. KPMG have provided the local counter fraud service since April 2013.

The internal auditors attended five meetings of the Audit Committee during 2014/15 and work closely with the Governance and Assurance team to execute the annual audit work plan. Internal audit also attend meetings of the Quality Governance Committee and the committee has input to the development of the annual audit work plan. This work is also informed by the executive team. KPMG have provided the internal audit service to the Trust since April 2013.

Pricewaterhouse Coopers are the external audit provider.

Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of the internal auditors, clinical audit and the executive management team within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I

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have been advised on the implications of the result of the effectiveness of the system of internal control by the board, the Audit Committee and the Quality Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Significant Issues

The Trust has experienced significant performance challenges during 2014/15 and has been unable to achieve the requisite targets since May 2014. The Trust Board has submitted a qualified statement to the TDA each month against Monitor's Governance Statement 10: '*the Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NHS Trust Development Authority oversight model; and a commitment to comply with all known targets going forward*.'
The Trust has continued to improve its internal processes for the identification and management of serious incidents and declared 45 to commissioners in 2014/15 for further investigation, reporting and learning within the context of responding to 1.025m incidents during the year. The overriding theme relates to delays in response times. We have worked closely with NHS England and commissioners in the development of a business case to address utilisation rates and productivity. This has resulted in significant investment for the period 2015/16-2016/17 in order to increase resources, and improve productivity and the response to demand. An external clinical review of the Service, led by NHS England in December 2014, confirmed assurance of the safety of the service and the response provided to patients.

Following receipt of an anonymous whistleblowing allegation into 'systematic cheating' on the paramedic training programme run by the Trust from 2008-2012, we commissioned an independent investigation through KPMG's forensic team. The investigation took place from May to September 2014 with the final report completed in March 2015 and due for publication in June 2015. The investigation identified that there had been a lack of governance of examination processes during the period in question and serious failings in the way an internal investigation had been undertaken in 2011, but was unable to find evidence of systematic cheating.

The Trust is undergoing the CQC Chief Inspector of Hospitals Inspection in June 2015 and has self-assessed compliance performance against the 5 domains as follows:

- Safe - Requires improvement
- Caring – Good
- Effective – Requires improvement
- Responsive – Requires improvement
- Well-led – Requires improvement.

Internal audit undertook 8 reviews during 2014/15 of which 5 received positive assurance. Of a total of 40 recommendations, 8 were determined as high priority within the following reviews:

- Risk management – 1 high priority recommendation
- Fleet management – 5 high priority recommendations
- Arrangements for staff absence and TOIL – 2 high priority recommendations.

The Head of Internal Audit's opinion is one of 'Substantial assurance with minor improvements required'. 'Our work has confirmed that there is general a sound system of internal control which is designed to meet the Trust's objectives, although we had identified areas where the controls in place could be enhanced or improved.

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Accountable Officer : Fionna Moore, interim Chief Executive

Organisation: London Ambulance Service NHS Trust (RRU)
Signature:
Date:

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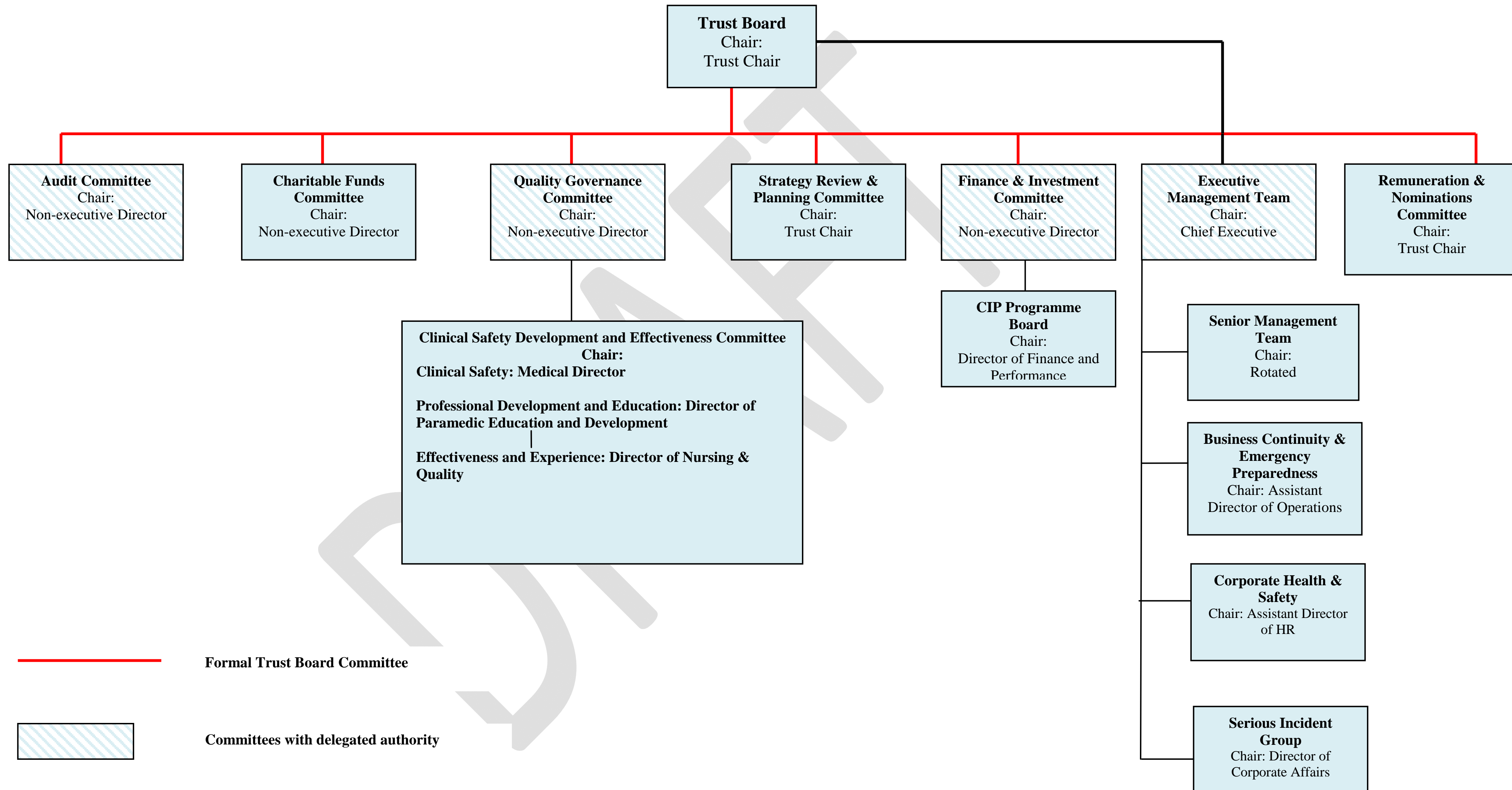
Annex 1 Governance Structure - February 2015



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Annex 2 Committee membership

Formal Trust Board committee	Chair	Current members
Audit committee	Non-executive director, John Jones	John Jones (non-executive director) Theo de Pencier (non-executive director) Fergus Cass (non-executive director)
Charitable funds committee	Trust Chair, Richard Hunt CBE	Richard Hunt (Trust Chair) Andrew Grimshaw (Director of Finance and Performance)
Quality governance committee	Non-executive director, Bob McFarland	Jessica Cecil (non-executive director) Nick Martin (non-executive director) Fergus Cass (non-executive director) Fionna Moore to January 2015; Fenella Wrigley from January 2015 (Interim) (Medical Director) Steve Lennox to November 2014; Zoe Packman from November 2014 (Director of Nursing and Quality) Mark Whitbread (Director of Paramedic Education and Development) Sandra Adams (Director of Corporate Affairs) Jason Killens (Director of Operations) David Prince to November 2014 (Director of Support Services)
Finance & investment committee	Non-executive director, Nick Martin	John Jones (non-executive director) Jessica Cecil (non-executive director) Theo de Pencier (non-executive director) Andrew Grimshaw (Director of Finance and Performance) Sandra Adams (Director of Corporate Affairs) Steve Lennox to November 2014; Zoe Packman from November 2014 (Director of Nursing and Quality) David Prince to November 2014 (Director of Support Services) Karen Broughton (Director of Transformation and Strategy) Paul Woodrow (Director of Performance) Mike Evans to October 2014 (Director of Business Development) Kevin Hervey (Interim Deputy Director of Finance)
Strategy review and planning committee	Trust Chair, Richard Hunt CBE	All board directors, voting and non-voting.
Remuneration and Nomination committee	Trust Chair, Richard Hunt CBE	All non-executive members of the Trust Board

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Annex 3 – Attendance at Trust Board meetings

	3rd June 2014	24th June 2014	29th July 2014	30th September 2014	25th November 2014	16th December 2014	27th January 2015	24th March 2015	**Comments**
Trust Board members (voting)									
Richard Hunt (Non-Executive Chair)	x	x	x	x	x	a	x	x	
Fergus Cass (Non-Executive Director)	x	x	x	x	x	x	x	x	
Jessica Cecil (Non-Executive Director)	x	x	a	x	x	C	a	x	C = Chair
Theo de Pencier (Non-Executive Director)	x	x	x	x	x	x	x	x	
Nick Martin (Non-Executive Director)	x	x	x	x	x	x	x	x	
Bob McFarland (Non-Executive Director)	x	x	x	x	x	x	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	x	x	x	
John Jones (Non-Executive Director)	x	x	x	x	x	x	x	x	
Steve Lennox (Director of Nursing and Quality)	x	x	x	x	A				Left the Trust in November 2014
Jason Killens (Director of Operations)	x	x	x	x	x	x	x	x	
Zoe Packman (Director of Nursing and Quality)						x	x	x	Commenced November 14
Fionna Moore (Medical Director)	a	x	x	x	x	x	x	x	Commenced as interim Chief Executive in January 2015
Ann Radmore (Chief Executive)	x	x	x	x	x	x			Left the Trust in January 2015
Fenella Wrigley (Deputy Medical Director)	x						x	x	Attended for Fionna Moore in June 2014; commenced as interim Medical Director in January 2015
Non-voting									
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	x	x	x	x	x	
Karen Broughton (Director of Transformation and Strategy)	x	x	a	x	a	x	x	x	
Jane Chalmers (Director of Modernisation)	x								Left the Trust in June 2014
Mike Evans (Director of Business Development)									Attending by invitation only
Tony Crabtree (Assistant Director of HR)									Attending by invitation only
Charlotte Gawne (Director of Communications)									Attending by invitation only
David Prince (Director of Support Services)	x	x	x	a	x				Left the Trust in November 2014
Mark Whitbread (Director of Paramedic Education and Development)	x	x	x	x	x	x	x	a	
Paul Woodrow (Director of Performance)	x	x	x	x	x	x	x	a	
Vic Wynn (Acting Director of Information Management and Technology)									Attending by invitation only

x = attended a = apologies given

Annex 4 – Attendance at Quality Governance Committee meetings

	23rd April 2014	18th June 2014	27th August 2014	29th October 2014	13th January 2015	Comments
Quality Governance Committee members						
Bob McFarland (Non-Executive Chair)	x	x	x	x	x	
Jessica Cecil (Non-Executive Director)	x	x	x	a	x	
Nick Martin (Non-Executive Director)	a	x	x	a	x	
Fergus Cass (Non-Executive Director)	a	x	x	x	x	
Ann Radmore (Chief Executive)				x		
Steve Lennox (Director of Nursing and Quality)	x	x	x	x		Left November 2014
Fionna Moore (Medical Director)	a	x	x	x	x	
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	a	x	x	x	x	
Zoe Packman (Director of Nursing and Quality)					x	Commenced November 2014
Jason Killens (Director of Operations)	x	a	a	x	a	
David Prince (Director of Support Services)	x	x	a	x		
Paul Woodrow (Director of Performance)	x	x		a		Attending by invitation only
Mark Whitbread (Director of Paramedic Education and Development)	n	x	x	x	a	

X = attended a = apologies

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Annex 5 – Attendance at Audit Committee meetings

	17th April 2014	22nd May 2014	2nd June 2014	8th September 2014	10th November 2014	16th December 2014	2nd February 2015	**Comments**
Audit Committee members								
John Jones (Non-Executive Director)	x	x	x	x	x	x	x	
Fergus Cass (Non- Executive Director)	x	x	x	x	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	x	x	a	x	x	
Attending								
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	a	x	x	x	x	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	a	x	
Ann Radmore (Chief Executive)	x		x					By invitation

X = attended a = apologies

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Annex 6 – Attendance at Strategy Review and Planning Committee meetings

	9th September 2014	28th October 2014	24th February 2015	Comments
Trust Board members (voting)				
Richard Hunt (Non-Executive Chair)	x	x	x	
Fergus Cass (Non-Executive Director)	x	x	x	
Jessica Cecil (Non-Executive Director)	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	x	
John Jones (Non-Executive Director)	x	x	a	
Nick Martin (Non-Executive Director)	a	x	x	
Bob McFarland (Non-Executive Director)	x	x	x	
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	
Steve Lennox (Director Nursing and Quality)	x	x		Left in November 2014
Jason Killens (Director of Operations)	a	a	x	
Fionna Moore (Medical Director)	x	x	x	
Ann Radmore (Chief Executive)	x	x		Left in January 2015
Zoe Packman (Director Nursing and Quality)			x	Commenced in November 2014
Fenella Wrigley (Deputy Medical Director)			x	Commenced as interim Medical Director in January 2015
Non-voting				
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	
Karen Broughton (Director of Transformation and Strategy)	x	x	x	
Mike Evans (Director of Business Development)	x			
Charlotte Gawne (Director of Strategic Communications)	x	a	x	
David Prince (Director of Support Services)	x	x		
Mark Whitbread (Director of Paramedic Education and Development)	x	x		
Paul Woodrow (Director of Performance)	x	a	x	
Vic Wynn (Acting Director of Information Management and Technology)				Attending by invitation only
Briony Sloper (Deputy Director of Nursing)			x	On behalf of Zoe Packman

X = attended a = apologies

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Annex 7 – Attendance at Finance and Investment Committee meetings

	22nd May 2014	24th July 2014	24th October 2014	24th November 2014	26th January 2015	19th March 2015	**Comments**
Finance and Investment Committee members							
Nick Martin (Non-Executive Director)	x	x	x	x	x	x	
Jessica Cecil (Non-Executive Director)	a	a	x	x	x	x	
John Jones (Non-Executive Director)	x	x	x	x	x	x	
Theo de Pencier (Non-Executive Director)	x	x	a	x	x	x	
Attending							
Sandra Adams (Director of Corporate Affairs/Trust Secretary)	x	x	x	x	x	a	
Karen Broughton (Director of Transformation and Strategy)							By invitation
David Prince (Director of Support Services)							By invitation
Andrew Grimshaw (Director of Finance and Performance)	x	x	x	x	x	x	
Steve Lennox (Director of Nursing and Quality)							By invitation
Paul Woodrow (Director of Performance)							By invitation

X = attended a = apologies

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Annex 8 - New Risks Added to the Trust Risk Register in the Period 2014 – 2015

Risk ID	Headline Risk
388	Increase in turnover rates leading to staff reducing by significant numbers
394	CIPS may not be identified or delivered – impacting our credibility with the NTDA and DH plus impact on FT application
396	No disciplines exist for planning ahead could impact on our credibility with the NTDA and DH plus impact on FT application.
398	Acquiring timely supplies of printed material namely PRFs, controlled drugs registers, controlled drugs daily check sheet books, LA3 and LA5. (Archived)
399	Lack of essential equipment on ambulances may impact on the crew's ability to respond.
400	(SatNav) units in fleet vehicles will become unserviceable resulting in vehicle out of service or delayed response.
401	Current age profile of the LAS Vehicle Fleet will result in increased downtime impacting on operational performance
402	Current age profile of Fleet Workshop Managers and Technicians will impact on the future resilience of the Fleet Operation
403	A number of Ambulance and Fast Response Units may not be road worthy as their average service intervals have extended beyond 16 weeks, the average time taken for brake pads to wear. (Archived)
404	Accurately and efficiently capturing errors and incidents and process them in accordance with national guidelines and within specified internal procedures
408	The air-conditioning mechanical plant at HQ 220 Waterloo Road may fail during warm weather this failure would threaten the viability of the Data Centre and Emergency Operations Centre suite. (Archived)
409	The main power distribution board serving HQ 220 Waterloo Road may fail. Impacting on HQ accommodation, electrical light and power for an extended period. (Archived).
410	Patient safety for category C patients may be compromised due to demand exceeding available resources
416	Not satisfying IGT 11-313 requirements concerning network security. (Archived)
417	Unauthorised access and threats to the Trust's network not being detected after a breach potentially impacting on the operational delivery of services.
426	Failure to meet our obligations of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to meet the increased workload.
433	Lack of commitment to staff engagement in terms of time and focus resulting in the disengagement and lack of motivation of staff to play a part in improving the performance of the organisation.
434	Focus on internal performance improvement preventing senior operational managers from focussing on external stakeholder engagement, impacting on stakeholder engagement and support.
439	Support staff not receiving statutory and mandatory training appropriate to their role.
440	LAS may not be in a position to win new NHS 111 contracts as stated in the 5 year strategy.

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2014/15 Introduction to the Annual Accounts

Financial Review

NHS Trusts have a number of financial duties. This section of the annual report outlines the financial performance of the Trust for the financial year ended 31 March 2015 and the results outlined in this section relate to the full 12 month period of 1 April 2014 to 31 March 2015. A copy of the full statutory audited accounts is included in this annual report together with a glossary of terms to assist the reader in interpreting the accounts.

Financial Duties Review

Break-even duty

NHS trusts have a regulatory duty to break-even in each and every financial year.

The seven year break-even performance is set out below. The figures for periods prior to 2009/10 are on a UK GAAP basis as that is the basis on which the targets were set for those years.

Break-even performance

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Retained surplus/(deficit) for the year	725	-420	740	2,527	-417	1,525	6,326
Adjustments for impairments	0	1,845	262	247	723	-1,235	-237
Adjustments for impact of policy change re donated grants asset	0	0	0	-23	-44	11	5
Absorption Adjustment	0	0	0	0	0	-39	-46
Break-even in-year position	725	1,425	1,002	2,751	262	262	6,048
Break-even cumulative position	2,569	3,994	4,996	7,747	8,009	8,271	14,319
Break-even cumulative position as a percentage of turnover	0.98	1.43	1.76	2.75	2.64	2.72	4.42

The surplus in 2014/15 led to an improvement on the cumulative position for the fourteenth year running, and remained well within the limit of 0.5% of turnover permitted by the Department of Health.

On income and expenditure we reported a surplus of £6.0m for the year, and therefore performed better than the break-even target set by the Department of Health for 2014/15.

External Financial Limit

The External Financing Limit (EFL) is the means by which the Treasury, via the Department of Health and NHS London, controls public expenditure in NHS trusts. This is a statutory financial duty, with a maximum tolerance of only 0.5 per cent of turnover under the agreed limit. Exceeding these limits requires prior approval.

Most of the money spent by us is generated from our service agreements for patient care and income generation (income from operations). The EFL determines how much more (or less) cash we can spend in a year than is generated from our operations.

Each year, we are allocated an EFL as part of the national public expenditure planning process.

The trust achieved its external financial limit (EFL) of £12.6m for the year.

Capital Cost Absorption Duty

The financial regime of NHS trusts recognises that there is a cost associated with the maintenance of the capital value of the organisation. We are required to absorb the cost of capital at a rate of 3.5 per cent of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital bears to the average relevant net assets of the trust. To meet this duty, we must achieve a rate between three per cent and four per cent.

A return on assets (the capital cost absorption duty) of 3.5% was achieved. This was within the permitted range of 3% to 4%.

Capital Resourcing Limit

The Capital Resourcing Limit (CRL) is part of the resource accounting and budgeting arrangements in the NHS and its purpose is to ensure that resources allocated by the government for capital spending are used for capital, rather than to support revenue budgets. All NHS bodies have a capital resource limit. The CRL is accruals based as opposed to the cash-based EFL in NHS trusts.

Under spends against the CRL are permitted and overspends against the CRL are not permitted.

A capital resource limit controls the amount of capital expenditure that a NHS body may incur in the financial year.

In the capital programme £14.9million was spent on a range of projects, including ambulances, new technology projects and projects to improve the estate. Overall, we under spent by £1.0m against our capital resource limit, which we are permitted to do. The capital programme was funded using earned income.

Apply the Better Payment Practice Code

This regulatory duty requires NHS Trusts to pay all supplier invoices within 30 days.

We were able to pay 90.36% and 77.07% of our non-NHS and NHS trade invoices respectively within 30 days, which was an improvement on 2013/14 but below the 95% target set by the Department of Health.

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Balance sheet

The largest item on the balance sheet is £145.3 million of fixed assets (£134 million in 2013/14) comprising land, buildings, plant and machinery, information technology, fixtures and intangibles. We fund the investment in capital assets through our capital programme. In 2014/15 we invested £14.9 million (£6.9 million in 2013/14). The most significant additions related to the replacement of ambulances, projects to improve the estate and new technology.

We have net working capital of £5.0 million (£3.9 million in 2013/14) and long-term creditors and provisions of £10.1 million (£12.3 million in 2013/14). We had £14.7 million cash in the bank as at 31 March 2015 (£6.4 million in 2013/14).

In 2010/11, we obtained a loan of £107,275 from Salix Finance Ltd to support our capital investment in technical measures to improve energy efficiency. The loan was drawn down in August and December 2010 for £60,000 and £47,275 respectively. It is an interest free, unsecured loan with two to five year repayment terms.

Our assets are ultimately owned by the public and the taxpayers' equity section of the balance sheet shows the component elements. Public dividend capital is £62.5 million (£62.5 million in 2013/14) of the equity – this represents the Department of Health's investment in us and annual dividends are payable on this sum. A further £47.4 million (£40.7 million in 2013/14) is held in a revaluation reserve representing the accumulated increase in value of our estate.

Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme and the accounting policy is set out in note 9.6 to the full Annual Accounts. The Remuneration report sets out information on the pension benefits of directors.

Financial plan 2015/16

We have formally submitted a plan for 2015/16 that takes into account planned contracted income levels and the expenditure budgets that have been set for the new financial year. The plan is set to deliver a deficit of £9.5 million.

Detailed financial planning work is in progress in preparation for our Foundation Trust application.

Financial risk

We monitor financial risk through the assurance framework and risk management processes as detailed in the statement of internal control included in the financial statements.

International Financial Reporting Standards (IFRS)

The Treasury announced that public sector bodies are required to prepare their accounts under International Financial Reporting Statements (IFRS) from 2009/10. That was the first year that we prepared our accounts under IFRS, resulting in the rework of 2008/09 results to act as prior year comparators in the 2009/10 accounts.

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Professional valuation was carried out by the District Valuers of the Revenue and Customs Government Department on 31 March 2015 for all land and buildings. The net gain and loss on revaluation was £8.2 million and the total impairments were £0.2 million.

IAS 19 requires us to accrue for remuneration earned but not yet taken. In this instance, we have made an accrual for annual leave of £4.7 million for the current financial year (£3.7 million in 2013/14).

Subsequent events after the balance sheet date

There was no important event occurring after the financial year end that has a material effect on the 2015/16 financial statements.

Other information

PricewaterhouseCoopers LLP was our external auditor for the year ended 31 March 2015. We paid £95,000 (£95,000 in 2013/2014) for audit services relating to the statutory audit. All issues relating to financial audit and financial governance are overseen by our Audit Committee. PricewaterhouseCoopers LLP have not undertaken any non-audit work during the year ended 31 March 2015.

The directors confirm that, as far as they are aware, there is no relevant audit information of which the NHS body's auditors are unaware and that they have taken all the steps that they should have taken as directors in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

We conform to the Treasury's guidance on setting charges for information supplied to the public or commercial organisations.

The London Ambulance Service is a NHS trust established under the National Health Service Act 2006. The Secretary of State for Health has directed that the financial statements of the NHS trusts will meet the accounting requirements of the NHS Trusts Manual for Accounts, which will be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2014-15 NHS Manual for Accounts issued by the Department of Health.

The financial statements for the year follow. These are summary financial statements extracted from the full accounts, which are available free of charge from the Financial Controller who can be contacted at the address given at the end of this annual report.

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STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place, and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

nb: sign and date in any colour ink except black

Signed ……………………………........... Chief Executive

Date …………………………………

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STATEMENT OF THE DIRECTORS RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

nb: sign and date in any colour ink except black

……………………………… Date ……………………… ………Chief Executive

……………………………… Date ……………………… ………Financial Director

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INDEPENDENT AUDITORS REPORT TO LAS

TO BE ADDED HERE

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LONDON AMBULANCE SERVICE ANNUAL ACCOUNTS

FULL SET OF ACCOUNTS TO BE ADDED HERE

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Remuneration report

Our Remuneration Committee consists of the Chairman and the six non-executive directors. The Chief Executive is usually in attendance but is not present when his own remuneration is discussed.

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

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

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

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

For the purposes of this report, the disclosure of remuneration to senior managers is limited to our executive and non-executive directors. Details of remuneration, including salaries and pension entitlements, are published on pages 45 to 48**.**

The banded remuneration of the highest paid director in the London Ambulance Service in the financial year 2013/14 was in the range of £200,001 to £205,000. This was 5.27 times the median remuneration of the workforce, which was £38,662. In 2013/14, the banded remuneration of the highest paid director £216,001 to £220,000. This was 5.63 times the median remuneration of the workforce, which was £38,415.

In 2014/15, as in the previous year, none of the employees received remuneration in excess of the highest paid director.

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

The change in ratio was due to:

- a change to the remuneration of the most highly-paid individual through a reduction in pay received in 2014/15
- a change in the workforce composition in 2014/15 leading to a small decrease in median pay.

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

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

Salary and pension entitlements of senior managers

A) Remuneration 2014/15

Name and Title	Salary (bands of £5000) £'000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5000) £'000	Long term performance pay and bonuses (bands of £5000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5000) £'000
Richard Hunt, Chairman	£20,001-£25,000	£0	£0	£0	£0	£20,001-£25,000
Jessica Cecil, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Robert McFarland, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Nicholas Martin, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
John Jones, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Fergus Cass, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Theo de Pencier, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Ann Radmore, Chief Executive (to 23rd January 2015)	£135,001-£140,000	£0	£0	£0	£0	£135,001-£140,000
Andrew Grimshaw, Finance Director	£130,001-£135,000	£0	£0	£0	£0-£5,000	£135,001-£140,000
Jason Killens, Director of Operations	£110,001-£115,000	£2,000	£0	£0	£30,001-£35,000	£145,001-£150,000
** Fenella Wrigley, Acting Medical Director	£10,001-£15,000	£0	£0	£0	£55,001-£60,000	£65,001-£70,000
* Stephen Lennox, Director of Health Promotion & Quality	£65,001-£70,000	£0	£0	£0	£45,001-£50,000	£115,001-£120,000
** Zoe Packman, Acting Director of Health Promotion & Quality	£20,001-£25,000	£0	£0	£0	£20,001-£25,000	£45,001-£50,000
*** Fionna Moore, Medical Director (Acting Chief Executive from 24 January 2015)	£120,001-£125,000	£0	£0	£0	£0	£120,001-£125,000

The figures shown under the heading 'expense payments' refer to the provision of lease car.
* The following director left the Trust: Stephen Lennox on 21st November 2014.
** The following director joined the Trust: Zoe Packman on 10 November 2014, she is an employee of Croydon Health Services NHS Trust. Fenella Wrigley was appointed acting Medical Director on 24th January 2015 and is seconded from Barts Hospital.
*** Fionna Moore is an employee of Imperial College Healthcare NHS Trust who works full-time for the London Ambulance Service as Medical Director (Acting Chief Executive from 24th January 2015).

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Remuneration 2013/14

Name and Title	Salary (bands of £5000) £'000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5000) £'000	Long term performance pay and bonuses (bands of £5000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5000) £'000
Richard Hunt, Chairman	£20,001-£25,000	£0	£0	£0	£0	£20,001-£25,000
Jessica Cecil, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Fergus Cass, Non-Executive Director	£0-£5,000	£0	£0	£0	£0	£5,001-£10,000
Theo de Pencier, Non-Executive Director	£0-£5,000	£0	£0	£0	£0	£0-£5,000
Robert McFarland, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Nicholas Martin, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
John Jones, Non-Executive Director	£5,001-£10,000	£0	£0	£0	£0	£5,001-£10,000
Ann Radmore, Chief Executive	£190,001-£195,000	£0	£0	£0	£167,501-£170,000	£355,001-£360,000
Andrew Grimshaw, Finance Director	£135,001-£140,000	£0	£0	£0	£55,001-£57,500	£195,001-£200,000
Jason Killens, Director of Operations	£55,001-£60,000	£3,700	£0	£0	£42,501,45,000	£105,001-£110,000
Stephen Lennox, Director of Health Promotion & Quality	£90,001-£95,000	£0	£0	£0	£0	£90,001-£95,000
Fionna Moore, Medical Director	£80,001-£85,000	£0	£0	£0	£0	£80,001-£85,000

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Salary and pension entitlements of senior managers (continued)

B) Pension benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)	Lump sum at age 60 at related to accrued pension at 31 March 2015 (bands of £5,000)	Cash equivalent transfer value at 31 March 2015	Cash equivalent transfer value at 31 March 2014	Real increase in cash equivalent transfer value	Employers contribution to stakeholder pension To nearest £100
Richard Hunt, Chairman	**	**	**	**	**	**	**	
Jessica Cecil, Non-Executive Director	**	**	**	**	**	**	**	
Robert McFarland, Non-Executive Director	**	**	**	**	**	**	**	
Nicholas Martin, Non-Executive Director	**	**	**	**	**	**	**	
John Jones, Non-Executive Director	**	**	**	**	**	**	**	
Fergus Cass, Non-Executive Director	**	**	**	**	**	**	**	
Theo de Pencier, Non-Executive Director	**	**	**	**	**	**	**	
Ann Radmore, Non-Executive Director	£0-£2,500	£0-£2,500	£65,001-£70,000	£200,001-£205,000	£1,383,084	1,1347,564	£3,357	
Andrew Grimshaw, Director of Finance	£0-£2,500	£2,501-£5,000	£30,001-£35,000	£95,001-£100,000	£550,998	£509,077	£21,505	
Jason Killens, Director of Operations	£0-£2,500	£5,001-£7,500	£25,001-£30,000	£75,001-£80,000	£359,360	£314,495	£26,563	
Fenella Wrigley, Acting Medical Director	£0-£2,500	£2,501-£5,000	£25,001-£30,000	£80,001-£85,000	£439,011	£381,544	£6,306	
Stephen Lennox, Director of Healthcare Promotion	£2,501-£5,000	£7,501-£10,000	£35,001-£40,000	£115,001-£120,000	£703,438	£624,871	£45,374	
Zoe Pacman, Director of Healthcare Promotion	£0-£2,500	£0-£2,500	£40,001-£45,000	£120,001-£125,000	£741,296	£857,764	£0	
Fionna Moore, Medical Director	*	*	*	*	*	*	*	

* Fionna Moore has opted out of the NHS pension scheme.

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

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A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

“A change in the Government Actuarial Department’s (GAD) actuarial factors has occurred during the year, following revised guidance from HM Treasury. NHS Pensions are using the most recent set of actuarial factors produced.”

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Reporting of other compensation schemes – Exit packages Note 10.4

Exit package cost band (including any special payment element)	**2014-15**			2013-14		
	Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages by cost band**	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
	Number	**Number**	**Number**	Number	Number	Number
Less than £10,000	1	1	2	0	0	0
£10,000-£25,000	0	1	1	0	0	0
£25,001-£50,000	3	1	4	0	2	2
£50,001-£100,000	0	1	1	0	9	9
£150,001-£200,000	0	0	0	1	0	1
Total number of exit packages by type (total cost	**4**	**4**	**8**	1	11	12
Total resource cost (£000s)	**127**	**127**	**254**	157	659	817

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

This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

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Reporting of other compensation schemes – Exit packages Note 10.5

	Agreements	Total value of agreements
	Number	£000s
Voluntary redundancies including early retirements contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	3	86
Exit payments following Employment Tribunals or court orders	1	41
Non-contractual payments requiring MHT approval	0	0
Total	**4**	**127**

As a single exit packages can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 10.4 which will be the number of individuals.

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

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Off-Payroll engagements - Table 1

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2015	11
Of which, the number that have existed:	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	7
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	2

All existing off-payroll engagements have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

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Off-Payroll engagements - Table 2

For all new off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	2
Number of new engagements which include contractual clauses giving the London Ambulance Service NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	2
Number of new engagements for whom assurance has been requested	2
Of which:	
Assurance has been received	2
Assurance has not been received	0
Engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	None
Number of Individuals that have been deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements	23

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Accountable Officer: Fionna Moore, Chief Executive

Organisation: London Ambulance Service NHS Trust

Signature:

Date:

A copy of our full accounts is available from the Head of Financial Services at the following address:

Head of Financial Services
Finance Department
London Ambulance Service
NHS Trust
220 Waterloo Road
London
SE1 8SD

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Appendix - Glossary of Terms

(This glossary does not form a part of the statutory accounts)

<u>STATEMENT OF COMPREHENSIVE INCOME</u>

Statement Of Comprehensive Income (Income And Expenditure)
Under UK GAAP used to be called a Profit and Loss account or an Income and Expenditure account. Public sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.

Revenue From Patient Care
Activities Income from patient care activities of the Trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

Income and Expenditure
Often called a Profit and Loss account or an Income and Expenditure account. Public sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.

Income from activities
Income from patient care activities of the Trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

Other operating income
Income from non-patient care services such as commercial training, research funding etc.

Operating surplus
The surplus generated by the normal operations of the Trust before taking into account interest, depreciation and amortisation

Depreciation
When a fixed asset is purchased, the cost of that asset needs to be charged to the income and expenditure account over the life of the asset to recognise the contribution of that asset to the work of the Trust in each year of ownership. On purchase of a fixed asset, the expected life is assessed and the cost is spread over that life. The value of the asset therefore diminishes, or depreciates, over time.

Amortisation
Where depreciation applies to tangible fixed assets, amortisation is the same process for non-tangible fixed assets, such as loans to the Trust.

Profit / (loss) on disposal of fixed assets
The difference between the value of an asset in the balance sheet and the actual sale price of the item. This could be equipment or buildings.

Public Dividend Capital (PDC)
PDC originated in NHS Trusts as the difference between the valuation of its assets and liabilities on establishment as an NHS Trust. This originating debt is deemed an asset of the Secretary of State, and equates to taxpayers equity in the organisation. The Trust has to make a return on this capital equivalent to 3.5% per annum, and this amount has to be paid over to the Treasury. The original debt can increase over time due to the allocation of additional capital funds, and is repayable over time.

<u>STATEMENT OF FINANCIAL POSITION</u>

Fixed Asset / Non-Current Assets
An asset that has a life that extends beyond the current financial year and that will generate economic benefits in future accounting periods– as opposed to current assets, which are realisable immediately or in the next accounting period. Fixed assets are typically equipment or buildings.

Current Assets
These are assets that are held on the balance sheet of the organisation that have an immediate cash value. These include stocks, that could be sold and realise cash quickly, debtors that can be collected quickly to realise cash or cash held in a bank account.

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Stock / Inventories
Material held as stock which could be sold to realise cash quickly. Can either be valued at cost where stock is valued in the books at the purchase price or, net realisable value where stock is valued in the books at a value that it could reasonably be expected to fetch if it was sold on open market today.

Debtors / Receivables
Money owed to the Trust for services provided.

Creditors / Payables
Money owed by the Trust for goods and services received.

Total Taxpayers' Equity
See Public Dividend Capital

NOTES TO THE ACCOUNTS

Historical Cost Convention
The value of an asset carried in the balance sheet is the amount paid for it on the purchase date.

Accruals Convention
The accounts are prepared taking account of all income received and receivable, and all expenditure paid and payable for the goods and services delivered and received in the period, and are not based on cash receipts and payments in the period.

Off Balance Sheet
Refers to fixed assets that are in use by the trust but which are not technically 'owned' by the organisation, and therefore do not appear in the balance sheet. An example of this would be operating leases, where equipment, such as vehicles, is leased by the organisation but never comes into our ownership.

Liquid Resources
Resources that can be released quickly to enable the organisation to settle debts. Typically, cash in hand or in the bank in short term accounts.

Prepayment
Where the Trust has paid in advance for goods
or services – for example, quarterly payment in advance for telephone rentals.

Deferred Income
Income received in the financial year but deferred to a subsequent accounting period because the relevant services will be provided in that future accounting period.

Reserves
Funds set aside in recognition of a future event, project or change, where the need has been recognised but the event has not happened.

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TERMINOLOGY

Going Concern Basis

The accounts are prepared on the basis that the Trust will still be in existence in the next financial year, and that it will therefore be in a position to recover any debtors due to it, and that it will be around to cover its long term liabilities. If it is likely that an organisation will not be in existence beyond this set of accounts, then long term liabilities would become immediately due, and the position of long term debtors would be called into question, resulting in the need to recognise that in the results presented in this set of accounts.

Capital Expenditure

The amount expended by the Trust that enhances the value of fixed assets whose useful life extends beyond the current accounting period.

Revenue Expenditure

Expenditure on the day to day operations of the Trust, pay and rations as opposed to capital expenditure.

Consumables

Non pay expenditure on items that have a life of less than one year and are therefore not fixed assets. The term relates to everything from drugs, uniform, stationery through to pieces of disposable equipment.

CCGs - Clinical Commissioning Groups

New organisation established from 1st April 2013.

Liability

A situation where an organisation has an obligation to pay for something that has already occurred, and around which there is certainty, but is not yet physically paid for.

Provisions

An allowance in the accounts for a known item, but where the value or timing of the event giving rise to it is uncertain. An example may be where a pay award from 1 January in a given year has not yet been agreed, and the settlement date is uncertain. The organisation would typically provide an estimate for inclusion in the accounts to ensure that the relevant charge to Income and Expenditure is made in the correct year.

Contingent Liability

A situation where a financial obligation to pay for something that has already happened may arise, but where there is uncertainty or where the final value is difficult to quantify due to dependencies on other things. For example, an outstanding legal claim against the organisation, where if the verdict goes against the organisation, there will be an obligation to pay for an unquantifiable amount. Amounts carried in the accounts under this heading will inevitably be estimates based on the best information available at the time.

Value Added Tax (VAT)

May be in the form of output tax – VAT charged on sales, or input tax – VAT paid on purchases. In the NHS, normal NHS healthcare activity does not attract VAT.

Post Balance Sheet Event

Something that is recognised after the accounts have been finalised, but before publication, which impacts on the results as they are presented, and has a significant impact on how the results should be interpreted.

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Risk Pooling Scheme
This is essentially the NHS insurance scheme, where we pay an annual premium to cover any insurance claims that may arise during the year.
The scheme covers all the usual insurance risks around buildings, equipment, fire etc, as well as clinical negligence issues.

NHSLA
The NHS Litigation Authority is the body responsible for handling negligence claims against NHS organisations. The NHSLA also advises NHS organisations on risk management.

Losses and Special Payments
Any payments made in respect of bad debts, stock write offs, insurance excesses or compensation payments that are not considered a part of the normal business of the Trust.

HART
Hazardous Area Response Team

RRV
Rapid Response Vehicle

PTS
Patient Transport Service

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London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2 June 2015
Document Title:	Annual Reports: Infection Prevention and Control Safeguarding Patient and Public Education Patient Experience
Report Author(s):	Briony Sloper, Deputy Director Nursing Zoë Packman, Director of Nursing and Quality
Presented by:	Zoë Packman, Director of Nursing & Quality
Contact Details:	Zoë.packman@lond-amb.nhs.uk
History:	Quality Governance Committee Executive Management Team
Status:	For approval
Background/Purpose	
Infection Prevention and Control, Safeguarding, Patient and Public Education, Patient Experience services all presented their annual reports at the Quality Committee in May 2015. These reports provide assurance for the Board in regards to their activities and achievements during 2014/2016. They also identify any risks and mitigating actions. Finally they identify the initial work plans for 2015/2016 which will be agreed at their first subject matter committee after the June 2015 Trust board meeting. The quality committee recommended all the reports to the Board. Due to the size of the reports the full reports are provided separately. The attached paper provides an Executive Summary for each report.	
Action required	
Trust board are asked to approve the Annual reports for publication on the internet.	
Assurance	
The drafts of the annual reports have been seen and approved at Quality Committee in May 2015. Drafts have also been seen and approved at the subject matter committees in May 2015.	
Key implications and risks arising from this paper	
Clinical and Quality	Documents describe the clinical and quality for the Trust during 2014/2015 and sets out the plan for 2015/2016
Performance	
Financial	
Governance and Legal	

Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	**Yes**
To make LAS a great place to work	
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	

Annual reports 2015 Executive Summaries

Infection Prevention and Control

This report provides information on the progress and achievements of the infection prevention and control objectives for 2014/15 and outlines objectives for 2015/16.Infection Prevention and Control (IPC) overall performance Trust-wide, for year ending March 2015, has achieved significant improvements from 2013-2014, and are as follow:

- Hand Hygiene compliance remains high, overall achievement 96%, from self-audits
- Vehicle Preparation (VP) 6-weekly deep cleaning compliance made significant improvements in the last two quarters averaging 91%; overall average 89%; median 90% achieved
- Premises cleaning compliance consistently exceeds the 85% target; and the target has since been stretched to 90% since March 2015. Observations at the IPC and H&S inspections found variability in standards, and this is being addressed.
- Used sharps injuries (highest risk) have reduced by 18.7%; overall figure for all sharps injuries was higher this year, due to clean injuries resulting from a manufacturer packaging fault of safer needles.
- Clinical Skills Refresher (CSR) training compliance achieved 48% against a target of 65% (compared to an achieved compliance of 88% last year), due to a number of challenges. The CSR training compliance target is expected to be stretched incrementally from 2015-2016. IPC e- learning module for non-patient facing staff was produced to facilitate easier access to courses.
- An Operational Framework between Public Health England London Health Protection Teams and London Ambulance Service was approved June 2014, to establish clear roles and responsibilities and ensure effective joint working arrangements
- The Viral Haemorrhagic Fevers (VHF) Task and Finished Group met between August 2014 and March 2015, to provide VHF (e.g. Ebola) assurance to the Trust. LAS IPC and HART assisted in the production of the National Ambulance Resilience Unit Ambulance VHF transfer guidance in August 2014
- Legionella and decontamination management processes have made progress.
- IPC and a number of related policies were developed
- Infection Prevention and Control governance have been further enhanced to provide additional scrutiny and assurance to the Trust

IPC priorities for 2015-2016

- Resurrect IPC Champions in complexes to provide local support
- Address discrepancies in self-reported and observed audit data by:
    - Establish a planned programme of validation audits by IPC
    - Peer audits
    - Procurement and implementation of E-Audit tool system
- Review recently developed policies to ensure accountabilities are correctly described when new structures are finalized
- Develop manual of procedures to align with Hygiene Code
- Review and address IPC training content and delivery to ensure improvement in basic principles skills and knowledge in all IPC courses
- Support the Education tutors, APPs with new courses
- Review delivery methodology to meet needs of mobile workforce to increase uptake
- Ensure IPC and aseptic competencies through Operational Workplace Review
- Capture IPC performance data report from all services and contractors to benchmark
    - Provide advice and support Logistics - solution for blankets/linen; vehicle and equipment design and procurement of equipment; support medical device management and knowledge in decontamination

- Provide IPC advice and support to Estates to reduce IPC risks in refurbishment and re-configuration of stations/services
- Support the establishment of exemplar 'productive stations'
- Establish local risk register
- Address IPC Team capacity from July 2015

The IPC team will continue to drive forward the improvements made to date and ensure that gaps continue to be addressed for 2015-2016. Crucial to the delivery of this year's plan will be inter-dependent services collaborating and working together, in addition to an IPC team capacity to provide scrutiny and oversight through their validation audit programme, enhanced training programmes and advisory service.

Safeguarding

This report demonstrates the work and progress in safeguarding in the London Ambulance Service NHS Trust (LAS) during 2014-2015. It is a statutory requirement to present an Annual Report to the Trust Board showing how the Trust has met their safeguarding responsibilities in line with Working Together to Safeguard Children (H.M. Government 2013). The report includes the current position regarding the work being undertaken and details the organisational responses to changes in safeguarding matters.
The Trust has a commitment and a duty to safeguard adults at risk as stipulated in Outcome 7 of the Care Quality Commission Regulations. To achieve this goal the organisation has to ensure robust systems and policies are in place and are followed consistently, to provide training and supervision to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults at risk of being abused.

Overall self-assessment reveals that the Trust is compliant with CQC standards for Safeguarding apart from supervision. In order to become complaint in this area the Trust requires additional resources and so a service development bid has been presented for 2015/2016.

Delivery of the Prevent agenda requirements remains a challenge; however the Trust has now appointed a new Prevent lead and train additional Prevent trainers. The Trust does not have a data base/system to identify compliance with all training; this means that identifying training rates is not as well developed as required. The Human resources department are reviewing processes in order to ensure this can be achieved in the current year. Partnership working has improved this year and needs to be maintained and enhanced with the introduction of the new operational restructure. The Trust has responded to the Savile recommendations and an action plan is in place to ensure delivery of the remaining actions; DBS checks and policy changes.

All action plans are progressing well and are monitored by the Safeguarding Committee. Work to implement the Care Act 2014 changes is well advanced and changes have been adopted on time on the 1st April 2015. The Safeguarding governance arrangements within the Trust are working well and providing assurance to the Board.

Patient and Public Education

The PPI and Public Education Team comprise two co-ordinators and two public education officers. Over the last year the co-ordinators have supported staff from across the Service to take part in local patient engagement activities. The co-ordinators also have a key role in undertaking surveys. They help to design the survey content, ensure they are on Survey Monkey for ease of use, send them out, deal with any queries, record the findings and contribute to the analysis for any reports. In the year 2014-15 the main survey work was the questionnaire and focus groups for mental health service users, and the implementation of the Friends & Family Test (FFT.)

Between October 2014 and March 2015 there were a total of 235 responses to the FFT questions. Of these, 165 patients have said they would be “extremely likely” to recommend the LAS to their friends and family, and a further 48 would be “likely” to recommend the LAS (90% overall giving positive responses). From 1st April 2015 it is an NHS England requirement to report monthly on FFT responses from PTS and See & Treat patients

The Public Education Officers focus on activities aimed at young people, often in hard to reach groups. One has a lead role in knife crime awareness activities, working with schools, colleges, and youth offending teams, pupil referral units and voluntary sector organisations. He delivers messages to these groups of young people on the likely consequences of carrying knives and the possible physical outcomes of sustaining a knife injury. The other Public Education Officer focuses more on road safety activities, working closely with various London boroughs and pan-London organisations such as Transport for London.

The Public Education Officers also take part in careers events, encouraging young people to choose a career in the ambulance service, and take the lead on co-ordinating the Service’s involvement in Junior Citizen Schemes across London.

A Patient Representative Reference Group (PRRG) was established in spring 2014 and two events were held with them, in June and December 2014. The first event was to involve them in the development of the new Patient and Communities Engagement Plan, and the second was to involve them in discussions about current performance pressures.

The Trust uses its public education events and activities for public engagement, targeting specific groups for education and involvement activity. Over the year we took part in 593 public engagement events, visits or activities across London. These were mostly attended by LAS staff in their own time. There are 940 LAS staff on our list of staff interested in doing this work, and over 380 of them did an hour or more of public education work during the year. The PPI Co-ordinators recorded 873 requests for LAS attendance; therefore we were able to meet approximately 68% of requests.

Continued to organise monthly Community Involvement Officer (CIO) network meetings. Identified and offered support to other staff in the Service – funded by the CCGs locally - who were undertaking some CIO activities, e.g. working with care homes and GP practices, and focusing on frequent callers.

An outline of specific areas of activity for 2015-16 would include:

- Reporting the results of the Friends & Family Test to NHS England (from May 2015).
- Developing a strategy and methodology for ensuring the patient voice is heard at the Trust Board and other meetings.
- Increase the numbers of patients involved in service development projects, and outline ways of using feedback from a variety of sources to inform developments.
- Conduct a telephone patient survey.
- Ensure the support and development of the Community Involvement Officers within the new operational structure.
- Explore items within the plan which require further scoping, e.g. volunteer community champions and patient navigators.

Patient Experience

The annual report focuses on departmental activity 2014/15 in relation to the following work streams:

- Complaints
- Patient Advice and Liaison Service (PALS)
- Patients with complex needs who make repeated 999 calls
- Solicitor and other requests for medical records and witness statements.

The volume of complaints rose by around 24% (this follows an 8% increase in 2013/14). This was largely in relation to complaints about a delay in an ambulance response, particularly to patients assessed at a C2 priority which attracts a target response within 30 minutes.

Throughput performance was compromised by delays in achieving a Quality Assurance report as the workload to the Quality Assurance team significantly increased across the board.

Significant changes to service provision and clinical protocols were however made arising from complaints and these and a number of specific case examples are described.

There was an increase in the number of cases investigated by the Health Service Ombudsman (which reflected changes in the Ombudsman's practice). 3 cases were partially upheld but there were no significant learning points.

PALS witnessed an 11% increase in demand on the previous year.

Solicitors and other requests for records and witness statements generated £52,541.00.

The Patient Centred Action Team (who manage patients with complex needs who make repeated 999 calls) operated a skeleton service owing to staff shortages (ill health) but still managed to intervene in 120 cases and made a number of improvements to the process of data collection and analysis.

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2 June 2015
Document Title:	Quality Account
Report Author(s):	Briony Sloper, Deputy Director Nursing Zoë Packman, Director of Nursing and Quality
Presented by:	Zoë Packman, Director of Nursing & Quality
Contact Details:	Zoë.packman@lond-amb.nhs.uk
History:	Quality Governance Committee Executive Management Team
Status:	For approval

Background/Purpose

Since the introduction of the Quality Account in 2009 all NHS Trusts are required to publish quality accounts in accordance with the annual reporting guidance from NHS England. By publishing data, supported by explanation, the aim is to improve transparency for patients and service users on what is working well and what needs further improvement. The key is to provide a balanced report.

Quality Accounts should provide an opportunity for providers to describe their performance and their improvement goals. In order to give a more comprehensive view on quality we have made the decision to report beyond the minimum requirements. In addition, where possible we have also reported comparative data from other Ambulance Trusts in England. The Quality Account is required to follow a template and report on a set of mandatory items. We have divided our Quality Account into four distinct sections.

- Section 1 contains a statement on quality from the Chief Executive and an introduction to the report.
- Section 2 details the new priorities for improvement identified for 2015/16 and reports progress made against the priorities we identified for improvement in the 2014/15 Quality Account. This section also includes a review of the year and a range of statements of assurance from the Trust Board.
- Section 3 Provides evidence of external assurance and written feedback we have received on the 2014/15 Quality Account

The Quality Account must be submitted to the Department of Health by 29 June 2015.

At time of submitting for the Trust board the external assurers have not provided their comments to be included in the report. These will be shared with the Board as soon as they are available.

Before the Quality Account is placed on the Trust web site for publication, as in previous years it will be formatted with photographs and presented as a patient facing document.

Action required

Trust board are asked to approve the Annual Quality account for submission to the Department of Health and publication on the internet

Assurance	
The drafts of the quality account have been seen and approved at Quality Committee in April and May 2015. Drafts have also been seen and approved at Executive Management team in April and May 2015. The format meets the required standard format described by NHSE, Monitor and the Department of Health. Health watch Southwark, Overview and Scrutiny Committee Hillingdon, Patient's Forum and The Commissioners have all received a copy of the Quality account to comment upon.	
Key implications and risks arising from this paper	
Clinical and Quality	Document describes the clinical and quality for the Trust during 2014/2015 and sets out the plan for 2015/2016
Performance	
Financial	
Governance and Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	**Yes**
To make LAS a great place to work	**Yes**
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	

The London Ambulance Service NHS Trust

Annual Quality Account

2014/15

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Contents

- Introduction
- Statement on quality from the Chief Executive
- Our Vision & Values
- Our 2015/16 quality priorities
- Statements of assurance from the Board
- Reporting on core indicators
- Review of the year 2014/15
- Other services - Patient Transport
- Other services - 111
- Feedback
- Statement of Directors responsibilities

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Introduction

What is a Quality Account?

Since the introduction of the Quality Account in 2009 all NHS Trusts are required to publish quality accounts in accordance with the annual reporting guidance from NHS England. By publishing data, supported by explanation, the aim is to improve transparency for patients and service users on what is working well and what needs further improvement. The key is to provide a balanced report.

Monitor, the regulator of NHS Foundation Trusts, state four main aims of Quality Accounts:

A focus on quality improvements: in each organisation: the reports provide an opportunity to set out how the Trust intends to improve its own quality.

Board ownership: this can lead to ambitious board-driven quality improvement priorities, measures and programmes of work.

Engagement with clinicians and patients: the priorities and metrics included in the Quality Account must be relevant and public. Broad engagement in the development of quality reports is needed to meet these requirements.

A wider quality debate: Quality Accounts should provide an opportunity for providers to describe their performance and their improvement goals. In order to give a more comprehensive view on quality we have made the decision to report beyond the minimum requirements. In addition, where possible we have also reported comparative data from other Ambulance Trusts in England. The Quality Account is required to follow a template and report on a set of mandatory items. We have divided our Quality Account into four distinct sections.

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- Section 3 Provides evidence of external assurance and written feedback we have received on the 2014/15 Quality Account

Commissioners

The relationship with our commissioners continues to strengthen. The new operational structure introduced this year reflects the commissioning landscape with seven distinct sectors identified in order to support better local engagement and health improvements. We continue to focus on developing stronger relationships with local commissioners, being more responsive to local needs.

This has been demonstrated in 2014/15 through a successful range of integrated response models piloted in partnership with local CCGs reflecting local population needs. These include combined community nursing and paramedic response cars targeting elderly fallers

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facilitating rapid access to alternative pathways of care, avoiding unnecessary conveyances to Emergency Departments and hospital admissions.

Each year we work with our commissioners to identify commissioning intentions. These then influence the final contract, the key performance indicators and the final projects identified within the Commissioning for Quality and Innovation Framework (CQUIN).

The Trust Board

The Trust Board is accountable for ensuring the Trust consistently provides a safe and high quality service and this is demonstrated by the following

- Nominating the Director of Nursing and Quality as being responsible for bringing quality issues to the attention of the Trust Board and acting as the custodian to quality issues.
- Nominating the Medical Director as being responsible for bringing safety issues to the attention of the Trust Board and acting as the custodian for safety issues
- Prioritising quality on the agenda by ensuring there are, wherever possible, quality issues are placed at the top of the agenda.
- Inviting a patient, or member of staff, to every Trust Board to meet the Trust Board and present a patient or staff experience of the London Ambulance Service NHS Trust.
- Having a Board level committee nominated to focus on quality that has the same status as the audit and finance committees.
- Monitoring the quality of care provided across all our services and routinely measuring and benchmarking services internally and externally where this information is available.
- Proactively looking at any risks to quality and taking prompt mitigating action.
- Challenging poor performance or variation in quality and recognising quality improvement.
- Building a quality culture across the organisation.
- Working to ensure our workforce is valued and motivated and able to deliver high quality care

The Expectations of our Regulators

Our quality regulator is the Care Quality Commission (CQC). They are responsible for setting the minimum standards for quality and safety that people have the right to expect whenever they receive NHS funded care.

The CQC then monitor the provision of healthcare and stipulate a range of minimum standards which are observed through their monitoring programme.

We regularly benchmark ourselves and ensure we are meeting these fundamental standards.

The NHS Trust Development Authority is the body who oversees the transition of NHS Trusts to NHS Foundation Trust status. As a NHS Trust the London Ambulance Service has a relationship with this body. We are required to undertake monthly meetings to assure that

our quality governance meets the expectations of the NHS Trust Development Authority and is fit for purpose as we progress through the Foundation Trust pathway.

Monitoring Quality in 2014/15

The internal quality dashboard and the committee structure which supports the Trust Quality Governance Committee have been reviewed this year. The new structure supports 3 core committees:

- **Clinical safety and Standards Safety** – chaired by the Medical Director
- **Clinical and Professional Development** – chaired by the Director of Paramedic Education & Development
- **Improving Patient Experience** – chaired by Director of Nursing and Quality

The accompanying quality dashboard provides the quantitative information to be shared at the committees and forms a single source of quality data. The committees will meet bi-monthly and each will produce a summary report to the following meeting of the Quality Governance committee highlighting key assurances, issues and concerns. These committees will also review relevant areas in the BAF at their meetings and include areas of concern and action plans in their report.

Feedback from multiple stakeholders was sought, internal and external and a variety of improvements have resulted in regards to the Quality Dashboard, its content, reporting timeframes and narrative.

The dashboard and associated papers are then shared with Commissioners at the monthly Clinical Quality review group (CQRG) meeting and the Trust Development Authority (TDA) at the Integrated Delivery meeting ensuring robust external scrutiny.

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Statement on quality from the Chief Executive

This is the sixth Quality Account published by the London Ambulance NHS Trust. It acts as a written review for the public of our Quality during 2014-15 and identifies quality improvement priorities for 2015/16.

In 2014/15, we managed increased demand across London, two national strikes, an increased terrorist threat level, and the busiest winter on record. We also experienced our lowest performance against national ambulance standards, high frontline staff turnover and low levels of staff satisfaction evidenced in our disappointing staff survey results. There are a number of reasons for our under performance last year including increased activity; slow recruitment to vacancies during the first half of the year; high utilisation which makes it difficult for us to respond to peaks in activity; an aging fleet due to historic underinvestment; national shortages of Paramedics at a time when career and market opportunities have opened up for them; and insufficient frontline clinical supervision. The Trust is in the middle of an improvement programme supported by NHSE and the TDA and it is clear that we must continue our drive and pace of change, to tackle these issues and improve our organisation and performance.

Whilst facing these challenges, our primary concern has been and continues to be the safety of the service we provide. It is essential as an organisation that we learn from what we weren't able to deliver and apply that learning to improve services moving forwards. Managing and mitigating against any potential performance impact on patient quality and safety is our fundamental priority. To that end LAS conducted an internal safety review in using data collected in October 2014 and analysed in November and also had an external review in December 2014 conducted by NHSE, TDA and CCGs.

Our ambulance service Emergency Operations Centre (EOC) continues to be the busiest in the world with our strength in this area reflected once again by receiving two prestigious awards this year; MPDS Centre of Excellence (2014) and the Cabinet Offices' Customer Services Excellence Accreditation (2014) demonstrating the organisations ability to continue delivering quality and excellence despite increasing demand on our services.

2014/15 has seen an extensive programme of change undertaken addressing the major challenges that we are currently facing developed in close consultation with Commissioners: recruit, train, retain, motivate, invest.

One of the key areas of the Performance Improvement programme is a significant recruitment exercise. Between the end of 2014/15 and 2015/16 we will recruit around 850 frontline staff, having already brought 109 Paramedics and 77 TEACs (Trainee Emergency Ambulance Crew) into LAS in Q4 2014/15. The longer term solution we are currently working towards is increased training posts in the UK resulting in more Paramedics entering the service. In the meantime however, we are recruiting in Australia and Ireland and developing the Emergency Ambulance Crew role.

Staff retention strategies covering initiatives like lease cars, cycle-to-work, child-care vouchers, plans to reduce our utilisation rate, annual education and training bursaries, investment in leadership and management development, and working with housing associations and others on cost of living and affordable housing initiatives. Since October we have recruited and trained over 260 new members of frontline line staff.

We continue to develop and diversify our workforce. 2014/15 has seen the introduction of exciting new roles such as the Advanced Paramedic Practitioner and Senior Paramedic. We continue to expand the range of healthcare professionals working within the service

employing Social Workers, acute General Nurses, a Consultant Midwife and Mental Health Nurses.

We have worked with UK universities and increased paramedic places from 150 to 500 this year and continue to engage with LETBs to increase the training and development opportunities for staff. This funding will support both clinical career development and support our retention strategy. Our international recruits will bridge the gap while these UK paramedics are being trained.

In 2014-15 we have delivered high volumes of clinical training as well as bespoke training for a large number of different staff groups (Advanced Paramedic Practitioner training, support for 4 Higher Education Institutes, in house paramedic and Clinical Team Leader training, EAC and PTS. We are working with the Health Care Professionals Council to develop our training and qualifications for EACs to progress their career to become a paramedic if they wish to do so.

There are also a number of actions that we are undertaking to increase capacity and reduce demand. This includes Hear & Treat which closes 3,500 calls a week, freeing up resources for higher acuity patients as well as introducing alternative transport options for low acuity patients. These initiatives are already in place and are proving to be extremely successful in signposting the patient to the most appropriate care pathway. We are also ensuring that our resources are utilised appropriately and efficiently by making sure that the appropriate number of vehicles are sent to each patient and that they do not spend longer than necessary on each job. These actions will make sure that we are able to prioritise the most seriously ill patients and send them the appropriate response as quickly as possible.

To address a number of the issues moving forwards we have worked with CCG Commissioners to create a Transformation Programme. Clinical Commissioning Groups (CCGs) will invest an additional £18.9m to reduce utilisation; support large scale recruitment campaigns; deliver sustainable performance; improve the quality of service for all our patients; and improve staff morale and productivity.

Our aim for 2015/16 is to rebuild our organisational foundation so that the Trust can achieve sustainable performance, have the right number of motivated, engaged staff in place and continue our journey of continuous improvement.

The London Ambulance Service continues to be one of the busiest ambulance services in the world; with demand for our services increasing year on year. We are an ambitious organisation and will retain our absolute focus on the quality and safety of services so that our patients experience the highest levels of clinical care. To achieve this, we will continue to focus our efforts on building a solid and sustainable organisation; working with commissioners across London to manage demand and improve health services; improving the morale and satisfaction of our staff and increasing the number of frontline staff we employ.

Fionna Moore, Interim Chief Executive

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Our Purpose and Values

The London Ambulance Service (LAS) NHS Trust is the busiest ambulance service in the world, responding to over 1.8 million calls each year. Demand across London for our services increases year on year. The increase in life expectancy, people living with long term conditions and the changing health needs across the capital will continue to impact on our services. We recognise the challenges facing the NHS and are clear that we must continue to change and adapt if we are to meet these.

The purpose of the London Ambulance Service is to care for people in London, saving lives; providing care and making sure they get the help they need. Our 5 year strategy **Right Response; Right Care: A strategy for the London Ambulance Service towards 2020** outlines our priorities to support London's increasing and changing needs for care. We will focus our actions this year to build a strong organisational foundation so that we achieve sustainable performance, have the right number of motivated, engaged staff in place and continue our journey of continuous improvement.

Purpose:

The London Ambulance Service is here to care for people in London: saving lives; providing care; and making sure they get the help they need.

Values:

In everything we do, we will provide:

Clinical excellence: Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.

Care: Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.

Commitment: Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement.

The Trust Board has therefore set four business plan priorities for the year ahead:

- Improve the quality and delivery of our urgent and emergency response
- Make LAS a great place to work
- Improve our organisation and infrastructure
- Develop our leadership and management capabilities.

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2015/16 Quality Priorities

It is proposed this year should continue to focus on the areas of:-

- Patient Safety
- Patient Experience
- Clinical Effectiveness & Audit.
- Workforce

For each of these core areas specific elements have been identified.

1/ Patient Safety

Sign up to Safety' campaign

Sign up to Safety is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. This ambition is bigger than any individual or organisation and achieving it requires us all to unite behind this common purpose. We need to give patients confidence that we are doing all we can to ensure that the care they receive will be safe and effective at all times.

Sign up to Safety aims to deliver harm free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients. The Trust will develop an operational plan focussed specifically on the sign up to safety commitments:

1.Putting safety first. Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans

2.Continually learning. Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are

3.Being honest. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong

4.Collaborating. Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use

5.Being supportive. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

The Trust has enrolled on the programme for 2015-2016

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Maternity

The Trust now employs a Consultant Midwife three days a week, the focous of their work in 2015 – 2016 will be:

Objective	Measurable	Associated Documentation
Strengthening Risk Reporting in Maternity	Obstetric Policy Review Maternity Learning Action Plan Monthly LAS Representation at London Maternity Risk Forum	Morecambe Bay Investigation 2015 Kirkup Report 2015
To deliver multi-professional obstetric training for the pre-hospital setting	Update Training Needs Analysis Monthly Reporting of Staff Completion of Training Scope for Education Plan for 2016	Obstetric Policy Training Needs Analysis
Reviewing BBA's attended by LAS	Work with CARU to quantify BBAs and plan an audit to review preventable and non-preventable incidents Maternity Risk Forum feedback to influence models of care and Commissioners through the SCLN as work stream	High Quality Maternity Care 2014
Maternity Advice – A Joint Triage Model with Maternity Services	Review currently available enhanced assessment tools and practices within LAS and other ambulance services Progress closer working with midwives and midwifery units with enhanced assessment to improve patient outcome and experience	High Quality Maternity Care 2014

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Frequent Callers

A systematic review of current processes, pathways and resources allocated to supporting the identification and subsequent management of frequent callers within the London Ambulance Service. The Trust will review the effectiveness of current pathways, identifying the barriers to improvement and the elements that enable and support success both at a local and a system wide level to inform future service development and commissioning models.

Whilst this specific group represent a minority of patients they place a significant burden on limited resources at a time when demand for urgent and emergency care systems is steadily increasing. A frequent caller is defined in the National Ambulance Quality Indicators (v13 2014) as someone aged 18 or over who makes 5 of more emergency calls related to individual episodes of care in a month, or 12 or more emergency calls related to individual

episodes of care in 3 months. This equates to approximately 1700 identified patients per month (1300 calling 12 or more times within 3 months) of whom 22% are recurring patients. Analysis for 2012/13 identified a cohort of 783 patients who had called the Trust >24,000 times at an estimated cost to the LAS alone of £5 million. The number of high intensity users has significantly increased during 2013/14 so this figure will also have increased proportionately.

Patients exhibiting behaviours that indicate a reliance on the LAS through frequent calls to the service often have complex social and/or healthcare needs. A retrospective review of data from a two year period (2009-2011) indicated that the majority of frequent callers have multiple and complex reasons for calling, the most common being the requirement for long term chronic physical health conditions, acute or chronic mental health conditions, older age specifically falls and unmet personal or social care needs. As such they often represent the most vulnerable patient groups where current pathways are not providing the most effective outcomes in addition to the significant financial cost to the wider health and social care economy.

Better management of frequent callers directly reduces costs, releases clinical resources and improves the quality of patient care.

The Trust has successfully bid to become part of the Darzi programme and will be appointing a fellow to undertake a critical review of the identification, management and support processes in place for vulnerable adults who have frequent contact with the London Ambulance Service

2/ Patient Experience

Safeguarding processes

Overall self-assessment reveals that the Trust is complaint with CQC standards for Safeguarding aside from supervision which will be addressed in 2015-16. Prevent has remained a challenge for the Trust this year however with the recent appointment of a lead and a plan being developed this should improve in 2015-2016. Work to implement the Care Act 2014 changes is well advanced and changes have been adopted on time on the 1 April 2015. The Trusts needs to develop a more robust system to identify who is compliant or non-complaint with mandatory safeguarding training. The Trust has delivered a wide range of safeguarding training across the Trust on inductions, level 1, level 2 and level 3 during 2014-15.The Trust engaged in a considerable amount of partnership working during 2014-15 and consideration is being given to how this can be maintained and improved with the introduction of the new operational restructure. The Safeguarding governance arrangements within the Trust are working well and providing assurance to the Board.

The Trust will build on this work in 2015 – 2016, in particular ensuring the new care act and the Lampard review recommendations post Savile requirements are met. There will be on-going focus on training and supervision for staff. Finally the Trust will work with partner agencies to ensure guidance in regards to deprivation of liberty is utilised.

Mental Health

Continue to build on the excellent progress made in 2013/14 in regards to training and education of staff and learning from patients. Key focus area for 2015 – 2016 will be:

- Dementia-CQUIN from our commissioners
- Training and Education
- Patient engagement and experience - This is being carried over from last years Action plan and we will be building on the feedback we get from the on going focus groups
- LA383 MH Risk Awareness Tool- CQUIN from our commissioners
- Mental Health CPI
- Mental Health Appropriate Care Pathways

Complaints and PALs

The Trust is committed to listening to and learning from patient feedback as a driver for change and improvement. The main vehicle for this is our Patient Experiences team, who offer a single point of access and have responsibility for the following work streams

- Complaints
- Patient Advice and Liaison Service (PALS)
- Patients with complex needs who make repeated 999 calls
- Solicitor requests for medical records and witness statements.

The volume of complaints 2014- 2015 has increased by around 24% (an 8% increase was recorded in 2013/14). Each complainant received a response that was personally reviewed and signed by the Chief Executive (or a deputising Director when on leave). Patient complaints are reported to the Trust Board via the Joint Clinical Director's Report which integrates complaints data with patient feedback from PALS and the other clinical work streams, enabling a holistic approach.

PALS offer immediate assistance including liaising with other departments and agencies. During 2014/15, PALS recorded a 3% increase over 2013/14 (3445) with 3567 contacts from patients, carers, relatives and the public.

Timeliness of complaint responses will be a key area for the Trust during 2015-2016.

3/ Clinical Effectiveness and Audit

Every month the Trust submits data to NHS England for the Ambulance Quality Indicators. The clinical outcome measures within these look at the quality of clinical care that we provide to patients who have had a cardiac arrest, heart attack or stroke. In addition, through the ambulance services' National Clinical Performance Indicators benchmark the care that we provide to patients who have had a febrile convulsion, older people who have had a fall, those with a single limb fracture, and those suffering asthma. This year we provided staff

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feedback to ambulance clinicians on the management of patients with a single limb fracture focussing on immobilisation.

In 2015-16 we will focus on improving care to three different patient groups that we have identified through our national work as requiring attention: recording individual components of the FAST and reducing the time we spend on scene with stroke patients (ensuring they arrive at hospital sooner); giving pain relief, assessing circulation specifically distal to the fracture site and immobilisation for single limb fracture patients, and measuring peak flow for asthma patients.

4/ Workforce

Recruitment: The Trust has developed a recruitment plan to recruit staff locally, nationally and internationally. Local advertising will seek to attract recruits from across London to so that the Trust better represents the communities we serve and improves care accordingly.

Retention: The Trust has developed a comprehensive retention strategy, areas for action include; leadership and management; appraisal; non pay benefits; engagement and recognition and a robust clinical career structure. We will restructure the HR function to ensure dedicated resources are attached to this priority area.

Engagement: The Trust will develop an annual plan of staff engagement activities to better connect with our staff; including: an all staff conference; think tanks and staff forums; a new leadership forum; a new intranet; webinars and films; monthly face to face briefings; and listening events.

Workforce: In 2015/16 our workforce numbers will increase. With investment from Commissioners we will create a new Non-Emergency Patient Transport Service with 150 band 3 staff. Other significant workforce plan movements are:

- Net increase of 105 Paramedic WTEs above existing establishment
- Net Increase of 53 EAC WTEs above existing establishment
- Net Increase of 35 Control Service and Clinical Hub Staff above existing establishment
- Introduction of 150 Non-Emergency Transfer Service Staff.

Training and development will remain a priority over the period of the plan to ensure staff have the appropriate clinical, operational and managerial skills to ensure LAS continues to provide the highest possible standards of care to London.

Statements of assurance from the Board

Statements mandated by NHS England

Each year we are required to report a number of mandatory statements. These are reported in this section.

Data Review

During 2014/15 the London Ambulance Service NHS Trust provided three NHS Services and has reviewed the data available to them on the quality of care in these services.

Income

The income generated by the NHS services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of NHS services by the London Ambulance Services NHS Trust for 2014/15.

Clinical audit

During 2014/15, two national clinical audits and no national confidential enquiries covered NHS services that the London Ambulance Service NHS Trust provides. During that period, the London Ambulance Service NHS Trust participated in 100% of national clinical audits, which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the London Ambulance Service NHS Trust was eligible to participate in during 2014/15 are as follows:-

NHS England Ambulance Quality Indicators: Clinical Outcome measures covering:

Outcome from cardiac arrest – Return of Spontaneous Circulation (ROSC)

- Outcome from cardiac arrest – Survival to discharge
- Outcome from acute ST-elevation myocardial infarction (STEMI)
- Outcome from stroke

National Clinical Performance Indicators (CPI) programme covering:

- Asthma
- Single limb fracture (trauma)
- Febrile convulsion
- Elderly falls

The national clinical audits that the London Ambulance Service NHS Trust participated in, and for which data collection was completed during 2014/15 are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Number of cases eligible for inclusion	Number of cases submitted	Percentage of cases submitted

NHS England AQI: Outcome from cardiac arrest – ROSC a) Overall group b) Utstein comparator group	a) 2838 b) 336	a) 2838 b) 336	100%
NHS England AQI: Outcome from cardiac arrest – Survival to discharge a) Overall group b) Utstein comparator group	a) 2772 b) 311	a) 2772 b) 311	100%
NHS England AQI: Outcome from acute STEMI b) Primary percutaneous coronary intervention (PPCI) delivered within 150 minutes of call. c) Care bundle delivered (includes provision of GTN, aspirin, two pain assessments and analgesia)	b) 650 c) 1877	b) 650 c) 1877	100%
NHS England AQI: Outcome from stroke a) Face Arm Speech Test (FAST) positive stroke patients potentially eligible for thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call. b) Care bundle delivered (includes assessment of FAST, blood pressure and blood glucose)	a) 4725 b) 7624	a) 4725 b) 7624	100%
National CPI: Asthma a) Respiratory rate recorded b) PEFR recorded (before treatment) c) SpO_2 recorded (before treatment) d) Beta-2 agonist recorded e) Oxygen administered f) Care bundle	600	600	100%
National CPI: SIngle leg fracture (trauma) a) Two pain scores recorded b) Analgesia administered c) SpO_2 recorded (before treatment) d) Oxygen administered e) Immobilisation of limb recorded f) Assessment of circulation distal to fracture recorded g) Care bundle	600	600	100%
National CPI: Febrile convulsion a) Blood glucose recorded (before treatment) b) Temperature recorded (before treatment) c) SpO_2 recorded (before treatment) d) Oxygen administered e) Anti convulsant administered f) Temperature management g) Appropriate discharge pathway recorded h) Care bundle	480	480	100%
National CPI: Elderly Falls a) Primary observations recorded b) Recorded assessment of the cause of the fall c) Recent history of falls documented d) 12 Lead ECG assessment e) Recorded assessment of mobility f) Direct referral to an appropriate health professional g) Care bundle	300	300	100%

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The reports of the above national clinical audits were reviewed by the provider in 2014/15 and the London Ambulance Service NHS Trust has taken the following actions to improve the quality of healthcare provided:

- Continued clinical education provided to staff through training updates, and reminders in bulletins and newsletters.

- Ensuring that staff have the necessary equipment to perform patient assessments with the provision of personal issue kit where applicable.

The reports of **six local clinical audits** were reviewed by the provider in 2014/15 and the London Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided against each as detailed below.

Patients that were not conveyed to hospital: Hear & Treat and See & Treat

- Review information on the external website so the public are aware of expected waiting times for lower priority calls
- Amend the standard operating procedure to ensure patients who receive a Hear & Treat assessment know they are speaking to a Paramedic
- Review non-conveyance codes to clarify which codes should be used in which circumstances

Joint Response Unit with the Metropolitan Police Service

- Remind staff that a full patient report form is required for all patients not handed over to another LAS clinician to increase availability of complete JRU clinical records
- Provide this staff group with on-going feedback on their clinical documentation

Police Attendance

- Publish an article in the internal clinical newsletter to remind staff to report all incidences of aggression and violence towards them, and highlight the importance of recognising that patients who have low blood glucose levels may appear to have drunk alcohol
- Make capacity a higher priority for feedback so more patients who refuse to be transported to hospital have their capacity to do so assessed
- Highlight levels of appropriate safeguarding considerations in monthly reports

Intraosseous drug administration

- Review whether intravenous and external jugular vein access attempts should still be mandatory prior to an intraosseous attempt
- Revise the current patient report form and include documentation requirements in the drug bag to improve IO procedural documentation

Patients not transported to hospital who re-contact the LAS within 24 hours

- Publish an article in the internal clinical newsletter highlighting the importance of pain assessments and management
- Undertake a continuous review of patients who on second attendance are either taken to hospital with a pre-alert or who have died

Sepsis

- Produce a sepsis screening tool and introduce training to raise awareness of sepsis and how to identify it

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- Amend the patient report form to improve documentation of sepsis
- Examine the feasibility of a sepsis pathway for severely septic patients
- Develop a sepsis clinical performance indicator to allow for continual monitoring and improvement

The London Ambulance Service NHS Trust undertakes a programme of local Clinical Performance Indicators that monitors the care provide to seven patient groups and quality assures the documentation on 2.5% of all clinical records completed.

We also undertake four continuous audits that monitor the care provided to every patient who suffers a cardiac arrest, STEMI or stroke, or who have been involved in a major trauma incident.

Participation in clinical research demonstrates the London Ambulance Service NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff keep up to date with the latest possible treatment options and their active participation in research leads to improved patient outcomes. The number of patients receiving relevant health services provided or sub-contracted by the London Ambulance Service NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 98.These patients were recruited into a range of interventional and observational studies. These studies were:

Paramedic SVT: A randomised control trial comparing the safety and efficacy of paramedic treatment of regular supraventricular tachycardia using pre-hospital administration of adenosine versus conventional management.

AMICABLE: A prospective observational study comparing the effectiveness of pre-hospital airway strategies on patient outcomes following cardiac arrest.

PARAMEDIC2: A pre-hospital double blind randomised control trial exploring the effectiveness of adrenaline administration on patient outcomes following cardiac arrest.

ARREST: A randomised control trial pilot exploring whether immediate coronary angiography and percutaneous coronary intervention can improve survival from cardiac arrest.

In 2014/15 379 members of clinical staff received protocol training to enable them to participate in interventional and observational research at the London Ambulance Service NHS Trust.

CQUINS

A proportion of London Ambulance Service NHS Trusts income in 2014/15 was conditional on achieving quality improvement goals agreed between the lead Commissioner, Brent CCG on behalf of the pan London CCGs agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2014/15 are detailed below

The details of the agreed goals for 2014/15 were as follows:

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Goal Number	Goal Name	Description of goal	Expected financial value of goal (£)
1 (14/15)	Friends and Family Test	Implementation of Friends and Family Test according to the national timetable	£1,289,609
2a (14/15)	Emergency Care Pathways – End of Life Care	Improving the quality of care delivered to people on an end of life care pathway by supporting the plan agreed with the patient.	£967,207
2b (14/15)	Emergency Care Pathways – Community Life Support and Defibrillation for Cardiac Arrest	Improving return of spontaneous circulation (ROSC) rates following cardiac arrest through Community and Partnership Engagement	£644,084
2c (14/15)	Emergency Care Pathways – Enhanced falls Service	Ensuring that people who are at risk of falling, or have a history of falling have an appropriate response model from LAS	£644,084
3 (14/15)	Staff awareness and education - mental health and dementia	Improving the care for people with mental health needs and dementia	£967,207
4a (14/15)	Embracing technology to improve care - clinical applications and accessible information	Develop a technological solution to ensure that ambulance crews have access to information sources that exist in healthcare settings (e.g. summary care record, Directory of Services, Capacity Management System, Decision Making Software)	£967,207
4b (14/15)	Embracing technology to improve care – eAmbulance development	eAmbulance development	£967,207

Details of the agreed CQUIN goals for 2015/16 are as follows:

1	Integrated Care: Improving reporting and use of patient information.	Review the functionality of current patient information available to support the overarching ambition to improve decision making and patient care Identify & address areas to improve access to patient information within LAS process and technical ability
2	Integrated Care: Promoting Use of ACPs	Review the impact of the Pathfinder training already rolled out as part of the 14/15 winter resilience initiative to ensure it is still fit for purpose and aligned to LAS requirements. Implement Pathfinder training across all eligible staff Scope opportunities to develop an appropriate / suitable 'feedback' mechanism on ACPs
3	Sepsis Management	Improving the management of patients with sepsis in the pre hospital setting via a developed sepsis pathway, management toolkit.
4	Staff Development & Retention: Development of Clinical Team Leaders	Develop leadership capabilities in clinical team leaders to ensure the robust management of, and support to frontline staff
5	Mental Health: Improving Mental Health Outcomes	Review the LAS Mental Health Risk Awareness Tool 'Proof of Concept' previously undertaken, to transition into a pilot project that will include 4 partner CCGs pan-London (North, South, East & West)
6	Mental Health: Dementia & Delirium	Undertake a pilot project to identify key areas of improvement in the experience of Dementia patients (and their carers) when using the service
7	Improving Patient Care: Frequently calling patients	Develop and agree a project plan for the identification and management of complicated frequent callers.
8	Improving Patient Care: HCP Pilot	Delivery of a pilot project for a dedicated Health Care Professional (HCP) line and provision of data on GP usage within CCGs.
9	ED Conveyance: Reducing unnecessary ED Conveyance (National CQUIN Requirement)	Reduce rate of ambulance transportations to type 1 and type 2 A&E per 100,000 populations

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Patient Safety Incidents

Serious Incidents

In total across 2014/15, 45 incidents were deemed to meet the criteria to be declared as serious to NHS England (London). Each of these 45 have then been subject to thorough investigations, with a root cause of the incident identified, and recommendations to mitigate any future occurrences of the same situation.

8 out of 45 serious incidents (SIs) related to incidents where there was an unexpected death and the investigation looked at the root cause to determine whether this was as a result of patient harm and/or a preventable outcome.

For the second year in a row the numbers declared have increased significantly (17 in 2012/13 and 32 in 2013-14). This reflects a better understanding of the incident reporting process internally, an increasingly robust channel for identifying Serious Incidents and the impact of increasing demand on the Trust during operational pressures.

Increased demand on the service has resulted in an increase in Serious Incidents specifically attributed to Ambulance Delays (19 in 2014/15) as the service has had difficulties responding within the target assigned on triage.

Process and Governance

The SI group membership includes 5 executives and meets weekly. The discussion is open and challenge is robust, to the extent that external observers to this such as the TDA have come away satisfied and impressed with the process. Inquests and complaints are linked to the SI review to ensure a rounded picture to assist decision-making, investigation and reporting.

Each SI has an executive and senior management lead who review and sign off the report before it is submitted; we also involve our legal services team and seek external legal advice as required. Ensuring the Duty of Candour is complied with is essential and this now forms an integral part of the discussion for responsibilities when an SI is declared.

Towards the end of 2014/15, a review of the internal process for the management of serious incidents was undertaken with a new SI policy implemented to reflect the additional Duty of Candour requirements on the organisation.

The NHS England clinical safety review the took place in December 2014 provided external assurance on SI management and recommended strengthening the incident reporting process to encourage greater reporting and appropriate actions have been taken to support this. More potential SIs are declared and investigated than 5 years ago. The Quality Governance Committee (QGC) has also taken assurance during 2014/15 on SI management and processes.

Future developments

Although the numbers of SIs declared by the Trust remain lower than some of our peers, this could be seen as a measure of the safety of the service rather than a poor process for capturing errors and incidents. There remain areas upon which we can improve, specifically

the length of time it can take to investigate an SI and the level of quality of the report that is produced however significant progress in managing active SIs and improving the reporting time has been evidenced. Further processes are being developed to ensure there is clear focus, visibility and on-going review of all SI recommendations and actions alongside extracting and publishing the lessons learnt from each SI.

CQC

London Ambulance Service NHS Trust is required to register with the Care Quality Commission and its current registration status-is across 3 areas; diagnostic and screening procedures; transport service, triage and medical advice provided remotely; treatment of disease disorder or injury. The Care Quality Commission has not taken enforcement action against the London Ambulance Service NHS Trust during 2014/15.

London Ambulance Service NHS Trust has not participated in any special reviews or investigations by the CQC during 2014/15.

Governance

London Ambulance Service NHS Trust Information Governance Assessment Report overall score for 2014/15 was 84% satisfactory, Level 2 or above evidenced for all requirements and was graded green.

Reporting

London Ambulance Service NHS Trust did not submit records during 2014/15 to the secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

London Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

Reporting on core indicators

As a Trust we are required to report performance against those core set of indicators relevant to an ambulance provider.

1/ The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the Trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.

2/ The percentage of Category A telephone calls resulting in an emergency response by the Trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.

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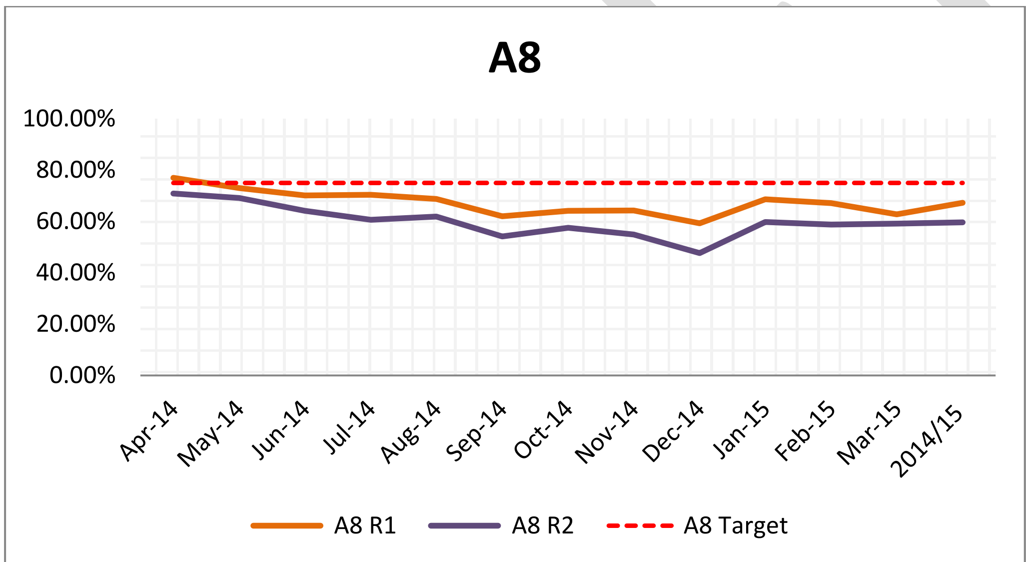
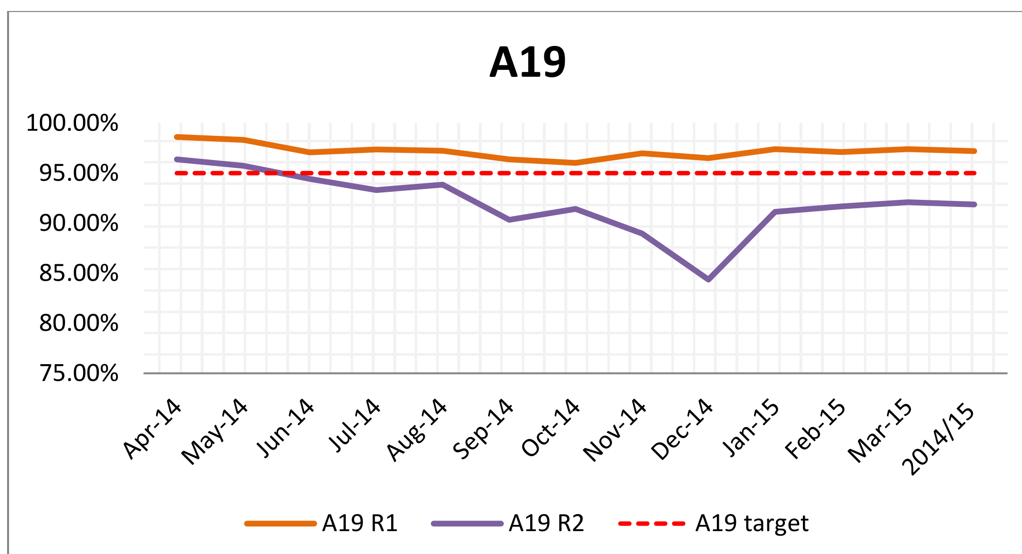
Month	A8			A19		
	R1	R2	A	R1	R2	A
Apr-14	77.04%	70.82%	71.02%	98.63%	96.39%	96.46%
May-14	73.02%	69.13%	69.26%	98.33%	95.75%	95.83%
Jun-14	70.13%	64.17%	64.34%	97.07%	94.44%	94.52%
Jul-14	70.39%	60.69%	60.98%	97.37%	93.31%	93.43%
Aug-14	68.70%	61.91%	62.12%	97.25%	93.84%	93.95%
Sep-14	62.03%	54.10%	54.35%	96.37%	90.34%	90.52%
Oct-14	64.12%	57.51%	57.71%	96.03%	91.43%	91.57%
Nov-14	64.25%	54.89%	55.16%	96.99%	88.95%	89.19%
Dec-14	59.26%	47.67%	48.02%	96.52%	84.37%	84.74%
Jan-15	68.57%	59.76%	60.05%	97.40%	91.14%	91.35%
Feb-15	67.12%	58.71%	58.95%	97.12%	91.69%	91.85%
Mar-15	62.72%	59.07%	59.20%	97.39%	92.11%	92.25%
2014/15	**67.22%**	**59.68%**	**59.92%**	**97.21%**	**91.86%**	**92.02%**





3 & 4/ The London Ambulance Service NHS Trust submitted the following information regarding the provision of an appropriate care bundle to STEMI and stroke patients to NHS England for the reporting period 2014/15 and 2013/14.

	2014-15 *		**2013-14**	
	LAS average	**National average** (Range)	**LAS average**	**National average** (Range)
STEMI patients	72.6	80.7 (70.6 – 89.5)	74.4	80.1 (68.0 – 89.6)
Stroke patients	96.7	97.1 (93.5 – 99.4)	95.2	96.4 92.4–99.5)

The London Ambulance Service NHS Trust considers that the data in the table above is as described for the following reasons: this data is captured by the LAS from clinical records completed by ambulance staff attending patients as part of on-going clinical quality monitoring in line with the technical guidance for the Ambulance Quality Indicators and reported directly to NHS England.

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Review of the Year 2014/15

We use a wide range of indicators to give us a measure of the level of quality we are providing and these are specifically reported later in this publication. However, we also use a number of other indicators to help us triangulate the information. Some of these measures are reported within this section.

Quality Priorities identified for 2014/15

1/ Changing our Front Line Workforce

During 2014/15 we have changed the way we staff our ambulances. The Trust has

• Implemented a skill mix review leading to a revised clinical model (CM). The new CM resulted in the introduction of our new Emergency Ambulance Crew (EAC) role as a support to paramedics. This change involved moving more than 400 staff into this new advanced role

• A new clinical career structure has been introduced with new roles implemented including: Consultant Paramedics; Advanced Paramedic Practitioners (Band 7); Senior Paramedics (Band 6); and revised Clinical Team Leaders (Band 6). This is supporting personal development and career enhancement within LAS and means we can provide advanced, high quality care to our most seriously ill patients.

2/ Changing the way we respond to patients

Historically, we have sent a single responder as well as an ambulance crew to many calls in a bid to achieve our response time targets. This is not the most efficient way to utilise our resources; Therefore it does not necessarily benefit our patients and it means that staff are regularly cancelled for higher priority calls when en-route to a call. In 2014/15 we routinely reduced the number of resources we send to individual incidents. This measurement is known as the multiple attendance ratio (MAR).

At the point of benchmarking MAR the service was running at 1.41 resources sent to an incident. This initiative to reduce MAR has returned a constant 1.30 MAR .It should be borne in mind that it is not possible to reduce this figure to 1 as our sickest patients will always receive a multiple response in order to provide the best care possible.

It follows that by responding differently we can reduce the number of occasions on which we send 2 or more resources to incidents which will in turn enable us to have more capacity to treat other patients who would otherwise have to wait longer.

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3/ Aligning resources to meet demand.

The LAS implemented new rosters for all ambulances and solo responders (Fast Response Units and Cycle Response Units) on 8 September 2014. This change introduced new working patterns of over 2500 frontline clinical staff working across over 70 sites. It was the first pan-London roster review the service has undertaken for over 8 years.

The project was highly complex, involving several rounds of data validation, the use of external rostering contractors and their bespoke software, lengthy development sessions with over 200 representatives of frontline staff, developing and applying new rostering guidance/parameters in line with shift work best practice, multi-disciplinary implementation planning and a comprehensive communications plan to ensure a smooth transition.

The end result is a suite of over 200 rosters, which are designed to maximise operational efficiency by matching the local level of resource deliver (and availability) against jointly commissioned and validated (by the LAS and our commissioners) demand data across each CCG within London.

In addition to matching demand, these rosters introduced, for the first time, protected training time for each staff member working on these rosters, ensuring that the trust's statutory/mandatory training requirements and obligations are provided for.

4/ Recruitment and retention

Our recruitment and retention strategy was a specific focus for 2014/15.

The Trust's major workforce issue remains the recruitment of paramedics and this reflects a national shortage and historic underinvestment in their recruitment. Our staff opinion and friends and family surveys show that we have a significant amount of work to do in relation to our workforce and their morale. The Trust Board has given attention to recruitment, retention and staff engagement, agreeing plans and strategies that set actions for these areas for the year ahead.

Recruitment: The largest recruitment campaign in LAS' history was commenced in 2014/15 resulting in more than 260 new frontline staff joining the Trust before the end of March 2015. Our 'No Ordinary Challenge' campaign saw us going to Australia, New Zealand and Ireland to attract Paramedics. Over 800 more staff will be recruited in 2015/16 enabling us to fill our frontline vacancies. The Trust has developed a recruitment plan to recruit staff locally, nationally and internationally. Local advertising will seek to attract recruits from across London to so that the Trust better represents the communities we serve and improves care accordingly.

Retention: The Trust has developed a comprehensive retention strategy, areas for action include; leadership and management; appraisal; non pay benefits; engagement and recognition and a robust clinical career structure. We will restructure the HR function to ensure dedicated resources are attached to this priority area.

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5/ Strengthening the Patient Voice

We identified for 2014/15 the need to strengthen the way in which we involve patients in our decision making and our service design and to seek further opportunities to involve patients by moving towards a culture of “no decision without us”.

The Trust, led in this work by the PPI and Public Education Team, took part in **593 patient involvement and public education events/ activities** over this last financial year, which included life support training and cardiac awareness, visits to schools and colleges, knife crime awareness sessions, careers events, road safety, Junior Citizen schemes and first aid sessions with brownies and cubs. There were 14 events recorded specifically for people with mental health problems, 10 for deaf people, seven for older people and four for people with a learning disability. 873 requests for attendance at events were recorded; therefore we were able to meet approximately 68% of requests. Foundation Trust member events have included events on deaf awareness and basic first aid.

This public engagement work is mostly carried out by LAS staff in their own time. There are now **940 members of LAS staff** on the list of staff interested in doing this important work. Feedback from events is routinely sought and is extremely positive, both from event organisers, people attending the events, and the LAS staff involved.

A new **LAS Patient and Communities Engagement Plan** was developed with patient representatives and other stakeholders, and was agreed by the Trust Board in June 2014. The plan aims to build on the Trust’s previous developments in patient involvement and public education, and develop more ways of listening to patients and communities across London. It outlines ways in which the Trust may continue to engage meaningfully with patients and local communities, so that patients and their representatives have a voice.

A **national survey of patients receiving the Hear & Treat service** was published in June 2014. This showed that this group of patients were generally very positive about their experience. A significant finding was that a very high proportion (45%) of respondents reported long-term conditions, disabilities or mental health problems. 54% reported having a condition which caused them difficulty with everyday activities.

The Trust also implemented the **Friends & Family Test** in October 2014, and initial results also show very high levels of satisfaction with the service received by Patient Transport Service and See & Treat patients (i.e. those patients we attend but do not take to hospital).

During the year the Trust also introduced a **Patient Representative Reference Group**, to meet biannually. This group is made up of members of patient representative groups such as Healthwatch organisations from across London, and voluntary sector organisations such as Age UK and the Stroke Association. The first meeting was held in June 2014 and led to the development of the Patient and Communities Engagement Plan. The second was held in December 2014 and focused on how the Trust was managing performance pressures at that time.

The **Patient & Public Involvement (PPI) Committee** continued to meet quarterly, reporting to the Clinical Safety, Development and Effectiveness Committee. This, in turn, reports through the Quality Committee to the Trust Board. During the year, PPI Committee members discussed possible priority target groups for future patient and public engagement.

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Suggestions included people in 'protected characteristic' groups, people in disadvantaged groups, or those more likely than others to be discriminated against, people with mental health problems, people with dementia, people with long term conditions and pregnant women. A plan and contact list is being developed to engage with these groups, and this will be completed in 2015-16.

In 2014/15 the LAS successfully increased the number of defibrillators in public places across London. The aim of the **Shockingly Easy** campaign is to save lives of patients who suffer cardiac arrests by having more defibrillators available and people trained to use them. The campaign was launched on 1 May 2014 with the aim to put an extra 1,000 defibrillators into high footfall areas, businesses, shops and gyms within a year. After eight months of the campaign it has saved at least 11 Londoners' lives and has installed an extra 650 defibrillators. In the previous year, which was our most successful year at the time, we installed 240 defibrillators. The campaign is continuing to build momentum and we will be making an announcement in due course on its overall success.

Strengthening the staff Voice

We recognise the need to involve our staff in the decisions we make and establish stronger processes for obtaining staff feedback.

We strengthened our staff involvement last year through our Listening into Action programme. We will reflect on this during the year and identify further opportunities recognising the challenges faces as a pan-London mobile Trust. Team talk is how the Service communicates with all staff and listens to feedback. Is designed to bring managers together with their teams on a monthly basis so that information can be delivered face-to-face, questions asked and feedback collected. The top three issues are Service-related and then managers can add their own items. Engaging with staff is very important to enable us to build our future together

Engagement: The Trust is in the process of finalising an annual plan of staff engagement activities to better connect with our staff; including: an all staff conference; think tanks and staff forums; a new leadership forum; a new intranet; webinars and films; monthly face to face briefings; and listening events.

Improving the care of Mental Health Patients

Mental health care was a key area for quality improvement identified during 2014/15.

a/ Training & education

As part of the of the national "A time for change programme" our Mental Health (MH) clinical advisor continues to deliver face to face sessions for clinical Team Leaders on updates to the Mental Health Act, Mental Capacity Act, emergency detention & retention & mental health risk assessment. This work is on-going and sessions have been well received with excellent feedback from participants.

The Mental Health core skills refresher (CSR) was delivered between September 2014 and April 2015. It provided an opportunity for staff to review and refresh existing knowledge and to provide further updates and guidance in the area of mental health. Key elements covered

in the MH CSR Module are, Mental Capacity Act 2005 including Deprivation of Liberty Safeguards, capacity & consent, mental disorders, mental health history taking, psychotropic drugs, a brief review of all mental health clinical performance indicators, risk assessment tools, the range of appropriate care pathways (ACPs) for patient with mental health needs and dementia.

The Trust approved a mental health risk awareness tool which was successfully piloted within the Hillingdon complex. The tool is used as an aid to crews' assessment of patients presenting with mental health issues in conjunction with the crews' clinical training and holistic view of the patient. The risk assessment tool was included in the CSR content for 2014.

In addition to the in-house material developed, we also provide staff access to e-learning material developed by the Social Care Institute for Excellence which includes an introduction to mental health and older people, risks and protective factors in older people's mental health, common mental health problems amongst older people, understanding depression in later life and services for older people with mental health problems and dementia.

Further mental health training has been provided to Emergency Operations Centre (EOC) staff through joint working with mental health charities such as Hear Us, a mental health charity we have engaged with over the past year providing 'drop-in' sessions for members of EOC staff to have conversations regarding MH and how to conduct themselves on the phones. EOC staff has also received formal training to help understand Mental Health and illness and how to take control of challenging calls/callers through the charity MIND.

b/ Patient engagement and learning from patients

The Trust set as a priority for 2014/15 focussed work with patient representative groups to determine what good looks like and identify areas of improvement that are important to our patients.

The Mental Health Committee agreed that a new action plan should be developed, in order to improve the service provided to people with mental health problems. A survey was carried out during 2014-15 to identify initial priorities and themes. Again, patient satisfaction levels were fairly high, but the response rate was low with only 59 responses, which was a disappointing return rate. Of these, 61.54% (n=24) stated they had a disability or long-term health condition (e.g. diabetes, asthma, epilepsy, dyslexia, mental health condition), however, only 5.31% (n=9) stated their reason for calling the LAS was mental health related.

It is difficult to draw clear conclusions from such a small sample, but the survey has nonetheless provided some interesting feedback. Themes arising from the feedback are familiar from previous surveys, with the top three being delays, staff attitude and behaviour, and the importance of staff training. As a next step we are now conducting focus groups specifically with people who have mental health problems working with the nine mental health trusts in London, with each of their existing service user groups. Findings from the focus groups will be used to inform the MH Action plan. It was therefore agreed that a series of focus groups would be held, in different parts of London, with mental health service users. The first of these took place at the end of March 2014 and generated valuable discussion and feedback. A series of further focus groups, including one with LAS staff, is planned for the first part of 2015-16

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The Trust has been working closely with Hear Us, a mental health charity in the previous year. We intend to continue this engagement process with the support of our Community Involvement Officers in the development of a patient experience action plan to monitor the impact of any changes.

c/ Data recording for mental health patients

We committed to improve the way we capture and record mental health data to ensure that are capturing the right information so that we can measure the impact of future changes and we therefore reviewed the mental health coding on the patient report form to allow more meaningful data analysis.

The following codes have been subsequently been added to Datix for MH related incidents

- Mental Health - Care and treatment
- Mental Health - Overdose
- Mental Health - Paranoid behaviour
- Mental Health - Staff attitude

d/ Effective partnership working

We identified as a work to further improve our relationship with Mental Health NHS Trusts and Foundation Trusts.

LAS took part in a training film which was produced in partnership with the Metropolitan Police (MPS) and South London & the Maudsley NHS Foundation Trust. The aim of the film is to demonstrate successful ways to work together, the roles, relationships and expectations staff should have when working in a multi-agency environment. The film focuses on the use of safe restraint, detection of Acute Behavioural Disturbance (ABD) and best practice. The film will be launched on the 1st October 2014 and there is a commitment from each organisation that this film will be shown to all front line staff, together with a training package that will be delivered by fully trained staff. This university accredited package includes an ABCED model specifically for use in mental health settings.

As part of improving joint and partnership working agreements , our Chief Executive, has continued to attend Mental Health Trust Chief Executive meetings to discuss on going issues and any other initiatives to improve partnership working arrangements. We continue to utilise MH Appropriate Care Pathways (ACPs) which are now fully supported by the addition of MH nurses in EOC.

Partnership working arrangements have improved with MH ACPs remaining in place. There is acknowledgement that ACPs have worked well in some areas and not so well in others. Work is in progress via our MH clinical advisor to address the poorly performing MH ACPS as well as the option for LAS to make direct non urgent referrals to MH teams.

Complaints and Patient Advice & Liaison (PALS)

Patient experience and feedback is a rich source of information that allows us to understand whether our services meet the expectations of the patient. We take all patient feedback very seriously and do our best to undertake a fair and thorough investigation so that we can clearly identify the lessons and use these to improve our service, where necessary.

Patient and service user feedback is captured by our Patient Experiences team who identify and report on emerging themes through the Trust's governance structure.

Our complaints process is very comprehensive although the unprecedented 999 demand to the Trust during 2014/15 has witnessed a proportional rise in complaints and enquiries. We also monitor patient feedback websites and accept complaints made by social media. This growth has meant that it has sometimes taken longer than we would like to respond. There are a number of reasons for this, including ambulance crews not being very easily available to discuss particular incidents they have attended and clinical managers having less time to look at the details of the care that has been given in different cases. This has also caused a substantial increase in workload to our Quality Assurance team, the specialist team who evaluate the management of a 999 call. This is vital in understanding what may have caused a delay in an ambulance response, as 999 calls attract different response targets according to the seriousness of the patient's presentation. We have however put in place a range of measures to improve this situation.

We have reviewed our complaints policy and procedure in the wake of the Francis and Clwyd reports and are satisfied that our practice complies with the NHS complaints regulations. We continue to work to the Health Service Ombudsman's 'Principles of Remedy'. For each complaint we receive, we appoint a case officer to identify the key themes. This can involve arranging an evaluation of the 999 call management, liaison with local managers, and comprehensive clinical reviews of the care provided. Cases are graded using a tool to assist in the prioritisation. This is a dynamic process as more information comes to light. This allows a more rapid identification of serious issues that need raising with the Trust's executive management team. Once our investigation is complete, we provide a full explanation and, where appropriate, an apology together with details about recourse to the Health Service Ombudsman and the independent advocacy assistance available. We also fully adhere to the duty of candour and are committed to being fully open and honest about what happened in any case.

All our responses are approved by the Director of Nursing & Quality and signed off by the Chief Executive. The following table demonstrates complaint volumes in 2014/15 when we received 1403 complaints and over 3500 PALS enquiries. The main issues arising from complaints are similar to previous years and are broadly within four categories: delayed response, staff attitude, care and treatment and referral to other care pathways.

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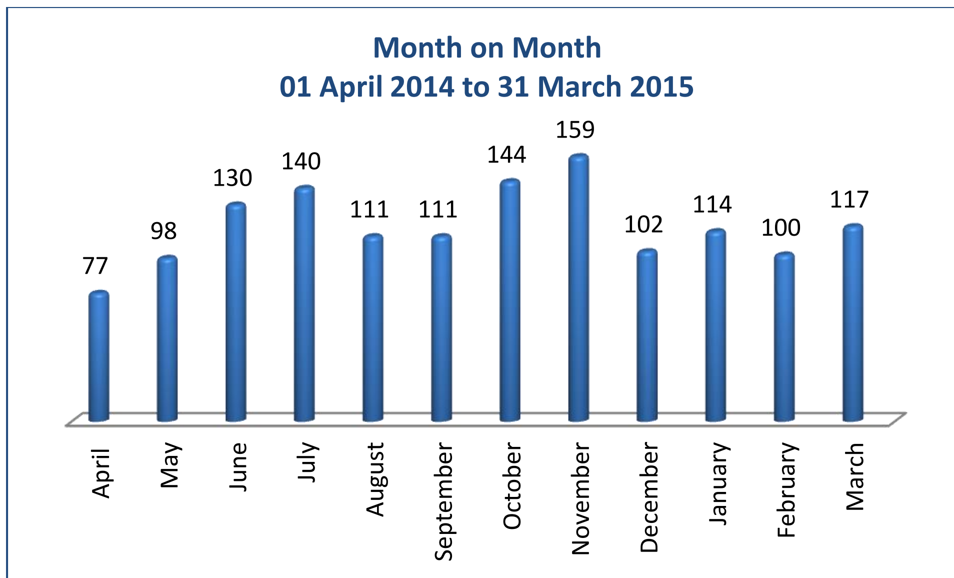


Some of the changes we have made include the following:

1. We historically used a tape recorded exit message at the end of some 999 calls which explained what the caller needs to do next. Following patient feedback, this was stopped and callers always now speak to a call handler.

2. We have introduced a procedure to identify particularly vulnerable patients who now received an automatic upgrade to the call priority every 60 minutes, when there is a delay in an ambulance being sent, regardless of whether we are told that their condition has changed. This has meant that patients have not waited as long as they otherwise might have.

3. Patients told us that they don't like not being kept up to date with the progress of their call, so we now offer information about the approximate time a caller may have to wait before an ambulance can be sent.

The Ombudsman continues to investigate an increasing number of cases across the NHS and this reflects an increase in the number of cases the Ombudsman has looked into about complaints about our service, with 14 cases being considered in this way although no recommendations have been made about our complaints procedure.

Patient Centred Action Team

The Patient Centred Action Team (PCAT) is responsible for the management of 'frequent callers', a cohort of patients who present with complex health and/or social needs who place repeated 999 calls.

As of 1 April 2015 a new national definition of a frequent caller has been defined as follows:

- Any one aged 18 or over who calls 5 or more times in 1 month from a private dwelling
- Any one aged 18 or over who calls 12 or more times over a 3 month period from a private dwelling

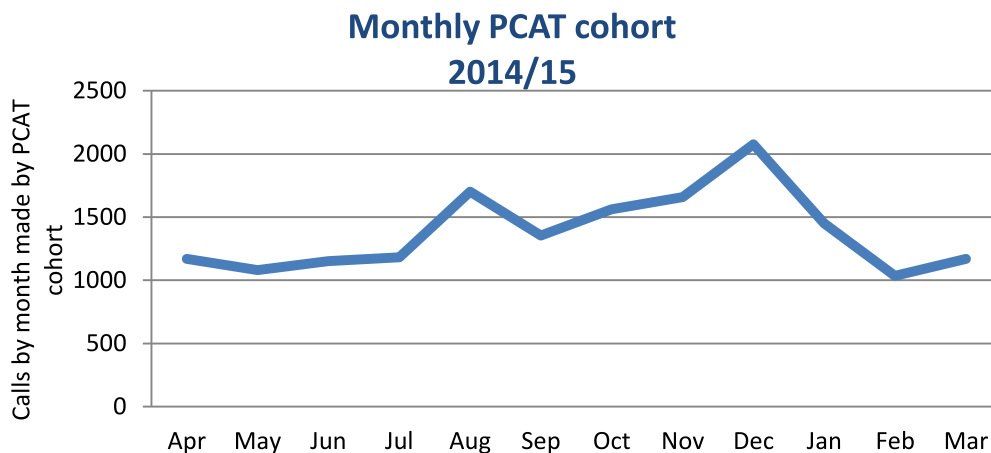
However, given limited resources we continue to use a definition of any patient deemed to be aged 18 or over who calls 999 ten times per month, for three consecutive months, although if any patient has have a profound impact on resources then PCAT will intervene as soon as possible.

We continue to use a care plan approach, developed in conjunction with other agencies and focusing on managing demand more effectively whilst continuing to meet the patient's needs.

Over the year 63 cases were reviewed and closed, with 57 cases 'in progress'. Casework also continued to be undertaken at local level with Community involvement Officers making a significant contribution. A trial scheme was piloted in six South West London Boroughs where local staff reviews cases local to their complex. This scheme is being sponsored by the local Clinical Commissioning Groups.

PCAT is a participant in the Frequent Caller National Network (FreCaNN) which holds quarterly meetings hosted by UK ambulance trusts. FreCaNN acts as a forum to develop national policy and procedures, and standards and definitions. We are delighted that LAS policy and procedure will be used as the foundation model.

Represents total calls per month by PCAT patient cohort



Patient Engagement

During 2014/15 patient engagement was identified as a quality priority and is reported in more detail in our review of the year (see p24). The Trust took part in 593 patient involvement and public education events/ activities over this last financial year, which

included basic life support training and cardiac awareness, visits to schools and colleges, knife crime awareness sessions, careers events, road safety, Junior Citizen schemes and first aid sessions with brownies and cubs.

The Student Voice

The LAS 'Policy for the Supervision of Clinical Staff in Training' sets out the framework and process for the monitoring of student experiences within the LAS clinical training programme. This policy was reviewed and updated in September 2014. The Trust actively seeks student feedback via paper based evaluation methods on all clinical courses delivered throughout the LAS and verbal feedback during course closure sessions. This is in addition to the formal training course materials that include tutorial and reflective record documentation. The policy details the open and transparent approach to student learning within the Trusts clinical education and training framework. This ranges from systems for training documentation that ensure that students are fully involved in the mutual recognition of individual achievements, along with their subsequent progress reports. Furthermore, students are provided with formal 'Reflective Record' documentation that allows for a period of review at the close of each day to highlight any queries or concerns not previously identified.

In addition, all students receive regular tutorials throughout their training programme, and complete paper based evaluation material. However, members of the Clinical Education and Standards management team formally close all clinical courses delivered by the Department. A key purpose of this is to receive direct feedback of student experiences and identify areas which may not have been captured within other procedures.

Equalities

In 2015 the Trust featured as a Top 100 Employer on the Stonewall Workplace Equality Index and was again amongst the top five healthcare organisations and the highest-performing ambulance service.

The Trust actively supports a range of Staff Diversity Forums, including a Deaf Awareness Forum, which has a very visible presence in the community and conducts a wide range of outreach work to schools and colleges, as well as a Disabled Staff/Carers Forum, BME Forum (ADAMAS - Association of Diverse and Minority Ambulance Staff) and LGBT Forum, which set up the country's first LGBT National Ambulance Association.

In this last year, following extensive consultation with a wide range of stakeholders across different protected characteristic groups, a new Equality and Inclusion Strategy for 2014-19 was produced. This sets out the approach the Trust is taking towards equality and inclusion in regard to its services, procurement, engagement, leadership and commitment and employment and training over the next five years. The strategy will be monitored annually with the help of stakeholders across different protected characteristic groups and reviewed formally in 2019.

In December 2014 the Trust was successful in obtaining an NHS London Leadership Academy grant for ground-breaking Unconscious Bias and Cultural Diversity Awareness

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training for the new Australian and New Zealand paramedic recruits, which will be rolled out further to other staff across the Trust.

Safety

The London Ambulance Service is committed to patient safety. In October 2014, to assure the Trust Board of the safety of the service, the Medical Directorate conducted a safety review. The findings of the review were presented to the Executive Management Team, Trust Board, NHS England Clinical Governance Committee and Commissioning Clinical Quality Group. In addition, the Trust supported NHS England when conducting their independent external review of safety in December 2014. The Trust has progressed identified actions highlighted in the action plan.

In December 2013 a Clinical Hub was set up which combined the clinical support desk and hear and treat services within LAS. In response to the Francis recommendations the Clinical Hub is staffed by registered healthcare professionals (paramedics and nurses). The clinicians undertake enhanced clinical assessments for lower acuity 999 calls providing advice and referral as appropriate, oversight of higher risk calls waiting for an ambulance dispatch eg mental health patients and elderly fallers and providing immediate clinical support by telephone to crews on scene and control room staff.

The LAS receive a large number of calls from the metropolitan police. We have set up a dedicated desk to manage this call to ensure that appropriate triage and response is provided to these patients and provide support to police colleagues.

A significant number of calls are received from healthcare professionals (community and hospitals). In order to better manage this group of patients, and ensure that we provide an equitable service to patients who have accessed emergency and urgent care through their GP, we piloted a dedicated line to ensure that responses were offered within an appropriate time-frame based on the GP's assessment of their patient. This will be further developed through 2015-16

We have worked closely with all London NHS 111 providers in order to best manage patients with urgent, not emergency, healthcare needs. 999 callers who are categorised as not requiring an immediate emergency ambulance are asked to contact NHS 111 for an enhanced assessment – any patients who are subsequently identified as need an ambulance are then transferred back into the 999 system without the need for further triage and with a clinically appropriate time-frame for the response indicated

Other services - Patient Transport

Patient transport is an important part of our core business and whilst this service has its own dedicated management team it is fully integrated into our quality governance processes

How do we keep our Patient Transport Staff up to date with changes?

PTS Work Based Trainers have been delivering refresher training on key topics such as Basic Life Support and wheelchair harnessing & securing. In addition they have rolled out new equipment such as the Compact 2 Track chair training.

A total of 481 work based training sessions have been delivered to our total workforce of 151 staff.

All operational PTS staff have attended a one day Core Skills Refresher (CSR) course covering statutory and mandatory training topics such as Infection Prevention & Control, Safeguarding and Manual Handling.

What have we done to update our equipment?

During 2014/15 we replaced all our aging FR2 Automatic External Defibrillators (AED's) with new Lifepak CR+ machines and all staff have received conversation training.

How have we responded to patients?

2014/15 PTS launched a short user survey given to all patients conveyed, this includes the generic NHS 'Friends and Family' Test. 92%of the patients returning their questionnaires have stated that they were either extremely likely (72%) or likely (20%) to recommend our service. Also 98% of those returning these surveys said our staff were 'polite, caring & considerate' and that our vehicles were 'clean, tidy & comfortable'.

Across all our patient surveys 92% of respondents scored us as 5 or 6 (out of 6) for overall quality of service.

How have we performed against our contracted quality standards?

There are three Key Performance Indicators that are common across all contacts. These are as follows:

Appointment Time: This is the arrival of a patient for their appointment within a time window as specified by the commissioning Trust.

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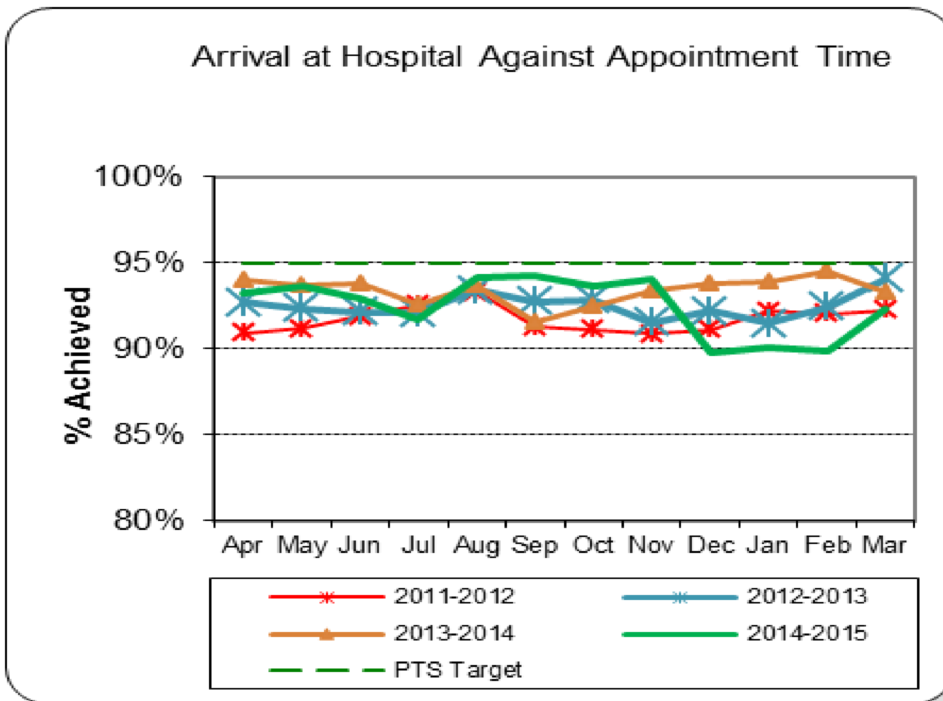
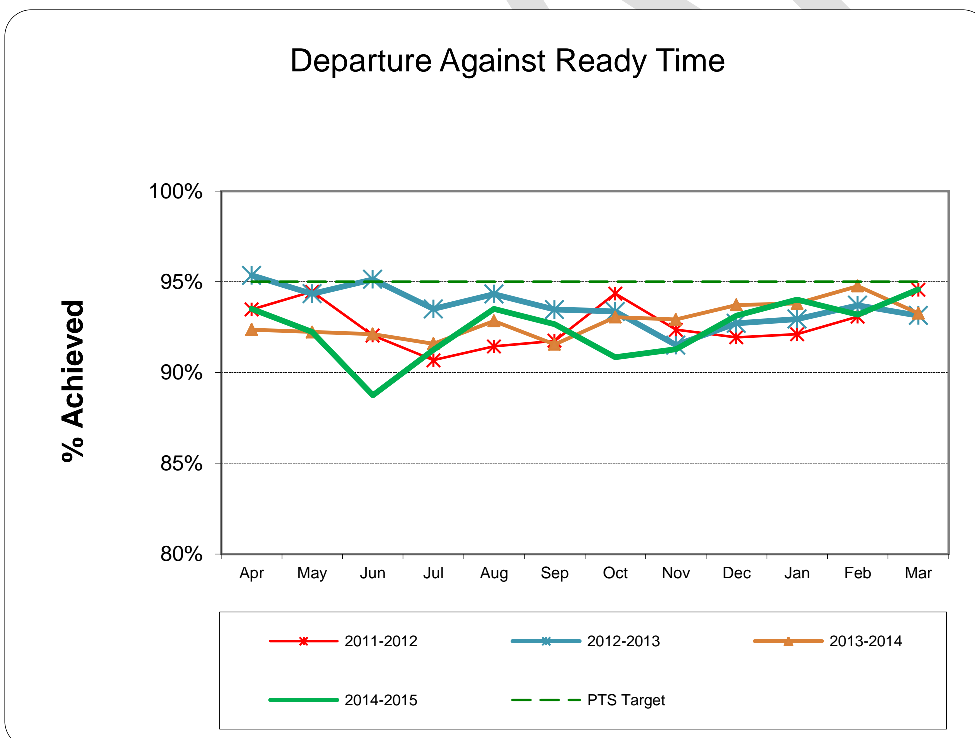
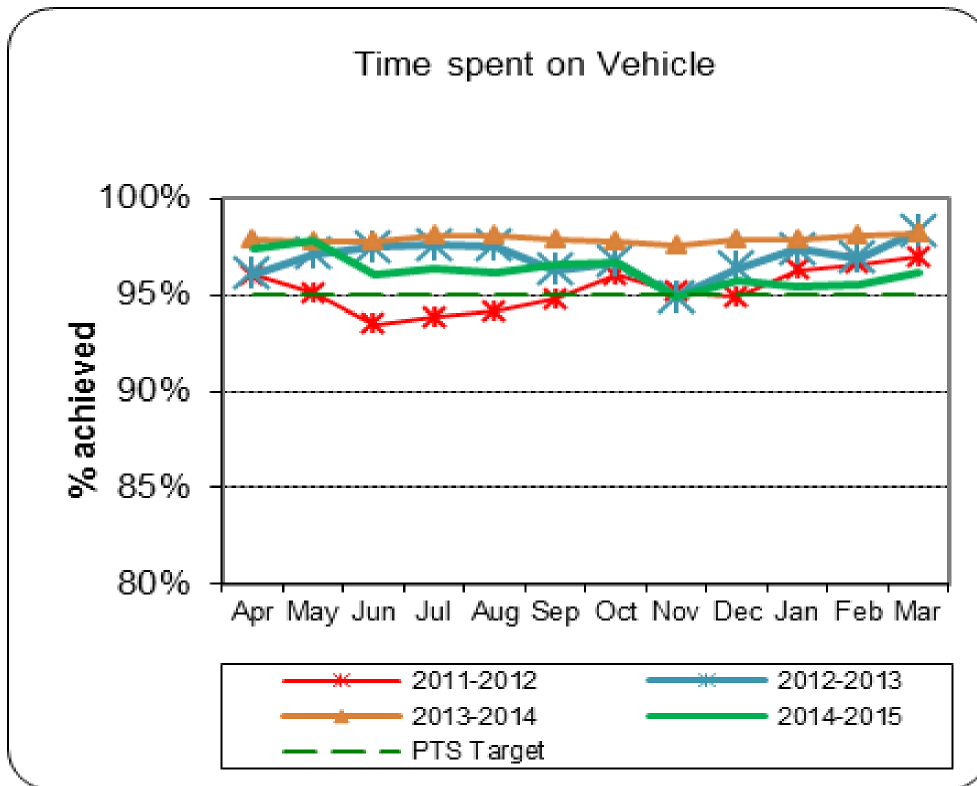


Ready Time: This is the collection of a patient after their appointment within a time window specified by the commissioning Trust



Time on Vehicle: This is the amount of time a patient spends from collection to drop off against a target specified by the commissioning Trust.



Across the year performance against these measures has been maintained above 90%.

During 2014/15 LAS has seen a decrease in the number of Trusts for which it provides PTS services. As a consequence we have managed a smaller resource pool across the Greater London Area which has meant that these targets have presented a greater challenge to achieve.

Table: To illustrate performance against the quality indicators in the contract over time.

Quality Standard	Appointment Time	Ready Time	Time on Vehicle
2011/2012	91.72%	92.69%	95.27%
2012/2013	92.49%	93.62%	96.89%
2013/2014	93.37%	92.85%	97.92%
2014/2015	92.46%	92.41%	96.24%

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Other services - South East London 111

This report has been prepared to review the activity within LAS 111 South East London (SEL) for 2014/15 and has been broken down into six key areas

- Incidents, complaints and feedback
- Call Quality and monitoring
- Safeguarding
- Patient Experience
- General governance activity
- Other information

Incidents, complaints and feedback

TYPE	March 15	Feb 15	Jan 15	Dec 14	Nov 14	Oct 14	Sep 14	Aug 14	July 14	June 14	May 14	April 14
Serious incidents	Nil	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Incidents	9 (8 closed)	12 (11 closed)	21 (12 closed)	16 (9 closed)	5	1	1	4	6	6	4	7
Complaints	1	1	1	1	0	2	3	0	4	2	1	1
HCP feedback	1	0	1	3	3	0	9	3	7	3	3	0
Queries /concerns	0	0	0	0	0	0	0	3	4	2	1	0
Staff incidents	2 (fall/ stuck in lift 15 mins)	2 (fall/ abuse)	0	0	0	0	0	2	2	1	0	0
Compliments	1	1	0	0	1	1	0	1	0	1	9	1
Authorised confidentiality breaches	18	28	23	23	30	12	9	24	19	17	18	18

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Incident details

Incidents relate to a range of issues at LAS111. The majority since November have been relating to staff errors. The errors have been wide ranging, often without any trend. Once identified issues are dealt with individually and for wider learning. One trend identified has been incorrect OOH provider resulting in referral to the wrong service. This has been dealt with through a Directory of Services update for all staff as part of spring training.

An emerging trend is language line delays to identify an appropriate language interpreter and feedback has been given to them.

Technical issues are addressed and resolved as they occur.

Feedback from Health Care Professionals

The main services /departments that we receive feedback from are the LAS crews and the GP Out of Hours (OOH) providers. The majority was related to the perceived inappropriateness of the referral and whilst several have been upheld, many have resulted due to a lack of understanding of the 111 system. Managers from LAS 111 have delivered workshops for EOC staff to improve understanding and work closely with the GP OOH providers.

Feedback to Health Care Professionals

Staff are encouraged to raise issues where the actions of other healthcare providers have resulted in a delay in patient care. In the main the feedback given has been to GP OOH Providers as a result of failure to accept patient referrals due to patient location. The SEL Clinical lead has worked with SEL GP OOH providers to resolve this issue.

Staff incidents

We have had very few staff incidents reported and they have all been very minor in their nature however staff continue to report isolated incidents of extremely abusive patients requiring Police intervention.

Authorised confidentiality breaches

Authorised confidentiality breaches are logged when a patient has been referred to a service without their consent and /or knowledge. The breaches are used for patients where it is deemed not safe to leave them without further assistance or in the case of safeguarding, not safe to notify them i.e. domestic abuse where the assailant is still on the premises. The breaches are authorised at the time of the incident by a senior clinician within the call centre.

Changes in the Care act being introduced in April 2015 should result in a decrease in the number of breaches experienced.

Compliments

Compliments have been received relating to both the service and individuals undertaking patient contact duties.

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Call quality and monitoring

Call Audit Data	Mar - 15	Feb- 15	Jan- 15	Dec- 14	Nov- 14	Oct- 14	Sep- 14	Aug- 14	Jul-14	Jun- 14	May- 14	Apr- 14
Calls answered at 111	27091	24631	27019	32030	26118	25949	22685	24130	24654	23492	23837	25394
% Call audits % (target 1%)	1.4%	1.6%	1.4%	1.05%	1.29%	1.34%	1.49%	1.41%	1.56%	1.37%	1.5%	1.78%
No. Call audits	371	392	370	335	338	349	328	341	385	323	358	451
No. Call Handler audits	196	206	182	177	198	195	182	189	200	150	183	238
No. Clinical Advisor audits	175	186	188	158	140	154	146	152	185	173	175	213
% Compliance (target >86%)	90%	86.9%	85.5%	86.6%	87.6%	83.4%	86.9%	85%	85.7%	83.2%	81.%	79.4%

We have continued to exceed the required standard for 1% of call audits every month including December where demands on the service increased significantly. Each staff member has a minimum of 3 calls audited each month. Where performance issues are identified the level of audit is increased.

The compliance percentage has improved and we have met the required standard in five of the last six months. Consistency workshops are run regularly for auditors and an audit of a random selection of audits undertaken is completed monthly to ensure consistency.

Changes to the feedback process have been piloted for Clinical advisors and the revised process is about to be rolled out for Call Handlers.

End to End call audits

Monthly end to end call audits are undertaken at LAS111. The audits are attended by the clinical leads for the service (LAS -DR Fenella Wrigley and SEL -Dr Patrick Harborow). The subjects that have been reviewed include:

- Calls involving a confidentiality breach
- GP Early intervention Pilot
- Health Information and Medicine enquiry

The end to end audits have all highlighted areas of good practice but also areas that require some improvement and we have been working consistently on them.

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Safeguarding

Safeguarding referrals have remained fairly static for both adults and children. The LAS 111 service has referred 269 people in total to Social Services which equates to circa 0.12%. We have received three feedback reports from Social Services in total.

Patient Experience

Patient satisfaction survey

The 111 patient surveys are sent each month to circa 150 patients. did not start to be sent out until April. 92.5% of those who responded reported being very or failry satisfied with the 111 service. Patient concern /complaint level has remained low.

Language line

Language line use has improved across the year and we are able to report accurately by language each month. Steps taken to focus staff mean we are now utilizing this service on average 30 times each month.

Training

All staff have undertaken two periods of mandatory training relating to the changes to Pathways. This has all been achieved within the required timescales. Spring training in 2015 has focused on mandatory and statutory requirements and a probing workshop for all advisors.

Pilots and Innovation

LAS 111 has been actively involved in a number of pilots throughout the year including introduction of Summary Care Records, Clinical Warm Transfer & Clinical Call back KPI Pilot, NHS111 Learning & Development Community Referral Survey, GP Early intervention pilot, Enhanced clinical assessment of Green 999 and ED disposition

The enhanced clinical assessment of Green ambulance outcomes is resulting in circa 80% of calls reaching a Green ambulance outcome at the Call Handler stage being passed to a clinician for further Assessment and circa 70% of these achieving an alternative disposition of which 3% will be upgraded to a red response. This pilot commenced in early December and due to its success SEL Commissioners have requested it continues beyond the initial winter initiative period which finished immediately after the Easter period.

Other Information

Key clinical call information

We have performed strongly and consistently across the Clinical Indicators throughout the year.

- Highest percentage of calls transferred to a clinician in London and exceeding the national average
- 69% of calls queued for clinical call back are achieved in less than 10 minutes
- A reduction to 6.9% of ambulance dispositions which is regularly the lowest referral rate nationally.

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Feedback

Comments from our partners and stakeholders

We are obligated to give stakeholders the opportunity to comment on our Quality Account and to then publish their comments in full. This year we invited the following organisations/groups to respond.

• Southwark Healthwatch

• Hillingdon Oversight & Scrutiny Committee

• The London Ambulance Service Patients" Forum

• The London Ambulance Service Commissioners

We would like to thank those organisations/groups for taking the time to read and respond. Their comments are published in this section.

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Statement of Directors responsibilities

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

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporates the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report. In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2014 to March 2015
    - papers relating to quality reported to the board over the period April 2014 – March 2015
    - feedback from commissioners dated…
    - feedback from local Healthwatch organisations dated…
    - feedback from Overview and Scrutiny Committee dated….
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated..
    - the 2014 national staff survey
    - the Head of Internal Audit's annual opinion over the trust's control environment dated June 2015
- The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations published….?

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

By order of the Board ………………………………..Chairman …………Date

………………………………..Chief Executive …………Date

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London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2 June 2015
Document Title:	Review of the 2014/15 business plan
Report Author(s):	Karen Broughton, Director of Transformation, Strategy and Workforce
Presented by:	Karen Broughton, Director of Transformation, Strategy and Workforce
Contact Details:	Karen.broughton@lond-amb.nhs.uk
History:	In June 2014 the Trust Board approved the 2014/15 Business Plan.
Status:	For information

Background/Purpose

In June 2014 the Trust Board approved the 2014/15 Business Plan.

The plan outlined an ambitious programme of activities and had the overarching themes of back to basics; and building the satisfaction of our staff.

The business plan highlighted 7 organisational objectives which were to:

- Improve patient care
- Improve recruitment and retention
- Implement the modernisation programme
- Achieve sustainable performance
- Develop our 111 service
- Simplify our business processes
- Increase organisational effectiveness and development

This paper provides a summary of progress against the business plan for the year, identifying that 2014/15 was challenging for many reasons.

The report highlights that throughout 2014/15 performance against nationally set ambulance targets was challenged and we therefore diverted much of our time and attention to recovering our position. This was at the expense of some of the original priorities in the 2014/15 business plan.

It is very encouraging that despite performance pressures the Trust continued to develop and change with significant improvements being seen in year.

Action required
The Board is asked to note progress against the 2014-15 Business Plan
Assurance

Key implications and risks arising from this paper	
Clinical and Quality	n/a
Performance	n/a
Financial	n/a
Governance and Legal	n/a
Equality and Diversity	n/a
Reputation	n/a
Other	n/a
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	n/a
To make LAS a great place to work	n/a
To improve the organisation and infrastructure	n/a
To develop leadership and management capabilities	n/a

LONDON AMBULANCE SERVICE TRUST BOARD

2 JUNE 2015

Review of the 2014/15 business plan

1. Introduction

In July, 2014, the Trust Board signed off the 2014/15 business plan. The plan outlined an ambitious programme of activities and had the overarching themes of getting the basics right; and building the satisfaction of our staff.

The business plan highlighted 7 organisational objectives:

- Improve patient care
- Improve recruitment and retention
- Implement the modernisation programme
- Achieve sustainable performance
- Develop our 111 service
- Simplify our business processes
- Increase organisational effectiveness and development

This paper provides a summary of progress against the business plan for the year.

2. Looking back over the last 12 months

2.1 Performance against targets

The Trust started the year well achieving our year end performance targets, however it became apparent during quarter one that we would face a challenging time in relation to performance against the same targets in 2014/15.

It became clear at the end of quarter one that the Trust could fail its nationally set A8 performance target, that of reaching 75% of our sickest patients within 8 minutes.

We spent a significant amount of time during the year working with CCG Commissioners, the Trust Development Authority and NHS England (London) in an attempt to recover our performance. This saw the creation of a Performance Improvement plan which drove attention to a number of areas, namely: managing demand; increasing capacity; and improving productivity.

This was an unexpected piece of work and did not therefore feature in the 2014/15 business plan. This organisational wide recovery plan had a detrimental effect on delivery of the full business plan as resource was moved to support this critical area.

Performance in 2014/15 year fluctuated and we ended the year achieving 59.92% performance against the A8 target.

2.2 Clinical performance

Clinically, during 2014/15, we saw the highest cardiac survival rates ever experienced in London. Our major trauma management was inspected as part of the annual peer review. No adverse issues were identified.

Given the fall in performance, the Trust Board directed the Medical Director to conduct a safety review to ensure that our performance challenges were not having a detrimental impact on patient safety. Her findings showed that, although significant delays were being experienced by some patients, the impact of these on patient outcomes appeared minimal; it also demonstrated that the routine processes we have in place to monitor delays and adverse events are reliable and identify cases of concern.

In early December 2015, the Trust welcomed a team from NHS England to conduct an external review of quality. We were pleased that the report concluded that the Trust continues to provide a safe service to patients, although they acknowledged that delayed responses impacted on the quality of care we deliver. The report included a number of recommendations which will be taken forward by NHSE (London), the Commissioners and the Trust.

2.3 Financial performance

The Trust met its financial targets in 2014/15 including:-

- Surplus of £1m planned, £6.0m cumulative – Achieved
- Capital Resourcing Limit –Achieved
- External Financing Limit – Achieved
- Return on asset of 3.5% - Achieved

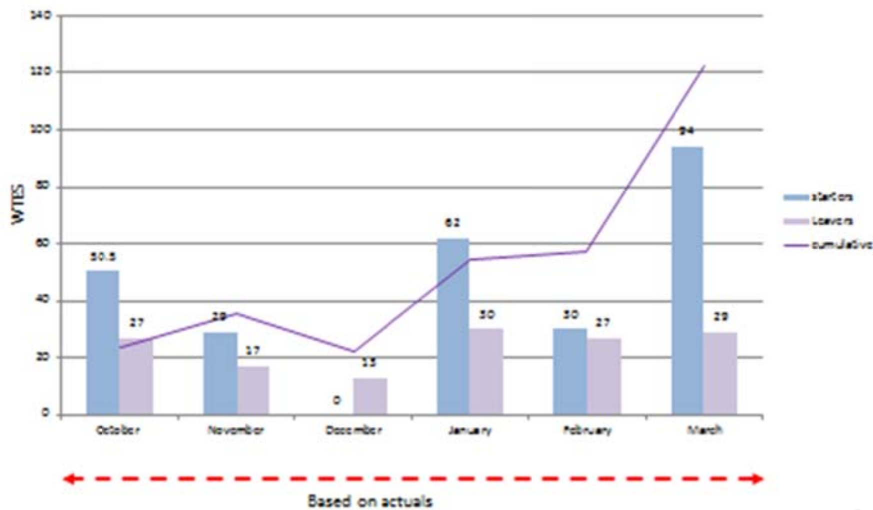
Draft accounts were submitted to the Department of Health in line with agreed timescales. These results are subject to audit but are not expected to change.

2.4 Workforce

Between April 2014 and March 2015, the Trust saw 585 starters (frontline 411) and 647 leavers (frontline 414). The Trust accelerated recruitment in last six months of the year and the graph bellows shows impact of that change in the latter half of the year.

Starters and Leavers

Based on actual leaver and starters data from October 2014 to year end



During the latter part of the year, as part of the performance improvement plan, the Trust placed greater emphasis on recruitment. For the first time in our history, the Trust conducted an international recruitment campaign. Our successful international campaign saw over 97 Paramedics from Australia and New Zealand joining the service between January and March 2015, with further joining throughout 2015/16.

Last year, we introduced the new role of emergency ambulance crew and have so far recruited 140 new staff to the role.

In addition to recruitment, the Trust spent time considering priorities for staff retention. A new retention strategy was agreed by the Trust Board at its March meeting.

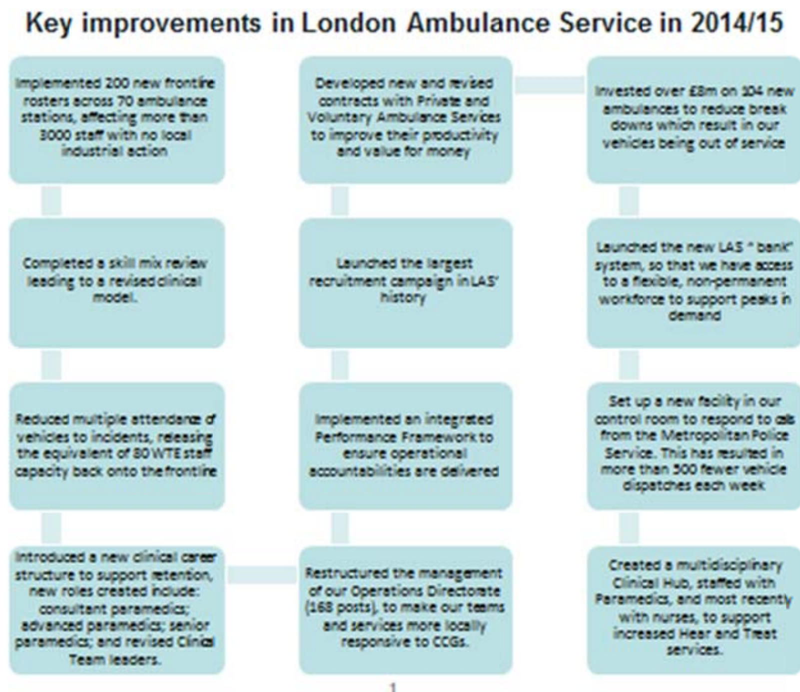
2.5 National industrial action

During the year staff across the NHS took industrial action. Keeping London safe during these challenging times took the commitment and hard work from staff across the Trust as well as partnership working across agencies and organisations.

Plans were developed in partnership with NHS England (London), London Police and the Ministry of Defence that built on the lessons identified from the 2011 industrial action that saw police officers, military personnel (soldiers) and other NHS professionals provide a limited but safe emergency ambulance service to London during the two periods of industrial action in 2014. These short four hour periods of industrial action saw in excess of 75% of front line operational staff take strike action during which time over 200 contingency ambulances were deployed with personnel from other agencies trained by LAS prior to deployment. Preparations were made for a 24 hour strike that included the training of around 2500 military and police personnel within one week however these staff were not deployed as national resolution to the strike action was secured.

2.6 Key achievements

The Trust is two years into a commissioner supported change programme. Despite a very challenging year, the Trust achieved much in 2014/15. These are summarised below:



3. Progress towards the Trust's 7 organisational objectives

3.1 Improve patient care

Specific objectives
• Implement a Defibrillator Campaign across London to increase coverage and cardiac survival rates • Put in place a 2 year Mental Health Action Plan (2014/15 concentrating on understanding the issues and developing our staff) • Review Patient Engagement activities and processes to strengthen the patient voice • Undertake a "back to basics" campaign to support our Clinicians to do their jobs well

In London over 10,000 people a year suffer a cardiac arrest, an average of 27 per day. On 1 May 2014, the Trust launched its "Shockingly Easy" campaign. The campaign aimed to establish an additional 1,000 defibrillators across the capital, and create awareness amongst Londoners of the benefits of a defibrillator and a desire to participate in the accreditation scheme. Following the campaign launch at the Marks and Spencer's store on Oxford Street, 1,007 additional defibrillators have been established.

During 2014/15 the Trust continued to improve services and care for patients with Mental Health needs including: developing the Mental Health core skills refresher (CSR) which provided the opportunity for staff to review and refresh existing knowledge and to provide further updates and guidance in the area of mental health; the introduction of a mental health risk awareness tool to aid crews' assessment of patients presenting with mental health issues in conjunction with the crews' clinical training and holistic view of the patient; further mental health training was provided to Emergency Operations Centre (EOC) staff through joint working with mental health charities such as Hear Us. EOC staff also received formal training to help understand Mental Health and illness and how to take control of challenging calls/callers through the charity MIND.

June 2014, saw the launch of the Trust's new Communications and Engagement Strategy. Specific patient engagement initiatives included:

- Patient Reference Group established
- Corporate Twitter accounts launched with on-going evaluation in place
- "Shockingly Easy" campaign launched and continuing to gain local media coverage
- Joint Alcohol campaign with the GLA launched in December
- 940 staff participating in 593 public engagement events

Mark Whitbread, Director of Paramedic Education, worked to our "Getting the basics right" campaign. This campaign seeks to ensure that our front line staff have the clean, equipped vehicles ready at the commencement of their shift. The project also included an evaluation of the current uniform issue. This project has progressed in 2014/15 but will conclude in 2015/16.

3.2 Improve recruitment and retention

Specific objectives

- Define Recruitment Strategy and develop plan to reduce clinical vacancies
- Define Communications and Engagement Strategy (Staff Engagement, Stakeholder Engagement, Patient Engagement) and implement actions
- Define Retention Strategy and develop plan to reduce turnover rates
- Review middle management priorities, investment and development to ensure focus and delivery

Recruitment to vacancies has been a key objective for the Trust this year. Our campaign *"London, no ordinary challenge"* was innovative and informative, using specially designed Facebook pages to inform and attract new recruits. Arriving later than planned, our recruitment strategy took us to Australia and New Zealand to recruit Paramedics, and across London to recruit Emergency Ambulance Crew. Through these recruitment campaigns, we saw 265 new staff join us in the final six months of 2014/15.

As part of our recruitment review and focus, we have also taken time to redesign staff clinical training programmes, to ensure new starters are trained and on the frontline as soon as possible. We will continue to develop these programmes as we learn from cohorts that go through the training and as we respond to specific needs of groups of new starters.

In addition to the roles listed above, we reviewed our processes for recruiting and employing non-permanent "bank" staff. This review led to the introduction of revised terms and conditions of employment, streamlined recruitment and training processes, improved communication methods and the introduction of a new post to specifically recruit, manage and support these essential staff.

As mentioned in the objective above, the Trust's new Communications and Engagement Strategy was launch in the first six months of the year. Since launching the following improvements have been made:

- Team Talk, the new monthly team brief, has been introduced
- Video blogging from the Chief Executive has been introduced , receiving good feedback from staff
- Webinar's introduced with good feedback from staff
- Single source of truth for all staff communication established – RIB – Tuesday is Newsday. This development ended multiple bulletins through multiple channels.
- New intranet procured and on plan for launch in May
- Facebook pages – local sites now underway
- Good news grid now established – one good news story a week to media and staff
- "You Said We Did" launched in RIB, and through other internal channels
- New recognition schemes agreed and funding secured – employee awards planned for April
- Info-graphic designed and issued to help understanding of the London Ambulance Service
- Process developed and agreed for managing and seeking external visits
- Media audit complete – proposal to change media handling now being discussed by the communications s team

Our initial thoughts on actions to address retention were sent out to staff with the first edition of *Team Talk*. In addition, to ensure our retention strategy addresses the reasons people leave the Service, we commissioned an independent company to connect with leavers to ascertain their reasons for leaving and gain their feedback on how we can improve. The Trust's new retention strategy, which incorporated our staff views and suggestions, was approved at the Trust Board at its March meeting.

Our Middle Manager development took the form of Management Conferences in 2014/15, specific training in areas such as the management of change, as well as the scoping of a development programmes for Clinical Team Leaders and the creation of a leadership forum. We also joined the London Fire Brigade in their Executive Leadership Programme. Management Development will remain a key focus for the Trust in the year ahead.

3.3 Implement the modernisation programme

Specific objectives

- Implement the new skill mix/response model
- Roster Implementation
- Annual leave, rest breaks, active areas cover finalisation and implementation

As part of the Trust's Modernisation Programme, the Trust identified a new front line Band 3 role. However, it became clear during the working up of the role that this role would not give the Trust sufficient resilience in the event of a major incident. The Trust agreed instead to create the new Emergency Ambulance Crew (EAC) role to replace Emergency Medical Technicians. The First, fully trained EACs joined the service on 19 January 2015.

On the 8 September 2014, we introduced 200 new frontline rosters. This change affected over 3000 staff across 70 ambulance stations. Working in close partnership with staff and trade unions, these new rosters were designed by locally and we were pleased that only 6 rosters had to be implemented without local agreement on all aspects. This was a significant change as many rosters had not been changed for nearly a decade, and we were pleased to see that the unrest and local disputes seen in other ambulance were not experienced in London.

We achieved this significant change programme in partnership with our staff and Trade Union colleagues and our thanks go to them for their support.

A new annual leave agreement was developed in principle between management and staff side. Due to the Trust's performance challenges and implementation of complex roster changes a decision was taken by the Modernisation Programme Board to delay implementation of the new arrangements. However, interim arrangements to support performance recovery were agreed and introduced.

Rest breaks were not taken forward as planned during 2014/15.

A two hour extension to active area cover was implemented (06:00 to 23:59). The full implementation was not achieved due to the high number of frontline vacancies. We will carry forward this action into 2015/16 when staff numbers will increase.

3.4 Achieve sustainable performance

Specific objectives

- Develop a new Fleet Strategy and put in place an Fleet and Logistics Asset Plan Deliver the business care for the E-Ambulance project and secure external funding
- Implement a Performance Framework across the service
- Define 14/15 capacity plan and deliver actions to support sustainable performance

A new Fleet Strategy was not developed to plan in 2014/15. Responsibility for Fleet moved to the Director of Finance in November and a new Fleet Strategy is currently being developed. This action will be carried forward for completion early in 2015/16.

We transformed our 2014/15 capacity plan into our performance improvement plan during the year. The 2014-15 performance improvement plan achieved a great deal of positive change impacting on overall Trust performance. A number of these achievements are stated in other parts of this report and included:

- Multiple attendance of vehicles to incidents was reduced, releasing the equivalent of 80 WTE staff capacity back onto the frontline
- The largest recruitment campaign in LAS' history was launched resulting in more than 250 new frontline staff joining the Trust before the end of March 2015
- New and revised contracts were developed for Private and Voluntary Ambulance Services, to improve productivity and value for money, which supported us to better meet demand whilst we recruit permanently to vacancies
- The new LAS "Bank" system was launched, and are actively recruiting members so that we have access to a flexible, non-permanent workforce to support peaks in demand
- A new facility was set up in our control room to respond to calls from the Metropolitan Police Service. This has resulted in more than 500 fewer vehicle dispatches each week to incidents that are now managed and resolved remotely
- Through the multidisciplinary Clinical Hub we have seen the overall weekly Hear and Treat numbers peak at 5323 with a weekly average of 3652. This has allowed us to target our frontline resources more appropriately

An integrated Performance Framework was implemented in autumn of 2014. The framework establishes clear lines of accountability and responsibility together with the Trust's performance management processes and key outcomes expected from delivery of the Performance Management Strategy. The framework is comprised of four elements: Indicators – what is measured; Process – when and how performance is monitored and managed; Structure – who is involved; Leverage – system redesign – how we continue to modernise and change to deliver our vision.

3.5 Develop our 111 service

Specific objectives

- Define the future 111 business model and bid for new services
- Develop our current 111 Service to meet the needs of SEL CCGs

We have made strong progress with our 111 services over the year. Our South East London 111 Service has constantly met national targets and is the highest performing 111 services in London and one of the best nationally. To ensure we constantly improve our services, we worked with our 111 commissioners during the year to redesign our service to meet their changing needs and cost expectations. We have also been preparing for the re-commissioning of 111 services across London over the next 12 months across London.

3.6 Simplify our business processes

Specific objectives

- Review and improve HR Processes and organisation
- Review and improve governance structure, staffing and processes
- Review and simplify appraisal/PDR
- Review and simplify procurement processes

Work began on the HR process and team structure but did not complete. Responsibility for HR and workforce transferred to the Director of Transformation and Strategy in February 2015. This action will be carried forward into 2015/16**.**

The Trust's recruitment processes and recruitment team structure have been reviewed and improved this year, to ensure they are fit to support high volume recruitment that will continue to be required in 2015/16. The Recruitment Team are to be congratulated on their hard work and considerable achievements in the latter half of 2014/15.

A new structure was designed and implemented across Legal Services and Governance along with the respective committee structures.

During the year we reviewed Trust processes around SI management and worked across departments to improve incident reporting and integrated risk management.

In the early part of 2014/15, the Trust simplified its appraisal paper work but were disappointed with the low level of appraisal completion. One of our key staff opinion survey

action plan priorities in 2015/16, we will review and improve the system of appraisal again in 2015/16 to ensure a greater level of compliance.

3.7 Increase organisational effectiveness and development

Specific objectives

- Review the utilisation and effectiveness of our IT provision to improve resilience
- Progress a successful FT application
- Create the Trust's 5 Year Strategy and 2 Year Operating Plan
- Implement new PTS service for the Royal Free (if successful with Royal Free tender)
- Define future PTS Strategy (if unsuccessful with Royal Free tender)
- Review existing directorate structures to ensure fitness for purpose, undertaking restructures where required
- Define and deliver an organisational-wide efficiency programme
- Deliver an organisational wide cost improvement programme

A review of the utilisation and effectiveness of our IT provision was not fully completed in 2014/15. Responsibility for IM&T moved to the Director of Finance in November and an externally sourced review has now been conducted. Results of the review have been used to identify the 15/16 priorities for IM&T improvement and a new IM&T Strategy for the Trust. This was approved at the Trust Board on 24th March 2015.

Due to performance pressures in 2014/15, we did not progress with our application for Foundation Trust status.

June 2014, saw the introduction of the Trust's new 5 year Strategy "The London Ambulance Service: *Caring for the Capital*". The Strategy outlined a revised purpose, vision and values for the service and our ambition to make it easier for people in London to get the care they need easily. Our two year Operating Plan identified actions for the first two years of the strategy.

The Finance and investment Committee are currently considering options for the future of the PTS service. In addition to their core service, staff from PTS supported lower acuity patients who contacted our 999 service for support. Their support during high peaks of demand was invaluable last year.

The Trust delivered a £13.8m Cost Improvement Programme in 2014/15.

In June, 2014, we proposed changes to our Operational Management structure. The transformation to the new structure is currently underway following the implementation of an interim structure in January 2014. It is our intention to implement the new structure from in the summer 2015. Other directorates/departments also reviewed organisational

structures this year including: Communications; Recruitment; Training (still in development); Transformation and Strategy; Legal Services and Governance.

4. Summary

2014/15 has been challenging for many reasons. Performance against nationally set targets was difficult in 2014/15 and we therefore diverted much of our time and attention to recovering our position. This has been at the expense of some of the original priorities in the 2014/15 business plan.

It is very encouraging that despite performance pressures the Trust continued to develop and change with significant improvements being seen this year.

5. Recommendations

The Board is asked to:

- Note progress against the 2014-15 Business Plan

Karen Broughton
Director of Transformation, Strategy and Workforce
22 May 2015

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2 June 2015
Document Title:	2015/16 Business Plan
Report Author(s):	Karen Broughton, Director of Transformation, Strategy and Workforce
Presented by:	Karen Broughton, Director of Transformation, Strategy and Workforce
Contact Details:	Karen.broughton@lond-amb.nhs.uk
History:	Executive Management Team and Trust Board members at recent Strategy, Review and Planning Sessions have discussed and identified priorities for the 2015/16 Business Plan.
Status:	For approval

Background/Purpose

Over the last few months the Executive Management Team and Trust Board members have discussed priorities for the 2015/16 Business Plan. These discussions have been brought together to create the 2015/16 Business Plan which is attached.

The 2015/16 business plan proposes 4 organisational objectives which are to:

- Improve the quality and delivery of our urgent and emergency response
- Make the London Ambulance Service a great place to work
- Improve our organisation and infrastructure
- Develop our leadership and management capabilities

The plan also outlines a number of sub objectives and key action areas.

Next steps:

- Once agreed, the business plan priorities will be embedded in Directors objectives and cascaded throughout the organisation to ensure delivery
- The Board Assurance Framework will be revised to ensure risks to successful delivery of the business plan are identified and mitigated where possible
- The integrated performance report will identify

Action required
The Trust Board is asked to approve the 2015/16 Business Plan.
Assurance

Key implications and risks arising from this paper	
Clinical and Quality	This paper sets the organisational priorities for 2015/16
Performance	
Financial	
Governance and Legal	
Equality and Diversity	
Reputation	
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	This paper set the 2015/16 corporate objectives
To make LAS a great place to work	This paper set the 2015/16 corporate objectives
To improve the organisation and infrastructure	This paper set the 2015/16 corporate objectives
To develop leadership and management capabilities	This paper set the 2015/16 corporate objectives

London Ambulance Service NHS Trust

Business Plan 2015/16

Our purpose and goal

The purpose of the London Ambulance Service is to care for people in London: saving lives; providing care; and making sure they get the help they need.

Our goal is to deliver safe, high quality care that meets the needs of our patients and commissioners, and that make our staff proud.

Our values

In everything we do, we will provide:

- **Clinical excellence**: Giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care.
- **Care:** Helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation.
- **Commitment:** Setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement

“Must dos”

- Recruit more frontline staff – fill 95% of the frontline establishment
- Secure the right level of funding so that we reduce utilisation and improve performance
- Continue to improve internal productivity
- Improve staff morale – friends and family scores increased; staff opinion survey results more positive and with 45% completion rates
- Create a new partnership with our Trade Unions – create an agreed partnership priority list and deliver this in 2015/16
- Achieve the 75% Category A target
- Have a successful CQC inspection

Business Plan Priorities for 15/16

Our 4 corporate objectives for the year ahead are to:

- Improve the quality and delivery of our urgent and emergency response
- Make the London Ambulance Service a great place to work
- Improve our organisation and infrastructure
- Develop our leadership and management capabilities

These corporate objectives link to the 5 CQC Domains: Safe; effective; caring; responsive; and well led

The London Ambulance Service purpose and priorities 2015/16

The purpose of the London Ambulance Service is to care for people in London: saving lives; providing care; and making sure they get the help they need.

Our goal is to deliver safe, high quality care that meets the needs of our patients and commissioners, and that make our staff proud.

Our values are *Clinical Excellence, Care and Commitment*. By **clinical excellence** we mean giving our patients the best possible care; leading and sharing best clinical practice; using staff and patient feedback and experience to improve our care. By **care** we mean helping people when they need us; treating people with compassion, dignity and respect; having pride in our work and our organisation. By **commitment** we mean setting high standards and delivering against them; supporting our staff to grow, develop and thrive; Learning and growing to deliver continual improvement

objectives

To improve the quality and delivery of our urgent and emergency response

Sub objectives:
- Develop new quality and clinical strategies and goals which embed learning from complaints, serious incidents and review
- Undertake a programme of service reviews to improve deployment of our resources
- Identify, understand and manage risks to patients to support an effective safety culture
- Improve interactions between 999 and 111 services and grow our 111 business

To make the London Ambulance Service a great place to work

Sub objectives:
- Improve education and development opportunities so our staff can develop and progress with us
- Build a sustainable recruitment pipeline to ensure we have the right levels of staff in place
- Improve staff recognition, reward and engagement so that our staff feel valued
- Reduce turnover and improve our staff's health and wellbeing

To improve our organisation and infrastructure

Sub objectives:
- Improve the effectiveness and productivity of support services
- Improve the productivity and running of our front line
- Continually improve internal arrangements and efficiencies

To develop our leadership and management capabilities

Sub objectives:
- Define London Ambulance Service leadership and management competencies and develop the way we manage and lead
- Have in place an annual development programme for leaders and managers
- Finalise the implementation of directorate restructure

objectives

To improve the quality and delivery of our urgent and emergency response

Sub objectives

Develop new quality and clinical strategies and goals which embed learning from complaints, serious incidents and reviews	Undertake a programme of service reviews to improve deployment of our resources	Identify, understand and manage risks to patients to support an effective safety culture	Improve interactions between 999 and 111 services and grow our 111 business
Revised Clinical Strategy outlining clinical standards and expectations	Emergency Operations Centre	Maintain regular reviews of patient safety, embedding learning from the reviews, clinical audits and research into practice	Bid for new 111 services as contracts become available
New Public Voice Strategy to Better involve patients and the public in our services so their views shape our care	Resource Centre	Improve how learning from clinical audits, research , complaints /PALS, and incidents are embedded into practice	Review our existing 111 service to further improve the way we work and the cost of our service
Develop our services to patients with Mental Health needs	Despatch	Join the "*sign up to safety campaign*" delivering actions to develop our culture of safety	Work with CCGS to influence 111 system development across London
Revise our clinical model to reflect the changing nature of our services and demand	Review all pilot projects currently being undertaken across our frontline services to agree how they are mainstreamed, and how we share learning across London	Improve systems to ensure our clinical staff have access to the right equipment for their roles	
Prepare for, and take action following, the CQC Chief inspectors visit			

Key action areas

objectives

To make the London Ambulance Service a great place to work

Sub objectives

Improve education and development opportunities so our staff can develop and progress with us	Build a sustainable recruitment pipeline to ensure we have the right levels of staff in place	Improve staff recognition, reward and engagement so that our staff feel valued	Reduce turnover and improve our staff's health and wellbeing
Design and launch the London Ambulance Service Academy and continue to improve our career structures	Design targeted Recruitment campaigns to recruit 822 new staff by year end which improves the diversity of our staff	Deliver an annual plan of staff recognition, engagement and communication activities so that staff are recognised, knowledgable and engaged	Deliver the Retention Strategy and Staff Opinion Survey action plans to improve staff morale and reduce turnover
Simplify and re-launch the staff appraisal scheme and increase compliance rates		Introduce a "London package" for staff to support them to live/work in London	Improve the management of sickness and the support available for staff health and wellbeing
Design the annual training plan and publicise so that staff know the training support available to them			Deliver the next phase or organisational development through a Transformation Programme *"Moving forward together"*

Key action areas

objectives

To improve our organisation and infrastructure

Sub objectives

Improve the effectiveness and productivity of support services

Key action areas

- IM&T review
- Management Information review
- Human Resources review
- Develop an estates strategy that supports delivery of the clinical and operational models and improves the working environment for staff
- Invest in a fleet that is fit for today and for the future

Improve the productivity and running of our front line

- Undertake year 1 roster review in light of the 2015/16 contract settlement
- Optimise patient facing times to improve patient outcomes (JCT)
- Improve annual leave and rest break arrangements for our staff

Continually improve internal arrangements and efficiencies

- Deliver the 2015/16 Performance Improvement Plan and achieve agreed gateways
- Deliver the annual cost improvement programme to improve organisational efficiency and create robust plans for subsequent years

objectives

To develop our leadership and management capabilities

Sub objectives

Key action areas

Define London Ambulance Service leadership and management competencies and develop the way we manage and lead

- Devolve responsibility for budgets, staff management and performance to the right level in the organisation and support this devolution with an appropriate development package
- Develop the way we manage and lead , annually reviewing the ease and effectiveness of Trust policies and procedures to support managers to simply and effectively manage
- Competency framework developed

Have in place an annual development programme for leaders and managers

- Quarterly Leadership forums
- Trust Board and EMT development programme
- Development programme designed to support new leaders and managers in operations
- New clinical team leader development programme designed and launched
- New Management Development Programme designed and launched
- Master class programme implemented
- Review coaching and mentoring support for managers and leaders

Finalise the implementation of directorate restructures

- Operations management
- Clinical Education and Training
- Human Resources

Monitoring delivery

- A new integrated performance report is being presented to the Trust Board at its 2 June 2015 meeting
- This report highlights the full range of performance metrics and shows progress against these.
- Many of the individual metrics, e.g. increasing appraisal compliance rates, are identified as business plan priorities.
- The integrated performance report will show targets for each indicator and progress against each.
- Within integrated performance report the there is also an overarching indicator showing progress against the full business plan.
- **It is recommended that the Trust monitors delivery of the business plan through the integrated performance report**

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Serious Incident Investigation – anonymous whistleblowing allegation concerning cheating on the paramedic training programme 2008-2012; Updated action plan against recommendations.
Report Author(s):	Sandra Adams, Director of Corporate Affairs
Presented by:	Sandra Adams, Director of Corporate Affairs
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	Executive Management Team Strategy Review and Planning Group
Status:	For information

Background/Purpose

On 9th May 2014 the London Ambulance Service NHS Trust (the Trust) was notified of an email from an anonymous whistleblower which alleged the following:

- There was 'systematic cheating' on the paramedic training programme run by the Trust during the period 2008-2012;
- The 'vast majority' (in excess of 900) of the students enrolled in the programme were in possession of exam questions and answers prior to the exams being taken;
- The Trust, in March 2011, had been aware that students had accessed exam papers from an on-line cloud service. Despite having login details of students who had accessed the site, no sanctions were put in place; and
- Tutors had prior sight of exam papers and as a result would concentrate on a reduced list of topics for up and coming exams.

The Trust instructed its internal auditor, KPMG, to undertake a detailed independent investigation through its forensic team.

At the same time, the Trust undertook its own investigation in order to provide assurance to the Board and other key stakeholders that there was no risk to patient safety as a result of the allegations. This included a review of incidents, complaints, disciplinary action, Clinical Performance Indicator audits, and serious incidents. The Trust sought and received independent clinical advice on its methodology.

The Trust undertook a comprehensive communications programme to inform staff, patients and the

public, commissioners, regulators, the CQC, and other key stakeholders at the start of the investigation. It has also opened and maintained a regular dialogue with Pearson Education Limited (the provider of IHCD assessments and exam papers) and the Healthcare Professions Council (HCPC) with whom paramedics are registered to practice.

The SI report summarises the extensive report produced by KPMG and identifies 4 root causes:

- There was a lack of oversight and a failure of governance which led to the occurrence of breaches of exam rules and regulations;
- There was a failure to investigate the source of exam papers in circulation when first alleged in March 2011 and to then take appropriate action to remove or restrict access;
- There was a failure to undertake a timely investigation into the allegations in March 2011; to identify the problem and to take timely and appropriate action to improve examination governance;
- If the exam papers had been reset on a regular basis by the exam provider then this would have avoided the issue of availability of past papers that were still in use.

The investigation found no evidence of cheating taking place in exam rooms nor of tutors being deliberately involved in the leaking of exam papers to students.

Written examinations are only part of the assessment which a student undertakes to be a paramedic as they are also required to undertake workplace and practical assessments. Students also undergo over 500 hours of supervised practice with a fully qualified and registered paramedic.

An action plan was implemented to address the recommendations from the outcome report and an updated plan showing progress is attached.

The Trust has informed and worked with both the HCPC and Pearson Education Limited throughout the investigation and in preparation for publication of the report. The Trust has self-referred the serious incident report to the HCPC for consideration by the Education and Training Committee in June 2015.

Action required

The Trust Board is asked to note the final report into this investigation and its publication.

Assurance

- Independent investigation into allegations
- Independent clinical review of the methodology for assessing any risk to patient safety
- Improved exam governance and processes implemented in 2014/15
- Progress against the action plan to address recommendations from the independent investigation.

Key implications and risks arising from this paper	
Clinical and Quality	Assurance provided on any potential risks to patient safety
Performance	None
Financial	None
Governance and Legal	Processes in examination governance have been strengthened
Equality and Diversity	
Reputation	Potential risk to reputation at the time of publication of the allegations in May 2014 and with the publication of the serious incident report – a communications plan is in place
Other	
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	Yes
To make LAS a great place to work	Yes
To improve the organisation and infrastructure	Yes
To develop leadership and management capabilities	Yes

London Ambulance Service NHS
NHS Trust

Serious Incident Investigation

STEIS 2014- 17529

Incident date: Notified on 9th May 2014

Report Completed: 16th March 2015

Approval

Senior Management Team	
Tony Crabtree, Assistant Director, Workforce	17th March 2015
Executive Management Team	
Sandra Adams, Director of Corporate Affairs	17th March 2015

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1. Executive Summary

On 9th May 2014 the London Ambulance Service NHS Trust (the Trust) was notified of an email from an anonymous whistleblower which alleged the following:

- There was 'systematic cheating' on the paramedic training programme run by the Trust during the period 2008-2012;
- The 'vast majority' (in excess of 900) of the students enrolled in the programme were in possession of exam questions and answers prior to the exams being taken;
- The Trust, in March 2011, had been aware that students had accessed exam papers from an on-line cloud service. Despite having login details of students who had accessed the site, no sanctions were put in place; and
- Tutors had prior sight of exam papers and as a result would concentrate on a reduced list of topics for up and coming exams.

The Trust received notification of the allegations from Pearson Education Limited, who had been one of a number of receipients of the email and its attachments. The Trust had not received this directly, probably due to the firewalls in place which appear to have blocked the email and attachments from reaching the intended recipients internally. On notification the Trust asked its internal audit and counter fraud service, KPMG, to undertake a preliminary investigation in order to determine whether there was substance to the allegations requiring a more detailed independent investigation. KPMG reported back to management on 16th May 2014 as follows:

- A review of the procedures for exams gave prima facia evidence that control of exam papers and exams was not robust and that weaknesses in the control environment could have allowed for a breach in security as alleged by the whistleblower; and
- The Huddle investigation (into the allegations made in March 2011) warranted further investigation to establish reporting lines, whether lessons learnt were applied, and to assess the thoroughness and the probity of the work performed.

The Trust then instructed KPMG to undertake a detailed independent investigation through its forensic team. This work was undertaken in two stages with reports provided on 12th August 2014 and on 14th November 2014.

At the same time, the Trust undertook its own investigation in order to provide assurance to the Board and other key stakeholders that there was no risk to patient safety as a result of the allegations. This included a review of incidents, complaints, disciplinary action, CPI audits, and serious incidents. The Trust sought and received independent clinical advice on its methodology.

The Trust undertook a comprehensive communications programme to inform staff, patients and the public, commissioners, regulators, the CQC, and other key stakeholders at the start of the investigation. It has also opened and maintained a regular dialogue with Pearson Education Limited (the provider of IHCD assessments and exam papers) and the Healthcare Professions Council (HCPC) with whom paramedics are registered to practice.

Since the independent investigation has been completed the following actions have been taken to progress matters:

- Review of the draft report and outcome with HCPC – the Trust will self-refer to the HCPC for their investigation and assurance processes;
- Review of the draft report by Pearson who have responded to KPMG. Pearson have since informed the Association of Ambulance Chief Executives that they are withdrawing from IHCD provision in 2015;
- Pearson have re-written and published IHCD examination material;
- The Trust is considering taking potential disciplinary action against four members of staff.

2. Investigation details

Incident Type	Governance
Department	Clinical Education and Development
Outcome for patient:	No patient safety impact
Severity level:	Significant
Level of Investigation	Level 1 Root Cause Analysis - Comprehensive
Investigation team & Sponsoring Director at EMT	Lead Investigator: KPMG EMT Lead: Sandra Adams, Director of Corporate Affairs/Trust Secretary Investigation oversight: Sandra Adams, Ann Radmore, Mark Whitbread, Fionna Moore, Charlotte Gawne, Jason Killens, Tony Crabtree.
Terms of Reference	The terms of reference for the Serious Incident (SI) investigation are as follows: 1. To investigate the allegations contained in the anonymous whistleblower email concerning the period 2008-2012. 2. To review any recommendations from the outcome of the investigation and implement an action plan in response .
Arrangements for sharing the learning	✓ The Clinical Safety, Development and Effectiveness committee will review the recommendations and action plan. ✓ The Senior Management Team will review the Action Plan. ✓ The Quality Governance Committee will monitor progress with implementation of the agreed action plan.

3. Introduction

3.1 The London Ambulance Service NHS Trust (LAS) is committed to the delivery of the highest standards of healthcare.

3.2 As an NHS provider organisation we endeavour to create a culture within the Trust which allows learning to take place in a transparent, open and honest fashion which will improve care to future patients.

4. Incident Description & Consequences

4.1 On 9th May 2014, Pearson Education Limited provided the Trust with an anonymous email which had been addressed to the Secretary of State for Health, Jeremy Hunt, and various individuals within the Trust and at Pearson Education Limited. The email into the Trust appeared to have been stopped by firewalls, possibly due to the size of the attachments. The email had been sent from LAS.Whistleblower@gmx.co.uk

4.2 The email alleged the following:

- There was 'systematic cheating' on the IHCD paramedic training programme during the period 2008-2012;
- The 'vast majority' of students enrolled in the programme were in possession of exam questions and answers prior to the exams being taken.
- The Trust had been aware in March 2011 that a group of some 100 plus students had accessed an on-line cloud service, Huddle, where exam papers were stored. Despite the Trust having login details and email addresses of those who had accessed the site, no sanctions were put in place;
- It was usual practice by Training Officers two days before examinations to concentrate on a reduced list of topics for up and coming exams. The implication here was that Training Officers had prior sight of examination papers; and
- The number of paramedics allegedly cheating included the vast majority of those who studied at Trust centres in Fulham, New Malden and Hannibal House. This number was in excess of 900 students.

4.3 The whistleblower attached 9 files purporting to be relevant exam papers. Although these were not received through the LAS email system, KPMG were able to view 8 of the documents.

5. Pre-investigation risk assessment

5.1 A risk assessment is undertaken before the investigation to determine the likelihood of a re-occurrence of a similar incident. Risk assessment is not an exact forecast but a score based on probabilities.

A: Potential impact / severity (1-5)	B: Likelihood of recurrence at that severity	C: Risk (C = A x B)
4	2	8

Impact severity score: Major (safety, quality/complaints, reputation)
Likelihood score: Unlikely

6. Involvement and support for Patient & Relatives

No patient involvement.

7. Staff Management & Support

7.1 KPMG interviewed 25 members of staff over a total of 87 interview hours. All staff were invited to attend for an interview and were given the option of bringing a colleague or representative and to receive a copy of the interview transcript on data stick;

7.2 As part of the extensive communications programme, all staff were informed of the anonymous whistleblowing allegations through meetings, the intranet, and a video message from the Chief Executive. Staff were offered support through the usual Trust provision, through their line manager, and through the Director of Corporate Affairs/Trust Secretary who would be leading the investigation;

7.3 Those staff interviewed received a letter afterwards from the Director of Corporate Affairs/Trust Secretary, thanking them for their contribution to the investigation. Some interviewees have since met with her;

7.4 Any staff involved in any subsequent investigations emerging from the outcome of the independent investigation will be offered appropriate support.

8. Root cause analysis

8.1 The Huddle investigation

8.1.1 In March 2011 the Trust became aware of a file sharing website on Huddle, described as the on-line cloud service, where student learning material had been posted along with copies of some externally and internally set exam papers.

8.1.2 The Trust commenced an internal investigation in March 2011 which took until July 2013 to fully progress. Of the 86 registered users on the cloud sharing site, 78 were identified as current or past Trust employees. Of the 78, 11 were interviewed, the criteria for which appeared to have been those who had uploaded or viewed a particular examination paper prior to sitting that relevant paper.

8.1.3 Of the 11 staff, 8 were taken through to disciplinary hearings from which: 2 received written warnings; 3 were given verbal warnings; 1 student was given advice and guidance; and 2 cases were dismissed. One student left the Trst before a hearing took place.

8.1.4 Of that group of 11 staff, 2 students were not invited to disciplinary hearing due to what appears to have been an oversight between the manager and the chair of the hearings.

8.1.5 There was no sense of urgency to the investigation which was undertaken on a part-time basis, taking over 2 years to complete the final hearing. By the time the hearings were held a number of the students had already qualified as paramedics.

8.1.6 The focus of the Huddle investigation was on identifying those students who might have benefitted from seeing exam papers, with only 11 students identified for interview out of 78 Trust staff registered with the site.

8.1.7 Whilst individual disciplinary hearings were convened as set out above, no final over-arching report was drafted nor recommendations agreed and circulated.

8.1.8 The two students not taken through to disciplinary hearing did not receive communication from the Trust about the outcome of their case and whether or not they would be taken to disciplinary hearing.

8.1.9 During the Huddle investigations it was brought to the attention of investigators that there was widespread circulation of exam material both on the internet and on Trust network computers. There was a lack of follow up and focus to determine where exam papers had orginated from.

8.2 Exam governance

8.2.1 The external assessments and exam papers are run by the Institute of Healthcare Development (IHCD) which is affiliated to the Edexcel Examination Board. Edexcel is now owned by Pearson Education Limited.

8.2.2 The IHCD papers had not been re-written for approximately 10 years[1] and some tutors considered that certain questions were out of date and/or the model answers provided were not correct. These had been reported to IHCD but the out of date questions continued to appear in exam papers. The LAS raised this in a Standard Verification Visit in April 2008 and asked that a panel be set up to address the out of date questions and to refresh the range of questions. This panel was not set up.

8.2.3 Tutors stopped informing IHCD of the out of date questions and internal practice developed with tutors opening papers up to 72 hours prior to the examination so that they could void those questions they deemed inappropriate.

8.2.4 The exam awarding organisation, Pearson Education Limited, acknowledges that some questions may need to be voided. Regulations however state that exam papers should be opened five minutes prior to the examination in front of students. This was not common practice.

8.2.5 As tutors had prior knowledge of the examination papers this presented the opportunity to either inform students of the likely questions or to put on extra study session to cover exam topics.

8.2.6 The Student paramedic course is a 3 year programme; in years 1 and 2 the students train to Emergency Medical Technician level; year 3 is the paramedic element. The investigation identified that Tutors were reluctant to give guidance in year 3.

8.2.7 All 25 staff were interviewed on this point and 1 of the 8 students said that tutors might hint at the questions to come up; of the other 17 staff interviewed, 2 said that remedial study sessions would be put in place occasionally. This indicates that the practice was not as widespread as alleged by the whistleblower.

8.2.8 The IHCD papers had not been refreshed or updated in 10 years[2] which meant there were a limited number of questions in circulation and that all papers should be treated as ‘live’. This made it more difficult to ensure that students did not have prior sight of questions than it would have done had the questions been regularly refreshed or updated.

8.3 Mess room computers

8.3.1 Examination material was found on mess room computers and, although Training Officers have attempted to remove this material, the investigation found that some material may still be available.

[1] Pearson considers that test materials were revised in June 2008 and April 2010 but have been unable to provide details. LAS consider that there have been no updates in exam questions for around 10 years

[2] As above

8.3.2 The Trust did not investigate how examination material came to be on computers or who might have access to this.

8.4 Module G paper

8.4.1 The Module G paper is one set by IHCD and covers anatomy, physiology, pathophysiology and medical illness. As the paramedic course had evolved over time the Trust considered it more appropriate to deliver the Module G paper before the students started the paramedic course. This had been raised with Pearson Education Limited with a request to change papers to reflect the change in the delivery of the course. The IHCD responded that the papers would not be re-written due to budget constraints but welcomed suggestions to be made.

8.4.2 A tutor was asked to re-write the Module G multiple choice and Short Answer Anatomy and Physiology papers to make them more relevant. The tutor had experience as an IHCD question writer and the paper was written to be consistent with IHCD style.

8.4.3 The new paper was put into circulation within the Trust; the IHCD were not informed that the new paper was in use and it had not therefore been accredited.

8.4.4 This was not known widely and KPMG notified the Trust of this. The exam logs were then reviewed which identified that 860 staff across all the paramedic entry routes had taken the paper since it was introduced in 2012.

8.4.5 The Trust's Medical Director reviewed the original IHCD paper and the re-written paper and identified that the latter was more clinically relevant.

8.4.6 The Trust commissioned an independent review of the two papers and it was found that: both papers had 100 questions, of which 36 were identical or very similar and 64 were different. Although the topic varied to a degree, the technical content and difficulty of the two were very similar.

8.5 Availability of exam papers on the internet

8.5.1 This was alleged by the whistleblower and had been stated by staff and students during the investigation.

8.5.2 KPMG conducted a limited search and found:

- IHCD module H on a 'Studymode' website
- Paramedic pre-entry examinations are available on the Edexcel website, requiring a login and password
- Commentary on the Edexcel website that multiple choice papers for Modules G,H,11 & 12 had been removed from the website
- Example EMT paramedic questions.

8.5.3 KPMG reviewed the IHCD Module H questions against those on the question paper provided by the whistleblower and found the questions to be the same.

8.6 Root Cause

8.6.1 There was a lack of oversight and a failure of governance which led to the occurance of breaches of exam rules and regulations.

8.6.2 There was a failure to investigate the source of exam papers in circulation when first alleged in March 2011 and to then take appropriate action to remove or restrict access.

8.6.3 There was a failure to undertake a timely investigation into the allegations in March 2011; to identify the problem and to take timely and appropriate action to improve examination governance.

8.6.4 If the exam papers had been reset on a regular basis by the exam provider then this would have avoided the issue of availability of past papers that were still in use.

8.7 Conclusions from the independent investigation

8.7.1 A lack of governance around examinations, lack of resources and the fact that no one person had been given responsibility for exam governance had led to breaches in exam procedures and marking.

8.7.2 There were serious failings in the way the Huddle investigation was carried out and a lack of response to examination materials that had been found elsewhere on Trust computers.

8.7.3 The issue around availability of past papers would have been largely avoided if papers had been reset on a regular basis by the exam provider.

8.7.4 Other than one alleged incident that KPMG were unable to verify positively or negatively, no evidence has been identified that tutors were deliberately involved in the leaking of exam papers to students.

8.7.5 No evidence has been identified, other than one alleged incident of photographs being taken, that there was any cheating taking place within the exam rooms.

8.7.6 It was not possible to conclude:

- How widespread the circulation of exam papers was, albeit KPMG considered that it was likely to be significant; and
- Whether or not access to past papers would have given students a significant advantage and led to students who would otherwise have failed, passing the exams.

8.7.7 The whistleblower considered that exam cheating has led to unqualified and unsafe paramedics being employed by the Trust. KPMG could not conclude whether or not

that was the case but noted that the written examinations are only part of the assessment which a student undertakes to become a paramedic as they also complete workplace and practical assessments. They also undergo over 500 hours of supervised practice with a qualified registered paramedic. The Trust also undertook a safety investigation during the KPMG investigation.

9. Recommendations from the independent investigation[3]

9.1 Governance

9.1.1 A person with appropriate seniority within LAS should be given the responsibility to ensure that exam procedures are adhered to and any breaches properly investigated. This individual should report to the Clinical Education Steering Committee. This Committee should meet regularly (at least quarterly). Their agenda should include discussions on progress in improving exam procedures and any breaches or issues which have come to light.

9.1.2 An internal verification process should be put in place to regularly test the adherence to exam procedures and to assess the quality of marking. Regular reports should be provided to the Clinical Education Steering Committee.

9.2 Exam Procedures

9.2.1 Immediate steps should be taken to ensure that LAS is compliant with IHCD examination standards. In particular:

- Two independent invigilators should always be present in examinations;
- There should be a dialogue with Pearson about how to deal with questions which should be voided. In particular, whether they should be voided prior to the examination or afterwards. If the questions are to be voided prior to the examination, there needs to be an agreed procedure with Pearson on how this is to be achieved;
- All exam markers should be independent of students. A proportion of exam scripts should be second marked on clean copies as detailed in the exam procedures; and
- The Administration team should be informed that no exam papers should be issued to any tutors except the independent exam invigilators. Only when express permission is given from the Chair of the Clinical Education Steering Committee and, if it is an ICHD paper, Pearson, should papers be provided to any party for non examination purposes.

9.3 Exam papers

[3] Extracted from KPMG 'Report into whistleblowing allegations concerning paramedic examinations' November 2014

9.3.1 A dialogue should be opened with Pearson to consider whether exam materials require renewal and questions which are out of date are appropriately altered or removed from the exam bank of questions.

9.3.2 It appears some of the issues that have arisen are because students have been denied access to example exam questions and have sought guidance from "live" papers which were in circulation. We recommend that LAS, with the agreement of Pearson, put together a bank of example questions to which students are allowed access. Students should then be informed that they should not view any other exam questions.

9.4 Exam materials on computers

9.4.1 LAS have identified that there are examination materials contained on computers including those located in Messrooms. LAS should initiate a process to remove this material from computers and, where appropriate, question those who have examination materials in their possession as to how they obtained it and how it has been used.

9.4.2 Thereafter regular electronic searches should be carried out to ensure that no further examination materials are located in unauthorised locations.

9.4.3 Students should be given a process where they can report confidentially on any breaches of exam protocols particularly involving where they have seen inappropriate examination materials.

9.5 Issues identified during the checking of marking of exam papers

9.5.1 During the course of our work, we identified 18 students who had an exam paper marked as a pass which should have been a fail. We have provided a list of these 18 students to the Trust. We understand that a cross check of these names against complaint records will take place to understand whether there is a clinical risk associated with these individuals and if further work should be undertaken. [We have asked the Trust and they have confirmed that this has been carried out and no issues have arisen.]

9.5.2 At this stage, we have not recommended that the 18 students affected are asked to retake these exams for the following reasons:

- these students were identified through a sampling process. Therefore, it would potentially unfair to ask them alone to retake these exams;
- the fails were marginal; and
- no student had failed more than one exam out of approximately 20 which they would have sat.

9.5.3 It is arguable that all students (bearing in mind that exam papers were potentially in widespread circulation) should retake some or all of the papers. We consider that this would

be disproportionate and potentially very disruptive to the service as a whole. A revalidation process may well be more appropriate to give the general public confidence in the service.

9.6 Investigation procedures

9.6.1 KMPG have highlighted a number of shortcomings in the Huddle investigation. To ensure that such shortcomings do not re-occur in the event of subsequent investigations into examination irregularities and breaches, it is recommended that:

■ A Director is appointed to oversee the investigation and has responsibility to report on findings, outcomes and recommendations to both the Clinical Education Steering Group and the Board;

■ Investigators are appointed who are appropriately experienced and qualified. Where such staff are not available, consideration should be given to contracting in appropriate expertise;

■ An investigation plan is prepared with clear objectives, actions, reporting lines and milestones. This is agreed with the Clinical Education Steering Group and the Board;

■ It should be considered at the outset as to whether staff under investigation should be suspended from duty or from the exam process until investigations are completed;

■ Investigations should be carried out as swiftly as possible and those under investigation suitably informed as to timescales and progress;

■ A final investigation report should be compiled detailing actions and recommendations. Those recommendations should be reported to the Clinical Education Steering Group for action; and

■ The process for investigating examination breaches by tutors or students, as discussed above, is codified into a procedure to be followed in all such investigations.

9.7 Exam board

9.7.1 Bearing in mind the exam papers set by Pearson had not been renewed in 10 years[4], LAS should consider whether it is appropriate to continue with Pearson or seek another accreditation route.

9.8 Module G paper

9.8.1 The LAS should discuss with the Regulator (HCPC) the appropriateness of the revised MOD G paper. We understand that this has been carried out and HCPC are satisfied that no further action is necessary.

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[4] See footnote on page 9

9.9 Revalidation

9.9.1 Other organisations such as the General Medical Council and the Nursing and Midwifery Council are moving towards a revalidation process which involves checking whether practitioners are fit to practice. Revalidation gives extra confidence to patients and the general public that they are being regularly checked by their employer and regulators. The Trust may wish to consider, in light of the issues around examinations, whether the introduction of a revalidation process would provide additional comfort to the general public. [Trust to give this further consideration.]

10. Other recommendations

10.1 The Trust Board recommend that the investigation procedures within the Discplinary Policy are reviewed, taking into account the recommendations in 9.6.1.

11. Post-investigation risk assessment

The risk assessment scores are based on the assumption that all recommendations will be implemented and monitored.

A: Potential impact / severity (1-5)	B: Likelihood of recurrence at that severity	C: Risk (C = A x B)
2 (Minor)	1 (Unlikely)	3

12. Action plan

Recommendation	LAS Response	Action taken/to be taken	Responsible director	Date of completion
Governance				
A person with appropriate seniority within LAS should be given the responsibility to ensure that exam procedures are adhered to and any breaches properly investigated. This individual should report to the Clinical Education Steering Committee. This Committee should meet regularly (at least quarterly). Their agenda should include discussions on progress in improving exam procedures and any breaches or issues which have come to light.	Agreed Agreed	**Named leads to be identified:** Corporate director: Mark Whitbread SMT lead:Jane Thomas Clinical Education governance lead:TBC **Establish the Clinical Education Steering Group inc Terms of Reference and reporting lines** *To be discussed in conjunction with the Workforce Committtee ToR*	Mark Whitbread	31st March 2015 31st May 2015
An internal verification process should be put in place to regularly test the adherence to exam procedures and to assess the quality of marking. Regular reports should be provided to the Clinical Education Steering Committee.	Agreed Agreed	**Establish an internal verification process plus audit process** **Regular reporting to the CESG**	Mark Whitbread	30th April 2015 30th June 2015
Exam procedures				
Two independent invigilators should always be present in examinations.	IHCD Requirements state that 'under no circumstances must the tutor that has prepared the students for	**Incorporate within the exam governance oversight processes and monitor with reporting to**	Mark Whitbread	**In place**

	examination be the sole invigilator'	**CESG on a quarterly basis**		
The questions to be voided are agreed with Pearson. An electronic list of voided questions should then prepared and kept in a secure location. This is kept as a reference for invigilators to determine which questions can be voided. It should also be agreed with Pearson how the time allowed in the examination should be varied if exam questions have been voided.	IHCD Requirements state 'where questions may be found to be erroneous or conflict with Sevice protocols, these may be discounted from the exam although the percentage pass mark remains in force. Any such questions must be notified to IHCD using the exam log.' *Current practice*: Voided questions are raised with the verifier when they visit	**Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a quarterly basis**	Mark Whitbread	**In place**
Where it is believed that exam papers have questions which may need to be voided, the two independent invigilators open the papers on the day of the examinations. Only those questions which have been agreed with Pearson to be voided should be deleted from the paper.	Agreed for the papers that we review	**Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a quarterly basis**	Mark Whitbread	**In place**
All exam markers should be independent of students. A proportion of exam scripts should be second marked on clean copies as detailed in the exam	IHCD Requirements state: 'markers and adjudicators shuld be suitably qualified individuals not directly involved in the tuition of the	**Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a quarterly basis**	Mark Whitbread	**In place**

procedures.	candidate(s) being examined.’			
The Administration team should be informed that no exam papers should be issued to any tutors except the independent exam invigilators. Only when express permission from the Clinical Education Steering Committee and Pearson be given should papers be provided to any party for non examination purposes.	Exam papers are issued and signed for and managed in a robust way.	Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a quarterly basis	Mark Whitbread	31st May 2015
Exam papers				
A dialogue should be opened with Pearson to consider whether exam materials require renewal and questions which are out of date are appropriately altered or removed from the exam bank of questions.	Agreed. Pearson have since confirmed that they do not wish the LAS to be involved/assist with the bank of questions		Mark Whitbread	N/A
We recommend that LAS, with the agreement of Pearson, put together a bank of example questions to which students are allowed access. Students should then be informed that they should not view any other exam questions.	As above		Mark Whitbread	N/A

Exam materials on computers				
LAS have identified that there are examination materials contained on computers including those located in Messrooms. LAS should initiate a process to remove this material from computers and, where appropriate, question those who have examination materials in their possession as to how they obtained it and how it has been used.	Agreed *The examination material is now out of date and not relevant to modules so recommendation no longer applicable - TBC*	***To be confirmed***	Mark Whitbread	30th April 2015
Thereafter regular electronic searches should be carried out to ensure that no further examination materials are located in unauthorised locations.	Agreed	**Mess room computer logins removed-** ***consider any further action to check for material***	Mark Whitbread	30th April 2015
Students should be given a process where they can report confidentially on any breaches of exam protocols particularly involving where they have seen inappropriate examination materials.	Agreed	Incorporate process within exam governance oversight and communicate this to students. Monitor number of reports made – quarterly – report to CESG	Mark Whitbread	31st May 2015
Issues Identified during the checking of marking of exam papers				
During the course of our work, we identified 18 students who had an exam paper	Agreed	Cross check the list of names against the clinical risk indicators	Mark Whitbread	**Completed Nov 2013**

marked as a pass which should have been a fail. We have provided a list of these 18 students to the Trust. We understand that a cross check of these names against complaint records will take place to understand whether there is a clinical risk associated with these individuals and if further work should be undertaken.		analysis		
Investigation procedures in the event of examination irregularities and breaches; Recommendation subsequently extended (February 2015) to cover LAS Disciplinary Policy investigations				
A Director is appointed to oversee the investigation and has responsibility to report on findings, outcomes and recommendations to both the Clinical Education Steering Group/relevant committee (and the Trust Board as appropriate)	Agreed	Examination investigations: Director of Paramedic Education and Development in post – establish reporting process to CESG LAS Disciplinary Policy	Mark Whitbread Karen Broughton, Director of Strategy and Transformation	**In place**
Investigators are appointed who are appropriately experienced and qualified. Where	Agreed	Checklist and specification for the role to be introduced and compliance	Mark Whitbread Karen Broughton	30th September 2015

such staff are not available, consideration should be given to contracting in appropriate expertise.		monitored. Training package available for managers.	 Karen Broughton	
An investigation plan is prepared with clear objectives, actions, reporting lines and milestones. This is agreed with the Clinical Education Steering Group/relevant committee (and the Trust Board as appropriate.)	Agreed		Oversight: Mark Whitbread Karen Broughton Responsibility – lead senior manager for the investigation	Ongoing
It should be considered at the outset as to whether staff under investigation should be suspended from duty (or from the exam process) until investigations are completed.	Agreed – in line with Trust Policy		Responsibility – lead senior manager for the investigation	Ongoing
Investigations should be carried out as swiftly as possible and those under investigation suitably informed as to timescales and progress.	Agreed – in line with Trust Policy		Responsibility – lead senior manager for the investigation	Ongoing
A final investigation report should be compiled detailing actions and recommendations. Those recommendations should be reported to the Clinical Education Steering Group/relevant committee for action.	Agreed – in line with Trust Policy		Responsibility – lead senior manager for the investigation	Ongoing
The process for investigating examination	Agreed	Incorporate within the examination	Mark Whitbread	31st May 2015

breaches by tutors or students, as discussed above, is codified into a procedure to be followed in all such investigations.		governance process		
Exam board				
Bearing in mind the exam papers set by Pearson have not been renewed in 10 years, LAS should consider whether it is appropriate to continue with Pearson or seek another accreditation route.	Agreed	To consider an alternative system/provider – already underway; discussions with HEIs	Mark Whitbread	Q1 15/16
Revalidation				
Other organisations such as the General Medical Council and the Nursing and Midwifery Council are moving towards a revalidation process which involves checking whether practitioners are fit to practice. Revalidation gives extra confidence to patients and the general public that they are being regularly checked by their employer and regulators. The Trust may wish to consider, in light of the issues around examinations, whether the introduction of a revalidation process would provide additional comfort to the general public.	Not agreed	Discussed with the HCPC as the registration authority. This is a national issue and could be considered as part of the national revalidation discussions for registered professionals – HCPC have no plans for this as yet. LAS to consider whether it can implement an internal process for checking registration for HCPC healthcare professionals. Internal processes such as CSR and CPI monitoring and annual appraisal may satisfy this.	Mark Whitbread	31st May 2015

		Process underway for NMC registered nurses	Zoe Packman	31st May 2015

Action plan – outcome of investigation – student paramedic examinations

Recommendation	LAS Response	Action taken/to be taken	Responsible director	Date of completion	Progress 22 May 15
Governance					
A person with appropriate seniority within LAS should be given the responsibility to ensure that exam procedures are adhered to and any breaches properly investigated. This individual should report to the Clinical Education Steering Committee. This Committee should meet regularly (at least quarterly). Their agenda should include discussions on progress in improving exam procedures and any breaches or issues which have come to light.	Agreed	**Named leads to be identified:** Corporate director: Mark Whitbread SMT lead:Jane Thomas Clinical Education governance lead:PB **Establish the Clinical Education Steering Group inc Terms of Reference and reporting lines** *To be discussed in conjunction with the Workforce Committee ToR*	Mark Whitbread	**31st March 2015**	**Education Governance Manager has this responsibility** **Under discussion by the Workforce Committee**

Action plan – outcome of investigation – student paramedic examinations

	Agreed			**31st May 2015**	
An internal verification process should be put in place to regularly test the adherence to exam procedures and to assess the quality of marking. Regular reports should be provided to the Clinical Education Steering Committee.	Agreed Agreed	**Establish an internal verification process plus audit process** **Regular reporting to the CESG**	Mark Whitbread	**30th April 2015** **30th June 2015**	**In place but requires testing by end Q1 15/16**
Exam procedures					
Two independent invigilators should always be present in examinations.	IHCD Requirements state that 'under no circumstances must the tutor that has prepared the students for examination be the sole invigilator'	**Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a quarterly basis**	Mark Whitbread	**In place**	
The questions to be voided are agreed with Pearson. An electronic list of voided questions should then prepared and kept in a secure location.	IHCD Requirements state 'where questions may be found to be erroneous or conflict with Service protocols, these may be discounted from the exam	**Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a**	Mark Whitbread	**In place**	**List of voided questions kept but not required to send these to Pearson.**

This is kept as a reference for invigilators to determine which questions can be voided. It should also be agreed with Pearson how the time allowed in the examination should be varied if exam questions have been voided.	although the percentage pass mark remains in force. Any such questions must be notified to IHCD using the exam log.' *Current practice*: Voided questions are raised with the verifier when they visit	**quarterly basis**			**These are made available to the external verifier on the annual visit**
Where it is believed that exam papers have questions which may need to be voided, the two independent invigilators open the papers on the day of the examinations. Only those questions which have been agreed with Pearson to be voided should be deleted from the paper.	Agreed for the papers that we review	**Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a quarterly basis**	Mark Whitbread	**In place**	**Not possible due to Pearson rules – not required to send the voided questions (see above)**
All exam markers should be independent of students. A proportion of exam scripts	IHCD Requirements state: 'markers and adjudicators shuld be suitably qualified individuals	**Incorporate within the exam governance oversight processes and monitor with**	Mark Whitbread	**In place**	

should be second marked on clean copies as detailed in the exam procedures.	not directly involved in the tuition of the candidate(s) being examined.’	**reporting to CESG on a quarterly basis**			
The Administration team should be informed that no exam papers should be issued to any tutors except the independent exam invigilators. Only when express permission from the Clinical Education Steering Committee and Pearson be given should papers be provided to any party for non examination purposes.	Exam papers are issued and signed for and managed in a robust way.	Incorporate within the exam governance oversight processes and monitor with reporting to CESG on a quarterly basis	Mark Whitbread	**31st May 2015**	**In place** **For referral to KB for Workforce Committee consideration**
Exam papers					
A dialogue should be opened with Pearson to consider whether exam materials require renewal and questions which are out of date are	Agreed. Pearson have since confirmed that they do not wish the LAS to be involved/assist with the bank of		Mark Whitbread	**N/A**	**Confirmed at National Education leads meeting by Pearson**

appropriately altered or removed from the exam bank of questions.	questions				
We recommend that LAS, with the agreement of Pearson, put together a bank of example questions to which students are allowed access. Students should then be informed that they should not view any other exam questions.	As above		Mark Whitbread	N/A	As above
Exam materials on computers					
LAS have identified that there are examination materials contained on computers including those located in Messrooms. LAS should initiate a process to remove this material from computers and, where appropriate, question	Agreed *The examination material is now out of date and not relevant to modules so recommendation no longer applicable - TBC*	***To be confirmed***	Mark Whitbread	30th April 2015	Generic log ins removed so access no longer possible – material is now out of date

those who have examination materials in their possession as to how they obtained it and how it has been used.					
Thereafter regular electronic searches should be carried out to ensure that no further examination materials are located in unauthorised locations.	Agreed	**Mess room computer logins removed-** ***consider any further action to check for material***	Mark Whitbread	**30th April 2015**	**Mess room log ins removed**
Students should be given a process where they can report confidentially on any breaches of exam protocols particularly involving where they have seen inappropriate examination materials.	Agreed	Incorporate process within exam governance oversight and communicate this to students. Monitor number of reports made – quarterly – report to CESG	Mark Whitbread	**31st May 2015**	**Added to presentation at the start of each new course.** **For discussions re Workforce Committee**
Issues Identified during the checking of marking of exam papers					
During the course of our work, we identified 18 students who had an exam paper marked as a pass which should have been a fail. We have provided a list of	Agreed	Cross check the list of names against the clinical risk indicators analysis	Mark Whitbread	**Completed Nov 2013**	***Under review cu rrently***

these 18 students to the Trust. We understand that a cross check of these names against complaint records will take place to understand whether there is a clinical risk associated with these individuals and if further work should be undertaken.					
Investigation procedures in the event of examination irregularities and breaches; **Recommendation subsequently extended (February 2015) to cover LAS Disciplinary Policy investigations**					
A Director is appointed to oversee the investigation and has responsibility to report on findings, outcomes and recommendations to both the Clinical Education Steering Group/relevant committee (and	Agreed	Examination investigations: Director of Paramedic Education and Development in post – establish reporting process to CESG	Mark Whitbread	**In place**	**Referral to KB for Workforce Committee**

the Trust Board as appropriate)		LAS Disciplinary Policy	Karen Broughton, Director of Strategy and Transformation		
Investigators are appointed who are appropriately experienced and qualified. Where such staff are not available, consideration should be given to contracting in appropriate expertise.	Agreed	Checklist and specification for the role to be introduced and compliance monitored. Training package available for managers.	Mark Whitbread Karen Broughton Karen Broughton	**30th September 2015**	
An investigation plan is prepared with clear objectives, actions, reporting lines and milestones. This is agreed with the Clinical Education Steering Group/relevant committee (and the Trust Board as appropriate.)	Agreed		Oversight: Mark Whitbread Karen Broughton Responsibility – lead senior manager for the investigation	**Ongoing**	

Action plan – outcome of investigation – student paramedic examinations

It should be considered at the outset as to whether staff under investigation should be suspended from duty (or from the exam process) until investigations are completed.	Agreed – in line with Trust Policy		Responsibility – lead senior manager for the investigation	**Ongoing**	
Investigations should be carried out as swiftly as possible and those under investigation suitably informed as to timescales and progress.	Agreed – in line with Trust Policy		Responsibility – lead senior manager for the investigation	**Ongoing**	
A final investigation report should be compiled detailing actions and recommendations. Those recommendations should be reported to the Clinical Education Steering Group/relevant committee for action.	Agreed – in line with Trust Policy		Responsibility – lead senior manager for the investigation	**Ongoing**	
The process for investigating examination breaches by tutors or students, as discussed above, is codified into a procedure to be followed in all such investigations.	Agreed	Incorporate within the examination governance process	Mark Whitbread	**31st May 2015**	

Action plan update 22 May 2015

Action plan – outcome of investigation – student paramedic examinations

Exam board					
Bearing in mind the exam papers set by Pearson have not been renewed in 10 years, LAS should consider whether it is appropriate to continue with Pearson or seek another accreditation route.	Agreed	To consider an alternative system/provider – already underway; discussions with HEIs	Mark Whitbread	Q1 15/16	**HCPC visit in July 15 to review the proposed pathway for the LAS to become an accredited centre in its own right**
Revalidation					
Other organisations such as the General Medical Council and the Nursing and Midwifery Council are moving towards a revalidation process which involves checking whether practitioners are fit to practice. Revalidation gives extra confidence to patients and the general public that they are being regularly checked by their employer and regulators. The Trust may wish to consider, in light of the issues around examinations, whether the introduction of a revalidation	Not agreed	Discussed with the HCPC as the registration authority. This is a national issue and could be considered as part of the national revalidation discussions for registered professionals – HCPC have no plans for this as yet.			

process would provide additional comfort to the general public.		LAS to consider whether it can implement an internal process for checking registration for HCPC healthcare professionals. Internal processes such as CSR and CPI monitoring and annual appraisal may satisfy this. Process underway for NMC registered nurses	Mark Whitbread Zoe Packman	**July 2015** **June 2015**	**For the Workforce Committee to consider**

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Trust Secretary Report
Report Author(s):	Sandra Adams
Presented by:	Sandra Adams
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	For information

Background/Purpose

This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.

Tenders received

One new tender has been received since 24th March 2015:

1. Ventilation works at New Malden Training Centre
   Tenders received from:
   - Norland
   - Borahurst Ltd
   - Mac-Mech & Co
2. There have been two new entries to the Register for the use of the Trust Seal since 24th March 2015:
   - Lease – Unit F2 Chaucer Business Park, Watery Lane, Kemsing
   - Lease – Unit 2 Falcon Park, Neasden Lane, Neasden, London NW10

Action required

To be advised of the tenders received and entered into the tender book and the use of the Trust Seal since 24th March 2015 and to be assured of compliance with Standing Orders and Standing Financial Instructions.

Assurance

Compliance with Standing Orders and Standing Financial Instructions.

Key implications and risks arising from this paper	
Clinical and Quality	**None**
Performance	**None**
Financial	**Controls and mitigations against any risk: Compliance with Standing Orders and SFIs; 2015/16 Financial Plan**
Legal	**Controls and mitigations against any risk: Compliance with Standing Orders and SFIs**
Equality and Diversity	**None**
Reputation	**None**
Other	**Controls and mitigations against any risk: Compliance with Standing Orders and SFIs**
This paper supports the achievement of the following 2015/16 objectives	
Improve the quality and delivery of urgent and emergency response	
To make LAS a great place to work	**Yes**
To improve the organisation and infrastructure	**Yes**
To develop leadership and management capabilities	

London Ambulance Service NHS
NHS Trust

TRUST BOARD FORWARD PLANNER 2015

2nd June 2015

Standing Items	Annual Reporting	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Annual Report and Accounts 2014/15 including Annual Governance Statement** **Quality Account 2014/15 for approval** **Audit Committee Assurance Report** **Annual Report of the Audit Committee 2014/15** **BAF and Corporate Risk Register** **Patient Voice and Service Experience Annual Report 2014/15** **Infection Prevention and Control Annual Report 2014/15** **Annual Safeguarding Report 2014/15**	Integrated Board Performance Report Quality Report Quality Governance Committee Assurance Report Finance Report Report from Finance and Investment Committee	2015/16 Corporate Objectives	Board Declarations Report from Trust Secretary Trust Board Forward Planner Serious Incident report into anonymous whistleblowing allegations	Quality Governance Committee on 14th April 2015 Finance and Investment Committee on 21st May 2015 Audit Committee on 21st May 2015	

28th July 2015

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Quality Report** **Quality Committee Assurance Report** **BAF and Corporate Risk Register** **Finance Report M3** **Report from Finance and Investment Committee** **Outcome of the CQC Chief Inspector of Hospitals planned inspection**	Q1 Business Plan review	Annual Equality Report 2014/15 Board Declarations Report from Trust Secretary Trust Board Forward Planner	Quality Governance Committee on 14th July 2015 Finance and Investment Committee on 23rd July 2015	

29th September 2014

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Patient Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Quality Report** **Audit Committee Assurance Report** **Annual Audit Letter 2014/15** **BAF and Corporate Risk Register** **Finance Report M5** **Report from Finance and Investment Committee**	Business planning 16/17	Board Declarations Report from Trust Secretary Trust Board Forward Planner	Finance and Investment Committee on 24th September 2015 Audit Committee on 7th September 2015	

24th November 2014

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
Staff Story Declarations of Interest Minutes of the previous meeting Matters arising Report from the Trust Chairman Report from Chief Executive	**Integrated Board Performance Report** **Quality Report** **Quality Governance Committee Assurance Report** **Audit Committee Assurance Report** **BAF and Corporate Risk Register** **Finance Report M7** **Report from Finance and Investment Committee**	6 month review of business plan	Board Declarations Report from Trust Secretary Trust Board Forward Planner Performance Reporting compliance statement	Quality Governance Committee on 13th October 2015 Finance and Investment Committee on 19th November 2015 Audit Committee on 9th November 2015	

2015 Meetings Calendar

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair	**27**		**24**			**2**	**28**		**29**		**24**		9.00 - 14.00
Board Strategy and Planning	Trust Chair		**24**		**28**		**30**				**27**		**15**	9.00 - 16.00
Annual General Meeting	Trust Chair									**29**				14.00 - 15.30
Annual C/Funds Committee	Non-executive director													
Remuneration Committee	Trust Chair													
Audit Committee	John Jones		**2**		**17**	**21**	**1**			**7**		**9**		14.00 - 17.00
Finance and Investment Committee	Nick Martin	**26**		**19**		**21**		**23**		**24**		**19**		14.00 - 17.00
Quality Governance Committee	Bob McFarland	**13**			**14**			**14**		**22**		**17**		14.00 - 17.00
Clinical Safety, Development and Effectiveness Committee	Clinical Directors	**20**	**17**	**17**	**21**	**19**	**16**	**21**	**18**	**22**	**20**	**17**	**22**	14.00 - 16.00
Executive Management Team (EMT)	CE	**Every Wednesday 9.00 - 12.00**												9.00 - 12.00

London Ambulance Service NHS
NHS Trust

Report to:	London Ambulance Service Trust Board
Date of meeting:	2nd June 2015
Document Title:	Register of Interests – May 2015
Report Author(s):	Sandra Adams
Presented by:	Sandra Adams
Contact Details:	sandra.adams@lond-amb.nhs.uk
History:	N/A
Status:	For information and assurance

Background/Purpose

Register of Interests – Section 15 of the Standing Orders, Reservation and Delegation of Powers of the Trust Board Directors; supported by Appendix VII, Section 7, Standards of Business Conduct.

Section 15 of the Standing Orders refers specifically to Board Directors and the Trust Board can take assurance that:

- 15.2: Board directors and officers are invited to declare any new or undeclared interests at the commencement of all meetings of the Trust Board. This has been extended to Trust Board committees and the Executive Management Team;
- 15.3: Board directors have registered on appointment, and provided an annual update as a minimum, any significant pecuniary or other interest material and relevant to the business of the Trust.

All directors have submitted declaration forms in 2015.

Action required

To review the Register of Interests for information and assurance purposes.

Assurance

In accordance with Standing Orders the Register of Interests has been refreshed an updated and all managers, senior managers and directors have subsequently been advised of the additional requirement to incorporate ‘familiar relationships’.

Key implications and risks arising from this paper	
Clinical and Quality	N/A
Performance	N/A
Financial	Potential risk if not declared
Legal	Potential risk if not declared
Equality and Diversity	N/A
Reputation	Potential risk if not declared
Other	
This paper supports the achievement of the following 2014/15 objectives	
Improve the quality and delivery of urgent and emergency response	N/A
To make LAS a great place to work	N/A
To improve the organisation and infrastructure	N/A
To develop leadership and management capabilities	N/A

Trust Board Register of Interest - May 2015

Name	Date	Nil declaration	Interest declared	1. Directorships, including non-executive Directorship helds in private companies or PLCs	2. Ownership or partnership or private companies, businesses or consultancies likely or possibly seeking to do business with the Trust	3. Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the Trust	4. A position of authority in a charity or voluntary body in the field of healthcare or social services	5. Any material connections with a voluntary or other body contracting for services with NHS organisation	6. Any other commercial interests in a decision before a meeting of the Trust Board
Richard Hunt	04/03/2015		✓	Director of Maven Executive Coaching and Mentoring	Director of Attan Partners Ltd				
Jessica Cecil	25/02/2015		✓				On the advisory board of IntoUniversity, a charity aimed at getting disadvantaged young people to university	One sister is an NHS physiotherapist who also sees patients privately; another sister is a public health reseracher at Imperial College.	
John Jones	04/02/2015	✓							
Fergus Cass	04/03/2015		✓	Book Aid International - Charity - Trustee; Hospices of Hope - Charity - Trustee; Hospices of Hope Trading Limited - Charity related chain of shops - Chair Melton Court Parking Limited: company managing parking spaces at block where I live: Director			As noted above, I am a trustee of Hospices of Hope, a charity supporting hospice care in Romania and neighbouring countries		
Nicholas Martin	24/02/2015		✓	Cambridge Guarantee Holdings (Director); A2Dominion Housing Association (Director)			Chair, City of Westminster College		
Robert McFarland	05/02/2015	✓					Trustee and Chair of the European Doctor's Orchestra.		
Theo de Pencier	04/03/2015		✓	Freight Transport Association (FTA) - Chief Executive	LAS are members of FTA and from time to time purchase services/goods. I am not an owner or partner in FTA.			Other NHS Trusts are also members of FTA and from time to time purchase services/goods.	
Sandra Adams	04/02/2015	✓							
Karen Broughton	05/02/2015	✓							
Andrew Grimshaw	05/02/2015		✓	Director of LSO Consulting Ltd.					
Charlotte Gawne	17/03/2015		✓	Director – Vannin Consulting (currently a dormant IT consultancy)					
Jason Killens	10/02/2015	✓							
Fionna Moore	05/03/2015		✓	Medical Director, Location Medical Services.			Member Executive Committee, Resuscitation Council (UK)		
Paul Woodrow	10/02/2015	✓							
Mark Whitbread	09/03/2015	✓							
Zoe Packman	09/03/2015		✓					Honorary senior clinical fellow, Kingston University and St George's University of London	
Fenella Wigley	14/02/2015		✓				Regional Professional Lead for Doctors - St John Ambulance London Region		Expert Clinical Advisor to UKBA; Consultant in Emergency Medicine, Barts Health NHS Trust