



**MEETING OF THE LONDON AMBULANCE SERVICE NHS TRUST BOARD  
TO BE HELD IN PUBLIC ON TUESDAY 24<sup>th</sup> November 2015 AT 09.00 - 12.30  
CONFERENCE ROOM, 220 WATERLOO ROAD, LONDON, SE1 8SD**

**DRAFT AGENDA: PUBLIC SESSION**

	ITEM	SUBJECT	PURPOSE	LEAD	TAB
09.00	1.	<b>Welcome and apologies for absence</b> Apologies received from:			
	2.	<b>Patient Story</b> Community Treatment Team	Information	ZP	
09.20	3.	<b>Declarations of Interest</b> To request and record any notifications of declarations of interest in relation to today's agenda		RH	
	4.	<b>Minutes of the public meeting held on 29<sup>th</sup> September 2015</b> To approve the minutes of the meeting held on 29 <sup>th</sup> September 2015	Approval	RH	To follow
	5.	<b>Matters arising</b> To review the action schedule arising from previous meetings	Information	RH	To follow
09.30	6.	<b>Report from Chief Executive</b> To receive a report from the Chief Executive	Information	FM	TAB 3
<b>QUALITY ASSURANCE</b>					
9.45	7.	<b>Integrated Board Performance Report – Month 7</b> To receive the integrated board performance report (including Operational Performance)	Information	JP	TAB 4
	8.	<b>To receive reports and assurance on the quality and safety of the service</b> 8.1 Quality Report – Month 7 8.2 CQC update	Information	FW/ MW/ ZP	TAB 5
	9.	<b>Medicines Management</b> To appoint a board director for overseeing medicines management and medication errors	Approval	FM	TAB 6
	10.	<b>Quality Governance Committee Assurance Report</b> To receive the Quality Governance Committee Assurance Report on 17 <sup>th</sup> November 2015	Assurance	BMc	Oral
	11.	<b>Workforce Report</b> 11.1 To receive a detailed update on recruitment 11.2 To approve Phase 2 of the Bullying and Harassment programme	Information	KB	TAB 7
	12.	<b>Finance Report – Month 7</b> <b>To receive the finance report for Month 7</b> 12.1 Finance Report 12.2 Report from Finance and Investment Committee on 20 <sup>th</sup>	Information	AG  NM	TAB 8

		November 2015			
	13.	<b>Board Assurance Framework, Risk Register and Risk Management</b> 13.1 To receive the Board Assurance Framework and Corporate Risk Register	Information	SA	TAB 9
	14.	<b>Audit Committee Assurance Report</b> To receive the assurance report from the Audit Committee meeting held on 9 <sup>th</sup> November 2015	Assurance	JJ	TAB 10
<b>GOVERNANCE</b>					
11.30	15.	<b>2015/16 Business Plan</b> To receive an update on progress against the 2015/16 business plan	Information	KB	Presentation
	16.	<b>Charitable Fund Annual Report and Accounts 2014/15</b> To approve the annual report and accounts for 2014/15	Approval	RH	TAB 11
	17.	<b>Report from Trust Secretary</b> To receive a report on use of the Trust Seal and tenders received	Information	SA	TAB 12
	18.	<b>Report from the Trust Chairman</b> To receive a report from the Trust Chairman on key activities since the last meeting	Information	RH	Oral
	19.	<b>Trust Board Forward Planner and 2016 calendar</b> To receive the Trust Board forward planner and calendar for 2016	Information	SA	TAB 13
	20.	<b>Register of Interest</b> To note the register of interests	Information	SA	TAB 14
	21.	<b>Questions from members of the public</b>		RH	
	22.	<b>Any other business</b>		RH	
12.30	23.	<b>Meeting Closed</b> The meeting of the Trust Board in public closes		RH	
		<b>Date of next meeting</b> The date of the next Trust Board meeting is 26 <sup>th</sup> January 2016		RH	



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Chief Executive's report</b>
<b>Report Author(s):</b>	<b>Daryl Belsey, Staff Officer to the Chief Executive</b>
<b>Presented by:</b>	<b>Dr Fiona Moore, Chief Executive</b>
<b>Contact Details:</b>	<b>daryl.belsey@lond-amb.nhs.uk</b>
<b>History:</b>	<b>N/A</b>
<b>Status:</b>	<b>Presented for information</b>
<b>Background/Purpose</b>	
This report covers the following items: <ol style="list-style-type: none"><li>1. Update from the events surrounding the terror attacks in Paris</li><li>2. Chief Executive Road Shows</li></ol>	
<b>Action required</b>	
This is presented for information.	
<b>Assurance</b>	
The Executive and EPRR teams are re-evaluating resilience in the event of a Paris style attack on London.	

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

# **LONDON AMBULANCE SERVICE NHS Trust**

## **Report of the Chief Executive**

**24<sup>th</sup> NOVEMBER 2015**

### **1. Update from events surrounding the terrorist attacks on Paris**

On the 13<sup>th</sup> November at around 21:20 hours local time, a series of virtually simultaneous attacks were carried out across Paris leading to very serious loss of life and injury. 129 innocent civilians were killed and over 200 were injured, with over 90 having critical injuries, in simultaneous gun and bomb attacks across a number of different sites.

In the light of this attack we are reviewing both our preparedness and capability to respond both to conventional and multi-site incidents.

A recent Emergo exercise in Leicester planned to manage a similar number of casualties with a similar injury profile. We are planning to be represented at the debrief to evaluate the response and consider the implications for ambulance services in the event of a prolonged hospital response.

### **2. Chief Executive Road Shows**

The Director of Operations, Medical Director and Director of Paramedic Education and Standards joined the Chief Executive in a series of staff engagement exercises which commenced on 28<sup>th</sup> September. 23 locations were visited and over 900 staff from frontline, control services and support services had the opportunity to give their views.

We are currently reviewing all the feedback and issues raised – many of which tied in to the three commitments around making the Service a better place to work, getting the basics right and delivering our improvement programme. In particular, we have taken on board the ongoing concerns around rosters and working hours, career progression and pay for paramedics. We will be updating on actions and progress against these before Christmas and sharing this with staff.

Dr Fionna Moore  
Chief Executive Officer



# London Ambulance Service



NHS Trust

## INTEGRATED PERFORMANCE REPORT – TRUSTBOARD EXECUTIVE SUMMARY

### NOVEMBER 2015

- \* All available data is correct as of the 15th of every month.
- \* Please note that this report relates to performance throughout October 2015 unless otherwise stated.



**Delivery of care continues to be safe, but quality remains challenged at times. Some patients experience longer waits due to capacity constraints. The financial position continues to be challenging with pressure on the forecast outturn. The £9.0m target can no longer be expected. A8 performance ended at 65%. This is higher than previous months and higher than the newly reinstated LAS forecast of 63.3%. Turnover continues to fall, now sitting at 13.9% from 14.5% in September**

## OUR PATIENTS

- ↑ The number of open complaints has fallen for the 4th consecutive month.
- ↔ There have been 6 serious incidents declared.
- ↔ There has been 1 medicines management incident reported.
- ↔ The LAS has completed an audit reviewing the appropriateness of triage to London Heart Attack Centres identifying 2 themes for improvement in relation to over triage; the use of auto-interpret software and the emphasis on ECG assessment over clinical presentation.

## OUR MONEY

- ↓ Surplus – The TDA has requested an improvement of £2m in the financial plan. To date only £0.5m has been identified.
- ↓ Year to date the Trust reports a £3.9m adverse variance from plan. Based on this performance achieving the year end forecast deficit of £9.0m can no longer be expected.
- ↓ Cost Improvement - CIP is £0.5m adverse to plan due to unidentified savings programmes required due to the reduction in specialised services funding (£3.0m).
- ↔ Cash - £4.5m below plan. The Trust cash position remains robust but cash management action will be required to maintain this to year end.

## OUR PERFORMANCE

- ↔ A8 Performance was 65% for the month. This is higher than the previous month of 62.4%.
- ↑ Demand has returned to levels forecast for the contract. This is an increase from previous months.
- ↔ The forecasting model is still tracking below performance by 4%.
- ↔ Job cycle time remains at 107 minutes. The trajectory peaks in Dec/Jan to 113 minutes returning to 107 by March 2016.

## OUR PEOPLE

- ↔ Our frontline vacancy rate continues to improve and now stands at 10.0%. This is down from 11.3% in September.
- ↔ Turnover has fallen from 14.5% in September to 13.9% in October.
- ↔ The current total trust yearly sickness level is 5.8%, down from last months 6.1% having peaked at 6.6% in March 2015.



# Our Patients



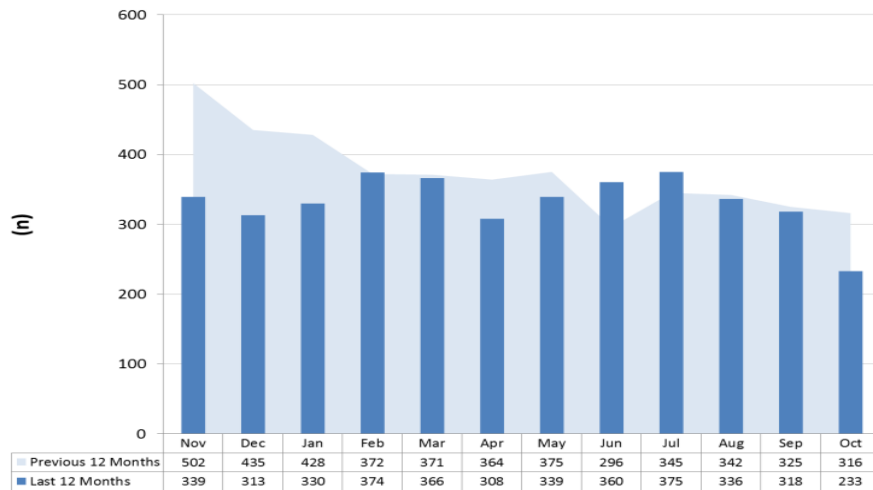
Sub-Section	Key Headlines From Each Sub-Section.	Current RAG	Historic RAG	Historic RAG
Safety	<ul style="list-style-type: none"> <li>39 potential serious incidents were considered and 6 declared during October 2015.</li> <li>The Trust is currently undertaking a full review of medicines management.</li> <li>A process mapping exercise and review of the complaints process has been completed.</li> </ul>			
Effective	<ul style="list-style-type: none"> <li>98% of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the Patient Report Form.</li> <li>The average time from the 999 call to arrival on scene increased by 2 minutes to 13 minutes in September however the percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) increased by 2% to 73%.</li> </ul>			
Caring	<ul style="list-style-type: none"> <li>Performance against 95% compliance to each of the core performance indicator audits remains excellent aside from mental health, which is at 90% for the Trust. There is focussed training in place to support improvement.</li> <li>North Sector has delivered a reported overall Clinical Performance Indicator completion rate of 98%.</li> </ul>			
Responsive	<ul style="list-style-type: none"> <li>1 period at surge purple enhanced for a total of 6 hours and 31 minutes. This is a reduction from last month.</li> </ul>			
Well Led	<ul style="list-style-type: none"> <li>A structure to support the implementation of Executive 'walk-about' has been agreed to increase visibility of the senior leadership team and to ensure better understanding of problems and issues faced by staff enabling direct feedback.</li> <li>An advisor has been appointed to support delivery of the Trust's action plans in regard to bullying and harassment.</li> </ul>			





## Serious & Adverse Incidents (SI)

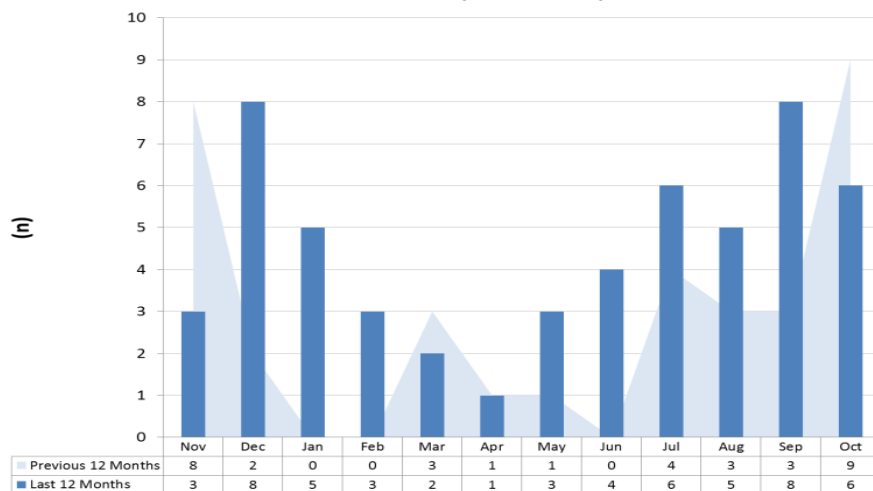
Adverse Incidents Reports



Themes for October remain consistent with previous months.

- 53 related to assaults and abuse towards staff.
- 12 Road traffic related incidents.
- Communications, environment and manual handling.

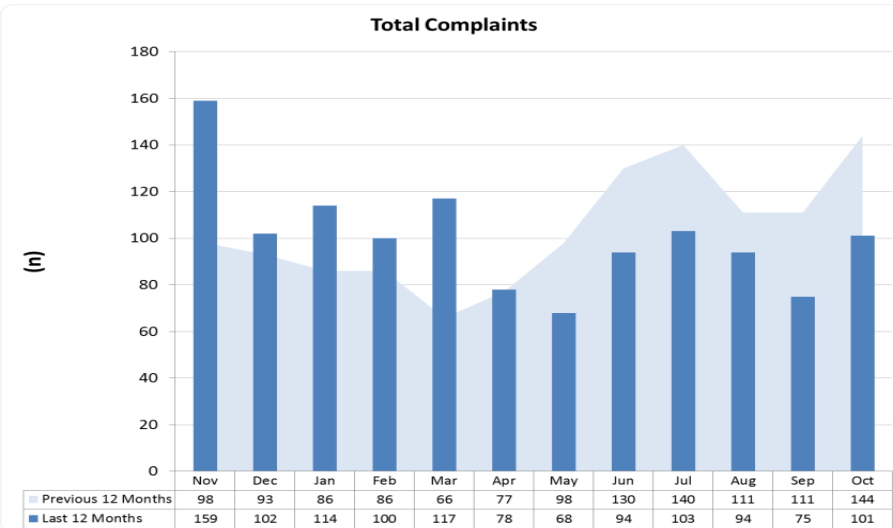
Serious Incidents (LAS Declared)



- The LAS declared 6 Serious Incidents, of which 1 serious incident was declared for the LAS 111 service.
- 4 of these incidents were due to inappropriate delays prior to resource dispatch, a mixture of incorrect categorisation and Clinical Hub assessment delays. 1 serious incident was related to Medicines Management.



# Complaints – Volume & Response time



- October saw a significant increase in recorded complaints with 101 complaints received compared to 75 in September. This represents a 25% increase.
- A historical trend of increased complaints, received at this time of the year, appears unrelated to any associated increase in activity levels or response times.

2014/15	Total complaints	Number of closed complaints by month	Totals closed within 35 working days	Percentage of complaints closed within 35 working days
October	144	116	29	20%
November	159	94	26	18%
December	102	142	17	17%
January	114	104	29	25%
February	100	90	20	20%
March	117	68	18	15%
April	78	123	18	24%
May	68	100	18	27%
June	94	138	31	33%
July	103	122	51	50%
August	94	131	37	39%
September	75	118	32	43%
October	101	113	18	18%
<b>Totals:</b>	<b>1349</b>	<b>1459</b>	<b>344</b>	<b>349%</b>
		<b>Average per month in 35 working days</b>		<b>27%</b>

Month	Complaint numbers	Acknowledged in 3 working days	Outside target
Apr-15	78	73 (94%)	5 (6%)
May-15	68	68 (100%)	0%
Jun-15	94	93 (99%)	1 (1%)
Jul-15	103	102 (99%)	1 (1%)
Aug-15	94	93 (99%)	1 (1%)
Sep-15	75	74 (99%)	1 (1%)
Oct-15	101	101 (100%)	0%
<b>Totals</b>	<b>613</b>	<b>99%</b>	<b>1%</b>



# Complaints – Volume & Response time

## Comparison of complaints received against calls attended by month October 2014 to October 2015

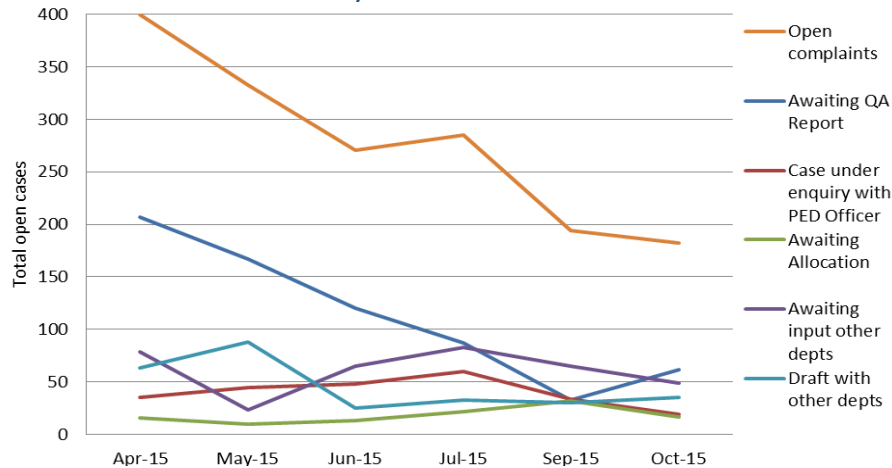
Month	Calls <u>attended</u>	Complaints received	Percentage of complaints against calls attended (rounded)
Oct-14	86566	144	0.17
Nov-14	84101	159	0.19
Dec-14	87487	102	0.12
Jan-15	84090	114	0.14
Feb-15	76560	100	0.13
Mar-15	85203	117	0.13
Apr-15	81523	78	0.10
May-15	84230	68	0.08
Jun-15	82847	94	0.11
Jul-15	86074	103	0.12
Aug-15	84876	94	0.11
Sep-15	82964	75	0.09
Oct-15	88283	101	0.11
<b>Totals</b>	<b>1094804</b>	<b>1349</b>	<b>0.12%</b>

Complaints relating to delay (47) and staff conduct (30) continue to be the main themes.

Complaints about conduct and behaviour have risen this month (17 in September against 30 in October – a rise of 43%).

% of complaints against calls attended remains very consistent at 0.11% for October against an average to date of 0.12%.

Trajectory of backlog of open complaints  
2015/16 to 31 October 2015

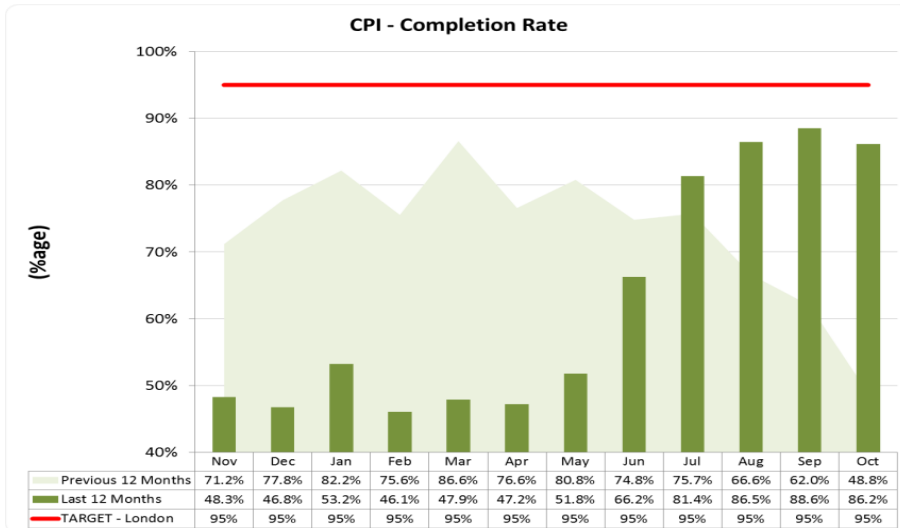


A process mapping exercise and review of the complaints process has been completed and the recommendations are to be presented to the Quality Committee and the Executive Management Team in November.

The number of open complaints is steadily reducing and it is anticipated that implementation of the recommendations will support considerable reductions in the current timelines experienced during the response process.



# CPI Completion, Feedback Sessions and Compliance (August 2015)



## CPI Completion

The highest for over two years. All group stations in the East Central, North Central and North West Sectors should be congratulated for auditing all PRFs presented for CPI audit, as well as the Clinical Hub, HART and Deptford and Fulham Group Stations.

For the first time this financial year, the proportion of CPI audits completed by Team Leaders was higher than those completed by 'Other' staff, with Homerton Group Station and Clinical Hub Team Leaders completing all CPI audits available. All group stations who currently have more CPI audits completed by staff in the 'Other' group than Team Leaders should consider addressing this balance to ensure a high proportion of CPI audits remain completed in the longer term.

## CPI Compliance

LAS compliance to the Mental Health CPI remained consistent at 90% for the fourth month in a row with improvement required in the areas of considering safeguarding and recording the patient's appearance/affect.

However, Croydon Group Station and the Clinical Hub provided a high standard of care for these patients.

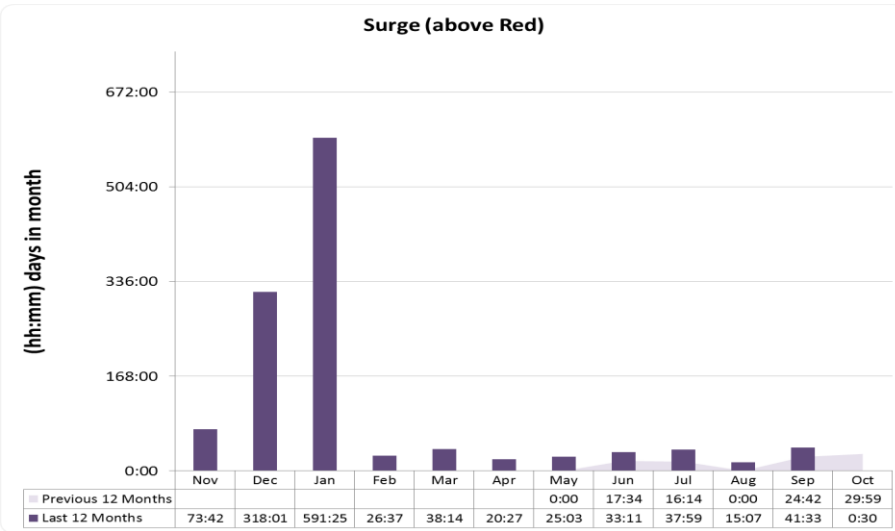
Romford Group Station and the CRU provided excellent care to non conveyed patients but the MRU should pay particular attention to recording whether a PRF is left on scene. Camden and St. Helier Group Stations also required improvement.

## CPI Feedback

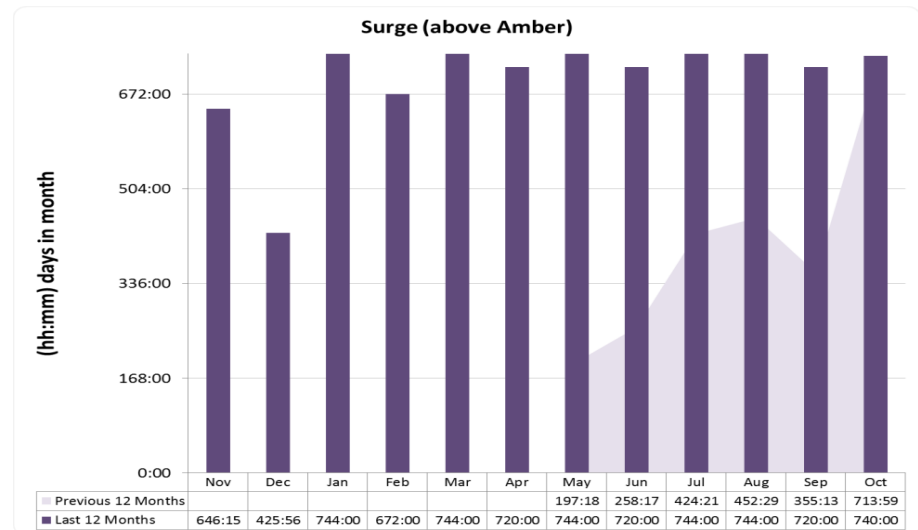
- Face-to-face feedback on CPI is improving since the 50:50 split of CTL started in August – September saw a 2% increase over August.
- The feedback trajectory was agreed on linear scale so the decision to deploy CTLs 100% operational for Q1 impacted on Q1 feedback.
- 62% of frontline staff across the LAS have not yet received any face-to-face feedback, with the majority of group stations across the LAS having delivered face-to-face feedback to less than 50% of their staff.
- The low proportion of staff to have received face-to-face feedback at the CRU, E3, D4, B3, S1 and R1 Group Stations is of particular concern, as is the high proportion of staff who have received no face-to-face feedback so far this year at C3, E3, N1, L2, B3, K1, S1 and R1 Group Stations. These issues are being actioned by the appropriate operational leadership teams.



# EOC Surge Status



- There was 1 period at Surge Purple Enhanced lasting 6 hours and 31 minutes.
- We remain at surge RED as agreed for this financial year.
- EMT have reviewed the Surge level and REAP level and agreed the current working level remains appropriate to maintain the response to the highest priority patients.
- The Surge Plan is currently being reviewed and the NHSE (London) Divert and Capacity Policy has been reviewed in preparation for Winter.





## CARU Reports (Cardiac, Stroke, Trauma)

### CARDIAC (September 2015)

Resuscitation efforts were commenced on **43%** of cardiac arrest patients attended by LAS crews.

The average time from 999 call to LAS on scene was **10 minutes**, and increase of 1 minute from the previous month.

**26%** of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital.

An advanced airway management device was placed successfully in **87%** of cardiac arrest patients where resuscitation was attempted. Of these patients, **97%** had end-tidal CO<sub>2</sub> levels measured. **Eight** patients had no end-tidal CO<sub>2</sub> level documented on their PRF nor accompanying capnography printout.

Approximately **5%** of cases had defibrillator downloads submitted.

### STEMI

- Over 99% of patients were conveyed to an appropriate destination.
- The average time from the 999 call to arrival on scene increased by 2 minutes to 13 minutes in September.
- Average overall on scene time has increased by 1 minute to 42 minutes, while call to hospital times have increased by 3 minutes to 72 minutes. These continue to require monitoring.
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) has increased by 2% to 73%.
- Hanwell station group supplied a full care bundle (or documented exceptions) to 100% of patients attended this month.

### STROKE (September 2015)

- **98%** (n=1011) of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the PRF.
- Almost all FAST positive patients (**99%**, n=964) had the time of onset of symptoms recorded or it was clearly documented that the time of onset could not be established.
- Almost all FAST positive patients (**99.6%**, n=966) were conveyed to the most appropriate destination for their condition.
- The average response time for 999 call to arrive on scene was **16** minutes. This is a **3** minute increase from August 2015.
- The average time on scene was **35** minutes which remains longer than the recommended 30 minutes. Half of LAS crew (**50%**) attending stroke patients, who were potentially eligible for thrombolysis, spent 30 minutes or less on scene.
- The percentage of patients who were potentially eligible for thrombolysis and arrived at a HASU within 60 minutes has decreased from 65% in August 2015 to **61%** in September 2015.

# Our Performance

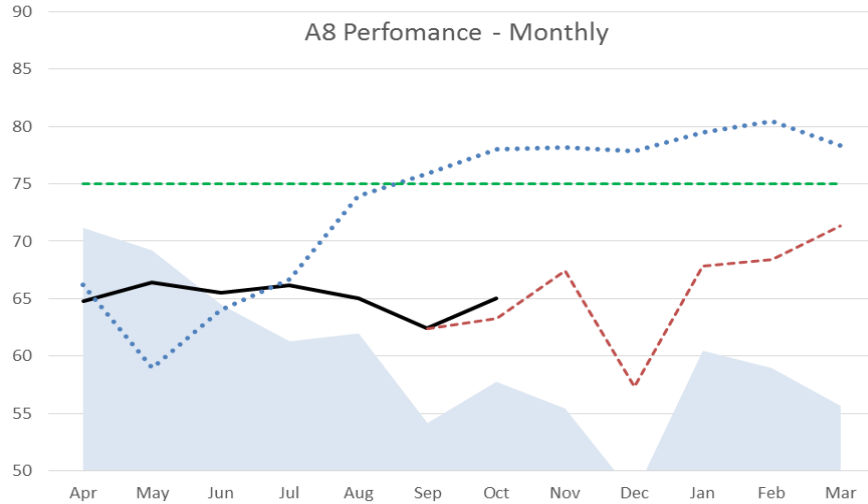


Sub-Section	Comment	Current O	S	A	J
A8 Performance	A8 Performance was 65% for the month. This is higher than the than previous months and higher than the agreed trajectory at the end of September. However this is still below the original business case trajectory.				
Other Performance	Performance across all categories has improved although it is still below target.				
Demand	Demand has returned to levels forecast for the contract. This is an increase from previous months.				
Capacity	The vehicle hours deployed during October were 2% down on planned levels. There were improved levels from substantive staff – driven by trainees hitting the frontline. Although, there was a decrease in the last week due to the school half term.				
Efficiency	JCT has remained relatively flat at 83 [107 Full JCT]. JCT forecasts for year end have been revised to 107, peaking at 113 for Dec/Jan. MAR target has been revised up to 1.32.				
Forecasting	The forecasting model is still tracking below performance by 4% (this has been identified as due to the overstatement of vehicle hours).				



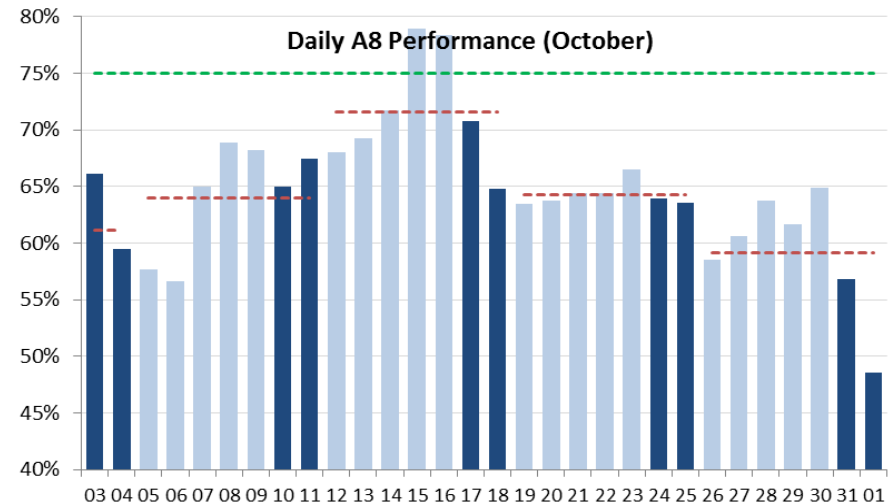
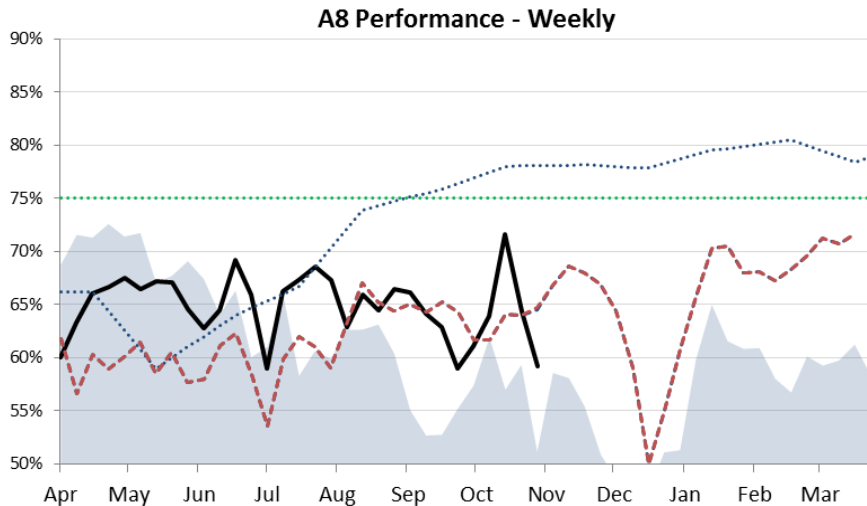


# A8 Performance



A8 Performance for October was 65.0% This was lower than the contract trajectory of 78.0% but higher than the newly restated LAS forecast of 63.3%.

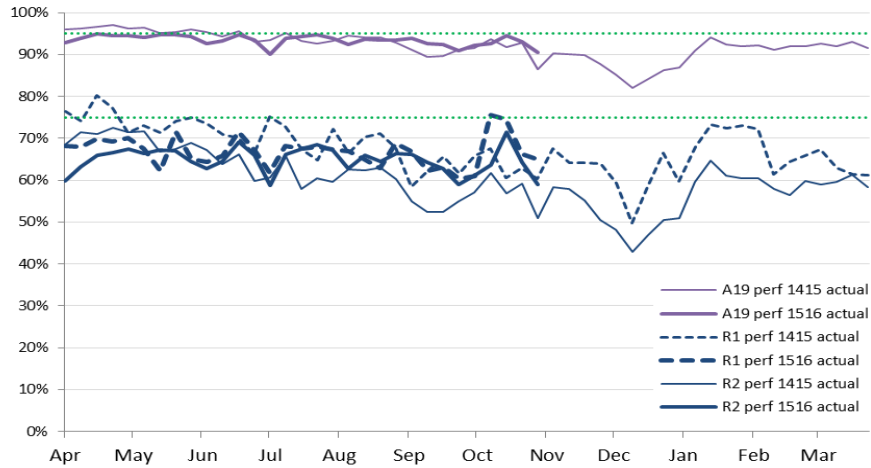
This was mainly due to achieving strong performance in the week commencing 12<sup>th</sup> October. However the last week of October has an average performance below 60% due to the school half term impacting on capacity.





# Other Performance

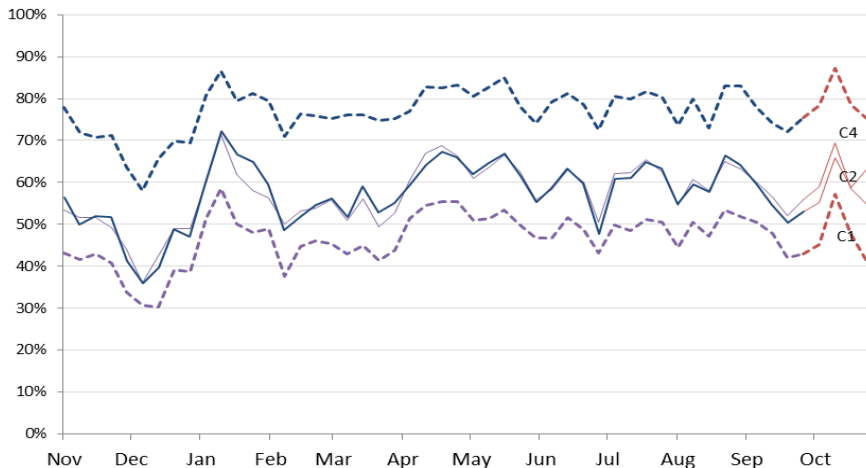
A19, R1 & R2 Performance



October performance was higher than September across all performance measures, and in most cases higher than August.

R1 performance was at 70% for the month for the first time this year.

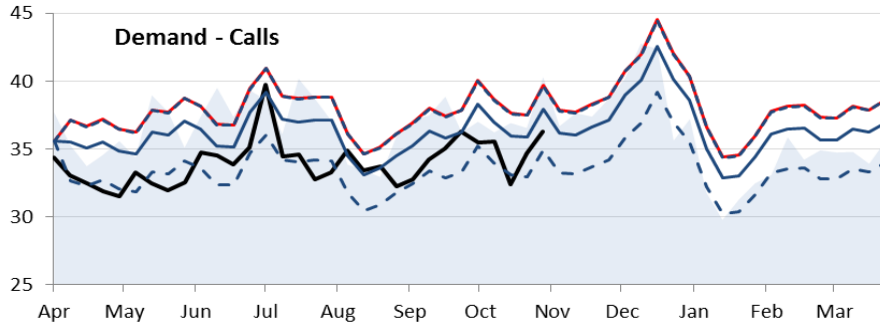
C1, C2, C3, C4 Performance



wk ending	A8	A19	R1	R2	C1	C2	C3	C4
04-Oct	61	92	61	61	43	56	75	53
11-Oct	64	93	76	64	45	59	78	55
18-Oct	72	94	75	72	57	69	87	66
25-Oct	64	93	66	64	48	59	78	59
01-Nov	59	90	65	59	41	55	75	63
Oct	65	93	70	65	48	60	79	60
Sept	64	93	68	64	47	59	79	59
Aug	65	93	66	65	49	60	78	60
Jul	65	94	67	65	50	60	80	61

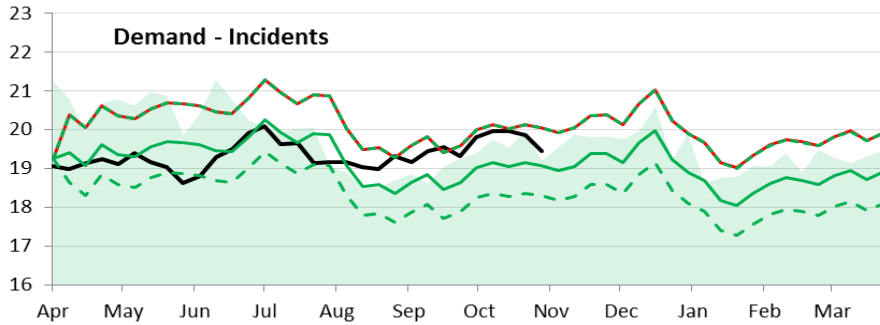


# Demand

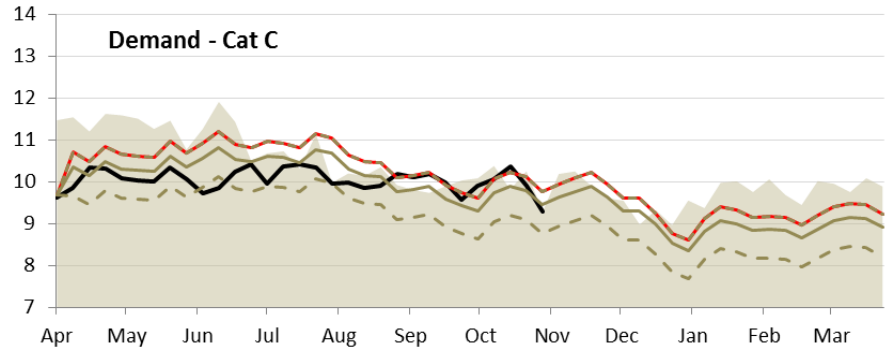
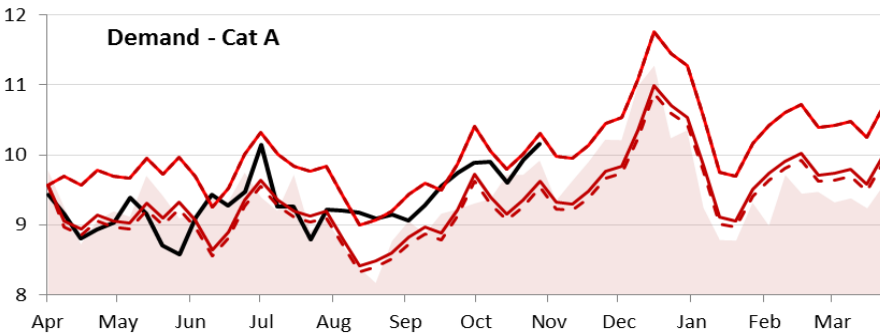


Demand continued to rise during October with calls and category A incidents both increasing throughout the month, except for a dip in the second week of October which led to a performance spike.

For incidents (A & C) demand is now back in line with contracted levels. Call volumes are still slightly below contracted levels.

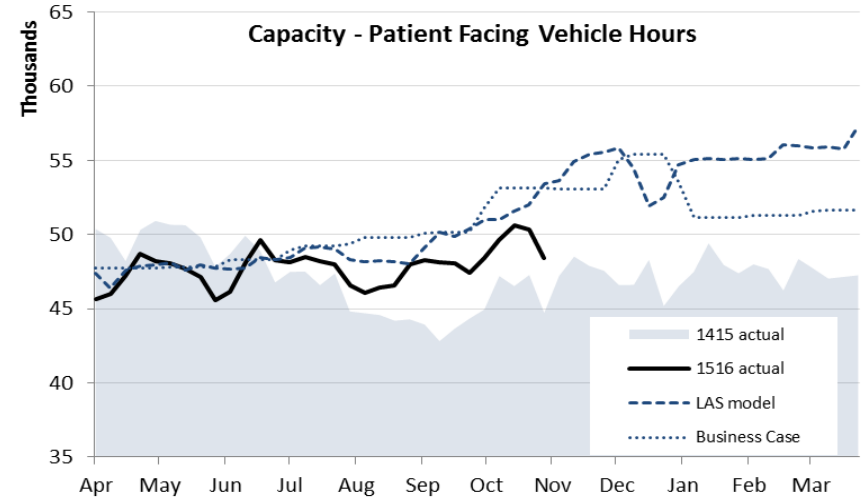
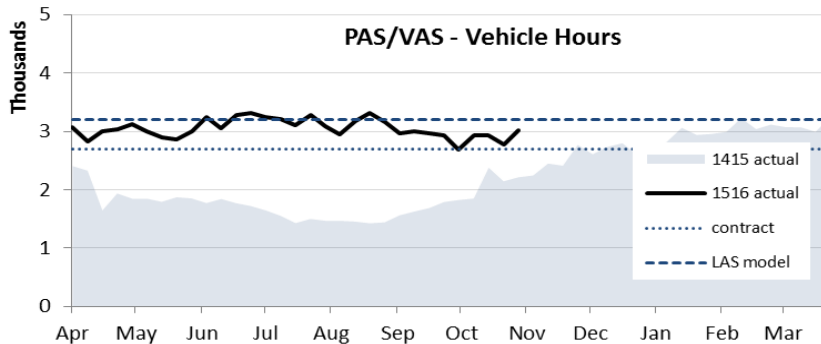
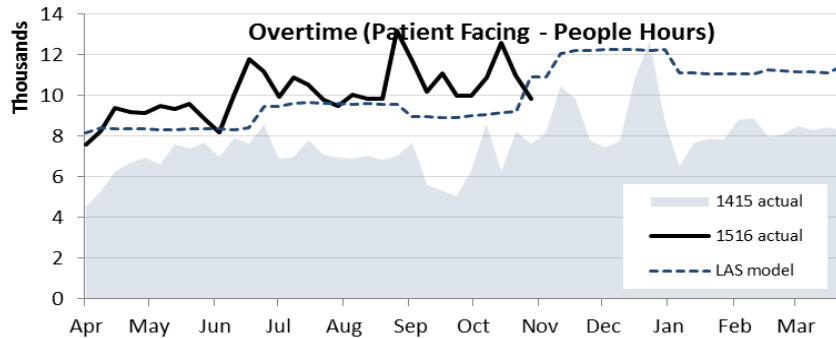
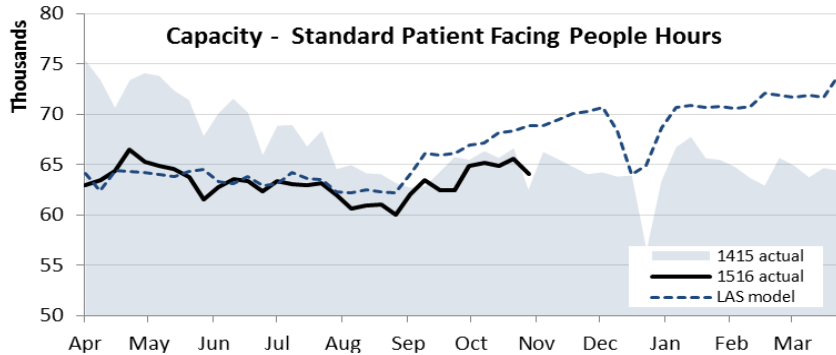


	Key	Calls	Inc.	Cat A	Basis
High	Short Dash	4.6%	5%	7%	contract
Medium	Solid Line	0%	0%	0%	14/15 actual
Low	Long Dash	- 8%	-4%	-1%	Q1 actual





# Capacity



Capacity has been slightly under forecast for October, although it has much improved from September.

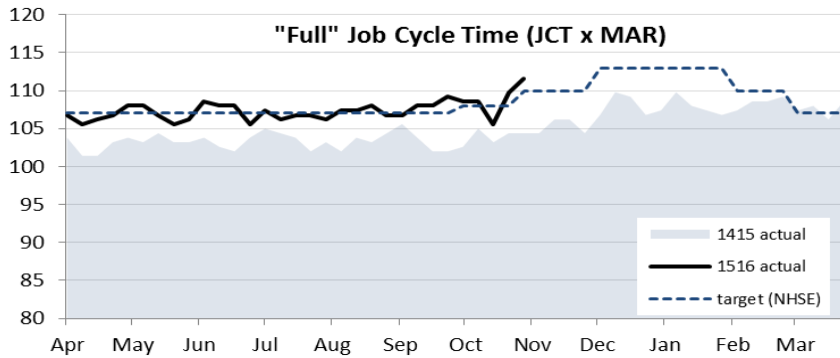
This is due to a continued increase in substantive hours (apart from the recent half term week).

Overtime hours during October remained higher than plan.

PAS/VAS hours dropped slightly back to contracted levels.



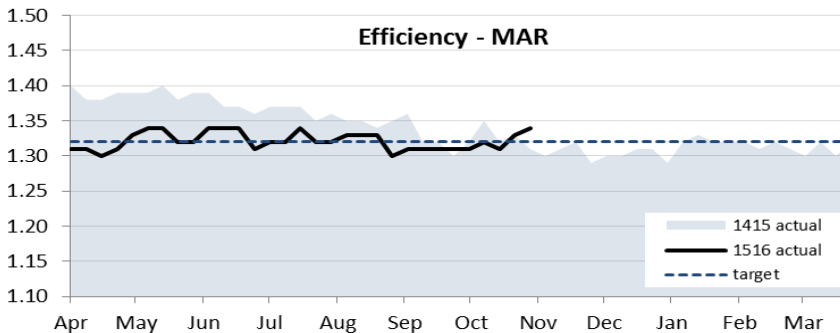
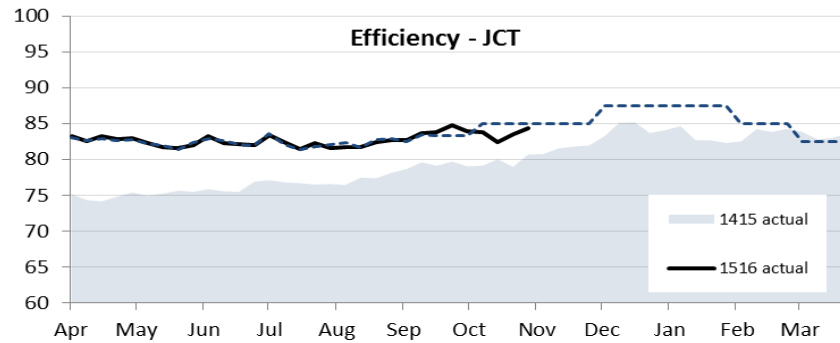
# Efficiency



Job Cycle Time has fluctuated around 83 minutes (107 minute for Full Job Cycle Time).

This has not decreased in line with trajectory for the performance improvement plan, but has stayed in line with the re-forecast JCT trajectory.

The re-forecast JCT trajectory peaks at 113 in Dec/Jan returning to 107 by March.



# Our Money



## Finance Summary: M7 – October (2015/16)

Financial Indicator	Summary Performance	Current Month	Previous month
<b>Surplus</b>	In month the position is £0.4m adverse from plan, with the year to date reporting £3.9m adverse from plan. The Trust is reporting an £9.7m deficit YTD. Achieving the year end forecast deficit of £9.0m can no longer be expected.		
	The adverse position in month is driven by: <ul style="list-style-type: none"> <li>a significant step up in Month 7 Frontline pay related to substantive and overtime as well as additional incentive costs.</li> <li>Income reduction provision of £1.1m related to a &gt;2% reduction in Cat C activity as per the CCG contract</li> <li>The Trust is not expecting to receive the full value of specialised services income. This was planned at £4.3m.</li> <li>£0.5m additional pressure due to unidentified CIP not delivered.</li> </ul>		
<b>Income</b>	Income is £0.3m adverse in Month and £3.5m adverse year to date. The key drivers for this position are: <ul style="list-style-type: none"> <li>Income reduction provision of £1.1m related to a &gt;2% reduction in Cat C activity as per the CCG contract</li> <li>The Trust is not expecting to receive the full value of specialised services income This currently represents a £4.3m risk (£2.5m YTD). Negotiations around the level of funding are on going.</li> </ul> Securing all the additional transformation funds is at risk given the current level of A8 performance.		
<b>Expenditure (incl. Financial Charges)</b>	In month expenditure is £0.1m adverse, and year to date £0.3m adverse. The key drivers for this position are: <ul style="list-style-type: none"> <li>In Month The Trust has increased its substantive Frontline Staffing and increased Overtime hours and Incentive spend. There are some reporting difficulties around these issues related to structure changes and systems issues.</li> <li>£0.5m additional pressure due to unidentified CIP not delivered.</li> <li>Partially offset by £2.5m of planned reserves to support the position.</li> </ul>		
	The Trust's main cost pressures arise from additional frontline resourcing costs. There are 3 key drivers for the additional expenditure: <ul style="list-style-type: none"> <li>In Month Substantive Frontline WTEs increased by a net of circa 56 Wtes and Bank usage increased by 50 WTEs due to more attractive incentives.</li> <li>Overtime spend increased by £0.4m driven by an average additional 4000 hours per week compared to Month 6</li> <li>Incentive Rates were restructured and there was increased uptake especially amongst bank staff (£0.4m)</li> </ul>		
<b>CIPs</b>	In month CIP is £0.5m adverse to plan due to unidentified savings programmes. Year to date CIPs are £0.5m adverse to plan. The full year plan of £8.4m is still expected to be achieved once additional schemes are implemented. Further, efficiencies and cost control are being developed to close the remaining gap.		
<b>Balance Sheet</b>	Capital Expenditure is £0.4m behind plan. The Capital position has been reviewed as regards the taking up of a £6.0m Capital loan. The Trust has decided not to obtain the loan and manage within its internally generated resources.		
<b>Cashflow</b>	Cash is £4.5m below plan. Some elements of contract income are being invoiced and received later than planned, this is creating timing issues within cash and there is an expected reduction in planned income. Risks to the transformation funding could cause further cash stress. The 12 month rolling cash forecast is being reviewed to include these issues and confirm if any cash management action is needed.		

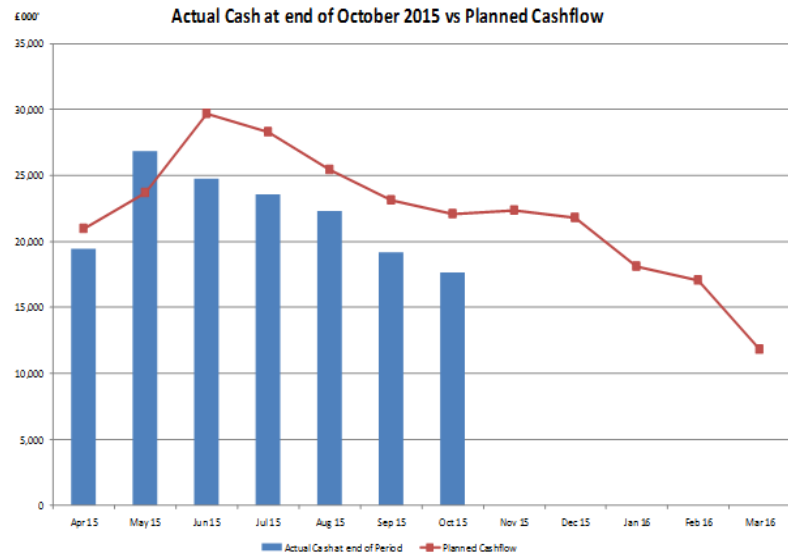


# Executive Summary - Key Financial Metrics

Cumulative Net Position - Budget Vs Actual



Actual Cash at end of October 2015 vs Planned Cashflow



	2015/16 - Month 7			Year to Date			FY 2015/16
	Budg	Act	Var	Budg	Act	Var	Budg
	£000	£000	£000	£000	£000	£000	£000
<b>Dept Health</b>							
Surplus / (Deficits)	(868)	(1,309)	(442)	(5,793)	(9,659)	(3,866)	(9,025)
EFL				(7,396)	(2,938)	(4,458)	8,648
CRL				5,518	5,109	409	20,664
Suppliers paid within 30 days - NHS	95%	86%	(9.0%)	95%	79%	(16.0%)	95%
Suppliers paid within 30 days - Non NHS	95%	90%	(5.0%)	95%	89%	(6.0%)	95%
<b>Monitor</b>							
EBITDA %	2.4%	0.6%	(1.8%)	2.5%	0.2%	(2.3%)	6.3%
EBITDA on plan	640	166	(473)	4,466	309	(4,157)	8,756
Net Surplus	(868)	(1,309)	(442)	(5,793)	(9,659)	(3,866)	(9,025)
NRAF (net return after financing)				(4.2%)	(7.1%)	(2.9%)	-6.90%
Liquidity Days				(1.17)	(5.99)	(4.82)	(10.86)
FSRR (Financial Sustainability Risk Rating)				3.0	2.0	1.0	3.0

- In Month the position is £0.4m adverse to plan while year to date the Trust is reporting a £3.9m adverse variance from plan. Based on this performance achieving the year end forecast deficit of £9.0m is no longer expected.
- On-going pressures are:
- Additional spend in support of performance.
- Recruitment and retention of substantive staff and the cost of overtime and PAS (Private Ambulances) to cover vacancies and enhance capacity.
- Identification and delivery of CIPs.
- Reduced income recovery due to Cat C under-performance.
- specialised services Income £4.3m may not be received in full. Negotiations around additional funding are ongoing.
- Cash is £4.5m below plan. The Trust is no longer expecting to receive the full £4.3m specialised services funding as planned this year, this will add considerable stress to the cash flow. Timing issues are impacting on contract income cashflows.
- The EFL variance is due to lower than planned cash balances.
- Monitor has replaced the existing Continuity of Service Risk Rating (CSRR) with the Financial Sustainability Risk Rating (FSRR). FSRR includes two new measures I&E Margin and I&E Margin variance from plan. The Trust would expect to score a FSRR of 2 for the YTD results based on the current Monitor metrics (maximum rating). The variance is due to a fall in EBITDA.
- CRL position – The capital plan is £0.4m behind target due to the slippage of some schemes.
- The Trust has revised its plan in line with NTDA guidance and committed to additional savings of £0.5m.



# Our People



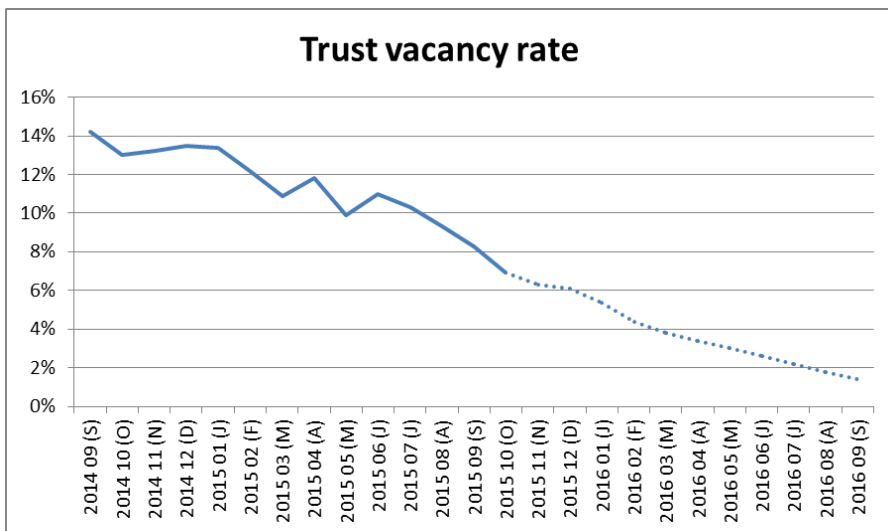
Section	Key Headlines From Each Section.	Current RAG	Historic RAG	Historic RAG
Vacancy	<ul style="list-style-type: none"> <li>Frontline vacancy rate continues to improve, now 10.0% down from 11.3% in September.</li> <li>Total vacancy rate continues to improve, now at 6.9% from 8.3% in September.</li> <li>We are confident that vacancy rates will continue to fall through March 2016.</li> </ul>			
Turnover	<ul style="list-style-type: none"> <li>Trust turnover has fallen from 14.5% to 13.9% this month (12 month rolling figure).</li> <li>Total Trust turnover is expected to fall to around 13.3% in November.</li> <li>The turnover figure for frontline paramedics fell from 12.5% to 12.1%.</li> </ul>			
Recruitment	<ul style="list-style-type: none"> <li>There are currently 570 active applications for frontline staff in the recruitment pipeline.</li> <li>We are expecting 177 starters against a plan of 224 for Q3, the third Australian recruitment drive is not yet included in these figures.</li> </ul>			
Sickness	<ul style="list-style-type: none"> <li>Sickness levels are lower than earlier this year. The current total trust sickness level is 5.8% having peaked at 6.6% in March.</li> <li>Annual sickness levels for operational sectors stand at 9.7% for North East and 5.9% for West over the past 12 months.</li> </ul>			
Equality and Diversity	<ul style="list-style-type: none"> <li>BME representation in the workforce is currently 11.7% compared to 39.3% in the London working age population. It is 0.1% up from last month.</li> </ul>			
Training and Development	<ul style="list-style-type: none"> <li>Section in Development.</li> </ul>			



# Vacancy – Trust wide

	Established	In post	Vacancy	Vacancy %
Paramedics frontline	1769.8	1473.93	295.87	16.7%
Apprentice Paramedics	140.32	128	12.32	8.8%
Frontline EAC / TEAC	642.98	697.39	-54.41	-8.5%
Frontline EMT & support tech	498.42	448.43	49.99	10.0%
<b>Total Frontline Staff</b>	<b>3051.52</b>	<b>2747.8</b>	<b>303.77</b>	<b>10.0%</b>
Non frontline Paramedics	373.32	345.16	28.16	7.5%
EOC staff on watches	399.00	400.61	-1.61	-0.4%
All other staff	1119.85	1107.50	12.35	1.1%
<b>All Staff</b>	<b>4943.69</b>	<b>4601</b>	<b>342.67</b>	<b>6.9%</b>
Total Qualified Paramedics	2143.12	1819.09	324.03	15.1%
Non frontline	1892.17	1853.27	38.9	2.1%

- This month's total vacancy was 6.9%, down from 8.3% in September.
- Frontline vacancy rate continues to improve, now 10.0% down from 11.3% in September.



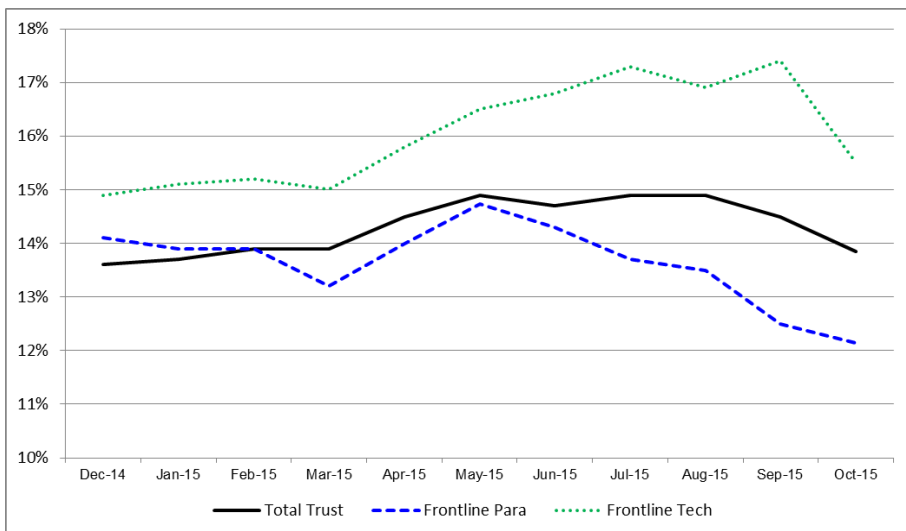
- The total Trust net vacancy rate continues to improve, and is likely to reach the 5% target late in the 2015-16 financial year.
- The graph on the left shows the total Trust vacancy rate and a projection based on recruitment activity already planned to March and the expected number of starters and leavers through to September 2016.
- We are confident that vacancy rates will continue to fall through March 2016 and expect a continuing decline after that. Much of this is due to recruitment's international recruitment and Emergency Ambulance Crew trainee programmes.



# Turnover – Trust wide

12 month rolling turnover	Jul-15	Aug-15	Sep-15	Oct -15
Frontline Paramedics	13.7%	13.5%	12.5%	12.1%
Apprentice Paramedics	11.4%	10.8%	10.2%	7.3%
Frontline Technicians	17.3%	16.9%	17.4%	15.5%
non-frontline paramedics	8.4%	10.1%	10.7%	10.9%
PTS and Ambulance Persons	23.2%	23.6%	25.9%	23.4%
EOC staff on watches	28.6%	29.1%	26.1%	23.9%
All other staff	8.3%	8.9%	9.6%	11.8%
<b>Total</b>	<b>14.9%</b>	<b>14.9%</b>	<b>14.5%</b>	<b>13.9%</b>

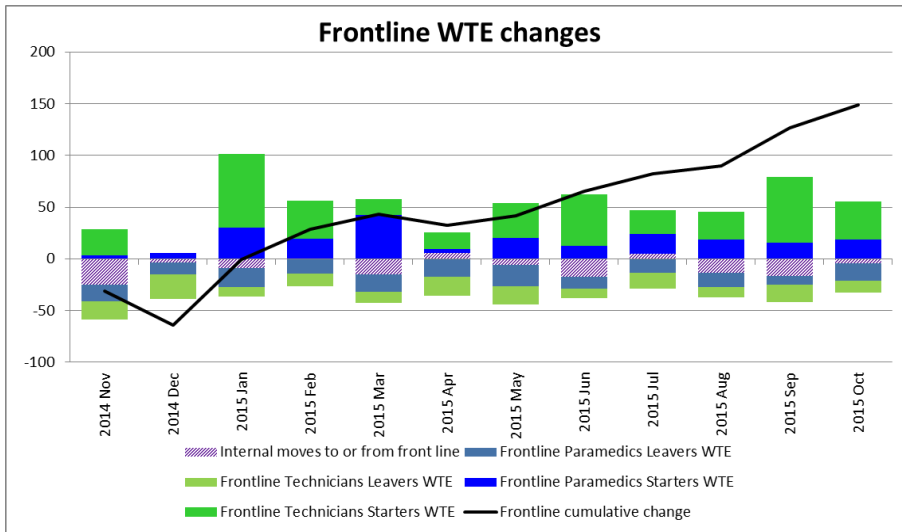
- Trust turnover fell this month from 14.5% to 13.9% (12 month rolling figure).
- Turnover is expected to fall again next month. The first indications for November show lower than usual numbers of frontline staff, particularly paramedics, leaving the Trust.
- Only four staff left the Trust from EOC watches or training this month and the 12 month turnover percentage has fallen in this area.



- Much of the rise in technician turnover up to June was due to dismissals following failure to obtain C1 driving qualifications.
- The turnover figure for frontline paramedics fell again this month and now stands at 12.1%.



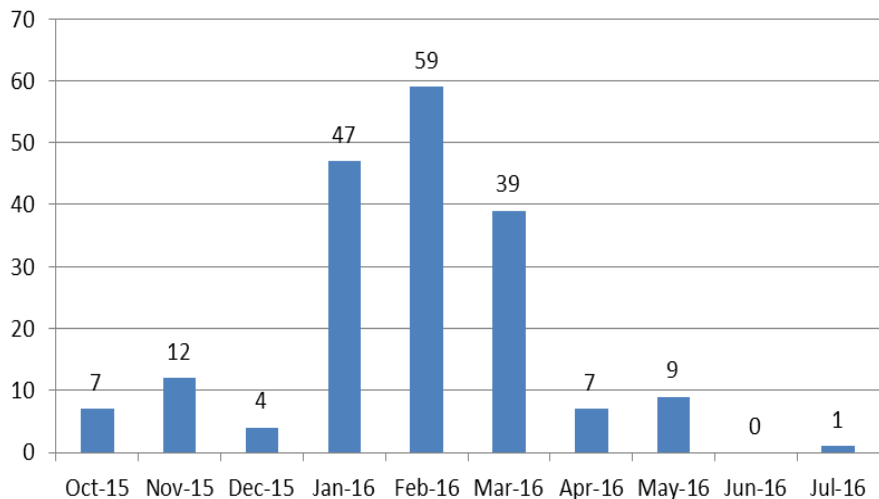
# Staff Movement



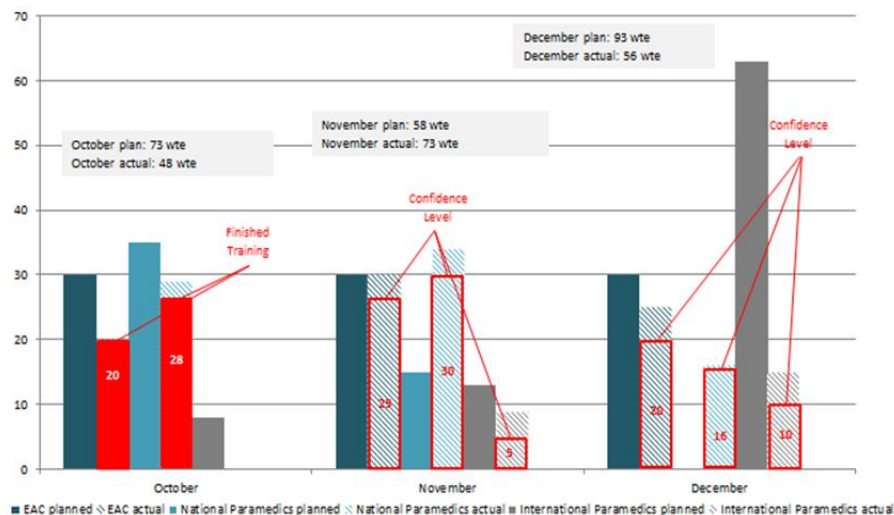
- The graph at left shows changes to frontline staffing numbers since Oct 31<sup>st</sup> 2014
- The actual frontline change since Oct 31<sup>st</sup> 2014 has been around 149 WTEs. Definitions for frontline are under discussion.
- Major internal moves from frontline to non-frontline include the introduction of Central Operations (30 WTEs), Clinical Advisors leaving from and being replaced in CHub, and expanded Tech roles within HART (15 WTEs). None of these areas are considered frontline by current definitions.
- Without internal moves the frontline change in the year would have been +250 WTEs.



# Recruitment



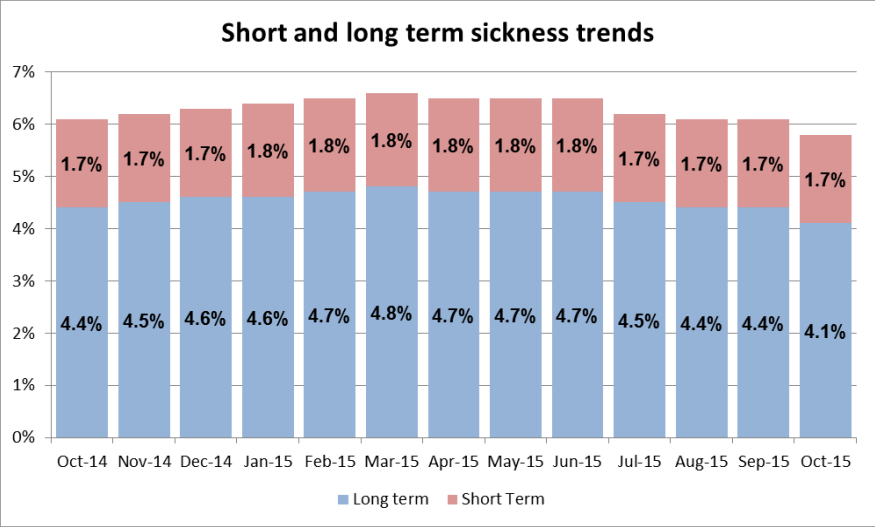
- The chart on the left details the current start dates for the remaining paramedics from international recruitment to commence training.
- We have 185 paramedics booked on to courses from two previous visits to Australia.
- We are currently finalising the start dates and offers from our most recent recruitment campaign.
- International paramedic starters from our third Australia trip will be included when available.



- The graph on the left shows the frontline recruitment plan from October to December. Figures are new staff leaving initial training in month.
- There are currently 570 active applications for frontline staff in the recruitment pipeline. 64 of these are in the national paramedic graduate pipeline, 321 in the TEAC pipeline and 185 are international paramedics.
- We are now expecting 177 starters against a plan of 224 for the quarter.
- TEAC confidence levels are based on a 80% pass rate.



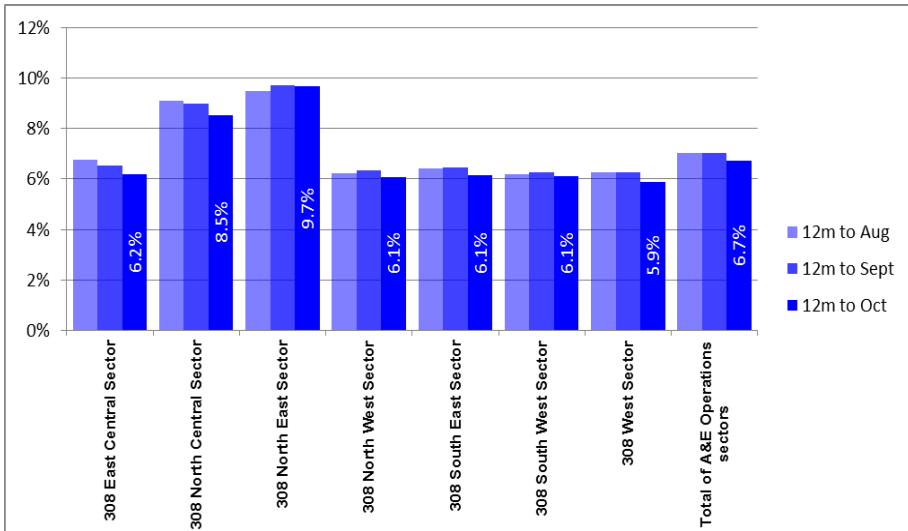
# Short and Long Term Sickness



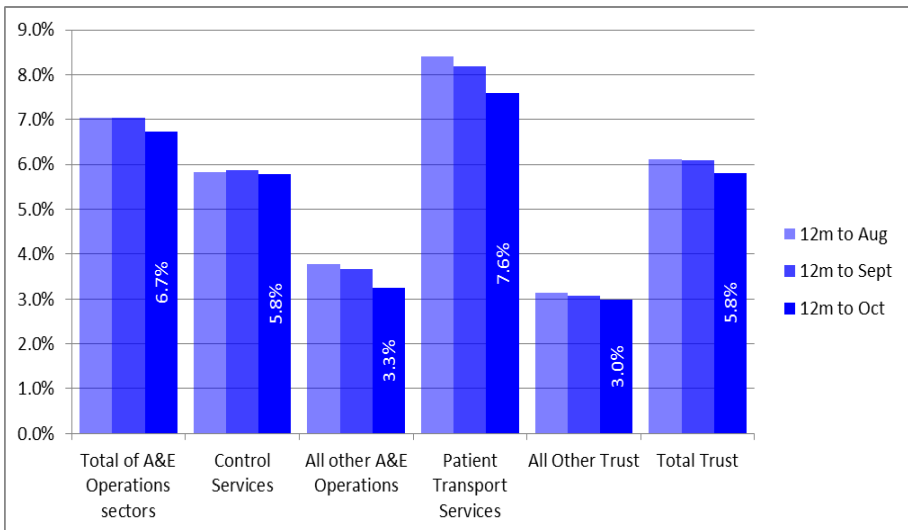
- The current total trust 12 month sickness level is 5.8% over the last twelve months. The target is 5.5%.
- A targeted approach to reducing long term sickness has resulted in improvements in the long term sickness figure.



# Operational and Business Area Sickness



- 12 month sickness for individual sectors varies between 9.7% for North East to 5.9% for West.
- Biggest fall in 12 month sickness rates was in North Central Sector (0.5% drop).
- No operational sector showed a rise in 12 months sickness rates.

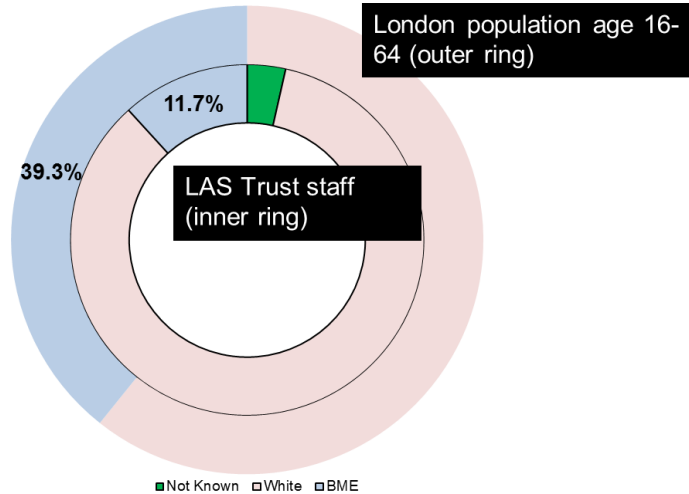


- 12 month sickness for individual business areas varies between 7.6% for Patient Transport Service (down from 8.2%) to 3.0% for corporate and central areas of the trust.
- Trust total sickness level fell from 6.1% to 5.8%



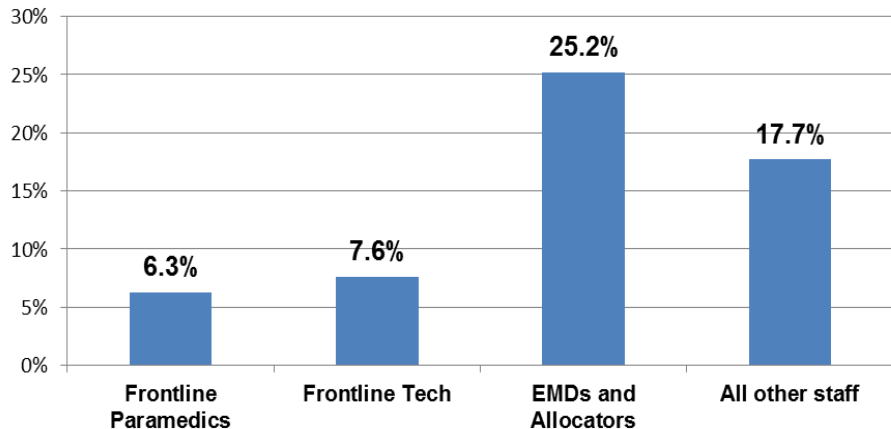


# Black and Minority Ethnic Information



- BME representation in the workforce is currently 11.7% compared to 39.3% in the London working age population.
- BME representation is 0.1% higher than last month.
- BME representation amongst starters in October was 22%. It is anticipated that BME representation in the Trust will continue to rise, but action will need to be taken to encourage greater BME representation amongst starters if we are to approach the proportion within the working population of London.

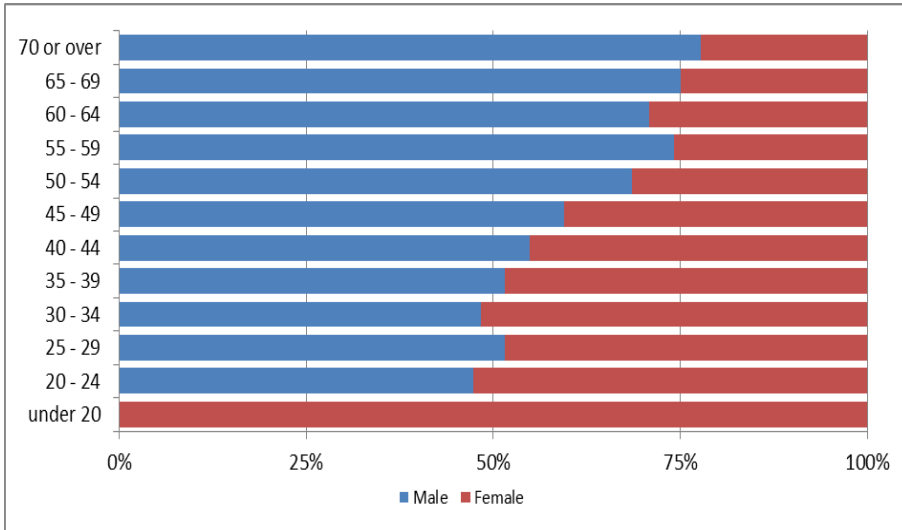
## BME proportions by group



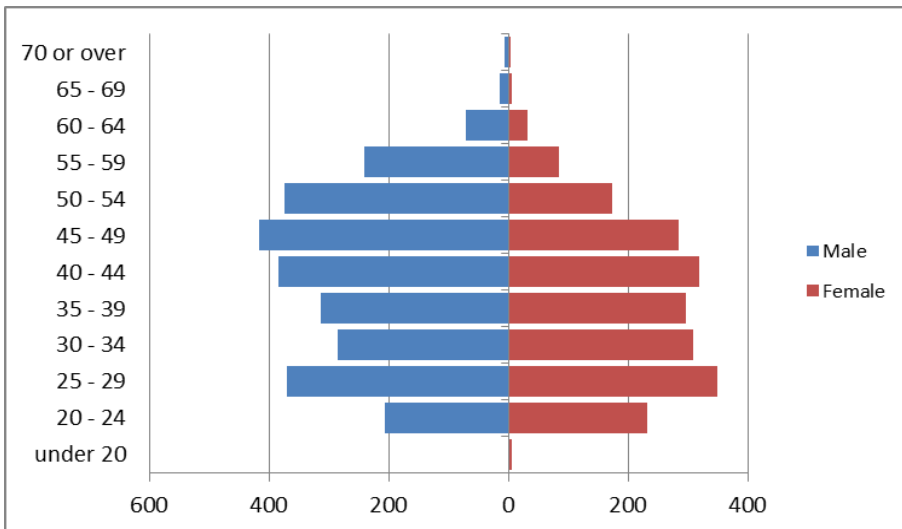
- BME representation in staff groups varies, from 25.2% amongst EMDs to 6.3% in frontline paramedics.
- The proportion of BME staff amongst EMD and allocator staff in EOC (including in training) has risen by 0.9% from the figure reported for September.



# Age and Gender



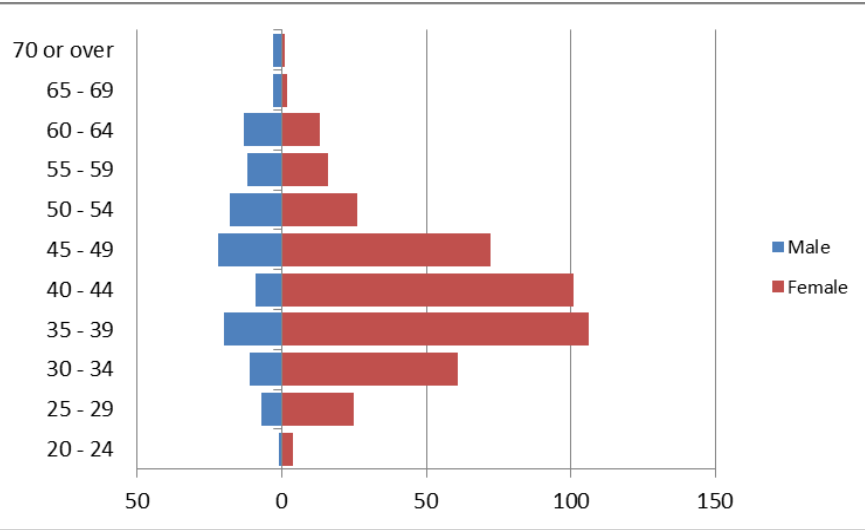
- Female staff make up 44% of the workforce.
- The proportion of female staff in higher age bands decreases. The difference is pronounced in age bands above 50.
- For Admin & Clerical staff the female proportion is 42%, for EOC watch staff (EMDs, allocators and area controllers) the proportion is 63%.



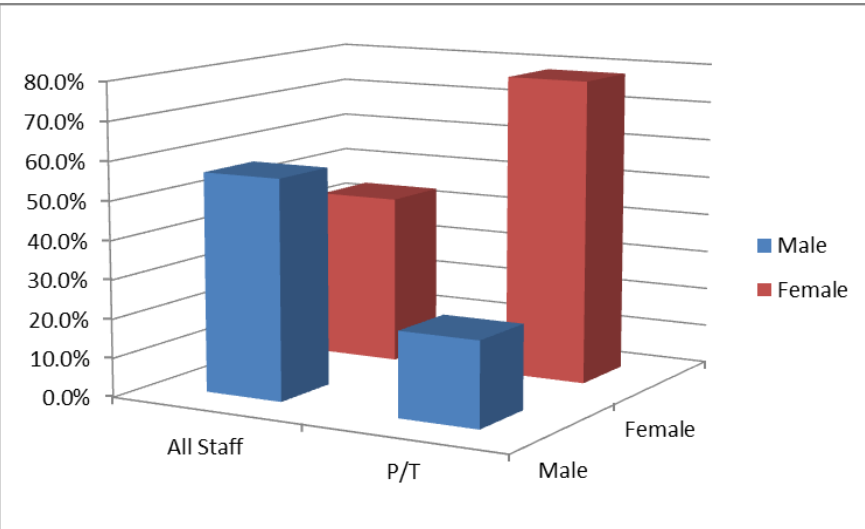
- New starters in clinical roles are predominantly male, but in admin & clerical roles new female starters are more prevalent.
- Part time workers make up 11.4% of the workforce. In front line roles this figure falls to 9.8% but amongst EOC watch staff it is 23.2%.
- 21% of our female workforce is part time compared to 4.1% of our male workforce. A woman is five times more likely to be a part time employee than a man.



# Part time, Age and Gender



- Female part time staff outnumber male part time staff by a large margin in all age groups between 25 and 49.



- 44% of all staff are female, but 78% of all part time staff are female.



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Quality Report</b>
<b>Report Author(s):</b>	<b>Zoe Packman, Fenella Wrigley, Mark Whitbread</b>
<b>Presented by:</b>	<b>Zoe Packman</b>
<b>Contact Details:</b>	<b>Zoe.Packman@ond-amb.nhs.uk</b>
<b>History:</b>	<b>EMT</b>
<b>Status:</b>	<b>For information and assurance</b>
<b>Background/Purpose</b>	
The monthly quality report and associated dashboard are produced to give organisational assurance that quality standards are being met. The November 2015 reports, reviewing October 2015 data are attached for review.	
<b>Action required</b>	
Note the report	
<b>Assurance</b>	
Quality remains safe and consistent with previous months. Some patients experience longer waits due to capacity constraints.	

<b>Key implications and risks arising from this paper</b>	
<b>Clinical and Quality</b>	<ul style="list-style-type: none"> <li>• The Trust is currently undertaking a full review of medicines management.</li> <li>• A process mapping exercise and review of the complaints process has been completed</li> <li>• Performance against 95% compliance to each of the core performance indicator audits remains excellent aside from mental health, which is at 90% for the Trust with focussed training in place to support improvement. North Area has delivered a reported overall CPI completion rate of 98%. CPI feedback sessions are improving.</li> </ul>
<b>Performance</b>	<ul style="list-style-type: none"> <li>• There was one episode of Surge Purple Enhanced a reduction in usage from last month</li> </ul>
<b>Financial</b>	N/A
<b>Governance and Legal</b>	<ul style="list-style-type: none"> <li>• 6 SIs declared during October which is less than last month</li> <li>• 1 medicines management incident reported</li> <li>• No preventing future deaths reports received</li> </ul>
<b>Equality and Diversity</b>	N/A
<b>Reputation</b>	<ul style="list-style-type: none"> <li>• Some patients experience longer waits due to capacity constraints</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• A structure to support the implementation of Executive 'walk-about' has been agreed to increase visibility of the senior leadership team and to ensure better understanding of problems and issues faced by staff enabling direct feedback</li> <li>• A Bullying and Harassment Advisor has been appointed to support delivery of the Trusts action plan</li> </ul>
<b>This paper supports the achievement of the following 2015/16 objectives</b>	
<b>Improve the quality and delivery of urgent and emergency response</b>	Yes
<b>To make LAS a great place to work</b>	Yes
<b>To improve the organisation and infrastructure</b>	Yes
<b>To develop leadership and management capabilities</b>	Yes



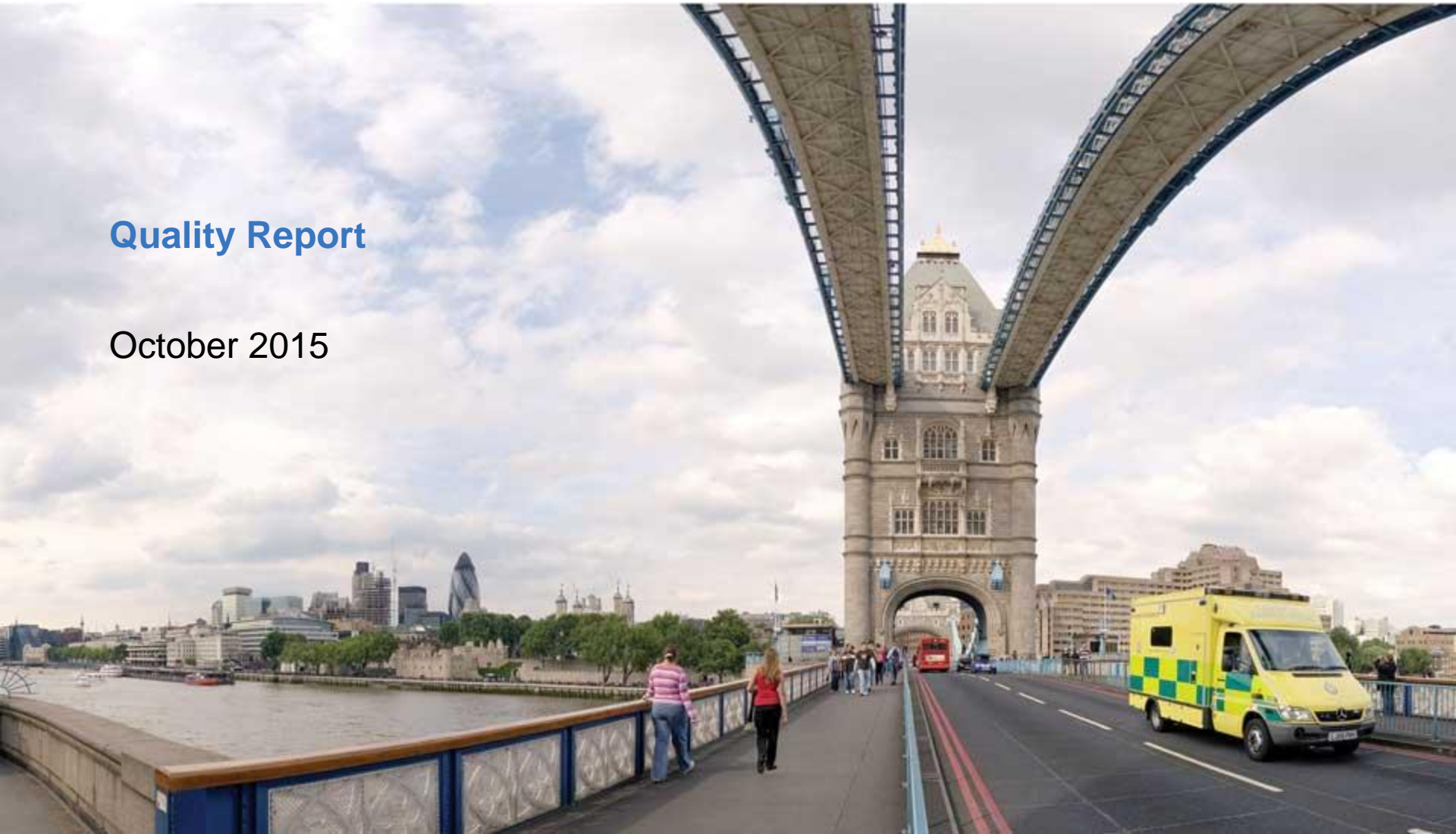
# London Ambulance Service

NHS Trust



## Quality Report

October 2015





## OVERALL

The Trust remains clinically safe but quality remains challenged in some areas.

## EFFECTIVENESS

- **98%** (n=1011) of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the PRF.
- The average time from the 999 call to arrival on scene increased by 2 minutes to 13 minutes in September however the percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) increased by 2% to 73%.

## RESPONSIVENESS

- 1 period at surge purple enhanced, a reduction in usage from last month

## SAFETY

39 potential serious incidents were considered and 6 declared during October 2015.

The Trust is currently undertaking a full review of medicines management.

A process mapping exercise and review of the complaints process has been completed

## CARING

- Performance against 95% compliance to each of the core performance indicator audits remains excellent aside from mental health, which is at 90% for the Trust with focussed training in place to support improvement.
- North Area has delivered a reported overall CPI completion rate of 98%.

## WELL LED

- A structure to support the implementation of Executive 'walk-about' has been agreed to increase visibility of the senior leadership team and to ensure better understanding of problems and issues faced by staff enabling direct feedback
- A Bullying and Harassment Advisor has been appointed to support delivery of the Trusts action plan



# SAFETY



Sub-Section	Key Headlines From Each Sub-Section.	Current RAG	Historic RAG	RAG
Training & CSR	<ul style="list-style-type: none"> <li>• CSR 2015.3 commences in December</li> </ul>	GREEN		
Adverse Incidents	<ul style="list-style-type: none"> <li>• Numbers reported remains consistent</li> </ul>	GREEN		
Medicines Management	<ul style="list-style-type: none"> <li>• 1 MM incident reported which is being investigated with no harm being caused to the patient.</li> <li>• The Trust is currently undertaking a full review of to medicines management.</li> </ul>	AMBER		
Safeguarding	<ul style="list-style-type: none"> <li>• Safeguarding training is on going at all levels of the Trust.</li> <li>• Good take up of e-learning at level one.</li> </ul>	AMBER		
Serious Incidents	<ul style="list-style-type: none"> <li>• October saw 39 potential SIs reviewed and 6 declared</li> </ul>	AMBER		
Total Complaints	<ul style="list-style-type: none"> <li>• October saw a increase in recorded complaints but this is consistent with previous years</li> </ul>	GREEN		

# SAFETY



Sub-Section	Key Headlines From Each Sub-Section.	Current RAG	Historic RAG	RAG
NHS CAS Alerts	<ul style="list-style-type: none"><li>• Support to minimise the risk of distress and death from inappropriate doses of naloxone is being assessed for relevance to the Trust</li><li>• Risk of death and serious harm by falling from lifting hoists</li></ul>	GREEN		
Prevention of Future Deaths and Legal Claims	<ul style="list-style-type: none"><li>• No PFDs received in October</li></ul>	AMBER		



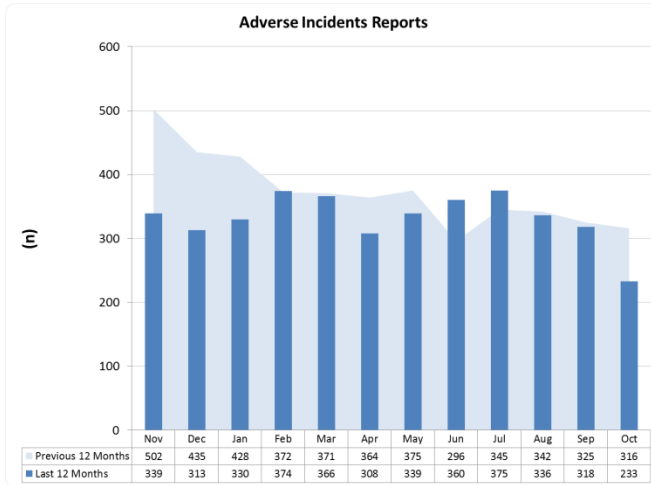
## Training and CSRs

- CSR 2015.3 is now open for bookings for the next training period which begins in December (it has been agreed CSR will be suspended over the Christmas period)
- This will include topics such as major incident preparedness, restraint and End of Life Care
- Figures for CSR 15.2 have shown good uptake:
  - August 310
  - September 596
  - October 785

Due to the need to manually enter attendees the dashboard data lags behind the E+D data records

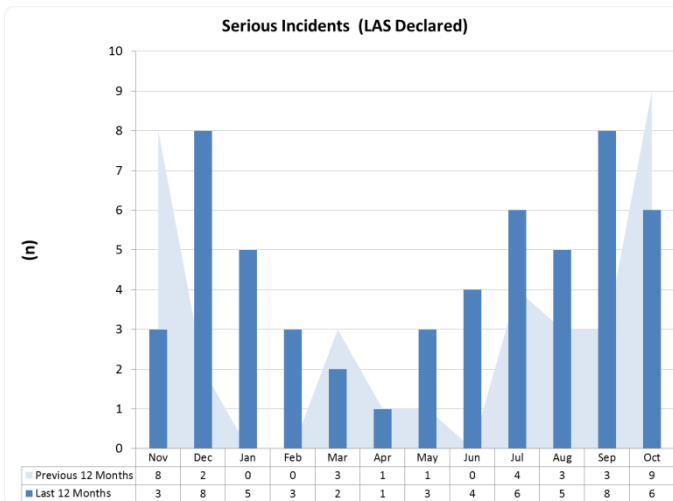


## Serious & Adverse Incidents (SI)



Themes for October remain consistent with previous months

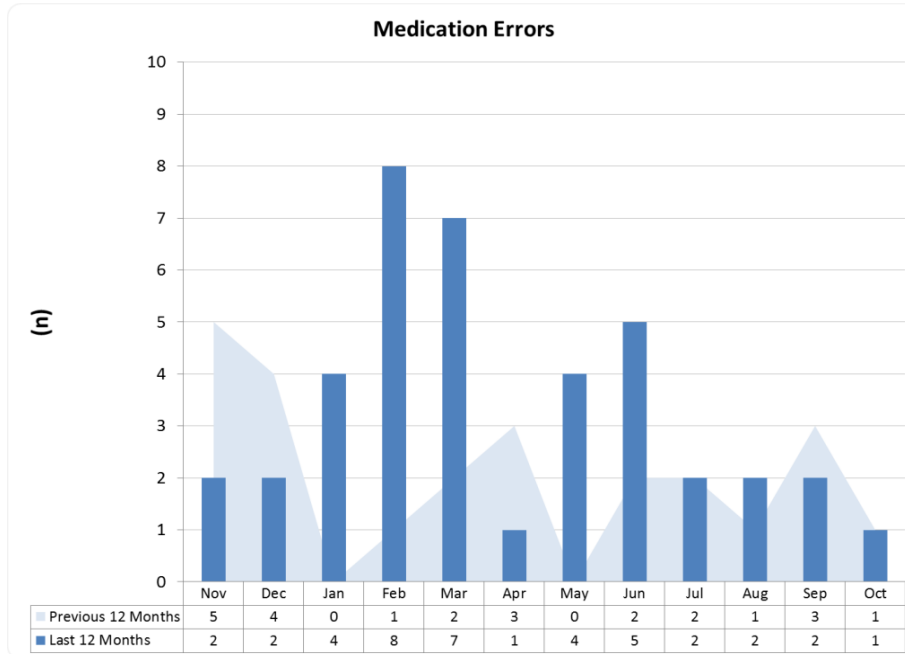
- 53 related to assaults and abuse towards staff
- 12 Road traffic related incidents
- Communications, environment and manual handling



- The LAS declared 5 Serious Incidents (a further 1 SI was declared for the LAS111 service) following review of 39 incidents.
- 4 of these incidents were due to inappropriate delays prior to resource dispatch due to a mixture of incorrect categorisation and Clinical Hub assessment delays. 1 SI was related to Medicines Management



# Medicines Management



Recorded medication management events remain low with 1 incident for October being investigated under normal procedures and there was no harm to the patient.

The Trust is currently undertaking a full review of to medicines management. Actions to date have included :-

- meetings with 25 operational managers to discuss medicines management, including ordering and flow, audit and security of medicines
- the ketamine and midazolam audit has been presented to and discussed with Advanced Paramedic Practitioners (APPs)
- the Clinical Audit and Research Unit (CARU) are reviewing processes for the on-going audit of drug usage and compliance with policy and procedure



# Safeguarding Action plan

The action plan is monitored through the Safeguarding committee and exceptions escalated to the Clinical Safety and Standards Committee.

The provision of safeguarding supervision to staff is currently identified as an priority area and mitigating actions including applications for supportive funding have been actioned.

Number	Rag Rating	Actions	reason for rating	On time	Due completion date
1.1	Yellow	To move from Fax to electronic referrals	Requiring IM&T solution	No	Jan-16
1.2	Yellow	To move to 24/7 telephone referrals	awaiting enough staff to be trained and available to work nights	No	Sep-15
1.3	Red	Database to be visible to all managers	IM&T solution required	No	Sep-15
1.4	Yellow	Referrals to multiple agencies	Needs IM&T solution	No	Oct-15
1.5	Yellow	Improve feedback to staff	Social Services agreement	Yes	Dec-15
2.1	Yellow	Approve training strategy	Awaiting new Trust strategy group to meet	No	Oct-15
2.2	Green	Write CSR sessions	completed awaiting closure	Yes	Jun-15
2.3	Yellow	Review EOC training	awaiting NASG decision	Yes	Mar-16
2.4	Yellow	Managers training on allegations against staff	awaiting IRO officer training	Yes	Dec-15
2.5	Yellow	Ability to capture all safeguarding training	no trust data capture for all	Yes	Dec-15
3.1	Green	To ensure Operational restructure does not impact on engagement	completed awaiting closure	Yes	Sep-15
3.2	Yellow	Database to capture external engagement	trying to capture retrospective data	Yes	Dec-15
3.3	Green	Develop communication strategy in relation to restructure and safeguarding	completed awaiting closure	Yes	Oct-15
4.1	Red	Develop Safeguarding supervision policy	No resources to progress	No	Feb-15
4.2	Red	Consider how to provide safeguarding supervision across Trust	No resources to progress applied for funding	No	Dec-15
4.3	Red	Agree and commission supervision training	No resources to progress	No	Jan-15
4.4	Red	Use OWR/ appraisal to support general safeguarding practice	No resources to progress no OWR training	No	Dec-15
5.1	Yellow	Develop Policy to manage visits by celebrities, VIPs and other visitors	complete awaiting sign off by SMT	No	May-15
5.2	Green	Review of voluntary services arrangements, checks, training etc.	complete awaiting closure	No	May-15
5.3	Green	All staff and volunteers should have formal refresher training at appropriate level	complete awaiting closure	Yes	Sep-15
5.4	Yellow	Trust review safeguarding resources, processes. Ensure robust arrangements	Awaiting outcome of service development bid	No	Oct-15
5.5	Yellow	Trust should undertake DBS checks on staff and volunteers every three years	Awaiting EMT board decision on DBS	No	Sep-15
5.7	Yellow	Recruitment checking, general employment and training of contract and agency staff are consistent with own HR processes	Awaiting HR outcomes	No	Sep-15
5.8	Green	Trust recruitment, checking, training and general processes operate consistently in all departments	complete awaiting closure	Yes	Jun-15
5.9	Red	Trust associated charity should consider the adequacy of their policies and procedures in relation to the assessment and management of their brand and reputation including association with celebrities and major donors.	Awaiting chairman and director to review	Yes	Mar-16
6.1	Yellow	Develop and agree pan London information sharing agreement	awaiting pan london document to be published	No	Nov-15
6.2	Red	Obtain approval from all 64 safeguarding boards to information sharing agreement	Awaiting information sharing document	No	Dec-15



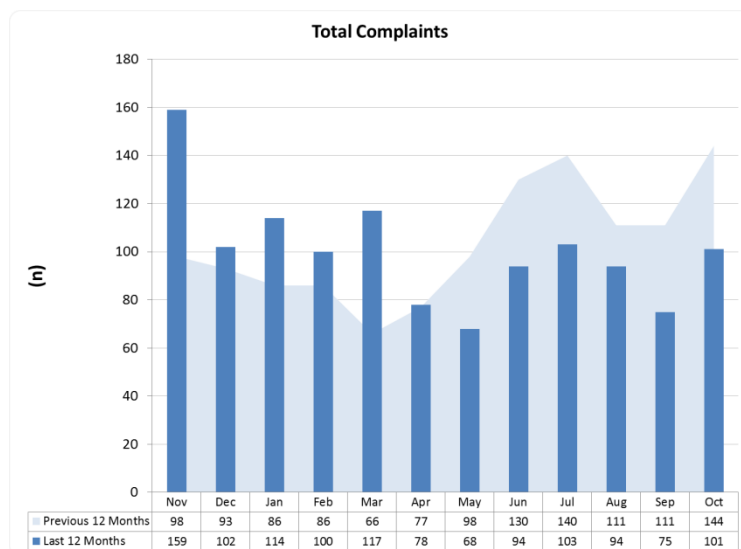
# Safeguarding

Training required	Number of staff	Number trained in April	May	June	July	August	September	October	November	December	Total trained	% of group
<b>Level One</b>												
Induction	various	28	10	14	9	0	14				75	100%
E Learning	138969	(672- 2014)	220	67	35	18	40	60			1181	85%
<b>Level Two</b>												
New Recruits	Various	Nil	53	88	31	39	124	13			335	100%
Core Skills Refresher	3233	N/A	N/A	N/A	N/A	310	596	785			1691	52%
EOC Core Skills Refresher	443	N/A	N/A	N/A	N/A	N/A	N/A	N/A			0	0%
EOC new staff	Various	34	10	9	27	4	12	17			103	100%
PTS/NET	114	Nil	N/A	20	N/A	25	29	0			74	65%
Bank staff	390	(58-2014)	N/A	N/A	N/A	6	8	43			115	29%
Community first Responders (St John)	140	(135- 2014)	12	13	10	13	12	12				148%
Emergency responders	150	Nil	Nil	Nil	Nil	Nil	29	11			0	27%
<b>Level Three</b>												
EBS	30	N/A	N/A	N/A	N/A	N/A	N/A	N/A			0	
Local leads	various	6	5	N/A	N/A	N/A	7	N/A			18	
<b>Specific training</b>												
Prevent- clinical staff	3233	N/A	N/A	N/A	N/A	310	596	785			1691	52%
Prevent- Non clinical	1389	N/A	N/A	N/A	N/A	N/A	N/A	N/A			0	0%
Trust Board	17	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	12	71%
HR/ Ops managers	Various	29	N/A	N/A	N/A	N/A	7	N/A			36	100%
Private providers	c450	(95% 2014) 23	13	6	11	3					56	13%
Other safeguarding	various	104	N/A	N/A	N/A	N/A	N/A	N/A	N/A		104	100%
Nil = no figures provided											5491total	
N/A= no course planned this month												

- Safeguarding training is on going at all levels of the Trust.
- Good take up of e-learning at level one.
- Frontline staff currently undertaking safeguarding training in Core Skills Refresher (CSR) training, monitoring of the percentage take up. Any identified gaps to be escalated through the Safeguarding Committee.
- Discussion in progress to ensure staff aware of training content.
- EOC staff training refreshers being planned for 2016-17



# Complaints – Volume & Response time



- October saw an increase in recorded complaints with 101 complaints received compared to 75 in September, a 25% increase, 94 in August, 103 in July and 94 in June.
- This reflects a historical trend for complaints received at this time of the year unrelated to any associated increase in activity levels or response times

2014/15	Total complaints	Number of closed complaints by month	Totals closed within 35 working days	Percentage of complaints closed within 35 working days
October	144	116	29	20%
November	159	94	26	18%
December	102	142	17	17%
January	114	104	29	25%
February	100	90	20	20%
March	117	68	18	15%
April	78	123	18	24%
May	68	100	18	27%
June	94	138	31	33%
July	103	122	51	50%
August	94	131	37	39%
September	75	118	32	43%
October	101	113	18	18%
<b>Totals:</b>	<b>1349</b>	<b>1459</b>	<b>344</b>	<b>349%</b>
		Average per month in 35 working days		27%

Month	Complaint numbers	Acknowledged in 3 working days	Outside target
Apr-15	78	73 (94%)	5 (6%)
May-15	68	68 (100%)	0%
Jun-15	94	93 (99%)	1 (1%)
Jul-15	103	102 (99%)	1 (1%)
Aug-15	94	93 (99%)	1 (1%)
Sep-15	75	74 (99%)	1 (1%)
Oct-15	101	101 (100%)	0%
<b>Totals</b>	<b>613</b>	<b>99%</b>	<b>1%</b>





# Complaints – Volume & Response time

## Comparison of complaints received against calls attended by month October 2014 to October 2015

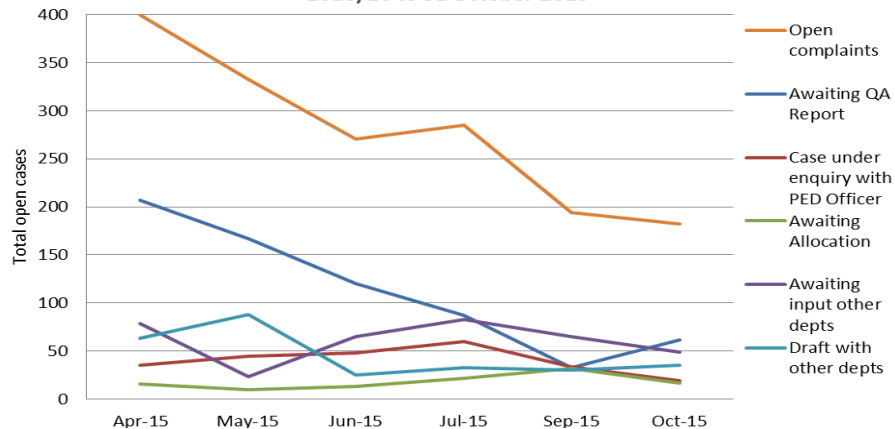
Month	Calls <u>attended</u>	Complaints received	Percentage of complaints against calls attended (rounded)
Oct-14	86566	144	0.17
Nov-14	84101	159	0.19
Dec-14	87487	102	0.12
Jan-15	84090	114	0.14
Feb-15	76560	100	0.13
Mar-15	85203	117	0.13
Apr-15	81523	78	0.10
May-15	84230	68	0.08
Jun-15	82847	94	0.11
Jul-15	86074	103	0.12
Aug-15	84876	94	0.11
Sep-15	82964	75	0.09
Oct-15	88283	101	0.11
<b>Totals</b>	<b>1094804</b>	<b>1349</b>	<b>0.12%</b>

Complaints relating to delay (47) and staff conduct (30) continue to be the main themes.

Complaints about conduct and behaviour have risen this month (17 in September against 30 in October – a rise of 43%).

% of complaints against calls attended remains very consistent at 0.11% for October against an average to date of 0.12%.

Trajectory of backlog of open complaints  
2015/16 to 31 October 2015

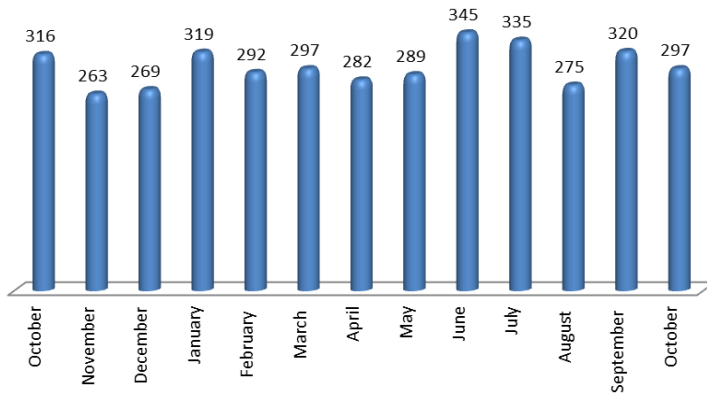


A process mapping exercise and review of the complaints process has been completed and the recommendations are to be presented to the Quality Committee and the Executive Management Team in November.

The number of open complaints is steadily reducing and it is anticipated that implementation of the recommendations will support considerable reductions in the current timelines experienced during the response process.



**PALS specific  
October 2014 to October 2015**



PALS specific enquiries October 2015 = 297

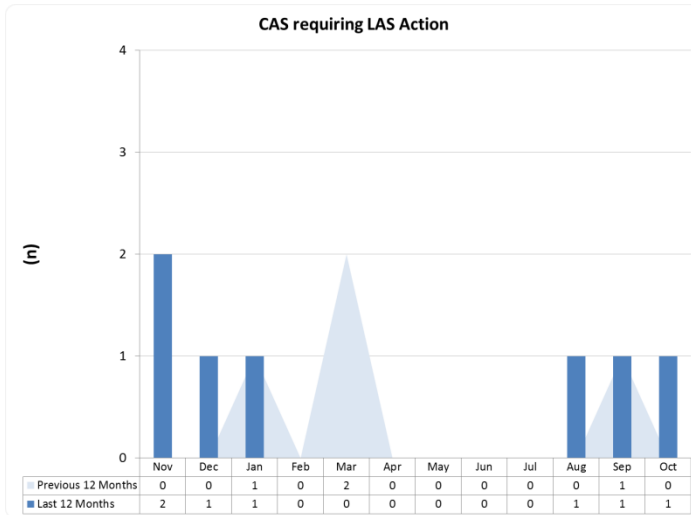
At the time of writing there are 72 x PALS cases remaining open; this includes 14 requests for medical records awaiting consent from the patient, 58 cases awaiting QA reports/further supporting information.

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

Subject – October 2015	Number of enquiries
Information/Enquiries	207
Lost Property	41
Medical Records (patient request)	25
Other	19
Appreciation	5
<b>Totals:</b>	<b>297</b>



# NHS CAS Alerts & Preventing Future Death (PFD) Notifications

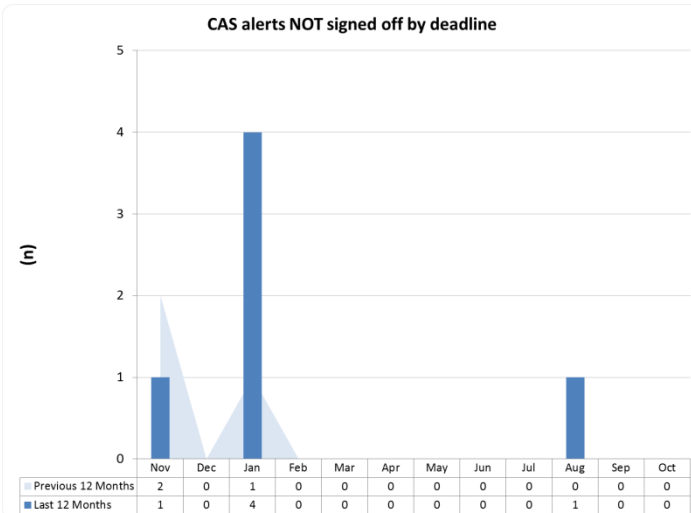


9 estates fields notices were received for high voltage hazard alerts for electrical incidents.

Two patient safety alerts.

- Support to minimise the risk of distress and death from inappropriate doses of naloxone (this is being assessed for relevance to the Trust)
- Risk of death and serious harm by falling from lifting hoists

The Safety and Risk department continues to respond appropriately on behalf of the Service for modifiable alerts within the notification window



Preventing Future Deaths Reports:

- None received during October

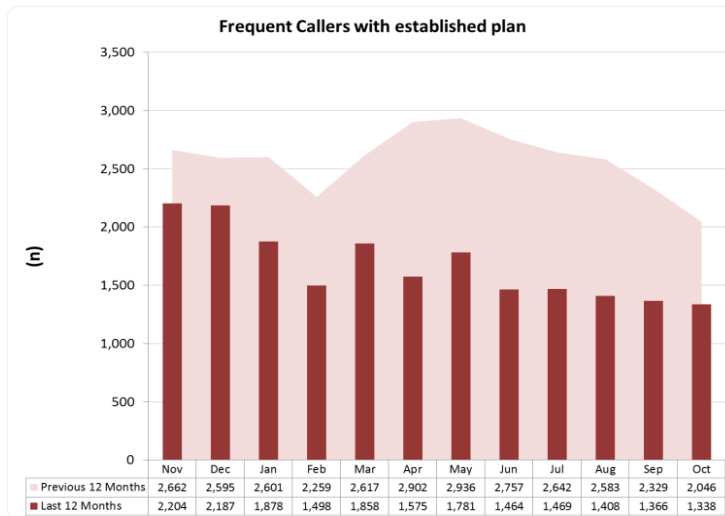
# EFFECTIVENESS



Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides	Current RAG	Historic RAG	RAG
Frequent Callers	The volume of defined frequent callers remains very high with 1164 identified callers in October with activity of 5 or more calls per month and 194 with 10 or more calls	AMBER		
STEMI Performance	ACQI unchanged from previous report due to publication dates	N/A		
ROSC at Hospital	ACQI unchanged from previous report due to publication dates	N/A		
Survival to Discharge	ACQI unchanged from previous report due to publication dates	N/A		
CARU Reports	Major trauma, Cardiac Care and Stroke Care packs published since last meeting	GREEN		
Other	An LAS audit reviewing the appropriateness of triage to London Heart Attack centres has been published identifying 2 themes in relation to over triage – the use of auto-interpret software and the reliance on ECG data in isolation of the wider clinical presentation. Learning will be applied to training programmes and improved feedback mechanisms for staff.			



# Frequent Callers



- The volume of defined frequent callers remains very high with 1164 identified callers in October with activity of 5 or more calls per month and 194 with 10 or more calls.
- There were 66 cases being actively managed in October
- The new operational structure allows for the routine sharing of patient level reports with sector teams to support case management
- The Darzi Fellow is currently mapping all existing forums pan London where these cases are discussed to identify best practice and gaps in provision

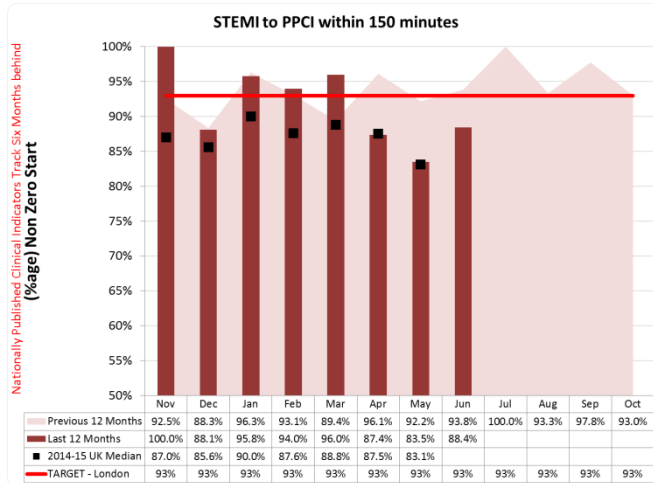
## High volume intensity users

As of 10/11/15

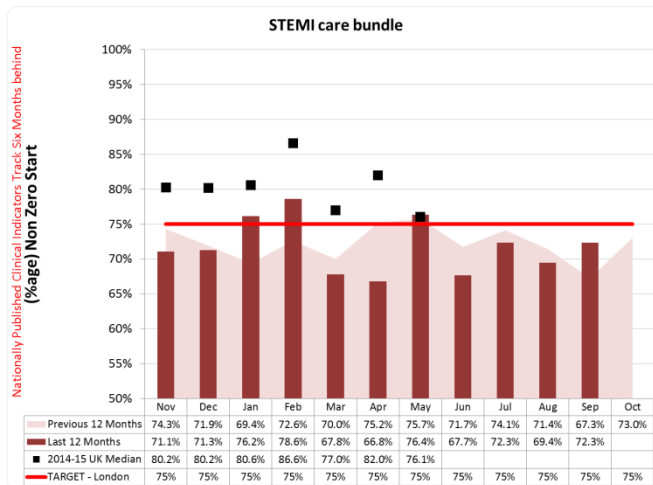
		10 or more calls	15%	FC plans	MH issues	Open/actual cases	Closed during month	5 or more calls	15%	12 or more calls over 3 months
2014	Dec	142	22	24	9	36	0	889	133	973
2015	Jan	142	22	40	13	46	3	998	150	890
	Feb	144	22	41	18	51	40	1095	164	831
	Mar	177	27	52	16	59	9	1234	185	719
	Apr	152	23	70	25	64	5	998	150	746
	May	150	22	44	19	69	19	945	142	689
	Jun	170	25	52	26	78	6	1088	163	696
	Jul	192	29	60	30	86	3	1217	183	756
	Aug	194	29	71	29	92	25	1150	172	806
	Sep	191	29	65	27	77	19	1251	188	841
	Oct	194	29	43	15	66	3	1164	175	796
	Nov									
	Dec									



## STEMI



- Clinical quality monitoring data is reported using time frames different to other aspects of this report as it requires in-depth clinical review and is dependent on a number of other processes (e.g. PRF availability/data from external sources)
- May's data (the most recent national data available) shows a decrease in compliance to STEMI to PPCI within 150 minutes, from 87.4% to 83.5%. Available internal data indicates and improvement in June to 88.4%.
- The data reported is valid on the day the report is compiled but may change as additional data is added from hospitals

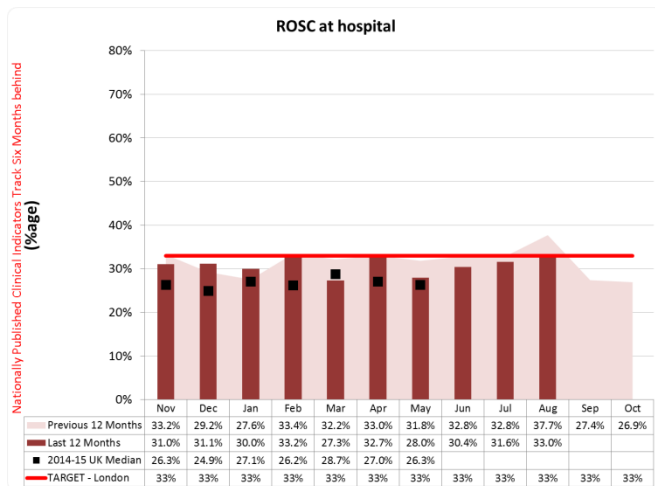


- September Cardiac Care Pack
- 73% of STEMI patients received a complete care bundle. This is an increase of 2% when compared to August's data.
- 60 patients could not be scored as having a full bundle due to lack of recording for pain relief.

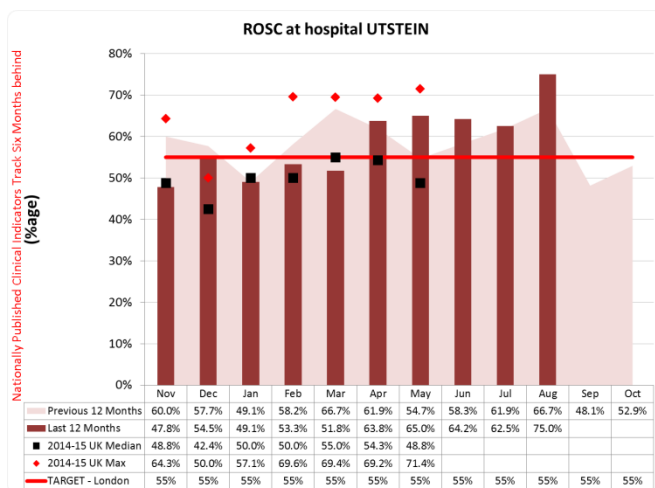
Monthly data should be reviewed with caution as there will always be variation due to the small numbers of cases involved



## ROSC



- ROSC sustained to hospital was achieved in 33% of cardiac arrest cases in August (the most recent data available)
- ACQI updates are due after Quality Dashboard publication

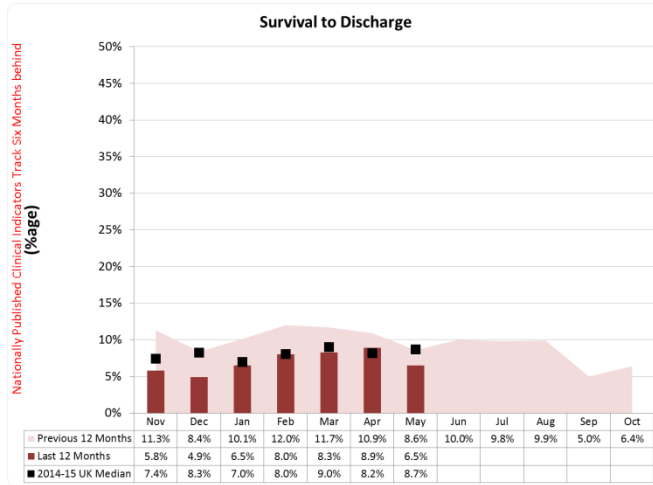


- ROSC sustained until hospital for the Utstein group has increased on the previous months reported. This is now 75%, with previous months. (62.5% July, 64.2% June).

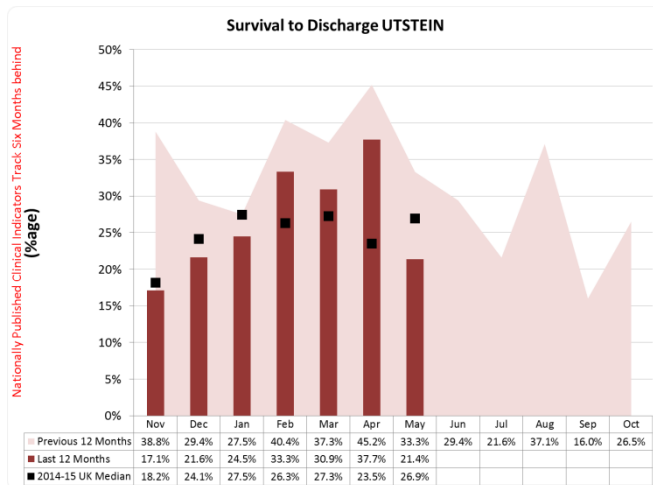
Monthly data should be reviewed with caution as there will always be variation due to the small numbers of cases involved



# Survival to Discharge



- Survival to discharge figures have decreased in May to 6.5%, when compared to previous months. (8.9% April, 8.3% March).
- Variation may be due to very small case numbers and delay in final data entry by all parties
- ACQI updates are due after Quality Dashboard publication



- Survival to discharge figures for the Utstein group show a decrease from 37.7% in April to 21.4% in May.





## CARU Reports (Cardiac, Stroke, Trauma)

### CARDIAC (September 2015)

Resuscitation efforts were commenced on **43%** of cardiac arrest patients attended by LAS crews.

The average time from 999 call to LAS on scene was **10 minutes**, and increase of 1 minute from the previous month.

**26%** of cardiac arrest patients that had resuscitation commenced gained and sustained ROSC (Return of Spontaneous Circulation) until arrival at hospital.

An advanced airway management device was placed successfully in **87%** of cardiac arrest patients where resuscitation was attempted. Of these patients, **97%** had end-tidal CO<sub>2</sub> levels measured. **Eight** patients had no end-tidal CO<sub>2</sub> level documented on their PRF nor accompanying capnography printout.

Approximately **5%** of cases had defibrillator downloads submitted.

### STEMI

- Over 99% of patients were conveyed to an appropriate destination.
- The average time from the 999 call to arrival on scene increased by 2 minutes to 13 minutes in September.
- Average overall on scene time has increased by 1 minute to 42 minutes, while call to hospital times have increased by 3 minutes to 72 minutes. These continue to require monitoring.
- The percentage of patients who received a complete care bundle (aspirin, GTN, two pain assessments and analgesia) has increased by 2% to 73%.
- Hanwell station group supplied a full care bundle (or documented exceptions) to 100% of patients attended this month.

### STROKE (September 2015)

- **98%** (n=1011) of all suspected stroke patients were provided with a full pre-hospital care bundle or a valid exception to its provision was recorded on the PRF.
- Almost all FAST positive patients (**99%**, n=964) had the time of onset of symptoms recorded or it was clearly documented that the time of onset could not be established
- Almost all FAST positive patients (**99.6%**, n=966) were conveyed to the most appropriate destination for their condition.
- The average response time for 999 call to arrive on scene was **16** minutes. This is a **3** minute increase from August 2015
- The average time on scene was **35** minutes which remains longer than the recommended 30 minutes. Half of LAS crew (**50%**) attending stroke patients, who were potentially eligible for thrombolysis, spent 30 minutes or less on scene
- The percentage of patients who were potentially eligible for thrombolysis and arrived at a HASU within 60 minutes has decreased from 65% in August 2015 to **61%** in September 2015

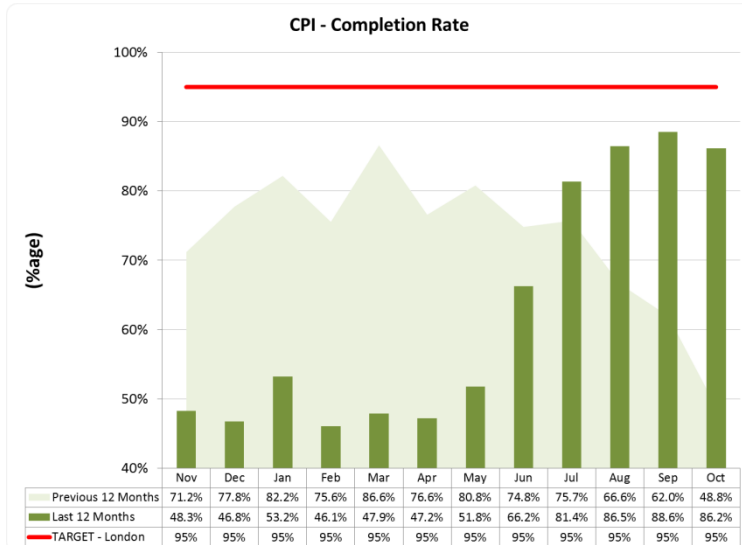
# CARING



Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides	Current RAG	Historic RAG	RAG
CPI Compliance	LAS compliance to the Mental Health CPI remained consistent at 90% for the fourth month in a row and requires particular improvement to considering safeguarding and recording the patient's appearance.	AMBER		
CPI completion	North Area Sectors returned greater than 98% compliance	AMBER		
CPI Feedback	62% of frontline staff have not yet received any face-to-face feedback, with the majority of group stations across the LAS having delivered face-to-face feedback to less than 50% of their staff.	RED		
Friends & Family Test	Total number of FFT responses received = 7 A meeting has been arranged with the TDA to review alternative approaches and communications plan implemented with teams	RED		
Patient & Public Education	Verbal Update	GREEN		



# CPI Completion, Feedback Sessions and Compliance (August 2015)



## CPI Completion

was the highest for over two years. All group stations in the East Central, North Central and North West Sectors should be congratulated for auditing all PRFs presented for CPI audit, as well as the Clinical Hub, HART and Deptford and Fulham Group Stations.

For the first time this financial year, the proportion of CPI audits completed by Team Leaders was higher than those completed by 'Other' staff, with Homerton Group Station and Clinical Hub Team Leaders completing all CPI audits available. All group stations who currently have more CPI audits completed by staff in the 'Other' group than Team Leaders should consider addressing this balance to ensure a high proportion of CPI audits remain completed in the longer term.

## CPI Compliance

LAS compliance to the Mental Health CPI remained consistent at 90% for the fourth month in a row with improvement required in the areas of considering safeguarding and recording the patient's appearance/affect.

However, Croydon Group Station and the Clinical Hub provided a high standard of care for these patients.

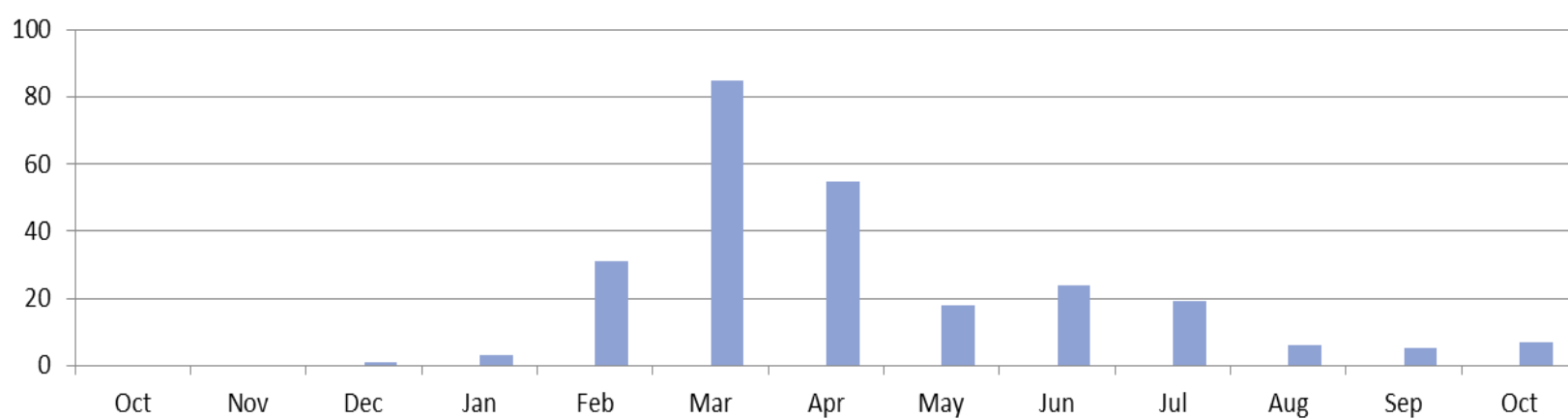
Romford Group Station and the CRU provided excellent care to non conveyed patients but the MRU should pay particular attention to recording whether a PRF is left on scene. Camden and St. Helier Group Stations also required improvement.

## CPI Feedback

- Face-to-face feedback on CPI is improving since the 50:50 split of CTL started in August – September saw a 2% increase over August.
- The feedback trajectory was agreed on linear scale so the decision to deploy CTLs 100% operational for Q1 impacted on Q1 feedback.
- 62% of frontline staff across the LAS have not yet received any face-to-face feedback, with the majority of group stations across the LAS having delivered face-to-face feedback to less than 50% of their staff.
- The low proportion of staff to have received face-to-face feedback at the CRU, E3, D4, B3, S1 and R1 Group Stations is of particular concern, as is the high proportion of staff who have received no face-to-face feedback so far this year at C3, E3, N1, L2, B3, K1, S1 and R1 Group Stations. These issues are being actioned by the appropriate operational leadership teams.



## Friends and Family



### Friends and Family Test figures for October 2015

- Total number of FFT responses received = 7
  - Extremely likely = 7
  - Likely = 0
  - Don't know = 0
- PTS responses = 5
- Number of PTS journeys = 4,484
- See & treat responses = 2
- Number of see & treat patients = 22,738

FFT poster has been designed to help inform staff. Awaiting final draft from Communications.

Meeting arranged with the TDA to discuss feedback methods.



## Patient Experience

Events on database = 81

Events attended = 60

- X 26 BLS session
- X 5 Careers session
- X 3 Road safety initiative
- X 1 Mental health/dementia focus groups
- X 2 Scout visit
- X 10 People who help us (4-5yr olds)
- X 12 Other
- X 1 Junior Citizen Scheme

College Careers Event, 13<sup>th</sup> October – SS, Recruitment Manager

***"On behalf of all students, staff and of course myself at the City of Westminster College, we would like to thank you, or members of your organisation, for attending our Careers Fair yesterday (13th October). We received some fantastic feedback from students and tutors and it appears everyone here thought the event was a success"***

***LR, Careers Advisor***

Brownies, 13<sup>th</sup> October – MS, Clinical Team Leader (CHUB)

***"Mike was fantastic with my Brownies, They all enjoyed the eve so much, he did the talk and all the activities just at their level. Thank you so much for organising it for us. Best wishes"*** – LP

Medical Centre, 30<sup>th</sup> October – RP, Paramedic

***"Thank-You very much for attending our recent Cassidy Medical Centre Open Day. Your support is very much appreciated and we look forward to continuing cooperation with you closely.***

***OD, Head of Marketing & Communications***

Nursery, 23<sup>rd</sup> October – LS, TEAC 1

***"Leon did a fantastic job, the children really enjoyed his visit. Thank you so much for arranging this"***

***CP***

# RESPONSIVENESS

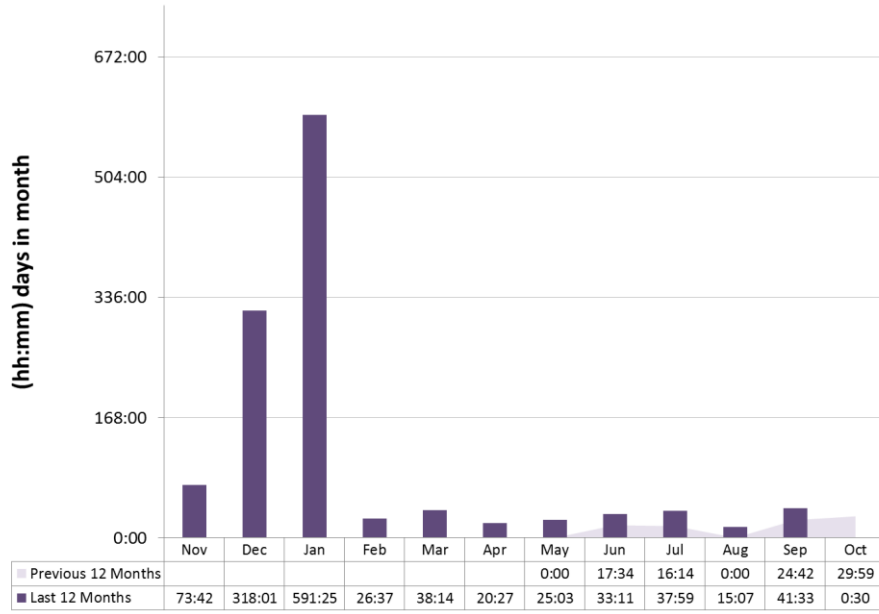


Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides	Current RAG	Historic RAG	RAG
EOC Surge Plans	The Trust has remained at Surge Red as agreed for this financial year with one recorded episode of escalation to Surge Purple Enhanced	AMBER		



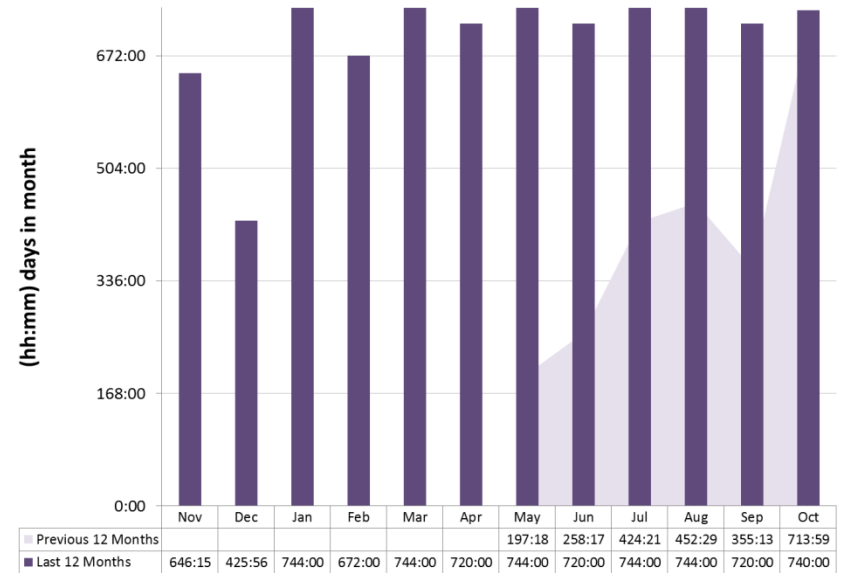
# EOC Surge Status

Surge (above Red)



- There was 1 period at Surge Purple Enhanced.
- We remain at surge RED as agreed for this financial year
- EMT have reviewed the Surge level and REAP level and agreed the current working level remains appropriate to maintain the response to the highest priority patients
- The Surge Plan is currently being reviewed and the NHSE (London) Divert and Capacity Policy has been reviewed in preparation for Winter

Surge (above Amber)



# WELL LED



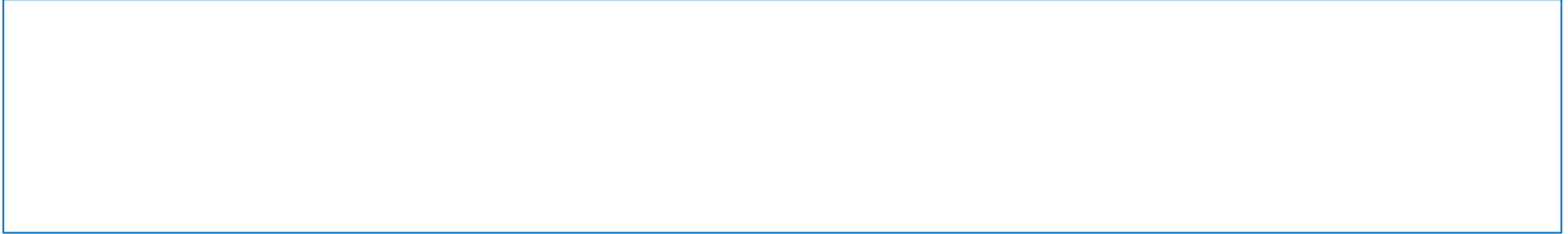
Sub-Section	Key Headlines From Each Sub-Section. Should be supported by following slides	Current RAG	Historic RAG	RAG
Safe Staffing and Efficiency	Verbal Update			
Other	A process to support Executive 'walk-about' across the organisation has been approved aligning EMT members to a specific sector, utilising a feedback tool to ensure learning is shared and embedded.	N/A		
	A Bullying and Harassment Advisor has been appointed to support delivery of the action plan .	N/A		





# Safe Staffing and Efficiency

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<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Medicines Management: To appoint a board director for overseeing medicines management and medication errors</b>
<b>Report Author(s):</b>	<b>Daryl Belsey, Staff Officer to the Chief Executive</b>
<b>Presented by:</b>	<b>Dr Fiona Moore, Chief Executive</b>
<b>Contact Details:</b>	<b>daryl.belsey@lond-amb.nhs.uk</b>
<b>History:</b>	<b>N/A</b>
<b>Status:</b>	<b>For Approval</b>
<b>Background/Purpose</b>	
<p>The Trust has identified the need to appoint an Executive lead to oversee medicines management and medication errors. The Board is asked to approve the appointment of the Medical Director to this role.</p> <p>The Board is also asked to note that Robert McFarland will act as Non-Executive lead to support the Medical Director in this role.</p>	
<b>Action required</b>	
<p>To approve the appointment of the Medical Director to oversee medicines management and medication errors.</p>	
<b>Assurance</b>	
<p>To ensure executive oversight of medicines management.</p>	

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



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	24 <sup>th</sup> November, 2015
<b>Document Title:</b>	Workforce Update
<b>Report Author(s):</b>	Karen Broughton, Director of Transformation, Strategy and Workforce
<b>Presented by:</b>	Karen Broughton Director of Transformation, Strategy and Workforce
<b>Contact Details:</b>	Ext: 112046
<b>History:</b>	Update provided at the recent Quality Committee
<b>Status:</b>	For Information and assurance, and to approve phase two of the bullying and harassment programme
<b>Background/Purpose</b>	
The workforce update provides an update on progress across recruitment, the operational restructure and our plans for the next phase of our approach to bullying and harassment.	
<b>Action required</b>	
To note the status of recruitment progress to date, progress with the operational restructure and to approve phase two of our approach to bullying and harassment.	
<b>Assurance</b>	
<ul style="list-style-type: none"><li>• We have successfully recruited the required numbers of frontline staff and will see all frontline vacancies filled by February 2016.</li><li>• The redeployment of staff as a result of the operational restructure has been concluded.</li><li>• We are currently in the process of developing our workforce plans for the next three years.</li></ul>	

<b>Key implications and risks arising from this paper</b>	
<b>Clinical and Quality</b>	There are no clinical or quality risks identified in this paper.
<b>Performance</b>	This paper sets out the recruitment progress to date to support performance improvement.
<b>Financial</b>	n/a
<b>Governance and Legal</b>	There are no governance or legal concerns identified in this paper.
<b>Equality and Diversity</b>	There are no equality and diversity concerns identified in this paper
<b>Reputation</b>	The Trust's reputation could be at risk if the actions highlighted in phase two of our approach to bullying and harassment are not addressed
<b>Other</b>	
<b>This paper supports the achievement of the following 2015/16 objectives</b>	
<b>Improve the quality and delivery of urgent and emergency response</b>	All aspects of the attached paper are targeted at improving the delivery of an urgent and emergency response, either by directly increasing the number of frontline resources or by ensuring they supported and managed effectively and motivated.
<b>To make LAS a great place to work</b>	With the timely investigation and robust management of bullying/harassment cases, staff will feel able to highlight concerns and feel confident that these will be addressed in an appropriate and timely manner.
<b>To improve the organisation and infrastructure</b>	A key success of the attached paper is to recruit to the agreed establishment, filling vacancies in the frontline workforce to support performance improvement and support a reduction in frontline utilisation.
<b>To develop leadership and management capabilities</b>	As part of phase two of our approach, senior managers within the Trust will undergo specific training to become champions for B&H, with a NED appointed as the lead



London Ambulance Service



NHS Trust

# Workforce update for the Trust Board

24 November 2015



# Our strategic workforce focus

- Our ambition is to make the LAS a great place to work
- A significant proportion of both our 5 Year Strategy and the 15/16 Business Plan focus on the activities we will undertake to achieve this
- Our workforce focus since October 2014 has been on 4 key areas;
  - Meeting our significant recruitment challenge
  - Improving our retention of staff
  - Addressing issues identified through staff feedback and engagement surveys including the Staff Survey and the Bullying & Harassment Review
  - Strengthening operational management through a management restructure

**This workforce update will focus on recruitment progress, phase two of our approach to bullying and harassment and progress with the operational restructure.**

# Progress since the last Trust Board update

- Recruitment continues to progress and has been re-profiled following a review of the Transformation Plan
- Recruitment in quarter three will see 169 staff join the Trust and 287 will become fully operational
- We saw 33 frontline staff leave the Trust in October – 6(18%) retired; 6 (18%) were dismissed; and 64% (21) voluntary leavers
- Phase two of our approach to bullying and harassment has been developed
- We have begun to turn our attention to the 3 year workforce plan, however it cannot be developed in isolation and is dependant upon the development of a new clinical strategy and a review our clinical, operational and financial models





# Recruitment



# Recruitment Summary

## Overview

- From April 2015 – March the Trust will have recruited a total of 727 new staff.
- There are currently 664 active applications in the recruitment pipeline, with the breakdowns detailed below:

## National Paramedics

- Our graduate pipeline is currently standing at 82
- 46 are currently in training due to complete by the end of November
- We have 3 graduates who would like to join in December, with a further 33 accepted offers and plan to join in Q4

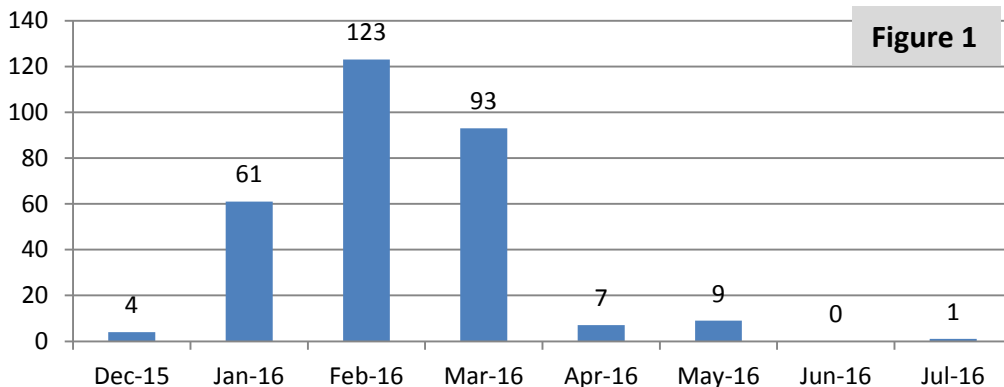
## TEACs

- The current TEAC advertisement is now closed, with the total pipeline standing at 284 WTEs.
- 51 are currently in training due to complete between now and end Q3
- 20 are currently in supervision due to complete in December, 2015
- 41 are currently in training due to complete in Q4
- The remainder of the pipeline breaks down to;
  - 52 candidates booked on to courses
  - 112 candidates have accepted offers and we are negotiating their start dates subject to C1 driving and references
  - 8 applications are being screened.

## International Paramedics

**Figure 1** details the current start dates for the remaining internationals to commence training.

We currently have 281 candidates planning to start with us by end of Q4

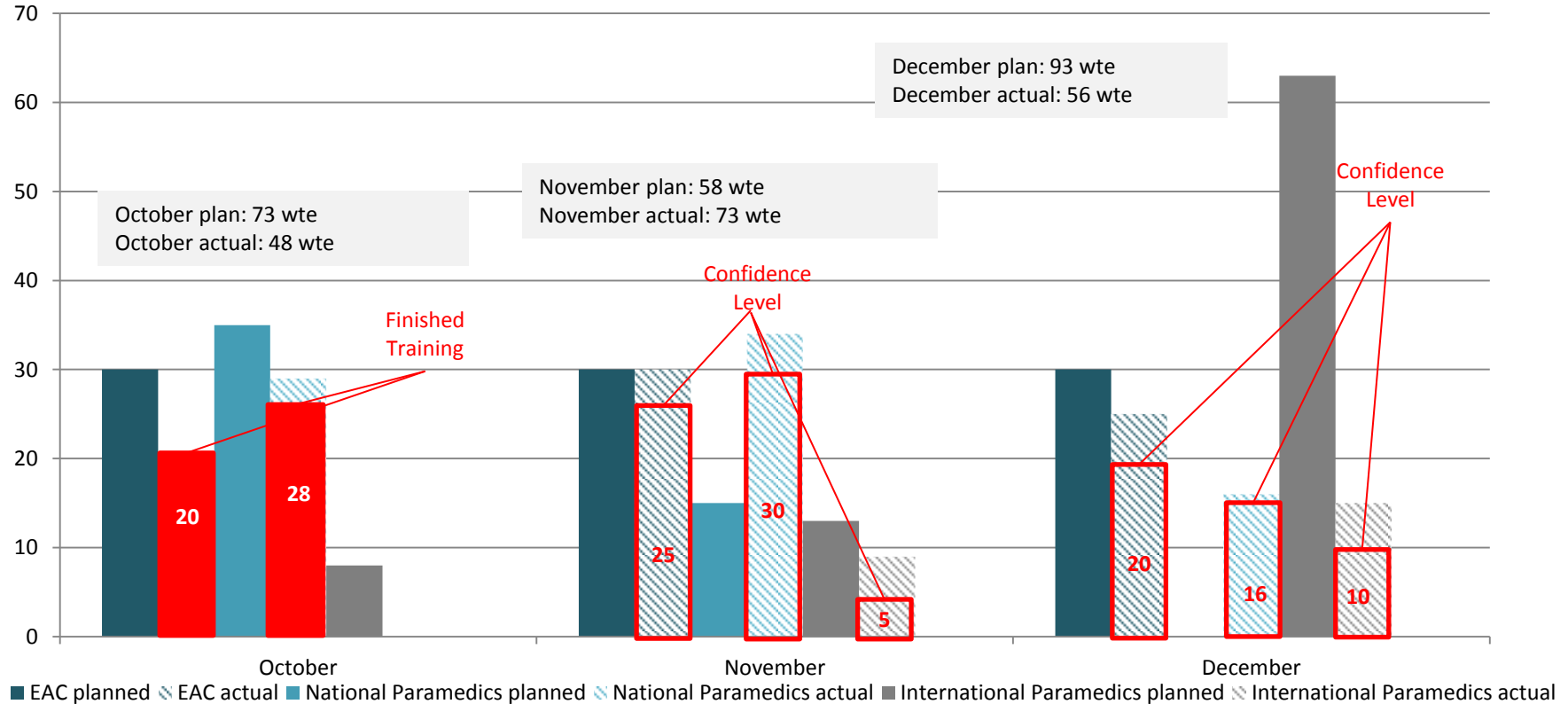


**Figure 1**

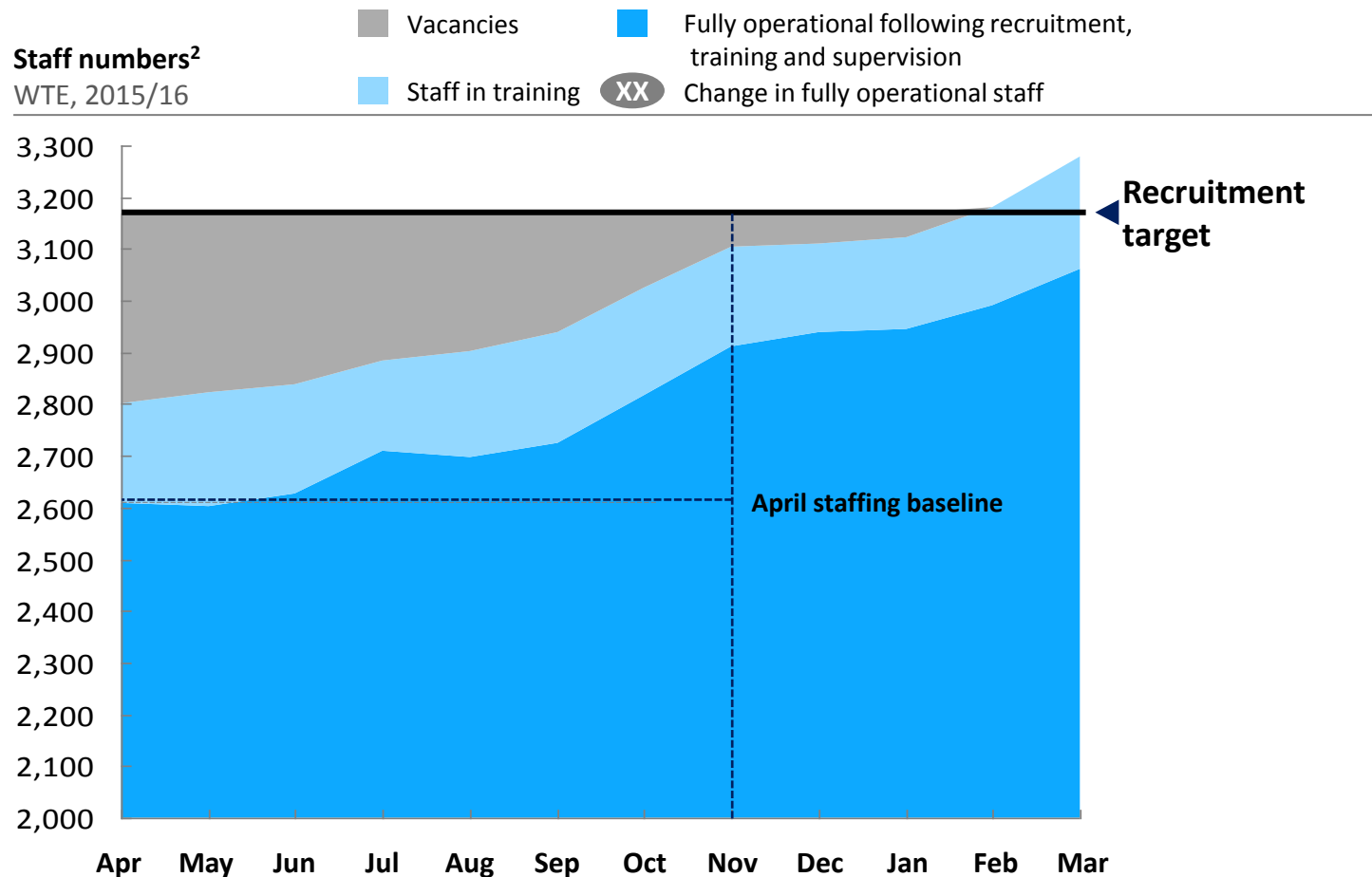
# Recruitment performance against plan: 15/16 Q3

## Summary

We are currently expecting 177 staff to finish training against a plan of 224 and have illustrated below our confidence levels for these starters. TEAC confidence levels are based on a 80% pass rate. Current variance between planned and actual in October is due to TEAC course failures – this is slightly higher than previous months and has been investigated. November is showing an increase against plan due to higher numbers of UK paramedics starting, December variance is due to changes in International start dates.



## LAS's recruitment drive has delivered **207 additional frontline fully operational staff<sup>1</sup> since April**



<sup>1</sup> Fully operational staff following recruitment, training and supervision

<sup>2</sup> Actual to September 2015, forecast from October 2015 onwards

# Acting on staff feedback – Bullying and harassment phase two



# Bullying and harassment – phase two

Phase one of the B&H action plan sought to address areas identified in the report. Phase two builds upon these actions to move further towards a bullying and harassment free service. The Trust has appointed a dedicated and experienced Bully and Harassment Lead who started with the Service on 9 November 2015 and phase two of the action plan is detailed below:

## Awareness and Training

- Develop 'RESPECT' internal communications campaign including awareness and advice literature
- Design and deliver all staff Bullying and Harassment awareness training sessions (including defining what is truly bullying and harassment)
- Implement Train the Trainer for all staff involved in the delivery of training to ensure point of contact with staff (induction, CSRs, team development training days) reinforces the Trust's Bullying and Harassment messages

# Bullying and harassment – phase two

## Behaviours and Champions

- Co-design LAS behaviours with new LAS OD lead to inform organisation wide behavioural competencies
- To lead the design of organisational wide measures to assess and measure bullying and harassment attributes
- Develop role profile and assessment process for internal B&H Champions
- Train B&H Executive and Senior Leadership champions
- Appoint and develop Non Executive Director B&H lead/advisor
- Procure B&H specialist advisors and investigators

# Bullying and harassment – phase two

## Systems and support

- Procure mediation support to assist managers and staff to informally resolve issues
- Redesign internal reporting processes to increase opportunities for reporting incidents of bullying and harassment
- Review response times and KPIs for employee relations B&H cases
- Establish consistent methods of reporting across the Trust to provide regular reports to the Trust Board on bullying and harassment
- Review effectiveness and value for money of current B&H helpline



# Operational restructure update



# Operational restructure update

- 106 posts have now been filled
- 3 posts have been recruited and about to start.
- 11 posts are currently being recruited to
- 1 post to be recruited in January
- Four week work trials have been conducted and have now ended
- A number of appeals are being heard from staff who feel their role is not suitable alternative employment
- Director of Operations and Director of Transformation, Strategy and Workforce will conduct a review of the operations structure early in the new financial year



# In summary



## In summary

- **Recruitment is gripped and re-profiled:** we have achieved recruitment success which will now see all frontline vacancies filled by the end of February 2016
- **Phase two of our approach to bullying and harassment** has been developed
- The redeployment of staff as a result of the **operational restructure** has been concluded
- **We have begun the process to develop our workforce plans** for the next 3 years

**Action required:** The Trust Board is asked to note the workforce update and approve phase two of our approach to bullying and harassment

# Back up slide



# Operational restructure update

- 8C – 9 ADO's recruited & in post.
- 8B – 8 posts recruited to and in post. The final 8B post – Forecasting and Planning Manager has been conditionally offered with a start date of 04 January 2016.
- 8A – 21 posts recruited to and in post. The final 8A post – Driving Standards Manager has interviews arranged for 8<sup>th</sup> December.
- Band 7 – We have recruited 36 Incident Response Officers (all are in post) and the interviews conclude for the remaining 7 posts today.
- We have recruited to all 26 Group Station Manager posts (25 in post) with the remaining GSM commencing on 18 December.
- 4 Staff Officers have been recruited and are in post.
- Operational Business Change Manager – 3 recruited, 2 in post & 1 conditional offer made.
- CAD and Technical Lead – 1 recruited.
- Central Support Unit Manager post– in shortlisting.
- Control Services Tutor – out to advert currently for 2 vacancies.
- Planner x 1 to be recruited when the Forecasting & Planning Manager is in post in January.



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Finance Report Month 07 - Part 1</b>
<b>Report Author(s):</b>	<b>Director of Finance and Performance</b>
<b>Presented by:</b>	<b>Andrew Grimshaw</b>
<b>Contact Details:</b>	<b>Andrew.grimshaw@lond-amb.nhs.uk</b>
<b>History:</b>	<b><i>EMT, Finance &amp; Investment Committee</i></b>
<b>Status:</b>	<b><i>To note the paper</i></b>
<b>Background/Purpose</b>	
<p><b>Statement of Comprehensive Income</b> In month the position is £0.4m adverse from plan, with the year to date reporting £3.9m adverse from plan. The Trust is reporting an £9.7m deficit YTD. The year-end forecast deficit of £9.0m can no longer be expected.</p> <p>The adverse position in month is driven by:</p> <ul style="list-style-type: none"><li>• a significant step up in Month 7 Frontline pay related to substantive and overtime hours as well as additional incentive costs.</li><li>• Income reduction provision of £1.1m related to a &gt;2% reduction in Cat C activity as per the CCG contract</li><li>• The Trust is not expecting to receive the full value of CBRN income This currently represents a £4.3m shortfall.</li><li>• £0.5m additional pressure due to unidentified CIP not delivered.</li></ul>	
<p><b>Statement of Position</b> Capital Expenditure is as planned.</p>	
<p><b>Statement of Cashflow</b> Cash is £4.5m below plan. Some elements of contract income are being invoiced and received later than planned, this is creating timing issues within cash and an expected reduction in planned income. Risks to the transformation funding could cause further cash stress. The 12 month rolling cash forecast is being reviewed to include these issues and confirm if any cash management action is needed.</p>	
<b>Action required</b>	
Note the financial position reported as at Month 7 (October) 2015	

<b>Assurance</b>	
This paper has been reviewed by the EMT and FIC.	
<b>Key implications and risks arising from this paper</b>	
<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	<b>Managing the Trust's finances</b>
<b>Governance and Legal</b>	<b>Achieving statutory financial duties</b>
<b>Equality and Diversity</b>	
<b>Reputation</b>	
<b>Other</b>	
<b>This paper supports the achievement of the following 2015/16 objectives</b>	
<b>Improve the quality and delivery of urgent and emergency response</b>	
<b>To make LAS a great place to work</b>	
<b>To improve the organisation and infrastructure</b>	
<b>To develop leadership and management capabilities</b>	



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**London Ambulance Service NHS Trust  
Finance Report - Part 1 – 2015/16  
Month 7: October**

**EMT Meeting – 18<sup>th</sup> November 2015  
Trust Board – 24<sup>th</sup> November 2015**

Andrew Grimshaw  
Finance Director

## Finance Summary: M7 (2015/16)

Financial Indicator	Summary Performance	Current Month	Previous month
<b>Surplus</b>	In month the position is £0.4m adverse from plan, with the year to date reporting £3.9m adverse from plan. The Trust is reporting an £9.7m deficit YTD. Achieving the year end forecast deficit of £9.0m can no longer be expected.	<b>RED</b>	<b>RED</b>
	<p>The adverse position in month is driven by:</p> <ul style="list-style-type: none"> <li>a significant step up in Month 7 Frontline pay related to substantive and overtime as well as additional incentive costs.</li> <li>Income reduction provision of £1.1m related to a &gt;2% reduction in Cat C activity as per the CCG contract</li> <li>The Trust is not expecting to receive the full value of specialised services income. This was planned at £4.3m.</li> <li>£0.5m additional pressure due to unidentified CIP not delivered.</li> </ul>		
<b>Income</b>	<p>Income is £0.3m adverse in Month and £3.5m adverse year to date. The key drivers for this position are:</p> <ul style="list-style-type: none"> <li>Income reduction provision of £1.1m related to a &gt;2% reduction in Cat C activity as per the CCG contract</li> <li>The Trust is not expecting to receive the full value of specialised services income This currently represents a £4.3m risk (£2.5m YTD). Negotiations around the level of funding are ongoing.</li> </ul> <p>Securing all the additional transformation funds is at risk given the current level of A8 performance.</p>	<b>RED</b>	<b>AMBER</b>
<b>Expenditure (incl. Financial Charges)</b>	<p>In month expenditure is £0.1m adverse, and year to date £0.3m adverse. The key drivers for this position are:</p> <ul style="list-style-type: none"> <li>In Month The Trust has increased its substantive Frontline Staffing and increased Overtime hours and Incentive spend. There are some reporting difficulties around these issues related to structure changes and systems issues.</li> <li>£0.5m additional pressure due to unidentified CIP not delivered.</li> <li>Partially offset by £2.5m of planned reserves to support the position.</li> </ul>	<b>AMBER</b>	<b>AMBER</b>
	<p>The Trust's main cost pressures arise from additional frontline resourcing costs. There are 3 key drivers for the additional expenditure:</p> <ul style="list-style-type: none"> <li>In Month Substantive Frontline WTEs increased by a net of circa 56 Wtes and Bank usage increased by 50 WTEs due to more attractive incentives.</li> <li>Overtime spend increased by £0.4m driven by an average additional 4000 hours per week compared to Month 6</li> <li>Incentive Rates were restructured and there was increased uptake especially amongst bank staff (£0.4m)</li> </ul>		
<b>CIPs</b>	In month CIP is £0.5m adverse to plan due to unidentified savings programmes. Year to date CIPs are £0.5m adverse to plan. The full year plan of £8.4m is still expected to be achieved once additional schemes are implemented. Further, efficiencies and cost control are being developed to close the remaining gap.	<b>RED</b>	<b>RED</b>
<b>Balance Sheet</b>	Capital Expenditure is £0.4m behind plan. The Capital position has been reviewed as regards the taking up of a £6.0m Capital loan. The Trust has decided not to obtain the loan and manage within its internally generated resources.	<b>GREEN</b>	<b>AMBER</b>
<b>Cashflow</b>	Cash is £4.5m below plan. Some elements of contract income are being invoiced and received later than planned, this is creating timing issues within cash and there is an expected reduction in planned income. Risks to the transformation funding could cause further cash stress. The 12 month rolling cash forecast is being reviewed to include these issues and confirm if any cash management action is needed.	<b>AMBER</b>	<b>AMBER</b>



# Statement of Comprehensive Income

2015/16 - Month 7			Description	Year to Date			FY 2015/16
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000	£000	£000	£000	£000	
			fav/(adv)				
<b>Income</b>							
23,876	23,689	(188)	Income from Activities	163,599	162,334	(1,265)	282,370
2,486	2,332	(154)	Other Operating Income	18,366	16,110	(2,256)	30,944
<b>26,362</b>	<b>26,020</b>	<b>(342)</b>	<b>Subtotal</b>	<b>181,965</b>	<b>178,443</b>	<b>(3,522)</b>	<b>313,315</b>
<b>Operating Expense</b>							
19,977	20,191	(214)	Pay	134,594	136,005	(1,411)	234,161
5,746	5,663	83	Non Pay	42,905	42,129	776	70,398
<b>25,723</b>	<b>25,854</b>	<b>(131)</b>	<b>Subtotal</b>	<b>177,499</b>	<b>178,134</b>	<b>(635)</b>	<b>304,559</b>
<b>640</b>	<b>166</b>	<b>(473)</b>	<b>EBITDA</b>	<b>4,466</b>	<b>309</b>	<b>(4,157)</b>	<b>8,756</b>
2.4%	0.6%	-1.8%	<b>EBITDA margin</b>	2.5%	0.2%	(2.3%)	2.8%
<b>Depreciation &amp; Financing</b>							
1,158	1,110	48	Depreciation	7,816	7,409	407	13,657
304	319	(15)	PDC Dividend	2,127	2,230	(103)	3,646
45	47	(2)	Interest	316	329	(13)	481
<b>1,507</b>	<b>1,476</b>	<b>32</b>	<b>Subtotal</b>	<b>10,259</b>	<b>9,969</b>	<b>290</b>	<b>17,785</b>
<b>(868)</b>	<b>(1,309)</b>	<b>(442)</b>	<b>Net Surplus/(Deficit)</b>	<b>(5,793)</b>	<b>(9,659)</b>	<b>(3,866)</b>	<b>(9,029)</b>
(3.3%)	-5.0%	-1.7%	<b>Net margin</b>	-3.2%	-5.4%	-2.2%	-2.9%

The overall financial position has moved adversely to plan by £0.4m in month. This relates primarily to ongoing lower than expected income and increases in incentives paid in month above plan.

## Income

- Income is £0.3m adverse in Month and £3.5 adverse YTD. This relates to:
- £1.1m income reduction provision related to a >2% reduction in Category C income as per the CCG core contract.
- The Trust is not expecting to receive the full value of the £4.3m related to specialised services income. No income has been shown pending confirmation of the amount to be paid. The Trust will maintain services previously supported by this funding.

## Operating Expenditure (excl. Depreciation and Financing)

- Overall £0.1m adverse in Month and £0.6m adverse YTD primarily due to:
- Additional Frontline Resourcing costs of £2.4m. This is driven by 2 main factors – additional incentive rates to maintain capacity to deliver required performance levels and higher than expected unproductive hours related to the Training and supervision of new recruits (EACs and International Paramedics)
- There is currently some variability in the reporting of Overtime and Incentives due to the complex nature of the arrangements, timing of claims and redesign of rostering systems. This has masked some pressures emerging in this area in previous reports. Finance are continually reviewing and monitoring these areas to mitigate this.
- £0.5m pressure due to unidentified CIP not delivered.
- The adverse movements are partially offset by £2.5 of planned reserve releases to support the position.

## Depreciation and Financing

- Overall Financial Charges are on plan in Month and £0.3m favourable YTD due to minor delays in the Capital Programmes.

# Divisional Expenditure (excludes Income)

2015/16 - Month 7			Description	Year to Date			FY 2015/16
Budg	Act	Var		Budg	Act	Var	Budg
£000	£000	£000	£000	£000	£000	£000	
fav/(adv)			fav/(adv)				
<b>Operational Divisions</b>							
12,677	14,548	(1,871)	Core Frontline (Rostered)	86,928	93,761	(6,833)	149,298
1,283	1,293	(10)	Core Frontline (Non Rostered)	8,980	9,970	(990)	15,394
0	0	0	Other Frontline	0	0	0	0
2,092	2,037	55	EPRR	13,327	12,052	1,275	22,863
0	0	0	Resource Centre	0	0	0	0
1,971	1,694	277	EOC	15,098	14,506	592	25,883
146	134	11	PTS	1,612	1,783	(171)	2,340
552	453	98	NETS	2,656	2,050	606	5,700
568	522	46	111 Project	3,919	3,454	465	6,885
<b>19,289</b>	<b>20,681</b>	<b>(1,392)</b>	<b>Subtotal</b>	<b>132,520</b>	<b>137,576</b>	<b>(5,057)</b>	<b>228,361</b>
<b>Support Services</b>							
2,229	1,930	300	Fleet & Logistics	15,479	14,825	655	26,500
945	877	68	IM&T	6,658	6,590	68	11,384
369	367	2	HR	2,460	2,592	(132)	4,217
0	0	0	Education & Development	0	0	0	0
825	740	86	Estates	5,590	5,443	147	9,689
19	25	(7)	Support Services Management	132	169	(37)	226
<b>4,388</b>	<b>3,939</b>	<b>449</b>	<b>Subtotal</b>	<b>30,319</b>	<b>29,618</b>	<b>700</b>	<b>52,015</b>
<b>Corporate</b>							
234	150	84	Chief Executive & Chair	1,641	1,497	143	2,810
303	298	5	Corporate Services	2,121	2,260	(139)	3,635
0	0	0	Business Development	0	0	0	0
82	91	(9)	Strategic Communication	573	549	25	982
314	301	14	Finance	2,481	2,556	(74)	4,051
3	(0)	3	Project Management	19	43	(23)	33
123	123	0	Nursing & Quality	861	858	4	1,477
214	219	(5)	Transformation & Strategy	1,496	1,851	(355)	2,565
869	948	(79)	Clinical Education & Standards	6,086	5,650	436	10,434
108	109	(0)	Medical	756	735	21	1,298
<b>2,251</b>	<b>2,238</b>	<b>12</b>	<b>Subtotal</b>	<b>16,035</b>	<b>15,997</b>	<b>38</b>	<b>27,285</b>
<b>Central</b>							
1,296	459	837	Central Corporate	8,836	4,767	4,069	14,598
7	12	(5)	Other Central Costs	49	148	(99)	84
<b>1,303</b>	<b>472</b>	<b>831</b>	<b>Subtotal</b>	<b>8,885</b>	<b>4,915</b>	<b>3,970</b>	<b>14,682</b>
<b>27,230</b>	<b>27,330</b>	<b>(100)</b>	<b>TOTAL</b>	<b>187,758</b>	<b>188,107</b>	<b>(349)</b>	<b>322,343</b>
26,362	26,020	(342)	Income Memorandum	181,965	178,443	(3,522)	313,315
<b>(868)</b>	<b>(1,310)</b>	<b>(442)</b>	<b>NET POSITION MEMORANDUM</b>	<b>(5,793)</b>	<b>(9,663)</b>	<b>(3,870)</b>	<b>(9,029)</b>

## Operational Divisions

- Expenditure is currently £1.4m adverse in month and £5.1m adverse YTD
- Frontline Spend is Currently £6.8m adverse due to ongoing performance pressures (and additional use of overtime and PAS) and the requirements for additional incentive rates.
- The Non-Rostered Frontline is £1m adverse to plan due to the pending allocation of staff in the Operational Management restructure. This is offset by favourable positions in other operational areas notably EOC and EPRR.
- EOC is favourable due to vacancies in the CHUB.
- EPRR is reported here as £1.3mfavourable. EPRR is understated as no Overtime is included within the total as it is all reported into the core frontline budgets. Future statements will seek to correct this.
- NETS is favourable due to timing differences between planned and actual spend as the service is created.
- PTS is currently showing a small negative variance (£0.2). This is however offset by a positive income variance.

## Support Services

- Support Services is favourable to plan £0.7m YTD.
- Fleet is underspent £0.7m YTD mainly due to variation in maintenance spending.
- HR are overspent £0.1m due to additional double running costs associated with the new Occupational Health arrangements. This ceased at month 4 and costs have now been returned to within budget.

## Corporate

- Overall Corporate divisions are on plan.
- Corporate Services is £0.1m overspent due partly to the CQC related costs in Q1.
- Finance is £0.1m overspent due to Planned consultancy costs in Performance as part of the Transformation programme. The current overspend is driven by timing differences in the budget phasing.
- Transformation and Strategy is overspent (£0.4m) due to additional agency costs in the contracting team which will continue subject to an imminent restructure.
- Clinical education is underspent by £0.5m due to timing differences between Transformation programme roll out and budget phasing

## Central –

- Central Corporate is favourable mainly due to the release of reserves to support divisional positions.
- Planned Creditors of £2.5m have been released YTD in order to support the operational position.
- In addition £4.4m of other reserves have been released
- £3.7m of CIP remains unallocated which partially offsets the above.

## Income

- Income is as per the Statement of Comprehensive Income (SOC1)

# Statement of Financial Position: YTD

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Oct-15			
	Act	Act	Act	Act	Act	Act	Act	Act	Plan	Var	%	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Non Current Assets</b>												
Property, Plant & Equip	134,668	134,833	134,839	134,967	135,439	134,933	134,637	133,852	133,451	401	0.30%	
Intangible Assets	10,634	10,371	10,159	9,894	9,828	9,607	9,369	9,147	9,319	(172)	-1.85%	
Trade & Other Receivables	0	0	0	0	0	0	0	0	0	0		
<b>Subtotal</b>	<b>145,302</b>	<b>145,204</b>	<b>144,998</b>	<b>144,861</b>	<b>145,267</b>	<b>144,540</b>	<b>144,006</b>	<b>142,999</b>	<b>142,770</b>	<b>229</b>	<b>0.16%</b>	
<b>Current Assets</b>												
Inventories	3,026	3,047	3,056	3,042	3,041	3,045	3,055	3,044	3,028	16	0.53%	
Trade & Other Receivables	33,813	27,718	20,714	20,430	21,170	21,200	17,738	18,829	16,109	2,720	16.88%	
Cash & cash equivalents	14,699	19,452	26,814	24,757	23,556	22,311	19,133	17,637	22,095	(4,458)	-20.18%	
Non-Current Assets Held for Sale	101	101	101	101	101	101	101	101	101	0		
<b>Total Current Assets</b>	<b>51,639</b>	<b>50,318</b>	<b>50,685</b>	<b>48,330</b>	<b>47,868</b>	<b>46,657</b>	<b>40,027</b>	<b>39,611</b>	<b>41,333</b>	<b>(1,722)</b>	<b>-4.17%</b>	
<b>Total Assets</b>	<b>196,941</b>	<b>195,522</b>	<b>195,683</b>	<b>193,191</b>	<b>193,135</b>	<b>191,197</b>	<b>184,033</b>	<b>182,610</b>	<b>184,103</b>	<b>(1,493)</b>	<b>-0.81%</b>	
<b>Current Liabilities</b>												
Trade and Other Payables	(39,303)	(38,131)	(39,058)	(37,265)	(37,142)	(37,564)	(36,551)	(36,743)	(34,878)	(1,865)	5.35%	
Provisions	(7,357)	(7,260)	(7,281)	(7,281)	(7,281)	(6,399)	(5,154)	(4,815)	(4,324)	(491)	11.36%	
Borrowings	0	0	0	0	0	0	0	0	0	0		
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0		
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	0		
<b>Net Current Liabilities</b>	<b>(46,660)</b>	<b>(45,391)</b>	<b>(46,339)</b>	<b>(44,546)</b>	<b>(44,423)</b>	<b>(43,963)</b>	<b>(41,705)</b>	<b>(41,558)</b>	<b>(39,202)</b>	<b>(2,356)</b>	<b>6.01%</b>	
<b>Non Current Assets plus/less net current assets/Liabilities</b>	<b>150,281</b>	<b>150,131</b>	<b>149,344</b>	<b>148,645</b>	<b>148,712</b>	<b>147,234</b>	<b>142,328</b>	<b>141,052</b>	<b>144,901</b>	<b>(3,849)</b>	<b>-2.66%</b>	
<b>Non Current Liabilities</b>												
Trade and Other Payables	0	0	0	0	0	0	0	0	0	0		
Provisions	(9,963)	(9,911)	(10,010)	(10,082)	(10,145)	(10,297)	(10,364)	(10,398)	(10,252)	(146)	1.42%	
Borrowings	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	0	0.00%	
Working Capital Loan - DH	0	0	0	0	0	0	0	0	0	0		
Capital Investment Loan - DH	0	0	0	0	0	0	0	0	0	0		
<b>Total Non Current Liabilities</b>	<b>(10,070)</b>	<b>(10,018)</b>	<b>(10,117)</b>	<b>(10,189)</b>	<b>(10,252)</b>	<b>(10,404)</b>	<b>(10,471)</b>	<b>(10,505)</b>	<b>(10,359)</b>	<b>(146)</b>	<b>1.41%</b>	
<b>Total Assets Employed</b>	<b>140,211</b>	<b>140,113</b>	<b>139,227</b>	<b>138,456</b>	<b>138,460</b>	<b>136,830</b>	<b>131,857</b>	<b>130,547</b>	<b>134,542</b>	<b>(3,995)</b>	<b>-2.97%</b>	
<b>Financed by Taxpayers Equity</b>												
Public Dividend Capital	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	62,516	0	0.00%	
Retained Earnings	30,746	30,648	29,762	28,991	28,995	27,365	22,392	21,082	25,077	(3,995)	-15.93%	
Revaluation Reserve	47,368	47,368	47,368	47,368	47,368	47,368	47,368	47,368	47,368	0	0.00%	
Other Reserves	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	(419)	0	0.00%	
<b>Total Taxpayers Equity</b>	<b>140,211</b>	<b>140,113</b>	<b>139,227</b>	<b>138,456</b>	<b>138,460</b>	<b>136,830</b>	<b>131,857</b>	<b>130,547</b>	<b>134,542</b>	<b>(3,995)</b>	<b>-2.97%</b>	

## Non Current Assets

- Non current assets stand at £143.0m, £0.2m above plan.

## Current Assets

- Current assets stand at £39.6m, £1.7m below plan.
- Cash position as at October is £17.6m, £4.5m below plan. This is due to higher than planned trade & other receivables, provision balances and trade & other payables.
- Within Trade & Other Receivables, Receivables (debtors) at £3.3m are £3.1m below plan, accrued income at £11.7m is £6.4m above plan and prepayments at £3.8m are £0.6m below plan. The reason for the higher than planned accrued income is that the service level agreement (SLA) for the transformation funding requires the Trust to raise invoices quarterly in arrears. The LAS commissioners have not yet approved Q2 transformation and CQUIN funding.

## Current Liabilities

- Current liabilities stand at £41.6m, a £2.4m increase on plan.
- Payables and accruals at £36.6m are £1.9m above plan.
- The Trust has a high volume of unapproved trade payables at £3.9m.
- Current provisions at £4.8m are £0.5m higher than plan. The Trust is waiting for the final bills from the police and army for their support during the strike. Also the Trust has not incurred any redundancy costs associated with the first stages of the management restructure.

## Non Current Liabilities

- Non current provisions and borrowings are £0.1m above plan.

## Taxpayers Equity

- Taxpayers Equity stands at £130.5m, £4.0m lower than plan.
- Retained Earnings at £21.1m, £4.0m lower than plan. The Trust has a higher than planned year to-date deficit.

# Cashflow Statement YTD

	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	YTD Move	YTD Plan	Var
	Actual	Actual	Actual	Actual	Actual	Actual	Oct-15	Oct-15	Oct-15
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Opening Balance</b>	19,452	26,814	24,757	23,556	22,311	19,133	<b>14,699</b>	<b>14,699</b>	<b>0</b>
Operating Surplus	449	559	1,356	(258)	(3,488)	121	(21)	4,279	(4,300)
(Increase)/decrease in current assets	6,995	298	(739)	(34)	3,452	(1,080)	14,966	17,700	(2,734)
Increase/(decrease) in current liabilities	178	52	(430)	1,229	620	251	2,093	492	1,601
Increase/(decrease) in provisions	109	60	51	(741)	(1,189)	(316)	(2,186)	(2,822)	636
Net cash inflow/(outflow) from operating activities	7,731	969	238	196	(605)	(1,024)	14,852	19,649	(4,797)
<b>Cashflow inflow/outflow from operating activities</b>	<b>7,731</b>	<b>969</b>	<b>238</b>	<b>196</b>	<b>(605)</b>	<b>(1,024)</b>	<b>14,852</b>	<b>19,649</b>	<b>(4,797)</b>
Returns on investments and servicing finance	9	15	18	10	10	10	78	72	6
Capital Expenditure	(378)	(3,041)	(1,457)	(1,451)	(936)	(482)	(10,345)	(10,676)	331
Dividend paid	0	0	0	0	(1,647)	0	(1,647)	(1,649)	2
Financing obtained	0	0	0	0	0	0	0	0	0
Financing repaid	0	0	0	0	0	0	0	0	0
<b>Cashflow inflow/outflow from financing</b>	<b>(369)</b>	<b>(3,026)</b>	<b>(1,439)</b>	<b>(1,441)</b>	<b>(2,573)</b>	<b>(472)</b>	<b>(11,914)</b>	<b>(12,253)</b>	<b>339</b>
Movement	7,362	(2,057)	(1,201)	(1,245)	(3,178)	(1,496)	2,938	7,396	(4,458)
<b>Closing Cash Balance</b>	<b>26,814</b>	<b>24,757</b>	<b>23,556</b>	<b>22,311</b>	<b>19,133</b>	<b>17,637</b>	<b>17,637</b>	<b>22,095</b>	<b>(4,458)</b>

There has been a net outflow of cash from the Trust of £4.5m. This is putting additional pressure on the Trust's Balance Sheet.

Cash funds at 31 October stand at £17.6m

## Operating Surplus

- The operating surplus is £4.3m lower than planned due to a higher than planned deficit.

## Current Assets

- The ytd movement on current assets is £15.0m, a £2.7m decrease on plan.
- Current assets movement was lower than planned due to an decrease in accrued income (£6.4m), increase in receivables £3.1m and prepayments £0.6m. The decrease in accrued income is mainly due to the recognition the £4.3m specialised services Income may not be received in full.

## Current Liabilities

- The ytd movement on current liabilities is £2.2m, a £1.6m increase on plan.
- Current liabilities movement was higher than planned due to increases in accruals £1.7m and decreases trade and other payables £0.1m.

## Provisions

- The ytd movement on provisions is (£2.2m), a £0.6m increase on plan. The Trust is continually reviewing it's provisions and releasing from the balance sheet as required. Currently, Redundancy and Employee Tribunal spends are lower than expected and so provisions have been reduced as a result.

## Capital Expenditure

- Capital cash outflow is in line with plan given the overall capital plan is on target this year.



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Report from the Finance and Investment Committee (FIC)</b>
<b>Report Author(s):</b>	<b>Director of Finance</b>
<b>Presented by:</b>	<b>Chair of the FIC</b>
<b>Contact Details:</b>	<b>paulette.brown@lond-amb.nhs.uk</b>
<b>History:</b>	<b>This paper summarises the agenda for the FIC meeting of the 24<sup>th</sup> November for the Trust Board.</b>
<b>Status:</b>	<b>Assurance and request for delegated authority</b>
<b>Background/Purpose</b>	
<p>This paper details the agenda for the FIC meeting of the 20<sup>th</sup> November. 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.</p>	
<b>Action required</b>	
<ol style="list-style-type: none"><li>1. To note the agenda for the FIC of 20<sup>th</sup> November 2015.</li><li>2. Delegate authority to the Trust Chairman to approve the NETS and DCA business cases pending confirmation from the Chairman of the FIC.</li></ol>	
<b>Assurance</b>	
<p>This paper details the published agenda for the FIC.</p>	



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

**Trust Board 24<sup>th</sup> November 2015.**

**Report from the Finance and Investment Committee (20<sup>th</sup> November 2015).**

The following table summarises the agenda for the FIC meeting planned for the 20<sup>th</sup> November. 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 24<sup>th</sup> November.

ITEM	SUBJECT	Purpose	Potential Action for Trust Board
<b>FINANCIAL PERFORMANCE</b>			
<b>3.</b>	3.1 Finance Report Month 07 15/16	Note	Paper inc to Trust Board
	3.2 Rolling 01 Months Cash Flow	Note	
	3.3 Forecast 2015/16	Note	
	3.4 NHS Financial context	Note	
	3.5 Financial controls	Note	
<b>FINANCIAL PLANNING</b>			
<b>4.</b>	4.1 Financial Planning 2016/17	Note	To delegate authority to Chairman
	4.3 DCA Business Case	Approve	
	4.3 111 update	Note	To delegate authority to the Chairman
	4.4 NETS business case	Approve	
<b>FINANCIAL GOVERNANCE</b>			
<b>5.</b>	5.1 Risk Assessment	Approve	To note if FIC approved
	5.2 Self-Assessment of Committee's Performance	Note	
	5.3 Policies update: Cash & Financial Planning	Approve	To note if FIC approved
<b>OTHER FINANCIAL REPORTS FOR INFORMATION</b>			
<b>6.</b>	6.1 Technical Releases	Note	
	6.2 Review of investment strategy	Note	
<b>REPORTS FROM SUB-GROUPS</b>			
<b>7.</b>	7.1 CIP Programme Board	Note	
	7.2 Capital working group	Note	
	7.3 Estates	Note	

## **Business cases reviewed by the FIC which require Trust Board approval**

### **Double Crewed Ambulance Business Case**

The approval of this case is above the Trusts delegated limit of £5m and requires the approval of the TDA before procurement can start.

The FBC is essentially complete apart from the final update for costs from the selected provider of the vehicle conversion. This will be taking place in the week commencing 16<sup>th</sup> November. As such it has not been possible to present a final version of the FBC to the FIC at the November meeting for review.

The tender evaluation has taken longer than planned due to workload issues within Fleet. The Project Team within Fleet has been strengthened in order to avoid similar issues re-occurring. This will be reviewed further upon the appointment of the new Head of Fleet – Interviews early December.

The draft FBC has been seen and reviewed by the TDA and their comments included. This will hopefully ensure that when reviewed the case will pass more smoothly through the TDA review process.

The business case covers the procurement of 140 DCAs over the next two years. The preferred option is

1. to purchase the vehicles from internally generated resources. This is seen as affordable within the current LTFM.
2. The capital cost is £17.0m.
3. The annual running costs £7.0m increasing to £8.0m over the expected life of the assets. As these vehicles are replacements the majority of these costs are included in the current cost base.

The executive summary of the case is attached at appendix A.

The three items that do need be added to the case are;

1. The tender evaluation and selection. As outlined above.
2. An outline plan for the completion of the van conversion trial. The TDA are interested in this progressing as it will help the development of further business cases on fleet procurement. This will be completed over the next 2 weeks
3. CIP plans for 2016/17. An outline of planning assumptions as they currently stand. The TDA have indicated they would prefer this based on the 2015/16 view of 2016/17 to illustrate what we are looking to do, rather than an up to date view of what next year looks like. The CIP paper enclosed in the 20/11/15 FIC pack seeks to cover this issue.

The current plan is to submit the FBC to the TDA to enable this to be presented to their January Investment Committee. This means that the final internally approved FBC must be submitted to the TDA by 10<sup>th</sup> December.

### **Action**

The Trust Board is requested to:

1. Confirm delegated authority to the Chairman of the FIC, or a sub-set of the Committee to review and approve the final business case when completed in late November.
2. Provide delegated authority to the Trust Chairman, supported by the FIC Chairman to approve the FBC for submission to the TDA.

## **Non-Emergency Transport Vehicle Procurement**

This paper summarises the options for the sourcing of NETS vehicles. The case for NETS vehicles is included as part of the Performance Improvement Case and work. It considers the respective financial cases for lease and buy and makes a recommendation to the FIC.

The value of the investment is within the delegated limit set by the TDA, so the case does not need to be presented to the TDA for approval. However, its value does require Trust Board approval.

### **Reason for the paper**

As part of the Performance Improvement Plan the Trust has been funded to establish a Non-Emergency Transport Service (NETS). This will be used to transport low acuity patients to hospital

The service has been scoped as requiring 57 vehicles. To date these have been sourced by hiring the vehicles. While expensive this has allowed the Trust to mobilise the service more quickly. The funding provided for the NETS service included the assumption of hiring.

This paper sets out the options for securing a longer term and more cost effective arrangement for vehicles.

Vehicle specifications have been agreed through the normal route within the Trust.

### **Basic lease versus buy consideration.**

The Trust has considered two options for the sourcing of vehicles;

1. Purchase outright.
2. Lease.

Key variables;

- The purchase cost of each vehicle has been confirmed at £55,832 (£66,998 inc VAT).
- 57 vehicles are required.
- A discount rate of 3.5% has been used to inform the economic case.
- Tenders have been sought from a variety of lease companies.
- The expected life of each vehicle is 6-7 years.
- Lease options for 5, 6 and 7 years have been considered.
- All lease options have been assessed against current accounting standards to determine whether they are finance or operating leases.

The following table summarises the outcome of the lease buy assessment of the procurement of the vehicles only. All cost include VAT as non-recoverable and the effect on PDC.

	<b>Cashflow £000</b>	<b>Rank</b>	<b>Present Value £000</b>	<b>Rank</b>	<b>Pass as operating lease?</b>	<b>Lease PV as % of purchase PV</b>
Buy	3,818	2	3,818	3	n.a.	
Lease 7 years	4,074	3	3,682	2	No	96%
Lease 6 years	3,749	1	3,446	1	Yes	90%
Lease 6+1 years*	4,218	4	3,827	4	No	100%

Note: \* A 6+1 year option has been included to ensure the value of the 6 year can be considered on a consistent timeframe against the 7 year option. This could not be determined up front as it would undermine the case for a lease being 6 years. This has been included purely to enable comparison over similar timescales.

The table would indicate that leasing for 6 years provides lowest cashflow and PV. If the assets were retained for 7 years (6+1 option outlined) then this would be less beneficial than the 7 year lease. However, the 7 year lease does not qualify as an operating lease and the expense would need to be capitalised.

It must be recognised that the Trust has not been allocated additional capital funds to support direct purchase of these vehicles, and there is insufficient slack within the existing Capital Resource Limit (CRL) to accommodate additional spend of £3.8m.

In addition, spreading the cash impact across the life of the asset will create less immediate pressure on the Trust’s liquidity.

Based on these considerations the recommendation is to lease the vehicles for 6 years.

The remainder of this paper will address the impact of including maintenance within the lease option. Including this will only act to improve the affordability of the leasing option above the purchase option.

**Maintenance –include within the lease?**

The Trust has requested “inclusive” maintenance costs from the lease companies, and has undertaken an exercise to identify the annual cost of maintaining these vehicles. The respective costs are;

- Internal maintenance, £3,504 per vehicle per annum.
- Lease 6 years, £3,060 per vehicle per annum.

The Trust has been advised that if maintenance were included in the lease then this would make this a managed service and VAT would be reclaimable on the whole contract. Further work is required to confirm this, but if this is found to be correct then this materially improves the financial and economic case for undertaking a 6 year contract inclusive of maintenance. The following table summarises the impact.

Option	Cashflow £000	Rank	Present value £000	Rank
Purchase	5,493	4	5,368	4
Lease – no VAT recoverable	5,027	3	4,621	3
Lease – VAT recoverable maintenance only	4,817	2	4,428	2
Lease – VAT recoverable whole contract	4,189	1	3,850	1

If VAT is found to be fully recoverable then this would save £838k in cashflow and £744k in PV over the 6 years of the contract. This would be a material benefit and would materially improve the overall case for the lease. Copies of the lease costings are included in appendix B.

However, further work is required in order to;

1. Confirm that VAT is recoverable.
2. Ensure that the “inclusive” maintenance offer with the lease is truly inclusive and there is no risk of exclusions.
3. The quality and turnaround times of the external leasing option are acceptable to the LAS.

It is proposed that further work is undertaken to confirm these issues to assess if the inclusion of maintenance is as favourable as it would appear.

## **Summary**

Based on the financial and economic case together with the current CRL of the Trust it is proposed that the Trust move to lease these vehicles for 6 years.

Further work is required in order to confirm whether maintenance is included within the terms of the lease making this a fully managed contract. This would create further improvements in the financial and economic case for the Trust if the VAT position outlined is achievable.

## **Action**

The Trust Board is requested to;

1. Endorse the procurement of the 57 NETS vehicles via a 6 year lease.
2. Under chairman's action authorise the review and potential inclusion of maintenance within the lease making this a fully managed service.

# 1 EXECUTIVE SUMMARY

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## 1.1 Introduction

### 1.1.1 Explanation of case approach

The London Ambulance Service NHS Trust (LAS) continues to face a significant number of strategic and operational pressures as set out in the following sections. For that reason this case has been prepared as part of a programme to carry out backlog replacement activities and to ensure that regular replacements are planned on a timely basis to minimise service risks arising from unavailability and to minimise unnecessary maintenance and running costs. What is proposed is a programme for the current and future needs covering the following years.

<b>Year</b>	<b>Number of Vehicles</b>	<b>Approval Document</b>
2015 to 2017	140 Replacement	This case - using internal funding
2017/18 to 22/23	c60 pa Replacement	To be included in a wider fleet strategy submitted next year

The intent is to allow a rapid refresh of the oldest elements of the current fleet together with a programme of planned replacement to ensure that sufficient vehicles of the right type and age are reached and maintained as part of the Trusts overall strategy.

### 1.1.2 Urgent Need for Current Case

The need to ensure that there is a steady flow of Double Crewed Ambulances (DCAs) to inject fresh stock into the aging fleet is part of the overall fleet maintenance strategy but is more urgent than for other types of vehicle. The age of the current stock and the pressures on performance together with the current levels of support available mean that not only do DCAs need to be replaced as quickly as possible but also in a controlled manner over time to fit with constraints on capital and budgets, production capability and commissioning capacity.

### 1.1.3 Future Strategy and Case

While the need for the current case is based on urgent requirements for one class of vehicle there is an explicit acknowledgement that the Trust needs to move to a sustainable fleet strategy linked to other operational areas of Trust activity and the overall Trust strategy for future years. A potential case for additional externally funded vehicles has been suspended due to both financial pressures and in order to ensure alignment with the output of both the fleet strategy and other areas of strategic and performance improvement activity. Work on the fleet strategy has commenced but is at an early stage and as yet the required numbers of DCA are not yet specified as the fleet size and mix will be part of the overall analysis that is not yet completed.

## 1.2 Strategic Case

LAS is the only pan-London health provider and as a first contact service is integral to the delivery of all healthcare across the capital. LAS's A&E contract covers 100% of the population within our service area and is commissioned by the North West London Commissioning Partnership, representing a conglomerate of Trusts and six commissioning sectors across London.

From the emergency response point of view the Trust answers over 1.8mn calls every year and the number of Category A and Non Category A incidents has increased significantly over the last years.

While there has been an average of 1.3% per annum increase in incidents over the last 7 there has been a 6.5% increase in category A incidents each year on average with a more than 8% rise from 2009/10. The figure for Category A incidents for the year to March 2015 was 494,327 and there is expected to be around a 7% increase for the current year.

Last year saw a drop in performance due to a number of factors. This has led to performance against the 8 minute target dropping to under 63% and against the 19 minute target to less than the 95% target (92%) for 2014/15. While it is not the only, or even the main, factor in this drop the quality and availability of the DCA fleet is an important part of the Trusts ability to deliver successfully against its targets. There is a trust-wide performance improvement plan under development which includes the creation of separate but interlinked strategies for all key areas of activity. Performance Improvement projects are underway in a number of areas and whilst some benefits are being seen the Trust still has a considerable challenge to overcome. Performance for the first 6 months is standing at 65% for 8 minute and 93.5% for 19 minutes.

The current fleet of DCAs comprises 428 vehicles of which almost 16% are over 10 years old and over 28% were in excess of the 7 year optimal life that the Trust is targeting. These percentages will increase to 21% and 40% respectively by the end of 2015/16. The 7 year life is higher than for other vehicles in the fleet and is higher than some other Ambulance Trusts around the UK use. It has however been determined as the best option given the availability of current and future budgetary availability and the cost of maintenance without significantly compromising the required service quality.

This is not the first time that fleet age has caused problems for LAS and the Trust is committed to breaking out of this cycle and moving towards a more efficient and cost effective approach to lifecycle management of the whole fleet.

The scope of this case covers the procurement of 140 Chassis and their Modular conversion together with associated commissioning and equipping. These vehicles will be the same as the 104 procured under the 2013/14 and 2014/15 budgets and delivered over the last 8 months. These vehicles offer the best level of overall mechanical and clinical operational capability together with lower carbon emissions.

### 1.3 Economic Case

As set out in the OBC a number of critical success factors were developed to support the options development and appraisal process. They were chosen to complement the Investment Objectives in determining the best approach. These are:

- Strategic fit with the Trusts Business and Operational need
- Deliver Value for Money including maximising benefits and minimising risks
- Achievability in both operational and maintenance terms
- Affordability of solution over the investment period.

The options were developed in accordance with relevant guidance and covered the following areas:

- Implementation – Timing
- Solution – Fleet Mix
- Funding
- Scoping – Fleet Size
- Service



A number of options were considered as part of the process which for the sake of completeness included a Do Nothing which involved not replacing the older vehicles at all. This has been realistically discounted due to the complete impracticality of retaining vehicles which by the end of the analysis period would be up to 18 years old. In the interests of completeness it has been included in the Economic Appraisal.

Two further options were selected to be taken forward:

**Option 2: Do Minimum:** Retain the existing fleet for an additional 2 years and replace on a like for like basis as part of the delivery of the longer term fleet strategy using a Capital purchase approach.

**Option 3: Preferred:** Purchase replacement of older vehicles in current year using a Capital purchase approach.

Both of these options involve procuring vehicles with a latest design specification, employing a box body mounted to a chassis cab and tail-lift for stretcher loading, with minimal changes to existing ambulance working standard that affect crew familiarisation/retraining.

There are a considerable number of benefits to the project but they are generally part of the wider fleet improvements or items which do not deliver measurable cash release. For this reason they have been weighted and scored. The OBC used the same benefits assessment as the previous FBC and therefore a further exercise has been carried out to validate the previous work and to identify the basis on which the delivery of benefits can be tracked post procurement. The revised scorings show a score for Option 2 of 882.15 and a score for Option 3 of 553.92 . The Do nothing option was again deemed to have no benefit against the criteria set out.

As with the previous case most of the difference between the scores is therefore down to the delay in getting the new vehicles not the difference in ability to deliver benefits once in use as the vehicles will be the same.

In relation to risk there are 2 elements of cost which are certain to change before the procurement of replacement vehicles considered in Option 2. Both the cost of the Chassis and the conversion will increase and, as the precise amount is not known, weighted costs of £321k for the cost of the Chassis and £467k for the increased cost of Conversion have been included in the appraisal.

Further costs accrue from both the increased likelihood of vehicle failure in unrefreshed vehicles, requiring urgent replacement and also of the contribution that a delay of 2 years in replacing these vehicles, or in the case of Do Nothing a failure to replace them at all, could have to the failure to hit the Red 2 KPI and incur another penalty of £5.2mn. This is a significant cost and the risk has a high value particularly in the case of the Do Nothing option. Optimism Bias assessment has been applied to both options but has been updated for Option 3 to reflect the greater certainty provided through the procurement of the accuracy of the costings. The results are as shown below.

Option 2 Capital Bias: 19.2%

Option 3 Capital Bias: 8.2%

No adjustment has been made for Service bias as this is a replacement case for existing assets and neither option differs from current operational procedures.

The outcome of the appraisal is shown below:

		6 months									
		2015/16	2016/7	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total	
Preferred		0	1	2	3	4	5	6	7		
Option 3	Vehicles per Year	12	128	-	-	-	-	-	-		
	Capital Costs	1,222,651	13,041,608	-	-	-	-	-	-	14,245,808	
	Revenue Cost	1,826,026	4,593,689	3,250,321	3,307,479	3,312,790	3,387,442	3,410,095	3,944,378	27,032,221	
	Capital Optimism Bias	100,257	1,069,412								
	Service Cost Optimism Bias										
	Other risk costs	413,729	265,211	-	-	-	-	-	-		
	Total Cost	3,562,663	18,969,920	3,250,321	3,307,479	3,312,790	3,387,442	3,410,095	3,925,928	43,126,638	
	Discount	1	0.96618357	0.9335107	0.901942706	0.87144223	0.84197317	0.81350064	0.78599096		
	NPC	3,562,663	18,328,425	3,034,210	2,983,157	2,886,905	2,852,135	2,774,115	3,085,744	39,507,353	
Do Min											
Option 2	Vehicles per Year	0	0	70	70	0	0	0	0		
	Capital Costs	-	-	7,132,129	7,132,129	-	-	-	-	14,264,258	
	Revenue Cost	1,705,836	3,421,769	4,206,733	3,942,291	3,269,506	3,316,472	3,322,922	3,403,550	26,589,078	
	Capital Optimism Bias			1,369,369	1,369,369						
	Service Cost Optimism Bias										
	Other risk costs	424,337	848,674	2,934,749	1,012,807	-	-	-	-		
	Total Cost	2,130,173	4,270,443	15,642,980	13,456,595	3,269,506	3,316,472	3,322,922	3,403,550	48,812,641	
	Discount	1	0.96618357	0.9335107	0.901942706	0.87144223	0.84197317	0.81350064	0.78599096		
	NPC	2,130,173	4,126,032	14,602,889	12,137,078	2,849,186	2,792,381	2,703,199	2,675,159	44,016,097	
Do Nothing											
Option 1	Vehicles per Year	-	-	-	-	-	-	-	-		
	Capital Costs	-	-	-	-	-	-	-	-	-	
	Revenue Cost	1,782,528	3,610,322	3,968,962	4,202,263	4,185,637	4,383,295	4,713,004	5,054,522	31,900,533	
	Capital Optimism Bias										
	Service Cost Optimism Bias										
	Other risk costs	424,337	848,674	2,928,674	2,928,674	4,557,348	4,557,348	5,337,348	5,337,348		
	Total Cost	2,206,865	4,458,996	6,897,636	7,130,937	8,742,985	8,940,643	10,050,352	10,391,870	58,820,286	
	Discount	1.000	0.966	0.934	0.902	0.871	0.842	0.814	0.786		
	NPC	2,206,865	4,308,209	6,439,017	6,431,697	7,619,007	7,527,782	8,175,968	8,167,916	50,876,461	

The differences from the OBC arise from a number of factors:

- The delivery timings in the preferred option have been changed to reflect the updated delivery plan
- The costs of the replacement vehicles have been updated to reflect the prices from the preferred provider,
- The maintenance figures have been updated to align with the method used in the financial case

The results show that it would require a 28% increase in the capital cost, or a 17% increase in the revenue cost of Option 3 to reverse the NPV position.

Given that the costs and triggers for change are the same for both options it does not appear that any likely occurrence would cause a narrowing of the difference.

Sensitivity analysis is not relevant for Option 1 as it is not realistically viable.

Therefore the result of the OBC appraisal, that Option 2 is the preferred option, is still deemed to be valid.

## 1.4 Commercial Case

The services involved are to provide 140 new Double Crewed Ambulances (DCAs) over the 2 years based on a Mercedes chassis and a converted box body including integrated tail-lift, and all requisite equipment, that conforms to BS EN 1789:2007 together with trolley bed and Mobile Data Terminal.

The new Ambulances will include enhancements over earlier models including increased capacity electrical systems, air-conditioning for the patient saloon, supply of 240v electrical capability for the conveyance of High dependency/Critical care patients, Mangar Elk patient

lifting system, increased tail-lift and ambulance payload with an advanced stretcher capable of handling heavier patients.

The new vehicles will comply with Euro 6 emission standards (deemed the lowest emission/cleanest emergency ambulances being operated in the UK) as opposed to the earlier fleet of Euro 4 standard.

All capital elements of the proposed solution are being procured using existing Crown Commercial Service (formerly Government Procurement Service Frameworks). CCS frameworks are the recommended procurement mechanism for all public bodies for non-complex procurements of goods and services included within their spectrum.

- For the Chassis there a single supplier tender is being progressed as only Mercedes Benz has Type Approval for the chassis needed to support the Modular box body used. Discussions have already been held with Mercedes and a fixed price quote obtained together with an outline delivery plan.
- For the Modular Body Conversion there are multiple suppliers on the framework a competitive mini tender has been run for a flexible volume based tender which while it only commits the Trust to the 140 contemplated in this case can be used to provide the additional 70 externally funded DCAs if the decision to suspend the procurement is changed.
- Trolley Beds will be procured as needed to stock the new vehicles under an existing contract with Stryker.
- an LAS tender which runs to Feb 2016 as long as the order is made prior to this date for the full 140 it will not matter if some are delivered early in 2016/17.
- The Mobile Data Terminals will be transferred from the replaced vehicles but in the event that additional units are required a limited procurement will be carried out under single tender call off as due to design based intellectual property there is only one supplier for the equipment used by the LAS. The price on both these items and the Trolley beds is fixed under the frameworks.

All contracts will be on the Standard Framework or Call-Off terms with all but the conversion element on fixed price payment on delivery.

The Modular Box Body conversion is a custom build with payment following testing and acceptance.

Manufacturer's warranties are included on all items.

The LAS retains ownership of the assets throughout and will dispose of them following the end of the 7 years planned lifecycle and all items will be on the Trusts balance sheet.

## 1.5 Financial Case

The LAS showed a surplus of £1.525mn in 2013/14 and one of £6.5mn in 2014/15. Although this year is likely to see a deficit it is caused by non-recurrent items and the TDA and commissioners are aware of this and fully engaged.

The overall capital value of the project is £17.1mn. This will be spread over two years as detailed in the table below, with a £28k residual value assumption in year 7.

The phasing across two years reflects chassis delivery availability, maximum capacity within the vehicle converters and the Trusts ability to receive and process vehicles.

The costs reflect the completed vehicles received rather than actual due invoices for chassis or conversion work as this will depend on the actual dates of receipt and terms of invoices.

Non Recurrent Revenue (including delivery, supplies and commissioning) is split across 2 years in line with the Capital.

Recurring Revenue occurs across the full life of the project and has been inflated in line with the indices used in the Trusts LTFM.

Total Capital Consequences	1,467,181	15,649,929	-	-	-	-	-	-	28,168	17,088,942
Total Recurrent Revenue	1,943,112	3,888,343	4,092,141	4,302,988	4,464,108	4,713,612	4,911,216	5,767,839		
Total Non-Recurrent Revenue	170,554	1,717,313	-	-	-	-	-	-		
Total Capital Charges	-	1,946,258	2,943,861	2,858,275	2,772,690	2,687,104	2,601,519	2,515,440		
Total Revenue Consequences (including Capital Charges)	2,113,665	7,551,914	7,036,002	7,161,263	7,236,798	7,400,716	7,512,735	8,283,279		54,296,373

The Trust included £9mn within the 2015/16 capital expenditure plan for the replacement of DCAs and a further £9mn in 2016/17.

Although some Revenue costs are slightly higher than the current costs, due to higher fuel consumption in order to deliver the reduced emissions using active regeneration technology, this is capable of being managed within the Trust's existing revenue budgets.

In addition lower maintenance costs will be expected as the new vehicles will replace the oldest (and most costly to run) vehicles in the fleet.

The capital allocation has been included in both the planned capital resource limit (CRL) and cashflow. This request does not represent any additional costs above the agreed financial plan.

Since the OBC a new LTFM has been submitted which includes full updates on expected Capital and Revenue costs. This results in the financial case showing much less variance from forecast figures.

## 1.6 Management Case

The project will be managed within in the Operational Support/Fleet Department and follows the structures and controls of PRINCE 2.

This project follows on from the conversion of the 104 Ambulance chassis purchased last year and delivered into this year and therefore existing management, resourcing and governance are in place already.

The plan shown in the Management Case sets out the timetable needed to deliver 12 vehicles this financial year, with 128 following on next year at the same rate. The capital value of the case means that it will require TDA Investment committee approval which affects the overall timescale of the procurement as it requires a pause between procurement and award which has been built in.

The timescales have been based on the previous procurements and the inputs from the bid and are felt to be challenging but achievable.

An operational risk assessment will be carried out during the vehicle build and approval phases and any risks that are identified will be entered into the project Issue Log. The identified "project risks" are monitored and managed by the Project Manager as part of the regular checkpoint meetings.

Training will be appropriate and limited to any significant new additions on the vehicle. This will be carried out as part of the implementation of the previous 104 which are identical.

Whilst there are no specific cash releasing Benefits as stated in the economic case the Fleet Manager and Operations representative on the Programme Board will track the metrics identified in the benefits review work carried out since the OBC to ensure that the benefits are being delivered as the overall fleet strategy is delivered.

A review has been carried out which has identified learning from the procurement and delivery of the previous tranches of DCAs. The key findings are set out in brief in the Management case with the outline report included at Appendix F.

## 1.7 Conclusion

The updated Economic appraisal is still deemed to be valid and the evidence shows that the highest scoring tender for the conversion work when considered with the other elements is affordable, commercially appropriate and deliverable. Given these facts the Trust recommends that contracts are let for the component elements in order to commence delivery in line with the plan and seeks approval to do so.



<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Board Assurance Framework, Risk Register and Risk Management</b>
<b>Report Author(s):</b>	<b>Frances Field, Risk and Audit Manager</b>
<b>Presented by:</b>	<b>Sandra Adams, Director of Corporate Affairs/Trust Secretary</b>
<b>Contact Details:</b>	<a href="mailto:sandra.adams@lond-amb.nhs.uk">sandra.adams@lond-amb.nhs.uk</a>
<b>History:</b>	<b>Audit Committee, Quality Governance Committee and Executive Management Team</b>
<b>Status:</b>	<b>Information</b>

#### **Background/Purpose**

##### **Trust Risk Register and Board Assurance Framework**

A risk review was carried out by the Risk and Audit Manager in conjunction with risk owners during October 2015 and the risks on the BAF and Trust Risk Register have been updated to reflect changes in controls, mitigating actions and grading.

The top strategic risks identified this month are:

- Performance
- People
- Safety and quality
- Financial position

Each of the above is included as at least one BAF risk.

In light of the recent terrorist attacks on Paris and a recent review by NARU, we are reviewing both our emergency preparedness and capability to respond both to conventional and multi-site incidents.

##### **Internal Audit Review of Risk Management**

The report from the internal audit review of risk management was presented to the Audit Committee on 9<sup>th</sup> November following a deep dive review into six of the Trust's key strategic risks, looking at how the risks are managed and the quality and effectiveness of the mitigating actions identified. The review gave an overall assessment of 'significant assurance with minor improvement opportunities'.

##### **Local Risk Register Review**

The Governance Team has carried out a review of the local risk registers in place and is working with local managers to address gaps.

##### **Risk Management Training for Managers**

A programme of risk management training is being implemented from November 2015 and will provide managers with a thorough understanding of how and why they need to manage risk (in the context of their roles), the Trust's risk management process and reporting structure, and how to assess a risk and escalate it (in the context of their area of work), including management of local risk registers.

**Trust Risk Management Strategy**

The strategy is currently under review and changes will include the revised operational management structure and roles and a proposed change to the threshold for inclusion of a risk on the trust register to risks with a net scoring > 12.

A Risk and Assurance committee is being established which will report into the Executive Management Team (EMT).

The EMT is set to undertake an exercise to review and validate the high level risks faced by the Trust. This will be developed from the Trust's Business Plan with the express intention of identifying the "risks" that will act to prevent the Trust achieving its objectives.

**Action required**

Presented for information.

**Assurance**

Outcome of the internal audit review of BAF risks.

Ongoing review and improvement to risk management and related processes.

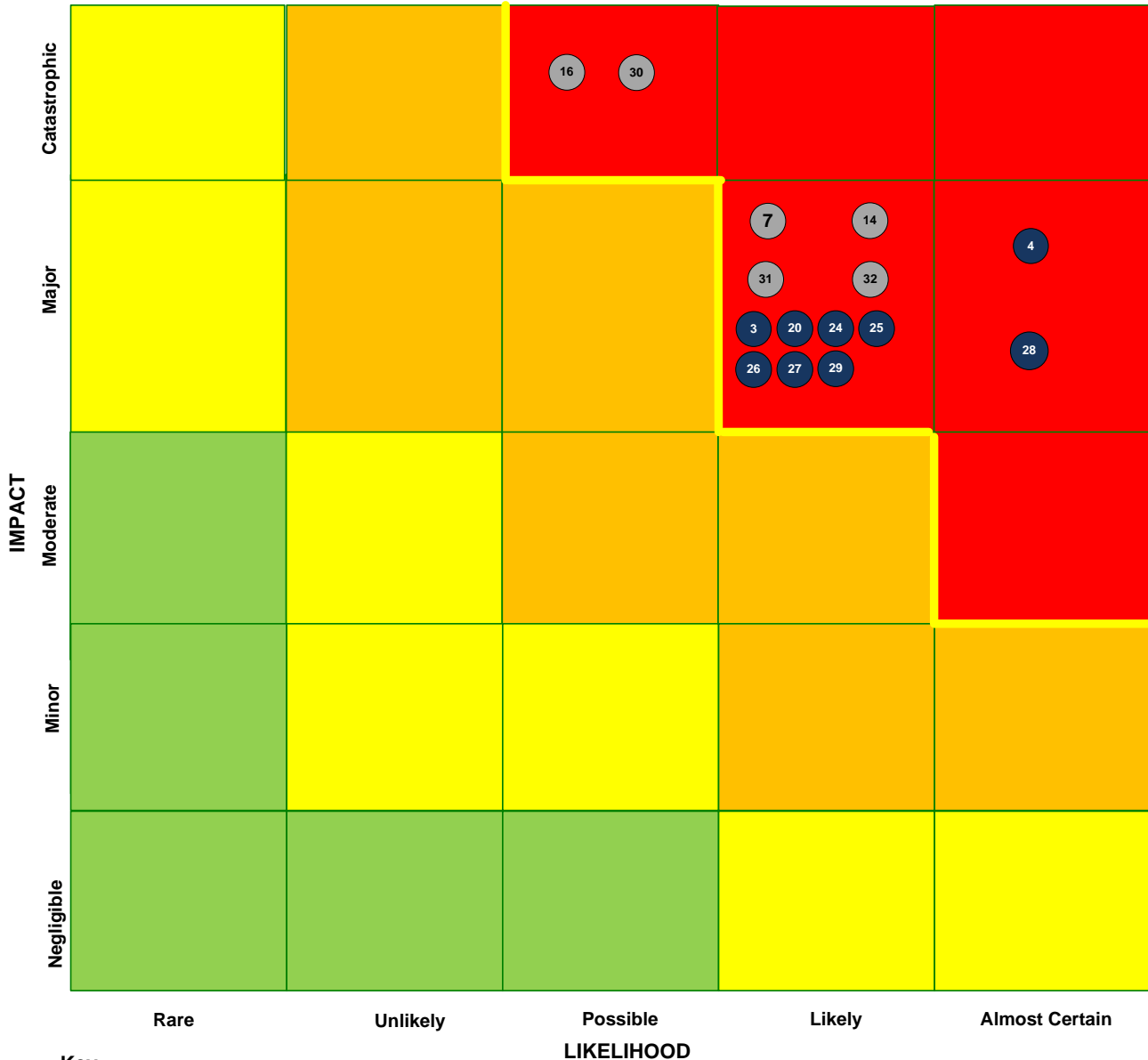
**Key implications and risks arising from this paper**

<b>Clinical and Quality</b>	Clinical and quality risks incorporated in the BAF and risk register
<b>Performance</b>	Performance risks incorporated in the BAF and risk register
<b>Financial</b>	Finance risks incorporated in the BAF and risk register
<b>Governance and Legal</b>	Risk management arrangements being reviewed and improved
<b>Equality and Diversity</b>	
<b>Reputation</b>	Reputational risk could arise if the above risks are realised
<b>Other</b>	

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

<b>Improve the quality and delivery of urgent and emergency response</b>	X
<b>To make LAS a great place to work</b>	X
<b>To improve the organisation and infrastructure</b>	X
<b>To develop leadership and management capabilities</b>	X

# Board Assurance Framework – November 2015



**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 September 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 7 - RR 269 Performance falls at staff changeover time
  - BAF Risk 14 - RR 394 Developing and delivering cost improvements
  - BAF Risk 16 - RR 410 Patient safety for category C patients
  - BAF Risk 20 - RR 440 Acquiring new 111 contracts as stated in the 5 year strategy
  - BAF Risk 24 - RR 441 There may be insufficient vehicle numbers to meet demands
  - BAF Risk 25 - RR 442 There may be insufficient range and volume of equipment on vehicles
  - BAF Risk 26 - RR 443 Availability of equipment for frontline vehicles
  - BAF Risk 27 - RR 444 Condition of equipment for frontline vehicles
  - BAF Risk 28 - RR 429 No routine arrangements for quality assurance of dispatch in place
  - BAF Risk 29 - RR 451 Lack of ring backs on delayed response calls
  - BAF Risk 30 - RR 445 Exposure to category 4 infectious disease organisms
  - New risk BAF Risk 31 - RR 454 Improvement Programme objectives may not fully achieve the targets
  - New risk BAF Risk 32 - RR 453 Funding for Improvement programme is delayed or reduced





## Board Assurance Framework – Risk Trajectory

<b>Business Objective 1:</b> To improve quality and delivery of our urgent and emergency response
<b>Business Objective 2:</b> To make LAS a great place to work
<b>Business Objective 3:</b> To improve our organisation and infrastructure
<b>Business Objective 4:</b> To develop our leadership and management capabilities

	*	CRR Ref	Jan 2015	Mar 2015	April 2015	May 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	
<b>PRINCIPAL RISK 3</b> Staff turnover	1	388	16	16	16	16	16	16	16	16	16	
<b>PRINCIPAL RISK 4</b> Resources vs. demand	1	265	20	20	20	20	20	20	20	20	20	
<b>PRINCIPAL RISK 7</b> Performance at changeover	1	269	16	16	16	16	16	16	16	16	16	
<b>PRINCIPAL RISK 14</b> Delivery of cost improvement	3	394	16	16	16	16	16	16	16	16	16	
<b>PRINCIPAL RISK 16</b> Category C patients	1	410		15	15	15	15	15	15	15	15	
<b>PRINCIPAL RISK 20</b> Potential inability to win new NHS 111 contracts	1, 3	440			16	16	16	16	16	16	16	
<b>PRINCIPAL RISK 24</b> Insufficient vehicle	1	441	-	-	-	16	16	16	16	16	16	
<b>PRINCIPAL RISK 25</b> Insufficient volume of equipment	1	442	-	-	-	16	16	16	16	16	16	
<b>PRINCIPAL RISK 26</b> Availability of equipment	1	443	-	-	-	16	16	16	16	16	16	
<b>PRINCIPAL RISK 27</b> Effective equipment	1	444	-	-	-	16	16	16	16	16	16	
<b>PRINCIPAL RISK 28</b> QA for dispatch functions	1	429	-	-	-	-	20	20	20	20	20	
<b>PRINCIPAL RISK 29</b> Lack of ring back on delayed response calls	1	451	-	-	-	-	-	16	16	16	16	
<b>PRINCIPAL RISK 30</b> Staff exposure to Cat C disease organism	2	445	-	-	-	-	-	15	15	15	15	
<b>PRINCIPAL RISK 31</b> improvement programme objectives	1	454	-	-	-	-	-	-	-	-	16	
<b>PRINCIPAL RISK 32</b> delay or reduction to improvement programme funding	1	453	-	-	-	-	-	-	-	-	16	

\* Business Objective reference number.

## Board Assurance Framework – November 2015

### BAF Risk 3: Front line turnover increases by significant numbers

<b>Risk Classification:</b> Performance	<b>Monitoring Committee:</b>	Audit Committee		<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>																								
<b>Principal Risk Description:</b> There is a risk that further opportunities open up for frontline staff which may result in an increase in turnover rates impacting the Trust's ability to deliver safe patient care.	<b>Last reviewed by committee on:</b>	7 <sup>th</sup> Sept. 2015	Linked to Corporate Risk No. 388	<b>Impact</b>	4	4																								
	<b>Last reviewed by Director on:</b>	30 <sup>th</sup> October 2015		<b>Likelihood</b>	4	4	2																							
	<b>Date of next review</b>	9 <sup>th</sup> Nov. 2015		<b>Total Score</b>	16	16	8																							
<b>Risk Consequences:</b>	<p><b>Underlying Cause/Source(s) of Risk</b></p> <p>1. Competitive recruitment market for Paramedics with 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; 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. Staff morale; 5. Perceptions of access to funding for personal development and study leave; 6. Concerns about job security; 7. National shortage of registered paramedics; 8. Relocation packages elsewhere; 9. Dissatisfaction with relief rotas and working pattern; 10. Lack of perceived care and support for staff; 11. Staff shortages leading to increased pressure for remaining staff.</p>																													
<ul style="list-style-type: none"> <li>Staff - additional pressure on staff health and wellbeing, manifesting itself as increased sickness absence, increased stress and pressure, an increase in patient complaints, a reduction in patient and staff satisfaction and potentially increasing turnover further.</li> <li>Patients - reduction in the response times</li> <li>Financial – increased loss of cover e.g. PAS/VAS &amp; overtime</li> </ul> <p>Reputation – failure to hit targets &amp; reduced quality of service</p>	<p><b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i></p> <p>1. Workforce Committee to report to EMT as part of retention strategy 2. Reports and progress reviewed at EMT, Trust Board Workforce Committee &amp; monitored weekly at the Forecast &amp; Planning Group.</p>																													
<b>Existing Key Controls</b>	<p><b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective?</i> <i>(2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective.</i> <i>Include any procedure/policy to be developed to augment the control or provide assurance.</i></p> <p>None identified as at 9<sup>th</sup> October 201</p>																													
<b>How controls are monitored/measured</b>	<p><b>Further actions - plans to reduce gaps in control/Improve Assurance</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 85%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"><b>Due Date</b></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Exit interview analysis.</td> <td></td> <td>End of November</td> </tr> <tr> <td>2</td> <td>Update progress on retention objectives/actions.</td> <td></td> <td>End of November</td> </tr> <tr> <td>3</td> <td>Promote learning and development opportunities and continue to bid for LETB funding.</td> <td></td> <td>Mid November</td> </tr> <tr> <td>4</td> <td>Recruitment drive to fill vacant established posts.</td> <td></td> <td>On-going</td> </tr> <tr> <td>5</td> <td>Develop a Health and Wellbeing Strategy</td> <td></td> <td>March 2016</td> </tr> </tbody> </table>									<b>Due Date</b>	1	Exit interview analysis.		End of November	2	Update progress on retention objectives/actions.		End of November	3	Promote learning and development opportunities and continue to bid for LETB funding.		Mid November	4	Recruitment drive to fill vacant established posts.		On-going	5	Develop a Health and Wellbeing Strategy		March 2016
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5	Develop a Health and Wellbeing Strategy		March 2016																											
<ul style="list-style-type: none"> <li>1. Actively recruiting university and registered paramedics and emergency ambulance crew</li> <li>2. NHS staff benefits (e.g. pensions, T&amp;Cs, etc.)</li> <li>3. LAS staff benefits (e.g. cycle scheme)</li> <li>4. LAS retention actions</li> <li>5. Listening into Action - to understand staff improvements.</li> <li>6. Clinical support provides career progression opportunities, with on-going training development.</li> </ul>																														
<ul style="list-style-type: none"> <li>1. Recruitment activity reviewed monthly at EMT and weekly at Performance Improvement Board</li> <li>2. Reports and progress reviewed at EMT &amp; Workforce Committee.</li> <li>3. Revision of the Staff Exit Surveys to provide accurate information leavers and determine action required</li> <li>4. Workforce data of resignations, projected leavers, projected joiners to identify reasons for resignation and opportunity to take intervention action</li> </ul> <p>Workforce committee to report to EMT and Finance and Improvement Committee.</p>																														

**Risk owner:** Director of Workforce, Strategy & transformation

**Signed:**

**Date:** 30<sup>th</sup> October 2015

## Board Assurance Framework – November 2015

**BAF Risk 4:** Service Performance may be adversely affected by the inability to match resources to demand.

<p><b>Risk Classification:</b> Performance</p> <p><b>Principal Risk Description:</b> There is a risk that Service Performance may be adversely affected by the inability to match resources to demand.</p>	<p><b>Monitoring Committee:</b></p>	Audit Committee		<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>																								
<p><b>Last reviewed by committee on:</b></p> <p><b>Last reviewed by Director on:</b></p> <p><b>Date of next review</b></p>		7 <sup>th</sup> Sept. 2015	Linked to Corporate Risk No. 265	<b>Impact</b>	5	5	3																							
		9 <sup>th</sup> October 2015		<b>Likelihood</b>	4	4	4																							
		9 <sup>th</sup> November 2015		<b>Total Score</b>	20	20	12																							
<p><b>Risk Consequences:</b> Patient Safety and Financial Penalties</p>	<p><b>Underlying Cause/Source(s) of Risk</b> Recruitment; Attrition; Growing vacancy factor; Increased demand; Patient Safety and Financial Penalties</p>																													
<p><b>Existing Key Controls</b></p> <ol style="list-style-type: none"> <li>1. On-going recruitment to vacancies.</li> <li>2. Use of voluntary and private sector at times of peak demand. Increased as of September 2014.</li> <li>3. New rosters implemented successfully.</li> <li>4. Targeted use of overtime and increased disruption payments.</li> <li>5. Surge plan was reviewed again in January 2015.</li> <li>6. Category C workload determinants have all been reviewed and have been realigned across the 4 C Categories</li> <li>7. Action has been taken to reduce the multiple attendance ratios where appropriate for all categories of calls.</li> <li>8. An extension in the operating hours for active area cover was implemented on the 21st July 2014.</li> </ol> <p><b>How are controls measured?</b> On-going recruitment to vacancies (Weekly) Use of agency Paramedics to enhance bank scheme. (On-going)</p>	<p><b>Positive Assurance</b></p> <p>1) Recruitment activity reviewed fortnightly at EMT 2) Weekly forecast &amp; planning meetings 3) A review of the surge plan is under way and expected to complete by early November. 4) Plans for non-auto dispatch back-up have been developed and will run from 3/11/15 for 3 weeks and this should reduce MAR 5) Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review. 6) NETS now in place with 108 staff in post.</p> <p><b>Gaps in Control/Assurance</b> (1.) Where we are failing to put controls/ systems in place or make them effective? (2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective? Include any procedure/policy to be developed to augment the control or provide assurance.</p> <p>Agreed plan in place until end of March 16 for private provision. Surge plan will be reviewed again in October 2015.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #4a4a8a; color: white;"> <th colspan="2">Further actions - plans to reduce gaps in control/Improve Assurance</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Sickness management.</td> <td style="text-align: center;">30 Sept. 2015</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Annual leave review: a revised annual leave policy is in its final draft stage.</td> <td style="text-align: center;">30 Sept. 2015</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role</td> <td style="text-align: center;">On-going</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Improve provisioning and reduce calls through the use of NETS and taxi service. Targets now set for 2015/16.</td> <td style="text-align: center;">On-going</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Clinical triage of Red 2 calls.</td> <td style="text-align: center;">On-going</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Dispatch on disposition pilot. (now rolled out to four other Trusts.</td> <td style="text-align: center;">On-going</td> </tr> <tr> <td style="text-align: center;">7</td> <td>IMD incident management desk – to manage incidents.</td> <td style="text-align: center;">On-going</td> </tr> </tbody> </table>						Further actions - plans to reduce gaps in control/Improve Assurance		Due Date	1	Sickness management.	30 Sept. 2015	2	Annual leave review: a revised annual leave policy is in its final draft stage.	30 Sept. 2015	3	Workforce plan operations, recruitment; recruit external paramedics, direct recruitment to new band 4 role	On-going	4	Improve provisioning and reduce calls through the use of NETS and taxi service. Targets now set for 2015/16.	On-going	5	Clinical triage of Red 2 calls.	On-going	6	Dispatch on disposition pilot. (now rolled out to four other Trusts.	On-going	7	IMD incident management desk – to manage incidents.	On-going
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<p><b>Risk owner:</b> Director of Operations</p>	<p><b>Signed:</b></p>	<p><b>Date:</b> 9<sup>th</sup> October 2015</p>																												

## Board Assurance Framework – November 2015

### BAF Risk 7: There is a risk that at staff changeover times, LAS performance falls

<p><b>Risk Classification:</b> Performance</p> <p><b>Principal Risk Description:</b> There is a risk that at staff changeover times, LAS performance falls.</p>	<p><b>Monitoring Committee:</b> Audit Committee</p>	<p><b>Last reviewed by committee on:</b> 7<sup>th</sup> Sept. 2015</p>	<p><b>Last reviewed by Director on:</b> 9<sup>th</sup> October 2015</p>	<p><b>Date of next review</b> 9<sup>th</sup> November 2015</p>	<p style="background-color: #4a4a9a; color: white; padding: 5px;"><b>Linked to Corporate Risk No. 269</b></p>	<p><b>Impact</b> 4</p>	<p><b>Likelihood</b> 5</p>	<p><b>Total Score</b> <b>20</b></p>	<p><b>Gross Risk</b> 4</p>	<p><b>Current or Net Risk</b> 4</p>	<p><b>Target</b> 4</p>
<b>Risk Consequences:</b>		<b>Underlying Cause/Source(s) of Risk</b> Current rest break agreement permits staff to conclude shift by up to 30 minutes early where no break given by EOC									
<p><b>Existing Key Controls</b></p> <ol style="list-style-type: none"> <li>1. Daily monitoring of rest break allocation to resolve end of shift losses.</li> <li>2. Use of bridging shifts for VAS/PAS.</li> <li>3. Roster reviews/changes include staggered shifts.</li> <li>4. Incident management control desk within EOC. This currently operates when staffing allows or there is a serious incident, however sustained running relies on sufficient EOC resourcing (ORH review).</li> </ol> <p><b>How are controls measured &amp; monitored?</b> <i>List documents e.g. progress reports fed into committees or groups, newly developed procedure, audits, process reviews etc. (include frequency).</i></p> <ol style="list-style-type: none"> <li>1. By Sector delivery Manager reporting to on-call Assistant Director of Operations.</li> <li>2. New Rotas in place since Q2 14/15</li> <li>3. Modernisation Programme Board minutes</li> <li>4. Weekly tracking report.</li> </ol>		<p><b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i></p> <p>New Rotas in place since Q2 14/15; Modernisation Programme Board minutes; and weekly tracking report. Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review. Rota changes to be implemented as result of ORH review</p>									
		<p><b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective?</i> <i>(2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective?</i> <i>Include any procedure/policy to be developed to augment the control or provide assurance.</i></p> <p>None identified as at 9<sup>th</sup> October 2015</p>									
		<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>								<b>Due Date</b>	
		1	Agree and implement changes to rest break arrangements.							2015/16	
		2	Recruitment							On-going	
		3	Skill mix: the skill mix model has been updated in January 2015 to include international recruit. This was reviewed in Aug. 2015 and published in September 2015							On-going	
		4	On-going vigorous management of out of service. P. Woodrow to set improvement trajectory to get out of service levels back within target.							On-going	
		5	Use of the surge plan							continuous	
		6	Out of service HUB implemented							On-going	
<b>Risk owner's update:</b>											
<b>Risk owner:</b> Director of Operations			<b>Signed:</b>			<b>Date:</b> 9 <sup>th</sup> October 2015					

## Board Assurance Framework – November 2015

### BAF Risk 14:

### Developing and delivering Cost Improvements

<p><b>Risk Classification:</b> Finance</p> <p><b>Principal Risk Description:</b> 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.</p>	<p><b>Monitoring Committee:</b></p>	<p>Audit Committee</p>		<p><b>Gross Risk</b></p>	<p><b>Current or Net Risk</b></p>	<p><b>Target</b></p>	
<p><b>Risk Consequences:</b> 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.</p>	<p><b>Last reviewed by committee on:</b></p>	<p>7<sup>th</sup> Sept. 2015</p>	<p>Linked to Corporate Risk No. 394</p>	<p><b>Impact</b></p>	<p>5</p>	<p>4</p>	<p>3</p>
	<p><b>Last reviewed by Director on:</b></p>	<p>August 2015</p>		<p><b>Likelihood</b></p>	<p>4</p>	<p>4</p>	<p>2</p>
	<p><b>Date of next review</b></p>	<p>9<sup>th</sup> November 2015</p>		<p><b>Total Score</b></p>	<p>20</p>	<p>16</p>	<p>6</p>
<p><b>Existing Key Controls</b> 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.</p>	<p><b>Underlying Cause/Source(s) of Risk</b></p> <ul style="list-style-type: none"> <li>CIP governance not clearly defined and in place.</li> <li>Appropriate supporting evidence not available</li> <li>CIPs not supported by detailed milestone plan;</li> <li>CIPs not embedded in budgets.</li> <li>CIPs not owned by relevant manager;</li> <li>Benchmarking of CIPs not undertaken</li> <li>Board/FIC scrutiny of CIP planning and delivery not in place.</li> <li>CIPs not delivering in line with expectations.</li> <li>Capacity and capability not available to support delivery.</li> </ul>						
<p><b>How are controls measured?</b> Report to CIP Programme Board (Monthly) Reporting to FIC (On-going) Reports to Quality Committee (on-going)</p>	<p><b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i></p> <p>On-going reporting to CIP Programme Board and Quality Committee.</p> <p><b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective?</i> <i>(2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective?</i> <i>Include any procedure/policy to be developed to augment the control or provide assurance.</i></p> <p>None identified as at 9<sup>th</sup> October 2015</p>						
<p><b>Further actions - plans to reduce gaps in control/Improve Assurance</b></p>						<p><b>Due Date</b></p>	
						<p>1</p>	<p>30 Sept. 2015</p>
						<p>2</p>	<p>30 Sept. 2015</p>
						<p>3</p>	<p>30 Sept. 2015</p>
						<p>4</p>	<p>On-going</p>
<p><b>Risk owner's update:</b></p>							
<p><b>Risk owner:</b> Director of Finance</p>		<p><b>Signed:</b></p>		<p><b>Date:</b> 9<sup>th</sup> October 2015</p>			

## Board Assurance Framework – November 2015

### BAF Risk 16: Patient safety for category C patients may be compromised due to demand exceeding available resources.

<p><b>Risk Classification:</b> Performance</p> <p><b>Principal Risk Description:</b> There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.</p>	<p><b>Monitoring Committee:</b></p>	<p>Audit Committee</p>		<p><b>Gross Risk</b></p>	<p><b>Current or Net Risk</b></p>	<p><b>Target</b></p>	
<p><b>Last reviewed by committee on:</b></p>	<p>7<sup>th</sup> Sept. 2015</p>	<p>Linked to Corporate Risk No. 410</p>	<p><b>Impact</b></p>	<p>5</p>	<p>5</p>	<p>5</p>	
	<p><b>Last reviewed by Director on:</b></p>		<p>9<sup>th</sup> October 2015</p>	<p><b>Likelihood</b></p>	<p>4</p>	<p>3</p>	<p>2</p>
	<p><b>Date of next review</b></p>		<p>9<sup>th</sup> Nov. 2015</p>	<p><b>Total Score</b></p>	<p>20</p>	<p>15</p>	<p>10</p>
<p><b>Risk Consequences:</b> 50% total volume of calls is Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.</p>	<p><b>Underlying Cause/Source(s) of Risk</b> 50% total volumes of calls are Category A. Inability to match resource to demand as the responding priority is focused on more seriously ill patients.</p>						
<p><b>Existing Key Controls</b></p> <ol style="list-style-type: none"> <li>1. Undertaking ring backs within set time frames for held calls</li> <li>2. Fully trained workforce with 20 minute education breaks throughout shift.</li> <li>3. LAS overtime (targeted incentives towards peak times.</li> <li>4. Additional focus on safety reporting. QA – MPDS (999); QA – CHUB MTS (H&amp;T; ) – Report safeguarding incident concerns.</li> <li>5. Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response process implemented.</li> <li>6. Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients) screen to monitor higher risk patients.</li> <li>7. Managing patients through use of NETS options where clinically appropriate. NETS desk and HCP lines starting 1st July</li> <li>8. Recruitment well underway and number of leavers significantly less than number of new starters.</li> <li>9. FRU performance improvement plan in place.</li> </ol>	<p><b>Positive Assurance</b> 1) Recruitment activity reviewed fortnightly at EMT. 2) Weekly forecast &amp; planning meetings. 3) Medical Director and DDO (Control Services) to review surge plan as required, and plan to do again imminently. 4) Plans for non-auto dispatch back-up have been developed and will run from 3/11/15 for 3 weeks and this should reduce MAR 5) Overtime disruption payments are in place until end October 2015</p> <p><b>Gaps in Control/Assurance</b> (1.) Where we are failing to put controls/ systems in place or make them effective? (2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective? Include any procedure/policy to be developed to augment the control or provide assurance. None identified as at 9<sup>th</sup> October 2015</p>						
<p><b>How are controls measured?</b> Performance dashboard; Operations; SI group, governance group; Monitoring SI and complaint themes.</p>		<p><b>Further actions - plans to reduce gaps in control/Improve Assurance</b></p>				<p><b>Due Date</b></p>	
		<p>1</p>	<p>Recruit to Establishment minus agreed vacancy factor of 5%.</p>			<p>Q4 2015/16</p>	
		<p>2</p>	<p>Deliver efficiencies in full from Capacity Review and complete Roster Implementation.</p>			<p>On-going</p>	
		<p>3</p>	<p>Recruit to establishment in the clinical hub. Band 6 is now agreed for all HUB posts</p>			<p>On-going</p>	
		<p>4</p>	<p>Allocate EMDs to clinical hub to assist with ring backs –</p>			<p>On-going</p>	
		<p>5</p>	<p>Increasing taxi use. Use of an SOP with taxi booking makes the process safer.</p>			<p>On-going</p>	
		<p>6</p>	<p>Discussion with NHS111 regarding the green calls and outcomes</p>			<p>On-going</p>	
		<p>7</p>	<p>More accurate reporting of category C delays and monitoring of safety incidents.</p>			<p>On-going</p>	
		<p>8</p>	<p>Update surge plan and make appropriate revisions</p>			<p>Nov. 2015</p>	
<p><b>Risk owner's update:</b></p>							
<p><b>Risk owner:</b> Director of Operations</p>		<p><b>Signed:</b></p>		<p><b>Date:</b> 9<sup>th</sup> October 2015</p>			



## Board Assurance Framework – November 2015

### BAF Risk 20: LAS will not be in a position to win new NHS 111 contracts as stated in the 5-year strategy.

<b>Risk Classification:</b> Infrastructure/Finance  <b>Principal Risk Description:</b> 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.	<b>Monitoring Committee:</b>	Audit Committee			<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>
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.	<b>Last reviewed by committee on:</b>	7 <sup>th</sup> Sept. 2015	Linked to Corporate Risk No. 440	<b>Impact</b>	4	4	3
	<b>Last reviewed by Director on:</b>	30 <sup>th</sup> Oct. 2015		<b>Likelihood</b>	4	4	2
	<b>Date of next review</b>	9 <sup>th</sup> Nov. 2015		<b>Total Score</b>	16	16	6
<b>Risk Consequences:</b> <ul style="list-style-type: none"> <li>Successful 111 bidders and their service can adversely affect demand for 999 service</li> <li>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</li> <li>Loss of our place in the NHS111 market which will adversely affect our future bidding success</li> </ul> Other ambulance services may bid and begin to get a foothold in London	<b>Underlying Cause/Source(s) of Risk</b> <ol style="list-style-type: none"> <li>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.</li> <li>111 growth may not be given adequate resource/attention due to current 999 performance pressures diverting attention away, particularly at a senior level.</li> <li>LAS costs may not be competitive.</li> <li>Detailed modelling to accurately assess what areas of London we will bid for, informing the impact on services such as, estates, IM&amp;T, clinical support, resourcing, legal services, governance arrangements etc. has not been possible due to the tendering process</li> </ol>						
<b>Existing Key Controls</b> <ol style="list-style-type: none"> <li>Contract team in place, gathering information of service requirements / KPIs / costing of service.</li> <li>Improve interactions between 999 and 111 services and grow our 111 business</li> <li>Bid team being established</li> </ol>	<b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i>  Bid team established						
<b>How are controls measured / monitored?</b> <i>List documents e.g. progress reports fed into committees or groups, newly developed procedure, audits, process reviews etc. (include frequency).</i>	<b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective?</i> <i>(2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective?</i> <i>Include any procedure/policy to be developed to augment the control or provide assurance.</i> None identified as at 30 <sup>th</sup> October 2015						
<ol style="list-style-type: none"> <li>EMT updates on NHS111 bid process &amp; success</li> </ol>	<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>					<b>Due Date</b>	
	1	Understanding developed, through conversations with 111 commissioners across London, of their timeframes for tendering.				Update end of Q3	
	2	Work with CCGs to influence 111 system development across London				Update end of Q3	
	3	Bid for new 111 services as contracts become available				Update end of Q3	
	4	Stakeholder engagement to test support of LAS as a bidder				Mid Nov 2015	
<b>Risk owner's update:</b>							
<b>Risk owner:</b> Director of Strategy & Transformation		<b>Signed:</b>		<b>Date:</b> 30 <sup>th</sup> October 2015			

## Board Assurance Framework – November 2015

<b>BAF Risk 24:</b> There may be insufficient vehicle numbers to meet demands							
<b>Risk Classification:</b> Infrastructure  <b>Principal Risk Description:</b> There is a risk that there may be insufficient vehicle numbers to meet demands.	<b>Monitoring Committee:</b>	Audit Committee			<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>
	<b>Last reviewed by committee on:</b>	7 <sup>th</sup> Sept. 2015	Linked to Corporate Risk No. 441	<b>Impact</b>	4	4	3
	<b>Last reviewed by Director on:</b>	7 <sup>th</sup> October 2015		<b>Likelihood</b>	4	4	3
	<b>Date of next review</b>	9 <sup>th</sup> November 2015		<b>Total Score</b>	16	16	9
<b>Risk Consequences:</b> The Trust fails to provide adequate vehicle numbers to support The risk above will impact on the Trust's ability to provide adequate vehicle numbers to support operational demand leading to further impact on operational performance for the Trust		<b>Underlying Cause/Source(s) of Risk</b>					
<b>Existing Key Controls</b> 1. Forward view of fleet requirement for next 5 years 2. Asset management plan to ensure no frontline vehicle exceeds 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		<b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i> 1. Monthly statement of Fleet requirement / Monthly KPI pack / Annual specifications to Fleet board / On-going capacity plan. 2. Actions taken have reduced pressure on the fleet. Business Case to deliver further 140 new DCA's in 2016. New vehicles introduced during 2015 are reducing unplanned maintenance.					
<b>How are controls measured/monitored?</b> Fleet Strategy Annual Plan Business Case Approval Fleet Management Team Meetings Fleet Delivery Board ( the frequency for these is variable)		<b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective? (2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective. Include any procedure/policy to be developed to augment the control or provide assurance.</i>  None identified as at 9 <sup>th</sup> October 2015					
<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>					<b>Due Date</b>		
1	Complete capacity plan and ensure it is reviewed and updated regularly, ensure this is aligned with the operational plans evolving					30 <sup>th</sup> Sept 2015/ On-going	
2	Complete business plan for next 2 years					OBC Completed FBC 30 <sup>th</sup> Oct 2015	
3	Agree & sign off DCA & FRU specification					Complete	
4	Calculate and agree the headroom required along with operations and finance and adapt procurement appropriately					30 <sup>th</sup> Nov 2015	
5	Complete Medium term Fleet Strategy 2017-18 and 5 years					31 <sup>st</sup> March 2016	
6	Increase DCA fleet by 17 by holding back vehicles due for replacement in 2015					Complete	
7	Hold back and refurbish further 20 DCA vehicles due for replacement to cover events/training					30 <sup>th</sup> Dec 2015	
<b>Risk owner's update:</b> Business Case to deliver further 140 new DCA's in 2016. (Refer to comments 2 in positive assurance)							
<b>Risk owner:</b> Director of Finance		<b>Signed:</b>		<b>Date:</b> 9 <sup>th</sup> October 2015			



## Board Assurance Framework – November 2015

BAF Risk 25:      Insufficient range and volume of equipment to meet demands							
<b>Risk Classification:</b> Infrastructure  <b>Principal Risk Description:</b> There is a risk that there may be insufficient range and volume of equipment to meet demands.	<b>Monitoring Committee:</b>	Audit Committee			<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>
	<b>Last reviewed by committee on:</b>	7 <sup>th</sup> Sept. 2015	Linked to Corporate Risk No. 442	<b>Impact</b>	4	4	3
	<b>Last reviewed by Director on:</b>	7 <sup>th</sup> October 2015		<b>Likelihood</b>	4	4	2
	<b>Date of next review</b>	9 <sup>th</sup> November 2015		<b>Total Score</b>	16	16	6
<b>Risk Consequences:</b> Staff will not have equipment required to provide appropriate patient care	<b>Underlying Cause/Source(s) of Risk</b>						
<b>Existing Key Controls</b> 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  <b>How are controls measured/monitored?</b> 1. Vehicle Equipment Procedure 2. Fleet management information 3. Budget reports 4. Equipment Inventory 5. Fleet management information 6. Fleet reports/Equipment group 7. Report to recommend	<b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i> Progress made in agreement of core equipment and further equipment amnesty. Decontamination of equipment commenced. Analysis of asset tracking systems being undertaken.						
	<b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective?</i> <i>(2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective.</i> Include any procedure/policy to be developed to augment the control or provide assurance.						
	None identified as at 7 <sup>th</sup> October 2015						
	<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>					<b>Due Date</b>	
	1	Define and agree a “core” equipment list for DCA & FRU.					Complete
	2	Logistics to take responsibility for supplying core equipment					On-going
	3	Undertake an Audit of available equipment/ Continue to purchase equipment					On-going
	4	Undertake an equipment amnesty and physically review all stations and complexes for “retained” equipment.					Complete
	5	Introduce monitoring process for tracking equipment					30 <sup>th</sup> Dec 2015
	6	Develop system to reintroduce equipment that gets decontaminated and Agree equipment to be tracked / scanned each day and accountabilities for each item					30 <sup>th</sup> Dec 2015
	7	Review contents, responsibility and issue of “bags”. Agree terms of reference, and timeline					30 <sup>th</sup> Dec 2015
	8	Implement working group to review personal issue kit					30 <sup>th</sup> Dec 2015
<b>Risk owner’s update:</b> Refer to comments under “Positive Assurance” .							
<b>Risk owner:</b> Director of Finance	<b>Signed:</b>				<b>Date:</b> 7 <sup>th</sup> October 2015		

## Board Assurance Framework – November 2015

### BAF Risk 26:

### The equipment for frontline vehicles may not be available when required

<b>Risk Classification:</b> Infrastructure	<b>Monitoring Committee:</b>	Audit Committee		<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>	
<b>Principal Risk Description:</b> There is a risk that the equipment for frontline vehicles may not be available when required.	<b>Last reviewed by committee on:</b>	7 <sup>th</sup> Sept. 2015	Linked to Corporate Risk No. 443	<b>Impact</b>	4	4	3
	<b>Last reviewed by Director on:</b>	7 <sup>th</sup> October 2015		<b>Likelihood</b>	4	4	2
	<b>Date of next review</b>	9 <sup>th</sup> November 2015		<b>Total Score</b>	16	16	6
<b>Risk Consequences:</b> Staff will not have equipment required to provide appropriate patient care	<b>Underlying Cause/Source of Risk:</b>						
<b>Existing Key Controls</b> 1. Serial numbers on all re-usable equipment for accurate tracking. 2. Agree & set requirements for stock levels on vehicles and monitor regularly. 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	<b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered). List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i> Clinical Equipment Group; Asset tracking report; VP reports; VP Contract; Equipment Process; Project completion						
	<b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective? (2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective? Include any procedure/policy to be developed to augment the control or provide assurance.</i>  None identified as at 7 <sup>th</sup> October 2015						
<b>How are controls measured/monitored</b> Partial via VP reporting OOS policy & reports Measured on one-off/periodic basis	<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>					<b>Due Date</b>	
	1	Agree equipment to be tracked / scanned each day and accountabilities for each item				30 <sup>th</sup> Dec 2015	
	2	Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.				Complete	
	3	Ensure adequate stocks of consumables and equipment are available to VP staff				30 <sup>th</sup> Dec 2015	
	4	Review current VP contract and agree any immediate changes				30 <sup>th</sup> Oct 2015	
	5	Agree essential equipment, plan and implement a process to make key items available centrally to restock				30 <sup>th</sup> Dec 2015	
	6	Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided				31 <sup>st</sup> October 2015	
	7	Implement pilot project in NE area to provide and resupply equipment store				30 <sup>th</sup> Dec 2015	
<b>Risk owner's update:</b> Significant level of work in progress. Pilot project in NE area aimed at providing local equipment store which can be used by VP to make good deficiencies on vehicles. Improved asset tracking systems being evaluated.							
<b>Risk owner:</b> Director of Finance		<b>Signed:</b>		<b>Date:</b> 7 <sup>th</sup> October 2015			

**Board Assurance Framework – November 2015**

**The equipment for frontline vehicles may not be in an effective condition**

**BAF Risk 27:**

<b>Risk Classification:</b> Infrastructure  <b>Principal Risk Description:</b> There is a risk that the equipment for frontline vehicles may not be in an effective condition.	<b>Monitoring Committee:</b> Audit Committee			<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>
	<b>Last reviewed by committee on:</b> 7 <sup>th</sup> Sept. 2015	Linked to Corporate Risk No. 444	<b>Impact</b>	4	4	3
	<b>Last reviewed by Director on:</b> 7 <sup>th</sup> October 2015		<b>Likelihood</b>	4	4	2
	<b>Date of next review</b> 9 <sup>th</sup> November 2015		<b>Total Score</b>	16	16	6
<b>Risk Consequences:</b> Staff will not have equipment required to provide appropriate patient care	<b>Underlying Cause/Source(s) of Risk</b>					
<b>Existing Key Controls</b> 1. Agreed VP cleaning, deep cleaning and stocking service levels are set, maintained and monitored 2. Decontamination of equipment during VP, including monitoring 3. Decontamination of items left at hospital, including monitoring 4. Replacement equipment budgets in place. Process agreed and adhered to 5. Maintenance/Replacement of Kit undertaken when required  <b>How are controls measured/monitored</b> <i>List documents e.g. progress reports fed into committees or groups, newly developed procedure, audits, process reviews etc. (include frequency).</i>  Partial via VP reports Decontamination reports Partially monitored within Fleet & Logistics Monitored within Fleet & Logistics	<b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i> Project completion/VP reports (Report due Jan 2016); Contract, VP & Decontamination reports; New process/Fleet reports; and OOS reports.					
	<b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective?                  (2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective.                  Include any procedure/policy to be developed to augment the control or provide assurance.</i>  None identified as at 7 <sup>th</sup> October 2015					
	<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>					<b>Due Date</b>
	1	Complex based fleet to increase vehicle availability for VP				31 <sup>st</sup> October 2015
	2	Monitor Decontamination of equipment trial				December 2015
	3	Implement contract for decontamination				January 2016
	4	Develop system to reintroduce equipment that gets decontaminated				30 <sup>th</sup> Dec 2015
	5	Establish revised process for collection of equipment left at hospital for decontamination & subsequent redistribution				30 <sup>th</sup> Dec 2015
	6	Review process for maintenance of equipment				30 <sup>th</sup> Dec 2015
	7	Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports.				Complete
8	Ensure current performance against 95% deep clean within 6 weeks maintained.				On going	
<b>Risk owner's update:</b> Significant progress made on actions. Decontamination of equipment has commenced. Work being undertaken with St George's Healthcare to agree equipment maintenance trial.						
<b>Risk owner:</b> Director of Finance	<b>Signed:</b>	<b>Date:</b> 7 <sup>th</sup> October 2015				

## Board Assurance Framework – November 2015

### BAF Risk 28:

There are currently no arrangements for routine quality assurance (QA) of dispatch functions.

<p><b>Risk Classification:</b> Clinical &amp; Quality</p> <p><b>Principal Risk Description:</b> 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.</p>	<p><b>Monitoring Committee:</b> Audit Committee</p>	<p><b>Last reviewed by committee on:</b> 7<sup>th</sup> Sept. 2015</p>	<p><b>Last reviewed by Director on:</b> 9<sup>th</sup> October 2015</p>	<p><b>Date of next review</b> 9<sup>th</sup> November 2015</p>	<p style="color: yellow;">Linked to Corporate Risk No. 429</p>		<p><b>Gross Risk</b> 4</p>	<p><b>Current or Net Risk</b> 4</p>	<p><b>Target</b> 4</p>	
						<b>Impact</b>	4	4	4	
						<b>Likelihood</b>	5	5	2	
						<b>Total Score</b>	20	20	8	
<p><b>Risk Consequences:</b> Lack of QA for dispatch resulting in an unquantifiable level of risk from poor compliance with dispatch protocols.</p>	<p><b>Underlying Cause/Source(s) of Risk</b> 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.</p>									
<p><b>Existing Key Controls</b></p> <ol style="list-style-type: none"> <li>1. Training for CP Dispatch and Allocation</li> <li>2. Updated Operational procedures</li> <li>3. Increased breach analysis</li> </ol>	<p><b>Positive Assurance</b> <i>(Evidence that shows we are reasonably managing our risks and objectives are being delivered)</i> <i>List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.</i></p>									
<p><b>How are controls measured/monitored?</b> <i>List documents e.g. progress reports fed into committees or groups, newly developed procedure, audits, process reviews etc. (include frequency).</i> SMT Five-weekly watch reviews</p>	<p><b>Gaps in Control/Assurance</b> <i>(1.) Where we are failing to put controls/ systems in place or make them effective? (2) Where are we <u>failing</u> to gain evidence that our controls/ systems, on which we place reliance, are effective. Include any procedure/policy to be developed to augment the control or provide assurance.</i></p> <p>None identified as at 9<sup>th</sup> October 2015</p>									
						<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>			<b>Due Date</b>	
						1	Introduce a QA process within dispatch			October 2015
						2	KPI within dispatch			November 2015
						3	Training opportunities for staff in order for them to progress further.			November 2015
<p><b>Risk owner's update:</b></p>										
<p><b>Risk owner:</b> Director of Operations / Deputy Director of Operations – Control Services</p>				<p><b>Signed:</b></p>			<p><b>Date:</b> 9<sup>th</sup> October 2015</p>			

**Board Assurance Framework – November 2015**

**BAF Risk 29: There is a lack of ring-backs on delayed response calls within EOC**

<b>Risk Classification:</b> Clinical & Quality  <b>Principal Risk Description:</b> There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient’s safety whilst calls are being held.	<b>Monitoring Committee:</b>	Audit Committee		<b>Gross Risk</b>	<b>Current or Net Risk</b>	<b>Target</b>
	<b>Last reviewed by committee on:</b>	7 <sup>th</sup> Sept. 2015	<b>Linked to Corporate Risk No. 451</b>	<b>Impact</b>	4	4
	<b>Last reviewed by Director on:</b>	9 <sup>th</sup> October 2015		<b>Likelihood</b>	4	4
	<b>Date of next review</b>	9 <sup>th</sup> November 2015		<b>Total Score</b>	16	16

**Risk Consequences:**  
 Patients are not contacted meaning their condition can deteriorate without the EOC being aware and being able to re-triage

**Underlying Cause/Source(s) of Risk**  
 1.Inability of the Service to provide resources to dispatch on calls in a timely manner. 2. Insufficient resources in EOC to carry out the ring backs. 3. Instances of serious incidents and inquests where patients have deteriorated when there has been no contact by the service for a significant period of time. 4. Increased demand vs. resource.

**Existing Key Controls**

1. More involvement by the Clinical Hub who monitors the calls and identifying priorities for ring backs.
2. Additional technical support to prompt re-categorisation and contact.
3. New ring back status monitors.
4. New information within EOC to be able to properly inform patients of the likely wait time for a response.
5. Staff removed from call handling to undertake ring backs when capacity allows.

**Positive Assurance** *(Evidence that shows we are reasonably managing our risks and objectives are being delivered)*  
*List any report, e.g. to the board or other committees including update on the risk, reviews, reports of surveys, etc.*

**Gaps in Control/Assurance**  
*(1.) Where we are failing to put controls/ systems in place or make them effective?*  
*(2) Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective?*  
*Include any procedure/policy to be developed to augment the control or provide assurance.*

None identified as at 9<sup>th</sup> October 2015

Further actions - plans to reduce gaps in control/Improve Assurance		Due Date
1	Additional resources to undertake call backs and manage held call stacks.	On-going
2	Additional front line resource	On-going
3	Two call-handling courses are under way in October 2105 which will bring a maximum of 32 new staff to EOC pre-Christmas	31 <sup>st</sup> December 2015

**Risk owner’s update:**

**Risk owner:** Director of Operations / Deputy Director of Operations – Control Services      **Signed:**      **Date:** 9<sup>th</sup> October 2015

## Board Assurance Framework – November 2015

### BAF Risk 30:

Risk of exposure to Category 4 infectious disease organisms as well as other infectious diseases of high consequence

<p><b>Risk Classification:</b> Clinical &amp; Quality</p> <p><b>Principal Risk Description:</b> There is a risk of exposure to Category 4 infectious disease organisms as well as other infectious diseases of high consequence, resulting in potential adverse consequence to the health</p>	<p><b>Monitoring Committee:</b></p>	<p>Audit Committee</p>		<p><b>Gross Risk</b></p>	<p><b>Current or Net Risk</b></p>	<p><b>Target</b></p>	
<p><b>Risk Consequences:</b> Resulting in potential adverse consequence to the health of LAS staff and general public to whom they are responding. This will have impact on core business due to potential increase in staff sickness levels. Risk to health of staff and the public. Staff's risk of infection.</p>	<p><b>Last reviewed by committee on:</b></p>	<p>N/a</p>	<p>Linked to Corporate Risk No.445</p>	<p><b>Impact</b></p>	<p>5</p>	<p>5</p>	<p>5</p>
	<p><b>Last reviewed by Director on:</b></p>	<p>21<sup>st</sup> August 2015</p>		<p><b>Likelihood</b></p>	<p>4</p>	<p>3</p>	<p>2</p>
	<p><b>Date of next review</b></p>	<p>9<sup>th</sup> November 2015</p>		<p><b>Total Score</b></p>	<p>20</p>	<p>15</p>	<p>10</p>
				<p><b>Underlying Cause/Source(s) of Risk</b></p>	<p>1) Staff lack of equipment because they haven't been fitted with the (PPE) FFP3 respirator mask. 2) Lack of knowledge and training regarding infectious disease processes, use of regular and enhance IPC PPE, to prevent self-contamination 3) A potential increase in staff sickness levels as a result of staff exposures to VHF and the need for quarantine/treatment. 4) Lack of clarity regarding HR processes to manage staff exposure.</p>		
<p><b>Existing Key Controls</b></p> <ol style="list-style-type: none"> <li>1. Infection Control Workbook; standard infection prevention control training programme in place.</li> <li>2. Task and finish group for Category 4/VHF (Ebola) assurance (chaired by EPRR). Plus regular EPRR Ebola management bulletins, including algorithms for early identification of possible cases of VHF</li> <li>3. Support from the Clinical Hub and Health Protection Unit for enhanced risk assessment on suspected cases.</li> <li>4. Waste contract in place – includes Cat A waste for incineration</li> <li>5. IPC at Clinical Basic Training and CSR</li> <li>6. Ebola assurance monitoring by VHF Group and at IPCC</li> <li>7. National Transfer procedures agreed</li> <li>8. On-going engagement with PHE</li> <li>9. Develop VHF Plan – Action cards, transfer process, VHF bulletins</li> <li>10. Process for Cat 4 patients works effectively.</li> <li>11. Review the requirements of involvement of individuals.</li> <li>12. VHF Group set up for compliance and assurance.</li> </ol>	<p><b>Positive Assurance</b></p> <p>Clear process for confirmed Ebola case between LAS and the Royal Free and working arrangement with Health Protection Units.</p> <ul style="list-style-type: none"> <li>• FFP3 Fit testing and provision of personal issued respirators, basic clinical training for existing staff – captured at FITFLU Programme commenced 15/10/14.</li> </ul>			<p><b>Gaps in Control/Assurance</b></p> <ul style="list-style-type: none"> <li>• Current OHS contract does not include contract tracing– new contract from 1st April 2015 for new provider has enhanced specification</li> <li>• Infection Control Specialist and OHD service (not 24 hrs.)</li> </ul>			
<p><b>Further actions - plans to reduce gaps in control/Improve Assurance</b></p>				<p><b>Due Date</b></p>			
<p>1</p>	<p>LAS Ebola VHF processes (e.g. policy and procedures) internally and externally aligned</p>			<p>Completed as part of 1 above</p>			
<p>2</p>	<p>Share HART training package with the education and development department to ensure a consistent standard of infection control training including the use of enhanced PPE – awaiting funding for PPE.</p>			<p>On-going</p>			
<p>3</p>	<p>Enhance the decontamination process for vehicles as per national and expert guidance, to include for example hypochlorite / Bioquell, for use by all crews.</p>			<p>31/05/15</p>			
<p>4</p>	<p>Ensure availability of a secure information exchange portal between OHD &amp; LAS</p>			<p>On-going</p>			
<p><b>How are controls measured/monitored?</b></p>							
<p><b>Risk owner's update:</b></p>							
<p><b>Risk owner:</b> Director of Operations</p>		<p><b>Signed:</b></p>		<p><b>Date:</b> 9<sup>th</sup> October 2015</p>			



## Board Assurance Framework – November 2015

**BAF Risk no. 31**

Improvement programme objectives may not fully achieve the agreed levels within the expected timescales.

<p><b>Risk Classification:</b> Performance</p> <p><b>Principal Risk Description:</b> The Improvement Programme objectives may not fully achieve the agreed levels within the expected timescales. This may be seen across a number of the relevant projects.</p>	<p><b>Monitoring Committee:</b></p>	<p>Improvement Programme Board</p>		<p><b>Gross Risk</b></p>	<p><b>Current or Net Risk</b></p>	<p><b>Target</b></p>	
<p><b>Last reviewed by committee on:</b></p>	<p>18<sup>th</sup> November 2015</p>	<p>Linked to Corporate Risk No.</p>	<p><b>Impact</b></p>	<p>4</p>	<p>4</p>	<p>4</p>	
	<p><b>Last reviewed by Director on:</b></p>		<p>12<sup>th</sup> November 2015</p>	<p><b>Likelihood</b></p>	<p>5</p>	<p>4</p>	<p>2</p>
	<p><b>Date of next review</b></p>		<p>12<sup>th</sup> December 2015</p>	<p><b>Total Score</b></p>	<p>20</p>	<p>16</p>	<p>8</p>
<p><b>Risk Consequences:</b> This will put at risk achievement of the Trust A8 performance trajectory.</p>	<p><b>Underlying Cause/Source of Risk</b> Project delivery has been impacted by:</p> <ul style="list-style-type: none"> <li>- Slower than anticipated increases in operationally independent frontline staff</li> <li>- Delayed communication to operational staff on project objectives as a result of delays in linked corporate communications.</li> <li>- Optimistic modelling used in the transformation business case has resulted targets being more challenging than originally anticipated</li> <li>- A number of actions identified in project plans have been delivered and not had the anticipated impact on delivery</li> </ul>						
<p><b>Existing Key Controls</b> All projects are managed through a formal Programme Structure. The Programme Board meets regularly to hold project leads to account on progress. The Programme reports to EMT and is subject to external scrutiny. All projects are led by an Executive Director who is accountable for delivery. Each project also has a defined delivery team to plan and drive delivery.</p>	<p><b>Positive Assurance</b> Programme Board will monitor the progress on a monthly basis. EMT will take a monthly report from the Programme Board. Trust Board will also review progress as part of the Integrated Board reporting process.</p>						
<p><b>How are controls measured</b> All projects have developed detailed plans for delivering against the specific targets</p>	<p><b>Gaps in Control/Assurance</b> None identified as at 12<sup>th</sup> November 2015</p>						
<p><b>Further actions - plans to reduce gaps in control/Improve Assurance</b></p>							
						<p><b>Date</b></p>	
						<p>20<sup>th</sup> November 2015</p>	
						<p>30<sup>th</sup> November 2015</p>	
						<p>30<sup>th</sup> November 2015</p>	
<p><b>Risk owner's update:</b></p>							
<p><b>Risk owner:</b> Director of Operations</p>		<p><b>Signed:</b></p>		<p><b>Date:</b> 17<sup>th</sup> November 2015</p>			

## Board Assurance Framework – November 2015

BAF Risk no. 32								Funding for the improvement programme activities is delayed or reduced as a result not achieving the agreed commissioner performance trajectories or gateways (overall programme or projects).									
<b>Risk Classification: Finance</b>  <b>Principal Risk Description:</b> Funding for the improvement programme activities is delayed or reduced as a result not achieving the agreed commissioner performance trajectories or gateways (overall programme or projects).				<b>Monitoring Committee:</b>		Improvement Programme Board				<b>Gross Risk</b>		<b>Current or Net Risk</b>		<b>Target</b>			
				<b>Last reviewed by committee on:</b>		18 <sup>th</sup> November 2015		Linked to Corporate Risk No.		<b>Impact</b>		4		4		4	
				<b>Last reviewed by Director on:</b>		12 <sup>th</sup> November 2015				<b>Likelihood</b>		5		4		2	
				<b>Date of next review</b>		12 <sup>th</sup> December 2015				<b>Total Score</b>		20		16		8	
<b>Risk Consequences:</b> Delay or reduction in funding for the improvement programme activities.				<b>Underlying Cause/Source of Risk</b> The 2015/16 contract built in a stepped release of funding depending on the overall (A8%) achieved in each quarter. In turn this is linked to the Improvement Programme projects. A8 performance has not seen the improvements expected because of: Slower than anticipated increases in operationally independent frontline staff - Optimistic modelling used in the transformation business case has resulted targets being more challenging than originally anticipated - A number of actions identified in improvement programme project plans have been delivered and not had the anticipated impact on delivery - Some actions in this improvement plan have not been delivered (i.e. JCT)													
<b>Existing Key Controls</b> All projects are managed through a formal Programme Structure. The Programme Board meets regularly to hold project leads to account on progress. The Programme reports to EMT and is subject to external scrutiny. All projects are led by an Executive Director who is accountable for delivery. Each project also has a defined delivery team to plan and drive delivery. <b>How are controls measured</b> All projects have developed detailed plans for delivering against the specific targets. Regular update meetings are held with the Commissioners, TDA and NHS England to discuss progress with improvement programme and other activities.				<b>Positive Assurance</b>													
				<b>Gaps in Control/Assurance</b> None identified as at 12 <sup>th</sup> November 2015													
				<b>Further actions - plans to reduce gaps in control/Improve Assurance</b>										<b>Date</b>			
				1	Where necessary accelerated delivery plans have been developed. All projects have been asked to develop updated delivery trajectories to test project assumptions										31 <sup>st</sup> October 2015		
				2	Recruitment of frontline staff has been increased to offset slower than anticipated increase in numbers.										1 <sup>st</sup> November 2015		
3	Modelling discussed with stakeholders and revised trajectory agreed.										12 <sup>th</sup> November 2015						
4	Revised funding release mechanism to be agreed with CCGs										30 <sup>th</sup> November 2015						
<b>Risk owner's update:</b>																	
<b>Risk owner:</b> Director of Finance				<b>Signed:</b>				<b>Date:</b> 17 <sup>th</sup> November 2015									



**Board Assurance Framework – November 2015**

**London Ambulance Service NHS Trust  
Trust Risk Register November 2015 - 15+**

Risk ID	Risk Description	Underlying Cause/ Source of Risk	Date Opened	Assurance Framework Ref.	Corporate Objective	CQC Domain	Risk Category	Gross Impact	Gross Likelihood	Gross Rating	Existing Controls (Already In Place)	Risk Owner	Date Risk Last Updated	Net Impact	Net Likelihood	Net Rating	Further Actions Required	Action Owner	Date Action to be Completed	Assurance In Place (how do we gain assurance that the controls in place are effective)	Target Impact	Target Likelihood	Target Rating	Comments
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 Patient Safety and Financial Penalties	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. New rosters implemented successfully. 4. Targeted use of overtime and increased bonus payments. 5. Surge plan was reviewed again in January-October 2015. 6. 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 7. 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. 8. An extension in the operating hours for active area cover was implemented on the 21st July 2014. 9. METDG is running 24 hours and is producing an average of 60% savings on AEU sends, MAR down to 1.32/1.33	Paul Woodrow	09-Oct-15	Major	Almost Certain	20	1. Sickness management. A performance management dashboard is being developed. The occupational health contract is being reviewed. (21/09/15: Completed) 2. 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. This work remains pending. 3. 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 27th May 2015. 4. 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. 5. Improve provisioning and reduce calls through the use of	1. P. Woodrow 2. S. Sale 3. P. Woodrow 4. K. Broughton / T. Crabtree 5. J. Goldie / K. Millard 6. K. Millard 7. K. Millard 8. K. Millard	1. 30/09/15 2. 30/09/15 3. On-going 4. On-going 5. On-going 6. On-going 7. On-going 8. On-going	1) Recruitment activity reviewed fortnightly at EMT 2) Weekly forecast & planning meetings 3) A review of the surge plan is under way and expected to complete by early November. 4) Plans for non-auto dispatch back-up have been developed and will run from 3/11/15 for 3 weeks and this should reduce MAR 5) Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review. 6) NETS now in place with 108	Major	Possible	12	09/10/15: Updated on BAF 26/08/15: Updated on BAF Reviewed by ADO's 03/06/15.
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	28		Safe Effective Responsive	Operational	Major	Almost Certain	20	1. Training for CP Dispatch and Allocation 2. Updated Operational procedures 3. Increased breach analysis	Paul Woodrow (Katy Millard)	09-Oct-15	Major	Almost Certain	20	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. Lockett	1. 31/10/15 2. 30/11/15 3. 30/11/15	1. SMT 3. Five-weekly watch reviews	Major	Unlikely	8	09/10/15: BAF Updated 27/08/15: BAF updates provided by B. Jordan  Net rating was proposed for revision from major x possible = 12 to major x almost certain = 20 by control services on the 04/06/15.
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 on sufficient EOC resourcing (ORH review).	Paul Woodrow	09-Oct-15	Major	Likely	16	1. Agree and implement changes to rest break arrangements 2. Recruitment 3. Skill mix: the skill mix model has been updated in January 2015 to include international recruits. This was reviewed in August 2015 and published in Sept 2015. 4. Ongoing vigorous management of out of service. P. Woodrow to set improvement trajectory to get out of service levels back within target. 5. Use of the surge plan. 6. Out of service HUB implemented.	1. T. Crabtree / P. Woodrow 2. P. Woodrow 3. K. Broughton 4. P. Woodrow 5. K. Brown / C. Vale 6. ADO's 7. TBC	1. 2015/16 2. Completed 3. On-going 4. Completed 5. On-going 6. On-going 7. On-going	New Rotas in place since Q2 14/15; Modernisation Programme Board minutes; and weekly tracking report. Skill mix: the skill mix model was updated in Sept 2015 to include international recruits and is currently under review. Rota changes to be implemented as result of ORH review	Major	Unlikely	8	09/10/15: BAF Updated 26/08/15: BAF Updated K.Millard reviewed 13/04/15.

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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.	<ul style="list-style-type: none"> <li>Appropriate supporting evidence not available</li> <li>CIPs not supported by detailed milestone plan.</li> <li>CIPs not embedded in budgets.</li> <li>CIPs not owned by relevant manager.</li> <li>Benchmarking of CIPs not undertaken.</li> <li>CIP governance not clearly defined and in place.</li> <li>Board/FIC scrutiny of CIP planning and delivery not in place.</li> <li>CIPs not delivering in line with expectations.</li> <li>Capacity and capability not available to support delivery.</li> </ul>	10-Apr-14	14		Well Led	Finance	Catastrophic	Likely	20	<ol style="list-style-type: none"> <li>Appropriate supporting evidence available for CIP.</li> <li>All CIPs supported by detailed milestone plan.</li> <li>All CIPs embedded in budgets.</li> <li>All CIPs owned by relevant manager.</li> <li>Benchmarking of CIP opportunity.</li> <li>CIP governance clearly defined and in place.</li> <li>Board/FIC scrutiny of CIP planning and delivery in place.</li> <li>CIPs delivering in line with expectations.</li> <li>Capacity and capability available to support delivery.</li> <li>All CIPs supported by Quality Inputs Assessments.</li> </ol>	Andrew Grimshaw	26-Aug-15	Major	Likely	16	<ol style="list-style-type: none"> <li>Review support to drive the CIP Programme.</li> <li>Ensure all schemes have clear project plans.</li> <li>Embed all CIPs in budgets. Ensure managers sign off.</li> <li>Review current benchmarking information.</li> </ol>	<ol style="list-style-type: none"> <li>A. Grimshaw</li> <li>A. Grimshaw</li> <li>K. Hervey / A. Bell</li> <li>A. Grimshaw</li> </ol>	<ol style="list-style-type: none"> <li>30/09/15</li> <li>30/09/15</li> <li>30/09/15</li> <li>On-going</li> </ol>	<ol style="list-style-type: none"> <li>Report to CIP Programme Board</li> <li>Report to CIP Programme Board</li> <li>Reporting to FIC</li> <li>Report to CIP Programme Board</li> <li>Reports to CIP Programme Board &amp; Quality Committee</li> </ol>	Moderate	Unlikely	6	<p>26/08/15: D.Harker on behalf of A.Grimshaw - advises that all dates of action can be changed to 30/09/15.</p> <p>14/08/15 A.Bell advised reviewed by FIC 23/07/15, no change in grading.</p> <p>Reviewed by FIC 21/05/15</p> <p>Reviewed by A. Bell 11/03/15.</p>
453	There is a risk that funding for the improvement programme activities is delayed or reduced as a result not achieving the agreed commissioner performance trajectories or gateways (overall programme or projects).	<p>The 2015/16 contract built in a stepped release of funding depending on the overall (A8%) achieved in each quarter. In turn this is linked to the Improvement Programme projects. A8 performance has not seen the improvements expected because of:</p> <ul style="list-style-type: none"> <li>Slower than anticipated increases in operationally independent frontline staff</li> <li>Optimistic modelling</li> </ul>	07-Oct-15	TBC			Finance	Major	Almost Certain	20	<ol style="list-style-type: none"> <li>All projects are managed through a formal Programme Structure. The Programme Board meets regularly to hold project leads to account on progress. The Programme reports to EMT and is subject to external scrutiny</li> <li>All projects are led by an Executive Director who is accountable for delivery. Each project also has a defined delivery team to plan and drive delivery</li> <li>All projects have developed detailed plans for delivering against the specific targets.</li> <li>Regular update meetings are held with the Commissioners, TDA and NHS England to discuss progress with improvement programme and other activities</li> </ol>	Andrew Grimshaw	07-Oct-15	Major	Likely	16	<ol style="list-style-type: none"> <li>Where necessary accelerated delivery plans have been developed. All projects have been asked to develop updated delivery trajectories to test project assumptions</li> <li>Recruitment of frontline staff has been increased to offset slower than anticipated increase in numbers</li> <li>Modelling discussed with stakeholders and revised trajectory agreed</li> <li>Revised funding release mechanism to be agreed with CCGs</li> </ol>	<ol style="list-style-type: none"> <li>Exec Sponsors</li> <li>Karen Broughton</li> <li>Andrew Grimshaw</li> <li>Andrew Grimshaw</li> </ol>	<ol style="list-style-type: none"> <li>31/10/15</li> <li>01/11/15</li> <li>12/11/15</li> <li>30/11/15</li> </ol>	<ol style="list-style-type: none"> <li>Programme Board will monitor the progress on a monthly basis</li> <li>EMT will take a monthly report from the Programme Board</li> <li>Trust Board will also review progress as part of the Integrated Board reporting process</li> <li>LAS will update commissioners regularly on programme</li> </ol>	Major	Unlikely	8	<p>17/11/15: Risk added to Risk Register. Added to BAF due to risk rating.</p> <p>To date the Trust has not elected to reduce expenditure in line with potential reductions in funding as this would act to further reduce performance.</p>
454	There is a risk that the Improvement Programme objectives may not fully achieve the agreed levels within the expected timescales. This may be seen across a number of the relevant projects  This will put at risk achievement of the Trust A8 performance trajectory	<p>Project delivery has been impacted by:</p> <ul style="list-style-type: none"> <li>Slower than anticipated increases in operationally independent frontline staff</li> <li>Delayed communication to operational staff on project objectives as a result of delays in linked corporate communications.</li> <li>Optimistic modelling used in the transformation business case has resulted targets being more challenging than</li> </ul>	07-Oct-15	TBC			Operational	Major	Almost Certain	20	<ol style="list-style-type: none"> <li>All projects are managed through a formal Programme Structure. The Programme Board meets regularly to hold project leads to account on progress. The Programme reports to EMT and is subject to external scrutiny</li> <li>All projects are led by an Executive Director who is accountable for delivery. Each project also has a defined delivery team to plan and drive delivery</li> <li>All projects have developed detailed plans for delivering against the specific targets.</li> </ol>	Paul Woodrow	07-Oct-15	Major	Likely	16	<ol style="list-style-type: none"> <li>New improvement activities, currently not in scope of the Programme are being developed for consideration. Decision on inclusion will be taken at November Programme Board</li> <li>Updated delivery trajectories have been developed for most projects to confirm end point. Exec sponsors to confirm additional actions where a shortfall is identified</li> <li>Executive sponsors to confirm the project planning is aligned with other operational improvements to maximise the chance for success</li> </ol>	<ol style="list-style-type: none"> <li>Exec Sponsors</li> <li>Exec Sponsors</li> <li>Exec Sponsors</li> </ol>	<ol style="list-style-type: none"> <li>20/11/15</li> <li>30/11/15</li> <li>30/11/15</li> </ol>	<ol style="list-style-type: none"> <li>Programme Board will monitor the progress on a monthly basis</li> <li>EMT will take a monthly report from the Programme Board</li> <li>Trust Board will also review progress as part of the Integrated Board reporting process</li> </ol>	Major	Unlikely	8	<p>17/11/15: Risk added to Risk Register. Added to BAF due to risk rating.</p>
451	There is a risk that there is a lack of ring backs on delayed response calls within EOC, we are therefore unable to monitor patient's safety whilst calls are being held.	<p>Inability of the Service to provide resources to dispatch on calls in a timely manner.</p> <p>Insufficient resources in EOC to carry out the ring backs.</p> <p>Instances of Serious Incidents and Inquests where patients have deteriorated when there has been no contact by the service for a significant period of time.</p> <p>Increased demand vs resource.</p>	10-Jun-15	29			Operational	Major	Likely	16	<ol style="list-style-type: none"> <li>More involvement by the Clinical Hub and EMDs who monitor the calls and identifying priorities for ring backs. They are reviewing any calls which have been held for over 1hr and being challenged on whether they are appropriate for NETS/taxis.</li> <li>Additional technical support to prompt re-categorisation and contact.</li> <li>New ring back status monitors.</li> <li>New information within EOC to be able to properly inform patients of the likely wait time for a response.</li> <li>Staff removed from call handling to undertake ring backs when capacity allows.</li> </ol>	Paul Woodrow (Katy Millard)	09-Oct-15	Major	Likely	16	<ol style="list-style-type: none"> <li>Additional resources to undertake call backs and manage held call stacks.</li> <li>Additional front line resource</li> <li>Two call-handling courses are under way in October 2015 which will bring a maximum of 32 new staff to EOC pre-Christmas</li> </ol>	<ol style="list-style-type: none"> <li>K. Millard</li> <li>P. Woodrow</li> <li>TBC</li> </ol>	<ol style="list-style-type: none"> <li>On-going</li> <li>On-going</li> <li>31/12/15</li> </ol>		Major	Possible	12	<p>09/10/15: BAF Updated</p> <p>27/08/15: BAF Updates provided by B. Jordan</p> <p>Approved by the SMT 10/06/15</p>

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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	24		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	07-Oct-15	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. Increase DCA fleet by 17 by holding back vehicles due for replacement in 2015. 7. Hold back and refurbish a further 20 vehicles due for replacement to cover events/training	1. Hd of Fleet & Logistics / Dir of Operations 2. DoF 3. Hd of Fleet & Logistics 4. Hd of Fleet & Logistics 5. DoF 6. Head of Fleet & Logistics 7. Head of Fleet & Logistics	1. 30/09/15 / On-going 2. 31/10/15 3. Complete 4. 30/11/15 5. 31/03/16 6. Complete 7. 30/12/15	1. Monthly statement of Fleet requirement / Monthly KPI pack / Annual specifications to Fleet board / On-going capacity plan. 2. Actions taken have reduced pressure on the fleet. Business Case to deliver further 140 new DCA's in 2016. New vehicles introduced during 2015 are reducing unplanned maintenance.	Moderate	Possible	9	07/10/15: BAF Updated 26/08/15: BAF Updated Agreed at FIC 21/05/15.	
388	There is a risk that further opportunities open up for frontline staff which may result in an increase in turnover rates impacting the Trust's ability to deliver safe patient care.	• Staff - additional pressure on staff health and wellbeing, manifesting itself as increased sickness absence, increased stress and pressure, an increase in patient complaints, a reduction in patient and staff satisfaction and potentially increasing turnover further. • Patients - reduction in the response times • Financial – increased loss of cover e.g PAS/VAS & overtime • Reputation – failure to hit targets & reduced quality of service	10-Apr-14	3	Safe	Clinical	Major	Likely	16	1. Actively recruiting university and registered paramedics and emergency ambulance crew 2. NHS staff benefits (e.g. pensions, T&Cs, etc.) 3. LAS staff benefits (e.g. cycle scheme) 4. LAS retention actions 5. Listening into Action - to understand staff improvements. 6. Clinical support provides career progression opportunities, with on-going training development.  How controls are monitored/measured 1. Recruitment activity reviewed monthly at EMT and weekly at Performance Improvement Board 2. Reports and progress reviewed at EMT & Workforce Committee. 3. Revision of the Staff Exit Surveys to provide accurate information leavers and determine action required 4. Workforce data of resignations, projected leavers, projected joiners to identify reasons for resignation and opportunity to take intervention action 5. Workforce committee to report to EMT and Finance and Improvement Committee.	Karen Broughton	30-Oct-15	Major	Likely	16	1. Exit interview analysis 2. Update progress on retention objectives/actions 3. Promote learning and development opportunities & continue to bid for LETB funding 4. Recruitment drive to fill vacant established posts. 5. Develop a Health and Wellbeing Strategy	1. Karen Broughton 2. Karen Broughton 3. Mark Whitbread 4. Karen Broughton 5. Tony Crabtree	1. End Nov 15 2. End Nov 15 3. Mid Nov 15 4. On-going 5. March 2016	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 progress for ongoing cohorts of A&E support and Paramedic staff. 5. Development of reward strategy. 6. Development of clear clinical career structure.	Major	Unlikely	8	30/10/15 Reviewed by K. Broughton 24/08/15 JJ: The comprehensive Retention Strategy is being monitored by the Workforce Committee – no other update Reviewed by K.Broughton May 2015. It is possible that the changes and difficulties with the Senior Paramedic programme could impact on this, however, the improvement plan should also impact in the other direction. 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	
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	26		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	07-Oct-15	Major	Likely	16	1. Agree equipment to be tracked / scanned each day and accountabilities for each item 2. Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports. 3. Ensure adequate stocks of consumables and equipment are available to VP staff 4. Review current VP contract and agree any immediate changes 5. Agree essential equipment, plan and implement a process to make key items available centrally to restock 6. Plan rollout of and implement complex based fleet to increase vehicle availability for VP to enable agreed stock requirements to be provided 7. Implement pilot project in NE area to provide and resupply equipment store.	1-3. Logistics manager 4. Head of Fleet & logistics 5. Logistics manager 6-7. Head of Fleet & logistics	1. 30/12/15 2. Complete 3. 30/12/15 4. 30/10/15 5. 30/12/15 6. 31/10/15 7. 30/12/15	Clinical Equipment Group; Asset tracking report; VP reports; VP Contract; Equipment Process; Project completion	Moderate	Unlikely	6	07/10/15: BAF Updated Agreed at FIC 21/05/15.	

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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.	<ul style="list-style-type: none"> <li>Successful 111 bidders and their service can adversely affect demand for 999 service</li> <li>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</li> <li>Loss of our place in the NHS111 market which will adversely affect our future bidding success</li> <li>Other ambulance services may bid and begin to get a foothold in London</li> </ul>	08-Apr-15	20		Well Led	Corporate	Major	Likely	16	<ol style="list-style-type: none"> <li>Contract team in place ....gathering information of service requirements / KPIs / costing of service.</li> <li>Improve interactions between 999 and 111 services and grow our 111 business</li> <li>Bid team established</li> </ol>	Karen Broughton	30-Oct-15	Major	Likely	16	<ol style="list-style-type: none"> <li>Understanding developed, through routine conversations with 111 commissioners across London, of their timeframes for tendering.</li> <li>Work with CCGs to influence 111 system development across London</li> <li>Bid for new 111 services as contracts become available</li> <li>Stakeholder engagement to test support of LAS as a bidder</li> </ol>	<ol style="list-style-type: none"> <li>J. Nightingale</li> <li>J. Nightingale</li> <li>P. Woodrow &amp; F. Wrigley</li> <li>P. Woodrow &amp; F. Wrigley</li> </ol>	<ol style="list-style-type: none"> <li>Update end of Q3</li> <li>Update end of Q3</li> <li>Update end of Q3</li> <li>Mid Nov 15</li> </ol>	2. Monthly Review	Moderate	Unlikely	6	30/10/15 updated by K. Broughton. BAF updated  26/08/15: BAF Updated
404	There is a risk that the Trust does not accurately and efficiently capture staff related 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			Safe	Corporate	Major	Likely	16	<ol style="list-style-type: none"> <li>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. Gap in Control: (This form is not currently being used)</li> <li>RIDDOR F2508 forms are completed electronically, allowing reporters to save a copy as a PDF file</li> <li>Absences due to industrial injury are recorded on GRS, allowing potential RIDDOR reportable injuries (due to absence) to be tracked and cross referenced</li> <li>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.</li> <li>LA52 packs to be kept on vehicles.</li> <li>Incidents are placed on a file, to be reviewed with the member of staff when they are next available to receive feedback.</li> </ol>	Tony Crabtree	29-Sep-15	Major	Likely	16	<ol style="list-style-type: none"> <li>GRS to be used to monitor potential RIDDOR reportable incidents.</li> <li>Staff in the Safety and Risk Department verify RIDDOR reportable incidents and complete RIDDOR for F2508 in-house when an incident is identified.</li> <li>To ensure incidents are reported in a timely fashion, Datix will be used to capture reported incidents which will be passed to the appropriate manager for verification/review of the information provided and escalation if required.</li> <li>Active encouragement of incident reporting to be provided to staff via information made available on the Pulse, including examples of previous incidents reported (abridged SI reports) and the learning outcomes made through the Serious Incident Reporting process.</li> <li>To facilitate a culture change in 'no blame' when reporting risks via the Pulse? / Comms by sharing examples of near miss incidents and the learning outcomes from them.</li> </ol>	<ol style="list-style-type: none"> <li>Head of Safety and Risk</li> <li>Head of Safety and Risk</li> <li>Head of Safety and Risk and Head of Governance</li> <li>Head of Governance</li> <li>Head of Governance / Head of Safety and Risk</li> </ol>	<ol style="list-style-type: none"> <li></li> <li></li> <li>April 2016</li> <li>December 2015</li> <li>December 2015</li> </ol>	By monitoring the number of LA52's and incidents raised on a monthly basis, increases will demonstrate a more open reporting culture	Moderate	Unlikely	6	<p>No longer on the BAF [NC]</p> <p>Risk reviewed by P. Nicholson and F. Field 13/08/15. Amended to reflect focus on staff safety. Further risk identified with a focus on patient safety.</p> <p>9/06/15 SA proposed this risk is closed and replaced with 2 risks focussing on patient safety and staff safety.</p> <p>Managers have been reminded in H&amp;S bulletin about RIDDOR reporting. This highlights their responsibility to inform the HSE directly, together with forwarding a copy direct to the H&amp;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&amp;S dept. HS 011 also has a direct link to HSE.</p>
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	25			Fleet and Logistics	Major	Likely	16	<ol style="list-style-type: none"> <li>Agreed vehicle equipment lists including reusable v disposable in place</li> <li>Equipment stock levels agreed and maintained</li> <li>Responsibility for each item of equipment clearly defined</li> <li>Budget responsibilities for replacement equipment clear</li> <li>Review of personal issue kit</li> </ol>	Andrew Grimshaw	07-Oct-15	Major	Likely	16	<ol style="list-style-type: none"> <li>Define and agree a "core" equipment list for DCA and FRU</li> <li>Logistics to take responsibility for supplying core equipment</li> <li>Undertake an audit of available equipment</li> <li>Undertake an equipment amnesty and physically review all stations and complexes for "retained" equipment</li> <li>Introduce monitoring process for tracking equipment</li> <li>Develop system to reintroduce equipment that gets decontaminated and agree equipment to be tracked/scanned each day and accountabilities for each item</li> <li>Review contents, responsibility and issue of "bags". Agree terms of reference and timeline.</li> <li>Implement working group to review personal issue kit</li> </ol>	<ol style="list-style-type: none"> <li>Head of F&amp;L</li> <li>Logistics Manager</li> <li>Head of F&amp;L</li> <li>Logistics Manager</li> <li>Head of F&amp;L</li> </ol>	<ol style="list-style-type: none"> <li>Complete</li> <li>On-going</li> <li>Complete</li> <li>30/12/15</li> <li>30/12/15</li> <li>30/12/15</li> <li>30/12/15</li> </ol>	Progress made in agreement of core equipment and further equipment amnesty. Decontamination of equipment commenced. Analysis of asset tracking systems being undertaken.	Moderate	Unlikely	6	07/10/15: BAF Updated  Agreed at FIC 21/05/15.



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444	There is a risk that the equipment for frontline vehicles may not be in an effective condition. Staff will not have equipment required to provide appropriate patient care		21-May-15	27		Fleet and Logistics	Major	Likely	16	1. Agreed VP cleaning, deep cleaning and stocking service levels are set, maintained and monitored 2. Decontamination of equipment during VP, including monitoring 3. Decontamination of items left at hospital, including monitoring 4. Replacement equipment budgets in place. Process agreed and adhered to 5. Maintenance/Replacement of Kit undertaken when required	Andrew Grimshaw	07-Oct-15	Major	Likely	16	1. Complex based fleet to increase vehicle availability for VP 2. Monitor Decontamination of equipment trial 3. Implement contract for decontamination 4. Develop system to reintroduce equipment that gets decontaminated 5. Establish revised process for collection of equipment left at hospital for decontamination & subsequent redistribution 6. Review process for maintenance of equipment 7. Ensure Interserve provide feedback to Logistics regarding Vehicle Daily Inspection (VDI) reports. 8. Ensure current performance against 95% deep clean within 6 weeks maintained.	1. Head of Fleet & Logistics 2-5. Corporate Logistics Manager 6. Head of Fleet & Logistics 7. Corporate Logistics Manager 8. VP Manager	1. 31/10/15 2. Dec 2015 3. Jan 2016 4. 30/12/15 5. 30/12/15 6. 30/12/15 7. Complete 8. Ongoing	1-2. Partial via VP reports 3. Decontamination reports 4. Partially monitored within Fleet & Logistics 5. Monitored within Fleet & Logistics	Moderate	Unlikely	6	07/10/15: BAF Updated 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 scarce. Alternative SatNav devices from other manufacturers are not a simple retrofit and will require reengineering of the MDT interface. The impact of failures and inability to repair will build gradually (a rising tide) with increasing effect on fleet maintenance and availability, ultimately the	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. 3. An audit of available equipment and spares has been conducted showing that current stocks will satisfy LAS requirements (fleet size and complexity) until after the replacement software and hardware is available.	Paul Woodrow	01-Oct-15	Major	Likely	16	1. The current CAD Software is being redeveloped to interface with the alternative Sat Nav device, a necessary precursor to action 2 and 3. 2. Funding has been approved for trial units of the new Sat Nav as well funding for the external specialist developer required to complete 1, above. 3. Subject to proving the new software and devices are viable, funding will be sought to replace SatNavs across the fleet & undertake appropriate procurement process. 4. As a precautionary measure the existing Sat Nav mapping software will be updated to the latest version.	1. CAD support 2. CAD support 3. Assistant Director of IM&T 4. CAD support	1. Nov 2015 2. Complete 3. Q1 2016 4. Oct 2015	IM&T have reviewed the planned fleet number and composition over the coming 12 months. IM&T have also reviewed the current stock and spares with our managed service provider. The stock and spares currently outweigh the volume of units required.  In addition the existing Sat Nav software (Maps) will be updated to ensure currency of data within the vehicles.	Major	Rare	4	01/10/15: V.Wynn proposes to regrade net rating to Major x Possible (12). To be added to SMT agenda for meeting on 28/10/15.  11/09/15: John Downard provided updates.  Risk reviewed by IM&T March 2015.	
445	Risk of exposure to Category 4 infectious disease organisms as well as other infectious diseases of high consequence, resulting in potential adverse consequence to the health of LAS staff and that of the general public to whom they are responding.	Personal Protective Equipment (PPE) Some operational staff are at risk of infection due to: • Staff not having the equipment because they haven't been fitted with the FFP3 respirator mask. • Staff coming completing basic training having been fit tested but not having the equipment issued. • Assurance of the PAS/VAS/Community Responders status for category 4 preparedness.  Patient facing staff knowledge, understanding and training Operational staff are at risk of infection due to: • Lack of knowledge and specific training regarding infectious disease processes, the use of regular and	27-May-15	30		Health & Safety	Catastrophic	Likely	20	1. Infection Control Workbook; standard infection prevention control training programme in place. 2. Infection Control Specialist and OHD service (not 24 hrs) 3. Task and finish group for Category 4/VHF(Ebola) assurance (chaired by EPRR) 4. Clear process for confirmed Ebola case between LAS and the Royal Free and working arrangement with Health Protection Units. 5. Regular EPRR Ebola management bulletins, including algorithms for early identification of possible cases of VHF at the call taking stage and CHUB 6. Support from the Clinical Hub and Health Protection Unit for enhanced risk assessment on suspected cases. 7. Current OHS contract does not include contract tracing- new contract from 1st April 2015 for new provider has enhanced specification 8. Waste contract in place - includes Cat A waste for incineration 9. IPC at Clinical Basic Training and CSR - requires enhancement for Ebola PPE 10. FFP3 Fit testing and provision of personal issued respirators, basic clinical training for existing staff - captured at FITFLU Programme commenced 15/10/14 11. Ebola assurance monitoring by VHF Group and at IPCC 12. National Transfer procedures agreed 13. Ongoing engagement with PHE	Paul Woodrow	10-Sep-15	Catastrophic	Possible	15	1. Develop VHF Plan - Action cards, transfer process, VHF bulletins, 2. Identify, risk assess, procure, distribute enhanced PPE: HART LAS operational staff 3. LAS Ebola VHF processes (e.g. policy and procedures) internally and externally aligned 4. Develop a set of FAQs for all staff 5. Develop monthly compliance data and reporting for FFP3 fit testing to the IPC team for assurance 6. Share HART training package with the education and development department to ensure a consistent standard of infection control training including the use of enhanced PPE 7. Review the requirements of involvement of individuals to take part in the form working group with terms of reference for actions identified and monitoring arrangements to be put in place. 8. Enhance the decontamination process for vehicles as per national and expert guidance, to include for example hypochlorite / Bioquell, for use by all crews. 9. Procure an enhanced Category A waste disposal service Additional control measures to reduce existing level of risk: (PATIENTS & STAFF) 10. Review Incident Outbreak Policy 11. Enhance Occupational Health Service contract requirements to incorporate immediate access, contact tracing and follow up or alternative internal arrangement. New contract in place from the 1st April. 12. Identify an Incident Control Group in the event of a	1. LL VHF Group 2. L.L / ECH / HF R. Deakins A. Fulcher K. Merritt 3. S Woodmore Chris Reeves 4. Comms assisted by VHF group 5. P. Williams 6. S Woodmore I Bullamore E Hitchcock 7. L. Lehane 8. Trust Decon Lead IPC Estates 9.N. Smith 10. E. Hitchcock 11. Fatima Fernandes 12. S. Lennox 13. J Downard 14. C Gawne 15. L. Lehane P Williams	1. Completed 17/03/15 2. Complete 3. Completed as part of 1 above 4. Completed in line with national guidance 17/03/15 5. Complete 6. Ongoing 7. Completed 17/03/15 8. 31/05/15 9. Complete 10. May 2015 11. Completed 12. Complete 13. Ongoing 14. Completed 17/03/15 15. Ongoing	6. M Rainey advised crews are using Clinell wipes (Green then Activated Red then Green) which is effective, however testing is due to take place for Bioquell - liaison with E Hitchcock. Hypochlorite was found to damage the metal in the ambulances. 8. Awaiting Enhanced PPE to prepare and share training package - liaison with L Lehane.	Catastrophic	Unlikely	10	10/09/15 NC/MS met with M Rainey to discuss and update 19/08/15 IPC taskforce - review risk EH/LL/ Simon Woodmore / Mark Rainey / FF	

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410	There is a risk that patient safety for category C patients may be compromised due to demand exceeding available resources.	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.	01-Oct-14	16		Safe Effective	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. LAS overtime 4. Additional focus on safety reporting. QA – MPDS (999) ; QA – CHUB MTS (H&T) – Report safeguarding incident concerns 5. Falls care is being introduced. Flag elderly fallers on vulnerable person monitor (VP). Clear process of escalation of response process implemented 6. Implementation of VP (mental health / elderly fallers) and CP (sickle cell / septic patients) screen to monitor higher risk patients. 7. Managing patients through use of non emergency transport options where clinically appropriate. NETS desk and HCP lines to be started by 1 July 8. Recruitment well underway and number of leavers significantly less than number of new starters. 9. FRU performance improvement plan in place	Paul Woodrow	09-Oct-15	Catastrophic	Possible	15	1. Recruit to Establishment minus agreed vacancy factor of 5%. 2. Deliver efficiencies in full from Capacity Review and complete Roster Implementation. 3. Recruit to establishment in the clinical hub. Band 6 is now agreed for all HUB posts. 4. Allocate EMDs to clinical hub to assist with ring backs – Service Development put in for additional staff to undertake this work 5. Increasing taxi use. Use of an SOP with taxi booking makes the process safer. 6. Discussion with NHS 111 regarding the green calls and outcomes. 7. More accurate reporting of Category C delays and monitoring of safety incidents. 8. Update surge plan and make appropriate revisions	1. K. Broughton 2. P. Woodrow 3. K. Millard 4. K. Millard 5. K. Millard / F. Wrigley 6. K. Millard / F. Wrigley 7. TBC 8. TBC	1. Ongoing 2. Q4 14/15 3. Q3 14/15 4. Q2 14/15 5. On-going 6. On-going 7. On-going 8. 30/11/15	1) Recruitment activity reviewed fortnightly at EMT. 2) Weekly forecast & planning meetings. 3) Medical Director and DDO (Control Services) to review surge plan as required, and plan to do again imminently. 4) Plans for non-auto dispatch back-up have been developed and will run from 3/11/15 for 3 weeks and this should reduce MAR 5) Overtime disruption payments are in place until end October 2015	Catastrophic	Unlikely	10	09/10/15: BAF Updated  21/09/15: 1) Have APPs in the control room. 2) Clinical Team Leaders are available 50% of their time to address any clinical problems.  26/08/15 - A.Blakely: Reviewed by medical Directorate - August 2015. Risk should remain as the staffing in the CHUB remains at risk, although the QGM roles are recruited to.  Reviewed at Control Services meeting 4/06/15  Reviewed by Medical Directorate - May 2015. CHUB Staffing currently at risk although there is a plan in place, so should currently stay as it is.  ADO's reviewed 12/03/15. F. Wrigley reviewed 18/03/15.  F. Moore reviewed risk on 5/01/15
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 Maiden pilot has trialled the transmission of data from the LP15	Mark Whitbread	15-Oct-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. MW to source modems and establish proof of concept. 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 out of it. The evaluation of this exercise will be reviewed in February 2015. <b>This practice is in place all of the time now</b> 6. <del>Put a suggestion forward for it to be included as a CQUIN in the next financial year to the CQRG.</del> <b>Team leaders now in place 50/50 will influence the output. determine the impact of this risk review 3 months</b>	1. M.Whitbread 2. M.Whitbread 3. M.Whitbread 4. M.Whitbread 5. M.Whitbread	1. Complete 2. Complete 3. Complete 4. Jan 2016 pilot evaluation 5. In place	EOC briefings undertaken	Moderate	Unlikely	6	15/10/15 M. Whitbread provided update  26/08/15 - A.Blakely: Reviewed by Medical Directorate August 2015. Downloads remain at similar levels. Any update re: comment below?  June 2015 - M. Whitbread to review with F. Moore for next course of action.  Reviewed by Medical Directorate May 2015 - should remain. We are at 8% for defib downloads for April (compared to 1% for the whole of 14/15).  March 2015 - Risk reviewed by M. Whitbread. 18/12/14 - Risk reviewed by medical directorate.
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	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 networks (external internet facing network or Admin network) as a pivot point to launch attacks into the CAC. Patching (on the Command and Control network) Patching refers to updating software or its	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	01-Oct-15	Catastrophic	Possible	15	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. 2. Upgrade EOC computers to Windows 7 to allow use of LAS standard products.	1. E Bequiri 2. R Clifford	1. 31/08/15 2. 30/11/15	Risk discussed and monitored by IM&T SMT	Catastrophic	Rare	5	Risk Reviewed 01/10/2015  CAC works completed and testing of EOC application suite on Windows 7 being undertaken. Target completion Nov 2015  <b>19/06/2015 Implementation reliant on CAD upgrade (within a planned EOC outage)- Centralised system to distribute updates (patches) being implemented and will be available by June 2015</b>  20/05/2015 Implementation reliant on CAD upgrade planned on 15th May (within a planned EOC outage)- still ongoing  25/03/2015 Third party (NG) still testing CommandPoint software on Windows 7

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356	There is a risk arising from no provision for protected training time for clinical and paramedic tutors. This may as a consequence cause:- • Dilution of training skill levels • Credibility and reputation concerns of trainers • Impact on the validity of clinical training	Current workload within the department means that there is insufficient capacity to ensure that all tutors are developed in line with the departmental tutor development strategy. This includes time to incorporate information from bulletin into teaching strategies.	23-Nov-11		1,2,4,5	Human Resources	Moderate	Almost Certain	15	1. All tutors have received a clinical update package. 2. All tutors have received major incident update training. 3. A clinical update training day has been provided to all clinical training staff. Additional clinical skills programmes have been run based on identified need in preparation for pre-winter 2013 Operational Support.	Mark Whitbread	04-Sep-15	Moderate	Almost certain	15	1. In conjunction with the Medical Directorate plan sufficient places in an amended format to facilitate all of the training officers / clinical tutors to attend the clinical module which is being delivered for team leaders. 2. Unable to recruit qualified tutors therefore introduced a trainee tutor position. Therefore current vacancies are filled by trainees. 3. Need to increase Tutor numbers as currently not enough tutors to meet the current need of the training plan (increase in establishment is dependent on the workforce plan). 4. continue to rigorously pursue the provision of external support. 2- Propose specific monitoring report CESC title of new monitoring group tbc---	1. M. Whitbread 2. M. Whitbread 3. Finance - (Andrew Grimshaw) already knows 4. JThomas - Clini Educ & training Mgr - (Acting)	1. On-going continuous process. 2. On-going 3. On-going 4. On-going	Course review and feedback by Education Governance Manager	Moderate	Rare	3	J. Thomas proposed regrading net rating from moderate x likely = 12 to moderate x almost certain = 15 due to the current demands on the department due to the recruitment activity. Agreed by SMT 28/10/15.	





<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Report from the Audit Committee on 9<sup>th</sup> November 2015 and revised Terms of Reference</b>
<b>Report Author(s):</b>	<b>John Jones, Chair of the Audit Committee</b>
<b>Presented by:</b>	<b>John Jones, Chair of the Audit Committee</b>
<b>Contact Details:</b>	<b>sandra.adams@lond-amb.nhs.uk</b>
<b>History:</b>	<b>Assurance report from the most recent Audit Committee</b>
<b>Status:</b>	<b>For information</b>
<b>Background/Purpose</b>	
The purpose of this report is to update the Trust Board on the key items of discussion at the Audit Committee meeting on 9 <sup>th</sup> November 2015.	
<b>Action required</b>	
The Trust Board is asked to note the report from the Audit Committee meeting on 9 <sup>th</sup> November 2015 and the revised Terms of Reference.	
<b>Assurance</b>	
It is the role of the Audit Committee to focus on the controls and related assurances that underpin the achievement of the Trust's objectives and the processes by which the risks to achieving these objectives are managed. The purpose of this report is to assure the Trust Board of the effectiveness of the Trust's systems of integrated governance, risk management and internal control.	

<b>Key implications and risks arising from this paper</b>	
<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	
<b>Governance and Legal</b>	<b>Revised terms of reference; risk management arrangements</b>
<b>Equality and Diversity</b>	
<b>Reputation</b>	
<b>Other</b>	<b>Assurance on risks systems and processes</b>
<b>This paper supports the achievement of the following 2015/16 objectives</b>	
<b>Improve the quality and delivery of urgent and emergency response</b>	
<b>To make LAS a great place to work</b>	
<b>To improve the organisation and infrastructure</b>	<b>X</b>
<b>To develop leadership and management capabilities</b>	

## **GOVERNANCE AND RISK MANAGEMENT**

### ***Board Assurance Framework and Corporate Risk Register***

The Audit Committee reviewed the updated risk register and board assurance framework (BAF), which is aligned to the 2015/16 business objectives. The BAF is a dynamic document and reflects the key issues facing the Trust. The Committee heard that the Risk and Audit Manager had met with directors to review risks and updates had been made to the register. There was discussion about the inclusion, or not, of certain risks onto the BAF and the need to ensure that process didn't get in the way of governance. The Committee was concerned that the BAF trajectory was still showing a sea of red with no progress downwards and asked that the executive progress these risks and show improvement by the meeting in February 2016.

The Trust Board had undertaken a high level BAF review in October and the executive team was taking this forward through a high level risk review and improved risk and governance arrangements.

The Audit Committee heard from the Director of Finance and Performance about the work underway to review risks in Fleet and Logistics. Much of this related to the improvement to systems and processes and to staff experience, equipment and vehicles.

The Committee received the internal audit report on risk management and took assurance from the assessment of 'significant assurance with minor improvement potential'. Work had commenced to address the recommendations.

In summary, the Audit Committee is assured that the risk management process is working well, and that there will be more focus going forward on understanding the true risks facing the Trust, identifying any gaps and taking action to address these.

### ***Standing Orders, Standing Financial Instructions and the Scheme of Delegation***

The Committee approved the extension of the current Standing Orders, Standing Financial Instructions and Scheme of Delegation to February 2016, having noted that there were no significant changes required at the present time.

### ***Terms of Reference***

The Terms of Reference had been reviewed at the meetings in June and September and were approved. These now need to be ratified by the full Trust Board on 24<sup>th</sup> November 2015.

## **FINANCIAL REPORTING**

### ***Year End Timetable***

The Committee noted the reporting timetable for the annual accounts 2015/16 and agreed to an additional meeting in May 2016 to review the draft accounts and governance statement only.

### ***Charitable Funds Annual Report and Accounts 2014/15***

These were noted and would be recommended to the Trust Board for approval on 24<sup>th</sup> November 2015.

## **INTERNAL AUDIT**

### ***Internal Audit Progress Report***

The Committee noted the progress against the 2015/16 Internal Audit plan. The Committee asked KPMG to consider whether there was scope to review the arrangements for whistleblowing and how the Audit

Committee would receive assurance that these were in place and being managed, within the context of the updated terms of reference.

KPMG presented the two finalised internal audit reports on Business Continuity Arrangements and Risk Management. The former received an assessment of 'partial assurance with improvements required' and the Committee noted the actions and timelines for improvement. The review of Risk Management had been assessed as 'significant assurance with minor improvement potential' and the Committee noted the actions underway to address recommendations.

The Director Operations attended the meeting to provide a further update on the Business Continuity report. He confirmed that a comprehensive review of emergency preparedness and resilience was underway and would include business continuity and a review of the management structure. Executive oversight of business continuity would improve through the revised governance structure supporting the Executive Management Team.

### ***Review of progress against Internal Audit recommendations***

The Committee received an update on progress against recommendations and actions. It was noted that there were 26 recommendations of which 8 were overdue, comprising 3 high priority relating to fleet management, and 4 medium and 1 low priority. The Audit Committee was assured of progress and the focus being given by management to taking action and felt this was going in the right direction.

### ***Local Counter Fraud Specialist Progress Report***

The Committee noted the progress report since September 2015 and received an update on cases.

### ***Internal Audit Contract***

The Audit Committee agreed to extend the contract for a further two years.

## **EXTERNAL AUDIT**

The Committee received the report from Mick West and David Riglar from Ernst and Young LLP.

## **REPORTS FROM COMMITTEES**

The Audit Committee noted the reports from the Finance and Investment Committee and the Quality Governance Committee on their recent meetings.

## **BUSINESS ITEMS**

### ***Irrecoverable PTS Debt owed by Sodexo***

The Audit Committee approved the write-off of the Sodexo contract variation debt.

**Date of next meeting:** The next meeting of the Audit Committee is on 15<sup>th</sup> February 2016.



<b>Report to:</b>	London Ambulance Service Trust Board
<b>Date of meeting:</b>	24 November 2015
<b>Document Title:</b>	Charitable Funds Annual Report & Annual Accounts for 2014/15
<b>Report Author(s):</b>	Michael John
<b>Presented by:</b>	Andrew Grimshaw
<b>Contact Details:</b>	<a href="mailto:Andrew.Grimshaw@lond-amb.nhs.uk">Andrew.Grimshaw@lond-amb.nhs.uk</a>
<b>History:</b>	The Annual Report and Annual Accounts for 2014/15 were reviewed by the Charitable Funds Committee on 20 October 2015, Audit Committee on 9 November 2015 and now require approval from the Trust Board for approval.
<b>Status:</b>	The Trust Board is asked to approve the Charitable Funds Annual Report & Annual Report for 2014/15.
<b>Background/Purpose</b>	
<p>To present the London Ambulance Service NHS Trust Charitable Funds Annual Report and Annual Accounts for 2014/15 for approval.</p> <p>As the corporate trustees of the LAS Charity, we have a statutory requirement to publish the Annual Report and Accounts in the required format.</p> <p>The Annual Report has been drawn up in accordance with the Charities SORP 2005. The financial statements are in accordance with the Charities Act 2011. The Trust is required to submit the Charities' Annual Report and Annual Accounts to the Charity Commission on or before 31<sup>st</sup> January 2016.</p> <p><b>Independent examination of the Charity Accounts</b></p> <p>In connection with my examination, no matter has come to my attention:</p> <ol style="list-style-type: none"><li>(1) which gives me reasonable cause to believe that in any material respect the requirements:<ul style="list-style-type: none"><li>• to keep accounting records in accordance with section 130 of the 2011 Act; and</li><li>• to prepare financial statements which accord with the accounting records and comply with the accounting requirements of the 2011 Act have not been met; or</li></ul></li><li>(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial standards to be reached.</li></ol> <p>The full statement can be found on page 7 of the annual report and annual accounts.</p> <p>The Charitable Funds Committee and Audit Committee have both reviewed and endorsed the accounts for approval by the Trust Board.</p>	
<b>Action required</b>	
Approve the accounts as presented.	
<b>Assurance</b>	
An independent review has been undertaken of these accounts.	

<b>Key implications and risks arising from this paper</b>	
<b>Clinical and Quality</b>	
<b>Performance</b>	
<b>Financial</b>	
<b>Governance and Legal</b>	<b>Effective governance of charitable funds.</b>
<b>Equality and Diversity</b>	
<b>Reputation</b>	
<b>Other</b>	<b>As required by the Charities Commission.</b>
<b>This paper supports the achievement of the following 2015/16 objectives</b>	
<b>Improve the quality and delivery of urgent and emergency response</b>	
<b>To make LAS a great place to work</b>	
<b>To improve the organisation and infrastructure</b>	
<b>To develop leadership and management capabilities</b>	



## TRUST BOARD

### **Paper on Charitable Funds Annual Report and Annual Accounts for 2014/15.**

#### **Purpose**

To present the London Ambulance Service NHS Trust Charitable Funds Annual Report and Annual Accounts for 2014/15 for approval.

#### **Background**

As the corporate trustees of the LAS Charity, the Trust Board has a statutory requirement to produce and publish an Annual Report and Accounts comprising the Annual Report, the primary financial statements and notes; a statement on the Trustee's responsibilities for the Trust's charitable funds.

The Annual Report is in accordance with the Charities SORP 2005. The financial statements are in accordance with the Charities Act 2011. The Trust is required to submit the Charities' Annual Report and Annual Accounts to the Charity Commission on or before 31<sup>st</sup> January 2016.

#### **Financial Performance of Charity**

The Charity has reported a surplus of £3,372 for 2014/15. In the previous year, 2013/14 it was a deficit of £65,280.

The income for 2014/15 was £28,014; this was £15,967 higher than 2013/14 income which totalled £12,047. This year's income included a legacy of £13,638, in 2013/14 no legacies were received.

The expenditure for 2014/15 was £24,642; this was £52,685 lower than 2013/14 expenditure of £77,327.

At the end of 31<sup>st</sup> March 2015 the Charity had a balance of £9,851 in its unrestricted general purpose fund and a balance of £13,290 in its restricted funds.

The Finance Director recommends that these accounts are accepted by the Trust Board. His view is supported by an independent examination, detailed below. The Charity Committee and Audit Committee have both reviewed the Annual Report and Annual Accounts for 2014/15 and confirm that there are no issues that should be brought to the attention of the Trust Board. They also recommend the accounts as presented to the Trust Board.

#### **Independent examination of the Charity Accounts by Baker Tilly.**

Following their independent examination Baker Tilly have made the following statement;

In connection with my examination, no matter has come to my attention:

- (3) which gives me reasonable cause to believe that in any material respect the requirements:
- to keep accounting records in accordance with section 130 of the 2011 Act; and
  - to prepare financial statements which accord with the accounting records and comply with the accounting requirements of the 2011 Act have not been met; or
- (4) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial standards to be reached.

The full statement can be found on page 7 of the annual report and annual accounts.

### **Looking Forward**

The Charity's income has fallen over the years and resources are now at a very low level. Expenditure will be maintained within available resources. The Charitable Funds Committee is reviewing how to increase donations to the Trust's Charity.

### **Recommendations**

The Trust Board is asked to approve the Charitable Funds Annual Report and Annual Accounts for 2014/15.



**LONDON AMBULANCE SERVICE CHARITABLE FUND**  
**UNAUDITED ANNUAL REPORT AND FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2015**

# LONDON AMBULANCE SERVICE CHARITABLE FUND

## ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2015

### Foreword

The Charity's annual report and accounts for the year ended 31 March 2015 have been prepared by the Corporate Trustee in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005, applicable UK Accounting Standards and the Charities Act 2011.

The Charity has a Corporate Trustee, the London Ambulance Service NHS Trust. The members of the Trust Board who served during the financial year were as follows:

<b>Board Member</b>	<b>Designation within the Trust</b>
Richard Hunt	Chairman
Fionna Moore	Acting Chief Executive (appointed 24 <sup>th</sup> January 2015)
Ann Radmore	Chief Executive (resigned 23 <sup>rd</sup> January 2015)
Jessica Cecil	Non Executive Director
Nicholas Martin	Non Executive Director
John Jones	Non Executive Director
Robert McFarland	Non Executive Director
Fergus Cass	Non Executive Director
Theo De Pencier	Non Executive Director
Andrew Grimshaw	Director of Finance
Jason Killens	Director of Operations
Fenella Wrigley	Acting Medical Director (appointed 24 <sup>th</sup> January 2015)
Steve Lennox	Director of Nursing & Quality (resigned 21 <sup>st</sup> November 2014)
Zoe Pacman	Acting Director of Nursing & Quality (appointed 24 <sup>th</sup> November 2014)

### REFERENCE AND ADMINISTRATIVE INFORMATION

The London Ambulance Service Charitable Fund (No 1061191) was entered on the Central Register of Charities on 7 March 1997. It is an NHS Special Purpose Charity.

Charitable funds received by the Charity are accepted, held and administered as funds for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990 and these funds are held on trust by the corporate body.

### Trustee

The London Ambulance Service NHS Trust is the Corporate Trustee of the Charitable Funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and also the law applicable to Charities which is governed by the Charities Act 2011.

The Board has devolved responsibility for the on-going management of the funds to the Charitable Funds Committee which administers the funds on behalf of the Corporate Trustee.

## **LONDON AMBULANCE SERVICE CHARITABLE FUND**

### **ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2015**

This committee was formed on 7 March 1997 and the names of the people who served during the year as agent for the Corporate Trustee as permitted under regulation 16 of the NHS Trust (Membership and Procedures) Regulations 1990 and reports to the Board Members were as follows:

Richard Hunt (Chairman)  
Michael John (Head of Financial Services)  
Eric Roberts (UNISON representative)  
Andrew Grimshaw (Director of Finance)  
Brenda Thomas (Committee Secretary)

The Charitable Funds Committee normally meets once a year and the minutes of the meeting are received by the Trust Board in the public agenda. In addition a sub group of the Charitable Funds Committee meets on a quarterly basis to review grant applications for the quarter and financial performance of the fund.

#### **Principle Charitable Fund Adviser to the Board**

Andrew Grimshaw, Director of Finance, is the budget holder, who under a scheme of delegated authority approved by the Corporate Trustee, has day-to-day responsibility for the management of the Charitable Fund, and must personally approve, on behalf of the Corporate Trustee, all expenditure over £1,000 with an upper limit of £5,000 using his delegated authority.

Michael John, Head of Financial Services, acts as the principal officer overseeing the day-to-day financial management and accounting for the charitable funds during the year.

#### **Principal Office**

The principal office, which is also the registered office, for the charity is:

Finance Department  
London Ambulance Service NHS Trust  
220 Waterloo Road  
London SE1 8SD

#### **Principal Professional Advisers**

##### **Bankers**

Lloyds Bank plc.  
City Office  
Bailey Drive  
Gillingham Business Park  
Gillingham  
Kent  
ME8 0LS

## **LONDON AMBULANCE SERVICE CHARITABLE FUND**

### **ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2015**

#### **Independent Examiner**

Kerry Gallagher, ACA of Baker Tilly Tax and Accounting Limited  
Davidson House  
Forbury Square  
Reading  
Berkshire  
RE1 3EU

#### **STRUCTURE, GOVERNANCE AND MANAGEMENT**

The charity has two funds, the Voluntary Responders restricted fund and the General Fund. The General Fund was established using the model declaration of trust and all the funds held on trust as at the date of registration were part of this fund. Almost all of the subsequent donations and gifts received by the charity have all been attributable to that fund and have been added to the existing balance. The Voluntary Responders Fund was launched in March 2012. This fund supports the work of volunteer lifesavers in the capital.

Members of the Trust Board and the Charitable Funds Committee are not individual trustees under Charity Law but act as agents on behalf of the Corporate Trustee. Non Executive members of the Trust Board are appointed by the NHS Appointments Commission and Executive members of the Board are subject to recruitment by the NHS Trust Board. The NHS Trust as corporate trustee appoints the Charitable Funds Committee to manage the charitable funds under delegated authority.

Newly appointed members of the Trustees Board and the Charitable Funds Committee receive copies of the standing orders which include the terms of reference for the Charitable Funds Committee.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

- Control, manage and monitor the use of the fund's resources;
- Manage and monitor the receipt of income and support/guide any fundraising activities;
- Ensure that best practice is followed in the conduct of its affairs fulfilling all of its legal responsibilities;
- Ensure that the Investment Policy approved by the NHS Trust Board as Corporate Trustee is adhered to and performance is continually reviewed whilst being aware of ethical considerations; and
- Keep the Trust Board fully informed on the activity, performance and risks of the charity.

The financial record and day to day administration of the funds are dealt with by the Finance Department of the London Ambulance Service NHS Trust whose address is given above.

#### **Trustees' Responsibilities in the Preparation of Financial Statements**

The trustees are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing those financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;

## **LONDON AMBULANCE SERVICE CHARITABLE FUND**

### **ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2015**

- Observe the methods and principles in the Charities SORP;
- Make judgements and accounting estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

#### **Risk Management**

The major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks.

#### **Partnership Working and Networks**

London Ambulance Service NHS Trust and its staff are the main beneficiaries of the charity and is a related party by virtue of it being the Corporate Trustee of the charity. By working in partnership with the Trust, the charitable funds are used to best effect and so when deciding on the most beneficial way to use charitable funds; the Corporate Trustee has regard to the main activities and plans of the Trust. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of the fund.

#### **OBJECTIVES AND STRATEGY**

##### **The Charity has the following objective:**

To apply the income, at its discretion, for any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by the London Ambulance Service NHS Trust.

The Charitable Funds Committee have agreed that the main purpose of the fund is to fund projects for the benefit of all employees of the London Ambulance Service NHS Trust.

The Corporate Trustee has given due consideration to Charity Commission published guidance on the operation of the public benefit requirement.

#### **ANNUAL REVIEW**

Donations received by the General Fund in the past and currently are specifically given to thank ambulance staff. Hence, the main charitable activities undertaken by the fund are those which will benefit staff by providing goods and services that the NHS is unable to provide. Typical examples are grants towards improved facilities for staff at ambulance stations, long service awards and contributions towards retirement parties.

## **LONDON AMBULANCE SERVICE CHARITABLE FUND**

### **ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2015**

Donations received by the Voluntary Responders Fund are applied to advance health, save lives and to promote the efficiency of ambulance services, particularly, but not limited to, the promotion of volunteering within the geographical area served by the London Ambulance Service.

#### **Grant Making Policy**

Each year applications are invited from any member of the London Ambulance Service. Based on their knowledge of the service, the Charitable Funds Committee agrees funding priorities and reviews the applications for quality and value for money.

#### **FINANCIAL REVIEW**

Reserves are needed to provide funds, which can be designated to specific projects to enable those projects to be undertaken at short notice.

The policy of the Corporate Trustee is to maintain expenditure at its current level for as long as possible. The strategy of the Corporate Trustee is to continue to utilise reserves to fund the level and type of expenditure experienced in the current and recent periods.

The level of reserves are monitored and reviewed by the Corporate Trustee, usually once every 5 years (free reserves at 31 March 2015 were £10,000).

The net assets of the charity as at 31 March 2015 were £23,000 (31 March 2014: £20,000). Overall net assets increased by £3,000 due to net income of £3,000.

The main source of income of the charity is donations. Total incoming resources for the year were £28,000 (2013/2014: £12,000).

Expenditure totalled £25,000 during the year, with the largest items of expenditure being Long Service Gratuities of £14,000 and £8,000 spent on other amenities.

The charity has no employees so relies on the London Ambulance Service NHS Trust staff to review the appropriateness of grant applications. Each year the Charitable Funds Committee sets a budget and reviews income and expenditure against this budget on a quarterly basis.

#### **Reserves Policy**

The Trustee recognises its obligation to ensure that funds received by the charity should be spent effectively in accordance with the funds objectives. The charity's reserves comprise those funds freely available for its general purposes. The reserves are held at a level that will enable the charitable fund to operate for a year.

#### **OUR FUTURE PLANS**

The future plans for the London Ambulance Service Charitable Fund are to continue to fund projects for the benefit of staff in line with the current levels of income.

The Responders Fund has been set-up to support the groups of volunteers that operate under the management of the London Ambulance Services First Responder department. These include community first responders, emergency responders, staff at public access defibrillator sites and members of the public that have received

**LONDON AMBULANCE SERVICE CHARITABLE FUND**

**ANNUAL REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 MARCH 2015**

London Ambulance Services community resuscitation training. Dame Helen Mirren is the patron of the Voluntary Responders Group.

The Group plans to maintain and more actively use their Just Giving website and hold a number of funding raising events over the coming year to procure additional and replacement vehicles to support resuscitation training in the community.

Signed: .....

Richard Hunt, Chairman of the Trust Board on behalf of the Corporate Trustee

Date: .....

## LONDON AMBULANCE SERVICE CHARITABLE FUND

### INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF THE LONDON AMBULANCE SERVICE CHARITABLE FUND

I report on the financial statements of the London Ambulance Services Charitable Fund for the year ended 31 March 2015, which are set out on pages 8 to 15.

#### Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the financial statements. The charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 ("the 2011 Act") and that an independent examination is needed.

It is my responsibility to:

- examine the financial statements under section 145 of the 2011 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145 (5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

#### Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

#### Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that in any material respect the requirements:
  - to keep accounting records in accordance with section 130 of the 2011 Act; and
  - to prepare financial statements which accord with the accounting records and comply with the accounting requirements of the 2011 Acthave not been met; or
- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

Kerry Gallagher, ACA

On behalf of BAKER TILLY TAX AND ACCOUNTING LIMITED

Chartered Accountants

Davidson House, Forbury Square, Reading, Berkshire RG1 3EU ..... 2015



**LONDON AMBULANCE SERVICE CHARITABLE FUND**

**STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2015**

	Note	2014-15 Unrestricted Funds £000	2014-15 Restricted Funds £000	<b>2014-15 Total Funds £000</b>	2013-14 Total Funds £000
<b>Incoming resources</b>					
Incoming resources from generated funds:					
Voluntary Income:					
Donations		7	7	14	10
Legacies	9	14	-	14	-
		<u>21</u>	<u>7</u>	<u>28</u>	<u>10</u>
Subtotal voluntary income					10
Investment income	5	-	-	-	1
Other income		-	-	-	1
		<u>21</u>	<u>7</u>	<u>28</u>	<u>12</u>
<b>Total incoming resources</b>					
<b>Resources expended</b>					
Costs of generating funds:					
Investment management costs		-	-	-	1
Charitable activities:					
Staff education and welfare – grants payable	3	22	-	22	77
Governance costs	4	3	-	3	-
Other resources expended		-	-	-	-
		<u>25</u>	<u>-</u>	<u>25</u>	<u>78</u>
<b>Total resources expended</b>					
<b>Net outgoing resources</b>		<u>(4)</u>	<u>7</u>	<u>3</u>	<u>(66)</u>
<b>Other recognised gains and losses</b>					
Gains on investment assets		-	-	-	1
		<u>(4)</u>	<u>7</u>	<u>3</u>	<u>(65)</u>
<b>Net movement in funds</b>					
<b>Reconciliation of Funds</b>					
Fund balances brought forward at 31 March 2014		14	6	20	85
		<u>10</u>	<u>13</u>	<u>23</u>	<u>20</u>
<b>Fund balances carried forward at 31 March 2015</b>					

The net movement in funds for the year arises from the charity's continuing operation. No separate statement of total recognised gains and losses has been presented as all such gains and losses have been dealt with in the statement of financial activities.

The notes at pages 10 to 15 form part of these accounts.

**LONDON AMBULANCE SERVICE CHARITABLE FUND**

**BALANCE SHEET AS AT 31 MARCH 2015**

	Note	2014-15 Unrestricted Funds £000	2014-15 Restricted Funds £000	<b>2014-15 Total Funds £000</b>	2013-14 Total Funds £000
<b>Fixed assets</b>					
Investments	5	-	-	-	-
<b>Total fixed assets</b>		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Current Assets</b>					
Debtors	6	-	-	-	3
Cash at bank in hand		13	13	26	18
<b>Total current assets</b>		<u>13</u>	<u>13</u>	<u>26</u>	<u>21</u>
Creditors: Amounts falling due within one year	7	3	-	3	1
<b>Net current assets/(liabilities)</b>		<u>10</u>	<u>13</u>	<u>23</u>	<u>20</u>
<b>Total assets less current liabilities</b>		<u>10</u>	<u>13</u>	<u>23</u>	<u>20</u>
<b>Total net assets</b>		<u>10</u>	<u>13</u>	<u>23</u>	<u>20</u>
<b>Funds for the charity</b>					
Income Funds:					
Unrestricted – general purpose fund		10	-	10	14
Restricted fund	8	-	13	13	6
<b>Total charity funds</b>		<u>10</u>	<u>13</u>	<u>23</u>	<u>20</u>

The accounts set out on pages 8 to 15 were approved by the Corporate Trustee on .....2015, and signed on its behalf by

Signed: .....

Richard Hunt, Chairman of the Trust Board on behalf of the Corporate Trustee

Date: .....

## LONDON AMBULANCE SERVICE CHARITABLE FUND

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015

#### 1. Accounting Policies

##### 1.1 Basis of preparation

The financial statements have been prepared under the historic cost convention, in accordance with the Statement of Recommended Practice by Charities (SORP 2005) issued in March 2005 applicable UK Accounting Standards and the Charities Act 2011.

##### 1.2 Incoming resources

All incoming resources are included in full in the Statement of Financial Activities as soon as the following three conditions can be met:

- entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- certainty - when there is reasonable certainty that the incoming resource will be received; and
- measurement – when the monetary value of the incoming resources can be measured with sufficient reliability.

##### 1.3 Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is reasonably certain; This will be once confirmation has been received from the representative of the estate that the payment of the legacy will be made or properly transferred and once all the conditions attached to the legacy have been fulfilled.

Material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in a separate note to the accounts with an estimated amount receivable.

##### 1.4 Resource expended

Liabilities are recognised as resources are expended as soon as there is a legal constructive obligation committing the charity to the expenditure. A liability is recognised where the charity is under a constructive obligation to make a transfer of value to a third party as a result of past transactions or events. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

###### a. Cost of generating funds

These are the costs associated with generating income for the charity. They include fees paid to the charity's investment managers.

###### b. Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly incurred in the pursuit of the charitable objectives.

## LONDON AMBULANCE SERVICE CHARITABLE FUND

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015

c Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the charity's charitable objectives. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. Provisions are made where approval has been given by the trustee due to the approval representing a firm intention which is communicated to the recipient.

d. Government costs

These comprise all costs identifiable as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation and good practice. These costs include costs related to independent examination fees together with a recharge of overhead and support costs from London Ambulance Services NHS Trust when applicable.

#### 1.5 Structure of funds

Where the donor has provided for the donation to be sent in furtherance of a specified charitable purpose and has therefore created a legal restriction on use of the funds the income is allocated to a restricted income fund.

The remaining funds held by the charity are classified as unrestricted income funds. The expenditure of these funds is wholly at the trustee's unfettered discretion.

The major funds held under these categories are disclosed at note 8.

#### 2. Allocation of support costs and overheads

All support costs are allocated to governance costs.

The total value of support costs was £3,000 (2013/2014: £Nil).

**LONDON AMBULANCE SERVICE CHARITABLE FUND**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015**

**3. Analysis of charitable expenditure**

	2014-15 Unrestricted Funds £000	2014-15 Restricted Funds £000	2014-15 <b>Total Funds £000</b>	2013-14 Total Funds £000
<b>Projects of benefit to employees of the London Ambulance Service NHS Trust:</b>				
Staff welfare and amenities				
Grants payable to individuals	22	-	22	77
	22	-	22	77

All grant applications are considered and approved by a sub group of the Charity Funds Committee on behalf of the Corporate Trustee.

**4. Analysis of governance costs**

	2014-15 Unrestricted Funds £000	2014-15 Restricted Funds £000	2014-15 <b>Total Funds £000</b>	2013-14 Total Funds £000
Independent examination fee	3	-	3	-
	3	-	3	-

The independent examiners remuneration of £3,000 (2013/2014: £nil) related solely to the independent examination with no other work undertaken (2013/2014: £nil).

**5. Movement in fixed asset investments**

	2015 £000	2014 £000
Market value at 1 April 2014	-	66
Less: Disposals at carrying value	-	(67)
Add: Acquisitions at cost	-	-
Net gain on revaluation	-	1
Market value a 31 March 2015	-	-
Historic cost at 31 March 2015	-	-

**LONDON AMBULANCE SERVICE CHARITABLE FUND**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015**

**5. Analysis of Debtors**

	<b>2015 Total £000</b>	2014 Total £000
Amounts falling due within one year:		
Other debtors	-	3
<b>Total debtors</b>	<u>-</u>	<u>3</u>

**6. Analysis of Creditors**

	<b>2015 Total £000</b>	2014 Total £000
Amounts falling due within one year:		
Accruals	3	1
<b>Total creditors</b>	<u>3</u>	<u>1</u>

**LONDON AMBULANCE SERVICE CHARITABLE FUND**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015**

**7. Analysis of Charitable income funds**

a. Restricted funds

	Balance 1 April 2014 £000	Resources expended £000	Incoming resources £000	Balance 31 March 2015 £000
Voluntary Responders Fund	6	-	7	13
	<b>6</b>	<b>-</b>	<b>7</b>	<b>13</b>

**Name of Fund**

**Description, nature and purpose of the fund**

Voluntary Responders Fund

The objects of the restricted fund are to advance health, save lives and to promote the efficiency of ambulance services.

b. Unrestricted income funds

	Balance 1 April 2014 £000	Resources expended £000	Incoming resources £000	Balance 31 March 2015 £000
General Fund	14	(25)	21	10
	<b>14</b>	<b>(25)</b>	<b>21</b>	<b>10</b>

**Name of Fund**

**Description, nature and purpose of the fund**

London Ambulance Service General Fund

The objects of the unrestricted fund are that it is available for any charitable purposes relating to the NHS at the absolute discretion of the trustees.

**8. Material legacies**

There was a legacy of £13,638 received during the year (2013/2014: £Nil).

## **LONDON AMBULANCE SERVICE CHARITABLE FUND**

### **NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015**

#### **9. Related party transactions**

The London Ambulance NHS Trust is the corporate trustee of the charity.

During the year, none of the members of the Trust Board, senior NHS Trust staff or parties related to them were beneficiaries of the charity. Neither the corporate trustee nor any member of the NHS Board has received honoraria, emoluments or expenses in the year and the Trustee has not purchased trustee indemnity insurance.

The London Ambulance Service NHS Trust waived the annual administration fee of £2,500 in both the current and previous year.





<b>Report to:</b>	<b>London Ambulance Service Trust Board</b>
<b>Date of meeting:</b>	<b>24<sup>th</sup> November 2015</b>
<b>Document Title:</b>	<b>Trust Secretary Report</b>
<b>Report Author(s):</b>	<b>Sandra Adams, Director of Corporate Affairs/Trust Secretary</b>
<b>Presented by:</b>	<b>Sandra Adams</b>
<b>Contact Details:</b>	<b>sandra.adams@lond-amb.nhs.uk</b>
<b>History:</b>	<b>N/A</b>
<b>Status:</b>	<b>For information</b>
<b>Background/Purpose</b>	
<p>This report is intended to inform the Trust Board about key transactions thereby ensuring compliance with Standing Orders and Standing Financial Instructions.</p> <p><b>Tenders received</b></p> <p>Two new tenders were received and opened in October and November 2015:</p> <ol style="list-style-type: none"><li>1. A&amp;E Ambulance Conversion Tenders received from: O&amp;H Cartwright &amp; Sons MacNeillie &amp; Son Wilker.</li><li>2. Upgrade of Access Control System Tenders received from: Frontline Security Solutions Ltd Index Security Systems Ltd Secom PLC.</li></ol> <p><b>Use of the Trust Seal</b></p> <p>There have been two new entries to the Register for the use of the Trust Seal since 29<sup>th</sup> September 2015.</p> <ol style="list-style-type: none"><li>1. Lease for Barnet Fire Station: London Fire &amp; Emergency Planning Authority and London Ambulance Service NHS Trust</li><li>2. Lease for Lombard Business Park (for education and training facilities): Workspace 14 Ltd and London Ambulance Service NHS Trust. (No seal required)</li></ol>	
<b>Action required</b>	
<p>To be advised of the tenders received and entered into the tender book and entries to the Register for the use of the Trust Seal since 29<sup>th</sup> September 2015 and to be assured of compliance with Standing Orders and Standing Financial Instructions.</p>	

<b>Assurance</b>	
Compliance with Standing Orders and Standing Financial Instructions.	

<b>Key implications and risks arising from this paper</b>	
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<b>Clinical and Quality</b>	None
<b>Performance</b>	None
<b>Financial</b>	Controls and mitigations against any risk: Compliance with Standing Orders and SFIs; 2015/16 Financial Plan
<b>Legal</b>	Controls and mitigations against any risk: Compliance with Standing Orders and SFIs
<b>Equality and Diversity</b>	None
<b>Reputation</b>	None
<b>Other</b>	Controls and mitigations against any risk: Compliance with Standing Orders and SFIs

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



### TRUST BOARD FORWARD PLANNER 2016

26<sup>th</sup> January 2016

Standing Items	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	<b>Integrated Board Performance Report</b> <b>Clinical Directors' Joint Report</b> <b>Quality Governance Committee Assurance Report</b> <b>Finance Report M9</b> <b>Report from Finance and Investment Committee</b> <b>BAF and Corporate Risk Register</b>	SOC for eAmbulance 2016/17 Business and financial planning process Fleet Replacement business case	Board Declarations Report from Trust Secretary Trust Board Forward Planner		

29<sup>th</sup> March 2016

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Staff Story</p> <p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Chief Executive</p>	<p><b>Integrated Board Performance Report</b></p> <p><b>Clinical Directors' Joint Report</b></p> <p><b>Audit Committee Assurance Report</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Risk Management Strategy and Policy review</b></p> <p><b>Finance Report M11</b></p> <p><b>Report from Finance and Investment Committee</b></p>		<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Register of interests</p>		

31<sup>st</sup> May 2016

Standing Items	Annual Reporting	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Patient Story</p> <p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Chief Executive</p>	<p><b>Annual Report and Accounts 2015/16 including Annual Governance Statement</b></p> <p><b>Quality Account 2015/16 for approval</b></p> <p><b>Audit Committee Assurance Report</b></p> <p><b>Annual Report of the Audit Committee 2015/16</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Patient Voice and Service Experience Annual Report 2015/16</b></p> <p><b>Infection Prevention and Control Annual Report 2015/16</b></p> <p><b>Annual Safeguarding Report 2015/16</b></p>	<p>Integrated Board Performance Report</p> <p>Clinical Directors' Joint Report</p> <p>Quality Governance Committee Assurance Report</p> <p>Finance Report</p> <p>Report from Finance and Investment Committee</p> <p>Risk Management Strategy and Policy Review</p>	<p>2015/16 Business Plan - summary report</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>		

26<sup>th</sup> July 2016

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Staff Story</p> <p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Chief Executive</p>	<p><b>Integrated Board Performance Report</b></p> <p><b>Clinical Directors' Joint Report</b></p> <p><b>Quality Committee Assurance Report</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Finance Report M3</b></p> <p><b>Report from Finance and Investment Committee</b></p>	<p>Q1 Business Plan review</p>	<p>Annual Equality Report 2015/16</p> <p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>		

27<sup>th</sup> September 2016

Standing Items	Quality Governance and Risk	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Patient Story</p> <p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Chief Executive</p>	<p><b>Integrated Board Performance Report</b></p> <p><b>Clinical Directors' Joint Report</b></p> <p><b>Audit Committee Assurance Report</b></p> <p><b>Annual Audit Letter 2015/16</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Finance Report M5</b></p> <p><b>Report from Finance and Investment Committee</b></p>	<p>Business planning 17/18</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p>		

29<sup>th</sup> November 2016

Standing Items	Quality Assurance	Strategic and Business Planning	Governance	Sub-Committee meetings during this period	Apologies
<p>Staff Story</p> <p>Declarations of Interest</p> <p>Minutes of the previous meeting</p> <p>Matters arising</p> <p>Report from the Trust Chairman</p> <p>Report from Chief Executive</p>	<p><b>Integrated Board Performance Report</b></p> <p><b>Clinical Directors' Joint Report</b></p> <p><b>Quality Governance Committee Assurance Report</b></p> <p><b>Audit Committee Assurance Report</b></p> <p><b>BAF and Corporate Risk Register</b></p> <p><b>Finance Report M7</b></p> <p><b>Report from Finance and Investment Committee</b></p>	<p>6 month review of business plan</p>	<p>Board Declarations</p> <p>Report from Trust Secretary</p> <p>Trust Board Forward Planner</p> <p>Performance Reporting compliance statement</p>		



### 2016 Meetings Calendar

Committee	Chair	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Timings
Trust Board	Trust Chair	26		29		31 pm		26		27		29		9.00 - 14.00
Strategy Review and Planning	Trust Chair		23		26		28				25		13	9.00 - 16.00
Annual General Meeting	Trust Chair									27				14.00 - 15.30
Charitable Funds Committee	Trust Chair													
Nominations and Remuneration Committee	Trust Chair													
Audit Committee	John Jones		15		18	25 pm/ 31 am				5		7		14.00 - 17.00
Finance and Investment Committee	Nick Martin	21		24		19		21		22		24		
Quality Governance Committee	Bob McFarland	12		15		17		12		13		15		14.00 - 17.00
Improving Patient Experience Committee	Director of Nursing and Quality		16		19		29		16		18		13	14.00 - 16.00
Clinical Safety and Standards Committee	Medical Director													14.00 - 16.00
Clinical Development & Professional Standards	Director of Paramedic Education & Development													14.00 - 16.00
Executive Management Team (EMT)	Chief Executive Officer	<b>Every Wednesday 9.00 - 12.00</b>											9.00 - 12.00	

Denotes formal sub-committee of the TB

Awaydays

Annual Reports

Trust Board will take place from 1pm on 31st May 2016. Audit Committee will take place from 9am on 31st May 2016

Trust Board Register of Interest - October 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 researcher 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		✓	Non-executive directorat Transport Focus					
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)					
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